

# **RAPID ASSESSMENT OF FREE MEDICINE SCHEME**

**BY: -  
JHELUM GROUP**

# OUR GROUP

FIELD  
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# Serving The Patient is Noble.



## गांधीजी का मंत्र

मैं आपको एक मंत्र देता हूँ, जब कभी आप दुविधा में हो या स्वार्थ प्रबल हो तो इसे आजमाएं। आप किसी ऐसे गरीब व्यक्ति का स्पर्श करें जिसे आपने कभी देखा हो। फिर अपने आप से पूछें, क्या आपके कार्य से उसे मदद मिलेगी..? बस इतना सोचते ही आपकी सारी दुविधाएं दूर हो जायेगी और स्वार्थ मोम की तरह पिघल कर बह जायेगा।



“किसी लाभ के लिए नहीं, बल्कि मैत्री-पूर्ण चित्त से रोगी की सेवा करना।”- महात्मा बुद्ध

# WHY WE SELECTED THIS TOPIC ???



- According to W.H.O. 63% population is unable to access the essential drugs.
- 23% population do not go to hospital due to expensive treatment.
- Economic Upliftment of the weaker section
- Reflects the spirit of the constitution.
- Useful for Every citizen.
- Realizes the Dream of Welfare state.

**A STUDY BASED ON  
SELCTED PRIMARY, SECONDARY AND  
TERTIARY LEVEL HEALTH CENTERS**



PRIMARY:- O.T.S. dispensary, Jhotwara PHC,



# SECONDARY:- Kanwatiya Hospital, Jaipuria Hospital.



# TERTIARY :- SMS Hospital.





# NEED OF THE SCHEME



## 1. Low health Status of people in Rajasthan.

Demographic, Socio-economic and Health profile of Rajasthan State as compared to India figures

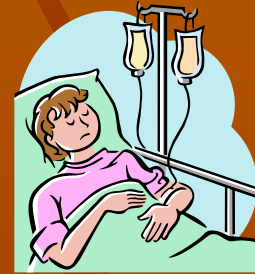
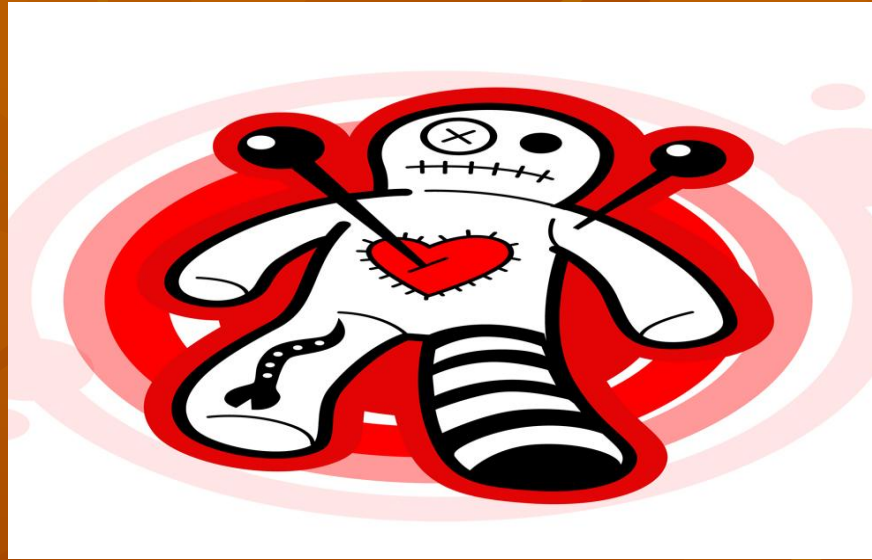
| S.N. | Item  | Rajasthan | India   |
|------|---|-----------|---------|
| 1    | Total population (Census 2001) (in million) | 56.51     | 1028.61 |
| 2    | Decadal Growth (Census 2001) (%)            | 28.41     | 21.54   |
| 3    | Crude Birth Rate (SRS 2008)                 | 27.5      | 22.8    |
| 4    | Crude Death Rate (SRS 2008)                 | 6.8       | 7.4     |
| 5    | Total Fertility Rate (SRS 2008)             | 3.3       | 2.6     |
| 6    | Infant Mortality Rate (SRS 2008)            | 63        | 53      |
| 7    | Maternal Mortality Ratio (SRS 2004 - 2006)  | 388       | 254     |

## 2. Expensive treatment.



- According to N.S.S.O. in Rajasthan an indoor patient has to spend Rs. 4382 per Year out of which Rs. 3187 are spend on medicines.
- It is perhaps the highest in India.
- In Tamil Nadu it is only Rs. 102/-.
- According to a survey 40% of the patients have to borrow or mortgage their property for the treatment.

# 3. Exploitation by Big Pharma Companies.



## Drug Required for Treatment of Blood Cancer:-

| S.N. | Generic Name      | Strength | Brand Name  | Company      | Pack Size | MRP.           |
|------|-------------------|----------|-------------|--------------|-----------|----------------|
| 1    | Imatinib Mesylate | 400 Mg   | Gleevec     | M/s Novartis | 3x10 Tab  | Rs. 1,23,000/- |
| 2    | Imatinib Mesylate | 400 Mg   | Veenat-400  | M/s Natco    | 3x10 Tab  | Rs. 10,560/-   |
| 3    | Imatinib Mesylate | 400 Mg   | Zealata-400 | M/s Ranbaxy  | 3x10 Tab  | Rs. 10,364/-   |
| 4    | Imatinib Mesylate | 400 Mg   | Imatib-400  | M/s Cipla    | 3x10 Tab  | Rs. 9,000/-    |
| 5    | Imatinib Mesylate | 400 Mg   | Mitinab-400 | M/s Glenmark | 3x10 Tab  | Rs. 9,000/-    |
| 6    | Imatinib Mesylate | 400 Mg   | Imanib-400  | M/s Intas    | 3x10 Tab  | Rs. 7,500/-    |

# 4. Doctor – Pharma Company linkage.






# *What is Generic Medicine????*



- ❖ **The word *Generic* means “Basic Active Pharmaceutical Ingredient”.**
- ❖ **A generic drug (generic drugs, short: generics) is a drug defined as “a drug product that is comparable to brand/reference listed drug and marketed under its chemical name without advertising.**

# *GENERAL INTRODUCTION*

- 
- A committee of State Govt. visited Tamil Nadu.
  - It was decided to start this scheme in Rajasthan.
  - CM announced to begin it in his budgetary speech.
  - At last it was launched on 2<sup>nd</sup> Oct 2011.
  - Rajasthan is the 14<sup>th</sup> state to begin it.

## OUR METHODOLOGY

- *LOCALE OF WORK:- Different health Centers.*
- *DATA COLLECTION:-*
  - ❖ *Primary (Field Interviews)*
  - ❖ *Secondary (Available Literature + Internet)*
- *INTERPRETATION & ANALYSIS.*



# *Various interviews by our Group....*

*Video I*

*Video II*

*Video III*



# ***BENEFITS OF THE SCHEME***

- Distribution of free medicines to the public for better health services.
- Lessen the burden of expenses for medicines on the common man.
- Provide treatment to patients hitherto unable to spend on health service.
- Provide commonly used surgical items free of cost e.g. disposable syringe, I.V. blood transfusion set and sutures for stitches.



# *BENEFICIARIES*

A 3D rendering of a human silhouette composed of various colored pills and capsules. The head is made of white, yellow, and blue pills. The torso is made of purple pills. The arms and legs are made of white, yellow, and blue pills. A syringe is visible in the right hand.

- ❖ All O.P.D. patients coming to govt. hospitals.
- ❖ All admitted (I.P.D.) patients.
- ❖ All patients of Thalassemia and hemophilia.
- ❖ All govt. officers, employees and pensioners

# EXECUTION OF SCHEME

- Creation of Rajasthan Medical Services Corporation (R.M.S.C.) and its registration under the Companies Act 1956.



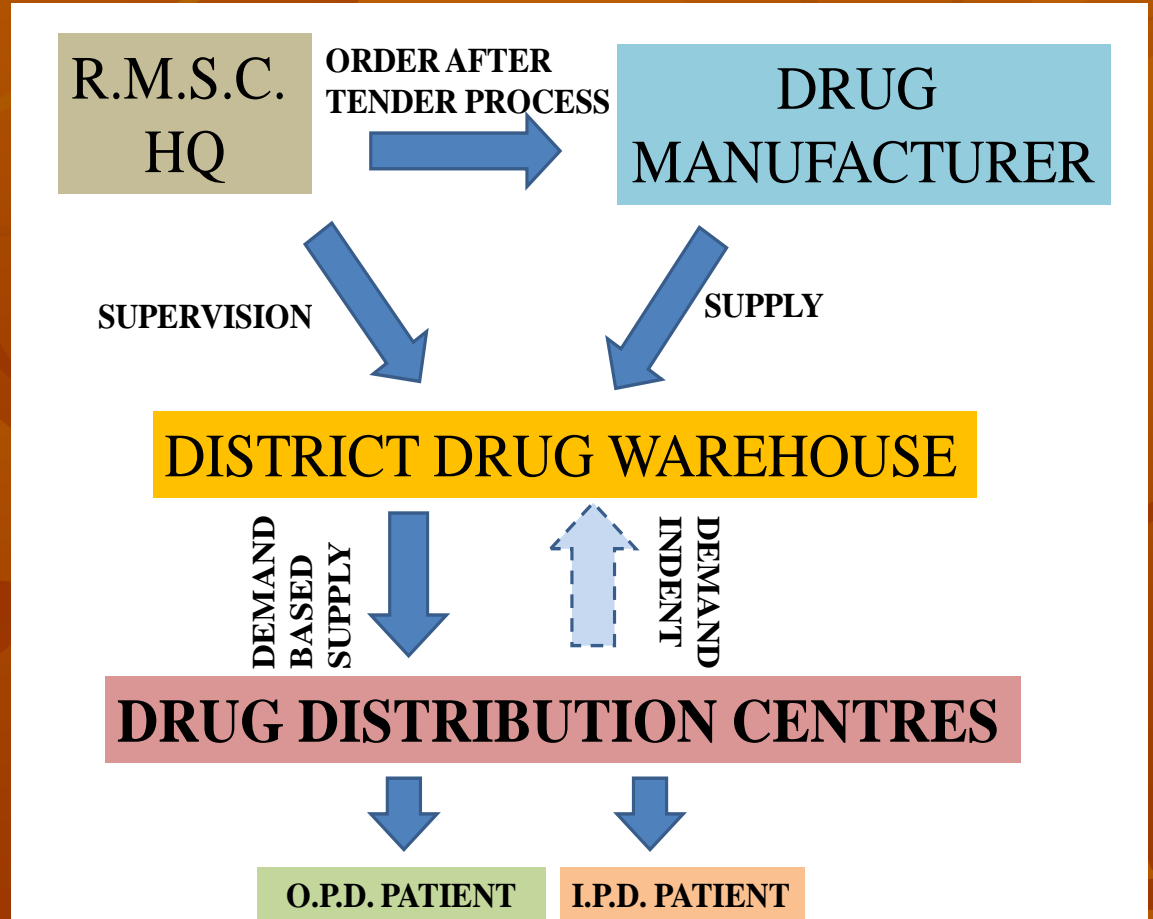
- A governing council under the chairmanship of Principal Secretary, Medical and Health and a Managing Director for working of R.M.S.C.
- An Advisory Council consisting of senior doctors to advice R.M.S.C. on technical matters.

# **PRESCRIPTION**

- ✓ All medicines will be prescribed by generic name only.
- ✓ Format of the prescription card have been provided to all hospitals.
- ✓ Prescription will be made in Three copies.
- ✓ The pharmacist will give medicine on the base of prescription card and keep a copy for record.
- ✓ Prescriptions for 3 days in general and 7 days in particular cases.
- ✓ Patients of blood pressure, diabetes, heart disease, epilepsy, anemia, osteoarthritis can be prescribed medicine up to 30 days.



# DISTRIBUTION SYSTEM OF MEDICINES

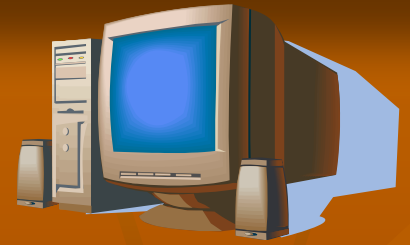


# QUALITY CONTROL

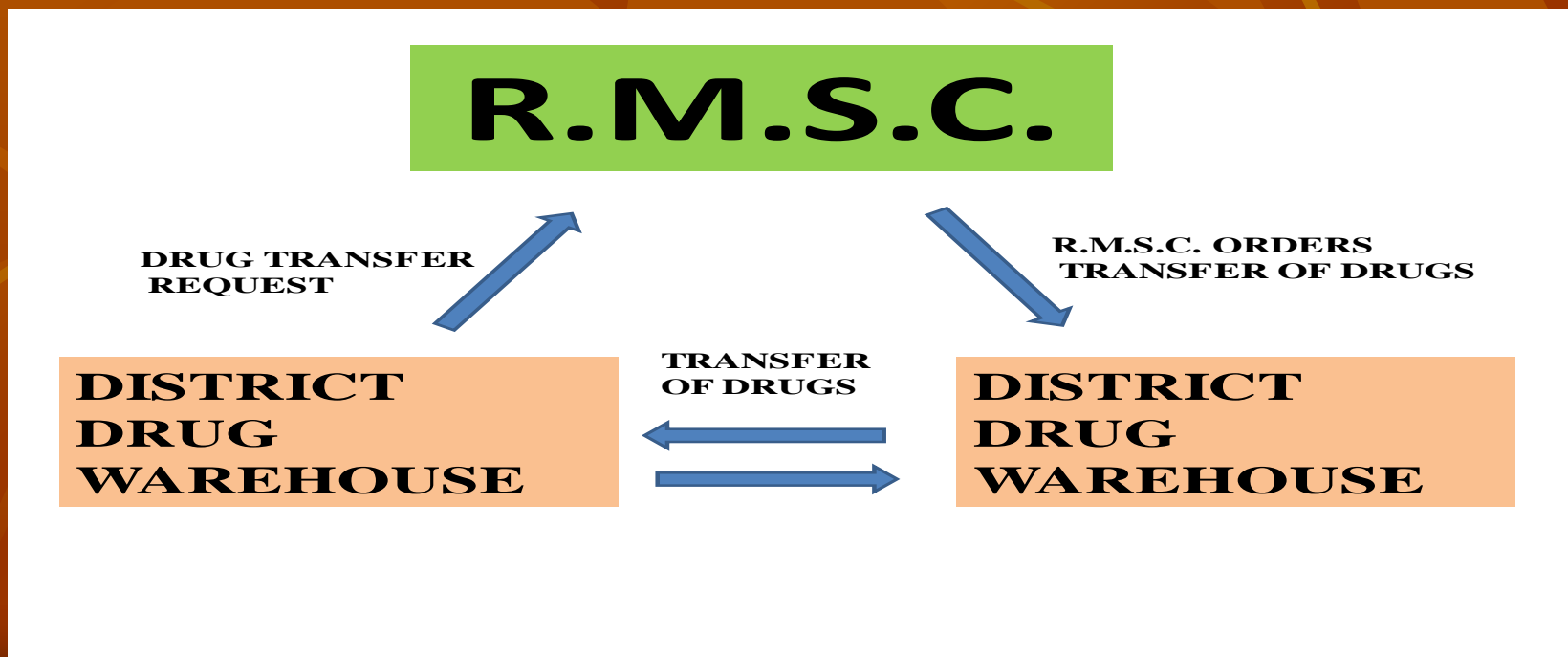


- Medicines will be purchased directly from the drug manufacturers.
- The entire tendering system will be based on two bid system i.e. technical and financial bid separately.
- Drug manufacturers need to have Good Manufacturing Practices (GMP) Certificate
- Quality control unit has been established in RMSC.
- Samples from every batch of medicines will be collected by District Warehouse and sent for testing in empanelled laboratories.
- If any sample sent to empanelled laboratories fails in quality, the result will be confirmed with the other empanelled laboratories.
- In the case where sample drawn is declared substandard by the Government analyst, the issue of product shall be stopped immediately and the drug supplied shall be recalled from the hospital.

# COMPUTERISATION



- ❑ R.M.S.C. has also **developed** special software called *e- Aushidhi*.
- ❑ The inventory management at the DDWs will be done through *e-Aushidhi*.
- ❑ The information of all available drugs, their stock, manufacturing date, expiry date etc.
- ❑ Streaming of inter- drug warehouse transfer.





# MONITORING

- Overall monitoring of the system is done by R.M.S.C through different check lists.
- All of the Minister in Charge, Secretary in Charge, Divisional Commissioners and District Collectors can inspect the free medicine distribution system anytime.
- A monitoring committee at the district level under chairmanship of CM&HO has been set up for better execution of the scheme.
- The monthly progress report of DDCs will be prepared by the Medical Officer in Charge of the institute.





## मुख्यमंत्री निःशुल्क दवा योजना व्यक्तिगत चेक लिस्ट

(निरीक्षण के समय केन्द्र पर 4 से अधिक रोगी होने पर रेण्डम आधार पर 2 भर्ती मरीज (IPD) एवं 2 बहिरंग मरीज (OPD) की जानकारी ली जावे। भर्ती मरीजों की संख्या कम होने पर बहिरंग मरीजों से जानकारी ली जावे।)

प्राथमिक /सामुदायिक केन्द्र /जिला अस्पताल का नाम .....दिनांक : .....

### A सामान्य जानकारी :-

1. रोगी का नाम : .....
2. रोगी के पिता/पति का नाम : .....
3. पता : .....
4. उपचार करने वाले चिकित्सक का नाम : .....

### B उपलब्ध सुविधाओं का विवरण :-

1. क्या दवा हेतु दी गई पर्ची दो प्रतियों में है। हाँ/नहीं
2. क्या आपको समस्त दवा निःशुल्क उपलब्ध कराई गई है। हाँ/नहीं
3. यदि नहीं तो विवरण :-

| क्र.स. | निःशुल्क उपलब्ध दवा का नाम | लाईफ लाईन ड्रग स्टोर |      | निजी दवा दुकान |      |
|--------|----------------------------|----------------------|------|----------------|------|
|        |                            | दवा का नाम           | राशि | दवा का नाम     | राशि |
| 1.     |                            |                      |      |                |      |
| 2.     |                            |                      |      |                |      |
| 3.     |                            |                      |      |                |      |
| 4.     |                            |                      |      |                |      |
| 5.     |                            |                      |      |                |      |
| 6.     |                            |                      |      |                |      |

4. क्या आपके चिकित्सा केन्द्र से संबधित दवा वितरण केन्द्र नियमित रूप से निर्धारित समय पर खुल रहा है। हाँ/नहीं
5. क्या रोगी से अन्य किसी कार्य हेतु राशि ली गई है। हाँ/नहीं

| क्र.स. | कार्य का विवरण | ली गई राशि |
|--------|----------------|------------|
| 1.     |                |            |
| 2.     |                |            |
| 3.     |                |            |

रोगी के हस्ताक्षर

निरीक्षण कर्ता अधिकारी के हस्ताक्षर  
नाम .....  
पद .....

## मुख्यमंत्री निःशुल्क दवा योजना दवा वितरण केन्द्र चेक लिस्ट

चिकित्सा संस्थान का नाम ..... क्षेत्र .....

दिनांक .....

समय :

दवा वितरण केन्द्र का नाम /संख्या .....

1. दवा वितरण केन्द्र पर उपलब्ध दवाओं की संख्या .....
2. विगत सप्ताह में लाभान्वित रोगियों की संख्या: OPD :-..... IPD .....
3. क्या दवाईयों का वितरण फीफो (First Expiry First Out) नियमानुसार किया जा रहा है। हाँ/नहीं  
यदि नहीं तो कारण स्पष्ट करावे .....
4. क्या नियमानुसार भण्डार केन्द्र में औषधियों का पर्याप्त स्टॉक है। हाँ/नहीं  
यदि नहीं तो कारण स्पष्ट करावे .....
5. औषधि संग्रहण व्यवस्था सुचारु रूप से कार्यरत है। हाँ/नहीं  
यदि नहीं तो विवरण देवे। .....
6. रिकार्ड संघारण :-

| क्र.स. | रिकार्ड का प्रकार            | आदिनांक |      | यदि आदिनांकित नहीं है तो किस तारीख तक की प्रविष्टी की गई है। |
|--------|------------------------------|---------|------|--|
|        |                              | हाँ     | नहीं |  |
| 1.     | पास बुक                      |         |      |  |
| 2.     | स्टोक रजिस्टर                |         |      |  |
| 3.     | इनवर्ड गुड्स रजिस्टर (IGR)   |         |      |  |
| 4.     | आउटवर्ड गुड्स रजिस्टर (OGR)  |         |      |  |
| 5.     | अवधिपार औषधियों हेतु रजिस्टर |         |      |  |
| 6.     | मांग पत्र                    |         |      |  |

दवा वितरण केन्द्र प्रमारी के हस्ताक्षर  
नाम .....  
पद .....

निरीक्षण कर्ता अधिकारी के हस्ताक्षर  
नाम .....  
पद .....

# GRIEVANCE REDRESSAL

## ➤ At State Level

Any complaint or query about the complaint system can be made through following means:-

Landline telephone – 0141- 2225624, 2225000

Mobile – 9166005500

E- mail – [rmisc@nic.in](mailto:rmisc@nic.in)

## ➤ At field level

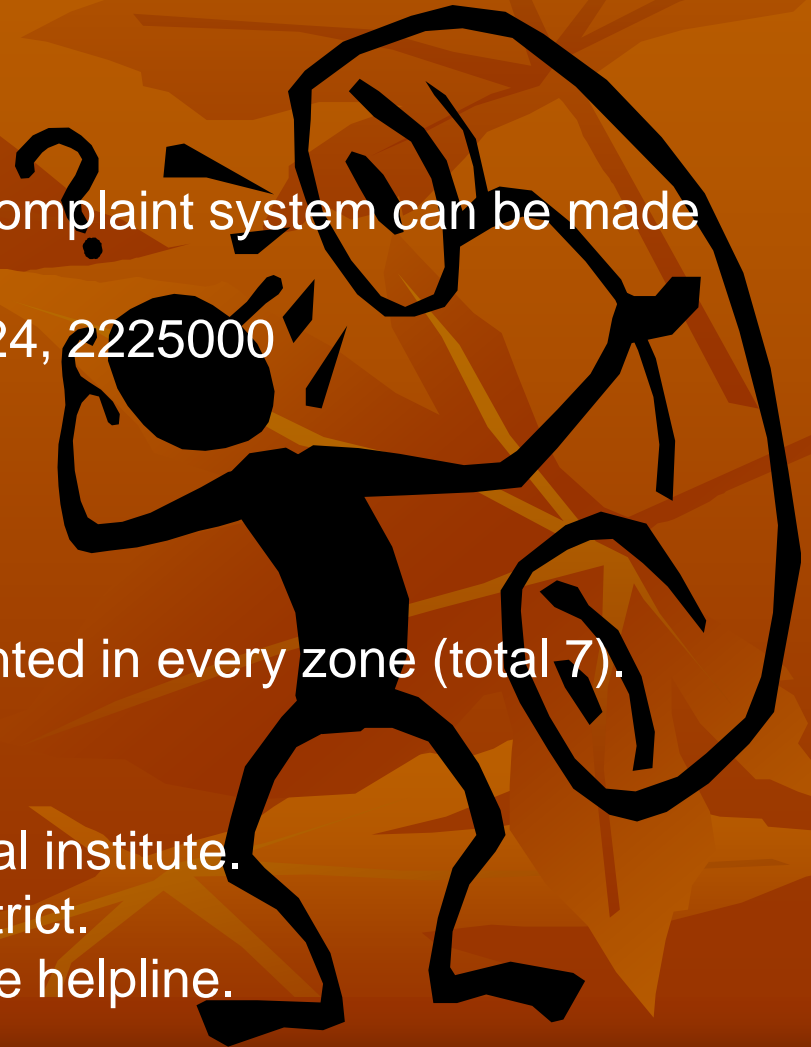
A zonal officer has been appointed in every zone (total 7).

## ➤ Others

PMO/ MO of concerned medical institute.

CM&HO of the district.

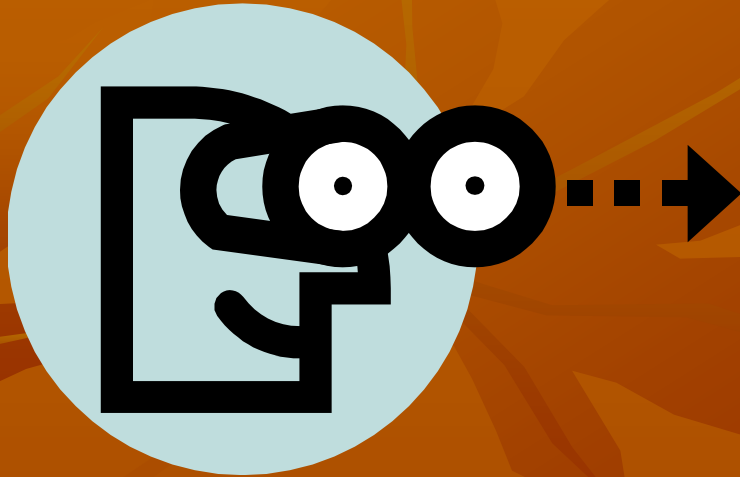
District Collectorate helpline.



# ANAYLYSIS BY OUR GROUP



❖ The scheme has a very nice vision and the focus of the scheme is for the service of the society.



❖ It will increase the medical and health awareness in every strata of the society.





# *Areas Need More Attention*

Non-availability of some Medicine at some centers.

Less range of Combinations drugs is available.

The numbers of DDC counters are not sufficient in managing the large number of patients.

If the medicine is not available at DDC, the patient is left on the discretion of Chemist.

Latest researched salt based medicines are not included in the scheme,

# **SUGGESTIONS FOR IMPROVEMENT**

- 1. Availability of all the essential medicines.*
- 2. Wider range of medicines should be provided.*
- 3. The number of DDC counters should be increased.*
- 4. Proper maintenance of demand and supply chain.*
- 5. The surgical instruments, health suppliments, Diagnosis facility should also be included.*
- 6. Timings of outdoor DDC should be increased.*

**T** Dr. Samit Sharma  
M.D., R.M.S.C.



**H**  
**A** Dr. Rakesh Sharma  
Kanwatiya Hospital



**N**  
**K** Dr. Meeta Barmera  
M.O. OTS Disp.



मुख्यमंत्री निःशुल्क दवा योजना  
दवा वितरण केन्द्र +

मुख्यमंत्री निःशुल्क दवा योजना  
+ दवा वितरण केन्द्र +

हैं यों  
जत आयथ न खरीदें।

बी.पी.ए.  
BPL C







“Three things in Human  
Life Are important;  
The first is to be kind.  
The second is to be kind.  
The third is to be kind.”

~Mother Teresa