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A Study on the  
Policies and Practices of  
the Government of Nepal  
on the Free Distribution  
of Medicine



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# A Study on the Policies and Practices of the Government of Nepal on the Free Distribution of Medicine

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## Foreword

For nearly two decades now, Transparency International Nepal (TIN) has been leading a social movement which aims at promoting integrity and combating corruption in Nepal. TIN has experienced many progresses, trials and tribulations in the mechanism of governance within this span of time. However, its core vision remains the same, a corruption-free Nepal where people can achieve progress and prosperity. In order to achieve this TIN upholds in practice the values of transparency, accountability, integrity, justice and equity, courage and solidarity, democracy, honor and dignity.

The responsibility for delivering quality public health services primarily falls on the government of Nepal. However, due to various reasons, the people are not receiving such services properly and in time. Among many public health initiatives, a free distribution of basic medicines is much talked about. In this context, TIN carried out district-based survey to capture the experiences of local citizens regarding the distribution of free medicines by the government through its agencies, hospitals and health centers. The survey entitled “The Policies and Practices of the Government of Nepal on Free Distribution of Medicine” was carried out in fourteen districts of Nepal.

On behalf of TIN, I thank our affiliated organizations who actively participated in the data collection and fieldwork. Additionally consultant, Ram Babu Nepal and his associates deserve special thanks for the task of collecting, analyzing and collating the findings of the survey and preparing the report. My sincere appreciation goes to all health personnel including the Secretary of Health for his cooperation and all individual respondents who provided their valuable time in responding to the survey questionnaire.

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**Bharat Bahadur Thapa**  
President  
Transparency International Nepal

## List of Abbreviations

CBLP	Central Bidding Local Purchasing
DH	District Hospital
DHO	District Health Office
DHS	Department of Health Services
DPHO	District Public Health Office
GoN	Government of Nepal
HI	Health Institution
HP	Health Post
MoHP	Ministry of Health and Population
PHC	Primary Health Centre
RHD	Regional Health Directorate
MDGs	Millennium Development Goals
SDGs	Sustainable Development Goals
TIN	Transparency International Nepal

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## CHAPTER 1

# Introduction and Objectives

## 1.1 Introduction

It is crucial to meet basic human needs such as education, primary health care, food and shelter for survival and to pursue a dignified life. These are some of the major indicators of a government's capability to address the basic needs of the people. Therefore, the government has to undertake initiatives and launch programs that provide social services to the people in a fair and just manner. In order to achieve this, a free medicine program was initiated by the government to implement the concept of "Primary Health Care, People's Fundamental Right".

Health is a high priority in the development agenda because mentally and physically sound people are important assets in human development. Both the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs) have set broad goals on health. The MDGs focused on improving maternal health, reducing child mortality and combating HIV/AIDS, malaria and other diseases. In contrast the SDGs cover a wider scope and states "ensure healthy lives and promote well-being for all at all ages" in Goal 5. The agenda for Sustainable Development states that "to promote physical and mental health and wellbeing, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind".

Free medicine is one of the approaches of ensuring universal health coverage. Nepal underwent a historic change in 2005 AD after signing the Comprehensive Peace Agreement (CPA) between the Government and the Communist Party of Nepal (Maoist). As part of the political commitment to build a fair, fearless and just society and to ensure forward looking political, economic and social



change, Article 16 (b) of the Interim Constitution of Nepal 2007 states that “every citizen shall have the right to have basic health service free of cost from the state as specified in law”. In line with the provision of the Interim Constitution, the Government of Nepal (GoN) started the process of providing 40 types of medicine free from fiscal year 2007/08. These medicines are distributed to patients visiting sub-health posts, health posts (HPs), primary health centers (PHCs) and district hospitals (DHs) with a maximum of 25 beds. Sub-health posts were converted to health posts from 2014/15. Out of the 40 types of medicines, the authority for distribution was provided to the following:

**Table 1 : Authority to Distribute Free Medicines**

No.	Level of Health Institutions	Authority to Distribute Types of Medicines
1.	Sub-health Post	25
2.	Health Post	35
3.	Primary Health Centre	40
4.	District Hospital	40

*Source: A Brief Profile of Ministry of Health and Population and Progress Report 2014, page 179*

The Constitution of Nepal 2015 promulgated on 20 September 2015 also states as follows.

Article 35 (1) - Every citizen shall have the right to free basic health services from the state, and no one shall be deprived of emergency health services.

Article 35(3)-Every citizen shall have equal access to health services.

The GoN made a decision on 29 August 2014 to expand the list of free medicines and make 70 types of medicine available free of cost. The proposal approved by the Health Minister stated the following as justification for the need to expand the number of free medicines:

“The Government of Nepal has been providing curative, preventive and

promotional services through approximately 4,500 health institutions (HIs). Poor and vulnerable people are facing the hard reality of untimely death or incurable disease because of their inability to meet medical expenses due to poverty, unawareness, illiteracy and other inter-allied ills. This bitter situation should come to an end and ensure access of poor and vulnerable people to health services".<sup>1</sup>

Prior to this proposal, paragraph 71 of the Policy of Program of GoN for fiscal year 2014/15 on 29 June 2014 stated:

New national health policy shall be formulated and implemented to ensure the right of the people to primary health care service. National health insurance program shall be made operational for easing access to health services and treatment. Medicines shall be supplied considering local needs. Necessary arrangements shall be made to provide medicines throughout the clock (24 hours) from hospitals and health centers. The number of medicines for free distribution shall be expanded.

The list approved by the GoN reveals that hospitals can distribute 70 types of medicines whereas primary health centers and health posts can distribute 58 and 35 types of medicines respectively. The government not only approved the list of medicines but also specified the form, strength, group (disease coverage) and supportive medical devices. In addition, pharmaceutical specifications for these medicines and authority for distribution are also stated in the decision.

National Health Policy, 2014 also commits to:

"Provide access to quality health services (universal health coverage) to every citizen in an effective way and provide basic health care services free of cost. Essential medicines are integral parts of basic health services and providing essential medicine supports achieving the objective of basic health service and ensuring universal health coverage."

## 1.2 Objectives

Transparency International Nepal (TIN) undertakes analytical studies of public programs and policies that affect large sections of society. In this context, TIN

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<sup>1</sup> Paragraph 1 of the proposal approved by the Minister of Health and Population submitted to the Council of Minister on 27 Aug. 2014.

initiated the study of policies and practices of the GoN on the free distribution of medicine. The main objectives of this assignment were as follows:

1. Analyze policies related to the distribution of free medicines
2. Analyze the budget allocation for free medicines in FY 2014/15
3. Analyze the procurement of free medicines in FY 2014/15
4. Examine the distribution system of free medicines in FY 2014/15
5. Examine the practice of the free distribution of medicines by GoN by coordinating a questionnaire survey through TIN affiliated organizations on the following areas:
  - Types and quantity of medicines
  - Quality of medicines
  - Availability of medicines
  - Public feedback/grievances
  - Responses from local officials

### 1.3 Methodology and Scope

The methodology is as follows:

- (a) *Review of the program and policy:* Relevant policy and program documents were reviewed to get a clear understanding on the background of this initiative, the implementation plan and major issues and prospects. The list of policy, program and procedure documents reviewed are provided in Annex - 1.
- (b) *Survey Questionnaire:* Seeking the open and frank views of stakeholders is crucial to evaluate the implemented programs, as well as to understand major issues and potential means to address them. Two types of survey questionnaires, one for health institutions (hospitals, primary health centers, and health posts) and another for beneficiaries were developed and sent to DHs, PHCs and HPs. A total of 393 responses were received (16 from DHs, 16 from PHCs, 66 from HPs and 295 from beneficiaries). Please refer to Annexes - 2 and - 3 for the questionnaires.

Table 2 : Number of questionnaires responses received

S. No.	Districts	District Hospitals	Primary Health Centres	Health Posts	Beneficiaries	Total
Province - 1						
1.	Ilam	1	1	4	21	27
2.	Sunsari	1	1	5	21	28
3.	Morang <sup>2</sup>	2	1	5	21	29
4.	Udayapur	1	1	5	22	29
	Total	5	4	19	85	113
Province - 2						
5.	Dhanusha <sup>3</sup>	2	1	5	21	29
Province - 3						
6.	Kathmandu	1	2	3	19	25
7.	Dhading	1	1	5	21	28
8.	Chitawan	1	1	5	21	28
9.	Sindhuli	1	1	5	21	28
	Total	4	5	18	82	109
Province - 4						
10.	Kaski	1	1	5	21	28
Province - 5						
11.	Gulmi	1	1	5	22	29
12.	Rupandehi	1	1	5	21	28
	Total	2	2	10	43	57
Province - 6						
13.	Surkhet	1	1	5	21	28
Province - 7						
14.	Kailali	1	2	4	22	29
	Grand Total	16	16	66	295	393

c) *Analysis:* The responses to the questionnaire were analyzed to provide recommendations to improve the implementation of this program.

<sup>2</sup> The District Hospital and the District Public Health Office filled the form.

<sup>3</sup> The Zonal Hospital and the District Public Health Office filled the form. Therefore, 2 are shown in first column.

This assignment was completed on the basis of a sample test and the sample was randomly determined while maintaining coverage of all provinces stated in the Constitution of Nepal, 2015. This assignment was carried out over one and half months.

The scope of this assignment is to review the distribution of medicines that are free of cost to patients.



## CHAPTER 2

### Major Findings

#### 2.1 Policy of Free Distribution of Essential Medicines

The GoN adopted the policy of providing medicines free of cost to patients as part of its commitment enshrined in the Interim Constitution of Nepal. This policy is part of ensuring universal health coverage which aims to promote healthy physical and mental well-being of all. It has also been emphasized in the National Health Policy, 2014 and SDGs. Generally, policy should be supported by an implementation plan, a monitoring framework and relevant evaluation criteria. However, in this case these basic fulfillments are lacking. As a result, this policy has not been implemented in a consistent manner.

The Ministry of Health and Population issued “Social Service Unit Implementation Guidelines” in April 2010. The major objectives of the Social Service Unit (SSU) are to identify target groups on the basis of equity and equality, to keep records and to provide the necessary support to the target groups on a daily basis. A Social Service Sub-Committee is formed in hospitals to guide the SSU in making decisions to partially and fully provide free health care services. The SSU is headed by a woman with a minimum qualification of a bachelor’s degree in sociology or public health. The Guidelines state that, as a curative measure, district hospitals shall provide free medicines as decided by the Hospital Development Management Committee or Ayurvedic Department. The SSU is required to issue an identity card for getting access to the services rendered by the hospital. These guidelines do not clearly spell out how the free medicine program shall be governed.

## 2.2 Budget for Free Essential Medicines

An adequate budget, timely allocation and appropriate spending of the budget are critical to boosting the effectiveness of social and economic development programs. The budget for the free medicine program is allocated under two programs and the comparative status of budget, disbursement and expenditure is as follows:

**Table 3 : Status of Budget, Disbursement and Expenditure for Free Medicines**

Fiscal year	Program	Budget (Rs)	Disbursement (Rs.)	Expenditure (Rs.)
2012/13 (2069/70)	Primary Health Service	514,500,000	497,260,190	497,260,190
	Integrated District Health Program	282,000,000	268,162,213	268,162,213
<b>Total</b>		<b>796,500,000</b>	<b>765,422,463</b>	<b>765,422,463</b>
2013/14 (2070/71)	Primary Health Service	480,000,000	374,129,029	374,129,029
	Integrated District Health Program	252,280,000	235,586,305	235,586,305
<b>Total</b>		<b>732,780,000</b>	<b>609,715,334</b>	<b>609,175,334</b>
2014/15 (2071/72)	Primary Health Service	480,000,000	86,782,350	86,782,350
	Integrated District Health Program	342,800,000	306,070,224	306,070,224
<b>Total</b>		<b>822,800,000</b>	<b>392,852,574</b>	<b>392,852,574</b>

*Source: Department of Health Services*

An analysis of the budget, disbursement and expenditure reveals the following:

- (a) The budget has been reduced by 8 percent in 2013/14 compared to 2012/13.
- (b) The budget absorption capacity has been declining gradually. In 2012/13, expenditure was 96% of the budget, but in 2013/14 and 2014/15 it was 83% and 48% respectively. A low absorption capacity results in a lower supply of designated services.
- (c) The number of free medicines was increased by 75% (from 40 to 70)

in 2014/15 but the budget was increased by only 12.28% as compared to 2013/14. The budget needs to be allocated in proportion to the increased number of medicines for free distribution. The budget for free medicines is disbursed to DHs or district public health offices (DPHOs) which are responsible for procuring medicines and making them available to PHCs and HPs.

The total free medicine budget approved for districts is divided in the following manner:

- (i) 10% of the budget is allocated for the pull system. According to this system, the Regional Health Directorates (RHDs) are responsible for procuring essential medicines and supplying these to HIs, unless the directorate makes medicines available in districts under the central bidding local purchasing (CBLP) method.
- (ii) 20% of the total budget is allocated to District Health Offices (DHOs) to deliver medicines, unless essential medicines are supplied through the CBLP method.
- (iii) 70% is allocated to the districts to pay for the medicine supplied under the CBLP method.

A request was made for information on the budget, disbursement and expenditure for free medicines from HIs. Most of the DHOs could not provide complete information. Only five district hospitals (Udayapur, Dhading, Dhanusha, Morang and Rupandehi) provided complete information on the budget, disbursement and expenditure for free medicines.



**Table 4 : Status of Budget for the Last Three Years for the Procurement of Medicines (Rs. in 000)**

S. No.	Districts	Fiscal Year								
		2012/13 (2069/70)			2013/14 (2070/71)			2014/15 (2071/72)		
		Budget	Dis.	Exp.	Budget	Dis.	Exp.	Budget	Dis.	Exp.
1	DH, Udayapur	3,300	3,300	3,300	2,500	2,317	2,317	2,600	2,403	2,403
2	DH, Dhading	3,200	3,200	3,200	3,200	3,200	3,200	3,200	3,200	3,200
3	DH Kailali	13,334	13,334	13,334	14,869	14,869	14,869	17,127	17,127	17,127
4	Zonal Hospital, Dhanusha	5,800	5,771	5,771	6,847	7,177	7,177	5,795	6,821	6,821
5	DPHO Dhanusha	2,900	2,900	2,900	3,500	3,500	3,488	3,600	3,600	3,496
6	DPHO, Morang	3,330	2,713	27,130	3,300	2,182	2,182	3,700	3,450	3,450
7	DH Rangeli, Morang	5,130	4170	4170	700	5190	5190	680	650	650
8	Bhim Hospital Rupandehi	2,250	2,250	2,250	1,800	1,800	1,800	2,600	943	943

*Source: Response to questionnaires*

Analysis of the table above shows that a majority of the budget disbursed for free medicines was used by DHOs. It also shows that the budget for District Hospital, Rangeli, Morang was reduced substantially in 2014/15 as compared to the last two years. Also, disbursement to Bhim Hospital, Bhairahawa, Rupandehi was substantially lower in comparison to the budget. Such situations should be reviewed and causes of low expenditure addressed.

### 2.3 Procurement of Medicines

The Ministry of Health and Population (MoHP) has issued the CBLP of Essential Medicines Procedures 2009. It explains the process to be followed in procuring free medicines. CBLP is relatively a new approach. The main reason for adopting this approach is to facilitate procurement in a situation where district level offices have insufficient capacity to manage procurement and there is a possibility of collusion among suppliers. The role and responsibilities in the procurement process are as follows:

**Table 5 : Roles and Responsibilities in Procurement of Free Medicine**

No.	Agency	Roles and Responsibilities
1.	District Health Institutions (75)	Collect total demand from all district health institutions (HIs) along with need, quantity, and quality and prepare description of procurement to Regional Directorate and Department of Health Services.
2.	Regional Health Directorates (5)	Collect demand from all district level offices and submit description compiled to the Department of Health Services (DHS).
3.	Department of Health Services	Compile the total demand for all districts and prepare a statement for procurement and initiate the process of procurement as a central agency and inform the rate of each item to all districts.
4.	Ministry of Health and Population	Monitor and evaluate to determine whether the procurement process has been initiated in line with national health policy and monitor whether there is coordination between policy and program.

This process entrusts the major responsibility to the DHS, which includes determining total requirements with clear specifications, tendering, evaluating and awarding of contracts.

## 2.4 Supply and Distribution of Free Medicines

An efficient system of procurement, supply and distribution is crucial for the effectiveness of this program. Free Medicines are distributed through three health institutions (25 bed government hospitals, PHCs and HPs).

### 2.4.1 Practice of Visiting Hospital

Patients need to visit hospitals to benefit from this program. Individual beneficiaries were requested to respond to the question “Have you visited a hospital, primary health centre and health post while you were sick?” It was noted that all respondents replied yes to this question. This is clearly an encouraging sign.

## 2.4.2 Awareness about Free Medicine Program

It is also important that people are made aware of the program so that they can ask for free medicines and say something about the quality of medicines. Health Institutions were asked "how are beneficiaries informed about this service provided by the government and what mechanisms are in place to disseminate information?"

**Table 6 : Measures taken by Health Institutions to inform beneficiaries**

No.	Measures adopted to inform the public about free medicines	Responses	Percent
i.	Notice Board of HIs contains information about this service	64	44
ii.	Through local bodies	69	47
iii.	Other (citizen charter, media and miscellaneous means)	14	9
<b>Total</b>		<b>147</b>	<b>100</b>

*Note: HIs used multiple methods to disseminate information about this program. As a result the total number of responses is more than 98 (see table 2).*

Beneficiaries were asked "How did you receive this information about the distribution of free medicines?" The response from beneficiaries was as follows:

**Table 7: Response from Beneficiaries about the Free Medicines Program**

No.	Means of Disseminating Information	Responses	Percent
a.	Through information provided in hospital notice board	140	44
b.	Local bodies provided this information to the people	96	30
c.	Other medium (news media (radio), Citizen's Charter, friends, pharmacy, visit to health institutions, health workers, women health volunteers).	85	26
<b>Total</b>		<b>321</b>	<b>100</b>

*Note: Some respondents indicated that they received information about free medicines from external sources. As a result, total number of responses is 331 from 295 respondents.*

### 2.4.3 Supply of Medicines to HIs

Efficiency in the supply of medicines to HIs (the right medicines, at the right time and to the right place) is critical to enable HIs to distribute medicines to patients and promote their health and well-being, which eventually contributes to building confidence in the system. Table 8 shows the types of medicine supplied to PHCs and HPs in the last three years. The analysis of responses received in relation to the supply of medicines revealed some interesting points.

- (a) In Ilam the DH received 40 types of medicines in the last three years, whereas the Chisapani HP received 70 types of medicines. The Belaghari PHC in Sindhuli received 70 types of medicines in 2014/15. Similarly, in Chitwan the Pipale HP stated that it received 70 types of medicines in three years. As HPCs and HPs are entitled to receive 58 and 35 types of medicines respectively, this response seems unrealistic. Table 8 reveals that some HP and PHCs received more types of medicines than approved. District Hospital Udayapur responded that it received all types of medicines in these three years.
- (b) The table below provides examples of differences in the types of medicines received by health posts in the same district.

**Table 8 : Examples of Types of Medicines Received by Some HIs**

S. No.	Districts	Health Institutions	Types of Medicines received		
			2012/13 (2069/70)	2013/14 (2070/71)	2014/15 (2071/72)
1.	Ilam	HP Panchkanya	22	22	22
		HP Sakhejung	35	35	35
		District Hospital	40	40	40
		PHC Fikkal	35	35	35
		HP Barabote	32	32	32
		HP Chisapani	35	37	70
		HP Ekatappa	25	25	25
2.	Sunsari	HP Chhitaha	22	22	32
		District PHO	40	40	40
		HP Inaruwa	40	40	40
		PHC Harinagara	32	32	32
		HP Tanamuna	32	32	32
		HP Chimadi	32-40	32-40	32-40
		HP Basantapur	32	32	32

S. No.	Districts	Health Institutions	Types of Medicines received		
			2012/13 (2069/70)	2013/14 (2070/71)	2014/15 (2071/72)
3.	Morang	DH Rangeli	21	34	35
		PHC Kotahat	35	41	60
		District PHO	35	35	62
		HP Baijanathpur	42/35	62/35	62/35
		HP Sorabhaga	42/35	42/35	42/35
		HP Tanki Sinubari	42/35	62/35	62/35
		HP Katahadi	42/35	62/35	62/35
4.	Dhanusha	HP Nakatajhi	20	25	25
		HP Tarapatti	30	20	20
		HP Dhalkebar	20	15	20
		HP Umaprempur	15	15	15
		Zonal Hospital	74	74	74
		District PHO	67	67	67
		PHC Mahendranagar	30	25	30
		HP Sapahi	40	40	40
5.	Gulmi	HP Gaudakot	22	22	10
		District Hospital	40	40	70
		HP Birbas	45	46	51
		HP Simichaur	52	51	52
		HP Arkhale	22	22	22
		HP Dubichaur	20	40	10
6.	Rupandehi	HP Gangoliya	22	22	22
		District Hospital	40	40	40
		HP Bagaha	35	35	35
		PHC Basantapur	35	35	35
		HP Padsari	35	35	35
		HP Semara	35	35	35
		HP Madhabaliya	24	24	24
7.	Kailali	HP Masuriya	15	16	16
		HP Joshipur	35	35	35
		HP Badeha	30	31	30
		HP Geta	22	25	25
		Zonal/ District Hospital	40	40	40
		PHC Malakheti	40	40	40
		PHC Chaumala	35	35	30

S. No.	Districts	Health Institutions	Types of Medicines received		
			2012/13 (2069/70)	2013/14 (2070/71)	2014/15 (2071/72)
8.	Kathmandu	HP Jorpati	15	15	15
		HP Chapali Bhadrakali	22	22	22
		PHC Mulpani	31	31	31
		PHC Gokarneshwar	31	31	31
9.	Sindhuli	HP Ranibas	20	20	25
		PHC Belghari	42	42	70
		HP Bhiman	21	20	26
		HP Khurkot	22	21	24
		HP Ranichuri	18	19	22
		HP Mahuwa Dobhan	19	23	27
10.	Udayapur	HP Chilaune	25	25	35
		HP Jogidaha	25	25	25
		District Hospital	40	40	70
		HP Barre	25	25	25
		HP Udayapur	35	35	35
		HP Okhale	25	25	35
11.	Dhading	PHC Gajuri	52	72	72
		District Hospital	50	50	70
		HP Sankosa	24	24	24
		HP Nalang	32	35	35
		HP Dhusha	32	35	35
		HP Murali Bhanjyang	24	24	24
		HP Tasarphu	48	48	48
12.	Kaski	HP Lekh Nath	25	25	25
		HP Batulechaur	35	35	35
		HP Tallakot	39	39	39
		HP Sardikhola	35	35	35
		PHC Sisuwa	40	40	40
		District Hospital	24	19	19
13.	Surkhet	PHC Dasharathapur	44	50	52
		HP Latikoilee	35	35	35
		HP Katukuwa	35	35	35
		HP Satakhani	35	35	35
		HP Jarbuta	35	35	35
		HP Uttarganga	35	35	35

S. No.	Districts	Health Institutions	Types of Medicines received		
			2012/13 (2069/70)	2013/14 (2070/71)	2014/15 (2071/72)
14.	Chitawan	PHC Khairahani	35	35	35
		HP Gauriganja	32	35	35
		HP Bhandara	35	35	25
		HP Pipale	70	70	70
		HP Patihani	33	0	35

*Source: Responses to survey questionnaire.*

*Note: As some HIs could not provide information on the types of medicines received, they are not included in this table.*

The actual reason for receiving limited types of medicines has not been stated clearly in the questionnaire. However, it can be assumed that it happened for two reasons: the absence of health personnel in the HP, and/or the required medicines was not available in the DHO at the time of request. Both these situations affect the quality and coverage of health services provided. Therefore, the reasons for HIs receiving less types of medicine than entitled to should be examined to initiate reform measures.

#### 2.4.4 Timeliness in the Supply of Medicines

The supply of medicines from DHOs to PHCs and HPs is crucial to enable them to distribute medicines in a timely manner. Health institutions were asked whether they receive all designated medicines in each fiscal year. However, not a single HI confirmed that medicines were received on time. The response was as follows:

**Table 9 : Comparative Status of Medicine Supplied to HIs**

S. No.	Description	Result	Percent
i.	All Medicines received on time.	0	0
ii.	50% or more Medicines were received on time.	36	37
iii.	25% - 50% Medicines were received on time.	45	46
iv.	25% Medicines were received on time	17	17
v.	Other (please specify)	0	0
<b>Total</b>		<b>98</b>	<b>100</b>

*Source: Response to questionnaire*

It was interesting to note that out of eight HIs of Dhanusha district, three received 25 - 50% of medicines on time and five received only 25% medicines on time. Possible reasons may be delays in issuing a budget authority, delays in making a procurement decision or negligence in receiving medicines from a DHO. It is essential to undertake an inquiry into the reasons for delays in the supply of medicines to ensure timely distribution to beneficiaries.

#### 2.4.5 Criteria for the Distribution of Free Medicines

The credibility of the program depends on fairness, efficiency and transparency. Is the process of distributing free medicines fair and transparent? As specific guidelines have not been developed and issued to govern this program, HIs have adopted a process they consider appropriate. HIs were asked, "what policy is in place and procedures established to distribute free Medicines to beneficiaries?" Their response reveals that the criteria used in distributing medicines were as follows:

- (a) Registration of patient
- (b) Considering the stock level
- (c) As stated in the Citizen's Charter
- (d) Considering the financial status of patient
- (e) According to the recommendation of the local government body
- (f) Considering the doctor's advice
- (g) According to government guidelines

The Zonal Hospital, Dhanusha, provided a sample of a form to be filled by a patient or his/her guardian to receive free health services from the hospital. All the above criteria seem appropriate but they should be applied in a consistent manner. The application of different criteria for receiving benefits may raise questions of credibility. Therefore, the government needs to provide specific criteria to ensure consistency.

#### 2.4.6 Status of Usable Period of Free Medicines

HIs receive medicines at different periods according to their need. PHCs and HPs receive medicines from DHOs. Procurement decisions are made at the central level, but receiving medicines and issuing payments are done at the local level. DHOs have the authority to make decisions about which medicines they need and in what quantity. In this context, they should consider the usable period of medicines. HIs were asked whether there was a situation



where the medicines supplied were close to the expiry dates (less than three months). A review of responses from HIs and beneficiaries reveals the following in relation to the expiry date:

**Table 10 : Response of Health Institutions on Usable Period of Medicines**

Whether free medicines received for distribution were near to expiry dates (less than three months)	Yes	No	Total
	56	36	92
Percent	61	39	100

*Note: Out of 98 responses received, 6 HIs did not answer this specific question.*

Similarly, individual beneficiaries were also asked whether the medicines they received were close to the expiry dates (less than three months). The results were as follows:

**Table 11 : Response from Beneficiaries on Usable Period of Medicines**

No.	Description	Response	Percent
i.	Expiry date was close (less than three months)	115	39
ii.	There was reasonable validity (usable) period	150	51
iii.	Could not know about validity period	30	10
	<b>Total</b>	<b>295</b>	<b>100</b>

#### 2.4.7 Effectiveness of Free Medicines Program

Economy, efficiency and effectiveness (3Es) are considered key elements in assessing a program, in addition to its impact. An effective program can make a positive impact. The Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD) defines effectiveness as “the extent to which the development intervention’s objectives were achieved, or are expected to be achieved, taking into account their relative importance”.<sup>4</sup> Evaluation of effectiveness aims to determine whether:

- The program achieved its objectives

<sup>4</sup> Glossary of key terms in Evaluation and Results Based Management, OECD, 2010, p.20.

- The data related to achievement of objectives were accurate and relevant

It is important to determine the main objective of the free medicine program to provide a genuine answer to the question, “has the free medicines program achieved its objectives?” The National Health Policy has established the following objectives:

- Provide free of cost basic health services as a fundamental right of each citizen.
- Establish effective and accountable health services that are easily accessible and equipped with essential drugs, diagnostics and skilled human resources.
- Promote people’s participation in delivery of health services. Promote ownership in health services by increasing and managing participation of the private and cooperative sector.

The free medicines program can be one of the elements contributing to the achievement of objectives (a) and (b), but not the only element. Its effectiveness should be judged by seeking answers to the question, “to what extent has the free medicines program contributed to promoting mental and physical health and well-being of the people?” Answers to this question can be found by evaluating other related programs. Therefore, secondary criteria have to be used to assess its effectiveness. As a result, the following questions were asked to get an understanding of the perception of beneficiaries. Responses to the questionnaire revealed the following:

**Table 12 : Response to Questions Related to Effectiveness of Free Medicines Program**

(a)	This program has provided significant relief to low income groups	207	53%
(b)	It has given a sense (feeling) that the government has given attention to the interest of the people	154	40%
(c)	Whether the necessary medicines can be found in the market or not	26	7%
(d)	Other specify	0	0
<b>Total</b>		<b>387</b>	<b>100%</b>

*Note: As some respondents marked their preference to more than one column, total response is more than 295.*

It was also noted that 11 respondents from Dhanusha district had negative remarks on (a), (b) and (c). These remarks are related to relief for low income groups and pro-citizen efforts being made by the government and the availability of necessary medicines in the market. The dissatisfaction regarding the services was not expressed so distinctly and aggressively by the citizens in other districts.

## 2.5 Major Issues

The identification and analysis of major issues is critical to improve the management of the program to enhance its effectiveness. Both service providers and beneficiaries were requested to provide their views/opinions on major issues facing the program. A review of the Auditor General's report revealed some critical issues in relation to the management of free medicine. The AG's Report 2011 highlighted following major issues:

- (a) **No Labeling:** According to the Health Service Operations Guidelines 2009 while tendering for medicine it is necessary to state that each unit of medicine should have a clear label "free distribution from the Government of Nepal". A sample test of ten medicines stocked in 36 health posts and 11 hospitals revealed that only 57 and 78 percent of medicines respectively, had a label "for free distribution" only; some medicines had the label "supplied for the Ministry of Health and Population". It is necessary to have the label stated in the Guidelines. The Auditor General's report 2012, stated that a sample test of 27 HIs revealed that 116 medicines were not labeled "for free distribution". Items with no labeling have the potential for misuse and may be sold.
- (b) **Over Stock:** There was a significant quantity of medicines in stock in the DPHOs and health offices which were to be supplied to PHCs and HPs because last year's demand and consumption was not taken into account. A review of stock in some districts of such medicines revealed the following:

**Table 13 : Medicines in Stock at the End of  
Fiscal Year 2010/11 (2067/68<sup>5</sup>)**

Name of Medicine	Unit	Stock at the end of 2010/11 (2067/68)					
		District Public Health Offices and Health Offices					
		Lalitpur	Lamjung	Bara	Makawanpur	Kailali	Kanchanpur
Amoxicillin 250 mg	Tablet	355440	71100	1703580	2595014	2443668	930100
Vitamin B Complex	Capsule	534600	609180	1372100	1423000	1878843	165500
Paracetamol 500 mg	Tablet	998550	421050	2803085	2593643	1540968	1214700
Chlorofinamine 4mg	Tablet	213860	130500	421834	417687	277774	-
Metronidazole 400 mg	Tablet	146100	187480	1013186	1050995	762030	1099400

The Auditor General has recommended that medicines with a limited usable date should not be kept in stock in such high quantities.

- (c) **Problems in Supplying Needed Medicine:** The AG conducted a performance audit of five DPHOs (Dhanusha, Kaski, Palpa, Jumla and Kailali) and selected 40 health institutions of four districts in 2015. This audit revealed that only 4 to 45 percent of medicines were made available in Palpa for patients with gastric issues. There are difficulties in providing services in Dhanusha due to a short supply of iron and antibacterial medicines. Some essential medicines were in short supply or in overstock, such as over a million expired tablets of medicines including antibacterial drugs and unused medicines worth Rs. 3.2 million and Rs. 2.9 million comprising amoxicillin and kotrimexazol; 9100 tablets of amoxicillin also had an expired date in a single health post in Jumla. Such a situation was the result of a failure to make judgments in relation to stock, need and emergency management, average stock level, emergency order level, time required for supply and distribution, and identifying needs on the basis of minimum and maximum level of consumption. Medicine management has not been effective due to the non-formation of a monitoring sub-committee.

<sup>5</sup> Auditor General's Forty Ninth Annual Report 2012 (2068), p.439.

The major issues highlighted by HIs were also in line with the findings of the Auditor General's report. The potential effects of the issues highlighted are as follows:

**Table 14 : Major Issues Raised by Citizens and Their Possible Consequences**

No.	Issues	Possible Consequences
(a)	Medicines are not supplied on time.	HIs cannot deliver expected services and treatment cannot be successful and complete.
(b)	Health outcomes are worsened because of the quality of medicines.	Low quality medicine cannot cure diseases and patients suffer unnecessarily and lose trust over HIs.
(c)	Medicines not received as per the demand and needs of HIs.	HIs may not provide the desired service to beneficiaries, resulting in the overstock of medicines and a waste of resources.
(d)	Medicines made available to HIs are far less in comparison to the number of patients seeking services.	Patients could not get fair treatment because of a lack of free medicines due to short supplies. Patients perceive that they are being discriminated against and expenditures incurred for medicines have no value.
(e)	Inadequate budget for free medicines.	Citizens perceive that the government's initiative has no relevance because it cannot meet its objective.
(f)	Lack of clarity about the roles and responsibilities of zonal, regional and district hospitals and health posts in supplying medicines.	Makes it difficult to hold any public officials and healthcare professionals accountable for results.
(g)	Medicines that are made available are close to expiry dates.	Cannot provide assurances to the citizens that medicines are distributed considering the interest of the people.
(h)	Some very essential medicines are not included in the approved list of free medicines.	Cannot meet public expectations that chronic diseases can be cured with the support of the government.
(i)	Non-transparent, lengthy procedures to be complied with resulting to delays in the procurement of medicines.	Patients do not benefit from the program and it does not contribute to promoting mental and physical health and well-being.

No.	Issues	Possible Consequences
(j)	Problems with the transportation of medicines due to poor road conditions and a lack of storage capacity.	Patients cannot get timely service from HIs.
(k)	Delays in the budget allocation for free medicines.	Delays in procuring medicines and inefficiency in providing services to patients.

- (d) Irregularities at health centers - It was noted that out of 21 respondents of Dhanusha, 18 indicated the possibility of corruption in the distribution of free medicines (free medicines being sold to a pharmacy by doctors and other staff) and demanded an inquiry. Such a high rate of dissatisfaction was not expressed by the respondents in other districts. The dissatisfaction is related to the unavailability of free medicines and medical services when one seeks service at health centers at the end tier of public health delivery. Based on public experiences reported by the media, there have been many reported cases of free medicines being diverted to private outlets by government staff.

In addition to these issues, it would also be appropriate to consider the views of stakeholders to enhance the effectiveness of the program. A community based organization in Sunsari (Sankalpa Community Based Rehabilitation Centre - SCBR) has made the following remarks related to this program:

1. Medicines supplied to HIs are not those originally demanded
2. Medicines that are in store are supplied, rather than those demanded by HIs
3. HIs distribute low quality medicines that are not effective, while medicines purchased from the market are found to be effective
4. Many beneficiaries are not aware of the expiry date of medicines
5. Not all medicines approved by the Government of Nepal are supplied
6. Some HIs have not yet been supplied with medicines until this time of the fiscal year

The oversight agency the Commission for the Investigation of Abuse of Authority (CIAA) has stated that the health sector is the fourth amongst six sectors (The first is education, the second is local bodies, the third is land administration, the fourth is health, the fifth is forestry and the sixth home

administration) for the highest number of complaints in the last three years.<sup>6</sup> This indicates that the health sector has clear corruption vulnerabilities that must be addressed.

## 2.6 Measures to Address Major Issues

Addressing issues noted in implementing a program is critical to making the program more efficient, economical, responsive and effective. Respondents were asked to provide their views on reforms in policy, program and management. There were some suggestions which were not directly related to the management of free medicines but the delivery of health services more generally, such as to increase the number of health staff considering patient's pressure. Some measures may not be implemented immediately but need to be considered for the future, such as an increase in the number of free medicines and the provision of free medicines for critical diseases. The measures suggested are as follows:

**Table 15 : Suggested Reform Measures and Potential Change and/or Impact**

No.	Suggested Reform	Potential Change and/or Impact
(a)	Necessary budget for free medicines must be made available to health posts.	Make HPs independent in procurement so they are able to address local concerns. But capacity building is necessary to make proper use of the budget.
(b)	Medicines should be made available on time.	Ensure promptness in treatments provided to patients.
(c)	Medicines supplied should match with the health problems of a specific location/region.	Enhance the quality, visibility and effectiveness of the health service and build public confidence in the health service.
(d)	Procurement Act and Regulations must be simplified to allow regional and local health institutions to procure medicines in time.	Compliance with the Procurement Act and Regulations is a must. Changes must be undertaken to mitigate issues impairing efficient procurement of medicines.
(e)	A medicine store room must be created in all health institutions.	This would help protect the quality of medicines as they will be stored for a reasonable time at the right temperature.

<sup>6</sup> Summary of the 25th Report of the CIAA, 2015, p.12.

No.	Suggested Reform	Potential Change and/or Impact
(f)	Pay greater attention to the quality of medicines before receiving them.	Ensure that medicines provided to beneficiaries are good quality to make the health service more effective.
(g)	Medicines for chronic diseases should be made free for all people.	This would contribute to promoting health and well-being, but a thorough study of implementation and budgetary implication is needed.
(h)	A study should be conducted in relation to the specific needs of specific regions.	This would enhance the responsiveness of the free medicines program.
(i)	Timely and effective follow-up and supervision of the supply of essential medicines.	Enhance the management efficiency of the program that will contribute to its effectiveness.
(j)	It is recommended to distribute free medicines for blood pressure and diabetes.	Supports addressing common health problems.
(k)	Arrange for a notice board and complaint box in HIs.	Supports in gaining an understanding of weaknesses and addresses them in a timely manner.
(l)	Medicines are procured on time by releasing approved budgets on time.	Improves the capacity of delivering health service and raises health standards.
(m)	Establish a balance between the number of patients and health workers.	Improves the capacity of delivering health services in a timely and efficient manner.
(n)	Monitor the medicine distribution system for effectiveness.	Ensures consistency and controls potential irregularities in health service delivery.
(o)	Health staff must be capable of making patients understand the situation.	Helps avoid misunderstanding about services provided to beneficiaries.
(p)	Mobilize the cooperation of technical manpower in procuring medicine.	Enhances mutual confidence between technical and administrative staff and improves the decision making capacity.
(q)	Keep very basic medicines, surgical, pregnancy test kit and emergency drugs intact for distribution.	Contributes to providing key health services free of cost.
(r)	People in remote areas should be informed about the program.	Helps vulnerable people access the health service.
(s)	Avoid using budget allocated for free medicines for maintenance and cleaning.	Ensures the correct use of the budget.



No.	Suggested Reform	Potential Change and/or Impact
(t)	The list of free medicines available to people should be posted visibly in all HIs.	Ensures the right to information is kept and improves transparency.
(u)	Strengthen the monitoring system so it is not simply a formality.	Enhances the quality of the health service and makes health professionals more responsive to the needs of the people.
(V)	Promote a zero tolerance policy to bribery and corruption.	Contributes to improving good governance and decreasing corruption in the free public services at health institutions.



## CHAPTER 3

# Conclusions and Recommendations

## 3.1 Conclusions

The distribution of free medicines to patients through a large number of HIs located all over the country is definitely a rewarding and challenging initiative. The free medicine program has completed seven years of implementation i.e., 2007/08 to 2014/15 (2064/65 to 2071/72). The number of essential medicines provided free of cost has expanded significantly from 40 to 70 in the last fiscal year 2014/15 (2071/72). People also have a great expectation of the program and they wish that medicines for all kinds of diseases would be made available to the patients. Efficient and effective management of the program can make a significant contribution in promoting mental and physical health and well-being which is the main objective of universal health coverage.

The review of the policy and program documents, as well as the analysis of responses received from both health institutions and beneficiaries of services, revealed some encouraging signs and provided useful feedback that supports making the program economical, efficient and effective which can increase its impact.

A positive aspect of this program is it is directly linked to the commitment of the state to provide basic health care to people free of cost. However, it faces some serious challenges that demand the attention of senior government officials, local bodies, and community based organizations and health personnel. Major factors to be considered in making this program more effective include: improvements in budget management; building capacity for the procurement of medicines for health institutions across the country; strengthening supervision and monitoring systems; ensuring the fair

distribution of medicines; and supplying medicines to HIs located in remote locations and people living far away from district headquarters.

### 3.2 Recommendations

The following recommendations are presented considering the facts and figures examined above.

1. The Government of Nepal should increase its budget allocation for free medicines considering the fact that the number of free essential medicines was increased by 75% (40 to 70) from fiscal year 2014/15 (2071/72).
2. District Hospitals and District Public Health Offices should:
  - 2.1 Ensure that medicines supplied by suppliers have adequate usable data so that beneficiaries enjoy the benefits of this program.
  - 2.2 Consider the specific needs of HIs in districts so that medicines can be supplied that address their specific needs and make the program useful to beneficiaries.
  - 2.3 Ensure that medicines are received on time so that they are distributed easily to HPs located far away from the district headquarters.
3. The Ministry of Health should develop a standard operating procedure to ensure that this program has been implemented in a fair and consistent manner all over the country and to avoid any discrepancies in its governance.
4. Establish and strengthen the monitoring system to maintain strong control over the distribution of medicines and to avoid possible irregularities and corrupt practices such as selling medicines to private pharmacies.
5. District health office should ensure that free medicines are properly labeled "free distribution from the Government of Nepal" as stated in the CBLP Guidelines.
6. Health institutions should increase their planning to avoid overstocking medicines and the possibility of medicines surpassing their expiry date before distribution.



## ANNEX I

### List of reference documents

1. Decision of the Government of Nepal dated 19 August 2014
2. National Health Policy 2014
3. A Brief Profile of Ministry of Health and Population and Progress Report, 2014
4. Social Services Unit Implementation Guidelines, April 2010
5. Central Bidding Local Purchasing Procedural Guide, 2009
6. Auditor General's Annual Report, 2012, 2013 and 2015
7. Transforming Our World: The 2030 Agenda for Sustainable Development, A/RES/70/1, United Nations, 2015
8. Policies and Programs of Government of Nepal 2014/15 (2071/72) presented to the Parliament, 29 June 2014



## ANNEX II

# Effectiveness of the system of free distribution of Medicines

## Introduction

Transparency International Nepal initiated to study the effectiveness of the Government of Nepal's policy on the free distribution of medicines. This questionnaire has been developed to get information on implementation from stakeholders. You are kindly requested to support us by providing answers to this questionnaire. Your response shall remain confidential.

### Questionnaire to District Hospitals, Primary Health Centers and Health Posts

Name of Institution:

Address:

Name of respondent:  
(Optional)

Position of respondent:  
(Optional)

(1) How many types of free Medicines have you received in the last three years?

Fiscal Year	Types of free Medicines received	Remarks
2012/13 (2069/70)		
2013/14 (2070/71)		
2014/15 (2071/72)		

(2) How free Medicines are received?

(a)	Supplied from central level	(b)	Supplied from district level
(c)	Budget is released to procure medicine	(c)	Other (specify)

(3) Please provide statement of budget, disbursement and expenditure for free Medicines.

Fiscal Year	Budget	Disbursement	Expenditure
2012/13 (2069/70)			
2013/14 (2070/71)			
2014/15 (2071/72)			

(4) Whether free Medicines are received on time or not?

i.	All Medicines were received on time	
ii.	50% or more (Medicines) were supplied and received on time	
iii.	25 - 50% (Medicines) were supplied and received on time	
iv.	25% (Medicines) were supplied and received on time	
v.	Other (specify)	
		Total

(5) What policy is in place and procedures established to distribute free Medicines to beneficiaries?

(6) Have you experienced receiving Medications that had already expired or were close to the expiry date (less than 3 months)?

Yes

No

(7) What arrangement has been made to inform beneficiaries about this program?

- i. Notice board of hospital provides information about this program
- ii. People are informed through local bodies
- iii. Other (specify)

(8) Please provide information about major problems related to supply, management and distribution.

(9) Please provide your opinion and recommendation related to potential measures of improvement in policy, program and management.

- Topics of policy reform
- Topics for improvement in program
- Topics for improvement in management.

## ANNEX III

# Effectiveness of the system of free distribution of Medicines

## Introduction

Transparency International Nepal initiated to study the effectiveness of the Government of Nepal's policy on the free distribution of medicines. This questionnaire has been developed to get information on implementation from stakeholders. You are kindly requested to support us by providing answers to this questionnaire. Your response shall remain confidential.

## Questionnaire to Beneficiary

(a)	Name:		(Optional)
(b)	Address:		(Optional)

- (1) Have you visited hospital, primary health centre or a health post when you were sick?
  
- (2) Are you informed about the fact that the Government of Nepal has made available some essential medicines to hospitals, primary health centers and health posts for free distribution?

2.1 If yes, how did you receive this information? Please mark X in the box opposite to the source of information.



a.	Through information provided in hospital notice board	
b.	Local bodies provided this information to people	
c.	Other medium (specify)	

(3) Have you or your family members received free medicines?

(4) Please mark X opposite the box of question related to expiry date of free medicine you received.

a.	The medication was about to expire	
b.	Had already expired (beyond expiry date)	
c.	Don't know / No expiration date available	

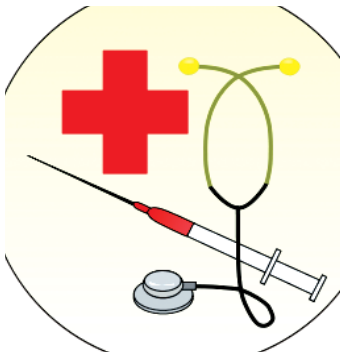
(5) What kind of service beneficiaries received from free medicines program? Please mark X in appropriate box opposite to your response.

(a)	This program has provided significant relief to low income group	
(b)	It has given a sense (feeling) that government has given attention to the people	
(c)	Doubts whether necessary medicines can be found in market or not	
(d)	Other specify	

(6) Please provide your opinion/view what measures can be initiated to make this distribution of free medicines program effective.







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