



Health Sector Transition and Recovery Programme

**Procurement and delivery of psychotropic
drugs to focal districts**

TPO Payment Deliverable 6

Transcultural Psychosocial Organization



March 2015

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PROCUREMENT AND DELIVERY OF PSYCHOTROPIC DRUGS TO FOCAL DISTRICTS

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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 Inhibit

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 DHOs, particularly during natural disasters.

1.2 Provision of Mental Health Drugs

There are differences between the first line drugs for depression and psychosis recommended by the American Psychiatric Association's (APA's) National Institute of Health Care and Excellence (NICE) and those on MoH's list of free drugs to be made available at Nepal's tertiary health care centres. The NICE recommended first line drugs for depression are selective serotonin re-uptake inhibitors (SSRIs) including fluoxetine, sertraline, citalopram and escitalopram. The NICE recommended first line drugs for psychosis are second generation antipsychotics such as olanzapine and risperidone.

MoH's standard first line drugs for depression are amitriptyline and fluoxetine; for epilepsy, phenobarbitone; for psychosis, chlorpromazine, haloperidol and injection fluphenazine. In compliance with MoH guidelines, only drugs included in the free drug list have been procured under this programme, however TPO Nepal is working with MoH and the Department of Drug Administration (DDA) to better align Nepal's free essential drug list with SMILE guidelines. In this respect several meetings and discussions among TPO Nepal experts and PHCRD have already taken place.

1.3 Purpose of Drug Procurement

As noted, GoN has included several 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 health issues do not have access to appropriate treatment in districts. 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.

Following training of the first batch of prescribers, there was an urgent need for medications to be made available at prescriber health facilities. The fastest way to procure the drugs was by the DHO operating within a budget limit of three hundred thousand rupees and selecting on the basis of three quotations. Accordingly, this round of procurement was on a small scale but will be followed by a second larger round. Once the second round is completed, 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 the supply of six medicines through the DHO to health post level, where at least one prescriber per facility 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 each health facility has received eight-days training on mhGAP-HIG. Six priority disorders such as psychosis, depression, epilepsy, alcohol use disorder (AUD), suicide, and post-traumatic stress disorder (PTSD) have been included in the training. Prescribers are health workers who have been authorised 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 prescribing psychotropic drugs 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 of which covered psychosocial support followed by five days on diagnosis and the management of psychiatric disorders as per mhGAP-HIG. The specific disorders covered during the training were: moderate to severe depressive disorder, psychosis, anxiety, PTSD, epilepsy, suicide and AUD. At least one prescriber from each health facility was trained on prescribing psychotropic drugs.

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 through different means including phone calls, spot supervision, and monthly case conferences. The trained prescribers can call TPO Nepal's psychiatrists any time when they experience problems in diagnosis and treatment. For spot supervision, TPO Nepal's two psychiatrists visit different health facilities and observe how trained health workers diagnose and treat mental health cases. Considering the time constraints and large number of health facilities in both districts, spot supervision is done at one centre and the prescribers from health facilities are called in to this centre for case conferences.

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

Details of the each case discussed during these conferences are recorded using the format attached in Annex 1, and are followed up in subsequent case conferences. District based monitoring and evaluation (M&E) assistants are also present in case conferences to document the issues discussed.

Mental health drugs are prescribed through trained prescribers in district hospitals and other 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 (NHTC) only after the first supervision visit.

4. PROCUREMENT PROCESS

As noted, the procurement of drugs was carried out in accordance with MoH official procurement procedures. First, approval was received from MoH to purchase drugs through the district health system (Annex 2). The DHO led the entire procurement process with TPO Nepal also involved in each and every step. 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 held in both districts to finalise the drug procurement process at district level. Each meeting was chaired by the head of the DHO with all concerned officers (accountant, district public health supervisor, mental health focal persons etc), the TPO Nepal district team (including district coordinator and clinical supervisor) and NHSSP 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 assessed based on the psychiatrists' previous experience of the quality of drugs supplied by the same manufacturer and a minimum expiry date of two years from the time of procurement. The supply and storage quality were also checked and assured by the DHO. During the supply to health facilities, the quality of transport and storage complied with the government system of drug distribution. The psychiatrists from TPO Nepal calculated the quantity of each drugs 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 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 VDC sare also visiting health facilities on a monthly basis to collect information on the stock level 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 the required drugs were received by both DHOs. 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. Further, 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 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 तार्हाँ 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
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
मध्यमाञ्चल क्षेत्रीय स्वास्थ्य निर्देशनालय
जिल्ला स्वास्थ्य कार्यालय
चरिकोट, दोलखा

फोन नं. :- ०४९-४२९१८८

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 ।

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

Contract Award - Dolakhar

PAN: 602114983

Cash Bill

Tel: 049-421⁴³⁶

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