

**COMMUNITY DRUG PROGRAM (CDP): A STRATEGY FOR INCREASING
HEALTH POST UTILIZATION THROUGH THE USER FEES AND
MOBILIZATION OF HEALTH POST MANAGEMENT
COMMITTEES IN RURAL NEPAL**

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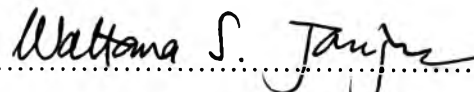
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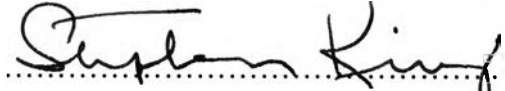
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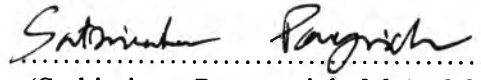
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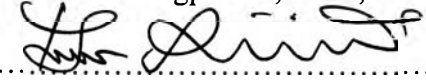
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ABSTRACT

Health post and sub-health post are the basic Primary Health Care units (PHC) for providing curative, preventive and promotive health services to largely entire rural population in Nepal. Nepal's health policy has given high priority for preventative health care whereas burden of pre-transition disorders is very high (239 define per 1000 population) in Nepal. This reflects communities' need for the provision of adequate clinical services through these public health facilities. Despite the government efforts, assured and continues supply of essential drugs in these health posts has remained a problem. Essential drugs, supplies by the department of Health Services only meet 3-5 months requirement or these health pots. This lack of essential drugs has resulted in low utilization of rural public health facilities in Nepal.

The main issue addressed here in this study is how to improve drug supply situation in order to increase the utilization of these public health facilities. Improvement in drug availability through appropriated community drug scheme, managed by local community can overcome the problem of drug inadequacy in these health facilities. Health post management committees and local health workers are the backbone of this program. Therefore, training on CDP management, community participation, supervision and monitoring of the program is essential for achieving the objective of this program. It is expected that regular supply of essential drugs in adequate quantity, involvement of community representatives in health facility

management and improved quality of services will be resulted in better utilization of these health facilities by rural population in Nepal.

A cost sharing drug scheme, named Community Drug Program (CDP) will be implemented in three health posts of Myagdi District, West Nepal in September 1998 by the researcher with the help of West Myagdi Community Health and Development Program (WMCHDP) and District Health Office (DHO), Myagdi for the study purpose. Developing Program Protocol, Training to health post management committees (5 days) and health workers (2 days) will be the main activities of this proposed intervention. Supervision and monitoring will be done regularly in order to facilitate, motivate and encourage health workers and community leaders. An impact evaluation will be carried out in May-July 1999 to assess the effectiveness of the proposed program. Review of health post service statistics, Focus group discussion and household survey will be the methods of data collection. Similar information will be collected from the control group and results will be compared.

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ACRYNYMS AND ABBRREVIATION

AHW	: Auxiliary Health Worker
ANM	: Assistant Nurse
ANC	: Ante-Natal Care
ARI	: Acute Respiratory Infection
BHCP	: Basic Health Care Package
BNMT	: Britain Nepal Medical Trust
CDP	: Community Drug Program
DALYS	: Disability Adjusted Life Years
DDC	: District Development Committee
DHO	: District Health office/Officer
DoHS	: Department of Health Services
EPI	: Expanded Program on Immunization
FGD	: Focus Group Discussion
FP	: Family Planning
HMG/N	: His Majesty's Government of Nepal
HPI	: Health Post In-charge
IMR	: Infant Mortality Rate
INF	: International Nepal Fellowship
INRUD	: International Network for Rational use of Drug
MMR	: Maternal Mortality Rate
MOH	: Ministry of Health

OPD	: Out Patient Department
OSPE	: Objective Structured Practical Examination
PHC	: Primary Health Care
VDC	: Village Development Committee
VHW	: Village Health Worker
WHO	: World health Organization
WMCHDP	: West Wyagdi Community Health and Development Program