Awareness on the Services Offered and the User Satisfaction Towards the Deendayal Pradhan Mantri Jan Aushadhi Stores/Scheme (DPMJAS) in Gujarat

By

Aashika Celine Joshu

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2015-2017

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TO WHOMSOEVER MAY CONCERN

This is to certify that **Ms. Aashika Celine Joshu,** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **Gujarat Medical Services Corporation Limited (GMSCL)** from **1ST February 2017 to 30th April 2017.**

The candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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The certificate is awarded to

Ms. AASHIKA CELINE JOSHU

In recognition of having successfully completed her Internship in the department of

HUMAN RESOURSES

and has successfully completed her Project on

"Awareness on the services offered and the user satisfaction towards the Deendayal Pradhan Mantri Jan Aushadhi Store (DPMJAS) in Gandhinagar, Gujarat"

From 1st February to 30th April, 2017

AT

GUJARAT MEDICAL SERVICES CORPORATION LIMITED (GMSCL)

Gandhinagar, Gujarat

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish her all the best for future endeavors

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Managing Director

Managing Director
GMSCL
Gujarat Medical Services Corporation Ltd.
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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled,**Awareness on the services offered and the user satisfaction towards the Deendayal Pradhan Mantri Jan Aushadhi Stores/Scheme (DPMJAS) in Gujarat** and submitted by **Ms. Aashika Celine Joshu**Enrollment No: **IIHMR-U/01/2015-17/0244**under the supervision of **Dr. Neetu Purohit**for award of MBA in Hospital and Health of the University carried out during the period from **1st February 2017 to 30th April 2017**embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled "**Awareness on the services offered and the user satisfaction of the Deendayal Pradhan Mantri Jan Aushadhi Scheme/Stores (DPMJAS) in Gujarat"**

Aashika

Signature of student

Abstract

Title: Awareness on the services offered and the user satisfaction of the Deendayal Pradhan Mantri Jan Aushadhi Scheme/Stores (DPMJAS) in Gujarat

Background & Objectives:

It is a common understanding that branded medicines are sold at significantly higher prices in India. The out-of-pocket expenditure on healthcare is high and hence making available reasonably priced quality medicines in the market would benefit everyone, especially the poor. The objective of this study is assess the awareness of consumers regarding the services offered by the Deendayal Pradhan Mantri Jan Aushadhi Scheme (DPMJAS) stores and about the scheme itself; and to assess satisfaction among users of DPMJAS stores.

Methods:

A survey was conducted with the help of a semi-structured questionnaire at 10 DPMJAS stores in various regions in Gujarat and a sample size of 300 was taken in order to fulfill the objectives the following dimensions such as availability, accessibility, acceptability and awareness was examined.

Results:

Majority (73%) of the respondents knew about the scheme, while only 41% knew about generic drugs and 59% were unaware about the same. While 100% of the respondents who were aware, believed that generic drugs were of good quality, this shows that there is wider acceptability of these drugs. Regarding availability of medicines 73% said "sometimes", while regarding other facilities like seating arrangement, air-conditioning about 81% said 'yes'. A remarkable 95% was happy with the staff at the store and the location of the store, as it was easily accessible. 82% said that there was no delay in billing. 68% was unaware regarding the fact that the store sells health related products too. The list containing the prices of the drugs in the open market and the store was compared and the differences in the price helped the researcher conclude that the medicines are cheaper by 30 % to 80%.

Interpretation and Conclusion:

The study revealed that there was lack of availability of medicines, and the variety of medicines has to be increased. Respondents were satisfied with the physical premises of the stores and the staff inside the stores and majority said there was minimum delay in billing and the store was easy to access. The highlight is definitely the price of the medicines, and most of them came to the stores for cheaper drugs even if they were not getting treatment from the particular hospital where the store is located. Acceptability could be increased by promoting the G-DAWA app and with the help of the doctors. Government together with the citizens can achieve the goal of health for all and reduce the out-of-pocket expenditure.

Keywords:

Generic vs. branded, medicines, out-of-pocket expenditure, DPMJAS

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The satisfaction that accompanies the successful completion of the project would be incomplete without the mention of the people who made it possible.

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Lastly, I would like to thank all those who were directly and indirectly involved in helping me complete the internship and dissertation. I hope that I can build upon the experience and knowledge that I have gained and make a valuable contribution towards this industry in the coming future.

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List of Symbols and Abbreviations

BPL	Below Poverty Line
OOP	Out-of-Pocket
DPMJAS	Deendayal Pradhan Mantri Jan Aushadhi Store/Scheme
GMSCL	Gujarat Medical Services Corporation Limited
MoU	Memorandum of Understanding
R&D	Research & Development
WHO	World Health Organisation
EDL	Essential Drug List
GMERS	Gujarat Medical Education & Research Society
G-DAWA	Generic-Drugs Awareness for Wider Acceptability

CHAPTER 1: INTRODUCTION

1.0 Background

Access to health care is a fundamental human right, it is incorported in the internationaltreaties and also pursued by governments throughout the world. However, without equitable access to essential medicines for priority diseases the fundamental right tohealth cannot be satisfied.

Under Goal 3 of the United Nations' Sustainable Development Goals (SDG's) to be accomplised by 2030, clearly states that, "Ensure healthy lives and promote wellbeing for all at all ages". Specifically under sub-section 3.8 of Goal 3 is is mentioned that,"To achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all." [i]

Throughout the world, access to essential medicines remains a major concernfor people everywhere, and is widely recognised as an objective of countries' national medicines policies.

It is a common understanding that branded medicines are sold at significantly higher prices in India. Given the widespread poverty across the nation, making available reasonably priced quality medicines in the market would benefit everyone, especially the below poverty line (BPL) families and the underprivileged. Despite the major improvement in government's healthcare spending over the last 25 years, there has been no relief on the steadily rising medical costs of an individual. Poorer states in India have health indicators that are worse than many nations poorer than them, and India's healthcare spending is the lowest among BRICS (Brazil, Russia, India, China, South Africa) nations, as are its health indicators.

According to the Insurance Regulatory & Development Authority of India (IRDAI), only 28.80 crore people were covered under health insuarance policies provided by public sector and private sector combined during 2014-2015, which included government sponsored schemes like Rashtriya Swasthiya Bhima Yojana (RSBY), which is only 24 percent of India's total population. [ii] At the same time, cost of medicines have also not been covered under various health insurance schemes and hence people have to resort to out-of-pocket (OOP) expenditure. With branded drug costs serving as a major contributor to cost escalations, generic drugs offer an important

tool for reducing the overall rate of growth incurred as health expenditure by an individual.

This has always been a concern for the central government in India and in order to end this medicine mafia, the Bureau of Pharma PSU's in India, Department of Pharmaceuticals under the Ministry of Chemicals and Fertilisers came up with the Jan Aushadhi Campaign in 2008, and was later renamed as Pradhan Mantri Jan Aushadhi Yojana (PMJAY) and recently to Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP).

1.1. Deendayal Pradhan Mantri Jan Aushadhi Stores (DPMJAS)

Keeping this in mind, the Governement of Gujarat, designed and implemented a novel but an ambitious project under the name "Deendayal Pradhan Mantri Jan Aushadhi Stores (DPMJAS)" in late 2016, for the noble cause- Quality medicines at affordable prices for all in various districts of the state; wherein generic medicines for all specialities, branded generics, essential medicinesand implants are sold exclusively through outlets namely "Deendayal Pradhan Mantri Jan Aushadhi Stores". While stores in medical colleges will sell 1500-2000 drugs envisaged under AMRIT which stands for, Affordable Medicines and Reliable Implants for Treatment.

Under the flagship of the Hon'ble Prime Minister Narendra Modi to make available quality generic drugs to all and in order to fulfill this vision of our prime minister, the Gujarat government under the able leadership of their Chief Minister, took the initiative to open 52 generic medical stores across the state in the November 2016, at various state run government colleges and hospital premises. The scheme was envisaged to run on a self-sustaining business model, and on the principle of "No profit, No loss" similar to the Jan Aushadhi Campaign by the central government.

Gujarat Medical Services Corporation Limited (GMSCL), a procurement, storage and supply organisation, a Gujarat government undertaking was appointed as the nodal agency for ensuring the success of the scheme, and also to supply medicines to these stores for cheaper rates.For this purpose, they signed a MoU (Memorandum of Understanding) with HLL Lifecare Limited (Government of India Undertaking), who has signed Rate Contracts with various pharmaceutical companies for procuring medicmes and sell these at 12% margin at these stores. Later on, GMSCL will also extend its MoU with other industries like the Gujarat CSR Authority (GSCRA) to form a joint venture company, exclusively for this project.

CHAPTER 2: REVIEW OF LITERATURE

A report by Equity Master (2016) states that, the Indian pharmaceuticals market is the third largest in terms of volume and thirteenth largest in terms of value. India is the largest provider of generic drugs globally with the Indian generics accounting for 20 per cent of global exports in terms of volume.

A study conducted byIndian Brand Equity Foundation (IBEF 2017) says thatbranded generics dominate the pharmaceuticals market, constituting nearly 80 per cent of the market share in terms of revenues.Every third tablet consumed worldwide is manufactured in India. Yet, at home, millions of population do not have equitable access to affordable essential medicines. Even if they do, OOP expenditure is the main source of healthcare funding and a NSSO report of 2013 said that the cost of medicines constitutes a large percentage of the total healthcare costs of an individual and the cost of medicines formbulk of out-of-pocket health expenses.[iii]While lack of effective price control mechanism on medicines in the country is worsening the situation.[iv]

At present, fast moving branded medicines are manufactured by multi-national companies or large Indian companies. Medical practitioners are bribed by pharmaceutical companies to prescribe branded medicines, such unethical promotional activities by medical representatives is not something recent. Doctors through prescriptions and pharmacists at the stores promote branded medicines and these adds up to the Maximum Retail Price (MRP) and thus are sold at high prices, making it unaffordable to the common man.

Unbranded generics with International Nonproprietary Name (INN) labeling are mostly procured by the public sector in India. These medicines contain the same active ingredient as the original brand name product and are cheaper compared to the same branded medicines. This is known as generic medicines, they are equally safe, have the same efficacy as that of branded medicines in terms of their therapeutic value and it is also known as drug marketed under its chemical name and without promotional activities.

World Health Organisation (WHO) in 2013 said, there are two concepts to be understood; one is generic vs. patented or branded drugs; while the other being, “brand name” vs. “generic or non-proprietary name”. The active ingredient in the medicine which is decided by an expert committee and which is understood internationally is the non-proprietary name. For example, paracetamol is the generic or non-proprietary name while crocin/meftal etc. are the brand names. The main advantage of generic drugs is

that they cost considerably lower than the branded drugs, and therefore can save money, especially for those affected by chronic diseases, the elderly who take up more medicines etc. hence the medical doctors have also been asked to switch to generics like in countries like USA. This will also reduce the monopoly and oligopoly powers held by the patent owner. The Essential Drug List (EDL) list by the WHO is also based on generic medicines.

Generic drugs are cheaper in comparison to branded drugs because there is no need to make investments in Research & Development (R&D) as in the case of new drugs. The prevailing fierce competition also makes the manufacturers keep low prices. A branded drug is usually given a patent protection for 20 years from the date of actually applying for patent. During these years the company tries to recover all the expenses incurred like for the R&D and other marketing expenses. It is only after the patent expires the companies start to manufacture the generic drugs. Thus the essential medicines concept help promote the use of generic drugs and the mainly generics help in drug price containment through competition in order to improve access to essential medicines.[v]Until recently, generic medicines were not easily available in public and private medical stores even though they were an affordable alternative. This forced the BPL patients to buy the expensive branded medicines or go treatment less.[vi]

The growth in demand of generic and branded generics drugs in the recent years has led to pharma companies reorganize their strategies by focusing on the generic and branded generics business in developed as well as developing countries for higher growth. The pharma companies like Novartis, through Sandoz, remains one of the multinationals most committed to generics among the leading pharma companies such as Pfizer and Sanofi Aventis which have also in-house generic businesses. The emerging markets represent exciting opportunities as they are expected to grow at a rate of 15.2% during 2006-2020.[vii]

Quality aspects that govern these medicines are regulated by the Drugs and Cosmetics Act, 1940 and Rules 1945, a central legislation passed by the Indian parliament while the pricing and availability of medicines is governed by Drug Price Control Order 1995 (DPCO). With a view to ensure effective implementation of the provisions enshrined under DPCO, 1995, the Government of India constituted a body of experts known as 'National Pharmaceutical Pricing Authority' (NPPA) in the year 1997, which is presently working under the Department of Pharmaceuticals (DoP) in the Ministry of Chemicals and Fertilizers. This department has been entrusted the responsibilities of drug policy, medicine price control, monitoring of drug prices and related affairs. All

medicines be it generics or branded has to meet the same international parameters in order to clear the quality test and be available in the market, hence it is clear that all medicines are of same quality.[viii]

Therefore, when generic medicines are of assured quality and are offered at lower prices than the corresponding originator brand product, there is a potential for patients and health systems to achieve equivalent health outcomes at a lower cost. The reason why generic medicines are often promoted in the public and private sectors is to reduce medicine costs, and increase product availability and consumer access, thereby saving money for other treatment modalities.[ix]

With this view in mind, the Government of Gujarat opened these 52 generic drug stores under phase one and deputed GMSCL as the nodal implementation agency to set up these stores in the space provided by the government. These 52 stores were opened within the government hospital premises and they also sell allied medical products in order to improve the viability of running these stores. Medicines are sold 30 % to 80% cheaper compared to the market rates at these stores against producing prescriptions from doctors not only to the government hospital patients but also to patients coming from other private hospitals. Drugs stores operated under this scheme has the following products:

- Generic drugs
- Specialized drugs for tertiary care
- Over the counter drugs
- Hospital consumables
- Surgical implants (to be available in next phase of implementation)

These stores run 24*7, with about 1000 drugs made available in the first phase, with 500 odd EDL medicines and the rest non-EDL drugs. While in phase 2 this would go upto 2000 medicines. These stores have staff who are qualified pharmacists, and they use the lastest software and hardware available inorder to ensure smooth running of these stores. These stores will also be providing amenities to people like seating arrangement and airconditioning. In the first phase, stores were opened across medical college cum hospitals, district hospitals and sub-district hospitals. Pharma PSU's or private companies supply the medicines to these stores. The medicines shall be procured only through e-tenders in order to ensure there is complete transparency. Once the medicines are in receipt, they should be stored at appropriate temperatures at the central warehouse provided. The government appointed drug quality control inspectors, draw

samples and send them to NABL accredited laboratories for inspection and quality check after which the medicines shall be dispatched for sale to these stores. [x]

Other conditions under this scheme includes, providing the EDL by GMSCL, the non-EDL medicines are to be procured by tender process or any other method from open market; total profit margin should not exceed 12 % excluding the cost of medicines and for store management; the government would provide space for running these stores and rent has to be paid to the concerned authority; wherever space is unavailable rented space will be provided and the respective company has to pay the rent; they are also expected to require the approvals and allocate staff; the company in charge of operations will manage the finance for management and salary of personnel; GMSCL along with representatives of the companies with MoU and the Additional Director for Medical Education has also formed a programme monitoring committee to review day to day activities; companies in charge of the operations is expected to conduct audits as per the rules and inform the government and GMSCL regarding the same; apart from this the operating company is also responsible for any legal obligations pertaining to running of these stores. The first phase of the scheme is set to run for 3 years and according to the need the coverage will be increased.

In the meanwhile, in the second phase, it is proposed to expand the network to around 500 stores across the state which is expected to cover the taluka level and multiple stores in the bigger towns and cities in the state. GMSCL is also in charge of planning and undertaking suitable media activities to achieve the goals of DPMJAS. [xi]

For the effective implementation of the second phase of this project, on a pilot project basis 150-200 stores are to be opened on franchise model. For this the government made eligible, third parties including NGO's, private hospitals, individual entrepreneurs, doctors, unemployed, pharmacists, charitable bodies etc. to apply and open these medical stores. This PPP model also helped resolve conflicts between the existing pharmacies and these medical stores, as patients stopped going to those old pharmacies. The applicants had to submit their registrations to DPMJAS and as a prerequisite to open these medical stores, they must employ registered pharmacists and they must have their own or hired space for running the store. The government would also provide them with a financial support of 2.5 lakhs in order to cover expenses on furniture and fixtures, free medicines worth a lakh in the beginning and reimbursement on computer & peripherals, internet etc.

This would help in greater accessibility, availability and affordability of generic drugs and if implemented effectively it could help save money of the people of Gujarat. Other

states could take inspiration from the Gujarat healthcare model and apply it in their states. By 2020, most parts of the nation could start using generics and reach one step closer to universal health coverage that is ‘health for all’ as the objective of this scheme was “to reduce cost of healthcare by providing quality generic medicines at a fair price without compromising on healthcare services to the common people”.

CHAPTER 3: AIM, OBJECTIVES AND RESEARCH APPROACH

This research is conducted on the DPMJAS's customer's satisfaction, awareness on the scheme and the services it offers etc. in order to find out what they think about the intiative. For good business, we need to consider customers as the king. It has been around six months since the stores have been running in the state of Gujarat. It is important to hear from the stakeholders so that we can improve upon our services and attract more customers and move to Phase II of this project.

This is the aim of the study, i.e. to strenghten the services provided under the scheme by ensuring the management knows what is going on at the grassroot level.

The objective of this research is to analyse the empirical results and findings so that the management gets a clearer picture, understand and take better decisions in the future, one that is consistent with the minds of the customers. As this will strengthen the identity of GMSCL as a corporation as well as satisfy the needs of their external stakeholders. Through the results of the study the researcher expects to help the corporation implement strategies to improve the awareness both of the scheme and the organisation.

The basic research approach is to use quantitative and qualitative methods, by using a semi-structured questionnaire to the users or the customers who comes to buy medicines at these stores to understand the awareness on the scheme, the services these stores offer and the satisfaction towards these stores. This will help us understand better to what extent we have been able to accomplish the vision and the mission of the scheme.

3.0 Key Research Question

What is the level of awareness and user satisfaction among the consumers regarding the services offered by the DPMJAS stores in Gujarat?

3.1 Objectives

- To assess the awareness regarding the scheme and services offered by the DPMJAS stores
- To assess satisfaction among users of DPMJAS stores on availability, accessibility and acceptability.

CHAPTER 4: METHODOLOGY

With the view to understand how far the opening of these stores have met with the vision of the scheme, key components to study under this scheme were identified as: availability, accessibility, awareness and acceptability of quality generic drugs for all in the state of Gujarat. Thisdescriptive study was conducted from February 15th 2017 to May 15th 2017 as Gujarat Medical Services Corporation Limited, Gandhinagar, Gujarat as the setting.

3.1 Selection of outlets, sample size, sample technique

For ease of sampling and data collection, the geographical area or the sample frame Gujarat, where the study was conducted was divided into five zones (administrative units) namely, Kutch region, Central Gujarat, North Gujarat, Saurashtra Region and South Gujarat. A minimum of two districts from each of the five zones were selected on convinience basis to provide for data required to study the indicators with a reasonable level of accuracy. Ahemdabad and Vadodara in the central, Gandhinagar and Sabarkantha in the north region, Surat and Navsari in the southern region of Gujaratand Rajkot, Bhavnagar, Junagadh and Jamnagar in the saurashtra region were selected from the sample frame.[xii]

The reason why these areas were picked was because these stores were located at prime locationsand on an average the number of invoices generated in a day were 400. They were located inside medical college hospitals except for Navsari where the generic store was located inside the district hospital. These locations were easily accessible and the researcher had contacts in these regions to help with the data collection, hence feasiblity and desirablity were considered for deciding the sample size. Hence, for the purpose of the study a total of 10 stores in 10 districts out of the 33 districts were selected and a sample size of minimum 30 per store were collected using a semi-structured questionnaire and the first fully filled questionnaires were considered for the study. Sample size was taken as a minimun of 30 as it is required for any analysis and interpretaiotn. The sampling technique used was convenience sampling, that is based on the availability and a type of non-probability sampling. The300 participants who were easily available at the medical storeand willing to take part in the study were considered.

The ten DPMJAS stores included in the study were located at:

1. Gujarat Medical Education & Research Society (GMERS)- Gandhinagar
2. GMERS- Himmatnagar (Sabarkantha district)
3. Civil Hospital- Ahemdabad
4. SSG Hospital- Vadodara
5. GMERS, Junagadh
6. PDU- Rajkot
7. GG Hospital- Jamnagar
8. Sir T. Medical College- Bhavnagar
9. Civil Hospital- Surat
10. District Hospital- Navsari

3.2 Exclusion Criteria

For this study, demographic details such as age, gender, education criteria was not considered.

3.3 Data collection instrument

For the purpose of the study, handing over the semi-structured questionnaire (Annexure A) to 300 participants collected primary data required to understand the awareness of services provided and user satisfaction of these medical stores. Questionnaires help us collect data that is true as the participants are more comfortable and free to express their opinions compared to an interview. The questionnaire prepared contained 16 questions, in simple and clear language,both close-ended and open-ended questions and therefore both qualitative and quantitative aspects were covered. These contain questions to find out whether they are aware about the DPMJAS scheme, from they heard about it if they know about it, whether they are aware about generic and branded medicines, what they think about its quality to understand if they accept generic drugs and if yes, how they came to know about it, whether medicines are available and affordable, distance from their house to the store to find out if the store is easily accessible, if they buy other

health related products, whether they were provided with the promised amenities, if the staff is helpful and courteous, if they had to wait long for the bill, and also if they are satisfied with the services provided and overall the store and suggestions to improve if they were not satisfied were asked. Thus the information collected would answer the research question of awareness and satisfaction towards the DPMJAS scheme and the services it offers by examining indicators like awareness, availability, accessibility and acceptability.

3.4 Data collection and analysis procedure

The semi-structured questionnaire was given to the customers who came to these stores, since the researcher was posted in Gandhinagar region (northern side of Gujarat), data from GMERS, Gandhinagar was collected by the researcher herself, while for the other regions the questionnaire was dispatched to the pharmacist at the store or through the regional warehouse executives of GMSCL when they went for their weekly visits. The customers gave direct instant responses to the questions and approached the pharmacist only if they required any clarification. Hence within a week the researcher got back the responses collected. The pharmacists/regional executives of GMSCL helped with the data compilation as well. The questionnaire was prepared in English and the same was translated into Gujarati so that the respondents could understand better and there is no misinterpretation of the questions and were send to the various regions. However, in Gandhinagar region, a few English questionnaires too were handed out.

The primary data was collected through customers who answered the questionnaire at the stores to understand the level of awareness regarding the scheme, what it has to offer and by assessing accessibility, acceptability and availability the satisfaction of the users were understood. While secondary data was collected from the brochures available at GMSCL, especially for the affordability indicator, a list prepared by the organisation was studied to understand the difference in prices of the drugs. Apart from that a few research papers from journals and newspaper articles etc. were studied.This was important as it helped with the analysis in this study.

In order to analyze the data collected the researcher used charts and simple percentages using Microsoft Excel for close-ended questions, while for open-ended questions the pharmacists, a colleagues and a few friends helped with the translation and the majority opinions and suggestions were taken.

3.5Ethical considerations and limitation of study

The participants were informed the nature of the study and the reason why it is conducted.The identities of the participants are kept anonymous and they were free to withdraw from answering the questionnaire at any point. They were also free to give an approximate figure of their income level.

All the 52 stores could not be incorporated into the study, and hence comparatively only a smaller proportion of the population could be studied. There were geographical and time constraints faced by the researcher. The researcher gathered the collected information from the pharmacists or the regional executives and hence there is a possibility of information to be lost in translation from Guajarati to English/Hindi. Apart from this, Kutch region had to be left out of the study due to location and time constraints. Kutch region is also the largest by area, but the smallest in terms of population.The information collected was mainly from the stores in the medical college hospitals and from one district hospital store, while sub-district hospital stores were left out.

CHAPTER 4: KEY FINDINGS AND DISCUSSION

4.1 Awareness regarding the scheme

A majority 73% of them has heard about the scheme, or is aware about the same, while 27% of them had not heard about the scheme or was unaware.It was observed that for the Gandhinagar region, a fewcustomers were surprised when they received the bill as they were expecting normal market rates. A few of them took the pamphlets kept at the counter to know more about the store and why drugs were cheap. Many who came to the store were first timers and they came to see for themselves whether the scheme was real and not a farce, the others were regular customers.

Awareness on DPMJAS (n=300)	
Yes	No
73%	27%

Table 1: Awareness on DPMJAS

4.2 Source of information regarding the scheme

Newspaper was the most popular medium through which the scheme was advertised with 36% respondents, while second popular medium of communication was through Television as per usual government IEC regulations and through friends and family (word of mouth) with both consisting of 22% each. Then came Internet at 14% and surprisingly radio was the least used medium to cover theinformation.

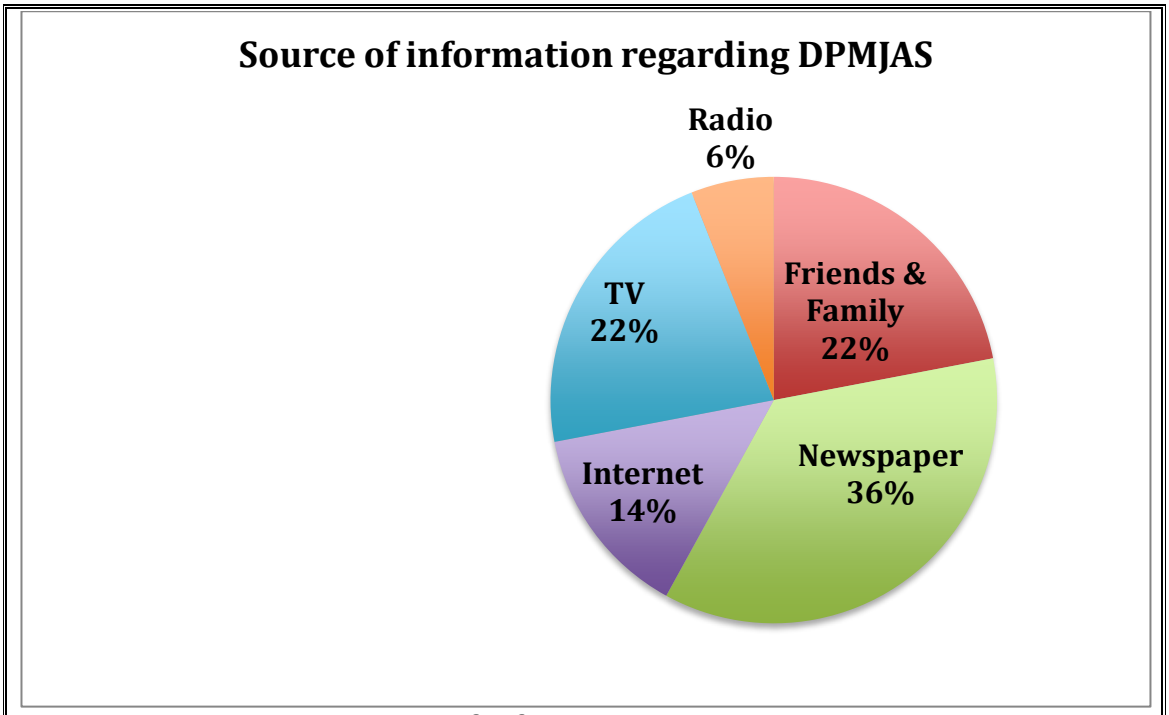

Figure 1: Source of information regarding the scheme

4.3 Awareness on generic vs. branded drugs and their acceptability

It was observed that only 41% knew about generic and branded medicines, and if they did it was either because they were already aware about the scheme, or they were medical students, pharmacists or their family members or friends or doctors, educated them regarding the same. This was clear from the open-ended question, which asked them about what they understand about generic and branded drugs and from where they heard about it.

Most of them believed that branded and generic drugs were same in the contents, but we pay for the "brand" as it has applied for patent in branded drugs, while generics are sold at cheaper rates and they are of the same content. They became aware of this through internet (Google as many specified) and newspaper or television ads, which were to spread awareness regarding the scheme. Few of them mentioned regarding the G-DAWA (Generic-Drug Awareness for Wider Acceptability) app, which was launched along with the scheme to create, generate awareness regarding generic drugs. They said before coming to the shop they would look for the generic versions available of the drug they are in need of. Around 59% of the respondents were unaware regarding the same and they came because the store provided branded drugs at cheaper prices or in general medicines were sold at lower prices.

Table 2: Awareness on generic and branded medicines

Awareness on generic and branded medicines (n=300)	
Yes	No
41%	59%

When asked about whether they believe generic drugs were of good quality, 100% (n=123) of the respondents who knew about the generics drugs said that they did.

4.4 Availability of medicines at these stores, helpful staff and other amenities

When asked if they get all the medicines they need at the store, a majority of 73% of them said "sometimes", while 18% said "always" and 9% said "never". This tells us that there are frequent stock out situations that arise at the store due to lack of supply. The open-ended question on if they feel there is scope for improvement and most of the suggestions given by the respondents also re-instated the same.

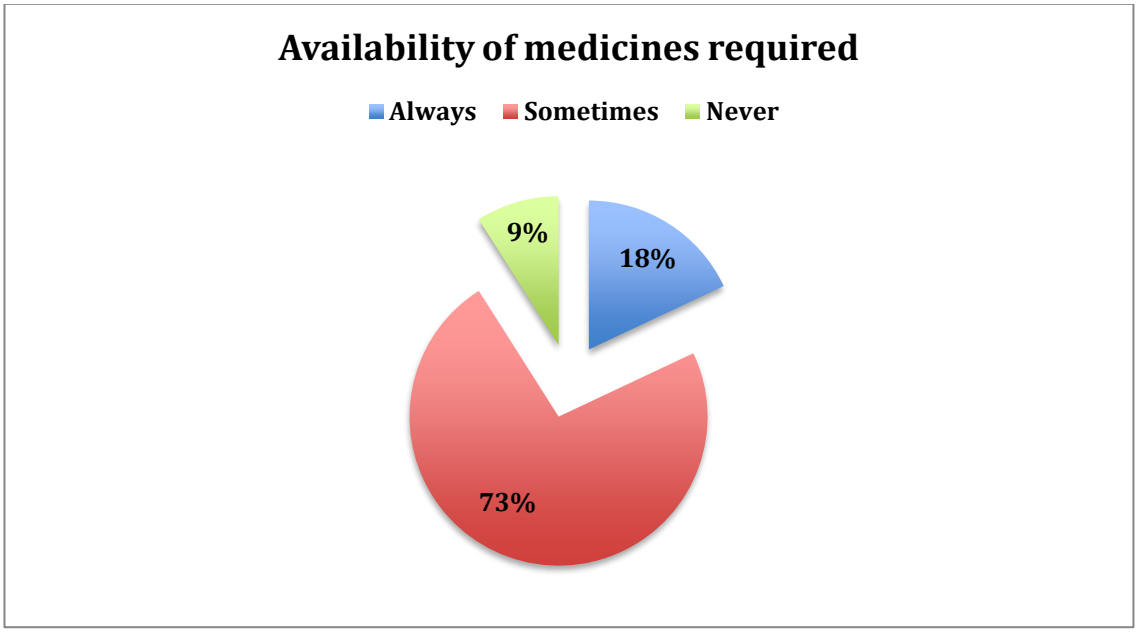

Figure 2: Availability of medicines

A majority of 95% of the customers said the staff was knowledgeable, helpful and courteous; this again is an important part of the customer's experience, and whether they will come back to the store. Only 5% was unhappy with this regard. There was pharmacist present at the store at all times, along with one or two assistants to help with the billing and giving the medicines. They were present during two shifts, which began

at 12 pm and ended at 8 pm and the other shift, which began from 8 pm and ended at 8 am.

Knowledgeable, helpful and courteous staff (n=300)	
Yes	No
95%	5%

Table 3: Knowledgeable, helpful and courteous staff

About 95% of the respondents said there was a sitting area at the store, while the store did not have drinking water facility, however 19% said yes to this facility.

81% of the respondents said air conditioning was available and working, but 19% said the air conditioner was present but it was not working. These two questions were asked to find out whether the users were satisfied with the physical premises of the store and availability is an indicator to measure satisfaction as proved by various studies. Some of them mentioned that parking facility was available; this made it hassle-free process to come to the store, buy the product and leave. CCTV cameras were installed at the stores to ensure safety, however security personnel and fire extinguishers were missing.

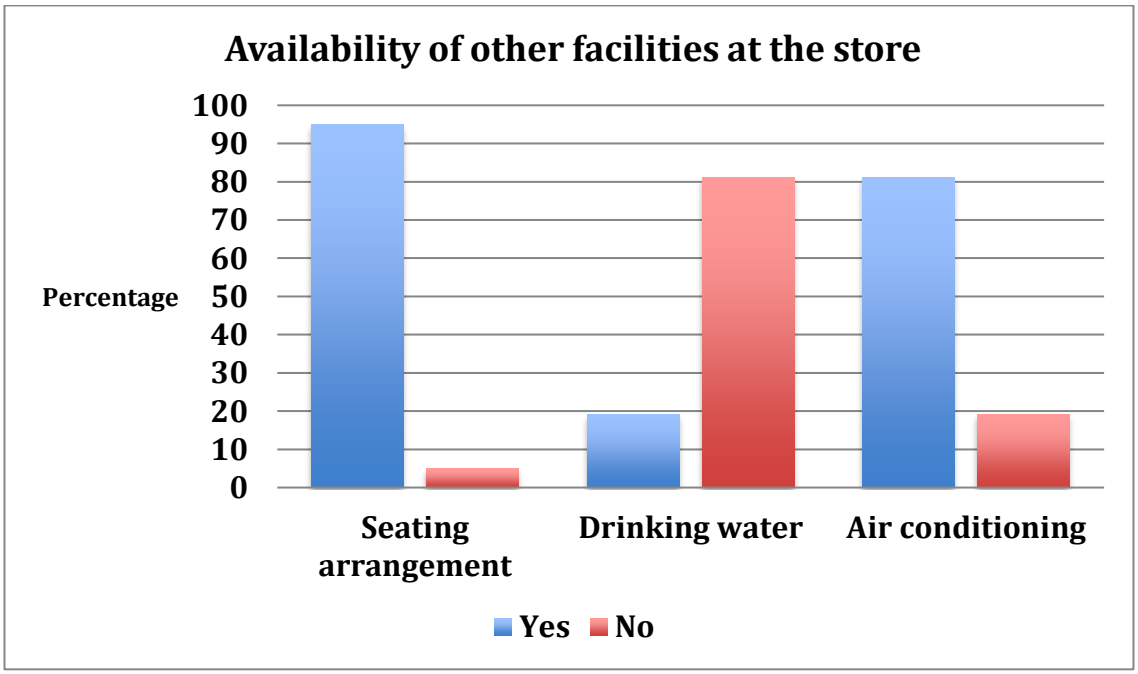

Figure 3: Availability of other facilities at the store

4.5 Accessibility to the store

Table 4: Difficulty in locating the DPMJAS store

Difficulty in locating the store (n=300)	
Yes	**No**
2%	98%

An overwhelming majority of 95% of the respondents agreed that they had not difficulty in locating the store, as discussed earlier, these medical stores were situated mostly inside the medical colleges along with other medical shops. However in most of the locations under the study it was observed that it is located right next to the out patient department, this increases the chance of customers going to buy the medicines at these stores right after the consultation with the doctor. Four most important aspects for any good business are the product, the price, the people and the place; here all are in favour of the business. Hence the management should make use of this unique opportunity and provide customers with all that they need.

For most of the respondents, approximately for 41% of them, the store was situated at a distance of 4 to 6 km from their homes. For 27% of them, it was at a distance of upto 2 km from their house, while for 18% of them it was 8 km away from their homes. For another 9% it was 2 to 4 km away and for the rest 5% it was 6 to 8 km away from their house. This shows that majority of these people exclusively came to this store for buying medicines and it was easy to get to the store through all modes of transportation, as it is located in a good area.

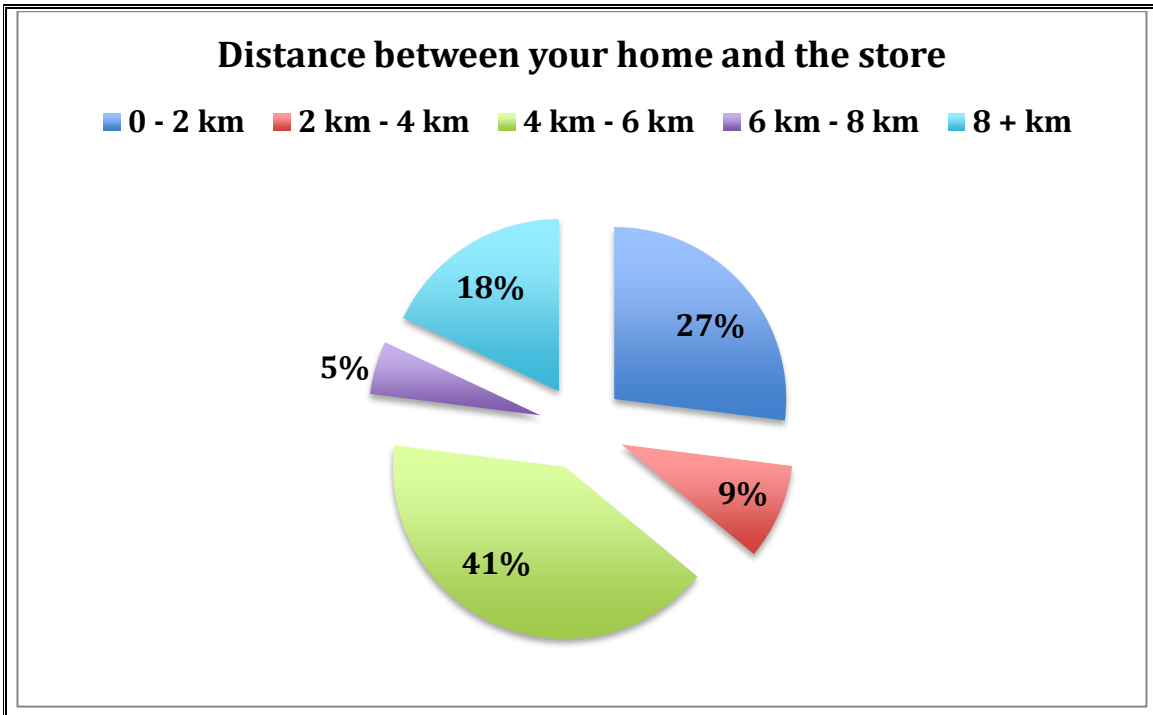

Figure 4: Distance from their homes to the store

4.6 Awareness regarding other health products available in the store

Awareness regarding other health products available in the store (n=300)	
Aware	Unaware
32%	68%

Table 5: Awareness regarding the availability of other health-related facilities

This question was asked in order to understand whether the respondents know that other health related products were available at the store. Only 32% of the respondents bought other health related products apart from medicines, like protein powder, mouth freshener, multivitamins, volini, condoms etc. This was clear from the open-ended question on what other products they bought at the store. While the majority, 68% did not buy anything except for medicines from the store; most of them were unaware regarding the same.

4.7 Delay in the billing procedure

Delay in the billing procedure (n=300)	
Yes	No
18%	82%

Table 6: Delay in the billing procedure

This question again, affects the customer's experience, which affects the satisfaction towards the store. A remarkable 82% of the people who answered that there was no delay in the billing, while 18% said that there was a delay or the printer was not working, in order to generate the bill. This was described in the open-ended question asking for their suggestions for improvement. The delay was mostly seen during the outpatient department (OPD) timings when most of the patients had to wait for their turn.

4.8 Results from the open-ended question

Q. 15 & 16) Scope for improvement in the services provided by the Deendayal stores and suggestions thereof.

Apart from this,the open-ended questions allowed the respondents to share their opinions and suggestions for improvement of the store, the information gathered from these questions gives the management an idea of what most of the customers feel, and how they can be satisfied. Approximately, 140-160 responses were received in this category.

A majority of the respondents,who answered these questions, mainly pointed out that Deendayal stores should increase the availability of medicines and the range of medicines at the store, especially the "regular use" medicines or essential medicines. There were suggestions like the government should build the trust and confidence of the people regarding these stores and generic medicines,as they must be ensured that visiting this store would fulfill their needs and not the other pharmacies. Most of the customers wanted to see improvements in the variety of medicines, especially for chronic diseases. They requested to keep antibiotics, blood pressure, diabetes and heart relatedmedicines available at all times. Some suggested that surgical and orthopaedic material should be made available, like stents, plaster of Paris, gauze, bandages etc.

Many respondents were happy with the store and they had no suggestions to make, they said this initiative by the government is good, even though they had to come far as the Deendayal store closer to the home did not have the medicines required, yet, a few customers were happy as long as they received the medicines at a cheaper rate at a store further away.

A few suggested that the staff should behave gently with the senior citizens. Some of the respondents suggested that the rates of the medicines should be displayed and they

should prepare a list of the generic medicines along with the various branded versions available, They also said the drugs should be made available according to the prescription of the doctors, as private doctors do not prescribe the generic version of drugs.

CHAPTER 5: RECOMMENDATIONS AND CONCLUSION

The data collected reflected that this initiative by the Gujarat government is a work in progress and it's a learning process for the management as the project is relatively new.

Yet, 72% were aware regarding the scheme, and came to the store after seeing advertisements about it in the newspaper (36%), television (22%) or through friends and family (22%).

Despite the launch of the G-DAWA app by the government, the knowledge regarding generic and branded medicines has not picked up, as only 41% were aware regarding the same. 100% (n=123) of them who knew about the generic drugs (through doctors, family members or through their medical background) believed that these were of good quality, so the acceptability is there but availability must be increased.

We could improve this scenario by encouraging doctors to prescribe generic medicines, the doctors in the government sector has already started doing so, as observed in the study. It is common practice that we learn the brand names like crocin, meftal, dolo etc. and not remember the chemical name i.e. paracetamol. If doctors who prescribe change this then patients would slowly start remembering the generic names.

The government must start advocating this and increase the visibility of such apps, as already people who were aware about generics learned it through the Internet (14%).

Not only drugs, even other health-related products were available at these stores for a cheaper rate and we must ensure the customers know the same,but 68% were unaware regarding this. It tells us that the people were not fully aware regarding the services offered by the store. It was observed that these products were not kept in the vicinity, hence if they rearranged the way they kept the medicines and other products, there could be a possibility that these products were bought as it is obvious that medicines will be available but not necessarily the other health related products, this could help increase the sales of these stores.

It was easy to locate these stores said 95%, as it was in the hospital premises of medical colleges and with the second phase of implementation the number of stores are to be increased in the districts and sub-district level. For 41% of them, every 4 km to 6 km, there was a Deendayal store. With the second phase of implementation, by opening 150 to 200 stores could expect a Deendayal store closer to their homes in the coming years in the state of Gujarat.

95% and 81% said facilities were provided, like seating arrangement, air-conditioning etc. however 19% said the air-conditioning system was not working and the printer to

generate bills were not in working condition either. Such managerial issues needs to be addressed to increase the satisfaction level of the users. Parking facility was available, as mentioned in the open-ended questions and 81% said drinking water could be made available at these stores.

The staff (pharmacists) at the store was knowledgeable, helpful and courteous as an overwhelming 95% of the respondentssaid so. However we must train them that only the prescribed quantity of medicines be sold to the customer, as this may help someone else who is in need of the same tablet but it is not available because it was sold to someone who actually did not require that quantity.

DPMJAS as a business stands in a good position and moving forward, they can easily retain the customers if they are offer them with the services promised, and to ensure this a few factors like awareness regarding the scheme and generic medicines, acceptability of generic medicines, accessibility to these stores and most importantly availability of medicines and addressing managerial issues apart from strengthening the supply chain is a must for the successful implementation of the second phase of the scheme aswell. Selling implants would further bring down the OOP expenditure. We can only hope that now that a third party opening these stores would address these issues.

In the future, a store wise a list could be prepared to identify the pattern of consumption at these stores and we should procure as per the demand and supplyit there accordingly. For this they may conduct prescription audits and keep on updating the EDL drugs for these stores, this will also help GMSCL to find out gaps in the existing EDL drugs of the company aswell. A list with the various branded drugs and the names of the generic versions should be made available.

This was the first time such a research was carried out at the stores for the organisation after the implementation of the scheme, such evaluation should be done to understand the ground reality and to understand what influences the market at a given point in time and place. This will eventually help in judging the situation and strategizing while planning for the future policies.

Health is a fundamental right and it is not just the duty of the government to ensure we have access to affordable and quality healthcare, and hence through such initiatives government has involved and employed people to take initiative in achieving this goal of ‘universal health coverage- health for all’ and to reduce the OOP expenditure of people.

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Other sources

Deendayal Prime Minister Jan Aushadhi Store brochure (included the different rates of medicines)

Annexure A: Semi-structured questionnaire

Note:

- The information is collected only for academic purpose.
- The information given shall be strictly held in confidence.
- Giving the name is optional.

Name of respondent (Patient): ----------

Q. 1) Income (per annum): ----------

Q. 2) Have you heard about Deendayal Pradhan Mantri Jan Aushadhi Store/Scheme?
1. Yes 2. No

Q. 3) If yes, from where did you hear about Deendayal store/scheme?

1. Friends & Family ---- 2. Newspaper ---- 3. Internet ----□ 4. TV ---- 5. Radio----

Q. 4) Are you aware of generic medicines and branded medicines? (If yes, Answer Q. 5 & 6, If no, then skip to Q. 7)
1. Yes 2. No

Q. 5) If yes, what do you understand by generic and branded medicine and where did you hear about it?

Q. 6) If yes, do you believe that the generic medicines are of good quality?

1. Yes 2. Don't know 3. Unsure

Q. 7) Do you get all the medicines you need at the Deendayal stores?

1. Always 2. Sometimes 3. Never

Q. 8) Did you find it difficult to spot the Deendayal store in the hospital?

1. Yes 2. No

Q. 9) How far is the Deendayal store from your house (Approx.)?

1) 0-2 km ------- 2) 2-4 km------- 3) 4-6 km ------- 4) 6-8 km------- 5) 8+ km--------

Q. 10) Is the staff at the Deendayal store knowledgeable, helpful and courteous?

1. Yes 2. No

Q. 11) Are there other facilities like the following available at the store?

a) Seating arrangement 1) Yes ------- 2) No --------
b) Drinking water 1) Yes -------- 2) No --------
c) Air conditioning 1) Yes -------- 2) No --------
d) Other (Please mention the other facility) ----------

Q. 12) Do you buy other health related products at the Deendayal stores? (If yes, answer Q. 14, If no, skip to Q. 15)

1. Yes 2. No

Q. 13) If yes, what do you buy?

Q. 14) Was there any delay in the billing procedure?

1. Yes 2. No

Q. 15) Do you feel there is scope for improvement in the services provided? (If yes, answer Q. 16)

Q. 16) If yes, kindly suggest your opinion on how to improve

Thank you for your time ☺

Annexure B: Rates of medicines and the price differences to ensure affordability of these drugs

CATEGORY	MEDICINE	Approximate Sanjeevani sale price (Rs.)	Sale price of common branded product (Rs.)	Percentage Difference
PAIN KILLER	Pentazocine Lactate Inj. 1ml	3.90	4.64	16.21
	Diclofenac sodium gel 1% w/w	6.60	43.96	84.93
ALLERGY	Pheniramine maleate 2ml inj.	1.80	9.28	81.12
COUGH & COLD	Dextromethorphan syrup 60 ml	7.10	18.20	61.10
ANTIPYRATIC (FEVER)	Ibuprofen & paracetamol 60 ml	7.40	10.49	29.42
ANTIDIABETIC	Metformin HCL Tab 500mg	2.20	23.40	90.41
	Insulin human (70:30) 40iu/ml	68.30	140.52	51.43
	Insulin human inj. (monocomponent) 40 iu/ml	73.10	208.94	65.03
DRUG RELATED TO HEART DISORDER	Dobutamine HCL Inj. 5 ml	16.60	225.00	92.61
	Labetalol Inj. 4 ml	50.40	281.00	82.06
	Atorvastatin tab 10 mg	2.60	40.00	93.55
	Amlodipine Tab. 5mg	0.70	7.54	90.45
	Atenolol Tab. 50 mg	1.30	23.85	94.72
	Atorvastatin tab 40 mg	9.30	90.00	89.61
ANTIDIAHHOREA & ANTI EMETIC	Metronidazole suspension 60 ml	7.30	14.73	50.39
ASTHMA	Salbutamol Rota cap 200mcg	0.60	16.26	96.04
	Budesonide Inhaler (100mcg/dose) mdi	119.90	217.75	44.95
	Eteophylline & Theophylline Tab.	1.80	2.97	40.20
	Salbutamol syrup 2mg/5ml	6.80	15.50	56.03
DRUGS RELATED TO BRAIN DISORDER	Diazepam Inj. 2ml	3.30	9.00	63.60
	Fluoxetin capsule 20 mg	3.70	52.80	93.07
	Sodium Valproate 200mg Tab.	7.1	29.00	75.59
	Sodium Valproate 500mg Tab.	16.80	70.00	76.00
	Amitriptyline HCL 25 mg tab.	2.00	18.61	89.23
	Diethyl carbamazine Tab 100 mg	1.80	2.47	27.13
ANTIBIOTICS & ANTIBACTERIAL	Levofloxacin infusion 500 mg/100ml	18.50	93.33	80.20
	Linezolid 200mg (100ml bottle)	32.40	164.50	80.30
	Linezolid Tab. 600mg	102.00	777.75	86.89
	Amoxycillin & Pottasium clavulanate Tab 625 mg	47.20	443.33	89.35

	Silver Sulphadiazine cream 1% 20 gm	9.70	11.53	15.70
	Amphotericin B Inj. 50mg	162.00	299.00	45.82
	Norfloxacin kid 100 mg tab.	3.50	17.80	80.11
	Ofloxacin 200 mg tab.	8.20	51.40	84.12
	Trimethoprim 80mg & Sulphamethoxazole tab. 400mg	6.50	8.89	27.38
	Azithromycin tab 500mg	46.20	160.00	71.13
	Miconazole cream 2%	5.90	14.18	58.11
	Cefixime syrup 125mg/5ml	11.90	75.00	84.16
	Sulbactum 1gm vial	255.60	390.00	34.46
	Ceftazidime Inj. 250mg	16.80	132.10	87.26
EYE & EAR PREPARATION	Ciprofloxacin eye drop 5 ml	7.20	10.30	30.33
	Moxifloxacin eye drop 5 ml	63.5	72.00	11.83
Drug used in Anemia	Folic acid tab. 5 mg	1.10	18.90	94.03
DISINFECTANT & ANTISEPTIC	Povidone iodine sol 5% 1 ltr	81.60	366.60	77.74
	Povidone iodine sol 10 % 1ltr	141.00	586.80	75.97
SKIN PREPARATION	Clotrimazole cream 1% w/w 15gm	5.10	55.20	90.78

DISINFECTANT & ANTISEPTIC	Povidone iodine sol 5% 1 ltr	81.60	366.60	77.74
	Povidone iodine sol 10 % 1ltr	141.00	586.80	75.97
SKIN PREPARATION	Clotrimazole cream 1% w/w 15gm	5.10	55.20	90.78

VITAMINS & MINERALS	Vitamin B12 Inj. 1 ml (cyano- 500mcg)	2.70	15.00	82.00
	Calcium & vit D3 Tab 500mg	2.70	22.75	88.34
Antimalaria	Chloroquine phosphate syrup 60 ml	6.90	15.60	55.85
	Artesunate 60mg	21.50	61.67	65.17
	Artemether Inj.	20.70	67.30	69.19
	Primaquine Phosphate Tab. 2.5 mg	2.20	28.57	92.44