

# **Rapid Assessment of Government Free Drug Supply of Health Services and its Implication**

**Britain Nepal Medical Trust (BNMT)**

Lazimpat, Kathmandu

December 2009

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## Contents

## **Acknowledgements**

We are thankful to BNMT for financial support and for having study done through us. We would like to thank particularly to Ms. Shanta Laxmi Shetha, former interim CEO cum Programme Director.

We also thank BNMT staff (Project Officers, District Project Coordinators) from study districts for their sincere work in collecting data. Thanks are also due to Ms. Sabina Rijal and Ms. Sangita Dhakal for their work of data entry and information compilation.

INRUD, Nepal

## **Executive Summary**

Britain Nepal Medical Trust (BNMT) has been working with the Government of Nepal for last 43 years. BNMT in conjunction with District Partner NGOs, CBOs and community, it has been successful in doing innovative works in the field of health and development..

The Interim Constitution of Nepal, 2006 has emphasized that every citizen shall have the rights to basic health services free of costs. On 8<sup>th</sup> October, 2007 a free essential health care service to all citizens at Sub-health Post (SHP) and Health Post (HP) and Primary Health Care Center levels was decided by the government of Nepal. The Ministry of Health and Population (MoHP) implemented the decisions from January 15, 2008. The free service should cover registration fee, available health services and essential drugs. The essential drugs include 25 items for SHP and 35 items for HP that must be provided to people round the year.

## **Objectives of the study**

The overall objective of the study was to monitor the implications of government policy of free drugs supply on the disadvantaged groups (DAGs) and general public.

## **Methodology**

The study was conducted in the BNMT's project implemented VDCs of Morang, Dhankuta, Sankhuwasabha and Khotang districts of eastern Nepal covering Health Posts (HPs) and Sub-health Posts (SHPs) and PHCCs of those districts. All HPs and SHPs were stratified and a proportionate random sample from each stratum was drawn to get a sample size of 5 health facilities from each district, randomly selecting first the HPs and then selecting the nearby SHPs. The total sample included 20 health facilities. The study used both qualitative and quantitative methods using observation and interviews as techniques for data collection. The structured questionnaires were used to interview District Health Officers (DHOs)/District Public Health Officers (DPHOs), HP and SHP in-charges, Health Facility Management Committee (HFMC) members and patients who attended the facilities. The check-lists were used for collecting data on availability of free drugs on the day of visit and stock-out period of free drugs in the last fiscal year

## **Results**

There were 623 patients who were interviewed and their prescriptions were analyzed. There were more females than males. The patients were mostly from Disadvantaged Group (DAG).

#### Availability of free drugs:

- About 60% to 90% of free drugs were available in health facilities on the day of data collection.
- In the last fiscal year, free drugs were out of stock an average of about 17% to 28% of the time at the districts.
- The health facility in-charges and HFMC members expressed that the availability of free drugs was mostly insufficient by type and quantity.
- DHOs/ DPHOs felt that quantity supplied was sufficient, but it was not sufficient to cover all prevailing diseases.
- In all the districts, all three groups of informants said that the availability of free drugs was mostly insufficient by type and quantity for the treatment of disadvantaged group.
- All three groups of informants were satisfied with the quality of free drugs.
- The informants also expressed satisfaction on drugs being free of cost.
- The main dissatisfaction was towards quantity, limited items and increase in patient demand.

#### Accessibility of free drugs

- All most all prescribed drugs were dispensed to patients both from general and DAG groups, from the health facilities at the day of visit for the survey.
- In all districts, the patients did not pay any registration or any other fee for getting treatment at the health facilities.

#### Rational use of drugs

- On average more than one drug were prescribed for each patient both from general and DAG groups. The correct knowledge of dosage of prescribed drugs varied among patients in different districts, it was about 41 to 84 % in general patients and 54 to 70 % in DAGs.

## 1. Introduction

Britain Nepal Medical Trust (BNMT) is working with the Government of Nepal for more than 40 years. With the support of partners, it has been successful in doing innovative works in the field of health. The concept of Female Health Worker initiated by the BNMT has been successfully adopted by the government into the system. Similarly, Community Drug Programme also has been adopted by the government. BNMT is very proud of these achievements.

Since 2005, BNMT has been working with the Government of Nepal for ensuring the rights of people, especially in the field of rights to health and determinants of health by working with both the duty bearer "the government" as well as rights holders "people - the most disadvantaged".

Inter-Church Organization for Development Co-operation (ICCO) is a strong supporter of BNMT in organizational development and staff capacity building right from the early days of TB control, through the development of participatory approaches that led to the development of a rights-based approach (RBA) to health. It has supported BNMT in exploring "Translating Human Rights into Health Realities in Nepal" from 2005-2007.

The preliminary findings of reviews conducted by BNMT in 2007 indicate "the RBA programme has achieved and exceeded many of its objectives and has missed the mark on some". The reviews highlighted the need for further exploration in some areas such as support for health service providers or 'duty bearers'. 'Rights Holders' have been empowered to demand for their health rights, whereas, some 'Duty Bearers' or service providers still lack the capacity to deliver quality health services primarily due to lack of resources- human as well as financial. People may not enjoy rights if the service providers do not have resources along with the responsibilities. Therefore, BNMT, being itself a right based organization, focused on 3Rs (rights, responsibilities and resource). In addition, BNMT is identifying strategies to improve access to health, nutrition and food security for the disadvantaged groups (DAG).

In the present context, BNMT aims to use its RBA experience for expanding it to the greater gain in Nepal through its partners by strengthening and expanding its networks, alliances, groups from the grassroots to national level. To achieve this, BNMT is sharing its experience and expertise with rights-holders and duty bearers at different level.

The Interim Constitution of Nepal, 2006 has emphasized that every citizen shall have the rights to basic health services free of costs. The government of Nepal decided to provide essential health care services (emergency and inpatient services) free of charge to poor, destitute, disabled, senior citizens and Female Community Health Volunteers ( FCHVs) up to 25 bedded district hospitals and Primary Health Care Centres ( PHCCs) on 15 December, 2006. Similarly, on 8th October, 2007 a free essential health care service to all citizens at Sub-health Post (SHP) and Health Post (HP) levels was decided by the government. The Ministry of Health and Population implemented the decisions from 15 January, 2008. The free service should cover registration fee, available health services and essential drugs. The essential drugs include 25 items for SHP and 35 items for HP that must be provided to people around the year.

Prior to the provision of free service, government had implemented the Community Drug Program (CDP) in 56 districts out of the 75 districts of the country by 2006/07. In some districts, the programme was supported by different development partners / INGOs. CDP had three main objectives- around the year availability of essential drugs at SHPs, HPs and PHCCs, community participation in the management of the health services and improvement in the quality of health services. The availability of essential drugs had improved following the implementation of the CDP. However, quality of care with special emphasis on rational use of drugs and community level participation needed strengthening. CDP was identified as one of the prioritized (P1) National Health Programme. Although essential drugs were charged to those who could afford, there was also a provision to exempt the cost for under five children, pregnant women, senior citizens, FCHVs, TBAs, poor and disabled people identified by the local health management committee. In the new policy, the rational use of drugs, supply and the access to the community members have not been clearly defined. Besides, the community participation in the free supply has not been identified. Thus, there is a need to assess the situation on drug management at the district level.

Therefore, the study conducted a rapid appraisal as well as monitored the implications of government policy of free drugs supply on the availability, regularity, rational use of drugs and accessibility to drugs by the disadvantaged groups (DAGs) and general public.

Based on the evidence, recommendations will be made to the MoHP for policy considerations related to the free drug supply. The findings will also be disseminated to different stakeholders to share the existing situation of free drugs.

## 2. Objectives of the study

Overall objective of the study was to monitor the implications of government policy of free drugs supply on the disadvantaged groups (DAGs) and general public.

The specific objectives of the study were to:

- assess the availability, accessibility and rational use of drugs
- recommend possible measures to improve free health service system

## 3. Methodology

The study was conducted in the BNMT's project implemented VDCs of Morang, Dhankuta, Sankhuwasabha and Khotang districts of eastern Nepal covering Health Posts (HPs) and Sub-health Posts (SHPs) of those districts. All HPs and SHPs were stratified and a proportionate sample from each stratum was drawn to get a sample size of 5 health facilities from each district, randomly selecting first the HPs and then selecting the nearby SHPs. The total sample included 20 health facilities (Table-I). The sampling was done jointly by BNMT staff and INRUD consultants at the orientation training held in Biratnagar on 17 September, 2009. The meeting also decided the number of prescriptions to be collected and exit interviews to be conducted from each of the selected health facility (Table –II).

**Table-I . Health institution in different clusters and study sample**

District	Number and types of health institutions in BNMT working clusters					Number and types of selected health institutions		
	Hospital	PHC	HP	SHP	Total	HP	SHP	Total
Sankhuwasava	0	1	7	6	14	3	2	5
Dhankuta	0	0	4	12	16	2	3	5
Khotang	1	1	4	4	10	3	2	5
Morang	0	3	6	8	17	2	3	5
Total	1	4	17	26	57	10	10	20

**Table-II. Name of health institutions and number of prescriptions/exit interviews**

District	Selected HP	Selected SHP	Number of prescription/ interview		
			HP	SHP	Total
Sankhuwasava	Mamling, Madi, Kharang	Siddhakali, Baneswor	40	20	160
Dhankuta	Belhara, Buddhabare	Bodhe, Ghorlikharka, Marekatahare	30	20	120
Khotang	Bakshila, Durchhim, Buipa	Arkhaule, Chyasmitar	30	15	120
Morang	Babiyabirta, Kerabari	Kadmaha, Aamgachhi, Bhaundaha	55	30	200
Total					600

The study used both qualitative and quantitative methods using observation and interviews as techniques for data collection. The check-lists were used for collecting data on availability of free drugs on the day of visit and stock-out period of free drugs in the last fiscal year July 15 2008 to July 14 2009. The structured questionnaires were used to interview District Health Officers (DHOs)/District Public Health Officers (DPHOs), HP and SHP in-charges, Health Management Committee members and patients who attended the facilities. The instruments were finalized in consultation with BNMT (Annex-I).

The interviews with patients covered - prescribed drugs dispensed from the health facility, patient satisfaction with the quality of drugs dispensed from the health facility, any expense incurred in the health facility for drugs or any other service, number of times the patient visited the health facility in last one year, knowledge on free health services including drugs from the health facility, experience on the availability of free services including drugs in the previous visits, patient satisfaction on the services provided from the health facility, patient's knowledge of correct dosage of the prescribed drugs and distance the patient travelled to get the service from the health facility.

Similarly, interviews with DHOs/DPHOs, HP/SHP in-charges and HFMC members collected data on advantages of free drugs, free drugs availability to DAGs and general public, difficulties in making free drugs available, stock-out of free dugs and other drugs, health workers satisfaction/dissatisfaction on free drugs, patients satisfaction/dissatisfaction on free

drugs, influence of free drugs on the prescribing or use by the patient, treatment of patients when free drugs are stock-out.

The data on availability, accessibility and rational use of free drugs were also collected to measure following indicators developed by WHO and Rational Pharmaceutical Management (RPM):

- Average number of drugs per encounter: average calculated by dividing the total number of different drug products prescribed, by the number of encounters surveyed.
- Percentage of drugs actually dispensed: Percentage, calculated by dividing the number of drugs actually dispensed at the health facility by the total number of drugs prescribed, multiplied by hundred.
- Patient knowledge of correct dosage: Percentage, calculated by dividing the number of patients who can adequately report the dosage schedule i.e. at least when and how should be taken for the all drugs, by the total number of patients interviewed, multiplied by hundred.
- Average percentage of time out of stock for a set of indicator drugs: Percentage, calculated dividing the total number of stock out days for all indicator drugs by 365 times the number of indicator drugs normally stocked, multiplied by hundred.

The data from the sampled health facilities of each district were collected by BNMT staff (Annex-II). INRUD, Nepal conducted orientation training to the field staff in Biratnagar before the data collection (Annex-II).

### Data analysis

The BNMT staffs in Kathmandu office entered and analyzed the quantitative data by using SPSS package. The analyzed data were further checked and finalized by INRUD, Nepal. The qualitative data were analyzed by INRUD, Nepal using content analysis method.

## 4. Results

### 4.1 Patients' characteristics

Table-III shows number of patients interviewed or their prescriptions analyzed. There were more females than males (Table-IV). The patients were mostly from DAG group (Table-V).

**Table -III Number of patients interviewed / prescriptions collected**

District	No of patients/prescriptions
Dhankuta	122
Khotang	132
Morang	203
Sankhuwasava	166
Total	623

**Table-IV Distribution of patients by gender**

District	Male %	Female %
Dhankuta ( n=122)	47.5	52.5
Khotang ( n=132)	35.5	64.5
Morang ( n=203)	33.5	66.5
Sankhuwasava ( n=166)	42.8	57.2

**Table V. Distribution of patients by social group**

District	General %	DAG %
Dhankuta ( n=122)	28.7	71.3
Khotang ( n=132)	24.2	75.8
Morang ( n=203)	7.9	91.1
Sankhuwasava ( n=166)	19.9	79.5

**4.2 Availability of free and other drugs**

Table VI shows the percentage of patients reporting in the exit interview, who received all the prescribed drugs. It varied from 34 to 87% for general patients and 51 to 86% for DAGs among the districts on the day of visit.

**Table VI. Patients who received all the prescribed drugs**

District	Yes %		No %	
	General	DAGs	General	DAGs
Dhankuta ( G=35, D= 87)	34.3	60.7	65.7	39.3
Khotang (G=32, D=100)	68.8	86.0	31.2	14.0
Morang (G=16, D=185)	86.7	82.1	13.3	17.9
Sankhuwasava (G=33,D=132)	57.6	50.8	42.4	49.2

**Note: G= General and D=DAGs**

Table VII shows that about 60 to 90% of the free drugs were available in health facilities on the day of data collection.

**Table VII. Availability of free drugs in health facilities**

District	HP	SHP	Average (HP+SHP)
Morang (HP-2, SHP-3)	91.43	90.7	91.0
Khotang (HP-3, SHP-2)	69.5	50.0	59.8
Sankhuwasabha (HP-3, SHP-2)	57.1	78.0	67.6
Dhankuta (HP-2, SHP-3)	52.9	72.0	62.4

Table VIII shows that in the last fiscal year, free drugs were out of stock an average of about 17% to 28% of the time at the districts. There was also a variation in non-availability between the types of health facilities in the districts.

**Table VIII. Time out of stock for free drugs in health facilities**

District	HP	SHP	Average (HP+SHP)
Morang (HP=2, SHP=3)	16.1	22.3	19.2
Khotang (HP=3, SHP=2)	10.7	23.4	17.1
Sankhuwasabha (HP=2, SHP=2)	24.0	14.7	19.3
Dhankuta (HP=2, SHP=3)	11.1	44.2	27.7

The experiences of health facility incharges on availability were mostly insufficient by type and quantity of free drugs. In all the districts, the incharges stated that drugs were inadequate both by the quantity and the type for the treatment of DAG.

One of the incharges from the health facility in Khotang said "Patients scold us for not making available the prescribed drugs in adequate quantity". An incharge of other health institution said "35 items are insufficient to cover all prevailing diseases". Similarly, in Dhankuta one in-charge expressed "22 items are insufficient to cover all prevailing diseases". Likewise, one of the in-charges from the health facility said "Sub-health posts can not provide specific treatment to disadvantaged group with the limited list". DHO/DPHO felt that the quantity of supplied drugs was sufficient but they agreed that drugs were not adequate to

cover all prevailing diseases in the district. Health Management committee members had also similar experiences on the availability of free drugs (Table IX).

**Table IX. Experiences on availability of free drugs**

District	Sankhuwasava	Morang	Dhankuta	Khotang
Health Facility Incharges	<ul style="list-style-type: none"> <li>▪ insufficient quantity of drugs supplied</li> <li>▪ supplied drugs not covering all prevailing diseases</li> <li>▪ drugs supplied inadequate both in types and quantities to meet the need of DAG</li> </ul>	<ul style="list-style-type: none"> <li>▪ antibiotics supplied insufficient to prescribe the full dose</li> <li>▪ drugs supplied inadequate both in types and quantities to meet the need of DAG</li> <li>▪ insufficient quantities of some drugs supplied</li> </ul>	<ul style="list-style-type: none"> <li>▪ insufficient quantity of drugs supplied</li> <li>▪ drugs supplied inadequate both in types and quantities to meet the need of DAG</li> <li>▪ supplied drugs not covering all prevailing diseases</li> <li>▪ insufficient quantities of liquid dosage forms</li> <li>▪ saline not supplied in SHPs</li> </ul>	<ul style="list-style-type: none"> <li>▪ insufficient quantity of drugs supplied</li> <li>▪ supplied drugs not covering all prevailing diseases</li> <li>▪ drugs supplied sufficient to meet the need of pregnant women only but not the other DAG groups</li> <li>▪ gentamycin and oxytocin not supplied</li> </ul>
Health Management Committee	<ul style="list-style-type: none"> <li>▪ insufficient quantity of drugs supplied</li> <li>▪ supplied drugs not covering all prevailing diseases</li> <li>▪ drugs supplied inadequate both in types and quantities to meet the need of DAG</li> </ul>	<ul style="list-style-type: none"> <li>▪ insufficient quantities of liquid dosage forms</li> <li>▪ insufficient quantity of drugs supplied</li> <li>▪ supplied drugs not covering all prevailing diseases</li> <li>▪ 17 items added by the management committee</li> <li>▪ drugs supplied inadequate both in types and quantities to</li> </ul>	<ul style="list-style-type: none"> <li>▪ insufficient quantity of drugs supplied</li> <li>▪ drugs supplied inadequate both in types and quantities to meet the need of DAG</li> <li>▪ supplied drugs not covering all prevailing diseases</li> </ul>	<ul style="list-style-type: none"> <li>▪ insufficient quantity of drugs supplied</li> <li>▪ supplied drugs not covering all prevailing diseases</li> <li>▪ drugs supplied inadequate both in types and quantities to meet the need of DAG</li> </ul>

		meet the need of DAG		
DHO/DPHO	<ul style="list-style-type: none"> <li>▪ sufficient quantities of drugs supplied</li> <li>▪ supplied drugs not covering all prevailing diseases</li> <li>▪ drugs supplied inadequate both in types and quantities to meet the need of DAG</li> </ul>	<ul style="list-style-type: none"> <li>▪ sufficient quantities of drugs supplied</li> <li>▪ supplied drugs not covering all prevailing diseases</li> <li>▪ drugs supplied inadequate both in types and quantities to meet the need of DAG</li> </ul>	<ul style="list-style-type: none"> <li>▪ sufficient quantities of drugs supplied</li> <li>▪ supplied drugs not covering all prevailing diseases</li> <li>▪ drugs supplied inadequate both in types and quantities to meet the need of DAG</li> </ul>	<ul style="list-style-type: none"> <li>▪ sufficient quantities of drugs supplied</li> <li>▪ supplied drugs not covering all prevailing diseases</li> </ul>

Different groups of informants expressed that the quality drugs were supplied to the health institutions (Table X).

**Table X. Perception on quality of free drugs**

Type of informant	Sankhuwasava	Khotang	Morang	Dhankuta
Health facility in -charges	quality drugs supplied	quality drugs supplied	quality drugs supplied	quality drugs supplied
Health management committee	quality drugs supplied	quality drugs supplied	quality drugs supplied	quality drugs supplied
DHO/DPHO	quality drugs supplied	quality drugs supplied	quality drugs supplied	quality drugs supplied

Table XI shows that the main difficulties in supplying free drugs were related to procurement, transportation, quantity of drugs and prescribing.

**Table XI .Difficulties encountered in free drugs supply**

District	Sankhuwasava	Morang	Dhankuta	Khotang
Health Facility Incharges	<ul style="list-style-type: none"> <li>▪ complex procurement process</li> <li>▪ no budget in</li> </ul>	<ul style="list-style-type: none"> <li>▪ no budget in health facility for portering from the district.</li> <li>▪ budget not provided to the</li> </ul>	<ul style="list-style-type: none"> <li>▪ central/district supply insufficient.</li> <li>▪ insufficient quantity supplied and full course</li> </ul>	<ul style="list-style-type: none"> <li>▪ transportation cost not provided by DHO</li> <li>▪ transportation cost</li> </ul>

	health facility for portering from the district	health facilities to procure drugs. <ul style="list-style-type: none"> <li>▪ insufficient quantity supplied and full course not prescribed</li> <li>▪ frequent strikes/bandh caused transportation difficult</li> <li>▪ patient load increased and quantity insufficient</li> <li>▪ patient not satisfied when all prescribed drugs not dispensed</li> </ul>	not prescribed <ul style="list-style-type: none"> <li>▪ patient load increased and quantity insufficient</li> <li>▪ transportation cost has to be managed by the health facilities</li> </ul>	has to be managed by the health facilities
Health Management Committee	<ul style="list-style-type: none"> <li>▪ drugs not received in time</li> <li>▪ transportation difficult in rainy season</li> <li>▪ porters not available</li> <li>▪ drugs supplied inadequate both in types and quantities</li> <li>▪ insufficient quantity supplied and full course not prescribed</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs not received in time</li> <li>▪ insufficient quantity supplied and full course not prescribed</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs not received in time</li> <li>▪ insufficient quantity supplied and full course not prescribed</li> <li>▪ complex procurement process</li> <li>▪ transportation cost not provided by DHO</li> </ul>	<ul style="list-style-type: none"> <li>▪ transportation cost not provided by DHO</li> <li>▪ no budget in health facility for portering from the district.</li> <li>▪ complex procurement process</li> <li>▪ patient load increased and quantity insufficient</li> </ul>
DHO/DPHO	<ul style="list-style-type: none"> <li>▪ tendering process lengthy and complicated</li> <li>▪ local rate for transportation expensive than the government rate</li> </ul>	<ul style="list-style-type: none"> <li>▪ complex procurement process</li> <li>▪ interference in procurement process from different sources</li> <li>▪ prescribers not trained in rational use of drugs</li> </ul>	<ul style="list-style-type: none"> <li>▪ complex procurement process</li> </ul>	<ul style="list-style-type: none"> <li>▪ transportation to the health facilities taking long time</li> </ul>

	<ul style="list-style-type: none"> <li>▪ insufficient quantity supplied and prescribing not in full course</li> </ul>			
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Different groups of informants had satisfaction on drugs being free of cost. The main dissatisfaction was towards quantity supplied, limited items and increase in patient demand (Tables XII A and XII B).

**Table XII. A Satisfaction towards the free drugs system**

District	Sankhuwasava	Morang	Dhankuta	Khotang
Health Facility In-charges	<ul style="list-style-type: none"> <li>▪ drugs free of cost</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs free of cost</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs free of cost</li> <li>▪ community members happy</li> <li>▪ drugs effective</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs free of cost</li> <li>▪ drugs effective</li> </ul>
Health Management Committee	<ul style="list-style-type: none"> <li>▪ drugs of good quality</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs free of cost</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs of good quality</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs free of cost</li> </ul>
DHO/DPHO	<ul style="list-style-type: none"> <li>▪ good program</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs free of cost</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs free of cost</li> </ul>	<ul style="list-style-type: none"> <li>▪ no Comment</li> </ul>

**Table XII B Dissatisfaction towards the free drugs system**

District	Sankhuwasava	Morang	Dhankuta	Khotang
Health Facility In-charges	<ul style="list-style-type: none"> <li>▪ quantity insufficient</li> </ul>	<ul style="list-style-type: none"> <li>▪ quantity insufficient</li> <li>▪ limited items</li> <li>▪ people seeking treatment even without specific health problem</li> </ul>	<ul style="list-style-type: none"> <li>▪ limited items</li> <li>▪ quantity insufficient</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs unnecessarily stocked at home</li> </ul>
Health Management Committee	<ul style="list-style-type: none"> <li>▪ quantity insufficient</li> <li>▪ supply not regular</li> </ul>	<ul style="list-style-type: none"> <li>▪ full dose not prescribed</li> <li>▪ quantity insufficient</li> <li>▪ people seeking treatment even without specific health problem</li> </ul>	<ul style="list-style-type: none"> <li>▪ quantity insufficient</li> </ul>	<ul style="list-style-type: none"> <li>▪ quantity insufficient</li> <li>▪ limited items, additional items to be supplied</li> <li>▪ people seeking treatment even without specific health</li> </ul>

		▪ supply not regular		problem ▪ drugs not received in time
DHO/DPHO	▪ people seeking treatment even without specific health problem	▪ types of drug supplied insufficient	▪ types of drug supplied insufficient	▪ drugs insufficient by types

The informants from different groups reported that patients were satisfied because drugs were free of cost at the health facilities. They also reported that the patients were dissatisfied with limited items, limited quantities and supply not being regular (Tables XIII A and XIII B).

**Table XIII. A Reported patient perception about free drugs: Satisfaction**

District	Sankhuwasava	Morang	Dhankuta	Khotang
Health Facility Incharges	▪ drugs free of cost	▪ drugs free of cost	▪ drugs free of cost	▪ drugs free of cost ▪ patients satisfaction to health facilities increased
Health Management Committee	▪ drugs free of cost	▪ drugs free of cost	▪ drugs free of cost ▪ drugs of good quality	▪ drugs free of cost
DHO/DPHO	▪ drugs free of cost	▪ drugs available in their villages	▪ drugs available	▪ drugs free of cost

**Table XIII-B. Reported patient perception about free drugs: Dissatisfaction**

District	Sankhuwasava	Morang	Dhankuta	Khotang
Health Facility Incharges	▪ quantity insufficient ▪ supply not regular ▪ full course not available	▪ quantity insufficient	▪ supplied drugs not covering all prevailing diseases ▪ full course not prescribed	▪ quality suspected by patients ▪ limited items
Health Management Committee	▪ supplied drugs not covering all	▪ patient load increased and	▪ supply not regular ▪ supplied	▪ supplied drugs not covering all

	prevailing diseases ▪ supply not regular ▪ quantity insufficient	quantity insufficient ▪ patients also coming from India	drugs covering all prevailing diseases	prevailing diseases ▪ antibiotics not available
DHO/ DPHO	▪ not all drugs available ▪ limited items	▪ no comment	▪ no comment	▪ supplied drugs not covering all prevailing diseases ▪ limited items

Table XIV shows that the main effects of free drugs on providers were related to problems of prescribing/dispensing of drugs, due to limited items and inadequate quantity of drugs. The effects on patients was changed in their behaviour - visiting health facilities even without health problem, getting free drugs and stock them at home, and demanding more drugs.

**Table XIV. Effects of free drugs**

District	Sankhuwasava	Morang	Dhankuta	Khotang
Health Facility Incharges	<ul style="list-style-type: none"> <li>▪ limited items</li> <li>▪ patient load increased</li> <li>▪ drugs unnecessarily stocked at home, drugs inadequate for prescribing/dispensing</li> </ul>	<ul style="list-style-type: none"> <li>▪ patient load increased</li> <li>▪ development of bacterial resistance as full course not prescribed/dispensed</li> <li>▪ limited items, problem in prescribing</li> <li>▪ drugs unnecessarily stocked at home, problem in prescribing/dispensing</li> <li>▪ patient in need not getting drugs</li> </ul>	<ul style="list-style-type: none"> <li>▪ patient load increased</li> <li>▪ full course not prescribed/dispensed</li> <li>▪ patients not prescribing/dispensed correct dosage</li> <li>▪ quantity insufficient, problem in prescribing/dispensing</li> </ul>	<ul style="list-style-type: none"> <li>▪ development of bacterial resistance as full course not prescribed/dispensed</li> <li>▪ seeking treatment even without health problem. i.e. increased workload</li> <li>▪ drugs unnecessarily stocked at home, drugs inadequate for prescribing/dispensing</li> <li>▪ limited items, problem in prescribing</li> <li>▪ quantity insufficient, problem in</li> </ul>

				prescribing/dispensing
Health Management Committee	<ul style="list-style-type: none"> <li>▪ limited number and types of drugs</li> <li>▪ increased patient load and unnecessary pressure on health workers</li> <li>▪ high price to get drugs from outside</li> <li>▪ drugs free of cost</li> <li>▪ patients complaint of selling drugs by prescribers</li> </ul>	<ul style="list-style-type: none"> <li>▪ patients advised to buy drugs from private shops</li> <li>▪ high price for drugs purchased from outside run by health workers</li> <li>▪ no full course therapy to patients</li> <li>▪ increased patients load</li> <li>▪ inadequate both in types and quantities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ inadequate both in types and quantities</li> <li>▪ high price for drugs purchased from outside run by health workers</li> <li>▪ increased patient load</li> <li>▪ limited number of items</li> <li>▪ drugs supply not regular</li> <li>▪ drugs free of cost</li> <li>▪ complaints from community members, if drugs not available</li> </ul>	<ul style="list-style-type: none"> <li>▪ drugs supplied inadequate both in types and quantities</li> <li>▪ unnecessary pressure on health workers</li> <li>▪ prescribers happy</li> <li>▪ no rational prescribing due to limited types and inadequate quantity of drugs</li> </ul>
DHO/ DPHO	<ul style="list-style-type: none"> <li>▪ increased patient load resulting decreased quality of care</li> <li>▪ good program</li> </ul>	<ul style="list-style-type: none"> <li>▪ health workers not available when drugs not available</li> <li>▪ patients believe in getting all drugs from health facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ patients believe in getting all drugs from health facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ record keeping easy</li> <li>▪ patients face problems to buy from outside when drugs are not available</li> </ul>

Table XV shows that different groups of informants suggested different areas in improving the free drugs supply. These were selection and quantification of drugs based on prevailing diseases, identification of pre-qualified suppliers, changes in procurement process (tendering, procurement by health facilities, involvement of health management committee in procurement, improvement in transportation from the district, transportation budget to health facilities).

**Table XV. Suggestions for making free drugs available round the year**

District	Sankhuwasava	Morang	Dhankuta	Khotang
Health	<ul style="list-style-type: none"> <li>▪ timely procurement</li> </ul>	<ul style="list-style-type: none"> <li>▪ health management</li> </ul>	<ul style="list-style-type: none"> <li>▪ drug quantification</li> </ul>	<ul style="list-style-type: none"> <li>▪ supply/procurement timely</li> </ul>

Facility Incharges	<ul style="list-style-type: none"> <li>▪ local procurement</li> <li>▪ health institution procurement</li> <li>▪ health management committee procurement</li> </ul>	<ul style="list-style-type: none"> <li>committee procurement</li> <li>▪ drug budget should be given to the management committee</li> <li>▪ selection and supply based on morbidity</li> </ul>	<ul style="list-style-type: none"> <li>based on patient load</li> <li>▪ buffer stock should be maintained for 4 months</li> <li>▪ budget should be given to management committee</li> <li>▪ district should be responsible in supply management</li> </ul>	<ul style="list-style-type: none"> <li>▪ health management committee procurement</li> <li>▪ seek INGO support in procurement/supply</li> <li>▪ district should manage for the timely supply</li> <li>▪ allocate sufficient budget</li> </ul>
Health Management Committee	<ul style="list-style-type: none"> <li>▪ procure in time</li> <li>▪ implement CDP</li> <li>▪ allocate budget to health facilities</li> <li>▪ center should pre-qualify the company/suppliers</li> <li>▪ budget to health facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ allocate budget to the management committee</li> <li>▪ improve the tendering process</li> <li>▪ VDC should provide additional budget</li> <li>▪ CDP should be implemented</li> </ul>	<ul style="list-style-type: none"> <li>▪ management committee to procure drugs</li> <li>▪ implement CDP</li> <li>▪ budget to management committee to procure and transport drugs</li> </ul>	<ul style="list-style-type: none"> <li>▪ allocate budget to local health management committee</li> <li>▪ quality should be maintained</li> <li>▪ drug quantification based on morbidity</li> <li>▪ date expired drugs should be disposed</li> <li>▪ transportation should be regularized</li> </ul>
DHO/DPHO	<ul style="list-style-type: none"> <li>▪ drugs should be free up to the district hospital</li> </ul>	<ul style="list-style-type: none"> <li>▪ implement CDP</li> </ul>	<ul style="list-style-type: none"> <li>▪ implement CDP</li> </ul>	<ul style="list-style-type: none"> <li>▪ allocate regular budget for drugs</li> <li>▪ drugs should be free at all levels including hospitals</li> </ul>

### Availability of drugs other than free drugs

In Morang district, apart from the free drugs other drugs were also supplied to health facilities through DDC, DPHO, NGO and INGOs. In Khotang and Dhankuta, limited quantities of other drugs were supplied through RMS/DHO. But in Sankhuwasava no other drugs were supplied from any source.

### 4.3 Accessibility of free drugs

Table XVI shows that of the total prescribed drugs, about 60 to 76 % and 53 to 77 % of drugs were dispensed to patients from general and DAGs respectively from the health institutions on the day of visit for the survey.

**Table XVI. Drug dispensed from health facilities**

District	Total No. of drugs prescribed		% of drugs dispensed	
	General	DAGs	General	DAGs
Dhankuta ( G= 35, D= 87)	91	191	75.3	74.6
Khotang (G= 32, D= 100)	51	220	58.9	53.3
Morang (G= 16, D= 185)	34	389	76.0	76.5
Sankhuwasava (G= 33, D= 132)	53	238	67.2	61.9

**Note: G= general and D= DAGs)**

In all districts, the patients did not pay any registration or any other fee for getting treatment at the health facilities (Table XVII). However, patients were asked to buy drugs from retailers when free drugs were not available. In some districts, cost sharing for drugs was applied. (Table XXIII)

**Table XVII Registration fee**

District	Registration fee
Dhankuta	0.0
Khotang	0.0
Morang	0.0
Sankhuwasava	0.0

Table XVIII shows that majority of patients from both groups were using the health facility services for the first time. Moreover, the patients or their family members had also utilized the services of the same health institutions in the last one year (Table XIX). The patients did not pay any money during the visit for consultation and treatment from the health facilities (Table XX).

**Table XVIII Number of visits by the respondents**

District	first visit %		more than one visit %	
	General	DAGs	General	DAGs
Dhankuta ( G= 35, D= 87)	83.0	90.6	17.0	9.4
Khotang (G= 32, D= 100)	78.1.	77.6	21.9	22.4
Morang (G= 16, D= 185)	87.5	86.5	12.5	13.5
Sankhuwasava (G= 33, D= 132)	84.8	82.6	15.2	17.4

Note: G= general and D= DAGs)

**Table XIX. Number of visits by the respondents and their families during last one year**

District	Maximum visit (times)	
	General	DAGs
Dhankuta	36	74
Khotang	100	20
Morang	36	100
Sankhuwasava	40	50

**Table XX Money spent in consultation and treatment at the visit**

District	Expenses
Dhankuta	0.0
Khotang	0.0
Morang	0.0
Sankhuwasava	0.0

About 29 to 50% of general patients/ their relatives and 15 to 36% of DAGs and their relatives visited other health institutions in the last one year (Table XXI). They spent considerable amount of money on getting treatment from other health institution including the private sector (Table XXII). When free drugs were not available at health institutions, the patients were advised to buy drugs from outside (XXIII).

**Table XXI. Number of visits by the respondents and their family members to other health institution during the last one year**

District	Yes %	No %
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	General	DAGs	General	DAGs
Dhankuta ( G=35, D= 87)	28.6	32.9	71.4	67.1
Khotang (G=32, D=100)	31.2	15.0	68.8	85.0
Morang (G=16, D=185)	50.0	35.7	50.0	64.3
Sankhuwasava (G=33,D=132)	36.4	28.8	63.6	71.2

Note: G= General and D=DAGs

**Table XXII Money spent for consultation and treatment in the other health institution during last one year**

District	Minimum (Rs.)		Maximum (Rs.)	
	General	DAGs	General	DAGs
Dhankuta ( G= 35, D= 87)	400	30	30,000	70,000
Khotang (G= 32, D= 100)	30	50	100,000	1,500,000
Morang (G= 16, D= 185)	1000	0.0	60,000	200,000
Sankhuwasava (G= 33, D= 132)	2100	0.0	80,000	150,000

Note: G= general and D= DAGs)

**Table XXIII Management of patients when free drugs not available**

District	Sankhuwasava	Morang	Dhankuta	Khotang
Health Facility Incharges	▪ Advised/ referred to purchase from outside	▪ Referred to purchase from outside	▪ Referred to purchase from outside	▪ Referred to purchase from outside
Health Management Committee	▪ VDC supported to buy drugs ▪ Patients buy drugs from outside	▪ Patients buy drugs from outside	▪ Patients buy drugs from outside ▪ CDP applied	▪ Patients buy drug from outside
DHO/ DPHO	▪ Patients need to buy from outside	▪ No comment	▪ Patients need to buy from outside	▪ Patients need to buy from outside

#### 4.4 Rational use of drugs

Table XXIV shows that there were problems in rational use of drugs in different districts. On average more than one drug was prescribed for each patient from both the groups. The correct knowledge of dosage of prescribed drugs varied among DAG patients in different districts, it was about 41 to 84 % in general patients and 54 to 70% in DAGs.

**Table XXIV Prescribing practices in the study districts**

<b>Indicators</b>	<b>Sankhuwasava</b>		<b>Dhankuta</b>		<b>Khotang</b>		<b>Morang</b>	
	General	DAGs	General	DAGs	General	DAGs	General	DAGs
Average number of drugs per encounter	1.6	1.8	2.6	2.2	1.6	2.2	2.1	2.1
Percentage of drugs actually dispensed	67.2	61.9	75.3	74.6	58.9	53.3	76.0	76.5
Patient knowledge of correct dosage	78.3	64.6	40.6	54.4	84.4	70.0	63.5	58.0

## **5. Conclusion and Recommendations**

The free drug supply has increased the number of people visiting health facilities. Among them the DAG constituted the majority. The quantity of free drugs supplied was not sufficient to meet the need of increased patients load. Besides, the types of drugs supplied were not sufficient to cover the prevailing diseases in the district.

### **Recommendations**

1. The selection and quantification of drugs should be based on prevailing diseases and number of patients including disadvantaged groups.
2. The government should review the free drug list and should include additional drugs to meet the prevailing diseases and health problems, for a instances drugs related to mental health and toxemia of pregnancy etc. The new drugs to be included in the revised list should be supplied free of cost, if possible. If it is not possible those drugs should be made available through community participation i.e. CDP.
3. The drugs availability and rational use of drugs should be improved by monitoring through peer-group discussion strategy, already initiated by MOHP.
4. A guideline for procurement and transportation at different levels should be prepared and implemented for facilitating the procurement and transportation process.
5. The list of the suppliers for procurement at centre/district/health institution should be pre-qualified.

## Data collection dates and persons

SN	District	Name of health institution	Date	Responsible
1	Sankhuwasava	Mamling HP, Madi HP, Kharang SHP Siddhakali SHP, Baneswor SHP	7 Oc to 30 Oct 2009	Raghu
2	Dhankuta	Belhara HP, Buddhabare HP Bodhe SHP, Ghorlikharka SHP, Marekatahare SHP	20 Sep to 31 Oct 2009	CM Ghmire and Mohansigh Limbu
3	Khotang	Bakshila HP, Durchhim HP, Buipa HP Arkhaule SHP, Chyasmitar SHP	7 to 30 Oct 2009	Shaligram and Ganesh Rai
4	Morang	Babiyabirta HP, Kerabari HP Kadmaha SHP, Aamgachhi SHP, Bhaundaha SHP	20 to 22 Sep 2009 14 to 16 Oct 2009 21 to 23 Sep 2009 11 to 13 Oct 2009 20 to 22 Sep 2009	Raghu Manoj/Tirtha Tirtha Tirtha Shaligrm

**Orientation Schedule**

<b>Particular</b>	<b>Time</b>	<b>Responsible</b>
Breakfast	8.00-8:30	All
Registration	8:30-8:45	All
Well come, objective and schedule sharing of the orientation	8:45-8:50	Gyanendra
Background information on the overall assessment	8:50-9:15	Professor Dr. KK Kafle
Remarks from DPHO Morang	9:15-9:30	Mr. Dinesh Chapagain
Theoretical session	9:30-10:30	Ram Koirala
Sharing of forms and formats	10:30-1:00	INRUD
Lunch break	1:00-2:00	All
Sharing of forms and formats and exercise on	2:00-4:30	INRUD
Development of action plan for data collection	4:30-5:00	All
Closing	5:00-5:30	All

**Drug Prescribing and Dispensing**

Health Problem	Health Problem Description/ Diagnosis				
Drugs	Prescription Character			Patient's Knowledge	
	SN	Drug name, strength and dose	Dispensed Quantity	When (0/1)	How much (0/1)
	1				
	2				
	3				
	4				
	5				

1. Name of the patient..... Age.....

Sex.....

2. Social group a) General b) DAG

3. Type of Health Institution HP/SHP

4. Name of Health Institution and district .....

5. Registration fee  Yes  No

If Yes, (specify).....

6. Date.....

7. Name of data collector.....

8. Complete form no. 1 B also for the same patient

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Age.....

**Free Drugs Availability at HP**

1. District: \_\_\_\_\_
2. Name of Health Post: \_\_\_\_\_
3. Name of drugs and availability:

S. N.	Name of the drug	Dosage Form	In Stock at the day of Visit * (0/1)
1	Lignocaine	<i>Injection 2% ml (hydrochloride) in vial</i>	
2	Paracetamol	<i>Tablet, 500 mg, Injection, 150mg/ml, Syrup 125 mg/5ml</i>	
3	Chlorpheniramine	<i>Tablet 4mg, (maleate)</i>	
4	Pheniramine	<i>Injection 22.75 mg (maleate) / ml</i>	
5	Albendazole	<i>Chewable tablet, 400mg</i>	
6	Metronidazole	<i>Tablet, 200mg, 400mg, Oral Suspension, 100mg or 200mg (as benzoate) / 5ml</i>	
7	Amoxiciline	<i>Capsule- 250mg, 500mg, Dispersable tablet- 125 mg, 250 mg</i>	
8	Sulfamethoxazole + Trimethoprim	<i>Tablet 100mg+20mg, 400mg+80mg, 800mg+160mg, Oral Suspension 200mg+40mg/5ml</i>	
9	Ferrous salt + Folic acid	<i>Tablet, 60mg + 250mg</i>	
10	Calamine lotion	<i>Lotion, 1%</i>	
11	Gamma benzene hexachloride	<i>Cream or Lotion, 1%</i>	
12	Povidine Iodine	<i>Solution 5%, 450 ml</i>	
13	Aluminium hydroxide + Magnesium hydroxide	<i>Tablet, 250 mg, 250 mg</i>	
14	Hyoscine butylbromide	<i>Tablet, 10 mg, 20mg</i>	
15	Oral Rehydration Solutions (ORS)	<i>Powder, 27.5g /litre</i>	
16	Ciprofloxacin	<i>Eye and Ear drops 0.3 % W/V</i>	
17	Ciprofloxacin	<i>Eye Ointment, 0.3 % W/W</i>	
18	Chloramphenicol	<i>Eye applicaps, 1%</i>	
19	Clove oil	<i>Oil</i>	
20	Vitamin B complex	<i>Tablets</i>	
21	Metoclorpropamide	<i>Injection, 5 mg/ml in 2 ml ampoule</i>	
22	Compound solution of Sodium lactate (Ringers' Lactate)	<i>Injection solution</i>	
23	<i>Sodium chloride</i>	<i>Injection solution, 0.9% isotonic (154 mmol/l of sodium &amp; chloride ions each)</i>	
24	<i>Charcol activated</i>	<i>Powder 10 gm in sachet</i>	
25	<i>Atropine</i>	<i>Injection 1mg (sulphate) of 60.5 mg in 1 ml ampule</i>	
26	<i>Ciprofloxacin</i>	<i>Tablet, 250mg</i>	

S. N.	Name of the drug	Dosage Form	In Stock at the day of Visit * (0/1)
27	<i>Benzoic acid + Salicylic acid</i>	<i>Ointment of cream, 6% + 3%</i>	
28	<i>Atenolol</i>	<i>Tablet, 50 mg</i>	
29	<i>Frusemide</i>	<i>Tablet, 40mg</i>	
30	<i>Promethazine</i>	<i>Tablet, 25mg (Hydrochloride)</i>	
31	<i>Dexamethasone</i>	<i>Injection 4mg/1-ml ampoule</i>	
32	<i>Salbutamol</i>	<i>Tablet, 4 mg</i>	
33	<i>Oxytocin</i>	<i>Injection, 10 IU in 1 ml ampoule</i>	
34	<i>Magnesium Sulphate</i>	<i>Injection, 1 gm/2ml (50 % W/V)</i>	
35	<i>Gentamycin</i>	<i>Injection, 80 mg/2 ml vial</i>	

**Note:** \*write 0 for nil of stock and 1 for available of stock

4. Date: \_\_\_\_\_

5. Name of data collector: \_\_\_\_\_

**Free Drugs Availability at SHP**

1. District: \_\_\_\_\_
2. Name of Sub-health Post: \_\_\_\_\_
3. Name of drugs and availability:

S. N.	Name of the drug	Dosage Form	In Stock at the day of Visit * (0/1)
1	Lignocaine	<i>Injection 2% ml (hydrochloride) in vial</i>	
2	Paracetamol	<i>Tablet, 500 mg, Injection, 150mg/ml, Syrup 125 mg/5ml</i>	
3	Chlorpheniramine	<i>Tablet 4mg, (maleate)</i>	
4	Pheniramine	<i>Injection 22.75 mg (maleate) / ml</i>	
5	Albendazole	<i>Chewable tablet, 400mg</i>	
6	Metronidazole	<i>Tablet, 200mg, 400mg, Oral Suspension, 100mg or 200mg (as benzoate) / 5ml</i>	
7	Amoxyciline	<i>Capsule- 250mg, 500mg, Dispersable tablet- 125 mg, 250 mg</i>	
8	Sulfamethoxazole + Trimethoprim	<i>Tablet 100mg+20mg, 400mg+80mg, 800mg+160mg, Oral Suspension 200mg+40mg/5ml</i>	
9	Ferrous salt + Folic acid	<i>Tablet, 60mg + 250mg</i>	
10	Calamine lotion	<i>Lotion, 1%</i>	
11	Gamma benzene hexachloride	<i>Cream or Lotion, 1%</i>	
12	Povidine Iodine	<i>Solution 5%, 450 ml</i>	
13	Aluminium hydroxide + Magnesium hydroxide	<i>Tablet, 250 mg, 250 mg</i>	
14	Hyoscine butylbromide	<i>Tablet, 10 mg, 20mg</i>	
15	Oral Rehydration Solutions (ORS)	<i>Powder, 27.5g /liter</i>	
16	Ciprofloxacin	<i>Eye and Ear drops 0.3 % W/V</i>	
17	Aminophylline	<i>Tablet, 100mg</i>	
18	Chloramphenicol	<i>Eye applicaps, 1%</i>	
19	Clove oil	<i>Oil</i>	
20	Vitamin B complex	<i>Tablets</i>	
21	Metoclorpropamide	<i>Injection, 5 mg/ml in 2 ml ampoule</i>	
22	Compound solution of Sodium lactate (Ringers' Lactate)	<i>Injection solution</i>	
23	Oxytocin	<i>Injection, 10 IU in 1 ml ampoule</i>	
24	Magnesium Sulphate	<i>Injection, 1 gm/2ml (50 % W/V)</i>	
25	Gentamycin	<i>Injection, 80 mg/2 ml vial</i>	

**Note:** \*write 0 for nil of stock and 1 for available of stock

4. Date: \_\_\_\_\_

5. Name of data collector

**Free Drugs Stock Information at HP**

1. District: \_\_\_\_\_

2. Name of Health Post: \_\_\_\_\_

<b>Drugs</b>	<b>Date (out of stock) 2065 Shrawan – 2066 Ashad</b>
Lignocaine	
Paracetamol	
Chlorpheniramine	
Pheniramine	
Albendazole	
Metronidazole	
Amoxiciline	
Sulfamethoxazole + Trimethoprim	
Ferrous salt + Folic acid	
Calamine lotion	
Gamma benzene hexachloride	
Povidine iodine	
Aluminium hydroxide + Magnesium hydroxide	
Hyoscine butylbromide	
Oral Rehydration Solutions (ORS)	
Ciprofloxacin	
Ciprofloxacin	
Chloramphenicol	
Clove oil	
Vitamin B complex	
Metoclorpropamide	
Compound solution of Sodium lactate (Ringers' Lactate)	
Sodium chloride	
Charcol activated	
Atropine	
Ciprofloxacin	
Benzoic acid + Salicylic acid	
Atenolol	
Frusemide	
Promethazine	
Dexamethasone	
Salbutamol	
Oxytocin	
Magnesium Sulphate	
Gentamycin	

Date: .....

Data collected from  Manual ledger or stock record Bin Card

**Free Drugs Stock Information at SHP**

1. District: \_\_\_\_\_

2. Name of Sub-health Post: \_\_\_\_\_

<b>Drugs</b>	<b>Date (out of stock) 2065 Shrawan – 2066 Ashad</b>
Lignocaine	
Paracetamol	
Chlorpheniramine	
Pheniramine	
Albendazole	
Metronidazole	
Amoxiciline	
Sulfamethoxazole + Trimethoprim	
Ferrous salt + Folic acid	
Calamine lotion	
Gamma benzene hexachloride	
Povidine Iodine	
Aluminium hydroxide + Magnesium hydroxide	
Hyoscine butylbromide	
Oral Rehydration Solutions (ORS)	
Ciprofloxacin	
Ciprofloxacin	
Chloramphenicol	
Clove oil	
Vitamin B complex	
Metoclorpropamide	
Compound solution of Sodium lactate (Ringers' Lactate)	
Oxytocin	
Magnesium Sulphate	
Gentamycin	

Date: .....

Data collected from  Manual ledger or stock record Bin Card

**Interview with Health Management Committee**

1. xfn oxFF b]lvPsf ;d:ofx? s] s] x'g\ <

- :jf:Yo ;+:yf ;DalGw

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- cf}iflw ;DalGw

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- cGo -pNn]v ug]

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2. lgz'Ns cf}iflw lat/Of sfo{qmd slxn]

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3. lgz'Ns cf}iflwx? sxfFaf6 pknA3÷v/Lb u/LG5g\ <nfu' ePsf] xf] <

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4. lgz'Ns cf}iflwx?sf] pknA3tf laut Ps jif{ cf= j= @)^% @)^^df s:tf] /xof] <

- kof{Kt kl/df0f

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- /f]ux? cg';f/ pknAwtf

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- DAG sf] cfjZostf cg';f/ -h:t} aRrf, ue{jtL dlxfn cGo nllftju{ dlxfn  
:jf=:jod ;}ljsf, h}i7 gful/s, ckf8=, ul/j, clt ul/j, c;xfo \_

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5. lgz'Ns cf}iflwx?sf] u'0f:t/af/] tkfO{sf] larf/÷cg'ej s:tf] /x]sf] 5 <

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6. lgz'Ns afx]s cGo cf}iflwx?sf] pknA3tf laut Ps jif{df s:tf] /xof] <

- kof{Kt kl/df0f

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- /f]ux? cg';f/ pknA3tf

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- >f]t -sxfFaf6\_

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- hDdf /sd

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7. lgz'Ns cf}iflwx? pknA3 u/fpg k/]sf sl7gfO{x?

- vl/b/pknAwtf

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- 9'jfgL

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- Prescribing

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- cGo -pNn]v ug]

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8. lgz'Ns cf}iflwx? k|ltsf] wf/Off

- ;Gt':6L -sf/Ofx?\_

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- c;Gt':6L -sf/Ofx?\_

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9. lgz'Ns cf}iflwx? k|ltsf] la/fdLx?sf] wf/Off

- ;Gt':6L -sf/Ofx?\_

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- c;Gt':6L -sf/Ofx?\_

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10. lgz'Ns cf}iflwx?af6 k/]sf k|efjx?

- :jf:Yo sdL{nfO{

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- la/fdLnfO{

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11. lgz'Ns cf}iflwx? pknA3 gxF'bf la/fdLsf] pkrf/ s;/L ug]{ ul/G5 <

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!@= :jf:Yo ;+:yfdf jif}{ el/ lgzNs cf}iflwx? pknAw u/fO /fVg tkfO{sf ;emfjx?

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cGt/jftf{ lbgsf] gfdM

cGt/jftf{ lngsf] gfd

**Interview with DHO/ DPHO**

!= xfn oxfF b]lvPsf ;d:ofx? s] s] x'g\ <

- :jf:Yo ;+:yf ;DalGw

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- cf}iflw ;DalGw

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- cGo -pNn]v ug]

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@= lgz'Ns cf}iflw lat/Of sfo{qmd slxn]

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#= lgz'Ns cf}iflwx? sxfFaf6 pknA3÷v/Lb u/LG5g\ <nfu' ePsf] xf] <

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\$= lgz'Ns cf}iflwx?sf] pknA3tf laut Ps jif{ cf= j= @)^% @)^^df s:tf] /xof] <

- kof{Kt kl/df0f

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- /f]ux? cg';f/ pknAwtf

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- DAG sf] cfjZostf cg';f/ -h:t} aRrf, ue{jtL dlxfn cGo nllftju{ dlxfn  
:jf=:jod ;}jsf, h}i7 gful/s, ckf8=, ul/j, clt ul/j, c;xfo \_

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%= lgz'Ns cf}iflwx?sf] u'0f:t/af/] tkfO{sf] larf/÷cg'ej s:tf] /x]sf] 5 <

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^= lgz'Ns afx]s cGo cf}iflwx?sf] pknA3tf laut Ps jif{df s:tf] /xof] <

- kof{Kt kl/df0f

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- /f]ux? cg';f/ pknA3tf

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- >f]t -sxfFaf6\_

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- hDdf /sd

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&= lgz'Ns cf}iflwx? pknA3 u/fpg k/]sf sl7gfO{x?

- vl/b/pknAwtf

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- 9'jfgL

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- Prescribing

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- cGo -pNn]v ug]

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\*= lgz'Ns cf}iflwx? k|ltsf] wf/Off

- ;Gt':6L -sf/0fx?\_

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- c;Gt':6L -sf/0fx?\_

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(= lgz'Ns cf}iflwx? k|ltsf] la/fdLx?sf] wf/Off

- ;Gt':6L -sf/0fx?\_

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- c;Gt':6L -sf/0fx?\_

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!)= lgz'Ns cf}iflwx?af6 k/]sf k|efjx?

- :jf:Yo sdL{nfO{

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- la/fdLnfO{

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!!= lgz'Ns cf}iflwx? pknA3 gxF'bf la/fdLsf] pkrf/ s;/L ug]{ ul/G5 <

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!@= :jf:Yo ;+:yfdf jif}{ el/ lgzNs cf}iflwx? pknAw u/fO /fVg tkfO{sf ;emfjx?

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cGt/jftf{ lbgsf] gfd :

cGt/jftf{ lngsf]

**Interview with HP/SHP Incharge**

!= xfn oxfF b]lvPsf ;d:ofx? s] s] x'g\ <

- :jf:Yo ;+:yf ;DalGw

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- cf}iflw ;DalGw

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- cGo -pNn]v ug]

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@= lgz'Ns cf}iflw lat/Of sfo{qmd slxn]

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#= lgz'Ns cf}iflwx? sxFaf6 pknA3÷v/Lb u/LG5g\ <nfu' ePsf] xf] <

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\$= lgz'Ns cf}iflwx?sf] pknA3tf laut Ps jif{ cf= j= @)^% @)^^df s:tf] /xof] <

- kof{Kt kl/df0f

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- /f]ux? cg';f/ pknAwtf

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- DAG sf] cfjZostf cg';f/ -h:t} aRrf, ue{jtL dlxfn cGo nllftju{ dlxfn  
:jf=:jod ;}jsf, h}i7 gful/s, ckf8=, ul/j, clt ul/j, c;xfo \_

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%= lgz'Ns cf}iflwx?sf] u'0f:t/af/] tkfO{sf] larf/÷cg'ej s:tf] /x]sf] 5 <

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^= lgz'Ns afx]s cGo cf}iflwx?sf] pknA3tf laut Ps jif{df s:tf] /xof] <

- kof{Kt kl/df0f

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- /f]ux? cg';f/ pknA3tf

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- >f]t -sxfFaf6\_

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- hDdf /sd

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&= lgz'Ns cf]iflwx? pknA3 u/fpg k/]sf sl7gfO{x?

- vl/b/pknAwtf

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- 9'jfgL

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- Prescribing

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- cGo -pNn]v ug]

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\*= lgz'Ns cf}iflwx? k|ltsf] wf/Off

- ;Gt':6L -sf/0fx?\_

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- c;Gt':6L -sf/0fx?\_

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(= lgz'Ns cf}iflwx? k|ltsf] la/fdLx?sf] wf/Off

- ;Gt':6L -sf/0fx?\_

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- c;Gt':6L -sf/0fx?\_

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=====

!)= lgz'Ns cf}iflwx?af6 k/]sf k|efjx?

- :jf:Yo sdL{nfO{

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- la/fdLnfO{

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!!= lgz'Ns cf}iflwx? pknA3 gxF'bf la/fdLsf] pkrf/ s;/L ug]{ ul/G5 <

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!@= :jf:Yo ;+:yfdf jif}{ el/ lgzNs cf}iflwx? pknAw u/fO /fVg tkfO{sf ;emfjx?

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cGt/jftf{ lbgsf] gfd M

cGt/jftf{ lngsf] gfd M