Summer Internship Project

At

National Health Mission, Punjab

(24ᵗʰApril to 24ᵗʰJune 24)

A Report

By

DR SSAMRIDHI KAUR

PGDM(Hospital and Health Management)

2023-2025

International Institute of Health Management and research

The certificate is awarded to

DR SSAMRIDHI KAUR

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

Policy Planning (Public Health) and implementation

and has successfully completed her Project on

Analysis of uninterrupted and seamless provisioning of 100% free drugs at secondary level institutions

Date : - 24th June '24

Organization: - NHM , Punjab

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

We wish him/her all the best for future endeavors

Organization Supervisor

YUGESH KUMAR RAI
Consultant-Policy & Planning
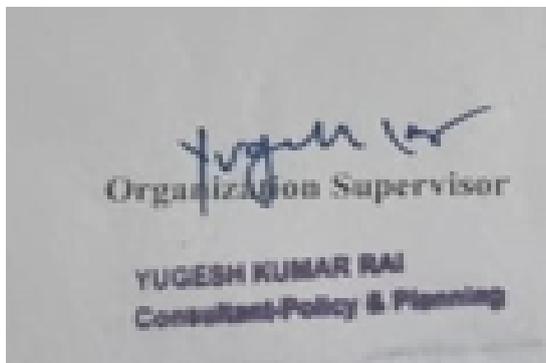
Organization Supervisor   **Head-HR/Department Head**

Certificate of Approval

The Summer Internship Project of titled **"Analysis of uninterrupted and seamless provisioning of 100% free drugs at secondary level institutions "** at **"NHM , Punjab** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.
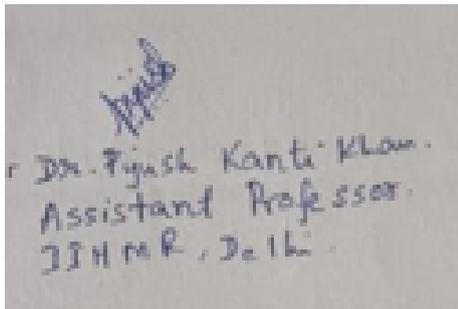
r Dr. Piyush Kanti Khan.
Assistant Professor.
IIHMR , Delhi.

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Dr. SSamridhi Kaur

Summer Internship Institution: National Health mission, Dept. of Health & family welfare, Punjab.

Area of Summer Internship: Policy & Planning (Public Health) implementation.

Attendance: Regular (on all working days)

Objectives met: During the internship period, she has worked very enthusiastically and completed all the tasks assigned to her.

Deliverables:
- Assisted in production of District Health Actn plan
- participated in District supportive supervision & prepared the reports.
- Conducted Analysis of uninterrupted & seamless possibility of 100% free drugs at secondary level institution in four districts.

Strengths:
1. Ability to work with diverse group of people
2. Skilled in effective use of supervision data for strengthing the pln
3. Confident, good listener and demonstrated very effective communication skills.

Suggestions for Improvement: 1. Delegation of tasks/task shifting.

Signature of the Officer-in-Charge (Internship)

YUGESH KUMAR RAI
Consultant-Policy & Planning

Date: 24/6/24
Place: NHM, PUNJAB

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FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Dr. SSAMRIDHI KAUR

Summer Internship Institution: NHM, Punjab

Area of Summer Internship: Policy & Planning (Public Health) and implementation

Attendance: Regular (100%)

Objectives met: During the internship period she was in regular contact with me and worked with very enthusiasm in projects.

Deliverables: - Helped in making Project Implementation Plans , Had district hospital visits , Making of Government drafts letters , Analysis of uninterpreted Services of EDL and NON-EDL medicines

Strengths: - Had a communication skills with any people , Was very active in each session , skilled in supportive supervision Programme

Suggestions for Improvement: - Need to learn effective HR management.

Date: 05/07/2024
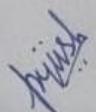
Place: New Delhi.   **Signature of the Officer-in-Charge (Internship)**

Acknowledgement

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List of Abbreviations

S.no	Abbreviation	Full Form
1	NHM	National Health Mission
2	GOI	Government of India
3	AAC	Aam Aadmi Clinic
4	PM- ABHIM	Pradhan Mantri – Ayushman Bharat Health Infrastructure Mission
5	AB- PMJAY	Ayushman Bharat – Pradhan Mantri Jan Arogya Yojna
6	SHA	State Health Agency
7	FDSI	Free Drugs Service Initiative
8	MohFW	Ministry of Health and family welfare
9	PIP	Program Implementation Plans
10	ROP	Record of Proceedings
11	SOP	Standard Operating Procedure
12	OOPE	Out Of Pocket Expenditure
13	PHC's	Primary Health Centres
14	CHC's	Community Health Centres
15	DH	District Hospitals

Observational Learnings

Introduction

A) A brief about the state

- ❖ Punjab is a state in northwest region of India and is one of the most prosperous states.

- ❖ The name Punjab is made of two words Punj (Five) + Aab (Water) i.e. land of five rivers. These five rivers of Punjab are Sutlej, Beas, Ravi, Chenab, and Jhelum.

- ❖ Punjab has a total area of 50,362 sq kms

- ❖ It has Twenty Three Districts and total of 168 statutory towns and 69 census towns in Punjab. Chandigarh is a union territory and is a capital of Haryana.

- ❖ The state has the lowest poverty rate and it has won a best state performance award.

Demographic Profile - Punjab

Administration	No. of Units
Total Population	3.03 crore
Divisions	5
Districts	23
Sub divisions/Tehsils	97
Community Development Blocks	153
Villages	12782
Towns/ Cities	166
Towns/ Cities with more than 50,000 population	39

Department of health and Family Welfare

This department typically oversees various aspects of healthcare delivery, regulatory function sand shaping healthcare policies. It works towards providing accessible, affordable, and quality healthcare services to its citizens along with preventive and promotive health services.

This department also collaborates with other government agencies/departments, international bodies and NGO's.

The Department has various wings to carry out its day-to-day function as per the mandate.

The brief objective & functions of each wings is as mentioned below:-

1) Director Health and Family Welfare

- ❖ Formulation of Policy/Instructions

- ❖ Strengthening ofPrimary& Secondary health care services

- ❖ Availability of Human Resource for Health.

- ❖ Ensure compliance of Punjab Civil Medical Service& General Administration.

- ❖ Registration of Birth and Death,

- ❖ Provisioning of Mental Health/Drug De-addiction Services ,

- ❖ Implementation of Disease Control Programmes

- ❖ Initiative of Aam Aadmi Clinics (AAC) ,

- ❖ Creating of infrastructure under PM-ABHIM

- ❖ Implementation of 15th Finance Commission

- ❖ Promotive health services (Health education and publicity)

- ❖ Manage Fairs and Pilgrimages

- ❖ Ensure Public health and sanitation.

2) Punjab Health Systems Corporation

- The Punjab Health Systems Corporation was enacted through a special Act of Legislation for Corporations in the State of Punjab in 1996.

- The Managing Director is the Executive Officer of the Corporation and implements the decisions of the Board of Directors and exercises general control and supervision over the hospitals under the PHSC.

- Manages all secondary level hospitals.

- Main agency of the Department for infrastructure development

- Nodal Agency for **Procurement of :** Essential Drugs, Hospital Consumables & Sutures,Medical Equipment and Hospital Furniture

- Implementation of Cancer and Drug Addiction Treatment Infrastructure Board (CADA)

- Management of Inventory including LMO & MGPS

- Looks after AERB Compliance

- Providing Radiological & Lab Diagnostic Services under Public Private Partnership.(Krsnaa Diagnostics and Pathcare Diagnostics

3) Punjab state Aids control society

Interventions for control of HIV/AIDs, STDs. Support for blood banks

4) State Health Agency (SHA)

SHA is responsible for implementing health and insurance schemes such as Ayushman Bharat Pradhan Mantri Jan Arogya Yojana(AB-PMJAY)

This scheme aims to provide health insurance coverage to economically vulnerable families, offering financial protection and access to healthcare services.

Some key functions are

1) Implementation of Health Insurance schemes
2) Beneficiary Identification
3) Empanelment of hospital
4) Claims Processing
5) Monitoring and evaluation
6) Awareness and outreach

Implementation Structure , Process flow and Key features of Claim Adressal
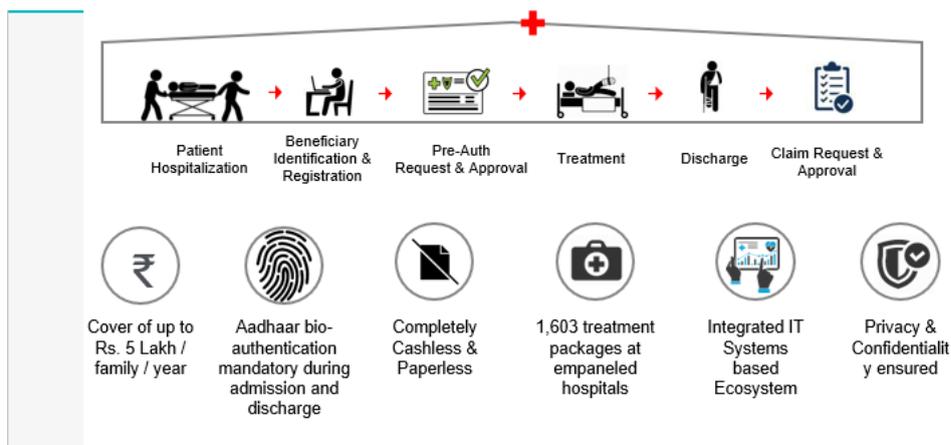
6) Directorate of ayurveda

Establishment of Ayurvedic Wing, Ayurvedic and Unani System of medicines. Management of Ayurvedic Hospitals & Dispensaries. Promotion of Yoga as an alternative system of medicines. Licensing Authority of Ayurveda Manufacturing Units.

7) Directorate of Homoeopathy

Establishment of the Homoeopathic Wing, management of all urban and rural homoeopathic dispensaries in the State.

8) Food and Drug Administrative

Drugs Regulators regulate the quality of drugs through random sampling and monitoring of sale of Drugs and Cosmetics.
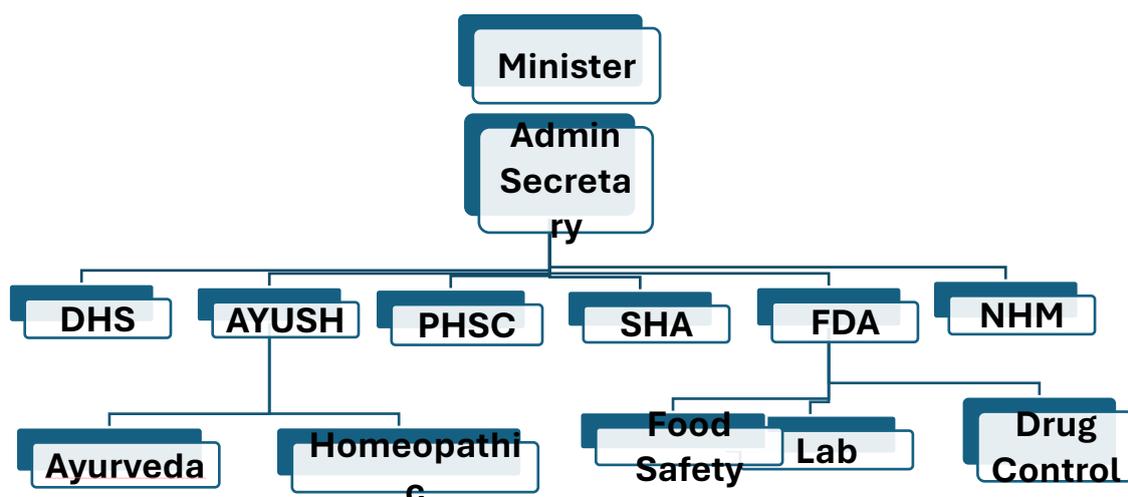
2) A Brief on NHM (National Health Mission)

The National Rura Health Mission (NRHM) was launched on 12th April , 2005 to provide accessible , available and affordable healthcare services to people . to the rural population in the country. The scope of the programme was later extended in the year 2013 through the launch of a separate Urban Health Mission. Both the Rural & Urban Sub Mission has been subsequently integrated in the Umbrella Programme "National Health Mission".

Why was the NHM launched ?

- ₹ To increase public investments through financial and technical support to States
- To strengthen State's Health systems- infrastructure, human resource, logistics, ambulances etc.
- To bring   Architectural correction through integration of vertical programmes, decentralization and communitization
- To address Inter- State and rural-urban disparities in health care availability & health outcomes

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It is an umbrella scheme which covers all the programmes launched by the Govt. of India. The Scheme has 5 broader components with each component having multiple programmes related to health care. The broader components and programmes are such as Reproductive, Maternal, New born, Child & Adolescent Health, Nutrition, Immunization (including Mission Indradhanush), Pulse Polio Campaign, Family Planning, National Disease Control Programme with special focus areas of infectious diseases like Tuberculosis, leprosy, vector borne diseases, Non Communicable Disease, Urban Health and Health System strengthening   including Comprehensive Primary Healthcare (Health & Wellness Centres), Community Engagement, Strengthening of Public Health Institutions, Quality Assurance, Human resource for Health & IT interventions.

The programmes are meant to supplement the efforts of the State Government in the Department of Health and Family Welfare in their efforts to improve the health and well-being of the residents of the State.
The Govt. of India, thus, supplements States expenditure on Health Care Services. It encompasses/permits the expenditure, strengthening of health infrastructure, activities like

procurement of Drugs, equipments, diagnostics, various civil works, Direct Benefit Transfer to beneficiaries, hiring of manpower, remuneration & mobility of the various teams of the human resources covered IEC/mass media/awareness Campaigns under the programmes for improving the quality services being provided by the State with an objective to reduce the disease burden in the society and promote the healthy lifestyles.

The scheme is implemented through a State Health Society (SHS), duly registered under Society Registration Act, 1860. The State Health Society, as an implementing agency on behalf of the State, the State Health Society, Punjab has executed an Memorandum of Understanding (MOU) with the Govt. of India as per NHM framework with the prior concurrence of the Finance Department, Punjab. The Centre government then contributes 60% share while the State Govt. contributes corresponding 40% share in the total resource envelope of the Programme Implementations Plan (PIP) approved by the Government of India. The PIP also lays a conditionality framework of various Programmes, on the achievement of which, an incentive up to 20% in resource Envelope is provided to the State. The State prepares a Financial PIP for each upcoming year.

The most important steps in formulation of PIP are : -

Prioritise budget
- The first step is to priortize ans propose the budget required to implement strategies and activities to address the challenges in public health

Appraisals and discussions
- Based on the plan the appraisals are carried out which culminate in Nationa Program coordination committee(NPCC) meetings with Govt. of India
- Approvals are accorded through the Record of Proceedings(Rop)

Formation of PIP
- The state's PIP (Project implementation plans) is made under the supervision of the executive committee(EC) of the state health society headed by the administrative secratary of the departmnent of health and Family welfare of the state
- The EC of the **SHS implements** approved plan with governance

3) FDSI Free Drugs Service Initiative

In Punjab, most patients wanting treatment for acute and chronic disease were having silent crises for the access of essential drugs. India's out of Pocket expenditure is high in which drug constitute 67% of out of Pocket expenditure. (NSSO 68th round).

If essential quality drug services become available on Public Healthcare facilities , it would help to gain trust of patients on Public healthcare facilities and would bring a significant savings to the patients.

Ministry of Health & Family welfare, Govt. of India has recognized the importance of essential drugs being available and accessible at public healthcare facilities.

So, **in 2015, the "Free Drugs Service Initiative" (FDSI) has been launched under the National Health Mission (NHM).** The guidelines emphasis on procurement of generic essential medicines at low prices, eliminating irrational medicines and unscientific fixed dose combinations.

Objectives of the Free Drugs Service Initiative

To ensure that a set of essential drugs based on the level of public health facilities is made available free of cost to all, who access public healthcare facilities.

To reduce patient's Out of Pocket Expenditure (OOPE) on essential generic medicines, who access public healthcare facilities.
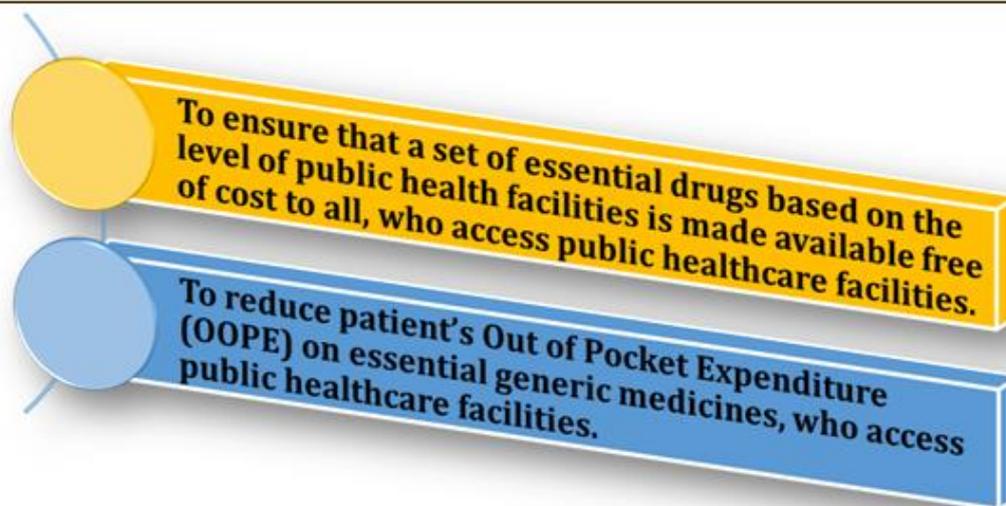
Key Feature/ Objective

i.   The initiative was to ensure that all The Edl (essential drug list medicines) are made free of cost in all public health facilities.
ii.   There should be a centralized procurement of Drugs so as to ensure universality in prices and supply and availability of drugs.
iii. Workshops should be made for prescription of generic medicines

iv. It helps to meet the requirements for Primary and secondary services through PHC'S (primary Health Centre) , CHC's (Community health Centre) , SDH (Sub divisional Hospital) and DH (District Hospital) .

v. Quality Assurance should be strictly taken care of as this is one the major task in drug supply in public health facility

vi. A robust IT system should be ensured.

vii. Rational use of drugs is important so as to prevent wastage.

viii. Each state must have facility wise EDL (Essential Drug List) and transparency should be proper displayed at each facility level .

ix. This initiative will be dovetailed with all the National Health Program moving in NHM .

COMPONENTS OF FDSI

Under the initiative, support is being provided for provision of free essential medicines at public health facilities. For its effective implementation, there are various components which includes

1. Procurement
2. Warehousing
3. IT System for supply Chain Management
4. Quality Assurance
5. Dissemination of Standard Treatment Guidelines
6. Prescription Audit
7. IEC & Training
8. Grievance Redressal

STEPS: -
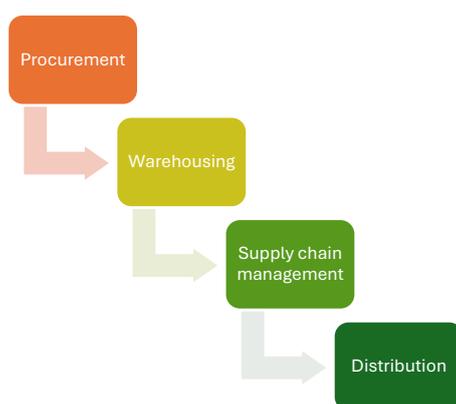
This was a brief on The On Free drugs and services Initiative started by NHM in 2015 which stated availability of all the EDL free of cost in all public healthcare facilities .

Some additional observational learnings:-

1) **EC meetings:-** Assisted to convene the various meetings under State Health Society such as Executive committee Meeting Chaired by the Administrative Secretary of the Department of Health & Family Welfare.

2) **PIP:-**

o Prepared NHM State Programme Implementation Plan and facilitate the preparation of District Health Action Plans and implementation of the same.

o Drafted guidance to district/block/facility teams for planning of District Health Action Plan (DHAP) .

o Coordinated with State Program divisions to review the collated DHAPs and propose revisions (if any) as well as add activities for State level.

o District PIPs, FY 2024-26 were finalized as per the approval of State PIP FY 2024-26 and shared with the districts.

o Worked with a transdisciplinary team to co-create and disseminate solutions to multiple challenges related to service delivery systems, universal primary health care, human resources for health, community processes, health financing, quality of care, Strengthening of public health institutions and enable realization of the vision of universal health coverage.

3) **Review Meeting :-**

Participated in review meetings convened periodically with the Programme Officers/ District were to discuss the achievements and action required to improve the systems. I attended 2 Review meeting which were :-

1) 13th review meeting with SPO's on 24th May'24

2)14th review meeting with districts on 27th May'24

4) **District Hospital Inspection (supportive Supervision) :-**

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Participating in supportive supervision by Department of Health & Family Welfare and supported in preparation of reports with observations and ensures implementation of the same as per the finding/ recommendations of the teams. I have been to 3 Districts for supportive supervision in my tenure of internship namely Mohali , Ropar , Kapurthala

5) **Exposure visit to AAC :-**

Aam Aadmi Clinic are a recent initiative started by Punjab Government. The visionary approach places special emphasis on free and top-class medical treatment to each and every individual.

There are more than 829 AAC in Punjab which provide free drugs and services to all people. The infrastructure, human resources all are universally same in Each district of Punjab. This is one major successful initiative which has reached heights to provide medical services free of cost to people.

During my tenure of internship I have visited 5 Aam Aadmi Clinics namely Phase 1 Mohali , Phase 9 Mohali , Ropar , Kapurthala.

6) **Key Deliverables and conditionalities :-**

It is pertinent to mention that the focus of RoP is on outputs/outcome driven. The RoP has 183 key deliverables and 12 Conditionalities framework for FY 2024-25 & 2025-26. For each of the key components of the programme, a template specifying the indicators and deliverables has been suggested.

Conclusive Learnings :-

1) Making Official drafts for government meets

2) Communication Skills

3) Enhancing knowledge on functioning of hospitals (District Hospitals , Aam Aadmi Clinics etc)

4) Formulation of SOP's

5) Indepth knowledge on the steps taken to form a policy and understanding the key necessities on the implantation of policies.

6) Time management

7) Making new connections with colleagues, professors and subordinates.

Limitations: -

The only limitations which I would like to mention is time constraint.

I believe if given more time I would have been able to evaluate more districts in Punjab and Would have covered a vast area on the implementation of the new initiative which has been further mentioned in my upcoming worksheet.

<u>Project Report</u>

<u>Introduction: -</u>

The National Rural Health Mission (NRHM) was launched on 12th April, 2005 with the objective of providing quality health care to the rural population in the country. The scope of the programme was later extended in the year 2013 through the launch of a separate Urban Health Mission. Both the Rural & Urban Sub Mission has been subsequently integrated in the Umbrella Programme "National Health Mission".

It is an umbrella scheme which covers all the programmes launched by the Govt. of India.

Further, one of the important initiatives under the NHM "Free Drugs Service Initiative" (FDSI) launched in 2015 by Ministry of Health & Family welfare, Govt. of India which stated each and every drug which is being Procured should be Generic and each drug which is being distributed and prescribed shall be mentioned in EDL List and shall be Generic.

The initiative aims that a set of essential drugs based on the level of public health facilities. Services at all levels is made available free of cost to all who access these facilities. The GoI has created the Essential Drug List (EDL), which comprised the most commonly used drugs. Moreover, States must have a facility wise Essential Drug List (EDLs) and all.

Status in Punjab

The Department is committed to improve the Health care services through improved Infrastructure, better Human Resource management and provision of Diagnostic and Medicines in all the Government Health Facilities in the State.

As per mandate, the here tier Health care system is followed in the Country:-

    I. **Primary Health Care services**

    II. **Secondary Health Care services**

    III. **Tertiary Health Care services**

The primary and secondary Healthcare services are under Department of Health and Family Welfare, whereas, the tertiary care is being taken care of by Department of Medical Education & Research.

Status of Primary Health Care services: - The Government of Punjab has operationalized 829 Aam Aadmi Clinics (AACs) in the State to deliver high-quality primary healthcare services directly to communities, right at their doorsteps. Total 80 types of Medicines and 38 diagnostic tests are being provided free of cost.

Secondary Health Care:- To strengthen the secondary health care services (CHC/SDH/DH), the Department has initiated the "uninterrupted and seamless provisioning of 100% free drugs to Secondary Health Care institutions" with the objective to reduce the Out-of-Pocket expenditure(oope) in the State.

So, The Punjab government started a initiative on 26Th January 24 which stated "uninterrupted and seamless provisioning of 100 % free drugs to Secondary Health Care institutions" which included all kinds of medicines (EDL, NON-EDL).This was started to help to reduce OOPE and Burden on people.)

The mandate of the scheme is that all medicine prescribed to a patient in any Secondary Health Care public health institutions (CHC/SDH/DH) shall be dispense free of cost to the patient by the public health care facility itself.

The SoP/Instructions has been issued vide No. S.P.(2) PB.2024/229-05 to ensure the availability and procurement of EDL and NON-EDL drugs which is mentioned as below:-

• Patients in any government Secondary Health Care facility will receive prescribed medicines free of charge directly from the hospital.

• The Hospital In-charge (such as the Medical Superintendent or Senior Medical Officer) is accountable for ensuring that the hospital's pharmacy stocks all essential medicines listed in the Essential Drug List (EDL) in adequate quantities based on patient visits.

• The Hospital In-charge must routinely assess the inventory of essential medicines every 2-3 days, estimating their availability and duration, and place orders with the warehouse accordingly. If there are issues in obtaining EDL medicines, the Hospital In-charge should contact Dr. Pawan Preet Kaur, Director of Procurement at PHSC, for assistance.

• If a particular EDL medicine's rate contract is unavailable or takes time to procure, the facility should arrange for its interim procurement locally.

• Since these medicines aren't centrally procured, their quantity estimation and procurement will be managed at the facility level, based on consultation with specialist medical officers.

• Due to the irregular procurement of non-EDL medicines at the state/facility level, the Hospital In-charge, with the input of specialist medical officers, will estimate and procure these medicines for short periods, documenting consumption patterns for long-term procurement planning.

• When purchasing medicines through spot purchase or quotations, the Hospital In-charge must gather at least four quotations, including one from a Jan Aushadhi/AMRIT Pharmacy if available in the district.

• A committee is formed to evaluate and finalize the lowest quotation, consisting of the Hospital In-charge as Chairperson, the relevant Medical Officer (Specialist), and the Pharmacy Officer/Storekeeper as Member Secretary.

• The Hospital In-charge is responsible for issuing work orders to the lowest bidder and ensuring timely medicine supply.

• Funds allocated for procurement are to be used exclusively for prospective purchases, with no outstanding liabilities to be settled from these funds.

The SoP/guidelines for the same has been issued by the department, which is being rectified on time to time after the review and feedback.

Background

Important initiative under the NHM which was "Free Drugs Service Initiative" (FDSI) launched in 2015 by Ministry of Health & Family welfare, Govt. of India which stated each and every drug which is in EDL which is being Procured should be Generic and each drug which is being distributed and prescribed shall be mentioned in EDL List and shall be Generic.

The initiative aims that a set of essential drugs based on the level of public health facilities. Services at all levels is made available free of cost to all who access these facilities. The GoI has created the Essential Drug List (EDL), which comprised the most commonly used drugs.

Each State should have it's own EDL Lit prepared according to which the medicines Should be available at all Public Healthcare facilities.

This initiative consisted of only EDL medicines. On in depth interview it was shown that there are some medicines which were commonly prescribed and the patients had to buy from outside which led to increase in OOPE.

Punjab has higher Out-of-Pocket expenditure (OOPE) 64.7% as compared to National average of 47.1% and a large proportion (45%) of User Charges were spent on purchase of drugs and consumables.

To overcome this The Punjab Government started a initiative on 26th January 24 which stated to provide seamless and uninterrupted provisioning of 100% free drugs at secondary level institutions.

Rationale: -

India's Out of Pocket Expenditure is 67 % from the NSSO 68th round when it comes to healthcare.

The quality drugs should be provided free of cost to all Patients visiting Public healthcare Facilities this will be giving a huge saving in expenditure to healthcare facilities in Patients.

The states of Punjab are in the process of institutionalizing the drug procurement models to provide uninterrupted supply of medicines free of cost in all public health Facilities.

According to numerous studies, Punjab has higher Out-of-Pocket expenditure(oope) 64.7% as compared to National average of 47.1% and a large proportion (45%) of User Charges were spent on purchase of drugs and consumables.

Therefore, it is important to examine the access to free drugs to all patients visiting public health facilities.

AIM: - **Analysis of uninterrupted and seamless provisioning of 100% free drugs at secondary level institutions.**

Objectives: -

Primary objectives: - To examine the extent of implementation of the scheme

Secondary objectives: - To suggest the remedial measures for local purchase by the Government Hospitals for such medicines which are not a part of the Essential Drugs List (EDL)

Mode of Data collection: -

1. Document reviews
2. Record verification
3. In-depth interviews with key stakeholders.

Study Design: - Observational Study

Data compilation: -

We visited 4 district hospitals in which we surveyed the availability of both EDL

and NON-EDL drugs

Result

1) Civil Hospital, Mohali

  EDL 1) Number of total EDL medicines prescribed by state: -276

   2)Number of EDL drugs available at that point in Hospital: -234

   3)Number of Drugs not available=42

  NON-EDL 1)Number of NON-EDL medicines prescribed by state: - 25

    2) Number of NON-EDL available at that time in Hospital: - 148

    3) Remaining Medicines: -106

2) Civil Hospital, Ropar

  EDL – 1) Number of Drugs in EDL list given by state: -276

    2) Number of Drugs available: -225

    3)Number of drugs not available: -51

  NON – EDL 1) Number of NON-EDL medicines prescribed by state: -254

    2) Number of NON-EDL available at that time in Hospital: -75

    3)Remaining Medicines: -179

3) Civil Hospital, Kapurthala

  EDL 1) Number of Drugs in EDL list given by state: -276

   2)Number of Drugs available: - 226

    3)Number of drugs not available: - 50

   NON-EDL 1) Number of NON-EDL medicines prescribed by state: - 254

    2) Number of NON-EDL available at that time in Hospital: - 85

    3) Remaining Medicines: - 169

4) Civil Hospital , Amritsar

EDL 1) Number of Drugs in EDL list given by state: - 276

2)Number of Drugs available: - 238

3)Number of drugs not available: - 38

NON-EDL 1) Number of NON-EDL medicines prescribed by state: - 254

2) Number of NON-EDL available at that time in Hospital: - 38

3) Remaining Medicines: - 216

Data Analysis :-

EDL (Total-276)	Mohali	Ropar	Kapurthala	Amritsar
Total Available	234	225	226	238
Not available	42	51	50	38
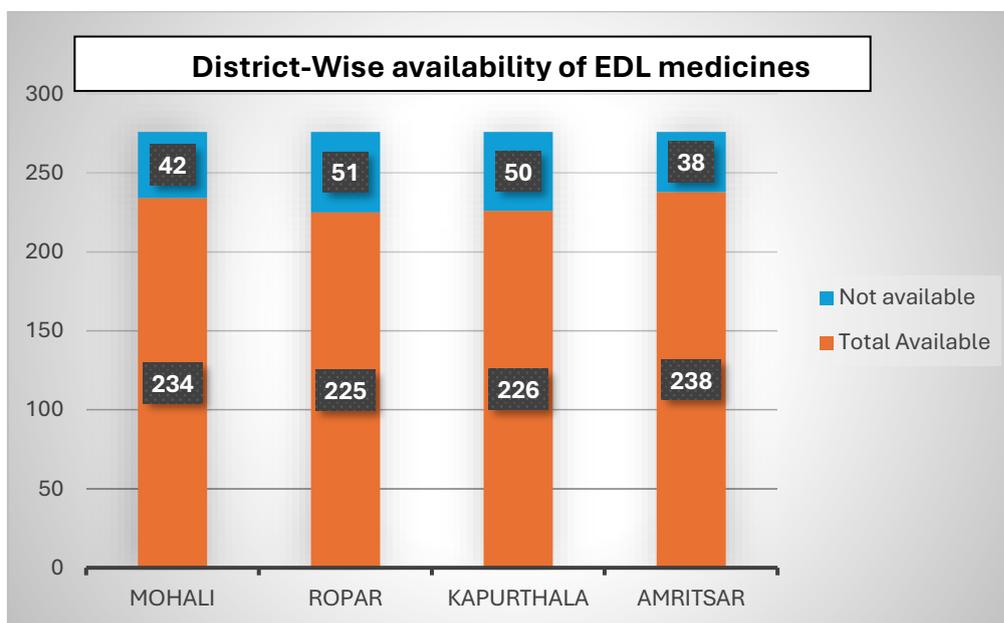
Non-EDL (Total-254)	Mohali	Ropar	Kapurthala	Amritsar
Total Available	148	75	85	38
Not available	106	179	169	216

District-Wise availability of NON-EDL medicine
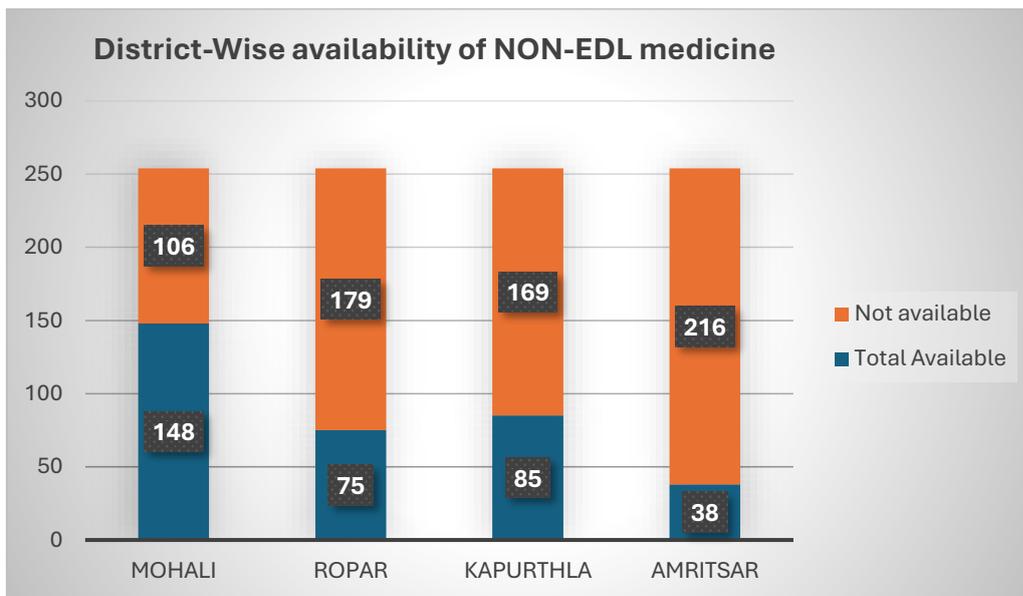
1) Warehouse evaluation

Supply Chain of Drugs to the Districts:- The drugs are procured centrally and supplied to all the 23 Districts of the State through the three regional drug warehouses (RDWH) situated at Kharar (Mohali), Verka (Amritsar) and Bathinda. The details of districts attached to the RDWH is as mentioned below:-

Name of the Warehouse	RDWH Verka (Amritsar)	RDWH Kharar (SAS Nagar)	RDWH Bathinda
Name of the Districts	Amritsar	Fatehgarh Sahib	Barnala
	Ferozepur	Ludhiana	Bhatinda
	Gurdaspur	Patiala	Faridkot
	Hoshiarpur	Ropar	Fazilka
	Jalandhar	SAS Nagar	Malerkotla
	Kapurthala	SBS Nagar	Mansa
	Pathankot		Moga
	Taran taran		Mutksar
			Sangrur

The details of EDL stock position against the State list of 274 medicines at three regional drug warehouses (RDWH) is as mentioned below:-

Medicine stock position	Active stock
RDWH Kharar (Mohali)	256
RDWH Verka (Amritsar)	238
RDWH Bathinda	256

The 3 regional Warehouse supply drugs to all the 23 districts of Punjab. As per the Demand Generated by the District. Both Mohali and Ropar districts get drug supply from Kharar Regional warehouse and Kaputhala and Amritsar get drug supply from Warehouse Amritsar (Verka).

The research elaborates that there is total 276 Essential Drugs which need to be procured by the state and the Drugs to be available in the Districts Hospital at free of cost. But it has been identified that 80%-85% of drugs are available in the District Hospital other drugs which are not purchased because there are no Procurement/ vender available for the Drugs in the State or the Rate Contract is not there to Purchase the Essential Drug.

Whereas , there are total of 254 NON-EDL drugs which needs to be available in secondary health care institutions. It has been identified more than 50% of the drugs were not available because there was no proper quantity estimation and procurement process

A Centralized procurement process should be followed.

2) **District evaluation :-**

1) It was found that out of available EDL medicines in respective warehouses medicines were still mot fully supplied to districts. Mohali and Ropar got only 234 and 225 medicines respectively from Kharar warehouse whereas Kapurthala and Amritsar got 226 and 238 medicines from Amritsar (Verka) warehouse.

2) It was found that out 254 indicative list of NON-EDL medicines generally prescribed by all specialists to be made available in secondary level institutions, only 148 were available/procured at district Mohali, 75 at district Ropar, 85 at district Kapurthala, 38 at district Amritsar.

Discussion: -

Availability of EDL and Non-EDL medicines is curtail to meet the objective of the Programme. Lack of availability of medicines increased OOP expenditure. Drugs alone give 67 % OOPE. The State has already higher Out-of-OOP 64.7% and a large proportion (45%) of User Charges is spent on purchase of drugs and consumables. If the drugs under EDL & Non-EDL are provided in All Public Health facilities it will get build trust of patients on Healthcare Facilities and will Bring significant saving to the Patients. Unavailability of medicines may also bring distrust among patients towards the Public Health Care system. Besides that, lack of availability of complete medicines creates pressure on hospital staff, through patients visiting health facilities.

The Non-EDL medicines are for chronic diseases, Non-communicable diseases, anti-depressants/anti-psychotics and they require long-term compliance and the state has already high burden of NCD.

Source of funding for the procurement of drugs:-

The Department makes provision of funds in its state budget for the annual requirments of medicines under EDL/Non-EDL & disease specific medicines. Further, the provision of funds for procurement of drug is also made under NHM, comprises of a budget line for EDL and drugs related to multiple programmes. In addition to that untied funds available with the health facility, with a small contribution from the money collected under user charges are also being used for purchase of medicines.

Drug procurement models in Punjab:

The Punjab Health System Corporation" constituted in 1996 is the Nodal agency to purchase & allocate drugs, quality equipment, maintain stock, diet, linen and other consumables among the public dispensaries and hospitals of the state.

It was found that the procurement/supply of EDL was 264 against the State EDL of 276.

Status of Medicines under EDL & JSSK- as per 7ᵗʰ June 2024

S.NO	Particulars	Total Number	
1	**Total Medicines EDL & JSSK**	**EDL-**	**220**
		JSSK-	**56**
		TOTAL	**276**
2	**Rate Contact available**	**254**	
3	**Arrangement from other state RC/CPSE**	**+ 9**	
	Total RC's +Procurement Arrangements	**= 263**	
	Remaining medicines	**13**	
4	**Tender Under Process** Tender no. 11	**04**	
		Remark- Price bids were open on 11ᵗʰ March 2024 file is being put for meeting	
5	**Items retendered** Tender no. 138 Online technical bid opened on 23ᵗʰApril 2024	**08**	
		Remark- Tender Under Evaluation	
6	**Item Deleted**	**01**	
		Remark- Multiple Electrolyte P	
	TOTAL	**276**	

There was a significant variation in the availability of EDL in three regional warehouses namely Kharar, Amritsar (Verka) and Bhatinda. Further, there was a variation of availability of EDL & Non-EDL among the 4 districts we visited as mentioned.

It indicates needs for PHSC to Streamlining the Centralized Procurement and switch-over between Rate Contracts of various items are smooth. Further, the entire supply chain management needs to be looked into to identify the gaps and redress the same.

Since Non-EDL medicines aren't centrally procured, their quantity estimation and procurement will be managed at the facility level, based on consultation with specialist medical officers for short periods, documenting consumption patterns for long-term procurement planning. And a committee is formed to evaluate and finalize the lowest quotation, consisting of the Hospital In-charge as Chairperson, the relevant Medical Officer (Specialist), and the Pharmacy Officer/Store Keeper as Member Secretary.

It was found that out 254 indicative list of NON-EDL medicines generally prescribed by all specialists to be made available in secondary level institutions, only 148 were available/procured at district Mohali, 75 at district Ropar, 85 at district Kapurthala, 38 at district Amritsar.

To mitigate the shortage of Non-EDL there is a need of widening the scope of Centralized procurement and it is recommended that all the Non-EDL items whereby the cumulative procurement is more than Rs.5 Lakhs, PHSC may float the tenders for rate contract of such items and each health care facility may utilized it for procurement medicines under Non-EDL category.

The standardization of the guidelines for local purchase is needed, irrespective of the source of funding, i.e., whether the same is from user charges or funds released by State Health Society under NHM or funds released under State budget or through any other source, including donations to the Hospitals.

Recommendations: -

It is recommended that SoP for streamlining the local Purchase may be as follows:-

1. **Demand Assessment Committee:**

a. **At Health Facility Level:-** A Committee to assess the demand, be constituted at Health facility level. The Medical Officer, in case of any requirement, shall raise the demand in writing, shall submit the demand with the Storekeeper/Pharmacy Officer. The Storekeeper/Pharmacy Officer shall ascertain the availability of demanded item in the Store and in case the same is available, shall issue the same against proper receipt. The Storekeeper/Pharmacy Officer shall, accordingly, place the matter before the Demand Assessment Committee for its consideration.

The Demand Assessment Committee shall meet weekly and review the following:

      i) Inventory of various items available with the Store along with the real-time assessment of its availability.

      ii) Demand of the items received vis-à-vis its availability in the Store: Demand shall be assessed atleast for a quarter to overcome repeated shortage/ splitting of procurement.

      iii) Availability of funds to meet the liability of procurement.

b. **At Civil Surgeon Office Level:-**

A Committee, to assess the demand for various types of procurements, including various National Programmes may be constituted at Civil Surgeon Office level. The concerned Programme Officer shall check the requirements of medicines/ consumable/ reagents/sutures etc under their Programme with the Chief Pharmacy Officer. The Storekeeper/Pharmacy Officer shall ascertain the availability of demanded item in the Store and in case the same is available, shall issue the same against proper receipt.

The Demand Assessment Committee shall meet weekly and review the following:

     i)   Inventory of various items available with the Store along with the real-time assessment of its availability.

     ii)   Demand of the items received vis-à-vis its availability in the Store: Demand shall be assessed atleast for a quarter to overcome repeated shortage/ splitting of procurement.

     iii)   Availability of funds to meet the liability of procurement.

2. Procurement Committee: -A Committee to undertake the procurement of various items, as per the demand received from various Health Care institutions (DH/SDH/CHC/Block PHCs) may be constituted at the level of District. The Procurement Committee shall meet weekly and assess the requirements of medicines/ consumable/ reagents/sutures etc for the local purchase as raised by the Demand Assessment Committee. The Committee shall duly aggregate all the demands received in a single, Consolidated demand-list and assess its rough cost of procurement, urgency of demand to determine the methodology of procurement by the State such as:-

     i)   **Open competitive bidding**:

     ii)   **E Tendering**

     iii)   **Request for Quotations**

3. Creation of an IT Architecture to streamline procurements: - it is recommended that an online IT Architecture may be developed at the State level on the pattern of GeM Portal, exclusively for the requirement of Health sector, such as Medicines, Consumables, Reagents, Equipment's, Sutures etc. The manufacturers/ vendors/suppliers of the medicines/ consumable/ reagents/ sutures etc. who meet certain basic minimum criteria can register themselves on the said portal. PHSC/ Districts as the case may be can then place their demand on the said portal as per the

laid down rules for submission of bills, processing of bills and release of payment to the vendors. The portal will bring not only the much necessary transparency but also accountability amongst all stakeholders other than giving a real-time assessment to the State functionaries on the procurement tenders.

4. Relaxation in the Financial powers and Procurement Rules :-

The Committee suggests seeking relaxation in financial powers and procurement rules to expedite the procurement process, including reducing the timeline for tender notices.

Conclusion: -

Ensuring availability of 100% free quality drugs to all patients visiting public health facilities will reduce out-of-pocket expenditure on healthcare and bring significant saving to the patients. It will restore the public trust towards the government and fulfill the due objective of universal health coverage. The state needs to strengthen the existing system/mechanism of procurement of drug and ensure uninterrupted supply of medicines to all public health Facilities as per the State EDL. There is also a need of widening the scope of Centralized procurement to mitigate the shortage of non-EDL, in turn this will save the user Charges spent on purchase of drugs and consumables locally at different/high price. The Hospital In-charge (such as the Medical Superintendent or Senior Medical Officer) accountable for ensuring availability of all essential medicines listed in the Essential Drug List (EDL) needs to empower and their financial drawing & disbursement powers w.r.t local purchase of medicines needs to be enhanced. Creation of robust IT Architecture to streamline the procurement process is utmost important. It will bring not only the much necessary transparency but also accountability amongst all stakeholders other than giving a real-time assessment/ stock monitoring, warehousing and inventory management to the State functionaries on the procurement tenders.

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Annexures: -

S.no	Name of Department	Date of visit	% of Time Spent	Interacted with (Name and Designation)
1	NHM,Punjab	24th April	2 months	Dr Abhinav Trikha (MD Director)
2	Policy planning and implementation	24th April	2 months	Mr Yugesh Kumar Rai (Nodal officer consultant Policy Planning and Implementation)
3	Civil Hospital, Mohali	24th May	1 day	Dr Divinder Singh (Civil Surgeon)
4	Civil Hospital, Mohali	24th May	1 day	Dr Harjot Cheema (SMO)
5	Civil Hospital , Ropar	26th May	1 day	Dr Manu Vij (Civil Surgeon)
6	Civil Hospital , Ropar	26th May	1 day	Dr Baldev Singh (SMO)
7	Civil Hospital , Kapurthala	21st June	1 day	Dr Surinder Kaur (Civil Surgeon)
8	Civil Hospital , Kapurthala	21st June	1 day	Dr Sandeep Dhawan (SMO)

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