Research Paper/Intervention Titled

# A study to assess the effect of Mukhya Mantri Nishulk Dawa Yojana in Rural Rajasthan

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Under Guidance

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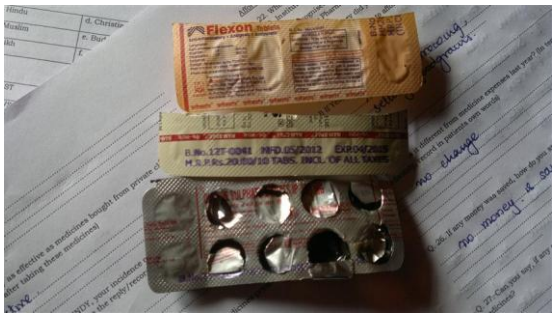
Summary:

Introduction:

Free access to medicine is one of the major issues in getting universal access to quality health care at all level. More than 70% of out of pocket expenditure counts for drugs in India. According to WHO (World Health Organization) for India data states that 65 % of the patients are unable to access the essential medicines needed by them in order to recover from an illness.

Rajasthan is a state situated in the western regions of India, characterized by the Great Indian Dessert. Literally the word meaning of Rajasthan is 'The Land of Kings', it is rich in cultural diversities and has a huge tourism industry.




Ironically, Rajasthan is one of India's largest states, but the poorest in terms of health care indicators. The health expenditure pattern is largely dominated by the private sector to the range of about 80% of the total health care costs in the state (SEAM, 2001). The extent of health insurance is approximated to be around 12 % of the national population (state data not available).

Health services are characterized by lack of necessary medical and paramedical personnel, poorly maintained facilities and lack of essential drugs and basic medical supplies.

The private sector in India has over 20,000 manufacturers producing more than 70,000 drug formulations, which are shipped through more than 12,000 distributors and retailers in Rajasthan (SEAM, 2001)

In Rajasthan, on an average, 89.4% of household expenditure on health is spend on medicines (Aryamala P., 2011). At least 30 - 40 % are unable to afford medicines due to high expenditures. (RMSC, 2011)

Out of pocket expenditure in Rajasthan is Rs 4382/- per household and most of this expenditure, almost about Rs. 3187/- which accounts to almost 73% of the total expenditure has been spent on medicines.(NSSO).

Some statistics by SIHFW, Rajasthan,

- Health expenditure is 4.2, total (% of GDP)
- Proportion of Total Health Exp.: Govt-20%
- Private health exp.: - 80% of total health cost
- One hospitalization: 60% of annual income
- Outpatient care accounts for 61 per cent of private healthcare spending

A study conducted by Management Sciences for Health in Rajasthan, 2001 revealed the following gaps;

1. Geographical Access
2. Availability of medicines and information
3. Affordability
4. Acceptability/satisfaction
5. Quality of products and services

This report suggested an autonomous group Rajasthan State Co-operative Consumers Federation Limited (COOP) which was already existent, which was mainly responsible to manage procurement of drugs to extend its activities.

Previous Efforts to lower health expenditure:

The Rajasthan State Co-operative Consumers Federation Limited (COOP) managed the procurement, distribution, and sales of more than 7,000 products, from 225 manufacturers, that are distributed through 120 wholesalers and sold by 53 retail outlets located around Jaipur city, the state capital, and generating revenues of 130 million Indian rupees (INR). The COOP serves 1.2 million customers annually (SEAM, 2001)

The State Puchasing Organization (SPO) under the Medical and Health Directorate of Rajasthan used to procure medicines and distribute them to the government medical facilities. But there were many irregularities in the supply and packaging of these drugs, more ever the SPO managed to procure only 45 essential drugs, rest the hospitals had to procure on their own.(RMSC)

Another attempt was establishment of Low-Cost Lifeline Drugs under the Rajasthan Medical Relief Society (RMRS), which made most essential drugs available in the Government health facilities at a low cost than most private retailers.(RMSC)

A centralized model of procurement was experimented in the district of Chittaurgarh, Rajasthan. Under this model, most essential medicines were procured mostly in generics, and given to the public with only a profit margin of on 20%, which was used mainly for the administrative purposes. This model was hugely successful in the district as it provided medicines at a very low cost to the public.(RMSC)


Free Medicine Scheme:

Following the Chittaurgarh model of procurement, it was decided to implement the scheme on a state wise basis, under the name of 'Mukhya Mantri Nishulk Dawa Yojana', which was launched on 2nd October 2011. As per the scheme, free medicines would be provided to all patients taking treatment in Govt. Hospitals.

Beneficiaries of the scheme:


- All OPD patients in Government medical facilities
- All patients admitted in Government hopsitals
- All thalassemia and haemophilia affected people
- All state Govt. pensioners
- All state Govt. BPL families
- HIV patients
- Handicapped and widowed patients
- Elderly patients
- Beneficiaries of Antodya and Annapurna schemes
- Victims of mishap
- Underprivileged women and children

(Source: RMSC, 201

Need for study:

- Rajasthan is one of the poorest performing states in India in terms of health.
- High OOP, indebtedness, poverty characterize the health scenario
- Mukhya Mantri Nishulk Dawa Yojana (MMNDY) – a free medicine scheme, for benefit of people, a step towards providing Universal Health Care
- Funded totally by the Government of Rajasthan, on an annual budget of Rs. 300 Cr., making a huge investment in central procurement of medicines and provision of infrastructure and manpower

Many states across India have launched 'people friendly' schemes with a view on the approaching Cabinet Elections in 2014. Madhya Pradesh being the top among this list to launch many different schemes.

The Mukhya Mantri Nishulk Dawa Yojana (Chief Minister's Free Medicine Scheme) was launched on 2nd October 2011. It has been approximately 1 year since the scheme has been launched and almost 3 years before the general cabinet elections.

**So, has the scheme really benefitted the poor, or is it just a 'people friendly' scheme?**

With this objective in mind, a study was needed to assess the effect of Mukhya Mantri Nishulk Dawa Yojana in terms of availability, access to medicines and affordability of medicines.

Urban areas like Jaipur, Udaipur, Jodhpur, still remain high priority areas for the state government, health ministry especially for the implementation of the scheme, but rural areas have not been accounted for yet.

Also, no study has been documented till date to assess to effect of this scheme in the state of Rajasthan, especially the rural areas. The rural areas are the worst affected in terms of healthcare provision and availability and affordability of medicines. Hence the plan to conduct the research to assess the impact of MMNDY in rural Rajasthan

Aim of the Study:

To assess the effect of Mukhya Mantri Nighulk Dawa Yojana in rural Rajasthan

Objectives:

1. To assess the knowledge about the scheme 'Mukhya Mantri Nishulk Dawa Yojana'
2. To assess – access to medicines
3. To assess – availability of medicines
4. To assess – affordability of medicines

Research Questions:

1. What is their knowledge regarding the scheme?
2. What is the effect on access to medicines?
3. What is the effect on availability of medicines?
4. What is the effect on affordability of medicines?

Methodology:

Type of Study: Exploratory Type

The study design used will be exploratory as MMNDY is a new scheme, incepted in October 2nd, 2011 and since not many studies have been documented on this scheme

Sample Size:

120 households

↑

6 PHC's surveyed

↑

25 villages visited

↑

4 – 5 households from each village

Unit of analysis -

Individual Households

(Household heads will be interviewed, or else any equivalent responsible adults)

ELIGIBLE PARTICIPANTS

**1.** Residents of selected villages (all ages, castes and gender) who

- Have visited PHC for any ailments- during the past 6 months
- Those who have visited other forms of health care apart from Government – during the past 6 months

Search Of participants**:**

1. Participants who has visited PHC they will be traced from the records of PHC and visit to their house will be done.
2. Door to Door identification of those households not listed by the PHC's will be done initially either by help of 'key informants' or searching by 'word of mouth'

Research Area – District:

Pratapgarh district of Rajasthan state was selected as the district to be surveyed for the research study titled – 'to assess the effect of 'Mukhya Mantri Nishulk Dawa Yojana in rural Rajasthan'


Some Facts about Pratapgarh District:

- 33rd district of Rajasthan created on 26th January 2008
- Carved out of Chittorgarh, Udaipur, Banswara
- 2nd least populous district of Rajasthan
- Extent of education is 47.12% (2011 census)
- It's a 'Schedule V area' – predominantly inhabited by **'tribal'** communities
- Health facilities – 1 District hospital (277 beds), 23 PHCs, 7 CHCs, 153 sub-centres

Pratapgarh is one of the greenest districts of Rajasthan. Major crops, as indicated above, are Wheat, Maize, Soya bean and Opium. Agriculture is practised both in the valleys and on the tableland on the hilltops. Common lands account for 40% of the total geographical area, nearly 30% of the common lands fall in the forest land category.

*Forests of Sitamarha: Image Courtesy - Wikipedia*

Pratapgarh is well connected with major cities in Rajasthan, Gujarat & Madhya Pradesh by road.

Daily Bus Services connect Pratapgarh with Chittaurgarh (110 KM ), Banswara (80 KM), Udaipur (165 KM), Dungarpur (95 KM), Rajsamand (200 KM), Jodhpur (435 KM), Jaipur (421 KM) Neemach (62 km ) Ratlam (85 KM), Mandsaur (32 KM) and Delhi (705 KM) and many other cities in Rajasthan. Private Bus operators also provide regular connectivity to Pratapgarh from nearby places.

Pratapgarh district is a newly formed district in the state of Rajasthan. It initially consisted of parts of Udaipur, Banswara and Chittorgarh districts.

Population wise, Pratapgarh consists mostly of tribals, and these belong mostly to the 'Meena' tribe of Rajasthan. The 'Meena' tribe is a tribal community belonging to the 'Scheduled Tribe' category.

These 'Meena' mostly live in rural setups, in houses made of 'kutcha' framework, (hutments) made up of wood and tree branches.

These people survive on food gathered from the forest, mostly work as agricultural laborers or construction workers in places outside the districts.

Pratapgarh has 5 administrative blocks or Tehsils – Pratapgarh, Dhariyawad, Peepal Khunt, Chotti Sadri and Arnod.

Research Sample

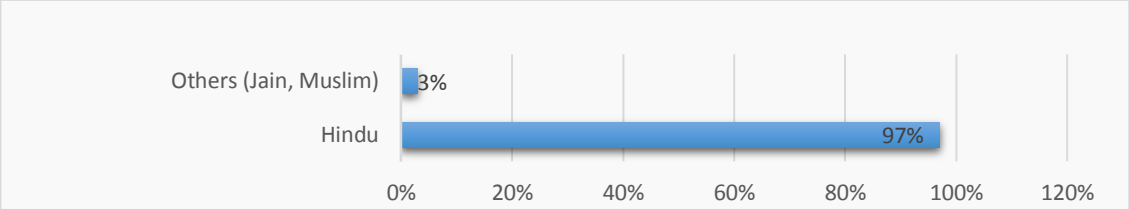
- **3 administrative blocks** visited (Pratapgarh, Dhariyawad, Peepal Khunt)
- Covering **6 PHC's** (Mungana, Devgarh, Ambabata, Siddhpura, Suhagpura and Rampuria), 1 CHC (Dhariyawad) and **district hospital Pratapgarh**
- **25 villages** (Mungana, Jaglavda, Lodhiya, Dolpura, Samli Pathar, Sohni, Prayag ji ka Pathar, Devgarh, Lalpura, Shahji ka Pathar, Ranpur, Gyaspur, Dhamottar, Bamottar, Kulmipura, Panch Imli, Chiklad, Thara, Rampuria, Lohariya, Hingoriya, Kuntha, Achalpura, Suhagpra) were visited
- **120 households were interviewed**

# Research Findings

# Preliminary Findings

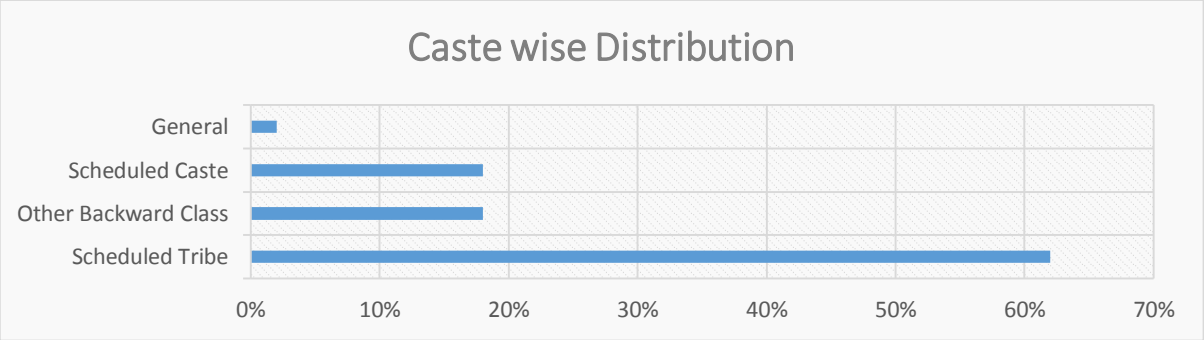
1. Religion of the population:

As per the findings, majority of the population surveyed belonged to the Hindu caste



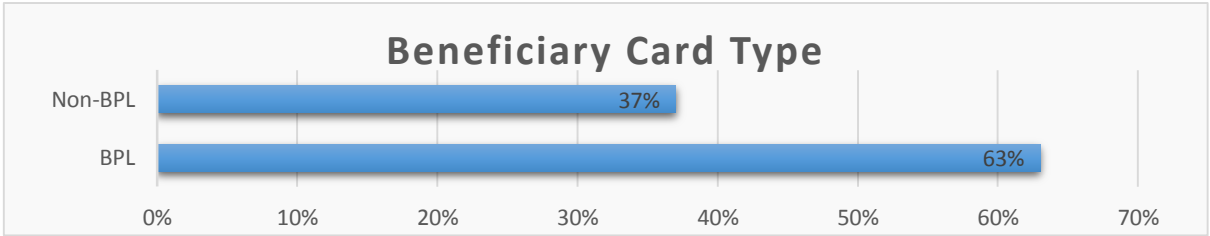

2. Caste wise distribution:

As per findings, the distribution of the population surveyed into different categories of caste is as follows,

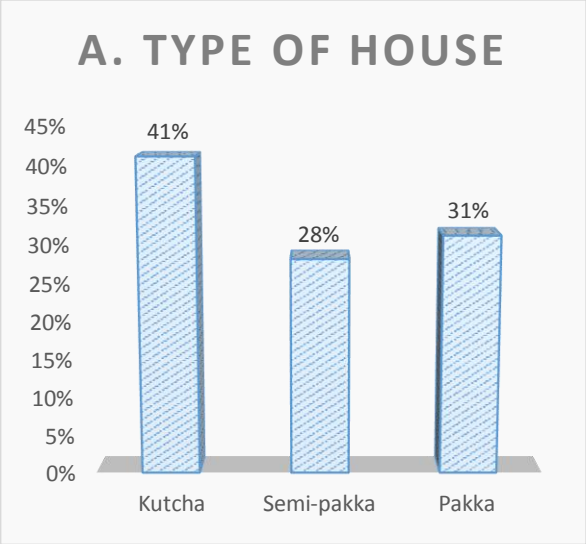



3. Below Poverty Line (BPL) or Above Poverty Line (APL) status :

The percentage of population that had either a beneficiary card which made them belong to the Below Poverty Line (BPL) or Above Poverty Line (APL) is as follows:



4. Household Conditions:




A. Type of House:

41% of the population surveyed stayed in 'Kutcha' houses or 'hutments' made of mud, with very poor facility for lighting, sanitation, where the animal and the humans resided in the same place.

28% of the households were 'semi-pakka' houses, which had some part of the house made in firm construction, had better lighting facilities, animal and the humans had separate places to live

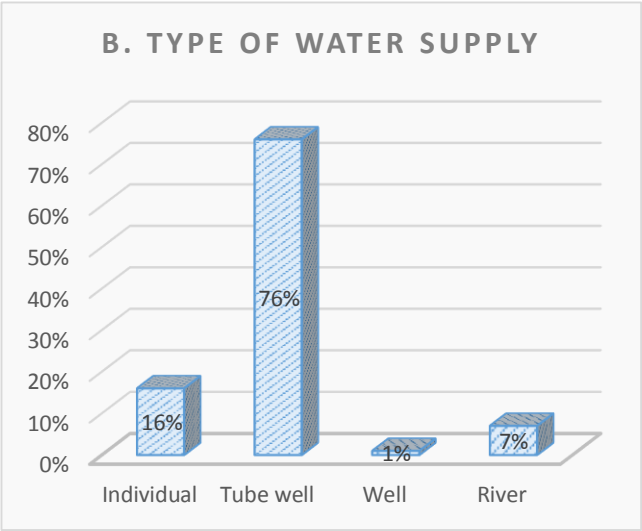
31% of the houses were 'pakka' i.e. these houses were made in cement contruction with use of bricks.

B. Type of Water Supply:

As seen from the results, a majority of the population surveyed, i.e. 76% of the population had to bring water from the 'Tube well' or 'hand pump'.

Only 16% had an individual water connection.

8% of the population yet needs to fetch water from the river or a well, which can have deleterious effects on the health due to presence of many living micro-organisms.

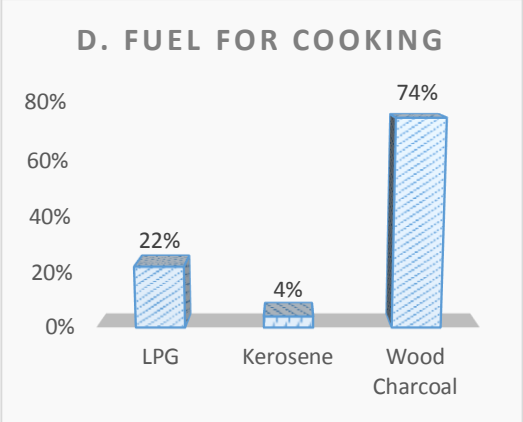



C. Method for Purification of Water:

| Sr. No | Method Used | Frequency |
|---|---|---|
| 1. | Boiling | 2 |
| 2. | Water Filter/Cloth Filter | 40 |
| 3. | None | 41 |

As seen from the above table, 83 respondents answered this question, most people, 41 respondents do not use a method for purification/filtration of water, and 40 respondents use a cloth filter or a water filter for purification of water.

D. Fuel for Cooking



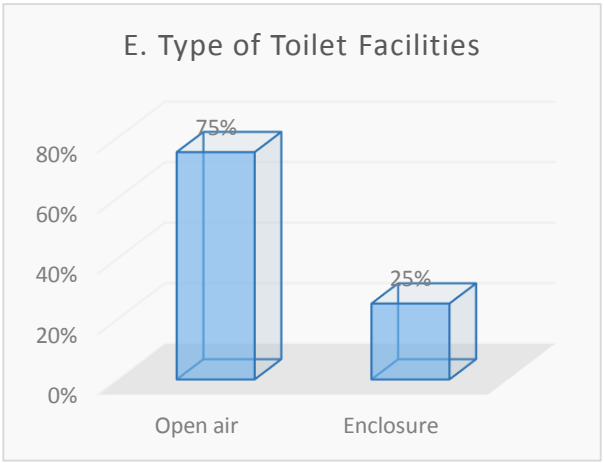

74% of the population surveyed used 'wood' as a fuel for cooking food

Only 22% of the population surveyed had a 'LPG' cylinder to cook food.

E. Type of toilet/sanitation facilities:

75% of the households surveyed had no toilet or sanitation facilities, all had to go open air for toilet.

25% households had toilet facilities.




F. Household Items:

| Sr. No. | Electricity | | T.V. | | Mobile | | Refrigerator | | Mode of Transport | | Computer | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | 78% | 22% | 30.1 % | 69.9 % | 61.4 % | 38.6 % | 14.5 % | 85.5 % | 41% | 59% | 3.6% | 96.4% |

Electricity: Those houses which had only 'one light bulb' in their houses provided by the state government as the only source of electricity were also included in the 'Yes' category for electricity.

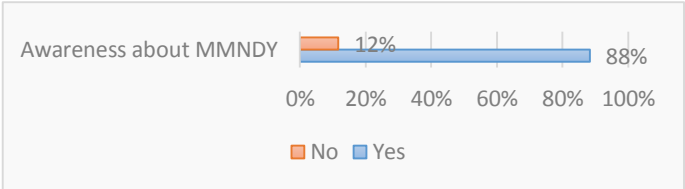
Mode of Transport included either a cycle/bullock cart/motorcycle/vehicle etc.

# Objective 1:

# Knowledge and Awareness about Mukhya Mantri Nishulk Dawa Yojana

1. Awareness about MMNDY:

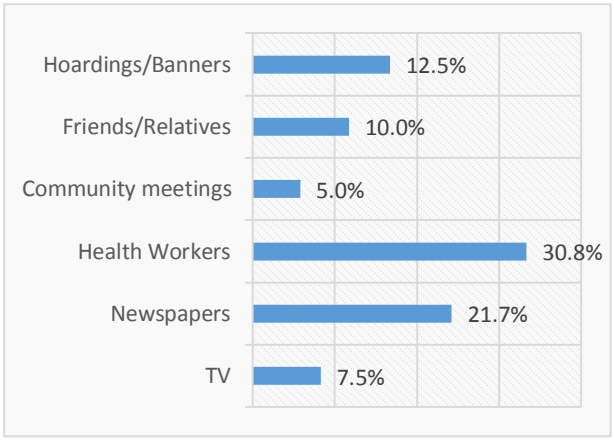
| | Frequency | Percent |
|---|---|---|
| Yes | 106 | 88.3% |
| No | 14 | 11.7% |




As seen from the above table, about 88% of the population knows about the existence of a free medicines scheme known as 'Mukhya Mantri Nishulk Dawa Yojana' in Rajsthan.

2. How do they know about 'Mukhya Mantri Nishulk Dawa Yojana'?

| | Frequency | Percent |
|---|---|---|
| T.V. | 9 | 7.5% |
| Newspapers | 26 | 21.7% |
| Health Workers | 37 | 30.8% |
| Community Meetings | 6 | 5.0% |
| Friends/Relatives | 12 | 10.0% |
| Hoardings/Banners | 15 | 12.5% |
| Total | 105 | 100% |




As seen from the above charts, Health Workers including Doctors, Paramedical Staff, CHW's, ANM's. Nurses, form the main source of informing people about the scheme.

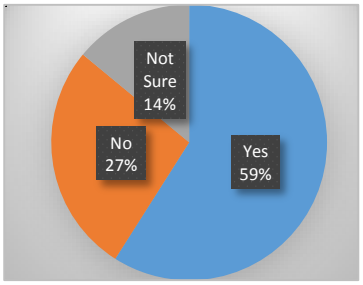
Other major sources of information include Newspapers and Hoardings/Banners on state buses.

Community meetings is a good source of information especially for reaching out to people especially for uneducated and backward masses of the society. These need to conduct very often, so that such population can be reached.

Doctors and other health workers need to be motivated about the scheme, incentives like best doctor, best health worker act for better propagation of the scheme

3. Perception about the medicines:

| | Frequency | Percent |
|---|---|---|
| Yes | 63 | 58.3% |
| No | 29 | 26.9% |
| Not Sure | 16 | 14.8% |



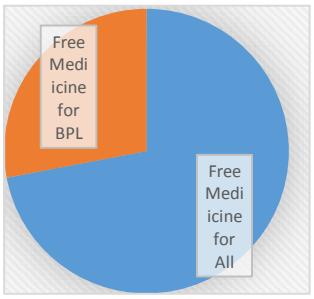

59% of the population thinks/believe that medicines provided and procured by Rajasthan Medical Services Corporation (RMSC) under Mukhya Mantri Nishulk Dawa Yojana (MMNDY) are effective.

27% of the population staunchly believe that these medicines are not effective

14% of the population are not sure whether these medicines are effective

4. Knowledge about the scheme:

| | Frequency | Percent |
|---|---|---|
| Free medicine for BPL | 28 | 28.3% |
| Free medicines for all | 71 | 71.7% |



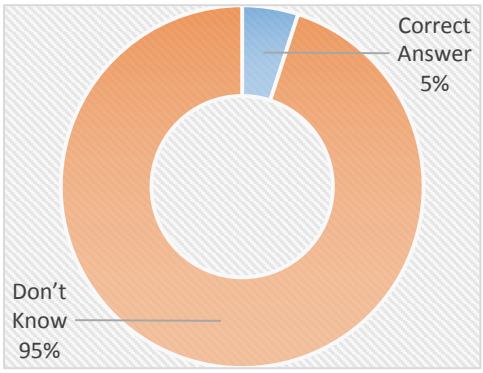

71 out of 99 respondents know that Mukhya Mantri Nishulk Dawa Yojana (MMNDY) is a 'Free Medicine Scheme for all'

28 out of 99 respondents are under a wrong belief that, Mukhya Mantri Nishulk Dawa Yojana is only a scheme for the poor and needy or only BPL people and they think it is not intended to be used by people who are not BPL.

Other questions asked included if they knew the number of medicines provided under the scheme, if they knew generic medicines were used in the scheme.

5. Knowledge about Generic Medicines:

| | Frequency | Percent |
|---|---|---|
| Correct Answer | 5 | 4.6% |
| Don't Know | 103 | 95.4% |




Majority of the population i.e. 103 people does not know what Generic Medicines are

Only 5 people out of the total sample were able to answer correctly what generic medicines actually are.

Implications/Conclusions:

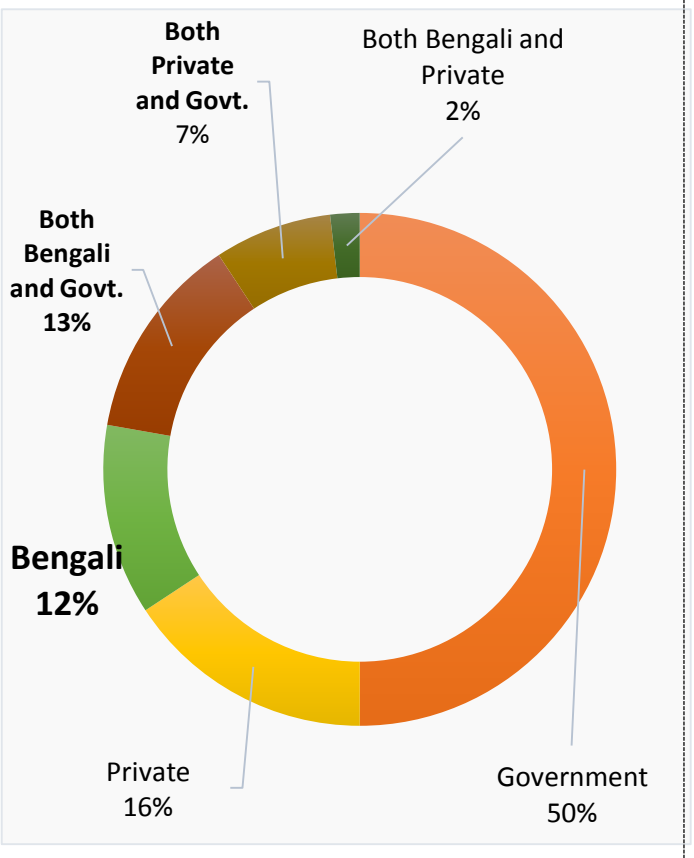
- Most people are aware about the scheme, the main source of awareness are the health personnel (33%) including Doctors, Nurses, ANMs, Local NGO's
- Only 59% people believe medicines are effective, others either do not or are not sure about the effectivity, one reason being most do not know about **Generic medicines**
- Almost 1/3rd believe, MMNDY is a scheme for benefit of only poor or BPL population
- As shown from the research findings, health personnel play a vital role which helps people to believe in the scheme.
- Periodical training and motivation of health personnel about the scheme, can have a beneficial prescribing pattern

# Objective 2:

# To assess 'access to medicines'

1. Health utilization:

| | Frequency | Percent |
|---|---|---|
| Government | 54 | 50.0% |
| Private | 17 | 15.7% |
| Bengali Baba | 13 | 12.0% |
| Both Bengali Baba and Govt. | 14 | 13.0% |
| Both Private and Govt. | 8 | 7.4% |
| Both Bengali Baba and Private | 2 | 1.9% |
| Total | 108 | 100% |




As seen from the above chart, when the people were asked about their preferred choice of health care facility, for 54 households out of the total sample of 108 households, responded as saying that they went to a Govt. Health Care Facility for treatment.

14 households responded saying that, they first went to a Bengali Baba and then a govt. hospital as they did not get cured initially.

8 households responded as by saying that they took care in a Private clinic first, but later shifted to a Govt. healthcare facility.

Overall, there are 76 households out of 108 that have utilized Govt. health facilities, and these are the households that have been related to the scheme in either a positive or a negative manner.

The other household either preferred a private clinic (17), or a Bengali Baba (13) or both (2)

Bengali Baba or Quacks are 'fake doctors' who have no formal training or education in medicine, they are self-proclaimed, self-trained healers, the utilization of which can be hazardous for the health of the population.

A. Utilization at Government health facilities:

When asked about which Government health facilities people utilize the most, the responses were as follows:

| | Frequency | Percent |
|---|---|---|
| District Hospital | 43 | 57.3% |
| Primary Health centre | 29 | 38.7% |
| Sub-Centre | 3 | 4.0% |
| Total | 75 | 100% |

As seen from the above results, even if half the population utilize Government health facilities for health care, most of them prefer the district hospital, only 29 out of 75 household took treatment in a primary health centre, the number for sub-centres is further less at only 3 households.

B. Reasons for Utilizing Government Health facilities:

Respondents were asked to give three answers/responses for this questions. Overall 157 responses were recorded, the top answers in the order as per frequency were:

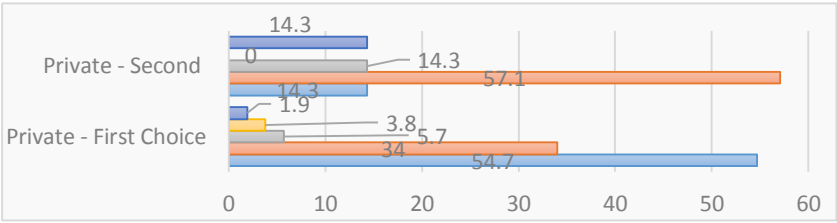
| | |
|---|---|
| Free Medicines | 64 |
| Less money required | 33 |
| | |
| | 11 |
| No relief from private | 12 |
| Better facility and provision | 9 |
| Case got complicated elsewhere | 4 |
| Within OPD timings | 4 |
| Only for Minor illnesses | 4 |
| Always Govt. | 3 |
| Total Responses | 157 responses |

64 responses out of total 157 responses credited 'Free medicines' and 33 responses credited 'Low expenses due to free medicines' as the reason for seeking Government health facility for treatment.

C. Utilization of private health care facilities:

First Choice among private health care providers -

| | Frequency | Percent |
|---|---|---|
| Bengali Baba | 29 | 54.7% |
| Private Clinic of Government doctor | 18 | 34.0% |
| Some other doctor | 3 | 5.7% |
| Some doctor in other district | 2 | 3.8% |
| Some doctor in other state | 1 | 1.9% |
| Total | 53 | 100% |




Second preferred choice among private health care providers –

| | Frequency |
|---|---|
| | 1 |
| Private clinic of Government doc. | 4 |
| Some doctor | 1 |
| Some doctor in other district | 1 |
| Some doctor in other state | 7 |
| Total | |

D. Reasons for seeking Private health care providers:

| | |
|---|---|
| No doctor in PHC/No nurse in sub-centre | 22 |
| Wants Inj./I.V. | 19 |
| Govt. has same old medicines | 16 |
| | |
| Wants stronger dose and quick acting medicines | 15 |
| Combination therapy not available | 11 |
| Nearest to home | 7 |
| OPD timings got over | 5 |
| Medicines not available | 5 |
| | |
| Bengali comes home/Govt. Nurse charges money to come home | 3 |
| Better provision and facility in private | 3 |
| Can afford expenses of private | 3 |

Conclusions:

From the above findings it is clear that many people prefer not to go to the Government health facility because either the doctor is not present in PHC or the nurse is not present in the sub-centre.

In that case, most will prefer a Bengali Baba or a Quack/Traditional healer as the choice of health care provider, one reason being the quack comes home to treat. But the main reason attributed to this fact is the huge lack of awareness about health and treatment due to illiteracy that people believe when ill, only injection or I.V. drips give them instant cure. Only the quack provides them with high antibiotics and incessant use of saline drips.

To change this treatment seeking pattern among end users, the information asymmetry among people needs to be corrected, health awareness needs to increase by continuously performing camps, community awareness programs.

2. Mukhya Mantri Nishulk Dawa Yojana (MMNDY) – Benefit Pattern:

Have you benefitted from MMNDY?

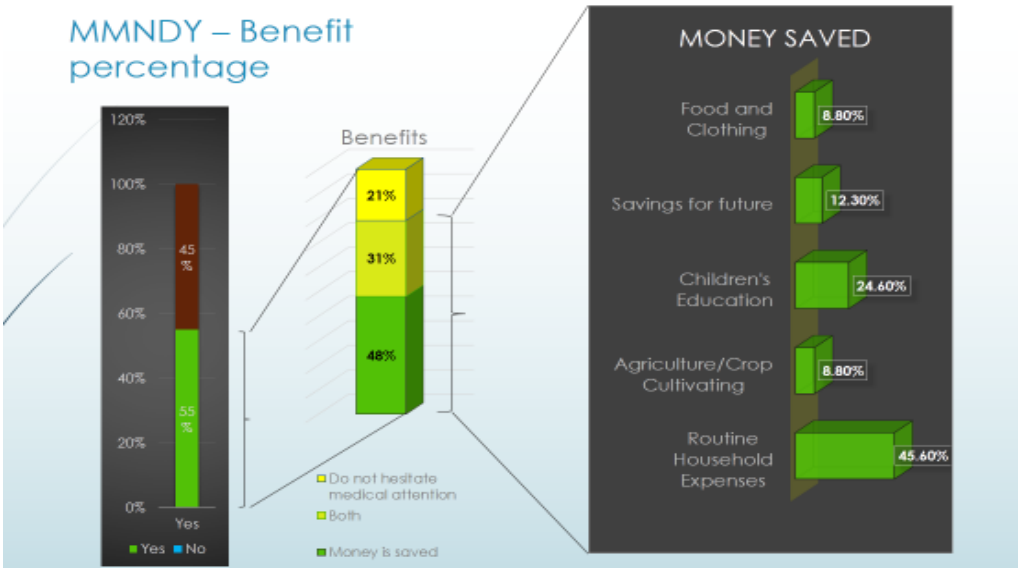
| | Frequency | Percent |
|---|---|---|
| Yes | 59 | 54.6% |
| No | 49 | 45.4% |
| Total | 108 | 100% |

If yes, how have you benefitted?

| | Frequency | Percent |
|---|---|---|
| Money is saved | 29 | 47.5% |
| Do not hesitate for minor ailments | 13 | 21.3% |
| Both | 19 | 31.1% |
| Total | 61 | 100% |

If any money was saved, how/where did you spend it?

| | Frequency | Percent |
|---|---|---|
| Routine Household Expenses | 26 | 54.3% |
| Agriculture/Crop cultivating | 3 | 6.3% |
| Child's Education | 13 | 27.1% |
| Saving for future | 5 | 10.4% |
| Food and Clothing | 1 | 2.1% |
| Total | 48 | 100% |



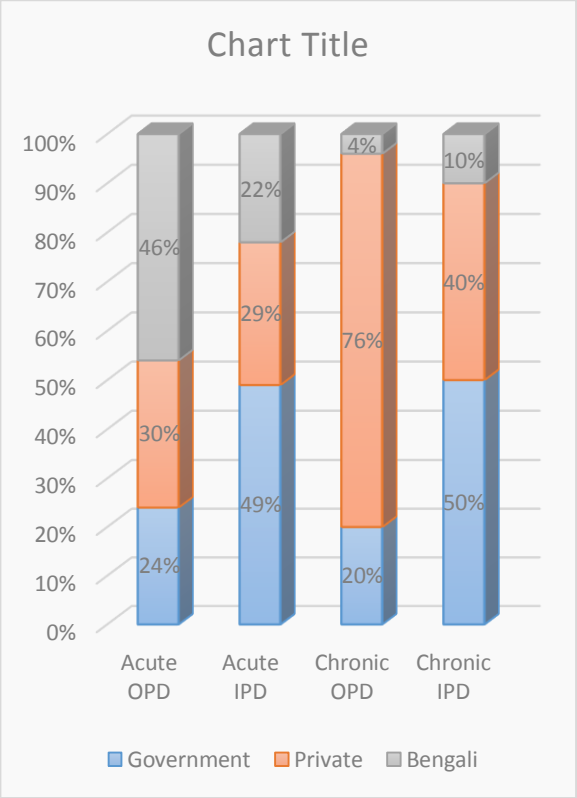

59 out of the 108 respondents said to have have benefitted from the Mukhya Mantri Nishulk Dawa Yojana, and the benefits received were either in the form of 'money was saved' on medical expenses – 29 respondents,which earlier before the implementation of the scheme, they would have had to pay money for,

13 respondents now said that they do not hesitate to take medical care for illnesses they earlier would have neglected/avoided to take care for,

And 19 respondents said, they received the benefits in both ways.

When asked those respondents about how did they use the money that was saved? Most of them replied to having used the saved money on routine household expenses, children's education, food and clothing etc.

Type of Illnesses:



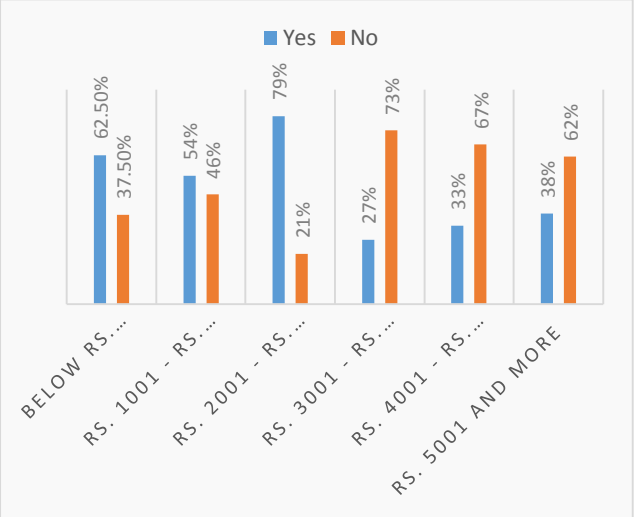

As seen from the adjoining graph, the type of illnesses for which people prefer to use the Government as well as Private health care providers are given, the conclusions are as follows:

- In case of acute illnesses (OPD basis) – most people prefer Bengali and Private clinics of doctors
- For Acute illness (IPD basis) – Government facility has a major share – mostly the district hospital
- For chronic ailments (OPD basis) – private clinics of doctors are the preferred choice
- For chronic ailments (IPD basis) Govt. (DH) and private hospitals (other state, other district) are the preferred choice

Classification of Beneficiaries as per Income group:

The respondents that belonged to income category of average monthly income from all sources upto Rs. 3000/- (including those belonging to monthly income below Rs. 1000/month, monthly income below Rs. 2000/month and monthly income below Rs. 3000/month) have reported to benefit more from the scheme.

The others belonging to higher income categories, prefer private care first, (upto Rs. 4000/month, upto Rs. 5000/month and more than Rs. 5000/month)



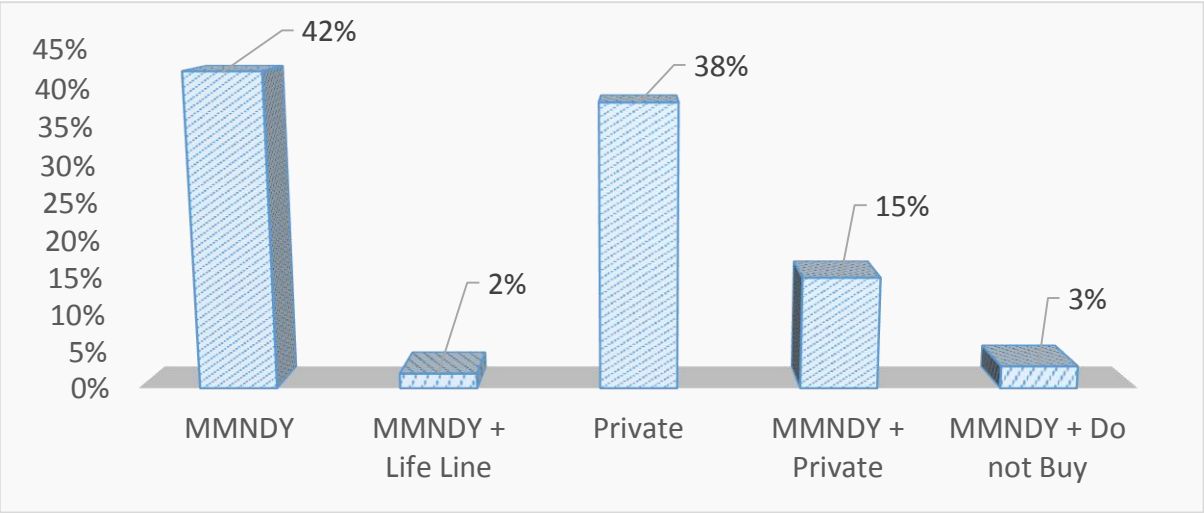
Implications:

- Free medicines have improved utilization of government health facilities, but best utilization of the scheme is for patients who visit the district hospital
- At village level, for acute ailments on OPD basis, Bengali and private clinics are the preferred choice
- Only when the acute ailment gets complicated or cannot be treated by the private/Bengali, then patients visit the district hospital
- The scheme is implemented at the PHC and sub-centre level but due to unavailability of the doctor, or ANM at the sub-centre, it suffers a setback
- Villages where the doctor is serving the PHC since at least 2 years or where he/she conducts regular medical camps have better incidences of utilization at PHC/sub-centre level
- One more factor is the limited OPD timings of the PHC which hinders access to free medicines. Households where overall monthly income is below Rs. 3000/- month from all sources, have shown to utilize the scheme more
- 16 – 50 years age group (reproductive age group) benefits more from the scheme, whereas children benefit less, one reason being unavailability of syrups of medicines which have 'dropper'
- Also, people prefer to give their children injections when ill, because the child is likely to throw off/vomit the tablets/syrups
- Most Govt. Pensioners' suffering from Diabetes/Hypertension prefer to buy from private chemists since it is not compelling for them to get medicines under MMNDY (existence of pensioners medicine scheme – reimbursements upto Rs. 10000/-year)

# Objective 3:

# To assess 'Availability of Medicines':

a. Where do people get medicines from now?



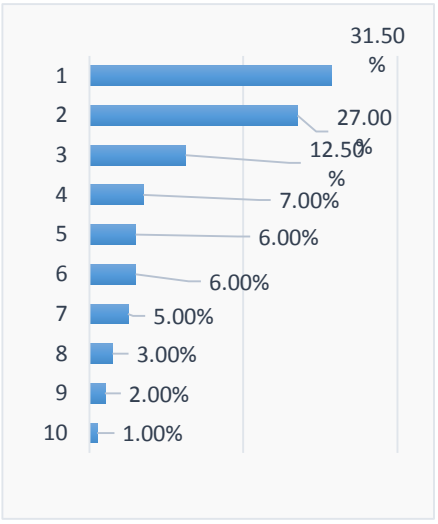

As per the table, only 45 out of 107 people responded to have received/taking the medicines from the MMNDY outlets.

An equally large number of people, 40 in private stores, 16 in MMNDY + Private stores, i.e. 56 people out of 107 respondents have taken medicines from private stores or have to resort to private chemists for their medicines.

| | Frequency | Percent |
|---|---|---|
| MMNDY outlets | 45 | 42.1% |
| MMNDY + Lifeline | 3 | 2.8% |
| Private Chemists | 40 | 37.4% |
| MMNDY + Private chemists | 16 | 15.0% |
| Only buy those available from MMNDY, rest do not buy | 3 | 2.8% |
| Total | 107 | 100% |

B. What were the reasons that people had to buy medicines from private chemists?

| | |
|---|---|
| Not all medicines are available | 18 |
| | |
| | 7 |
| Prescription is needed in Govt. | 4 |
| Combination therapy not available | 3 |
| Expensive medicines not in MMNDY | 3 |
| Ayurvedic/Homeopathic | 3 |
| Less power/potency in MMNDY medicines | 1 |
| OPD timings got over | 1 |
| Govt. quality is not good | 1 |
| Total | 56 responses |




As seen from the above table, people that had to buy medicines from private chemists, or themselves bought medicines from private chemists, because most of them felt that most medicines were not available in MMNDY stores, 18 out of 56 responses said 'Not all Medicines were not available', 15 out of 56 said, 'Medicines are not effective'

7 out of 56 said that a doctor in a government hospital does not pay attention to their complaints, hence they preferred private care and medicines at a private hospital.

C. Medicine Availability in MMNDY:

The method used for ascertaining this response was direct calculation of data obtained by the responder directly at the site of interview.

Suppose the person's response was 3 out of 5 medicines prescribed were available at MMNDY outlet, then converted in percentage, it would be 60%

| Medicine Availability | Frequency | Percent |
|---|---|---|
| 0% | 5 | 7.0% |
| 1 - 20% | 4 | 5.6% |
| 21 – 40% | 6 | 8.5% |
| 41 – 60% | 4 | 5.6% |
| 61 – 80% | 5 | 7.0% |
| 81 – 100% | 47 | 66.2% |
| Total | 71 | 100% |

Thus, as seen from the above table, it is evident that, most medicines were available in MMNDY outlets, with 47 out of 71 respondents having said to have received 81 – 100% medicines at the MMNDY outlets.

5 people out of 71 said that medicines prescribed to them were not at all available at the MMNDY

4 out of 71 said to have received 1 – 20% medicines; 6 persons received 21 – 40% medicines

D. Days Availability in MMNDY:

| | Frequency | Percent |
|---|---|---|
| All Days | 55 | 90.2% |
| Not All Days | 6 | 9.8% |
| Total | 61 | 100% |

This response was judged as the number of days medicines received as against the number of days medicines were prescribed for.

For 55 out of 61 persons, which accounts for approximately 90% of the respondents who answered this question, medicines were available for all days as prescribed by the doctor.

Implications:

- The introduction of Mukhya Mantri Nishulk Dawa Yojana has improved availability of all essential medicines across the district of Pratapgargh, the main reasons that people do not utilize the scheme are - unavailability of a few medicines in these DDC counters, people are not yet sure about the effectivity of its medicines, people want combinations which are irrational and not under essential medicines category, some medicines are available with low power/potency.
- Availability for most essential medicines is about 80 – 100% at all MMNDY outlets
- Medicines which were not available were 'Vitamins, Anti-vertigo medicines, Gentamycin Eye drops, Antibiotic syrups with dropper inside e.g Amoxycillin 125 mg/ml syrup, Cefotaxim syrup, Combination medicines, anti-diabetics (metformin 1000 mg not available at the PHC) and steroids (e.g prednisolone 5 mg) and me-too drugs
- Injections available in district hospital but not in PHC eg. Inj. Penicillin 6 lakh units - (Pediatric dose)
- For 42% patients, it was easier with availability of all medicines at the MMNDY counter as compared to last year before the launch of MMNDY, most patients reported an improvement in availability of medicines at the Govt. health facilities

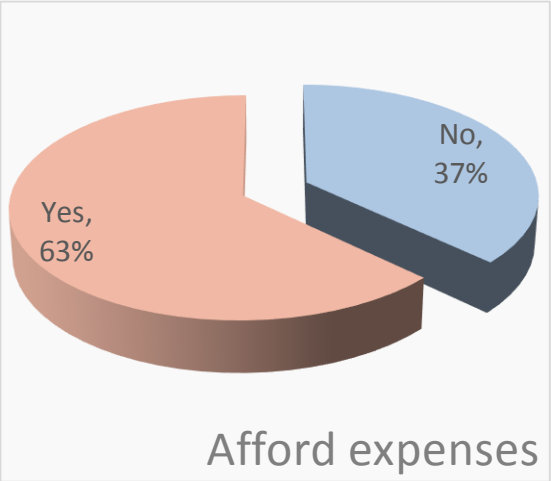
# Objective 3:

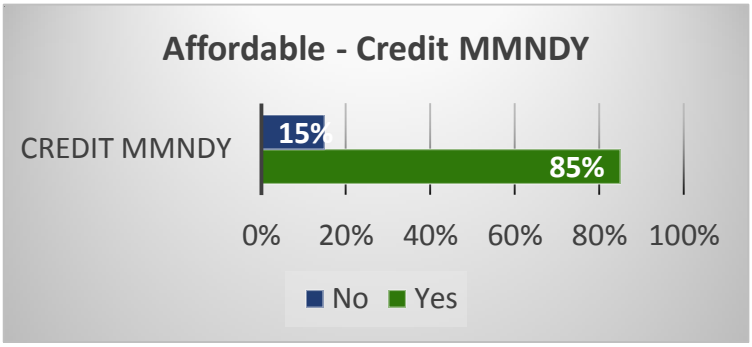
# To assess 'Affordability of medicines

1. Afford Expenses due to medicines:

| | Frequency | Percent |
|---|---|---|
| Yes | 68 | 63% |
| No | 40 | 37% |
| Total | 108 | 100% |

Out of the total 108 respondents that answered this question, 68 persons replied as saying that medicines are now affordable to them, and 85% of these



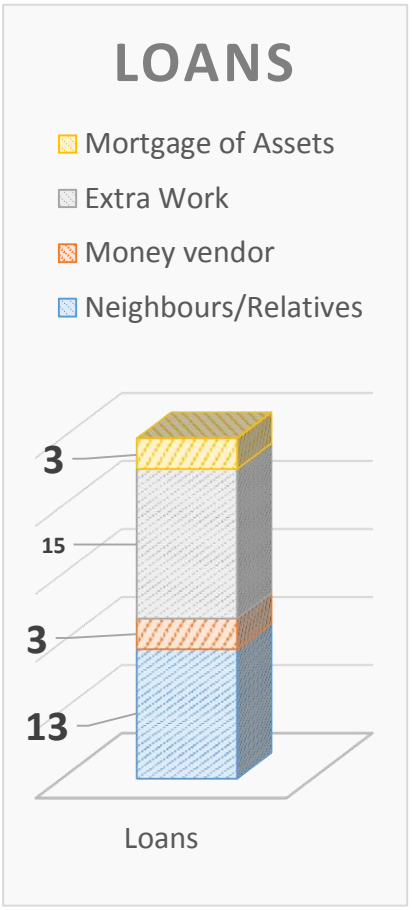




respondents, i.e. 56 out of these 68 people credit this change in affordability pattern to the implementation of MMNDY.

Even now, 40 people out of 108, i.e. 37% people still do not find medicines affordable, and 34 out of these 40 have had to undergo loans or borrow money from people to satisfy these expenses on medicines.

| | |
|---|---|
| Yes | 56 |
| No | 13 |
| Total | 68 |

| | Frequency | Percent |
|---|---|---|
| Money Vendor | 3 | 2.7% |
| Neighbour/Relatives | 13 | 11.7% |
| Extra Work | 15 | 13.5% |
| Mortgage of Assets | 3 | 2.7% |
| No Loans | 77 | 69.4% |
| Total | 111 | 100% |



2. Money Saved on Medicines (this year)

| | Frequency | No. of people money was saved for: |
|---|---|---|
| 0 -100 Rs.(OPD) | 16 | 12 |
| Rs. 101-Rs. 250(OPD) | 23 | 15 |
| Rs. 251- Rs. 500(OPD) | 27 | 11 |
| Rs. 501- Rs. 1000(OPD) | 20 | 9 |
| Rs. 1001 – Rs. 2500(OPD) | 6 | 3 |
| Rs. 2501 – Rs. 5000 (IPD) | 7 | 2 |
| Rs. 5001 and above (IPD) | 8 | 5 |
| Total | 107 | 57 |

(Estimates drawn from the patient's opinion about medicine expenses

Includes expenses on OPD as well as IPD care)

As per the table, money saved on medicine expenses this year after the inception of Mukhya Mantri Nishulk Dawa Yojana, 57 people said that this year their money was saved.

Most people responded to have saved money in the category of expenses up to Rs. 500/- and 5 out of 8 also agreed to have saved money in the Rs. 5000/- and above category.

Thus, it can be implied that for OPD expenses up to Rs. 500/- Mukhya Mantri Nishulk Dawa Yojana has been able to save money spent on medicines, but OPD expenses beyond that up to Rs. 2500/- it has been unsuccessful.

Also, for IPD expenses, Rs. 5000/- and above, MMNDY to some extent has saved money for people.

Implications:

- As per people's opinion, Medicines are affordable now to about 63% of the population, 85% of which, credit this change in the affordability pattern of medicines to MMNDY
- 37% of the population still suffers from the vicious cycle of 'medicine-poverty' trap, and is burdened by loans due to medical expenses
- MMNDY is has successfully reduced OPD expenses up to RS. 250/-, but the major savings are observed in patients with medical expenses on IPD of more than Rs. 5000/- per episode. It needs to lower expenses of people who spend money in private facilities on OPD visits requiring money up to Rs. 2500/-

**Quotes from the field:**

**"** *earlier Rs. 300 – Rs. 400 were required to get my father in-law admitted to the hospital, also I had get my BPL card to worry about the medicine expenses – but now since the launch of MMNDY scheme, the entire process is very simple and easier***"** - says Mrs. Manglabai, whose father in law suffers from asthma and respiratory distress

Jitendra, 24 years old student of B.Com, says, **"** *I read about MMNDY in the newspaper, saw it on the state buses, so when I had a bad cold with fever, I came here. The process is very smooth, there is no queue for medicines, doctors are good, medicines are effective and of optimal quality. I am very happy with the scheme***"**

Wrong Practices in the field –

Need for money at Govt. …!!!

- Scattered few incidences of compounders/nurses charging money for home visits, and dispensing medicines provided by MMNDY under the guise of private practice which hinders the success of the scheme
- Misleading people to believe that medicines are not yet free, and preventing them from availing the services

# Recommendations – MMNDY

## A. Awareness

1. Medical camps to be conducted at PHC and sub-centre level every 3 months, which familiarizes the people with the doctor and the scheme. This aids in utilization of near expiry medicines for specific diseases, based on FIFO principle

2. Training and motivation camps with health personnel regarding quality and assurance of medicines, rational use of medicines, prescribing as per the essential medicines list as far as possible

3. Integration with local NGO's/organizations working in remote areas for encouraging the use of free medicines among people.

## B. Procurement Wing - Medicines

1. Outsourcing procurement for medicines to already established organizations like TNMSC, for those do not find any bidders/suppliers
2. Antibiotic Syrups with dropper
3. Haemoglobin Kits, Urinary Pregnancy Test kits – at sub-centre level
4. When procurement of near expiry drugs, shelf life of at least 2 -3 months must provided till it reaches PHC's and sub-centres
5. Better quality, good company Iron and folic acid tablets
6. Anti-vertigo medicines

## C. Supply Chain Management:

1. Establishment of a 'Supplier rating system' which ensures credibility and timely delivery from the supplier side to the DDW, also acts an incentive to the supplier to perform better

2. Introduction of a bar-coding system for medicines supplied by RMSCL with the help of already provided computer/inverter

- Ensures rational prescribing at the PHC level

- Will reduce the task of manually entering the medicine prescribed in the stock register

- Will ensure that No medicines of RMSC can be sold/used for private practice by compounder/nurse/doctor since only pharmacist will operate the system

D. Logistics Wing:

1. Extra drug Distribution centre at Dhariyavad CHC

2. Employment and training of Pharmacists/Data Entry officers at PHCs with patient load more than 150/day
3. Continuously Need to monitor levels of drugs at PHC level via online software, data entry,

4. Provision of vehicle to transfer medicines from warehouse to PHCs

E. Recommendations – Health system

1. Health Education and Health promotion – Awareness

2. Necessary staff vacancies to be filled up – it is important that these vacancies should be filled up by training the manpower from the villages itself, need is for health personnel who 'are from the village and work for the village' – provide them better financial incentives and motivation

3. Maintenance of infrastructure – maintenance of building structure of PHCs, sub-centres

Reflections:

Mukhya Mantri Nishulk Dawa Yojana (MMNDY) is indeed a noble step forward towards universal health care by providing free medicines to citizens, an attempt to reduce out-of-pocket expenditures on medicines. One aspect of the scheme is providing all medicines and making them available at the health facilities, but the other aspect is making sure doctors are present and they are prescribing these medicines.
So to make it a success, doctors and health personnel need to be motivated regarding the use of generic names in prescription

Reflections: Access to Medicines:

- Free medicines have improved utilization of government health facilities, but best utilization of the scheme is for patients who visit the district hospital
- At village level, for acute ailments on OPD basis, Bengali and private clinics are the preferred choice
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