

NAME OF FACILITY: \_\_\_\_\_

### SURE DATA COLLECTION TOOL

Securing Ugandans' Right to Essential Medicines (SURE) Program is a USAID funded five year program with the mandate to strengthen the national pharmaceutical supply system to ensure that Uganda's population has access to good quality essential medicines and health supplies. To achieve this goal, SURE will be building supply chain and financial management capacity, strengthen appropriate use of medicines and use of management information at all levels. At facility level SURE will base its capacity building process on MSH's Monitoring-Training-Planning (MTP) and coaching approach. Performance-based incentive programs and a facility accreditation scheme will reinforce capacity-building efforts and encourage not only individuals, but also organizations to improve pharmaceutical and financial management practices at all levels.

In order to assess the impact of these several interventions and the combination of these, this data collection tool has been developed to assess performance in the areas of: a) Facility assessment and service quality b) supply chain management, c) appropriate medicines use and c) financial management and d) consumer assessment.

When filling in the questionnaire use 0 for No and 1 for Yes.

Remember to debrief the hospital before you leave and undertake the survey in good collaboration with the staff. Do not embarrass anybody.

Name of the facility:			
Date of survey:		District:	Health Sub district:
Type of Facility:	National Referral Hospital <input type="checkbox"/>	Regional Referral Hospital <input type="checkbox"/>	Health Centre IV <input type="checkbox"/>
	District Hospital <input type="checkbox"/>	Faith Based facility <input type="checkbox"/>	Health Centre III <input type="checkbox"/>
			Health Centre II <input type="checkbox"/>
			IP facility <input type="checkbox"/>
Operating authority	MOH <input type="checkbox"/>	NGO: <input type="checkbox"/>	
Catchment area: population			

Name of surveyor(s) and persons meet:

Filled in by: (Survey team):	Persons met: (Name and Title):	Telephone number
1		
2		
3		
4		
5		

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**Facility Assessment and Service Quality**

**1. Computerization and internet:**

Is there a computer at the pharmacy? Yes  No  NA

Is it in use: Yes  No

If yes:

What is it used for:

- Procurement:/drug ordering: Quantification:
- Are expiry dates monitored to ensure FEFO<sup>1</sup>:
- Communication /email:
- Internet search:
- Budget/finance:
- Training:
- Pt records:

Who is using it?

- Pharmacy staff:
- Administrative staff:
- Clinical staff:
- Finance staff:

Others: \_\_\_\_\_

Is it protected from lightening?: Yes  No  NA

Is it used for labelling? Yes  No  NA

Is it used for patient information? Yes  No  NA

Is it used for prescription recording? Yes  No  NA

Is it used for patient medication profile? Yes  No  NA

What type of communication do the pharmacy staff have?

Telephone: Yes  No ; Internet access: Yes  No  Which provider: \_\_\_\_\_

Who provided internet access? District: \_\_\_\_\_ Others (Which): \_\_\_\_\_

What is the monthly cost for internet: Cost/ NA: \_\_\_\_\_

Have you had any problems with the communication system?: Yes  No  NA

Explain: \_\_\_\_\_

Who if any are responsible for maintenance: \_\_\_\_\_

**2. View on the medicines situation:**

Interview the pharmacist/dispenser in charge.

How would you describe the medicines situation:

\_\_\_\_\_  
\_\_\_\_\_

Has it changed Yes  No

If Yes, then describe how?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> FEFO: First expiry first out

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What are the biggest problems you are facing with regards to medicines?

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**3. Number and training of staff:**

Record the staffing at the pharmacy/ store and dispensary responsible for managing and handling medical supplies in the facility. **Circle the person interviewed**

Category of staff	Number	Full time	Part-time	Years of practice experience record for each
Pharmacist				
Pharmacy technicians				
Nurse				
Pharmacy orderlies, storekeepers, store assistant				
Other in contact with clients				
Other not in contact with the clients				

How much time (hours) does the pharmacy I/C spend in the pharmacy on an average working day: (In hours): \_\_\_\_\_

How many of the staff working in the pharmacy has been trained in Supply chain management or logistics management? \_\_\_\_\_

**4. Services offered and availability of patient information sources:**

Ask what services and patient information sources are offered- check their availability

	Yes	No
Can privacy be achieved in dispensing		
Blood pressure monitoring		
Pregnancy test		
Glucose test meter		
Asthma peak flow meter		
Weighing scale available		
Chairs to sit on/bench		
Prescription eye glasses		
Patient leaflets		
Facility to wash hands by patient		
Drinking water (to take tablets) by patient		
Others , Specify which:		

Record the patient leaflets/information available

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Information available to dispenser/pharmacy staff:**

What information sources are available – check their availability tick and record the year:

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	Yes	No	Which Year
Drug catalogues e.g. MIMS (big book)			
MIMS (pocket size)			
Drug Formulary (Uganda)			
WHO Drug formulary			
Essential drug list (Uganda)			
UCG (Uganda Clinical Guidelines)			
Martindale			
BNF			
Financial Manual			
Supply Chain Management manual			
Other			

**6. LMIS / Reporting**

Which and How many reports do you fill in or provide information to, related to medicines (management and use) (mention which):

Recipient (District/HSD/Partner/NMS etc)	Frequency of reporting	Nature of information reported	Tools used

Do you find the reporting useful: Yes  No  NA

If yes how is it useful:

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**Supply Chain Management Assessment**

**7. Stock management system**

a) Does the pharmacy have formalised stock management cards or computerised stock management system that allows for calculation of reorder level values: Yes  No

If Yes, which:

Stock / bind card based	
Computerised inventory system	
Stock Ledger book based	

If you use stock cards are they kept: Yes  No  NA . If yes for how long: \_\_\_\_\_ years

**8. Reorder level and reorder time:**

You are interested in knowing what is the system used for reordering, - How does he calculate: When to order and How much to order?

Ask the question How do you know when to order drugs

<b>When to order:</b>	Tick
I don't order- receive KITS (PUSH)	
When you are low on stock, you order	
When reaching reorder level, you order	
Time based – every 2 month	
When told by district /HSD	
NMS schedule	

Ask: How do you know how much to order?

<b>How much to order:</b>	
Amount ordered is based on a stock card or other quantification system	
Quantification based on memory and experience	
Available money	

Ask: When are orders done (any order regular and emergencies):

	Tick
I don't prepare orders but receive a KIT	
Bi monthly	
Monthly	
Weekly	
Daily	
Other intervals (Which):	
Emergency orders are done frequently	

**JMS/ Private sector procurement:**

Do you procure medicines from JMS: Yes  No  NA

Do you procure from private sector: Yes  No  NA

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**VEN:**

Have you heard about VEN classification: Yes  No

If No, go to: Adherence to NMS schedules

If yes – Explain. Explanation correct: Yes  No

Do you apply VEN in you procurement: Yes  No  NA -I receive the kit

Look at last procurement to check if it includes E and N medicines: (Paracetamole, albendazole, captopril etc – see EMLU)

Order does not contain E and N items : Yes  No

**Adherence to NMS Schedules:**

Do you know if NMS has a schedule for when to order and when to deliver: (yes, No):\_\_\_\_\_.

Do you have the schedule for ordering and delivery: Yes  No

Do you adhere to the NMS schedule Yes  No

If yes: Please explain and give the last 3 dates for ordering and distribution: (information may be obtained from order or ledger book)

	Date	Date	Date
Ordering schedule/due date			
Actual date of ordering			
Delivery schedule			
Date of delivery from NMS			
Date of delivery from District /HSD			

**Obtain the order and ledger book:**

Are orders and delivery notes filed and filed by date by the pharmacist: yes/no:\_\_\_\_\_

How many emergency orders have you placed in the last 3 month:

None:  1:  2:  3:  > 3:

If None. Why not; \_\_\_\_\_

**9. Nil lines and adjustments:**

Here you need the Delivery note or delivery invoices and order forms.

Req. no.	Number of items in the requisition/orders A	No of nil lines/items supplied B	No . of extra not ordered supplies C	Number of lines(items) that have been adjusted (up+ ;down -) D		
				No adj.	No.+	No.-
1						
2						
3						
4						
5						
total						

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Total % of nil lines. Btot/Atot%		Total % of adjustments C tot/A tot-B tot%
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Malaria Orders last 3 months

Reg No.	Number of Malaria items in requisition	Number of Malaria items not (Nil) supplied	No . of extra not ordered supplies	Number of malaria items that have been adjusted

10. Means of transportation/ Delivery / ordering

How do you send your order?

- a) Hand/meeting
- b) Post
- c) E-mail
- d) Supervisor visiting
- e) Fax
- f) Any other. Specify : \_\_\_\_\_

g) How did you receive your medicines from NMS/ JMS –What type of transportation is most often used?

	NMS	JMS
Own facility vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Hired vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Drop off point where you pick	<input type="checkbox"/>	<input type="checkbox"/>
Suppliers deliver to your door	<input type="checkbox"/>	<input type="checkbox"/>
District organise transport.	<input type="checkbox"/>	<input type="checkbox"/>
HSD picks at district and distribute	<input type="checkbox"/>	<input type="checkbox"/>
Motorbike (facility, supervisor, district)	<input type="checkbox"/>	<input type="checkbox"/>
Bicycle or foot	<input type="checkbox"/>	<input type="checkbox"/>
Others: _____		

**11. Lead times**

On average, approximately how long does it take between ordering and receiving products:  
 < 2 weeks ;      2w- 1 month: ;      1-2 month:       > 2 month:

Time taken to submit a medicines order from the Health unit to NMS (Obtain and check copies of orders made)

Date is recorded as day, month and year: 31/11/04

1	2	3	4	5	6	7	8	9	10	11	12	13	
Re q. no.	Emergency or Monthly E/M	Date of Requisition stamp (date)	Date order approval (date)	Approval time (Days between 3 to 4)	Date the order is received at NMS (date)	No of days for req. to reach NMS (days from 5 to 6)	Date order completed at medical store:	Completion time (Days from 7 to 9)	Date supplies received at district	Delivery time to D (Days from 9 to 10)	Date supplies received at facility	Total lead time (days from 4 to 12)	
												E	M
1													
2													
3													
4													
5													
6													
Average number of days for:				E: __ M: __		E: __ M: __		E: __ M: __		E: __ M: __		E: __ M: __	



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**12. Average monthly issues (AMI)**

Can you calculate AMI for Credit Line supplies?: Yes  No  –CHECK: Correct: Yes  No

Do you record AMI somewhere: Yes  No  ; if yes Where is it recorded:\_\_\_\_\_ (Check)

Do you calculate it each time you order. Yes  No

**13. Procurement**

What is the total number of medicines in stock in your store (different brands, strength and formulations):\_\_\_\_\_

If precise number is not available, estimate number of items (Tick):

less than 80:\_\_\_ 81-100:\_\_\_ 101-200:\_\_\_ 201-500:\_\_\_ more than 501:\_\_\_ Not Know \_\_\_

**14. Number of different brands of cotrimoxazole:**

If available tick:

Generic cotrimoxazole	<input type="checkbox"/>	Septrin	<input type="checkbox"/>
Bactrim	<input type="checkbox"/>	Cordiprim	<input type="checkbox"/>
Cotrimox	<input type="checkbox"/>		<input type="checkbox"/>
Cotrech	<input type="checkbox"/>	Other_____	<input type="checkbox"/>

**15. ARV medicines**

Is this facility an ART site? Yes  No

If yes: Is d4T/3TC/NVP 6.30.50mg (Triomune Baby) availability yes /No : Stock card: yes /No

If available who is the source : Ministry ; Implementing partner

**16. Cleanliness of the store:**

Ask to be shown around the pharmacy, in particular the dispensing and storage area

The store is: (Tick only one)	Very clean and tidy	Acceptable clean and tidy	Not clean and untidy	Very dirty and untidy
Dispensary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Signs of pests/ harmful insects /rodents seen in the area ?(Check traces, droppings etc from bats, rats, ants etc)	<input type="checkbox"/>	<input type="checkbox"/>
There are windows that can be opened or there are air vents.	<input type="checkbox"/>	<input type="checkbox"/>

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**17. Health Promotion activities**

Ask if the pharmacy/pharmacist has been engaged in any health promotion/public health activities during the last year (Yes/No): \_\_\_\_\_

If yes, record the type of activities:

	Yes	No
Smoking		
Obesity		
Diabetes		
School education		
Others : (Specify) :		

**18. Drug policy knowledge:**

Ask pharmacist / pharmacy staff questions regarding drug policy

a) Does Uganda have a national drug policy document? (Yes/No/Don't know): \_\_\_\_\_

If answer is yes ask pharmacist/druggist what is the key policy issues?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19.. Inspection (NDA):**

Ask pharmacist about inspection

a) In last year is your pharmacy visited by NDA inspector or some control was done? (Yes/No/Don't know) \_\_\_\_\_

b) If yes, then are you happy with the way how inspections were conducted? (Yes/No) \_\_\_\_\_  
Please explain or suggest any improvement if it is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**20. Storage conditions:**

Look at pharmacy store/ main store and tick the following (tick)

	Yes	No	comments
Are the medicines protected from direct sunlight (Painted glass, curtains or blinds – or no windows)?			
Is the temperature of the storage room monitored?			
Can the temperature of the storeroom be regulated (Ventilation, heater, air-condition)?			
Roof is maintained in good condition to avoid water penetration?			
Is the storage space sufficient and adequate?			
Is the storeroom lockable and access limited to authorised personnel?			
Operational electricity on day of visit			
Operational water in the pharmacy on day of visit			
Fire safety equipment is available and assessable (any items for promotion of fire safety should be considered)			
Are medicines and supplies stored in separate rooms (insecticides and chemicals)?			
Is there a functioning system for cold storage (Refrigerator) to store medicines?			
Are the vaccines placed in the centre of refrigerator (not in the door)?			
If yes, are food and beverages stored in the refrigerator used for medicines storage?			
Is the temperature of the refrigerator recorded?			
Temperature chart up-to-date with daily entries? (check)			
Check the temperature Is it between 0-8C (note if thermometer is not available)			

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Look at the dispensary and/or the store in connection with dispensary and tick the following (tick off)

	Yes	No	comments
Are the medicines protected from direct sunlight (Painted glass, curtains or blinds – or no windows)?			
Is the temperature of the storage room monitored?			
Can the temperature of the storeroom be regulated (Ventilation, heater, air-condition)?			
Roof is maintained in good condition to avoid water penetration?			
Is the storage space sufficient and adequate?			
Is the storeroom lockable and access limited to authorised personnel?			
Operational electricity on day of visit			
Operational water in the pharmacy on day of visit			
Fire safety equipment is available and assessable (any items for promotion of fire safety should be considered)			
Are medicines and supplies stored in separate rooms (insecticides and chemicals)?			
Is there a functioning system for cold storage (Refrigerator) to store medicines?			
Are the vaccines placed in the centre of refrigerator (not in the door)?			
If yes, are food and beverages stored in the refrigerator used for medicines storage?			
Is the temperature of the refrigerator recorded?			
Temperature chart up-to-date with daily entries? (check)			
Check the temperature Is it between 0-8C (note if thermometer is not available)			

### 21. Hygiene of the pharmacy:

Ask to be shown the toilet and hand washing facilities in the pharmacy.

	Yes	No
Are the toilet facilities acceptable, hygienic and functioning?		
Is there toilet paper in the toilets?		
Is the hand washing facilities acceptable, hygienic and functioning?		
Is there soap for hand washing?		

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**22. System of storage of medicines and supplies:**

Ask to be shown around the pharmacy and observe the following conditions (Tick off):

	Yes	No	comments
Are medicines stored on shelves and /or in cupboards?			
Are medicines stored on shelves or in cupboards stored in a systematic manner (alphabetic, therapeutic etc)?			
Are the shelves labelled?			
Medicines arranged so that identification labels are visible			
Is there a separate lockable cupboard for narcotic / psychotropic drugs?			
Is the storeroom lockable?			

**23. Storage practices of medicines:**

h) Ask to be shown around the pharmacy and observe the following conditions (Tick off):

	Yes	No	NA
Are opened bottles of liquid/mixtures in dispensary labelled with the opening date?			
Do all tins/bottles in dispensary that have been opened have a lid on?			
Are there boxes on the floor in the dispensary or store?			
Is there a record for expired drugs (Check)			
Is there a separate space to keep expired drugs until they are disposed?			
Is there a written procedure for disposal of expired medicines (Check)			
Cartons and products are in good condition not crunched due to mis-management			
Is FEFO <sup>2</sup> adhered to? (Check 20 randomly selected medicines in the storeroom for FEFO) Record the number of medicines that does not adhere to FEFO:		No adherent to FIFO::	

**24. Goods receipt**

What do you check when you receive superintendent goods from the supplier: /Tick off as the below are mentioned- don't ask! - Tick if mentioned/

**Before opening**

Packing/Delivery form/invoice note	
Check if that all boxes are unopened	
Check that they are all undamaged	
Count the boxes	
<b>After opening</b>	
Type; quantity; physical damage	
Expiry date > 18 month left	
Check label information of all supplies type,	
At least two persons present when you receive the goods	
Signing the delivery form	

<sup>2</sup> FEFO: First to expiry first out

NAME OF FACILITY: \_\_\_\_\_

Others (Which): _____

Do you have a written procedure's for goods receipt /SOP? Yes  No  If yes, check

Have you ever received medicines where there were a discrepancy Yes  No

If yes, how often: Almost every delivery  Every 1-6 deliveries  Annually

What was the problem

(Describe): \_\_\_\_\_

What do you do if a box or some medicines is missing or there is another discrepancy (Tick off):

Write on delivery note/consignment note no of boxes received – than sign	
Note the drivers name:	
Write in delivery form the problem –than sign	
Note vehicle registration number	
Fill in a discrepancy note	
Use invoice as discrepancy report	
Communicate to supplier	
Others (Which)	

Have you filled in a discrepancy report / or similar Yes  No  When: \_\_\_\_\_

Do you file discrepancy reports Yes  No  (check)

Do you follow up with the supplier Yes  No

If yes, does it help / you get a response.. Yes  No

Do you have written procedures related to discrepancy report. Yes  No

#### 25. Supervision/ coaching

Have you had a pharmaceutical supervisory visit within the last 6 month that included drug management?  
yes /No

If yes When: \_\_\_\_\_,

Do you have a report/ or written into the pharmacy supervisory book or visitors book: yes /No  (Show it).

Total no. of visits received last 6 month as recorded in book/ system: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

**Financial Assessment**

**26. Financial Management Skills:**

Do you have the guideline: Managing the Medical and Surgical supplies budget: Yes  No

Do you have any training in financial management for medicines and health supplies? Yes  No  If Yes, what training have you acquired and when was it done

Date	Training course attended	Award

**27. Budget and expenses**

**Only public health facility**

Ask pharmaceutical staff:

Do you have an idea of how much of your total expenditure is used on medicines and consumables: \_\_\_\_\_ record figure and compare later

**Finance and budget**

Do you know your current annual 2010 Credit Line budget: Yes  No  (if yes record below)

Where do you get the information from: Explain?

\_\_\_\_\_  
\_\_\_\_\_

How often do you get a status update/report on your balance?

Each time you order:  Annually:  Others: \_\_\_\_\_

How do you get the status: \_\_\_\_\_

Do you know NMS have a toll free number you can call? Yes  No .

What is the number? : \_\_\_\_\_

Do you know your annual laboratory supplies budget: Yes  No  NA if HCII  ( if yes record below)

Where do you get the information from: Explain:

\_\_\_\_\_  
\_\_\_\_\_

How often do you get a status:

Each time you order:  Annually:  Others: \_\_\_\_\_

Budget and procurement (Could you obtain the figures from the pharmacy staff Yes  No . Did you have to obtain from finance account staff Yes  No

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**Facility**

All in Uganda shillings	2008/9	2009/10
Total facility <b>budget</b>		
Total facility actual <b>expenditure</b>		

3

<b>EMHS</b>	2008/9	2009/10
Total facility <b>budget</b>		
Medicines/ supplies – credit line		
Laboratory supplies		
Total facility <b>expenditure</b>		
Medicines/ supplies – credit line		
Laboratory supplies		

Do you receive donations:      Yes  No  Are donations costed ? Yes  No

If yes, how are they costed?:(International median price or what)

\_\_\_\_\_

Are EMHS donations included in accounts as both income (donation drugs Yes  No  ) as expenses (Yes  No  ) \_\_\_\_\_

What type of donations have your received (Tick): last 6 months (do not include what you get on a regular basis from the ministry or implementing partners)

ACT:;      ARV:;      TB:;      cotrimoxazole:;      RPH:

Others: Which: \_\_\_\_\_ Source of donation: \_\_\_\_\_

Do you know how much is spent on EMHS/capita (in USD- divide by 2000) in your catchments area: Yes  No  If yes: how much \_\_\_\_\_

What is the number of patients per year:

In-patients: \_\_\_\_\_ out-Patients: \_\_\_\_\_ Total No. Of Pt (most important): \_\_\_\_\_

What is the cost of EMHS (excluding Lab): for in-pt / year: \_\_\_\_\_

What is the cost of EMHS (excluding lab) for out-pt / year: \_\_\_\_\_

<sup>3</sup> EMHS: Essential Medicines and Health Supplies



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**28. Vetting to available funds**

Before sending in an order do you ensure the you have enough money on your account: Yes  No

If yes, how do you do it describe the process in a stepwise manner:

Step 1: \_\_\_\_\_

Step 2: \_\_\_\_\_

Step 3: \_\_\_\_\_

Step 4: \_\_\_\_\_

Step 5: \_\_\_\_\_

What do you do if cost of drugs your are to procure exceeds your CL balance. What principles do you use to decide what to buy in that situation?:

\_\_\_\_\_

\_\_\_\_\_

Do you keep a record of financial commitment? Yes  No

If yes ask to see the commitment register: \_\_\_\_\_

**29. Cost recovery/ Private Wing /PCCP/PNFP**

Do you have any cost recovery schemes like cost sharing, private wings or health service fund? Yes   
No

**If the facility has a private wing or cash for medicines. Ask questions below**

<b>Procurement of EMHS</b>	<b>2008/9</b>	<b>2009/10</b>
Procurement of medicines/supplies from NMS using cash/out credit line		
Procurement from private sector		
Procurement from JMS		
Procurement from other sources or donations		
Total procurement of medicines= total expenditures – Check with total medicine expenditures		

If Yes, how much is generated and how much of it is spent on EMHS (Fill table below)

	<b>2008/9</b>	<b>2009/10</b>
Total funds generated		
Total funds generated on medicines sale (excl. Lab)		
EMHS income out pt		
EMHS income in pt		
Funds spent on EMHS		

Who decides on how the generated funds are to be spent? (check involvement of pharmacy staff)

\_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

What criteria is used to determine how the generated funds are to be spent

Source of Information	Yes	No
a) current needs		
b) pre-determined guidelines in place for spending funds,		
c) medicines funds deposited on separate account etc		
d) medicines funds from sale of EMHS are ring fenced		
e) Other specify		

Do you have any problem with the release of funds (e.g. lead time etc)

\_\_\_\_\_

Do you have a separate bank account for medicines : Yes  No

b) Financial Responsibilities

	Pharmacist/Pharmacy staff in charge in pharmacy	Administrative Office or Accounts staff	Others
Who keeps budget/expenditure record?			
Who keeps the commitment register of purchases?			
Who is responsible for checking receipt accuracy against order?			
Who is responsible for making payment?			

### 30. Medicines prices/ equity

If the facility charges for medicines please record the price to the patient:

Medicine	Course	Price paid by patient	Procurement price
Ibuprofen 200mg	20 tabs		
Metronidazole 400mg tabl	21 tablets		
Omeprazole 20mg	28 tabs		
Amoxicillin 250mg	15 tabs		
Paracetamol	20 tabs		

How is the price composed (Cost price times 2 or plus 1000% or what – and same for all drugs?)

\_\_\_\_\_

Do you charge for drugs separately: yes /No

Do you charge a fixed fee that cover services and medicines: yes /No

Is a pricelist visible to the patients yes /No

NAME OF FACILITY: \_\_\_\_\_

Take three prescriptions or bills or what is used to calculate pt payment and redo the full calculation. Record all details on the back of the page before. Give comments: (Is the calculation and result adhering to the principles described, is the price rounded up etc:

\_\_\_\_\_

\_\_\_\_\_

What happens to Pt who can not pay the full course or part of the full course?

\_\_\_\_\_

\_\_\_\_\_

Will you dispense some of the medicine and keep the prescription to dispense the rest when pt has obtained more money? Explain the system:

\_\_\_\_\_

\_\_\_\_\_

If so how do you decide which medicine to dispense?: and who makes decision on what not to give and on what basis

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 31. Availability and use of stock cards, stock books etc.

Name of Medicine (T): Tracer V: Vital K: KIT	Item in stock (check) (1/0) Mark if expired (E)	Stock card /ledger book avail. (1/0)	Is physical count done every month and PC marked in stock card (check 3 month) (1/0)	Is the card filled correct with name, strength, dosage form, AMI, Special storage (1/0)	Balance according to stock card: (record no. from the card)	Count the number of drugs in stock and record:	Does balance and physical count agree 100%? (1/0)	Record their monthly consumption (AMI) NR/No.	Calculate AMI record (3month h/3):	Is AMI correct calculate/recorded (1/0)(±2 weeks)	Is stock book in use (entry each month each drug)	Is stock book correctly used (all fields filled and AMC)	No of days out of stock for the last 6 month: Record no. of days	Calculate if there was overstocking (OS >5 month stock) in last 6 month stock (note if donation)- D
Amoxicillin tabs 250 mg V														
Artemether /lumefantrine 20 /120mg tabs V (T) K														
Calcium or sodium hypochlorite sol.5%V (JIK)														
Chlorpromazine HCL tabs 100 mg V														
Ciprofloxacin tabs 500mg V														
Cotrimoxazole tabs 400-80 V (T) K														
Depo-provera inj 150 mg/ml (T)														
Diazepam Injection														
Ergometrine inj cold 0.2mg/ml V														
Erythromycin tabs 250mg V														
Ferrosulphate+Folic acid tabs 60mg/400ug N K														
Glucose (dextrose) inf 5% 500 ml V														
Magnesium Sulphate inj 2500 mg/5ml V														
Measles vaccine inj IM/SC V (T)														
Mebendazole tabs 100 mg V K														
Metronidazole tabs 200														

NAME OF FACILITY: \_\_\_\_\_

Name of Medicine (T): Tracer V: Vital K: KIT	Item in stock (check) (1/0) Mark if expired (E)	Stock card /ledger book avail. (1/0)	Is physical count done every month and PC marked in stock card (check 3 month) (1/0)	Is the card filled correct with name, strength, dosage form, AMI, Special storage (1/0)	Balance according to stock card: (record no. from the card)	Count the number of drugs in stock and record:	Does balance and physical count agree 100%? (1/0)	Record their monthly consumption (AMI) NR/No.	Calculate AMI record (3month h/3):	Is AMI correct calculate/ recorded (1/0)(±2 weeks)	Is stock in book use (entry each month each drug)	Is stock book correctly used (all fields filled and AMC)	No of days out of stock for the last 6 month: Record no. of days	Calculate if there was overstocking (OS >5 month stock) in last 6 month stock (note if donation)- D
mg V														
Oral rehydration salt sachet V (T) K														
Oxytocin inj 5 IU/ml V (Cold)														
Paracetamol tabs 500 mg E K														
Penicillin benzyl inj 1 MU/ 600mg V K														
Quinine tabs 300 mg(T)														
Sulfadoxine pyrimethamine /Fansidar tabs 500mg/25mg(T) K														
Tetra cycline eye oint 1%V 5g K														
Water for injection w. preservative. 2ml V K														
Surgical Glove latex – 7.5 E														
Syringe 5cc Needle disp. 21G E														
Blood collecting bag 250 ml E														
Cat Gut 2-0, 40 mm rn 75 cm E														
Field Stain A 25g V														
Malaria diagnostic Rapid test kit														

**32. Reproductive Health Assessment**

Percentage of all SDPs providing delivery services with 5 life saving maternal/RH medicines<sup>4</sup> available at any point in time

Availability on the day of the survey

Ergometrine 0.2mg/ml Yes  No

Oxytocin 5 IU/ml inj Yes  No

Magnesium Sulphate inj 50% Yes  No

Amoxicillin caps 250 mg Yes  No

Penicillin Benzathine 2.4 MU Yes  No

Ferrosulphate/folic acid Yes  No

Metronidazole 1 g inj Yes  No

The facility has the 3 first mentioned available plus 2 more of the next listed medicines available on the day of survey: Yes  No

**33.EMHS KIT assessment only applicable for HC II & III**

Have you received a kit. Yes  No . If yes, fill in the table below

Name of Medicine (T): Tracer V: Vital K: KIT	Item in stock (check) (1/0)	How much in stock at day of survey	How much issued last 2 months	How many days out of stock last 2 months	Record expiry date
Albendazole 400 mg					
Calamine lotion 100 ml					
Chloramphenicol 5% ear drops					
Clotrimazole 1% top cream					
Folic acid tabs 5 mg					
Vitamin A (retinol)200.000 iu drops					

When did you receive the last 3 KITS :

Date : \_\_\_\_\_ Date \_\_\_\_\_ Date: \_\_\_\_\_

What do you think is good about the KIT( If anything):


What do you think is bad about the KIT (if any thing):


How well does it fit your needs (Type and quantities)?:

Content/ type of medicines: very good ; ok ; poorly ; very poorly

WHY:


<sup>4</sup> Includes the three mandatory medicines (Ergometrine, Magnesium sulphate and Oxytocin) plus any two medicines from the list of the rest of the 7 UNFPA priority medicines

## 34. Consumption of RPH commodities

Item	Jan	Feb	Mar	Apr	May
<b>FP CLIENT REGISTER DATA</b>					
No. of FP clients in month					
# of Microgynon cycles dispensed					
# of Ovrette cycles dispensed					
# of Depo-Provera injections dispensed					
# of IUDs dispensed					
# of Implants dispensed					
# of male condoms dispensed					
<b>HMIS 105 REPORT DATA</b>					
No. of FP clients in month					
# of Microgynon cycles dispensed					
# of Ovrette cycles dispensed					
# of Depo-Provera injections dispensed					
# of IUDs dispensed					
# of Implants dispensed					
# of male condoms dispensed					

**STOCK CARD DATA**

Method/Brand/ Product	a Quantity Received in Dec – May 2010	b Quantity Issued in Dec-May 2010	c Number of Days Stocked out in Dec- May 2010	d Quantity of Stock on Hand Today	e Stock card not available/upd ated for product
Microgynon (cycle)					
Ovrette/Microlut (cycle)					
Depo-Provera (vial)					
IUD (piece)					
Implant (piece)					
Male condom (piece)					

Percentage of SDPs offering at least three modern methods of contraceptives:

Contains at least 3 entries in above table column d: **Yes**  **No**

Did the health facility experience any stock out of contraceptives the last 6 month (see column c): **Yes**  (if any days are recorded) **No**  ( All entries are filled and all are 0)

**Appropriate Medicines Use Assessment  
Consumer Profile Survey - patient 1**

**Patient care:**

Interview 10 patients leaving the pharmacy and ask to see the medicines they have received and if possible their prescription: Select one of the medicines to check patient knowledge (The first given to you by the patient).

Record the following (Yes = 1, No =0, NA (if e.g 3 drugs prescribed but no medicines dispensed))

Pt. no	No. medicines prescribed	No of medicines dispensed	Discrepancy (Y=1/N=0)	Patient knowledge				Other information given: Adverse reactions, how to take etc)
				Dose How many /much to take	Frequency How often to take	Duration How long to take the medicine	Does pt. know why he is getting the treatment	
1								

**Labelling**

Interview 10 patients leaving the pharmacy and ask each patient to see the medicines they have bought/received. Select one medicine to check for labelling (The first given to you by the patient). Use Yes = 1 / No = 0 to indicate if the information appears on the label:

Medicine no	Medicine name*	Strength	Quantity	Date	Dose	Patient name	Facility name
1							

1. **Sex:**             Male             Female
  
2. **Age:** \_\_\_\_\_
  
3. **How many people live within your household?** \_\_\_\_  
'eat from same pot'
  
4. **Which member of your household are you seeking medicines/drugs for?**  
 Yourself     
 Husband/Wife     
 Son    (Single Response)  
 Daughter     
 Mother     
 Father     
 Other:    \_\_\_\_\_
  
5. **Where was this person diagnosed as needing these drugs?**  
 Public Health Centre/Hospital                     
 Private health Centre/Hospital                     
 Pharmacist    (Single Response)  
 Village Health Worker                                 
 Traditional Healer                                       
 Other:    \_\_\_\_\_  
 Purchased drug without consultation
  
- 6 **Did you spend any money to obtain the medicines. Yes  No**



NAME OF FACILITY: \_\_\_\_\_

7 Did you get all medicines prescribed? yes  No

If you did not get all medicines prescribed, what are you planning to do?

- Purchase in the private sector   
Purchase from private wing   
Not buy the medicine  why not: \_\_\_\_\_  
Try and come back in a few days   
Others

8. Why do you visit public health sector facilities to seek consultation or medicines/drugs?

- Close by/convenient   
Good service   
Free of cost/ not too expensive  (Multiple Response)  
Good previous experience   
Prefer to use public sector health providers   
Other  \_\_\_\_\_

9 Where do you **most often** purchase drugs/medicines from?

- Private Pharmacy   
Public Health Centre/Hospital   
Private Health Clinic/Hospital   
Traditional Healer  (Single Response)  
Other:  \_\_\_\_\_

10 How much money did you spend yourself last month on drugs/medicines? (Not including consultation costs) I Spend: \_\_\_\_\_ UGX Not Known :

11. Where do you obtain the money from to afford Drugs / medicines

- From family members   
From household income   
By selling possessions   
By borrowing money   
Other  \_\_\_\_\_

12. Are you a member of a Medical Aid or health insurance Scheme?

Yes  No

13. If so, who pays?

- The company I work for   
The government   
The armed services  (Single Response)  
Other  \_\_\_\_\_

14. Transport cost

How do you get to the health centre:

- Walk  Time to walk: \_\_\_\_\_  
Matatu/ Bodaboda  Cost: \_\_\_\_\_

15. How far is the health facility from your house: \_\_\_\_\_ miles \_\_\_\_\_ km \_\_\_\_\_ Minutes

16. How far is the private pharmacy from your house: \_\_\_\_\_ miles \_\_\_\_\_ Km \_\_\_\_\_ Minutes

NAME OF FACILITY: \_\_\_\_\_

**Consumer Profile Survey – Patient 2.**

**35. Patient care:**

Interview 10 patients leaving the pharmacy and ask to see the medicines they have received and if possible their prescription: Select one of the medicines to check patient knowledge (The first given to you by the patient).

Record the following (Yes = 1, No =0, NA (if e.g. 3 drugs prescribed but no medicines dispensed))

Pt. no	No. medicines prescribed	No of medicines dispensed	Discrepancy (Y=1/N=0)	Patient knowledge				Other information given: Adverse reactions, how to take etc)
				Dose How many /much to take	Frequency How often to take	Duration How long to take the medicine	Does pt. know why he is getting the treatment	
1								

**36. Labelling**

Interview 10 patients leaving the pharmacy and ask each patient to see the medicines they have bought/received. Select one medicine to check for labelling (The first given to you by the patient). Use Yes = 1 / No = 0 to indicate if the information appears on the label:

Medicine no	Medicine name*	Strength	Quantity	Date	Dose	Patient name	Facility name
1							

1. **Sex:**  Male  Female

2. **Age:** \_\_\_\_\_

3. **How many people live within your household?** \_\_\_\_\_  
 'eat from same pot'

4. **Which member of your household are you seeking medicines/drugs for?**

- Yourself
- Husband/Wife
- Son  (Single Response)
- Daughter
- Mother
- Father
- Other:  \_\_\_\_\_

5. **Where was this person diagnosed as needing these drugs?**

- Public Health Centre/Hospital
- Private health Centre/Hospital
- Pharmacist  (Single Response)
- Village Health Worker
- Traditional Healer
- Other:  \_\_\_\_\_
- Purchased drug without consultation

6 **Did you spend any money to obtain the medicines. Yes**  **No**

NAME OF FACILITY: \_\_\_\_\_

7 Did you get all medicines prescribed? yes  No

If you did not get all medicines prescribed, what are you planning to do?

- Purchase in the private sector   
Purchase from private wing   
Not buy the medicine  why not: \_\_\_\_\_  
Try and come back in a few days   
Others

8. Why do you visit public health sector facilities to seek consultation or medicines/drugs?

- Close by/convenient   
Good service   
Free of cost/ not too expensive  (Multiple Response)  
Good previous experience   
Prefer to use public sector health providers   
Other  \_\_\_\_\_

9 Where do you **most often** purchase drugs/medicines from?

- Private Pharmacy   
Public Health Centre/Hospital   
Private Health Clinic/Hospital   
Traditional Healer  (Single Response)  
Other:  \_\_\_\_\_

10 How much money did you spend yourself last month on drugs/medicines? (Not including consultation costs) I Spend: \_\_\_\_\_ UGX Not Known :

11. Where do you obtain the money from to afford Drugs / medicines

- From family members   
From household income   
By selling possessions   
By borrowing money   
Other  \_\_\_\_\_

12. Are you a member of a Medical Aid or health insurance Scheme?

Yes  No

13. If so, who pays?

- The company I work for   
The government   
The armed services  (Single Response)  
Other  \_\_\_\_\_

14. Transport cost

How do you get to the health centre:

- Walk  Time to walk: \_\_\_\_\_  
Matatu/ Bodaboda  Cost: \_\_\_\_\_

15. How far is the health facility from your house: \_\_\_\_\_ miles \_\_\_\_\_ km \_\_\_\_\_ Minutes

16. How far is the private pharmacy from your house: \_\_\_\_\_ miles \_\_\_\_\_ Km \_\_\_\_\_ Minutes

NAME OF FACILITY: \_\_\_\_\_

### Consumer Profile Survey- Patient 3

#### Patient care:

Interview 10 patients leaving the pharmacy and ask to see the medicines they have received and if possible their prescription: Select one of the medicines to check patient knowledge (The first given to you by the patient).

Record the following (Yes = 1, No =0, NA (if e.g 3 drugs prescribed but no medicines dispensed))

Pt. no	No. medicines prescribed	No of medicines dispensed	Discrepancy (Y=1/N=0)	Patient knowledge				Other information given: Adverse reactions, how to take etc)
				Dose How many /much to take	Frequency How often to take	Duration How long to take the medicine	Does pt. know why he is getting the treatment	
1								

#### Labelling

Interview 10 patients leaving the pharmacy and ask each patient to see the medicines they have bought/received. Select one medicine to check for labelling (The first given to you by the patient). Use Yes = 1 / No = 0 to indicate if the information appears on the label:

Medicine no	Medicine name*	Strength	Quantity	Date	Dose	Patient name	Facility name
1							

1. **Sex:**  Male  Female

2. **Age:** \_\_\_\_\_

3. **How many people live within your household?** \_\_\_\_\_  
'eat from same pot'

4. **Which member of your household are you seeking medicines/drugs for?**

- Yourself
- Husband/Wife
- Son  (Single Response)
- Daughter
- Mother
- Father
- Other:  \_\_\_\_\_

5. **Where was this person diagnosed as needing these drugs?**

- Public Health Centre/Hospital
- Private health Centre/Hospital
- Pharmacist  (Single Response)
- Village Health Worker
- Traditional Healer
- Other:  \_\_\_\_\_
- Purchased drug without consultation

6. **Did you spend any money to obtain the medicines. Yes  No**

NAME OF FACILITY: \_\_\_\_\_

7 **Did you get all medicines prescribed? yes**  **No**

**If you did not get all medicines prescribed, what are you planning to do?**

- Purchase in the private sector   
Purchase from private wing   
Not buy the medicine  why not: \_\_\_\_\_  
Try and come back in a few days   
Others

8. **Why do you visit public health sector facilities to seek consultation or medicines/drugs?**

- Close by/convenient   
Good service   
Free of cost/ not too expensive  (Multiple Response)  
Good previous experience   
Prefer to use public sector health providers   
Other  \_\_\_\_\_

9 **Where do you most often purchase drugs/medicines from?**

- Private Pharmacy   
Public Health Centre/Hospital   
Private Health Clinic/Hospital   
Traditional Healer  (Single Response)  
Other:  \_\_\_\_\_

10 **How much money did you spend yourself last month on drugs/medicines? (Not including consultation costs)** I Spend: \_\_\_\_\_ UGX Not Known :

11. **Where do you obtain the money from to afford Drugs / medicines**

- From family members   
From household income   
By selling possessions   
By borrowing money   
Other  \_\_\_\_\_

12. **Are you a member of a Medical Aid or health insurance Scheme?**

Yes  No

13. **If so, who pays?**

- The company I work for   
The government   
The armed services  (Single Response)  
Other  \_\_\_\_\_

14. **Transport cost**

How do you get to the health centre:

- Walk  Time to walk: \_\_\_\_\_  
Matatu/ Bodaboda  Cost: \_\_\_\_\_

15. **How far is the health facility from your house: \_\_\_\_\_ miles \_\_\_\_\_ km \_\_\_\_\_ Minutes**

NAME OF FACILITY: \_\_\_\_\_

16. How far is the private pharmacy from your house: \_\_\_\_\_ miles \_\_\_\_\_ Km \_\_\_\_\_ Minutes

NAME OF FACILITY: \_\_\_\_\_

### Consumer Profile Survey – Patient 4

#### Patient care:

Interview 10 patients leaving the pharmacy and ask to see the medicines they have received and if possible their prescription: Select one of the medicines to check patient knowledge (The first given to you by the patient).

Record the following (Yes = 1, No =0, NA (if e.g 3 drugs prescribed but no medicines dispensed))

Pt. no	No. medicines prescribed	No of medicines dispensed	Discrepancy (Y=1/N=0)	Patient knowledge				Other information given: Adverse reactions, how to take etc)
				Dose How many /much to take	Frequency How often to take	Duration How long to take the medicine	Does pt. know why he is getting the treatment	
1								

#### Labelling

Interview 10 patients leaving the pharmacy and ask each patient to see the medicines they have bought/received. Select one medicine to check for labelling (The first given to you by the patient). Use Yes = 1 / No = 0 to indicate if the information appears on the label:

Medicine no	Medicine name*	Strength	Quantity	Date	Dose	Patient name	Facility name
1							

1. **Sex:**  Male  Female

2. **Age:** \_\_\_\_\_

3. **How many people live within your household?** \_\_\_\_\_  
'eat from same pot'

4. **Which member of your household are you seeking medicines/drugs for?**

- Yourself
- Husband/Wife
- Son  (Single Response)
- Daughter
- Mother
- Father
- Other:  \_\_\_\_\_

5. **Where was this person diagnosed as needing these drugs?**

- Public Health Centre/Hospital
- Private health Centre/Hospital
- Pharmacist  (Single Response)
- Village Health Worker
- Traditional Healer
- Other:  \_\_\_\_\_
- Purchased drug without consultation

6 **Did you spend any money to obtain the medicines. Yes**  **No**

NAME OF FACILITY: \_\_\_\_\_

7 Did you get all medicines prescribed? yes  No

If you did not get all medicines prescribed, what are you planning to do?

- Purchase in the private sector   
Purchase from private wing   
Not buy the medicine  why not: \_\_\_\_\_  
Try and come back in a few days   
Others

8. Why do you visit public health sector facilities to seek consultation or medicines/drugs?

- Close by/convenient   
Good service   
Free of cost/ not too expensive  (Multiple Response)  
Good previous experience   
Prefer to use public sector health providers   
Other  \_\_\_\_\_

9 Where do you most often purchase drugs/medicines from?

- Private Pharmacy   
Public Health Centre/Hospital   
Private Health Clinic/Hospital   
Traditional Healer  (Single Response)  
Other:  \_\_\_\_\_

10 How much money did you spend yourself last month on drugs/medicines? (Not including consultation costs) I Spend: \_\_\_\_\_ UGX Not Known :

11. Where do you obtain the money from to afford Drugs / medicines

- From family members   
From household income   
By selling possessions   
By borrowing money   
Other  \_\_\_\_\_

12. Are you a member of a Medical Aid or health insurance Scheme?

Yes  No

13. If so, who pays?

- The company I work for   
The government   
The armed services  (Single Response)  
Other  \_\_\_\_\_

14. Transport cost

How do you get to the health centre:

- Walk  Time to walk: \_\_\_\_\_  
Matatu/ Bodaboda  Cost: \_\_\_\_\_

15. How far is the health facility from your house: \_\_\_\_\_ miles \_\_\_\_\_ km \_\_\_\_\_ Minutes

16. How far is the private pharmacy from your house: \_\_\_\_\_ miles \_\_\_\_\_ Km \_\_\_\_\_ Minutes



NAME OF FACILITY: \_\_\_\_\_

### Consumer Profile Survey Patient 5

#### Patient care:

Interview 10 patients leaving the pharmacy and ask to see the medicines they have received and if possible their prescription: Select one of the medicines to check patient knowledge (The first given to you by the patient).

Record the following (Yes = 1, No =0, NA (if e.g 3 drugs prescribed but no medicines dispensed))

Pt. no	No. medicines prescribed	No of medicines dispensed	Discrepancy (Y=1/N=0)	Patient knowledge				Other information given: Adverse reactions, how to take etc)
				Dose How many /much to take	Frequency How often to take	Duration How long to take the medicine	Does pt. know why he is getting the treatment	
1								

#### Labelling

Interview 10 patients leaving the pharmacy and ask each patient to see the medicines they have bought/received. Select one medicine to check for labelling (The first given to you by the patient). Use Yes = 1 / No = 0 to indicate if the information appears on the label:

Medicine no	Medicine name*	Strength	Quantity	Date	Dose	Patient name	Facility name
1							

1. **Sex:**  Male  Female

2. **Age:** \_\_\_\_\_

3. **How many people live within your household?** \_\_\_\_\_  
'eat from same pot'

4. **Which member of your household are you seeking medicines/drugs for?**

- Yourself
- Husband/Wife
- Son  (Single Response)
- Daughter
- Mother
- Father
- Other:  \_\_\_\_\_

5. **Where was this person diagnosed as needing these drugs?**

- Public Health Centre/Hospital
- Private health Centre/Hospital
- Pharmacist  (Single Response)
- Village Health Worker
- Traditional Healer
- Other:  \_\_\_\_\_
- Purchased drug without consultation

6 **Did you spend any money to obtain the medicines. Yes**  **No**

NAME OF FACILITY: \_\_\_\_\_

7 **Did you get all medicines prescribed? yes**  **No**

**If you did not get all medicines prescribed, what are you planning to do?**

- Purchase in the private sector   
Purchase from private wing   
Not buy the medicine  why not: \_\_\_\_\_  
Try and come back in a few days   
Others

8. **Why do you visit public health sector facilities to seek consultation or medicines/drugs?**

- Close by/convenient   
Good service   
Free of cost/ not too expensive  (Multiple Response)  
Good previous experience   
Prefer to use public sector health providers   
Other  \_\_\_\_\_

9 **Where do you most often purchase drugs/medicines from?**

- Private Pharmacy   
Public Health Centre/Hospital   
Private Health Clinic/Hospital   
Traditional Healer  (Single Response)  
Other:  \_\_\_\_\_

10 **How much money did you spend yourself last month on drugs/medicines? (Not including consultation costs)** I Spend: \_\_\_\_\_ UGX Not Known :

11. **Where do you obtain the money from to afford Drugs / medicines**

- From family members   
From household income   
By selling possessions   
By borrowing money   
Other  \_\_\_\_\_

12. **Are you a member of a Medical Aid or health insurance Scheme?**

Yes  No

13. **If so, who pays?**

- The company I work for   
The government   
The armed services  (Single Response)  
Other  \_\_\_\_\_

14. **Transport cost**

How do you get to the health centre:

- Walk  Time to walk: \_\_\_\_\_  
Matatu/ Bodaboda  Cost: \_\_\_\_\_

15. **How far is the health facility from your house: \_\_\_\_\_ miles \_\_\_\_\_ km \_\_\_\_\_ Minutes**

NAME OF FACILITY: \_\_\_\_\_

16. How far is the private pharmacy from your house: \_\_\_\_\_ miles \_\_\_\_\_ Km \_\_\_\_\_ Minutes

NAME OF FACILITY: \_\_\_\_\_

**35. Dispensing Time:**

Record the dispensing time for 6 patients  
*(Dispensing time: measure the time it takes for the staff to dispense the medicines after having been informed what needs to be dispensed and obtained the medicines. Note! Having received the prescription and finding the medicines are not included, only the actual dispensing and talking to patient while dispensing.)*

Patient number	1	2	3	4	5	6
Dispensing time in seconds						

**36. Packaging materials:**

What packaging material are being used

Type of packaging material	
Pharmacy supply new bottles	yes <input type="checkbox"/> /No <input type="checkbox"/>
Dispensing envelope	yes <input type="checkbox"/> /No <input type="checkbox"/>
Pharmacy reuses old but cleaned bottles	yes <input type="checkbox"/> /No <input type="checkbox"/>
Use of manufacturer's original containers	yes <input type="checkbox"/> /No <input type="checkbox"/>
Patients bring own containers/bottles to be used	yes <input type="checkbox"/> /No <input type="checkbox"/>
Non-appropriate packaging material is used	yes <input type="checkbox"/> /No <input type="checkbox"/>

Which:

**37. Dispensing equipment:**

Verify that the pharmacy has the following equipment in the dispensing area:

Equipment	Yes	No	NA
Does the pharmacy have a spatula/spoon			
Non filled labels			
Tablet counting tray or similar			
Are tablets counted by bare hand			
Graduated measuring flask			

What type of water is used for reconstituting mixtures?

	Tick
Tap water	
Purified water	
Give pt so they can reconstitute themselves at home	
Other (which):	

NAME OF FACILITY: \_\_\_\_\_

**38. Dispensing procedure:**

Observe the dispensing process.

Is there a control carried out of the prescriptions and the medicines before dispensing, i.e. is it counterchecked? yes /No

If Yes who undertakes the control: \_\_\_\_\_

**39. Prescriber contacts:**

Does the pharmacy have a record or file for recording of contacts to the prescriber yes /No

Ask and check if the pharmacy keeps a record or file for recording of contacts to the prescriber regarding pharmacy initiated changes in prescriptions

Record date of last entry: \_\_\_\_\_ (d/m/y)

What do you do if the strength is wrong on the prescription or the course prescribed of an antibiotic is only 2 days: (Tick – you can tick more than one answer)

	Tick
Dispense what is prescribed but in the correct strength and/or dose	<input type="checkbox"/>
Contact the doctor / prescriber to verify and make the change	<input type="checkbox"/>
Explain to the patient what and why dispensed medicines is different from prescribed	<input type="checkbox"/>
Send patient back to the prescriber	<input type="checkbox"/>
Others (describe)	<input type="checkbox"/>

**40. Diagnostic equipment:**

Go to one OPD examination room and check for availability of the following

Tongue depressor	yes <input type="checkbox"/> /No <input type="checkbox"/>	Otoscope	yes <input type="checkbox"/> /No <input type="checkbox"/>
Torch	yes <input type="checkbox"/> /No <input type="checkbox"/>	Stethoscope	yes <input type="checkbox"/> /No <input type="checkbox"/>
Thermometer	yes <input type="checkbox"/> /No <input type="checkbox"/>	Vaginal speculum	yes <input type="checkbox"/> /No <input type="checkbox"/>
BP machine	yes <input type="checkbox"/> /No <input type="checkbox"/>	Patella hammer	yes <input type="checkbox"/> /No <input type="checkbox"/>

NAME OF FACILITY: \_\_\_\_\_

**41. Patient care:**

Interview 10 patients leaving the pharmacy and ask to see the medicines they have received and if possible their prescription: Select one of the medicines to check patient knowledge (The first given to you by the patient).

Record the following (Yes = 1, No =0, NA (if e.g 3 drugs prescribed but no medicines dispensed))

Pt. no	No. medicines prescribed	No of medicines dispensed	Discrepancy (Y=1/N=0)	Patient knowledge				Other information given: Adverse reactions, how to take etc)
				Dose How many /much to take	Frequency How often to take	Duration How long to take the medicine	Does pt. know why he is getting the treatment	
1								
2								
3								
4								
5								

**42. Labelling**

Interview 10 patients leaving the pharmacy and ask each patient to see the medicines they have bought/received. Select one medicine to check for labelling (The first given to you by the patient). Use Yes = 1 / No = 0 to indicate if the information appears on the label:

Medicine no	Medicine name*	Strength	Quantity	Date	Dose	Patient name	Facility name
1							
2							
3							
4							
5							
Total							
%							

\*Note: The medicine name appears by generic name or by brand and generic name

**43 Prescription recording system availability:**

Is a prescription book/ computerized system available for recording prescription data :(OPD or dispensary) Yes  No

Does the system provide recording of all the following data: (yes/no):

- Date Yes  No
- Patient name Yes  No
- Medicines name Yes  No
- Prescriber name Yes  No

Are **all** old prescriptions kept (yes/no) (Check): Yes  No  If yes, for how long: \_\_\_\_ years

NAME OF FACILITY: \_\_\_\_\_

Are old prescriptions for narcotic kept (yes/no) (Check): Yes  No  NA

If yes, for how long: \_\_\_\_\_ years

**44 Prescription recording system use:**

Check if there are entries during the last 3 days Yes  No  NA

Record from last 6 entries what information have been entered in the system Yes (1) No (0)

Dispensing Operation	Date	Patient name	Medicines Name	Prescribers name	Sum	%
1.						
2						
3						
4						
5						
6						
<b>Sum</b>						
<b>%</b>						

**45 Patient load:**

Average Number of prescriptions filled per day

Check in the prescription book (if available) or from prescriptions stored by random selecting three different days within the last month and record the number of prescriptions filled:

	Day 1	Day 2	Day 3	Average
No of prescriptions filled				

If there is no prescription book or prescriptions are not kept ask how many patients they have/seen per day. No of patients per day \_\_\_\_\_

What are the opening hours (per day) of the pharmacy (from - to)?

	From	To	Break
Working day (Monday – Friday)			
Saturday			
Sunday			

NAME OF FACILITY: \_\_\_\_\_

**46. Rational prescribing: out put**

From the prescriptions from the last 3 month select randomly i.e every 10 and record what has been prescribed in the below table:

If retrospective information is not available: Select prescription information from the day of the survey in below table:

*Antibiotics does not include: antihelmintics, TB, antifungal, antiamoebic or anti malaria medicines, but should include penicillins and tetracycline eye ointments.*

*Brand : Amoxil, Cotrim; Camtrim;*

Prescription No.	Number of drugs	Number of generics	Number of antibiotics	No of injections	No and type of drugs <b>not</b> included in the EDL	Diagnose recorded Yes (1)/ No (2)	No of Abbreviations
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total			...../	/			
Average			No of encounters:	No of tot. encounters			
%		% of total drugs:	% of drugs:	: % of drugs:	% of tot. drugs:		



NAME OF FACILITY: \_\_\_\_\_

**47. Appropriate Duration of Amoxicillin:**

Look at the place they keep old prescriptions. Record the last 10 prescriptions with Amoxyl and record the dose, duration and diagnosis:

Prescription no	1	2	3	4	5	6	7	8	9	10
Is duration < 2 days (Yes=1/No=0)										
Duration of treatment										

**48. Adherence to standard treatment guidelines:**

Select latest 10 patients cards/prescriptions with diarrhoea, 10 with mild ARI and 10 with malaria

Disease/Drug prescribed	Cases (Yes=1, No=0)										Total yes(1)/number of cases *100	
	1	2	3	4	5	6	7	8	9	10		
<b>Diarrhoea (no blood)</b>												
ORS												
Antibiotics												
Antidiarrhoeal												
Antispasmodic												
Other drugs given												
<b>Level 1 assessment (A,B)</b>												%A= ____, %B= ____,
Level 1 assessment: A= appropriate (ORS 1, All others =0)												
<b>Non-pneumonia acute respiratory tract infection (Mild ARI)</b>												
Antibiotics prescribed												
<b>Level 1 assessment (A,B)</b>												%A= ____, %B= ____,
Antipyretic/analgesic												
Cough and or cold drugs												
Other drugs given												
<b>Level 2 assessment (C,D)</b>												% C= ____, %D: ____,
Level 1 assessment: A = Appropriate: antibiotics = 0 (No antibiotic given) else B Level 2 assessment: ( <b>Only</b> if level 1 is A), C = appropriate antipyretic/analgesic or cough/cold drugs 1 or 0; other drugs = 0 therefore not appropriate (D) if any other drugs is given.												
<b>Malaria treatment</b>												
Rapid test or Smear conducted												%A=
Artemeter lumefantrine												
Quinine injection or tabl.												
Antibiotics												
Paracetamol												
Pyrimethamine /sulfadoxine												
Other drugs given												
Level 1 Assessment: A= Appropriate: M tested Level 2: B= Appropriate M tested + and ACT or M tested + and Quinine if ACT not available. Level 3: no test but ACT or Quinine. Level 4: In appropriate; + and ACT and antibiotic												