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RAPID ASSESSMENT OF CHIEF MINISTER'S FREE DRUG DISTRIBUTION SCHEME OF RAJASTHAN GOVERNMENT

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Certificate

This is to certify that Mr. Pankaj Kumar Agarwal from Institute of Health Management Research, Jaipur has undergone Summer Training at Institute of Health Management Research, Jaipur from 16th April, 2012 to 1st June, 2012.

The candidate himself carried out the project. His approach to the study has been sincere, scientific and analytical. This summer training is partial fulfillment of the course requirement is recommended for the award of post graduate diploma in health and hospital management.

I wish him success in all his future endeavors.

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ABBRIVIATIONS

CMFDDS: Chief Minister's Free Drug Distribution Scheme

DDC : Drug Distribution Center

DDW : District Drug Ware House

IPD : Indoor Patients

OPD : Outdoor Patients

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EXECUTIVE SUMMARY

Improved access to quality medicines at an affordable cost is a critical issue in health care. National Health Accounts conducted by Ministry of Health and Family Welfare, Government of India has shown that public expenditure on health of people has been very low, which is less than 1% of GDP. The major part of expenditure on health of people was through out-of-pocket expenditure made by people themselves. Various studies have shown that about 75% of this out-of-pocket expenditure is on medicines.

Government of Rajasthan has launched a scheme called Chief Minister's Free Drug Distribution Scheme (CMFDDS) on 2nd October 2011 for providing free drugs to all people at the government health facilities and hospitals at all levels in order to enhance access and availability of medicines to the people irrespective of their BPL or APL status.

The analysis shows that 85 percent people were aware of the chief minister's free drug distribution scheme of Rajasthan government About 74.2 patients considered that the free generic medicines were effective same as the branded drugs.

The major source of information about the CMFDDS was the news paper (65.3%) and banner/ hording (57.4%) About 88 percent doctors considered that the generic drugs provided under the free drug distribution scheme are effective same as the branded marketed drugs. More than the 75 percent of the listed medicines were available at the health centers.

INTRODUCTION

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Improved access to quality medicines at an affordable cost is a critical issue in health care. National health accounts conducted by ministry of health and family welfare, government of India has shown that public expenditure on health of people has been very low, which is less than 1% of gdp. The major part of expenditure on health of people was through out-of-pocket expenditure made by people themselves. Various studies have shown that about 75% of this out-of-pocket expenditure is on medicines. Though, the public expenditure on health has increased significantly in the xi five year plan with launch of national rural health mission (nrhm), but even today, people incur significantly sizeable amount of money on out-of-pocket expenditure on health, mostly on drugs. Studies have also demonstrated that the cost of treatment, especially, in acute illnesses that require hospitalization, and the chronic disease, is very high, there is evidence that almost 30 percent of the households slide in to poverty due to high treatment cost and medicines.

The government of Rajasthan has launched a scheme called **Chief Minister's Free Drug Distribution Scheme (**CMFDDS) on 2nd October 2011 for providing free drugs to all people at the government health facilities and hospitals at all levels in order to enhance access and availability of medicines to the people irrespective of their BPL or APL status.

Under the ambitious welfare oriented scheme 'chief minister's free medicine scheme', patients in government hospitals and health centers in Rajasthan will get most essential generic medicines free of cost. In the first phase of the scheme, 200 types of commonly used medicines were made available through counters set up in hospitals and phcs. Additional 200 types of medicines made available by January 2012 year.

To execute the free medicine scheme, the state government has set up 13,874 distribution centers across the state to distribute the generic medicines. Sub-centers, phcs, chcs, district hospitals and medical college hospital at all levels of the drugs individually have been started, along with the counters at the main hospital premises. At present, medicines for infections, colds, bloodstream infections, diarrhea, vomiting, ulcers, asthma, mental disorders, pain, diabetes, eye, rabies, epilepsy, thyroid, stomach disorder, cancer, tuberculosis, malaria, aids medications, iv fluids and injection will be available free of cost.

An autonomous "Rajasthan medical services corporation" (RMSC) has been set up to execute the scheme.

The government of Rajasthan has planned to undertake a rapid assessment of the implementation process, resource availability and utilization, barriers and bottlenecks in implementation, and overall perceptions of the beneficiaries. IIHMR was approached by the government with assistance of UNICEF to undertake a rapid assessment of CMFDD scheme to understand process of implementation and identify related issues to ensure an effective implementation of the schemes in the state.

BENEFITS OF THE SCHEME

1. For the better health conditions the essential drugs will be distributed for free of cost to the public of Rajasthan.
2. This will reduce the common men's expenditure on the medicines
3. The persons who are not able to afford the medical treatment due to lack of money, will be able to get the medical treatment
4. Commonly used surgical items like disposal syringe, blood transfusion set and sutures also will be provided free of cost with the medicines and injections.

BENEFICIARIES OF THE SCHEME

1. All out door patients (OPD) coming to the state's government hospital
2. In door patient admitted to the government hospitals patients.
3. All state officers, employees, and retired rajykrmi (pensioners). (Retired state employees will continue to the diary system as previous.
4. Following will get benefits as previous under "chief survival fund".
    - BPL / state BPL
    - Faith cardholders
    - HIV-AIDS patient
    - Old age pensioner (approved by the department of social justice and empowerment)
    - Disabled and widowed pensioner (approved by the department of social justice and empowerment)
    - Jodhpur city's four nuts and sancy households living in slums
    - Aay (aanra district saharia APL families)

- Annapurna scheme beneficiaries
- The family of the tribe kthudi
- Jodhpur fort mehrangarh ‘s suffering family
- BPL / state BPL families infertile couple
- Thelesimia and patients suffering from hemophilia (2 October 2011).

GENERIC DRUGS

A generic drug is a pharmaceutical product, usually intended to be interchangeable with an innovator product that is manufactured without a license from the innovator company and marketed after the expiry date of the patent or other exclusive rights.

Generic drugs are marketed under a non-proprietary or approved name rather than a proprietary or brand name. Generic drugs are frequently as effective as, but much cheaper than, brand-name drugs. For example, paracetamol is a chemical ingredient found in a number of brand-name painkillers, but is also sold as a generic drug (not under a brand name). Because of their low price, generic drugs are often the only medicines that the poorest can access.

A brand name is a name given to a drug by the manufacturer. The use of the name is reserved exclusively for its owner.

The use of generic names has many advantages, like:

1. Easy recognition of type of drugs, particularly when many selected drugs exist in that category (e.g. all benzodiazepines have generic name ending with “zepam”).
2. Drugs can be purchased from multiple suppliers giving the advantage of buying at competitive prices.
3. Product substitution is easy where bioavailability presents a problem.
4. Confusion with brand names can be avoided

An example of these three names, using a well known prescription drug is as follows:

Chemical name — 7-chloro-1, 3-dihydro-1- methyl-5-phenyl-2h-1, 4-benzodiazepin-2-one;

Generic name — diazepam

ESSENTIAL DRUGS: According to the world health organization, essential drugs are "those that satisfy the primary health care needs of the population." essential medicines are

selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost-effectiveness.

RATIONALE OF STUDY

RATIONALE OF THE STUDY

The government of Rajasthan launched the Free Drug Distribution Scheme on 2nd October 2011 to provide the free medicines to the patients coming to the state's government hospitals. As the major expenditure of the medical treatment occurs on the medicines and may people can't afford the expenditure of the medicines and he can't get medical treatment. So the Rajasthan government decided to distribute the free drugs to the patients of government hospitals so that a patient should not remain without the medical treatment due to lack of money.

The government of Rajasthan launched the scheme with full efforts and opened many free drug distribution counter in the government hospitals. As this was the first time to launch the scheme so there may be lack of implementation in the scheme.

Hence the Rajasthan government conducted the study to know that, whether the scheme implemented successfully or not, is there any problem in the implementation of the scheme, are the people aware about the free drug distribution scheme, are the patients satisfied with the quality of the medicines, are the people getting free drugs from the health centers, what is the effect of this scheme on the number of patients coming to the government hospitals.

OBJECTIVES

OBJECTIVES

General objective:

Rapid assessment of chief minister's free drug distribution scheme of Rajasthan government

Specific Objectives –

1. To assess the awareness and attitude among the general masses about Chief Minister's Free Drug Distribution Scheme (CMFDDS).
2. To assess the awareness of service providers at different levels about Chief Minister's Free Drug Distribution Scheme (CMFDDS).
3. To identify weaknesses / bottlenecks in implementation of the Chief Minister's Free Drug Distribution Scheme (CMFDDS), including procurement and distribution, and make suggestions for effective implementation.

METHODOLOGY

RESEARCH METHODOLOGY

The present study, carried out to rapid assessment of chief minister's free drug distribution of government of Rajasthan. This study is done to ensure the efficient distribution of medicine, it has done to make sure that people are getting the free medicines from the government hospital or still they have to pay for the medicines.

- ***Study Type*** – Cross- sectional Descriptive study
- ***Study Area* –** Tonk district hospital, Jawaharlal Nehru medical college Ajmer, Bhilwada district hospital, Baran district hospital, Kota district hospital, and Kota medical college.
- ***Sample size-*** 101 patients and 36 doctors
- ***Study Technique* –** face to face interview and survey was conducted.
- ***Study Tool*** – Semi- structured questionnaire. There were different questionnaire one for patients, one for doctors, one for pharmacist, and one for service provider
- ***Data Analysis*** - Data entry and analysis was done using SPSS 16.0 (Statistical Package of Social Sciences software). MS WORD 2007 was used for the graphical representations and further analysis.

RESULTS AND FINDING

RESULTS AND FINDING

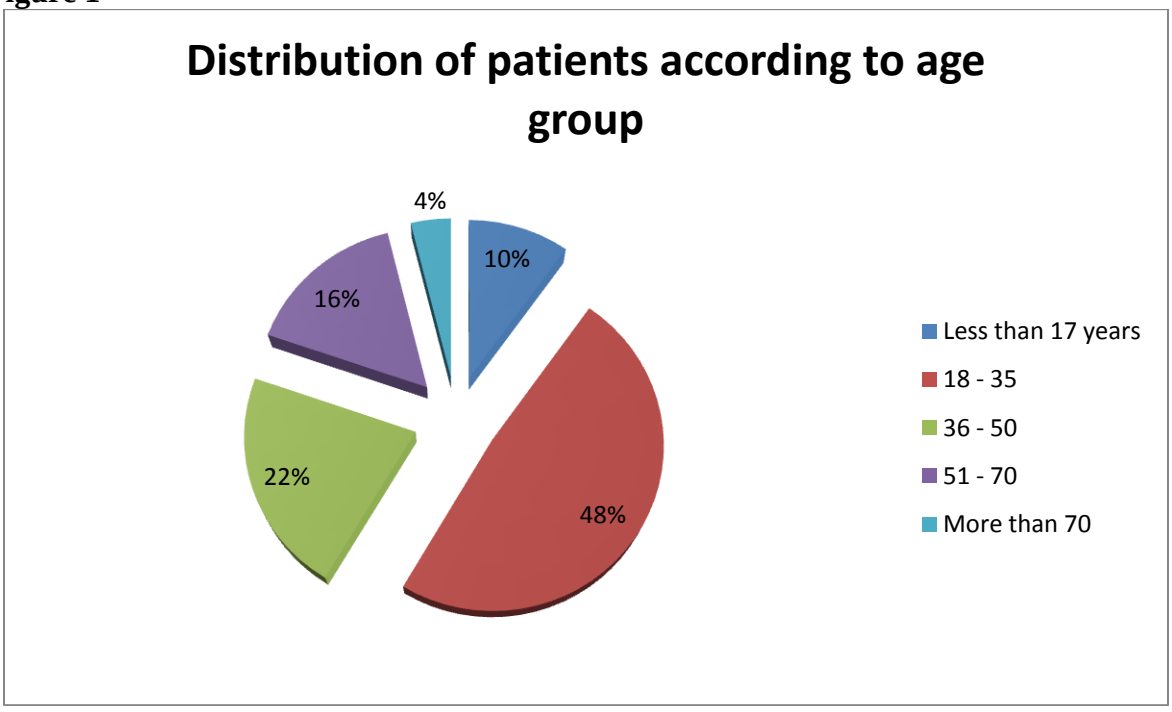
Distribution of patients according to their age

In order to assess the awareness regarding CMFDD scheme among people, and to study the other issues related to implementation of CMFDD from the beneficiary perspective, a sample of 101 respondents were interviewed across Tonk, Ajmer, Bhilwada, Baran, Kota district of the Rajasthan state. These respondents were those who visited the health facilities during the survey to take free drugs. Major portion (58%) of the respondents belonged to the age group of 18 to 35 years under Figure 1

Table 1: distribution of patients according to age group

Age group	Less than 17 years	18-35	36-50	51-70	More than 70 years	Total
No of persons	10	49	22	16	4	101

Figure 1



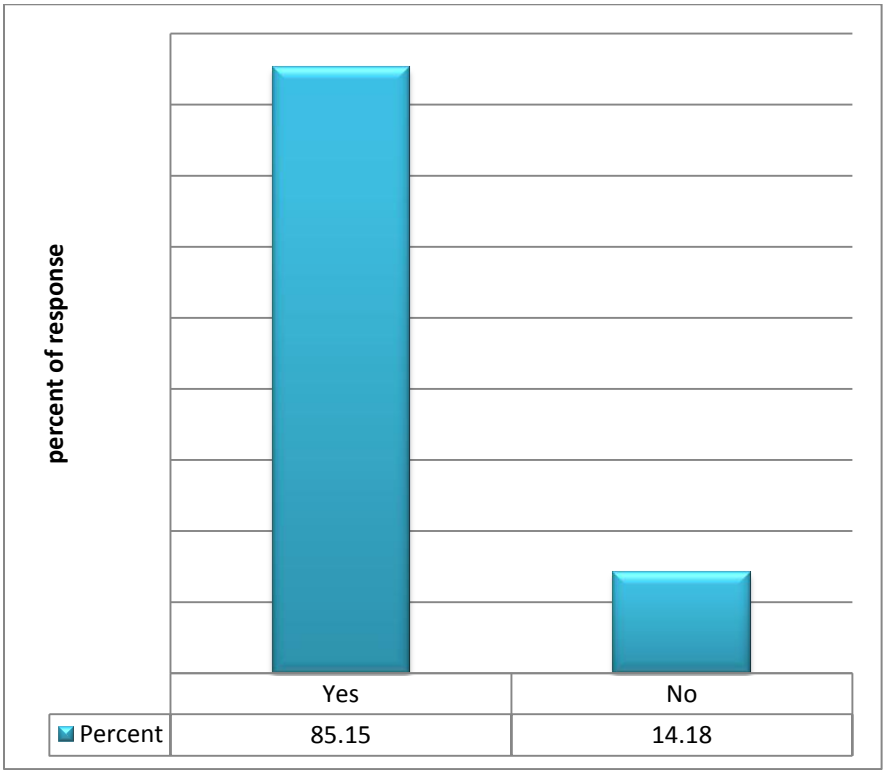
Awareness about CMFDDS among the Beneficiaries

The respondents were asked whether they were aware about the benefits under CMFDDS. Out of 101 patients 86 patients was aware and 15 was unaware. The number of patients who are aware about CMFDDS is depicted in the table 2 and their percentage presented by the figure2

Table 2 : awareness about CMFDDS among students

Response	Yes	No	Total
No of response	86	15	101

Figure 2:



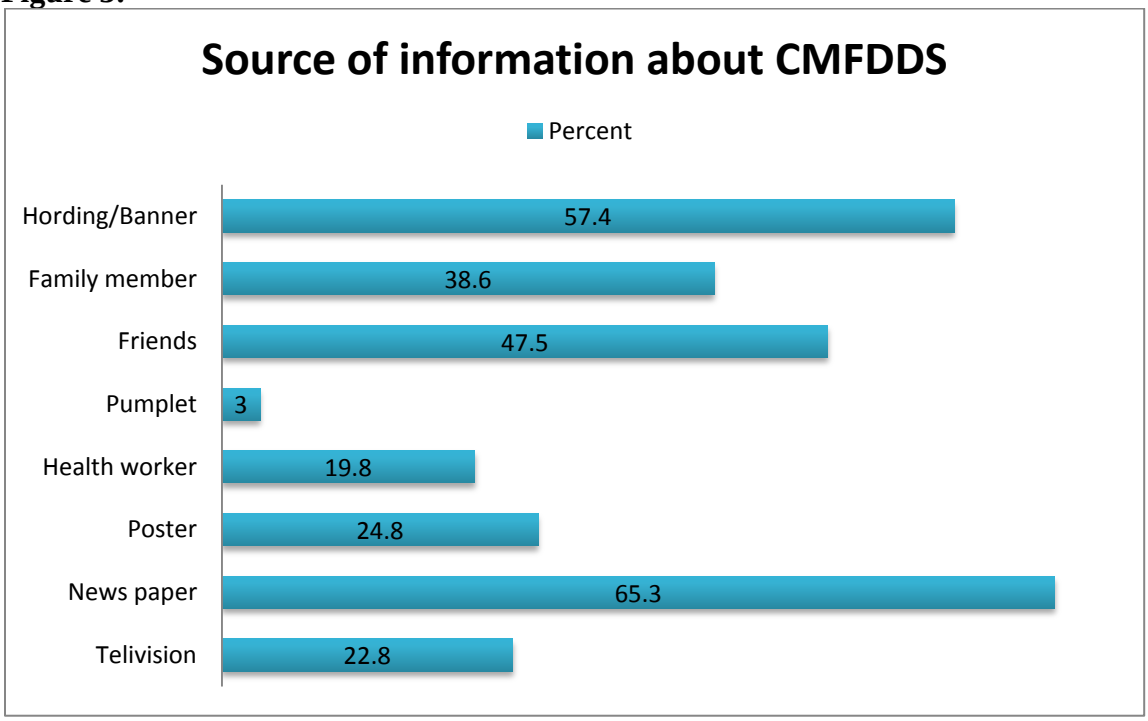
Source of information about CMFDDS among patients

The respondents were further asked about the source from which they got information about the CMFDDS. As can be observed from Figure 3, The Role of print media was a major source of information for them which comprised of News papers (65.3%) and Hording/banners (57.4%). And friends (47.5%) and Health workers (19.8%) were also the major source of information regarding the CMFDDS.

Table 3: source of information about CMFDDS

Source of information	Television	News paper	poster	Health worker	Pamphlet	Friends	family member	Hording / banner
No. of response	23	66	25	20	3	48	39	58

Figure 3:



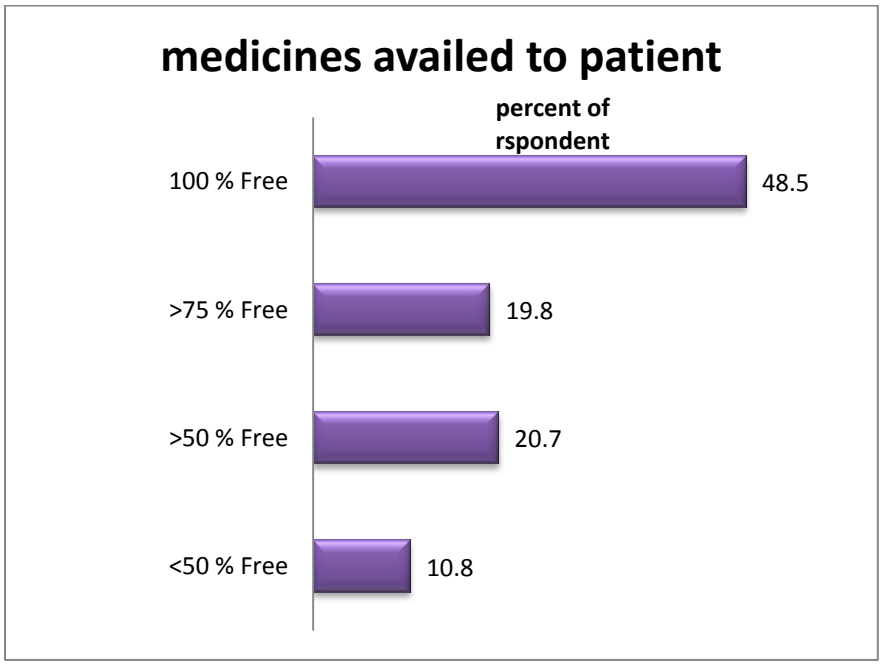
Free medicine availed to patients

It is revealed from the table4 and figure4 below that 48.5% of people were getting their 100% medicines for free, so there are some loopholes in the system which is hindering the distribution of the free medicines, there might be several reasons like doctors not writing generic medicines, inadequate supply of medicine in comparison of demand, shortage of some particular medicine etc.

Table 4: free medicines availed to the patients

Getting free medicines	No. of patients
100 % free	49
>75% free	20
>50% free	21
<50% free	11

Figure 4



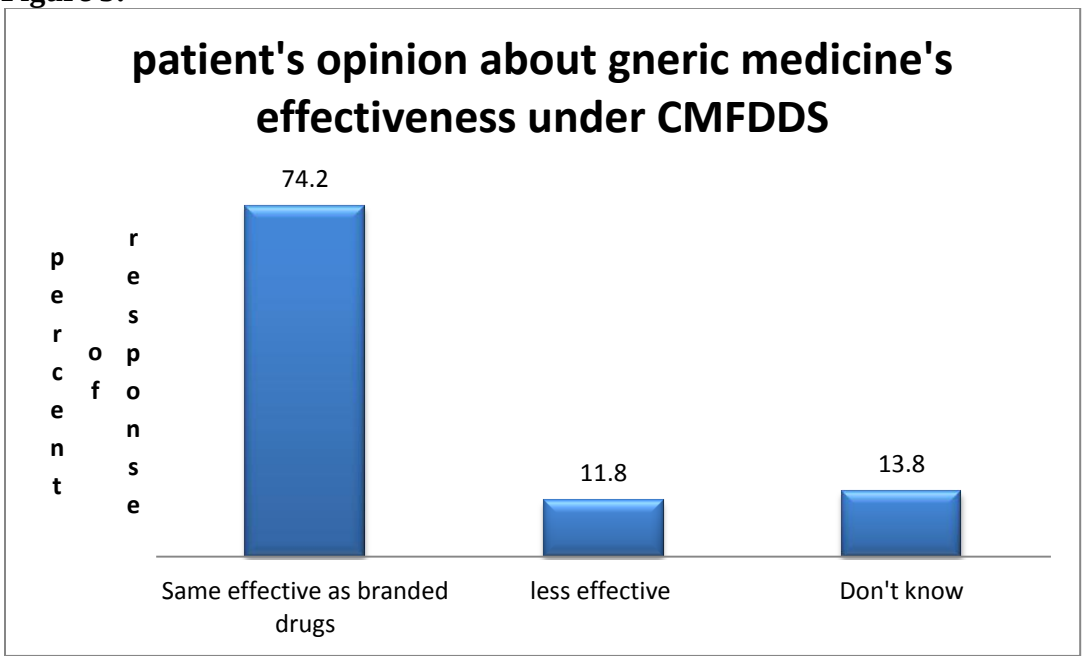
Opinions of the patients about the effectiveness of generic drugs under CMFDDS

The patients came to hospital during the study were asked whether they consider the free drugs are equally effective as the branded market medicines out of 101 patients 72.4% patients consider that the free dugs are of good quality and they are same effective as market drugs and 11.8% do not consider the free drugs are effective as market drugs and 13.8 are using first time so they don't know about it.

Table 5: opinions of patients about effectiveness of generic drugs

Response	Same effective as branded drugs	Less effective	Don't know
No. of response	75	12	14

Figure 5:



Availability of medicine

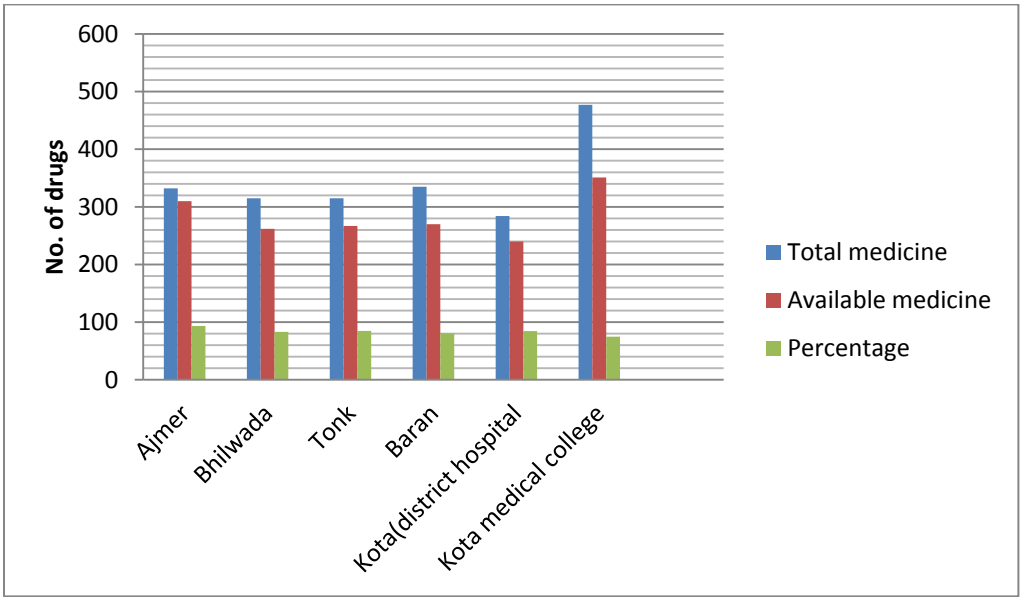
Service providers of the hospital were asked about the availability of the free medicines according to the listed drugs. In the Ajmer medical college 93.37 percent, in Bhilwada 83.17%, in Tonk 84.76%, in Baran district hospital 80.59%, in Kota district hospital84.5%, in Kota medical college 74.84% medicines were available against total listed medicines.

The figure shows that still all the hospital not received 100 percent of medicine against the list provided to them. It may be the reason for not availing the 100 percent of free medicine to all patients as in fig 6.

Table 6: availability of medicines

District	Total medicine according to list	Available medicines
Ajmer	332	310
Bhilwada	315	262
Tonk	315	267
Baran	477	270
Kota (district hospital)	284	240
Kota medical college	477	351

Figure 6:



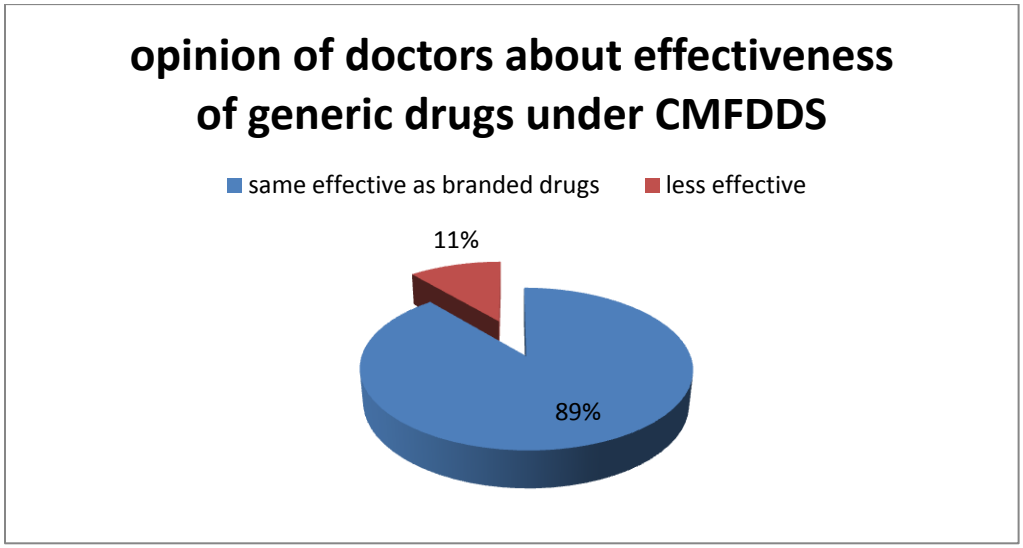
Doctors opinion on generic medicine's effectiveness under CMFDDS

The doctors were asked that do you consider the free generic medicines of the scheme are same effective as the branded medicines. Out of 36 doctors 88.8% doctors considered that the free generic drugs were same effective as the branded drugs. Some doctors found that sometimes the high doge of the insulin cannot control the blood sugar level, and the infection rate increased in surgery department so they are not same effective as the branded drugs.

Table 7 opinion of doctors about effectiveness of generic drugs under CMFDDS

Response	Same effective as branded drugs	Less effective than branded drugs
No. of doctors	32	4

Figure 7

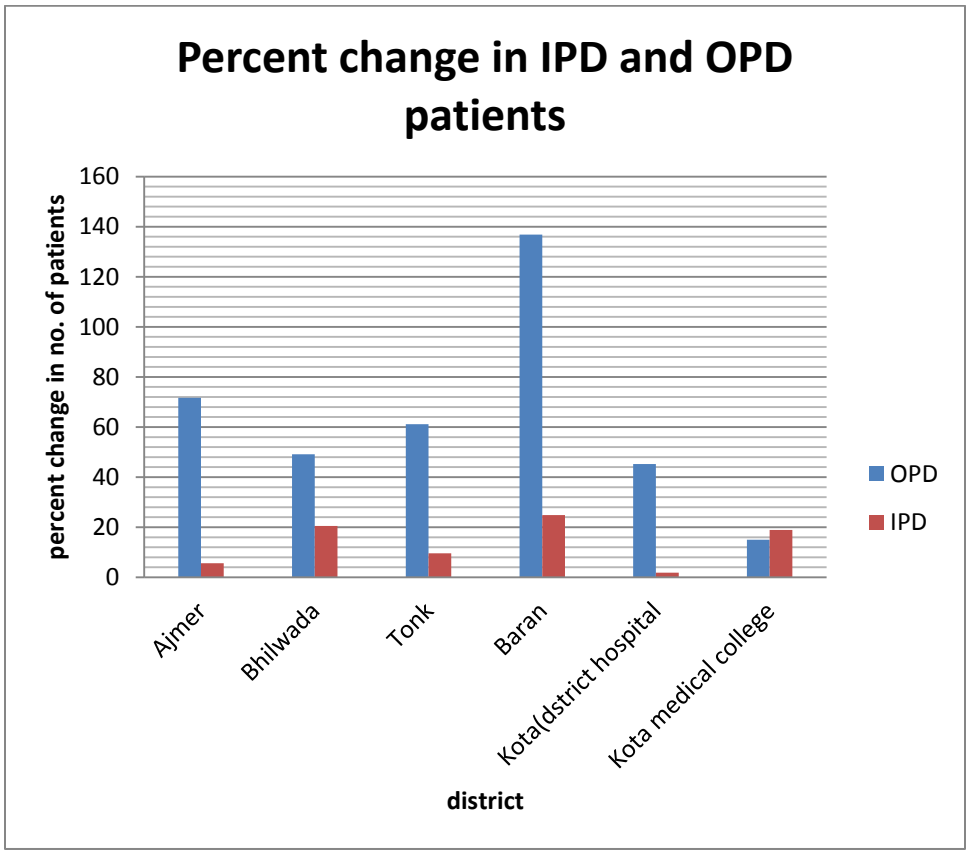


Percentage change in the IPD and OPD patients

The data of October to march (2011) and October to march (2012) were collected from the IPD and OPD patients' records and the comparison of these data shows that there is

increment in the number of both the IPD and OPD patients visiting the hospitals after launching the free drug distribution scheme. The highest % change was in baran district hospital IPD (24.87) and OPD (136.85)%. The following figure shows the percentage change in IPD and OPD patients after launching the free drug distribution scheme.

Figure 9



CONCLUSION

CONCLUSION

- The government of Rajasthan launched the "Chief Minister's Free drug distribution scheme to provide the medical treatment to the persons who cannot afford the expenditure of the medicines.
- The study was conducted to check the awareness among doctors and patients about the free drug distribution and to get the opinions of the patients and doctors about the effectiveness of the generic medicines
- The analysis shows that 85 percent people were aware of the chief minister's free drug distribution scheme of Rajasthan government and 15 percent people are not aware of CMFDDS.
- About 74.2 patients considered that the free generic medicines were effective same as the branded drugs and some were using the free drugs first time so they could not say anything but the patients consider that free medicines come after government laboratory testing so they are of good quality
- The major source of information about the CMFDDS was the news paper (65.3%) and banner/ hording (57.4%), friends (47.5%), family member (38.6%) were also the source of information about the free drug distribution scheme among the patients.
- About 88 percent doctors considered that the generic drugs provided under the free drug distribution scheme are effective same as the branded marketed drugs. Some doctors said that in surgery department the infection rate increased and sometimes the high dose of insulin cannot control the blood sugar level so the quality should be maintained.
- More than the 75 percent of the listed medicines were available at the health centers
- There was a positive response from most of the doctors and patients about the free drug distribution scheme.

SUGGESTIONS

SUGGESTIONS

The following recommendations came out from the study:

By study

- Regular supply of the medicines should be maintained so that the patient can get all free medicines.
- Some doctors of surgery department said that the quality of the medicines should be maintained because the infection rate increased.
- A doctor said that the sometimes the high dose of the insulin can't maintain the blood sugar level so the quality should be maintained.
- The supply of the medicines should be increased according to seasons as in winter the anti cold's requirement and in summer the anti-diarrheal's demand increases.

By observation

- The list of the drugs should be updated time to time.
- The generic medicines should be purchased from reputed companies.
- The generic medicines should not have name of the company on the packaging.
- The medicines should be available in good combinations.
- There should be a wide variety of the medicines of a category.
- The doctors should be free to write the medicines of the market in the condition when the medicine is not available in the hospital because if a patient requires 1st generation drug and the hospital has only third generation drug this may develop resistance to medicine.
- In most of the hospital there was the lack of the manpower in the drug ware house so the sufficient men power should be supplied.
- At most of the DDC the inventory software was unavailable so it should be provided as soon as.

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REFERENCES

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ANNEXURE

Questionnaire 3. A

Interview of service provider and observation of health center

Name of district and code	
Type of the hospital (mark the right √)	
Medical college Hospital	District hospital
Name of the district hospital/ medical college	

Particulars of service provider

S. No.	Name of service provider	Post	Responsibility of the work

Availability of medicines

S. No.	**Question**	**Answer**	**Code**	**Explanation**
1.	Availability of medicines at the health center • How many types of drugs are provided……. • Availability against demand ……..	100 % free :3 >75% free :2 >50% free :1 <50% free : 0		If no then go to question 2
2.	General time it take to provide the medicines	1 day : 3 2 day : 2 3 day : 1 4 day or more : 0		
3.	Available budget for medicines…. Spent amount…..	100 % free :3 >75% free :4 >50% free :1 <50% free : 0		
4.	Do you tell about the free medicine's availability to the	Yes : 1		

	patients or his/her relatives?	No : 2		
5.a	Do you consider that the free medicines are effective same as the market medicines?	Yes : 1 No : 2		
5.b	If no give the reason?			
6.	Please give the name of 10 most demanded drugs?			
7.	Please tell about the indent procedure?			
8.	Did you find any problem with supply chain?			
9.	Did you face problem like out of stock of the medicines within previous 6 months, if yes give details?			
S. No.	**Name of the medicines**	**Time interval for which the drug was un available**		
10	Did you find any problem about the quality of the medicines?	Yes : 1 No : 2		If no then go to question 11
10.b	If yes what type of problem did you find?			
11.	What are the opinions of patients about the quality of medicines?			
12.	Please give your suggestions for free drug distribution scheme to make it much better			

Drug storage

S.No.	Observation points	Answer	Code	Explanation
1.A	Do you have separate room for drug storage	Yes : 1 No : 2		
1.B	If no where are you storing the drugs			
2.	Do have rack facility for medicines	Yes : 1 No : 2		
2.B	If no then what are the arrangements			
3	Are the cartons of the medicines at the floor	Yes : 1 No : 2		
4	Is the drug storage room clean	Yes : 1 No : 2		
5	Is there any type of the humidity or wet	Yes : 1 No : 2		
6	Is there any breakage in the room	Yes : 1 No : 2		
7	Are there any mouse or other animals	Yes : 1 No : 2		
8	There is the freeze for the medicines to be stored at low medicines	Yes : 1 No : 2		
9	If yes then is it on	Yes : 1 No : 2		
10	Facility for the storage of narcotic drugs	Yes : 1 No : 2		
11	Is there fire extinguisher	Yes : 1 No : 2		
12	Are the standard operation procedures provides	Yes : 1 No : 2		

Drug distribution counter

S. No.	Question	Answer	Code	Explanation
1.	Does the DDC has a board of 'free drug distribution counter" written in clear and large visible letters?			
2.	The list of available free drugs fixed on outside of DDC?			

Record maintaining

S. No.	Question	Answer	Code	Explanation
1.	Drug consumption record maintained daily			
2.	Stock register maintained daily			
3.	Passbook maintained regularly			
4.	Is the DDC computerized if yes then, do all the works computerized			

Questionnaire 3.B

Questionnaire for the doctors (according to specialty)

Name of district and code	
Type of the hospital (mark the right √)	
Medical college Hospital	District hospital
Name of the district hospital/ medical college	

Particulars of the service provider

S. No.	Name of service provider	Post	Responsibility of the work

S. No.	**Question**	**Answer**	**Code**	**Explanation**
1.	Do you tell about the free medicine's availability to the patients or his/her relatives?	Yes : 1 No : 2		
2.A	Do you consider that the free medicines are effective same as the market medicines?	Yes : 1 No : 2		
2.B	If no give the reason?			
3.	Please give the name of 10 most demanded drugs?			
4.	Did you find any problem about the quality of the medicines	Yes : 1 No : 2		If no then go to question 6
5.	If yes what type of problem did you find?			
6.	What are the opinions of patients about the quality of medicines?			
7.	Please give your suggestions for free drug scheme to make it much better			

Questionnaire 4

Interview of patients and observation of prescription

Name of district and code	

Type of the hospital (mark the right)

Medical college Hospital	District hospital
Name of the district hospital/ medical college	
Name of patient / respondent	
Age and sex of respondent	age in years male : 1 female :2
Cast and category of respondent	
Address of residence	

S. No.	Question	Answer	Code	Explanation
2. A	Are you aware of chief minister's free drug distribution scheme?	YES : 1 NO : 2		If no then go to question 2
1. B	If yes, from where did You get information	1. Television 2. Radio 3. News paper 4. Poster 5. Health workers 6. Pump lets 7. Friend 8. Family member 9. Hording/ banner 10. Other (specify)		
2.	Did the doctor give prescription in two copies?	Yes : 1 No : 2		
3.	Did you were told during drug distribution that how to use the medicine?	Yes : 1 No : 2		

4.	Did you were told that you will get all the medicines from free hospital?	Yes : 1 No : 2		
5.	How much time it took to take medicines from free drug distribution counter?	Got it immediately :3 10 – 15 minute : 2 16 – 30 minute :3		
6.	How many medicines did you get for free of cost and how many from market for money • No. Of prescribed medicines • No. Of free medicine • No of medicines purchased from market	100 % free :3 >75% free :4 >50% free :1 <50% free : 0		
7.	For how many days medicines were prescribed and for how many days did you get from hospital • Medicines prescribed for……days • Medicines got for…..days	100 % free :2 >50% free :1 <50% free : 0		

8. How much did you pay to purchase the drug from the market?

Cooperative life line / generic shop …….. R.s.

Proprietor shop ….. R.s.

Total ……. R.s.

9. Do you consider that the free medicines are effective same as the market medicines?

10.a. Are you taking free medicines from the hospital?

10.b. If not then give the reason

11. What are the the suggestions you want to give for free drug distribution programme

Questionnaire 5

INTERVIEW OF PHARMACIST

FREE DRUG DISTRIBUTION COUNTER (√) FOR YES AND (X) FOR NO

1	Particulars	Name of pharmacist	
		Mobile no. of pharmacist	
	Availability of drugs	No. Of available drugs at the drug distribution counter	
		Every day‘s average no. of the beneficiaries	
		The stock of medicines is available for how many days	
2.	Medical prescription	Does the doctor write the prescription in generic form	
		Does the doctor writes the prescription in two copies	
		Does the medical officer in-charge audit the prescription regularly	
3.	Equipment	Use of refrigerator for the low temperature drugs	
		Are the medicines arrange in the rack	
		Is inventory management occurring through computer	
4.	Display of I.E.C material	The board of name of scheme (white letters on blue background)	
		The closing and opening time of DDC	
		Name and mobile no. Of the officers for complaint	
		Publish of the medicines for the disease	
5.	Record maintaining	Recording of prescription with day and date	
		Entries in consumption register with day and date	
		Entries in stock register with day and date	
6.	Indent procedure		