



# Health Sector Transition and Recovery Programme

Procurement and delivery of psychotropic drugs  
to focal districts

Transcultural Psychosocial Organisation

March 2015



The document has been funded by UKaid from the UK government's Department for International Development (DFID); however the views expressed do not necessarily reflect the UK government's official policies.

***Cover photo courtesy of DFID.***

# PROCUREMENT AND DELIVERY OF PSYCHOTROPIC DRUGS TO FOCAL DISTRICTS

## TABLE OF CONTENTS

List of Acronyms	iv
1. Background and Objectives	1
1.1 Drug procurement process in Nepal	
1.2 Provision of mental health drugs	
1.3 Purpose of drug procurement	
2. Need for Psychotropic Drugs	3
3. Training Prescribers on Psychotropic Drugs	4
4. Procurement Process	5
4.1. Approval from Ministry of Health	
4.2. Procurement of Drugs	
4.3. Distribution of drugs to health facilities	
4.4. Payment to vendors	
4.5 Challenges and further planning	6
5. Plans vs. Achievements	7
List of references	8
Annexures	9
Annex 1: Case Recording Form Used During Psychiatric Case Conference	
Annex 2: Supporting Documents	10

# LIST OF ACRONYMS

AHW	Auxiliary Health Worker
APA	American Psychiatric Association
AUD	Alcohol Use Disorder
CMA	Community Medical Assistant
CPSW	Community Psychosocial Workers
DFID	Department for International Development (UK Aid)
DHO	District Health Office
DoHS	Department of Health Services
DPHO	District Public Health Office
GoN	Government of Nepal
GPC	General Principle of Care
HA	Health Assistant
HSTRP	Health Sector Transition and Recovery Programme
LMD	Logistic Management Division
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psychosocial Support
mhGAP HIG	Mental Health Gap Action Programme Humanitarian Intervention Guide
MO	Medical Officer
MoH	Ministry of Health
NGO	Non-Government Organisation
NHSP-2	Second Nepal Health Sector Programme (2010–2015)
NHSSP	Nepal Health Sector Support Programme
NICE	National Institute of Health Care and Excellence
PHCC	Primary Health Care Centre
PHCRD	Primary Health Care and Revitalization Division
PRIME	Program for Improving Mental Health Care
PTSD	Post-Traumatic Stress Disorder
SSRI	Selective Serotonin Re-uptake Inhibitors
TPO	Transcultural Psychosocial Organisation

# 1. BACKGROUND AND OBJECTIVES

## 1.1. Drugs Procurement Process in Nepal

In Nepal's public health sector, there are several mechanisms for the procurement of drugs as directed by the Public Procurement Act and Public Procurement Regulations. Essential drugs are purchased by the Logistics Management Division (LMD) of the Ministry of Health (MoH) at central level and then distributed to health facilities as per need and demand. Some drugs are also procured by Regional Health Directorates while District Health Offices (DHO) may purchase within a budget limit of three hundred thousand rupees on the basis of three quotations with the contract awarded on the basis of quality and cost analysis. For large volumes of drugs, procurement involves a public tender notice. Facility also exists for the donation of drugs to the DHO particularly during natural disasters.

## 1.2 Provision of Mental Health Drugs

As per the international guidelines like NICE guidelines, APA guidelines and guidelines followed in tertiary care centres in Nepal the first line drugs for depression and psychosis are different from the drugs listed under Nepal's free drug list. The first line drugs for depression are Selective Serotonin Re-uptake Inhibitors (SSRIs) which includes fluoxetine, sertraline, citalopram, escitalopram etc. Whereas the first line drugs for psychosis are second generation antipsychotics such as olanzapine and risperidone as per international treatment guidelines. The standard treatment protocols for health posts and sub health posts state that either amitriptyline or fluoxetine can be used as the first line drug for depression; phenobarbitone for epilepsy and chlorpromazine or haloperidol or Injection fluphenazine for psychosis. Only drugs included in the free drug list have been procured. In the meantime TPO Nepal is working with the MoH and DDA to better align the guidelines and free essential drug list. There has been ongoing meetings and discussions of the experts from TPO Nepal with PHCRD regarding the same.

## 1.3 Purpose of Drug Procurement

The GoN has included a few psychotropic drugs in its free drug list; however, these drugs have not been supplied to every health facility and this has adversely affected the provision of mental health services, especially in post-disaster areas. These medicines are also not routinely available in district hospitals and primary health care centres (PHCCs) hence people with mental health issues must visit mental hospitals (in Kathmandu) or private hospitals in nearby districts to seek mental health services. Further, health care workers (including medical officers) in most districts are not trained in mental health; therefore, a large number of people with mental illness do not have access to appropriate treatment in district. With the aim of integrating mental health services into the primary health care system under the Health Sector Transition and Recovery Programme (HSTRP), TPO Nepal has trained at least one prescriber level and one non-prescriber level health worker from each health facility of Dolakha and Ramechhap districts on mental health care.

The overall purpose of drug procurement is to ensure the availability of mental health services (both psychosocial and pharmacological treatment) in all health facilities where health workers are trained on mental health care. The following six medicines have been procured following GoN's policy and procedures.

- 1) Amitriptyline for depression
- 2) Chlorpromazine for Psychosis
- 3) Carbamazepine for epilepsy
- 4) Diazepam for alcohol use disorder (severe withdrawal)
- 5) Thiamine for alcohol use disorder.

. As the trainings to the first batch of prescribers were completed there was urgent need of these medications at the health facilities. The fastest way of procurement of drugs was by DHO within a budget limit of three hundred thousand rupees on the basis of three quotations. Hence the round of procurement was on a relatively small scale and will be followed by a second larger round following which the monitoring of stock levels at facility level, as specified in the original ToR, will be carried out.

## 2. NEED FOR PSYCHOTROPIC DRUGS

Psychotropic medicines are important for mental health care, especially for people with severe mental health problems such as psychosis and epilepsy. It is reported that emergencies such as Nepal's recent earthquakes significantly increase the number of people with severe mental illness requiring medicines and other psychosocial support. The WHO's mhGAP intervention guide recommends several psychotropic medicines plus context specific psychosocial interventions in the post-emergency period. In Nepal no psychotropic medicines are available at primary health care level where more than 80% of patients are treated. Considering this situation, and the immediate need for medicines, the project undertook to supply six medicines through district health offices up to health post level, where at least one prescriber has been trained on mental health.

Psychotropic drugs will be supplied to the health facilities after one of the prescribers (Medical Officer, Health Assistant, Community Medical Assistant or Auxiliary Health Workers) of the health facility has received eight-days training on mhGAP-HIG. Six priority disorders such as psychosis, depression, epilepsy, alcohol use disorder, suicide, and Post-Traumatic Stress Disorder [PTSD]) have been included in the training. Prescribers are health workers who have been permitted by the GoN to prescribe medications for different health conditions. In close coordination and supervision from NHSSP's technical advisor, TPO Nepal's psychiatrists successfully carried out several trainings in both districts.

### 3. TRAINING PRESCRIBERS ON PSYCHOTROPIC DRUGS

Some medical officers acquired knowledge on psychotropic drugs prescriptions during their internships as a part of their academic programmes. Such staff were also included in the training alongside other prescribers (health assistants, auxiliary health workers and community medical assistants) in order to improve their effectiveness including regular patient screening and diagnosis. The training to prescribers was conducted over eight days, the first three days of which were dedicated to psychosocial support followed by five days of diagnosis and management of psychiatric disorders as per mhGAP-HIG. The specific disorders covered during the training were: moderate to severe depressive disorder, psychosis, anxiety, post-traumatic stress disorder (PTSD), epilepsy, suicide and alcohol use disorder (AUD). At least one prescriber from each health facility was trained on psychotropic drugs prescription.

During the training, detailed sessions were delivered on the indications of drug use, dosages, side effects and their management and referrals. To ensure the quality of services provided, regular supervision and monitoring have been introduced via different means such as phone calls, spot supervision, and monthly case conferences. The trained prescribers can call psychiatrists of TPO Nepal anytime when they experience problems in diagnosis and treatment process. For spot supervision, TPO Nepal's two psychiatrists visit different health facilities and observe how trained health workers make diagnosis and treat mental health cases. Considering the time constraints and large number of health facilities in both districts, the spot supervision is done at one centre and the prescribers from health facilities are called to this centre for case conferences.

During case conferences, trained health workers present difficult cases and occasionally bring patients to receive specialized services from experienced psychiatrists. These case conferences were found to be highly effective in enhancing the clinical capacity of trained health workers in other districts including Chitwan and Pyuthan. Accordingly case conferences are conducted on a monthly basis where each trained health worker gets a chance to present and discuss difficult cases with their peers.

Details of each case discussed in the monthly case conference are recorded using the format attached in Annex 1, and these cases will be also followed up in subsequent case conferences. Additionally, monitoring and evaluation (M&E) assistants based in the districts were present in case conferences to document the issues discussed.

Mental health drugs are prescribed through these trained prescribers in district hospitals and other health facilities such as PHCCs and health posts. After training, the prescribers are authorised and able to prescribe psychotropic drugs; however, the training certificate is provided in co-ordination with the National Health Training Centre only after the first supervision visit.

## 4. PROCUREMENT PROCESS

As noted, the procurement of drugs was conducted in accordance with official procurement procedures. First, approval was received from MoH to purchase of drugs through the district health system (Annex 2). The DHO was the in-charge of the entire procurement process with TPO Nepal also involved in each and every step of the procurement. The following process was followed:

### 4.1 Approval from Ministry of Health

Several meetings were held with MoH, Management Division, LMD and the Primary Health Care Revitalisation Division (PHCRD) to ascertain the shortest and easiest way to procure drugs. The MoH provided a letter for drug procurement through the district health system to both districts, Ramechhap and Dolakha.

### 4.2. Finalization of Procurement of Process

A joint meeting was conducted in both districts to finalise the drug procurement process at district level. Each meeting was chaired by the head of the district health office with all concerned officers (accountant, district public health supervisor, mental health focal person etc), the TPO Nepal district team (including district coordinator and clinical supervisor) and NHSP district coordinator participating. Based on the letter from the MoH, both DHOs sought 3 quotations from different vendors (Annex 2). The same team then selected one quotation on the basis of the quality of medicines, timeliness of supply and prices and a contract was awarded (Annex 2). The quality of medication was based on the prior experience of use of the drugs from same manufacturer by the psychiatrists and the expiry date of at least two years from the time of procurement. The supply and storage quality was checked and assured by the DHO. During the supply to the health facilities the quality of transport and storage followed the government system of drug distribution. The psychiatrists from TPO Nepal calculated the quantity of each drug to be procured as per global prevalence data of different mental health conditions.

### 4.3. Distribution of Drugs to the health facilities

Once the drugs were entered into the district health recording system, they were distributed to all the health facilities taking into account the number of cases expected. The drugs were supplied via the regular channel to most places. Community psychosocial workers (CPSWs) also helped to distribute the drugs in coordination with the district drug delivery system in difficult areas. TPO Nepal's district coordinators are monitoring the availability of these medicines in health facilities by checking stock levels and distribution processes. Community psychosocial workers from the respective VDCs are also visiting health facilities on a monthly basis to collect information on the stock of each drug category.

### 4.4. Payment to vendors

Payments for drugs were made by TPO Nepal's central office after reviewing all quotations, the process followed for procurement, and the original receipts. The stocks and delivered drug amounts were also monitored by the TPO Nepal district teams to make sure that required drugs were received by both DHOs. The scanned copies of the receipts are provided in Annex.2

#### **4.5. Challenges and further planning**

There were several challenges experienced in this procurement process. The main difficulty was the problem of fuel supply which led to difficulties in finding a vendor who could supply the whole quantity of the needed drugs. Apart from this, it was difficult to transport drugs to the required health facilities on time. Considering the fuel crisis, the procurement process for the next lot of drugs has already been initiated.

## 5. PLANS VS ACHIEVEMENTS

Planned	Achieved
Received approval from Ministry	Letter of approval obtained and shared with NHSSP
Dispatched the letter from the Ministry to the districts	Based on the MoU between TPO Nepal and MoH, the letters to respective districts were sent by MoH
District purchased the drugs	DHO in both Dolakha and Ramechhap districts procured the medication based on the procurement policy of GoN. Entire process was technically supported by TPO Nepal.

## LIST OF REFERENCES

- <http://dohslmd.gov.np/openrational-manual>
- World Health Organization. (2015). *mhGAP Humanitarian Intervention Guide (mhGAP-HIG): clinical management of mental, neurological and substance use conditions in humanitarian emergencies*. World Health Organization.
- [http://ppmo.gov.np/acts and regulations](http://ppmo.gov.np/acts_and_regulations)
- <https://www.nice.org.uk/guidance>
- <http://psychiatryonline.org/guidelines>

## Annex 1: Case Recording Form Used During Psychiatric Case Conferences

SN	Date	Name of patient	Age	Sex	Caste	District	Diagnosis Disorder	Medication	Treatment provided	Case conference training demonstration OPD care	Remarks

## Annex 2: Supporting Documents

नेपाल सरकार  
स्वास्थ्य तथा जनसंख्या मन्त्रालय  
स्वास्थ्य सेवा विभाग  
मध्यमाञ्चल क्षेत्रीय स्वास्थ्य निर्देशनालय

**जिल्ला स्वास्थ्य कार्यालय  
रामेछाप**

पत्र संख्या :- २०७२/७३  
चलानी नं :- ३७

मिति :- २०७२/०९/१६

**विषय :- मानसिक स्वास्थ्य सम्बन्धि औषधि खरिद सम्बन्धमा ।**

**श्री TPO Nepal  
काठमाण्डौ ।**

प्रस्तुत विषयमा स्वास्थ्य मन्त्रालयको च.न. ३६६ मिति २०७२/०८/१० को पत्रबाट मानसिक स्वास्थ्य सम्बन्धि औषधि नेपाल सरकारको आपूर्ति प्रणालीबाट सम्बन्धित स्वास्थ्य संस्थाहरुमा पुग्न लामो समय लाग्ने एवं स्वास्थ्य संस्थाहरुमा औषधि तत्काल आपूर्ति गर्न भनि लेखि आएको पत्रानुसार मानसिक स्वास्थ्य सम्बन्धि औषधिहरु खरिद गरि यस कार्यालय अन्तर्गतका विभिन्न स्वास्थ्यहरुमा पठाई सकेको र औषधि खरिदको बिल भर्पाई भुक्तानी तहाँ पठाईएको व्यहोरा अनुरोध छ साथै भुक्तानी गरी सोको जानकारी पठाई दिनुहुन समेत जानकारीको लागि अनुरोध छ ।।

डा. प्रकाशप्रसाद शाह  
जिल्ला स्वास्थ्य प्रमुख  
जिल्ला स्वास्थ्य प्रमुख

नोट :- संलग्न ह.फा अनुसार प्रत्येक स्वास्थ्य संस्थाहरुलाई उक्त परिमाण अनुसारको औषधि पठाई सकेको र प्रत्येक प्रा.स्वा.के. साथै जिल्ला अस्पतालमा पनि संलग्न ह.फा. अनुसारको परिमाणमा औषधिहरु पठाई सकेको पनि जानकारी गराईन्छ ।

Approval Letter from Ministry

नेपाल सरकार

## जिल्ला स्वास्थ्य कार्यालय, रामेछाप

## खरिद आदेश

श्री .....

ठेगाना:- .....

TPIN/PAN: .....

करदाता नं.:

देहाय बमोजिमका सामानहरु मिति ..... भित्र ..... कार्यालयमा दाखिला गरी विल/इन्व्वाइस प्रस्तुत गर्नुहोला ।

खरिद आदेश नं. १

मिति: २०७१/०१/२३

क्र.सं.	बजेट शीर्षक	विवरण	स्पेसिफिकेशन	सामानको परिमाण	इकाई	मुल्य		कैफियत
						दर	जम्मा रकम	
१	२	३	४	५	६	७	८	९
२		Amitrioptalin २५mg		५८०००	Tab.	५.५५	२,१५,५००/-	
३		" " " ७५mg		५५०००	"	६.७०	३,६९,०००/-	
४		Dizepom ५mg.		४०००	"	३.००	१२,०००/-	
५		Carbamazepin २००mg		३०००	"	२.८०	८,४००/-	
६		Chlorpromazin ५०mg		१४०००	"	१.००	१,४०,०००/-	
७		" " " १००mg		९०००	"	१.५०	१,३५,०००/-	
८								
९								
१०								
११								
१२								
१३								
१४								
१५								
१६								
१७								
१८								
१९								
२०								
	जम्मा							

फाँटवालीको दस्तखत: .....

मिति:- २०७१/०१/२३

कार्यालय प्रमुखको दस्तखत: .....

मिति:- .....

आर्थिक प्रशासन शाखाले भर्ने

माथि उल्लिखित सामानहरु बजेट उपशीर्षक नं. .... को खर्च शीर्षक .... बाट भुक्तानी दिन बजेट बाँकी देखिन्छ/देखिन्दैन ।

शाखा प्रमुखको दस्तखत:

मिति:-

माथि उल्लिखित सामानहरु मिति ..... भित्र ..... कार्यालयमा बुझाउने छु भनी सहिछाप पर्ने ।

फर्मको नाम

दस्तखत

मिति

Quotation



नेपाल सरकार  
स्वास्थ्य तथा जनसंख्या मन्त्रालय  
स्वास्थ्य सेवा विभाग  
मध्यमाञ्चल क्षेत्रीय स्वास्थ्य निर्देशनालय  
जिल्ला स्वास्थ्य कार्यालय  
चरिकोट, दोलखा

फोन नं. :- ०४९-४२११८८

पत्र संख्या :- ०७२/०७३

च.नं.:- ६२३

मिति :- २०७२/०९/१९

विषय :- मानसिक स्वास्थ्य सम्बन्धी खरिद गरिएको औषधीको रकम भूक्तानी सम्बन्धमा ।

श्री बहुसांस्कृतिक मनोसामाजिक संस्था टि.पि.ओ. नेपाल

बालुवाटार काठमाण्डौ ।

प्रस्तुत विषयमा स्वास्थ्य तथा जनसंख्या मन्त्रालयको मिति २०७२/०८/१० च नं. १ (अ) ३६६ को पत्र अनुसार टिपिओ नेपाल ले दोलखामा सञ्चालन गरेको Technical Assistance to support transition and recovery of Nepal health system in post earthquake situation नामक परियोजनाको लागि हाललाई रु ३,०००००।-(तीन लाख) र यसपछी आवश्यकताको आधारमा औषधी खरिद प्रक्रियाको लागि अनुमति प्रदान गरे अनुसार जिल्ला स्वास्थ्य कार्यालय दोलखाले कोटेशन आब्हान गरी औषधी खरिद गरेको छ । उक्त औषधी udip Traders Pvt. Ltd. Charikot, Dolakha बाट खरिद गरिएको जानकारी गराउदै उक्त औषधी खरिद को रकम रु २,९९,१००।- भूक्तानी दिनुहुन अनुरोध छ ।

.....  
जिल्ला स्वास्थ्य प्रमुख  
(डा. भाधव प्रसाद लम्साल)  
जि.स्वा.प्रमुख

Contract Award - Dolakhar

PAN: 602114983

Cash Bill

Tel: 049-421<sup>436</sup>

TSHO ROLPA GENERAL HOSPITAL (P) LTD.  
**SUDIP TRADERS PHARMACY UNIT**

214

Charikot, Dolakha

Date:- 07.2.09/01

Bill No.

Name: DHO Dolakha

S.N.	Particulars	Quantity	Rate	Amount
1.	Amitriptyline 25mg	28000	4	1,12,000. w
2.	Amitriptyline 75mg	5300	7	37,100. w
3.	chlorpromazine 100mg	9000	2	18,000. w
4.	chlorpromazine 200mg	14000	3	42,000. w
5.	Carbamazepine 200mg	20,000	3	60,000. w
6.	Dizepam 5mg	4000	3	12,000. w
7.	Thimine 100mg	9000	2	18,000. w
G. Total				2,99,100. w

In word Two. Lakh. Ninety. Nine thousand & Hundred Rupees only



Received By

Quotation