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**NEPAL MINISTRY OF HEALTH  
PHARMACEUTICAL SUPPLY DIRECTORY**

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Prepared by

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RPM has collaborated with various local counterparts to produce the "Nepal Ministry of Health Pharmaceutical Supply Directory " Work began in February 1995, with most of the data being collected by June Due to various problems, including other commitments for the RPM staff involved, it has taken from June until now to produce a draft that is suitable for circulation

This Directory should be looked upon as a "work in progress " Readers will find a number of gaps, most of them due to simple non availability of data There remains a major block of work to carry out before the work could be considered complete, and that is the collection and integration of data on NGO supplied drugs It is felt, however, that what has been accomplished so far is useful in and of itself, and that the time has come to circulate this incremental output for comment

RPM feels that it would be of value to capacitate MOH staff to collect this data on an ongoing basis, so that senior decision makers will have current and complete information for making procurement decisions In other words, RPM feels that this Directory could be regarded as the prototype of an ongoing "drug procurement information monitoring system" to be operated by MOH

At present, this document is being made available to a limited audience including staff at the Ministry of Health's Department of Health Services, Logistics Management Division and Department of Drug Administration In addition, it is being made available to the USAID Office of Health and the JSI managed Child Survival and Family Planning Services Project No further circulation is planned pending an opportunity to discuss reactions from Ministry of Health counterparts

Comments and suggestions from any of these parties will be sincerely appreciated

Sincerely,

*James A Bates*

James A Bates  
Director  
RPM Project

## TABLE OF CONTENTS

I	INTRODUCTION	1
II	PURPOSE	3
III	METHODS	5
IV	THE CONCEPT OF SUPPLY EPISODES	7
V	INFORMATION PROVIDED	9
VI	SUPPLY EPISODES	11
	A    Supply Episode No 1 Anti Leprosy Drugs (SASAKAWA)	11
	B    Supply Episode No 2 Anti Malarial Drugs (MOH)	14
	C    Supply Episode No 3 Kala-Azar Drugs (MOH)	17
	D    Supply Episode No 4 Family Planning Supplies (USAID)	20
	E    Supply Episode No 5 Vaccines for EPI (UNICEF)	23
	F    Supply Episode No 6 Vaccines for EPI (MOH)	27
	G    Supply Episode No 7 Family Planning Supplies (UNFPA)	30
	H    Supply Episode No 8 Drugs For Primary Health Care (JICA)	33
	I    Supply Episode No 9 Tuberculosis Drugs (MOH)	35
	J    Supply Episode No 10 Vitamin "A" Capsules (UNICEF)	37
	K    Supply Episode No 11 Nutrition Drugs (UNICEF)	40
	L    Supply Episode No 12 Leprosy Drugs (WHO)	43
	M    Supply Episode No 13 Leprosy Drugs (SASAKAWA)	46
	N    Supply Episode No 14 Essential Drugs for PHC (UNICEF)	49
	O    Supply Episode No 15 Essential Drugs for PHC (SASAKAWA)	52
	P    Supply Episode No 16 Essential Drugs for PHC (MOH)	55
	Q    Supply Episode No 17 Drugs For Sexually Transmitted Diseases (EC)	58
	R    Supply Episode No 18 Drugs for Diarrhoeal Disease (UNICEF)	61
	S    Supply Episode No 19 Drugs for Diarrhoeal Disease (MOH)	64
	T    Supply Episode No 20 Anti Malarial (WHO)	67
	U    Supply Episode No 21 Kala-Azar Drugs (WHO)	70
	V    Supply Episode No 22 Tuberculosis Drugs (JICA)	73
	W    Supply Episode No 23 Drugs for ARI (MOH)	75
VII	ACCURACY AND COMPLETENESS OF DATA	79
VIII	ANALYSIS AND INTERPRETATION OF DATA	81
	A    An "ABC" Value Analysis of 1994 Purchases	81
	B    Analysis of Purchases According to Major Program Areas	82
	C    Analysis of Procurement Funds Provided by Major Donors	82
	D    Analysis of Drug Prices	83
	E    Procurement Trends	84

IX MAJOR OBSERVATIONS

87

X RECOMMENDATIONS

91

## APPENDICES

Appendix No 1	Sasakawa Foundation of Japan Leprosy Drugs	93
Appendix No 2	Ministry of Health, Malaria Drugs	97
Appendix No 3	Ministry Of Health, Kala-azar	101
Appendix No 4	USAID, Family Planning Supplies	105
Appendix No 5	UNICEF, Vaccines For EPI	109
Appendix No 6	Ministry of Health, Vaccines For EPI	113
Appendix No 7	UNFPA, Family Planning Supplies	117
Appendix No 8	JICA, Essential Drugs For PHC (Data to be collected)	121
Appendix No 9	National TB Center TB Drugs	123
Appendix No 10	UNICEF, Vitamin "A"	127
Appendix No 11	UNICEF, Nutrition Drugs	131
Appendix No 12	WHO, Leprosy Drugs	135
Appendix No 13	Sasakawa Foundation, Leprosy Drugs	137
Appendix No 14	UNICEF, Essential Drugs For PHC	141
Appendix No 15	Sasakawa Foundation, Essential Drugs For PHC	145
Appendix No 16	Ministry of Health, Essential Drugs For PHC	149
Appendix No 17	European Community, Drugs For Sexually Transmitted Diseases	153
Appendix No 18	UNICEF, Drugs For Diarrhoeal Diseases	157
Appendix No 19	Ministry of Health, Drugs For Diarrhoeal Diseases	161
Appendix No 20	WHO, Malaria Drugs	165
Appendix No 21	WHO, Kala-azar Drugs	169
Appendix No 22	JICA, TB Drugs	173
Appendix No 23	Ministry Of Health, Drugs For Acute Respiratory Infections	177
Appendix No 24	ABC Analysis of 1994 Drug Purchases	181
Appendix No 25	Analysis of 1994 Drug Prices	185
Appendix No 26	Analysis of Annual Purchase Quantities and Prices for Selected Products	189

## I INTRODUCTION

Forecasting drug requirements for maintaining public health delivery systems in Nepal has both therapeutic as well as financial implications. The lack of consumption and epidemiological data, and also the involvement of many organizations for providing essential drugs have made this a very difficult task. However, those closely associated with operating the health delivery system are of the opinion that the Ministry of Health (MOH), is currently supplying less than 30% of the actual drug needs of the country using its own resources. The gap between supply and demand to a very great extent is currently bridged by donors, bilateral aid programs, local and international non governmental organizations (NGOs)

In many instances, providing pharmaceuticals involve the active participation of three different parties. These include an agent for financing drug supplies, a procurement agent for procuring them and a program implementor from the MOH or from the NGO sector using them in providing health care. Currently, there are numerous gaps in our knowledge about a number of important variables. These include

- What drugs are being procured
- Procurement methods used
- Past levels of financial support
- Details concerning storage and distribution
- Anticipated levels of financial support for the future

In short, the current situation with regard to the supply side of the public drug logistics system is rather vague. This is mainly due to the absence of a central information system operating at MOH, that is, within the Logistics Management Division (LMD) for the continuous monitoring of supplies provided by major donors, and entering the logistics system. Further, there is also no comprehensive document that has been published recently to adequately describe this process. Hence, this Pharmaceutical Supply Directory has been prepared with a view to satisfying this need.

## II PURPOSE

The purpose of this directory is to clarify the roles played by key donors, procurement agents and program implementors in major procurement areas of the public sector drug logistics system. This is assumed to set the stage for developing and maintaining an effective system for monitoring pharmaceuticals entering the logistics system on a continuous basis. Such a system, will allow the Ministry of Health's Logistics Management Division (LMD) to plan and coordinate its activities more efficiently with respect to other providers of pharmaceuticals. This will help strengthen inventory control, thus minimizing waste and incidence of drug shortages.

The directory will not only be useful to LMD as a planning tool but it will also be useful to donors for making important decisions regarding how their supply inputs could best fit in to the overall supply system. This will also serve as a useful reference for potential donors to decide how best to contribute most effectively towards bridging the gap between supply and demand for essential drugs.

### III METHODS

Work on the Pharmaceutical Supply Directory commenced in February 1995, and is ongoing. Compilation of the directory has involved several major steps, as described below

- The first major task was to define the key objectives for preparing the directory
- Next, the types of information to be included were defined
- Based on above, data collection methods were specified. Most information was collected through structured interviews with staff from funding, procurement and program implementing agencies
- The quantitative information collected were then entered on spread sheets using Quattro Pro for easy data processing and presentation of information
- The final part of this task involved analysis of both qualitative and quantitative information producing a summary of outputs and to comment on major observations made in respect of the public sector drug supply program in Nepal over the last 5 years
- Finally, the directory summarizes recommendations for strengthening the drug supply system as a whole, based on progress made over the last 5 years, and nature and extent of assistance expected from major donors until 1997

#### IV. THE CONCEPT OF SUPPLY EPISODES

The directory has been compiled to serve as both a reference and a management tool. The central organizing principle is that of *supply episode*. This term refers to the coming together of three agents for purposes of effecting the procurement of blocks of drugs or family planning supplies. These agents include

- Funders such as the Ministry of Health, USAID, UNICEF or UNFPA,
- Procurement agents, which may be the procurement arm of the funding agent, or may be a separate procurement agent based in another organization
- Implementing agents, that is, the programs within the Ministry of Health which are responsible for distributing and using the drugs or other supplies once they become available

While this may seem a bit complex at first, it is necessary to bring all of these agents together under one concept in order to distinguish between the many blocks of drugs and family planning supplies entering the MOH system, and quantify them in terms of the numbers of units of different products supplied and their values. The example of *essential drugs for primary health care* will make this more clear. At present, drugs in this category enter the MOH system in three different ways

- UNICEF funds the procurement of one block of PHC drugs, with part of them being purchased by UNICEF Kathmandu from UNIPAC in Copenhagen, and part of them purchased locally by MOH's Logistics Management Division
- The Sasakawa Foundation funds the procurement of another block of PHC drugs, with all of them being purchased by UNICEF Kathmandu from UNIPAC
- Finally, MOH from its own budget, funds procurement of a third flow of PHC drugs, with the Logistics Management Division managing the purchases from local and Indian suppliers

The only way to distinguish between these blocks, and avoid omissions or double count is to recognize them as unique supply episodes. At the moment, the directory contains information on 23 such supply episodes

## V. INFORMATION PROVIDED

For each of the supply episodes, two types of information are provided. First, in Section VI, there is given in a standard format, the following

- **General Information**, or contact information, on the funding, procurement and implementing agencies,
- **Products and Funding**, or a summary of the drug products or product categories provided, as well as a budget summary for the years 1990-94,
- **Procurement**, or summaries of how needs are estimated, how procurements are carried out, and schedules,
- **Distribution**, or summaries of storage and transport arrangements, and a listing of the types of health facilities receiving supplies, and
- **Future funding**, or a summary estimated funding levels for the years 1995-97, where this information is available

Second, there is for each supply episode, a corresponding appendix. These appendices provide list the drugs provided for the period 1990-1994. The details given include

- **LMIS Code** This represents a 8 digit numeric code for identifying medical supplies. This coding system has been recently developed for operating the computerized Logistics Management Information System (LMIS) used by LMD for keeping track of inventories at health facilities. Where there is no LMIS code, the code NC has been used in presenting data.
- **Product Name** Generic name of product supplied
- **Strength / Size** Refers to strength of drug, volume of liquid preparations, or size of product
- **DMO** A "D" denotes a drug, "M" medical supplies, and "O" any other product
- **Purchase Pack Size** Number of products per pack
- **Currency** Type of currency in which the purchase has been made. Following currency codes have been used:  
  
USD - United States Dollars  
NP RS - Nepal Rupees  
IN RS - Indian Rupees
- **Purchase Unit Cost** C I F cost up to the first point of receiving supplies in Nepal. This does not include internal transportation costs up to the level of user units

- **Quantity Purchased** Number of packs received during any calendar year
- **Total Value:** Represents the total value of consignment received in USD For purpose of currency conversions, the following rates of exchange have been used with respect to the USD

For 1990 - 45 NP RS = 1 USD

For 1991 - 46 NP RS = 1 USD

For 1992 - 47 NP RS = 1 USD

For 1993 - 48 NP RS = 1 USD For 1993 - 31 IN RS = 1 USD

For 1994 - 49 NP RS = 1 USD For 1994 - 31 IN RS = 1 USD

The collection of quantitative information has not been very easy, as many supply sources have not been maintaining accurate procurement records While every effort has been made for collecting complete and reliable information, it is important to mention that only a limited amount of information could be collected for some episodes Where this has been the case, it is so stated

The directory has not been confined to recording information with respect to past supply transactions, but has also focused on the level of funding expected to be provided over the next 3 years by major providers of pharmaceuticals Obtaining reliable estimates for levels of future financial support on an annual basis until 1997 has not been an easy task for a variety of reasons Hence, only those estimates considered reliable have been included This information will come in useful for planning future supply programs

**VI. SUPPLY EPISODES****A Supply Episode No 1 Anti Leprosy Drugs (SASAKAWA)****1. General Information****a Funding and Procurement Agency***Funded by* Sasakawa Memorial Health Foundation of Japan*Procurement Agent* Sasakawa Memorial Health Foundation of Japan*Address* Sasakawa Hall, 3-12-12 Mita, Minato-ku, Tokyo 108, Japan*Senior Manager* Y Yuasha, Medical Director*Telephone* 3-3452-8283 *Fax* 3-3452-8283**b Program Implementation Agency***Name of Implementing Organization* National Leprosy Control Program*Address* Department of Health Services, Teku, Kathmandu, Nepal*Senior Manager* Dr Kamala Burathoki, Director Leprosy Program*Person Responsible for Procurement* Mitha Ram Thapa*Telephone* 211065**2 Products and Funding**

Drugs used for treating Leprosy have been supplied since 1990. Main product categories used are, Clofazimine, Dapsone, and Rifampicin.

Appendix No 1 contains details of individual products supplied over the last 5 years, procurement quantities, unit prices, and sources of supply. Following table shows the value of drugs supplied annually over the last 5 years in US Dollars.

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Cost of all Leprosy Drugs supplied	77,308	N	N	N	N

N - Not supplied

### **3 Procurement**

#### **a Estimating Drug Needs**

Drug estimation is undertaken annually by the National Leprosy Control Program, based on feed back received on old and new case loads from the field

#### **b Procurement Method**

After estimating drug needs, orders are placed with Sasakawa Memorial Health Foundation in Japan. Since source of supply is in Japan, information is not available regarding procurement methods and quality assurance procedures.

#### **c Ordering Schedule**

The following procurement schedule is usually used for placing annual orders

- Estimation of drug needs usually commences around June / July each year
- Placing of order around August
- Receiving of Goods around March

The total procurement lead time is usually about 7 months. In addition, supplementary orders are also placed as and when necessary.

### **4 Distribution**

#### **a Storage**

Supplies are received and stored at the LMD Central warehouse at Teku, Kathmandu. From here, supplies needed for the Central Region managed by the National Leprosy Control Program is shipped directly to district level.

#### **b Cost of Transport**

Cost of transporting supplies from regional level to user units is borne by MOH.

#### **c Health Facilities Receiving Supplies**

The following type of health facilities in 17 districts located within the Central Region are currently receiving Leprosy drugs

- District Hospitals
- Special Hospitals
- Primary Health Care Centers
- Health Posts

**5 Future Procurement Plans**

The following table, indicates the level of support in US Dollars expected to be received from Sasakawa Memorial Health Foundation for Leprosy drugs to be purchased through WHO over the next 3 years

---

For Years	1995	1996	1997
	US\$	US\$	US\$
<hr/>			
Leprosy Drugs *			

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\* Data to be collected

**B Supply Episode No 2 Anti Malarial Drugs (MOH)****1 General Information****a Funding Agency**

*Funded by* Department of Health Services, Ministry of Health

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr Kalyan Raj Pandey, Director General of Health Services

*Telephone* 214799 *Fax* 220238

**b Procurement Agent**

*Procurement Agent* Logistics Management Division (LMD)

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr B B Karki, Director LMD

*Person Responsible for Procurement* Pawan Koirala

*Telephone* 220736

**c Program Implementation**

*Program Implementation Agency* Malaria Control Program

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr B L Shrestha, Director Epidemiology and Disease Control Division

*Person Responsible for Procurement* Dr M K Banerjee

*Telephone* 215050 *Fax*

**2 Products and Funding**

Drugs used for treating Malaria have been supplied since 1958. Until 1993, the Malaria Control Program procured Malaria drugs, but since then, LMD has been procuring all Malaria drugs financed through the MOH. Main product categories used are, Chloroquine, Primaquine, Sulfadoxine, and Pyrimethamine. Appendix No 2 contains details of individual products supplied over the last 5 years, procurement quantities, and unit prices. Following table shows the value of Malaria Drugs supplied annually over the last 5 years in US Dollars.

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Value of Malaria Drugs	N	953,590	1,611,525	718,635	N

N - Not supplied

In addition to funds provided by the MOH, Malaria drugs are also provided by WHO. See Supplier No 20 for details of these purchases.

### 3 Procurement

#### a Estimating Drug Needs

Estimation of drug needs is undertaken by Dr M K Banerjee, a Malariologist, using methods based on past consumption, and information on new clinical cases.

#### b Procurement Methods

LMD has been procuring anti Malarial drugs since 1993. Prior to this, the Malaria Control Program itself was responsible for procurement.

Currently, the Malaria Control Program estimates drug needs and places orders with LMD. LMD usually places orders for Chloroquine and Primaquine from Royal Drugs Ltd (RDL). Under the current drug procurement policy, any drug which could be successfully manufactured by RDL is awarded to RDL without competition. RDL has registered its products with DDA, and has been passed for Good Manufacturing Practice.

Other Malaria drugs that can not be locally manufactured at RDL are subjected to usual LMD tender procedures. These drugs have been mainly supplied by Indian and French suppliers approved by DDA.

#### c Ordering Schedule

There is no fixed schedule for placing orders for Malaria drugs, as time of placing orders is mainly dependant on stock levels. Once orders have been placed at LMD, the procurement lead time is usually about 3 to 4 months.

**4 Distribution****a Storage**

Supplies are received and stored at the LMD Central warehouse at Teku, Kathmandu. From here, supplies are distributed to the 5 regional warehouses, and then on to District level. Subsequently, they are delivered to health facilities within the district.

**b Cost of Transport**

Cost of transporting supplies from central level to user units is borne by MOH.

**c Health Facilities Receiving Supplies**

The following types of health facilities located throughout Nepal are currently receiving Malaria drugs:

- Zonal Hospitals
- District Hospitals
- Primary Health Care Centers
- Health Posts
- Sub Health posts

**5 Future Procurement Plans**

The table given below indicates the estimated value of Malaria Drugs to be procured by LMD in US Dollars, using MOH funds over the next 3 years.

For Years	1995 US\$	1996 US\$	1997 US\$
Malaria Drugs *	24,200	27,000	29,000

\* Need for Malaria drugs has reduced significantly due to stock in hand as well as significantly lower level of slide collections.

**C Supply Episode No 3 Kala-Azar Drugs (MOH)**

**1. General Information**

**a Funding Agency**

*Funded by* Department of Health Services / Ministry of Health

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr Kalyan Raj Pandey, Director General of Health Services

*Telephone* 214799 *Fax* 220238

**b Procurement Agent**

*Procurement Agent* Logistics Management Division (LMD)

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr B B Karki, Director LMD

*Person Responsible for Procurement* Pawan Koirala

*Telephone* 220736

**c Program Implementation**

*Program Implementation Agency* Kala-azar Control Program

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr B L Shrestha, Director Epidemiology and Disease Control Division

*Person Responsible for Procurement* Dr M K Banerjee

*Telephone* 215050 *Fax*

**2 Products and Funding**

Drugs used for treating Kala-azar have been supplied since 1985, but in an organized manner only since 1993

Until 1993, the Kala-azar Control Program procured drugs, but since then, LMD has been procuring all Kala-azar drugs financed through the MOH. Main product categories used are, Sodium Antimony Gluconate and Pentamidine injections

Appendix No 3 contains details of individual products supplied over the last 5 years, procurement quantities, and unit prices. Following table shows the value of Kala-azar Drugs supplied annually over the last 5 years in US Dollars

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Value of Kala-azar Drugs	N	67,877	29,179	1,361	424

In addition to funds provided by the MOH, Kala-azar drugs are also provided by WHO. Refer Supply No 21 for details of these purchases

### 3 Procurement

#### a Estimating Drug Needs

Estimation of Kala-azar drug needs is undertaken by Dr. M. K. Banerjee, a Malariologist, using methods based on past consumption, and information on new clinical cases

#### b Procurement Methods

The Kala-azar Control Program estimates drug needs and places orders with LMD for obtaining supplies. LMD calls tenders for obtaining bids from foreign drug manufacturers for Kala-azar drugs. For quality assurance, LMD ensures that drugs are purchased from suppliers approved by DDA.

#### c Ordering Schedule

There is no fixed schedule for placing orders for Kala-azar drugs from LMD, as time of placing orders largely depends on stock levels. Once orders have been placed at LMD, the procurement lead time is usually about 3 to 4 months.

### 4 Distribution

#### a Storage

Supplies are received and stored at the LMD Central warehouse at Teku, Kathmandu. From here, they are distributed to the 5 regional warehouses, and then on to District level. Subsequently, drugs are delivered to district health facilities.

b Cost of Transport

Cost of transporting supplies from central level to user units is borne by MOH

c Health Facilities Receiving Supplies

The following types of health facilities located in 11 selected districts in the Terai are currently receiving Kala-azar drugs. These are districts bordering Bihar state in India, where sand flies causing this infection are mostly prevalent. In addition, Kala-azar drugs are also supplied to the Infectious Disease Hospital in Teku, Kathmandu

- Zonal Hospitals
- District Hospitals

**5 Future Procurement Plans**

The table given below, indicates the estimated value of Kala-azar Drugs to be procured through LMD in US Dollars, using MOH funds over the next 3 years

For Years	1995 US\$	1996 US\$	1997 US\$
Kala-zar Drugs	125,000	137,500	152,000

**D Supply Episode No 4 Family Planning Supplies (USAID)****1 General Information****a Funding and Procurement Agency**

*Funded by* United States Agency For International Development (USAID)

*Address* Rabi Bhawan, P O Box 5653, Kathmandu, Nepal

*Senior Manager* Pangdey T Youzone

*Telephone* 977 1 271325      *Fax* 977 1 272357

**b Program Implementation**

*Program Implementation Agency* Family Health Division, Department of Health Services

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr Hira Shrestha, Acting Director Family Health Division

*Telephone* 212731      *Fax*

**2 Products and Funding**

USAID has been a major provider of Family Planning Materials throughout Nepal since 1968. The main products supplied are, Condoms, Copper T IUDs, Lo-Femal and Depo-Provera. For more details on procurement quantities and prices of products supplied over the last 5 years, refer to Appendix No 4.

Following table shows the value of family planning products supplied annually over the last 5 years in US Dollars

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Cost of Family Planning Supplies *	879,822	202,824	123,772	115,248	608,956

\* Does not include CRS supplies to private sector

**3 Procurement**

**a Estimating Drug Needs**

A method based on consumption data received on new and old patient loads from health facilities is employed for forecasting needs of Family Planning Materials. The task of working out annual estimates of Family Planning Supplies is done by USAID contractor John Snow Incorporated (JSI)

**b Procurement Method**

Once needs have been estimated for individual products, the USAID office in Nepal places an order with Bureau For Research and Development, Office of Population, Commodity Program Supply Division (BRD/POP/CPSD), Room 803, SA-18 Agency For International Development, Washington DC, 20523-1819, USA

This office procures on behalf of USAID Family Planning Programs worldwide. Quality Assurance functions are undertaken by Family Health International, P O Box 13950, Research Triangle Park, NC 27709, USA. Tel 919 544 7040 & Fax 919 544 7261

**c Ordering Schedule**

The following schedule is normally followed for procuring Family Planning Supplies

- Assessment of Needs around December / January each year
- Finalization of order, first week of February
- From the time of placing an order, it takes around 4 to 6 months for supplies to arrive in Nepal by sea

**4 Distribution**

**a Storage**

On completion of port clearing, supplies are first delivered to the USAID warehouse in Kathmandu to be stored temporarily for about two weeks. From here, they are transferred to the LMD store in Teku, and then on to the 5 Regional Warehouses. From regional stores, supplies are moved to district level to be distributed to different types of health facilities

For moving supplies between regional and district level, a combination of delivery and collection methods are employed

**b Cost of Transport**

All costs of transporting supplies from central level to user units are borne by MOH

c Health Facilities Receiving Supplies

The following types of health facilities and organizations located throughout Nepal are currently receiving Family planning Supplies through USAID

Zonal Hospitals  
 District Hospitals  
 Primary Health Care Clinics  
 Family Planning Clinics  
 Health Posts  
 Sub Health Posts  
 NGOs

In addition to providing above facilities, USAID is also providing family planning supplies to Contraceptives Retail Sales CRS, a private sector program for sale of contraceptive products

5 Future Funding Plans

The following table, indicates future level of support for Family Planning Supplies in US Dollars expected to be provided by USAID Nepal over the next 3 years to the public sector

For Years	1995 US\$	1996 US\$	1997 US\$
Family Planning Supplies	1,558,765	678,931	990,221

**E Supply Episode No 5 Vaccines for EPI (UNICEF)**

**1. General Information**

**a Funding and Procurement Agency**

*Funded by* United Nations Children's Fund (UNICEF)

*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal

*Senior Manager* Dr Rubina Imtiaz, E P I Officer

*Telephone* 977 1 523200 Ext 386      *Fax* 977 1 527280

**b Program Implementation**

*Program Implementation Agency* Expanded Program of Immunization

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr Kiran Sakya

*Telephone* 213240                      *Fax*

**2 Products and Funding**

The National EPI program currently receives vaccines from LMD using Ministry of Health funds, UNICEF, and occasionally small quantities in kind from other donors

UNICEF Kathmandu Office has been the major provider of vaccines to Nepal for the past 10 years. Until 1993, vaccines needed by immunization programs throughout Nepal have been provided through UNICEF, with support from the Rotary. However, since 1993/94, the LMD has also been procuring vaccines using Ministry of Health funds. Over the last few years, the contribution from the MOH has been increasing, and currently, all DPT and TT vaccines are provided by the MOH. Further, MOH expects to purchase a part of Measles vaccine needs in 1994/95.

The main types of vaccines supplied by UNICEF are, BCG, Polio drops, DPT, Measles, and Tetanus Toxoid. For more details on procurement quantities and prices of vaccines supplied by UNICEF over the last 5 years, refer to Appendix No 5. For details on MOH procurement, see Supply No 6.

Following table shows the value of vaccines supplied by UNICEF annually over the last 5 years in US Dollars

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Cost of UNICEF Vaccine Supplies	726,981	1,154,012	1,264,676	N/A	N/A

N/A - Data not available

### 3 Procurement

#### a Estimating Vaccine Needs

Until 1993, the following method has been used for estimating vaccine needs. The smallest planning unit at village level is the Village Development Committee (VDC). It is assumed that there would be 5 vaccination sessions per month in each VDC, using one vial per session. Further, on an average, an Ilaka a bigger planning area, was assumed to have 9 VDCs, and 9 Ilakas per District. Based on these assumptions, the number of vials needed for an year for all 75 districts were estimated to be equal to  $5 \times 9 \times 9 \times 12 \times 75 = 364,500$  vials.

Since 1993, the above method of estimation has been replaced by a new approach to reduce waste, based on target populations, and provision to accommodate geographical differences.

#### b Procurement Methods

Once total vaccine needs have been estimated, UNICEF Nepal in collaboration with LMD decides on vaccines and quantities to be procured by UNICEF and LMD. For vaccines funded through UNICEF, the local UNICEF office places an order with UNICEF Copenhagen in Denmark.

The UNICEF office in Copenhagen uses a worldwide network of prequalified vaccine manufacturers for procuring vaccines. UNICEF ensures that vaccine manufacturers maintain Good Manufacturing Practices (GMP), Good Laboratory Practices (GLP), and packaging methods, in accordance with WHO standards. These measures are a key component of UNICEF's quality assurance program.

Once the vaccines are ready for delivery, the UNICEF Copenhagen office informs UNICEF Nepal regarding the supplier, shipment and flight details.

c      **Ordering Schedule**

The schedule given below is normally followed for undertaking procurement of vaccines

- **Assessment of Needs undertaken around September each year**
- **Finalization and placing of order is completed in December**
- **From the time of placing an order, it takes around 3 months for vaccines to arrive in Nepal by air**

Vaccines from UNICEF are ordered in two to four lots, but because of multiple suppliers, partial shipments, and late payments, total number of deliveries have amounted to about 20 deliveries per year

**4      Distribution**

a      **Storage**

On clearing vaccine shipments from the Kathmandu airport, they are transported directly to the 3 Walk in Cold Rooms at Teku Kathmandu. These Cold Rooms have a capacity to hold 6 months of vaccine needs, and are equipped with standby generators. From here, vaccines are transferred to Cold Rooms at each of the 5 Regions. From regions, vaccines are moved to 75 District Cold Stores, and to 92 Sub Centers. From these fixed points, vaccines are transported in Cold boxes for vaccinations at health facilities.

b      **Cost of Transport**

All costs of transporting vaccines from central level to user units are usually borne by the MOH. However, under exceptional circumstances, UNICEF too has been providing transport assistance.

c      **Health Facilities Receiving Vaccines**

The following types of health facilities located throughout Nepal are currently receiving vaccines procured through UNICEF

- Zonal Hospitals**
- District Hospitals**
- Primary Health Care Clinics**
- Health Posts**
- Sub Health Posts**

### 5 Future Funding Plans

The table given below, indicates future level of support expected to be provided by UNICEF for the procurement of vaccines in US Dollars over next 3 years

For Years	1995 US\$	1996 US\$	1997 US\$
Purchase of Vaccines *	1,069,853	1,913,780	2,671,061

\* Estimates based on the assumption that UNICEF would provide BCG, OPV, and Measles vaccine needs up to 1997, and prices will increase by 10% annually in relation to latest 1994 prices

**F Supply Episode No 6 Vaccines for EPI (MOH)**

**1 General Information**

**a Funding and Procurement Agency**

*Funded by* Department of Health Services, Ministry of Health

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr Kalyan Raj Pandey, Director General of Health Services

*Telephone* 214799                      *Fax*

**b Program Implementation**

*Program Implementation Agency* Expanded Program of Immunization

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr Kiran Sakya

*Telephone* 213240                      *Fax*

**2 Products and Funding**

The National EPI program currently receives vaccines from LMD using Ministry of Health funds, UNICEF, and occasionally small quantities in kind from other donors

UNICEF Kathmandu Office has been the major provider of vaccines to Nepal for the past 10 years. Until 1993, vaccine needed by immunization programs throughout Nepal have been provided through UNICEF, with support from the Rotary. However, since 1993/94, the LMD has also been procuring vaccines using Ministry of Health funds. Contribution from the MOH has been increasing, and currently, all DPT and TT vaccines are provided by the MOH. Further, MOH expects to purchase a part of Measles vaccine needs in 1994/95. Value of vaccines procured by LMD in 1994 amounts to USD 148,000.

The main types of vaccines supplied by MOH are, DPT, and Tetanus Toxoid. For more details on procurement quantities and prices of vaccines supplied by MOH last year, refer to Appendix No 6. For details on UNICEF procurement, see Supply No 5.

### 3. Procurement

#### a Estimating Vaccine Needs

Until 1993, the following method has been used for estimating vaccine needs. The smallest planning unit at village level is the Village Development Committee (VDC), and it is assumed that there would be 5 vaccination sessions per month, using one vial per session in each VDC. Further, on an average, an Ilaka a bigger planning area was assumed to have 9 VDCs, and 9 Ilakas per District. Based on these assumptions, the number of vials needed for an year for all 75 district were estimated to be equal to  $5 \times 9 \times 9 \times 12 \times 75 = 364,500$  vials.

Since 1993, the above method of estimation has been replaced by a new approach for reducing waste, based on target populations, and provision to accommodate geographical differences.

#### b Procurement Methods

Once total vaccine needs have been estimated, UNICEF Nepal in collaboration with LMD decides on vaccines and quantities to be procured by UNICEF and LMD. For vaccines funded through MOH, procurement is undertaken by LMD.

The tender process is supervised by a team of 3 to 5 persons comprising of Director LMD, Director Child Health Program, Chief of Accounts, and up to two other heads of departments.

The tender process begins when LMD receives an order for vaccines needed for the current year from the EPI Program manager. The usual tender procedure followed by LMD is used in the case of vaccines too, where at least 3 quotations have to be received after calling for quotations. LMD places advertisements in the local news papers requesting bids for required vaccines. Once bids have been received from suppliers, a tender committee evaluates bids based on price, previous supply experience, delivery, and whether the supplier has been approved by UNICEF for supplying vaccines. The committee recommends one supplier to the Director General of Health Services for supply of vaccines. The Director General reviews the recommendation and approves the placing of order.

Next, LMD opens a Letter of Credit for the full amount involved, and usually receives vaccines in 3 tranches. LMD clears shipments of vaccines received by air, and releases funds from the Letter of Credit. Bids have been received mainly from Indian suppliers, and all contracts have been awarded last year to the Serum Institute of India Ltd, based on price and quality. The supply of vaccines from this supplier is currently progressing satisfactorily. Further, prices are significantly lower compared to vaccines procured from UNICEF Copenhagen. The lower airfreight costs from India have also contributed significantly towards this cost reduction.

### c Ordering Schedule

The schedule given below is normally followed for undertaking procurement of vaccines

- Assessment of Needs undertaken around August / September each year
- Finalization and placing of order is completed in December
- From the time of placing an order, it takes around 3 months for vaccines to arrive in Nepal by air

## 4 Distribution

### a Storage

On clearing vaccine shipments from the Kathmandu airport, they are transported directly to the 3 Walk in Cold Rooms at Teku Kathmandu. These Cold Rooms have a capacity to hold 6 months of vaccine needs, and are equipped with standby generators. From here, vaccines are transferred to Cold Rooms at each of the 5 Regions. From regions, vaccines are moved to 75 District Cold Stores, and to 92 Sub Centers. From these fixed points, vaccines are transported in Cold boxes for vaccinations at health facilities.

### b Cost of Transport

All costs of transporting vaccines from central level to user units are usually borne by the MOH. However, under exceptional circumstances, UNICEF too has been providing transport assistance.

### c Health Facilities Receiving Vaccines

The following types of health facilities located throughout Nepal are currently receiving vaccines procured through LMD

- Zonal Hospitals
- District Hospitals
- Primary Health Care Clinics
- Health Posts
- Sub Health Posts

## 5 Future Procurement Plans

The table given below, indicates future level of support expected to be provided by MOH for the procurement of vaccines in US Dollars over next 3 years

For Years	1995 US\$	1996 US\$	1997 US\$
Purchase of Vaccines	275,904	335,950	413,080

\* Based on the assumption that MOH will procure all DPT and TT vaccine needs in future, and there will be a 10% annual price increase for vaccines

**G Supply Episode No 7 Family Planning Supplies (UNFPA)****1 General Information****a Funding and Procurement Agency**

*Funded by* United Nations Fund For Population Activities (UNFPA)

*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal

*Senior Manager* D B Lama, Chief, Program Unit

*Procurement Manger* D P Adhikari

*Telephone* 523637 *Fax* 523985

**b Program Implementation**

*Program Implementation Agency* Family Health Division, Department of Health Services

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr Hira Shrestha, Acting Director Family Health Division

*Telephone* 212731 *Fax*

**2. Products and Funding**

UNFPA Kathmandu Office has been a major provider of Family Planning Supplies to Nepal for the past 14 years. The main products supplied to the Family Planning Programs include, Depo-Provera, Norplant, and Condoms. For details on procurement quantities and prices of products supplied by UNFPA over the last 5 years, refer to Appendix No 7.

Following table shows the value of Family Planning supplies provided by UNICEF annually over the last 5 years in US Dollars

For Years-	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Cost of UNFPA Family Planning Supplies	741,820	482,300	421,500	156,000	591,320

**3 Procurement**

**a Estimating Needs**

A task force consisting of UNFPA, LMD, JSI, and a local Management Development Agency (New Era), are involved in forecasting needs for Family Planning supplies. Forecasts are made using a method based on past consumption data.

**b Procurement Methods**

Once individual product needs have been estimated, UNFPA office in Nepal places orders with the UNFPA office in New York. Procurement is carried out by UNFPA New York using a network of suppliers prequalified for supplying family planning materials.

**c Ordering Schedule**

The schedule given below is normally followed for undertaking procurement of Family Planning Supplies.

- Assessment of needs undertaken around February each year
- Finalization and placing of order is completed in March for the first part of the annual order, and second is usually placed around August
- From the time of placing an order, it takes around 4 to 5 months for supplies to reach Nepal

In addition to annual procurement, supplementary orders are also placed as and when necessary. The end of the financial year at UNFPA is December.

**4 Distribution**

**a Storage**

On clearing shipments, they are transported to LMD store in Teku, Kathmandu. From here, supplies are transferred to District Health offices through out all 75 districts in Nepal, to be collected by health facilities.

**b Cost of Transport**

In 1993 and 1994, all costs associated with transporting supplies from central level up to user units were borne by UNFPA. From 1995 onwards, UNFPA is expected to bear the cost of transport only up to District level. From here on, the MOH is expected to bear the cost of transporting supplies to user units.

c Health Facilities Receiving Supplies

The following types of health facilities and organizations located throughout Nepal are currently receiving Family Planning Supplies procured through UNFPA

District Family Planning Clinics  
 Primary Health Care Clinics  
 Health Posts  
 Sub Health Posts  
 NGOs

5 Future Funding Plans

The following table indicates future level of support expected to be provided by UNFPA for the procurement of Family Planning Supplies in US Dollars over next 3 years

For Years	1995 US\$	1996 US\$	1997 US\$
Purchase of Family Planning supplies	647,387	917,815	*

\* The current country agreement terminates in 1996

**H Supply Episode No 8 Drugs For Primary Health Care (JICA)**

**1 General Information**

**a Funding and Procurement Agency**

*Funded by* Japan International Cooperation Agency (JICA)

*Address* JICA Nepal Office, P O Box 450, Kathmandu, Nepal

*Senior Manager* Dr Takeshi Homma, Chief Advisor, Nepal Primary Health Care (PHC) Project

*Procurement Manager* Mayuki Yatake, Pharmacy Expert

*Telephone* 977 1 211126      *Fax* 977 1 228111

**b Program Implementation**

*Program Implementation*

*Address*

*Senior Manager*

*Telephone*                      *Fax*

**2 Products and Funding**

JICA Primary Health Care Program Office has been providing drugs used for maintaining Primary Health Care programs in 2 Health Posts during 1994. The program is still in its infancy, and is expected to grow during 1995. The main objective of the program is to provide essential drugs as seed money for setting up revolving drug funds at Health Posts situated in Bhaktapur, Khakani Primary Health Center, and some Health Posts in Nuwakot District.

For details of drugs procured, quantities supplied, and prices of drugs supplied by JICA over the last 1 year, refer to Appendix No 8 (Not completed yet)

**3 Procurement**

**a Estimating Drug Needs**

Estimation of drug needs is undertaken jointly by Health Post personnel and JICA. More information on actual methods employed needs to be obtained.

**b Procurement Methods**

Once total drug needs have been estimated, JICA office in Nepal places orders with Sarjah, a drug distribution agency situated in Kathmandu. No special efforts are being made regarding Quality Assurance, and much reliance is being placed on Sarjah for providing quality drugs from manufacturers adhering to Good Manufacturing Practices (GMP)

**c Ordering Schedule**

The schedule given below is normally followed for undertaking drug procurement

- Assessment of Needs undertaken around August each year
- Finalization and placing of order is completed during the same month
- From the time of placing an order, it takes around 2 months for supplies to be delivered. Hence, drugs are ready for distribution around October

**4 Distribution****a Storage**

Suppliers selected by Sarjah provide drugs directly to Health Facilities that are to receive drugs with JICA assistance

**b Cost of Transport**

All costs of transporting drugs to user units is borne by JICA

**c Health Facilities Receiving Drugs**

Two Health Posts, namely Nangkhel and Changu Narayan Health Posts have received drugs. More health facilities are expected to receive drugs under this program in 1995 and beyond

**5. Future Funding Plans**

The table given below, indicates future level of support expected to be provided by JICA for the procurement of essential drugs for providing Primary Health Care over next 3 years

For Years	1995 US\$	1996 US\$	1997 US\$
Purchase of Drugs	24,000	24,000	NA

NA - An estimate for 1997 not available

**I Supply Episode No 9 Tuberculosis Drugs (MOH)**

**1 General Description**

**a Funding and Procurement Agent**

*Funded by* National Tuberculosis Center (NTC) / Ministry of Health

*Address* National Tuberculosis Center, Thimi, Bhaktapur, Nepal

*Senior Manager* Dr Dirga Singh Bam, Director, National Tuberculosis Program

*Telephone* 613048                      *Fax* 613061

**b Implementing Agent**

*Implemented by* National Tuberculosis Center (NTC) / Ministry of Health

*Address* National Tuberculosis Center, Thimi, Bhaktapur, Nepal

*Senior Manager* Dr Dirga Singh Bam, Director, National Tuberculosis Program

*Telephone* 613048                      *Fax* 613061

**2 Products and Funding**

Drugs used for treating Tuberculosis have been supplied over the last 30 years. Main product categories used are Rifampicin, Isoniazid, and Ethambutol.

Appendix No 9 contains details of individual products supplied over the last 5 years, procurement quantities, unit prices, and sources of supply. Following table shows the value of TB drugs supplied annually over the last 5 years in US Dollars.

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Value of Tuberculosis Drugs Procured	198,425	170,729	516,177	147,907	94,093

**3 Procurement**

**a Estimating Drug Needs**

Drug estimation is undertaken by the National Tuberculosis Center on an annual basis, based on past consumption data, and a 15% adjustment factor to reflect new cases.

**b Procurement Methods**

The National Tuberculosis Center estimates drug needs and assigns the supply of drugs that can be manufactured by Royal Drugs Ltd (RDL) to be supplied by them. All other drugs that can not be manufactured by RDL, is usually procured through Sarjah. Sarjah has been supplying drugs mainly from Cieba Gaije, a well known multinational company registered with DDA.

**c Ordering Schedule**

The following procurement schedule is usually used for placing annual orders

- Estimation of drug needs usually commences before June each year
- Placing of order take place around July
- Goods are received in 3 split deliveries once in every 4 months

**4 Distribution****a Storage**

Supplies are received from suppliers and stored at the TB Center warehouse. There after, drugs are shipped directly to District level using 2 vans belonging to the TB Center, and also using private transport. Such a distribution system will be used until June 1995. A new plan for distribution to be used after June 1995 is being currently worked out.

**b Cost of Transport**

Cost of transporting supplies from regional level to user units is borne by the TB Center.

**c Health Facilities Receiving Supplies**

The following types of health facilities located within 65 districts are currently receiving TB drugs in all 5 regions

District Hospitals  
 Primary Health Care Centers  
 Health Posts  
 Sub Health Posts

**5 Future Funding Plans**

The table given below, indicates the planned level procurement in US Dollars expected to be undertaken by the National TB Center using MOH Funds over the next 3 years

For Years	1995 US\$	1996 US\$	1977 US\$
TB Drugs *	403,700	444,070	488,477

\* Based on 1994 TB drug budget, and a 10% annual increment

**J Supply Episode No 10 Vitamin "A" Capsules (UNICEF)**

**1 General Information**

**a Funding and Procurement Agent**

*Funded by* United Nations Children's Fund (UNICEF)

*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal

*Senior Manager* Dr S Neupane

*Telephone* 977 1 523200      *Fax* 977 1 527280

**b Implementing Agent**

*Implemented by* National Vitamin "A" Program Technical Assistance Group (TAG)

*Address* P O Box 7518, Kathmandu, Nepal

*Senior Manager* Mrs Dale Davis

*Person Responsible for Supplies* Ram K Sherestha

*Telephone* 224055      *Fax*

**2 Products and Funding**

TAG is a USAID project set up for providing technical assistance to the Nutrition Section of the Child Health Division of the MOH, and also for operating a Vitamin "A" program in selected districts under a phased out program. At present, TAG is managing the distribution program, and provides training to Female Community Health Volunteers (FCHV). Vitamin "A" deficiency is endemic in 32 districts along the Indian border. TAG is currently working in 7 districts located within the target area.

Vitamin "A" Retinol 200000 IU Capsules funded and procured by UNICEF, have been used by TAG for both prevention and treatment of vitamin "A" deficiency since 1993. The prevention program targets children in the age group of 6 months to 5 years. Children between 6 months and one year are given half a capsule (4 drops), while other children are given a full capsule (8 to 10 drops) twice a year. The distribution of capsules take place in April and October each year.

In addition to maintaining prevention programs, TAG is also involved in providing Vitamin "A" for treating vitamin deficiency cases.

On completing two rounds of distribution of Vitamin "A" in a given set of districts, TAG is expected to hand over the program management to the Nutrition Section of the Child Health Division. Thereafter, TAG will take on the management of yet another new set of districts as part of a phased out program.

Appendix No 10 contains details of vitamin "A" capsules supplied in 1994, procurement quantities, unit prices, and sources of supply. The value of Vitamin "A" capsules supplied by UNICEF in 1994 has been USD 64,813.

### **3 Procurement**

#### **a Estimating Drug Needs**

Estimation of Vitamin "A" Capsule needs is undertaken jointly by TAG and MOH's Nutrition Section of the Child Health Division. Estimates are based on census data with a 20% annual adjustment factor for program expansion. Further, needs of the Bhutanese refugees, and NGOs such as Save The Children Fund are also considered when working out capsule needs. Once aggregate needs have been determined, the needs of TAG, that of the Child Health Division, and others are assessed separately.

#### **b Procurement Methods**

Once aggregate needs have been worked out, a requisition is placed with the local UNICEF office in Kathmandu for Vitamin "A" capsules to be purchased through the UNICEF office in Copenhagen, Denmark.

#### **c Ordering Schedule**

The following procurement schedule is usually used for placing annual orders:

- Estimation of drug needs usually commences in August each year
- Placing of order takes place around September
- Goods are received in 2 split deliveries in time for distribution in April and October. Lead times are usually about 6 to 8 months.

### **4 Distribution**

#### **a Storage**

On arrival of supplies in Nepal, capsules are first stored at the Central Warehouse in Teku. From here, they are transferred to the TAG store in Kathmandu, and then on to District level and Ilaka level to be issued to FCHV.

#### **b Cost of Transport**

Cost of transporting supplies from regional level to user units is borne by USAID.

c Health Facilities Receiving Supplies

In addition to prevention programs in target districts, Vitamin "A" Capsules are also used for treating vitamin "A" deficiency cases. For this purpose, capsules are distributed to following types of health facilities. However, the quantity of capsules distributed for this purpose is relatively small when compared to what is used for prevention.

- District Hospitals
- Eye Hospitals
- Primary Health Care Centers
- Health Posts
- Sub Health Posts

5 Future Funding Plans

The table given below, indicates the level of support in US Dollars expected from UNICEF over the next 3 years.

For Years	1995 US\$	1996 US\$	1977 US\$
Vitamin "A" Capsules	85,351	N/A	N/A

N/A - Estimates not available

**K. Supply Episode No. 11: Nutrition Drugs (UNICEF)****1 General Description****a Funding and Procurement Agent**

*Funded by* United Nations Children's Fund (UNICEF)

*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal

*Senior Manager* Dr S Neupane

*Telephone* 977 1 523200      *Fax* 977 1 527280

**b Implementing Agent**

*Implemented by* Nutrition Section, Child Health Division, Department of Health Services

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Mrs Sharada Pandey

*Telephone* 221063      *Fax*

**2 Products and Funding**

The Child Health Division has been distributing Vitamin "A" Retinol 200000 IU Capsules since 1993, and other drugs for the treatment of Goiter, Cretinism, Anemia, and worms. The main types of drugs used are Mebendazol, Iron Tablets, Iodized Oil, and Iodine Injections. These drugs funded and procured by UNICEF, have been used by the Child Health Division for both prevention and treatment of vitamin deficiency.

The vitamin "A" prevention program targets children in the age group of 6 months to 5 years. Children between 6 months and one year are given half a capsule (4 drops), while other children are given a full capsule (8 to 10 drops) twice a year. The distribution of capsules takes place in April and October each year. Currently, the program is in operation in 16 districts along the Indian border where vitamin deficiency is endemic due to low intake of green vegetables.

In addition to maintaining prevention programs, it is also involved in providing Vitamin "A" for treating vitamin deficiency cases in nearly 60 districts.

Technical assistance in managing the vitamin project is provided by TAG, a USAID supported organization. See Supply No 10 for details.

Goiter and Cretinism are most prevalent in the districts bordering the Himalayan range. The Child Health Division is active in prevention and treatment of Goiter and Cretinism by providing Iodine drugs. During Goiter and Cretinism campaigns, patients are given one injection effective for 5 years, and capsules effective for 1 year.

In the case of Anemia, it is prevalent through out the whole of Nepal. For this purpose, Ferrous tablets are provided through health facilities such as Sub Health Posts, Health Posts and Hospitals.

Appendix No 11 contains details of vitamin "A" capsules and other drugs supplied since 1993, procurement quantities, unit prices, and sources of supply. Following table shows the value of Vitamin "A" capsules and other nutrition drugs supplied by UNICEF since 1993 in US Dollars.

For Years	1994 USD	1993 USD
Value of Vitamin "A" & other Drugs	226,442	81,839

### 3 Procurement

#### a Estimating Drug Needs

Estimation of Vitamin "A" Capsule needs is undertaken jointly by TAG and the Nutrition Section of the Child Health Division. Estimates are based on census data, with a 20% annual adjustment factor to reflect program expansion. Further, needs of the Bhutanese refugees, and NGOs such as Save The Children Fund are also considered when working out capsule needs. Once aggregate needs have been determined, the needs of TAG, that of the Child Health Division, and others are assessed separately.

#### b Procurement Methods

Once aggregate needs have been worked out, a requisition is placed with the local UNICEF office in Kathmandu for Vitamin "A" capsules to be purchased through the UNICEF office in Copenhagen, Denmark.

#### c Ordering Schedule

The following procurement schedule is usually used for placing annual orders:

- Estimation of drug needs usually commences in August each year
- Placing of order take place around September
- Goods are received in 2 split deliveries in time for distribution in April and October. Lead times are usually about 6 to 8 months.

#### 4 Distribution

##### a Storage

On arrival of supplies in Nepal, capsules are first stored at the Central Warehouse in Teku. From here, they are transferred to district level, and then on to Health Posts to be issued to FCHV.

##### b Cost of Transport

Cost of transporting supplies from regional level to user units is borne by USAID.

##### c Health Facilities Receiving Supplies

In addition to prevention programs in target districts, Vitamin "A" Capsules are also used for treating vitamin "A" deficiency cases. For this purpose, vitamin "A" capsules and other drugs are distributed to following types of health facilities. However, the quantity of vitamin "A" capsules distributed for this purpose is relatively small when compared to what is used for prevention.

District Hospitals  
 Eye Hospitals  
 Primary Health Care Centers  
 Health Posts  
 Sub Health Posts

#### 5. Future Funding Plans

The table given below, indicates the planned level of support in US Dollars expected from UNICEF over the next 3 years.

For Years	1995 US\$	1996 US\$	1977 US\$
Vitamin "A" Capsules & other drugs *			

\* Data needs to be collected

**L Supply Episode No 12 Leprosy Drugs (WHO)****1 General Description****a Funding and Procurement Agent***Funded by* World Health Organization (WHO)*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal*Senior Manager* I M Shrestha, Senior Administrative Assistant*Telephone* 523200      *Fax* 527756**b Implementing Agent***Implemented by* National Leprosy Program*Address* Department of Health Services, Teku, Kathmandu, Nepal*Senior Manager* Dr Kamala Burathoki, Director Leprosy Program*Telephone* 211065      *Fax***2 Products and Funding**

Drugs used for treating Leprosy have been supplied since 1990. Main drugs used are Chlofaxamin, Dapsone, and Rifamycin.

Appendix No 12 contains details of Leprosy drugs supplied by WHO since 1990, procurement quantities, unit prices, and sources of supply. Following table shows the value of Leprosy drugs supplied by WHO since 1990 in US Dollars.

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Value of Leprosy	3,870	22,694	N	N	43,327
Drugs Supplied					

N - No supplies

### 3. Procurement

#### a Estimating Drug Needs

Drug estimation is undertaken by the National Leprosy Control Program on an annual basis, based on feed back received on old and new case loads from the field

#### b Procurement Methods

Once aggregate needs have been worked out, the Leprosy program places requisitions with the local WHO office for supplies. Prior to placing of orders, all drug requisitions are checked for budget provisions, and approvals of Technical Advisors

In the case of local purchases, requisitions should be accompanied by 3 acceptable quotations. If the drug is to be purchased abroad, the requisition would be forwarded to the WHO Delhi office to be procured in India. In case the drug can not be purchased in India, the purchase would be made by the WHO Geneva office. The average lead times for purchases from India and Geneva are 3 and 6 months respectively.

#### c Ordering Schedule

The following procurement schedule is usually used for placing annual orders

- WHO sends out a letter requesting submission of orders around January / February each year
- Estimates have to be worked out and orders are expected to be placed before June
- Goods are received in about 3 months time if drugs are purchased in India, and 6 months if purchases are made in Geneva

### 4 Distribution

#### a Storage

Supplies are received and stored at the LMD Central Warehouse at Teku Kathmandu. From here, supplies needed for the Central Region managed by the National Leprosy Control Program is shipped directly to district level.

#### b Cost of Transport

Cost of transporting supplies from Kathmandu store to user units is borne by MOH

c Health Facilities Receiving Supplies

The following types of health facilities located in 17 districts within the Central Region are currently receiving Leprosy drugs

- District Hospitals
- Special Hospitals
- Primary Health Care Centers
- Health Posts

5 Future Funding Plans

The table given below, indicates the planned level of support in US Dollars expected from WHO over the next 3 years

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For Years	1995	1996	1997
	US\$	US\$	US\$
<hr/>			
Leprosy Drugs			
<hr/>			

**M Supply Episode No 13: Leprosy Drugs (SASAKAWA)****1 General Description****a Funding and Procurement Agent**

*Funded by* Sasakawa Memorial Health Foundation of Japan

*Address* Sasakawa Hall, 3-12-12 Mita, Minato-ku, Tokyo 108, Japan

*Senior Manager* Y Yuasha, Medical Director

*Telephone* 3 - 3452-8283      *Fax* 3-3452-8283

**b Implementing Agent**

*Implemented by* Anandaban Leprosy Hospital

*Address* P O Box 151, Tikabhairab, Lele VDC, Kathmandu, Nepal

*Senior Manager* Mr Pradeep Failbus, Hospital Director

*Telephone* 290545      *Fax* 290538

**2 Products and Funding**

Anandaban Leprosy Hospital has been treating Leprosy patients since 1957. The hospital is supported by the Leprosy Mission International situated in London. Drugs used for treating Leprosy have been mainly supplied by Sasakawa Health Foundation. Main drugs used are Chlofaxamin, Dapsone, and Rifamycin. Since 1992, use of individual drugs have been replaced by Blister Calendar Packs which are easier to manage.

Appendix No 13 contains details of Leprosy drugs supplied by Sasakawa Health Foundation since 1990, procurement quantities, unit prices, and sources of supply. Following table shows the value of Leprosy drugs supplied since 1990 in US Dollars (Data yet to be collected)

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Value of Leprosy Drugs Supplied					

### 3. Procurement

#### a Estimating Drug Needs

Drug estimation is undertaken by the Hospital on an annual basis, based on existing case loads, new case loads, and a buffer stock equivalent to 3 months usage

#### b Procurement Methods

Once drug needs have been worked out, the order for Leprosy drugs are placed with the Sasakawa Health Foundation in Japan. Annual drug shipments are usually received in one consignment by air. The average lead time by air is about 3 months. Since procurement is undertaken in Japan, details regarding procurement methods, quality assurance, and sources of supply are not available.

#### c Ordering Schedule

The following procurement schedule is usually used for placing annual orders

- Needs assessment is undertaken around August each year
- Order is placed before October
- Annual requirements of Leprosy drugs are received in about 3 months time by air

### 4. Distribution

#### a Storage

On clearing Leprosy drugs, they are stored at the Main store of the Hospital. From here, supplies are drawn weekly to the Hospital Pharmacy to be issued to Out Patient Department as well as wards. In addition, a small quantity of Leprosy drugs are also issued to the Teaching Hospital at Tribhuvan University.

#### b Cost of Transport

Cost of transporting supplies from Kathmandu to the Hospital is borne by the Hospital.

#### c Health Facilities Receiving Supplies

Anandaban Leprosy Hospital's primary function is to treat Leprosy patients in the Lalitpur District. Since no inpatient facilities are available in the other 17 districts managed by the National Leprosy Control Program in the Central Region, this Hospital is also handling Leprosy patients from these 17 districts with complications. Currently, the hospital is treating about 1,500 Leprosy patients per year.

In addition to treating Leprosy patients, this hospital is also providing Primary Health Care Services to patients in the area. Currently, it is handling about 5,000 general patients per year. Essential drugs needed to maintain this service is obtained through the Medical Supplies Department of United Mission to Nepal, and small quantities are also purchased from the local market.

**5 Future Funding Plans**

The table given below, indicates the level of support in US Dollars expected from Sasakawa Health Foundation over the next 3 years

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For Years	1995	1996	1977
	US\$	US\$	US\$

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Leprosy Drugs \*

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(Data to be collected)

**N Supply Episode No 14 Essential Drugs for PHC (UNICEF)****1. General Description****a Funding and Procurement Agent**

*Funded by* United Nations Children's Fund (UNICEF)

*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal

*Senior Manager* Prabhat Bangdel, Program Officer, Community Drug Program

*Telephone* 523200                      *Fax* 527280

**b Implementing Agent**

*Implemented by* Logistics Management Division (LMD) Department of Health Services

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr B B Karki

*Telephone* 220736                      *Fax*

**2 Products and Funding**

The amount of funds made available through MOH for procuring all drugs necessary for maintaining primary health care services in Sub Health Posts, Health Posts, and Primary Health Care Centers through out Nepal has been inadequate. In order to narrow the gap between demand and supply for essential drugs, UNICEF's Community Drug Program has been funding essential drugs for maintaining Primary Health Care services through out Nepal since 1991. Over the last 4 years, UNICEF's contribution towards drug procurement has varied considerably as illustrated below:

- During 1991, drugs for 816 Health Posts were procured using a combination of UNICEF & MOH funds
- In 1992, UNICEF provided drugs to 200 Sub Health Posts, while MOH was responsible for providing drugs to 816 Health Posts
- In 1993, 500 new Sub Health Posts were created, and for these facilities, UNICEF supplied drugs and equipment
- During 1994, MOH provided drugs to 816 Health Posts

- During 1994, another 600 new Sub Health Posts were created making the total of 1,300. Some of these SHPs have been supplied through the MOH, while the rest is expected to be supplied through KFW in 1995.

Appendix No 14 contains details of essential drugs supplied by UNICEF since 1992, procurement quantities, unit prices, and sources of supply. Following table shows the value of drugs supplied by UNICEF for SHPs since 1992 in US Dollars.

For Years	1992 USD	1994 USD
Value of Essential Drugs for SHPs	198,995	205,227

\* No information is available for drugs purchased through UNICEF in 1991

### 3 Procurement

#### a Estimating Drug Needs

Since the type of disease patterns vary widely throughout Nepal, all Sub Health Posts have been classified according to their geographical locations, in terms of Mountain, Hill, and Terai. On examination of disease patterns in each area, a standard drug list is worked out for each type of SHPS depending on its geographical location. Based on this database, the aggregate quantity of a drug needed for supplying all SHPS throughout Nepal is worked out using computer spread sheets.

#### b Procurement Methods

Once aggregate needs have been worked out, a drug order is prepared by the Kathmandu UNICEF office. A decision is made as to what drugs should be procured locally from suppliers approved by DDA, depending on availability, quality and price. For the remaining set of drugs, an order is prepared and forwarded to the UNICEF office in Copenhagen to be procured.

#### c Ordering Schedule

The following procurement schedule is usually used for placing annual orders:

- Estimation of drug needs usually commences in September each year
- Placing of order takes place around November
- Goods are received around June. Lead times are usually about 6 months by sea.

**4 Distribution**

**a Storage**

On arrival of drugs in Calcutta, they are transported directly to each of the 5 regional stores Here bulk drugs are repacked according to needs of individual Sub Health Posts From Regional Stores, drugs are delivered to respective SHPS

**b Cost of Transport**

Cost of transporting supplies from regional stores to Sub Health Posts is borne by the MOH

**c Health Facilities Receiving Supplies**

The number of Sub Health Posts through out Nepal, supplied by UNICEF funds has been increasing since 1992 as explained previously See section 2 for details In 1993, a total of 500 SHPS were supplied with drugs and medical equipment by UNICEF using it's funds

**5 Future Funding Plans**

From 1994 onwards, SHPS are expected to be supplied with drugs financed by KFW, and procured by LMD The table given below, indicates the planned level of support in US Dollars expected from KFW over the next 3 years

For Years	1995	1996	1977
	US\$	US\$	US\$
Essential Drugs *			

\* (Data to be collected)

**O. Supply Episode No 15. Essential Drugs for PHC (SASAKAWA)**

**1. General Description**

**a Funding Agent**

*Funded by* Sasakawa Memorial Health Foundation of Japan

*Address* Sasakawa Hall, 3-12-12 Mita, Minato-ku, Tokyo 108, Japan

*Senior Manager* Y Yuasha, Medical Director

*Telephone* 3 - 3452-8283                      *Fax* 3-3452-8283

**b Procurement Agent**

*Procured by* United Nations Children's Fund (UNICEF)

*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal

*Senior Manager* Prabhat Bangdel, Program Officer, Community Drug Program

*Telephone* 523200                      *Fax* 527280

**c Implementing Agent**

*Implemented by* Logistics Management Division (LMD) Department of Health Services

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr B B Karki

*Telephone* 220736                      *Fax*

**2 Products and Funding**

The amount of funds available through MOH for procuring all drugs necessary for maintaining Primary Health Care services in Sub Health Posts and Health Posts through out Nepal have been inadequate. In order to narrow the gap between demand and supply for essential drugs, UNICEF and Sasakawa Health Foundation in Japan have funded essential drugs for maintaining Primary Health Care services through out Nepal since 1991. In 1994, Sasakawa Health Foundation funded drug procurement for 816 Health Posts and fixed kits for 40 Primary Health Care Centers.

Appendix No 15 contains details of essential drugs funded by Sasakawa Health Foundation and procured through UNICEF in 1994, procurement quantities, unit prices, and sources of supply. Sasakawa Health Foundation has supplied a total of US\$ 1 257 million US Dollars worth of drugs in 1994.



### **3 Procurement**

#### **a Estimating Drug Needs**

A fixed kit has been used for supplying drugs to all Primary Health Care Centers and Health Posts throughout Nepal. The kit quantities have been based primarily on past average consumption patterns. Unlike in the case of SHPS, the geographical location of the facilities have not been considered when estimating drug needs.

#### **b Procurement Methods**

Once aggregate needs have been worked out, a drug order is prepared by the Kathmandu UNICEF Office, and is sent to the UNICEF office in Copenhagen for procurement. UNICEF provides prepacked drugs ready to be delivered to individual health facilities.

#### **c Ordering Schedule**

The following procurement schedule is usually used for placing annual orders:

- Estimation of drug needs is expected to commence in April each year
- Placing of order takes place around May
- Goods are expected to arrive within about 3 months time to Calcutta port

### **4 Distribution**

#### **a Storage**

On clearing drugs from the Calcutta port, they are transported to the 5 regional stores for distribution to Primary Health Care Centers and Health Centers.

#### **b Cost of Transport**

Cost of transporting supplies from regional stores to health facilities is borne by the MOH.

#### **c Health Facilities Receiving Supplies**

A total of 816 Health Posts and 40 Primary Health Care Centers located throughout Nepal, are expected to benefit from these supplies funded through Sasakawa Health Foundation and procured through UNICEF.

**5 Future Funding Plans**

The table given below, indicates the planned level of support in US Dollars expected from Sasakawa Health Foundation over the next 3 years. From 1995, UNICEF and LMD will work out drug estimates and order quantities, obtain approval from Sasakawa Foundation, and place orders with UNICEF Copenhagen.

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For Years	1995	1996	1977
	US\$	US\$	US\$

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Essential Drugs \*

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\* (Data to be collected)

SS

**P Supply Episode No 16· Essential Drugs for PHC (MOH)**

**1 General Description**

**a Funding Agent**

*Funded by* Ministry Of Health

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr Kalyan Raj Pandey, Director General of Health Services

*Telephone* 214799                      *Fax*

**b Procurement Agent**

*Procured by* Logistics Management Division (LMD)

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr B B Karki, Director LMD

*Person Responsible For Procurement* Pawan Koirala

*Telephone* 220736                      *Fax*

**c Implementing Agent**

*Implemented by* Logistics Management Division (LMD) Department of Health Services

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr B B Karki

*Telephone* 220736                      *Fax*

**2. Products and Funding**

The Ministry of Health has been purchasing essential drugs for Health Posts for a long time. From the time LMD was created in 1993 to undertake central procurement of drugs, it has been procuring drugs needed by Health Posts. Currently, a range of about 50 essential drugs are provided to Health Posts.

Prior to 1993 however, drugs were purchased through regional Health Offices for use in each region.

Appendix No 16 contains details of essential drugs funded by MOH and procured through LMD in 1994, procurement quantities, and unit prices. MOH has supplied a total of US\$ 638,460 worth of drugs in 1994.

### **3 Procurement**

#### **a Estimating Drug Needs**

The system for estimating drug needs depends on estimates provided by individual health facilities in a given region. The facilities base their estimates on patient loads and disease patterns. The estimates sent in by individual health facilities located in a given region are then aggregated manually by regional stores and forwarded to LMD for working out procurement quantities. When preparing final purchase quantities, LMD increases needs by a factor equal to half the average regional store needs to act as a buffer stock.

#### **b Procurement Methods**

After working out the aggregate drug order for the whole country, and regional needs separately, the LMD is ready to commence procurement. LMD usually purchases whatever drugs that could be manufactured by Royal Drugs Ltd (RDL), and purchases other drugs from suppliers approved by DDA. These drugs are mainly supplied by Indian and Nepali suppliers through a system of competitive bidding.

#### **c Ordering Schedule**

The following procurement schedule is usually used by LMD for placing annual orders:

- At the beginning of each financial year around July, each Regional Store sends an Indent Form and a price list to each health facility in the region for estimating drug needs.
- Health Facilities are given time until August to complete this activity, and return Indent Forms to Regional Stores.
- On receipt of indents from each region, LMD completes order quantities and calls for tenders around December / January.
- Goods are received in June, prior to the beginning of a new financial year in July.

### **4 Distribution**

#### **a Storage**

The distribution system generally varies according to source of supply. For drugs supplied by RDL, they are delivered directly to each of the 5 Regional Stores. For supplies arriving from abroad, they usually arrive at LMD store in Teku, and are later transported to Regional Stores. In case of Indian suppliers, drugs arrive at the Patalaya Stores, and are later transported to the 5 regional stores. At Regional Store level, drugs are packed according to individual facility needs. They are then distributed to individual health facilities through the Regional Health Office using a push system.

b Cost of Transport

Cost of transporting supplies to Health facilities is borne by the MOH

c Health Facilities Receiving Supplies

Prior to establishing LMD, Health Posts, Primary Care Centers, and District Hospitals received drugs under a system of decentralized procurement using MOH funds. After the creation of LMD in 1993, drugs for 816 Health Posts, and 60 District Hospitals located through out Nepal have been purchased by LMD using MOH funds

**5 Future Funding Plans**

The table given below, indicates the amount of funds in US Dollars expected from MOH over the next 3 years for procuring Essential Drugs for Primary Health Care

For Years	1995 US\$	1996 US\$	1997 US\$
Essential Drugs			

\* (Data to be collected)

**Q Supply Episode No 17 Drugs For Sexually Transmitted Diseases (EC)****1. General Description****a Funding Agent**

*Funded by* European Community (EC)

*Address* Kathmandu, Nepal

*Senior Manager* Mrs Anna Erpelding

*Telephone*                      *Fax*

**b Procurement Agent**

*Procured by* Logistics Management Division, Ministry of Health

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr B B Karki, Director LMD

*Telephone* 220736                      *Fax*

**c Implementing Agent**

*Implemented by* National AIDS/STD Prevention and Control Department, Ministry of Health,  
Department of Health Services

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr K B Singh Karki, Director

*Telephone* 226653                      *Fax*

**2 Products and Funding**

Drugs used for treating Sexually Transmitted Diseases STD have been provided by WHO until 1992. However, since 1993, the European Community has been supporting the Sexually Transmitted Diseases Division by providing drugs, vehicles, and training. In terms of drugs, the European Community has been providing funds for procuring a broad range of antibiotics and other drugs needed for treating sexually transmitted Diseases through LMD.

Appendix No 17 contains details of individual products supplied in 1994, procurement quantities, and unit prices. The total value of all drugs supplied by the European Community in 1994 has been US\$ 10,552. Unfortunately, no information is available with regard to drugs provided by WHO prior to 1994.

**3. Procurement**

**a Estimating Drug Needs**

Currently, this Division is responsible for operating 7 Sexually transmitted Disease Clinics in 6 Districts where STD are most prevalent. This service is expected to be extended to other districts in future. However, there are no specific plans for expansion as yet.

Estimation of drugs needed for maintaining STD services is undertaken annually. Estimates are made on the basis of actual usage in each of the 7 clinics operating throughout the country. Each clinic is expected to report on the actual usage of drugs on a quarterly basis to the STD Division.

**b Procurement Methods**

After assessing drug needs, an order is placed with the Logistics Management Division LMD of the Department of Health Services. LMD purchases what ever drugs that could be manufactured by Royal Drugs Ltd from RDL, and purchases other drugs from suppliers approved by DDA. Drugs are mainly supplied by Indian and Nepali suppliers through a system of competitive bidding.

**c Ordering Schedule**

The following procurement schedule is usually used for placing annual orders

- Estimation of drug needs usually commences around May / June each year
- Placing of order take place in June
- Goods are usually received within a one month of placing an order

**4 Distribution**

**a Storage**

Supplies are received from suppliers and stored at the Central Warehouse in Teku. There after, STD Clinic personnel are expected to collect supplies when visiting Kathmandu from time to time.

**b Cost of Transport**

Cost of transporting supplies from Kathmandu to clinics is borne by the STD program.

**c Health Facilities Receiving Supplies**

The 7 following clinics situated in 6 districts are currently receiving supplies

- Bir Hospital Kathmandu
- Thapathali Maternity Hospital
- Trisuli Hospital Nuwakot

- Dhelkewar Clinic, Dhanusha District
- Western Regional Hospital, Kaski District
- Nepal Ganj Hospital, Bankey District
- Seti Zonal Hospital, Dhangadhi

### 5 Future Funding Plans

The table given below, indicates the planned level of support in US Dollars expected to be received through EC for treating sexually transmitted Diseases over the next 3 years

For Years	1995 US\$	1996 US\$	1977 US\$
Drugs For Sexually Transmitted Diseases *			

\* The level of support from EC is expected to reduce over time as more funding is expected to be provided through the MOH (Data to be collected)

**R Supply Episode No. 18. Drugs for Diarrhoeal Disease (UNICEF)****1 General Description****a Funding and Procurement Agent**

*Funded by* United Nations Children's Fund (UNICEF)

*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal

*Senior Manager* Dr Qussay Al-Nahi, Chief of Health and Nutrition Program

*Telephone* 523200                      *Fax* 977 1 527280

**b Implementing Agent**

*Implemented by* Control of Diarrheal Disease Section (CDD) Department of Health Services

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr Sunlal Thapa

*Telephone* 213296                      *Fax*

**2 Products and Funding**

Oral Rehydration Salts (ORS - Jeevan Jal) is being provided by funds made available through UNICEF, as well as the MOH ORS has been provided by UNICEF for the treatment of Diarrheal Diseases for the last 7 years

Apart from ORS packets received through the CDD Program, health facilities are also receiving small quantities of ORS as part of normal drug supplies. However, this quantity is very small compared to what is being supplied through the CDD program.

Appendix No 18 contains details of ORS supplied by UNICEF since 1993, procurement quantities, unit prices, and sources of supply. Following table shows the value of UNICEF supplies since 1993 in US Dollars

For Years	1994 USD	1993 USD
Value of ORS	105,306	44,792

### 3 Procurement

#### a Estimating Drug Needs

The target group are children under the age of 5 years. The following information and procedure is used for estimating annual ORS needs:

- According to the latest Household Survey completed in 1990, the incidence of diarrhoea per child is estimated to be 3.3 episodes per year.
- It is assumed that 2 ORS packets will be used per episode.
- It is assumed that only 20% of the estimated episodes will be treated with ORS.
- A 5% waste factor is also used in arriving at the final estimate for ORS needs.

#### b Procurement Methods

Once aggregate needs of ORS have been worked out, an order is placed with UNICEF for a portion of the total needs that could be procured through UNICEF. The balance is procured using MOH funds through LMD. See Supplier No 19 for details.

UNICEF usually purchases ORS from Royal Drugs Ltd.

#### c Ordering Schedule

The following procurement schedule is usually used for placing annual orders:

- Estimation of drug needs usually commences in June / July each year.
- Orders are placed with UNICEF 3 times a year, in August, December, and April.
- Royal Drugs Ltd. supplies ORS in 1 to 2 months after receiving a confirmed order.

### 4 Distribution

#### a Storage

RDL supplies ORS directly to the Central Warehouse in Teku. From here, they are transported by LMD trucks to each of the Regional Stores, and then on to District Health Offices to be finally distributed to health facilities.

**b Cost of Transport**

Cost of transporting supplies from Kathmandu to Sub Health Posts is borne by the LMD

**c Health Facilities Receiving Supplies**

The following types of Health Facilities located in all 75 districts are currently receiving ORS

- District Hospitals
- Primary Health Care Centers
- Health Posts
- Sub Health Posts

In addition to use of ORS at health facility level, they are also distributed to Female Community Health Volunteers FCHV attached to wards. Each FCHV is initially provided with 10 ORS Packets and these are replenished periodically. Currently, the FCHV program managed by the Family Health Division is operating in 56 districts.

**5 Future Funding Plans**

The table given below, indicates the planned level of support in US Dollars expected from UNICEF over the next 3 years

For Years	1995	1996	1997
	US\$	US\$	US\$
ORS *			

\* (Data to be collected)

**S Supply Episode No 19. Drugs for Diarrhoeal Disease (MOH)****1 General Description****a Funding Agent**

*Funded by* Department of Health Services, Ministry Of Health

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr Kalyan Raj Pandey, Director General of Health Services

*Telephone* 214799                      *Fax*

**b Procurement Agent**

*Procured by* Logistics Management Department (LMD) Department of Health Services

*Address* Teku, Kathmandu, Nepal

*Senior Manager* Dr B B Karki, Director LMD

*Telephone* 220736                      *Fax*

**c Implementing Agent**

*Implemented by* Control of Diarrheal Disease Section (CDD) Department of Health Services

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr Sunlal Thapa

*Telephone* 213296                      *Fax*

**2 Products and Funding**

Oral Rehydration Salts (ORS - Jeevan Jal) is being provided by the CDD Section from funds made available through UNICEF and as well as the MOH ORS has been provided by MOH for the treatment of Diarrheal Diseases for the last several years

Apart from ORS packets received through the CDD Program, health facilities are also receiving small quantities of ORS as part of normal drug supplies However, this quantity is very small compared to what is being supplied though the CDD program

Appendix No 19 contains details of ORS supplied by MOH since 1993, procurement quantities, and unit prices. Following table shows the value of drugs supplied by MOH since 1993 in US Dollars

For Years	1994 USD	1993 USD
Value of ORS	52,653	8,958

### 3 Procurement

#### a Estimating Drug Needs

The target group are children under the age of 5 years. The following information and procedure is used for estimating annual ORS needs

- According to the last Household Survey completed in 1990, the incidence of diarrhoea per child is estimated to be 3.3 episodes per year
- It is assumed that 2 ORS packets will be used per episode
- It is assumed that only 20% of estimated episodes will be treated with ORS
- A 5% waste factor is also used in arriving at the final estimated needs for ORS

#### b Procurement Methods

Once aggregate needs for ORS have been worked out, an order is placed with LMD for the balance portion of the total needs that will not be met through UNICEF

LMD usually purchases ORS from Royal Drugs Ltd

#### c Ordering Schedule

The following procurement schedule is usually used for placing annual orders

- Estimation of drug needs usually commences in June / July each year
- Orders are placed with LMD around August
- Royal Drugs Ltd supplies ORS in 1 to 2 months after receiving a confirmed order

### 4 Distribution

#### a Storage

RDL supplies ORS directly to the Central Warehouse in Teku. From here, they are transported by LMD trucks to each of the Regional Stores, and then on to District Health Offices to be finally distributed to health facilities

**b Cost of Transport**

Cost of transporting supplies from Kathmandu to Health Facilities is borne by the LMD

**c Health Facilities Receiving Supplies**

The following types of Health Facilities located in all 75 districts are currently receiving ORS

- District Hospitals
- Primary Health Care Centers
- Health Posts
- Sub Health Posts

**5 Future Funding Plans**

The table given below, indicates the planned level of support in US Dollars expected from MOH over the next 3 years

For Years	1995 US\$	1996 US\$	1997 US\$
ORS	113,520	167,000	NA

NA - Information not available

**T Supply Episode No 20 Anti Malarial (WHO)****1 General Information****a Funding and Procurement Agent**

*Funded by* World Health Organization (WHO)

*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal

*Senior Manager* I M Shrestha, Senior Administrative Assistant

*Telephone* 523200                      *Fax* 527756

**b Program Implementation**

*Program Implementation Agency* Malaria Control Program

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr B L Shrestha, Director Epidemiology and Disease Control Division

*Person Responsible for Procurement* Dr M K Banerjee

*Telephone* 215050                      *Fax*

**2 Products and Funding**

Drugs used for treating Malaria have been supplied by WHO since 1958. Until 1993, the Malaria Control Program procured Malaria drugs, but since then, LMD has been procuring Malaria drugs financed through the MOH. Since funds made available through the MOH is insufficient to meet the demand for Malaria drugs, WHO has also been providing Malaria drugs. Main product categories used are, Chloroquine, Primaquine, Sulfadoxine, and Pyrimethamine.

Appendix No 20 contains details of individual products supplied by WHO over the last 5 years, procurement quantities, and unit prices. Following table shows the value of Malaria Drugs supplied annually over the last 5 years in US Dollars.

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Value of Malaria Drugs	N	N	N	N	2,000

N - No supplies

In addition to funds provided by WHO, Malaria drugs are also provided by the MOH. Refer to Supply No 2 for details of these purchases.

### 3. Procurement

#### a Estimating Drug Needs

Estimation of drug needs is undertaken by Dr M K Banerjee, a Malariologist, using methods based on past consumption, and information on new clinical cases

#### b Procurement Methods

Once aggregate needs have been worked out, the Malaria Program places requisitions with the local WHO Office for supplies. Prior to raising orders, all drug requisitions are checked for budget provision, and approvals of technical advisors

In the case of local purchases, requisitions accompany 3 acceptable quotations. If the drug is to be purchased abroad, the requisition will be forwarded to the WHO Office in New Delhi to be purchased in India. In case the drug can not be purchased in India, it will be purchased by the WHO Office in Geneva. The average lead times for purchases from India and Geneva are 3 and 6 months respectively

#### c Ordering Schedule

The following procurement schedule is usually used for placing annual orders

- WHO sends out a letter requesting submission of orders around January / February each year
- Estimates are completed and orders are placed before June
- Drugs are received within about 3 and 6 months from India and Geneva respectively

### 4 Distribution

#### a Storage

Supplies are received and stored at the LMD Central warehouse at Teku, Kathmandu. From here, supplies are distributed to the 5 regional warehouses, and then on to District level. Subsequently, they are delivered to health facilities within the district

#### b Cost of Transport

Cost of transporting supplies from central level to user units is borne by MOH

**c Health Facilities Receiving Supplies**

The following types of health facilities located through out Nepal are currently receiving Malaria drugs

- Zonal Hospitals
- District Hospitals
- Primary Health Care Centers
- Health Posts
- Sub Health posts

**5 Future Funding Plans**

The Malaria Program is planning to purchase all 'it's drugs through LMD using MOH funds over the next 3 years However, estimates for annual purchases are not available

**U. Supply Episode No. 21· Kala-Azar Drugs (WHO)****1. General Information****a Funding and Procurement Agent**

*Funded by* World Health Organization (WHO)

*Address* United Nations Building, P O Box 1187, Pulchowk, Kathmandu, Nepal

*Senior Manager* I M Shrestha, Senior Administrative Assistant

*Telephone* 523200                      *Fax* 527756

**b Program Implementation**

*Program Implementation Agency* Kala-azar Control Program

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr B L Shrestha, Director Epidemiology and Disease Control Division

*Person Responsible for Procurement* Dr M K Banerjee

*Telephone* 215050                      *Fax*

**2. Products and Funding**

Drugs used for treating Kala-azar have been supplied since 1985, but in an organized manner only since 1993

Until 1993, the Kala-azar Control Program procured it's own requirements of drugs using MOH funds. Since then, LMD has taken over the procurement function. However, as funds made available through the MOH is insufficient for procuring all Kala-azar drugs, the WHO has been supplementing drugs needed by the Kala-azar Control Program. Main product categories used are, Sodium Antimony Gluconate and Pentamidine injections

Appendix No 21 contains details of individual products supplied by WHO over the last 5 years, procurement quantities, and unit prices. Following table shows the value of Kala-azar Drugs supplied annually over the last 5 years in US Dollars

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Value of Kala-azar Drugs	20,580	3,731	5,430	N	N

N - No supplies

In addition to funds provided by WHO, Kala-azar drugs are also provided by the MOH. Refer Supply No 3 for details of these purchases

### 3 Procurement

#### a Estimating Drug Needs

Estimation of Kala-azar drug needs is undertaken by Dr M K Banerjee, a Malariologist, using methods based on past consumption, and information on new clinical cases

#### b Procurement Methods

Once aggregate drug needs have been worked out, the Kala-azar Program places requisitions with the local WHO Office for supplies. Prior to raising orders, all drug requisitions are checked for budget provision, and approvals of technical advisors

In the case of local purchases, requisitions accompany 3 acceptable quotations. If the drug is to be purchased abroad, the requisition will be forwarded to the WHO Office in New Delhi to be purchased in India. In case the drug can not be purchased in India, the purchase would be made by WHO Office in Geneva. The average lead times for purchases from India and Geneva are 3 and 6 months respectively

#### c Ordering Schedule

The following procurement schedule is usually used for placing annual orders

- WHO sends out a letter requesting submission of orders around January / February each year
- Estimates are completed and orders are placed before June
- Drugs are received within about 3 and 6 months from India and Geneva respectively

18

#### 4. Distribution

##### a Storage

Supplies are received and stored at the LMD Central warehouse at Teku, Kathmandu. From here, they are distributed to the 5 regional warehouses, and then on to District level. Subsequently, drugs are delivered to district health facilities.

##### b Cost of Transport

Cost of transporting supplies from central level to user units is borne by MOH.

##### c Health Facilities Receiving Supplies

The following types of health facilities located in 11 selected districts in the Terai are currently receiving Kala-azar drugs. These are districts bordering Bihar state in India, where sand flies causing this infection are mostly prevalent. In addition, Kala-azar drugs are also supplied to the Infectious Disease Hospital in Teku, Kathmandu.

Zonal Hospitals  
District Hospitals

#### 5 Future Funding Plans

The table given below, indicates the estimated value of Kala-azar Drugs to be supplied through WHO in US Dollars over the next 3 years.

For Years	1995 US\$	1996 US\$	1997 US\$
Kala-zar Drugs	125,000	137,500	152,000

**V Supply Episode No. 22: Tuberculosis Drugs (JICA)****1. General Information****a Funding and Procurement Agency**

*Funded by* Japan International Cooperation Agency (JICA)

*Address* P O Box 450, Tripureshor, Kathmandu, Nepal

*Senior Manager* Yoshiko Fujiwara, Logistics Advisor

*Telephone* 211126                      *Fax* 977 1 228111

**b Program Implementation**

*Program Implementation Agency* National Tuberculosis Program, Department of Health Services, in Collaboration with JICA

*Address* National Tuberculosis Center, Thimi, Bhaktapur, Nepal

*Senior Manager* Dr Dirga Singh Bam, Director, National Tuberculosis Program

*Telephone* 613048                      *Fax* 613061

**2 Products and Funding**

Drugs used for treating TB has been supplied over the last 30 years. Main product categories used are Rifampicin, Isoniazid, and Ethambutol

Under phase 1 of the JICA assistance program, drugs have been supplied since 1991 for maintaining Operations Research programs in 7 districts. This study is now complete, and under phase 2 of the project, implementation is in progress in a Model Area consisting of 2 districts.

In addition to supporting operations in the Model Area, JICA also provides TB drugs to the National Program for treating TB patients throughout the country. For details on procurement quantities and prices of products supplied by JICA since 1992, refer to Appendix No 22.

Following table shows the value of TB drugs supplied annually since 1992 in US Dollars

For Years	1994 USD	1993 USD	1992 USD
Value of TB Drugs	78,256	66,352	63,441

### 3 Procurement

#### a Estimating Drug Needs

Drug estimation is undertaken by the National Tuberculosis Center and JICA on an annual basis, based on past consumption data, and a 15% adjustment factor to reflect new cases

#### b Procurement Methods

The National TB Center determines aggregate drug needs, and decides what drugs are to be obtained through JICA. JICA procures TB drugs from a standard list of DDA approved drug suppliers, under a system of competitive bidding

#### c Ordering Schedule

The following schedule is normally followed by JICA for procuring TB drugs

- Assessment of drug Needs around November
- Finalization and placing of order around January
- From the time of placing an order, it takes around 1 month for drug supplies to arrive in Nepal by road, mainly from India. Some drugs are also purchased from Royal Drugs Ltd

### 4 Distribution

#### a Storage

See section I 4 under supply No 9 for details, as supplies provided by JICA and MOH follow the same storage and distribution systems

#### b Cost of Transport

All costs of transporting supplies from central level to user units are borne by MOH

#### c Health Facilities Receiving Supplies

See section 4C under Supply No 9 for details, as supplies provided by JICA and MOH are used in the same type of health facilities

### 5 Future Funding Plans

The following table, indicates future level of support for TB drugs in US Dollars expected to be provided by JICA over the next 3 years

For Years	1995 US\$	1996 US\$	1997 US\$
TB Drugs	400,000	400,000	400,000

**W. Supply Episode No. 23. Drugs for ARI (MOH)**

**1 General Information**

**a Funding Agent**

*Funded By* Department of Health Services, Ministry of Health

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr Sunlal Thapa, Program Manager CDD/ARI

*Telephone* 213296                      *Fax*

**b Procurement Agent**

*Procured by* District Health Offices in 50 districts

*Senior Manager* District Health Officers

**c Program Implementation**

*Program Implementation Agency* CDD/ARI Program, Department of Health Services

*Address* Department of Health Services, Teku, Kathmandu, Nepal

*Senior Manager* Dr Sunlal Thapa

*Telephone* 213296

**2 Products and Funding**

The ARI program has been in operation since 1989. The main products supplied under this program are Co-trimoxazole 100/20mg and Chloramphenicol Suspension for pediatric use, in treating pneumonia. The drug of choice is Co-trimoxazole and is used in about 80% of cases, and Chloramphenicol is used in other cases.

In addition to the regular ARI program functioning in 50 districts, an ARI restrengthening program is currently in operation in 4 districts (Morang, Sunsari, Chitwan and Makwanpur). Co-trimoxazole tablets needed for this purpose is supplied by UNICEF. See appendix No 23 for procurement details.

Following table shows the budget allocated to districts for procuring ARI drugs over the last 5 years in US Dollars

For Years	1994 USD	1993 USD	1992 USD	1991 USD	1990 USD
Value of ARI Drugs *					

\* Data to be collected

### 3 Procurement

#### a Estimating Drug Needs

The target group are children under the age of 5 years. The following information and procedure is employed for estimating annual drug needs in each of the 50 districts

- According to the latest Household Survey completed in 1990, the incidence of Acute Respiratory Disease ARI per child, in the age group of 5 years and below is estimated at 5 episodes per year
- It is assumed that 10 pediatric capsules of Co-trimoxazole tablets will be used per episode
- It is assumed that only 20% of the episodes will be treated for pneumonia
- A 5% waste factor is also used in arriving at the final estimate
- 80% of cases will be treated with Co-trimoxazole, and the balance cases with Chloramphenicol

#### b Procurement Methods

Once the drug needs for each of the 50 districts in which ARI programs are in progress have been determined, a district budget is provided to each of the District Health Offices for purchasing drugs. Individual districts have been usually procuring drugs through Royal Drugs Ltd and Sarjah. When supplies are not freely available, drugs are also purchased from private wholesalers.

#### c Ordering Schedule

The schedule given below is normally followed by districts for undertaking procurement

- ARI/CDD program undertakes assessment of needs around April each year
- Districts are notified of their allocation around September and procurement begins
- Supplies are received after about one month

**4 Distribution**

**a Storage**

Drugs are stored at the District Health Office pending distribution. A combination of a Collection and a Delivery system is used for distributing drugs to health facilities within the district.

**b Cost of Transport**

All costs of transporting drugs from district level to user units are borne by the MOH.

**c Health Facilities Receiving Supplies**

The following types of health facilities located within 50 districts participating in the ARI Program are currently receiving drugs:

- District Hospitals
- Primary Health Care Clinics
- Health Posts
- Sub Health Posts

**5 Future Funding Plans**

The table given below, indicates future level of support expected to be provided by the ARI Program for the procurement of drugs in US Dollars over next 3 years.

For Years	1995 US\$	1996 US\$	1997 US\$
ARI Drugs *			

\* Data to be collected

Information on the level of support to be expected from UNICEF over the next 3 years for operating the Restrengthening Program is not available. This would largely depend on the success of this experimental program currently in progress.

## VII ACCURACY AND COMPLETENESS OF DATA

In most instances, quantitative information such as purchase quantities and drug prices were extracted directly from procurement documents provided by procurement agents and donors. Hence, data found in this directory could be considered to be reliable. In certain instances where data could not be directly obtained from these sources, it was necessary to obtain data from program implementors.

It would have been ideal if a reliable set of data could have been obtained for each year, from all sources of supply covered by the survey going back to 1990. However, as mentioned earlier, lack of proper data recording procedures, multiple supply sources and systems of procurement, and lack of procurement staff, severely slowed down the process of data collection, as well as limited the amount of data collected. When analyzing procurement information collected each year, from 1990 to 1994, only 1994 data could be considered to be fairly complete. Even this data does not fully represent all supply inputs to the Public Sector drug supply system in Nepal. However, the 1994 data could be considered adequate for projecting a fairly clear picture of the most current aggregate drug supply situation in Nepal, and also for undertaking various types of analysis. For this reason, analysis has been confined to only 1994 data, even though data for other years have been listed under section 5 describing individual supply episodes.

The data collected for 1994 is incomplete with respect to the following known supply situations for which data could not be collected due to practical reasons. In addition to these known supply episodes which are missing, it is important to note that there may also be other unknown supply episodes.

- Under the new logistics system, the MOH is allowing certain District Health Facilities to procure a certain amount of their drug needs under a district budget. Due to problems of collecting data from district level, such information has not been included in the directory.
- In addition to annual drug purchases undertaken by LMD on behalf of health facilities, it also undertakes procurement of drugs on local purchase for meeting supplementary orders placed by these facilities. These supplies have not been covered.
- The directory does not include drugs purchased for General and Specialized hospitals situated in major cities.
- MOH has been purchasing medical supplies to meet emergency medical needs resulting from natural disasters. In 1993, LMD has undertaken medical procurement for disaster relief. In addition to such purchases through LMD/MOH, many donors have also provided medical supplies for disaster relief, such data are not included.
- Leprosy drugs included under the directory are mainly those supplied to the National Leprosy Control Program, operating in the Central region. Leprosy drugs supplied for the rest of the country through the NGO sector is not included.
- Co-trimoxazole and Chloramphenicol Suspension supplied under the ARI Program for pediatric use purchased through district budgets in 50 selected districts, such data are not included.
- The present version of the directory, does not include drugs financed and procured by the NGO sector. This major supply input is expected to be covered during the next phase of the project.

## VIII ANALYSIS AND INTERPRETATION OF DATA

The object of collecting and tabulating quantitative procurement data is to subject them to systematic analysis for providing a reasonable picture of the current situation in the public sector drug supply system in Nepal, and also to adequately describe past and future procurement trends. As mentioned before, the lack of data covering the target period of the last 5 years, has severely limited the scope for undertaking any sophisticated analysis, and specially establishing any procurement trends over time.

However, the following analysis has been undertaken with respect to 1994 procurement data, which has helped in making many valuable observations regarding the current drug supply system operating in an environment involving multiple donors.

### A An "ABC" Value Analysis of 1994 Purchases

It is customary for a small number of drugs (say 20% in terms of product range) to represent a large percentage of the total value of annual purchases (say 80% of the Dollar usage value). One way of quantifying this effect is to identify the top drugs in terms of their Dollar Usage Values for performing an ABC Value Analysis. The following key steps have been undertaken in conducting this analysis:

- Appendix 24 lists individual drugs purchased in 1994, indicating the quantity purchased in terms of the stated pack size, and average weighted unit purchase price in USD. In instances where purchases have been made in different pack sizes, the quantity purchased has been expressed in terms of the stated pack size.
- The number of packs purchased have been multiplied by the weighted unit pack price to provide the "Annual Total Purchase Value" in USD.
- The resulting spread sheet has been sorted in descending order, in terms of the "Annual Total Purchase Value". This provides a list of drugs in terms of their Dollar Usage value, with the high value items on top.
- Next, each "Annual Total Purchase Value" has been divided by the Grand Total value of all purchases, representing the "Percentage Of Grand Total" attributed to each individual product.
- The next column represents the "Cumulative Percentage of Grand Total".

Based on the above analysis, it is seen that out of a total of 161 drugs, the top 15 drugs or a mere 10% of the total range of drugs, account for as much as 70% of the total annual Dollar value of all purchases. Identification of these Class "A" high value drugs is important, as proper management of these drugs have significant financial and therapeutic impacts. See section 9 containing recommendations as to how ABC Value Analysis could be profitably used for strengthening procurement and related functions.

**B Analysis of Purchases According to Major Program Areas**

Drug purchases in 1994, have been classified according to major programs as described below. The total amount of funds allocated to each program and percentage of the total procurement funds channeled to each program is also shown below.

Type of Program	Procurement Value In USD	% Of Total
Essential Drugs	2,101,514	39.1%
Family Planning Supplies	1,621,642	30.2%
Vaccines For EPI	874,981	16.3%
Drugs For Nutrition Program	291,255	5.4%
Tuberculosis Drugs	276,681	5.1%
Drugs For Diarrheal Diseases	157,959	2.9%
Drugs For Kala-azar	20,580	0.3%
Drugs For Sexually Transmitted Diseases	10,552	60.2%
Drugs For ARI	7,854	0.2%
Drugs For Leprosy	3,970	0.1%
<b>Total US\$</b>	<b>5,366,988</b>	<b>100%</b>

The above analysis shows that the major portion of total procurement Dollars amounting to nearly 40% of the total have gone in to the procurement of essential drugs, followed by Family Planning Supplies and Vaccines for EPI. Lack of data with regard to ARI and Leprosy drugs as described in section 7 would reduce the allocation of funds to these two program areas, but this is still unlikely to change the overall procurement picture in any significant manner.

**C Analysis of Procurement Funds Provided by Major Donors**

Drug purchases in 1994, have been classified according to the extent of funds provided by major donors as described below. The total amount of funds provided by each donor irrespective of the type of drugs supplied, and their contribution as a percentage of the total procurement funds for 1994 is shown below.

Donor / Funding Agent	Procurement Value in USD	% Of Total
UNICEF	1,336,623	24.9%
Sasakawa Health Foundation of Japan	1,257,827	23.4%
Ministry of Health, Nepal	1,037,538	19.3%
USAID	879,822	16.4%
UNFPA	741,820	13.8%
JICA	78,256	1.5%
World Health Organization WHO	24,550	0.5%
European Community EC	10,552	0.2%
<b>Total US\$</b>	<b>5,366,988</b>	<b>100%</b>

The above analysis shows that the major portion of total procurement Dollars amounting to nearly 25% of the total have come from UNICEF, followed by the Sasakawa Health Foundation of Japan and the MOH. Lack of data on ARI and Leprosy drugs as described in section 7 would reduce the level of contributions provided by donors, but this is still unlikely to change the overall level of support provided by major donors in any significant manner.

If the above analysis is made to include contributions made by all UN agencies in 1994, namely UNICEF, WHO and UNFPA, the total UN contribution increases to 40% of the total. This shows the extent to which the public sector drug supply system in Nepal is dependant on UN contributions in meeting its drug needs.

#### **D. Analysis of Drug Prices**

A useful analysis is to record prices paid to different suppliers during the course of a year for a given generic drug, and to identify any significant price variations between suppliers. With this in mind, drugs purchased in 1994 were listed as in Appendix 25 showing their unit prices in US Dollars and the number of units purchased from each supplier. Out of a total of 161 drugs analyzed, as many as 126 drugs have been purchased only once during 1994, thus limiting the scope for price comparisons.

However, even in instances of single purchases, prices have been compared with Drug Indicator Prices formulated by MSH. On comparing prices, it was observed that many drug prices recorded in Appendix 25 compare rather favorably with international indicator prices.

For 36 drugs with multiple suppliers, price variations are very high. For 18 drugs, price variations were under the 50% limit, compared to the minimum price, with the maximum price deviation reaching a high of 793%. However, this extreme variation does not mean much as the purchase value involved is relatively small.

Even though drugs analyzed have come from a variety of manufacturers, they could yet be grouped into 3 broad categories for purpose of price comparisons. The first group consists of drugs supplied by UNICEF Copenhagen through a set of reputed manufacturers adhering to Good Manufacturing Practices. The second and third groups consist of drugs manufactured by Royal Drugs Ltd in Nepal, and drugs supplied by Nepali and Indian suppliers. While suppliers falling within the second and third groups are expected to register with DDA, very little is known about their manufacturing practices in the absence of a formal supplier prequalification system.

A comparison of drug prices between UNICEF and non UNICEF suppliers for 16 drugs reveals that UNICEF prices have been higher for 14 drugs. However, the difference in unit prices to some extent could be attributed to higher freight costs from Copenhagen. Further, simple price comparisons alone may not mean much when very little is known about quality of drugs supplied through non UNICEF suppliers.

## E Procurement Trends

The quantitative procurement information when properly analyzed would not only be helpful in describing the current position with regard to public sector drug supply situation in Nepal, but will also help in establishing certain key supply trends that have taken place over time. However, an important prerequisite for performing such analysis is the availability of reliable data with respect to all major supply episodes going back to 1990. Unfortunately as mentioned before, the availability of data prior to 1994 is very poor and incomplete, and hence it is not possible to perform trend analysis covering all key supply programs.

Under these circumstances, the trend analysis is confined to certain program areas such as Tuberculosis, Kala-azar, Malaria and Family Planning, where reliable and complete data exists for the full 5 year period. The following approach was taken in performing this analysis.

### 1 Price and Quantity Trends

From each program area for which data exists, 2 key products have been selected as tracer drugs for analysis as listed below.

Program	Tracer Products
Family Planning	Condoms, Lo - Femenal
Malaria Control	Chloroquine 150 mg base tablets Primaquine base 15mg tablets
Kala-azar Control	Sodium Antimony Gluconate, 30ml Injection Pentamidine 120mg, 3ml Ampules
Tuberculosis Control	Rifampicin 450mg Tablets Ethambutol 400mg Tablets

The quantities purchased and prices paid annually for each of these products are listed in Appendix 26. Further, charts 1 to 8 have been developed for illustrating the extent of variations with respect to price and procurement quantities that have occurred over the last 5 year period. Figures appearing on each chart are the combined procurement quantities and average weighted unit prices in instances involving multiple donors.

#### Family Planning Supplies

The purchase quantities of both Condoms and Lo-femenal birth control pills have been rather erratic over the 5 year period, with certain years recording no supplies at all. However, the prices of both these products have increased only marginally over the 5 year period.

However, if all Family Planning Supplies are taken together, the value of these supplies received each year has been increasing steadily since 1990

Malaria Drugs

Purchase quantities of Chloroquine and Primaquine have varied considerably over the 5 year period. Both drugs have recorded peak supplies in 1992, and since then purchase quantities have dropped. By 1994, purchases have reduced to zero. The prices of both drugs have virtually remained constant over time.

Kala-azar Drugs

Kala-azar drug Sodium Antimony Gluconate Injection purchases have been increasing steadily over time, while the prices have remained constant.

TB Drugs

Both Rifampicin 450mg and Ethambutol 400mg tablets have registered an upward trend in purchase quantities over the 5 year period. The availability of these drugs in other strengths and in other combination drugs may have affected usage rates.

Prices have remained rather stable, but prices paid by the TB Center is seen to be significantly higher compared to JICA prices.

84

## IX MAJOR OBSERVATIONS

In preparing this Pharmaceutical Supply Directory, a wide range of both qualitative and quantitative information have been collected on procurement and related functions. The systematic analysis of this information has revealed many interesting observations on the drug logistics system. These findings will not only be useful to those using this directory in search of specific procurement information, but also to any one concerned with improving the management of the drug logistics systems in Nepal.

A summary of major observations are as follows:

- 1 The public sector drug supply system in Nepal has developed to be a very complex logistical network involving many funding agents, procurement agents and program implementors. A study of 23 supply episodes reveals the presence of 8 Funding Agents, 7 Procurement Agents and over 10 Program Implementors. In only few instances have the same party acted as the funding agent, procurement agent and as the program implementor. The involvement of many parties in the supply effort has increased the need for good communication and coordination.
- 2 At the present time, the Ministry of Health is heavily dependent upon donors for financing drug supply. Based on the data presented, it appears that various donors are financing roughly 80% of the total supply. These data do not yet contain NGO contributions which means that the level of outside support is even higher.
- 3 The single biggest individual drug supplier in 1994 has been UNICEF, providing as much as 25% of the total value of supply episodes surveyed. If the contributions made by the other 2 UN agencies, namely WHO and UNFPA are also considered, the total UN contribution reaches 40%.  
  
The next biggest contributor has been Sasakawa Health Foundation of Japan providing 23% of the total value of supplies.
- 4 MOH is highly dependent on many donors for providing a major portion of essential drugs. Government funds are currently meeting only about 20% of the total recorded drug purchases.

85

- 5 It appears that in many instances, each major program area is supported by 2 donors. A list containing major programs together with their corresponding donors is as follows

<u>Program</u>	<u>Donors</u>
Family Planning	USAID, UNFPA
Leprosy	WHO, Sasakawa Health Foundation
Malaria	MOH, WHO
Kala-azar	WHO, MOH
EPI	MOH, UNICEF
TB	MOH, JICA
Nutrition	UNICEF
Sexually Transmitted Diseases	European Community
ARI/CDD	MOH, UNICEF
Essential Drugs For PHC	Sasakawa, UNICEF, MOH

- 6 With the exception of UN agencies, information and quantitative data on procurement and related functions are very poorly maintained. This weakness severely restricted the pace of data gathering. In respect of certain programs, data could not be collected for the entire 5 year target period due to lack of necessary documentation. Hence, a comprehensive set of procurement data could only be gathered for 1994.
- 7 In spite of MOH being highly dependent on donors for supply inputs, there is no individual or a unit within LMD or MOH responsible for managing an information system for continuous recording of supplies provided by individual donors. This has created a big information vacuum, making logistics management that much more difficult.
- 8 Most programs follow a method of annual procurement, where one large drug order is placed for meeting annual needs, with the provision for split deliveries and small supplementary orders if necessary. There does not appear to be a specific time for placing annual orders among different programs. The timing is largely dependent on the financial years corresponding to each donor and the MOH.
- 9 Annual procurement quantities for a given drug have varied considerably from year to year. This is mainly due to a combination of poor systems used for forecasting drug requirements, inventory control, and tendency to maximize on availability of donor funds.
- 10 An analysis of 1994 drug prices shows considerable variation among suppliers, with UNICEF drug prices being mostly higher when compared to those of Indian and Nepali suppliers. This is to a great extent due to higher freight costs from UNICEF Copenhagen and use of internationally recognized drug suppliers conforming to GMP.

- 11 An ABC Analysis performed on 1994 purchases involving 161 drugs, reveals that 10% of the range of drugs accounts for as much as 70 % of the total purchase price of US\$5 366 million The top 10 "A" Class drugs, mainly consists of Family Planning Supplies, Vaccines, ORS, and Antibiotics
- 12 An ABC Value Analysis performed in terms of value of supplies provided to different major programs, indicates that the essential drugs for PHC receives the largest portion of total procurement funds amounting to nearly 40% This is followed by Family Planning Supplies and Vaccines for EPI programs receiving 30 % and 16% respectively of total funds
- 13 The total expenditure on Malaria drugs provided by all donors have reduced from a peak of US\$ 1 6 million in 1992 to zero in 1994 This reduction mainly reeects the structural change that took place in the management of the Malaria Program when it ceased to operate as a vertical program
- 14 From 1993, the MOH has taken the responsibility for procuring DPT and Tetanus Toxoide vaccines through LMD, thus reducing the burden of vaccine supplies from UNICEF The price of vaccines obtained from the Serum Institute of India has been very favorable, in addition to obtaining lower airfreight charges from India The contribution from MOH towards the purchase of all vaccines for maintaining EPI services is expected to increase in future
- 15 Supplies of certain Family Planning Materials have been rather erratic over time, with certain years recording zero supplies
- 16 The LMD and some UN agencies have provided Royal Drugs Ltd the first preference in supplying essential drugs The supply of drugs that are not manufactured by RDL, have been mainly awarded to Indian and Nepali suppliers registered with DDA The Nepali and Indian drug suppliers used by LMD and UN agencies are only registered with DDA, and are not prequalified for supplying drugs based on any rating system concerning GMP and commercial performance
- 17 In conducting the survey, an attempt was made to gather information on the future levels of support to be expected from donors towards each major program in US Dollars, from 1995 to 1997 However, only a few reliable estimates could be obtained due to problems of forecasting drug needs and future levels of funding This is not surprising, considering the problems experienced in even gathering reliable information on purchases made over the last 5 years

## X. RECOMMENDATIONS

Much data and procurement related information that was previously unavailable has been gathered during the course of preparing this directory. On systematic analysis of data, many major observations have been made regarding the operation of the logistics system. Many observations listed in section 8 has helped in identifying weak spots of the current procurement system. Hence, the following key recommendations have been made with a view to strengthening the public sector drug logistics system in Nepal

- 1 It seems likely that the high level of dependence on donor supplied drugs will continue for the foreseeable future. This would also mean continuous use of the present complicated procurement system involving multiple funding agents, procurement agents and program implementors. In such an environment, the need for maintaining a suitable management information system for keeping track of drugs entering the logistics system from various supply sources is vital. Hence, it is recommended that the data base developed for preparing this Pharmaceutical Supply Directory be expanded and updated on a continuous basis. It is recommended that a LMD senior staff member be responsible for this task.  
  
A reliable database on procurement and related activities on the lines recommended above would be invaluable for managing the logistics systems as a whole. This would form a good basis for planning and formulating suitable strategies for obtaining the best utility value from limited resources available for drug supplies in Nepal.
- 2 At present, LMD lacks proper systems and procedures and competent personnel to undertake competitive procurement. Building necessary management skills at LMD is vital if it is expected to play a major role in procurement activities in future.
- 3 It is questionable that LMD is paying sufficient attention to issues concerning quality assurance. Unlike other commodities, the question of quality assurance takes a special dimension when applied to drugs. Hence, LMD should build a reliable database concerning manufacturing, testing, and business capabilities of existing and potential suppliers. The information thus collected should form the basis for prequalifying drug suppliers.
- 4 The Pharmaceutical Supply Directory, in its present format is confined to drugs supplied by the MOH, UN Agencies, and major donors. This study should be extended to cover the NGO sector as well.
- 5 An ABC Value analysis has been undertaken in respect of 1994 purchases. This useful analysis has identified the top 10 drugs that have contributed 70% towards the total value of all purchases. Accordingly, those responsible for forecasting drug requirements in different program areas should take extra care when forecasting needs of class "A" drugs due to their critical financial importance.

- 6 Every effort should be made to find alternative acceptable supply sources for Class "A" drugs, as even a small price advantage has the potential to make substantial annual savings
- 7 Since many suppliers are involved in providing drugs, every effort should be made to standardize drugs purchased. This will make substantial savings in terms of procurement, inventory control, storage and in promoting rational drug use

**Appendix No 1 Sasakawa Foundation of Japan, Leprosy Drugs**

## APPENDIX NO. 1

ORGANIZATION	SASAK/LEP
YEAR	1990
CURRENCY	CHF
DOLLAR EXCH RATE	13

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
SASK/LEP	NC	M B COMBI			B PACK	D		CHF	60	1500	\$69,231
SASK/LEP	NC	P B COMBI			B PACK	D		CHF	14	750	\$8,077
<b>TOTAL</b>											<b>\$77 308</b>

**Appendix No 2 Ministry of Health, Malaria Drugs**

## APPENDIX NO. 2

ORGANIZATION MOH/MALR  
 YEAR 1991  
 CURRENCY USD  
 DOLLAR EXCH RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO'	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE US\$
MOH/MALR.	35061069	CHLOROQUINE	150MG BASE	TAB	TAB	D	1000	USD	\$9 00	16 515	\$148 635
MOH/MALR	35252069	PRIMAQUINE	15MG BASE	TAB	TAB	D	1000	USD	\$10 00	57 000	\$570 000
										TOTAL	\$718,635

ORGANIZATION MOH/MALR  
 YEAR 1992  
 CURRENCY USD  
 DOLLAR EXCH RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO'	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE US\$
MOH/MALR	35061069	CHLOROQUINE	150MG BASE	TAB	TAB	D	1000	USD	\$9 00	67 725	\$609 525
MOH/MALR	35252069	PRIMAQUINE	15MG BASE	TAB	TAB	D	1000	USD	\$10 00	100 000	\$1 000 000
MOH/MALR	NC	SULFADOX +PYRE METH	1000+15MG	TAB	TAB	D	10	USD	\$1 00	2 000	\$2 000
										TOTAL	\$1 611,525

ORGANIZATION MOH/MALR  
 YEAR 1993  
 CURRENCY USD  
 DOLLAR EXCH RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO'	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE US\$
MOH/MALR	35061069	CHLOROQUINE	150MG BASE	TAB	TAB	D	1000	USD	\$9 00	39 510	\$355,590
MOH/MALR	35252069	PRIMAQUINE	15MG BASE		TAB	D	1000	USD	\$10 00	59 800	\$598 000
										TOTAL	\$953 590

Appendix No 3 Ministry Of Health, Kala-azar

### APPENDIX NO. 3

**ORGANIZATION** MOH/KALA  
**YEAR** 1990  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
MOH/KALA	33311068	SODIUM ANTIMONY GLUC	30ML	INJ	VIAL	D	1	USD	\$1 82	233	\$424
<b>TOTAL</b>											<b>\$424</b>

**ORGANIZATION** MOH/KALA  
**YEAR** 1991  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
MOH/KALA	33311068	SODIUM ANTIMONY GLUC	30ML	INJ	VIAL	D	1	USD	\$1 82	748	\$1 361
<b>TOTAL</b>											<b>\$1 361</b>

**ORGANIZATION** MOH/KALA  
**YEAR** 1992  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
MOH/KALA	33311068	SODIUM ANTIMONY GLUC	30ML	INJ	VIAL	D	1	USD	\$1 82	5 900	\$10 738
MOH/KALA	NC	PENTAMIDINE	3ML	INJ	AMP	D	1	USD	\$5 40	3 415	\$18 441
<b>TOTAL</b>											<b>\$29 179</b>

**ORGANIZATION** MOH/KALA  
**YEAR** 1993  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
MOH/KALA	33311068	SODIUM ANTIMONY GLUC	30ML	INJ	VIAL	D	1	USD	\$1 82	13 559	\$24 677
MOH/KALA	NC	PENTAMIDINE	3ML	INJ	AMP	D	1	USD	\$5 40	8 000	\$43,200
<b>TOTAL</b>											<b>\$67 877</b>

*95*

**Appendix No 4 USAID, Family Planning Supplies**

## APPENDIX NO 4

ORGANIZATION USAID  
 YEAR 1990  
 CURRENCY USD  
 DOLLAR EXCH. RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
USAID FP	10031000	COPPER T 380A IUDS			PIECE	FP	1	USD	1 016	11 000	\$11 176
USAID FP	10020000	LO-FEMENAL			PACK	FP	MTS CYCLE	USD	0 13	697,200	\$90,636
USAID FP	10010000	CONDOMS			PACK	FP	1	USD	0 044	11,526 000	\$507,144
										TOTAL	\$608,956

ORGANIZATION USAID  
 YEAR 1991  
 CURRENCY USD  
 DOLLAR EXCH. RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
USAID FP	10020000	LO-FEMENAL			PACK	FP	MTS CYCLE	USD	0 14	823 200	\$115,248
										TOTAL	\$115 248

ORGANIZATION USAID  
 YEAR 1992  
 CURRENCY USD  
 DOLLAR EXCH. RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
USAID FP	10031000	COPPER T 380A IUDS			PIECE	FP	1	USD	1 06	8 200	\$8 692
USAID FP	10020000	LO-FEMENAL			PACK	FP	MTS CYCLE	USD	0 14	822 000	\$115 080
										TOTAL	\$123 772

ORGANIZATION USAID  
 YEAR 1993  
 CURRENCY USD  
 DOLLAR EXCH. RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
USAID FP	10010000	CONDOMS			PACK	FP	1	USD	0 054	3 756 000	\$202 824
										TOTAL	\$202 824

ORGANIZATION USAID  
 YEAR 1994  
 CURRENCY USD  
 DOLLAR EXCH. RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
USAID FP	10020000	LO-FEMENAL			PACK	FP	MTS CYCLE	USD	0 165	594 000	\$98 010
USAID FP	10010000	CONDOMS			PACK	FP	1	USD	0 054	14 478 000	\$781 812
										TOTAL	\$879 822

**Appendix No 5 UNICEF, Vaccines For EPI**

## APPENDIX NO 5

**ORGANIZATION** UNICEF  
**YEAR** 1992  
**CURRENCY** USD  
**DOLLAR EXCH. RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
UNICEF EPI	20010000	BCG VACCINE	20 DOS/VL	INJ	VIAL	D	1	USD	1.27234	175 050	\$222,723
UNICEF EPI	20020000	DTP VACCINE	20 DOS/VL	INJ	VIAL	D	1	USD	1.4788	188 000	\$292,802
UNICEF EPI	20050000	OPV VACCINE	20 DOS/VL	ORAL DPS	VIAL	D	1	USD	1.6278	207,600	\$337,931
UNICEF EPI	20040000	MEASELES VACCINE	10 DOS/VL	INJ	VIAL	D	1	USD	1.31218	184 800	\$242,481
UNICEF EPI	20060000	TT VACCINE	20 DOS/VL	INJ	VIAL	D	1	USD	0.84196	200 400	\$168,729
<b>TOTAL</b>											<b>\$1,264,676</b>

**ORGANIZATION** UNICEF  
**YEAR** 1993  
**CURRENCY** USD  
**DOLLAR EXCH. RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
UNICEF EPI	20010000	BCG VACCINE	20 DOS/VL	INJ	VIAL	D	1	USD	\$1.5100	80 900	\$122,159
UNICEF EPI	20020000	DTP VACCINE	10 DOS/VL	INJ	VIAL	D	1	USD	\$1.1000	175 000	\$192,500
UNICEF EPI	20020000	DTP VACCINE	20 DOS/VL	INJ	VIAL	D	1	USD	\$1.5830	87 500	\$138,513
UNICEF EPI	20040000	MEASELES VACCINE	10 DOS/VL	INJ	VIAL	D	1	USD	\$1.6500	116 500	\$192,225
UNICEF EPI	20060000	TT VACCINE	10 DOS/VL	INJ	VIAL	D	1	USD	\$0.6625	177,250	\$117,428
UNICEF EPI	20060000	TT VACCINE	20 DOS/VL	INJ	VIAL	D	1	USD	\$0.9200	88 625	\$81,535
UNICEF EPI	20050000	OPV VACCINE	10 DOS/VL	ORAL DPS	VIAL	D	1	USD	\$1.0735	157 600	\$169,184
UNICEF EPI	20050000	OPV VACCINE	20 DOS/VL	ORAL DPS	VIAL	D	1	USD	\$1.7826	78 800	\$140,469
<b>TOTAL</b>											<b>\$1 154,812</b>

**ORGANIZATION** UNICEF  
**YEAR** 1994  
**CURRENCY** USD  
**EXCHANGE RATE**

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
UNICEF EPI	20010000	BCG VACCINE	20 DOS/VL	INJ	VIAL	D	1	USD	\$1.7500	63 300	\$110,775
UNICEF EPI	20040000	MEASELES VACCINE	10 DOS/VL	INJ	VIAL	D	1	USD	\$2.0000	110 800	\$221,600
UNICEF EPI	20050000	OPV VACCINE	10 DOS/VL	ORAL DPS	VIAL	D	1	USD	\$1.1875	332 300	\$394,806
<b>TOTAL</b>											<b>\$726,981</b>

**Appendix No 6 Ministry of Health, Vaccines For EPI**

## APPENDIX NO 6

ORGANIZATION      MOH/EPI  
 YEAR                1994  
 CURRENCY            US \$  
 EXCHANGE RATE

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO *	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
MOH EPI	20020000	DTP VACCINE	10DOSE/VL	INJ	VIAL	D	1	USD	0.45	200 000	\$90 000
MOH EPI	20060000	TT VACCINE	10DOSE/VL	INJ	VIAL	D	1	USD	0.29	200 000	\$58 000
TOTAL											\$148 000

**Appendix No 7 UNFPA, Family Planning Supplies**

## APPENDIX NO 7

**ORGANIZATION** UNFPA  
**YEAR** 1990  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
UNFPA FP	10050000	DEPOPROVERA		VIAL	VIAL	D	1	USD	\$0 70	394000	\$275 800
UNFPA FP	50126000	DISPOSABLE SYRINGE		PIECE	PIECE	M	1	USD	\$0 08	394000	\$31 520
UNFPA FP	10040000	NORPLANT		PIECE	PIECE	M	1	USD	\$20 00	14000	\$280 000
UNFPA FP	80050000	TROCHAR		PIECE	PIECE	M	5	USD	\$4 00	1000	\$4 000
										<b>TOTAL</b>	<b>\$591 320</b>

**ORGANIZATION** UNFPA  
**YEAR** 1991  
**CURRENCY** USD  
**DOLLAR EXCH. RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
UNFPA FP	10050000	DEPOPROVERA		VIAL	VIAL	D	1	USD	\$0 75	60000	\$45 000
UNFPA FP	50126000	DISPOSABLE SYRINGE		PIECE	PIECE	M	1	USD	\$0 10	60000	\$6 000
UNFPA FP	10040000	NORPLANT		PIECE	PIECE	M	1	USD	\$21 00	5000	\$105 000
										<b>TOTAL</b>	<b>\$156 000</b>

**ORGANIZATION** UNFPA  
**YEAR** 1992  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
UNFPA FP	10050000	DEPOPROVERA		VIAL	VIAL	D	1	USD	\$0 77	350000	\$269 500
UNFPA FP	50126000	DISPOSABLE SYRINGE	2ML		PIECE	M	1	USD	\$0 12	350000	\$42 000
UNFPA FP	10040000	NORPLANT			PIECE	M	1	USD	\$22 00	5000	\$110 000
										<b>TOTAL</b>	<b>\$421 500</b>

**ORGANIZATION** UNFPA  
**YEAR** 1993  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
UNFPA FP	10050000	DEPOPROVERA		INJ	EACH	D	1	USD	\$0 78	530000	\$413 400
UNFPA FP	50126000	DISPOSABLE SYRINGE	2ML		EACH	M	1	USD	\$0 13	530000	\$68 900
										<b>TOTAL</b>	<b>\$482 300</b>

**ORGANIZATION** UNFPA  
**YEAR** 1994  
**CURRENCY** USD  
**EXCHANGE RATE**

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE
UNFPA FP	10010000	CONDOM			PIECE	M	1	USD	\$0 0189	4 000 000	\$75 600
UNFPA FP	10050000	DEPOPROVERA		INJ	VIAL	D	1	USD	\$0 8000	700000	\$560 000
UNFPA FP	50126000	DISPOSABLE SYRINGE	2ML		PIECE	M	1	USD	\$0 1500	700000	\$105 000
UNFPA FP	80050000	TROCHAR			PIECE	M	5	USD	\$6 1000	200	\$1 220
										<b>TOTAL</b>	<b>\$741 820</b>

**Appendix No 8 JICA, Essential Drugs For PHC (Data to be collected)**

**Appendix No 9 National TB Center, TB Drugs**

105

## APPENDIX NO 9

**ORGANIZATION** MOH/TB  
**YEAR** 1990  
**CURRENCY** NP RS  
**DOLLAR EXCH RATE** 45

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
MOH/TB	35293065	RIFAMPICIN	450MG	TAB	TAB	D	90	NP RS	528	1 111	\$13 043
MOH/TB	35291065	RIFAMPICIN	150MG	TAB	TAB	D	100	NP RS	235	1 000	\$5,222
MOH/TB	35292065	RIFAMPICIN	300MG	TAB	TAB	D	100	NP RS	415	1 000	\$9,222
MOH/TB	35271065	PYRAZINAMIDE	500MG	TAB	TAB	D	100	NP RS	300	500	\$3 333
MOH/TB	35132065	ETHAMBUTOL	400MG	TAB	TAB	D	100	NP RS	229	1 000	\$5 089
MOH/TB	NC	INH	300MG	TAB	TAB	D	1000	NP RS	140	1 000	\$3 111
MOH/TB	NC	VITAMIN B6		TAB	TAB	D	1000	NP RS	50	370	\$411
MOH/TB	NC	RD ZONE FORTE	450MG	TAB	TAB	D	500	NP RS	105	400	\$933
MOH/TB	33301065	STREPTOCYCINE	0 75GM	VIAL	PHAIL	D	1000	NP RS	5,250	150	\$17 500
MOH/TB	33302065	STREPTOCYCINE	1GM	VIAL	PHAIL	D	1000	NP RS	6 100	267	\$36,227
<b>TOTAL</b>											<b>\$94 093</b>

**ORGANIZATION** MOH/TB  
**YEAR** 1991  
**CURRENCY** NP RS  
**DOLLAR EXCH RATE** 46

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
MOH/TB	35293065	RIFAMPICIN	450MG	TAB	TAB	D	90	NP RS	528	933	\$10 719
MOH/TB	35291065	RIFAMPICIN	150MG	TAB	TAB	D	100	NP RS	235	500	\$2 554
MOH/TB	35271065	PYRAZINAMIDE	500MG	TAB	TAB	D	100	NP RS	300	220	\$1 435
MOH/TB	35272065	PYRAZINAMIDE	750MG	TAB	TAB	D	100	NP RS	317	750	\$5 168
MOH/TB	35132065	ETHAMBUTOL	400MG	TAB	TAB	D	100	NP RS	229	2 500	\$12 446
MOH/TB	35133065	ETHAMBUTOL	800MG	TAB	TAB	D	100	NP RS	317	1 500	\$10 337
MOH/TB	NC	VITAMIN B6		TAB	TAB	D	1000	NP RS	50	300	\$326
MOH/TB	NC	RD ZONE FORTE	450MG	TAB	TAB	D	500	NP RS	105	4 000	\$9 130
MOH/TB	33301065	STREPTOCYCINE	0 75GM	VIAL	PHAIL	D	0	NP RS	0	0	\$0
MOH/TB	33302065	STREPTOCYCINE	1GM	VIAL	PHAIL	D	1000	NP RS	6 800	648	\$95 791
MOH/TB	NC	INH	300MG	TAB	TAB	D	0	NP RS	0	0	\$0
<b>TOTAL</b>											<b>\$147 907</b>

**ORGANIZATION** MOH/TB  
**YEAR** 1992  
**CURRENCY** NP RS  
**DOLLAR EXCH RATE** 47

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
MOH/TB	35293065	RIFAMPICIN	450MG	TAB	TAB	D	90	NP RS	525	1 945	\$21 726
MOH/TB	35292065	RIFAMPICIN	300MG	TAB	TAB	D	100	NP RS	415	165	\$1 457
MOH/TB	35271065	PYRAZINAMIDE	500MG	TAB	TAB	D	100	NP RS	300	30	\$191
MOH/TB	35132065	ETHAMBUTOL	400MG	TAB	TAB	D	100	NP RS	229	300	\$1 462
MOH/TB	35133065	ETHAMBUTOL	800MG	TAB	TAB	D	100	NP RS	317	2 500	\$16 862
MOH/TB	NC	VITAMIN B6		TAB	TAB	D	1000	NP RS	50	420	\$447
MOH/TB	NC	RD ZONE FORTE	450MG	TAB	TAB	D	500	NP RS	105	8 700	\$19 436
MOH/TB	33301065	STREPTOCYCINE	0 75GM	VIAL	PHAIL	D	1000	NP RS	5,250	400	\$44 681
MOH/TB	33302065	STREPTOCYCINE	1GM	VIAL	PHAIL	D	1000	NP RS	6 100	60	\$7 787
<b>TOTAL</b>											<b>\$114 049</b>

## APPENDIX NO 9

ORGANIZATION	MOH/TB
YEAR	1993
CURRENCY	NP RS
DOLLAR EXCH RATE	48

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
MOH/TB	35293065	RIFAMPICIN	450MG	TAB	TAB	D	90	NP RS	0	0	\$0
MOH/TB	35292065	RIFAMPICIN	300MG	TAB	TAB	D	100	NP RS	437	900	\$8 194
MOH/TB	35271065	PYRAZINAMIDE	500MG	TAB	TAB	D	100	NP RS	300	2 009	\$12 556
MOH/TB	35132065	ETHAMBUTOL	400MG	TAB	TAB	D	100	NP RS	271	9 450	\$53 353
MOH/TB	35133065	ETHAMBUTOL	800MG	TAB	TAB	D	100	NP RS	0	0	\$0
MOH/TB	NC	VITAMIN B6		TAB	TAB	D	1000	NP RS	0	0	\$0
MOH/TB	NC	RD ZONE FORTE	450MG	TAB	TAB	D	500	NP RS	145	5 928	\$17 908
MOH/TB	33301065	STREPTOCYCINE	0 75GM	VIAL	PHAIL	D	1000	NP RS	6 870	550	\$78 719
MOH/TB	NC	INH	300MG	VIAL	PHAIL	D	1000	NP RS	0	0	\$0
<b>TOTAL</b>											<b>\$170 729</b>

ORGANIZATION	MOH/TB
YEAR	1994
CURRENCY	NP RS
DOLLAR EXCH RATE	49

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
MOH/TB	35291065	RIFAMPICIN	150MG	TAB	TAB	D	100	NP RS	270	390	\$2 149
MOH/TB	35292065	RIFAMPICIN	300MG	TAB	TAB	D	100	NP RS	0	0	\$0
MOH/TB	35271065	PYRAZINAMIDE	500MG	TAB	TAB	D	100	NP RS	315	3 362	\$21 613
MOH/TB	35132065	ETHAMBUTOL	400MG	TAB	TAB	D	100	NP RS	271	14 000	\$77 429
MOH/TB	35133065	ETHAMBUTOL	800MG	TAB	TAB	D	100	NP RS	0	0	\$0
MOH/TB	NC	VITAMIN B6		TAB	TAB	D	1000	NP RS	0	0	\$0
MOH/TB	NC	RD ZONE FORTE	450MG	TAB	TAB	D	500	NP RS	145	6 800	\$20 122
MOH/TB	33301065	STREPTOCYCINE	0 75GM	VIAL	PHAIL	D	1000	NP RS	6 870	550	\$77 112
MOH/TB	NC	INH	300MG	VIAL	PHAIL	D	1000	NP RS	0	0	\$0
<b>TOTAL</b>											<b>\$198 425</b>

107

**Appendix No 10 UNICEF, Vitamin "A"**

## APPENDIX NO 10

ORGANIZATION UNICEF/TAG  
 YEAR 1993  
 CURRENCY USD  
 DOLLAR EXCH. RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	D'MO'	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
UNICEF/TAG	35066230	VITAMIN A	200000IU	CAP	CAP	D	500	USD	0	0	\$0

ORGANIZATION UNICEF/TAG  
 YEAR 1994  
 CURRENCY USD  
 DOLLAR EXCH. RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
UNICEF/TAG	35066230	VITAMIN A	200000IU	CAP	CAP	D	500	USD	7.47	6 000	\$44 820
UNICEF/TAG	35066230	VITAMIN A	200000IU	CAP	CAP	D	500	USD	8.87	2,254	\$19 993
<b>TOTAL</b>											<b>\$64 813</b>

**Appendix No 11 UNICEF, Nutrition Drugs**

## APPENDIX NO 11

**ORGANIZATION** UNICEF/NUTRITION  
**YEAR** 1993  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
UNICEF/NUT	35066230	VITAMIN A	200000IU	CAP	CAP	D	500	USD	8 86	2000	\$17 720
UNICEF/NUT	35066230	VITAMIN A	200000IU	CAP	CAP	D	500	USD	7 3	2000	\$14 600
UNICEF/NUT	33011240	IODINE INJ	10ML	INJ	AMP	D	50	USD	173 75	237	\$41 179
UNICEF/NUT	33011240	IODINE INJ	10ML	INJ	AMP	D	50	USD	173 75	48	\$8 340
<b>TOTAL</b>											<b>\$81 839</b>

**ORGANIZATION** UNICEF/NUTRITION  
**YEAR** 1994  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
UNICEF/NUTRN	33011240	IODINE INJ	10ML	INJ	AMP	D	50	USD	179	920	\$164 680
UNICEF/NUTRN	35012240	IODIZED OIL	200MG	CAP	CAP	D	1500	USD	220 58	280	\$61 762
<b>TOTAL</b>											<b>\$226 442</b>

**Appendix No 12 WHO, Leprosy Drugs**

12

**APPENDIX NO 12**

ORGANIZATION WHO/LEP  
 YEAR 1990  
 CURRENCY CHF  
 DOLLAR EXCH RATE 13

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
WHO/LEPR	35292065	RIFAMPICIN	300MG	CAP	CAP	D	100	CHF	16 5	1250	\$15,865
WHO/LEPR	35041064	CLOFAZIMINE	50MG	CAP	CAP	D	1000	CHF	58 5	500	\$22 500
WHO/LEPR	35292065	DAPSONE	100MG	CAP	CAP	D	1000	CHF	6 45	1000	\$4 962
										<b>TOTAL</b>	<b>\$43,327</b>

ORGANIZATION WHO/LEPROSY  
 YEAR 1993  
 CURRENCY CHF  
 DOLLAR EXCH RATE 135

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
WHO LEP	35292065	RIFAMPICIN	300MG	CAP	CAP	D	100	CHF	16 5	900	\$11,000
WHO LEP	35042064	CLOFAZIMINE	100MG	CAP	CAP	D	1000	CHF	111	50	\$4 111
WHO LEP	35041064	CLOFAZIMINE	50MG	CAP	CAP	D	1000	CHF	58 5	175	\$7,583
										<b>TOTAL</b>	<b>\$22 694</b>

ORGANIZATION WHO/LEPROSY  
 YEAR 1994  
 CURRENCY USD  
 EXCHANGE RATE US\$ 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
WHO/LEP	35292065	RIFAMPICIN	300MG	CAP	CAP	D	100	USD	3 97	1000	\$3 970
										<b>TOTAL</b>	<b>\$3 970</b>

**Appendix No 13 Sasakawa Foundation, Leprosy Drugs  
(Data to be collected)**

**Appendix No 14 UNICEF, Essential Drugs For PHC**

## APPENDIX NO 14

**ORGANIZATION** UNICEF/SHP  
**YEAR** 1992  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD*
UNICEF/SHP	32151161	TETRACYCL HCL OPH ONT	1%	TUBE	5GM	D	1	USD	0.2299	81700	\$18 783
UNICEF/SHP	37071102	GENTION VOILET	1% AQUUS	25GMS	POW	D	1	USD	1 330879	4902	\$6,524
UNICEF/SHP	35021071	FERROUS SALT + FOLIC ACID 60 MG/250 MCG TAB				D	1000	USD	1 766479	8170	\$14 432
UNICEF/SHP	37051106	BENZYLE BENZOATE 25% LOTION			1LBOT	D	1	USD	3 061179	4085	\$12,505
UNICEF/SHP	33014190	CHLORPROMAZINE	25MG/ML	INJ	AMP	D	10	USD	1 112958	1634	\$1 819
UNICEF/SHP	35102132	PROMETHAZINE	25MG	TAB	TAB	D	100	USD	0 616979	4085	\$2 520
UNICEF/SHP	35021021	IBUPROFEN	200MG	TAB	TAB	D	100	USD	1 3794	4085	\$5 635
UNICEF/SHP	NC	PROC BEN PENCLN	1G	INJ	INJ	D	50	USD	13.95118	8804	\$136 777
ABOVE UNIT PRICE INCLUDES 15% FREIGHT & 6% HANDLING CHARGES										<b>TOTAL</b>	<b>\$198 995</b>

**ORGANIZATION** UNICEF/500SHP  
**YEAR** 1994  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD*
UNICEF/SHP	35013021	ACETYLSAL ACID	500MG	TAB	TAB	D	100	USD	0 7381	25883	\$19 104
UNICEF/SHP	35012131	ALUMINIUM HYDROXIDE	500MG	TAB	TAB	D	100	USD	1 0164	11633	\$11,824
UNICEF/SHP	37051106	BENZYLE BENZOATE 25% LOTION			1LBOT	D	1	USD	3 315279	13111	\$43 467
UNICEF/SHP	35011030	CHLORPHENIRAMINE	4MG	TAB	TAB	D	100	USD	0 4598	5260	\$2 419
UNICEF/SHP	35021200	EPHEDRINE	30MG	TAB	TAB	D	100	USD	0 6776	14894	\$10 092
UNICEF/SHP	35021071	FERROUS SALT + FOLIC ACID 60 MG/250 MCG TAB				D	1000	USD	1 9723	758	\$1 495
UNICEF/SHP	37071102	GENTION VOILET	1% AQUUS	25GMS	POW	D	1	USD	1 197658	3357	\$4 021
UNICEF/SHP	NC	LIDOCAINE+EPINEPH	2%+100 000	50ML	INJ	D	5	USD	2 5531	6315	\$16 123
UNICEF/SHP	35171060	MEBENDAZOLE	100MG	TAB	TAB	D	100	USD	1.2826	17030	\$21 843
UNICEF/SHP	35183061	METRONIDAZOLE	250MG	TAB	TAB	D	100	USD	1 3068	21537	\$28 145
UNICEF/SHP	NC	PARACETAMOL	200MG	TAB	TAB	D	500	USD	3 025	11174	\$33 801
UNICEF/SHP	35102132	PROMETHAZINE	25MG	TAB	TAB	D	100	USD	0 6171	5370	\$3 314
UNICEF/SHP	35082063	SULPH METHOX+TRIM	400+80MG	TAB	TAB	D	100	USD	1 693758	2036	\$3 448
UNICEF/SHP	36053062	CHLORAMPHENICAL	150MG/5ML	BOTL	BOTL	D	1	NP RS	18 95	15856	\$6 132
ABOVE UNIT PRICE INCLUDES 1 CLUDES 15% FREIGHT & 6% HANDLING CHARGES										<b>TOTAL</b>	<b>\$205,227</b>

**Appendix No 15 Sasakawa Foundation, Essential Drugs For PHC**

## APPENDIX NO. 15

**ORGANIZATION** SASAKAWA/816HP  
**YEAR** 1994  
**CURRENCY** USD  
**DOLLAR EXCH RATE** 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD*
SASAK/HP	35012021	ACETYLSALICYLIC ACID	300MG	TAB	TAB	D	1000	USD	3.267	3103	\$10,138
SASAK/HP	35012131	ALUMINIUM HYDROXIDE	500MG	TAB	TAB	D	1000	USD	6.4251	3103	\$19,937
SASAK/HP	35011200	AMINOPHYLLINE	100MG	TAB	TAB	D	1000	USD	4.6343	1032	\$4,783
SASAK/HP	35011062	AMOXICILLIN	250MG	TAB	TAB	D	1000	USD	33.8316	10671	\$361,017
SASAK/HP	35022133	ATROPINE	1MG	TAB	TAB	D	1000	USD	3.872	1033	\$4,000
SASAK/HP	33024133	ATROPINE	1MG/MLX1ML	INJ	INJ	D	10	USD	1.0285	1102	\$1,133
SASAK/HP	37030101	BENZOIC ACID 6% + SALICULIC ACID 3% OINT	0.5KG			D	1	USD	2.8072	3110	\$8,730
SASAK/HP	37051106	BENZYLE BENZOATE 25% LOTION			1LBOT	D	1	USD	2.662	5131	\$13,659
SASAK/HP	35051062	CHLORAMPHENICOL	250MG	CAP	CAP	D	1000	USD	27.7453	2856	\$79,241
SASAK/HP	37021110	CHLOROHEXADINE CONC	5%	SOLN	1L	D	1	USD	4.6222	1919	\$8,870
SASAK/HP	35011030	CHLORPHENIRAMINE	4MG	TAB	TAB	D	1000	USD	1.5367	571	\$877
SASAK/HP	31011012	DIAZEPAM	5MG/ML	INJ	AMP	D	10	USD	0.9438	571	\$539
SASAK/HP	35021200	EPHEDRINE	30MG	TAB	TAB	D	100	USD	0.6897	2296	\$1,584
SASAK/HP	33031030	EPINEPHRINE HCL	1MG/ML	INJ	AMP	D	10	USD	1.0648	2458	\$2,617
SASAK/HP	35021071	FERROUS SALT + FOLIC ACID 60 MG/250 MCG TAB				D	1000	USD	2.5047	2428	\$6,081
SASAK/HP	35011120	FRUSEMIDE	40MG	TAB	TAB	D	100	USD	0.8712	361	\$315
SASAK/HP	33012120	FRUSEMIDE	10MG/ML/2ML	INJ	AMP	D	10	USD	1.2342	571	\$705
SASAK/HP	37071102	GENTION VOILET	1% AQUS	25GMS	POW	D	1	USD	1.4641	3488	\$5,107
SASAK/HP	35022120	HYDROCHLOROTHIAZIDE	50MG	TAB	TAB	D	1000	USD	3.509	361	\$1,267
SASAK/HP	35021021	IBUPROFEN	200MG	TAB	TAB	D	100	USD	1.3431	3418	\$4,591
SASAK/HP	31042013	LIGNOCAINE HCL	2%	50ML	INJ	D	5	USD	3.3033	1653	\$5,460
SASAK/HP	35171060	MEBENDAZOLE	100MG	TAB	TAB	D	100	USD	1.2947	13200	\$17,090
SASAK/HP	NC	METHYLERGOMETRINE	0.2MG/1ML	INJ	INJ	D	10	USD	0.9196	1604	\$1,475
SASAK/HP	35012180	METHYLERGOMETRINE	0.125MG	TAB	TAB	D	100	USD	1.1495	729	\$838
SASAK/HP	35183061	METRONIDAZOLE	250MG	TAB	TAB	D	1000	USD	8.7846	2953	\$25,941
SASAK/HP	37211102	NEOMYCIN & BACTRIN	5+500IU	20GMS	TUBE	D	1	USD	0.3872	9355	\$3,622
SASAK/HP	NC	PARACETAMOL	200MG	TAB	TAB	D	500	USD	1.7303	18371	\$31,787
SASAK/HP	37082110	POVIDONE IODINE	10%	500ML	BOTL	D	1	USD	2.1175	1762	\$3,731
SASAK/HP	35102132	PROMETHAZINE	25MG	TAB	TAB	D	100	USD	0.7502	1762	\$1,322
SASAK/HP	35092091	PROPANOLAL	40MG	TAB	TAB	D	100	USD	0.7986	1996	\$1,594
SASAK/HP	NC	SODIUM CHLORIDE	0.9%/500ML	INJ	SET	D	1	USD	1.5246	8800	\$13,416
SASAK/HP	34051210	SODIUM LACTATE	COMP	500ML	SET	D	1	USD	1.7303	16180	\$27,996
SASAK/HP	35082063	SULPH METHOX+TRIM	400+80MG	TAB	TAB	D	500	USD	7.7077	7363	\$56,752
SASAK/HP	33022220	WATER FOR INJ	5ML	INJ	AMP	D	50	USD	1.9602	10185	\$19,965
SASAK/HP	33261062	PROCAINE BEN PEN	3G	INJ	VIAL	D	50	USD	23.1715	14449	\$334,805
SASAK/HP	NC	IV SET DISPOSABLE		PIECE	PIECE	M	1	USD	0.242	6672	\$1,615
SASAK/HP	NC	MAGNESIUM SULPHATE	500G	PACK	PACK	D	1	USD	4.4891	570	\$2,559
SASAK/HP	32151161	TETRACYCL HCL OPH ONT	1%	TUBE	5MG	D	1	USD	0.242	126400	\$30,589

ABOVE UNIT PRICE INCLUDES 15% FREIGHT & 6% HANDLING CHARGES

**TOTAL** \$1,115,746

12

## APPENDIX NO 15

ORGANIZATION SASAKAWA/40PHCC  
 YEAR 1994  
 CURRENCY USD  
 DOLLAR EXCH. RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
SASAK/PHC	35012021	ACETYLSALICYLIC ACID	300MG	TAB	TAB	D	1000	USD	3.267	280	\$915
SASAK/PHC	35012131	ALUMINIUM HYDROXIDE	500MG	TAB	TAB	D	1000	USD	6.4251	400	\$2 570
SASAK/PHC	35011200	AMINOPHYLLINE	100MG	TAB	TAB	D	1000	USD	4.6343	200	\$927
SASAK/PHC	33013200	AMINOPHYLLINE	25MG/ML/10ML	INJ	INJ	D	10	USD	1.452	160	\$232
SASAK/PHC	35011062	AMOXYCILLIN	250MG	TAB	TAB	D	1000	USD	33.8316	280	\$9 473
SASAK/PHC	35022133	ATROPINE	1MG	TAB	TAB	D	1000	USD	3.872	40	\$155
SASAK/PHC	33024133	ATROPINE	1MG/MLX1ML	INJ	INJ	D	10	USD	1.0285	160	\$165
SASAK/PHC	37030101	BENZOIC ACID 6% + SALICULIC ACID 3% OINT 0.5KG				D	1	USD	2.8072	200	\$561
SASAK/PHC	37051106	BENZYLE BENZOATE 25% LOTION		SOLN	1LBOT	D	1	USD	2.662	600	\$1 597
SASAK/PHC	37061103	CALAMINE LOTION		SOLN	500ML	D	1	USD	2.1175	120	\$254
SASAK/PHC	35051062	CHLORAMPHENICOL	250MG	CAP		D	1000	USD	27.7453	80	\$2 220
SASAK/PHC	37021110	CHLOROHEXADINE CONC	5%	SOLN	1L	D	1	USD	4.6222	160	\$740
SASAK/PHC	35011030	CHLORPHENIRAMINE	4MG	TAB	TAB	D	1000	USD	1.5367	80	\$123
SASAK/PHC	31011012	DIAZEPAM	5MG/ML	INJ	AMP	D	10	USD	0.9438	80	\$76
SASAK/PHC	35101066	DIETHYLCARBAMAZINE	50MG	TAB	TAB	D	1000	USD	3.7873	80	\$303
SASAK/PHC	35011094	DIGOXIN	0.25MG	TAB	TAB	D	100	USD	0.9075	120	\$109
SASAK/PHC	33013094	DIGOXIN	0.25MG/ML	INJ	AMP	D	10	USD	1.4883	80	\$119
SASAK/PHC	35022190	DIZEPAM	5MG	TAB	TAB	D	100	USD	0.484	120	\$58
SASAK/PHC	35021200	EPHEDRINE	30MG	TAB	TAB	D	100	USD	0.6897	400	\$276
SASAK/PHC	33031030	EPINEPHRINE HCL	1MG/ML	INJ	AMP	D	10	USD	1.0648	320	\$341
SASAK/PHC	35021071	FERROUS SALT + FOLIC ACID 60 MG/250 MCG TAB				D	1000	USD	2.5047	400	\$1 002
SASAK/PHC	35011120	FRUSEMIDE	40MG	TAB	TAB	D	100	USD	0.8712	80	\$70
SASAK/PHC	33012120	FRUSEMIDE	10MG/ML/2ML	INJ	AMP	D	10	USD	1.2342	80	\$99
SASAK/PHC	37071102	GENTION VOILET	1% AQUUS	25GMS	POW	D	1	USD	1.4641	320	\$469
SASAK/PHC	35022120	HYDROCHLOROTHIAZIDE	50MG	TAB	TAB	D	1000	USD	3.509	40	\$140
SASAK/PHC	35021021	IBUPROFEN	200MG	TAB	TAB	D	100	USD	1.3431	1000	\$1 343
SASAK/PHC	31042013	LIGNOCAINE HCL	2%	50ML	INJ	D	5	USD	3.3033	200	\$661
SASAK/PHC	35171060	MEBENDAZOLE	100MG	TAB	TAB	D	100	USD	1.2947	2000	\$2 589
SASAK/PHC	NC	METHYLERGOMETRINE	0.2MG/1ML	INJ	INJ	D	10	USD	0.9196	200	\$184
SASAK/PHC	35012180	METHYLERGOMETRINE	0.125MG	TAB	TAB	D	100	USD	1.1495	200	\$230
SASAK/PHC	35183061	METRONIDAZOLE	250MG	TAB	TAB	D	1000	USD	8.7846	400	\$3 514
SASAK/PHC	37211102	NEOMYCIN & BACTRIN	5+500IU	20GMS	TUBE	D	1	USD	0.3872	1000	\$387
SASAK/PHC	35051021	PARACETAMOL	500MG	TAB	TAB	D	1000	USD	8.6394	2800	\$24 190
SASAK/PHC	35023050	PHENOBARBITAL	100MG	TAB	TAB	D	100	USD	1.21	200	\$242
SASAK/PHC	37082110	POVIDONE IODINE	10%	500ML	BOTL	D	1	USD	2.1175	160	\$339
SASAK/PHC	35102132	PROMETHAZINE	25MG	TAB	TAB	D	100	USD	0.7502	200	\$150
SASAK/PHC	35092091	PROPANOLAL	40MG	TAB	TAB	D	100	USD	0.7986	240	\$192
SASAK/PHC	NC	SODIUM CHLORIDE	0.9%/500ML	INJ	SET	D	1	USD	1.5246	1200	\$1 830
SASAK/PHC	34051210	SODIUM LACTATE	COMP	500ML	SET	D	1	USD	1.7303	2000	\$3 461
SASAK/PHC	35082063	SULPH METHOX+TRIM	400+80MG	TAB	TAB	D	500	USD	7.7077	1200	\$9 249
SASAK/PHC	33022220	WATER FOR INJ	5ML	INJ	AMP	D	50	USD	1.9602	2600	\$5 097
SASAK/PHC	33261062	PROCAINE BEN PEN	3G	INJ	VIAL	D	50	USD	23.1715	2400	\$55 612
SASAK/PHC	33023220	WATER FOR INJ	10ML	INJ	AMP	D	50	USD	2.2022	2400	\$5 285
SASAK/PHC	NC	IV SET DISP		PIECE	PIECE	M	1	USD	0.242	2000	\$484
SASAK/PHC	NC	MAGNESIUM SULPHATE	500G	PACK	PACK	D	1	USD	4.4891	40	\$180
SASAK/PHC	32151161	TETRCYL.HCL OPH ONT	1% 5GM	TUBE	TUBE	D	1	USD	0.242	16000	\$3 872

ABOVE UNIT PRICE INCLUDES 1 CLUDES 15% FREIGHT & 6% HANDLING CHARGES

**TOTAL \$142 081**

**Appendix No 16 Ministry of Health, Essential Drugs For PHC**

APPENDIX NO 16

ORGANIZATION MOH/60DH+816HP  
 YEAR 1994  
 CURRENCY NP RS/IN RS  
 DOLLAR EXCH RATE 49 NP RS  
 DOLLAR EXCH RATE 31 IN RS

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD*
MOH/DH+HP	NC	ACONITE BELADONA CAMPHOR		BOTL	450ML	D	1	NP RS	135	7438	\$20 492
MOH/DH+HP	35011200	AMINOPHYLLINE	100MG	TAB	TAB	D	500	NP RS	60 00	4 553	\$5 575
MOH/DH+HP	35011062	AMOXICILLIN	250MG	CAP	CAP	D	100	NP RS	245 00	850	\$4,250
MOH/DH+HP	NC	AMPICILIN	250MG	CAP	CAP	D	100	NP RS	306 00	950	\$5 933
MOH/DH+HP	35012021	ASPIRIN	300MG	TAB	TAB	D	1000	NP RS	120 00	9 741	\$23 856
MOH/DH+HP	NC	BELADONA,PHENABARB SOD	30MG	TAB	TAB	D	500	NP RS	60 00	3 412	\$4 178
MOH/DH+HP	37030101	BENZOIC ACID 6% + SALICULIC ACID 3% OINT 0 5KG		BOTL	30ML	D		NP RS	6.25	13 375	\$1 706
MOH/DH+HP	37051106	BENZYLE BENZOATE	25% LOTN	120ML	BOTL	D	1	NP RS	13 50	100	\$28
MOH/DH+HP	37051106	BENZYLE BENZOATE 25% LOTION		450ML		D		NP RS	38 50	7 412	\$5 624
MOH/DH+HP	36053062	CHLORAMPHENICOL	125MG/5ML	BOTL	60ML	D	1	NP RS	16 50	200	\$67
MOH/DH+HP	NC	CHLORAMPHENICOL	5ML	VIAL	VIAL	D	1	NP RS	6 80	22 082	\$3 064
MOH/DH+HP	35051062	CHLORAMPHENICOL	250MG	CAP	CAP	D	500	NP RS	650 00	3,288	\$43 616
MOH/DH+HP	35011030	CHLORPHENIRAMINE	4MG	TAB	TAB	D	500	NP RS	24 50	3 741	\$1 871
MOH/DH+HP	32050170	CLOVE OIL	15ML	DROP	15ML	D	1	NP RS	6 25	12 012	\$1 532
MOH/DH+HP	35082063	CO-TRIMOXAZOLE	400/80MG	TAB	TAB	D	100	NP RS	75 00	500	\$765
MOH/DH+HP	36083063	CO-TRIMOXAZOLE 200/40 MG/5ML SUS 50ML		BOTL		D	1	NP RS	9 70	500	\$99
MOH/DH+HP	NC	COUGH EXPECTORANT	450ML	BOTL	BOTL	D	1	NP RS	25 00	200	\$102
MOH/DH+HP	34012210	DEXTROSE	10% 540ML	BOTL	BOTL	D	1	NP RS	22 00	200	\$90
MOH/DH+HP	34011210	DEXTROSE 5% 540 ML				D	1	NP RS	20 00	5 000	\$2 041
MOH/DH+HP	34021210	DEXTROSE IN SALINE 540 ML		BOTL	BOTL	D	1	NP RS	20 00	2 000	\$816
MOH/DH+HP	35022190	DIAZEPAM	5MG	TAB	TAB	D	100	NP RS	17 00	1 931	\$670
MOH/DH+HP	NC	DISTILL WATER	540ML	BOTL	BOTL	D	1	NP RS	15 00	100	\$31
MOH/DH+HP	35132065	ETHAMBUTOL	400MG	TAB	TAB	D	100	NP RS	90 00	40	\$73
MOH/DH+HP	35021071	FERROUS SALT + FOLIC ACID 60 MG/250 MCG TAB		TAB	TAB	D	500	NP RS	25 00	13 076	\$6 671
MOH/DH+HP	35011120	FRUSEMIDE	40MG	TAB	TAB	D	50	NP RS	14 50	4 994	\$1 478
MOH/DH+HP	NC	HALAZONE	120MG	TAB	TAB	D	1000	NP RS	68 00	50	\$69
MOH/DH+HP	35162065	ISONIAZID 300 MG TAB		TAB	TAB	D	100	NP RS	250 00	4	\$20
MOH/DH+HP	35071131	MAG TRISIL +ALHYDR	500+250MG	TAB	TAB	D	500	NP RS	122 00	8 030	\$19 993
MOH/DH+HP	35171060	MEBENDAZOLE	100MG	TAB	TAB	D	150	NP RS	120 00	9 008	\$22 060
MOH/DH+HP	35181061	METRONIDAZOLE	200MG	TAB	TAB	D	200	NP RS	85 00	26 177	\$45 409
MOH/DH+HP	34031210	NORMAL SALINE 540 ML		BOTL	BOTL	D	1	NP RS	20 00	5 000	\$2 041
MOH/DH+HP	NC	NOZOLA		15ML	VIAL	D	1	NP RS	5 8	15284	\$1 809
MOH/DH+HP	35090135	ORAL REHYDR SALTS(JEEVAN JAL)F		POWD	PKT	D	50	NP RS	107 50	1 000	\$2 194
MOH/DH+HP	35051021	PARACETAMOL	500MG	TAB	TAB	D	1000	NP RS	300 00	7 181	\$43 965
MOH/DH+HP	36052021	PARACETAMOL	125MG/5ML	BOTL	60ML	D	1	NP RS	9 50	200	\$39
MOH/DH+HP	35022050	PHENOBARBITONE	30MG	TAB	TAB	D	500	NP RS	48 50	200	\$198
MOH/DH+HP	35241060	PIPERAZINE	300MG	TAB	TAB	D	1000	NP RS	160 00	480	\$1 567
MOH/DH+HP	35111131	RANITIDINE	150MG	TAB	TAB	D	100	NP RS	141	10	\$29
MOH/DH+HP	34041210	RINGER S LACTATE	540ML	BOTL	BOTL	D	1	NP RS	20 00	4 000	\$1 633
MOH/DH+HP	NC	SOD BICARB+GINGER+RHUBARB		TAB	TAB	D	50	NP RS	9 25	4584	\$865
MOH/DH+HP	32142161	SOD SULPHACETAMIDE	15ML,20%	VIAL	VIAL	D	1	NP RS	8.25	21 944	\$3 695
MOH/DH+HP	NC	SODIUM BICARB	300MG	TAB	TAB	D	2500	NP RS	170 00	2,239	\$7 768
MOH/DH+HP	35332062	TETRACYCLINE	500MG	CAP	CAP	D	100	NP RS	150 00	1 105	\$3 383
MOH/DH+HP	35331062	TETRACYCLINE	250MG	CAP	CAP	D	500	NP RS	445 00	3 593	\$32 630
MOH/DH+HP	NC	VITAMIN B COMPLEX	120ML	BOTL	BOTL	D	1	NP RS	11 50	200	\$47
MOH/DH+HP	35081230	VITAMIN B COMPLEX		TAB	TAB	D	500	NP RS	50 00	17 050	\$17 398
MOH/DH+HP	NC	MULTIVITAMIN		TAB	TAB	D	500	IN RS	375 00	4 450	\$53 831
MOH/DH+HP	35101066	D-CARBAMAZINE	100MG	TAB	TAB	D	100	IN RS	108 00	3 100	\$10 800
MOH/DH+HP	35071141	PREDNISOLONE	5MG	TAB	TAB	D	100	IN RS	33 00	2,270	\$2 416
MOH/DH+HP	35012180	METHYL EROGOMETRIN	0 125MG	TAB	TAB	D	15	IN RS	9 00	2 000	\$581
MOH/DH+HP	35011094	DIGOXIN	0.25MG	TAB	TAB	D	100	IN RS	23 00	425	\$315
MOH/DH+HP	35021021	IBUPROFEN	200MG	TAB	TAB	D	250	IN RS	67 00	2,200	\$4 755
MOH/DH+HP	NC	CHLOROPROMAZIN	100MG	TAB	TAB	D	100	IN RS	47 00	500	\$758
MOH/DH+HP	NC	CHLOROPROMAZIN	50MG	TAB	TAB	D	100	IN RS	24 00	100	\$77
MOH/DH+HP	35012062	AMOXICILLINE	500MG	CAP	CAP	D	100	IN RS	344 00	200	\$2,219
MOH/DH+HP	NC	AMPICILLINE	500MG	CAP	CAP	D	100	IN RS	322 00	48	\$499
MOH/DH+HP	35332062	TETRACYCLINE	500MG	CAP	CAP	D	100	IN RS	124 00	1 190	\$4 760
MOH/DH+HP	35051062	CHLORAMPHENICOL	500MG	CAP	CAP	D	100	IN RS	123 00	1 190	\$4 722
MOH/DH+HP	NC	ERTHROMYCIN	500MG	TAB	TAB	D	100	IN RS	382 00	1 950	\$24 029
MOH/DH+HP	35082063	COTRIMOXAZOLE	400/80	TAB	TAB	D	100	IN RS	45 00	1,290	\$1 873
MOH/DH+HP	NC	COTRIMOXAZOLE DS	800/160	TAB	TAB	D	200	IN RS	176 00	960	\$5 450
MOH/DH+HP	NC	ASCORBIC ACID	500MG	TAB	TAB	D	200	IN RS	252 00	50	\$406
MOH/DH+HP	NC	CHLORPROMAZINE	25MG	TAB	TAB	D	100	IN RS	15 00	50	\$24
MOH/DH+HP	NC	HALOPERIDOL	5MG	TAB	TAB	D	100	IN RS	267 00	100	\$861

## APPENDIX NO 16

ORGANIZATION	MOH/60DH+816HP
YEAR	1994
CURRENCY	NP RS/IN RS
DOLLAR EXCH RATE	49 NP RS
DOLLAR EXCH RATE	31 IN RS

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO*	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALU US
MOH/DH+HP	NC	TRIFLUOPERAZINE	5MG	TAB	TAB	D	100	IN RS	48 00	100	\$155
MOH/DH+HP	NC	IMIPRAMINE	25MG	TAB	TAB	D	100	IN RS	30 00	100	\$97
MOH/DH+HP	NC	LITHIUM CARBONATE	300MG	TAB	TAB	D	100	IN RS	67 00	50	\$100
MOH/DH+HP	NC	CARBAMAZEPIN	200MG	TAB	TAB	D	100	IN RS	312 00	50	\$540
MOH/DH+HP	NC	DEPHINHYDRATION	100MG	TAB	TAB	D	100	IN RS	40 00	50	\$60
MOH/DH+HP	NC	AMITRIPTALINE	25MG	TAB	TAB	D	100	IN RS	100 00	100	\$323
MOH/DH+HP	35022050	PHENOBARBITONE	30MG	TAB	TAB	D	100	IN RS	26 00	50	\$42
MOH/DH+HP	NC	CHLORAMPHENICOL	EYE.APPL	CAP	CAP	D	50	IN RS	28 00	1 075	\$97
MOH/DH+HP	NC	CHLORAMPHENICOL	5GM	TUBE	TUBE	D	10	IN RS	34 00	4,200	\$460
MOH/DH+HP	NC	ATROPIN OINT	EYE OINT	TUBE	TUBE	D	10	IN RS	48 00	400	\$619
MOH/DH+HP	NC	ATROPIN EYE DROPS	5ML, 1%	VIAL	VIAL	D	1	IN RS	7 00	400	\$90
MOH/DH+HP	31071012	LIGNOCAIN	2% 30ML	BOTL	BOTL	D	1	IN RS	8 00	2 450	\$65
MOH/DH+HP	33023133	ATROPIN SULPHATE	0 65MG/ML	AMP	AMP	D	50	IN RS	70 00	67	\$110
MOH/DH+HP	NC	METHYL ERGOMETRIN	1ML	AMP	AMP	D	6	IN RS	19 00	2 025	\$1,241
MOH/DH+HP	33014190	CHLOPROMAZINE	25MG/ML	AMP	AMP	D	10	IN RS	35 00	270	\$305
MOH/DH+HP	NC	BENZYL PENCLN	10 LAC	AMP	AMP	D	100	IN RS	932 00	1 055	\$31 710
MOH/DH+HP	37010110	DISTILLED WATER	5ML	AMP	AMP	D	100	IN RS	100 00	5 900	\$19 000
MOH/DH+HP	NC	DIAZEPAM	5MG/ML2ML	AMP	AMP	D	6	IN RS	13 00	2 175	\$91
MOH/DH+HP	33062022	PENTAZOCIN	25MG/ML	AMP	AMP	D	8	IN RS	81 00	290	\$758
MOH/DH+HP	33021180	OXYTOCIN	10IU	AMP	AMP	D	6	IN RS	24 00	825	\$639
MOH/DH+HP	NC	ANTI SNAKE VENOM	10ML	VIAL	VIAL	D	1	IN RS	190 00	900	\$5 500
MOH/DH+HP	33012120	FURSEMIDE	10MG/ML2ML	AMP	AMP	D	10	IN RS	21 00	1 718	\$1 160
MOH/DH+HP	NC	SODIBICARB	7 6% 25ML	INJ	INJ	D	50	IN RS	167 00	6	\$32
MOH/DH+HP	NC	ETO+THEOPHYLLIN	169 4 50 6MG/ML, 2ML		INJ	D	50	IN RS	102 00	2 067	\$6,801
MOH/DH+HP	33013200	AMINOPHYLLIN	25MG/ML	AMP	AMP	D	1	IN RS	4 00	2 700	\$34
MOH/DH+HP	34021210	DEXTROSE SALINE	540ML	BOTL	BOTL	D	1	IN RS	8 00	75 000	\$19,350
MOH/DH+HP	34011210	DEXTROSE	5% 540ML	BOTL	BOTL	D	1	IN RS	8 00	75 000	\$19,350
MOH/DH+HP	34031210	NORMAL SALINE	540 ML	BOTL	BOTL	D	1	IN RS	8 00	75 000	\$19 355
MOH/DH+HP	34041210	RINGERS LACTATE	540ML	BOTL	BOTL	D	1	IN RS	8 00	75 000	\$19 355
MOH/DH+HP	34012210	DEXTROSE	10%	BOTL	BOTL	D	1	IN RS	10 00	75 000	\$24 150
<b>TOTAL</b>											<b>\$638 460</b>

**Appendix No 17 European Community, Drugs For Sexually Transmitted Diseases**

## APPENDIX NO 17

ORGANIZATION            EC/STD  
 YEAR                      1994  
 CURRENCY                NP RS  
 EXCHANGE RATE US\$     49

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO *	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE US\$
EC/STD	NC	CIPROFLOXACIN	50MG	TAB	TAB	D	100	NP RS	1650	18	\$606
EC/STD	35331062	TETRACYCLINE	250MG	CAP	CAP	D	2000	NP RS	3280	18	\$1,205
EC/STD	NC	TINIDAZOLE	1000MG	TAB	TAB	D	100	NP RS	630	18	\$231
EC/STD	NC	TINIDAZOLE	500MG	TAB	TAB	D	100	NP RS	330	18	\$121
EC/STD	NC	ACYCLOVIR	200MG	TAB	TAB	D	50	NP RS	1600	12	\$392
EC/STD	33022062	BENZ PENICILLIN	1,200 000	INJ	AMP	D	100	NP RS	2080	18	\$764
EC/STD	33021062	BENZ PENICILLIN	600 000	INJ	AMP	D	100	NP RS	960	18	\$353
EC/STD	35102062	ERYTHROMYCIN	250MG	TAB	TAB	D	2000	NP RS	8300	12	\$2 033
EC/STD	NC	DOXYCYCLINE	100MG	CAP	CAP	D	2000	NP RS	6500	12	\$1 592
EC/STD	NC	CLORTIMAZOLE CREAM	15GMS	TUBE	TUBE	D	100	NP RS	1910	12	\$468
EC/STD	NC	TRIAMCINOLONE CREAM	10GMS	TUBE	TUBE	D	100	NP RS	1782	12	\$436
EC/STD	50124000	SYRINGE DISP	5ML	PIECE	PIECE	M	100	NP RS	500	36	\$367
EC/STD	NC	PROCAINE PENICILLIN	400 000	VIAL	VIAL	D	100	NP RS	966	12	\$237
EC/STD	NC	GAMMA BENZENE HEXA		TUBE	TUBE	D	400	NP RS	6092	12	\$1 492
EC/STD	NC	TETRACYCLINE OINT	15GMS	TUBE	TUBE	D	50	NP RS	562 5	6	\$69
EC/STD	NC	CLOTTRIMAZOLE VAGINAL	200MG	PESSARY	PESSAR	D	198	NP RS	762 5	12	\$187
<b>TOTAL</b>											<b>\$10 552</b>

Appendix No 18 UNICEF, Drugs For Diarrhoeal Diseases

**APPENDIX NO 18**

ORGANIZATION UNICEF/CDD  
 YEAR 1993  
 CURRENCY NP RS  
 DOLLAR EXCH RATE 48

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY NCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
UNICEF/CDD	35090135	ORS JEEVAL JAL	1000ML	POWDER	PACKET	D	1	NP RS	2 15	1 000 000	\$44 792
										TOTAL	\$44 792

ORGANIZATION UNICEF/CDD  
 YEAR 1994  
 CURRENCY NP RS  
 DOLLAR EXCH RATE 49

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY NCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
UNICEF CDD	35090135	ORS JEEVAN JAL	1000ML	POWDER	PACKET	D	1	NP RS	2 58	2 000 000	\$105 306
										TOTAL	\$105 306

Appendix No 19 Ministry of Health, Drugs For Diarrhoeal Diseases

## APPENDIX NO 19

ORGANIZATION MOH/CDD  
 YEAR 1993  
 CURRENCY NP RS  
 DOLLAR EXCH RATE 48

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY NCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
MOH/CDD	35090135	ORS JEEVAL JAL	1000ML	POWDER	PACKET	D	1	NP RS	2 15	200 000	\$8 958
<b>TOTAL</b>										<b>\$8 958</b>	

ORGANIZATION MOH/CDD  
 YEAR 1994  
 CURRENCY NP RS  
 DOLLAR EXCH RATE 49

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY NCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD *
MOH/CDD	35090135	ORS JEEVAN JAL	1000ML	POWDER	PACKET	D	1	NP RS	2 58	1 000 000	\$52 653
<b>TOTAL</b>										<b>\$52 653</b>	

Appendix No 20 WHO, Malaria Drugs

## APPENDIX NO 20

ORGANIZATION	WHO/MALR
YEAR	1990
CURRENCY	USD
DOLLAR EXCH RATE	1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO'	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
WHO/MALAR	NC	SULPHOXINE+PYREMETH	1000+15MG	TAB	TAB	D	10	USD	1	2 000	\$2 000
<b>TOTAL</b>										<b>\$2 000</b>	

Appendix No 21 WHO, Kala-azar Drugs

## APPENDIX NO 21

ORGANIZATION WHO/KALA  
 YEAR 1992  
 CURRENCY USD  
 DOLLAR EXCH RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
WHO/KALA	33311068	SODIUM ANTIMONY GLUC	30ML	INJ	VIAL	D	1	USD	\$1 82	1 500	\$2 730
WHO/KALA	NC	PENTAMIDINE	3ML	INJ	AMP	D	1	USD	\$5 40	500	\$2 700
										TOTAL	\$5 430

ORGANIZATION WHO/KALA  
 YEAR 1993  
 CURRENCY USD  
 DOLLAR EXCH RATE 1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOTAL VALUE US\$
WHO/KALA	33311068	SODIUM ANTIMONY GLUCONAT	30ML	VIAL	VIAL	D	1	USD	1 82	2050	\$3 731
										TOTAL	\$3 731

Appendix No 22 JICA, TB Drugs

## APPENDIX NO 22

ORGANIZATION JICA/TB  
 YEAR 1992  
 CURRENCY NP RS  
 DOLLAR EXCH RATE 47

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
JICA/TB	NC	RIFATAR(RFP120+INH80+PZA250MG)		TAB	TAB	D	1	NP RS	2.45	300 000	\$15 638
JICA/TB	NC	REFADIN INH(RFP450+INH300MG)		TAB	TAB	D	1	NP RS	5.35	230 000	\$26 181
JICA/TB	35272065	PYRAZINAMIDE	750MG	TAB	TAB	D	1	NP RS	2.7	100 000	\$5 745
JICA/TB	35271065	PYRAZINAMIDE	500MG	TAB	TAB	D	1	NP RS	1.85	100 000	\$3 936
JICA/TB	35132065	ETHAMBUTOL	400MG	TAB	TAB	D	1	NP RS	0.71	477 521	\$7,214
JICA/TB	NC	RD NIAZIDE FORTE	100MG	TAB	TAB	D	1	NP RS	0.07	25 000	\$37
JICA/TB	NC	RD NIAZIDE FORTE	300MG	TAB	TAB	D	1	NP RS	0.18	25 000	\$96
JICA/TB	NC	RD ZONE FORTE	300MG	TAB	TAB	D	1	NP RS	0.29	400 000	\$2 468
JICA/TB	NC	RIFAMPICIN SYRUP	50ML	PHIAL	PHAIL	D	1	NP RS	20.2	3 000	\$1,289
JICA/TB	NC	INH SYRUP	50ML	PHIAL	PHAIL	D	1	NP RS	13.12	3 000	\$837

**TOTAL** \$63 441

ORGANIZATION JICA/TB  
 YEAR 1993  
 CURRENCY NP RS  
 DOLLAR EXCH RATE 48

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
JICA/TB	NC	RIFATAR(RFP120+INH80+PZA250MG)		TAB	TAB	D	1	NP RS	3.17	300 000	\$19 813
JICA/TB	NC	REFADIN INH(RFP450+INH300MG)		TAB	TAB	D	1	NP RS	7.39	90 000	\$13 856
JICA/TB	35291065	RIFAMPICIN	150MG	CAP	CAP	D	1	NP RS	1.45	200 000	\$6 042
JICA/TB	35271065	PYRAZINAMIDE	500MG	TAB	TAB	D	1	NP RS	2.56	180 000	\$9 600
JICA/TB	35132065	ETHAMBUTOL	400MG	TAB	TAB	D	1	NP RS	0.71	800 000	\$11 833
JICA/TB	35162065	ISONIAZIDE	300MG	TAB	TAB	D	1	NP RS	0.25	1 000 000	\$5,208

**TOTAL** \$66 352

ORGANIZATION JICA/TB  
 YEAR 1994  
 CURRENCY NP RS  
 DOLLAR EXCH RATE 49

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
JICA/TB	NC	RIFATAR(RFP120+INH80+PZA250MG)		TAB	TAB	D	1	NP RS	3.36	310 000	\$21,257
JICA/TB	NC	REFADIN INH(RFP450+INH300MG)		TAB	TAB	D	1	NP RS	7.4	24 000	\$3 624
JICA/TB	35271065	PYRAZINAMIDE	500MG	TAB	TAB	D	1	NP RS	2.56	872 000	\$45 558
JICA/TB	35162065	ISONIAZIDE	300MG	TAB	TAB	D	1	NP RS	0.28	100 000	\$571
JICA/TB	35132065	ETHAMBUTOL	400MG	TAB	TAB	D	1	NP RS	0.71	500 000	\$7,245

**TOTAL** \$78,256

Appendix No 23 Ministry Of Health Drugs For Acute Respiratory Infections  
(Data to be collected)

## APPENDIX NO 23

ORGANIZATION	UNICEF/ARI
YEAR	1994
CURRENCY	USD
DOLLAR EXCH RATE	1

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	CURRENCY	PURCHASE UNIT COST	QUANTITY PURCHASED	TOT VALUE USD
UNICEF/ARI	35081063	CO-TRIMOXAZOLE	100+20MG	TAB	TAB	D	100	USD	0.7986	11900	\$9 503
										<b>TOTAL</b>	<b>\$9 503</b>

Appendix No 24 ABC Analysis of 1994 Drug Purchases

**APPENDIX NO 24 ABC ANALYSIS OF 1994 DRUG PURCHASES**

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	ISSUE UNIT	DMO	PURCHASE PACK SIZE	PURCHASE UNIT COST USD	QUANTITY PURCHASED	ANNUAL TOT PURCHASE VALUE US\$	% OF GT	CUMMULAT % of GT
EC/STD	NC	ACYCLOVIR	200MG	TAB	TAB	D	50	32 653	12	\$392	0 0	99 9
EC/STD	50124000	SYRINGE DISP	5ML	PIECE	PIECE	M	100	10 204	36	\$367	0 0	99 9
EC/STD	33021062	BENZ PENICILLIN	600 000	INJ	AMP	D	100	19 5918	18	\$353	0 0	99 9
MOH/DH+HP	NC	AMITRIPTALINE	25MG	TAB	TAB	D	100	3 23	100	\$323	0 0	99 9
MOH/DH+HP	33014190	CHLOPROMAZINE	25MG/ML	AMP	AMP	D	10	1 13	270	\$305	0 0	99 9
SASAK/PHC	35101066	DIETHYLCARBAMAZINE	50MG	TAB	TAB	D	1000	3 7873	80	\$303	0 0	99 9
SASAK/PHC	37061103	CALAMINE LOTION		SOLN	500ML	D	1	2 1175	120	\$254	0 0	99 9
SASAK/PHC	35023050	PHENOBARBITAL	100MG	TAB	TAB	D	100	1 21	200	\$242	0 0	100 0
MOH/DH+HP	35022050	PHENOBARBITONE	30MG	TAB	TAB	D	500	1 14	210	\$240	0 0	100 0
EC/STD	NC	PROCAINE PENICILLIN	400 000	VIAL	VIAL	D	100	19 7142	12	\$217	0 0	100 0
EC/STD	NC	TINIDAZOLE	1000MG	TAB	TAB	D	100	12 857	18	\$231	0 0	100 0
EC/STD	NC	CLOTRIMAZOLE VAGINAL	200MG	PESSARY	PESSARY	D	198	15 5612	12	\$187	0 0	100 0
MOH/DH+HP	NC	TRIFLUOPERAZINE	5MG	TAB	TAB	D	100	1 55	100	\$155	0 0	100 0
MOH/DH+HP	33023133	ATROPIN SULPHATE	0 65MG/ML	AMP	AMP	D	50	2 26	67	\$151	0 0	100 0
EC STD	NC	TINIDAZOLE	500MG	TAB	TAB	D	100	6 7346	18	\$121	0 0	100 0
SASAK/PHC	33013094	DIGOXIN	0 25MG/ML	INJ	AMP	D	10	1 4883	80	\$119	0 0	100 0
MOH/DH+HP	NC	LITHIUM CARBONATE	300MG	TAB	TAB	D	100	2 16	50	\$108	0 0	100 0
MOH/DH+HP	NC	COUGH EXPECTORANT	450ML	BOTL	BOTL	D	1	0 51	200	\$102	0 0	100 0
MOH/DH+HP	36083063	CO TRIMOXAZOLE 200/40 MG.5ML SJS 50M				D	1	0 20	500	\$99	0 0	100 0
MOH/DH+HP	NC	IMIPRAMINE	25MG	TAB	TAB	D	100	0 97	100	\$97	0 0	100 0
MOH/DH HP	NC	ATROPIN EYE DROPS	5ML 1%	VIAL	VIAL	D	1	0 23	400	\$90	0 0	100 0
MOH/DH HP	NC	CHLOROPROMAZIN	50MG	TAB	TAB	D	100	0 77	100	\$77	0 0	100 0
MOH/DH HP	NC	HALAZONE	120MG	TAB	TAB	D	1000	1 39	50	\$69	0 0	100 0
EC STD	NC	TETRACYC INF OINT	15G/15	TUBE	TUBE	D	50	11 479	6	\$69	0 0	100 0
MOH/DH HP	360530E2	CHLORAMPHEN COL	125MG 5ML	BOTL	60M	D	1	0 34	200	\$6	0 0	100 0
MOH/DH HP	NC	DEPHINHYDRATION	100MG	TAB	TAB	D	100	1 29	50	\$6	0 0	100 0
SASAK/PHC	3502219C	DIZEPAM	5MG	TAB	TAB	D	100	0 484	120	\$58	0 0	100 0
MOH/DH+HP	NC	VITAMIN B COMPLEX	120M	BOTL	BOTL	D	1	0 23	200	\$47	0 0	100 0
MOH/DH HP	36052 21	PARACETAMO	125MG 5ML	BOTL	60M	D	1	0 19	200	\$39	0 0	100 0
MOH/DH HP	NC	SODIUM CARB	7 6 25M	INJ	INJ	D	50	5 39	6	\$32	0 0	100 0
MOH/DH+HP	NC	D STILL WATER	540M	BOTL	BOTL	D	1	0 31	100	\$31	0 0	100 0
MOH/DH+HP	36 1113	RANITIDINE	150MG	TAB	TAB	D	100	2 8775	10	\$29	0 0	100 0
MOH/DH HP	37051106	BENZYLE BENZOATE	2% LOTN	120ML	BOTL	D	1	0 28	100	\$28	0 0	100 0
MOH/DH HP	NC	CHLORPROMAZINE	25MG	TAB	TAB	D	100	0 48	50	\$24	0 0	100 0

**TOTAL \$5 366 840**

Appendix No 25 Analysis of 1994 Drug Prices

APPENDIX NO 25 ANALYSIS OF 1994 DRUG PRICES

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	PCT DIFF	SUPPLIER NO.1 PURCHASE		SUPPLIER NO.2 PURCHASE		SUPPLIER NO.3 PURCHASE		TOTAL PURCHASE VALUE IN USD
						UNIT	QTY	UNIT	QTY	UNIT	QTY	
						COST IN USD		COST IN USD		COST IN USD		
UNICEF/SHF	35013021	ACETTYLE SALIACETYL ACID	500MG	TAB		0 007381	2588300	0 00000	0	0	0	\$19 104
SASAK/HP	35012021	ACETTYLE SALIACETYL ACID	300MG	TAB	33 4	0 00245	9741000	0 003267	3383000	0	0	\$34 907
MOH/DH+HP	NC	ACONITE BELADONA CAMPHORE	BOTL	BOTL		2 75510	7438	0 00000	0	0	0	\$20 492
EC/STD	NC	ACYCLOVIR	200MG	TAB		0 65306	600	0 00000	0	0	0	\$392
SASAK/HP	35012131	ALUMINIUM HYDROXIDE	500MG	TAB	58.2	0 00643	3503000	0 01016	1163300	0	0	\$34 331
MOH/DH+HP	33013200	AMINOPHYLLIN	25MG/ML	AMP	12 5	0 12903	2700	0 14520	1600	0	0	\$581
SASAK/HP	35011200	AMINOPHYLLINE	100MG	TAB	89 1	0 00245	2276500	0 00463	1232000	0	0	\$11 277
MOH/DH+HP	NC	AMITRIPTALINE	25MG	TAB		0 03226	10000	0 00000	0	0	0	\$323
SASAK/HP	35011062	AMOXYCILLIN	250MG	TAB	47 8	0 03383	10951000	0 05000	85000	0	0	\$374 740
MOH/DH+HP	35012062	AMOXYCILLINE	500MG	CAP		0 11096	20000	0 00000	0	0	0	\$2 219
MOH/DH+HP	NC	AMPICILIN	250MG	CAP		0 06244	95000	0 00000	0	0	0	\$5 932
MOH/DH+HP	NC	AMPICILLINE	500MG	CAP		0 10387	4800	0 00000	0	0	0	\$499
MOH/DH+HP	NC	ANTI SNAKE VENOM	10ML	VIAL		6 12900	900	0 00000	0	0	0	\$5 516
MOH/DH+HP	NC	ASCORBIC ACID	500MG	TAB		0 04064	10000	0 00000	0	0	0	\$406
MOH/DH+HP	NC	ATROPIN EYE DROPS	5ML 1%	VIAL		0 22580	400	0 00000	0	0	0	\$90
MOH/DH+HP	NC	ATROPIN OINT	EYE OINT	TUBE		0 15483	4000	0 00000	0	0	0	\$619
MOH/DH+HP	33023 33	ATROPIN SULPHATE	0 65MG/ML	AMP		0 04516	3350	0 00000	0	0	0	\$151
SASAK/HP	35022133	ATROPINE	1MG	TAB		0 00387	1073000	0 00000	0	0	0	\$4 155
SASAK/HP	33024133	ATROPINE	1MG/MLX11ML	INJ		0 10285	12620	0 00000	0	0	0	\$1 298
UNICEF EPI	20010000	BCG VACCINE	20 DOS/VL	INJ		1 75000	63300	0 00000	0	0	0	\$110 775
MOH/DH HP	NC	BELADONA PHENABARB SOD		TAB		0 00244	1706000	0 00000	0	0	0	\$4 163
EC/STD	33022062	BENZ PENICILLIN	1 200 000	INJ		0 42448	1800	0 00000	0	0	0	\$764
EC STD	33021062	BENZ PENICILLIN	600 000	INJ		0 19591	1800	0 00000	0	0	0	\$353
MOH/DH+HP	37030101	BENZOIC ACID & SALICULIC ACID 3	OINT 0 5KG	BOTL		0 12755	13375	0 00000	0	0	0	\$1 706
SASAK/HP	37030101	BENZOIC ACID 6% + SALI ACID 3	OINT 0 5KG			2 80700	3310	0 00000	0	0	0	\$9 291
MOH/DH HP	NC	BENZYL PENCLN	10 LAC	AMP		0 30065	105500	0 00000	0	0	0	\$31 718
MOH/DH HP	37051106	BENZYLE BENZOATE	25° LOTN	120ML		0 27551	100	0 00000	0	0	0	\$28
MOH/DH+HP	37051106	BENZYLE BENZOATE 25° LOTION		SOLN	24 5	2 66200	5731	3 31527	13111	0	0	\$58 722
MOH/DH+HP	37051106	BENZYLE BENZOATE 25° LOTION		450ML		0 78571	7412	0 00000	0	0	0	\$5 824
SASAK/PHC	3705 103	CALAMINE LOTION		SOLN		2 11750	120	0 00000	0	0	0	\$254
MOH/DH+HP	NC	CARBAMAZEPIN	200MG	TAB		0 10065	5000	0 00000	0	0	0	\$503
MOH/DH HP	33014190	CHLORPROMAZINE	25MG/ML	AMP		0 11300	2700	0 00000	0	0	0	\$305
UNICEF/SHF	36053062	CHLORAMPHENICAL	150MG/5ML	BOTL		0 38673	15856	0 00000	0	0	0	\$6 132
MOH/DH HP	NC	CHLORAMPHENICOL	EYE APPL	CAP		0 01806	53750	0 00000	0	0	0	\$971
MOH/DH+HP	35051062	CHLORAMPHENICOL	500MG	CAP		0 03967	119000	0 00000	0	0	0	\$4 721
MOH/DH HP	NC	CHLORAMPHENICOL	5GM	TUBE		0 10967	42000	0 00000	0	0	0	\$4 606
SASAK/HP	35051062	CHLORAMPHENICOL	250MG	CAP	4 6	0 02653	1544000	0 02775	2936000	0	0	\$125 075
MOH/DH+HP	36053062	CHLORAMPHENICOL	125MG/5ML	BOTL		0 33673	200	0 00000	0	0	0	\$67
MOH/DH HP	NC	CHLORAMPHENICOL	5ML	VIAL		0 13877	22082	0 00000	0	0	0	\$3 064
SASAK/HP	37021110	CHLOROHEXADINE CONC	5%	SOLN		4 62220	2079	0 00000	0	0	0	\$9 610
MOH/DH+HP	NC	CHLOROPROMAZIN	50MG	TAB		0 00774	10000	0 00000	0	0	0	\$77
MOH/DH+HP	NC	CHLOROPROMAZIN	100MG	TAB		0 01516	50000	0 00000	0	0	0	\$758
SASAK/HP	35011030	CHLORPHENIRAMINE	4MG	TAB	199 3	0 00154	651000	0 00460	526000	0 001	1870500	\$5 289
MOH/DH+HP	NC	CHLORPROMAZINE	25MG	TAB		0 00484	5000	0 00000	0	0	0	\$24
EC/STD	NC	CIPROFLOXACIN	50MG	TAB		0 33673	1800	0 00000	0	0	0	\$606
EC/STD	NC	CLORTIMAZOLE CREAM	15GMS	TUBE		0 38979	1200	0 00000	0	0	0	\$468
EC STD	NC	CLOTRIMAZOLE VAGINAL	200MG	PESSARY		0 07854	2376	0 00000	0	0	0	\$187
MOH/DH+HP	32050170	CLOVE OIL	15ML	DROP		0 12755	12012	0 00000	0	0	0	\$1 532
UNICEF ARI	35081063	CO TRIMOXAZOLE	100+20MG	TAB		0 00660	1190000	0 00000	0	0	0	\$7 854
MOH/DH HP	35082063	CO TRIMOXAZOLE	400/80MG	TAB		0 01531	50000	0 00000	0	0	0	\$765
MOH/DH HP	36083063	CO TRIMOXAZOLE 200/40 MG.5ML SUS 50ML				0 19795	500	0 00000	0	0	0	\$99
UNFPA FP	10010000	CONDOM			185 7	0 01890	4000000	0 05400	14478000	0	0	\$85 412
MOH/DH+HP	35082063	COTRIMOXAZOLE	400/80	TAB		0 01451	129000	0 00000	0	0	0	\$1 872
MOH/DH+HP	NC	COTRIMOXAZOLE DS	800/160	TAB		0 02838	192000	0 00000	0	0	0	\$5 449
MOH/DH+HP	NC	COUGH EXPECTORANT	450ML	BOTL		0 51020	200	0 00000	0	0	0	\$102
MOH/DH HP	35101066	D CARBAMAZINE	100MG	TAB		0 03483	310000	0 00000	0	0	0	\$10 79
MOH/DH HP	NC	DEPHINHYDRATION	100MG	TAB		0 01290	5000	0 00000	0	0	0	\$5

APPENDIX NO 25 ANALYSIS OF 1994 DRUG PRICES

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	PCT DIFF	SUPPLIER NO.1 PURCHASE		SUPPLIER NO.2 PURCHASE		SUPPLIER NO.3 PURCHASE		TOTAL PURCHASE VALUE
						UNIT	QTY	UNIT	QTY	UNIT	QTY	
						COST IN USD		COST IN USD		COST IN USD		
UNFPA FP	10050000	DEPOPROVERA		INJ		0.80000	700000	0.00000	0	0	0	\$560.00
MOH/DH+HP	34012210	DEXTROSE	10 / 540ML	BOTL	39.2	0.32258	75000	0.44897	200	0	0	\$24,283
MOH/DH+HP	34011210	DEXTROSE	5% 540ML	BOTL	58.2	0.25806	75000	0.40816	5000	0	0	\$21.3
MOH/DH+HP	34021210	DEXTROSE SALINE	540ML	BOTL	58.2	0.25806	75000	0.40816	2000	0	0	\$20.1
MOH/DH+HP	NC	DIAZEPAM	5MG/ML2ML	AMP		0.06989	13050	0.00000	0	0	0	\$91
SASAK/HP	31011012	DIAZEPAM	5MG/ML	INJ		0.09438	6510	0.00000	0	0	0	\$614
MOH/DH+HP	35022190	DIAZEPAM	5MG	TAB		0.00347	193100	0.00000	0	0	0	\$61
SASAK/PHC	35101066	DIETHYLCARBAMAZINE	50MG	TAB		0.00379	80000	0.00000	0	0	0	\$3
MOH/DH+HP	35011094	DIGOXIN	0.25MG	TAB	22.3	0.00742	42500	0.00908	12000	0	0	\$42
SASAK/PHC	33013094	DIGOXIN	0.25MG/ML	INJ		0.14883	800	0.00000	0	0	0	\$119
UNFPA FP	50126000	DISPOSABLE SYRINGE	2ML			0.15000	700000	0.00000	0	0	0	\$105.00
MOH/DH+HP	NC	DISTILLED WATER	540ML	BOTL		0.30612	100	0.00000	0	0	0	\$3
MOH/DH+HP	37010110	DISTILLED WATER	5ML	AMP		0.03226	590000	0.00000	0	0	0	\$19.03
SASAK/PHC	35022190	DIAZEPAM	5MG	TAB		0.00484	12000	0.00000	0	0	0	\$5
EC STD	NC	DOXICYCLINE	100MG	CAP		0.06633	24000	0.00000	0	0	0	\$1.55
MOH EPI	20020000	DTP VACCINE	10DOSE/VL	INJ		0.45000	200000	0.00000	0	0	0	\$90.00
UNICEF SHP	35021200	EPHEDRINE	30MG	TAB	1.8	0.00678	1489400	0.00690	269600	0	0	\$ 952
SASAK/PHC	3303 030	EPINEPHRINE HCL	1MG/ML	INJ		0.10648	27780	0.00000	0	0	0	\$2.95
MOH/DH+HP	NC	ERTHROMYCIN	500MG	TAB		0.12322	195000	0.00000	0	0	0	\$24.02
EC STD	35 02062	ERYTHROMYCIN	250MG	TAB		0.08469	24000	0.00000	0	0	0	\$2.03
MOH TB	35 32065	ETHAMBUTOL	400MG	TAB	26.7	0.01449	500000	0.01836	4000	0.05531	1400000	\$84.746
MOH/DH HP	NC	ETO+THEOPHYLLIN	169.4 50 FMG 100 ML			0.06580	103300	0.00000	0	0	0	\$6.80
SASAK/HP	3502 071	FERROUS SALT + FOLIC ACID 60 MG 250 MCG		TAB	93.4	0.00102	6538000	0.00197	758000	0.00250	2828000	\$15.24
SASAK/PHC	35011120	FRUSEMIDE	40MG	TAB	47.2	0.00592	249700	0.00871	44100	0.00000	0	\$1.862
SASAK/HP	330 2120	FRUSEMIDE	10MG/ML2ML	INJ	82.2	0.06774	17180	0.12342	6510	0	0	\$1.967
EC STD	NC	GAMMA BENZENE HEXA		TUBE		0.31081	4800	0.00000	0	0	0	\$1.43
SASAK/PHC	37071102	GENTION VIOLET	1% AQUUS	25GMS	22.2	1.19765	3357	1.46410	3808	0	0	\$9.59
MOH/DH HP	NC	HALAZONE	120MG	TAB		0.00139	50000	0.00000	0	0	0	\$69
MOH/DH+HP	NC	HALOPERIDOL	5MG	TAB		0.08612	10000	0.00000	0	0	0	\$86
SASAK/HP	NC	HYDROCHLOROTHIAZIDE	50MG	TAB		0.00351	401000	0.00000	0	0	0	\$1.40
SASAK/HP	35021021	IBUPROFEN	200MG	TAB	55.4	0.00865	550000	0.01343	441800	0	0	\$10.685
MOH/DH+HP	NC	IMIPRAMINE	25MG	TAB		0.00968	10000	0.00000	0	0	0	\$97
MOH NUTRN	330 1240	IODINE INJ	10ML	INJ		3.58000	46000	0.00000	0	0	0	\$164.68
MOH NUTRN	35012240	IODIZED OIL	200MG	CAP		0.14705	420000	0.00000	0	0	0	\$61.76
MOH/DH HP	35162065	ISONIAZIDE	300MG	TAB	793.5	0.00571	100000	0.05102	400	0	0	\$591
SASAK/PHC	NC	IV SET DISP		PIECE		0.24200	8672	0.00000	0	0	0	\$2.099
UNICEF/SHP	NC	LIDOCAINE+EPINEPH	2% +100.000	50ML		0.51062	31575	0.00000	0	0	0	\$16.12
MOH/DH+HP	31071012	LIGNOCAIN	2% 30ML	BOTL		0.25806	2450	0.00000	0	0	0	\$63
SASAK/PHC	31042013	LIGNOCAINE HCL	2%	50ML		0.66066	9265	0.00000	0	0	0	\$6.121
MOH/DH+HP	NC	LITHIUM CARBONATE	300MG	TAB		0.02161	5000	0.00000	0	0	0	\$108
USAID FP	10020000	LO-FEMENAL				0.16500	594000	0.00000	0	0	0	\$98.01
MOH/DH+HP	35071131	MAG TRISIL +ALHYDR	500+250MG	TAB		0.00498	4015000	0.00000	0	0	0	\$19.99
SASAK/PHC	NC	MAGNESIUM SULPHATE	500G	PACK		4.48910	610	0.00000	0	0	0	\$2.738
UNICEF EPI	20040000	MEASELES VACCINE	10 DOS/VL	INJ		2.00000	110800	0.00000	0	0	0	\$221.600
UNICEF/SHP	35171060	MEBENDAZOLE	100MG	TAB	0.9	0.01283	1703000	0.01295	1520000	0.01633	1351200	\$63.582
MOH/DH+HP	NC	METHYL ERGOMETRIN	1ML	AMP		0.10215	12150	0.00000	0	0	0	\$1.24
MOH/DH+HP	35012180	METHYL EROGOMETRIN	0.125MG	TAB	68.4	0.01150	92900	0.01935	30000	0	0	\$1.649
SASAK/PHC	NC	METHYLERGOMETRINE	0.2MG.1ML	INJ		0.09196	18040	0.00000	0	0	0	\$1.659
UNICEF/SHP	35183061	METRONIDAZOLE	250MG	TAB	48.8	0.00878	3353000	0.01307	2153700	0.00000	0	\$57.599
MOH/DH+HP	35181061	METRONIDAZOLE	200MG	TAB		0.00867	5235400	0	0	0	0	\$45.407
MOH/DH+HP	NC	MULTIVITAMIN		TAB		0.02419	2225000	0.00000	0	0	0	\$53.823
SASAK/PHC	NC	NEOMYCIN & BACTRIN	5+500IU	20GMS		0.38720	10355	0.00000	0	0	0	\$4.005
MOH/DH+HP	34031210	NORMAL SALINE	540 ML	BOTL	58.2	0.25806	75000	0.40816	5000	0	0	\$21.395
MOH/DH HP	NC	NOZOLA		15ML		0.11836	15284	0.00000	0	0	0	\$1.800
UNICEF EPI	20050000	OPV VACCINE	10 DOS/VL			1.18750	332300	0.00000	0	0	0	\$394.606
UNICEF/CDD	35090135	ORS JEEVAN JAL	1000ML	POWD	20.0	0.04388	50000	0.05265	3000000	0	0	\$160.144
MOH/DH HP	3302 180	OXYTOCIN	10IU	AMP		0.12903	4950	0.00000	0	0	0	\$635

APPENDIX NO 25 ANALYSIS OF 1994 DRUG PRICES

DONOR PROGRAM	LMIS CODE	PRODUCT NAME	STRENGTH SIZE	DOSAGE FORM	PCT DIFF	SUPPLIER NO.1 PURCHASE		SUPPLIER NO.2 PURCHASE		SUPPLIER NO.3 PURCHASE		TOTAL PURCHASE VALUE IN USD
						UNIT	QTY	UNIT	QTY	UNIT	QTY	
						COST IN USD		COST IN USD		COST IN USD		
SASAK/PHC	35051021	PARACETAMOL	500MG	TAB	41.1	0.00612	7181000	0.00864	2800000	0	0	\$68 154
MOH/DH+HP	36052021	PARACETAMOL	125MG/5ML	BOTL		0.19387	200	0.00000	0	0	0	\$39
WHO KAL	NC	PENTAMIDINE	3ML	AMP		5.40000	2800	0.00000	0	0	0	\$15 120
MOH/DH+HP	33062022	PENTAZOCIN	25MG/ML	AMP		0.32661	2320	0.00000	0	0	0	\$758
SASAK/PHC	35023050	PHENOBARBITAL	100MG	TAB		0.01210	20000	0.00000	0	0	0	\$242
MOH/DH+HP	35022050	PHENOBARBITAL	30MG	TAB	323.2	0.00198	100000	0.00838	5000	0	0	\$240
MOH/DH+HP	35241060	PIPERAZINE	300MG	TAB		0.00327	480000	0.00000	0	0	0	\$1,567
SASAK/PHC	37082110	POVIDONE IODINE	10%	500ML		2.11750	1922	0.00000	0	0	0	\$4 070
MOH/DH+HP	35071141	PREDNISOLONE	5MG	TAB		0.01064	227000	0.00000	0	0	0	\$2 415
SASAK/PHC	33261062	PROCAINE BEN PEN	3G	INJ		0.46343	842450	0.00000	0	0	0	\$390 4.7
EC/STD	NC	PROCAINE PENICILLIN	400 000	VIAL		0.19714	1200	0.00000	0	0	0	\$237
UNICEF/SHP	35102132	PROMETHAZINE	25MG	TAB	21.6	0.00617	537000	0.00750	196200	0	0	\$4 786
SASAK/PHC	35092091	PROPANOLAL	40MG	TAB		0.00799	223600	0.00000	0	0	0	\$1 786
JICA/TB	35271065	PYRAZINAMIDE	500MG	TAB	2.0	0.05224	872000	0.06428	336200	0	0	\$67 164
MOH/DH HP	35111131	RANITIDINE	150MG	TAB		0.02877	1000	0.00000	0	0	0	\$29
MOH/TB	NC	RD ZONE FORTE	450MG	TAB		0.00592	3400000	0.00000	0	0	0	\$20 121
JICA/TB	NC	REFADIN INH(RFP450+INH300)MG		TAB		0.15102	24000	0.00000	0	0	0	\$3 624
WHO/LEP	35292065	RIFAMPICIN	300MG	CAP		0.03970	100000	0.00000	0	0	0	\$3 970
MOH/TB	35291065	RIFAMPICIN	150MG	TAB		0.05510	39000	0.00000	0	0	0	\$2 149
JICA/TB	NC	RIFATAR(RFP120+INH60 PZA250MG)		TAB		0.06857	310000	0.00000	0	0	0	\$21,257
MOH/DH+HP	34041210	RINGER S LACTATE	540ML	BOTL	56.2	0.25806	75000	0.40816	4000	0	0	\$20 987
MOH/DH HP	NC	SOD BICARB GINGER RHUBARB		TAB		0.00378	229200	0.00000	0	0	0	\$865
MOH/DH+HP	32142161	SOD SULPHACETAMIDE	15ML 20	VIAL		0.16636	21944	0.00000	0	0	0	\$3 694
MOH/DH+HP	NC	SODIBICARB	7.6, 25ML	INJ		0.10774	300	0.00000	0	0	0	\$32
WHO KAL	33311068	SODIUM ANTIMONY C. UCONATE	100MG ML	INJ		1.82000	3000	0.00000	0	0	0	\$5 460
MOH/DH HP	NC	SODIUM BICARB	300MG	TAB		0.00139	5597500	0.00000	0	0	0	\$7 764
SASAK/PHC	NC	SODIUM CHLORIDE	0.9 500ML	INJ		1.52460	10000	0.00000	0	0	0	\$15,246
SASAK/PHC	NC	SODIUM LACTATE	COMP	500ML		1.73030	18180	0.00000	0	0	0	\$31 457
MOH/TB	33301065	STREPTOCYCINE	0.75GM	VIAL		0.14020	550000	0.00000	0	0	0	\$77 112
SASAK/HP	35082063	SULPH METHOX TRIM	400 8 MG	TAB	9.9	0.01542	4281500	0.01694	203600	0	0	\$69 448
EC/STD	50124000	SYRINGE DISP	5ML	PIECE		0.10204	3600	0.00000	0	0	0	\$367
MOH/HP	3215 16	TETRACYCL HCL OPH ONT	1,	TUBE		0.24200	126400	0.00000	0	0	0	\$30 589
MOH/HP	35332062	TETRACYCLINE	500MG	CAP	30.7	0.03061	110500	0.04000	119000	0	0	\$8 142
MOH/HP	35331062	TETRACYCLINE	250MG	CAP	84.2	0.01816	1796500	0.03346	36000	0	0	\$33 834
EC/STD	NC	TETRACYCLINE OINT	15GMS	TUBE		0.22959	300	0.00000	0	0	0	-\$69
SASAK/PHC	32151161	TETRCYL HCL OPH ONT	1% 5GM	TUBE		0.24200	16000	0.00000	0	0	0	\$3 872
EC/STD	NC	TINIDAZOLE	500MG	TAB		0.06735	1800	0.00000	0	0	0	\$121
EC/STD	NC	TINIDAZOLE	1000MG	TAB		0.12857	1800	0.00000	0	0	0	\$231
EC/STD	NC	TRIAMCINOLONE CREAM	10GMS	TUBE		0.36367	1200	0.00000	0	0	0	\$436
MOH/DH+HP	NC	TRIFLUOPERAZINE	5MG	TAB		0.01548	10000	0.00000	0	0	0	\$155
UNFPA FP	80050000	TROCHAR				1.22000	1000	0.00000	0	0	0	\$1,220
MOH EPI	20060000	TT VACCINE	10DOSE/VL	INJ		0.29000	200000	0.00000	0	0	0	\$58 000
UNICEF/TAG	35066230	VITAMIN A	200000IU	CAP	18.7	0.01494	3000000	0.01774	1127000	0	0	\$64 813
MOH/DH+HP	35081230	VITAMIN B COMPLEX		TAB		0.00204	8525000	0.00000	0	0	0	\$17 391
MOH/DH+HP	NC	VITAMIN B COMPLEX	120ML	BOTL		0.23469	200	0.00000	0	0	0	\$47
SASAK/PHC	33022220	WATER FOR INJ	5ML	INJ		0.03920	639250	0.00000	0	0	0	\$25 061
SASAK/PHC	33023220	WATER FOR INJ	10ML	INJ		0.04404	120000	0.00000	0	0	0	\$5,285

TOTAL \$5 366 892

148

**Appendix No 26 Analysis of Annual Purchase Quantities and Prices for Selected Products**

## APPENDIX NO 26

### ANALYSIS OF ANNUAL PURCHASE QUANTITIES & PRICE

YEAR	PRODUCT NAME	PACK SIZE	PURCHASE QUANTITY	UNIT PRICE US\$	PURCHASE VALUE US\$
	CODE 10010000				
1990	CONDOMS	1	11,526,000	0 044	\$507,144
1991	CONDOMS	1	0	0	\$0
1992	CONDOMS	1	0	0	\$0
1993	CONDOMS	1	3,756,000	0 054	\$202,824
1994	CONDOMS	1	18,478,000	0 0464017	\$857,411
	CODE 10020000				
1990	LO FEMENAL	1	697,200	0 13	\$90,636
1991	LO FEMENAL	1	823,200	0 14	\$115,248
1992	LO FEMENAL	1	822,000	0 14	\$115,080
1993	LO FEMENAL	1	0	0	\$0
1994	LO FEMENAL	1	594 000	0 165	\$98 010
	CODE 35061069				
1990	CHLOROQUINE TAB	1000	0	0	\$0
1991	CHLOROQUINE TAB	1000	16,515	9	\$148,635
1992	CHLOROQUINE TAB	1000	67,725	9	\$609,525
1993	CHLOROQUINE TAB	1000	39,510	9	\$355,590
1994	CHLOROQUINE TAB	1000	0	0	\$0
	CODE 35252069				
1990	PRIMAQUINE TAB	1000	0	0	\$0
1991	PRIMAQUINE TAB	1000	57000	10	\$570 000
1992	PRIMAQUINE TAB	1000	100000	10	\$1 000 000
1993	PRIMAQUINE TAB	1000	59800	10	\$598 000
1994	PRIMAQUINE TAB	1000	0		\$0
	CODE 33311068				
1990	SOD ANTI GLUCONATE INJ	1	233	1 82	\$424
1991	SOD ANTI GLUCONATE INJ	1	748	1 82	\$1,361
1992	SOD ANTI GLUCONATE INJ	1	7400	1 82	\$13 468
1993	SOD ANTI GLUCONATE INJ	1	15609	1 82	\$28 408
1994	SOD ANTI GLUCONATE INJ	1	3000	1 82	\$5 460
	NC				
1990	PENTAMIDINE 120MG INJ	1	0	0	\$0
1991	PENTAMIDINE 120MG INJ	1	0	0	\$0
1992	PENTAMIDINE 120MG INJ	1	3915	5 4	\$21 141
1993	PENTAMIDINE 120MG INJ	1	800	5 4	\$4 320
1994	PENTAMIDINE 120MG INJ	1	2800	5 4	\$15 120
	CODE 35293065				
1990	RIFAMPICIN 450MG TAB	90	1111	11 74	\$13,043
1991	RIFAMPICIN 450MG TAB	90	933	11 482	\$10,713
1992	RIFAMPICIN 450MG TAB	90	1945	11 17	\$21 726
1993	RIFAMPICIN 450MG TAB		0		\$0
1994	RIFAMPICIN 450MG TAB		0		\$0
	CODE 35132065				
1990	ETHAMBUTOL 400MG TAB	100	1000	5 088	\$5 088
1991	ETHAMBUTOL 400MG TAB	100	2500	4 978	\$12 445
1992	ETHAMBUTOL 400MG TAB	100	5075	1 7095	\$8 676
1993	ETHAMBUTOL 400MG TAB	100	17450	3 7355	\$65 184
1994	ETHAMBUTOL 400MG TAB	100	19000	4 4564	\$84 672