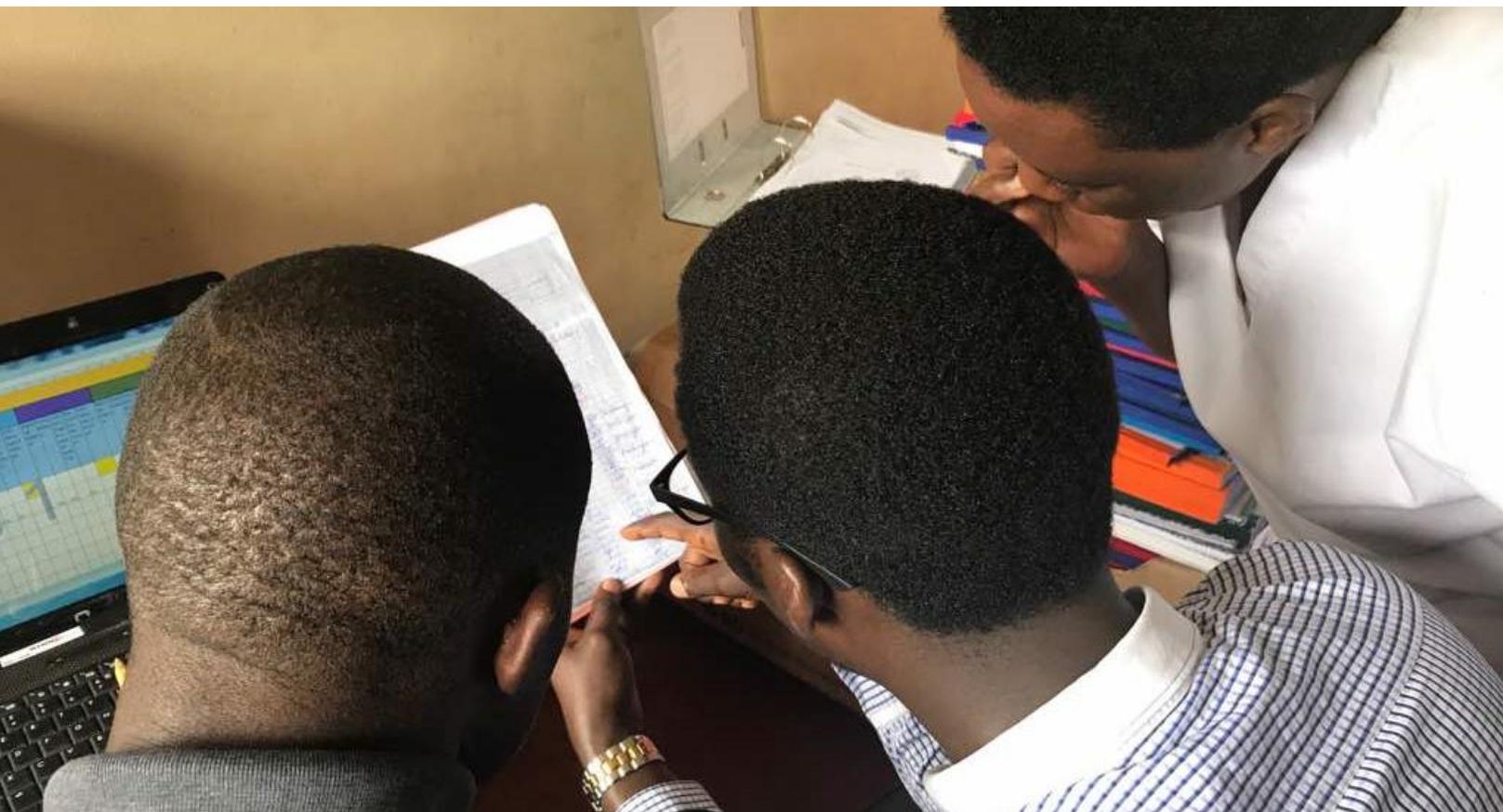




REPUBLIC OF RWANDA



ANDREW SSEMUGENYI FOR AXIOS INTERNATIONAL, INC.

USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM

TECHNICAL ASSISTANCE

NATIONAL SUPPLY CHAIN ASSESSMENT REPORT

ANNEXES

RWANDA

November 2017



U.S. President's Malaria Initiative



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

DISCLAIMER: The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.

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About Global Health Supply Chain Program Technical Assistance

The Global Health Supply Chain Program Technical Assistance program serves the health commodity technical assistance needs of USAID, other United States Government agencies, partner country governments, non-governmental organizations and other entities across all health elements (e.g. malaria, and family planning, HIV/AIDS, tuberculosis, and maternal and child health) to meet the evolving challenges in ensuring long-term availability of health commodities in public and private services worldwide. The program also serves to strengthen country supply systems, and ensure strategic collaboration to improve the long-term availability of health commodities.

Brief Description

The USAID awarded Axios International Inc. (Axios) a task order in 2016 to provide services specific to USAID's National Supply Chain Assessment tools (NSCA). Subsequent to that task order, USAID, in collaboration with the Rwanda's MOH, requested that Axios conduct a comprehensive assessment of Rwanda's national supply chain system utilizing the recently updated NSCA tool kit (NSCA 2.0). This report presents the methodology and outcome of that assessment, which was carried out in Rwanda in April and May of 2017.

About Axios

Axios is a global healthcare organization with over 20 years of experience in the delivery of sustainable and innovative access to care solutions in low and middle-income countries. Axios provides a broad range of services in the global health sector to help modernize and strengthen health systems and quality of care. For more information, visit: www.axiosint.com.

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ACRONYMS AND ABBREVIATIONS

Abt	Abt Associates
Axios	Axios International, Inc.
BUFMAR	Bureau des Formations Medicales Agrées du Rwanda
CMM	Capability Maturity Model
CMM	Capability Maturity Model
DH	District Hospitals
DP	District Pharmacy
eLMIS	Electronic Logistics Management Information System
FEFO	First Expire First Out
GHSC-PSM	USAID Global Health Supply Chain Program - Procurement and Supply Management
HC	Health Center
HIV	Human immunodeficiency virus
HR	Human Resources
HSS	Health Systems Strengthening
KPI	Key Performance Indicator
KPI	Key Performance Indicator
LMIS	Logistics Management Information System
LMO	Logistics and Management Office
M&E	Monitoring & Evaluation
MAUL	Medical Access Uganda Limited
MOH	Ministry of Health
MPPD	Medicine and Procurement Planning Division
NSCA	National Supply Chain Assessment
OTIF	On-time-in-full-delivery
RBC	Rwanda Biomedical Center
RH	Referral Hospitals
SCM	Supply Chain Management
SDP	Sub District Pharmacies
SOW	Scope of work
USAID	United States Agency for International Development

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ANNEX I. SCOPE OF WORK FOR RWANDA NSCA

BACKGROUND AND JUSTIFICATION

Over the last few years The Ministry of Health (MOH) has been closely working with various implementing partners to strengthen Pharmaceutical Supply Chain, to ensure that health products are continually available to people who need them. The Ministry of health previously conducted National Supply Chain Assessment and the results were used to guide the development of National Pharmaceutical Supply Chain Strategic Plan (2013-2018). The results of the assessment also facilitated the development of goals and specific objectives to strengthen Supply chain in Rwanda. Additionally, the indicators collected during the NSCA were further integrated into Supply Chain Performance Management Plan to support future Monitoring and evaluation.

In addition to this MOH developed a performance Management Plan to ensure appropriate implementation, monitoring and improvement of health supply chain management as well as implementation of the plan. The Ministry of Health in the last two years conducted a National roll out of electronic logistics Management Information System (e-LMIS) to all health facilities to improve performance of the supply chain and increased data visibility in order to make an informed decision to manage supply chain in Rwanda. All these initiatives are in line with the long-term development goals of the country including vision 2020 strategy, the current Economic Development and Poverty Reduction Strategy (EDPRS 2) and the various district development plans and strategies.

To help identify the capability and performance of supply chain a “National Supply Chain Assessment” will be conducted covering various levels of the Supply Chain (Central level, Referral hospitals, District Pharmacies, and service delivery points). The assessment will map the supply chain capability maturity and performance against KPIs as well as measuring progress towards the goals and objectives laid out in the strategies and interventions developed.

The USAID’s contractor Global Health Supply Chain Projects: Procurement and Supply Management (PSM) and Axios International Inc. will provide the technical and financial support for this assessment. Although these projects will provide Technical and Financial support it’s expected that the Ministry of Health will be leading the overall implementation of this activity to ensure effective coordination and sustainability.

PURPOSE OF THE ASSESSMENT

The assessment will provide a comprehensive view of the country’s supply chain maturity and performance. The main objectives for conducting the NSCA are to:

- Measure the performance and capability of the Supply chain
- Identify the performance and gaps in order to guide Country’s and donors’ investment to strengthen supply chain
- Analyse the overall operational capacity and performance of the public health supply chain, identifying bottlenecks and opportunities for improvement.
- Provide the Government with the information to initiate strategic planning and to implement system strengthening initiatives that can contribute towards a well-performing supply chain.

ASSESSMENT METHODOLOGY

All functional areas of the supply chain will be evaluated: Policy and Governance, forecasting and supply planning, procurement, warehousing and inventory management, transportation, distribution, and waste management. For each functional area, there will be an in-depth assessment of cross cutting factors related to Information Management and Financial sustainability and human resources.

A broad view of the public supply chain system for essential medicines will be considered in the analysis. For specific indicators of performance, a list of tracer medicines and other health commodities are being identified in collaboration with the MOH and the local stakeholders, including maternal, new-born and child health, family planning, malaria and HIV medicines and other health commodities.

The results of the assessment, will aim to guide evidence-based decision making by the MOH to prioritize continued investments in supply chain systems strengthening.

THE NATIONAL SUPPLY CHAIN ASSESSMENT (2.0) TOOL

The National Supply Chain Assessment (NSCA) is a comprehensive tool that was developed by SCMS, USAID|DELIVER and SIAPS to assess the capability and performance of supply chain functions at all levels of public health supply chain. The results of the assessment help supply chain managers and implementing partners to develop their strategic and operational plans and monitor whether activities are achieving their expected outcomes.

The NSCA 1.0 has been used in various countries to assess National Supply Chain performance and capability, which has enabled countries to develop their strategic plans and interventions. The NSCA 2.0 Tool has built on previous functions and improved the scoring capabilities to critically identify the performance and capability of individual functional areas. In addition to this Key Model sections on governance, policy and leadership have been added on to ensure a full picture of the Supply chain that provides guidance on system strengthening for effective and efficient supply chain Management.

The NSCA 2.0 tool has four components:

- Mapping of the Supply Chain: The objective of this exercise is to obtain an in-depth understanding of the supply chain, including the role and responsibilities of the key actors in the supply chain.
- The Capability Maturity Model (CMM). A diagnostic tool that qualitatively assesses capability and maturity across functional areas and cross-cutting enablers (e.g. human resources, Information Management and Financial Sustainability) using interviews and direct observation. The maturity levels were adapted from private-sector best practices to fit the public health context. Each functional area of the supply chain is assessed at each relevant level of the Supply chain by conducting interviews with key stakeholders. Primary data is collected from stock cards, logistics reports, requisition forms, etc. Inventory management procedures and infrastructure will also be directly observed to validate the information provided in the interviews.
- Key performance indicators. A set of indicators that measure supply chain performance of each functional area of the supply chain is established.
- Macro-environmental assessment. NSCA 2.0 will capture separate domains related to the overall environment in which the supply chain operates in, including: Socio-economic environment; Health

system; & Logistics infrastructure to inform the results of the assessment by defining additional strengths & weaknesses and root causes of challenges in the supply chain, as well as help to inform & define areas susceptible of improvement.

SAMPLING METHODOLOGY

Pharmaceutical warehouses/depots and health facilities managing essential medicines will be sampled all along the supply chain at central, district, and service delivery points (SDPs), to obtain a nationally representative sample. Several sampling approaches have been considered in collaboration with the PSM Rwanda, relevant stakeholders and Axios.

Sample frame (areas and facilities eligible for inclusion in the assessment) – All districts, district hospitals and health centers have the potential to be included in the final sample – no facility will be excluded as potentially being included in the analysis. National-level institutes (the MPPD, LMO and One Referral Hospital) will be included; the MPPD, LMO are not sampled because of their uniqueness. One of the four referral hospitals will be selected at random.

- There are 30 district pharmacies (i.e., the lowest distribution points in the supply chain).
- There are 43 district hospitals.
- There are 527 health centers.
- Health posts report to health centers and can be considered part of health center operations.

Sample size calculation – The sample size will be determined by reaching a consensus amongst stakeholders regarding the appropriate balance between the opposing objectives of containing costs and maximizing the level of confidence in the results. While 95% level of confidence and small margins of error are common in the medical literature, these parameters are based on the need for fine precision in determining clinical or other health outcomes. Assessments typically need less precision to instill confidence that they portray the national level situation with accuracy. For example, globally accepted assessment tools such as the Effective Vaccine Management (EVM) assessment tool recommends using a Margin of Error of $\pm 10\%$, and a 90% level of confidence (i.e., $\alpha=0.10$) when determining sample sizes. We also recommend using hypergeometric sample size formulas¹ when determining the sample size. The hypergeometric sample size formulas are appropriate for binary data, which form the basis of the NSCA tool. We also recommend using the ‘lowest distribution level’ (i.e., district pharmacy) as the primary sampling unit (as is used in the EVM assessments), with health facilities clustered in selected districts.

The table below presents two scenarios, which are the recommended sample sizes for this national supply chain assessment. Tentatively, a Margin of Error of $\pm 10\%$ and a 90% level of confidence (i.e., $\alpha=0.10$) have been selected as the basis for determining the sample size. In order to maintain this margin of error and level of confidence at the health center level, 3 health centers will be visited in each selected district.

¹ $n = (Nz^2 pq) / ((MOE^2 (N-1) + z^2 pq))$, WHERE N IS THE POPULATION SIZE, P IS THE PROBABILITY OF AN OUTCOME (ASSUMED TO BE 50%), Q = 1 – P, MOE IS THE MARGIN OF ERROR, AND Z² IS THE CONFIDENCE LEVEL (E.G., A=0.10).

TABLE: RECOMMENDED SAMPLE SIZES (TWO SCENARIOS)

PARAMETERS		TOTAL SAMPLE SIZE		
MOE	CL	Number of Districts	Health Centers Per District	Total Health Centers
10%	90%	18	3	54
10%	85%	17	3	51

MOE: Margin of error; CL: Level of Confidence

It is thus recommended that 18 districts be visited. In each district, 3 health centers will be visited (in addition to the district pharmacy and district hospital), indicating that the final sample will be:

- 54 health centers
- 18 district pharmacies
- 18 district hospitals
- 2 central level facilities and one referral hospital
- For a total 93 facilities.

Select the sample – The final step is to randomly draw the requisite sample size (as listed above) from the sample frame. *Sampling will be done with the probability of selection proportional to the population size (PPS)*. This is done in many survey sample selection processes, and ensures that every **health facility** has an equal chance of being included in the sample. Thus, if one district has 20 health facilities and another district has 50 health facilities, the district that has 50 health facilities will have a greater probability of being included in the final sample.

While the results of the assessment can be disaggregated by supply chain level, it is not expected that comparisons will be made between geographical clusters (for example, between one district and another). In addition to the entities managing medicines and other health commodities, other key informants (government, donors, partners, community stakeholders and private wholesalers) will be interviewed as part of the assessment to obtain additional qualitative information. The final sample of facilities and key informants will be detailed during stakeholders’ workshop prior to the assessment.

DATA COLLECTION

Data collection and interviews will be conducted by 10 teams. Each team will consist of 2 individuals, one functioning as team leader. Each team will be assigned a district and conduct site visits at the facilities within that district identified in the sampling exercise. At each site, the data collection team will:

- Interview the stock manager and/or the health facility manager using the relevant CMM questionnaire(s). Interview results are verified by direct observation of the relevant supply chain space such as a store room or warehouse, relevant documents such as SOPs etc.

- Collect relevant Quantitative and KPI data using source data such as stock cards, LMIS reports, proformas, orders and delivery notes.

The assessment will include collection on the various domains of the supply chain including policy and governance, forecasting and supply planning, procurement, warehousing and storage, distribution and waste management. In addition, cross cutting domains modules will include human resource, (e) LMIS, and financing sustainability.

The capability and functionality assessment will employ binary (yes/no) questions to enable comparability, ease data collection, and ease of implementation. The binary questions will be adapted into scores, based on whether they refer to inputs or processes, and reflecting overall capacity.

Data collection teams will be equipped with a Tablet PC to electronically enter and collect data. The survey and data collection instruments will be programmed with SurveyCTO software and at least one Tablet PC provided to each of the data collection teams. Data can be collected and entered offline, with daily uploads of the collected data possible in the evenings to allow the assessment team to conduct daily quality assessments of the data collected that day.

A group of 20 data collectors identified and selected by MOH and PSM Rwanda will be trained in country by Axios. Axios' Supply Chain Technical Advisor will lead and conduct the training. Training is expected to be conducted over a 5-day period. During the training, the data collectors will gain an understanding of the NSCA 2.0 tool, the scope of the assessment, and how to gather the data in a complete and accurate manner. Eighteen data collectors will work for two weeks in teams of two collecting data. The additional 2 data collectors will be on standby should additional resources be necessary.

DATA ANALYSIS

After the assessment, has been completed, Axios will conduct a preliminary data analysis by aggregating data by function and level and distil the preliminary findings of the assessment. Axios will prepare a PowerPoint presentation and provide a synopsis of the salient findings to the MOH, USAID Rwanda, and PSM Rwanda.

Three principles guide the data analysis:

Data analysis should be documented and replicable: Data analyses should include notes on definitions (e.g., of KPIs), steps in the analysis, assumptions, and record of different versions of the analysis. If statistical software (such as Stata, R, or SPSS) is used, resulting log and programming files will be retained, and shared. For analyses done in spreadsheet software (such as Microsoft Excel), careful notes on the steps used will accompany the analysis. With agreement from the MoH and assignment of staff from the MoH for this purpose, the assessment team will work with designated staff from the MoH to work remotely to conduct the analysis.

Outliers and variance will be considered as informative as averages: Results for which there is wide differences across sampled sites, as well as sites with results that are widely different than the results from other sites (i.e., that are outliers) should be assessed and reported. Outliers, in particular, need to be assessed to determine that the data reported are valid (and not, e.g., an artifact of poor data collection practice), and to assess potential reasons why the site may be an outlier. Similarly, results for which there are wide differences (i.e., high variance) should also be assessed to determine potential reasons why some sites (or groups of sites) have higher results than other sites (or groups of sites).

Analyses will follow the sampling structure: The sampling process should inform the data analysis, minimally accounting for:

Weighting: Sites likely will have a different probability of selection into the sample, and thus the results should be weighted. Weighting results reflect the probability that an individual facility was sampled. For example, some districts have more than one hospital, while other districts only have one hospital. Thus, the results should reflect results for the overall population of interest (rather than for the sample). If the assessment is to be repeated at a later date, comparisons between the two assessments will not be valid unless results are weighted.

Sampling implies uncertainty in the results: At the national level, this likely will not be true, since all relevant facilities should have been included in the sample. At the subnational level, it is neither necessary nor desirable to collect data from all facilities, but, as discussed above, sites will be sampled. This implies that results *may need to reflect this uncertainty*. However, reporting, for example, confidence intervals for a wide set of data points does not necessarily enhance understanding of the results (and may clutter the results, and make the data analysis much more time consuming). Thus, it is recommended that when differences between sites, levels, or other breakdowns of interest are reported to be meaningful and important, then the results from standard statistical tests be reported alongside the results.

The starting point for the analysis will be the KPIs. KPIs will be analyzed overall, and disaggregated by level of the supply chain. To the extent possible, KPIs should be benchmarked against country-specific targets. When country-specific benchmarks / goals are not available, the assessment coordinator may need to identify international practices or standards as a starting point for the analysis (noting that these initial benchmarks will be discussed with stakeholders during the data analysis period). Based on performance against benchmarks / goals, the KPIs resulting from the assessment can be assessed to determine areas of relatively strong, medium, or weak (or similar classifications as determined in the data analysis period with input from stakeholders) performance. KPIs that are the same across the levels of the supply chain can also be compared across the levels of the supply chain to assess if performance is relatively heterogeneous or homogenous across the levels.

Once areas of strong, medium, or weak (or similar classifications) performance have been identified, these can be mapped back against the specific capabilities that should enable performance on specific KPIs. This will be done in multiple ways. First, direct, visual mappings of capabilities to KPIs (in, e.g., time maps, commodity flow maps, etc.) will be done to identify bottlenecks. Second, scores on capability functions and cross cutting modules will be assessed against the relevant KPIs.

Within a period of 4 weeks and after a thorough analysis of the data has been completed, Axios will prepare a detailed report that will be circulated to the relevant stakeholders. Axios proposes an in-country workshop to discuss the main findings and other key aspects of the assessment highlighted in the report.

PHASES OF THE ASSESSMENT

The assessment will include the following phases.

Phase 1: Planning and preparing for the assessment

Prior to conducting the assessment, the Axios team will:

- Work closely with both MOH and PSM Rwanda team to obtain relevant documentation and information related to the health sector and supply chain in Rwanda. This will help define the requirements and high level plan for the NSCA implementation.
- Determine roles and responsibilities of the Axios and PSM Rwanda team within the approved Budget.
- Initiate preparations for data collection, including the design/ adaptation of data collection tools.
- Compile standard data collection tools and customize questions/indicators.
- Develop and translate data collection tools and supporting materials, (questionnaires, list of indicators, tracer products, key informants, etc.).
- Identify and select data collectors.
- Configure electronic forms on tablets for data collection and analysis.
- Develop training materials for data collectors, including presentation and guidelines for data collection.

Phase 2: In country assessment

Activities in country will include the following:

- Stakeholders Meeting – the MOH, Rwanda Biomedical Center, Medical Procurement and Production Division (MPPD), USAID Rwanda, and PSM Rwanda to discuss the scope of work, Assessment approach, Data analysis and Results.
- Ensure key stakeholder participation in data collection, analysis, reporting, and review processes.
- Coordinate with the local team to ensure the Capability Maturity Model (CMM) functions and Key Performance Indicators (KPIs) are properly collected during the assessment at each level of the supply chain.
- Customize the standard NSCA 2.0 questionnaires and forms with a targeted set questions according to Country context.

BUDGET

(Deleted)

KEY ACTIVITIES

KEY ACTIVITY	TIMELINE
Meeting with MOH to discuss sampling and overall activity implementation	February 28, 2017
Development of SOW and Submission to MOH	February 24, 2017
Approval of Invitation Letter (Informing HFs the NSCA)	March 8, 2017
Invitation Letter to Data Collectors & Travel clearance for MOH staff	March 6, 2017
Appointment for meeting with RBC, MOH for in brief on NSCA	March 13, 2017
Recruitment of Data Collectors	March 2, 2017
Training of Data collectors	March 13-18, 2017
Data collection	March 20 -31, 2017
Presentation of Preliminary findings	April 3, 2017
Final Report	April 28, 2017
Workshop to present Final results	TBD

DELIVERABLES

Data collectors training module and materials
NSCA PowerPoint presentation
NSCA Final Report

PERIOD OF PERFORMANCE

Phase 1 Planning and preparing for the assessment: February 1- 9 March, 2017

Phase 2 In country assessment: March 10-March 31 2017

Phase 3 Post trip data analysis and report writing: March 31- April 24, 2017. Final Report due April 28, 2017

Phase 4 In country workshop: dates TBD

ANNEX 2. CAPABILITY MATURITY MODEL DIAGNOSTIC TOOL

NATIONAL SUPPLY CHAIN ASSESSMENT V2.0 WAREHOUSE SITES

DATE OF VISIT:	[][]	[][]	[][][][]
	DAY	MONTH	YEAR
<hr/>			
STARTING TIME:	[][]	[][]	AM/PM (CIRCLE ONE)
	HOUR	MINUTES	
<hr/>			
FINISHING TIME	[][]	[][]	AM/PM (CIRCLE ONE)
	HOUR	MINUTES	
<hr/>			
NAME(S) OF ASSESSOR(S)	<hr/>		

INTRODUCTION

This tool is to be used to conduct a National Supply Chain Assessment (NSCA) at the Warehouse level with the aim of assessing the overall capability, maturity and performance of a health supply chain. The information obtained from the NSCA will enable supply chain managers and implementing partners to monitor whether program activities are achieving their expected outcomes and develop evidence-based strategic and operational plans.

Overall, the NSCA informs two key processes:

Evidence-Based Planning & Decision-Making:

- Informs country and donor decision-making, by identifying key supply chain areas that require systems strengthening
- Provides evidence stakeholders require to develop programmatic work plans by leveraging assessment results to prioritize health system strengthening investments to capitalize on efficiencies in a infrastructure and resource constrained environment

Performance Management:

- The tool can be used at points in time to determine baseline, midline, and end line assessments for supply chain capability maturity and performance
- The NSCA tools and associated data can serve to help build a foundation for routine performance management

This tool is part of the Capability Maturity Model (CMM) Diagnostic Tool that is used to assess the capability maturity of a supply chain at multiple levels – from the central level to service delivery points (SDP), and across functional areas and cross-cutting organizational elements.

SCOPE

The scope of this tool covers the following modules:

- Strategic Planning and Management
- Human resources
- Financial Sustainability
- Policy and Governance
- Quality and Pharmacovigilance
- Forecasting and supply planning
- Procurement and customs clearance
- Warehousing and Storage
- Distribution
- Logistics Management Information Systems
- Waste Management

Key informant interviews are used to populate a set of functional area-specific questionnaires, which are coupled with data on key performance indicators to link inputs to performance.

METHODOLOGY

The tool shall be used to assess district/provincial warehouses. The team shall use a combination of interviews, observation and document review to collect data. The capability and functionality assessment will employ mainly binary (yes/no) questions to enable comparability, ease data collection, and ease of implementation. However, some questions may require selection of multiple responses.

DATA COLLECTION

Data collection and interviews will be conducted by teams of 2 individuals. Each team will be assigned districts and will conduct site visits at the central and district warehouses. This warehouse was selected as part of a random sample of warehouses that is a representative of warehouses in the entire country. This is a study for the entire logistics system, not the performance of an individual warehouse, so today's visit is not an audit nor is it intended to serve as a tool for judging your performance as an individual or the facility.

At each warehouse, the data collection team will interview the stock manager and/or the warehouse manager using this tool and collect relevant data.

A short interview will be conducted to gather basic data on the warehouse and human resources for supply chain management. We will also visit the warehouse to assess the storage conditions and interview staff regarding the key capabilities mentioned above.

We would like to collect data on stock status for selected tracer commodities and LMIS reporting from the warehouse.

Data collection teams are equipped with a Tablet PC to electronically collect and enter data. Data can be collected and entered offline and uploaded later. Data shall be secured and encrypted.

Do you have any questions before we proceed?

FACILITY DETAILS

Facility Name:

GPS Reading:

Latitude: _____°N

Longitude: _____°E

Ownership:

Physical Address:

Telephone (1):

Telephone (2):

Email Address:

District:

Province:

Revisit required?

Date:

Time:

If manager is busy or not present, please set up a time when the schedule permits

[][] [][] [][][][]
Day Month Year

[][] [][] am/pm (circle one)
Hour Minutes

RESPONDENT'S DETAILS

	Name	Position	Telephone Contact	Email Address
1				
2				
3				
4				
5				

MODULE I: STRATEGIC PLANNING & MANAGEMENT

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (NA)

For this module, interview the Organisational head if available. If not, interview the assistant of the Organisational head or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS	
SC 100: Strategic Plan				
SC-101	Does the Organisation have a supply chain strategic plan? [REQUEST FOR A COPY AND VERIFY]	Yes, Physically Verified	1	If “Yes”, continue, otherwise go to next section
	01	Yes, but NOT Physically Verified	2	
		No	3	
	02	I don’t know	98	
SC-102	Does the strategic plan include concrete actions to improve supply chain design and performance? [OBSERVE AND VERIFY]	Yes, Physically Verified	1	If “Yes”, continue, otherwise go to SC-104
	03	Yes, but NOT Physically Verified	2	
		No	3	
	04	I don’t know	98	
SC-103	Are these strategic improvement actions monitored? [OBSERVE AND VERIFY]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don’t know	98	

Q#	QUESTIONS	RESPONSES	SKIPS	
SC-104	Has the cost/budget to implement the strategic plan been determined? [OBSERVE AND VERIFY]	Yes, Physically Verified	1	If “Yes”, continue, otherwise go to SC-106
	05	Yes, but NOT Physically Verified	2	
		No	3	
	06	I don’t know	98	
SC-105	Considering the anticipated costs, and available resources, have you identified any funding gaps? [OBSERVE AND VERIFY]	Yes, Physically Verified	1	
	07	Yes, but NOT Physically Verified	2	
		No	3	
	08	I don’t know	98	
SC-106	Has the Organisation gone through an exercise to identify important stakeholders (stakeholder mapping)?	Yes	1	
	09	No	2	
	10	I don’t know	98	
SC-107	Does the strategic plan allocate clear roles and responsibilities to external stakeholders for specific supply chain activities? [OBSERVE AND VERIFY]	Yes, Physically Verified	1	
	11	Yes, but NOT Physically Verified	2	
		No	3	
	12	I don’t know	98	
SC-108	Is there a process for sharing & incorporating lessons learned and best practices in the strategic plan?	Yes	1	
	113	No	2	
	114	I don’t know	98	
SC-109	How long ago was the current supply chain strategic plan adopted?	1 year or less	1	
	15	> 1 to 2 years	2	
	16	> 2 to 5 years	3	

Q#	QUESTIONS	RESPONSES	SKIPS
	17	> 5 years	4
	18	I don't know	98
SC-110	How often is the supply chain strategic plan formally updated?	1 year or less	1
	19	> 1 to 2 years	2
	20	> 2 to 5 years	3
	21	> 5 years	4
	22	I don't know	98
SC-111	Is the Supply Chain Strategic plan aligned to the National Health Sector Strategic plan and/or Pharmaceutical Sector Strategic Plan? [OBSERVE AND VERIFY]	Yes	1
		No	2
		I don't know	98
SC-112	Are decision analytics/evidence based information used to develop the supply chain strategy?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
SC 200: Supply Chain Implementation Plan			
SC-201	Do you have a supply chain implementation plan? [IF YES, REQUEST FOR A COPY AND VERIFY]	Yes, Physically Verified	1
	23	Yes, but NOT Physically Verified	2
		No	3
	24	I don't know	98
SC-202	What support elements have you considered in the development of the Supply Chain Implementation Plan? [READ CHOICES – MULTIPLE RESPONSES POSSIBLE]	Stakeholder map	1
	25	Strategic partnerships	2
	26	Time frame >3 years	3
	27	SWOT analysis	4

Q#	QUESTIONS	RESPONSES	SKIPS
	28	Long-term goals	5
	29	Roles & Responsibilities	6
	30	Others:	7
	31	None	8
	32	I don't know	98
	What is the timeframe of the supply chain implementation plan?	Less than 12 months	1
	33	1 year	2
	34	2-3 years	3
	35	> 3 years	4
	36	I don't know	98
SC-204	Does the supply chain implementation plan include the following areas? [READ CHOICES - MULTIPLE RESPONSES ALLOWED]	Human Resource	1
		LMIS	2
		Finance	3
		Policy and Governance	4
		Forecasting & Quantification	5
		Procurement	6
		QA/QC	7
		Pharmacovigilance	8
		Distribution	9
		Warehousing	10
		Waste management	11

Q#	QUESTIONS	RESPONSES	SKIPS
		Monitoring and Evaluation	12
		I don't know	98
SC-205	Does the supply chain implementation plan include roles for partners?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
SC 300: Monitoring progress to the Supply Chain Implementation plan			
SC-301	Is there a performance monitoring plan (PMP) associated with the supply chain implementation plan? [REQUEST FOR A COPY AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
			If "Yes", continue, otherwise go to next section
SC-302	Is there a formal structure in place to monitor implementation of the supply chain implementation plan?	Yes	1
	I37	No	2
	I38	I don't know	98
SC-303	Which stakeholders participate in the review of the supply chain implementation plan status? [MULTIPLE RESPONSES ALLOWED]	Board of directors	1
		Donors	2
		Central level Staff (relevant ministries)	3
		District level staff	4
	39	Implementing Partners	5
	40	None	6
	41	I don't know	98

Q#	QUESTIONS	RESPONSES	SKIPS
SC-304	How often do these stakeholder groups meet to review the plan's status?	Quarterly	1
	I42	Bi-annually	2
	I43	Annually	3
	I44	Less than annually	4
	I45	Others:	5
	I46	Never	6
	I47	I don't know	98
SC-305	How is the strategic plan monitored to assess progress? [MULTIPLE RESPONSES ALLOWED]	Measurement of KPIs	1
	I48	Internal/External audit	2
	I49	Internal/External assessments or evaluation	3
	I50	It is not monitored	4
		I don't know	98
SC-306	How often is data captured for the PMP reported? [MULTIPLE RESPONSES ALLOWED]	Monthly	1
	I51	Quarterly	2
	I52	Bi-annually	3
	I53	Annually	4
	I54	Less than annually	5
		Never	6
	I55	I don't know	98
SC-307	Is the supply chain implementation plan achieving the intended strategic goals?	Yes	1
		No	2
		I don't know	98

Q#	QUESTIONS	RESPONSES	SKIPS
SC-308	Is data obtained from measurement of Performance indicators used to make supply chain decisions?	Yes	1
		No	2
		I don't know	98
SC 400: Risk management			
SC-401	Is there a risk management and mitigation/prevention plan?	Yes, Physically Verified	1
	156	Yes, but NOT Physically Verified	2
		No	3
	157	I don't know	98
SC-402	How often are supply chain risks assessed?	Continuously	1
		<Annually	2
		Annually	3
	158	Every 1-2 years	4
	159	> 2 years	5
	160	Never	6
	161	I don't know	98
SC-403	Is there a risk register or profile? [IF YES, REQUEST FOR A COPY OF THE REGISTER & VERIFY]	Yes, Physically Verified	1
	162	Yes, but NOT Physically Verified	2
		No	3
	163	I don't know	98
SC-404	What are the top 5 risks? [MULTIPLE RESPONSES ALLOWED]	Financial	1
	164	Operational	2
	165	Human Resource (e.g. Leadership & Turnover)	3

Q#	QUESTIONS	RESPONSES	SKIPS
	166	Economic (e.g. exchange rate)	4
	167	Technology	5
	168	Environmental	6
	169	Politics	7
	170	Social Aspects	8
	171	Legal	9
	172	Donor issues	10
	173	None	11
	174	I don't know	98
SC-405	Are there <i>strategies</i> in place to monitor and mitigate the impact of identified risks to the supply chain? [IF YES, REQUEST FOR A COPY AND VERIFY EXISTENCE]	Yes, Physically Verified	1
	175	Yes, but NOT Physically Verified	2
		No	3
	176	I don't know	98
SC-406	Are there <i>resources</i> – human, monetary and operational – in place to monitor and mitigate the impact of identified risks to the supply chain?	Yes	1
	177	No	2
	178	I don't know	98

END OF MODULE I – STRATEGIC MANAGEMENT AND PLANNING

SC 500: PHYSICAL VERIFICATION:

Please ask to see physical copies of the following documents, and verify the questions above

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS
SC-501		Physically verified	1

Q#	QUESTIONS	RESPONSES		SKIPS
	Verify the existence of a supply chain strategic plan at this organisation. [VALIDATES SC-101]	Could Not be physically verified	2	SKIP this question if SC-101 is “No” or “I don’t know”
SC-502	Verify whether strategic plan includes concrete actions to improve supply chain design and performance. [VALIDATES SC-102]	Physically verified	1	SKIP this question if SC-102 is “No” or “I don’t know”
		Could Not be physically verified	2	
SC-503	Validate that the organisation monitors strategic improvement actions. [VALIDATES SC-103]	Physically verified	1	SKIP this question if SC-103 is “No” or “I don’t know”
		Could Not be physically verified	2	
SC-504	Validate that the cost/budget to implement the strategic plan has been determined [VALIDATES SC-104]	Physically verified	1	SKIP this question if SC-104 is “No” or “I don’t know”
		Could Not be physically verified	2	
SC-505	Validate that with regard to anticipated costs and available resources, funding gaps have been identified [VALIDATES SC-105]	Physically verified	1	SKIP this question if SC-105 is “No” or “I don’t know”
		Could Not be physically verified	2	
SC-506	Validate that the strategic plan allocates clear roles and responsibilities to external stakeholders for specific supply chain activities [VALIDATES SC-107]	Physically verified	1	SKIP this question if SC-107 is “No” or “I don’t know”
		Could Not be physically verified	2	
SC-507	Verify that the Supply Chain Strategic plan is aligned to the National Health Sector Strategic plan and/or Pharmaceutical Sector Strategic Plan? [VALIDATES SC-111]	Physically verified	1	SKIP this question if SC-111 is “No” or “I don’t know”
		Could Not be physically verified	2	

Q#	QUESTIONS	RESPONSES		SKIPS
SC-508	Verify whether the organisation has a supply chain implementation plan in place [VALIDATES SC-201]	Physically verified	1	SKIP this question if SC-201 is “No” or “I don’t know
		Could Not be physically verified	2	
SC-509	Verify whether the supply chain implementation plan include the following areas [VALIDATES SC-204]	Human Resource	1	SKIP this question if SC-201 is “No” or “I don’t know
		LMIS	2	
		Finance	3	
		Policy and Governance	4	
		Forecasting & Quantification	5	
		Procurement	6	
		QA/QC	7	
		Pharmacovigilance	8	
		Distribution	9	
		Warehousing	10	
		Waste management	11	
SC-510	Verify if there is a performance monitoring plan (PMP) associated with the supply chain implementation plan [VALIDATES SC-301]	Physically verified	1	SKIP this question if SC-301 is “No” or “I don’t know
		Could Not be physically verified	2	
SC-511	Verify whether there is a risk management and mitigation/prevention plan at this organisation [VALIDATES SC-401]	Physically verified	1	SKIP this question if SC-401 is “No” or “I don’t know
		Could Not be physically verified	2	
SC-512	Verify whether there is a risk register or profile at this organisation [VALIDATES SC-403]	Physically verified	1	SKIP this question if SC-403 is “No” or “I don’t know
		Could Not be physically verified	2	
SC-513	Verify if there are <i>strategies</i> in place to monitor and mitigate the impact of identified risks to the supply chain	Physically verified	1	SKIP this question if SC-405 is “No”

Q#	QUESTIONS	RESPONSES	SKIPS
	[VALIDATES SC-405]		or "I don't
		Could Not be physically verified	2

PHYSICAL VERIFICATION LIST: MODULE I – STRATEGIC MANAGEMENT AND PLANNING

1. A copy of the Supply Chain strategic plan
2. A copy of the supply chain implementation plan
3. A copy of the performance monitoring plan (PMP)
4. A copy of the risk management and mitigation/prevention plan at this organisation
5. A copy of the risk register or profile

IDI	Ending Time	End: [][] [][] a.m./p.m.
		Hour Minutes

Any notes about interview:

MODULE 2: HUMAN RESOURCES

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (APPLICABLE)

For this module, interview the Organisational head if available. If not, interview the assistant of the Organisational head or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS	
HR 100: Workforce planning				
HR-101	Is there a human resource management plan or workforce plan in place that incorporates future needs for supply chain personnel? [REQUEST FOR A COPY AND VERIFY]	Yes, Physically Verified	1	If “Yes”, continue, otherwise go to next section
	179	Yes, but NOT Physically Verified	2	
		No	3	
	180	I don’t know	98	
HR-102	Is the human resource management plan included in the subnational budget?	Yes	1	
	181	No	2	
	182	I don’t know	98	
HR 200: Recruiting				
HR-201	Does the human resource management plan integrate recruitment policies for supply chain personnel? A recruitment policy is a course or principle of action adopted or proposed by an organization to recruit personnel. [PROBE: AT THE CENTRAL WAREHOUSE/DISTRICT PHARMACY, IS THERE A DOCUMENT THAT CAN GUIDE	Yes, Physically Verified	1	

Q#	QUESTIONS	RESPONSES	SKIPS
	RECRUITMENT FOR HUMAN RESOURCES]		
	183	Yes, but NOT Physically Verified	2
		No	3
	184	I don't know	98
	For which of the following areas do staff competences and experiences match the job requirements? [MULTIPLE RESPONSES ALLOWED] [REFER TO JOB DESCRIPTIONS ACROSS THE ORGANIZATIONAL LEVELS AND PROBE]	Forecasting & Quantification	1
	185	Procurement & supply planning	2
	186	Warehousing	3
	187	Distribution	4
HR -202	188	LMIS	5
	189	Ordering & reporting	6
	190	Medicines management	7
	191	Waste management	8
	192	Finance	9
	193	Customs clearance	10
	194	Quality & Pharmacovigilance	11

Q#	QUESTIONS	RESPONSES	SKIPS
	195	Others	12
	196	I don't know	98
HR-203	Do all supply chain personnel have a job description? [VERIFY EXISTENCE OF JOB DESCRIPTIONS]	All	1
		Some	2
		None	3
		I don't know	98
HR-204	Do staff have access to their job descriptions?	I don't know	98
		Some	2
		No	3
		I don't know	98
HR-205	Is there a recruitment process underway for current supply chain vacant positions?	Yes	1
		No	2
		There are no current openings	3
		I don't know	98
HR 300: Promotion process			
HR-301	Are there promotion opportunities for supply chain staff?	Yes	1
	197	No	2
	198	I don't know	98
HR-302	Are policies and procedures in place to guide promotions within the organisation?	Yes, Physically Verified	1

Q#	QUESTIONS	RESPONSES	SKIPS
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
HR-303	Are promotions always guided by formal procedures?	Yes	1
		No	2
		I don't know	98
HR-304	Is the pay for key positions competitive with similar positions in the market? <i>This question is asking about perceptions – how people think about their pay. You should not ask for individuals' salaries.</i>	Yes	1
	199	No	2
	200	I don't know	98
HR-305	Are promotion decisions linked to performance appraisal outcomes?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
	201	No	3
	202	I don't know	98
HR 400: Workforce capacity building			
HR-401	Which capacity building programs are available for staff? [MULTIPLE RESPONSES ALLOWED]	“Classroom” training	1
		Mentorship	2
		Coaching	3
		On job training	4
		eLearning	5

Q#	QUESTIONS	RESPONSES	SKIPS
		Others:	6
		I don't know	98
HR-402	How often are staff capacity building needs assessed?	Quarterly	1
		Bi-annually	2
		Annually	3
		Less than annually	4
		Others:	5
		Never	6
HR-403	Is there a supply chain management capacity building plan for current employees? [REQUEST FOR A COPY AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
HR-404	Is the supply chain management capacity building plan aligned to the capacity building needs assessments? [REQUEST FOR A COPY AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2

Q#	QUESTIONS	RESPONSES	SKIPS
		No	3
		I don't know	98
HR-405	Which areas does the capacity building plan cover? [MULTIPLE RESPONSES ALLOWED]	Forecasting & Quantification	1
		Procurement & supply planning	2
		Warehousing	3
		Distribution	4
		LMIS	5
		Ordering & reporting	6
		Medicines management	7
		Waste management	8
		Quality & Pharmacovigilance	9
		Financial management	10
		Treatment guidelines	11
		Changes in National policy	12
		None	13
		Others	14
		I don't know	98
HR-406	Do capacity building materials and/or tools (e.g., job aids) exist for any of the following areas [MULTIPLE RESPONSES POSSIBLE]	Forecasting & Quantification	1

Q#	QUESTIONS	RESPONSES	SKIPS
		Procurement & supply planning	2
		Warehousing	3
		Distribution	4
		LMIS	5
		Ordering & reporting	6
		Medicines management	7
		Waste management	8
		Quality & Pharmacovigilance	9
		Financial management	10
		Treatment guidelines	11
		Changes in National policy	12
		None	13
		Others	14
		I don't know	98
HR-407	Which of the following areas were covered under the capacity building sessions that have been conducted? MULTIPLE RESPONSES ALLOWED]	Forecasting & Quantification	1
		Procurement & supply planning	2
		Warehousing	3
		Distribution	4
		LMIS	5

Q#	QUESTIONS	RESPONSES	SKIPS
		Ordering & reporting	6
		Medicines management	7
		Waste management	8
		Quality & Pharmacovigilance	9
		Treatment Guidelines	10
		Financial Management	11
		Changes in National policy	12
		None	13
		Others:	14
		I don't know	98
HR-408	Is the outcome of the capacity building evaluated?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
HR-409	<p>Is the outcome of the capacity building evaluated on a competency basis?</p> <p>Competency refers to the ability to perform a task. This question refers to post-training assessment of a person's ability to understand a task and have the ability to achieve the task.</p> <p>This does NOT refer to performance based financing (PBF).</p>	Yes, Physically Verified	1

Q#	QUESTIONS	RESPONSES	SKIPS
	[REQUEST FOR A COPY OF THE TRAINING EVALUATION REPORT AND VERIFY]		
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
HR-410	Is there a database to keep track of staff that have had capacity building sessions in supply chain management? <i>Database may be a file, paper or electronic, that is accessible by staff.</i> [VERIFY EXISTENCE OF THE DATABASE]	Yes, Physically Verified	1
	203	Yes, but NOT Physically Verified	2
		No	3
	204	I don't know	98
HR-411	What proportion of staff participated in capacity building sessions/opportunities in the last two years? [THE DENOMINATOR SHOULD BE NUMBER OF TECHNICAL STAFF]	Minimal (less than 25%)	1
		Some (25-50%)	2
		Most (> 50%)	3
		All (100%)	4
		I don't know	98
HR-412	What are the critical barriers to supply chain management capacity building programs? [MULTIPLE RESPONSES ALLOWED]	Finances	1
		Workload	2
		Skilled trainers	3
		Materials	4
		Language	5
		Perceptions	6

Q#	QUESTIONS	RESPONSES		SKIPS	
HR-501		Lack of interest	7		
		Time	8		
		Others:	9		
		No barriers to report	10		
		I don't know	98		
	Performance Reviews				
	How often is staff performance reviewed?	< Quarterly	1		
	<i>The performance review should be formalized in some way. If the staff performance review is informal, this should be answered "Never". Please ask questions to clarify.</i>				
	<i>This question does not refer to performance-based financing (PBF) or a review of the facility as a whole. This question refers to one-on-one performance reviews between supervisors and supervisees.</i>				
	[ASK TO SEE COPIES OF PERFORMANCE REVIEWS]				
205	Bi-annually			2	
206	Annually			3	
207	Less frequently than once a year			4	
208	Never			5	
209	I don't know	98			
HR-502	Are there performance incentives in place for staff who perform well?	Yes	1		
	<i>Clarify /probe: Incentives are not necessarily monetary. This does not refer to PBF</i>				
	210	No	2		
	211	I don't know	98		
HR-503	Are there performance development plans for supply chain staff who are not performing as well as expected?	Yes, Physically Verified	1		

Q#	QUESTIONS	RESPONSES	SKIPS
	[VERIFY EXISTENCE OF THE PLANS]		
	212	Yes, but NOT Physically Verified	2
		No	3
	213	I don't know	98
	214	Refused	99
HR-504	Is there an approved staff retention scheme that includes supply chain personnel?	Yes	1
		No	2
		I don't know	98
HR-505	Is the performance of this facility evaluated under a PBF scheme?	Yes	1
		No	2
		I don't know	98
			If "Yes" continue Otherwise end of section
HR-506	How often is the facility assessed under the PBF scheme?	Monthly	1
		Bi-monthly	2
		Quarterly	3
		Annually	4
		Less than annually	5
		Others:	6
		I don't know	98
HR-507	Which supply chain indicators are captured under the PBF sc	Days out of stock	1
		Availability of tracer commodities on day of assessment	2
		Stock accuracy	3
		Reporting rates	4

Q#	QUESTIONS	RESPONSES		SKIPS
HR 600: Sup		Cost percentage of expired drugs	5	
		Others:	6	
		None of the above	7	
		I don't know	98	
HR-601	Do the supply chain staff receive periodic supportive supervision?			If "Yes", continue, otherwise go to next section
	<i>Supportive supervision is supervision that includes some aspect of mentorship / problem-solving. It is supervision from outside of the organization.</i>	Yes	1	
	<i>Supportive supervision should be something scheduled, and should have occurred within the last year to answer "yes" to this question.</i>			
	215	No	2	
	216	I don't know	98	
HR-602	Which of the following is responsible for providing supportive supervision to this facility?	MOH staff	1	
	[MULTIPLE RESPONSES ALLOWED]			
		Central warehouse staff	2	
		Development partners	3	
		Others:	4	
		I don't know	98	
HR-603	Which staff receive periodic supportive supervision?			
	[MULTIPLE RESPONSES ALLOWED]	Material handlers	1	
		Store keepers	2	
		M&E staff	3	
		Drivers	4	

Q#	QUESTIONS	RESPONSES	SKIPS
		Other junior level staff	5
		Managers and other higher level staff	6
		Others:	7
		I don't know	98
HR-604	How often is Support supervision done?	Monthly	1
		Bi-monthly	2
		Quarterly	3
		Bi-annually	4
		Annually	5
		Less than annually	6
		Continuously	7
		I don't know	98
HR-605	Are there guidelines for supervision of supply chain personnel? <i>This question is intended to ask if the guidelines exist – whether the staff are aware that there are guidelines in existence.</i> [REQUEST FOR A COPY TO VERIFY EXISTENCE OF THE GUIDELINES]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98

Q#	QUESTIONS	RESPONSES		SKIPS
HR-606	Are the supply chain supervision visits scheduled in advance for intended personnel?	Yes	1	
	<i>Intended personnel: Based on the position/functions, not the individual.</i>	No	2	
		I don't know	98	
HR-607	Do workers receive immediate feedback after supervisory visits?	Yes	1	
	217	Sometimes	2	
	218	No	3	
	219	I don't know	98	
HR-608	Are corrective actions taken following supervision visits to this facility/organization?	Yes	1	
	220	No	2	
	221	I don't know	98	
HR-609	Does this facility provide supportive supervision to any of the following? [MULTIPLE RESPONSES ALLOWED]	District pharmacies	1	If “ District pharmacies ”, or “ Health facilities ” continue, otherwise end section
		Health facilities	2	
		None of the above	3	
		I don't know	98	
HR-610	Are there guidelines for this kind of supportive supervision?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	

Q#	QUESTIONS	RESPONSES		SKIPS
HR-611	How often is this kind of supportive supervision provided?	Monthly	1	
		Bi monthly	2	
		Quarterly	3	
		Biannually	4	
		Annually	5	
		Less than annually	6	
		Continuously	7	
		I don't know	98	
HR-700: Budget for Human Resource				
HR-701	Who is responsible for funding the human resource budget? <i>This question is specific to the human resources working in the supply chain.</i> [MULTIPLE RESPONSES ALLOWED]	Government	1	If “Government”, continue, otherwise end section
		Donor	2	
		Own resources	3	
		I don't know	4	
HR-702	How much is the government and “own resources” contributing to human resource associated budgets under programs? <i>This question is specific to the human resources working in the supply chain.</i>	Minimal (less than 25%)	1	
	222	Some (25-50%)	2	
	223	Most (> 50%)	3	
	224	All (100%)	4	

Q#	QUESTIONS	RESPONSES	SKIPS
	225	I don't know	98

END OF MODULE 2 – Human Resources

HR 800: PHYSICAL VERIFICATION:
Please ask to see physical copies of the following documents, and verify the questions above

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS	
HR-801	Verify the existence of a human resource management plan or workforce plan in place that incorporates future needs for supply chain personnel [VALIDATES HR-101]	Physically verified	1	SKIP this question if HR-101 is “No” or “I don’t know”
	226	Could Not be physically verified	2	
HR-802	Verify whether the human resource management plan integrates recruitment policies for supply chain personnel [VALIDATES HR-201]	Physically verified	1	SKIP this question if HR-201 is “No” or “I don’t know”
	227	Could Not be physically verified	2	
HR -803	Verify from job descriptions which of the following areas that staff competences and experiences match the job requirements [VALIDATES HR-202]	Forecasting & Quantification	1	
	228	Procurement & supply planning	2	
	229	Warehousing	3	
	230	Distribution	4	
	231	LMIS	5	
	232	Ordering & reporting	6	

Q#	VERIFICATION REQUIRED	RESPONSES		SKIPS
	233	Medicines management	7	
	234	Waste management	8	
	235	Finance	9	
	236	Customs clearance	10	
	237	Quality & Pharmacovigilance	11	
HR-804	Verify whether all supply chain personnel have a job description [VALIDATES HR-203]	Physically verified	1	SKIP this question if HR-201 is “None” or “I don’t know”
		Could Not be physically verified	2	
HR-805	Verify whether there is a supply chain management capacity building plan for current employees [VALIDATES HR-403]	Physically verified	1	SKIP this question if HR-403 is “No” or “I don’t know”
		Could Not be physically verified	2	
HR-806	Verify whether the supply chain management capacity building plan aligned to the capacity building needs assessments [VALIDATES HR-404]	Physically verified	1	SKIP this question if HR-404 is “No” or “I don’t know”
		Could Not be physically verified	2	
HR-807	Verify whether the capacity building plan covers the following areas	Forecasting & Quantification	1	
		Procurement & supply planning	2	
		Warehousing	3	
		Distribution	4	
		LMIS	5	

Q#	VERIFICATION REQUIRED	RESPONSES		SKIPS
		Ordering & reporting	6	
		Medicines management	7	
		Waste management	8	
		Quality & Pharmacovigilance	9	
		Financial management	10	
		Treatment guidelines	11	
		Changes in National policy	12	
HR-808	Validate if there are capacity building materials and/or tools (e.g., job aids) exist for any of the following areas	Forecasting & Quantification	1	
		Procurement & supply planning	2	
		Warehousing	3	
		Distribution	4	
		LMIS	5	
		Ordering & reporting	6	
		Medicines management	7	
		Waste management	8	
		Quality & Pharmacovigilance	9	

Q#	VERIFICATION REQUIRED	RESPONSES		SKIPS
		Financial management	10	
		Treatment guidelines	11	
		Changes in National policy	12	
HR-809	Request for a copy of the Training evaluation report and verify whether the outcome of the capacity building is evaluated on a competency basis [VALIDATES HR-409]	Physically verified	1	SKIP this question if HR-409 is “No” or “I don’t know”
		Could Not be physically verified	2	
HR-810	Validate if there is a database to keep track of staff that have had capacity building sessions in supply chain management [VALIDATES HR-410]	Physically verified	1	SKIP this question if HR-410 is “No” or “I don’t know”
	238	Could Not be physically verified	2	
HR-811	Verify whether there are performance development plans for supply chain staff who are not performing as well as expected [VALIDATES HR-503]	Physically verified	1	SKIP this question if HR-503 is “No” or “I don’t know”
	239	Could Not be physically verified	2	
HR-812	Validate if there are guidelines for supervision of supply chain personnel [VALIDATES HR-605]	Physically verified	1	SKIP this question if HR-601 is “No” or “I don’t know”
		Could Not be physically verified	2	
HR-813	Validate if there are guidelines for supportive supervision of lower health facilities	Physically verified	1	SKIP this question if HR-609 is “None of the above” or “I don’t know”
		Could Not be physically verified	2	

MODULE 3: FINANCIAL SUSTAINABILITY

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (APPLICABLE)

For this module, interview Organizational head if available. If not, interview the accountant or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS	
FS 100: Budgets				
FS-101	What are your sources of funding or ways of generating revenue? [MULTIPLE RESPONSES ALLOWED] <i>Funding in this case makes reference to all operations including commodities</i>	Government	1	
		Donors	2	
		Cost recovery (own revenue)	3	
		Others:	4	
		I don't know	98	
FS-102	In past 2 years, was there a health commodities budget shortfall?	Yes	1	If "Yes", continue, otherwise go to FS -104
	240	No	2	
	241	I don't know	98	
FS-103	How was the budget shortfall addressed? [MULTIPLE RESPONSES ALLOWED]	Internal allocation of funds	1	

Q#	QUESTIONS	RESPONSES		SKIPS
	242	Donor funding	2	
	243	Donor in-kind donations	3	
	244	Government	4	
	245	Budgets cuts made	5	
	246	Not addressed	6	
	247	Others:	7	
	248	I don't know	98	
FS-104	How often are budgets prepared?	More often than annually	1	
	249	Annually	2	
	250	Less frequently than annually	3	
	251	I don't know	98	
FS-105	Are budgets updated in response to operations changes?	Yes	1	
	252	No	2	
	253	I don't know	98	
FS-106	Are budgets based on identified needs? [PROBE] <i>Is there a process to identify which line items need to be reduced, which ones need to be increased based on the needs of the</i>	Yes	1	

Q#	QUESTIONS	RESPONSES	SKIPS
	<i>warehouse, and do these needs then get reflected in the budget?</i>		
	254	No	2
	255	I don't know	98
FS-107	Is there an opportunity for different stakeholders to provide input into the budgeting process? E.g. donors, implementing partners, MOH etc.	Yes	1
	256	No	2
	257	I don't know	98
FS-108	In the past 3 years, what proportion of funding was allocated in comparison to the identified needs in your initial budget?	Nothing	1
	258	Minimal (less than 25%)	2
	259	Some (25-50%)	3
	260	Most (> 50%)	4
	261	All (100%)	5
	262	I don't know	98
FS 200: Budget reallocation			
FS-201	Can funding be reallocated at the management level, for example to allow for flexibility in the use of budget resources?	Yes	1
		No	2
		I don't know	98
FS-202	Does the budget include miscellaneous funds - money that can be used to address unexpected issues that arise during the year?	Yes, Physically Verified	1

Q#	QUESTIONS	RESPONSES	SKIPS	
	263	Yes, but NOT Physically Verified	2	
		No	3	
	264	I don't know	98	
FS-203	Does your department or site have sufficient funds to achieve the objectives in your current work plan?	Yes	1	
	265	No	2	
	266	I don't know	98	
FS-204	Is there a process for submitting unbudgeted requests?	Yes	1	
	267	No	2	
	268	I don't know	98	
FS 300: Costing tracking				
FS-301	Are supply chain costs e.g. products, warehousing, distribution, personnel, over heads, service delivery etc. tracked?	Yes, Physically Verified	1	
	[VERIFY IF COSTS ARE CAPTURED]			
	269	Yes, but NOT Physically Verified	2	
		No	3	
270	I don't know	98		
FS 400: Funding strategy				
FS-401	Does the organization have a funding strategy – for example, as part of an overall business plan/strategic plan?	Yes, Physically Verified	1	If “Yes”, continue, otherwise go to FS-403
	[VERIFY EXISTENCE OF THE FUNDING STRATEGY]	Yes, but NOT Physically Verified	2	
	271	No	3	
	272	I don't know	98	

Q#	QUESTIONS	RESPONSES		SKIPS
FS-402	Does this funding strategy estimate future resource needs?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
FS-403	Have any actions been taken to identify additional funding from local, national, or international sources? [VERIFY FROM THE FUNDING STRATEGY]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
FS 500: Cost sharing				
FS-501	Is there a cost sharing policy/plan in place for the supply chain? [VERIFY EXISTENCE OF THE PLAN]	Yes, Physically Verified	1	If “Yes”, continue, otherwise go to next section
	273	Yes, but NOT Physically Verified	2	
		No	3	
	274	I don't know	98	
FS-502	Is this cost-sharing financial, or in-kind support? [MULTIPLE RESPONSES ALLOWED]	Financial	1	
	275	In-kind support	2	
	276	I don't know	98	
FS-503	Are complete and documented cost-sharing procedures available?	Yes, Physically Verified	1	If “Yes”, continue, otherwise

Q#	QUESTIONS	RESPONSES		SKIPS
	[YOU CAN VERIFY FROM THE WORKPLAN, MOU, AND STRATEGIC PLAN ETC.]			go to FS-505
	277	Yes, but NOT Physically Verified	2	
		No	3	
	278	I don't know	98	
FS-504	Do the documented cost sharing procedures include how cost sharing is tracked, monitored, and reported? [READ AND CHECK ALL THAT APPLY]	Yes- how it's tracked	1	
	279	Yes- how it's monitored	2	
	280	Yes- how it's reported	3	
	281	None of above	4	
	282	I don't know	98	
FS-505	Is cost sharing recorded in an accounting system? E.g. in a Resource tracking tool, IFMS	Yes, Physically Verified	1	
	283	Yes, but NOT Physically Verified	2	
		No	3	
	284	I don't know	98	
FS 600: Warehouse purchasing				
FS-601	Does the Organisation purchase their own medicines?	Yes	1	If "Yes", continue, otherwise go to next section
	285	No	2	
	286	I don't know	98	
FS-602	Does this Organisation benchmark its purchase prices against market indices through a published price list or as recorded in LMIS software?	Yes, Physically Verified	1	

Q#	QUESTIONS	RESPONSES		SKIPS
	287	Yes, but NOT Physically Verified	2	
		No	3	
	288	I don't know	98	
FS-603	Does the Organisation have the financial responsibility for maintaining their own drug stocks under purchasing?	Yes	1	
	289	No	2	
	290	I don't know	98	
FS-604	Overall, does this Organisation generate enough revenue to cover the operational costs for purchasing?	Yes	1	
	291	No	2	
	292	I don't know	98	

FS 700: PHYSICAL VERIFICATION:
Please ask to see physical copies of the following documents, and verify the questions above

Q#	VERIFICATION REQUIRED	RESPONSES		SKIPS
FS-701	Verify whether supply chain costs e.g. products, warehousing, distribution, personnel, over heads, service delivery etc. are tracked [VALIDATES FS-301]	Physically verified	1	SKIP this question if FS-301 is “No” or “I don't know”
	293	Could Not be physically verified	2	
FS-702	Verify whether the organization has a funding strategy – for example, as part of an overall business plan/strategic plan [VALIDATES FS-401]	Physically verified	1	SKIP this question if FS-401 is “No” or “I don't know”
	294	Could Not be physically verified	2	
FS-703	Verify from the funding strategy whether any actions have been taken to identify additional funding from local, national, or international sources	Physically verified	1	SKIP this question

	[VALIDATES FS-403]			if FS-403 is "No" or "I don't know"
		Could Not be physically verified	2	
FS-704	Verify whether the organisation has a cost sharing policy/plan in place for the supply chain	Physically verified	1	
		Could Not be physically verified	2	

PHYSICAL VERIFICATION LIST: MODULE 3 – FINANCIAL SUSTAINABILITY

1. A copy of the funding strategy
2. Cost sharing plan

ID2	Ending Time	End: [][]	[][] a.m./p.m.
		Hour	Minutes

Any notes about interview:

MODULE 4: POLICY AND GOVERNANCE

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (APPLICABLE)

For this module, interview Organizational head if available. If not, interview the assistant to the Organizational head or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
PG 100: Strategies and governance			
PG-101	Are there formally documented management policies or guidelines for the supply chain system?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
PG-102	Do supply chain policies cover the following functions? [READ CHOICES - MULTIPLE RESPONSES ALLOWED] Probe: these may be policies issued by different institutions (e.g. financing may be issued by the Ministry of Finance)	Waste management	1
		Quality assurance	2
		Warehousing and storage	3
		Procurement	4
		Financing	5
		Human Resources	6
		Others:	7
None of these	8		
PG-103	Is guidance provided to managers regarding supply chain oversight goals?	Yes	1
		No	2
		I don't know	98
PG-104	Does the organisation have a business continuity plan/sustainability plan? Clarification: The business continuity plan is the creation of a strategy through the recognition of threats and risks facing a company, with an eye to ensure that personnel and assets are protected and able to function in the event of a disaster [VERIFY EXISTENCE OF THE BUSINESS CONTINUITY PLAN/SUSTAINABILITY PLAN]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98

Q#	QUESTIONS	RESPONSES		SKIPS
PG-105	Does the organisation have a governing board?	Yes	1	If “Yes” continue, and answer PG-106 & PG-107 and end section Otherwise go to PG-108
		No	2	
		I don’t know	98	
PG-106	Who appoints the governing board? [MULTIPLE RESPONSES ALLOWED]	Central Government	1	
		Local Government (administrative / district counsel)	2	
		Donors	3	
		Owners	4	
		Others:	5	
		I don’t know	98	
PG-107	How often does the above board meet?	Quarterly	1	
		Bi-annually	2	
		Annually	3	
		Others:	4	
		I don’t know	98	
PG-108	Who plays the role of the governing board? [MULTIPLE RESPONSES ALLOWED] <i>The role of the governing Board: is responsible for driving forward the strategic direction of the Organisation as a whole, for setting corporate and business plan priorities, ensuring officer performance and managing risk and accountability</i>	Government	1	
		Organizational directors	2	
		Implementing partners	3	
		Others:	4	
		I don’t know	98	

END OF MODULE 4 – POLICY AND GOVERNANCE

PG 200: PHYSICAL VERIFICATION:

Please ask to see physical copies of the following documents, and verify the questions above

Q#	VERIFICATION REQUIRED	RESPONSES		SKIPS
PG-201	Verify whether there are formally documented management policies or guidelines for the supply chain system [VALIDATION OF PG-101]	Physically verified	1	SKIP this question if PG-101 is “No” or “I don’t know”
		Could Not be physically verified	2	
PG-202	Verify whether supply chain policies cover the following functions [VALIDATION OF PG-102]	Waste management	1	
		Quality assurance	2	
		Warehousing and storage	3	
		Procurement	4	
		Financing	5	
		Human Resources	6	
PG-203	Verify existence of the organisation’s business continuity plan/sustainability plan [VALIDATION OF PG-104]	Physically verified	1	SKIP this question if PG-104 is “No” or “I don’t know”
		Could Not be physically verified	2	

PHYSICAL VERIFICATION LIST: MODULE 4 – POLICY AND GOVERNANCE

1. Copies of formally documented management policies or guidelines for the supply chain system
2. Organisational business continuity plan/sustainability plan

ID4	Ending Time	End: [][] [][] a.m./p.m.
		Hour Minutes
Any notes about interview:		

**MODULE 5:
QUALITY & PHARMACOVIGILANCE**

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (APPLICABLE)

For this module, interview warehouse manager if available. If not, interview assistant warehouse manager or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
QPV I00: Medicine quality assurance strategy and documentation			
QPV-101	Is there a formally approved Medicine Quality Assurance Strategy? [REQUEST FOR A COPY AND VERIFY EXISTENCE]	Yes, Physically Verified	1
	295	Yes, but NOT Physically Verified	2
		No	3
	296	I don't know	98
QPV-102	Is there a Quality Assurance manual? [REQUEST FOR A COPY AND VERIFY EXISTENCE]	Yes, Physically Verified	1
	297	Yes, but NOT Physically Verified	2
		No	3
	298	I don't know	98
QPV-103	Is the quality assurance manual reviewed annually (or more frequently)?	Yes	1
		No	2
		I don't know	98
QPV-104	Are Certificates of Analysis & Certificates of Conformance recorded for medicines received from international sources?	Yes – for all medicines	1
		Yes – for most medicines	2
		No	3
		I don't know	98
QPV-105	Are Certificates of Analysis & Certificates of Conformance recorded for medicines received from domestic sources?	Yes – for all medicines	1

[NA to district pharmacies]-SKIP

[NA to district pharmacies]-SKIP

Q#	QUESTIONS	RESPONSES		SKIPS
		Yes – for most medicines	2	
		No	3	
		I don't know	98	
QPV 200: Laboratory Quality Control testing [NOT APPLICABLE TO DISTRICT PHARMACIES]				
QPV-200	Does the organization perform quality control testing for received pharmaceutical products?	Yes	1	If “Yes” continue Otherwise please go to next section
		No	2	
		I don't know	3	
QPV-201	Does the quality control process include formal procedures and documentation to justify product quarantine and release from quarantine based on quality control testing results? [REQUEST FOR A COPY OF PROCEDURES AND VERIFY]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
			No	
		I don't know	98	
QPV-202	How often is the laboratory that conducts quality control testing evaluated?	< one year	1	
	299	1-2 years	2	
	300	> two years	3	
	301	Never	4	
	302	I don't know	98	
QPV-203	Are <i>all</i> laboratories that conduct quality control testing accredited by a competent body? E.g. WHO or USFDA	Yes	1	

Q#	QUESTIONS	RESPONSES		SKIPS
	303	No	2	
	304	I don't know	98	
QPV-204	Are QA results from the lab reported in less than a week?	Always	1	
	305	Usually	2	
	306	Rarely	3	
	307	Never	4	
	308	I don't know	98	
QPV 300: Pharmacovigilance strategy				
QPV-301	Is there a pharmacovigilance strategy/system in place?	Yes	1	If "Yes", continue, otherwise go to QPV -400
	309	No	2	
	310	I don't know	98	
QPV-302	Is the pharmacovigilance strategy/system formally written – and approved?	Yes	1	
	311	No	2	
	312	I don't know	98	
QPV-303	Have the pharmacovigilance procedures been implemented?	Yes - fully	1	
	313	Partially	2	
	314	No	3	
	315	I don't know	98	
QPV-304	Are there staff that have the responsibility of implementing the pharmacovigilance procedures? [PROMPT & SELECT ONE]	Yes – Dedicated Staff	1	

Q#	QUESTIONS	RESPONSES	SKIPS
	316	Yes – with part-time responsibility	2
	317	No	3
	318	I don't know	98
QPV 400: Pharmacovigilance system			
QPV-401	Is there a data collection system/database for pharmacovigilance?	Yes	1
	319	No	2
	320	I don't know	98
If "Yes", continue, otherwise go to QPV -500			
QPV-402	Is the data collection documentation shared with all levels of the health system?	Yes	1
	321	No	2
	322	I don't know	98
QPV-403	Are data routinely collected for pharmacovigilance?	Yes	1
	323	No	2
	324	I don't know	98
QPV-404	Are collected data shared with the central level?	Yes	1
		No	2
		I don't know	98
QPV-405	How many adverse drug reactions (ADRs) have been reported in the last one year from areas under your jurisdiction? [INDICATE NUMBER OF ADRs]	Number:	1
	325	Not measured	2
	326	I don't know	98
QPV-406	Of the ADRs reported in the last one year, how many have been reviewed? [INDICATE NUMBER OF ADRs]	Number:	1

Q#	QUESTIONS	RESPONSES	SKIPS
	327	Not measured	2
	328	I don't know	98
QPV-407	Are there action protocols based on pharmacovigilance results?	Yes	1
	329	No	2
	330	I don't know	98
QPV-408	In the event of an ADR, what action protocols are implemented? [MULTIPLE RESPONSES ALLOWED]	Freeze	1
	331	Quarantine	2
	332	Recall	3
	333	Notify NRA	4
	334	Halt procurements	5
	335	Stoppage of issuance of products	5
	336	Others:	6
	337	I don't know	98
QPV 500: Pharmacovigilance SOPs			
QPV-501	Are there standard operating procedures (SOPs) for pharmacovigilance? E.g. SOPs for ADR receipt, Follow up of ADR complaint [REQUEST FOR COPY AND VERIFY]	Yes, Physically Verified	1
	338	Yes, but NOT Physically Verified	2
		No	3
			If "Yes", continue, otherwise go to next section

Q#	QUESTIONS	RESPONSES	SKIPS
	339	I don't know	98
QPV-502	How often are SOPs for pharmacovigilance updated?	Annually or less	1
	340	1-2 years	2
	341	> two years	3
	342	Never	4
	343	I don't know	98
QPV-503	When were the SOPs for pharmacovigilance last updated? [OBSERVE AND VERIFY]	< 1 year ago	1
	344	>1 to 2 years ago	2
	345	>2 to 3 years ago	3
	346	> 3 years ago	4
	347	Revision underway	5
	348	Not updated	6
	349	I don't know	98
QPV-504	Are SOPs accessible to staff?	Yes, Physically Verified	1
	350	Yes, but NOT Physically Verified	2
		No	3
	351	I don't know	98
QPV 600: Quality Control & Pharmacovigilance Budgets			
QPV-601	To what extent is government and "own resources" contributing to budgets associated with Quality control & Pharmacovigilance under programs?	Minimal (less than 25%)	1

Q#	QUESTIONS	RESPONSES	SKIPS
	352	Some (25-50%)	2
	353	Most (> 50%)	3
	354	All (100%)	4
	355	I don't know	98

QPV 700: Quality assurance SOPs

QPV-701	Are there standard operating procedures for medicine quality assurance?	Yes, Physically Verified	1	If “Yes”, continue, otherwise go to next section
	356	Yes, but NOT Physically Verified	2	
		No	3	
	357	I don't know	98	
QPV-702	How often are standard operating procedures for medicine quality assurance updated?	Annually or less	1	
	358	1-2 years	2	
	359	> two years	3	
	360	Never	4	
	361	I don't know	98	
QPV-703	How is adherence to medicine quality assurance SOPs monitored?	Regular collection of standard KPIs	1	If “Not monitored”, continue, otherwise go to QPV -705
	[MULTIPLE RESPONSES ALLOWED]			
		Through annual audits	2	
		On-site monitoring	3	
		Others:	4	
		Not monitored	5	
	I don't know	98		

Q#	QUESTIONS	RESPONSES	SKIPS
QPV-704	Within the past year, have the standard operating procedures for medicine quality assurance routinely followed?	Yes	1
		No	2
		I don't know	98
QPV-705	Is QC testing based on an approved protocol? [OBSERVE AND VERIFY]	Yes – All the time	1
		Yes - Sometimes	2
		No	3
		QC testing not done	4
	362	I don't know	98
QPV-706	Does the testing employ sampling methods?	Yes	1
		Sometimes	2
		No	3
	363	I don't know	98
QPV-707	Are multiple sampling and testing models used to address different risks?	Yes	1
		Sometimes	2
		No	3
	364	I don't know	98
QPV-708	Is there a retention store for maintaining samples (for potential re-testing or litigation)?	Yes	1
		Sometimes	2
		No	3

If “QC testing not done”, end module

Q#	QUESTIONS	RESPONSES	SKIPS
	365	I don't know	98

END OF MODULE 5 – QUALITY AND PHARMACOVIGILANCE

QPV 800: PHYSICAL VERIFICATION:

Please ask to see physical copies of the following documents, and verify the questions above

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS	
QPV-801	Verify existence of a formally approved Medicine Quality Assurance Strategy [VALIDATES QPV-101]	Physically verified	1	SKIP this question if QPV-101 is “No” or “I don't know”
	366	Could Not be physically verified	2	
QPV-802	Verify existence of a Quality Assurance manual [VALIDATES QPV-102]	Physically verified	1	SKIP this question if QPV-102 is “No” or “I don't know”
	367	Could Not be physically verified	2	
QPV-803	Verify existence of Certificates of Analysis & Certificates of Conformance recorded for medicines received from international sources [VALIDATES QPV-104]	Physically verified	1	SKIP this question if QPV-104 is “No” or “I don't know”
		Could Not be physically verified	2	
QPV-804	Verify existence of Certificates of Analysis & Certificates of Conformance recorded for medicines received from domestic sources [VALIDATES QPV-105]	Physically verified	1	SKIP this question if QPV-105 is “No” or “I don't know”
		Could Not be physically verified	2	
QPV-805	Verify documentation that quality control testing is done for received pharmaceutical products [VALIDATES QPV-QPV-201]	Physically verified Prompt: Enter Date of last sampling	1	SKIP this question if QPV-201 is “No” or “I don't know”
		Could NOT physically verify	2	

QPV-806	Verify existence of standard operating procedures (SOPs) for pharmacovigilance [VALIDATES QPV-501]	Physically verified Prompt: Enter Date of SOP	1	SKIP this question if QPV-501 is “No” or “I don’t know”
	368	Could NOT physically verify	2	
QPV-807	Verify the existence of standard operating procedures for medicine quality assurance. [VALIDATES QPV-701]	Physically verified Prompt: Enter Date of SOP	1	SKIP this question if QPV-701 is “No” or “I don’t know”
	369	Could NOT physically verify	2	
QPV-808	Verify whether QC testing based on an approved protocol? [VALIDATES QPV-705]	Physically verified	1	SKIP this question if QPV-705 is “No”, “QC testing not done” or “I don’t know”
		Could Not be physically verified	2	

PHYSICAL VERIFICATION LIST: MODULE 5– QUALITY & PHARMACOVIGILANCE

A formally approved Medicine Quality Assurance Strategy

1. A Quality Assurance manual
2. Certificates of Analysis for International and domestic sources
3. Number of Adverse Drug Reactions reported in the last year
4. Number of Adverse Drug Reactions reviewed in the last year
5. Standard operating procedures for medicine quality assurance.
6. Register of last date quality control samples have been taken from the facility
7. Any action protocols developed in response to pharmacovigilance results
8. Standard operating procedures (SOPs) for pharmacovigilance

ID5	Ending Time	End: [][] [][] a.m./p.m. Hour Minutes
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Any notes about interview:

MODULE 6: FORECASTING & SUPPLY PLANNING

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (NA)

For this module, interview warehouse manager if available. If not, interview assistant warehouse manager or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
FSP 100: Forecasting methodology			
FSP-101	For how long into the future are forecasts?	1 year	1
	370	2 years	2
	371	3 years or more	3
	372	Not done	4
	373	I don't know	98
FSP-102	Which of the following methodologies is used during forecasting? [MULTIPLE RESPONSES POSSIBLE]	Morbidity based	1
		Consumption based	2
		Both morbidity & consumption based	3
		Demographic projections	4
		Others:	5

If “**Not done**” go to FSP-500, otherwise continue

Q#	QUESTIONS	RESPONSES	SKIPS
		None	6
		I don't know	98
FSP-103	Who <u>leads</u> the forecasting process? [READ CHOICES - SELECT ONE]	Government staff	1
		Organizational staff	2
		External consultants	3
		Other stakeholders	4
		I don't know	98
FSP-104	Who is involved in the forecasting process? [MULTIPLE RESPONSES POSSIBLE]	Government staff	1
		Organizational staff	2
		External consultants	3
		Donors	4
		Others:	5
	I don't know	98	
FSP-105	Are forecasting exercises integrated across health programs or commodities?	Yes	1
		No	2
		I don't know	98
FSP-106	Are forecasts used to mobilize funding from government and donor sources?	Yes	1
		No	2

Q#	QUESTIONS	RESPONSES	SKIPS
		I don't know	98
FSP-107	Are forecasts used to inform drug procurement?	Yes	1
		No	2
		I don't know	98
FSP 200: SOPs for forecasting			
FSP-201	Are there standard operating procedures for forecasting?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
FSP-202	How often SOPs are for forecasting updated?	Annually or less	1
		1-2 years	2
		> two years	3
		Never	4
		I don't know	98
FSP-203	When were the standard operating procedures for forecasting data collection and use last updated? [SELECT ONE] [VERIFY EXISTENCE OF SOPs]	< 1 year	1
		>1 year to 2 years	2
		>2 to 3 years	3
		> 3 years	4
		Revision underway	5

Q#	QUESTIONS	RESPONSES	SKIPS
		Not updated	6
		I don't know	98
FSP-204	<p>Are the MOST RECENT</p> <ul style="list-style-type: none"> • methodology, • data sources, and • Assumptions, that were used in forecasting documented and readily available? <p>[VERIFY EXISTENCE OF DOCUMENTS]</p>	Yes, all are documented and available	1
		No, at least one is not available or is not documented	2
		I don't know	98
FSP 300: Consumption data			
FSP-301	Were historical consumption data used in the last forecast?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
FSP-302	<p>Do consumption data used for the forecast include the following information?</p> <p>[MULTIPLE RESPONSES POSSIBLE]</p>	Wastage	1
		Adjusted consumption/missed demand	2
		Others:	3
		I don't know	98

Q#	QUESTIONS	RESPONSES	SKIPS
FSP-303	Is the quality of the consumption data assessed?	Yes	1
		No	2
		I don't know	98
FSP-304	When was the last assessment of consumption data quality?	Within past quarter	1
		Within past year	2
		More than a year	3
		I don't know	98
FSP-305	How recent is the consumption data that was used in the current forecast?	Last quarter	1
		Last 2 quarters	2
		Last 3 quarters	3
		> 3 quarters	4
		I don't know	98
FSP-306	Is product description and pricing information available?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
FSP 400: Forecast accuracy			
FSP-401	Is forecast accuracy measured?		
	[VERIFY FROM DOCUMENTED PROCESS]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
	No	3	

Q#	QUESTIONS	RESPONSES		SKIPS
		I don't know	98	
FSP-402	Are the methods for measuring forecasting accuracy defined? [VERIFY FROM DOCUMENTATION]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
FSP-403	A forecast accuracy assessments used to inform future forecasts?	Yes	1	
		No	2	
		I don't know	98	
FSP-404	Are there performance standards or benchmarks against which forecast accuracy is judged?	Yes	1	
		No	2	
		I don't know	98	
FSP-405	Are action plans generated based on forecast accuracy?	Yes	1	
		No	2	
		I don't know	98	
FSP 500: Supply plan				
FSP-501	Is there a supply plan? [VERIFY FROM DOCUMENTED EVIDENCE]	Yes, Physically Verified	1	If "Yes", continue, otherwise go to next section
	374	Yes, but NOT Physically Verified	2	
		No	3	
	375	I don't know	98	

Q#	QUESTIONS	RESPONSES		SKIPS
FSP-502	How often is the supply plan monitored and updated? [SELECT ONE]	continuously	1	
		monthly	2	
		quarterly	3	
		3-6 months	4	
		annually	5	
		>annually	6	
	376	I don't know	98	
FSP-503	Are the supply plan assumptions demand driven or consumption driven?	Demand driven	1	
	377	Consumption driven	2	
	378	both	3	
	379	I don't know	98	
FSP-504	Do the supply plan assumptions consider future trends in demand and seasonality?	Yes	1	
	380	No	2	
	381	I don't know	98	
FSP-505	Is there a defined process for collecting the data for the supply plan? [VERIFY FROM DOCUMENTATION]	Yes, Physically Verified	1	
	382	Yes, but NOT Physically Verified	2	
		No	3	

Q#	QUESTIONS	RESPONSES	SKIPS
	383	I don't know	98
FSP-506	What data is used to inform the supply plan? [MULTIPLE RESPONSES POSSIBLE]	Forecast	1
	384	Stock on hand	2
	385	Consumption	3
	386	Shipment status	4
	387	Financial cycles	5
	388	Lead times	6
	389	Others:	7
	390	None	8
	391	I don't know	98
FSP-507	Is the data informing the supply plan maintained up-to-date?	Yes	1
	392	Partially	2
	393	Not measured	3
	394	No	4
	395	I don't know	98
FSP-508	Is the data informing the supply plan complete? This means that it includes all the data from all sites expected from.	Yes	1

Q#	QUESTIONS	RESPONSES	SKIPS
	396	Partially	2
	397	Not measured	3
	398	No	4
	399	I don't know	98
FSP-509	Are data assumptions documented? [READ CHOICES – SELECT ONE]	Yes - Manually	1
	400	Yes - Electronically but needs to be re-entered manually into the supply planning tool	2
	401	Yes - Updated electronically through integrated software solutions	3
	402	No	4
	403	I don't know	98
FSP-510	Is the supply plan shared with external partners? <i>External partners may include: donors, outsourced logistics providers, suppliers, health delivery personnel</i>	Yes, all external partners	1
	404	Yes, some external partners	2
	405	No	3
	406	I don't know	98
FSP-511	How often is the supply plan shared with external partners? [SELECT ONE]	<quarterly	1

Q#	QUESTIONS	RESPONSES	SKIPS
		3-6 months	2
		annually	3
		>annually	4
	407	I don't know	98
FSP-512	Are the orders placed consistent with the supply plan (supply plan accuracy)?	Yes	1
		No	2
		I don't know	3
FSP 600: Supply plan modifications			
	Is the supply plan in alignment with procurement cycles?	Yes	1
FSP-601	408	No	2
	409	I don't know	98
	Can the supply plan be modified or re-allocated?	Yes	1
FSP-602	410	No	2
	411	I don't know	98
	Which choice describes the procedures for adjusting or updating the supply plan? [READ CHOICES – SELECT ONE]	No approved procedures for adjusting or updating the supply plan	1
FSP-603	412	Approved procedures for adjusting or updating the supply plan are in place	2
	413	It cannot be modified	3
	414	I don't know	98
FSP-604	Are supply plan <i>updates</i> communicated to facilities to which you deliver products?	Yes	1
	415	No	2

Q#	QUESTIONS	RESPONSES	SKIPS
	416	I don't know	98
FSP 700: Hardware and software for forecasting			
FSP-701	Is the forecasting process computerized?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
FSP-702	Which software is used for forecasting?	Specialized forecasting software	1
		Excel or a similar database program	2
		none	3
		I don't know	98
FSP-703	Is the hardware and software adequately resourced and supported?	Yes	1
		No	2
		I don't know	98
FSP 800: Budget			
FSP-801	Who is responsible for funding the Forecasting and supply planning budget? E.g. personnel, tools etc. [MULTIPLE RESPONSES ALLOWED]	Government	1
		Donor	2
		Own resources	3
		I don't know	4
			If "Government" continue Otherwise end of section
FSP-802	How much is the government and "own resources" contributing to recurring Forecasting and supply planning costs under programs?	Minimal (less than 25%)	1
		Some (25-50%)	2
		Most (> 50%)	3
		All (100%)	4
		I don't know	98
END OF MODULE 6 – FORECASTING & SUPPLY PLANNING			
FSP 900: PHYSICAL VERIFICATION:			
Please ask to see physical copies of the following documents, and verify the questions above			
Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS

Q#	QUESTIONS	RESPONSES	SKIPS	
FSP-901	Verify existence of standard operating procedures (SOPs) for forecasting [VALIDATES QPV-201]	Physically verified Prompt: Enter Date of SOP	1	SKIP this question if FSP-201 is “No” or “I don’t know”
		Could NOT physically verify	2	
FSP-902	Validate how recent the consumption data is that was used in the current forecast [VALIDATES QPV-305]	Physically verified	1	
		Could NOT physically verify	2	
FSP-903	Verify whether product description and pricing information available [VALIDATES QPV-306]	Physically verified	1	SKIP this question if FSP-306 is “No” or “I don’t know”
		Could NOT physically verify	2	
FSP-904	Verify whether forecast accuracy is measured [VALIDATES QPV-401]	Physically verified	1	SKIP this question if FSP-401 is “No” or “I don’t know”
		Could NOT physically verify	2	
FSP-905	Verify existence of a supply plan? [VALIDATES QPV-501] 417	Physically verified	1	SKIP this question if FSP-501 is “No” or “I don’t know”
		Could NOT physically verify	2	

PHYSICAL VERIFICATION LIST: MODULE 6– FORECASTING & SUPPLY PLANNING

1. Standard operating procedures for forecasting.
2. A copy of product prices used in the forecast
3. A copy of the computation of the forecast accuracy
4. A copy of the supply plan

ID6	Ending Time	End : [] [] a.m/p.m Hour Minutes
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Any notes about interview:

MODULE 7: PROCUREMENT & CUSTOMS CLEARANCE

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (APPLICABLE)

For this module, interview procurement manager if available. If not, interview assistant procurement manager or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS	
PRO 100 Procurement Control				
PRO-101	<p>Which entity is responsible for regulating and/or overseeing the overall procurement process?</p> <p><i>Procurement refers to acquisition of pharmaceutical products and medical supplies</i></p> <p>[READ CHOICES – MULTIPLE RESPONSES POSSIBLE]</p>	Procurement not done by this Organisation	1	<p>If “Procurement not done by this Organisation”,</p> <p>go to next module, otherwise continue</p>
		Central government	2	
		Decentralized management	3	
		Procurement parastatal	4	
		Development Partners	5	
		Others:	6	
	I don't know	98		
PRO-102	<p>Which supply chain and funding stakeholders are involved in the approval process during the procurement?</p>	Service delivery point managers	1	
		Donors	2	
		Budget decision-makers	3	

Q#	QUESTIONS	RESPONSES		SKIPS
	[READ CHOICES – MULTIPLE RESPONSES POSSIBLE]	Partner NGOs	4	
		Civil Society Organizations (CSOs)	5	
		Insurance organizations	6	
		Beneficiary representatives	7	
		Drugs & Therapeutics Committee	8	
		Government	9	
		None	10	
		Others:	11	
		I don't know	98	
PRO-103	What internal control systems in place for procurement? [READ CHOICES – MULTIPLE RESPONSES POSSIBLE]	Value thresholds (procurements of different values need different approval procedures)	1	
		Formally enforced order & approval protocols	2	
		Contracts Committee	3	
		Procurement & Adjudication committee/Tender committee	4	
		Contract management	5	
		Separation of roles	6	
		Legal Review	7	
		Others:	8	
		None	8	
		I don't know	98	
PRO-104		At least Quarterly	1	

Q#	QUESTIONS	RESPONSES		SKIPS
	How often are procurement risk assessments conducted? E.g. fraud, cost, quality and delivery risks	At least once a year (but less frequently than quarterly)	2	If “Never” skip to PRO-107
		Less frequently than annually	3	
		During an on-going	4	
		Never	5	
		I don't know	98	
PRO-105	When was the last procurement risk assessment conducted? [ASK TO SEE DOCUMENTATION]	Within past quarter	1	
		Within past year (but not in last quarter)	2	
		More than a year ago	3	
		Never	4	
		I don't know	98	
PRO-106	Are controls in place to mitigate/prevent procurement risks? E.g. measuring supplier performance; prequalification [ASK TO SEE DOCUMENTATION]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-107	Is there a procurement ethics or anticorruption program in place?	Yes	1	
		No	2	
		I don't know	98	
PRO 200: Procurement Audits				
PRO -201	How often do formal EXTERNAL audits of the procurement system take place?	Annual or more frequently	1	
		At least every 2 years	2	
		Less than every 2 years	3	
		Never	4	
		I don't know	98	
PRO-202	How often do formal INTERNAL audits of the procurement system take place?	Annual or more frequently	1	
		at least every 2 years	2	
		Less than every 2 years	3	
		Never	4	
		I don't know	98	
PRO-203	Are procurement audit results used to develop a procurement action plan?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	

Q#	QUESTIONS	RESPONSES		SKIPS
	[VERIFY]	No	3	
		I don't know	98	
PRO 300: Standard operating procedures (SOPs)				
PRO-301	Are there standard operating procedures (SOPs) for procurement? E.g. SOPs for receipt of bids, bid opening, bid evaluations [REQUEST FOR COPIES AND VERIFY]	Yes, Physically Verified	1	If "Yes", continue, otherwise go to next section
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-302	How often are SOPs for procurement updated?	Annually or less	1	
		1-2 years	2	
		> two years	3	
		Never	4	
		I don't know	98	
PRO-303	When were the standard operating procedures for procurement last updated?	< 1 year	1	
		>1 year to 2 years	2	
		>2 to 3 years	3	
		> 3 years	4	
		Revision underway	5	
		Not updated	6	
		I don't know	98	
PRO-304	Where do staff access procurement SOPs? [MULTIPLE RESPONSES ALLOWED]	On government website	1	
		Provided by email	2	
		Provided by printed documents	3	
		Viewable at manager's desk (controlled)	4	
		Others:	5	
		Not accessible	6	
		I don't know	98	
PRO 400: Product specifications				
PRO-401	Who provides standard specifications for pharmaceutical procurement?	This organization develops them	1	If "None" or "I don't know"
		Public Health Program Office	2	

Q#	QUESTIONS	RESPONSES		SKIPS
	[IF YES, REQUEST TO SEE SAMPLE]	National Formulary or Pharmacopeia	3	go to next section, otherwise continue
		International Reference Documents	4	
		Others:	5	
		None	6	
		I don't know	98	
PRO-402	Are product specifications <i>consistently</i> applied during the following steps of the procurement process? [MULTIPLE RESPONSES ALLOWED]	Tendering	1	
		Bid evaluation	2	
		Award process	3	
		Contract management	4	
		Product selection	5	
		Not applied	6	
		I don't know	98	
PRO-403	During sourcing and procurement, is reference made to the following? [MULTIPLE RESPONSES ALLOWED] [OBSERVE TO VERIFY]	National treatment guidelines	1	
		Essential medicines list	2	
		Medical and Lab supplies list	3	
		Others:	4	
		None	5	
		I don't know	98	
PRO-404	How often are product specifications formally reviewed and updated? <i>E.g. for different formulations, pack sizes etc.</i>	Annually or less	1	
		Less frequently than every year	2	
		Never	3	
		I don't know	98	
PRO-405	Are product specifications made publically available?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	

Q#	QUESTIONS	RESPONSES		SKIPS
		No	3	
		I don't know	98	
PRO-406	Are product specifications consistent with those of relevant regulatory bodies?	Yes	1	
		No	2	
		I don't know	98	
PRO 500: Identifying and qualifying vendors				
PRO-501	Is there a documented process in place for identifying and qualifying vendors? [REQUEST FOR A COPY AND VERIFY EXISTENCE]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-502	Is vendor information maintained in a database? [READ FIRST 3 OPTIONS. IF YES, ASK TO SEE DATABASE. REGULAR UPDATES ARE AT LEAST QUARTERLY]	Yes, updated continuously	1	
		Yes, but not updated continuously	2	
		No	3	
		I don't know	98	
PRO-503	Do you provide vendors and the public access to current, up-to-date information about procurement processes, procedures and policies?	Yes	1	
		No	2	
		I don't know	98	
PRO-504	Do you maintain a procurement website accessible by external stakeholders? [IF YES, ASK TO SEE WEBSITE]	Yes, Physically Verified	1	If "YES" continue, otherwise skip to PRO-506
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-505	Which information does this procurement website make available? [MULTIPLE RESPONSES ALLOWED] [CROSS-CHECK THE WEBSITE]	Current bid opportunities	1	
		Bid results	2	
		Current contracts	3	
		solicitation schedules	4	
		None	5	
		I don't know	98	
PRO-506	Where is information on upcoming procurements posted?	Local newspaper	1	
		Internet	2	

Q#	QUESTIONS	RESPONSES	SKIPS
	[MULTIPLE RESPONSES ALLOWED]	Others: 3	
		Not publicly posted 4	
		I don't know 98	
PRO-507	Where is information on upcoming and completed procurements internally maintained centrally? [PROMPT IF NECESSARY] [MULTIPLE RESPONSES ALLOWED]	Enterprise Resource Planning program (ERP) 1	
		Procurement Software 2	
		Other electronic file directory (e.g., Excel) 3	
		Not centrally filed 4	
		Manual/paper based 5	
		I don't know 98	
PRO-508	Which vendor qualification criteria are used for selection? [READ CHOICES IF NECESSARY AND PROMPT WITH: "ANY OTHERS" MULTIPLE RESPONSES ALLOWED]	In-country registration 1	
		Product quality 2	
		Financial standing 3	
		Legal requirements 4	
		Vendor performance 5	
		Others: 6	
		None 7	
		I don't know 98	
PRO-509	To which of the following do the qualification requirements apply?	Product category e.g. medicines 1	
		Product line e.g. ARVs 2	
		Per product e.g. Nevirapine tab 200mg 3	
		Others: 4	

Q#	QUESTIONS	RESPONSES		SKIPS
		I don't know	98	
PRO-510	Is detailed feedback provided to vendors and other stakeholders after the qualification process is completed?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO 600: Fair competition and cost effectiveness				
PRO-601	Are the following procurement mechanisms allowable? [MULTIPLE RESPONSES ALLOWED]			
		Open-ended transactions	1	
		Long term contracts	2	
		Framework contracts	3	
		None	4	
		I don't know	98	
PRO-602	Do the tenders include terms and conditions <i>that are enforced</i> ? [REQUEST FOR A COPY OF THE TENDER DOCUMENT]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-603	Do you <i>typically</i> require vendor competition for tenders? [REQUEST FOR TENDER DOCUMENT AND VERIFY]	Yes, Physically Verified	1	If "Yes", continue, otherwise go to PRO - 608
		Yes, but NOT Physically Verified	2	
		No	3	
		Sometimes	4	
		I don't know	98	
PRO-604	If a tender is not competed, do you document these exceptions?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-605	Which measures do tender evaluations include? [PROMPT BY READING CHOICES, MULTIPLE RESPONSES ALLOWED]	Price	1	
		Quality	2	
		Service	3	
		Past performance	4	
		Lead time	5	

Q#	QUESTIONS	RESPONSES	SKIPS
		Other:	6
		None	7
		I don't know	98
PRO-606	Are there formal processes in place to communicate with vendors?	Yes	1
		No	2
		I don't know	98
PRO-607	Are there formal processes in place to maintain vendors' proprietary information as confidential?	Yes	1
		No	2
		I don't know	98
PRO-608	Are formal notifications sent to both successful AND unsuccessful bidders? [SELECT 'NO' IF NOT SENT TO BOTH]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
PRO-609	Is the evaluation and purchase order award process documented and shared to stakeholders in a transparent manner? E.g. donors	Yes	1
		No	2
		I don't know	98
PRO-610	Do purchase orders include the following? [PROMPT BY READING CHOICES, MULTIPLE RESPONSES ALLOWED]	Terms and conditions	1
		Liability provisions	2
		Recall provisions	3
		Liquidated damages	4
		None of the above	5
		I don't know	98
PRO-612	Are different delivery options (i.e. incoterms) compared during procurement?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
PRO 700: Vendor performance evaluation			
PRO-701	Is there a system in place to evaluate vendor performance?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
			If "Yes", continue, otherwise

Q#	QUESTIONS	RESPONSES	SKIPS	
		I don't know	98	go to next section
PRO-702	When assessing Vendor Performance, which of the following criteria are used? [PROMPT BY READING CHOICES – MULTIPLE RESPONSES]	Timeliness	1	
		In full delivery	2	
		Value for money	3	
		Quality	4	
		Responsiveness	5	
		None	6	
		Others:	7	
		I don't know	98	
PRO-703	How is vendor performance scored? [REQUEST FOR DOCUMENTATION AND VERIFY]	Qualitatively	1	
		Quantitatively	2	
		Others:	3	
		I don't know	98	
PRO-704	Is this vendor performance evaluation process (or scoring system) above shared with vendors?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-705	Are the vendor performance results communicated to the vendors?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-706	Is vendor performance monitoring used to black list non-performing vendors based on standardized criteria?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO 800: Procurement appeals process				
PRO-801	Do you have a formal procurement appeals process?	Yes	1	If “Yes”, continue,
		No	2	

Q#	QUESTIONS	RESPONSES		SKIPS
		I don't know	98	otherwise go to next section
PRO-802	Is the appeals process well documented? [VERIFY EXISTENCE OF APPEALS DOCUMENTS]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-803	Where is the appeals process publically available? [MULTIPLE RESPONSES ALLOWED]	On ministry website	1	
		Posted in newspaper	2	
		Procurement agency website	3	
		Available by request	4	
		It is not publically available	5	
		I don't know	98	
PRO-804	How long does the appeals process take to complete?	<6 months	1	
		6-12 months	2	
		>12 months	3	
		I don't know	98	
PRO-805	Are procurement appeal decisions made publically available?	Yes	1	
		No	2	
		I don't know	98	
PRO 900: Order and delivery management processes				
PRO-901	Is there an order and delivery management process in place?	Yes, Physically Verified	1	If "Yes", continue, otherwise go to PRO - 903
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-902	Does the process allow for easy identification of outstanding orders?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-903	How are orders and deliveries documented? [PROMPT BY READING CHOICES, MULTIPLE RESPONSES ALLOWED]	On paper forms	1	
		Electronically	2	
		Not documented	3	
		I don't know	98	

Q#	QUESTIONS	RESPONSES	SKIPS	
PRO-904	Are there penalties for vendors that do not fulfil contracts?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-905	Is insurance cover taken into account for products in transit? [REQUEST FOR COPIES OF INSURANCE CERTIFICATES]	Yes (for all of them)	1	
		Yes (for some of them)	2	
		No	3	
		I don't know	98	
PRO 1000: Procurement MIS				
PRO-1001	Is there a management information system (MIS) for storing contract information?	Yes, Physically Verified	1	If "Yes", continue, otherwise go to next section
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-1002	Is the data in the contract MIS updated in real time or daily?	Yes	1	
		No	2	
		I don't know	98	
PRO-1003	Is procurement data captured and maintained in formal systems? [READ OPTIONS – SELECT ALL THAT APPLY] <i>Routinely: is the data entered within 2 days of its receipt</i>	Yes, data is routinely captured	1	
		Yes, but data is NOT routinely captured	2	
		Yes, and it is reported routinely	3	
		No	4	
		I don't know	98	
PRO-1004	Does the procurement system incorporate the following procurement elements? - MULTIPLE RESPONSES ALLOWED]	Contract management	1	
		Supplier monitoring	2	
		KPI monitoring	3	
		Order management	4	
		Others:	5	
		None	6	
		I don't know	98	
PRO 1100: Customs clearance [NOT APPLICABLE TO DISTRICT PHARMACIES]				
PRO-1101		Yes	1	

Q#	QUESTIONS	RESPONSES		SKIPS
	Is there a policy or procedure to grant authorization to pick up commodities at the customs clearing location?	No	2	
		I don't know	98	
PRO-I 102	Are relevant parties notified in advance of expected shipment arrival?	Always	1	
		Sometimes	2	
		Rarely	3	
		I don't know	98	
PRO-I 103	Does a standard operating procedure or memorandum of understanding (MOU) specify working procedures with customs and/or the National Regulatory Authority?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-I 104	Is there an approved contract for customs clearance services?	Yes, Physically Verified	1	If "Yes", continue, otherwise go to PRO - I 107
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-I 105	Does the contract have a provision for inspection by the supervising authority?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-I 106	Is there an enforceable penalty clause for non-compliance?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-I 107	Is customs clearance automated?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PRO-I 108	How long does removal of products from the port of entry typically take?	1 day	1	
		2 days	2	
		3 days to 1 week	3	
		>1 week	4	

Q#	QUESTIONS	RESPONSES		SKIPS	
		Others:	5		
		I don't know	98		
PRO 1200: Budget					
PRO-1201	Who is responsible for funding the Procurement and/or customs clearance budget? [MULTIPLE RESPONSES ALLOWED]	Government	1		Otherwise go to next section
		Donor	2		
		Own resources	3		
		I don't know	4		
PRO-1202	To what extent is government and "own resources" contributing to budgets associated with Procurement and/or customs clearance for program related commodities?	Minimal (less than 25%)	1		
		Some (25-50%)	2		
		Most (> 50%)	3		
		All (100%)	4		
		I don't know	98		
PRO 1300: Computerization					
PRO-1301	Do you use e-procurement process? [VERIFY]	Yes, Physically Verified	1	If "Yes", continue, otherwise end of module	
		Yes, but NOT Physically Verified	2		
		No	3		
		I don't know	98		
PRO-1302	Are there staff trained on the use of e-procurement?	Yes	1		
		No	2		
		I don't know	98		
END OF MODULE 7 – PROCUREMENT & CUSTOMS CLEARANCE					

PRO 1400: PHYSICAL VERIFICATION:

Please ask to see physical copies of the following documents, and verify the questions above

Q#	VERIFICATION REQUIRED	RESPONSES		SKIPS
PRO-1401	Verify existence of standard operating procedures (SOPs) for procurement [VALIDATES QPV-301]	Physically verified Prompt: Enter Date of SOP	1	SKIP this question if QPV-301 is "No" or "I don't know"
		Could NOT physically verify	2	
PRO-1402		Physically verified	1	SKIP this question

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS
	Verify from prequalification documents whether there is a documented process in place for identifying and qualifying vendors [VALIDATES QPV-501]	Could NOT physically verify	2 if QPV-501 is “No” or “I don’t know”
PRO-I403	Validate existence of a database for vendor information [VALIDATES QPV-502]	Physically verified	1
		Could NOT physically verify	2
PRO-I404	Validate existence of a procurement website accessible by external stakeholders [VALIDATES QPV-504]	Physically verified	1
		Could NOT physically verify	2
PRO-I405	Validate whether the procurement website has the following information [VALIDATES QPV-505]	Current bid opportunities	1
		Bid results	2
		Current contracts	3
		solicitation schedules	4
PRO-I406	Validate if detailed feedback is provided to vendors and other stakeholders after the qualification process is completed [VALIDATES QPV-510]	Physically verified	1
		Could NOT physically verify	2
PRO-I407	Verify if tenders include terms and conditions [VALIDATES QPV-602]	Physically verified	1
		Could NOT physically verify	2
PRO-I408	Verify from documented communication that formal notifications are sent to both successful AND unsuccessful bidders? [VALIDATES QPV-608]	Physically verified	1
		Could NOT physically verify	2
PRO-I409	Validate if purchase orders include the following [VALIDATES QPV-610]	Terms and conditions	1
		Liability provisions	2
		Recall provisions	3
		Liquidated damages	4
PRO-I410		Physically verified	1

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS
	Verify from documented evidence that vendor performance results are communicated to the vendors [VALIDATES QPV-705]	Could NOT physically verify	2 if QPV-705 is “No” or “I don’t know”
PRO-1411	Verify from documented evidence that vendor performance monitoring is used to black list non-performing vendors based on standardized criteria [VALIDATES QPV-706]	Physically verified	1
		Could NOT physically verify	2 SKIP this question if QPV-706 is “No” or “I don’t know”
PRO-1412	Verify existence of a documented appeals process well documented? [VALIDATES QPV-802]	Physically verified	1
		Could NOT physically verify	2 SKIP this question if QPV-802 is “No” or “I don’t know”
PRO-1413	Verify whether insurance cover is taken for products in transit (request for copies of insurance certificates) [VALIDATES QPV-905]	Physically verified	1
		Could NOT physically verify	2 SKIP this question if QPV-905 is “No” or “I don’t know”
PRO-1414	Verify existence of a standard operating procedure or memorandum of understanding (MOU) that specifies working procedures with customs and/or the National Regulatory Authority	Physically verified	1
		Could NOT physically verify	2 SKIP this question if QPV-1103 is “No” or “I don’t know”

END OF MODULE 7 – PROCUREMENT & CUSTOMS CLEARANCE

PHYSICAL VERIFICATION LIST: MODULE 7– PROCUREMENT & CUSTOMS CLEARANCE

1. Standard operating procedures for forecasting.
2. A copy of product prices used in the forecast
3. A copy of the computation of the forecast accuracy
4. A copy of the supply plan
5. Standard operating procedures (SOPs) for procurement
6. A copy of a prequalification document
7. A copy of a database for vendor information
8. Copies of communication to vendors sharing feedback after the qualification process is completed
9. A copy of a tender document
10. Copies of notifications to both successful AND unsuccessful bidders after procurement evaluations
11. Copies of purchase orders
12. Copies of communication to vendors about vendor performance results

- 13. Copies of communication to non-performing vendors black listing them following vendor performance monitoring
- 14. Copies of a documented appeals process
- 15. Copies of insurance covers taken for products in transit
- 16. A copy of a standard operating procedure or memorandum of understanding (MOU) that specifies working procedures with customs and/or the National Regulatory Authority

ID7	Ending Time	End: [][] [][] a.m. /p.m. Hour Minutes
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Any notes about interview:

MODULE 8: WAREHOUSING & STORAGE

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (APPLICABLE)

For this module, interview the warehouse manager if available. If not, interview assistant warehouse manager or other appropriate person.

Note: For this module, you will be expected to go to the warehouse and verify any information during the interview.

Q#	QUESTIONS	RESPONSES	SKIPS
WS 100: Warehousing Standard Operating Procedures			
WS-101	How often are standard operating procedures for Warehousing & Storage updated? E.g. SOPs for order picking & verification, order processing, order dispatch & loading? [VERIFY EXISTENCE OF WAREHOUSING SOPs]	Annually or less	1
	418	1-2 years	2
	419	> two years	3
	420	Never	4
	421	Do not exist	5
	422	I don't know	98
WS-102	When were the standard operating procedures for Warehousing & Storage updated? [VERIFY FROM SOPs]	< 1 year ago	1
		>1 to 2 years ago	2
		>2 to 3 years ago	3
		> 3 years ago	4

If SOPs “Do not exist”, go to next section

Q#	QUESTIONS	RESPONSES	SKIPS
		Revision underway	5
		Not updated	6
		I don't know	98
WS-103	How is adherence to the Warehousing SOPs monitored? [MULTIPLE RESPONSES ALLOWED]	Checklists	1
		Self-reporting	2
		Warehouse audits	3
		Reporting non-conformities	4
		Others:	5
		Not monitored	5
		I don't know	98
	WS 200: Commodity receipt		
WS-201	How are items checked against orders and shipping documentation when received?	One staff checks the order	1
		More than one staff checks the order	2
		Both the receiving entity and the dispatching entity jointly check the order	3
		Others:	4
		They are not checked	5
		I don't know	98

Q#	QUESTIONS	RESPONSES		SKIPS
WS-202	What actions do you take when there is a discrepancy in the commodities received?	Notify the central warehouse and/or district pharmacy	1	
		Reject the products	2	
		Return excess or damaged commodities	3	
		Fill in a discrepancy form	4	
		Re- order	5	
		Nothing	6	
		Others:	7	
		I don't know	98	
WS-203	Are all receipts, including returns, checked for expiration and quality? [VALIDATE BY SEEING A DELIVERY NOTE WITH NOTATION ON QUALITY OR EXPIRATION CONCERN, FROM WITHIN LAST YEAR]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
WS 300: Warehouse Design & Layout				
WS - 301	Does the store meet the following minimum acceptable design, layout and construction requirements for storage of pharmaceutical products? [OBSERVE & MAKE JUDGEMENT. MULTIPLE RESPONSES ALLOWED]	Permanent and Leak free Roofing	1	If “ Designated quarantine area ” is NOT selected, skip WS-303
		Insulated and leak free ceiling	2	
		Adequate ventilation	3	

Q#	QUESTIONS	RESPONSES	SKIPS
		Smooth and non-porous Floor	4
		Adequate storage area	5
		Designated quarantine area	6
		Adequate entrance and aisle (passage way)	7
		Designated Quarantine area	8
		Adequate reception area/zone	9
		Cold chain storage	10
		Adequate dispatch area/zone	11
		Designated area for storage of hazardous substances	12
		Designated area for storage of controlled substance	13
		Adequate office area e.g. separate office area	14
		Others:	15
WS-302	Do receiving and dispatch storage areas have separate docks? [OBSERVE TO VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
WS-303	Are the following in place for the Quarantine area? [MULTIPLE RESPONSES ALLOWED]	Secured	1
		SOPs for operations	2

Q#	QUESTIONS	RESPONSES	SKIPS
		Others:	3
		I don't know	98
WS 400: Warehouse utilities			
WS-401	Which of the following utilities are in place in the warehouse? [OBSERVE & MAKE JUDGEMENT. MULTIPLE RESPONSES ALLOWED]	Electric Lighting	1
		Air conditioning	2
		Internet	3
		Telephone	4
		Waste management	5
WS-402	How do you ensure consistent electric power at this facility? [MULTIPLE RESPONSES ALLOWED]	Generator	1
		Invertors	2
		Solar Systems	3
		Others:	4
		No backup available	5
		I don't know	98
WS-403	Is there a scheduled cleaning protocol/schedule in place? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98

Q#	QUESTIONS	RESPONSES	SKIPS
WS 500: Warehouse Equipment			
WS-501	Are the following material handling equipment available? [MULTIPLE RESPONSES ALLOWED]	Shelves	1
		Pallets	2
		Pallet Truck	3
		Trollies	4
		Racks	5
		Cabinets	6
		Fork lifts	7
		Carts	8
		Pneumatic dolly	9
		Automatic systems (robotic)	10
		None of the above	11
		Others:	12
WS-502	Which of these equipment is functional or in use? [MULTIPLE RESPONSES ALLOWED]	Shelves	1
		Pallets	2
		Pallet Truck	3
		Trollies	4
		Racks	5
		Cabinets	6

Q#	QUESTIONS	RESPONSES	SKIPS
		Fork lifts	7
		Carts	8
		Pneumatic dolly	9
		Automatic systems (robotic)	10
WS 600: Repair & Maintenance Programs			
WS-601	Is there is a repair and maintenance plan in place for all equipment and utilities? [IF YES, REQUEST TO SEE PLAN]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
WS-602	Is there a log of maintenance requests? [IF YES, REQUEST TO SEE LOG]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
WS 700: Safety & Security			
WS - 701	What safety equipment is available in this facility today? [MULTIPLE RESPONSES ALLOWED]	Firefighting equipment	1
		Eye protection	2
		Heavy duty Gloves	3
		Spill kits (These contain absorbent pads,	4
			If answer includes "Firefighting equipment" continue Otherwise go to WS-704

Q#	QUESTIONS	RESPONSES	SKIPS
		acid/base neutralizers, goggles etc.)	
		Masks	5
		Lab coats	6
		Reflectors	7
		Helmets	8
		Safety boots	9
		Others:	10
		None	8
		I don't know	98
WS - 702	How long ago was the firefighting equipment serviced? [CHECK THAT INSPECTION LABEL IS UP TO DATE]	Inspection label (tag) is within one year	1
		Inspection is > 1 year	2
		Others:	3
		I don't know	98
WS-703	In case of a fire or any other emergency, is there a designated assembly point? [OBSERVE TO VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98

Q#	QUESTIONS	RESPONSES		SKIPS
WS-704	Do you have a lay out of premises/plan that is clearly visible/accessible to all employees with direction for emergency exits? [OBSERVE TO VERIFY]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
WS - 705	Do you have a protocol in place with the local fire department and police respond to an emergency? [OBSERVE TO VERIFY]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
WS - 706	How often are fire drills conducted?	At least Monthly	1	
		Every 3-12 months	2	
		annually	3	
		Less frequently than annually	4	
		Others:	5	
		Never	6	
		I don't know	98	
WS - 707	Does the store have smoke detectors? [OBSERVE TO VERIFY]	Yes, Physically Verified	1	If “Yes” continue Otherwise go to WS-709
		Yes, but NOT Physically Verified	2	
		No	3	

Q#	QUESTIONS	RESPONSES	SKIPS
		I don't know	98
WS - 708	Are the smoke detectors serviced? [VERIFY FROM JOB CARD]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
WS - 709	What security measures are in place and currently operational? [READ AND MULTIPLE ANSWERS POSSIBLE]	Controlled access	1
		Locks on main doors	2
		Locks on product cabinets	3
		Burglar bars	4
		Staff ID cards	5
		Control of vehicles entering premises	6
		Record of all people entering	7
		Record of all people exiting	8
		CCTV recordings kept on file	9
		Alarm (local to facility)	10
		Alarm (connected to police)	11
		Biometrics	12
		Security guards	13

Q#	QUESTIONS	RESPONSES	SKIPS
		Others:	14
		None	15
		I don't know	98
WS 800: Picking and shipping operations			
WS - 801	What processes are followed for order picking? [READ CHOICES – MULTIPLE ALLOWED]	FEFO (First Expiry First Out) requirements adhered to	1
		FIFO principles (First in, first out) implemented for products without expiration dates or products with the same expiration dates	2
	423	Others:	3
	424	None of these	4
	425	I don't know	98
WS - 802	Is there a formal process for order checking? [READ CHOICES – MULTIPLE ALLOWED]	Yes - All orders are checked for accuracy	1
		Yes - Orders are checked multiple times for accuracy	2
		No	3
		I don't know	98
WS - 803	Which of the following security protocols are used to monitor picking and staging? [MULTIPLE RESPONSES ALLOWED]	Shipping Package is weighed before shipping, and confirmed at receipt	1

Q#	QUESTIONS	RESPONSES	SKIPS
		Shipping package is wrapped and securely sealed	2
		Physical Verification (Double checking) of picked quantities	3
		Others:	4
		They are not	5
		I don't know	98
WS - 804	How are shipments and orders confirmed between the sender and receiver? [MULTIPLE RESPONSES ALLOWED]	Confirmation is provided manually via telephone	1
		Confirmation is provided manually via email	2
		Confirmation is automatically emailed from the WMS	3
		Confirmation is provided manually through paper documentation	4
		Confirmation is electronically through PDAs	5
		Others:	6
	426	They are not confirmed	7
	427	I don't know	98
WS - 805	Is the delivery process traceable? [MULTIPLE RESPONSES ALLOWED]	Yes - Manual tracking of orders with established delivery dates	1
		Yes - Inbound/outbound visibility available in the	2

Q#	QUESTIONS	RESPONSES	SKIPS
		WMS, with automated scheduling	
		No	3
	428	I don't know	98
WS - 806	Is delivery confirmation documented? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
	429	I don't know	98
WS - 807	Which software is used for tracking recalled lots or batches?	Excel	1
		Access	2
		WMS	3
		None	4
		I don't know	98
WS - 808	Are <u>cold chain</u> requirements of 2-8°C maintained from manufacturer to service delivery point?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
WS - 809	How are cold chain requirements monitored from manufacturer to service delivery point? [MULTIPLE RESPONSES ALLOWED]	Colour changing markers	1

Q#	QUESTIONS	RESPONSES	SKIPS			
		Temperature monitoring devices	2			
		Electronic temperature tracking devices	3			
		Internet monitorable electronic devices	5			
		Others:	6			
		They are not	7			
		I don't know	98			
WS 900: Environmental control						
WS - 901	430	Is the warehouse monitored for environmental conditions and safety? E.g. for temperature and humidity	Yes, Physically Verified	1	If "Yes" continue Otherwise go to next section	
	431		Yes, but NOT Physically Verified	2		
			No	3		
	431		I don't know	98		
WS - 902	432	Have you ever received an environmental control inspection certificate? [VISUALLY CONFIRM CERTIFICATE]	Yes, Physically Verified	1		
			Yes, but NOT Physically Verified	2		
	433		No	3		
			I don't know	98		
WS - 903		Which of the following temperature control systems do you have in place? [MULTIPLE RESPONSES ALLOWED]	Heating system	1		If "None", go to WS-905

Q#	QUESTIONS	RESPONSES	SKIPS
	[OBSERVE AND VERIFY]		
434		Cooling system	2
435		Both heating and cooling system	3
436		Others	4
437		None	5
438		I don't know	98
WS - 904	Has the heating or cooling system <i>NOT</i> worked at least 3 days or longer in the past year?	Yes	1
439		No	2
440		I don't know	98
WS - 905	Is temperature monitored and recorded in non-cold chain areas? [VERIFY RECORDS]	Yes and up to date (within last 2 days)	1
		Yes but NOT up to date OR not Physically Verified	2
		No	3
		I don't know	98
WS-906	Is humidity monitored and recorded in non-cold chain areas [VERIFY RECORDS]	Yes and up to date (within last 2 days)	1
		Yes but NOT up to date OR not Physically Verified	2
		No	3
		I don't know	98
WS-907	Do you have the following temperature and humidity monitoring devices in place?	Thermometers	1

Q#	QUESTIONS	RESPONSES	SKIPS	
		Hygrometers	2	
		Others:	3	
		I don't know	98	
WS-908	Do you have an HVAC (Heating, ventilation and air conditioning) system in place?	Yes, Physically Verified	1	If "Yes" continue
		Yes, but NOT Physically Verified	2	
		No	3	Otherwise go to WS-909
		I don't know	98	
WS - 909	How often is the HVAC (Heating, ventilation and air conditioning) system cleaned?			
	[READ CHOICES - MULTIPLE RESPONSES ALLOWED]	Quarterly	1	
	[VISUALLY CONFIRM CERTIFICATE/JOB CARD]			
		Bi-annually	2	
		Annually	3	
		Less than annually	4	
		Only if contaminated	5	
		After renovations	6	
		Only if an employee suffers from an unexplained allergy-related illness	7	
	Others:	8		
	Never	9		

Q#	QUESTIONS	RESPONSES		SKIPS
		I don't know	98	
WS - 910	441	What humidification control measures are in place?	Air conditioners	1
			Bi-directional heat pumps	2
			Use of desiccants	3
			Others:	4
	442		None	5
	443		I don't know	98
WS 1000: Product organization				
WS - 1001		In case of stock overflow, where does the excess stock go?	Hallways	1
		[MULTIPLE RESPONSES ALLOWED]		
			Supplier's warehouse	2
			Partner's warehouse	3
			Shed in back	4
			Staff offices	5
			Pushed out immediately down supply chain	6
			Rent out extra space	7
			Other:	8
		444		No overflow stock
	445		I don't know	98

Q#	QUESTIONS	RESPONSES	SKIPS
WS - 1002	Is the warehouse capacity tracked and documented? [PROMPT AND CHECK ALL THAT APPLY]	Yes - capacity is tracked manually	1
	446	Yes - tracking is done automatically through a WMS	2
	447	Yes – and a KPI indicator is used to monitor the status	3
	448	Yes – and this KPI indicator is used to inform decision-makers at the strategic level	4
	449	Not tracked	5
	450	I don't know	98
WS - 1003	Which of the following does WMS capture? [MULTIPLE RESPONSES ALLOWED]	Volume of items	1
		Weight of items	2
		Pallet sizes/numbers	3
		Carton sizes/numbers	4
		None	5
		I don't know	98
WS 1100 Cold chain management			
WS - 1101	Which cold chain infrastructure and capacity elements are in the warehouse? [PROMPT AND CHECK ALL THAT APPLY]	Store room with free-standing refrigerator	1
	451	Store room with extra cold coolers for potential overflow	2
	452	Cold rooms are connected to a generator or other	3

Q#	QUESTIONS	RESPONSES	SKIPS
		uninterruptible power supply	
	453	Others:	4
	454	None of the above	5
	455	I don't know	98
WS - 1102	How often is maintenance for cold chain equipment performed? [IF YES, REQUEST TO SEE RECORDS]	Quarterly	1
	456	Bi-annually	2
	457	Annually	3
	458	Less than annually	4
	459	Never	5
	460	I don't know	98
WS - 1103	How is cold chain temperature monitored? [MULTIPLE RESPONSES POSSIBLE]	temperature is manually controlled, with thermometers appropriately placed	1
	461	Temperature is electronically controlled automatically	2
	462	Audible alarms sound when temperature is outside established range	3
	463	Alarms are electronically connected to manager's accounts	4
	464	Others:	5

Q#	QUESTIONS	RESPONSES	SKIPS
	465	None of the above	6
	466	I don't know	98
WS - 1104	Which of the following contingency plans are in place to maintain the cold chain in the event of a power or equipment failure?	Secondary/tertiary power source E.g. inverters, generators	1
	467	Standby cold chain trucks	2
	468	Outsourced cold chain system	3
	469	Others:	4
	470	I don't know	98
WS - 1105	<p>Are syphilis tests and any appropriate vaccines stored in the refrigerated locations?</p> <p>PHYSICALLY VERIFY AND RECORD BASED ON OBSERVATION</p>	Yes (both are observed in the proper location, or one if only one is available at the facility)	1
		No (either product is NOT stored at appropriate temperature)	2
		Neither is available at the facility	3
		Unable to verify	4
WS 1200: Controlled substances and high value products			
WS - 1201	Is a lockable cage or cabinet in place for storing controlled and high-value products? E.g. Diazepam, morphine, pethidine etc.	Yes, Physically Verified	1
	471	Yes, but NOT Physically Verified	2
		No	3
472	I don't know	98	
WS - 1202	Is access to controlled and high-value products limited to designated personnel?	Yes, Physically Verified	1
	[OBSERVE AND VERIFY]		

Q#	QUESTIONS	RESPONSES	SKIPS
	473	Yes, but NOT Physically Verified	2
		No	2
	474	I don't know	98
WS - 1203	How are controlled and high-value products counted? [PROMPT AND CHECK ALL THAT APPLY]	Counted when other shelf products are counted	1
	475	Counted weekly or monthly	2
	476	Counted each time keys are exchanged	3
	477	Others:	4
	478	Not counted	5
	479	I don't know	98
WS - 1204	How are controlled substances and high-value commodities tracked? [PROMPT AND CHECK ALL THAT APPLY]	By manual register or ledger	1
	480	By WMS or similar automated system	2
	481	Not tracked	3
	482	I don't know	98
WS- 1205	Are SOPs in place for handling controlled substances and high value products? [OBSERVE AND VERIFY]	Yes, Physically Verified Prompt: Date of SOP	1
		Yes, but NOT Physically Verified	2
		No	3

Q#	QUESTIONS	RESPONSES		SKIPS
		I don't know	98	
WS-1206	<p>Are morphine and diazepam stored in the appropriate controlled product location?</p> <p>PHYSICALLY VERIFY AND RECORD BASED ON OBSERVATION</p>	Yes (both are observed in the proper location, or one if only one is available at the facility)	1	
		No (either product is NOT stored at appropriate temperature)	2	
		Neither is available at the facility	3	
		Unable to verify	4	
WS 1300: Hazardous products				
WS - 1301	Which of the following hazardous items are in the store? [MULTIPLE RESPONSES ALLOWED]	Cleaning supplies	1	<p>If "None of the above", Continue to next section</p>
	483	Lab reagents	2	
	484	Paint	3	
	485	Acid & Bases	4	
	486	Reactive Chemicals	5	
	487	None of the above	6	
	488	I don't know	98	
WS - 1302	Are hazardous products kept separate from regular stock? [OBSERVE AND VERIFY]	Yes, Physically Verified	1	
	489	Yes, but NOT Physically Verified	2	
		No	3	
	490	I don't know	98	
WS - 1303	What techniques are in place for cleaning up hazardous spills or accidents?	Spill kits	1	

Q#	QUESTIONS	RESPONSES	SKIPS
	[PROMPT AND CHECK ALL THAT APPLY]		
	491	Trained personnel	2
	492	carbon dioxide extinguishers installed throughout the site	3
	493	Personal protective equipment (PPE) available throughout the site	4
	494	Inert dry absorbent materials strategically located throughout site	5
	495	Recovered material is disposed according to the material safety data sheets or WHO standards	6
	496	Others:	7
	497	I don't know	98
WS - 1304	Are formal emergency contingency plans in place for hazardous spills or accidents? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	498	Yes, but NOT Physically Verified	2
		No	3
	499	I don't know	98
WS 1400: Inventory Management			
WS - 1401	How do you manage inventory? [MULTIPLE RESPONSES ALLOWED]	Manual e.g. stock cards	1

Q#	QUESTIONS	RESPONSES	SKIPS
		Electronic e.g. excel sheets	2
		Advanced tool Warehouse Management System (WMS)	3
		None of the above	4
		I don't know	98
WS-1402	Do products have assigned locations on shelves? [OBSERVE TO VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
WS - 1403	Is there a single register than is used to monitor and track expiration dates? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	500	Yes, but NOT Physically Verified	2
		No	3
	501	I don't know	98
WS - 1404	Is the data from the WMS used for ordering and supply planning? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
	502	No	3
	503	I don't know	98
WS - 1405	How do you calculate re-ordering quantities? [MULTIPLE RESPONSES ALLOWED]	Min/max process	1

Q#	QUESTIONS	RESPONSES	SKIPS
	504	Economic Quantity Reordering (EQR)	2
	505	Other software based process	3
	506	Past consumption	4
	507	Intuition	5
	508	Not done	6
	509	I don't know	98
WS - 1406	Does your inventory management system include Buffer stock/security stock? [PROBE]	Yes	1
	510	No	2
	511	I don't know	98
WS - 1407	Does your inventory management system include min-max set points?	Yes	1
		No	2
		I don't know	98
WS- 1408	How is a recall communicated to your health facility? [MULTIPLE RESPONSES ALLOWED]	Manually (including email, phone or letter)	1
		Automated (using a Stores Management System)	2
		Not communicated	3
		I don't know	98
WS - 1408	Is it possible to identify a recalled lot or batch? [OBSERVE AND VERIFY RECORDS]	Yes, Manually	1
	512	Yes, automatically using a WMS	2
	513	No	3

Q#	QUESTIONS	RESPONSES		SKIPS
	514	I don't know	98	
WS - 1409	Are Quarantined items recorded and labelled as "not available for supply purposes" [IF YES, REQUEST TO SEE RECORDS AND LABELS]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
WS - 1410	How often are inventory counts performed?	Monthly or shorter	1	If "Never" Continue to 1415
	515	Quarterly	2	
	516	Annually or longer	3	
	517	Never	4	
	518	I don't know	98	
WS - 1411	How are inventory counts performed? [PROMPT AND CHECK ALL THAT APPLY]	All products are counted	1	
	519	A statistically appropriate, random sampling, strategy is employed	2	
	520	The sampling takes into account either the consumption rate (ABC) or the clinical importance (EVN) of the commodity	3	
	521	Cycle counting	4	
	522	Others:	5	

Q#	QUESTIONS	RESPONSES	SKIPS
	523	I don't know	98
WS - 1412	Are count accuracy metrics tracked AND reported? <i>Count accuracy: The degree to which the quantity of physically counted stock match the quantity of stock on hand tracking forms (e.g., stock cards or eLMIS)</i> [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	524	Yes, but NOT Physically Verified	2
		No	3
	525	I don't know	98
WS - 1413	Is count accuracy data used for decision making? [VERIFY]	Yes, Physically Verified	1
	526	Yes, but NOT Physically Verified	2
		No	3
	527	I don't know	98
WS - 1415	Is warehousing and storage information safely backed-up? [VERIFY]	Yes, Physically Verified	1
	528	Yes, but NOT Physically Verified	2
		No	3
	529	I don't know	98
WS - 1416	Do you have a computerized inventory management system?	Yes, specialized software	1
	530	Yes, spreadsheet based	2
		No	3
	531	I don't know	98

Q#	QUESTIONS	RESPONSES		SKIPS
WS - 1417	Are the computers you have working now AND maintained regularly? [SELECT 'NO' IF NOT WORKING AND MAINTAINED REGULARLY]	Yes, Physically Verified	1	
	532	Yes, but NOT Physically Verified	2	
		No	3	
	533	I don't know	98	
WS 1500: Warehouse Audits				
WS - 1501	Which of the following audits are performed?	Internal	1	
	534	External	2	
	535	Both Internal & External	3	
	536	None	4	
	537	I don't know	98	
WS 1600: Budgets				
WS - 1601	Who is responsible for funding the budgets associated with warehousing & storage? E.g. personnel, equipment etc. [MULTIPLE RESPONSES ALLOWED]	Government	1	If your answer includes "Government" continue Otherwise go to WS-1603
		Donor	2	
		Own resources	3	
		I don't know	4	
WS - 1602	To what extent is government and "own resources" contributing to budgets associated with warehousing & storage under programs?	Minimal (less than 25%)	1	
	538	Some (25-50%)	2	
	539	Most (> 50%)	3	

Q#	QUESTIONS	RESPONSES		SKIPS
	540	All (100%)	4	
	541	I don't know	98	
WS - 1603	Are material- and stock-handling costs monitored? [VERIFY]	Yes, Physically Verified	1	If yes, continue. Otherwise, go to next section
	542	Yes, but NOT Physically Verified	2	
		No	3	
	543	I don't know	98	
WS - 1604	Are the material- and stock-handling costs used for informing mark up and future budgeting? [SELECT 'NO' IF NOT USED FOR BOTH MARK UP AND FUTURE BUDGETING]	Yes, Physically Verified	1	
	544	Yes, but NOT Physically Verified	2	
		No	3	
	545	I don't know	98	
WS 1700: Warehouse Licensing				
WS - 1701	Is the warehouse licensed to store pharmaceutical products by the National regulatory authority? [VERIFY EXISTENCE OF THE LICENSE]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		Not applicable	4	
		I don't know	98	
WS 1800: Warehouse Performance				

Q#	QUESTIONS	RESPONSES	SKIPS
WS - 1801	Which of the following indicators are measured at the warehouse? [MULTIPLE RESPONSES POSSIBLE] [REQUEST FOR A COPY AND VERIFY]	Stocked according to plan	1
		Stock out rates	2
		Stock accuracy	3
		Order fill rate	4
		Stock turn per annum	5
		Cost of warehousing operations	6
		Warehouse utilization/Bin occupancy	7
		Wastage from damage, theft & expiry	8
		Order turnaround time	9
		Number & duration of temperature excursions	10
		Percentage of in-coming batches tested for quality	11
		None of the above	12
		I don't know	98

END OF MODULE 8 – WAREHOUSING & STORAGE

PHYSICAL VERIFICATION LIST: MODULE 8 – WAREHOUSING & STORAGE

1. Copies of Standard Operating Procedures (SOPs) for operations of the Warehouse.
2. Copies of recent delivery notes
3. Copies of SOPs for operations of Quarantine

4. Records and labels for quarantined items
5. Any cleaning schedule for the Warehouse.
6. Any repair and maintenance plan for equipment in the Warehouse.
7. Any maintenance log for equipment in the Warehouse.
8. Access to any firefighting equipment.
9. Any maintenance or service logs related to firefighting equipment or smoke detectors.
10. Any environmental control inspection certificate.
11. Any temperature and humidity logs for the Warehouse.
12. Any register that is used to monitor and track expiration dates.
13. Documents regarding any supply chain indicators regularly tracked for the Store.
14. Access to any computer used for managing Warehouse inventory.
15. Copy of the warehouse license
16. Access to any refrigeration or cold rooms used for health supplies.
17. Any records on cold chain equipment maintenance.
18. Access to any special storage areas for controlled substances and high-value products.
19. Any SOPs for handling controlled substances.
20. Access to any special storage areas for hazardous substances.
21. Any formal emergency contingency plans in place for hazardous spills or accidents.

ID8	Ending Time	End: [][]	[][] a.m./p.m.
		Hour	Minutes

Any notes about interview:

MODULE 9: DISTRIBUTION

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (APPLICABLE)

For this module, interview warehouse manager or distribution manager if available. If not, interview assistant warehouse or distribution manager or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
DIS 100: Distribution planning			
DIS-101	Is there an approved distribution plan? [REQUEST FOR A COPY AND VERIFY]	Yes, Physically Verified	1
	546	Yes, but NOT Physically Verified	2
		No	3
	547	I don't know	98
DIS-102	Do you have a data management system that captures distribution plans and operations? [VERIFY SYSTEM]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
DIS - 103	Are distribution routes pre-planned? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	548	Yes, but NOT Physically Verified	2
		No	3
	549	I don't know	98
DIS - 104	Are the distribution routes reviewed annually (or more often)? [OBSERVE AND VERIFY]	Yes, Physically Verified	1

Q#	QUESTIONS	RESPONSES	SKIPS
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
DIS - 105	Are the routing plans included in the communication to Health Facilities? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
DIS - 106	Which of the following do routing plans take into consideration? [MULTIPLE RESPONSES ALLOWED]	Truck capacity	1
		Volumes (or pallet sizes)	2
		Weights of individual products	3
		Geographic location	4
		Others:	5
		I don't know	98
DIS - 107	How are inbound shipments tracked? [MULTIPLE RESPONSES ALLOWED] <i>Inbound Shipments: refers to shipments coming into the district pharmacy</i>	Through manual tracking	1
		Through electronic tracking	2
		I don't know	98

Q#	QUESTIONS	RESPONSES	SKIPS
DIS - 108	<p>In every step as commodities move through the supply chain, what procedures are used to document who has ‘ownership’ of the commodities? (E.g. What procedures are in place to track ownership throughout the chain of custody?)</p> <p>[PROMPT AND CHECK ALL THAT APPLY]</p> <p><i>Chain of custody is the unbroken path a product takes during distribution from the first stage in the chain to the end, showing custody at each stage</i></p> <p><i>Probe for documentation that details who is responsible for commodities at each point of transfer of ownership during distribution</i></p>	Yes, through Manual tracking	1
		Yes, through a basic Transportation Management System (TMS) with shipment tracking	2
		Yes, through a fully automated TMS deployed throughout the distribution chain and integrated into the WMS	3
		No	4
		I don't know	98
DIS - 109	<p>Do you maintain proof of delivery (POD) records?</p> <p>[OBSERVE AND VERIFY]</p>	Yes – done manually	1
		Yes - electronically	2
		Yes – an automated process (e.g. barcoding)	3
		No	4
		I don't know	98

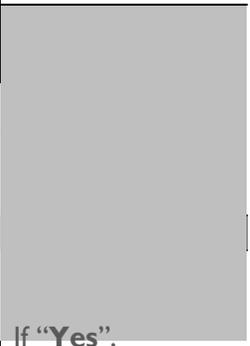
Q#	QUESTIONS	RESPONSES		SKIPS
DIS - 110	Is outbound stock (deliveries) reconciled with proof of delivery?			
	Outbound stock: refers to stock moving out of the district pharmacy / warehouse	Yes, Physically Verified	1	
	[OBSERVE AND VERIFY]	Yes, but NOT Physically Verified	2	
		No	3	
	I don't know	98		
DIS 200: Operations planning				
DIS - 201	Are there performance goals for distribution operations?	Yes, Physically Verified	1	
	[REQUEST FOR DOCUMENTATION AND VERIFY]	Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
DIS 300: Distribution budget				
DIS-301	Who is responsible for funding the distribution budget?	Government	1	If answer contains "Government" continue Otherwise go to next section
	[MULTIPLE RESPONSES ALLOWED]	Donor	2	
		Own resources	3	
		I don't know	4	
DIS-302	How much is the government and "own resources" contributing to distribution associated budgets under programs?	Minimal (less than 25%)	1	
	\$50	Some (25-50%)	2	
	\$51	Most (> 50%)	3	

Q#	QUESTIONS	RESPONSES	SKIPS
552		All (100%)	4
553		I don't know	98
DIS 400: Transportation			
DIS - 401	What mechanism does the organisation use to transport commodities? [MULTIPLE RESPONSES ALLOWED] Outsourced fleet: Any vehicle rental.	Own fleet	1
		Outsourced fleet	2
		Outsourced fleet (done entirely by third party company)	3
		I don't know	98
DIS - 402	Are there procedures in place for managing transportation assets? [MULTIPLE RESPONSES ALLOWED] Probe by reading response options. [REQUEST FOR COPY OF PROCEDURES AND VERIFY]	Yes - for own fleet	1
		Yes – for outsourced fleet	2
		No	3
		I don't know	98
DIS - 403	Are there systems in place for capturing and maintaining transportation data? E.g. Distance travelled, fuel consumption [REQUEST FOR COPY OF PROCEDURES AND VERIFY]	Yes – informal systems	1
	554	Yes - with written and approved well-defined	2

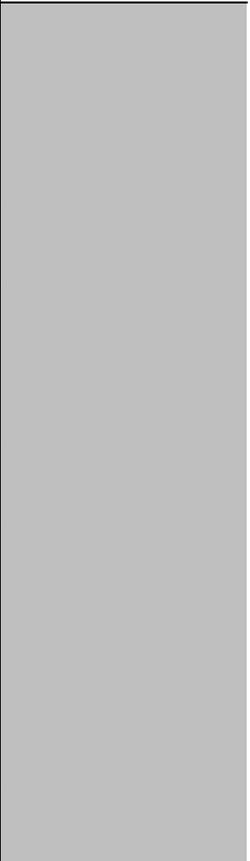
Q#	QUESTIONS	RESPONSES	SKIPS
		roles and responsibilities	
	555	No	3
	556	I don't know	98
DIS - 404	How often is transportation data captured?	Continuously	1
	557	Daily	2
	558	Weekly or Monthly	3
	559	Quarterly	4
	560	Less frequently than quarterly	5
	561	I don't know	98
DIS - 405	Are transportation-related KPIs monitored? E.g. running cost per km, vehicle availability, vehicle utilization etc.	Yes, Physically Verified	1
	562	Yes, but NOT Physically Verified	2
		No	3
	563	I don't know	98
DIS - 406	Are processes in place to use transportation data in decision making? [READ CHOICES AND SELECT ONE]	Yes-but used in an ad hoc manner	1
	564	Yes-Used regularly to identify and track corrective actions	2
	565	No	3
	566	I don't know	98
DIS - 407	How often did the organization use outsourced fleet for the transport of commodities in the last 12 months?	Less than one third	1
			Answer if DIS-401 is “Outsourced fleet” ,

Q#	QUESTIONS	RESPONSES	SKIPS	
	<p><i>Denominator should be overall number of trips for commodity delivery or pickup for vehicles in the year</i></p> <p><i>Numerator: number of times fleet was outsourced for commodity delivery or pickup for vehicles in the year</i></p>		<p>otherwise please go to DIS-409</p>	
		two thirds	2	
		More than two thirds	3	
		61-80%	4	
		81-100%	5	
		I don't know	98	
DIS - 408	Are there procedures in place to capture timely and accurate data from commercial providers (for outsourced fleet)?	Yes – physically verified	1	<p>Answer if DIS-401 is “Outsourced fleet”,</p> <p>otherwise please go to DIS-409</p>
	567	Yes –But not physically verified	2	
		Transportation is not outsourced,	3	
	568	No	4	
	569	I don't know	98	
DIS - 409	Are there procedures in place to track discrepancies in consignment delivery?	Yes, Physically Verified	1	<p>If “Yes”, continue</p> <p>Otherwise go to next section.</p>
	570	Yes, but NOT Physically Verified	2	
		No	3	
	571	I don't know	98	
DIS - 410	Are there procedures in place to <i>reconcile</i> discrepancies in consignment delivery?	Yes, Physically Verified	1	

Q#	QUESTIONS	RESPONSES	SKIPS
	572	Yes, but NOT Physically Verified	2
		No	3
	573	I don't know	98
DIS 500: Distribution costing			
DIS - 501	Do you collect distribution cost data? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
DIS - 502	What information is included in distribution cost data? [MULTIPLE RESPONSES ALLOWED] [VERIFY]	Asset depreciation	1
		Human resources	2
		Maintenance	3
		Outsourcing fleet costs	4
		Fuel	5
		Others:	6
		None of the above	7
		I don't know	98
DIS - 503	What system is used to monitor distribution cost?	An Excel, Access (or equivalent) based system	1
		A TMS	2



If "Yes", continue, otherwise go to next section



Q#	QUESTIONS	RESPONSES	SKIPS
		Others:	3
		None	4
		I don't know	98
DIS - 504	Are interventions in place to minimize transport operating costs? E.g. routing (bundling sites in the same region) [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	574	Yes, but NOT Physically Verified	2
		No	3
	575	I don't know	98
DIS - 505	Is total cost data used to minimize operating costs?	Yes, Physically Verified	1
	576	Yes, but NOT Physically Verified	2
		No	3
	577	I don't know	98
DIS - 506	Is the total cost of using your own fleet versus outsourced vehicles calculated and reviewed at least annually?	Yes, Physically Verified	1
	578	Yes, but NOT Physically Verified	2
		No	3
	579	I don't know	98
DIS 600: Distribution risks			
DIS - 601	Are transportation risks identified, assessed and documented? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2

Q#	QUESTIONS	RESPONSES	SKIPS
		No	3
		I don't know	98
DIS - 602	Are product requirements for <u>cold chain</u> transportation monitored? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	580	Yes, but NOT Physically Verified	2
		No	3
	581	I don't know	98
DIS - 603	Are product requirements for <u>cold chain</u> transportation achieved? [REQUEST FOR DOCUMENTATION AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
DIS - 604	Are product requirements for <u>controlled substance</u> transportation monitored? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	582	Yes, but NOT Physically Verified	2
		No	3
	583	I don't know	98
DIS - 605	Are product requirements for <u>controlled substance</u> transportation achieved? [REQUEST FOR DOCUMENTATION AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98

Q#	QUESTIONS	RESPONSES	SKIPS
DIS - 606	Is there a procedure in place for transportation of expired commodities? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	584	Yes, but NOT Physically Verified	2
		No	3
	585	I don't know	98
DIS - 607	Are special handling requirements documented and incorporated into the distribution plan? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	586	Yes, but NOT Physically Verified	2
		No	3
	587	I don't know	98
DIS - 608	Are resources and strategies in place to minimize, monitor, and control the probability or impact of risks? E.g. theft of commodities and vehicles, vehicle breakdown? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
	588	Yes, but NOT Physically Verified	2
		No	3
	589	I don't know	98
DIS 700: Distribution security			
DIS - 701	What security management measures are in place? [MULTIPLE RESPONSES POSSIBLE]	Vulnerabilities have been assessed	1
	590	RFID tags on product	2
	591	Video monitoring	3
	592	GPS Monitoring	4

Q#	QUESTIONS	RESPONSES	SKIPS
	593	2-way radio access	5
	594	Integrated audit procedures at front and back ends of delivery	6
	595	Unique Identifiers for products	7
	596	Performing unannounced inspections	8
	597	Partnerships developed with local police security forces	9
	598	Security guards	10
	599	Others:	11
	600	none	11
	601	I don't know	98
DIS - 702	Are there documented security requirements for truck and personnel? [READ CHOICES, SELECT ALL THAT APPLY]	Yes – for Trucks	1
	602	Yes – for Personnel	3
	603	None	4
	604	I don't know	98
DIS - 703	Are distribution operations (insource and outsource) regularly (at least annually) reviewed for security compliance?	Yes – for insource	1

Q#	QUESTIONS	RESPONSES	SKIPS
	[READ CHOICES, MULTIPLE RESPONSES ALLOWED]		
	605	Yes – for outsource	2
	606	No	3
	607	I don't know	98
	Is there a process to record loss incidents? [READ CHOICES, MULTIPLE RESPONSES ALLOWED]	Yes – not filed centrally	1
DIS - 704	608	Yes – filed centrally	2
	609	No	3
	610	I don't know	98
DIS 800: Distribution MIS			
	Is distribution planning and monitoring computerized?	Yes, Physically Verified	1
DIS - 801	611	Yes, but NOT Physically Verified	2
		No	3
	612	I don't know	98
	What software is used for distribution planning?	Excel/Access based system	1
DIS - 802	613	TMS	2
	614	eLMIS	3
	615	None	4
	616	I don't know	98

END OF MODULE 9 – Distribution

DIS 900: PHYSICAL VERIFICATION:

Please ask to see physical copies of the following documents, and verify the questions above

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS	
DIS-901	Verify the existence of an approved distribution plan [VALIDATES DIS-101]	Physically verified	1	SKIP this question if DIS-101 is “No” or “I don’t know”
	617	Could NOT physically verify	2	
DIS-902	Verify the existence of a data management system that captures distribution plans and operations [VALIDATES DIS-102]	Physically verified	1	SKIP this question if DIS-102 is “No” or “I don’t know”
		Could NOT physically verify	2	
DIS -903	Verify from documented evidence that distribution routes are pre-planned [VALIDATES DIS-103]	Physically verified	1	SKIP this question if DIS-103 is “No” or “I don’t know”
	618	Could NOT physically verify	2	
DIS -904	Verify whether distribution routes are reviewed annually (or more often) E.g. from minutes of distribution meetings [VALIDATES DIS-104]	Physically verified	1	SKIP this question if DIS-104 is “No” or “I don’t know”
		Could NOT physically verify	2	
DIS -905	Verify from copies of communication to health facilities whether routing plans are included [VALIDATES DIS-105]	Physically verified	1	SKIP this question if DIS-105 is “No” or “I don’t know”
		Could NOT physically verify	2	
DIS -906	Verify whether proof of delivery (POD) records are maintained [VALIDATES DIS-109]	Physically verified	1	SKIP this question if DIS-109 is “No” or “I don’t know”
		Could NOT physically verify	2 3	
DIS -907	Verify the existence of performance goals for distribution operations	Physically verified	1	SKIP this question

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS	
	[VALIDATES DIS-201]		if DIS-201 is “No” or “I don’t know”	
		Could NOT physically verify		2
DIS -908	Verify the existence of procedures for managing transportation assets [VALIDATES DIS-402]	Physically verified	1	SKIP this question if DIS-402 is “No” or “I don’t know”
		Could NOT physically verify	2	
DIS -909	Verify from documented evidence that the organisation captures and maintains transportation data? E.g. Distance travelled, fuel consumption [VALIDATES DIS-403]	Physically verified	1	SKIP this question if DIS-403 is “No” or “I don’t know”
	619	Could NOT physically verify	2	
DIS -910	Verify from documented evidence whether transportation-related KPIs are monitored E.g. running cost per km, vehicle availability, vehicle utilization etc. [VALIDATES DIS-405]	Physically verified	1	SKIP this question if DIS-405 is “No” or “I don’t know”
	620	Could NOT physically verify	2	
DIS -911	Verify from documented evidence that the organisation collects distribution cost data [VALIDATES DIS-501]	Physically verified	1	SKIP this question if DIS-501 is “No” or “I don’t know”
		Could NOT physically verify	2	
DIS -912	Verify that the following information is included in the distribution cost data [VALIDATES DIS-502]	Asset depreciation	1	
		Human resources	2	
		Maintenance	3	
		Outsourcing fleet costs	4	
		Fuel	5	

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS	
DIS -913	Verify from documented evidence that interventions are in place to minimize transport operating costs. E.g. routing (bundling sites in the same region) [VALIDATES DIS-504]	Physically verified	1	SKIP this question if DIS-504 is “No” or “I don’t know”
	621	Could NOT physically verify	2	
DIS -914	Validate that transportation risks are identified, assessed and documented [VALIDATES DIS-601]	Physically verified	1	SKIP this question if DIS-601 is “No” or “I don’t know”
		Could NOT physically verify	2	
DIS -915	Verify whether product requirements for <u>cold chain</u> transportation are monitored E.g. by looking at documentation of recorded temperatures for products while in transit [VALIDATES DIS-602]	Physically verified	1	SKIP this question if DIS-602 is “No” or “I don’t know”
	622	Could NOT physically verify	2	
DIS -916	Verify whether product requirements for <u>cold chain</u> transportation are achieved [VALIDATES DIS-603]	Physically verified	1	SKIP this question if DIS-603 is “No” or “I don’t know”
		Could NOT physically verify	2	
DIS -917	Verify whether product requirements for <u>controlled substance</u> transportation are monitored E.g. request for a copy of documented requirements [VALIDATES DIS-604]	Physically verified	1	SKIP this question if DIS-604 is “No” or “I don’t know”
	623	Could NOT physically verify	2	
DIS -918	Verify whether Are product requirements for <u>controlled substance</u> transportation are achieved [VALIDATES DIS-605]	Physically verified	1	SKIP this question if DIS-605 is “No” or “I don’t know”
		Could NOT physically verify	2	

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS	
DIS -919	Verify existence of a procedure for transportation of expired commodities [VALIDATES DIS-606]	Physically verified	1	SKIP this question if DIS-606 is “No” or “I don’t know”
	624	Could NOT physically verify	2	
DIS -920	Verify whether special handling requirements are documented and incorporated into the distribution plan [VALIDATES DIS-607]	Physically verified	1	SKIP this question if DIS-607 is “No” or “I don’t know”
	625	Could NOT physically verify	2	
DIS -921	Verify the existence of resources and strategies to minimize, monitor, and control the probability or impact of risks? E.g. theft of commodities and vehicles, vehicle breakdown [VALIDATES DIS-608]	Physically verified	1	SKIP this question if DIS-608 is “No” or “I don’t know”
	626	Could NOT physically verify	2	

PHYSICAL VERIFICATION LIST: MODULE 9 – DISTRIBUTION

1. Verify the existence of an approved distribution plan
2. Copies of previous distribution plans
3. Minutes from distribution meetings for review of distribution routes at least annually (or more often)
4. Copies of communication of health facilities about the distribution plan
5. Copies of POD records
6. Documents regarding any supply chain indicators regularly tracked for transportation operations
7. Documentation that captures distribution costs that has been collected
8. Verify that the following information is included in the distribution cost data
9. Documentation that captures interventions that have been put in place to minimize transport operating costs. E.g. routing (bundling sites in the same region)
10. Distribution risk profile
11. Documentation related to cold chain monitoring during distribution (cold chain forms)
12. Documentation on monitoring requirements for controlled substance transportation
13. Verify whether Are product requirements for controlled substance transportation are achieved
14. Any documentation that details out the procedure for transportation of expired commodities

ID9	Ending Time	End: [] [] a.m./p.m.
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		Hour	Minutes
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Any notes about interview:

MODULE 10: LOGISTICS MANAGEMENT INFORMATION SYSTEM

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (APPLICABLE)

For this module, interview the warehouse manager if available. If not, interview the assistant warehouse manager or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
LM 100: LMIS Policies & Guidelines			
LM-101	Are there policies in place that guide the LMIS? [REQUEST FOR A COPY AND TO VERIFY EXISTENCE]	Yes – for the LMIS (paper based)	1
		Yes – for eLMIS	2
		None	3
		I don't know	98
LM-102	What is the reporting frequency for LMIS/eLMIS data? [MULTIPLE RESPONSES ALLOWED]	Monthly	1
		Bimonthly	2
		Quarterly	3
		Others:	4
		I don't know	98
LM-103	Is the reporting frequency harmonized across the supply chain?	Yes	1
		No	2

Q#	QUESTIONS	RESPONSES	SKIPS
		I don't know	98
LM 200 Data Tools and indicators			
LM-201	Which type of LMIS tools are used?	Paper based LMIS	1
		eLMIS	2
		Both Paper based LMIS & eLMIS	3
		I don't know	98
LM-202	Why do you use the type of LMIS tools mentioned above in LM-201?	(Free text answer)	
LM-203	What challenges do you face when using eLMIS? [MULTIPLE RESPONSES ALLOWED]	Internet connectivity	1
		Down time centrally (system failure)	2
		Availability of computers	3
		Skilled staff	4
		Delayed support from MOH	5
		Lack of time due to other tasks.	6
		Others:	7
		I don't know	98
LM-204	What challenges do you face when using paper based LMIS? [MULTIPLE RESPONSES ALLOWED]	Stock out of tools	1
		Data loss	2

Skip
if **LM-101** is
"Paper
based **LMIS**
Only" or "**I**
don't
know"

Skip
if **LM-101** is
"e**LMIS**
Only" or "**I**
don't
know"

Q#	QUESTIONS	RESPONSES	SKIPS
		Difficulties in filing	3
		Challenges in analysis of data	4
		Challenges in sharing data	5
		Challenges in retrieval of data	6
		Use of different version of tools in the same system	7
		Slow adaptation of revisions within tools	8
		Others:	9
		I don't know	98
LM-205	Why don't you use eLMIS? [MULTIPLE RESPONSES ALLOWED]	Doesn't know it exists	1
		Has never been trained on it	2
		Has been trained but NOT comfortable with it	3
		Takes too much time	4
		Lack of computer	5
		Lack of eLMIS software	6
		Lack of Internet	7
		Supervisors want everything done on paper	8
		Others:	9
		Don't know	98
LM-206	What is your preferred LMIS? [PROBE TO OBTAIN PERCEPTION – “NO PREFERENCE” IS NOT ACCEPTED]	Paper based LMIS	1
		eLMIS	2

Skip if LM-101 is “eLMIS Only” or “Both”

Q#	QUESTIONS	RESPONSES		SKIPS
		Others:	3	
		I don't know	98	
LM-207	How many (e)/LMIS reports do you receive per facility during the reporting cycle? E.g. Lab, ART, VMMC, CD4 Family planning, MCH and Essential medicines and health supplies.	1-3	1	
		4-6	2	
		7-10	3	
		> 10	4	
		None	5	
		I don't know	98	
LM-208	Which data-points are recorded in the paper based LMIS? [MULTIPLE RESPONSES ALLOWED]	Stock on hand	1	Skip if LM-101 is "eLMIS Only" or "I don't know"
		Consumption	2	
		Adjustments	3	
		Losses and Expiry	4	
		Issues and receipts	5	
		Safety stock for each commodity	6	
		Quantity of reordering	7	
		Expiration dates	8	
		Number of days of stock out	9	

Q#	QUESTIONS	RESPONSES		SKIPS
		Others:	10	
		None	11	
		I don't know	98	
LM-209	Which data-points are recorded in the eLMIS? [MULTIPLE RESPONSES ALLOWED]	Stock on hand	1	Skip if LM-101 is “Paper based LMIS Only” or “I don't know”
		Consumption	2	
		Adjustments	3	
		Losses and Expiry	4	
		Issues and receipts	5	
		Safety stock for each commodity	6	
		Quantity of reordering	7	
		Expiration dates	8	
		Number of days of stock out	9	
		Others:	10	
		None	11	
		I don't know	98	
LM-210	Do you track stock at lower health facilities/service delivery points in your catchment area?	Yes	1	If “Yes” continue
		No	2	Otherwise go to LM-213
		I don't know	98	

Q#	QUESTIONS	RESPONSES	SKIPS
LM-211	<p>Which method do you use to track stock at health centres/service delivery points in your catchment area?</p> <p>[READ CHOICES – MULTIPLE RESPONSES POSSIBLE]</p> <p><i>This question is intended to ask how the central/district pharmacy tracks stock at health centers (etc.) in their catchment areas.</i></p> <p><i>It is NOT how they track stock in their own stores</i></p>	Ledgers	1
		eLMIS	2
		Reports from lower level facilities	3
		Others:	4
		None	5
		I don't know	98
LM-213	<p>Do your (e)/LMIS indicators include the following?</p> <p>[REQUEST FOR A COPY OF THE DOCUMENTED KPIs TRACKED]</p> <p>[MULTIPLE RESPONSES ALLOWED]</p>	Timeliness of reporting	1
		Completeness of reporting	2
		Accuracy of reports	3
		Validity of reports	4
		Others:	5

Q#	QUESTIONS	RESPONSES	SKIPS
		I don't know	98
LM 300: Processes and Procedures			
LM-301	Are modifications to eLMIS records controlled/authorized? <i>For example, after a report has been filed, is the ability to modify the numbers in the report controlled?</i>	Yes	1
		No	2
		I don't know	98
LM-302	Is eLMIS data from health facilities received in "real time"?	Yes, Physically Verified	1
	627	Yes, but NOT Physically Verified	2
		No	3
	628	I don't know	98
LM-303	Is there a standard protocol / instruction for preparing summary reports? [VERIFY EXISTENCE OF PROTOCOL]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
LM-304	Do (e)/LMIS reports include performance data (e.g., consumption, stock on hand etc.) from all levels of the supply chain on facility-level performance?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
LM-305	Is there a standard process, such as scheduled, regular meetings, to review LMIS data and reports?	Yes	1

Q#	QUESTIONS	RESPONSES		SKIPS
		No	2	
		I don't know	98	
LM-306	Which supply chain management activities are informed by (e)/LMIS reports? [READ EACH: MULTIPLE RESPONSES ALLOWED]	Ordering & reporting	1	
		Supply planning	2	
		Forecasting	3	
		Procurement (emergency or scheduled)	4	
		Product selection	5	
		Inventory management	6	
		Reverse logistics	7	
		Re-distribution	8	
		Donor activities	9	
		Budgeting	10	
		Waste management	11	
		Transportation	12	
		Systems performance	13	
		Others:	14	
		None	15	

Q#	QUESTIONS	RESPONSES	SKIPS
		I don't know	98
LM-307	Do you create custom and ad hoc reports from (e)/LMIS data? [REQUEST FOR COPIES OF THE REPORTS AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
	629	I don't know	98
LM-308	Does the current (e)/LMIS capture data on the following programs? [MULTIPLE RESPONSES ALLOWED]	HIV	1
		TB	2
		Malaria	3
		MNCH	4
		Family planning	5
		Essential medicines	6
		Others:	7
		None	8
		I don't know	98
LM-309	Is (e)/LMIS feedback shared with health lower level facilities? [REQUEST FOR EVIDENCE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2

Q#	QUESTIONS	RESPONSES		SKIPS
		No	3	
		I don't know	98	
LM 400: LMIS Standard Operating Procedures				
LM-401	Are there standard operating procedures for the LMIS? [REQUEST FOR A COPY AND VERIFY] [MULTIPLE RESPONSES ALLOWED]	Yes – for paper based LMIS	1	If “Yes- for paper based”, continue, & If “Yes- for eLMIS” go to LM-405 Otherwise go to next section
	630	Yes – for eLMIS	2	
	631	None	3	
	632	I don't know	98	
LM-402	Do the paper based LMIS standard operating procedures include the following? <i>The procedures could be subsections of the same SOP or they could be included in separate SOPs for different procedures.</i> [OBSERVE WITHIN THE SOPs TO VERIFY EXISTENCE]	Training for LMIS	1	
	633	Data collection	2	
	634	Data analysis	3	
	635	Quality reviews	4	
	636	Summary reporting	5	
	637	Frequency of reporting	6	
	638	I don't know	98	
LM-403	How often are SOPs for LMIS updated?	Annually or less	1	

Q#	QUESTIONS	RESPONSES	SKIPS
		1-2 years	2
		> two years	3
		Never	4
		I don't know	98
LM-404	When was the last update for the LMIS SOPs done? [OBSERVE THE LMIS SOPs]	< 1 year	1
	639	>1 year to 2 years	2
	640	>2 to 3 years	3
	641	> 3 years	4
	642	Revision underway	5
	643	Not updated	6
	644	I don't know	98
LM-405	Do the eLMIS standard operating procedures include the following? [OBSERVE WITHIN THE SOPs TO VERIFY EXISTENCE]	Training for LMIS	1
		Data collection	2
		Data analysis	3
		Quality reviews	4
		Summary reporting	5
		Frequency of reporting	6

Q#	QUESTIONS	RESPONSES	SKIPS	
		Training for LMIS	7	
		I don't know	98	
LM-406	How often are SOPs for eLMIS updated?	Annually or less	1	
		1-2 years	2	
		> two years	3	
		Never	4	
		I don't know	98	
LM-407	When was the last update for the eLMIS SOPs done?	< 1 year	1	
	[OBSERVE THE LMIS SOPs]			
		>1 year to 2 years	2	
		>2 to 3 years	3	
		> 3 years	4	
		Revision underway	5	
		Not updated	6	
	I don't know	98		
LM 500: Data Quality Assessments (DQAs)				
LM-501	Does the organization conduct internal data quality assessments (DQA)?	Yes	1	If "Yes", continue, otherwise go to next section
		No	2	
		I don't know	98	
LM-502	How often are DQAs done?	Monthly	1	

Q#	QUESTIONS	RESPONSES	SKIPS
		Quarterly	2
		Biannually	3
		Annually	4
		Less Annually	5
		Ad-hoc	6
		Not done	7
		I don't know	98
	When was the last DQA done?	Within past quarter	1
		Within past year	2
		More than a year	3
		I don't know	98
	Is feedback shared with the stakeholders? E.g. SDPs and Implementing partners	Yes	1
		No	2
		I don't know	98
LM 600: Hardware and software			
LM-601	<p>Is the LMIS run on <u>specialized</u> software? E.g. RX solution, Max and SAGE</p> <p><i>Specialized software indicates software designed specifically for LMIS, and should not include Excel, Access, or other generic software.</i></p> <p>[PROBE AND VERIFY AVAILABILITY OF SPECIALISED SOFTWARE]</p>	Yes, eLMIS	1
			Skip if LM-101 was "Paper LMIS only"

Q#	QUESTIONS	RESPONSES	SKIPS
		Yes, Other electronic system Prompt: Describe the system	2
		No	3
		I don't know	98
LM-602	Is the software up-to-date?	Yes	1
	645	No	2
	646	I don't know	98
LM-603	Is the eLMIS connected to the Web?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
LM-604	Does computing equipment include security firewalls?	Yes – all computing equipment does	1
	Computing equipment can include computers	Yes – some equipment (not all)	2
		No	3
		I don't know	98
LM-605	Is there internet connectivity at this facility?	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
LM 700: LMIS budget			
LM-701	Does this organization develop an LMIS budget as part of the overall organizational	Yes – for the paper based LMIS	
		Yes – for the eLMIS	
		No	

If “Yes” continue
Otherwise go to next section

If “Yes- for paper based

Q#	QUESTIONS	RESPONSES		SKIPS
	budget? E.g. for capacity building, internet costs etc. [MULTIPLE RESPONSES ALLOWED]	I don't know		LMIS" continue If "Yes- for the eLMIS" go to LM-705 Otherwise end of section
LM-702	Who is responsible for funding the paper based LMIS budget? E.g. for capacity building, internet costs etc. [MULTIPLE RESPONSES ALLOWED]	Government Donor Own resources I don't know	1 2 3 4	If "Governm ent" or "Own resources" continue Otherwise go to LM-705
LM-703	How much is the government and/or own resources contributing to recurring paper based LMIS costs under programs?	Minimal (less than 25%) Some (25-50%) Most (> 50%) All (100%) I don't know	1 2 3 4 98	
LM-704	Of the approved paper based LMIS budget, what proportion of funds was allocated/received for the last financial year?	Nothing Minimal (less than 25%) Some (25-50%) Most (> 50%) All (100%) I don't know	1 1 2 3 4 98	
LM-705	Who is responsible for funding eLMIS budget? E.g. for capacity building, internet costs etc. [MULTIPLE RESPONSES ALLOWED]	Government Donor Own resources I don't know	1 2 3 4	If "Governm ent" or "Own resources" continue Otherwise end of section
LM-706	How much is the government and/or own resources contributing to recurring eLMIS costs under programs?	Minimal (less than 25%) Some (25-50%) Most (> 50%) All (100%)	1 2 3 4	

Q#	QUESTIONS	RESPONSES		SKIPS
		I don't know	98	
LM-707	Of the approved eLMIS budget, what proportion of funds was allocated/received for the last financial year?	Nothing	1	
		Minimal (less than 25%)	1	
		Some (25-50%)	2	
		Most (> 50%)	3	
		All (100%)	4	
		I don't know	98	
LM 800: Preferences for eLMIS vs LMIS				
LM-801	Have you used both the paper LMIS and eLMIS	Yes	1	If "No" , skip to next section
	<i>Have they ever used it, not necessarily using it now</i>	No	2	
LM-802	From your perspective, what are advantages for using paper LMIS over eLMIS <i>Do not read list. Encourage them to explain in their own words and check relevant choices.</i> [MULTIPLE RESPONSES ALLOWED]	Ease of use	1	
		Accessibility	2	
		More efficient/Faster	3	
		More reliable data	4	
		Better capabilities for analysis and reporting	5	
		None	6	
		Other	7	
LM-803	From your perspective, what are advantages for using eLMIS over paper LMIS <i>Do not read list. Encourage them to explain in their own words and check relevant choices.</i> [MULTIPLE RESPONSES ALLOWED]	Ease of use	1	
		Accessibility	2	
		More efficient/Faster	3	
		More reliable data	4	
		Better capabilities for analysis and reporting	5	
		None	6	
		Other	7	
LM-804	How much time per month would you save using only eLMIS instead of both systems?	Little (<5 hours per month)	1	
		Some (5-15 hours per month)	2	
		A lot (>15 hours per month)	3	
		I don't know	4	
LM-805	How much time per month would you save using only Paper LMIS instead of both systems	Little (<5 hours per month)	1	

Q#	QUESTIONS	RESPONSES		SKIPS
		Some (5-15 hours per month)	2	
		A lot (>15 hours per month)	3	
		I don't know	98	

END OF MODULE 10 – LMIS

LM 900: PHYSICAL VERIFICATION:

Please ask to see physical copies of the following documents, and verify the questions above

Q#	VERIFICATION REQUIRED	RESPONSES		SKIPS
LM-901	Verify existence of policies that guide the LMIS? [VALIDATES LM-101]	Physically verified	1	SKIP this question if LM-101 is “No” or “I don’t know”
		Could NOT physically verify	2	
LM-902	Verify existence of a standard protocol / instructions for preparing summary reports? [VALIDATES LM-303]	Physically verified	1	SKIP this question if LM-303 is “No” or “I don’t know”
		Could NOT physically verify	2	
LM-903	Verify the existence of LMIS or eLMIS reports that have been created by staff at this facility. Ability to easily generate reports in eLMIS is sufficient. [VALIDATES LM-307]	Physically verified	1	SKIP this question if LM-307 is “No” or “I don’t know”
		Could NOT physically verify	2	
LM-904	Verify that they have a copy of the paper LMIS SOPs [VALIDATES LM-401]	Physically verified Prompt – Enter SOP Date	1	SKIP this question if LM-401 is “None” or “I don’t know”
	647	Could NOT physically verify	2	
LM-905	Verify that they have a copy of the eLMIS SOPs	Physically verified Prompt – Enter SOP Date	1	SKIP this question

Q#	VERIFICATION REQUIRED	RESPONSES		SKIPS
	[VALIDATES LM-401]			if LM-401 is “None” or “I don’t know”
		Could NOT physically verify	2	
LM-906	Verify whether both paper based LMIS and eLMIS standard operating procedures include the following? [VALIDATES LM-402]	Training for LMIS	1	
	648	Data collection	2	
	649	Data analysis	3	
	650	Quality reviews	4	
	651	Summary reporting	5	
	652	Frequency of reporting	6	
LM-907	Verify whether they have a DQA report [VALIDATES LM-501]	Physically verified Prompt – Enter DQA Report Date	1	SKIP this question if LM-501 is “No” or “I don’t know”
		Could NOT physically verify	2	

PHYSICAL VERIFICATION LIST: MODULE 10 – LMIS

1. Any LMIS or eLMIS reports that have been created by staff at this facility
2. Copy of paper LMIS Standard Operating Procedures (SOPs)
3. Copy of paper eLMIS SOPs
4. Access to any electronic LMIS used at the facility (such as eLMIS)
5. Any Data Quality Assessment report related to supply chain

ID11	Ending Time	End: [][] [][] a.m./p.m. Hour Minutes
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Any notes about interview:

MODULE II: WASTE MANAGEMENT

APPLICABILITY:

- CENTRAL WAREHOUSE (APPLICABLE)
- DISTRICT PHARMACY (APPLICABLE)

For this module, interview warehouse manager if available. If not, interview the designated staff member.

Q#	QUESTIONS	RESPONSES	SKIPS
WM 100: General Waste Management			
WM-101	Is there a formally approved national waste management policy?	Yes	1
		No	2
		I don't know	98
WM -102	Does your organisation have approved standard operating procedures (SOPs) for waste management? E.g. SOPs for destruction of expired, damaged and obsolete products [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
		If "Yes", continue, otherwise go to WM -106	
WM-103	Do your waste management SOPs align with the national waste management policy?	Yes	1
		No	2
		I don't know	98
WM-104	How often are SOPs for waste management updated?	Annually or less	1
		1-2 years	2
		> two years	3
		Never	4
		I don't know	98

Q#	QUESTIONS	RESPONSES		SKIPS
WM -105	When were the SOPs for waste management last updated? [VERIFY FROM SOP]	< 1 year	1	
	653	>1 year to 2 years	2	
	654	>2 to 3 years	3	
	655	> 3 years	4	
	656	Revision underway	5	
	657	Not updated	6	
	658	I don't know	98	
WM -106	Are waste management SOPs accessible to staff? [VERIFY ACCESSIBILITY OF WASTE MANAGEMENT SOPs]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
WM -107	Is the approved disposal process of unusable products authorized and documented for each waste disposal event? [VERIFY EXISTENCE OF DOCUMENTATION]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	

Q#	QUESTIONS	RESPONSES	SKIPS
WM -108	Are unusable pharmaceutical products stored separately? [VISUAL VERIFICATION]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
WM -109	Are unusable pharmaceutical products identified and sorted by appropriate handling, transportation, or disposal method? [VISUAL VERIFICATION]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
WM -110	How do you dispose of medical waste? <i>Access: Could be done via contract or by the facility itself.</i> [MULTIPLE RESPONSES ALLOWED]	Store at the facility indefinitely	1
		Bury locally	2
		Encapsulate	3
		Burn in Fire Pit	4
		Burn in medium-temperature incinerators (<1000 C)	5
		Burn in high-temperature incinerators (>1000 C)	6
		Transport to the DP or other higher level government facility	7
		Others:	8
		I don't know	98
WM -111	Is the incineration supervised by a regulatory authority?	Yes	1

Q#	QUESTIONS	RESPONSES		SKIPS
	<i>Supervision: regulatory authority attends during the destruction and/or they issue a certificate or similar document allowing the facility to conduct incineration.</i>			
		No	2	
		I don't know	98	
WM-112	When was waste last disposed of? [VERIFY FROM DOCUMENTATION]	Within last month	1	
		Within last year	2	
		More than 1 year	3	
		I don't know	4	
WM 200: Monitoring Waste Management				
WM -201	How is adherence to the waste management SOPs monitored? [MULTIPLE RESPONSES ALLOWED]	Regular collection of standard KPIs	1	
		Through annual audits	2	
		On-site monitoring	3	
		Others:	4	
		Not monitored	5	
		I don't know	98	
WM -202	Is data used to identify and track corrective actions?	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
WM -203	How often do formal <i>external</i> audits of the waste management system take place?	Annual or more frequently	1	
		659	at least every 2 years	

Q#	QUESTIONS	RESPONSES	SKIPS
	660	> 2 years	3
	661	Never	4
WM -204	How often do formal <i>internal</i> audits of the waste management system take place?	Annual or more frequently	1
	662	at least every 2 years	2
	663	> 2 years	3
	664	Never	4
	665	I don't know	98
WM -205	Do waste management-trained auditors <u>observe</u> waste handlers to verify appropriate procedures?	Yes	1
		No	2
		I don't know	98
WM -206	Were the recommendations from the most recent audit implemented?	Yes – but documentation is not available	1
		Yes – AND documentation is available	2
		No	3
	666	I don't know	98
WM 300: Waste Management MIS			
WM -301	Are waste management procedures and data computerized?	Yes, Physically Verified	1
	667	Yes, but NOT Physically Verified	2
		No	3
	668	I don't know	98
			If “Yes”, continue, otherwise end

Q#	QUESTIONS	RESPONSES		SKIPS
WM -302	What software is used for waste management, including collection planning (scheduling, transportation, routing, etc.)? [Multiple responses allowed]	Excel/Access based system	1	
		WMS	2	
		eLMIS	3	
		Others:	4	
		I don't know	98	
WM -304	Is the waste management system integrated with the LMIS or eLMIS?	Yes, Physically Verified	1	
	669	Yes, but NOT Physically Verified	2	
		No	3	
	670	I don't know	98	

END OF MODULE II – WASTE MANAGEMENT

WM 400: PHYSICAL VERIFICATION:

Please ask to see physical copies of the following documents, and verify the questions above

Q#	VERIFICATION REQUIRED	RESPONSES		SKIPS
WM - 401	Verify the existence of SOPs for waste management [VALIDATES WM-102]	Physically verified Prompt: Enter date of SOP	1	SKIP this question if WM-102 is “No” or “I don’t know”
		Could NOT physically verify	2	
WM - 402	Verify accessibility of waste management SOPs to staff [VALIDATES WM-106]	Physically verified	1	SKIP this question if WM-106 is “No” or “I don’t know”
		Could NOT physically verify	2	
WM - 403	Verify existence of approvals waste disposal events [VALIDATES WM-107]	Physically verified	1	SKIP this question if WM-107 is “No” or “I don’t know”

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS	
		Could NOT physically verify	2	
WM - 404	Verify that unusable pharmaceutical products are stored separately [VALIDATES WM-108]	Physically verified	1	SKIP this question if WM-108 is “No” or “I don’t know”
		Could NOT physically verify	2	
WM - 405	Verify that unusable pharmaceutical products are identified and sorted by appropriate handling, transportation, or disposal method [VALIDATES WM-109]	Physically verified	1	SKIP this question if WM-109 is “No” or “I don’t know”
		Could NOT physically verify	2	
WM- 406	Verify date of last waste disposal via waste disposal report or log [VALIDATES WM-112]	Within last month	1	SKIP this question if WM-112 is “Store at the facility indefinitely”
		Within last Year	2	
		More than 1 year Prompt: Enter date of last disposal for any of above	3	
		Could NOT physically verify	4	
WM - 407	Verify date of last EXTERNAL audit [VALIDATES WM-203]	Within last year	1	SKIP this question if WM-203 is “Never”
	671	Within last two years	2	
	672	More than 2 years Prompt: Enter date of last audit for any of above	3	
	673	Could NOT physically verify	4	
WM - 408	Verify date of last INTERNAL audit [VALIDATES WM-204]	Within last year	1	SKIP this question if WM-204 is “Never”

Q#	VERIFICATION REQUIRED	RESPONSES	SKIPS
674		Within last two years	2
675		More than 2 years Prompt: Enter date of last audit for any of above	3
676		Could NOT physically verify	4
677		I don't know	98

PHYSICAL VERIFICATION LIST: MODULE II – WASTE MANAGEMENT

1. Copies of any Standard Operating Procedures (SOPs) for waste management
2. Copies of approvals of waste disposal by the National Regulatory authority
3. Any waste disposal report or log
4. Documentation of most recent EXTERNAL audit, if any
5. Documentation of most recent INTERNAL audit, if any

ID II	Ending Time	End: [][] [][] a.m. /p.m.
		Hour Minutes
Any notes about interview:		

NATIONAL SUPPLY CHAIN ASSESSMENT V2.0 SERVICE DELIVERY POINTS

DATE OF VISIT:	[][]	[][]	[][][][]
	DAY	MONTH	YEAR
<hr/>			
STARTING TIME:	[][]	[][]	AM/PM (<i>CIRCLE ONE</i>)
	HOUR	MINUTES	
<hr/>			
FINISHING TIME	[][]	[][]	AM/PM (<i>CIRCLE ONE</i>)
	HOUR	MINUTES	
<hr/>			
NAME(S) OF ASSESSOR(S)	_____		

INTRODUCTION

This tool is used to conduct a National Supply Chain Assessment (NSCA) at the Service Delivery Point level with the aim of assessing the overall capability maturity and performance of a health supply chain. The information obtained from the NSCA will enable supply chain managers and implementing partners to monitor whether program activities are achieving their expected outcomes and develop evidence-based strategic and operational plans.

Overall, the NSCA informs two key processes:

Evidence-Based Planning & Decision-Making:

- Informs country and donor decision-making, by identifying key supply chain areas that require systems strengthening
- Provides evidence stakeholders require to develop programmatic work plans by leveraging assessment results to prioritize health system strengthening investments to capitalize on efficiencies in a infrastructure and resource constrained environment

Performance Management:

- The tool can be used at points in time to determine baseline, midline, and endline assessments for supply chain capability maturity and performance
- The NSCA tools and associated data can serve to help build a foundation for routine performance management

This tool is part of the Capability Maturity Model (CMM) Diagnostic Tool that is used to assess the capability maturity of a supply chain at multiple levels – from the central level to service delivery points (SDP), and across functional areas and cross-cutting organizational elements.

SCOPE

The scope of this tool covers the following modules;

- Human Resources
- Financial Sustainability
- Policy and Governance
- Quality and Pharmacovigilance
- Pharmacy Stores Management
- Distribution
- Logistics Management Information Systems
- Waste Management

METHODOLOGY

The tool is used to assess Service Delivery Points. The team will use a combination of interviews, observation, and document review to collect data.

The capability and functionality assessment will employ mainly binary (yes/no) questions to enable comparability, ease data collection, and ease of implementation. However, some questions may require selection of multiple responses.

DATA COLLECTION

Data collection and interviews will be conducted by teams of 2 individuals. Each team will be assigned districts and will conduct site visits at the district pharmacy, hospitals, and health centers within the assigned districts. Districts, hospitals, and health centers were randomly selected. This facility was selected as part of a random sample of facilities that is a representative sample of facilities in the entire country.

At each site the data collection team will:

- Interview the stock manager and/or the In-charge using this tool.
- Collect relevant Quantitative and KPI data using source data such as stock cards, LMIS reports, proformas, orders and delivery notes.
- A short interview with the head of the facility or similar person will be conducted to gather basic data on the facility and human resources for supply chain management. The store room will also be visited to assess the storage conditions and interviews done with staff regarding the key capabilities mentioned above. Data on stock status for selected tracer commodities and LMIS reporting will be collected.

Data collection teams are equipped with a Tablet PC to electronically collect and enter data. Data can be collected and entered offline, and uploaded later. Data will be secured and encrypted.

Do you have any questions before we proceed?

FACILITY DETAILS

FACILITY NAME:

GPS READING: Latitude:.....°N Longitude.....°E

OWNERSHIP:

PHYSICAL ADDRESS:

TELEPHONE (1):

TELEPHONE (2):

EMAIL ADDRESS:

DISTRICT:

PROVINCE:

REVISIT REQUIRED?

Date:

Time:

IF MANAGER IS BUSY OR NOT PRESENT, PLEASE SET UP A TIME WHEN THE SCHEDULE PERMITS

[][] [][] [][][][]
Day Month Year

[][] [][] am/pm Hour
Minutes (Circle one)

RESPONDENT'S DETAILS

NAME	POSITION	TELEPHONE CONTACT	EMAIL ADDRESS
1			
2			
3			
4			
5			

**MODULE I:
HUMAN RESOURCES**

For this module, interview the facility head if available. If not, interview the assistant of the health facility or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
HR 100: Recruiting			
HR-101	Is there an action plan that incorporates recruitment for supply chain personnel?	Yes	1
	101	No	2
	102	I don't know	98
HR-102	Is budget for recruitment under the action plan included in the subnational, including SDP, budget?	Yes	1
		No	2
		I don't know	98
HR-103	Do all supply chain personnel have a job description?	All	1
	[VERIFY JOB DESCRIPTIONS AT END OF MODULE, INCLUDING WHICH COMPETENCIES ARE INCLUDED. QUESTIONS HR-601 AND HR-602]	Some	2
		None	3
		I don't know	98

Q#	QUESTIONS	RESPONSES	SKIPS
HR-104	Do your staff have access to their job descriptions?	Yes – all staff	1
		Yes – some staff	2
		No	3
		I don't know	98
HR-105	Is there a recruitment process underway for current supply chain vacant positions?	Yes	1
		No	2
		There are no vacancies	3
		I don't know	98
HR 200 Workforce capacity building			
HR-201	Which capacity building programs are available for staff? [MULTIPLE RESPONSES ALLOWED]	“Classroom” training	1
		Mentorship	2
		Coaching	3
		On job training	4
		eLearning	5
		Others	6
		None	7
		I don't know	98
HR-202	How often are staff capacity building needs assessed?	Quarterly	1
		Twice per year	2
		Annually	3
		Less than annually	4

Q#	QUESTIONS	RESPONSES	SKIPS
		Others	5
		Never	6
		I don't know	98
HR-203	Is there a capacity building plan for current employees that includes supply chain management? [VALIDATE LATER WITH HR-603]	Yes	1
		No	2
		I don't know	98
			If "Yes" Continue, otherwise go to HR-207
HR-204	Is the supply chain management capacity building plan aligned with capacity building needs assessments?	Yes	1
		No	2
		I don't know	98
HR-205	Which areas does the capacity building plan cover? [MULTIPLE RESPONSES ALLOWED]	Pharmacy Store management	1
	03	LMIS	2
	04	Ordering and Reporting	3
	05	Medicines Management	4
	06	Waste Management	5

Q#	QUESTIONS	RESPONSES	SKIPS
	07	Quality and Pharmacovigilance	6
	08	Treatment Guidelines	7
	09	Financial Management	8
	10	None	9
	11	Others:	10
	12	I don't know	98
HR-206	Does the capacity building plan incorporate changes from the national policy?	Yes	1
		No	2
		I don't know	98
HR-207	Do capacity building materials and/or tools (e.g., job aids) exist for any of the following areas? [VALIDATE LATER WITH HR-604] [MULTIPLE RESPONSES ALLOWED]	Pharmacy store management	1
	13	LMIS	2
	14	Ordering and Reporting	3
	15	Medicines Management	4
	16	Waste Management	5
	17	Quality and Pharmacovigilance	6

Q#	QUESTIONS	RESPONSES	SKIPS	
	18	Treatment Guidelines	7	
	19	Financial Management	8	
	20	Others:	9	
		None	10	
	21	I don't know	98	
HR-208	Which of the following areas were covered under the capacity building sessions that have been conducted? [MULTIPLE RESPONSES ALLOWED]	Pharmacy store management	1	
	22	LMIS	2	
	23	Ordering and Reporting	3	
	24	Medicines Management	4	
	25	Waste Management	5	
	26	Quality and Pharmacovigilance	6	
	27	Treatment Guidelines	7	
	28	Financial Management	8	
	29	None	9	
	30	Others:	10	
	31	I don't know	98	
HR-209	Is the outcome of the capacity building evaluated?	Yes	1	If "Yes", continue

Q#	QUESTIONS	RESPONSES		SKIPS
	[VALIDATE LATER WITH HR-605]			Otherwise go to HR-211
		No	2	
		I don't know	98	
HR-210	Is this evaluation done on a <i>competency basis</i> ? Competency refers to the ability to perform a task. This question refers to post-training assessment of a person's ability to understand a task and have the ability to achieve the task. This does NOT refer to evaluations done for performance-based financing (PBF).	Yes	1	
		No	2	
		I don't know	98	
HR-211	Is there a database to keep track of staff that have received capacity building in supply chain management? [VALIDATE WITH HR-606] Database may be a file, paper or electronic, that is accessible by health center staff.	Yes	1	
		No	2	
		I don't know	98	
HR-212	What proportion of staff participated in capacity building sessions/opportunities in the last two years?	None	1	
		Minimal (1- 25%)	2	

Q#	QUESTIONS	RESPONSES	SKIPS
	[THE DENOMINATOR SHOULD BE NUMBER OF TECHNICAL STAFF]		
		Some (25-50%)	3
		Most (> 50%)	4
		All (100%)	5
	132	I don't know	98
	What are the critical barriers to supply chain management capacity building programs? [MULTIPLE RESPONSES ALLOWED]	Finances	1
		Workload	2
		Skilled Trainers	3
		Materials	4
		Language	5
HR-213		Perceptions	6
		Time	7
		Lack of interest or need	8
		Others:	9
		There are no barriers	10
		I don't know	98

Q#	QUESTIONS	RESPONSES	SKIPS	
HR 300: Performance Review				
HR-301	How often is staff performance reviewed? <i>Clarification:</i> <i>The performance review should be formalized in some way. If the staff performance review is informal, this should be answered “Never”. Please ask questions to clarify.</i> <i>This question does not refer to performance-based financing (PBF) or a review of the facility as a whole. This question refers to one-on-one performance reviews between supervisors and supervisees.</i>	Quarterly	1	If “Never”, go to HR-303 Otherwise, Continue
	I33	Bi –annually	2	
	I34	Annually	3	
	I35	Less frequently than once a year	4	
	I36	Never	5	
	I37	I don’t know	98	
HR-302	Do performance reviews follow a common procedure across the facility?	Yes	1	
	I38	No	2	
	I39	I don’t know	98	
HR-303	Are there performance incentives for staff who perform well? <i>Clarify /probe:</i> <i>Incentives are not necessarily monetary. This does not refer to PBF.</i>	Yes	1	
	I40	No	2	

Q#	QUESTIONS	RESPONSES	SKIPS	
	141	I don't know	98	
HR-304	Are there performance development plans for supply chain staff who are not performing as expected? [VALIDATE LATER WITH HR-607]	Yes	1	
	142	No	2	
	143	I don't know	98	
	144	Refused	99	
HR-305	Is there an approved staff retention scheme that includes supply chain personnel?	Yes	1	
		No	2	
		I don't know	98	
HR-306	Is the performance of this facility evaluated under a Performance-Based Financing (PBF) scheme?	Yes	1	If "No" or "I don't know" , Go to HR-401 Otherwise, continue
		No	2	
		I don't know	98	
HR-307	How often is the facility assessed under the PBF scheme?	Monthly	1	
		Bi-monthly	2	
		Quarterly	3	
		Annually	4	
		Less than annually	5	

Q#	QUESTIONS	RESPONSES	SKIPS
		Others:	6
		I don't know	98
HR-308	Which supply chain indicators are captured under the PBF scheme?	Days out of stock	1
		Availability of tracer commodities on day of assessment	2
		Stock accuracy	3
		Reporting rates	4
		Cost percentage of expired drugs	5
		Others:	6
		None of the above	7
		I don't know	98
HR 400: Supportive Supervision			
HR-401	<p>Has the supply chain staff received supportive supervision within the last year?</p> <p>Clarify if needed: Supportive supervision is supervision that includes some aspect of mentorship / problem-solving. It is supervision from outside of the health center.</p>	Yes	<p>If "Yes", continue, otherwise go to next section</p>

Q#	QUESTIONS	RESPONSES	SKIPS
	<i>Supportive supervision should be something scheduled, and should have occurred within the last year to answer “yes” to this question.</i>		
	I45	No	2
	I46	I don't know	98
HR-402	Which of the following is responsible for providing supportive supervision to your facility?	MOH staff	1
		Central warehouse staff	2
		District pharmacy staff	3
		Development partners	4
		Others:	5
		I don't know	98
HR-403	How often is the supportive supervision received?	Monthly	1
		Bi monthly	2
		Quarterly	3
		Twice a Year	4
		Annually	5
		Less than annually	6
		Continuously	7
		I don't know	98
HR-404	Are there guidelines for supportive supervision that include supervision of supply chain personnel?	Yes	1

Q#	QUESTIONS	RESPONSES		SKIPS
	<i>This question is intended to ask if the guidelines exist – whether the health center staff are aware that there are guidelines in existence.</i>			
		No	2	
		I don't know	98	
HR-405	Are the supply chain supervision visits scheduled in advance for intended personnel? <i>Intended personnel: Based on the position/functions, not the individual.</i>	Yes	1	
		No	2	
		I don't know	98	
HR-406	Do workers receive immediate feedback after supervisory visits?	Yes	1	
	147	Sometimes	2	
	148	No	3	
	149	I don't know	98	
HR-407	Are corrective actions taken following supervision visits to this facility?	Yes	1	
	150	No	2	
	151	I don't know	98	
HR-408	Does this facility provide supportive supervision to health posts and/or community health workers?	Yes	1	If “Yes”, continue, otherwise go to next section
		No	2	
		I don't know	98	

Q#	QUESTIONS	RESPONSES	SKIPS	
HR-409	Are there guidelines for this kind of supportive supervision to health posts and/or community health workers?	Yes	1	
		No	2	
		I don't know	98	
HR-410	How often is supportive supervision provided to health posts and/or community health workers?	Monthly	1	
		Bi monthly	2	
		Quarterly	3	
		Twice per year	4	
		Annually	5	
		Less than annually	6	
		Continuously	7	
		I don't know	98	
HR 500: Budget for Human Resource				
HR-501	Who is responsible for funding the human resource budget for supply chain personnel? <i>This question is specific to the human resources working in the supply chain.</i> [MULTIPLE RESPONSES ALLOWED]	Government	1	If "Government", or "Own Resources" continue, otherwise go to next section
		Donor	2	
		Own resources	3	
		I don't know	98	

Q#	QUESTIONS	RESPONSES		SKIPS
HR-502	How much is government AND “own resources” contributing to human resource associated budgets under programs? <i>This question is specific to the human resources working in the supply chain.</i>	Minimal (less than 25%)	1	
		Some (25-50%)	2	
		Most (> 50%)	3	
		All (100%)	4	
		I don't know	98	
HR 600 Physical Verification Please ask to see physical copies of the following documents, and answer the questions below.				
HR-601	Validate that specific job descriptions exist for store manager and any other supply chain positions at this facility. [VALIDATES QUESTION HR-103]	Physically verified some	1	SKIP this question if HR-103 is “None”
		Physically verified all (even if only 1 position)	2	
		Could NOT physically verify	3	
HR-602	Verify which of the following competences and experience are required in the relevant job descriptions. [MULTIPLE RESPONSES ALLOWED] [FOLLOW UP TO HR-601]	Pharmacy Stores management	1	SKIP this question if HR-601 is “Could NOT Physically Verify”
		LMIS	2	
		Ordering and Reporting	3	
		Medicines Management	4	
		Waste Management	5	
		Quality and Pharmacovigilance	6	
		None of the above	7	
HR-603		Physically verified	1	SKIP this question

Q#	QUESTIONS	RESPONSES	SKIPS	
	Validate that the SDP has a capacity building plan that includes supply chain management [VALIDATES QUESTION HR-203]	Could NOT physically verify	2 if HR-203 is “No” or “I don’t know”	
HR-604	Verify which of the following areas are covered within capacity building materials and/or tools (e.g., job aids). [MULTIPLE RESPONSES ALLOWED] [VALIDATES QUESTION HR-207]	Pharmacy Stores management	1	SKIP this question if HR-207 is “None”
		LMIS	2	
		Ordering and Reporting	3	
		Medicines Management	4	
		Waste Management	5	
		Quality and Pharmacovigilance	6	
		None of the above	7	
HR-605	Validate that a copy of a training evaluation report exists [VALIDATES QUESTION HR-209]	Physically verified	1	SKIP this question if HR-209 is “No”
		Could NOT physically verify	2	
HR-606	Validate that there is a database that tracks staff that have received capacity building in supply chain management [VALIDATES QUESTION HR-211]	Physically verified	1	SKIP this question if HR-211 is “No” or “I don’t know”
		Could Not Physically Verify	2	
HR-607	Validate that performance development plans exist for supply chain staff who are not performing as well as expected [VALIDATES QUESTION HR-304]	Physically verified	1	SKIP this question if HR-304 is “No” or “I don’t know”
		Could Not Physically Verify	2	

END OF MODULE I – HUMAN RESOURCES

PHYSICAL VERIFICATION LIST: MODULE I – HUMAN RESOURCES

1. Job descriptions exist for store manager and any other supply chain positions at this facility.
2. Any capacity building plan that includes supply chain management
3. Any capacity building materials and/or tools (e.g., job aids) that include supply chain management.
4. Any supply chain training evaluation reports
5. Any database that tracks staff that have received capacity building in supply chain management
6. Any performance development plans exist for supply chain staff

IDI	Ending Time	End: [][] [][] a.m. /p.m. Hour Minutes (Circle one)
Any notes about interview:		

**MODULE 2:
FINANCIAL SUSTAINABILITY**

For this module, interview director of health facility if available. If not, interview accountant or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
FS 100: Facility purchasing			
FS-101	Does your facility purchase its own medicines from the private sector? <i>Do not include procurement from the District Pharmacy or MPPD</i>	Yes	1
	152	No	2
	153	I don't know	9 8
FS-102	Does the facility bench mark its prices against market indices through a published price list (e.g., MPPD or DP prices) or as recorded in LMIS software?	Yes	1
	154	No	2
	155	I don't know	9 8
FS-103	Does this facility have the financial responsibility for maintaining its own drug stocks? This includes purchasing from the DP or MPPD	Yes	1
	156	No	2
	157	I don't know	9 8
FS-104	Overall does this facility generate enough revenue to cover the operational costs for purchasing and managing the supplies?	Yes	1

Q#	QUESTIONS	RESPONSES	SKIPS
	158	No	2
	159	I don't know	9 8
	Budgets		
FS-201	What are your sources of funding or ways of generating revenue? [MULTIPLE RESPONSES ALLOWED] <i>Funding in this case makes reference to all operations including commodities</i>	Government	1
		Donors	2
		Own Resources (including Cost Recovery)	3
		Others:	4
		I don't know	98
FS-202	In past 2 years, were there ever insufficient funds to purchase the commodities needed?	Yes	1
		No	2
		I don't know	98
			If "Yes", continue, otherwise go to FS-204
FS-203	How was the budget shortfall addressed? [MULTIPLE RESPONSES ALLOWED]	Internal allocation of funds	1
		Donor funding	2
		Donor in-kind donations	3
		Government	4
		Budgets cuts made	5
		Not addressed	6
		Others:	7
		I don't know	98
FS-204	How often are budgets prepared?	Annually	1
		Less frequently than annually	2
		I don't know	98
FS-205	Are budgets updated in response to operations changes?	Yes	1
		No	2

Q#	QUESTIONS	RESPONSES		SKIPS
		I don't know	3	
FS-206	How much is government AND "own resources" contributing to the supply chain costs at this facility?	Minimal (less than 25%)	1	SKIP unless the answer to FS-201 was "Government" or "Own Resources"
		Some (25-50%)	2	
		Most (> 50%)	3	
		All (100%)	4	
		I don't know	98	

END OF MODULE 2 – FINANCIAL SUSTAINABILITY

ID2	Ending Time	End: [][]	[][] a.m. /p.m.
		Hour	Minutes (Circle one)
Any notes about interview:			

**MODULE 3:
POLICY AND GOVERNANCE**

For this module, interview director of health facility if available. If not, interview the assistant director or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
PG 100: Standard treatment guidelines			
PG-101	Do you have the National Standard Treatment Guidelines at this facility? [VERIFY LATER WITH PG-201] <i>This refers to GUIDELINES, not to disease specific protocols.</i>	Yes	1
		No	2
		I don't know	98
PG-102	How are updates to the National Standard Treatment Guidelines (STG) officially communicated to you? [MULTIPLE RESPONSES ALLOWED]	Through email communication	1
	60	By sending a printed document	2
	61	At a workshop	3
	62	Posting on website	4
	63	Others:	5
	64	None - They are not formally communicated	6
	65	I don't know	98
PG 200 Physical Verification Please ask to see physical copies of the following documents, and answer the questions below.			

Q#	QUESTIONS	RESPONSES	SKIPS
PG-201	Verify the existence of National Standard Treatment Guidelines at this facility.	Physically verified	1
	[VALIDATES PG-101]	Could Not Physically Verify	2

SKIP this question if **PG-101** is **“No”**

END OF MODULE 3 – POLICY AND GOVERNANCE

PHYSICAL VERIFICATION LIST: MODULE 3 – POLICY AND GOVERNANCE

I. Copy of National Standard Treatment Guidelines.

ID3	Ending Time	End: [][] [][] a.m. /p.m. Hour Minutes (Circle one)
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Any notes about interview:

**MODULE 4:
QUALITY & PHARMACOVIGILANCE**

For this module, interview store manager if available. If not, interview assistant store manager or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS	
QPV 100: Quality assurance SOPs				
QPV-101	Are you aware of the presence of standard operating procedures for medicine quality assurance? [VALIDATE LATER WITH QPV-401, NOTING DATE OF THE SOP]	Yes	1	If “Yes”, continue, otherwise go to QPV-104
	166	No	2	
	167	I don’t know	98	
QPV-102	How is adherence to SOPs for medicine quality assurance monitored? [MULTIPLE RESPONSES ALLOWED]	Regular collection of standard KPIs	1	
		Through annual audits	2	
		On-site monitoring	3	
		Others:	4	
		Not monitored	5	
		I don’t know	98	
QPV-103	Within the past year, have the standard operating procedures for medicine quality assurance been routinely followed?	Yes	1	
		No	2	
		I don’t know	98	

Q#	QUESTIONS	RESPONSES	SKIPS	
QPV-104	Are quality control samples taken from your site?	Yes	1	
	[VERIFY LATER WITH QPV-402]			
		No	2	
	168	I don't know	98	
QPV 200: Pharmacovigilance system				
QPV-201	Is there a designated staff member for pharmacovigilance?	Yes	1	
		No	2	
		I don't know	98	
QPV-202	Do you have data collection tools for pharmacovigilance reporting?	Yes	1	If “Yes” continue otherwise go to next section
		No	2	
		I don't know	98	
QPV-203	Are data routinely collected for pharmacovigilance?	Yes	1	
		No	2	
		I don't know	98	
QPV-204	Are collected data shared with the central level?	Yes	1	
		No	2	
		I don't know	98	
QPV-205	How many adverse drug reactions (ADRs) have been reported in this facility in the last year?	Number: Prompt number entry	1	If “Not Measured” , go to QPV-207
	The number refers to the number of cases.			
	[INDICATE NUMBER OF ADRs REPORTED IN THE LAST YEAR]	Not measured	2	Otherwise, Continue
		I don't know	98	

Q#	QUESTIONS	RESPONSES	SKIPS	
QPV-206	Of the ADRs reported in the last year, how many have been reviewed? [INDICATE NUMBER OF ADRs REVIEWED IN THE LAST YEAR]	Number: Prompt number entry	1	
		Not measured	2	
		I don't know	98	
QPV-207	Are there action protocols based on pharmacovigilance results? [VALIDATE WITH QPV-403]	Yes	1	
		No	2	
		I don't know	98	
QPV 300: Pharmacovigilance SOPs				
QPV-301	Are there standard operating procedures (SOPs) for pharmacovigilance? E.g. SOPs for ADR receipt; follow up on ADR complaint. [VALIDATE WITH QPV-404, NOTING DATE OF THE SOP]	Yes	1	If "Yes" then continue , Otherwise go to next section
		No	2	
		I don't know	98	
QPV-302	Are SOPs accessible to staff?	Yes	1	
		No	2	
		I don't know	98	
QPV 400 Physical Verification Please ask to see physical copies of the following documents, and answer the questions below.				
QPV-401	Verify the existence of standard operating procedures for medicine quality assurance.	Physically verified Prompt: Enter Date of SOP	1	SKIP this question

Q#	QUESTIONS	RESPONSES	SKIPS
	[VALIDATES QPV-101]	Could NOT physically verify	2 if QPV-101 is “No” or “I don’t know”
QPV-402	Verify documentation that quality control samples have been taken from the facility [VALIDATES QPV-104]	Physically verified Prompt: Enter Date of last sampling	1
		Could NOT physically verify	2
QPV-403	Validate that the facility has action protocols developed in response to pharmacovigilance results? [VALIDATES QPV-207]	Physically verified	1
		Could NOT physically verify	2
QPV-404	Verify existence of standard operating procedures (SOPs) for pharmacovigilance [VALIDATES QPV-301]	Physically verified Prompt: Enter Date of SOP	1
		Could NOT physically verify	2

End of MODULE 4 – QUALITY & PHARMACOVIGILANCE

PHYSICAL VERIFICATION LIST: MODULE 4 – QUALITY & PHARMACOVIGILANCE

1. Number of Adverse Drug Reactions reported in the last year
2. Number of Adverse Drug Reactions reviewed in the last year
3. Standard operating procedures for medicine quality assurance.
4. Register of last date quality control samples have been taken from the facility
5. Any action protocols developed in response to pharmacovigilance results
6. Standard operating procedures (SOPs) for pharmacovigilance

ID4	Ending Time	End: [][] [][] a.m. /p.m. Hour Minutes (Circle one)
Any notes about interview:		

**MODULE 5:
PHARMACY STORES MANAGEMENT**

For this module, interview store manager if available. If not, interview assistant store manager or other appropriate person.

Note: This is the one module where verification will be done during the interview, as opposed to at the end of the module.

Q#	QUESTIONS	RESPONSES	SKIPS
PSM 100: Stores SOPs			
PSM-101	Does the store have SOPs for its operations in place? [VERIFY EXISTENCE OF SOPs, NOTE DATE]	Yes, SOPs Physically Verified Prompt: Enter Date of SOP	1
		Yes, SOP Not Physically Verified	2
		No	3
		I don't know	98
PSM-102	How is adherence to the SOPs monitored? [MULTIPLE RESPONSES ALLOWED]	Checklists	1
		Self-reporting	2
		Audits	3
		Support Supervision Visits	4
		Others:	5

Q#	QUESTIONS	RESPONSES	SKIPS
		Not monitored	6
		I don't know	98
PSM 200: Commodity receipt			
PSM-201	How are items checked against shipping documentation when received? <i>This question refers to when the facility receives commodities</i>	One staff from the facility checks the order	1
		More than one person from the facility checks the order	2
		Both the receiving entity and the dispatching entity jointly check the order	3
		Other:	4
		They are not checked	5
		I don't know	98
PSM-202	What actions do you take when there is a discrepancy in the commodities received from the supplier?	Notify the central warehouse/district pharmacy	1
		Reject the products	2
		Return excess or damaged commodities	3
		Fill in a discrepancy from	4
		Re-order	5
		Nothing	6
		Others	7
		I don't know	98
PSM-203	Are all receipts, including returns, checked for expiration and quality? [VALIDATE BY SEEING A DELIVERY NOTE OR RECEPTION REPORT WITH NOTATION ON QUALITY OR EXPIRATION CONCERN, FROM WITHIN LAST YEAR]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
PSM 300: Pharmacy Store Design & Layout			

Q#	QUESTIONS	RESPONSES	SKIPS	
PSM-301	<p>Does the store meet the following minimum acceptable design, layout and construction requirements for storage of pharmaceutical products?</p> <p><i>Verify if the store meets the following minimum acceptable design, layout and construction requirements for storage of pharmaceutical products?</i></p> <p>DO NOT ASK THESE QUESTIONS; OBSERVE THEM DIRECTLY AND MAKE JUDGEMENT TO THE BEST OF YOUR ABILITY</p> <p>[MULTIPLE RESPONSES ALLOWED]</p>	Permanent and leak free roofing	1	<p>If “Designated quarantine area” is NOT selected, go to PSM-401</p> <p>If it is selected, Continue</p>
		Insulated and leak free ceiling	2	
		Minimum acceptable Ventilation	3	
		Smooth and non-porous floor	4	
		Adequate storage area	5	
		Designated quarantine area	6	
		Adequate entrance and aisle (passage way)	7	
		Adequate reception area/zone	8	
		Adequate office area e.g., separate office	9	
		Others:	10	
PSM-302	<p>Are the following in place for the Quarantine area?</p> <p>[MULTIPLE RESPONSES ALLOWED]</p> <p>[PHYSICALLY VERIFY]</p>	Secured	1	
		SOPs for operations of Quarantine, Physically Verified	2	
		Others:	3	
		I don't know	98	
PSM-303	<p>Are Quarantined items recorded and labeled as “not available for supply purposes”</p> <p>[ASK TO SEE RECORDS AND LABELS]</p>	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PSM 400: Pharmacy utilities				
PSM-401	<p>Does the store have the following utilities in place?</p> <p>[MULTIPLE RESPONSES ALLOWED]</p>	Lighting in all rooms	1	
		Air conditioning	2	
		Internet	3	
		Official facility telephone (mobile or land line)	4	
		None of the above	5	
		I don't know	98	

Q#	QUESTIONS	RESPONSES	SKIPS	
PSM-402	How do you ensure consistent electric power at this facility? [MULTIPLE RESPONSES ALLOWED]	Generator	1	
		Invertors	2	
		Solar Systems	3	
		Other:	4	
		No backup available	5	
		I don't know	98	
PSM-403	Is there a cleaning schedule in place? [OBSERVE AND VERIFY]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PSM 500: Pharmacy Equipment				
PSM-501	Are the following storage equipment utilized? [MULTIPLE RESPONSES ALLOWED]	Shelves (has no doors)	1	
		Pallets	2	
		Cabinets (has doors)	3	
		Others:	4	
		None of the above	5	
		I don't know	98	
PSM-502	Are the following material handling equipment utilized? [MULTIPLE RESPONSES ALLOWED]	Dolly/Hand Truck (two wheels))	1	
		Cart (4 wheels)	2	
		Pallet Jack	3	
		Fork Lift	4	
		Others:	5	
		None of the above	6	
		I don't know	98	
PSM 600: Repair & Maintenance Programs				
PSM-601	Is there a repair and maintenance plan in place for all equipment and utilities? Relevant equipment includes computers, air conditioners, as well as any other electric or heavy equipment. [IF YES, ASK TO SEE PLAN]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		Not Applicable (no relevant equipment)	4	
		I don't know	98	
PSM-602	Is there a log of maintenance requests?	Yes, Physically Verified	1	

Q#	QUESTIONS	RESPONSES	SKIPS		
PSM-701	[IF YES, ASK TO SEE LOG]	Yes, but NOT Physically Verified	2	If “Firefighting equipment” is selected, continue Otherwise go to PSM-703	
		No	3		
		I don’t know	98		
	Safety & Security				
	What safety equipment is available in this facility today? ONLY MARK THOSE THINGS WHICH ARE PHYSICALLY VERIFIED [MULTIPLE RESPONSES ALLOWED]	Firefighting equipment	1		
		Eye protection	2		
		Gloves (heavy duty)	3		
		Spill kits (These contain absorbent pads, acid/base neutralizers, goggles etc.)	4		
		Masks	5		
		Lab coats	6		
Others:		7			
None of the above		8			
I don’t know	98				
PSM-702	How long ago was the firefighting equipment serviced? [CHECK THAT INSPECTION LABEL IS UP TO DATE]	Inspection label (tag) is within one year	1		
		Inspection is > 1 year	2		
		Others	3		
		I don’t know	98		
PSM-703	Do you have, <i>in the storeroom</i> , a clearly visible lay out of premises/plan with directions for emergency exits? [OBSERVE TO VERIFY]	Yes, Physically Verified	1		
		Yes, but NOT Physically Verified	2		
		No	3		
		I don’t know	98		
PSM-704	Does the store have smoke detectors? [OBSERVE TO VERIFY]	Yes, Physically Verified	1		
		Yes, but NOT Physically Verified	2		
		No	3		
		I don’t know	98		
PSM -705	Are the smoke detectors serviced? [OBSERVE SERVICE CERTIFICATE AND DETERMINE IF UP TO DATE. IF NO RECERTIFICATION DATE,	Yes, Physically Verified	1		
		Yes, but NOT Physically Verified	2		
		No	2		
		I don’t know	98		

Q#	QUESTIONS	RESPONSES	SKIPS
PSM -706	What security measures for the pharmacy store are in place and currently operational? [READ AND MULTIPLE ANSWERS POSSIBLE]	Controlled access (e.g., limited access to keys)	1
		Locks on main doors	2
		Locks on product cabinets	3
		Burglar bars	4
		Staff ID cards	5
		Control of vehicles entering premises	6
		Record of all people entering	7
		Record of all people exiting	8
		CCTV recordings kept on file	9
		Alarm (local to facility)	10
		Alarm (connected to police)	11
		Biometrics	12
		Security Guards	13
		Others:	14
None	15		
I don't know	98		
PSM 800: Picking medicines/commodities			
PSM -801	How do you determine which stock for a given item to issue first? DO NOT READ CHOICES - ALLOW THEM TO EXPLAIN AND CHECK RELEVANT CHOICES [MULTIPLE RESPONSES ALLOWED]	FEFO (First Expiry First Out) requirements adhered to	1
		FIFO principles (First in, first out) implemented for products without expiration dates or products with the same expiration dates	2
		Others:	3
		None of these	4
		I don't know	98
PSM 900: Environmental control			
PSM -901		Yes	1

Q#	QUESTIONS	RESPONSES	SKIPS
	<p>Is the pharmacy store monitored for environmental conditions and safety?</p> <p>Monitored: Can be done by pharmacy manager or other staff in the facility. This does not refer people from outside the facility.</p> <p>Environment: Humidity, temperature, and other conditions</p>	<p>No 2</p> <p>I don't know 98</p>	
PSM -902	<p>Have you ever received an environmental control inspection certificate?</p> <p>[VISUALLY CONFIRM CERTIFICATE]</p>	<p>Yes, Physically Verified 1</p> <p>Yes, but NOT Physically Verified 2</p> <p>No 3</p> <p>I don't know 98</p>	
PSM -903	<p>Which of the following temperature control systems do you have in place?</p> <p>[OBSERVE AND ONLY MARK THOSE WHICH ARE VALIDATED]</p> <p>[MULTIPLE RESPONSES ALLOWED]</p>	<p>Heating system 1</p> <p>Cooling system 2</p> <p>Others: 3</p> <p>None 4</p> <p>I don't know 98</p>	If "None", go to PSM-905
PSM -904	<p>Has the heating or cooling system NOT worked at least 3 days or longer in the past year?</p>	<p>Yes 1</p> <p>No 2</p> <p>I don't know 98</p>	
PSM -905	<p>Is temperature monitored and recorded in non-cold chain areas?</p> <p>[VERIFY RECORDS]</p>	<p>Yes and up to date (within last 2 days) 1</p> <p>Yes but NOT up to date OR not Physically Verified 2</p> <p>No 3</p> <p>I don't know 98</p>	
PSM-906	<p>Is humidity monitored and recorded in non-cold chain areas</p>	<p>Yes and up to date (within last 2 days) 1</p>	

Q#	QUESTIONS	RESPONSES	SKIPS
	[VERIFY RECORDS]	Yes but NOT up to date OR not Physically Verified	2
		No	3
		I don't know	98
	Do you have the following temperature and humidity monitoring devices in place?	Thermometers	1
		Hygrometers	2
		Others:	3
		None	4
		I don't know	98
PSM -908	How often is the Heating and/or air conditioning system(s) cleaned? [MULTIPLE RESPONSES ALLOWED]	Quarterly	1
		Twice per year	2
		Annually	3
		Less than annually	4
		Only if contaminated	5
		After renovations	6
		Only if an employee suffers from an unexplained allergy-related illness	7
		Others:	8
		Never	9
		I don't know	98
PSM -909	What humidification control measures are in place? [MULTIPLE RESPONSES ALLOWED]	Air conditioners	1
		Bi-directional heat pumps	2
		Use of desiccants	3
		Others:	4
		None	5
		I don't know	98
PSM 1000: Products Organization			
PSM-1001	In case of stock overflow, Where does the excess stock go? <i>Overflow: More stock that cannot fit in the pharmacy stores</i> [MULTIPLE RESPONSES ALLOWED]	Rented Storage Space	1
		Supplier's warehouse	2
		Partner's store	3
		Additional non-standard storage space on site	4
		Staff offices	5
		Hallways	6

Q#	QUESTIONS	RESPONSES	SKIPS
		Pushed out immediately down the supply chain	7
		Other:	8
		I don't know	98
PSM-I1002	<p><i>assess whether the facility knows whether or not the storage capacity at their facility is sufficient to hold the amount of commodities they should have in stock.</i></p> <p><i>Thus, this question is about the staff skills, not about the storage capacity itself.</i></p> <p>[PROMPT AND CHECK ALL THAT APPLY]</p>	Yes - capacity is tracked manually	1
		Yes - tracking is done automatically through a WMS	2
		Yes – and a KPI indicator is used to monitor the status	3
		Yes – and this KPI indicator is used to inform decision-makers at the strategic level	4
		Not tracked	5
		I don't know	98
PSM I 100: Inventory Management			
PSM-I1101	<p>How do you manage inventory?</p> <p>[MULTIPLE RESPONSES ALLOWED]</p>	Manual e.g. stock cards	1
		Electronic e.g. excel sheets	2
		Advanced tool stores management system (e.g., Storage management system)	3
		None of the above	4
		I don't know	98
PSM-I1102	<p>Do products have assigned locations on shelves?</p> <p>[OBSERVE TO VERIFY]</p>	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
PSM-I1103	<p>Is there a single register than is used to monitor and track expiration dates?</p> <p>[OBSERVE AND VERIFY]</p>	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
PSM-I1104		Yes, Physically Verified	1

Q#	QUESTIONS	RESPONSES	SKIPS
	Is the data from the inventory management system used for ordering and supply planning? [OBSERVE AND VERIFY; MAY INCLUDE DEMONSTRATION OF HOW DATA IS USED]	Yes, but NOT Physically Verified No I don't know	2 3 98
PSM-I 105	How do you calculate re-ordering quantities? [MULTIPLE RESPONSES ALLOWED]	Min/max process Economic Quantity Reordering (EQR) software Other software based process Past consumption (without min/max calculation) Intuition We don't I don't know	1 2 3 4 5 6 98
PSM-I 106	Does your inventory management system include Buffer/Security stock? [PROBE TO ENSURE CORRECT UNDERSTANDING]	Yes No I don't know	1 2 98
PSM-I 107	Does your inventory management system include min-max set points?	Yes No I don't know	1 2 98
PSM-I 108	How is a recall communicated to your health facility?	Manually (including email, phone or letter) Automated (using a Stores Management System) Both Not communicated I don't know	1 2 3 4 98
PSM-I 109	Is it possible to identify a recalled lot or batch?	Yes, Manually Yes, automatically using a Stores Management System No	1 2 3

Q#	QUESTIONS	RESPONSES	SKIPS
	[VERIFY USE OF AUTOMATED SYSTEM OR KNOWLEDGE FOR MANUAL IDENTIFICATION]	I don't know	98
PSM-1110	How often are inventory counts performed? [VERIFY FREQUENCY WITH eLMIS OR STOCK CARDS]	Monthly or shorter	1
		Bimonthly	2
		Quarterly	3
		Annually or longer	4
		Unable To verify that Stock Counts are done	5
		I don't know	98
PSM-1111	How are inventory counts performed [DISCUSS AND CHECK ALL THAT APPLY; DO NOT READ OPTIONS] [MULTIPLE RESPONSES ALLOWED]	All products are counted	1
		A sample is counted without a specific sampling methodology	2
		A statistically appropriate, random sampling, strategy is employed	3
		The sampling takes into account either the consumption rate (ABC) or the clinical importance (EVN) of the commodity	4
		Others:	5
		I don't know	98
PSM-1112	Are count accuracy metrics tracked AND reported? <i>Count accuracy: The degree to which the quantity of physically counted stock match the quantity of stock on hand tracking forms (e.g., stock cards or eLMIS)</i> [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98

Q#	QUESTIONS	RESPONSES		SKIPS
PSM-1113	Is stock count accuracy data used for decision making?	Yes	1	
		No	2	
		I don't know	98	
PSM-1114	Do you have a computerized inventory management system?	Yes, specialized software	1	If "Yes", continue Otherwise go to PSM-1201
		Yes, spreadsheet based	2	
		No	3	
		I don't know	98	
PSM-1115	Is the computer working now and maintained regularly? [SELECT 'NO' IF NOT WORKING OR NOT MAINTAINED REGULARLY]	Yes	1	
		No	2	
		I don't know	98	
PSM 1200: Pharmacy Store licensing				
PSM-1201	Is the Pharmacy Store licensed to store pharmaceutical products by the National Regulatory Authority? [VERIFY EXISTENCE OF THE LICENSE]	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		Not applicable	4	
		I don't know	98	
PSM 1300: Audits				
PSM -1301	Which of the following audits at the pharmacy stores are performed annually? <i>Audits mean those performed by auditors.</i>	Internal	1	
		External	2	
		Both Internal and External	3	
		None	4	
		I don't know	98	
PSM 1400: Pharmacy & Stores Performance				
PSM -1401	Which of the following indicators are recorded as KPIs at the facility? [MULTIPLE RESPONSES ARE ALLOWED] VERIFY AND ONLY MARK THOSE WHICH ARE VERIFIED AS ANALYZED AND RECORDED/REPORTED	Stocked according to plan	1	
		Stock out rates	2	
		Stock accuracy	3	
		Order fill rate	4	
		Wastage from damage, theft and expiry	5	
		Number and duration of temperature excursions	6	

Q#	QUESTIONS	RESPONSES	SKIPS
		None of the above	7
		I don't know	98
PSM-1500: C			
PSM-1501	Is there a designated area for storage of hazardous substances VALIDATE BY GOING TO THE COLD ROOM OR ROOM WHERE THE REFRIGERATOR IS	Yes, Data collector able to access	1
		Yes, Data Collector NOT able to access	2
		No	3
PSM-1502	Which cold chain infrastructure and capacity elements are in the store? [PROMPT AND CHECK ALL THAT APPLY]	Store room with free-standing refrigerator	1
		Store room with extra cold coolers for potential overflow	2
		Cold rooms are connected to a generator or other uninterruptible power supply	3
		Others:	4
		None of the above	5
		I don't know	98
PSM-1503	How often is cold chain equipment maintenance performed? [IF YES, REQUEST TO SEE RECORDS AND RECORD ANSWER BASED ON PHYSICAL VERIFICATION]	Quarterly	1
		Twice per year	2
		Annually	3
		Less than annually	4
		Never	5
		Not able to verify	6
		I don't know	98
PSM-1504	How is cold chain temperature monitored? [PHYSICALLY VALIDATE AND CHECK ALL THAT APPLY]	Temperature is manually monitored, with thermometers appropriately placed	1
		Temperature is electronically monitored, automatically	2
		Audible alarms sound when temperature is outside established range	3

Q#	QUESTIONS	RESPONSES	SKIPS
		Alarms are electronically connected to manager's accounts	4
		Others:	5
		None of the above	6
		I don't know	98
PSM -1505	plans are in place to maintain the cold chain in the event of a power or equipment failure?	Secondly/tertiary power source E.g. inverters, generators	1
		Standby cold chain trucks	2
		Outsourced cold chain system	3
		Coolers/Ice Boxes	4
		Others:	5
		None	6
		I don't know	98
PSM-1506	Are syphilis tests and any appropriate vaccines stored in the refrigerated location? PHYSICALLY VERIFY AND RECORD BASED ON OBSERVATION	Yes (both are observed in the proper location, or one if only one is available at the facility)	1
		No (either product is NOT stored at appropriate temperature)	2
		Neither is available at the facility	3
		NOT able to Physically Verify where either product is located	4
PSM 1600: Controlled substances and high value products			
PSM-1601	Is a lockable cage or cabinet in place for storing controlled and high-value products? <i>Examples of controlled substances; Diazepam, morphine, pethidine, etc.</i> VALIDATE BY GOING TO PHYSICALLY VERIFYING THE CONTROLLED SUBSTANCES AREA	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98

Q#	QUESTIONS	RESPONSES		SKIPS
PSM-1602	Is access to controlled and high-value products limited to designated personnel? VERIFY THAT ACCESS IS CONTROLLED TO APPROPRIATE PERSONNEL	Yes, Physically Verified	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PSM-1603	How are controlled and high-value products counted? [PROMPT AND CHECK ALL THAT APPLY]	Counted when other shelf products are counted	1	
		Counted weekly or monthly	2	
		Counted each time keys are exchanged	3	
		Counted whenever stock is issued	4	
		Others:	5	
		Not counted	6	
		I don't know	98	
PSM-1604	How are controlled substances and high-value commodities tracked? [PROBE AND CHECK ALL THAT APPLY]	By manual register or ledger	1	
		Automated system	2	
		Not tracked	3	
		I don't know	98	
PSM-1605	Are SOPs in place for handling controlled substances and high value products? [PHYSICALLY VERIFY AND NOTE DATE OF SOP]	Yes, Physically Verified <i>Prompt: Date of SOP</i>	1	
		Yes, but NOT Physically Verified	2	
		No	3	
		I don't know	98	
PSM-1606	Are morphine and diazepam stored in the appropriate controlled product location? PHYSICALLY VERIFY AND RECORD BASED ON OBSERVATION	Yes (both are observed in the proper location, or one if only one is available at the facility)	1	
		No (either product is NOT stored at appropriate temperature)	2	
		Neither is available at the facility	3	

Q#	QUESTIONS	RESPONSES	SKIPS
		NOT able to Physically Verify where either product is located	4
PSM 1700: Hazardous products			
PSM-1701	Is there a designated area for storage of hazardous substances VALIDATE BY GOING TO THE HAZARDOUS SUBSTANCES AREA	Yes, able to access	1
		Yes, but NOT able to access	2
		No	3
		I don't know	98
PSM-1702	Which of the following hazardous items are in the Store? [MULTIPLE RESPONSES ALLOWED]	Cleaning supplies	1
		Lab reagents	2
		Paint	3
		Acid & Bases	4
		Reactive Chemicals	5
		Pesticides or fumigation chemicals	6
		Insecticides for indoor residual spraying	7
		Other	8
		None of the above	9
		I don't know	98
PSM-1703	Are hazardous products kept separate from regular stock? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98
PSM-1704	What techniques are in place for cleaning up hazardous spills or accidents? [PROMPT AND CHECK ALL THAT APPLY]	Spill Kits	1
		Trained personnel	2
		carbon dioxide extinguishers installed throughout the site	3
		Personal protective equipment (PPE) available throughout the site	4
		Inert dry absorbent materials strategically located throughout site	5

If "None of the above" is selected, Go to **PSM-1704**

Otherwise, **Continue**

Q#	QUESTIONS	RESPONSES	SKIPS
		Recovered material is disposed according to the material safety data sheets or WHO standards	6
		Others:	7
		I don't know	98
PSM-1705	Are formal emergency contingency plans in place for hazardous spills or accidents? [OBSERVE AND VERIFY]	Yes, Physically Verified	1
		Yes, but NOT Physically Verified	2
		No	3
		I don't know	98

END OF MODULE 5 – PHARMACY STORES MANAGEMENT

PHYSICAL VERIFICATION LIST: MODULE 5 – PHARMACY STORES MANAGEMENT

1. Access to the Pharmacy Store.
2. Any Standard Operating Procedures (SOPs) for operations of the Pharmacy Store.
3. Any recent delivery notes or reception reports
4. Any SOPs for operations of Quarantine
5. Any records and labels for quarantined items
6. Any cleaning schedule for the Store.
7. Any repair and maintenance plan for equipment in the Store.
8. Any maintenance log for equipment in the Store.
9. Access to any firefighting equipment.
10. Any maintenance or service logs related to firefighting equipment or smoke detectors.
11. Any environmental control inspection certificate.
12. Any temperature and humidity logs for the Store.
13. Any register than is used to monitor and track expiration dates.
14. Access to stock cards and registers.
15. Documents regarding any supply chain indicators regularly tracked for the Store.
16. Access to any computer used for managing Store inventory.
17. Any relevant Pharmacy Store licenses.
18. Access to any refrigeration or cold rooms used for health supplies.
19. Any records on cold chain equipment maintenance.
20. Access to any special storage areas for controlled substances and high-value products.
21. Any SOPs for handling controlled substances.
22. Access to any special storage areas for hazardous substances.
23. Any formal emergency contingency plans in place for hazardous spills or accidents.

ID5	Ending Time	End: [][] [][] a.m. /p.m. Hour Minutes (Circle one)
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Any notes about interview:

**MODULE 6:
DISTRIBUTION**

For this module, interview store manager if available. If not, interview assistant store manager or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
DIS 100: Distribution planning			
DIS - 101	Do you receive a distribution schedule in advance from the District Pharmacy? [VERIFY LATER WITH DIS-301]	Yes	1
		No	2
		Do not receive deliveries	3
		I don't know	98
DIS - 102	Do you maintain proof of delivery (POD) records? [VERIFY LATER WITH DIS-302]	Yes – manually	1
		Yes – electronically	2
		Yes - received via automated process	3
		No	4
		I don't know	98
DIS 200: Distribution risk verification			

Q#	QUESTIONS	RESPONSES		SKIPS
DIS - 201	Are product requirements for <u>cold chain</u> transportation from district pharmacy to health facility monitored? <i>Cold Chain refers to a series of unbroken links that keep medical products that should be refrigerated within recommended temperature ranges, from the point of manufacture to the point of administration.</i>	Yes	1	If “Yes”, continue Otherwise go to DIS-203
	171	No	2	
	172	I don’t know	98	
DIS - 202	Are product requirements for <u>cold chain</u> transportation from the district pharmacy to health facility achieved?	Yes	1	
		No	2	
		I don’t know	98	
DIS - 203	Are product requirements for <u>controlled substance</u> transportation from the district pharmacy to health facility monitored?	Yes	1	If “Yes”, continue Otherwise go to DIS-301
	173	No	2	
	174	I don’t know	98	
DIS - 204	Are product requirements for <u>controlled substance</u> transportation from the district pharmacy to health facility achieved?	Yes	1	
		No	2	
		I don’t know	98	

DIS 300 Physical Verification Please ask to see physical copies of the following documents, and answer the questions below.

Q#	QUESTIONS	RESPONSES		SKIPS
DIS-301	Verify existence of a recent distribution schedule (at least one from the last two quarters)	Physically verified	1	SKIP this question unless if DIS-101 is “yes”
	[VALIDATES DIS -101]	Could NOT physically verify	2	
DIS-302	Verify existence of recent proof of delivery records (at least one from the last three months)	Physically verified	1	SKIP this question if DIS-102 is “No” or “I don’t know”
	[VALIDATES DIS -102]	Could NOT physically verify	2	

END OF MODULE 6: DISTRIBUTION

PHYSICAL VERIFICATION LIST: MODULE 6: DISTRIBUTION

1. A recent distribution schedule (for example, from the District Pharmacy)
2. A recent proof of delivery record (for example, from the District Pharmacy delivery)

ID6	Ending Time	End: [][] [][] a.m. /p.m. Hour Minutes (Circle one)
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Any notes about interview:

**MODULE 7:
LOGISTICS MANAGEMENT INFORMATION SYSTEM**

For this module, interview store manager if available. If not, interview the assistant store manager or other appropriate person.

Q#	QUESTIONS	RESPONSES	SKIPS
LM 100: LMIS data tools & Reporting			
LM-101	Which LMIS tools are used in your store?	Paper LMIS	1
		eLMIS	2
		Other	4
		I don't know	98
LM-102	What is your preferred LMIS? [PROBE TO OBTAIN PERCEPTION – “NO PREFERENCE” IS NOT ACCEPTED]	Paper LMIS	1
		eLMIS	2
		Other	3
		I don't know	98
LM-103	Why do you use <i>(state the system or systems that were answered under the FIRST question of this module - manual, electronic or both)</i>	(Free text answer)	
LM-104	What challenges do you face when using eLMIS? [MULTIPLE RESPONSES ALLOWED]	Internet connectivity	1
		Down time centrally (system failure)	2
		Availability of computers	3
		Skilled staff	4
		Delayed support from MOH	5

SKIP this question if **LM-101** is **“Paper LMIS Only”** or **“I don't know”**

Q#	QUESTIONS	RESPONSES		SKIPS
		Lack of time due to other tasks.	6	
		Others:	7	
		I don't know	98	
LM-105	Why don't you use eLMIS? [MULTIPLE RESPONSES ALLOWED]	Doesn't know it exists	1	SKIP this question if LM-101 is "eLMIS Only" or "Both"
		Has never been trained on it	2	
		Has been trained but NOT comfortable with it	3	
		Takes too much time	4	
		Lack of computer	5	
		Lack of eLMIS software	6	
		Lack of Internet	7	
		Supervisors want everything done on paper	8	
		Others:	9	
		Don't know	98	
LM-106	What challenges do you face when using the Paper LMIS? [MULTIPLE RESPONSES ALLOWED]	Skilled staff	1	SKIP this question if LM-101 is "eLMIS Only" or "I don't know"
		Delayed support from MOH	2	
		Lack of time due to other tasks.	3	
		Lack of forms or tools	4	
		Filing reports	5	
		Retrieving data	6	
		Sharing data	7	
		Not receiving updates on time	8	
		Others:	9	
		I don't know	98	
LM-107	How many different types of Dispensing Registers does the facility complete during issuing of supplies to patients?	1 – 3	1	

Q#	QUESTIONS	RESPONSES	SKIPS
	<p><i>Clarify: Based on different programs.</i></p> <p><i>Registers do not need to be paper-based, and includes electronic registries.</i></p>		
		4 – 6	2
		7 – 10	3
		>10	4
		None	5
		I don't know	98
LM-108	<p>What is the reporting frequency for eLMIS and LMIS data?</p> <p>[MULTIPLE RESPONSES ALLOWED]</p>	Monthly	1
		Bimonthly	2
		Quarterly	3
		Other	4
		I don't know	98
LM-109	<p>How many LMIS reports do you submit during a reporting period?</p> <p><i>Paper or eLMIS, do not count paper and eLMIS separately and add them</i></p> <p><i>E.g. ART, Laboratory reports, VMMC, Essential Medicines and Health Supplies, MCH, TB drugs etc.</i></p> <p><i>Do not read responses</i></p>	1 – 3	1
		4 – 6	2

Q#	QUESTIONS	RESPONSES	SKIPS
		7 – 10	3
		>10	4
		None	5
		I don't know	98
LM-110	<p>Which of the following paper LMIS tools have you had a stock out of in the last (1) year?</p> <p>Clarification: If the facilities print the forms themselves and they have the available equipment and supplies, then this is considered to NOT be a stock out. However, if they were not able to print out, then there would be a stock out.</p> <p>Stock out: For example, when you need a stock card, one is not available.</p> <p>The intent of this question is to assess if the tools needed to manage the stores are available.</p> <p>[MULTIPLE RESPONSES ALLOWED]</p>	<p>Stock Cards</p>	1
		Dispensing Logs	2
		Ordering & Reporting Forms	3
		Others:	4
		Never (no stock outs of LMIS tools in the last year)	5
		I don't Know	98

SKIP this question if **LM-101** is “eLMIS Only”

Q#	QUESTIONS	RESPONSES	SKIPS	
LM-111	<p>Which data-points are recorded in either the Paper LMIS?</p> <p>Probe: <i>Which of these are you filling in at your facility?</i></p> <p>[MULTIPLE RESPONSES ALLOWED]</p>	Stock on hand	1	<p>SKIP this question if LM-101 is “eLMIS Only”</p>
		Consumption	2	
		Losses and Adjustments	3	
		Expiries	4	
		Issues and receipts	5	
		Safety stock for each commodity	6	
		Quantity of reordering	7	
		Expiration dates	8	
		Number of days of stock out	9	
		Others:	10	
		None	11	
I don't know	98			
LM-112	<p>Which data-points are recorded in either the eLMIS?</p> <p>Probe: <i>Which of these are you filling in at your facility?</i></p> <p>[MULTIPLE RESPONSES ALLOWED]</p>	Stock on hand	1	<p>SKIP this question if LM-101 is “Paper LMIS Only”</p>
		Consumption	2	
		Losses and Adjustments	3	
		Expiries	4	
		Issues and receipts	5	
		Safety stock for each commodity	6	
		Quantity of reordering	7	
		Expiration dates	8	

Q#	QUESTIONS	RESPONSES	SKIPS	
		Number of days of stock out	9	
		Others:	10	
		None	11	
		I don't know	98	
LM-113	Does the current LMIS capture data on the following programs? Include both paper LMIS and eLMIS. [MULTIPLE RESPONSES ALLOWED]	HIV	1	
		TB	2	
		Malaria	3	
		Maternal & Child health	4	
		Family Planning	5	
		Essential medicines	6	
		Others :	7	
		None	8	
		I don't know	98	
LM-114	Is there a standard process, such as scheduled, regular meetings, to review LMIS (Paper or eLMIS) data and reports?	Yes	1	
		No	2	
		I don't know	98	
LM-115	Are modifications to (paper based) LMIS reports controlled / authorized?	Yes	1	SKIP this question

Q#	QUESTIONS	RESPONSES	SKIPS
	<i>For example, after a report has been filed, is the ability to modify the numbers in the report controlled or can any staff member make modifications?</i>		if LM-101 is “eLMIS Only”
		No 2	
		I don’t know 98	
LM-116	Are modifications to eLMIS reports controlled / authorized?	Yes 1	SKIP this question if LM-101 is “Paper LMIS Only” or “I don’t know”
		No 2	
	<i>For example, after a report has been submitted through eLMIS, is the ability to modify the numbers in the eLMIS controlled or can any user made modifications?</i>	I don’t know 98	
LM-117	Which activities are informed by LMIS information? [MULTIPLE RESPONSES ALLOWED]	Selection 1	
		Inventory Management 2	
		Ordering & Reporting 3	
		Redistribution 4	
		Donor activities 5	
		Budgeting 6	
		Waste management 7	
		Others: 8	
		None 9	
		I don’t know 98	

Q#	QUESTIONS	RESPONSES	SKIPS
LM-118	Do users access LMIS or eLMIS information to create reports? [VALIDATE LATER WITH LM-601]	Yes	1
		No	2
		I don't know	98
LMIS 200: LMIS Standard Operating Procedures			
LM-201	Are there standard operating procedures for the paper LMIS or eLMIS? [MULTIPLE RESPONSES ALLOWED] [VALIDATE LATER WITH LM-602, NOTING DATE OF SOPs]	Yes - for eLMIS	1
		Yes - for paper LMIS	2
	75	No	3
	76	I don't know	98
LM-202	Do the LMIS/eLMIS standard operating procedures cover the following? Clarification: <i>The procedures could be subsections of the same SOP or they could be included in separate SOPs for different procedures. In either case, if the SOP exist and is in the health center, it should be included here.</i>	Training for LMIS	1
		Data collection	2
		Data analysis	3
		Quality reviews	4
		Summary reporting	5

Q#	QUESTIONS	RESPONSES	SKIPS
		Frequency of reporting	6
	77	I don't know	98
Hardware and software			
LM-301	Is the LMIS run on <u>specialized</u> software?	Yes, eLMIS	1
	Specialized software, including eLMIS, indicates software designed specifically for LMIS, and should not include Excel, Access, or other generic software. [VALIDATE LATER WITH LM-604]	Yes, Other electronic system Prompt: Describe the system	2
		No	3
		I don't know	98
LM-302	Is there internet connectivity?	Yes	1
		No	2
		I don't know	98
If "Yes", continue, otherwise go to next section			
LM-303	Is the internet connectivity un interrupted throughout the day?	Yes	1
		No	2
		I don't know	98
LM-304	Is the LMIS software web-based?	Yes	1
		No	2
		I don't know	98
LM 400: Data Quality Assessments (DQAs)			
LM-401	Are data quality assessments (DQA) conducted at this facility?	Yes	1
If "Yes" then Continue.			

Q#	QUESTIONS	RESPONSES		SKIPS
		No	2	Otherwise go to next Section
		I don't know	98	
LM-402	How often are DQAs done? <i>This refers to a DQA done at this facility.</i>	Monthly	1	
		Quarterly	2	
		Twice per year	3	
		Annually	4	
		Less Annually	5	
		Ad-hoc	6	
		I don't know	98	
LM-403	When was the last DQA done? (at this facility) [VALIDATE LATER WITH LM-605]	Within past quarter	1	
		Within past year	2	
		More than a year ago	3	
		I don't know	98	
LM-404	Who conducts DQAs at this facility [MULTIPLE RESPONSES ALLOWED]	MOH	1	
		District Pharmacy	2	
		Other District Authorities	3	
		Staff at this SDP	4	
		Other	5	
		I don't know	98	

Q#	QUESTIONS	RESPONSES	SKIPS
LM-405	Is feedback from the DQA shared with the facility?	Yes	1
		No	2
		I don't know	98
LM 500: Preferences for eLMIS vs LMIS			
LM-501	Have you used both the paper LMIS and eLMIS	Yes	1
	Have they ever used it, not necessarily using it now	No	2
LM-502	From your perspective, what are advantages for using paper LMIS over eLMIS Do not read list. Encourage them to explain in their own words and check relevant choices. [MULTIPLE RESPONSES ALLOWED]	Ease of use	1
		Accessibility	2
		More efficient/Faster	3
		More reliable data	4
		Better capabilities for analysis and reporting	5
		None	6
		Other	7
LM-503	From your perspective, what are advantages for using eLMIS over paper LMIS Do not read list. Encourage them to explain in their own words and check relevant choices. [MULTIPLE RESPONSES ALLOWED]	Ease of use	1
		Accessibility	2
		More efficient/Faster	3
		More reliable data	4
		Better capabilities for analysis and reporting	5
		None	6
		Other	7
LM-504	How much time per month would you save using only eLMIS instead of both systems?	Little (<5 hours per month)	1
		Some (5-15 hours per month)	2
		A lot (>15 hours per month)	3
		I don't know	98
LM-505	How much time per month would you save using only Paper LMIS instead of both systems	Little (<5 hours per month)	1

Q#	QUESTIONS	RESPONSES		SKIPS
LM-601	<p>Physical Verification Please ask to see physical copies of the following documents questions below.</p>	Some (5-15 hours per month)	2	if LM-118 is “No” or “I don’t know”
		A lot (>15 hours per month)	3	
		I don’t know	98	
		Verify the existence of LMIS or eLMIS reports that have been created by staff at this facility. Ability to easily generate reports in eLMIS is sufficient. [VALIDATES LM-118]	Physically verified	
		Could NOT physically verify	2	
LM-602	<p>Verify that they have a copy of the paper LMIS SOPs [VALIDATES LM-201]</p>	Physically verified Prompt – Enter SOP Date	1	SKIP this question Unless LM-201 is “Yes - for paper LMIS”
		Could NOT physically verify	2	
LM-603	<p>Verify that they have a copy of the eLMIS SOPs [VALIDATES LM-201]</p>	Physically verified Prompt – Enter SOP Date	1	SKIP this question Unless LM-201 is “Yes - for eLMIS”
		Could NOT physically verify	2	
LM-604	<p>Verify that they have LMIS running on specialized software, such as eLMIS, and basic familiarity with its use [VALIDATES LM-301]</p>	eLMIS Physically verified	1	SKIP this question if LM-301 is “No”
		Other electronic LMIS Physically verified	2	
		Could NOT physically verify	3	
LM-605	<p>Verify they have a DQA report [VALIDATES LM-403]</p>	Physically verified Prompt – Enter DQA Report Date	1	SKIP this question if LM-401 is “No” or “I don’t know”
		Could NOT physically verify	2	

END OF MODULE 7 – LMIS

PHYSICAL VERIFICATION LIST: MODULE 7 – LMIS

1. Any LMIS or eLMIS reports that have been created by staff at this facility
2. Copy of paper LMIS Standard Operating Procedures (SOPs)
3. Copy of paper eLMIS SOPs
4. Access to any electronic LMIS used at the facility (such as eLMIS)
5. Any Data Quality Assessment report related to supply chain

ID7	Ending Time	End : [][] [][] am/pm Hour Minutes (Circle one)
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Any notes about interview:

**MODULE 8:
WASTE MANAGEMENT**

For this module, interview store manager if available. If not, interview the designated staff member.

Q#	QUESTIONS	RESPONSES	SKIPS	
WM 100: General Waste Management				
WM - 101	Is there a formally approved national waste management policy? <i>Are they aware of one? They don't need to have it.</i>	Yes	1	
		No	2	
		I don't know	98	
WM - 102	Are there approved standard operating procedures (SOPs) for waste management? E.g., SOPs for destruction of expired, damaged and obsolete products [VALIDATE LATER WITH WM-301]	Yes	1	If "Yes", continue, otherwise go to WM - 105
		No	2	
		I don't know	98	
WM - 103	Are waste management SOPs accessible to staff? [VERIFY LATER WITH WM-302]	Yes	1	
		No	2	
		I don't know	98	
WM-104	Does the waste management SOP include disposal procedures?	Yes	1	
	178	No	2	

Q#	QUESTIONS	RESPONSES	SKIPS
	179	I don't know	98
WM - 105	Is approved documentation available for the disposal of unusable pharmaceutical products?	Yes	1
		No	2
		I don't know	98
WM - 106	Are unusable pharmaceutical products stored separately? [VERIFY LATER WITH WM-303]	Yes	1
		No	2
		I don't know	98
WM - 107	How do you dispose of medical waste <i>Access: Could be done via contract or by the facility itself.</i> [MULTIPLE RESPONSES ALLOWED]	Store at the facility indefinitely	1
		Bury locally	2
		Encapsulate	3
		Burn in Fire Pit	4
		Burn in medium-temperature incinerators (<1000 C)	5
		Burn in high-temperature incinerators (>1000 C)	6
		Transport to the DP or other higher level government facility	7
I don't know	98		
		If "Medium-temperature incinerators" or "High-temperature incinerators" is selected, Continue Otherwise go to WM-109 .	
WM - 108	Is the incineration supervised by a regulatory authority? <i>Supervision: regulatory authority attends during the destruction and/or they issue a certificate or similar document allowing the facility to conduct incineration.</i>	Yes	1

Q#	QUESTIONS	RESPONSES	SKIPS
		No	2
		I don't know	98
WM-109	When was waste last disposed of? [VALIDATE LATER WITH WM-304]	Within last month	1
		Within last year	2
		More than 1 year	3
		I don't know	98
WM 200: Monitoring Waste Management			
WM - 201	How is waste management monitored? [MULTIPLE RESPONSES ALLOWED]	Regular collection of standard KPIs	1
		Through audits	2
		On-site monitoring	3
		Others:	4
		Not monitored	5
		I don't know	98
WM - 202	How often do formal <i>EXTERNAL</i> audits of the waste management system take place? [VERIFY DATE LATER, WM-305]	Annual or more frequently	1
		at least every 2 years	2
		> 2 years	3
		Never	4
		I don't know	98
WM - 203	How often do formal <i>INTERNAL</i> audits of the waste management system take place? [VERIFY DATE LATER, WM-306]	Annual or more frequently	1
		at least every 2 years	2

Q#	QUESTIONS	RESPONSES	SKIPS
		> 2 years	3
		Never	4
		I don't know	98
204	Were the recommendations from the most recent audit implemented? [VERIFY DATE LATER, WM-306]	Yes	1
		No	2
		I don't know	98

WM 300 Physical Verification Please ask to see physical copies of the following documents, and answer the questions below.

WM-301	Verify the existence of SOPs for waste management [VALIDATES WM-102]	Physically verified Prompt: Enter date of SOP	1	SKIP this question if WM-102 is “No” or “I don't know”
		Could NOT physically verify	2	
WM-302	Verify accessibility of waste management SOPs to staff [VALIDATES WM-103]	Physically verified	1	SKIP this question if WM-103 is “No” or “I don't know”
		Could NOT physically verify	2	
WM-303	Verify that unusable pharmaceutical products are stored separately [VALIDATES WM-106]	Physically verified	1	SKIP this question if WM-106 is “No”
		Could NOT physically verify	2	
WM-304	Verify date of last waste disposal via waste disposal report or log [VALIDATES WM-109]	Within last month	1	SKIP this question if WM-107 is “Store at the facility indefinitely”
		Within last Year	2	
		More than 1 year Prompt: Enter date of last disposal for any of above	3	
		Could NOT physically verify	4	

Q#	QUESTIONS	RESPONSES	SKIPS
WM-305	Verify date of last EXTERNAL audit [VALIDATES WM-202]	Within last year	1
		Within last two years	2
		More than 2 years Prompt: Enter date of last audit for any of above	3
		Could NOT physically verify	4
WM-306	Verify date of last INTERNAL audit [VALIDATES WM-203]	Within last year	1
		Within last two years	2
		More than 2 years Prompt: Enter date of last audit for any of above	3
		Could NOT physically verify	4

END OF MODULE 8 – WASTE MANAGEMENT

PHYSICAL VERIFICATION LIST: MODULE 8 – WASTE MANAGEMENT

1. Copies of any Standard Operating Procedures (SOPs) for waste management
2. Any waste disposal report or log
3. Documentation of most recent EXTERNAL audit, if any
4. Documentation of most recent INTERNAL audit, if any

ID8	Ending Time	End: [][] [][] a.m. /p.m. Hour Minutes (Circle one)
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Any notes about interview:

ANNEX 3. CAPABILITY MATURITY MODEL DATA ANALYSIS RESULTS

Module	Average Score						Range
	Health Center n = 54	District Hospital n = 18	Referral Hospital n = 2	District Pharmacy n = 18	MPPD n = 1	MoH n = 1	
Forecasting and supply planning			75% (Range: 52 to 91)		83%		
Procurement			63% (Range: 62 to 63)	43% (Range: 20 to 65)	67%		
Pharmacy and Stores Management	42% (Range: 12 to 54)	52% (Range: 43 to 64)	61% (Range: 54 to 68)	43% (Range: 34 to 56)	74%		42% - 74%
Distribution	53% (Range: 13 to 100)	64% (Range: 25 to 100)	26% (Range: 13 to 40)	42% (Range: 28 to 60)	39%		39% - 64%
Waste management	33% (Range: 0 to 92)	63% (Range: 16 to 100)	73% (Range: 61 to 84)	40% (Range: 3 to 71)	55%		33% - 73%
Strategic Planning and Management			51% (Range: 21 to 81)			64%	
Human resources	58% (Range: 10 to 79)	63% (Range: 26 to 88)	42% (Range: 33 to 52)	39% (Range: 18 to 56)	43%	44%	39% - 63%
Financial sustainability	70% (Range: 33 to 98)	70% (Range: 43 to 98)	62% (Range: 50 to 75)	68% (Range: 50 to 78)	68%	31%	31% - 70%
Policy and governance	65% (Range: 0 to 100)	74% (Range: 0 to 100)	89% (Range: 78 to 100)	61% (Range: 42 to 85)	66%		61% - 89%
Quality and Pharmacovigilance	8% (Range: 0 to 53)	37% (Range: 0 to 89)	61% (Range: 58 to 64)	9% (Range: 0 to 36)	36%		8% - 61%
LMIS	72% (Range: 23 to 93)	75% (Range: 51 to 93)	79% (Range: 69 to 90)	52% (Range: 28 to 75)	39%		39% - 79%
Range	8% - 72%	37% - 75%	26% - 89%	9% - 68%	39% - 83%		

Average Score

Module	Health Center	District Hospital	Referral Hospital	District Pharmacy	MPPD	MoH	Range
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I. Maturity Scores: Percentage of 'vital or essential' items in place

Average percentage in place							
Module	Health Center	District Hospital	Referral Hospital	District Pharmacy	MPPD	MoH	Range
	n = 54	n = 18	n = 2	n = 18	n = 1	n = 1	
Pharmacy and Stores Management	55%	68%	69%	55%	80%		55% - 80%
Distribution	70%	80%	38%	49%	41%		38% - 80%
Waste management	45%	74%	78%	46%	67%		45% - 78%
Human resources	58%	66%	46%	46%	47%	46%	46% - 66%
Financial sustainability	80%	92%	100%	80%	83%	38%	38% - 100%
Policy and governance	67%	74%	83%	50%	62%		50% - 83%
Quality and Pharmacovigilance	7%	35%	67%	12%	48%		7% - 67%
LMIS	70%	74%	77%	52%	42%		42% - 77%
Range	7% - 80%	35% - 92%	38% - 100%	12% - 80%	41% - 83%		

2. Percentage of facilities with all 'vital or essential' items in place

Module	Health Center	District Hospital	Referral Hospital	District Pharmacy	MPPD	MoH	Range
	n = 54	n = 18	n = 2	n = 18	n = 1	n = 1	
Pharmacy and Stores Management	0%	0%	0%	0%	No		0% - 0%
Distribution	19%	33%	0%	0%	No		0% - 33%
Waste management	6%	28%	50%	0%	No		0% - 50%
Human resources	0%	0%	0%	0%	No	No	0% - 0%
Financial sustainability	11%	44%	100%	0%	No	No	0% - 100%
Policy and governance	39%	56%	50%	0%	No		0% - 56%

Average Score

Module	Health Center	District Hospital	Referral Hospital	District Pharmacy	MPPD	MoH	Range
Quality and Pharmacovigilance	0%	0%	0%	0%	No		0% - 0%
LMIS	2%	0%	0%	0%	No		0% - 2%
Range	0% - 39%	0% - 56%	0% - 100%	0% - 0%	0% - 0%		

3. Percentage of facilities with all 'vital or essential' AND 'important' items in place

Module	Health Center	District Hospital	Referral Hospital	District Pharmacy	MPPD	MoH	Range
	n = 54	n = 18	n = 2	n = 18	n = 1	n = 1	
Pharmacy and Stores Management	0%	0%	0%	0%	No		0% - 0%
Distribution	17%	39%	0%	0%	No		0% - 39%
Waste management	2%	17%	0%	0%	No		0% - 17%
Human resources	0%	0%	0%	0%	No	No	0% - 0%
Financial sustainability	11%	22%	0%	0%	No	No	0% - 22%
Policy and governance	39%	56%	50%	0%	No		0% - 56%
Quality and Pharmacovigilance	0%	0%	0%	0%	No		0% - 0%
LMIS	0%	0%	0%	0%	No		0% - 0%
Range	0% - 39%	0% - 56%	0% - 50%	0% - 0%	0% - 0%		

4. LMIS questions (specific for Rwanda)

	Health Center	District Hospital	Referral Hospital	District Pharmacy	MPPD
What is your preferred LMIS?	n = 54	n = 18	n = 2	n = 18	n = 1
Paper LMIS	11%	15%	0%	12%	0%
eLMIS	87%	85%	100%	88%	100%
Why do you use both eLMIS and paper LMIS?	n = 53	n = 18		n = 18	
Ensure records are kept or maintained	25%	17%		11%	
eLMIS is better than paper so want to use it	17%	17%		6%	
eLMIS is not fully ready (internet connection / data not reliable)	21%	39%		44%	
Paper is better than eLMIS so want to use it	4%	6%		0%	
Regulation / policy require both	49%	33%		44%	
What challenges do you face when using eLMIS?	n = 54	n = 18	n = 2	n = 18	n = 1
Internet connectivity	74%	37%	0%	62%	0%
Down time centrally (system failure)	7%	19%	0%	49%	100%
Availability of computers	6%	12%	0%	19%	0%
Skilled staff	11%	53%	50%	11%	0%
Delayed support from MOH	4%	10%	0%	12%	0%

	Lack of time due to other tasks.	63%	46%	50%	62%	0%
	Others	13%	22%	50%	32%	0%
	I don't know	0%	9%	0%	0%	0%
What challenges do you face when using the Paper LMIS?		n = 54	n = 18	n = 2	n = 18	n = 1
	Skilled staff	2%	0%	0%	9%	
	Delayed support from MOH	7%	6%	0%	21%	
	Lack of time due to other tasks.	59%	47%	0%	26%	
	Lack of forms or tools	7%	0%	0%	20%	
	Filing reports	35%	10%	50%	36%	
	Retrieving data	28%	15%	50%	32%	
	Sharing data	30%	23%	50%	32%	
	Not receiving updates on time	11%	22%	0%	30%	
	I don't know	13%	40%	0%	5%	
Have you used both the paper LMIS and eLMIS?		n = 54	n = 18	n = 2	n = 18	n = 1
		96%	100%	100%	100%	100%
From your perspective, what are advantages for using paper LMIS over eLMIS?		n = 52	n = 18	n = 2	n = 18	n = 1
	Ease of use	17%	24%	0%	17%	0%
	Accessibility	42%	18%	0%	32%	0%
	More efficient/Faster	2%	0%	0%	0%	0%
	More reliable data	23%	23%	0%	21%	100%
	Better capabilities for analysis and reporting	8%	9%	0%	11%	0%
	None	38%	44%	50%	51%	0%
	Other	4%	16%	50%	7%	100%

From your perspective, what are advantages for using eLMIS over paper LMIS?

	n = 52	n = 18	n = 2	n = 18	n = 1
Ease of use	81%	68%	100%	80%	100%
Accessibility	40%	58%	100%	57%	0%
More efficient/Faster	90%	93%	100%	89%	0%
More reliable data	60%	47%	100%	57%	100%
Better capabilities for analysis and reporting	83%	88%	100%	80%	100%
None	0%	0%	0%	0%	0%
Other	0%	0%	0%	0%	100%

How much time per month would you save using only eLMIS instead of both systems?

	n = 52	n = 18	n = 2	n = 18	n = 1
Little (<5 hours per month)	10%	0%	0%	10%	0%
Some (5-15 hours per month)	38%	48%	50%	33%	0%
A lot (>15 hours per month)	52%	32%	50%	39%	100%

How much time per month would you save using only Paper LMIS instead of both systems?

	n = 52	n = 18	n = 2	n = 18	n = 1
Little (<5 hours per month)	56%	43%	50%	33%	100%
Some (5-15 hours per month)	17%	8%	0%	19%	0%
A lot (>15 hours per month)	12%	27%	0%	10%	0%

ANNEX 4: KEY PERFORMANCE INDICATOR ASSESSMENT TOOL (INCLUDING DATA SOURCES)

DISTRICT PHARMACY:

Facility Name:

Facility District:

Facility Identifier: Facility Type:

Stock Data

Explain that you would like to actually count a set of tracer commodities on the shelf and see the stock cards. The first table includes “Day of Visit Stock Data,” which collects data from the stock cards and eLMIS, and a physical count based on the day of the site visit, and "Historical Stock Data" from stock cards. To be prepared to complete the "Historical Stock Data" section, before you start, request stock cards for each tracer commodity for the months of October-March. You'll use these stock cards to collect historic data.

KPI Table I

For each of the tracer commodities, answer the following questions:

Tracer commodity I:	Product Name	Product Dosage
	Amoxicillin Capsule	250mg
I.1	Is this product managed by this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO

→ If no, go to Q 2.1

I.2a	Is there a stock card available for this product?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.2b	Is the eLMIS record for this product available?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.3a	What is the average monthly issues for this product?	<input type="text"/>	Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.
I.3b and c	Is there an established minimum stock level for this product at this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	What is the established minimum stock level of this product? <input type="text"/> Enter as the number of months
I.3d and e	Is there an established maximum stock level for this product at this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	What is the established maximum stock level of this product? <input type="text"/> Enter as the number of months
I.4a	What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No")	<input type="text"/> #	Enter the unit for this number: <input type="text"/> (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.
I.4b	What is the stock on hand recorded in the eLMIS system for this product?	<input type="text"/> #	Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
I.4c	Is the date on the last modification of the eLMIS record today?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF yes go to I.5, otherwise continue with I.4d
I.4d	Enter the date of the last eLMIS modification:	<input type="text"/> Date	

I.5 Count the stock in the storeroom. What is the quantity in stock?

#

Please fill in the following table for Amoxicillin Capsule 250mg from the stock card

For number of days out of stock, include both the first and last day of the stock out.

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

2

Tracer commodity 2:

Product Name	Product Dosage
Coartem 1x4	20/120mg

I.1 **Is this product managed by this facility?** YES NO If no, go to Q 2.1

I.2a **Is there a stock card available for this product?** YES NO

I.2b **Is the eLMIS record for this product available?** YES NO

I.3a **What is the average monthly issues for this product?** Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c **Is there an established minimum stock level for this product at this facility?** YES NO If yes **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e **Is there an established maximum stock level for this product at this facility?** YES NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a **What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No")** **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) # Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

- I.4b** What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
#
- I.4c** Is the date on the last modification of the eLMIS record today? YES NO IF yes go to I.5, otherwise continue with I.4d
- I.4d** Enter the date of the last eLMIS modification: / /
Date
- I.5** Count the stock in the storeroom. What is the quantity in stock?
#

Please fill in the following table for Coartem 1x4 20/120mg from the stock card

For number of days out of stock, include both the first and last day of the stock out.

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

3

Tracer commodity 3:

Product Name	Product Dosage
Catheter G24	G24

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly issues for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

I.4b What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
#

I.4c Is the date on the last modification of the eLMIS record today? YES NO IF yes go to I.5, otherwise continue with I.4d

I.4d Enter the date of the last eLMIS modification: / /
Date

I.5 Count the stock in the storeroom. What is the quantity in stock?
#

Please fill in the following table for Catheter G24 from the stock card

For number of days out of stock, include both the first and last day of the stock out.

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

4

Tracer commodity 4:

Product Name

Product Dosage

Cotrimoxazole

960mg

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly issues for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

I.4b What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
#

I.4c Is the date on the last modification of the eLMIS record today? YES NO IF yes go to I.5, otherwise continue with I.4d

I.4d Enter the date of the last eLMIS modification: / /
Date

I.5 Count the stock in the storeroom. What is the quantity in stock?
#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Cotrimoxazole 960mg

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

5

Tracer commodity 5:

Product Name

Product Dosage

Depo Provera

Injection

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly issues for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

- I.4b** What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
#
- I.4c** Is the date on the last modification of the eLMIS record today? YES NO IF yes go to I.5, otherwise continue with I.4d
- I.4d** Enter the date of the last eLMIS modification: / /
Date
- I.5** Count the stock in the storeroom. What is the quantity in stock?
#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Depo Provera Injection

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

6

Tracer commodity

6:

Product Name	Product Dosage
Determine RTK	Test

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly issues for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes What is the established minimum stock level of this product? Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes What is the established maximum stock level of this product? Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # Enter the unit for this number: (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

- I.4b** What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
#
- I.4c** Is the date on the last modification of the eLMIS record today? YES NO IF yes go to I.5, otherwise continue with I.4d
- I.4d** Enter the date of the last eLMIS modification: / /
Date
- I.5** Count the stock in the storeroom. What is the quantity in stock?
#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Determine RTK Test

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

7

Tracer commodity 7:

Product Name	Product Dosage
Oxytocin Injection	10ui/ml

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly issues for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

- I.4b** What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
#
- I.4c** Is the date on the last modification of the eLMIS record today? YES NO IF yes go to I.5, otherwise continue with I.4d
- I.4d** Enter the date of the last eLMIS modification: / /
Date
- I.5** Count the stock in the storeroom. What is the quantity in stock?
#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Oxytocin Injection 10ui/ml

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

8

Tracer commodity 8:

Product Name

Product Dosage

Rifampicin/Isoniazid

150/75mg

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly issues for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

I.4b What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
#

I.4c Is the date on the last modification of the eLMIS record today? YES NO IF yes go to I.5, otherwise continue with I.4d

I.4d Enter the date of the last eLMIS modification: / /
Date

I.5 Count the stock in the storeroom. What is the quantity in stock?
#

Please fill in the following table for Rifampicin/Isoniazid 150/75mg

For number of days out of stock, include both the first and last day of the stock out.

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

9

Tracer commodity 9:

Product Name	Product Dosage
TDF+3TC+EFV	300mg+300mg+600mg

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly issues for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

1.4b What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
#

1.4c Is the date on the last modification of the eLMIS record today? YES NO IF yes go to 1.5, otherwise continue with 1.4d

1.4d Enter the date of the last eLMIS modification: / /
Date

1.5 Count the stock in the storeroom. What is the quantity in stock?
#

Please fill in the following table for TDF+3TC+EFV 300mg+300mg+600mg

For number of days out of stock, include both the first and last day of the stock out.

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
1.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

10

Tracer commodity

I0:

Product Name	Product Dosage
Zinc Sulfite	10mg

I.1 **Is this product managed by this facility?** YES NO If no, go to Q 2.1

I.2a **Is there a stock card available for this product?** YES NO

I.2b **Is the eLMIS record for this product available?** YES NO

I.3a **What is the average monthly issues for this product?** Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c **Is there an established minimum stock level for this product at this facility?** YES NO If yes **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e **Is there an established maximum stock level for this product at this facility?** YES NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a **What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No")** # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

- I.4b** What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
#
- I.4c** Is the date on the last modification of the eLMIS record today? YES NO IF yes go to I.5, otherwise continue with I.4d
- I.4d** Enter the date of the last eLMIS modification: / /
Date
- I.5** Count the stock in the storeroom. What is the quantity in stock?
#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Zinc Sulfite 10mg

	Month	Are data available for this month?	Initial stock	Issues	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

Downstream delivery

KPI Table 2

Downstream delivery data:

Please enter information below about deliveries to health facilities. These data are used to calculate order fill rate and order turnaround time.

I **How many orders do you have data available for?** Enter up to the last 10 orders
Over the period October 2016 to March 2017. Only use orders placed by facilities that are included in the sample, and only include routine orders.

Select up to 10 deliveries that the district pharmacy / warehouse dispatched during the six months prior to the assessment. For each of these deliveries, analyze all associated orders. Only use orders placed by downstream facilities that are included in the sample; if an order is not from a facility included in the assessment, it should not be included here.

	Order date available?	Date order received from facility	Date delivery shipped to facility	Name of facility that made the order	
I.I	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>Yes / No</small>	____ / ____ / ____ <small>Date</small>	____ / ____ / ____ <small>Date</small>	_____ <small>Text</small>	I

A

B

C

D

E

F

			Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
Commodity	Amount ordered						
1.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other				
1.3 Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other				
1.4 Catheter G24		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other				
1.5 Cotrimoxazole		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing				

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
1.6 Depo Provera		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
1.7 Determine RTK		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
1.8 Oxytocin Injection		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

	Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
1.9	Rifampicin /Isoniazid		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
1.10	TDF+3TC+E FV		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
1.11	Zinc Sulfit		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
		#	Y / N	Multiple allowed	#	#	Text

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
2.1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				2
	Yes / No	Date	Date	Text		

Commodity	A	B	C	D	E	F
	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
2.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

	Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
2.3	Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.4	Catheter G24		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.5	Cotrimoxazole		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.6	Depo Provera		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.7 Determine RTK		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.8 Oxytocin Injection		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.9 Rifampicin /Isoniazid		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

	Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
2.10	TDF+3TC+EF V		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.12	Zinc Sulfite		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
		#	Y / N	Multiple allowed	#	#	Text

3.1	Order date available?	Date order received from facility	Date delivery shipped to facility	Name of facility that made the order	3
	___ YES ___ NO	___ / ___ / ___	___ / ___ / ___		
	Yes / No	Date	Date	Text	

A	B	C	D	E	F
---	---	---	---	---	---

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
3.2	Amoxicillin Capsule	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
3.3	Coartem 6x4	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
3.4	Catheter G24	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			

		Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
Commodity	Amount ordered					
3.5	Cotrimoxazole	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
3.6	Depo Provera	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
3.7	Determine RTK	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
3.8	Oxytocin Injection	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
3.9 Rifampicin /Isoniazid		___ YES ___ NO	___ Surplus ___ Other			
3.10 TDF+3TC+EF V		___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
3.11 Zinc Sulfit		___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
	#	Y / N	Multiple allowed	#	#	Text

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
4.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	<input type="checkbox"/> YES <input type="checkbox"/> NO	____ / ____ / ____ Date	____ / ____ / ____ Date		
						4

	A	B	C	D	E	F
Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
4.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.3 Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.4 Catheter G24		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.5 Cotrimoxazole		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.6 Depo Provera		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

		Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
Commodity	Amount ordered					
4.7	Determine RTK	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.8	Oxytocin Injection	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.9	Rifampicin /Isoniazid	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.10	TDF+3TC+EFV	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry			

	Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
				<input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.11	Zinc Sulfite		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
		#	Y / N	Multiple allowed	#	#	Text

	Order date available?	Date order received from facility	Date delivery shipped to facility	Name of facility that made the order	5
5.1	<input type="checkbox"/> YES <input type="checkbox"/> NO	___ / ___ / ___	___ / ___ / ___		
	Yes / No	Date	Date	Text	

	A	B	C	D	E	F
--	---	---	---	---	---	---

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
5.2	Amoxicillin Capsule	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
5.3	Coartem 6x4	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
5.4	Catheter G24	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			

		Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
Commodity	Amount ordered					
5.5	Cotrimoxazole	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.6	Depo Provera	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.7	Determine RTK	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.8	Oxytocin Injection	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
5.9 Rifampicin /Isoniazid		___YES ___NO	___ Surplus ___ Other			
5.10 TDF+3TC+EF V		___YES ___NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
5.11 Zinc Sulfit		___YES ___NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
	#	Y / N	Multiple allowed	#	#	Text

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
6.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			6

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
6.2		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.3		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.4 Catheter G24		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.5 Cotrimoxazole		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.6 Depo Provera		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

			Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
Commodity	Amount ordered						
6.7	Determine RTK		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.8	Oxytocin Injection		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.9	Rifampicin /Isoniazid		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.10	TDF+3TC+EF V		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry			

		Did the DP correct or change the quantity ordered during the order cycle?					Unit (box, pill, vial, etc.)
Commodity	Amount ordered	Reason for Correction	Adjusted amount	Amount received			
6.11	Zinc Sulfite	<input type="checkbox"/> Surplus <input type="checkbox"/> Other <input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other					
		___YES ___NO					
	#	Y / N	Multiple allowed	#	#		Text

7.1	Order date available?	Date order received from facility	Date delivery shipped to facility	Name of facility that made the order	7
	___YES ___NO	___ / ___ / ___	___ / ___ / ___		
	Yes / No	Date	Date	Text	

A	B	C	D	E	F
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Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
7.2	Amoxicillin Capsule	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
7.3	Coartem 6x4	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
7.4	Catheter G24	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			

		Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
Commodity	Amount ordered					
7.5 Cotrimoxazole		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
7.6 Depo Provera		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
7.7 Determine RTK		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
7.8 Oxytocin Injection		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
7.9 Rifampicin /Isoniazid		___ YES ___ NO	___ Surplus ___ Other			
7.10 TDF+3TC+EF V		___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
7.11 Zinc Sulfit		___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
	#	Y / N	Multiple allowed	#	#	Text

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
8.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	<input type="checkbox"/> YES <input type="checkbox"/> NO	____ / ____ / ____ Date	____ / ____ / ____ Date		8

Commodity	A	B	C	D	E	F
	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
8.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
8.3 Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
8.4 Catheter G24		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
8.5 Cotrimoxazole		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
8.6 Depo Provera		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

			Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
Commodity	Amount ordered						
8.7	Determine RTK		___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
8.8	Oxytocin Injection		___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
8.9	Rifampicin /Isoniazid		___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
8.10	TDF+3TC+EFV		___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry			

		Did the DP correct or change the quantity ordered during the order cycle?					Unit (box, pill, vial, etc.)
Commodity	Amount ordered	Reason for Correction			Adjusted amount	Amount received	
		<input type="checkbox"/> Surplus <input type="checkbox"/> Other					
8.11 Zinc Sulfite		<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other					
		___ YES ___ NO					
	#	Y / N	Multiple allowed		#	#	Text

9.1	Order date available?	Date order received from facility	Date delivery shipped to facility	Name of facility that made the order	9
	___ YES ___ NO	___ / ___ / ___	___ / ___ / ___		
	Yes / No	Date	Date	Text	

A	B	C	D	E	F
---	---	---	---	---	---

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
9.2	Amoxicillin Capsule	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
9.3	Coartem 6x4	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			
9.4	Catheter G24	___ YES ___ NO	___ Stock out ___ Insufficient stock ___ Incorrect calculations ___ Product nearing expiry ___ Surplus ___ Other			

		Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
Commodity	Amount ordered					
9.5	Cotrimoxazole	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
9.6	Depo Provera	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
9.7	Determine RTK	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
9.8	Oxytocin Injection	___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Surplus <input type="checkbox"/> Other			
9.9 Rifampicin /Isoniazid		___YES ___NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
9.10 TDF+3TC+EF V		___YES ___NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
9.11 Zinc Sulfit		___YES ___NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
	#	Y / N	Multiple allowed	#	#	Text

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?		Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
		Order date available?	Date order received from facility				
10.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	___ / ___ / ___ Date	___ / ___ / ___ Date				10

	A	B	C	D	E	F
Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
10.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
10.3 Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Surplus <input type="checkbox"/> Other			
10.4 Catheter G24		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
10.5 Cotrimoxazole		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
10.6 Depo Provera		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
10.7 Determine RTK		___ YES ___ NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
10.8 Oxytocin Injection		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
10.9 Rifampicin /Isoniazid		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
10.10 TDF+3TC+EF V		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

Commodity	Amount ordered	Did the DP correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
10.1 I Zinc Sulfit		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
Enter observations:	#	Y / N	Multiple allowed	#	#	Text

Supplier fill rate

KPI Table 3

This indicator compares the quantity ordered to the quantity received. Comparisons can be made for specific commodities or aggregated for all commodities. This table is set up to track supplier fill rate for tracer commodities used in this assessment.

Data Sources

Quantity ordered:

- Historical data: orders or requisitions

Quantity received:

- Historical data: delivery notes /packing lists for orders received

Notes:

- Data on both the order quantity and receipt quantity is required.
- Ensure data are collected in the same units (either units or packs).
- Make sure that the ordering process is understood; capture intermediate steps such as pro formas or corrections to initial ordering quantities. Capturing all these steps allows for robust analysis.

**Facility
Name:**

**Facility
District:**

**Facility
Identifier:**

**Facility
Type:**

For each month, answer the following questions:

-The data should include only orders/deliveries with the MPPD

-You should only include routine/ordinary orders (emergency orders should not be entered in this table).

-You should first try to get this data from the eLMIS; if that is unavailable, you may refer to paper-based order and delivery forms.

Month I:

October 2016

I.1 Is the ROUTINE order data available for this month?

YES NO

If no, go to Q 2.1

Please fill in the following table for October 2016.

	A	B	C	D	E	F
	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
I.2	Amoxicillin Capsule	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
I.3	Coartem 6x4	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
I.4	Catheter G24	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock			

1.5 Cotrimoxazole

YES
 NO

Incorrect calculations
 Product nearing expiry
 Surplus
 Other

1.6 Depo Provera

YES
 NO

Stock out
 Insufficient stock
 Incorrect calculations
 Product nearing expiry
 Surplus
 Other

1.7 Determine RTK

YES
 NO

Stock out
 Insufficient stock
 Incorrect calculations
 Product nearing expiry
 Surplus
 Other

1.8 Oxytocin Injection

YES
 NO

Stock out
 Insufficient stock
 Incorrect calculations
 Product nearing expiry

		<input type="checkbox"/> Surplus <input type="checkbox"/> Other			
1.9	Rifampicin /Isoniazid	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other		
1.10	TDF+3TC+E FV	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other		
1.11	Zinc Sulfit	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other		

#

Y / N

Multiple allowed

#

#

Text

Month 2:**November 2016**

2.1 Is the ROUTINE order data available for this month?

YES NO

If no, go to Q 3.1

Please fill in the following table for November 2016.

	A	B	C	D	E	F
	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
2.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.3 Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.4 Catheter G24		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing			

		expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.5	Cotrimoxazole	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other		
2.6	Depo Provera	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other		
2.7	Determine RTK	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other		
2.8	Oxytocin Injection	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other		

2.9	Rifampicin /Isoniazid	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.10	TDF+3TC+E FV	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
2.11	Zinc Sulfite	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
#		Y / N	Multiple allowed	#	#	Text

Month 3:

December 2016

3.1 Is the ROUTINE order data available for this month?

YES NO



If no, go to Q 4.1

Please fill in the following table for December 2016.

	A	B	C	D	E	F
Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
3.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
3.3 Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
3.4 Catheter G24		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

			Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
Commodity	Amount ordered						
3.5 Cotrimoxazole		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other				
3.6 Depo Provera		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other				
3.7 Determine RTK		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other				
3.8 Oxytocin Injection		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing				

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
3.9 Rifampicin /Isoniazid		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
3.10 TDF+3TC+E FV		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
3.11 Zinc Sulfit		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
	#	Y / N	Multiple allowed	#	#	Text

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
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Month 4:

January 2017

4.1 Is the ROUTINE order data available for this month? YES NO If no, go to Q 5.1

Please fill in the following table for January 2017.

	A	B	C	D	E	F
Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
4.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
4.3 Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.4 Catheter G24		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.5 Cotrimoxazole		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.6 Depo Provera		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing			

Commodity		Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
4.7	Determine RTK			expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.8	Oxytocin Injection			<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.9	Rifampicin /Isoniazid			<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			

	Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
4.10	TDF+3TC+E FV		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
4.11	Zinc Sulfit		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
		#	Y / N	Multiple allowed	#	#	Text

Month 5:

February 2017

5.1 Is the ROUTINE order data available for this month?

YES NO

If no, go to Q 6.1

Please fill in the following table for February 2017.

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
	A	B	C	D	E	F
Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
5.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.3 Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.4 Catheter G24		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock			

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.5 Cotrimoxazole		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.6 Depo Provera		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.7 Determine RTK		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry			

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.8 Oxytocin Injection		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.9 Rifampicin /Isoniazid		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.10 TDF+3TC+E FV		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
5.11 Zinc Sulfite		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock			

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
	#	Y / N	Multiple allowed	#	#	Text

Month 6:

March 2017

6.1 Is the ROUTINE order data available for this month?

YES NO

If no, end Table

Please fill in the following table for March 2017.

A

B

C

D

E

F

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
6.2 Amoxicillin Capsule		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.3 Coartem 6x4		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.4 Catheter G24		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.5 Cotrimoxazole		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry			

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.6 Depo Provera		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.7 Determine RTK		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.8 Oxytocin Injection		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.9 Rifampicin /Isoniazid		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations			

Commodity	Amount ordered	Did the MPPD correct or change the quantity ordered during the order cycle?	Reason for Correction	Adjusted amount	Amount received	Unit (box, pill, vial, etc.)
			<input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.10 TDF+3TC+EF V		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
6.11 Zinc Sulfite		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stock out <input type="checkbox"/> Insufficient stock <input type="checkbox"/> Incorrect calculations <input type="checkbox"/> Product nearing expiry <input type="checkbox"/> Surplus <input type="checkbox"/> Other			
	#	Y / N	Multiple allowed	#	#	Text
Enter observations:						

Stock turn per annum

KPI Table 4

This indicator measures the number of times the warehouse issues and replaces its inventory during the period under review, and is a measure of efficiency of the operation.

Data sources:

Value of issues or deliveries:

- Historical data: fulfilled orders or delivery notes

Average inventory:

- Warehouse management systems, or annual stock take record; if this is not available, use the end of the year inventory value.

Notes:

- Ensure that all sales (deliveries/issues) are included in the totals provided.
- If an average value of inventory is not available, ensure that the point in time value used is representative of the normal levels held in the warehouse. This will be a judgment call by the assessment team and the counterparts.
- The value of this measure is as an indicator of how well product is moving through the warehouse to the service delivery points, rather than sitting unused in the warehouse. A high level of stock turn is considered desirable.
- A reducing ratio will indicate that product is getting stuck at the warehouse, which may indicate over forecasting, declining demand, problems in distributions or other barriers.
- A reducing ratio may also indicate the levels of expired or otherwise unusable stock are growing in the warehouse.
- In commercial operations a low ratio indicates that excessive working capital is tied up in slow moving stocks. The public sector may not measure working capital use, but a low stock turn indicates poor use of financial resources or donations.

1a Is this indicator regularly calculated at this district pharmacy / warehouse?

YES	NO
-----	----

Y / N

If no, go to question 1.3a, else continue

1b What was the value of this indicator for 2016?

#

1c How was this calculated?

Text

2a What was the total value of product sales in 2016?
Include the value for all products

#

Currency:

Text

2b What was the total value of stock held in the stores at for each month of 2016?
 (Use the value at inventory for that month)

Currency:

2b	January	<input type="text"/>
2c	February	<input type="text"/>
2d	March	<input type="text"/>
2e	April	<input type="text"/>
2f	May	<input type="text"/>
2g	June	<input type="text"/>
2h	July	<input type="text"/>
2i	August	<input type="text"/>
2j	September	<input type="text"/>
2k	October	<input type="text"/>
2l	November	<input type="text"/>
2m	December	<input type="text"/>

Enter observations:

Number and duration of temperature excursions (deviations) in cold storage facility

KPI Table 5

This indicator measures the number of days or percentage of time that the cold storage facility may not have kept commodities at the required temperature. This should be measured for refrigeration areas only; the appropriate temperature for refrigerators or cold rooms is 2-8C.

Data Sources

- Historical data from warehouse management records. Modern facilities will produce printouts of temperature excursions. For older equipment temperature compliance may rely on visual observation and manual record keeping.

Notes:

- If available it is desirable to collect the duration of individual incidents, as this will indicate the level of risk to commodity quality.
- Well-managed facilities will record each incident and investigate the cause and risk to commodities or corrective and preventive actions (CAPA).
- Sampling or use of tracer commodities is not appropriate for this measure. The review is of operation of the cold storage facility, irrespective of contents, and must cover the full period. A lack of records is a finding, as the warehouse cannot be assured of product quality.

**Facility
Name:**

**Facility
District:**

**Facility
Identifier:**

**Facility
Type:**

I.1a Are temperature excursions (deviations) regularly traced in summary reports at this facility?

Excursions(deviations) happen when the temperature has gone over or gone under the temperatures required by the products being stored (e.g., outside of 2 to 8 degrees)

YES NO Y / N

If no, go to question 1.2a, else continue

I.1b

How many temperature excursions were recorded by the facility over the period of last October to March, in their summary reports?

#

If not known, go to questions 1.2a

I.1c

How was the figure in 1.1b calculated?

#

If not known, go to questions 1.2a

Review the temperature log for the period from last October to March and record each excursion in the table below. Temperature logs are the cards on which the temperature is recorded.

How many different temperature logs are at this district pharmacy?

--

Enter data for the first temperature log

	Month	Are data available for this month?
I.2a	October	YES NO
I.2b	November	YES NO

Data must be available for the entire month to be included.

I.2c	December	<input type="checkbox"/> YES <input type="checkbox"/> NO
I.2d	January	<input type="checkbox"/> YES <input type="checkbox"/> NO
I.2e	February	<input type="checkbox"/> YES <input type="checkbox"/> NO
I.2f	March	<input type="checkbox"/> YES <input type="checkbox"/> NO

yes/no

	Month	Number of new excursions	Number of days on which there was the temperature excursion
I.3a	October		
I.3b	November		
I.3c	December		
I.3d	January		
I.3e	February		
I.3f	March		

Date

#

Enter data for the Second temperature log

Month	Are data available for this month?
-------	------------------------------------

Data must be available for the entire month to be included.

I.2a	October	<input type="checkbox"/> YES <input type="checkbox"/> NO
I.2b	November	<input type="checkbox"/> YES <input type="checkbox"/> NO
I.2c	December	<input type="checkbox"/> YES <input type="checkbox"/> NO
I.2d	January	<input type="checkbox"/> YES <input type="checkbox"/> NO
I.2e	February	<input type="checkbox"/> YES <input type="checkbox"/> NO
I.2f	March	<input type="checkbox"/> YES <input type="checkbox"/> NO

yes/no

		Number of days on which there was the temperature excursion
	Number of new excursions	
Month		

I.3a	October		
I.3b	November		
I.3c	December		
I.3d	January		
I.3e	February		
I.3f	March		

Add additional sheets as needed

#

#

Enter observations:

Percentage of key positions filled

KPI Table 6

This indicator measures the percentage of post vacancies in the supply-chain that can be expected to impact performance.

Data Sources

- Interview
- Human resources (HR) records

Notes:

- A simple interview with a health facility manager or HR department can be sufficient for data collection of this indicator.
- It will first be necessary to agree a definition of posts

**Facility
Name:**

**Facility
District:**

**Facility
Identifier:**

**Facility
Type:**

Answer the following questions:

Posts refer to positions - whether they are filled or not.

For staff turnover rate:

Please list the supply chain positions in your facility:	Number of supply chain posts FILLED in the facility (Now) - Only staff who spend 50% or more time on supply chain	Number of supply chain posts (positions that would spend at least 50% time on supply chain) VACANT in the facility (Now)	Number of supply chain posts (>50% time on supply chain) FILLED in the facility (Start of 2016)	Number of supply chain posts VACATE D in the facility (during 2016)
1 Stores manager				
2 Stores assistant				
3 Data manager				
4 Pharmacists				
5 Assistant Pharmacists				
6 Driver				
7				
8				
9				
10				

11

--	--	--	--	--

Add additional sheets as necessary

Enter observations:

HOSPITALS & SDP:

Facility Name:

Facility District:

Facility Identifier:

Facility Type:

Stock Data

Explain that you would like to actually count a set of tracer commodities on the shelf and see the stock cards. The first table includes “Day of Visit Stock Data,” which collects data from the stock cards and eLMIS, and a physical count based on the day of the site visit, and "Historical Stock Data" from stock cards. To be prepared to complete the "Historical Stock Data” section, before you start, request stock cards for each tracer commodity for the months of October-March. You’ll use these stock cards to collect historic data.

KPI Table I

For each of the tracer commodities, answer the following questions:

I
Tracer commodity
I:

Product Name	Product Dosage
Amoxicillin Capsule	250mg

I.1 **Is this product managed by this facility?** YES
 NO → *If no, go to Q 2.1*

I.2a Is there a stock card available for this product? YES
 NO

I.2b Is the eLMIS record for this product available? YES
 NO

I.3a What is the average monthly consumption for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES
 NO If yes → **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES
 NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

I.4b What is the stock on hand recorded in the eLMIS system for this product? # Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.

I.4c Is the date on the last modification of the eLMIS record today? YES NO If yes go to I.5, otherwise continue with I.4d

1.4 Enter the date of the last eLMIS modification:

/ / _____ / _____ / _____
Date

1.5 Count the stock in the storeroom. What is the quantity in stock?

#

Please fill in the following table for Amoxicillin Capsule 250mg from the stock card

For number of days out of stock, include both the first and last day of the stock out.

	Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
1.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

2

Tracer commodity 2:

Product Name	Product Dosage
Coartem 1x4	20/120mg

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly consumption for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes What is the established minimum stock level of this product? Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes What is the established maximum stock level of this product? Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # Enter the unit for this number: (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

I.4b What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.

1.4c Is the date on the last modification of the eLMIS record today?
1.4d Enter the date of the last eLMIS modification:

#

___ YES ___ NO	<i>IF yes go to 1.5, otherwise continue with 1.4d</i>
<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center; font-size: small;">Date</div>	

1.5 Count the stock in the storeroom. What is the quantity in stock?

#

Please fill in the following table for Coartem 1x4 20/120mg from the stock card

For number of days out of stock, include both the first and last day of the stock out.

	Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
1.6	October	___ YES ___ NO					___ YES ___ NO	
1.7	November	___ YES ___ NO					___ YES ___ NO	
1.8	December	___ YES ___ NO					___ YES ___ NO	
1.9	January	___ YES ___ NO					___ YES ___ NO	
1.10	February	___ YES ___ NO					___ YES ___ NO	
1.11	March	___ YES ___ NO					___ YES ___ NO	
		yes/no	#	#	#	#	yes/no	#

3

Tracer commodity 3:

Product Name	Product Dosage
Catheter G24	G24

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly consumption for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes What is the established minimum stock level of this product? Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes What is the established maximum stock level of this product? Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # Enter the unit for this number: (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

1.4b What is the stock on hand recorded in the eLMIS system for this product?

#

Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.

1.4c Is the date on the last modification of the eLMIS record today?

YES NO

If yes go to 1.5, otherwise continue with 1.4d

1.4d Enter the date of the last eLMIS modification:

Date

1.5 Count the stock in the storeroom. What is the quantity in stock?

#

Please fill in the following table for Catheter G24 from the stock card

For number of days out of stock, include both the first and last day of the stock out.

	Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
1.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

Tracer commodity 4:

Product Name	Product Dosage
Cotrimoxazole	960mg

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly consumption for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes # **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes # **What is the established maximum stock level of this product?** Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

I.4b What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.

#

1.4c Is the date on the last modification of the eLMIS record today? YES NO

1.4d Enter the date of the last eLMIS modification:

Date

1.5 Count the stock in the storeroom. What is the quantity in stock?

#

IF yes go to 1.5, otherwise continue with 1.4d

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Cotrimoxazole 960mg

	Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
1.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

5

Tracer commodity 5: Product Name Product Dosage

Depo Provera	Injection
--------------	-----------

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly consumption for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes **What is the established minimum stock level of this product?** Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes **What is the established maximum stock level of this product?** Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

I.4b What is the stock on hand recorded in the eLMIS system for this product? # Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.

I.4c Is the date on the last modification of the eLMIS record today?

___ YES ___ NO

If yes go to I.5, otherwise continue with I.4d

I.4d Enter the date of the last eLMIS modification:

___ / ___ / ___
Date

I.5 Count the stock in the storeroom. What is the quantity in stock?

#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Depo Provera Injection

	Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	___ YES ___ NO					___ YES ___ NO	
I.7	November	___ YES ___ NO					___ YES ___ NO	
I.8	December	___ YES ___ NO					___ YES ___ NO	
I.9	January	___ YES ___ NO					___ YES ___ NO	
I.10	February	___ YES ___ NO					___ YES ___ NO	
I.11	March	___ YES ___ NO					___ YES ___ NO	
		yes/no	#	#	#	#	yes/no	#

6

Tracer commodity 6:

Product Name	Product Dosage
Determine RTK	Test

I.1	Is this product managed by this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	If no, go to Q 2.1
I.2a	Is there a stock card available for this product?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
I.2b	Is the eLMIS record for this product available?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
I.3a	What is the average monthly consumption for this product?	<input type="text"/>	Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.	
I.3b and c	Is there an established minimum stock level for this product at this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes <input type="checkbox"/>	What is the established minimum stock level of this product? <input type="text"/> Enter as the number of months
I.3d and e	Is there an established maximum stock level for this product at this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes <input type="checkbox"/>	What is the established maximum stock level of this product? <input type="text"/> Enter as the number of months
I.4a	What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No")	<input type="text"/>	#	Enter the unit for this number: <input type="text"/> (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.
I.4b	What is the stock on hand recorded in the eLMIS system for this product?	<input type="text"/>	#	Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
I.4c	Is the date on the last modification of the eLMIS record today?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes go to I.5, otherwise continue with I.4d	

I.4d Enter the date of the last eLMIS modification:
Date

I.5 Count the stock in the storeroom. What is the quantity in stock?
#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Determine RTK Test

Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6 October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7 November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8 December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9 January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10 February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11 March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	yes/no	#	#	#	#	yes/no	#

7

Tracer commodity 7:

Product Name	Product Dosage
Oxytocin Injection	10ui/ml

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly consumption for this product? *Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.*

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes **What is the established minimum stock level of this product?** *Enter as the number of months*

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes **What is the established maximum stock level of this product?** *Enter as the number of months*

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # **Enter the unit for this number:** (E.g., pill, bottle of 80, vial) *Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.*

I.4b What is the stock on hand recorded in the eLMIS system for this product?

#

Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.

I.4c Is the date on the last modification of the eLMIS record today?

YES NO

If yes go to I.5, otherwise continue with I.4d

I.4d Enter the date of the last eLMIS modification:

Date

I.5 Count the stock in the storeroom. What is the quantity in stock?

#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Oxytocin Injection 10ui/ml

	Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days ...
I.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
I.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

8

Tracer commodity 8:

Product Name	Product Dosage
Rifampicin/Isoniazid	150/75mg

I.1 Is this product managed by this facility? YES NO If no, go to Q 2.1

I.2a Is there a stock card available for this product? YES NO

I.2b Is the eLMIS record for this product available? YES NO

I.3a What is the average monthly consumption for this product? Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.

I.3b and c Is there an established minimum stock level for this product at this facility? YES NO If yes What is the established minimum stock level of this product? Enter as the number of months

I.3d and e Is there an established maximum stock level for this product at this facility? YES NO If yes What is the established maximum stock level of this product? Enter as the number of months

I.4a What is the stock on hand recorded on the stock card for this product? (Skip if I.2a = "No") # Enter the unit for this number: (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.

I.4b What is the stock on hand recorded in the eLMIS system for this product? Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.

#

1.4c Is the date on the last modification of the eLMIS record today? YES NO IF yes go to 1.5, otherwise continue with 1.4d

1.4d Enter the date of the last eLMIS modification:

Date

1.5 Count the stock in the storeroom. What is the quantity in stock?

#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Rifampicin/Isoniazid 150/75mg

Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days...
1.6 October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.7 November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.8 December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.9 January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.10 February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.11 March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
	yes/no	#	#	#	#	yes/no	#

9

Tracer commodity 9:

Product Name	Product Dosage
TDF+3TC+EFV	300mg+300mg+600mg

I.1	Is this product managed by this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<i>If no, go to Q 2.1</i>
I.2a	Is there a stock card available for this product?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
I.2b	Is the eLMIS record for this product available?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
I.3a	What is the average monthly consumption for this product?		<i>Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.</i>	
I.3b and c	Is there an established minimum stock level for this product at this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes <input type="checkbox"/>	What is the established minimum stock level of this product?
				<i>Enter as the number of months</i>
I.3d and e	Is there an established maximum stock level for this product at this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes <input type="checkbox"/>	What is the established maximum stock level of this product?
				<i>Enter as the number of months</i>
I.4a	What is the stock on hand recorded <u>on the stock card</u> for this product? (Skip if I.2a = "No")		#	Enter the unit for this number:
				<i>(E.g., pill, bottle of 80, vial)</i>
I.4b	What is the stock on hand recorded <u>in the eLMIS system</u> for this product?		#	<i>Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.</i>
I.4c	Is the date on the last modification of the eLMIS record today?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<i>If yes go to I.5, otherwise continue with I.4d</i>

1.4d Enter the date of the last eLMIS modification:

Date

1.5 Count the stock in the storeroom. What is the quantity in stock?

#

Please fill in the following table for TDF+3TC+EFV
300mg+300mg+600mg

For number of days out of stock, include both the first and last day of the stock out.

	Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days...
1.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

10

Tracer commodity 10:

Product Name

Product Dosage

Zinc Sulfite

10mg

1.1 Is this product managed by this facility?

 YES
 NO

If no, go to Q 2.1

1.2a	Is there a stock card available for this product?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.2b	Is the eLMIS record for this product available?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.3a	What is the average monthly consumption for this product?	<input type="text"/>	Ask the staff first if they have calculated this number; otherwise calculate based on the last 6 months that do not have a stock out.
1.3b and c	Is there an established minimum stock level for this product at this facility?	# <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes <input type="checkbox"/> What is the established minimum stock level of this product? <input type="text"/> Enter as the number of months
1.3d and e	Is there an established maximum stock level for this product at this facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes <input type="checkbox"/> What is the established maximum stock level of this product? <input type="text"/> Enter as the number of months
1.4a	What is the stock on hand recorded on the stock card for this product? (Skip if 1.2a = "No")	<input type="text"/> #	Enter the unit for this number: <input type="text"/> (E.g., pill, bottle of 80, vial) Ensure that the unit is the same here, for monthly consumption, for the physical count, and for historical data.
1.4b	What is the stock on hand recorded in the eLMIS system for this product?	<input type="text"/> #	Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility.
1.4c	Is the date on the last modification of the eLMIS record today?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes go to 1.5, otherwise continue with 1.4d
1.4d	Enter the date of the last eLMIS modification:	<input type="text"/> Date	

1.5 Count the stock in the storeroom. What is the quantity in stock?

#

For number of days out of stock, include both the first and last day of the stock out.

Please fill in the following table for Zinc Sulfite 10mg

	Month	Are data available for this month?	Initial stock	Consumption	Total from Expiry, Damaged, and Lost	If any expiry, damage, or loss, specify type and amount here:	Any Stock Out?	If yes, # of days...
1.6	October	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.7	November	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.8	December	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.9	January	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.10	February	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.11	March	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
		yes/no	#	#	#	#	yes/no	#

On time delivery

KPI Table 2

Upstream ordering data:
Please enter information below about ordering made by / shipments received by your facility.

Facility Name:

Facility District:

Facility Identifier:

Facility Type:

1 How many deliveries do you have data available for? # Enter up to the last 20 orders
Over the last 6 months. *If ARV, Essential Meds, Malaria, lab, etc. are considered separate orders, but are all delivered in an integrated fashion (1 truck making 1 drop off), then this should be considered one delivery. Includes BOTH emergency and routine deliveries.*

2.1a Does this facility routinely collect on time delivery data? YES NO If no, go to question 3.1

2.1b What was the on time delivery figure for 2016?

2.1c How is the on time delivery calculated?

Select up to 20 order periods for the six months prior to the assessment.

#1	Is the order date available?	Date the products were ordered: <i>Based on eLMIS or order note</i>	Promised delivery date available?	Promised delivery date <i>Based on eLMIS or distribution calendar</i>
3.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date
3.1a	Observations:	<input type="text"/>	Is the actual delivery date available? <input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	Actual delivery date <i>Based on eLMIS or delivery note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date

#2	Is the order date available?	Date the products were ordered: <i>Based on eLMIS or order note</i>	Promised delivery date available?	Promised delivery date <i>Based on eLMIS or distribution calendar</i>
4.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date
4.1a	Observations:	<input type="text"/>	Is the actual delivery date available? <input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	Actual delivery date <i>Based on eLMIS or delivery note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date

#3	<u>Is the order date available?</u>	<u>Date the products were ordered:</u>	<u>Promised delivery date available?</u>	<u>Promised delivery date</u>
----	-------------------------------------	--	--	-------------------------------

5.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<i>Based on eLMIS or order note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<i>Based on eLMIS or distribution calendar</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	3
5.1a	Observations:	<input type="text"/>	Is the actual delivery date available?	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<i>Actual delivery date Based on eLMIS or delivery note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	
#4	Is the order date available?	If yes <input type="checkbox"/>	Date the products were ordered: <i>Based on eLMIS or order note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	Promised delivery date available? <input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	Promised delivery date <i>Based on eLMIS or distribution calendar</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	4
6.1a	Observations:	<input type="text"/>	Is the actual delivery date available?	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<i>Actual delivery date Based on eLMIS or delivery note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	
#5	Is the order date available?		Date the products were ordered: <i>Based on eLMIS or order note</i>	Promised delivery date available?		Promised delivery date <i>Based on eLMIS or distribution calendar</i>	

7.1 YES
 NO
Yes / No

If yes

/ /
Date

YES NO
Yes / No

If yes

/ /
Date

5

7.1a

Observations:

Is the actual delivery date available?

YES NO
Yes / No

If yes

/ /
Date

Actual delivery date
Based on eLMIS or
delivery note

#6

Is the order date available?

YES
 NO
Yes / No

If yes

Date the products were ordered:
Based on eLMIS or order note

/ /
Date

Promised delivery date available?

YES NO
Yes / No

If yes

Promised delivery date
Based on eLMIS or distribution calendar

/ /
Date

6

8.1a

Observations:

Is the actual delivery date available?

YES NO
Yes / No

If yes

/ /
Date

Actual delivery date
Based on eLMIS or
delivery note

#7

Is the order date available?

YES
 NO

If yes

Date the products were ordered:
Based on eLMIS or order note

/ /
Date

Promised delivery date available?

YES NO

If yes

Promised delivery date
Based on eLMIS or distribution calendar

/ /
Date

7

<p>9.1a</p> <p>Observations:</p>	<p>Yes / No</p> <p>Date</p>	<p>Yes / No</p> <p>Is the actual delivery date available?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes <input type="checkbox"/></p>	<p>Date</p> <p>Actual delivery date Based on eLMIS or delivery note</p> <p>___ / ___ / ___</p> <p>Date</p>
<p>#8</p> <p>Is the order date available?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>10.1</p>	<p>Date the products were ordered: Based on eLMIS or order note</p> <p>___ / ___ / ___</p> <p>Date</p>	<p>Promised delivery date available?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>10.1</p> <p>Yes / No</p>	<p>Promised delivery date Based on eLMIS or distribution calendar</p> <p>___ / ___ / ___</p> <p>Date</p> <p>8</p>
<p>10.1 a</p> <p>Observations:</p>	<p>Date</p>	<p>Is the actual delivery date available?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes <input type="checkbox"/></p> <p>Yes / No</p>	<p>Actual delivery date Based on eLMIS or delivery note</p> <p>___ / ___ / ___</p> <p>Date</p>
<p>#9</p> <p>Is the order date available?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>11.1</p>	<p>Date the products were ordered: Based on eLMIS or order note</p> <p>___ / ___ / ___</p> <p>Date</p>	<p>Promised delivery date available?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>11.1</p> <p>Yes / No</p>	<p>Promised delivery date Based on eLMIS or distribution calendar</p> <p>___ / ___ / ___</p> <p>Date</p> <p>9</p>
<p>11.1 a</p>	<p>Date</p>	<p>Is the actual delivery date available?</p>	<p>Actual delivery date</p>

	Observations:	<input type="text"/>	<input type="text"/> YES <input type="text"/> NO Yes / No	If yes <input type="checkbox"/>	Based on eLMIS or delivery note <input type="text"/> / <input type="text"/> / <input type="text"/> Date
#10	Is the order date available?	<input type="text"/> YES <input type="text"/> NO Yes / No	Date the products were ordered: Based on eLMIS or order note <input type="text"/> / <input type="text"/> / <input type="text"/> Date	Promised delivery date available? <input type="text"/> YES <input type="text"/> NO Yes / No	Promised delivery date Based on eLMIS or distribution calendar <input type="text"/> / <input type="text"/> / <input type="text"/> Date
12.1		If yes <input type="checkbox"/>		If yes <input type="checkbox"/>	10
12.1 a	Observations:	<input type="text"/>	<input type="text"/> YES <input type="text"/> NO Yes / No	If yes <input type="checkbox"/>	Actual delivery date Based on eLMIS or delivery note <input type="text"/> / <input type="text"/> / <input type="text"/> Date
#11	Is the order date available?	<input type="text"/> YES <input type="text"/> NO Yes / No	Date the products were ordered: Based on eLMIS or order note <input type="text"/> / <input type="text"/> / <input type="text"/> Date	Promised delivery date available? <input type="text"/> YES <input type="text"/> NO Yes / No	Promised delivery date Based on eLMIS or distribution calendar <input type="text"/> / <input type="text"/> / <input type="text"/> Date
13.1		If yes <input type="checkbox"/>		If yes <input type="checkbox"/>	11
13.1 a			Is the actual delivery date available?		Actual delivery date Based on eLMIS or delivery note

Observations:

 YES NO

Yes / No

If yes

 / /

Date

#12

Is the order date available?

 YES NO

Yes / No

If yes

Date the products were ordered:
Based on eLMIS or order note

 / /

Date

Promised delivery date available?

 YES NO

Yes / No

If yes

 / /

Date

12

Promised delivery date
Based on eLMIS or distribution calendar

14.1

a

Observations:

 YES NO

Yes / No

If yes

 / /

Date

Is the actual delivery date available?

Actual delivery date
Based on eLMIS or delivery note

#13

Is the order date available?

 YES NO

Yes / No

If yes

Date the products were ordered:
Based on eLMIS or order note

 / /

Date

Promised delivery date available?

 YES NO

Yes / No

If yes

 / /

Date

13

Promised delivery date
Based on eLMIS or distribution calendar

15.1

a

Observations:

 YES NO

Yes / No

If yes

 / /

Date

Is the actual delivery date available?

Actual delivery date
Based on eLMIS or delivery note

#14	Is the order date available?	Date the products were ordered: Based on eLMIS or order note	Promised delivery date available?	Promised delivery date Based on eLMIS or distribution calendar
16.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date
16.1 a	Observations:		Is the actual delivery date available?	Actual delivery date Based on eLMIS or delivery note
			<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date

#15	Is the order date available?	Date the products were ordered: Based on eLMIS or order note	Promised delivery date available?	Promised delivery date Based on eLMIS or distribution calendar
17.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date
17.1 a	Observations:		Is the actual delivery date available?	Actual delivery date Based on eLMIS or delivery note
			<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/> <input type="text"/> / <input type="text"/> / <input type="text"/> Date

#16	Is the order date available?	Date the products were ordered:	Promised delivery date available?	Promised delivery date
-----	------------------------------	---------------------------------	-----------------------------------	------------------------

18.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<i>Based on eLMIS or order note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<i>Based on eLMIS or distribution calendar</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	16
18.1 a	Observations: <input type="text"/>		Is the actual delivery date available? <input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<i>Actual delivery date Based on eLMIS or delivery note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date		

#17	Is the order date available? <input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	Date the products were ordered: <i>Based on eLMIS or order note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	Promised delivery date available? <input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	Promised delivery date <i>Based on eLMIS or distribution calendar</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date	17
19.1 a	Observations: <input type="text"/>		Is the actual delivery date available? <input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<i>Actual delivery date Based on eLMIS or delivery note</i> <input type="text"/> / <input type="text"/> / <input type="text"/> Date		

#18	Is the order date available?		Date the products were ordered: <i>Based on eLMIS or order note</i>	Promised delivery date available?		Promised delivery date <i>Based on eLMIS or distribution calendar</i>	
-----	---------------------------------	--	--	--------------------------------------	--	--	--

20.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Date	18
20.1 a	Observations:	<input type="text"/>	Is the actual delivery date available?	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Date	Actual delivery date Based on eLMIS or delivery note

#19	Is the order date available?	Date the products were ordered: Based on eLMIS or order note	Promised delivery date available?	Promised delivery date Based on eLMIS or distribution calendar			
21.1	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Date	19
21.1 a	Observations:	<input type="text"/>	Is the actual delivery date available?	<input type="checkbox"/> YES <input type="checkbox"/> NO Yes / No	If yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> Date	Actual delivery date Based on eLMIS or delivery note

#20	Is the order date available?	Date the products were ordered: Based on eLMIS or order note	Promised delivery date available?	Promised delivery date Based on eLMIS or distribution calendar
-----	------------------------------	---	-----------------------------------	---

22.1	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	20		
		Date				Date			
				Is the actual delivery date available?		Actual delivery date Based on eLMIS or delivery note			
22.1 a	Observations:	<input type="text"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
				Date		Date			

Number and duration of temperature excursions (deviations) in cold storage facility

KPI Table 3

This indicator measures the number of days or percentage of time that the cold storage facility may not have kept commodities at the required temperature. This should be measured for refrigeration areas only; the appropriate temperature for refrigerators or cold rooms is 2-8C.

Data Sources

- Historical data from warehouse management records. Modern facilities will produce printouts of temperature excursions. For older equipment temperature compliance may rely on visual observation and manual record keeping.

Notes:

- If available it is desirable to collect the duration of individual incidents, as this will indicate the level of risk to commodity quality.
- Well-managed facilities will record each incident and investigate the cause and risk to commodities or corrective and preventive actions (CAPA).
- Sampling or use of tracer commodities is not appropriate for this measure. The review is of operation of the cold storage facility, irrespective of contents, and must cover the full period. A lack of records is a finding, as the warehouse cannot be assured of product quality.

Facility Name:

Facility District:

Facility Identifier:

Facility Type:

1.1a Are temperature excursions (deviations) regularly traced in summary reports at this facility? *If no, go to question 1.2a, else continue*

YES NO
 Y / N

Excursions(deviations) happen when the temperature has gone over or gone under the temperatures required by the products being stored (e.g., outside of 2 to 8 degrees)

1.1b How many temperature excursions were recorded by the facility in their records there over the period of last October to March, in their summary reports? *If not known, go to questions 1.2a*

#

1.1c How was the figure in 1.1b calculated? *If not known, go to questions 1.2a*

Text

Review the temperature log for the period from last October to March and record each excursion in the table below. Temperature logs are the cards on which the temperature is recorded.

	Month	Are data available for this month?
1.2a	October	<input type="checkbox"/> YES <input type="checkbox"/> NO
1.2b	November	<input type="checkbox"/> YES <input type="checkbox"/> NO
1.2c	December	<input type="checkbox"/> YES <input type="checkbox"/> NO
1.2d	January	<input type="checkbox"/> YES <input type="checkbox"/> NO
1.2e	February	<input type="checkbox"/> YES <input type="checkbox"/> NO
1.2f	March	<input type="checkbox"/> YES <input type="checkbox"/> NO

Data must be available for the entire month to be included.

yes/no

	Month	Number of new excursions	Number of days on which there was the temperature excursion
I.3a	October		
I.3b	November		
I.3c	December		
I.3d	January		
I.3e	February		
I.3f	March		

#

#

Percentage of key positions filled

KPI Table 4

This indicator measures the percentage of post vacancies in the supply-chain that can be expected to impact performance.

Data Sources

- Interview
- Human resources (HR) records

Notes:

- A simple interview with a health facility manager or HR department can be sufficient for data collection of this indicator.
- It will first be necessary to agree a definition of posts

Facility Name:

Facility District:

Facility Identifier:

Facility Type:

Answer the following questions:

Posts refer to positions - whether they are filled or not.

For staff turnover rate:

	Please list the supply chain positions in your facility:	Number of supply chain posts FILLED in the facility (Now) - Only staff who spend 50% or more time on supply chain	Number of supply chain posts (positions that would spend at least 50% time on supply chain) VACANT in the facility (Now)	Number of supply chain posts (>50% time on supply chain) FILLED in the facility (Start of 2016)	Number of supply chain posts VACATED in the facility (during 2016)
1	Storage manager				
2	Storage assistant				
3	Data manager				
4					
5					
6					
7					
8					
9					
10					
11					

Add additional sheets as necessary

Data collectors' guide for KPI data at Hospitals and Health Centers

The question numbers referenced in this guide reflect the numbering on the paper-based data collection forms.

Stock data (KPI Table 1)

This table is structured around the 10 tracer commodities used for this assessment. The ten tracer commodities are:

NUMBER	PRODUCT NAME	PRODUCT DOSAGE	PRODUCT CATEGORY
1	Amoxicillin Capsule	250mg	Essential Drug
2	Coartem 6x4	20/120mg	Anti-Malarial
3	Catheter G24	G24	Consumables
4	Cotrimoxazole	960mg	Drugs against Opportunistic Infection
5	Depo Provera	Injection	Family Planning
6	Determine RTK	Test	Laboratory
7	Oxytocin Injection	10ui/ml	Emergency Obstetrical Care
8	Rifampicin/Isoniazid	150/75mg	TB
9	TDF+3TC+EFV	300mg+300mg+600mg	ARV
10	Zinc Sulfite	10mg	Community Case Management

You need to complete the 10 tables, one table for each tracer commodity. The table for each tracer commodity is the same as the tables for the other tracer commodities.

Questions

Question 1.1: This question assesses whether the facility you are visiting 'manages' the commodity in question. There may be situations where a facility does not stock a particular commodity. For example, if a health center does not offer TB services, then it will not stock Rifampicin/Isoniazid. Thus, in this example, the facility does not 'manage' Rifampicin/Isoniazid, and you should select 'No' as the answer to this question. If the facility has carried the product in the last 6 months, then you should answer 'yes'. If you answer 'No' to this question, you should not fill in the table for that tracer commodity, but proceed to the next tracer commodity.

Question 1.2a: This assesses whether the facility has a stock card (paper-based) stock card available on the day that you are visiting the facility.

Question 1.2b: This assesses whether the staff of the facility (or you) are able to access the eLMIS system on the day you are visiting the facility, and, in the case that you are able to access the eLMIS system, there exists a record for this facility for this product. You must be able to both access the eLMIS AND find the record for the product in order to answer 'Yes' to this question.

Question 1.3: These questions are used to assess whether or not the facility has maintained stock according to plan. To assess this indicator, data on the minimum and maximum stock levels are needed.

Question 1.3.1a: In this field, you should enter the average monthly consumption of the product. The facility may or may not have this data point available. If they have, please check that they have calculated it correctly. If they do not have this data point, or they have calculated it incorrectly, you will need to calculate this data point based on data on the paper stock card. You should report the average consumption for the last six months *where there was no stockout* of the commodity. Utilize “Issues” on the stock cards for consumption.

You can use the calculator on the tablet or on a cell phone to do this calculation.

Question 1.3b - 1.3e: There exist national standards to establish the minimum and maximum staff level, which will be used in this assessment to calculate the stocked according to plan indicator. Note that the Maximum level is typically noted on the stock card, but the minimum level is not. Note also that the “Emergency Order Point” (noted on the stock card) is not the same as the minimum.

The purpose of questions 3.1b through 3.1e is to *assess whether or not the staff at the facility are able to accurately report these standards*. Thus, for question 3.1b you should ask staff if they know the minimal stock level for this product. If they know, select ‘Yes’, otherwise select ‘No’.

Question 1.3b: Ask the staff if a minimum stock level is set for the relevant product in this facility. If the answer to 3.1b is ‘No’, proceed to question 3.1d, and skip question 3.1c.

Question 1.3c: Ask the staff what the minimum stock level is for their facility. Record their answer, even if the answer is not in alignment with national standards.

You should record this answer in terms of the *number of months*. You should NOT record this answer in terms of the number of pills, boxes, ampules, tests, etc.

Questions 1.3d and 1.3e: These questions repeat questions 3.1b and 3.1c, except in this case you are asking for the maximum stock level (and not the minimum). The same procedures as used in questions 3.1b and 3.1c should otherwise be used for these two questions.

Question 1.4a: If the paper stock card is available, you should answer this question. If there is no paper stock card available (i.e., question 1.2a is ‘No’), then you should skip this question.

To answer this question, record the current balance on the stock card. This should reflect the latest entry on the stock card.

In addition to entering the quantity reported on the stock card, you should specify the units that the quantity is reporting. The table below reports the standard units of reporting:

COMMODITY	UNIT
Amoxicillin Capsule	Capsule
Coartem 6x4	Blister of 24 pills
Catheter G24	Unit
Cotrimoxazole	Pill
Depo Provera	Vial
Determine RTK	Test
Oxytocin Injection	Vial
Rifampicin/Isoniazid	Pill
TDF+3TC+EFV	Box of 30 pills
Zinc Sulfite	Pill

Thus, for example, if the stock card reports that there are 240 boxes of TDF+3TC+EFV fixed dose combination currently in stock, for the units, you should write “Box of 30 pills”. However, if the stock card reports that there are 7,200 pills, you should write “Pills” in this answer.

Be sure when you report data in question 1.4b, question 1.5 and questions 1.6 through 1.11 that you use the same units as reported here. If necessary, you may need to calculate the amounts to match the units that you have reported in this answer.

Question 1.4b: Enter here the amount of the current balance recorded in the last entry in the eLMIS. Note that if question 1.2b is ‘No’ you should skip this question, and that the units reported should match the units used in question 1.4a.

Enter the amount listed for the store room only. Do NOT enter the amount on hand for the entire facility. This is to ensure consistency between this answer and the answer to question 1.5.

Question 1.4c: Enter the date that the data point reported in question 1.4b was entered into the eLMIS system. This question will be used to assess whether or not the eLMIS system is up to date.

Question 1.5: Please go to the store room (if you are not there already) and count the number of the product that are in the store room on the day you visit the facility for this assessment. Ensure with the staff that you have located all the areas in the stores where the product is currently being stored. The units reported should match the units used in question 1.4a.

Questions 1.6 through 1.11: Each of these questions collect the same data, but for six different months (October 2016 through March 2017). Note that in the tablet, these tables appear one month (row) at a time, with the screen showing the data for the month to be entered vertically (as opposed to horizontally in the paper form).

To collect this data, use the paper stock cards. If the facility is NOT using stock cards, but is using eLMIS to manage stock, eLMIS data can be used instead.

First, assess whether or not data are available for a given month. For example, older stock cards may have been discarded and no longer be available or staff may have left the facility and nobody was present to keep the stock cards up to date. If this is the case for a given month, then the data are no available, and the answer to the first column/question should be 'No'. If the data are available on the stock card select 'Yes'.

If the data are available, the remainder of the columns should be filled in using the same units used in question 1.4a:

Initial stock: Enter the amount in the stores at the beginning of the month. Note that this is likely to be recorded as the *last* entry of the *previous* month.

Consumption: Enter the amount that the facility issued from the stores during the month. You can use the calculator on the tablet or on a cell phone to do this calculation as necessary.

Total from Expiry, Damaged, and Lost: Enter the sum of the commodity that was removed from the stores due to expiry, damage, or loss. The number entered should reflect the total from all causes. If there were none, then enter '0' here. Note that losses due to expiry, damage or losses should be entered on the observations column.

If any expiry, damage, or loss, specify the amount for each type of loss here: If the answer to the previous question was NOT zero, in this question, you need to provide a breakdown of the number reported in the previous question. For example, if you entered '50' and all '50' were due to expiry, you should type 'expiry=50' here. For a second example, if there were 50 expiries and 10 damaged, you should enter 60 in the previous question, and type 'Expiry = 50, Damage = 10' in this question.

If the answer to the previous question is '0' you should skip this question.

Any stock Out?: Answer yes to this question if at any point during the month, the balance of the commodity was zero (i.e., if the stores was stocked out of the product). If there were no stockouts, enter 'No'.

If yes, # of days...: Answer this question only if the answer to the previous question was 'Yes', otherwise skip this question. If you answer this question you should include both the first and last day of the stock out. For example, if the commodity balance became zero on 5/11 and a delivery of the product was received on 8/11, the number recorded here should be 4 (including both the 5th and 8th of November).

On time delivery data (KPI Table 2)

This indicator serves to assess the delivery system. While health centers and hospitals in Rwanda do not typically run commodity distribution systems, collecting data at health centers and hospitals serves to assess the delivery system of the District Pharmacies.

This table has three parts:

1. The number of deliveries for which data are available,
2. Whether or not the facility routinely collects data and calculates indicators for on time delivery, and
3. Historical data on delivery times.

Questions

Question 1: This question asks how many deliveries there are data for in the last 6 months (October 2016 to March 2017). Deliveries may contain multiple orders: If ARV, Essential Medicines, Malaria, lab, etc. are considered separate orders, but are all delivered in an integrated fashion (e.g., 1 truck making 1 drop off), then this should be considered one delivery.

Deliveries include both routine AND emergency deliveries. It is expected that there will have been 6 routine deliveries; the number of emergency deliveries can vary between health facilities. If there were more than 20 deliveries in the six month period, then enter the last 20 deliveries – do not enter data for more than 20 deliveries.

Question 2: These questions assess whether or not the facility has compiled its own indicator for on time delivery. Thus, the intent of this question is to see if the facility is routinely collecting, compiling, and tracking these data.

Question 2.1a: Answer this question either yes or no. In order to answer ‘Yes’ the on time indicator should be compiled in a report (paper or electronic), spreadsheet, or other tracking device. That is, the facility should have the indicator available *without making any additional calculations* and the indicator should be held in one place (either paper or electronic). Finally, the indicator should be available for all of 2016. If ALL of these conditions have not been met, then answer ‘No’.

If you answer ‘No’ to this question, proceed to question 3.1 and skip questions 2.2 and 2.3.

Question 2.1b: Enter the on time delivery rate for the facility for the entire year of 2016. Typically, the on time delivery rate is calculated as the number of deliveries made on the expected day (or within a certain period of the expected day) divided by the total number of deliveries. However, the facility may calculate this indicator in their own way. In either case, the average indicator as calculated by the facility should be entered here.

Question 2.1c: Enter the details of how the figure reported in question 2.2 was calculated. Please ask the facility staff to be specific; having them show you how it is calculated may help you to fully understand what processes they use. Be as specific as possible in this answer.

Examples of answers:

“The total number of deliveries that arrive within two days of the promised delivery data divided by the total number of deliveries. This includes all deliveries both routine and emergency.”

“The total number of deliveries that arrived on the promised data divided by the total number of deliveries. This includes only routine deliveries.”

Questions 3.1a and 3.1b: These questions are repeated for every order (4.1a through 22.1b) for each order available. Only enter data for the orders available in the last 6 months (October 2016 to March 2017). The tablet will automatically provide you with the appropriate number of tables to complete based on your answer to question 1. If you are filling in paper version of the data collection forms, you should only fill in the number of orders specified in question 1; leave the remaining tables blank. The preferred data source for these tables is the eLMIS. If the eLMIS cannot be accessed on the day of your visit, you may refer to paper records, as specified below.

Each table has seven data points to be collected:

Is the order date available?: The date the order(s) was filed for the delivery. This should be the appropriate data in eLMIS indicating when the order was placed or the date on the Order Note. If the date is available, select 'Yes'; if the date is not available, select 'No'.

Date the products were ordered: If the order date is available enter the date here. Usually, all of the order will have been submitted to the District Pharmacy on the same day, even if there are multiple orders associated with the one delivery. In the case where orders were made on different days, take the date of the last order.

Promised delivery date available?: The date the delivery was initially scheduled to be at the facility is available based on the appropriate data in eLMIS or the distribution calendar. If the date is available, select 'Yes'; if the date is not available, select 'No'.

Promised delivery date: If the promised delivery date is available enter the date here.

Is the actual delivery date available?: The date the delivery arrived at the facility based on the appropriate data in eLMIS or the date on the Delivery Note. If the date is available, select 'Yes'; if the date is not available, select 'No'.

Actual delivery date: If the delivery date is available enter the date here.

Observations: Enter any observations that may explain the data entered above. For example, you might enter "eLMIS record not available; only the distribution calendar and delivery note were found, we could not find the order note".

Note that in the Tablet, these questions appear sequentially as you swipe the screen to advance.

Number and duration of temperature excursions (deviations) in cold storage facility (KPI Table 3)

This indicator assesses the risk to products that need to be kept refrigerated— i.e., whether or not these products have been consistently stored at the appropriate temperatures. This should be measured for refrigeration areas only; the appropriate temperature for refrigerators or cold rooms is 2-8C. Thus, do not include items that need to be kept frozen, etc. for this indicator.

To assess this indicator, you will need to access the monthly temperature logs.

This table has two parts:

Whether or not the facility routinely collects data and calculates indicators for temperature excursions, and Historical data on temperature excursions.

Temperature excursions or temperature deviations are defined as a reading of the temperature in the area (e.g., refrigerator) where cold storage occurs that is outside the accepted range for the products being stored. This should be 2 degrees to 8 degrees for purposes of this assessment. If the accepted range is 2 degrees to 8 degrees, and the temperature is recorded as 9 degrees, this is an excursion; if the temperature is recorded as 7 degrees, this is not an excursion.

Questions

Question 1.1a: Answer this question either yes or no. In order to answer ‘Yes’ temperature excursions indicator should be compiled in a report (paper or electronic), spreadsheet, or other tracking device. That is, the facility should have the indicator available *without making any additional calculations* and the indicator should be held in one place (either paper or electronic). For example, a wall chart that records daily temperature is NOT considered a summary report. Finally, the indicator should be available for all of 2016. If ALL of these conditions have NOT been met, then answer ‘No’.

If you answer ‘No’ to this question, proceed to question 1.2a and skip questions 1.1b and 1.1c.

Question 1.1b: Enter the temperature excursion indicator for the facility for the entire year of 2016. This may be calculated as the net number of temperature excursions, the number of days, or as a rate (e.g., the number of temperature excursions per month, on average). However, the facility may calculate this indicator in their own way. In either case, the average indicator as calculated by the facility should be entered here.

Question 1.1c: Enter the details of how the figure reported in question 1.1b was calculated. Please ask the facility staff to be specific; having them show you how it is calculated may help you to fully understand what processes they use. Be as specific as possible in this answer.

Examples of answers:

“The total number of temperature excursions that were recorded for the entire year. The temperature is measured twice per day, and thus the total number of excursions possible is $365 \times 2 = 730$.”

“The total number of days in which any recording of the temperature occurred in which there was a temperature excursion. Thus, the highest possible number reported would be 365.”

Question 1.2a through question 1.2f: Temperature log cards typically cover a one month period. Thus, if you are able to find the temperature log card for each of the months listed, and the data are complete on the temperature log card for that month, enter ‘Yes’, otherwise enter ‘No’.

Question 1.3a through question 1.3f: Based on the temperature log cards, enter the *number of temperature excursions*. A temperature excursion is defined above. In the first column, enter the number of excursions – that is, enter the number of times the temperature is outside the expected range immediately after being inside the expected range. See the table below for an example, for products with an acceptable range of 2 to 8 degrees.

DATE	MORNING TEMPERATURE	AFTERNOON TEMPERATURE	IS THIS A NEW EXCURSION?
1/11	5	5	No
2/11	1	0	Yes
3/11	1	5	No
4/11	5	5	No
5/11	5	9	Yes
6/11	10	11	No
7/11	5	9	Yes

For the period in the example above, there were 3 temperature excursions (3 times where the temperature moved outside the acceptable range after being in the acceptable range).

In the second column, enter the *Number of days on which there was the temperature excursion*. This is a count of the number of days with any temperature excursion. In the example above, the dates 2, 3, 5, 6, and 7 had temperature excursions, and thus you would enter '5' in this column.

Percentage of key positions filled (KPI Table 4)

This indicator assesses the availability and continuity of the staffing for the supply chain.

To assess this indicator, you will need to assess the number and type of staff working in the supply chain, as well as vacancies and the departures of supply chain staff.

Supply chain staff: The definition of supply chain staff for this assessment is the number of staff that work on the supply chain directly, and devote a substantial (>50%) of their time to supply chain. You should explain this definition to the health facility personnel and ask them to provide the data.

Note, however, that this definition of supply chain staff does NOT include staff whose primary role is the dispensing of commodities to clients/patients. If respondents list, for example, pharmacy or HIV staff who dispense commodities to patients, the definition used for purposes of this assessment should be explained to the staff and these staff should not be included in the table.

There is one table to fill in for this indicator, with 5 columns. Note that in the tablet, this table will appear one column at a time (listing all the data for the one column for each staff position).

Please list the supply chain positions in your facility: This column is meant to detail the different job titles that are relevant for this assessment. Note that there may be more than one person working under each job title. For example, there may be 2 storage assistants at larger hospitals. The table has been pre-populated with three job titles (Storage Manager, Storage Assistant, and Data Manager). In larger hospitals, there may also be a pharmacist who works primarily in stores. If there are additional staff, please specify them (in the tablet, select 'other' and specify the title).

Number of supply chain posts FILLED in the facility (Now): In this column, enter the number of people currently working at the facility for each job title. This number reflects the number of people who would be working in the health facility if all the facility staff were present at their jobs on the day of the assessment. It does not reflect, necessarily, the number of staff posts; that is, it does NOT reflect the number of staff that would work at the facility if the facility were fully staffed.

Number of supply chain posts VACANT in the facility (Now): This column is used to enter the number of positions in the previous column that currently do not have any staff filling the position. Thus, if three months ago, the facility had a Storage Assistant in place, but that Storage Assistant is no longer at the facility, then you should consider that as VACANT, and enter it in this column.

The difference between this column and the previous column represents the total 'number of posts' (filled plus those that are not filled) at the facility at the facility. The 'number of post' can be based on the organogram, official staffing plan, or similar document that outlines the post that (at least in theory) it is allowable for the facility to hire. Obtaining these documents may help you to determine the number of VACANT posts (based on the current number of staff currently working at the facility).

Number of supply chain posts FILLED in the facility (Start of 2016): In this column, enter the number of people working in each position in January 2016. These data are the same as *Number of supply chain posts*

FILLED in the facility (Now), but should reflect the situation in January 2016 (rather than the day of the assessment).

Number of supply chain posts VACATED in the facility (during 2016): Of the people entered in the previous column, enter in this column the number of people that left employment at the facility during 2016. The reason the person left is not relevant – they may have quit, been promoted, retired, etc. All of these should be entered in this column.

Data collectors' guide for KPI data at District Pharmacies

The question numbers referenced in this guide reflect the numbering on the paper-based data collection forms.

Stock data (KPI Table 1)

This data is the same as KPI Table 1 for health centers and hospitals. Please refer to the “Data collectors’ guide for KPI data at Hospitals and Health Centers” for instructions on how to fill in this table.

Downstream delivery data: (KPI Table 2)

This indicator serves to assess the delivery system. It collects data that will enable the calculation of order fill rate and order turnaround time. This table is meant to collect data about orders and deliveries from the district pharmacy to health facilities (hospitals and health centers).

The data source for this table should first be the eLMIS. If the eLMIS data are not available, please try to access paper order and delivery notes.

This table has two parts:

The number of deliveries for which data are available, and Historical data on delivery times and order data.

Questions

Question 1: This question asks how many delivery forms / eLMIS records are available for the period October 2016 through March 2017. The deliveries should only be to health facilities that are included in this assessment. Please refer to the list of facilities that you are visiting in this district as part of the assessment and locate deliveries data for these facilities. These are the facilities that should be included here.

Once you have located deliveries data for these facilities, please select up to the most recent 10 deliveries. You will then need to locate the data associated with these deliveries.

Deliveries may contain multiple orders: If ARV, Essential Medicines, Malaria, lab, etc. are considered separate orders, but are all delivered in an integrated fashion (e.g., 1 truck making 1 drop off), then this should be considered one delivery and all the associated orders should be assessed. Usually, all of the order will have been submitted to the District Pharmacy on the same day, even if there are multiple orders associated with the one delivery. In the case where orders were made on different days, take the date of the last order. However, multiple orders may need to be accessed in the eLMIS (or on paper) in order to ascertain the amount ordered for each of the tracer commodities.

Deliveries include ONLY routine deliveries and associated orders. It is expected that there will have been 6 routine deliveries to each facility; thus you should take only the 10 most recent of the potentially 24 deliveries.

Questions 1.1 through 1.10 repeat for each delivery that will be entered. Each delivery should be entered in the same way. In the tablet, these questions will appear sequentially as you move forward.

Questions 1.1: This row asks 4 questions.

Order date available?: First, it asks whether or not order data are available. It may be that in some cases, delivery data are available, but the order data associated with the delivery are not available. In this case, select 'No' for this question; if order data are available, enter 'Yes'. If you select 'No' for this question, skip the next column.

Date order received from facility: This question is asking you to enter the date that the district pharmacy received the order(s) from the health facility in question. The order(s) should be included in the delivery assessed later in the table.

Date delivery shipped to the facility: For this question, please enter the date that the order(s) were delivered to the health center or hospital.

Name of facility that made the order: This is the name of the facility to which the delivery was made. It should be one of the four facilities included in the assessment. In the tablet questionnaire, the choices will automatically include only these facilities.

Month: Enter the month for which the delivery was made. This should be limited to the six month period from October 2016 through March 2017.

Questions 1.2 through 1.10: The table contains 10 rows of data to be filled in. If the receiving facility does not handle a particular commodity, they will not have ordered that commodity. Thus, the answer for that commodity should be '0'.

Column A (Amount ordered): Record the amount of the tracer commodity that was included in the order from the health center or the hospital. Note that Column F contains the unit in which the order was made. For more information on the unit, see below.

Column B (Did the DP correct or change the quantity ordered during the order cycle?): If the District Pharmacy (DP) correct or change the amount ordered by the health center or hospital before the order was shipped, please answer 'Yes'. This change must be formal change before the date of delivery. Otherwise, enter 'No'.

If you entered 'No' in column B, skip column C and D, and go directly to column E.

Column C (Reason for Correction): In this column, select the reason for the change or correction to the quantity ordered, if the reason can be ascertained from the data available. Multiple selections of reasons are possible. If the reason cannot be ascertained from the data available, select other and write "Unknown reason".

Column D (Adjusted amount): If the District Pharmacy made an adjustment or correction to the order quantity, record here the amount relevant for the order after the adjustment or correction. Units must correspond to units used in column A.

Column E (Amount received): Enter the amount (quantity) delivered to the health center or hospital. Units must correspond to units used in column A.

Column F (Unit (box, pill, vial, etc.)): you should specify the units that the quantity is reporting. The table below reports the standard units of reporting:

COMMODITY	UNIT
Amoxicillin Capsule	Capsule
Coartem 6x4	Blister of 24 pills
Catheter G24	Unit
Cotrimoxazole	Pill
Depo Provera	Vial
Determine RTK	Test
Oxytocin Injection	Vial
Rifampicin/Isoniazid	Pill
TDF+3TC+EFV	Box of 30 pills
Zinc Sulfite	Pill

Thus, for example, if the stock card reports that there are 240 boxes of TDF+3TC+EFV fixed dose combination currently in stock, for the units, you should write “Box of 30 pills”. However, if the stock card reports that there are 7,200 pills, you should write “Pills” in this answer.

Note that in the tablet, these tables appear one tracer commodity (row) at a time, with the screen showing the data for the tracer commodity to be entered vertically (as opposed to horizontally in the paper form).

Supplier fill rate (KPI Table 3)

The data needed for this table are similar to those needed for KPI Table 2. There are three exceptions noted below. However, the largest difference between this table and KPI Table 2 is that this table is referring to commodities received at the District Pharmacy from the MPPD. Thus, in this table, you will be entering data about the deliveries received at the DP rather than the sales from the District Pharmacy.

The orders and delivery data you need to collect are for the ROUTINE orders only, over the period October 2016 through March 2017. It is expected that there will be one delivery per month, for a total of six orders. However, some months potentially were missed or data are not available. Thus, the first question for each month is whether or not the order data are available for that month (this is the first difference between this table and KPI Table 2).

Second, this Table does not ask for the dates of the order or the delivery (as opposed to KPI Table 2). Third, *Column B* (Did the MPPD correct or change the quantity ordered during the order cycle?) is different than *Column B* in KPI Table 2 – in this case we are asking whether or not the MPPD made an adjustment or correction to the order (while KPI Table 2 asks whether the District Pharmacy made a correction or change). Thus, in both cases, it is the supplier / seller of the commodities that should make the adjustment.

It is expected that all district pharmacies will handle all tracer commodities. However, if a tracer commodity was not included in a delivery / order, then enter '0' for the amount ordered and the amount received.

Stock Turn per Annum (KPI Table 4)

This table has two parts:

Whether or not the facility routinely collects data and calculates stock turn, and Historical data needed to calculate stock turn.

Question 1: These questions assess whether or not the facility has compiled its own indicator for stock turn. Thus, the intent of this question is to see if the facility is routinely collecting, compiling, and tracking these data.

Question 1a: Answer this question either yes or no. In order to answer 'Yes' the stock turn indicator should be compiled in a report (paper or electronic), spreadsheet, or other tracking device. That is, the facility should have the indicator available *without making any additional calculations*. Finally, the indicator should be available for all of 2016. If ALL of these conditions have not been met, then answer 'No'. If you answer 'No' to this question, proceed to question 2a and skip questions 1b and 1c.

Question 1b: Enter the stock turn for the facility for the entire year of 2016. You should enter the indicator as calculated by the facility, even if the formula/data/method is different than used in this assessment.

Question 1c: Enter the details of how the figure reported in question 1b was calculated. Please ask the facility staff to be specific; having them show you how it is calculated may help you to fully understand what processes they use. Be as specific as possible in this answer.

To calculate stock turn per annum, three data points are needed.

Question 2a: What was the total value of product sales in 2016? This will require the use of eLMIS, and should represent the total of the quantity of product multiplied by the unit cost of the product, summed across all products that were sold in 2016. This should NOT include only tracer commodities, but should be done for all products. The value should reflect the value of the commodity only; it should not include costs incurred at the district pharmacy, etc.

Question 2b: What was the total value of stock held in the stores at beginning of 2016? If possible, this should be calculated for January 1st, 2016. However, the value of stock at the inventory point closest to January 1st is also acceptable. The value reported here should reflect the value of all products in stock at that given point in time, and should be calculated for that one point in time otherwise in the same way as in question 2a.

Question 2c: What was the total value of stock held in the stores at END of 2016?: This question asks for the same data as question 2b except at the end (December 31st, 2016 or the closest associated inventory) of the year.

Number and duration of temperature excursions (deviations) in cold storage facility (KPI Table 5)

This data is the same as KPI Table 3 for health centers and hospitals. Please refer to the "Data collectors' guide for KPI data at Hospitals and Health Centers" for instructions on how to fill in this table, with one exception. At District Pharmacies, it is possible that there are multiple cold storage areas

(e.g., more than one refrigerator or a refrigerator and a cold room). In that case, the data should be extracted for each cold storage area. Thus, this KPI table has a question not contained in the “Data collectors’ guide for KPI data at Hospitals and Health Centers”

How many different temperature logs are at this district pharmacy? Enter here the number of temperature logs for different cold storage areas that are available. Data should be extracted from each of the different temperature logs.

Percentage of key positions filled (KPI Table 6)

This data is the same as KPI Table 4 for health centers and hospitals. Please refer to the “Data collectors’ guide for KPI data at Hospitals and Health Centers” for instructions on how to fill in this table.

ANNEX 5: KEY PERFORMANCE INDICATOR DATA ANALYSIS RESULTS

I. Stocked according to plan

n = 54

n = 18

n = 2

n = 18

Average "Stocked According to Plan" across facilities

#	Product	Product Dosage	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
1	Amoxicillin Capsule	250mg	34%	20%	0%	18%	N/A
2	Coartem 6x4	20/120mg	22%	21%	8%	10%	N/A
3	Catheter G24	G24	11%	38%	0%	16%	N/A
4	Cotrimoxazole	960mg	32%	35%	17%	13%	N/A
5	Depo Provera	Injection	29%	9%	0%	25%	N/A
6	Determine RTK	Test	23%	26%	8%	10%	N/A
7	Oxytocin Injection	10ui/ml	27%	29%	8%	16%	N/A
8	Rifampicin/Isoniazid	150/75mg	20%	24%	17%	24%	N/A
9	TDF+3TC+EFV	300mg+300mg+600mg	67%	58%	67%	34%	N/A
10	Zinc Sulfite	10mg	17%	N/A	100%	13%	N/A
		Range:	11% to 67%	9% to 58%	0% to 100%	10% to 34%	

2a. Percentage of facilities with stockout on day of assessment

n = 54

n = 18

n = 2

n = 18

Average percentage of facilities with stockout on day of visit

#	Product	Product Dosage	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
1	Amoxicillin Capsule	250mg	6%	5%	50%	0%	N/A
2	Coartem 6x4	20/120mg	2%	3%	0%	0%	N/A
3	Catheter G24	G24	2%	0%	0%	0%	N/A
4	Cotrimoxazole	960mg	0%	0%	0%	0%	N/A
5	Depo Provera	Injection	2%	0%	0%	5%	N/A
6	Determine RTK	Test	21%	4%	0%	30%	N/A
7	Oxytocin Injection	10ui/ml	6%	11%	0%	5%	N/A
8	Rifampicin/Isoniazid	150/75mg	8%	0%	50%	15%	N/A
9	TDF+3TC+EFV	300mg+300mg+600mg	0%	0%	0%	0%	N/A
10	Zinc Sulfite	10mg	6%	N/A	100%	13%	N/A
Overall:			5%	2%	17%	7%	N/A

2b. Stockout days for period October 2016 through March 2017

n = 54

n = 18

n = 2

n = 18

n=1

**Average number of days out of stock (average facility)
(6 months = 182 days)**

#	Product	Product Dosage	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
1	Amoxicillin Capsule	250mg	3.2 (1.7%)	0 (0%)	26 (14.3%)	0.3 (0.2%)	N/A
2	Coartem 6x4	20/120mg	1.8 (1%)	1.6 (0.9%)	10.5 (5.8%)	1.3 (0.7%)	N/A
3	Catheter G24	G24	9 (5%)	1.8 (1%)	0 (0%)	3.7 (2.1%)	182 (100%)
4	Cotrimoxazole	960mg	1 (0.6%)	0 (0%)	0 (0%)	0.2 (0.1%)	N/A
5	Depo Provera	Injection	0.2 (0.1%)	0 (0%)	0 (0%)	2.6 (1.4%)	N/A
6	Determine RTK	Test	25.8 (14.2%)	15.9 (8.7%)	38.5 (21.2%)	22.6 (12.4%)	62 (34%)
7	Oxytocin Injection	10ui/ml	6.9 (3.8%)	0.6 (0.3%)	5.5 (3%)	14 (7.7%)	N/A
8	Rifampicin/Isoniazid	150/75mg	4.3 (2.3%)	2.1 (1.1%)	55.5 (30.5%)	12.8 (7%)	N/A
9	TDF+3TC+EFV	300mg+300mg+600mg	1.1 (0.6%)	2.3 (1.2%)	1.5 (0.8%)	1 (0.6%)	N/A
10	Zinc Sulfite	10mg	11 (6%)	N/A	170.3 (93.5%)	7.7 (4.2%)	N/A
Overall:			6.6 (3.6%)	2.7 (1.5%)	17.7 (9.7%)	6.6 (3.6%)	N/A

The first number in this table refers to the average number of days the commodity was out of stock on average across the facilities during the six months of October 2016 through March 2017. There were 182 days in this period. The number in parenthesis is the percentage of days the commodity was out of stock, on average. Thus, 3.2 / 182 = 1.7%

2c. Average number of days per month with stockout, given that there was a stockout

n = 54

n = 18

n = 2

n = 18

n=1

Average number of days out of stock in a month when there was a stockout

#	Product	Product Dosage	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
1	Amoxicillin Capsule	250mg	12.6	N/A	26.0	4.0	N/A
2	Coartem 6x4	20/120mg	8.5	12.2	10.5	7.4	N/A
3	Catheter G24	G24	24.0	6.7	N/A	14.4	30.3
4	Cotrimoxazole	960mg	10.6	N/A	N/A	4.0	N/A
5	Depo Provera	Injection	4.5	N/A	N/A	11.0	N/A
6	Determine RTK	Test	16.2	12.5	15.4	15.8	31.0
7	Oxytocin Injection	10ui/ml	17.7	4.6	11.0	22.2	N/A
8	Rifampicin/Isoniazid	150/75mg	8.4	17.2	27.8	15.5	N/A
9	TDF+3TC+EFV	300mg+300mg+600mg	6.9	8.5	1.5	7.3	N/A
10	Zinc Sulfite	10mg	21.7	N/A	29.0	11.3	N/A
Overall:			15.7	11.0	17.9	14.6	30.5

3. Stock accuracy (paper-based)

n = 54

n = 18

n = 2

n = 18

3a. Stock card accuracy: Percentage of facilities at 100%

#	Product	Product Dosage	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
1	Amoxicillin Capsule	250mg	92%	88%	100%	70%	N/A
2	Coartem 6x4	20/120mg	88%	91%	100%	81%	N/A
3	Catheter G24	G24	83%	100%	50%	93%	N/A
4	Cotrimoxazole	960mg	86%	91%	100%	79%	N/A
5	Depo Provera	Injection	85%	95%	100%	72%	N/A
6	Determine RTK	Test	91%	83%	100%	75%	N/A
7	Oxytocin Injection	10ui/ml	90%	85%	100%	64%	N/A
8	Rifampicin/Isoniazid	150/75mg	83%	93%	100%	80%	N/A
9	TDF+3TC+EFV	300mg+300mg+600mg	77%	91%	100%	62%	N/A
10	Zinc Sulfite	10mg	96%	N/A	100%	74%	N/A
Average:			87%	91%	95%	75%	

This table reports the percentage of facilities for which the amount recorded on the paper stock card is the same as the amount counted by the assessment teams in the stores. For example, 92% of health centers visited showed the same number of Amoxicillin Capsules as being in stock on the paper stock card as was observed by the assessment team in the stores.

**3b. Average deviation from 100% accuracy across facilities
(no deviance = 0)**

			n = 54	n = 18	n = 2	n = 18	
#	Product	Product Dosage	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
1	Amoxicillin Capsule	250mg	3%	3%	0%	5%	N/A
2	Coartem 6x4	20/120mg	3%	13%	0%	2%	N/A
3	Catheter G24	G24	4%	0%	5%	11%	N/A
4	Cotrimoxazole	960mg	5%	2%	0%	10%	N/A
5	Depo Provera	Injection	4%	2%	0%	8771%	N/A
6	Determine RTK	Test	11%	14%	0%	951%	N/A
7	Oxytocin Injection	10ui/ml	5%	5%	0%	3%	N/A
8	Rifampicin/Isoniazid	150/75mg	2%	25%	0%	101%	N/A
9	TDF+3TC+EFV	300mg+300mg+600mg	7%	2%	0%	7284%	N/A
10	Zinc Sulfite	10mg	0%	N/A	0%	11%	N/A
Range:			0% to 11%	0% to 25%	0% to 5%	2% to 8771%	
			n = 54	n = 18	n = 2	n = 18	

Stockout rates by facility

Percentage of facilities with any stockout of any of the 10 tracer commodities October 2016-March 2017

Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
n = 54	n = 18	n = 2	n = 18	n = 54
69%	68%	100%	94%	100%

4. Order fill rate

Quantity delivered divided by the quantity ordered, average

n = 169 orders sampled, 155 orders with complete data			District Pharmacies
Downstream (to health facilities) order fill rate:			
1	Amoxicillin Capsule	250mg	99%
2	Coartem 6x4	20/120mg	93%
3	Catheter G24	G24	100%
4	Cotrimoxazole	960mg	100%
5	Depo Provera	Injection	100%
6	Determine RTK	Test	86%
7	Oxytocin Injection	10ui/ml	100%
8	Rifampicin/Isoniazid	150/75mg	98%
9	TDF+3TC+EFV	300mg+300mg+600mg	97%
10	Zinc Sulfite	10mg	100%
MPPD to District Pharmacy (reception at DP) order fill rate (n = 14 orders sampled):			
1	Amoxicillin Capsule	250mg	93%
2	Coartem 6x4	20/120mg	97%
3	Catheter G24	G24	100%
4	Cotrimoxazole	960mg	123%
5	Depo Provera	Injection	103%
6	Determine RTK	Test	91%
7	Oxytocin Injection	10ui/ml	N/A
8	Rifampicin/Isoniazid	150/75mg	101%
9	TDF+3TC+EFV	300mg+300mg+600mg	101%
10	Zinc Sulfite	10mg	97%
<i>Routine orders only</i>			

4a. Order adjustment rate

Percentage of orders adjusted*				
			District Pharmacies	n
Downstream (to health facilities) percentage of orders adjusted:				
1	Amoxicillin Capsule	250mg	3%	60
2	Coartem 6x4	20/120mg	3%	60
3	Catheter G24	G24	7%	60
4	Cotrimoxazole	960mg	5%	60
5	Depo Provera	Injection	7%	60
6	Determine RTK	Test	10%	60
7	Oxytocin Injection	10ui/ml	9%	54
8	Rifampicin/Isoniazid	150/75mg	9%	54
9	TDF+3TC+EFV	300mg+300mg+600mg	6%	54
10	Zinc Sulfite	10mg	6%	48
MPPD to District Pharmacy (reception at DP) percentage of orders adjusted (n = 50 for all products):				
1	Amoxicillin Capsule	250mg	6%	
2	Coartem 6x4	20/120mg	10%	
3	Catheter G24	G24	22%	
4	Cotrimoxazole	960mg	16%	
5	Depo Provera	Injection	16%	
6	Determine RTK	Test	38%	
7	Oxytocin Injection	10ui/ml	32%	
8	Rifampicin/Isoniazid	150/75mg	6%	
9	TDF+3TC+EFV	300mg+300mg+600mg	16%	
10	Zinc Sulfite	10mg	12%	

*Routine orders only; does not include adjustments made for incorrect calculations at health facilities

4b. Reason for order adjustment

Percentage of adjusted orders*		
District Pharmacies		
Downstream (to health facilities) percentage of orders adjusted (n=64):		
1	Stock out	5%
2	Insufficient stock	39%
3	Incorrect calculations	44%
4	Product nearing expiry	2%
5	Surplus	5%
6	Other	6%
MPPD to District Pharmacy (reception at DP) order fill rate (n=118):		
1	Stock out	35%
2	Insufficient stock	15%
3	Incorrect calculations	34%
4	Product nearing expiry	0%
5	Surplus	3%
6	Other	14%

*Includes all reasons for order adjustments. Table 4a above shows the order adjustment rates does not define 'incorrect calculations' as an "order adjustment" because it constitutes a legitimate reason for changing an order. Thus, Table 4a shows the order adjustment rate for non-innocuous reasons. This table includes "incorrect calculations" for informational purposes to indicate the extent to which DPs or the MPPD are able to catch and correct mistakes made in the orders they receive.

5. Stock Turn per annum

	Number of stock turns per year	District Pharmacies with stock turn around < 4	District Pharmacies with stock turn around >6
District Pharmacies (n=16), Average:	4.3	8 (49%)	4 (27%)
MPPD:	2.4		

6. Wastage from damage, theft and expiry

Percent of total stock lost, damaged or expiry during October-February

#	Product	Product Dosage	n = 54	n = 18	n = 2	n = 18	n=1
			Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPD
1	Amoxicillin Capsule	250mg	0%	0%	0%	0%	0%
2	Coartem 6x4	20/120mg	0%	0%	0%	0%	0%
3	Catheter G24	G24	0%	0%	0%	0%	N/A
4	Cotrimoxazole	960mg	0%	0%	0%	0%	0%
5	Depo Provera	Injection	0%	0%	0%	0%	0.1%
6	Determine RTK	Test	0.6%	0.4%	0%	0.7%	0.1%
7	Oxytocin Injection	10ui/ml	0%	0%	0%	0%	0%
8	Rifampicin/Isoniazid	150/75mg	0%	0%	0%	0%	0%
9	TDF+3TC+EFV	300mg+300mg+600mg	0.1%	0%	0%	0%	0%
10	Zinc Sulfite	10mg	0%	N/A	0%	0%	0%
Average:			0.1%	0.0%	0.0%	0.1%	0.0%

7. Order Turnaround Time

Number of days between order receipt and order shipment	
District Pharmacies, Average:	9.9 (n = 169 orders sampled, 155 orders had complete data)
MPPD:	18.1 (n = 14)

8. Temperature excursions (cold chain)

	Number and duration of temperature excursions in cold storage facility (October - March)				
	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
Excursions per month, across all facilities	0.18	0.01	0.00	0.01	1.2
Percentage of days with temperature outside of acceptable range (across facilities)	0.70%	0.04%	0.00%	0.14%	3.8%
Months of observation:	216	90	12	213	6

Distribution

On-time delivery to facility					
Routine Orders					
Unit receiving the order	Number orders sampled	Number of orders with full data	Percentage delivered on or before promised delivery date	Percentage delivered within 2 days of promised delivery date	
Health centers	385	242	55%	71%	
District hospitals	138	89	52%	65%	
Referral hospitals*	9	6	17%	67%	
District Pharmacies**	14	13	31%	100%	
Emergency Orders					
Unit receiving the order	Number orders sampled	Number of orders with full data	Percentage delivered on promised delivery date	Percentage delivered within 2 days of promised delivery date	
Health centers	122	76	87%	92%	
District hospitals	36	28	61%	86%	
Referral hospitals*	11	11	64%	100%	
All orders					
Unit receiving the order	Number orders sampled	Number of orders with full data	Percentage delivered on promised delivery date	Percentage delivered within 2 days of promised delivery date	
Health centers***	530	320	63%	76%	
District hospitals	174	117	54%	70%	
Referral hospitals*	20	17	47%	88%	

*Data only available from one referral hospital

**Received from the MPPD

***Note that some of the orders received by health centers were listed as 'other' types of orders (that is, they were neither routine nor emergency), and thus the total number of orders is greater than the sum of emergency and routine orders.

Human Resources

Facility type	Supply chain personnel		
	Percentage of positions filled on day of visit	Percentage of facilities with no vacancies	Percentage of staff leaving (2016)*
Health center (n = 54)	82%	78%	10%
District hospital (n = 18)	88%	72%	13%
Referral hospital (n = 2)	83%	50%	8%
District pharmacy (n = 18)	87%	61%	10%
Central Warehouse (MPPD) (n = 1)	86%	N/A	7%

*Of those staff working in January 2016, the percentage that were no longer working at the facility at the end of 2016.

eLMIS

eLMIS updated in last 7 days					n = 54	n = 18	n = 2	n = 18	n = 1
Updated within the last 7 days before assessment visit (of those with available eLMIS record for the product)									
#	Product	Product Dosage	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD		
1	Amoxicillin Capsule	250mg	30%	56%	N/A	37%	Yes		
2	Coartem 6x4	20/120mg	23%	43%	N/A	23%	Yes		
3	Catheter G24	G24	17%	38%	N/A	16%	Yes		
4	Cotrimoxazole	960mg	30%	36%	N/A	21%	Yes		
5	Depo Provera	Injection	34%	16%	N/A	30%	Yes		
6	Determine RTK	Test	24%	23%	N/A	31%	Yes		
7	Oxytocin Injection	10ui/ml	33%	42%	N/A	25%	Yes		
8	Rifampicin/Isoniazid	150/75mg	12%	35%	N/A	24%	Yes		

9	TDF+3TC+EFV	300mg+300mg+600mg	33%	33%	N/A	36%	Yes
10	Zinc Sulfite	10mg	21%	N/A	N/A	25%	Yes
Average:			26%	36%	#DIV/0!	27%	

Stock accuracy (eLMIS)

3a. eLMIS accuracy: Percentage of facilities at 100%							
n = 54 n = 18 n = 2 n = 18							
#	Product	Product Dosage	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
1	Amoxicillin Capsule	250mg	32%	34%	N/A	28%	N/A
2	Coartem 6x4	20/120mg	28%	51%	N/A	21%	N/A
3	Catheter G24	G24	34%	52%	N/A	36%	N/A
4	Cotrimoxazole	960mg	25%	38%	N/A	22%	N/A
5	Depo Provera	Injection	26%	56%	N/A	34%	N/A
6	Determine RTK	Test	40%	31%	N/A	36%	N/A
7	Oxytocin Injection	10ui/ml	43%	35%	N/A	33%	N/A
8	Rifampicin/Isoniazid	150/75mg	28%	28%	N/A	38%	N/A
9	TDF+3TC+EFV	300mg+300mg+600mg	23%	53%	N/A	23%	N/A
10	Zinc Sulfite	10mg	47%	N/A	N/A	32%	N/A
Average:			33%	42%	#DIV/0!	30%	

This table reports the percentage of facilities for which the amount recorded in the eLMIS system is the same as the amount counted by the assessment teams in the stores. For example, 32% of health centers visited showed the same number of Amoxicillin Capsules as being in stock in the eLMIS system as was observed by the assessment team in the stores.

3b. Average deviation from 100% accuracy across facilities (no deviance = 0)

The number of facilities varies by tracer commodity (since not all facilities manage all tracer commodities)

#	Product	Product Dosage	Health centers	District Hospitals	Referral Hospitals	District Pharmacies	MPPD
1	Amoxicillin Capsule	250mg	114%	101%	N/A	39%	N/A
2	Coartem 6x4	20/120mg	116%	410%	N/A	229%	N/A
3	Catheter G24	G24	50%	2050%	N/A	45%	N/A
4	Cotrimoxazole	960mg	57%	87%	N/A	135%	N/A

5	Depo Provera	Injection	145%	36%	N/A	15510%	N/A
6	Determine RTK	Test	80%	55%	N/A	624%	N/A
7	Oxytocin Injection	10ui/ml	629%	38%	N/A	24%	N/A
8	Rifampicin/Isoniazid	150/75mg	6013%	190%	N/A	101%	N/A
9	TDF+3TC+EFV	300mg+300mg+600mg	138%	46%	N/A	46%	N/A
10	Zinc Sulfite	10mg	48%	N/A	N/A	41%	N/A
Range:			48% to 6013%	36% to 2050%	N/A	24% to 15510%	

Procurement

Vendor on-time and vendor in full calculations							
#	Product	Product Dosage	Percentage delivered on or before promised delivery date	Percentage delivered within 2 days of promised delivery date	Quantity delivered divided by the quantity ordered, average	Percentage of orders adjusted	
1	Amoxicillin Capsule	250mg	1 of 3 (33%)	1 of 3 (33%)	100%	0%	
2	Coartem 6x4	20/120mg					
3	Catheter G24	G24					
4	Cotrimoxazole	960mg					
5	Depo Provera	Injection					
6	Determine RTK	Test	1 of 3 (33%)	2 of 3 (67%)	100%	0%	
7	Oxytocin Injection	10ui/ml					
8	Rifampicin/Isoniazid	150/75mg	1 of 1 (100%)	1 of 1 (100%)	100%	0%	
9	TDF+3TC+EFV	300mg+300mg+600mg	1 of 1 (100%)	1 of 1 (100%)	100%	0%	
10	Zinc Sulfite	10mg					

Data reflect vendor shipments to the MPPD

ANNEX 6: FACILITIES ASSESSED VIA SITE VISITS

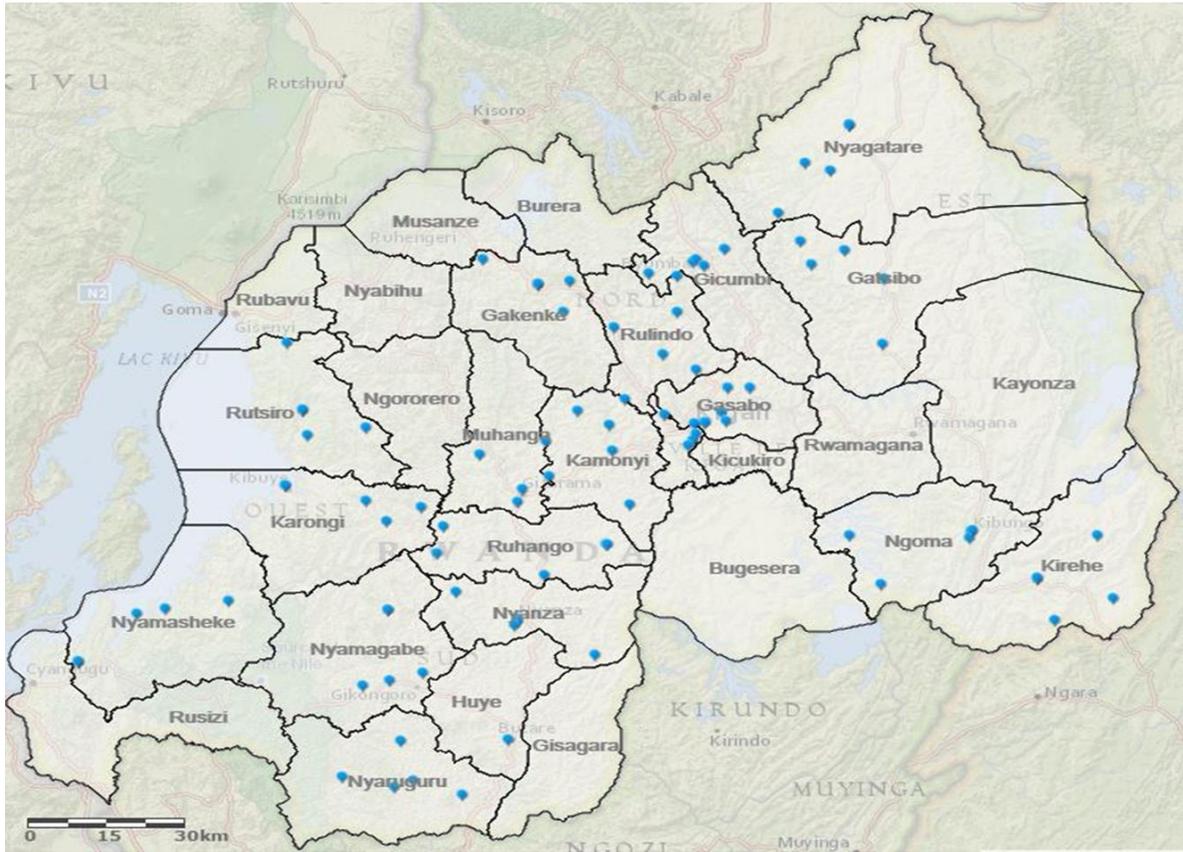
	NAME OF FACILITY	AREA	LEVEL	TYPE
1	CHUK	Nyarugenge	Central	
2	GAKENKE PD	Gakenke	District	District Pharmacy
3	NEMBA HD	Gakenke	District	
4	KARAMBO CS	Gakenke	Service Delivery	
5	RUKURA CS	Gakenke	Service Delivery	
6	CYABINGO CS	Gakenke	Service Delivery	
7	CHUB	Huye	Central	
8	GASABO PD	Gasabo	District	District Pharmacy
9	KIBAGABAGA HD	Gasabo	District	
10	KACYIRU CS	Gasabo	Service Delivery	
11	NDUBA CS	Gasabo	Service Delivery	
12	GIKOMERO I CS	Gasabo	Service Delivery	
13	NYARUGENGE PD	Nyarugenge	Service Delivery	District Pharmacy
14	MUHIMA HD	Nyarugenge	District	
15	CLUB RAFIKI YOUTH FRIENDLY CENTE	Nyarugenge	Service Delivery	
16	MUHIMA DISP	Nyarugenge	Service Delivery	
17	KANYINYA CS	Nyarugenge	Service Delivery	
18	GATSIBO PD	Gatsibo	District	District Pharmacy
19	NGARAMA HD	Gatsibo	District	
20	KIZIGURO CS	Gatsibo	Service Delivery	
21	NYABIHEKE CS	Gatsibo	Service Delivery	
22	KIBONDO CS	Gatsibo	Service Delivery	
23	NYAGATARE PD	Nyagatare	District	District Pharmacy
24	NYAGATARE HD	Nyagatare	District	
25	RUKOMO CS	Nyagatare	Service Delivery	
26	NYAGAHITA CS	Nyagatare	Service Delivery	

27	CYABAYAGA CS	Nyagatare	Service Delivery	
28	GICUMBI PD	Gicumbi	District	District Pharmacy
29	BYUMBA HD	Gicumbi	District	
30	GIHEMBE CS	Gicumbi	Service Delivery	
31	MIYOVE CS	Gicumbi	Service Delivery	
32	MUKONO CS	Gicumbi	Service Delivery	
33	RULINDO PD	Rulindo	District	District Pharmacy
34	RUTONGO HD	Rulindo	District	
35	MASORO CS	Rulindo	Service Delivery	
36	KISARO CS	Rulindo	Service Delivery	
37	MUYANZA CS	Rulindo	Service Delivery	
38	NYARUGURU PD	Nyaruguru	District	District Pharmacy
39	MUNINI HD	Nyaruguru	District	
40	NYABIMATA CS	Nyaruguru	Service Delivery	
41	NYAMYUMBA CS	Nyaruguru	Service Delivery	
42	NYANTANGA CS	Nyaruguru	Service Delivery	
43	KAMONYI PD	Kamonyi	District	District Pharmacy
44	REMERA RUKOMA HD	Kamonyi	District	
45	MUGINA CS	Kamonyi	Service Delivery	
46	KABUGA CS	Kamonyi	Service Delivery	
47	KAYENZI CS	Kamonyi	Service Delivery	
48	MUHANGA PD	Muhanga	District	District Pharmacy
49	KABGAYI HD	Muhanga	District	
50	MUSHISHIRO CS	Muhanga	Service Delivery	
51	RUTOBWE DISP	Muhanga	Service Delivery	
52	KIVUMU CS	Muhanga	Service Delivery	
53	KARONGI PD	Karongi	District	District Pharmacy
54	KIBUYE HD	Karongi	District	
55	MUNZANGA CS	Karongi	Service Delivery	
56	BIRAMBO CS	Karongi	Service Delivery	

57	RUGABANO CS	Karongi	Service Delivery	
58	RUTSIRO PD	Rutsiro	District	District Pharmacy
59	MURUNDA HD	Rutsiro	District	
60	MURUNDA CS	Rutsiro	Service Delivery	
61	KABONA CS	Rutsiro	Service Delivery	
62	NYABIRASI CS	Rutsiro	Service Delivery	
63	KIREHE PD	Kirehe	District	District Pharmacy
64	KIREHE HD	Kirehe	District	
65	KIGARAMA HC	Kirehe	Service Delivery	
66	BUKORA CS	Kirehe	Service Delivery	
67	NYARUBUYE CS	Kirehe	Service Delivery	
68	NGOMA PD	Ngoma	District	District Pharmacy
69	KIBUNGO HD	Ngoma	District	
70	RUKUMBERI CS	Ngoma	Service Delivery	
71	JARAMA CS	Ngoma	Service Delivery	
72	PRISON KIBUNGO PRIS	Ngoma	Service Delivery	
73	NYAMAGABE PD	Nyamagabe	District	District Pharmacy
74	KADUHA HD	Nyamagabe	District	
75	KIGEME CS	Nyamagabe	Service Delivery	
76	KADUHA CS	Nyamagabe	Service Delivery	
77	MBUGA CS	Nyamagabe	Service Delivery	
78	NYAMASHEKE PD	Nyamasheke	District	District Pharmacy
79	BUSHENGE HD	Nyamasheke	District	
80	KARAMBI CS	Nyamasheke	Service Delivery	
81	BUSHENGE CS	Nyamasheke	Service Delivery	
82	KIBOGORA CS	Nyamasheke	Service Delivery	
83	NYANZA PD	Nyanza	District	District Pharmacy
84	NYANZA HD	Nyanza	District	
85	Youth Friendly Center Nyanza	Nyanza	Service Delivery	
86	NTYAZO CS	Nyanza	Service Delivery	

87	MUCUBIRA CS	Nyanza	Service Delivery	
88	RUHANGO PD	Ruhango	District	District Pharmacy
89	RUHANGO HOSPITAL	Ruhango	Service Delivery	
90	KINAZI CS	Ruhango	Service Delivery	
91	MUNANIRA CS	Ruhango	Service Delivery	
92	MUREMURE CS	Ruhango	Service Delivery	
93	MPPD		Central	Central Warehouse
94	Ministry of Health		Central	Interview Pharmaceutical Services and National Pharmaceutical Supply Chain and Logistics Management Information System(LMU) Coordinator Ministry of Health- Rwanda

ANNEX 7: MAP OF GEOGRAPHIC COVERAGE OF SITES ASSESSED



ANNEX 8: KEY ACHIEVEMENTS AND GAPS

This Annex contains the full set of data analysis on Key Achievements and Key Gaps identified in the NSCA Rwanda assessment.

The Key Achievements tables below list **all** results related to positive achievement, as defined by the data indicating $\geq 80\%$ of facilities having implemented the indicator.

The Key Gaps tables represents **all** results that indicated key gaps within the SCM system, as defined by $\geq 80\%$ of facilities having not implemented the indicator. These tables also detail possible solutions to addressing the gaps suggested by the data.

The main body of the NSCA Rwanda assessment report contains tables for each module and for each level listing what are considered to be **the most significant** Key Achievements and Key Gaps. Those tables are therefore a subset of the data in this Annex.

PROCUREMENT: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR PROCUREMENT MODULE BY LEVELS	
CAPABILITY SCORE FOR DISTRICT PHARMACY LEVEL	% COMPLIANT
The government is involved in the approval process during the procurement.	94%
The Public Health Program Office provides standard specifications for pharmaceutical procurement.	100%
Procurement tenders include terms and conditions that are enforced.	89%
Orders and deliveries are documented on paper forms.	100%
CAPABILITY MATURITY SCORE FOR REFERRAL HOSPITAL LEVEL	% COMPLIANT
Controls are in place to mitigate/prevent procurement risks.	100%
Formal, internal audits of the procurement system take place at least every 2 years.	100%
SOPs are in place for procurement (receipt of bids, bid opening, bid evaluations).	100%
Staff have access to procurement SOPs via printed documents.	100%
The Public Health Program Office provides standard specifications for pharmaceutical procurement.	100%
Product specifications are consistently applied during the following steps of the procurement process: product selection, tendering, bid evaluation, and the award process.	100%
A written policy is in place to identify and qualify vendors.	100%
Tenders include terms and conditions that are enforced.	100%
Vendor competition for tenders is required.	100%
Vendor performance monitoring is used to black list non-performing vendors based on standardized criteria.	100%
An order and delivery management process is in place.	100%

Penalties are imposed for vendors that do not fulfill contracts.	100%
The procurement system incorporates contract management and order management.	100%
CAPABILITY MATURITY SCORE FOR THE MPPD LEVEL	% COMPLIANT
Procurement & Adjudication Committees /Tender committee is in place.	100%
Controls are in place to mitigate/prevent procurement risks.	100%
Formal internal audits of the procurement system take place at least every 2 years.	100%
The Public Health Program Office provides standard specifications for pharmaceutical procurement.	100%
Vendor performance is scored qualitatively.	100%
The vendor performance monitoring is used to plan and black list non-performing vendors based on standardized criteria.	100%
An order and delivery management process is in place.	100%

PROCUREMENT: KEY GAPS

CAPABILITY SCORE FOR PROCUREMENT MODULE BY LEVELS		
CAPABILITY MATURITY SCORES AT DISTRICT PHARMACY LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
A drug therapeutics committee is involved in the procurement approval process.	100%	Representatives of the Drugs & Therapeutics Committee should be involved in the procurement approval process to ensure that the right medications required for treatment of the target disease areas are selected.
A contracts committee is part of an internal control system for procurement.	94%	Best practices in internal control measures require that, a committee rather than individuals be responsible for procurement. A contracts or Tender committee of relevant departments and agencies should be involved in the procurement process at different levels such as; product selection, quantification, order placement, supplier monitoring, supply planning, etc.
Procurement risk assessments are conducted at least annually.	83%	Frequent procurement risks assessments are required to address issues like fraud prevention, funds availability, prevention of stock outs, vendor performance, quality of supplied commodities. These should be done every procurement cycle or at least annually.
Controls to mitigate/prevent procurement risks are in place.	83%	Implement additional controls such as internal audit, external audit, policies and regulation, procurement and adjudication committee, separating contract managers from the people performing the procurement.
SOPs for procurement are updated every 1-2 years.	100%	Implement regular updates of procurement SOPs to ensure that learnings from previous supplier performances are used to improve subsequent procurement processes, to adopt change in industrial practices, to adopt audit recommendations etc.

Vendor performance is monitored and used to ensure that non-performing vendors are identified and blacklisted.	100%	Vendor performances must be monitored strictly against agreed set parameters or KPIs. Those who consistently underperform despite efforts to correct performance lapses should be blacklisted. This will ensure all suppliers performance are in according with agreed terms and conditions.
The procurement system monitors identified KPIs.	94%	This is as addressed above.
INDICTOR AT HEALTH CENTER LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Service delivery point managers are involved in the procurement approval process.	100%	SDPs do not carry out procurements but the SDP managers can passively be involved in the procurement process through the DTCs. HCs order medicines from District Pharmacies.
Purchase orders include provisions for liability, recall, and liquidated damages.	100%	The purchase orders should be appropriately worded to ensure that risks of poor performance in terms of quality of the medicines procured, damages, cost of corrective actions and all liabilities are transferred to the suppliers. The terms and conditions in the order should be reviewed by legal departments of the government for appropriateness and protection of government against litigations.
INDICTOR AT MPPD LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
A drug therapeutics committee is involved in the procurement approval process.	100%	To ensure accountability, different levels of approvals should be established for the procurement process. Progressively higher level of authorization should be put in place for higher amounts of procurement.
Contract committees are a part of the internal control system for procurement.	100%	Adequate control measures should be in place to ensure ethical processes are followed in the contract awards. Examples of such controls include committees to monitor the different processes.
SOPS for procurement are updated at least every 1-2 years.	100%	There is need for regular updates of procurement SOPs to ensure that learnings from previous supplier performances are used to improve subsequent procurement processes, to adopt change in industrial practices, to adopt audit recommendations etc.
Product specifications are consistently applied during all steps in the procurement process.	100%	There is need to apply product specifications to all steps of the procurement process. The user departments and DTC can provide the specification, while the contracts committee vets the processes at each stage. A bid manager and contracts manager should be appointed for each cycle of procurement of commodities. In addition, a check list to confirm incorporation at each process should be adopted to ensure compliance.

Lead time is included during the tender evaluation process.	100%	Lead time is a very important measure for a procurement efficiency. The MPPD should set lead-time an indicator when evaluating a tender and also define other KPIs that monitor the procurement lead-time.
The procurement system incorporates supplier monitoring and KPI monitoring.	100%	An M&E system should be put in place where KPIs are defined which monitor different aspects of the supplier performance and these KPIs assessed throughout the procurement process.

PHARMACY STORE MANAGEMENT: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR PHARMACY & STORES MANAGEMENT MODULE BY LEVELS

INDICATORS AT THE HEALTH CENTER LEVEL	% COMPLIANT
SOPS for operations are in place and were physically verified.	81%
All medicines received are checked for expiration and quality.	94%
The store meets the minimum acceptable design, layout, and construction requirements for storage of pharmaceutical products.	85% - 91%
Stores have and utilize shelving and pallets.	80% - 96%
Firefighting safety equipment is available.	94%
Temperature in non-cold chain areas is monitored and recorded.	85%
Inventory is managed manually using stock cards.	100%
The inventory management system includes Buffer/Security stock.	85%
The inventory management systems include min-max set points.	91%
The store has a room with free-standing refrigerator	85%
Temperature is manually monitored, with thermometers appropriately placed.	87%
Contingency plans are in place to maintain the cold chain in the event of a power or equipment failure, including secondary/tertiary power sources.	81%
CAPABILITY MATURITY SCORES AT THE DISTRICT HOSPITAL LEVEL	% COMPLIANT
SOPS for operations are in place and were physically verified.	100%
All medicines received are check for expiration and quality.	89%
The store meets the minimum acceptable design, layout, and construction requirements for storage of pharmaceutical products.	95% - 100%
The store has lighting in all rooms and internet in place.	100%
Consistent electric power at this facility is provided by a generator.	100%
The store has and utilizes shelves, pallets, and cabinets.	100%

Firefighting safety equipment is available in this facility today.	94%
Security measures for the pharmacy store are in place and currently operational, including controlled access and locks on the main doors.	89-100%
The temperature is monitored and recorded in non-cold chain areas.	94%
Inventory is managed using stock cards.	100%
The inventory management system includes Buffer/Security stock.	83%
The inventory management system includes min-max set points.	94%
Cold chain infrastructure and capacity elements are in the store, including a free-standing refrigerator.	100%
Temperature is manually monitored, with thermometers appropriately placed.	100%
Controlled and high value items are stored in a lockable cage or cabinet.	100%
CAPABILITY MATURITY SCORES AT THE DISTRICT PHARMACY LEVEL	% COMPLIANT
All medicines received are checked for expiration and quality.	100%
SOPS for operations are in place and were physically verified.	100%
All medicines received are check for expiration and quality.	89%
The store meets the minimum acceptable design, layout, and construction requirements for storage of pharmaceutical products.	95% - 100%
The store has lighting in all rooms and internet in place.	100%
Consistent electric power at this facility is provided by a generator.	100%
The store has and utilizes shelves, pallets, and cabinets.	
Firefighting safety equipment is available in this facility today.	94%
Security measures for the pharmacy store are in place and currently operational, including controlled access and locks on the main doors.	89-100%
The temperature is monitored and recorded in non-cold chain areas.	94%
Inventory is managed using stock cards.	100%
The inventory management system includes Buffer/Security stock.	83%
The inventory management system includes min-max set points.	94%
Cold chain infrastructure and capacity elements are in the store, including a free-standing refrigerator.	100%
Temperature is manually monitored, with thermometers appropriately placed.	100%
Controlled and high value items are stored in a lockable cage or cabinet.	100%

The store meets the minimum acceptable design, layout, and construction requirements for storage of pharmaceutical products.	83 – 89%
The store has lighting in all rooms and internet in place.	100%
Consistent electric power at this facility is provided by a generator.	100%
The store has and utilizes shelves, pallets, and cabinets.	100%
Firefighting equipment is in place and operational.	100%
FEFO (First Expiry First Out) requirements adhered to.	100%
Stocks are managed with product stock cards.	100%
CAPABILITY MATURITY SCORES AT THE REFERRAL HOSPITAL LEVEL	% COMPLIANT
All medicines received are check for expiration and quality.	100%
SOPS for operations are in place and were physically verified.	100%
All medicines received are checked for expiration and quality.	89%
The store meets the minimum acceptable design, layout, and construction requirements for storage of pharmaceutical products.	100%
The store has lighting in all rooms, air-conditioning, and internet in place.	100%
Consistent electric power at this facility is provided by a generator.	100%
The store has and utilizes a free-standing refrigerator, shelves, pallets, and cabinets.	100%
Firefighting safety equipment, controlled access, locked main doors, locked product cabinets, burglar bars, security guards, and records of all people entering are evident in the facility on the day of inspection.	100%
Temperature and humidity monitoring devices in place.	100%
The inventory management system includes min-max set points.	100%
Inventory counts of all products are performed monthly or shorter.	100%
Stock out rate indicators are recorded as KPIs at the facility.	100%
Secondly/tertiary power source are part of the contingency plans to maintain cold chain in the event of power or equipment failure.	100%
SOPs are in place for handling controlled substances and high-value commodities and they are tracked through manual registers	100%
CAPABILITY MATURITY SCORES AT THE MPPD LEVEL	% COMPLIANT
All receipts, including returns, are checked for expiration and quality	100%
The store meets acceptable design, layout and construction requirements for storage of pharmaceutical products.	100%

The store has lighting in all rooms, air conditioning, internet, a generator, and official facility telephone.	100%
The store has and utilizes a free-standing refrigerator, shelves, pallets, pallet truck, racks, and cabinets.	100%
Firefighting equipment, gloves, spill kits, masks, lab coats, reflectors, helmets, safety boot for use as safety equipment is available in this facility today.	100%
Security measures for the store are in place and currently operational, including controlled access, locks on main doors, locks on product cabinet, burglar bars, staff ID cards, control of vehicle entering, security guards, and a record of all people entering and leaving.	100%
FEFO (First Expiry First Out) requirements adhered to.	100%
FIFO principles (First in, first out) implemented for products without expiration dates or products with the same expiration dates.	100%
Delivery processes traceable.	100%
Orders are manually tracked with established delivery dates.	100%
Cold chain requirements of 2-8°C maintained from manufacturer to service delivery point are maintained and verified.	100%
Yes but NOT up to date OR not Physically Verified	100%
Temperature and humidity monitoring devices in place.	100%
A lockable cage or cabinet is in place for storing controlled and high-value products.	100%
Access to controlled and high-value products is limited to designated personnel.	100%
SOPs are in place for handling controlled substances and high value products.	100%
Inventory is managed on manual stock cards.	100%
A single register than is used to monitor and track expiration dates.	100%
The inventory management system includes Buffer/Security stock.	100%
The inventory management system includes min-max set points.	100%
Inventory counts of all products are performed monthly or shorter.	100%
Stock out rate indicators are recorded as KPIs at the facility.	100%
Secondly/tertiary power source are part of the contingency plans to maintain cold chain in the event of power or equipment failure.	100%
SOPs are in place for handling controlled substances and high-value commodities and they are tracked through manual registers.	100%
The government is responsible for funding the budgets associated with warehousing & storage? E.g. personnel, equipment etc.	100%
Material- and stock-handling costs are monitored closely.	100%
KPI indicators that are recorded at the facility include stock out rates, stock accuracy, order fill rate, stock turn per annum, and cost off warehousing, warehouse utilization, wastage, order turnaround time, temperature excursions, and % of in-coming batches tested for quality.	100%

PHARMACY & STORE MANAGEMENT: KEY GAPS

CAPABILITY SCORE FOR PHARMACY % STORE MANAGEMENT MODULE BY LEVEL

CAPABILITY MATURITY SCORE AT HEALTH CENTER LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Stores have adequate separate office space.	83%	The length of time of exposure to odours of chemicals, which drugs and other commodities are, should be minimized. It is therefore advised that separate spaces be provided as office space apart from the stores themselves. This would also prevent unauthorized entry into the store areas.
Stores have air conditioning.	100%	Equipment which ensure that temperatures are controlled within acceptable limit for drugs, such as Air conditioners or air extractors, should be installed at the drugs stores. Temperatures should also be monitored and documented constantly.
Spill kits are available in the stores.	100%	It is good practice to provide appropriate materials to ensure that the store is kept clean and dry. Spills of drugs should be specially treated with appropriate materials.
Security measures include control of vehicles entering the premises, recording all people entering and exiting.	96%	<ul style="list-style-type: none"> • Basic security measures should be in place to ensure that commodities are not accessible by non-store staff, such as locks on the doors and physical search of staff entering and exiting the store. • Staff should be trained in storage space management and separate office spaces should be provided for staff use. • SOPs for good storage practices such as temperature and humidity monitoring and control and KPI monitoring.
Store humidity is monitored and recorded in non-cold chain areas.	100%	An elevated level of humidity can affect products stability and should be kept low using humidifiers and should be subsequently checked continuously.
KPIs for stocked according to plan and number and duration of temperature excursions are recorded.	81% - 94%	A robust M&E plan with appropriate indicators should be developed implemented for quality control.
Cold chain temperatures are monitored electronically and automatic audible alarms that are connected to the manager's accounts.	100%	Best practices in modern methods of temperature control and monitoring should be reviewed and applied.
CAPABILITY MATURITY SCORES AT DISTRICT PHARMACIES LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS

The store has and utilizes air-condition, pallet truck and trollies.	83-89%	Products storage facilities require appropriate equipment for effective storage and handling. These should at a minimum be made available at all such facilities.
Available safety equipment includes eye protection, gloves, spill kits, and reflectors.	89-100%	Same as above
Security measures include control of vehicles entering the premises, recording all people entering and exiting.	96%	<p>Good storage practices should be defined/adopted and implemented across the entire supply chain system in Rwanda. Relevant policies should be documented, useful SOPs to ensure implementation of the policies should be written, circulated to all relevant staff and monitored by a robust M&E system, using appropriate KPIs to ensure compliance. These policies and SOPs should guarantee the following good storage practices;</p> <ul style="list-style-type: none"> • adequate storage and office space is provided and utilized • temperature and humidity monitoring & control devices & equipment are provided, staff trained on usage and monitoring system is in place to ensure compliance • staff should be trained in storage space management and separate office spaces should be provided for staff use. • Strict security protocols should also be established and complied with by all personnel, irrespective of status. This should include physical search of vehicles and individuals who enter and exit the store. • Appropriate kits should be provided to ensure safety of store and warehouse personnel (hard hats, eye & nose protection, safety boots, heavy duty gloves, overalls, reflector jackets, etc.
Shipments and orders are confirmed though manual paper documentation.	89%	<ol style="list-style-type: none"> 1. At the DPs there is need to strengthen the manual shipment confirmation through the delivery notes and goods received notes 2. Also explore the possibility of going electronic by procuring and using PDAs
Store humidity is monitored and recorded in non-cold chain areas.	100%	An elevated level of humidity can affect products stability and should be kept low using humidifiers and should be subsequently checked continuously.

Humidity control measures are in place.	94%	Desiccants and other dehumidifiers should be provided where necessary. this
KPI at the facility include stock turn per annum, warehousing utilization//bin occupancy, order turnaround time, number duration of temperature excursions, and % of in-coming batches tested for quality.	83% to 100%	Appropriate indicators should be developed and used to track performance at all levels of the Supply Chain.
CAPABILITY MATURITY SCORES AT REFERRAL HOSPITALS LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
KPI at the facility include stocked according to plan, stock accuracy, order fill rate, wastage, and duration of temperature excursions.	100%	Appropriate indicators should be developed and used to track performance at all levels of the Supply Chain.
CAPABILITY MATURITY SCORES AT MPPD LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
KPI at the facility include stocked according to plan.	100%	Same as above
A warehouse audit is performed internally at least annually.	100%	Internal audits should be regularly carried out and reports shared and used for decision making in areas where compliance to SOPs or guidelines and policies has been found effective
Controlled substances and high-value commodities are traced by manual register or ledger.	100%	There should be a documented deliberate policy of government that specifies the separate storage, reporting and handling of controlled substances and high value commodities. These must always be in the control of a relevant professional who is held accountable for these types of commodities.
Free standing refrigerators are in warehouses.	100%	Equipment that allow for best practices in warehousing and storage should be made available at all storage locations.
Shipments and orders are confirmed though manual paper documentation.	100%	1. At the DPs there is need to strengthen the manual shipment confirmation through the delivery notes and goods received notes 2. Also explore the possibility of introducing the use of electronic devices by procuring and using Personal Digital Assistant (PDA).

Cold chain requirements are monitored from manufacturer to service delivery point using color changing markers.	100%	Quality control measures for products requiring special conditions, such as cold chain supplies should be strictly adhered to from the manufacturers and all across the Supply Chain.
All orders received are checked for accuracy.	100%	SOPs for commodities receipt should ensure that commodities are not lost in transit.
Eye protection safety equipment is available in the facility today.	100%	Products storage facilities require appropriate equipment for safety, effective storage and handling. These should at a minimum be made available at all such facilities.
Storage equipment being utilized includes trollies, shelves, pallets, pallet ruck, trollies, and racks.	100%	Same as above.
The store has a permanent and leak-free roof, insulated and leak-free ceiling, adequate ventilation, smooth and non-odorous flow, adequate storage area, and adequate entrance and aisles.	100%	There are minimum standards that have been set for construction of health commodities storage facilities and these should be adopted and implemented across the Supply Chain in Rwanda.

DISTRIBUTION: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR DISTRIBUTION MODULE BY LEVELS

CAPABILITY MATURITY SCORES FOR HEALTH CENTER LEVEL	% COMPLIANT
Proof of delivery (POD) records are maintained.	100%
Product requirements for cold chain transportation from district pharmacy to health facility monitored.	81%
CAPABILITY MATURITY SCORES FOR DISTRICT HOSPITAL LEVEL	% COMPLIANT
Distribution schedule are received in advance from the District Pharmacy.	89%
Proofs of delivery (POD) records are maintained.	100%
Product requirements for cold chain transportation from district pharmacy to health facility are monitored.	81%
CAPABILITY MATURITY SCORES FOR DISTRICT PHARMACY LEVEL	% COMPLIANT
An approved distribution plan is in place.	100%
Distribution routes are pre-planned.	83%
Commodities are manually tracked as they move through the supply chain.	83%
Proofs of delivery (POD) records are maintained.	100%
The government is responsible for funding the distribution budget.	100%

Procedures and systems are in place for capturing and maintaining transportation data.	89%
CAPABILITY MATURITY SCORES FOR REFERRAL HOSPITAL LEVEL	
Proofs of delivery (POD) records are maintained.	100%
CAPABILITY MATURITY SCORES FOR MPPD LEVEL	
An approved distribution plan is in place.	100%
Distribution routes are pre-planned.	100%
Commodities are manually tracked as they move through the supply chain.	100%
Proofs of delivery (POD) records are maintained.	100%
The government is responsible for funding the distribution budget.	100%
Procedures and systems are in place for capturing and maintaining transportation data.	100%
Procedures in place for managing transportation assets.	100%
Procedures and systems are in place for capturing and maintaining transportation data.	100%
Documented minimum security requirements for truck and personnel security capabilities are in place.	100%

DISTRIBUTION: KEY GAPS

CAPABILITY SCORE FOR DISTRIBUTION MODULE BY LEVELS

CAPABILITY MATURITY SCORE AT DISTRICT PHARMACY LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Asset depreciation and outsourcing fleet costs are included in distribution cost data.	94%	Staff who have the required skills and experience in cost accounting should be trained and deployed to work closely with all the levels involved with distribution (MPPD & DPs) to monitor and report regularly on operational cost and management accounts.

Transportation risks are assessed, identified, and documented continuously.	94%	Distribution planning should be comprehensive and involve senior management to ensure that adequate resources are mobilized and allocated to implementation and budgets are also prepared and funded adequately. The distribution plan should also include:
		<ul style="list-style-type: none"> • Special conditions for transport of controlled substances & high value commodities, such as security and storage conditions during transport, etc. this should be done with reference to SOPs and manufacturer’s specifications. • To ensure quality in distribution activities, unscheduled visits should be conducted during distribution both to verify transportation conditions as well as assess staff performances and competencies. This has the added advantage of determining the compliance of the distribution personnel to security protocols, guidelines and SOPs, such as use of guards, locks/seals on the vehicles, proper documentation, traveling within defined hours, etc. • The results of distribution performance should guide review of activities and plans, which should be done at least annually.
Product requirements for controlled substance transportation are monitored.	89%	Regulated products usually require some special conditions of handling and are often specified by the manufacturers or regulatory authorities within each country. These conditions should be set in SOPs, reviewed and adhered to strictly.
Unannounced inspections are part of security management measures.	89%	All appropriate methods that will ensure that commodities are not pilfered or lost in transit should be established and monitored for compliance.
Distribution operations are reviewed at least annually for security compliance.	83%	SOPs for Supply Chain activities should have a requirement for review of the activities annually for compliance and other issues by the relevant monitoring and coordination teams.
CAPABILITY MATURITY SCORES AT MPPD LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Distribution cost data is collected including asset depreciation, human resources, maintenance, outsourcing fleet costs, and fuel.	100%	It is expected that a matured Supply Chain system will be efficient and keep costs low for all components of the Supply Chain. All efforts aimed at cost reduction for distribution/transport of commodities should be implemented.

Transportation risks are assessed, identified and documented continuously.	100%	Efforts should be made to ensure that commodities are transported to all required sites without hitches.
Product requirement for cold chain transportation are monitored.	100%	Strict protocols on transportation and monitoring of cold chain supplies throughout the supply chain system should include; color changing markers, temperature monitoring devices, electronic temperature tracking devices or internet monitorable electronic devices, etc.
Distribution security measure are in place including performing unannounced inspections, having security guards, documentation of minimum security requirements for truck and personnel, and all requirements are reviewed for compliance.	100%	All appropriate methods that will ensure that commodities are not pilfered or lost in transit should be established and monitored for compliance.

POLICY & GOVERNANCE: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR POLICY & GOVERNANCE MODULE BY LEVELS	
CAPABILITY MATURITY SCORES AT THE HEALTH CENTER LEVEL	% COMPLIANT
Printed updates to the National Standard Treatment Guidelines (STG) are provided.	81%
CAPABILITY MATURITY SCORES AT THE DISTRICT HOSPITAL LEVEL	% COMPLIANT
STGs exist at this facility.	94%
Printed updates to the National Standard Treatment Guidelines (STG) are provided.	83%
CAPABILITY MATURITY SCORES AT THE DISTRICT PHARMACY LEVEL	% COMPLIANT
A Governing Board, appointed by the local government is in place and meets annually.	100%
CAPABILITY MATURITY SCORES AT THE REFERRAL HOSPITAL LEVEL	% COMPLIANT
STGs exist at this facility.	100%
Printed updates to the National Standard Treatment Guidelines (STG) are provided.	100%
CAPABILITY MATURITY SCORES AT THE MPPD LEVEL	% COMPLIANT
Supply chain policies are in place that cover waste management, quality assurance, warehousing, storage, procurement, financing, and human resources	100%
A Governing Board, appointed by the central government is in place.	100%
CAPABILITY MATURITY SCORES AT THE MINISTRY OF HEALTH LEVEL	% COMPLIANT
POLICY AND GOVERNANCE	
Formally documented management policies or guidelines for the supply chain system are in place.	100%
Supply chain policies cover waste management, quality assurance, procurement, financing, and human resources.	100%

POLICY & GOVERNANCE: KEY GAPS

CAPABILITY SCORE FOR POLICY & GOVERNANCE MODULE BY LEVELS

CAPABILITY MATURITY SCORES AT THE DISTRICT PHARMACY LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
The central government appoints the governing board of the District Pharmacies.	94%	DPs are governed by the local government with minimal interference from the central MOH.
The owners appoint the governing board of the District Pharmacies.	100%	There was no response to this option as it does not apply to Rwanda. DPs are owned by the government.

STRATEGIC PLANNING & MANAGEMENT: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR STRATEGIC MANAGEMENT MODULE BY LEVELS	
CAPABILITY MATURITY SCORES AT MOH LEVEL	% COMPLIANT
The health system has a supply chain strategic plan.	100%
The supply chain strategic plan is formal updated at least every 1-2 years.	100%
The Supply Chain Implementation Plan includes a stakeholder map, strategic partnerships, SWOT analysis, long term goals, a performance monitoring plan (PMP), and defined roles and responsibilities.	100%
The supply chain implementation plan includes human resources, LMIS, finance, policy & governance, forecasting & quantification, procurement, quality assurance, distribution, warehousing, and waste management.	100%
The supply chain implementation plan status is reviewed by donors, central level staff, district level staff, and implementing partners.	100%

STRATEGIC PLANNING & MANAGEMENT: KEY GAPS

CAPABILITY SCORE FOR STRATEGIC MANAGEMENT MODULE BY LEVELS		
CAPABILITY MATURITY SCORES AT MOH LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Supply Chain Implementation Plan includes pharmacovigilance.	100%	Include pharmacovigilance as a key element in the Supply Chain Implementation plan (SCIP) addressing staffing, reporting, and monitoring.
Formal structure for monitoring the implementation of the strategic plan.	100%	Develop & implement an M&E Plan that is overseen by trained staff and includes regular reporting, review, and corrective action plans to close any gaps identified during implementation.
Board of Directors participate in the review of the status of supply chain implementation.	100%	There should be a planned review of the status of implementation of the SCIP by the management team of the MoH. This should inform the review of the activities and the plan itself. This review should be carried out quarterly or bi-annually.

The supply chain risks are assessed every 1-2 years. 100%

- (1) Assemble a Risk Assessment Team to ascertain the risk profile of the MOH regarding to supply chain.
- (2) Risk Assessment Team to assess supply chain risks at least every 1-2 years, reporting to the Board of Directors.

QUALITY & PHARMACOVIGILANCE: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR QUALITY & PHARMACOVIGILANCE MODULE BY LEVELS

CAPABILITY MATURITY SCORES AT REFERRAL HOSPITAL LEVEL	% COMPLIANT
Staffs are aware of the presence of SOPs for medicine quality assurance.	100%
CAPABILITY MATURITY SCORES AT THE MPPD LEVEL	% COMPLIANT
SOPs for medicine quality assurance exist.	100%
Adherence to medicine quality assurance SOPs are monitored on-site.	100%

QUALITY & PHARMACOVIGILANCE: KEY GAPS

CAPABILITY SCORE FOR QUALITY & PHARMACOVIGILANCE MODULE BY LEVELS

CAPABILITY MATURITY SCORES AT HEALTH CENTER LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
HCs regularly collect standard KPIs on adherence to SOPs for medicine quality assurance.	94%	<ul style="list-style-type: none"> - Develop, disseminate, and support a comprehensive M&E Plan for all supply chain functions, including the monitoring of product quality through established KPIs. - Designate and train a specific staff person to coordinate M&E and quality assurance activities at the HC level. - Collect, report, and analysis data on a regular basis to inform supply chain decisions.
SOPs for pharmacovigilance are in place.	96%	Develop SOPs for pharmacovigilance, share, train and ensure compliance by all staff.
SOPs for pharmacovigilance are accessible by staff.	98%	Ensure mass production and distribution of all supply chain related SOPS to be available at all HCs and accessible to staff responsible for pharmacovigilance.
CAPABILITY MATURITY SCORES AT DISTRICT HOSPITAL LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
SOPs for pharmacovigilance are in place.	83%	Develop SOPs for pharmacovigilance, share, train and ensure compliance by all staff. These SOPs should be regularly updated to conform to current trend in line with global best practices.
SOPs for pharmacovigilance are accessible to staff.	72%	Ensure mass production and distribution of all supply chain related SOPS to be available at all HCs. Leadership in SCM at the facility should ensure that all staff receive copies, are trained to understand the SOPs and operations are in line with the guidelines.

DHs regularly collect standard KPIs on adherence to SOPs for medicine quality assurance.	89%	<ul style="list-style-type: none"> - Develop, disseminate, and support a comprehensive M&E Plan for all supply chain functions, including the monitoring of product quality through established KPIs. - Designate and train a specific staff person to coordinate M&E and quality assurance activities at the DH level. - Collect, report, and analyze data on a regular basis to inform supply chain decisions.
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CAPABILITY MATURITY SCORES AT DISTRICT PHARMACY LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
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SOPs for pharmacovigilance are in place.	100%	same as above
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DPs regularly collect standard KPIs on adherence to SOPs for medicine quality assurance.	89%	-As below.
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Quality & pharmacovigilance data are shared with the central level.	89%	<ul style="list-style-type: none"> -Develop, disseminate, and support a comprehensive M&E Plan for all supply chain functions, including the monitoring o product quality through established KPIs. -Designate and train a specific staff person to coordinate M&E and quality assurance activities at the DP level. -Collect, report, and analysis data on a regular basis to inform supply chain decisions.
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CAPABILITY MATURITY SCORES AT MPPD LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
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SOPs for pharmacovigilance are in place.	100%	As above
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MPPD regularly collect standard KPIs on adherence to SOPs for medicine quality assurance.	100%	-As below
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Quality & pharmacovigilance data are shared with the central level.	100%	<ul style="list-style-type: none"> -Develop, disseminate, and support a comprehensive M&E Plan for all supply chain functions, including the monitoring of product quality through established KPIs. -Designate and train a specific staff person to coordinate M&E and quality assurance activities at the DP level. -Collect, report, and analyze data on a regular basis to inform supply chain decisions.
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LOGISTICS MANAGEMENT INFORMATION SYSTEM: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR LMIS MODULE BY LEVELS

CAPABILITY MATURITY SCORES FOR HEALTH CENTER LEVEL	DETAIL	% COMPLIANT
Data-points are recorded in the Paper LMIS.	Stock on hand	100%
	Consumption	100%
	Losses and Adjustments	100%
	Expiries	97%

	Issues and receipts	100%
	Safety stock for each commodity	94%
	Quantity of reordering	100%
	Expiration dates	91%
	Number of days of stock out	100%
Data-points are recorded in the eLMIS.	Stock on hand	100%
	Consumption	100%
	Losses and Adjustments	100%
	Issues and receipts	100%
	Safety stock for each commodity	100%
	Quantity of reordering	100%
	Number of days of stock out	100%
Data quality assessments (DQA) are conducted at this facility less than annually		80%
CAPABILITY MATURITY SCORES FOR DISTRICT HOSPITAL LEVEL	DETAIL	% COMPLIANT
Data-points are recorded in the Paper LMIS.	Stock on hand	100%
	Consumption	100%
	Losses and Adjustments	100%
	Expiries	100%
	Issues and receipts	100%
	Safety stock for each commodity	88%
	Quantity of reordering	100%
	Expiration dates	100%
	Number of days of stock out	100%
There is there internet connectivity.		100%
Data quality assessments (DQA) are conducted at this facility less than annually.		83%
CAPABILITY MATURITY SCORES FOR DISTRICT PHARMACY LEVEL	DETAIL	% COMPLIANT
Data-points are recorded in the eLMIS.	Stock on hand	94%
	Consumption	94%
	Losses and Adjustments	94%
	Expiries	89%
	Issues and receipts	94%
	Safety stock for each commodity	83%
	Quantity of reordering	94%
	Expiration dates	83%
	Number of days of stock out	94%
Tracks stock at lower health facilities/service delivery points in the catchment area.		94%
Internet connectivity at facility.	Yes	94%

CAPABILITY MATURITY SCORES FOR REFERRAL HOSPITAL LEVEL	DETAIL	% COMPLIANT
Data-points are recorded in the Paper LMIS.	Stock on hand	100%
	Consumption	100%
	Losses and Adjustments	100%
	Expiries	100%
	Issues and receipts	100%
	Quantity of reordering	100%
	Number of days of stock out	100%
Data-points are recorded in the eLMIS.	Stock on hand	100%
	Consumption	100%
	Losses and Adjustments	100%
	Expiries	100%
	Issues and receipts	100%
	Safety stock for each commodity	100%
	Quantity of reordering	100%
Expiration dates	100%	
Number of days of stock out	100%	
Internet connectivity at facility.		100%
Data quality assessments (DQA) are conducted at this facility less than annually.		80%
CAPABILITY MATURITY SCORES FOR MPPD LEVEL	DETAIL	% COMPLIANT
Data-points are recorded in the eLMIS.	Stock on hand	100%
	Losses and Adjustments	100%
	Expiries	100%
	Issues and receipts	100%
	Expiration dates	100%
Tracks stock at lower health facilities/service delivery points in the catchment area.		100%
Internet connectivity at facility.		100%
The government is responsible for funding eLMIS budget.		100%

LOGISTICS MANAGEMENT INFORMATION SYSTEM: KEY GAPS

CAPABILITY SCORE FOR LMIS MODULE BY LEVELS		
CAPABILITY MATURITY SCORES AT HEALTH CENTER LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Expiries and expiration dates are data-points recorded in the eLMIS.	100%	All relevant supply chain data that will be useful in decision making for Supply Chain should be inputted into the eLMIS.

Training for LMIS, data analysis, and quality reviews are detailed in a SOP.	81% - 6%	The SOPs for LMIS should be robust and contain the details of all issues that allow or global best practices to be adopted including, training of staff to enhance their skills and competencies, collection, organizing and analysis of data, as well as periodic review of the SOPs at least 1-2years.
INDICTOR AT DISTRICT HOSPITALS LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Training for LMIS, data analysis, and qualitative reviews are detailed in SOP.	83%	As above
INDICTOR AT DISTRICT PHARMACY LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Stocks at HCs within the catchment area is tracked utilizing ledgers.	94%	Ledgers can be used for tracking stock in the absence of electronic systems. The data can then be migrated to the e-LMIS system once it is set up and fully operational.
Paper-based LMIS SOPs exist for conducting quality reviews.	89%	All Supply Chain activities are usually guided by SOPs and these need to be established across the entire Supply Chain levels and for all activities.
eLMIS SOPs exist for LMIS Training, data collection, data analysis, quality reviews, and reporting.	83-100%	As discussed for policy and SOPs documentation
eLMIS software is web-based.	100%	Efforts must be made to ensure that eLMIS data is secure, immediately available and the integrity can be maintained.
INDICTOR AT MPPD LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Stocks at HCs within the catchment area is tracked utilizing ledgers.	100%	
Data points recorded in the eLMIS include consumption, safety stock for each commodity, quantity of reordering, # of days of stock out.	100%	eLMIS report tools should be formatted to include the elements such as consumption, quantity to order or reorder, safety stock, number of days of stock out. These will give an indication of the commodity utilization at the SDPs and can aid resupply decisions as well as procurement decisions.
Timeliness of reporting is included as an eLMIS indicator.	100%	A robust M&E plan with appropriate indicators should be developed implemented for quality control.
eLMIS reports include performance data from all levels of the supply chain on facility level performance.	100%	These KPIs are key for any eLMIS system and these should be a part of the regular eLMIS reports. These have great impact on the whole supply chain system. Decisions regarding the improvements or changes in the supply chain system should be based on the data obtained from the different levels of the supply chain

Paper-based LMIS SOPs exist for LMIS training, data collection, data analysis, quality reviews, summary reporting, and frequency of reporting.	100%	As discussed above for Paper-based eLMIS SOPs.
LMIS SOPs are updated at least annually.	100%	Appropriate timelines should be set for review of all guidelines.
Paper-based eLMIS SOPs exist for LMIS training, data collection, data analysis, quality reviews, summary reporting, and frequency of reporting.	100%	All Supply Chain activities are usually guided by SOPs and these need to be established across the entire Supply Chain levels and for all activities.
Internal data quality assessments are conducted annually.	100%	Data Quality Assessments should be conducted more frequently than annually. This should be done semi-annually or quarterly. This will help to ensure that supply chain decisions are error free.
The government is responsible for funding the paper based LMIS budget.	100%	The Supply Chain is owned and operated by the government and all associated costs must be borne by government or Development partners.

HUMAN RESOURCES: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR HR MODULE BY LEVELS

INDICATORS AT THE HEALTH CENTER LEVEL	% COMPLIANT
All supply chain personnel have a job description.	83%
All staffs have access to their job descriptions.	93%
Capacity building tools/job aids exist for LMIS	80%
The facility is assessed under the PBF scheme on a monthly basis.	91%
Supportive supervision is provided by district pharmacy staff.	91%
Frequency of supportive supervision:	
This supportive supervision takes place at least twice a year.	98%
The supervision visits are scheduled in advance for intended personnel?	87%
Workers sometimes receive immediate feedback after supervisory visits.	98%
Supportive supervision is provided to health posts and/or community health workers.	83%
The government is responsible for funding the human resource budget for supply chain personnel.	85%
INDICATORS AT THE DISTRICT HOSPITAL LEVEL	% COMPLIANT
All supply chain personnel have a job description.	94%
All staffs have access to their job descriptions.	100%
Staff capacity building needs are assessed less than annually.	94%
The capacity building plan covers distribution.	83%
Capacity building tools/job aids exist for LMIS, ordering, reporting, and medicines management.	83%
Staff performance is reviewed annually.	89%
The facility is assessed monthly under the PBF scheme.	83%
Supportive supervision received twice a year.	89%

Supply chain supervision visits are scheduled in advance.	83%
The facility provided supportive supervision to health posts and/or community health workers.	94%
INDICATORS AT THE DISTRICT PHARMACY LEVEL	% COMPLIANT
Staff competences and experiences match the job requirements in the areas of distribution, MIS, ordering, reporting, and medicines management.	94%
All supply chain personnel have a job description.	100%
All staffs have access to their job descriptions.	100%
Capacity building trainings covered warehousing distribution, LMIS, ordering, reporting, and medicine management.	89-100%
Funding for the human resource budget for supply chain personnel comes from the institution's resources.	100%
INDICATORS AT THE REFERRAL HOSPITAL LEVEL	% COMPLIANT
An action plan that incorporates recruitment for supply chain personnel is in place.	100%
All supply chain personnel have a job description.	100%
All staffs have access to their job descriptions.	100%
Classroom capacity building training programs are available for staff.	100%
A capacity building plan covers pharmacy store management, warehousing, distribution, and LMIS.	100%
Staffs undergo performance reviewed on an annual basis.	100%
INDICATORS AT THE MPPD LEVEL	% COMPLIANT
HR-200: RECRUITING	
Staff competences and experiences match the job requirements in the areas of distribution, LMIS, ordering, reporting, procurement, forecasting & quantification, waste management, finance, quality & pharmacovigilance, and medicines management.	100%
All supply chain personnel have a job description.	100%
All staffs have access to their job descriptions.	100%
Policies and procedures are in place to guide promotions within the organization.	100%
Promotions are always guided by formal procedures.	100%
Classroom capacity building training programs are available for staff.	100%
A capacity building plan covers forecasting quantification, procurement, supply planning, ordering, reporting, waste management, medicine management, quality, pharmacovigilance, financial management, treatment guidelines, pharmacy store management, warehousing, distribution, LMIS, and changes in national policy.	100%
Staffs undergo performance reviewed on an annual basis.	100%
INDICATORS AT THE MOH LEVEL	% COMPLIANT
A workforce plan is in place for human resources (HR) management that explicitly addresses supply chain personnel.	100%
The human resource management plan integrates recruitment policies for supply chain management.	100%
Staff competences and experiences match the job requirements in the areas of distribution, LMIS, ordering, reporting, procurement, forecasting & quantification, waste management, finance, quality & pharmacovigilance, and medicines management.	100%

There opportunities for staff promotions.	100%
Policies and procedures are in place to guide promotions.	100%
Promotions are always guided by formal procedures.	100%
Training tools/job aids cover forecasting, quantification, procurement, supply planning, warehousing, distribution, LMIS, ordering, reporting, medicines management, waste management, quality, and pharmacovigilance.	100%
Staffs undergo performance reviewed on an annual basis.	100%

HUMAN RESOURCES: KEY GAPS

CAPABILITY SCORE FOR HR MODULE BY LEVELS		
INDICATOR AT HEALTH CENTER LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Workforce capacity building plans cover ordering and reporting.	96%	Develop a capacity building plan including ordering, reporting, treatment guidelines, and financial management. A pool of Master Trainers should be developed to ensure sustainability of capacity building and they should be involved in supportive supervision on an on-going basis.
Workforce capacity building plans cover treatment guidelines.	81%	
Workforce capacity building plans cover financial management.	94%	
Capacity building training and tools/job aids exist for quality and pharmacovigilance.	93%	(1) Develop & implement capacity building training sessions and accompanying tool/job aids for quality, pharmacovigilance, and financial management (2) Provide support to ensure that sessions are delivered and materials are available and utilized.
Capacity building training and tools/job aids exist for financial management.	85%	
INDICATOR AT DISTRICT HOSPITAL LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Workforce capacity building plans cover financial management.	83%	Develop a capacity building plan for District Hospitals that includes financial management.
Capacity building training and tools/job aids exist for financial management.	94%	Develop & implement capacity building training sessions and accompanying tool/job aids for financial management.
Supportive supervision is provided by central warehouse staff.	89%	Develop guidelines for the MPPD to provide supportive supervision to DHs.
CAPABILITY MATURITY SCORES AT DISTRICT PHARMACY LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Staff competencies & experiences include quality & pharmacovigilance.	89%	(1) Designate a member of MOH staff to be adequately trained in and oversee quality and pharmacovigilance activities. The staff should be able to mentor other lower level staff and ensure compliance with all international legislations regarding adverse events. This should be part of a broader strategy on pharmacovigilance which could include the setup of an Agency to handle all issues around pharmacovigilance, products registration and regulation as well as quality of products.

- (2) Designate a member of the DP staff to lead quality and pharmacovigilance activities as part of written job descriptions.

Promotions are guided by a formal procedure.	83%	Establish a HR policy that requires that promotions be guided by a formal process that is linked to appraisal and merit.
Capacity building plans and tools/job aids exist for procurement, supply planning warehousing, waste management, quality, pharmacovigilance, financial management, treatment guidelines and changes in national policy.	Range of 83% to 89%	Develop & implement capacity building training plans and accompanying tool/job aids for procurement, supply planning warehousing, waste management, quality, pharmacovigilance, financial management, treatment guidelines and changes in national policy.
Supportive supervision is provided by central warehouse staff.	94%	Develop guidelines whereby the MPPD provides supportive supervision to DPs.
The government is responsible for funding the HR budget for supply chain personnel.	94%	The DPs have achieved some level of independence by utilizing own funds to finance the HR budget for SCM. The government should also provide some funding where shortfalls in the budget arise so as to avoid operational gaps.
INDICATOR AT REFERRAL HOSPITAL LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Capacity building plans, training, and tools/job aids exist for financial management, treatment guidelines, quality, and pharmacovigilance.	100%	Develop & implement capacity building plans, training plans and accompanying tool/job aids for financial management, treatment guidelines, quality, and pharmacovigilance.
Capacity building outcomes are evaluated.	100%	<ol style="list-style-type: none"> 1. Develop and institute a well-defined M&E plan for evaluating all capacity building activities by the MoH; 2. Monitor outcomes and utilize data to inform decision making by the MOH. 3. Staffs who are beneficiaries of capacity building programs should also be evaluated for skills acquired and effect on work output.
The RH is assessed under the PBF scheme on a quarterly basis.	100%	Institute guidelines to ensure that facilities are assess under the PBF scheme on a quarterly basis.
Supportive supervision is provided by MOH staff, central warehouse staff, and district pharmacy staff at least twice per year.	100%	Develop and implement a protocol that ensures that supportive supervision is provided at least twice a year.
The RH provides supportive supervision to HCs and/or community health workers at least twice per year.	100%	Develop and implement a protocol that ensures that supportive supervision is provided down-stream at least twice a year.

INDICTOR AT MPPD LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
A HR management plan exists and incorporates future needs for supply chain personnel.	100%	Develop an HR plan at the MPPD level that incorporate future needs for supply chain personnel and recommend possible funding requirements.
A HR plan integrates recruitment policies for supply chain personnel.	100%	Integrate recruitment policies in the HR plan at the MPPD level.
Capacity building plans, training, and tools/job aids exist for forecasting, quantification procurement, supply planning warehousing, waste management, quality, pharmacovigilance, financial management, treatment guidelines, distribution, LMIS, ordering, reporting, medicines management, and changes in national policy.	100%	Develop & implement capacity building training plans and accompanying tool/job aids for forecasting, quantification procurement, supply planning warehousing, waste management, quality, pharmacovigilance, financial management, treatment guidelines, distribution, LMIS, ordering, reporting, medicines management, and changes in national policy.
Capacity building outcomes are evaluated.	100%	<ol style="list-style-type: none"> 1. Develop and institute a well-defined M&E plan for evaluating all capacity building activities by the MoH. 2. Monitor outcomes and utilize data to inform decision making to ensure gaps are solved. 3. Staffs who are beneficiaries of capacity building programs should also be evaluated for skills acquired and effect on work output.
Supportive supervision is provided by MOH staff, and central warehouse staff, at least twice per year.	100%	Develop and implement a protocol that ensures that supportive supervision is provided at least twice a year to lower level operational staff of the MPPD.
Managers and other high-level staff receive annual supportive supervisions from the MOH.	100%	Develop and implement a protocol that ensures that supportive supervision is provided at least annually to higher level staff at the MPPD.
The government is responsible for funding the human resources budget for supply chain personnel.	100%	Develop and implement a plan to phase in government responsibly to fund the human resources budget.
INDICTOR AT MINISTRY OF HEALTH LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Staff has access to their job descriptions.	100%	Develop and implement a policy where all staff are given a copy of their job description and their roles and responsibility are explained to them in detail and they fully understand the expectations from them. The process should be well documented.
Staff training needs are assessed at least annually.	100%	Develop and implement a training needs assessment protocol that ensures that staff is assessed at least annually and that genuine training needs is identified.

A supply chain management training plan exists and is aligned to training needs assessments.	100%	Develop and implement a supply chain management training plan to guide capacity development of supply chain staff at all levels. The plans should be informed by regular training needs assessments.
Capacity building plans, training, and tools/job aids exist for forecasting, quantification procurement, supply planning warehousing, waste management, quality, pharmacovigilance, financial management, treatment guidelines, distribution, LMIS, ordering, reporting, medicines management, and changes in national policy.	100%	Develop & implement comprehensive curriculum that includes all modules of the supply chain system. Identify and build the capacity of Master Trainer pool at the MOH level to roll out trainings down-stream on a regular basis and also provide mentoring and on-the-job coaching and supportive supervision.
Performance incentives are in place for workers who perform well.	100%	Develop and implement a HR policy that creates performance incentives for supply chain personnel who perform consistently to a higher than expected and contribute immensely to successes achieved.
The MOH provides supportive supervisor to staff.	100%	Design and implement a plan for the MOH to provide regular supportive supervision to staff under their supervision.

FINANCIAL SUSTAINABILITY: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR FINANCIAL SUSTAINABILITY MODULE BY LEVELS	
INDICATORS FOR THE HEALTH CENTER LEVEL	% COMPLIANT
The facility has the financial responsibility for maintaining its own drug stocks.	94%
The government is the primary sources of funding or way of generating revenue.	98%
Budgets are prepared annually	98%
Budgets are updated in response to operations changes.	81%
INDICATORS FOR THE DISTRICT HOSPITAL LEVEL	% COMPLIANT
The facility purchases its own medicines from the private sector.	94%
The facility has the financial responsibility for maintaining its own drug stocks.	100%
The government is the primary sources of funding or way of generating revenue.	100%
Budgets are prepared annually.	100%
Budgets are updated in response to operations changes.	94%
INDICATORS FOR THE DISTRICT PHARMACY LEVEL	% COMPLIANT
The government is the primary sources of funding or way of generating revenue.	100%
Budgets are prepared annually.	100%
The organization purchases its own medicines from the private sectors.	100%
The organization has the financial responsibility for maintaining its own drug stocks.	100%
INDICATORS FOR THE REFERRAL HOSPITAL LEVEL	% COMPLIANT
The organization purchases its own medicines from the private sectors.	100%
The organization has the financial responsibility for maintaining its own drug stocks.	100%
The government is the primary sources of funding or way of generating revenue.	100%

The government addresses any budget shortfalls.	100%
Budgets are prepared annually.	100%
INDICATORS FOR THE MPPD LEVEL	% COMPLIANT
The government is the primary sources of funding or way of generating revenue.	100%
Budgets are prepared annually.	100%
The organization purchases its own medicines from the private sectors.	100%
The organization has the financial responsibility for maintaining its own drug stocks.	100%
INDICATORS FOR THE MINISTRY OF HEALTH LEVEL	% COMPLIANT
Supply chain costs are funded by:	
Government	100%
User fees	100%
Health insurance	100%
Budgets are prepared more than once a year.	100%
There is a cost share plan in place for the supply chain.	100%
Cost-sharing is in the form of financial support.	100%
The complete and documented cost-share procedures available.	100%
Cost sharing is recorded in the accounting system.	100%

FINANCIAL SUSTAINABILITY: KEY GAPS

CAPABILITY SCORE FOR FINANCIAL SUSTAINABILITY MODULE BY LEVELS

INDICATOR AT THE HEALTH CENTER LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Budget shortfalls are addressed/covered by the government.	100%	The government at the central level (MOH) should develop policies that would ensure financial autonomy for all levels of the supply chain system, to support sustainability of the system. Funds should be reserved in case of unexpected funding shortfalls. Furthermore, to avoid the issues of shortfalls, the capacity of staff should be built in the area of financial management and specifically
INDICATOR AT THE DISTRICT PHARMACY LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Budget shortfalls are addressed/covered by the government.	100%	As above
The cost of supply chain activities, including products, warehousing, distribution, personnel, overhead, service deliver (etc.) are tracked.	100%	Develop and implement a system to track and monitor all supply chain costs for the DPs as discussed previously elsewhere.
INDICATOR AT THE MPPD LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS

Budget shortfalls are addressed/covered by the government.	100%	
The cost of supply chain activities, including products, warehousing, distribution, personnel, overhead, service deliver (etc.) are tracked.	100%	Develop and implement a system to track and monitor all supply chain costs for the MPPD.
INDICATOR AT THE MINISTRY OF HEALTH LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Budget shortfalls are addressed/covered by social insurance funds.	100%	Consider utilizing social insurance funds to address budget shortfalls.
Budgets are updated in response to changes in operations.	100%	Budget reviews need to be carried out at least annually so as to correct shortfalls encountered and to include new and emerging issues in the budgets. This will require reviewing budget performances against targets
The cost of supply chain activities, including products, warehousing, distribution, personnel, overhead, service deliver (etc.) are tracked.	100%	Develop and implement a system to track, disaggregate and monitor all supply chain costs across all levels.
Do facilities purchase their own medicines and if so, are these benchmarked against market indices?	100%	Ensure a system of procurement that guarantees value for money, whereby facilities benchmark prices against market indices and allow for competition among selected vendors.

WASTE MANAGEMENT: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR WASTE MANAGEMENT MODULE BY LEVELS

INDICATORS FOR DISTRICT HOSPITAL LEVEL	% COMPLIANT
Approved SOPs for waste management are in place and accessible to staff.	94%
The waste management SOP includes disposal procedures.	83%
Unusable pharmaceutical products stored separately.	89%
Waste management is monitored on-site.	94%
INDICATORS FOR REFERRAL HOSPITAL LEVEL	% COMPLIANT
Approved SOPs for waste management are in place and accessible to staff.	100%
Waste management is monitored on-site monitored.	100%
INDICATORS FOR MPPD LEVEL	% COMPLIANT
Approved SOPs for waste management are in place and accessible to staff.	100%
The waste management SOP includes disposal procedures.	100%
Unusable pharmaceutical products stored separately.	100%
Waste management is monitored on-site monitored.	100%

WASTE MANAGEMENT: KEY GAPS

CAPABILITY SCORE FOR WASTE MANAGEMENT MODULE BY LEVELS

INDICATOR AT HEALTH CENTER LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Formal internal audits of waste management system take place at least every 2 years.	87%	Policies and guidelines should specify activities and responsibility for action.
INDICATOR AT REFERRAL HOSPITALS LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Incineration is supervised by a regulatory authority.	100%	As discussed above.
INDICATOR AT MPPD LEVEL	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Formal, external audits of the waste management system take place at least every 2 years.	100%	As discussed above.

HEALTH CENTER: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR HEALTH CENTER LEVEL BY MODULES

INDICATORS FOR HUMAN RESOURCES	% COMPLIANT
All supply chain personnel have a job description and have access to the job description.	83% & 93%
The facility is assessed under the PBF scheme on a monthly basis.	91%
District pharmacy staffs are responsible for providing supportive supervision to your facility.	91%
Supportive supervision received at least twice a year.	98%
Supply chain supervision visits are scheduled in advance for intended personnel.	87%
This facility provides supportive supervision to health posts and/or community health workers	83%
The government is responsible for funding the human resource budget for supply chain personnel	85%
INDICATORS FOR FINANCIAL SUSTAINABILITY	% COMPLIANT
The facilities have the financial responsibility for maintaining its own drug stocks.	94%
The government is a source of funding or way of generating revenue.	98%
Budgets are prepared annually updated in response to operations changes?	98% and 81%
INDICATORS FOR POLICY AND GOVERNANCE	% COMPLIANT
STGs are communicated to this facility by sending a printed document	81%
INDICATORS FOR PHARMACY & STORES MANAGEMENT	% COMPLIANT
The stores have SOPs for its operations in place.	81%
Items are checked against shipping documentation when received by facility staff.	100%

Are all receipts, including returns, are checked for expiration and quality.	94%
The store meets minimum acceptable design, layout and construction requirements for storage of pharmaceutical products.	85% – 91%
The facility has lighting in all rooms	100%
The facilities utilize storage equipment such as shelves and pallets.	96% & 80%
Firefighting equipment is available in this facility.	94%
Security measures for the pharmacy store are in place and currently operational, including controlled access, and locks on the main doors.	85%
The temperature is monitored and recorded in non-cold chain areas	85%
Inventory is managed via manual e.g. stock cards	100%
Reordering is calculated on a min/max process	98%
The inventory management system includes Buffer/Security stock.	85%
The inventory management system includes min-max set points?	91%
Cold chain infrastructure and capacity elements are in the store, including a free-standing refrigerator	85%
Cold chain temperature is manually monitored, with thermometers appropriately placed	87%
Contingency plans are in place to maintain the cold chain in the event of a power or equipment failure, including secondly/tertiary power source E.g. inverters, generators	81%
INDICATORS FOR DISTRIBUTION	% COMPLIANT
Proof of delivery (POD) records are maintained manually	100%
Product requirements for cold chain transportation from district pharmacy to health facility are monitored.	81%
INDICATORS FOR LOGISTICS MANAGEMENT INFORMATION SYSTEM	% COMPLIANT
Data-points are recorded in the Paper LMIS including stock on hand, consumption, losses and adjustment, expires, loss and receipts, safety stock for each commodity, quantity of reordering, expiration dates, and # of days of stock outs,	91% - 100%
Data-points are recorded in the eLMIS, including stock on hand, consumption losses and adjustments, issues and receipts, safety stock, quantity of reordering and # of days of stock out.	100%
Data quality assessments (DQA) conducted annually at this facility?	80%

HEALTH CENTER: KEY GAPS

CAPABILITY SCORE FOR HEALTH CENTER LEVEL BY MODULES

INDICATORS FOR HUMAN RESOURCES	% NOT COMPLIANT	POSSIBLE SOLUTION
The capacity building plan includes ordering and reporting.	96%	<ol style="list-style-type: none"> 1. Develop a comprehensive training module that includes ordering and reporting. 2. Conduct trainings using master trainers and TOT model to transfer skill to all key staff in the facilities. 3. Build the capacity of the central level staff to carry out supportive supervision on a continuous basis.
The capacity building plan includes treatment guidelines.	81%	Capacity building on treatment guidelines is usually restricted to higher level staff involved with procurement. This would not ideally be relevant to health centers and a possible reason why the score was low
The capacity building plan includes financial management.	94%	Training module should include basic financial management
Capacity building tools/job aides exist for quality, pharmacovigilance and financial management,	93% & 85%	<ul style="list-style-type: none"> - Develop, share and train staff on quality and pharmacovigilance tools to guide reporting of adverse events - Develop, share and train staff on basic financial management tools to include collection and reporting of transactions
Capacity building sessions conducted covered quality, pharmacovigilance, and financial management.	97% & 91%	As discussed above
Central warehouse staffs are responsible for providing supportive supervision to the facility.	89%	Central warehouse staff should be drafted to support the DPs staff to conduct the supportive supervision.
INDICATORS FOR FINANCIAL SUSTAINABILITY	% NOT COMPLIANT	POSSIBLE SOLUTION
The government addressed budget shortfalls.	94%	Government should make adequate provision for funding of supply chain activities at HCs to avoid shortfalls in the budget and service disruptions
INDICATORS FOR QUALITY AND PHARMACOVIGILANCE	% NOT COMPLIANT	POSSIBLE SOLUTION
Adherence to SOPs for medicine quality assurance is monitored by regularly collecting data on the standard KPIs	94%	There should be an M&E plan that should include monitoring of product quality KPIs and data should be collected, analysed and reported on regularly at the central level. This should be part of the job description of a specific M&E staff
Collected data is shared with the central level.	96%	As discussed above
SOPs for pharmacovigilance exist and are accessible to staff.	96%	Develop SOPs for pharmacovigilance, share, train and ensure compliance by all staff

INDICATORS FOR PHARMACY & STORES MANAGEMENT	% NOT COMPLIANT	POSSIBLE SOLUTION
The store meets the following minimum acceptable design, layout and construction requirements for storage of pharmaceutical products? (separate office space)	83%	Efforts should be made to provide adequate storage and office space as much as is practicable
The store has adequate air conditioning.	100%	From information available in Rwanda and on the internet, temperatures are never too high to require air conditioners for non-cold chain commodities, but efforts should be made to ensure there is constant monitoring and recording of the temperatures and cooling equipment should be provided to maintain acceptable temperature ranges for medicines and other health commodities.
Spill kits as safety equipment is available in this facility today.	100%	<ol style="list-style-type: none"> 1. Government should procure, distribute and ensure use of appropriate spill kits for cleaning liquid spills as part of the good warehousing practices. 2. Provide Material Safety Data Sheets (MSDS) for medicines in the warehouse to properly handle cleaning of spillage
Security measures for the pharmacy store are in place and currently operational, including control of vehicles entering and recording all people entering and exiting.	96%	<p>-There should be a security protocol which involves searching vehicles on entry and exit from the premises. This should be part of the job description of the staff responsible for security</p> <p>- This protocol should also involve recording of people who enter and exit from the pharmacy store. This should be part of the job description of the staff responsible for security</p>
Humidity is monitored and recorded in non-cold chain areas	100%	<ol style="list-style-type: none"> 1. Hygrometers should be procured, distributed and staff trained on monitoring and recording of humidity. 2. Extractors or dehumidifier should be provided to control humidity in the medicine stores
Temperature and humidity monitoring devices are in place, including hygrometers and desiccants	98% & 100%	<p>-Hygrometers should be procured, distributed and staff trained on monitoring and recording of humidity</p> <p>- Desiccants should be provided where necessary</p>
Hygrometers	98%	

A KPI indicator is used to monitor storage capacity and the resulting data is used to inform decision-making at the strategic level.	100%	Staff should be encouraged to report storage inadequacies to DPs and MoH
KPI indicators are recorded for stocked according to plan and # and duration of temperature excursions.	81% & 94%	Staff should be trained on monitoring and reporting of appropriate KPIs according to the developed M&E plan
INDICATORS FOR LOGISTICS MANAGEMENT INFORMATION SYSTEM	% NOT COMPLIANT	POSSIBLE SOLUTION
Data-points are recorded in the eLMIS for expiries and expirations dates.	100%	Stock aging analysis should be reported monthly and should gradually be migrated to eLMIS
SOPs covering LMIS and eLMIS exist, including training for LMIS, data analysis, and quality reviews	94%, 81%, & 96%	SOPs for LMIS/eLMIS should include training for LMIS, data analysis and quality reviews
INDICATORS FOR WASTE MANAGEMENT	% NOT COMPLIANT	POSSIBLE SOLUTION
Formal INTERNAL audits of the waste management system take place at least every 2 years.	87%	Institutionalize regular internal audit for waste management. This should be implemented at least annually or more frequently.

DISTRICT HOSPITALS: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR DISTRICT HOSPITAL LEVEL BY MODULES

INDICATORS FOR HUMAN RESOURCES	% COMPLIANT
All supply chain personnel have a job description and have access to the job description.	94% & 100%
Capacity building tools/job aids exist for LMIS, ordering and reporting, and medicines management.	83%
Performance reviews are conducted on staff on an annual basis	89%
The facility is assessed under the PBF scheme on a monthly basis.	83%
Supportive supervision received at least twice a year.	89%
Supply chain supervision visits are scheduled in advance for intended personnel.	83%
This facility provides supportive supervision to health posts and/or community health workers.	94%
The government is responsible for funding the human resource budget for supply chain personnel	100%
INDICATORS FOR FINANCIAL SUSTAINABILITY	% COMPLIANT
The facility purchases its own medicines from the private sector.	94%
The facilities have the financial responsibility for maintaining its own drug stocks.	100%
The government is a source of funding or way of generating revenue.	100%
Budgets are prepared annually updated in response to operations changes?	100% & 94%

INDICATORS FOR POLICY AND GOVERNANCE	% COMPLIANT
STGs are communicated to this facility by sending a printed document	83%
INDICATORS FOR PHARMACY AND STORES MANAGEMENT	
% COMPLIANT	
The stores have SOPs for its operations in place.	100%
Items are checked against shipping documentation when received by facility staff.	100%
All receipts, including returns, are checked for expiration and quality.	89%
The store meets minimum acceptable design, layout and construction requirements for storage of pharmaceutical products.	89% - 100%
The facilities utilize storage equipment such as shelves and pallets.	100%
Security measures for the pharmacy store are in place and currently operational, including controlled access, and locks on the main doors.	100% & 89%
The temperature is monitored and recorded in non-cold chain areas	94%
Inventory is managed via manual e.g. stock cards	100%
Reordering is calculated on a min/max process	100%
The inventory management system includes Buffer/Security stock.	83%
The inventory management system includes min-max set points?	94%
Cold chain infrastructure and capacity elements are in the store, including a free-standing refrigerator	100%
Cold chain temperature is manually monitored, with thermometers appropriately placed	100%
Contingency plans are in place to maintain the cold chain in the event of a power or equipment failure, including secondly/tertiary power source E.g. inverters, generators	100%
Controlled substances and high valued products are locked in a cage or cabinet.	100%
SOPs in place for handling controlled substances and high value products?	100%
INDICATORS FOR DISTRIBUTION	
% COMPLIANT	
Proof of delivery (POD) records are maintained manually	89%
Product requirements for cold chain transportation from district pharmacy to health facility are monitored.	83%
INDICATORS FOR LOGISTICS MANAGEMENT INFORMATION SYSTEM	
% COMPLIANT	
Data-points are recorded in the Paper LMIS including stock on hand, consumption, losses and adjustment, expires, loss and receipts, safety stock for each commodity, quantity of reordering, expiration dates, and # of days of stock outs,	88% - 100%
Data-points are recorded in the eLMIS, including stock on hand, consumption losses and adjustments, issues and receipts, safety stock, quality of reordering and # of days of stock out.	88% - 100%
There is internet connectivity	100%

Data quality assessments (DQA) conducted annually at this facility?	83%
INDICATORS FOR WASTE MANAGEMENT	% COMPLIANT
SOPs for waste management exist and are accessible to staff?	94%
The waste management SOP includes disposal procedures.	83%
Unusable pharmaceutical products stored separately?	89%
Waste management monitored via on-site monitoring.	94%

DISTRICT HOSPITALS: KEY GAPS

CAPABILITY SCORE FOR DISTRICT HOSPITAL LEVEL BY MODULES		
INDICATORS FOR HUMAN RESOURCES	% NOT COMPLIANT	POSSIBLE SOLUTION
Capacity building plans cover financial management.	83%	There should be a well-defined financial management capacity building policy to ensure that there is continuity of services in the event of an end to program support by donors. The capacity building should be targeted at staff responsible for supply chain management, facility management staff and those responsible for governance
Capacity building tools/job aids for financial management.	94%	Develop, share and train staff on basic financial management tools to include collection and reporting of financial transactions
Capacity building sessions that have been conducted for financial management.	94%	Same as for “Capacity building plans cover financial management” above
The central warehouse staff is responsible for providing supportive supervision to your facility.	89%	From responses, this is majorly a responsibility of the MoH staff (78%) and DP staff (61%). This explains why the score for central warehouse staff is low as it is not their core responsibility.
INDICATORS FOR QUALITY AND PHARMACOVIGILANCE	% NOT COMPLIANT	POSSIBLE SOLUTION
Adherence to SOPs for medicine quality assurance is monitored by regularly collecting data on the standard KPIs	89%	There should be an M&E plan that should include monitoring of product quality KPIs and data should be collected, analyzed and reported on regularly at the central level. This should be part of the job description of a specific M&E staff
SOPs for pharmacovigilance exist and are accessible to staff.	83%	1. Develop SOPs for pharmacovigilance, share, and train and ensure compliance by all staff. 2. There should be regular monitoring of compliance by MoH M&E staff and those involved in supportive supervision.

INDICATORS FOR PHARMACY & STORES MANAGMENT	% NOT COMPLIANT	POSSIBLE SOLUTION
The store has adequate air conditioning.	94%	Generally, the average temperature in Rwanda is reported to be between 11°C and 21°C which is adequate for medicine storage
Spill kits as safety equipment is available in this facility today.	83%	1. Government should procure, distribute and ensure use of appropriate spill kits for cleaning liquid spills. 2. Provide Material Safety Data Sheets (MSDS) for medicines in the warehouse to properly handle cleaning of spillage
Security measures for the pharmacy store are in place and currently operational, including recording all people entering and exiting.	83%	There should be a security protocol which involves recording of people who enter and exit from the pharmacy store. This should be part of the job description of the staff responsible for security
Humidity is monitored and recorded in non-cold chain areas.	100%	1. Hygrometers should be procured, distributed and staff trained on monitoring and recording of humidity. 2. Extractors or dehumidifier should be provided to control humidity in the medicine stores
Desiccants are in place to control humidification.	100%	Desiccants should be provided where necessary
A KPI indicator is used to monitor storage capacity and the resulting data is used to inform decision-making at the strategic level.	100%	Staff should be encouraged to report storage inadequacies to DPs and MoH. This should be responded to quickly by a staff designated to handle such issues.
INDICATORS FOR LOGISTICS MANAGEMENT INFORMATION SYSTEM	% NOT COMPLIANT	POSSIBLE SOLUTION
The LMIS/eLMIS SOPs cover training for LMIS	83%	Generally, the average temperature in Rwanda is reported to be between 11°C and 21°C which is adequate for medicine storage

DISTRICT PHARMACIES: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR DISTRICT PHARMACY LEVEL BY MODULES	
INDICATORS FOR HUMAN RESOURCES	% COMPLIANT
There is an action plan that incorporates recruitment for supply chain personnel.	100%
All supply chain personnel have a job description and have access to the job description.	100%
“Classroom” capacity building training is available for staff.	100%
Capacity building plans cover pharmacy store management, warehousing, distribution, and LMIS	100%
Staff performance reviews are conducted annually	100%
INDICATORS FOR FINANCIAL SUSTAINABILITY	% COMPLIANT
This facility purchases its own medicines from the private sector?	100%
The facilities have the financial responsibility for maintaining its own drug stocks.	100%
The government is a source of funding or way of generating revenue.	100%
The government addressed budget shortfalls	100%
Budgets are prepared less than annually updated in response to operations changes?	100%
INDICATORS POLICY & GOVERNANCE	% COMPLIANT
STGs are communicated to this facility by sending a printed document	100%
INDICATORS FOR QUALITY AND PHARMACOVIGILANCE	% COMPLIANT
Staff is aware of SOPs for medicine quality assurance.	100%
INDICATORS FOR FORECASTING AND SUPPLY PLANNING	% COMPLIANT
The following methodologies are used during forecasting: Morbidity-based and consumption-based.	100%
Forecasts are used to inform drug procurement	100%
There standard operating procedures for forecasting	100%
There is a supply plan	100%
Data used to inform the supply plan includes forecast, stock on hand, consumption, shipment status, and lead times	100%
Orders placed are consistent with the supply plan.	100%
INDICATORS FOR PROCUREMENT	% COMPLIANT
The Central Government is responsible for regulating and/or overseeing the overall procurement process	100%
Controls are in place to mitigate/prevent procurement risks	100%
Formal EXTERNAL audits of the procurement system take place > 2 years	100%

Formal INTERNAL audits of the procurement system take place at least every 2 years	100%
There standard operating procedures (SOPs) for procurement? E.g. SOPs for receipt of bids, bid opening, bid evaluations	100%
Staff access SOPs by printed documents	100%
Public Health Program Office provides standard specifications for pharmaceutical procurement	100%
Product specifications are consistently applied during the following steps of the procurement process?	100%
National treatment guidelines are referenced during sourcing and procurement	100%
There a documented process in place for identifying and qualifying vendors.	100%
Vendor qualification criteria are used for selection?	100%
Tenders are evaluated on measures that include price, quality, past performance, and lead time	100%
Vendor performance monitoring used to black list non-performing vendors based on standardized criteria?	100%
The procurement budget is funded from own resources	100%
INDICATORS FOR PHARMACY & STORES MANAGEMENT	% COMPLIANT
The stores have SOPs for its operations in place.	100%
COMMODITY RECEIPT	
Items are checked against shipping documentation when received by facility staff.	100%
All receipts, including returns, are checked for expiration and quality.	100%
The store meets minimum acceptable design, layout and construction requirements for storage of pharmaceutical products.	100%
The facility has lighting and air conditioning in all rooms	100%
There is a generator	100%
The facilities utilize storage equipment such as shelves and pallets.	100%
Firefighting equipment is available	100%
Security measures for the pharmacy store are in place and currently operational, including controlled access, locks on the main doors, lock on product cabinets, burglar bard, Security guards, and record of all people entering and exiting.	100%
Thermometers and hygrometers monitoring devices are in place.	100%
HOW DO YOU CALCULATE RE-ORDERING QUANTITIES?	
Min/max process	100%
DOES YOUR INVENTORY MANAGEMENT SYSTEM INCLUDE MIN-MAX SET POINTS?	
Yes	100%
HOW IS A RECALL COMMUNICATED TO YOUR HEALTH FACILITY?	

Manually (including email, phone or letter)	100%
IS IT POSSIBLE TO IDENTIFY A RECALLED LOT OR BATCH?	
Yes, Manually	100%
HOW OFTEN ARE INVENTORY COUNTS PERFORMED?	
Monthly or shorter	100%
HOW ARE INVENTORY COUNTS PERFORMED?	
All products are counted	100%
PHARMACY & STORES PERFORMANCE	
WHICH OF THE FOLLOWING INDICATORS ARE RECORDED AS KPIS AT THE FACILITY?	
Stock out rates	100%
COLD CHAIN MANAGEMENT	
WHICH COLD CHAIN INFRASTRUCTURE AND CAPACITY ELEMENTS ARE IN THE STORE?	
Store room with free-standing refrigerator	100%
HOW IS COLD CHAIN TEMPERATURE MONITORED?	
Temperature is manually monitored, with thermometers appropriately placed	100%
WHICH OF THE FOLLOWING CONTINGENCY PLANS ARE IN PLACE TO MAINTAIN THE COLD CHAIN IN THE EVENT OF A POWER OR EQUIPMENT FAILURE?	
Secondly/tertiary power source E.g. inverters, generators	100%
HOW ARE CONTROLLED AND HIGH-VALUE PRODUCTS COUNTED?	
Counted when other shelf products are counted	100%
HOW ARE CONTROLLED SUBSTANCES AND HIGH-VALUE COMMODITIES TRACKED?	
By manual register or ledger	100%
ARE SOPS IN PLACE FOR HANDLING CONTROLLED SUBSTANCES AND HIGH VALUE PRODUCTS?	
Yes, Physically Verified	100%
ARE HAZARDOUS PRODUCTS KEPT SEPARATE FROM REGULAR STOCK?	
Yes, Physically Verified	100%
INDICATORS FOR DISTRIBUTION	
DISTRIBUTION	
DO YOU MAINTAIN PROOF OF DELIVERY (POD) RECORDS?	
Yes – manually	100%

LOGISTICS MANAGEMENT INFORMATION SYSTEM

LMIS DATA TOOLS & REPORTING

WHICH LMIS TOOLS ARE USED IN YOUR STORE?

Paper LMIS 100%

WHICH DATA-POINTS ARE RECORDED IN EITHER THE PAPER LMIS?

Stock on hand 100%

Consumption 100%

Losses and Adjustments 100%

Expiries 100%

Issues and receipts 100%

Quantity of reordering 100%

Number of days of stock out 100%

WHICH DATA-POINTS ARE RECORDED IN EITHER THE ELMIS?

Stock on hand 100%

Consumption 100%

Losses and Adjustments 100%

Expiries 100%

Issues and receipts 100%

Safety stock for each commodity 100%

Quantity of reordering 100%

Expiration dates 100%

Number of days of stock out 100%

DOES THE CURRENT LMIS CAPTURE DATA ON THE FOLLOWING PROGRAMS? INCLUDE BOTH PAPER LMIS AND ELMIS.

HIV 100%

IS THERE INTERNET CONNECTIVITY?

Yes 100%

DATA QUALITY ASSESSMENTS (DQAS)

ARE DATA QUALITY ASSESSMENTS (DQA) CONDUCTED AT THIS FACILITY?

Yes 100%

HOW OFTEN ARE DQAS DONE?

Less Annually 100%

INDICATORS FOR WASTE MANAGEMENT % COMPLIANT

WASTE MANAGEMENT

GENERAL WASTE MANAGEMENT

ARE THERE APPROVED STANDARD OPERATING PROCEDURES (SOPS) FOR WASTE MANAGEMENT? E.G., SOPS FOR DESTRUCTION OF EXPIRED, DAMAGED AND OBSOLETE PRODUCTS

Yes 100%

ARE WASTE MANAGEMENT SOPS ACCESSIBLE TO STAFF?

Yes 100%

WHEN WAS WASTE LAST DISPOSED OF?

More than 1 year 100%

MONITORING WASTE MANAGEMENT

HOW IS WASTE MANAGEMENT MONITORED?

On-site monitoring 100%

DISTRICT PHARMACIES: KEY GAPS

CAPABILITY SCORE FOR DISTRICT PHARMACY LEVEL BY MODULES

INDICATOR FOR HUMAN RESOURCES	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Staff competences and experiences match the job requirements, specifically quality & pharmacovigilance.	89%	<ol style="list-style-type: none"> 1. A designated staff at MoH should be trained in quality and pharmacovigilance to ensure implementation and compliance with all quality requirements. 2. At these facilities, this role should be designated to a particular staff and it should be part of their written job description.
Promotions are always guided by formal procedures	83%	The MoH should establish a well-defined structure for staff performance management. Promotions should strictly follow the defined performance guidelines
The capacity building plan cover procurement & supply planning, warehousing, waste management, quality & pharmacovigilance, financial management, treatment guidelines and changes in national policy.	83 – 94%	The capacity building plan should include all aspects of the supply chain, as listed to the left.

Capacity building tools/job aides exist for quality, pharmacovigilance and financial management, Forecasting & Quantification, procurement, supply planning, medicines managing, waste management, quality & Pharmacovigilance, financial management, and changes in our national policy.	83%-94%	1. The changes in National policy should be communicated and disseminated to all levels 2. Adherence to these policy changes should be monitored strictly by designated staff to ensure total compliance
Central warehouse staff is responsible for providing supportive supervision to your facility?	94%	From responses (61%), this is a responsibility of the MoH staff and not Central Warehouse staff
Guidelines for supportive supervision that include supervision of supply chain personnel exist and people have access to it?	89%	MoH should develop, share and train appropriate staff on supportive supervision guidelines.
The government is responsible for funding the human resource budget for supply chain personnel.	94%	All the district pharmacies fund their supply chain HR budget from revenue generated from sale of medicines. This is deducted from the 100% response of own resources.
INDICATOR FOR FINANCIAL SUSTAINABILITY	% NOT COMPLIANT	POSSIBLE SOLUTIONS
The government addressed budget shortfalls.	100%	Government should make adequate provision for funding of supply chain activities at DPs to avoid shortfalls in the budget and service disruptions
Supply chain costs e.g. products, warehousing, distribution, and personnel, over heads, service delivery etc. tracked.	100%	MoH should design an appropriate system for tracking and reporting of supply chain costs. This will be helpful for strategic planning purposes and sustainability
INDICATOR FOR POLICY & GOVERNANCE	% NOT COMPLIANT	POSSIBLE SOLUTIONS
The Central government appoints the governing board.	94%	From the responses obtained, 100% of DPs are governed at the Local Government (administrative / district council. The central government is involved minimally (6%) and this is adequate for smooth operations and will guarantee autonomy and reduce bureaucracies
INDICATOR FOR QUALITY AND PHARMACOVIGILANCE	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Collected data is shared with the central level.	89%	All data collected must be shared with the central levels (MoH and Central warehouse-MPPD)
SOPs for pharmacovigilance exist and are accessible to staff.	100%	1. Develop SOPs for pharmacovigilance, share, train and ensure compliance by all staff. 2. There should be regular monitoring of compliance by MoH M&E staff and those involved in supportive supervision.

Adherence to SOPs for medicine quality assurance is monitored by regularly collecting data on the standard KPIs.

Regular collection of standard KPIs	89%	There should be an M&E plan that should include monitoring of product quality KPIs and data should be collected, analyzed and reported regularly at the central level. This should be part of the job description of a specific M&E staff
INDICATOR FOR PROCUREMENT	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Drug therapeutics committees and funding stakeholders are involved in the approval process during the procurement?	100%	Drug therapeutics committees are not based at the district pharmacy level but at hospital and HCs therefore they will not be involved in the procurement process at DPs
Contracts committees are part of the internal control system.	94%	From responses (67%) of DPs have Procurement & Adjudication Committees /Tender committee, it will thus be a duplication to also have Contracts committees
Controls are in place to mitigate/prevent procurement risks.	83%	Establish controls to minimize procurement risks such as audit processes, fraud prevention and quality checks.
The vendor performance monitoring is used to black list non-performing vendors based on standardized criteria.	100%	Vendor performance should be strictly monitored using established KPIs. Vendors found consistently below the acceptable performance level should be blacklisted and prevented from further participation in the procurement process.
The procurement system incorporates KPI monitoring.	94%	Clear KPIs should be established for procurement performance and should be strictly monitored and reported for all stages and processes
INDICATOR FOR PHARMACY & STORES MANAGEMENT	% NOT COMPLIANT	POSSIBLE SOLUTIONS
The store has adequate air conditioning.	89%	Generally, the average temperature in Rwanda is reported to be between 11°C and 21°C which is adequate for medicine storage
The following storage equipment is available and being utilized: pallet truck, trollies	83% to 89%	Pallet trucks & trollies should be provided where DP space will accommodate ease of movement and use
Safety equipment that is available includes eye protection, gloves, spill kits, reflectors, and helmets.	89% to 100%	1. Government should procure, distribute and ensure use of appropriate safety equipment in all DPs. 2. Each DP should maintain a Material Safety Datasheet (MSDS)
Security measures for the pharmacy store are in place and currently operational, including control of vehicles and record of all people entering and exiting.	89% to 100%	There should be a security protocol which involves searching vehicles and persons on entry and exit from the premises. This should be part of the job description of the staff responsible for security

Shipments and orders are confirmed manually through paper documentation	89%	A clearly defined distribution SOP that specifies processes and responsibilities should be available and used during distribution activities
The humidity is monitored and recorded in non-cold chain areas	100%	1. Hygrometers should be procured, distributed and staff trained on monitoring and recording of humidity. 2. Extractors or dehumidifier should be provided to control humidity in the medicine stores
Temperature and humidity monitoring devices are in place, including hygrometers and desiccants	94%	Desiccants should be provided where necessary
A KPI indicator is used to monitor storage capacity and the resulting data is used to inform decision-making at the strategic level.	100%	Staff should be encouraged to report storage inadequacies to DPs and MoH
KPI indicators are recorded for stock turn per annum, warehouse, order turnaround time, and # and duration of temperature excursions.	83% - 94%	Data for these KPIs should be collected, reported on, monitored and appropriate actions to correct discrepancies put in place
INDICATOR FOR DISTRIBUTION	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Information included in distribution cost data includes asset depreciation and outsourcing fleet costs.	94%	Cost data should include depreciation of assets and fleet outsourcing costs
Transportation risks are identified, assessed and documented on a continuous basis	94%	Transportation risks should be assessed and documented and reviewed at least bi-annually
Product requirements for controlled substance transportation are monitored.	89%	Strict protocols on transportation of controlled substances should be developed, monitored and reported on continuously to include controls such as accompaniment by approved personnel, appropriate locks and seals etc.
Unannounced inspections are conducted.	89%	The security protocol for DPs should include unannounced inspections during distribution activities
INDICATOR FOR LOGISTICS MANAGEMENT INFORMATION SYSTEM	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Ledgers are used to track stock at health centers/service delivery points in your catchment area.	94%	Ensure that regular reports are received from the health facilities and this can be easily implemented by migrating to an e-LMIS system
Paper-based LMIS SOPs for quality reviews are in place.	89%	SOPs for LMIS/eLMIS should include training for LMIS, data analysis and quality reviews
eLMIS SOPs for training in LMIS are in place, including data collection, data analysis, quality reviews, and frequency of reporting.	83% - 100%	SOPs for LMIS/eLMIS should include training for LMIS, data analysis and quality reviews
Internal data quality assessments (DQA) are carried out.	94%	Internal data quality assessments should be carried out on quarterly basis or at the worst case, semi-annually.

REFERRAL HOSPITALS: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR REFERRAL HOSPITAL LEVEL BY MODULES	
INDICATOR FOR HUMAN RESOURCES	% COMPLIANT
Staff competences and experiences match the job requirements in the areas of distribution, LMIS, ordering & reporting, and medicine management	67% - 94%
All supply chain personnel have a job description and have access to the job description.	100%
Capacity building sessions that have been conducted in warehousing, distribution, LIMIS, ordering and reporting, and medicine management.	89% - 100%
Supply chain personnel are funded by the facility's own resources	100%
INDICATOR FOR FINANCIAL SUSTAINABILITY	% COMPLIANT
The government is a source of funding or way of generating revenue.	100%
Budgets are prepared annually updated in response to operations changes?	100%
The organization purchases its own medicines from the private sector.	100%
The facilities have the financial responsibility for maintaining its own drug stocks.	100%
INDICATOR FOR POLICY & GOVERNANCE	% COMPLIANT
A governing board, including local government, meets at least annually.	100%
INDICATOR FOR QUALITY AND PHARMACOVIGILANCE	% COMPLIANT
The government is involved in the approval process during the procurement.	94%
Formal external audits of procurement systems take place > 2 years	89%
The Public Health Program Office provides standard specifications for pharmaceutical procurement.	100%
Vendor qualification criteria used for selection includes in-country registration	94%
The tenders include terms and conditions that are enforced.	89%
Orders and delivers are documented on paper forms	100%
INDICATOR FOR PHARMACY & STORES MANAGEMENT	% COMPLIANT
Items are checked against shipping documentation when received by facility staff.	100%
All receipts, including returns, are checked for expiration and quality.	100%
The store meets minimum acceptable design, layout and construction requirements for storage of pharmaceutical products.	83% - 89%
The facility has lighting in all rooms and internet access	94% & 89%
The facilities utilize storage equipment such as shelves and pallets.	100%
Firefighting equipment is available in this facility today	100%
Security measures for the pharmacy store are in place and currently operational include locks on main doors	83%
FEFO (First Expiry First Out) requirements are adhered to	100%
All orders are traceable and checked for accuracy through a manual tracking system	89%
Inventory is managed via manual e.g. stock cards	100%
The data from the inventory management system is used for ordering and supply planning?	83%
Reordering is calculated on a min/max process	94%

The inventory management system includes Buffer/Security stock.	100%
The inventory management system includes min-max set points?	94%
Inventory counts performed at least once a month	100%
All products are counted	100%
The government is responsible for funding the budgets associated with warehousing & storage? E.g. personnel, equipment etc.	100%
INDICATOR FOR DISTRIBUTION	% COMPLIANT
There are approved distribution plans.	100%
Distribution routes pre-planned?	83%
Commodities are manually tracked as they move through the supply chain cycle	83%
Proof of delivery (POD) records are maintained manually	100%
Outbound stock reconciled with proof of delivery?	83%
The government is responsible for funding the distribution budget	100%
INDICATOR FOR LMIS	% COMPLIANT
Policies are in place to guide paper LMIS	83%
Paper LMIS	100%
Data-points are recorded in the eLMIS, including stock on hand, consumption losses and adjustments, issues and receipts, safety stock, quality of reordering and # of days of stock out.	83% - 94%
Stocks are tracked at lower health facilities/service delivery points in your catchment area	94%
There is internet connectivity at this facility	94%

REFERRAL HOSPITALS: KEY GAPS

CAPABILITY SCORE FOR REFERRAL HOSPITAL LEVEL BY MODULES		
INDICATORS FOR HUMAN RESOURCES	% NOT COMPLIANT	POSSIBLE SOLUTIONS
The capacity building plan includes treatment guidelines and financial management.	100%	<ol style="list-style-type: none"> Capacity building planning should include training on knowledge and use of treatment guidelines as this facility is usually involved with procurement. Training modules should include financial management for Supply Chain Management staff to ensure adequate management of cost recovery programmes as well as continuity of services in the event of financial crisis in the country's economy and in the situation of discontinuation of donor support.
The capacity building plan includes treatment guidelines, quality & pharmacovigilance, and financial management	100%	Future capacity building programmes for SCM should include a focus on quality and pharmacovigilance, treatment guidelines, and financial management.
The outcomes of capacity building activities are evaluated.	100%	<ol style="list-style-type: none"> A well-defined M&E plan should be developed and instituted for evaluating all capacity building activities and programs by the MoH and this should be monitored by the MoH and outcome used in making informed decisions for further capacity building. Staffs who are beneficiaries of the capacity building programs should also be evaluated for skills acquired and effect on work output.

The facility is assessed under the Performance Based financing (PBF) scheme on a quarterly basis.	100%	From responses obtained, the concept of PBF is not implemented at the RH hence the 100% (n=2). This is a vital or essential item for SCM maturity and is therefore recommended for introduction into the system, beginning at this facility in the central level.
The MOH, central warehouse, and district pharmacy staffs are responsible for providing supportive supervision to the facility.	100%	The responses indicate that supportive supervision is not a common practice in the Rwanda Supply Chain system. Hence no MoH or Central warehouse or District Pharmacy staff visits the RHs for supportive supervision. Supportive supervision should be a major activity of a robust capacity building and Health System Strengthening (HSS) plan for the RHs.
Supportive supervision received at least twice a year.	100%	The plan for supportive supervision to be developed should include a frequency of supportive supervisory visits which should be at least bi-annually or as frequent as bi-monthly.
There are guidelines for supportive supervision that include supervision of supply chain personnel.	100%	Specific guidelines should be developed that would include a checklist of things to look out for and activities to perform, for the supportive supervision
The supply chain supervision visits are scheduled in advance.	100%	Supportive supervision should be scheduled well in advance. However, as a control measure, some supportive supervisory visits should be impromptu rather than being scheduled.
The government is responsible for funding the human resource budget for supply chain personnel.	100%	The RHs fund their supply chain HR budget from revenue generated from sale of medicines and other clinical services. This is actually good for the system as a measure of capacity to be self-sustaining and should be allowed to continue.
INDICATORS FOR FORECASTING AND SUPPLY PLANNING	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Demographic projections are the method used during forecasting.	100%	Demographic data and projections should be included as part of the data used in forecasting. However, in practice, consumption data is preferred as a more accurate forecast methodology.
INDICATORS FOR PROCUREMENT	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Service delivery point managers are involved in the approval process during the procurement.	100%	To ensure accountability, different levels of approvals should be established for the procurement process. Progressively higher level of authorization should be put in place for higher amounts of procurement.

Purchase orders include provisions for liability, recall, and liquidated damages.	100%	Best practice protocols should be established for the procurement process to ensure quality and accountability.
The procurement system incorporates KPI monitoring.	100%	Procurement KPIs should be defined and monitored regularly and reported after every procurement process by appropriate staff and this should be part of the role of the M&E unit in the procurement department.
INDICATORS FOR PHARMACY & STORES MANAGEMENT	% NOT COMPLIANT	POSSIBLE SOLUTIONS
Temperature and humidity monitoring devices are in place, including hygrometers and desiccants	100%	Desiccants should be provided where necessary
A KPI indicator is used to monitor storage capacity and the resulting data is used to inform decision-making at the strategic level.	100%	-Staff should be trained on storage capacity monitoring and utilization
KPI indicators are recorded for stocked according to plan, stock accuracy, order fill rate, wastage, and # and duration of temperature excursions.	100%	Data for this KPI should be collected, reported on, monitored and appropriate actions to correct discrepancies put in place
INDICATORS FOR DISTRIBUTION	% NOT COMPLIANT	POSSIBLE SOLUTIONS
The distribution schedule is shared in advance from the District Pharmacy.	100%	Supply of commodities to RHs is done from MPPD and not from DPs hence the 100% score for this element.
Product requirements for controlled substance transportation from the district pharmacy to health facility are monitored.	100%	Strict protocols on transportation of controlled substances should be developed, monitored and reported on continuously to include controls such as accompaniment by approved personnel, appropriate locks and seals etc.
INDICATORS FOR LOGISTICS MANAGEMENT INFORMATION SYSTEM	% NOT COMPLIANT	POSSIBLE SOLUTIONS
The LMIS software is web-based.	100%	e-LMIS software should be web-based for ease of synchronization of reports and data.

INDICATORS FOR WASTE MANAGEMENT	% NOT COMPLIANT	POSSIBLE SOLUTIONS
The incineration is supervised by a regulatory authority.	100%	Waste management activities should always be supervised by appropriate regulatory authority personnel

MPPD: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR MPPD LEVEL BY MODULES		PERCENTAGE OF FACILITIES WITH ESSENTIAL OR VITAL
HUMAN RESOURCES		
WORKFORCE PLANNING		
RECRUITING		
FOR WHICH OF THE FOLLOWING AREAS DO STAFF COMPETENCES AND EXPERIENCES MATCH THE JOB REQUIREMENTS?		
Forecasting & Quantification		100%
Procurement & supply planning		100%
Distribution		100%
LMIS		100%
Ordering & reporting		100%
Medicines management		100%
Waste management		100%
Finance		100%
Quality & Pharmacovigilance		100%
DO ALL SUPPLY CHAIN PERSONNEL HAVE A JOB DESCRIPTION?		
All		100%
DO YOUR STAFF HAVE ACCESS TO THEIR JOB DESCRIPTIONS?		
All		100%
PROMOTION PROCESS		
ARE POLICIES AND PROCEDURES IN PLACE TO GUIDE PROMOTIONS WITHIN THE ORGANIZATION?		
Yes		100%
ARE PROMOTIONS ALWAYS GUIDED BY FORMAL PROCEDURES?		
Yes		100%
WORKFORCE CAPACITY BUILDING		
WHICH CAPACITY BUILDING PROGRAMS ARE AVAILABLE FOR STAFF?		
“Classroom” training		100%
HOW OFTEN ARE STAFF CAPACITY BUILDING NEEDS ASSESSED?		
Less than annually		100%
WHICH OF THE FOLLOWING AREAS WERE COVERED UNDER THE CAPACITY BUILDING SESSIONS THAT HAVE BEEN CONDUCTED?		
Forecasting & Quantification		100%
Procurement & supply planning		100%

Warehousing	100%
Distribution	100%
LMIS	100%
Ordering & reporting	100%
Medicines management	100%
Waste management	100%
Quality & Pharmacovigilance	100%
Financial management	100%
Treatment guidelines	100%
Changes in National policy	100%
WHAT PROPORTION OF STAFF PARTICIPATED IN CAPACITY BUILDING SESSIONS/OPPORTUNITIES IN THE LAST TWO YEARS?	100%
PERFORMANCE REVIEW	
HOW OFTEN IS STAFF PERFORMANCE REVIEWED?	
Annually	100%
BUDGET FOR HUMAN RESOURCE	
WHO IS RESPONSIBLE FOR FUNDING THE HUMAN RESOURCE BUDGET FOR SUPPLY CHAIN PERSONNEL?	
Own resources	100%
HOW MUCH IS GOVERNMENT AND "OWN RESOURCES" CONTRIBUTING TO HUMAN RESOURCE ASSOCIATED BUDGETS UNDER PROGRAMS?	
Minimal (less than 25%)	100%
FINANCIAL SUSTAINABILITY	
BUDGETS	
WHAT ARE YOUR SOURCES OF FUNDING OR WAYS OF GENERATING REVENUE?	
Government	100%
HOW OFTEN ARE BUDGETS PREPARED?	
Annually	100%
IS THERE AN OPPORTUNITY FOR DIFFERENT STAKEHOLDERS TO PROVIDE INPUT INTO THE BUDGETING PROCESS? E.G. DONORS, IMPLEMENTING PARTNERS, MOH ETC.	
Minimal (less than 25%)	100%
FACILITY PURCHASING	
DOES THE ORGANIZATION PURCHASE ITS OWN MEDICINES FROM THE PRIVATE SECTOR?	
Yes	100%
DOES THIS ORGANIZATION HAVE THE FINANCIAL RESPONSIBILITY FOR MAINTAINING ITS OWN DRUG STOCKS?	
Yes	100%
POLICY AND GOVERNANCE	
STRATEGIES AND GOVERNANCE	
DO SUPPLY CHAIN POLICIES COVER THE FOLLOWING FUNCTIONS?	
Waste management	100%
Quality assurance	100%
Warehousing and storage	100%
Procurement	100%
Financing	100%

Human Resources	100%
DOES THE ORGANIZATION HAVE A GOVERNING BOARD?	
Yes	100%
WHO APPOINTS THE GOVERNING BOARD?	
Central Government	100%
QUALITY AND PHARMACOVIGILANCE	
QUALITY CONTROL & PHARMACOVIGILANCE BUDGETS	
TO WHAT EXTENT IS GOVERNMENT AND “OWN RESOURCES” CONTRIBUTING TO BUDGETS ASSOCIATED WITH QUALITY CONTROL & PHARMACOVIGILANCE UNDER PROGRAMS?	
Minimal (less than 25%)	100%
QUALITY ASSURANCE SOPS	
ARE THERE STANDARD OPERATING PROCEDURES FOR MEDICINE QUALITY ASSURANCE?	
Yes	100%
HOW IS ADHERENCE TO MEDICINE QUALITY ASSURANCE SOPS MONITORED?	
On-site monitoring	100%
FORECASTING AND SUPPLY PLANNING	
FORECASTING METHODOLOGY	
FOR HOW LONG INTO THE FUTURE ARE FORECASTS?	
2 years	100%
WHICH OF THE FOLLOWING METHODOLOGIES IS USED DURING FORECASTING?	
Morbidity based	100%
Consumption based	100%
Demographic projections	100%
WHO IS INVOLVED IN THE FORECASTING PROCESS?	
Government staff	100%
Organization staff	100%
CONSUMPTION DATA	
DO CONSUMPTION DATA USED IN THE FORECAST INCLUDE THE FOLLOWING INFORMATION?	
Wastage	100%
IS THE QUALITY OF THE CONSUMPTION DATA ASSESSED?	
Yes	100%
HOW RECENT IS THE CONSUMPTION DATA THAT WAS USED IN THE CURRENT FORECAST?	
> 3 quarters	100%
IS PRODUCT DESCRIPTION AND PRICING INFORMATION AVAILABLE?	
Yes	100%
SUPPLY PLAN	
IS THERE A SUPPLY PLAN?	
Yes	100%
HOW OFTEN IS THE SUPPLY PLAN MONITORED AND UPDATED?	
Annually	100%
WHAT DATA IS USED TO INFORM THE SUPPLY PLAN?	
Forecast	100%

Stock on hand	100%
Consumption	100%
Shipment status	100%
Lead times	100%
HOW OFTEN IS THE SUPPLY PLAN SHARED WITH EXTERNAL PARTNERS?	
annually	100%
ARE THE ORDERS PLACED CONSISTENT WITH THE SUPPLY PLAN? (SUPPLY PLAN ACCURACY)	
Yes	100%
BUDGETING	
WHO IS RESPONSIBLE FOR FUNDING THE FORECASTING AND SUPPLY PLANNING BUDGET? E.G. PERSONNEL, TOOLS ETC.	
Own resources	100%
HOW MUCH IS THE GOVERNMENT AND OWN RESOURCES CONTRIBUTING TO RECURRING FORECASTING AND SUPPLY PLANNING COSTS UNDER PROGRAMS?	
Minimal (<25%)	100%
PROCUREMENT	
PROCUREMENT CONTROL	
WHICH ENTITY IS RESPONSIBLE FOR REGULATING AND/OR OVERSEEING THE OVERALL PROCUREMENT PROCESS?	
Procurement not done by this organization	100%
WHICH SUPPLY CHAIN AND FUNDING STAKEHOLDERS ARE INVOLVED IN THE APPROVAL PROCESS DURING THE PROCUREMENT?	
Government	100%
WHAT INTERNAL CONTROL SYSTEMS ARE IN PLACE FOR PROCUREMENT?	
Procurement & Adjudication Committees /Tender committee	100%
HOW OFTEN ARE PROCUREMENT RISK ASSESSMENTS CONDUCTED? E.G. FRAUD, COST, QUALITY AND DELIVERY RISKS	
Less frequently than annually	100%
ARE CONTROLS IN PLACE TO MITIGATE/PREVENT PROCUREMENT RISKS?	
Yes	100%
PROCUREMENT AUDITS	
HOW OFTEN DO FORMAL EXTERNAL AUDITS OF THE PROCUREMENT SYSTEM TAKE PLACE?	
> 2 years	100%
HOW OFTEN DO FORMAL INTERNAL AUDITS OF THE PROCUREMENT SYSTEM TAKE PLACE?	
At least every 2 years	100%
STANDARD OPERATING PROCEDURES (SOPS)	
ARE THERE STANDARD OPERATING PROCEDURES (SOPS) FOR PROCUREMENT? E.G. SOPS FOR RECEIPT OF BIDS, BID OPENING, BID EVALUATIONS	
Yes	100%
PRODUCT SPECIFICATIONS	
WHO PROVIDES STANDARD SPECIFICATIONS FOR PHARMACEUTICAL PROCUREMENT?	
Public Health Program Office	100%
IDENTIFYING AND QUALIFYING VENDORS	
IS VENDOR INFORMATION MAINTAINED IN A DATABASE?	
Yes	100%

DO YOU MAINTAIN A PROCUREMENT WEBSITE ACCESSIBLE BY EXTERNAL STAKEHOLDERS?

Yes 100%

WHICH VENDOR QUALIFICATION CRITERIA ARE USED FOR SELECTION?

Product quality 100%

Financial standing 100%

Legal requirements 100%

Vendor performance 100%

DO THE TENDERS INCLUDE TERMS AND CONDITIONS THAT ARE ENFORCED?

Yes 100%

DO YOU TYPICALLY REQUIRE VENDOR COMPETITION FOR TENDERS?

Sometimes 100%

WHICH MEASURES DO TENDER EVALUATIONS INCLUDE?

Price 100%

Quality 100%

Service 100%

Past performance 100%

Yes 100%

DO PURCHASE ORDERS INCLUDE THE FOLLOWING?

Terms and conditions 100%

Liability provisions 100%

Recall provisions 100%

Liquidated damages 100%

HOW IS VENDOR PERFORMANCE SCORED?

Qualitatively 100%

IS VENDOR PERFORMANCE MONITORING USED TO BLACK LIST NON-PERFORMING VENDORS BASED ON STANDARDIZED CRITERIA?

Yes 100%

PROCUREMENT APPEALS PROCESS

WHERE IS THE APPEALS PROCESS PUBLICALLY AVAILABLE?

On ministry website 100%

Available by request 100%

ORDER AND DELIVERY MANAGEMENT PROCESSES

IS THERE AN ORDER AND DELIVERY MANAGEMENT PROCESS IN PLACE?

Yes 100%

DOES THE PROCESS ALLOW FOR EASY IDENTIFICATION OF OUTSTANDING ORDERS?

Yes 100%

HOW ARE ORDERS AND DELIVERIES DOCUMENTED?

On paper forms 100%

DOES THE PROCUREMENT SYSTEM INCORPORATE THE FOLLOWING PROCUREMENT ELEMENTS?

Contract management 100%

Order management 100%

TO WHAT EXTENT IS GOVERNMENT AND "OWN RESOURCES" CONTRIBUTING TO BUDGETS ASSOCIATED WITH PROCUREMENT AND/OR CUSTOMS CLEARANCE FOR PROGRAM RELATED COMMODITIES?

Minimal (less than 25%)	100%
PHARMACY STORES MANAGEMENT	
WAREHOUSING SOPS	
IS THE DATE AVAILABLE FOR THIS SOP?	
Yes	100%
HOW ARE ITEMS CHECKED AGAINST SHIPPING DOCUMENTATION WHEN RECEIVED?	
One staff from the facility checks the order	100%
ARE ALL RECEIPTS, INCLUDING RETURNS, CHECKED FOR EXPIRATION AND QUALITY?	
Yes, Physically Verified	100%
WAREHOUSE STORE DESIGN & LAYOUT	
DOES THE STORE MEET THE FOLLOWING MINIMUM ACCEPTABLE DESIGN, LAYOUT AND CONSTRUCTION REQUIREMENTS FOR STORAGE OF PHARMACEUTICAL PRODUCTS?	
Designated quarantine area	100%
Adequate reception area/zone	100%
Cold chain storage	100%
Adequate dispatch area/zone	100%
Designated area for storage of hazardous substances	100%
Designated area for storage of controlled substance	100%
Adequate office area e.g. separate office area	100%
WAREHOUSE UTILITIES	
DOES THE STORE HAVE THE FOLLOWING UTILITIES IN PLACE?	
Lighting in all rooms	100%
Air conditioning	100%
Internet	100%
Official facility telephone (mobile or land line)	100%
HOW DO YOU ENSURE CONSISTENT ELECTRIC POWER AT THIS FACILITY?	
Generator	100%
IS THERE A CLEANING SCHEDULE IN PLACE?	
WAREHOUSE EQUIPMENT	
ARE THE FOLLOWING STORAGE EQUIPMENT UTILIZED?	
Shelves	100%
Pallets	100%
Pallet Truck	100%
Racks	100%
Cabinets	100%
ARE THE FOLLOWING MATERIAL HANDLING EQUIPMENT UTILIZED?	
Cabinets	100%
REPAIR & MAINTENANCE PROGRAMS	
IS THERE A REPAIR AND MAINTENANCE PLAN IN PLACE FOR ALL EQUIPMENT AND UTILITIES?	
Yes, Physically Verified	100%
SAFETY & SECURITY	
WHAT SAFETY EQUIPMENT IS AVAILABLE IN THIS FACILITY TODAY?	
Firefighting equipment	100%

Gloves (heavy duty)	100%
Spill kits (These contain absorbent pads, acid/base neutralizers, goggles etc.)	100%
Masks	100%
Lab coats	100%
Reflectors	100%
Helmets	100%
Safety boots	100%
WHAT SECURITY MEASURES FOR THE PHARMACY STORE ARE IN PLACE AND CURRENTLY OPERATIONAL?	
Controlled access (e.g., limited access to keys)	100%
Locks on main doors	100%
Locks on product cabinets	100%
Burglar bars	100%
Staff ID cards	100%
Control of vehicles entering premises	100%
Record of all people entering	100%
Record of all people exiting	100%
Security Guards	100%
PICKING AND SHIPPING OPERATIONS	
HOW DO YOU DETERMINE WHICH STOCK FOR A GIVEN ITEM TO ISSUE FIRST?	
FEFO (First Expiry First Out) requirements adhered to	100%
FIFO principles (First in, first out) implemented for products without expiration dates or products with the same expiration dates	100%
IS THE DELIVERY PROCESS TRACEABLE?	
Yes - Manual tracking of orders with established delivery dates	100%
IS DELIVERY CONFIRMATION DOCUMENTED?	
Yes, Physically Verified	100%
ARE COLD CHAIN REQUIREMENTS OF 2-8°C MAINTAINED FROM MANUFACTURER TO SERVICE DELIVERY POINT?	
Yes, Physically Verified	100%
Yes but NOT up to date OR not Physically Verified	100%
IS HUMIDITY MONITORED AND RECORDED IN NON-COLD CHAIN AREAS	
Yes but NOT up to date OR not Physically Verified	100%
DO YOU HAVE THE FOLLOWING TEMPERATURE AND HUMIDITY MONITORING DEVICES IN PLACE?	
Thermometers	100%
Hygrometers	100%
WHAT HUMIDIFICATION CONTROL MEASURES ARE IN PLACE?	
Use of desiccants	100%
PRODUCT ORGANIZATION	
IS THE STORE CAPACITY MEASURED?	
Yes - capacity is tracked manually	100%
Yes – and a KPI indicator is used to monitor the status	100%
Yes – and this KPI indicator is used to inform decision-makers at the strategic level	100%
HOW OFTEN IS MAINTENANCE FOR COLD CHAIN EQUIPMENT PERFORMED?	

Less than annually	100%
CONTROLLED SUBSTANCES AND HIGH-VALUE PRODUCTS	
IS A LOCKABLE CAGE OR CABINET IN PLACE FOR STORING CONTROLLED AND HIGH-VALUE PRODUCTS?	
Yes, Physically Verified	100%
IS ACCESS TO CONTROLLED AND HIGH-VALUE PRODUCTS LIMITED TO DESIGNATED PERSONNEL?	
Yes, Physically Verified	100%
HOW ARE CONTROLLED AND HIGH-VALUE PRODUCTS COUNTED?	
Counted when other shelf products are counted	100%
ARE SOPS IN PLACE FOR HANDLING CONTROLLED SUBSTANCES AND HIGH VALUE PRODUCTS?	
Yes, Physically Verified	100%
ARE HAZARDOUS PRODUCTS KEPT SEPARATE FROM REGULAR STOCK?	
Yes, Physically Verified	100%
INVENTORY MANAGEMENT	
HOW DO YOU MANAGE INVENTORY?	
Manual e.g. stock cards	100%
DO PRODUCTS HAVE ASSIGNED LOCATIONS ON SHELVES?	
Yes, Physically Verified	100%
IS THERE A SINGLE REGISTER THAN IS USED TO MONITOR AND TRACK EXPIRATION DATES?	
Yes, Physically Verified	100%
HOW DO YOU CALCULATE RE-ORDERING QUANTITIES?	
Min/max process	100%
DOES YOUR INVENTORY MANAGEMENT SYSTEM INCLUDE BUFFER/SECURITY STOCK?	
	100%
DOES YOUR INVENTORY MANAGEMENT SYSTEM INCLUDE MIN-MAX SET POINTS?	
Yes	100%
HOW IS A RECALL COMMUNICATED TO YOUR HEALTH FACILITY?	
Manually (including email, phone or letter)	100%
IS IT POSSIBLE TO IDENTIFY A RECALLED LOT OR BATCH?	
Yes, Manually	100%
HOW OFTEN ARE INVENTORY COUNTS PERFORMED?	
Monthly or shorter	100%
HOW ARE INVENTORY COUNTS PERFORMED?	
All products are counted	100%
BUDGETS	
WHO IS RESPONSIBLE FOR FUNDING THE BUDGETS ASSOCIATED WITH WAREHOUSING & STORAGE? E.G. PERSONNEL, EQUIPMENT ETC.	
Government	100%
ARE MATERIAL- AND STOCK-HANDLING COSTS MONITORED?	
Yes, Physically Verified	100%
WAREHOUSE PERFORMANCE	
WHICH OF THE FOLLOWING INDICATORS ARE RECORDED AS KPIS AT THE FACILITY?	
Stock out rates	100%

Stock accuracy	100%
Order fill rate	100%
Stock turn per annum	100%
Cost of warehousing operations	100%
Warehouse utilization/Bin occupancy	100%
Wastage from damage, theft & expiry	100%
Order turnaround time	100%
Number & duration of temperature excursions	100%
Percentage of in-coming batches tested for quality	100%
DISTRIBUTION	
DISTRIBUTION PLANNING	
IS THERE AN APPROVED DISTRIBUTION PLAN?	
Yes	100%
DO YOU HAVE A DATA MANAGEMENT SYSTEM THAT CAPTURES DISTRIBUTION PLANS AND OPERATIONS?	
Yes	100%
ARE DISTRIBUTION ROUTES PRE-PLANNED?	
Yes	100%
HOW ARE INBOUND SHIPMENTS TRACKED?	
Through manual tracking	100%
DO YOU MAINTAIN PROOF OF DELIVERY (POD) RECORDS?	
Yes – done manually	100%
IS OUTBOUND STOCK RECONCILED WITH PROOF OF DELIVERY?	
Yes	100%
DISTRIBUTION BUDGET	
WHO IS RESPONSIBLE FOR FUNDING THE DISTRIBUTION BUDGET?	
Government	100%
HOW MUCH IS THE GOVERNMENT AND OWN RESOURCES CONTRIBUTING TO DISTRIBUTION ASSOCIATED BUDGETS UNDER PROGRAMS?	
Minimal (less than 25%)	100%
ARE THERE PROCEDURES IN PLACE FOR MANAGING TRANSPORTATION ASSETS?	
Yes - for own fleet	100%
ARE THERE PROCEDURES AND SYSTEMS IN PLACE FOR CAPTURING AND MAINTAINING TRANSPORTATION DATA?	
Yes – informal systems	100%
HOW OFTEN IS TRANSPORTATION DATA CAPTURED?	
Less frequently than quarterly	100%
ARE THERE DOCUMENTED MINIMUM SECURITY REQUIREMENTS FOR TRUCK AND PERSONNEL SECURITY CAPABILITIES?	
Yes – for Trucks	100%
LOGISTICS MANAGEMENT INFORMATION SYSTEM	
LMIS POLICIES & GUIDELINES	
ARE THERE POLICIES IN PLACE THAT GUIDE THE LMIS?	
Yes – for the LMIS (paper based)	100%
LMIS DATA TOOLS & REPORTING	

WHICH LMIS TOOLS ARE USED IN YOUR STORE?	
Paper LMIS	100%
WHICH DATA-POINTS ARE RECORDED IN THE ELMIS?	
Stock on hand	100%
Losses and Adjustments	100%
Expiries	100%
Issues and receipts	100%
Expiration dates	100%
WHICH DATA-POINTS ARE RECORDED IN THE ELMIS?	
Stock on hand	100%
Losses and Adjustments	100%
Expiries	100%
Issues and receipts	100%
Safety stock for each commodity	100%
Quantity of reordering	100%
Expiration dates	100%
DO YOU TRACK STOCK AT LOWER HEALTH FACILITIES/SERVICE DELIVERY POINTS IN YOUR CATCHMENT AREA?	
Yes	100%
IS THERE A STANDARD PROCESS, SUCH AS SCHEDULED, REGULAR MEETINGS, TO REVIEW ELMIS DATA AND REPORTS?	
Yes	100%
DOES THE CURRENT LMIS CAPTURE DATA ON THE FOLLOWING PROGRAMS?	
HIV	100%
HARDWARE AND SOFTWARE	
. IS THERE INTERNET CONNECTIVITY AT THIS FACILITY?	
Yes	100%
DATA QUALITY ASSESSMENTS (DQAS)	
WHO IS RESPONSIBLE FOR FUNDING ELMIS BUDGET? E.G. FOR CAPACITY BUILDING, INTERNET COSTS ETC.	
Government	100%
HOW MUCH IS THE GOVERNMENT AND/OR OWN RESOURCES CONTRIBUTING TO RECURRING ELMIS COSTS UNDER PROGRAMS?	
Minimal (less than 25%)	100%
OF THE APPROVED ELMIS BUDGET, WHAT PROPORTION OF FUNDS WAS ALLOCATED/RECEIVED FOR THE LAST FINANCIAL YEAR?	
Minimal (less than 25%)	100%
WASTE MANAGEMENT	
GENERAL WASTE MANAGEMENT	
DOES YOUR ORGANISATION HAVE APPROVED STANDARD OPERATING PROCEDURES (SOPS) FOR WASTE MANAGEMENT? E.G. SOPS FOR DESTRUCTION OF EXPIRED, DAMAGED AND OBSOLETE PRODUCTS	
Yes	100%
HOW OFTEN ARE SOPS FOR WASTE MANAGEMENT UPDATED?	
> two years	100%
IS THE INCINERATION SUPERVISED BY A REGULATORY AUTHORITY?	
Yes	100%

MONITORING WASTE MANAGEMENT

HOW IS ADHERENCE TO THE WASTE MANAGEMENT SOPS MONITORED?

On-site monitoring 100%

HOW OFTEN DO FORMAL INTERNAL AUDITS OF THE WASTE MANAGEMENT SYSTEM TAKE PLACE?

> 2 years 100%

MPPD: KEY GAPS

CAPABILITY SCORE FOR MPPD LEVEL BY MODULES

INDICATORS FOR HUMAN RESOURCES	% NOT COMPLIANT	POSSIBLE SOLUTION
A human resource management plan or workforce plan is in place that incorporates future needs for supply chain personnel.	100%	The HRM plan should include a forecast of supply chain personnel requirement for the future in line with the supply chain strategic plan.
The human resource management plan integrates recruitment policies for supply chain personnel.	100%	Supply Chain Management has become a specialized technical area critical for the success of the health plan and thus a new strategy for supply chain needs to be considered for the MPPD and thus recruitment policies for supply chain personnel should be clearly defined beyond the regular public sector policies.
The capacity building plan covers the range of supply chain functions.	100%	Training programmes should cover the range of supply chain functions.
Capacity building tools/job aids exist for the range of supply chain functions.	100%	Develop or share and train staff on the utilization of tools for the range of supply chain functions.
The outcome of the capacity building is evaluated.	100%	<ol style="list-style-type: none"> 1. A well-defined M&E plan should be developed and instituted for evaluating all capacity building activities and programs by the MoH and this should be monitored by the MoH and outcome used in making informed decisions for further capacity building. 2. Staff who is beneficiaries of the capacity building programs should also be evaluated for skills acquired and effect on work output.
The MOH and central warehouse staffs are responsible for providing supportive supervisions to the facility.	100%	The responses indicate that supportive supervision is not a common practice in the Rwanda Supply Chain system. Hence no MoH or Central warehouse or District Pharmacy staff carries out the activity for the MPPD staff. Supportive supervision should be a major activity of a robust capacity building and Health System Strengthening (HSS) plan for the MPPD.

Guidelines for supportive supervision that include supervision of supply chain personnel are in place.	100%	Specific guidelines should be developed that would include a checklist of things to look out for and activities to perform, for the supportive supervision
Supply chain supervision visits are scheduled in advance.	100%	Supportive supervision should be scheduled well in advance.
INDICATORS FOR FINANCIAL SUSTAINABILITY	% NOT COMPLIANT	POSSIBLE SOLUTION
The government addressed budget shortfalls.	100%	Government should make adequate provision for funding of supply chain activities at MPPD to avoid shortfalls in the budget and service disruptions
Supply chain costs e.g. products, warehousing, distribution; personnel, overheads, service delivery etc. are tracked.	100%	MPPD should design an appropriate system for tracking and reporting of supply chain costs. This will be helpful for strategic planning purposes and sustainability
INDICATORS FOR POLICY & GOVERNANCE	% NOT COMPLIANT	POSSIBLE SOLUTION
A governing board appointed by local government and owners is in place and meets annually.	100%	This is not the responsibility of the Local Government level but that of the central government.
INDICATORS FOR QUALITY AND PHARMACOVIGILANCE	% NOT COMPLIANT	POSSIBLE SOLUTION
Collected data is shared with the central level.	100%	Data that is collected should not be kept only at and utilized by the MPPD but should be shared with all relevant stakeholders for use in decision making regarding the supply chain system.
SOPs for pharmacovigilance exist and are accessible to staff.	100%	1. Develop SOPs for pharmacovigilance, share, and train and ensure compliance by all staff. 2. There should be regular monitoring of compliance by MoH M&E staff and those involved in supportive supervision.
Adherence to SOPs for medicine quality assurance is monitored by regularly collecting data on the standard KPIs	100%	There should be an M&E plan that should include monitoring of product quality KPIs and data should be collected, analyzed and reported on regularly at the central level. This should be part of the job description of a specific M&E staff
INDICATORS FOR FORECASTING AND SUPPLY PLANNING	% NOT COMPLIANT	POSSIBLE SOLUTION
There are SOPs for forecasting that are updated every 2-3 years.	100%	1. Develop SOPs for forecasting, share, train and ensure compliance by all staff. 2. There should be regular monitoring of compliance by MoH M&E staff and those involved in supportive supervision.

The MOST RECENT methodology, data sources, and assumptions that were used in forecasting documented are readily available	100%	The MOST RECENT methodology, data sources, and assumptions that were used in forecasting should be documented and readily available
INDICATORS FOR PROCUREMENT	% NOT COMPLIANT	POSSIBLE SOLUTION
The Drug Therapeutics Committees is a stakeholder, who is now involved in planning	100%	Drug therapeutics committees are not based at the MPPD but at Service Delivery Points (RHs, and DHs). Therefore, they will not be involved in the procurement process at MPPD
The Contracts Committee serves as an internal control systems are in place for procurement?	100%	From responses (100%) the MPPD has a Procurement & Adjudication Committees /Tender committee which is responsible for controls and it will thus be a duplication to also have another Contracts committees
SOPs are updated at least every 2- 3 year.	100%	Establish a protocol that ensures that SOPs are reviewed within 1-2 years. This should be monitored by the M&E department and this should be part of the job description of a particular staff in the M&E unit
Product specifications are consistently applied during the following steps of the procurement process? (Product selection, tendering, bid evaluation, award, contract management,	100%	Product specifications should be well defined at all stages/steps of the procurement process
Vendor qualification criteria are used for selection of vendors,	100%	In-country registration should be a criterion for selection of local suppliers during local procurement.
The procurement system incorporates procurement elements, including supplier monitoring, and KPI monitoring,	100%	Vendor/supplier performance should be strictly monitored using established KPIs. Clear KPIs should be established for procurement performance and should be strictly monitored and reported for all stages and processes
INDICATORS FOR PHARMACY & STORES MANAGEMENT	% NOT COMPLIANT	POSSIBLE SOLUTION
The store meets minimum acceptable design, layout and construction requirements for storage of pharmaceutical products.	100%	As a result of inadequate time available for completion of the MPPD assessment, data could not be collected for these elements which required a physical walk-through the storage areas to collect these data.
The store utilizes storage equipment including shelves, pallets, pallet truck, trolleys, and racks.	100%	These material handling equipment were said to be present and in use but these could not be physically verified as the team ran out of time. The assessment is structured to score an element as not available

Eye Protection safety equipment is available in this facility today	100%	Eye goggles and face masks should be procured and made available for use by warehouse staff.
There is a formal process for order checking,	100%	All orders should be reviewed before and after filling for accuracy.
Shipments and orders confirmed between the sender and receiver manually, through paper documentation.	100%	A clearly defined distribution SOP that specifies processes and responsibilities should be available and used during distribution activities
Cold chain requirements are monitored from manufacturer to service delivery point using color changing markers.	100%	The SOP used for monitoring cold chain supplies from manufacturers should include; color changing markers, temperature monitoring devices, electronic temperature tracking devices or internet monitorable electronic devices
Cold chain infrastructure and capacity elements in the warehouse include a free-standing refrigerator.	100%	Cold chain infrastructure should include free-standing refrigerators
Controlled substances and high-value commodities are tracked by manual register or ledger.	100%	There should be a well-defined system of monitoring the high-value and controlled commodities. These should preferably be stored separately from other commodities and access should be strictly limited to authorized personnel only and this access should be monitored and recorded.
Internal audits are performed annually.	100%	Internal audits should be regularly carried out and reports shared and used for decision making in areas where compliance to SOPs or guidelines and policies has been found defective
The indicators recorded as KPIs at the facility include stocked according to plan.	100%	Data for this KPI should be collected, reported on, monitored and appropriate actions to correct discrepancies put in place
INDICATORS FOR DISTRIBUTION	% NOT COMPLIANT	POSSIBLE SOLUTION
Movement through the supply chain is tracked through manual tracking	100%	Commodities should be tracked throughout the system and specifically tracking should include responsibility/ownership for the commodities and processes should be clearly defined.
Distribution cost data collected includes asset depreciation, human resources, maintenance, fuel, and outsourcing fleet costs.	100%	Distribution cost data should be collected, stored and shared to relevant stakeholders. Distribution cost data should include all these cost elements for completeness and accuracy of cost determination.

Product requirement for cold chain and controlled substances are monitored.	100%	<p>Strict protocols on transportation and monitoring cold chain supplies throughout the supply chain system should include; color changing markers, temperature monitoring devices, electronic temperature tracking devices or internet monitor able electronic devices, etc.</p> <p>-Strict protocols on transportation of controlled substances should be developed, monitored and reported on continuously to include controls such as accompaniment by approved personnel, appropriate locks and seals etc.</p>
Security management measures are in place includes assessment of vulnerabilities, performing unannounced inspections, and having security guards.	100%	Clearly articulated SOPs for security of commodities should be developed and include all relevant security measures for commodities and these must be strictly adhered to by all staff and adherence should also be monitored and reported.
Distribution operations (insource and outsource) are regularly (at least annually) reviewed for security compliance?	100%	Distribution operations and processes should be reviewed at least annually both for insource and outsource
INDICATORS FOR LOGISTICS MANAGEMENT INFORMATION SYSTEM	% NOT COMPLIANT	POSSIBLE SOLUTION
Data-points that are recorded in the eLMIS include consumption, safety stock for each commodity, quantity of reordering, and number of days of stock out.	100%	The e-LMIS should include all the listed data points for completeness
Stock are tracked at health centers/service delivery points in your catchment area using manual ledgers	100%	Ensure that regular reports are received from the health facilities and this can be easily implemented by migrating to an e-LMIS system
The (e)/LMIS indicators include the timeliness of reporting and performance data.	100%	Timeliness of reporting should be a key KPI for LMIS and eLMIS. The listed performance data are key for any eLMIS system and these should be a part of the regular eLMIS reports.
A paper-based LMIS SOP exist and are updated annually for training in LMIS, data collection, analysis, quality reviews, summary reporting, and frequency of reporting,	100%	SOPs for LMIS/eLMIS should include training for LMIS, data analysis and quality reviews
Internal data quality assessments (DQA) are conducted annually.	100%	Internal data quality assessments should be carried out on a monthly basis
The government is responsible for funding the paper based LMIS budget.	100%	There was no cost associated with this item because the Government has already made a decision to migrate to e-LMIS
How much is the government and/or own resources contributing to recurring paper based LMIS costs under programs?		

Minimal (less than 25%)	100%	Funding is more towards e-LMIS
INDICATORS FOR WASTE MANAGEMENT	% NOT COMPLIANT	POSSIBLE SOLUTION
Waste management SOPs are accessible to staff.	100%	SOPs should be made available to all relevant staff
Formal external audits of the waste management system take place every 2 years.	100%	External audits should be conducted at the end of each budget period.

MINISTRY OF HEALTH: KEY ACHIEVEMENTS

CAPABILITY SCORE FOR MOH LEVEL BY MODULES	
QUESTION	PERCENTAGE OF FACILITIES WITH ESSENTIAL OR VITAL
STRATEGIC PLANNING AND MANAGEMENT	
STRATEGIC PLAN	
DOES THE HEALTH SYSTEM HAVE A SUPPLY CHAIN STRATEGIC PLAN?	
Yes	100%
HOW OFTEN IS THE SUPPLY CHAIN STRATEGIC PLAN FORMALLY UPDATED?	
> 1 to 2 years	100%
WHAT SUPPORT ELEMENTS HAVE YOU INCLUDED IN THE SUPPLY CHAIN IMPLEMENTATION PLAN?	
Stakeholder map	100%
Strategic partnerships	100%
SWOT analysis	100%
Long-term goals	100%
Roles and responsibilities	100%
WHAT IS THE TIMEFRAME OF THE SUPPLY CHAIN IMPLEMENTATION PLAN?	
2-3 years	100%
DOES THE SUPPLY CHAIN IMPLEMENTATION PLAN INCLUDE THE FOLLOWING AREAS?	
Human Resource	100%
LMIS	100%
Finance	100%
Policy and Governance	100%
Forecasting & Quantification	100%
Procurement	100%
QA/QC	100%
Distribution	100%

Warehousing	100%
Waste management	100%

MONITORING PROGRESS TO THE SUPPLY CHAIN IMPLEMENTATION PLAN

IS THERE A PERFORMANCE MONITORING PLAN (PMP) ASSOCIATED WITH THE STRATEGIC PLAN?

Yes	100%
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WHICH STAKEHOLDERS PARTICIPATE IN THE REVIEW OF THE SUPPLY CHAIN IMPLEMENTATION PLAN STATUS?

Donors	100%
Central level Staff (relevant Ministries)	100%
District level staff	100%
Implementing Partners	100%

HUMAN RESOURCES

WORKFORCE PLANNING

Yes	100%
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RECRUITING

DOES THE HUMAN RESOURCE MANAGEMENT PLAN INTEGRATE RECRUITMENT POLICIES FOR SUPPLY CHAIN MANAGEMENT?

Yes	100%
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FOR WHICH OF THE FOLLOWING AREAS DO STAFF COMPETENCE AND EXPERIENCE MATCH THE JOB DESCRIPTION REQUIREMENTS?

Forecasting and quantification	100%
Procurement and supply planning	100%
Ware housing	100%
Distribution	100%
LMIS	100%
Ordering and reporting	100%
Health service delivery (HSD) Medicines management	100%
Waste management	100%
Quality and pharmacovigilance	100%

ARE POLICIES AND PROCEDURES IN PLACE TO GUIDE PROMOTIONS?

Yes	100%
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ARE PROMOTIONS ALWAYS GUIDED BY FORMAL PROCEDURES?

Yes	100%
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DO THE TRAINING MATERIALS COVER THE FOLLOWING AREAS?

Forecasting and quantification	100%
Procurement and supply planning	100%
Ware housing	100%
Distribution	100%

LMIS	100%
Ordering and reporting	100%
Health Service Delivery Medicines management	100%
Waste management	100%
Quality and pharmacovigilance	100%
WHAT PROPORTION OF MOH STAFF PARTICIPATED IN SCM TRAINING OPPORTUNITIES USING INTERNAL RESOURCES IN THE LAST 2 YEARS?	
61-80	100%
PERFORMANCE REVIEWS	
HOW OFTEN IS STAFF PERFORMANCE REVIEWED?	
Annually	100%
WHICH STAFF RECEIVE PERIODIC SUPPORTIVE SUPERVISION?	
LMIS	100%
HOW OFTEN IS THE SUPPORT SUPERVISION DONE?	
Bi-annually	100%
ARE THERE GUIDELINES FOR SUPERVISION OF SUPPLY CHAIN PERSONNEL?	
Yes	100%
DO WORKERS RECEIVE IMMEDIATE FEEDBACK AFTER SUPERVISORY VISITS?	
Sometimes	100%
FINANCIAL SUSTAINABILITY	
WHAT ARE YOUR SOURCES OF FUNDING?	
Government	100%
User fees	100%
Health insurance	100%
IN PAST 2 YEARS, WAS THERE A HEALTH COMMODITIES BUDGET SHORTFALL?	
No	100%
HOW OFTEN ARE BUDGETS PREPARED?	
More often than annually	100%
IS THERE A COST SHARE PLAN IN PLACE FOR THE SUPPLY CHAIN?	
Yes	100%
IS THIS COST-SHARING FINANCIAL, OR IN-KIND SUPPORT?	

Financial	100%
ARE THERE COMPLETE AND DOCUMENTED COST-SHARE PROCEDURES AVAILABLE?	
Yes	100%
IS COST SHARING RECORDED IN THE ACCOUNTING SYSTEM?	
Yes	100%
POLICY AND GOVERNANCE	
ARE THERE FORMALLY DOCUMENTED MANAGEMENT POLICIES OR GUIDELINES FOR THE SUPPLY CHAIN SYSTEM?	
Yes	100%
DO SUPPLY CHAIN POLICIES COVER THE FOLLOWING FUNCTIONS?	
Waste management	100%
Quality assurance	100%
Procurement	100%
Financing	100%
Human Resources	100%

MINISTRY OF HEALTH: KEY GAPS

CAPABILITY SCORE FOR MOH LEVEL BY MODULES

INDICATOR FOR STRATEGIC PLANNING AND MANAGEMENT	% NOT COMPLIANT	POSSIBLE SOLUTION
The supply chain implementation plan includes pharmacovigilance.	100%	The supply chain implementation plan should include pharmacovigilance as a key component which should be well staffed and activities monitored strictly.
A formal structure is in place for monitoring the implementation of the strategic plan.	100%	A robust M&E plan should be developed and implemented by well trained staff and reports should be regularly submitted, reviewed and corrective actions taken to close identified gaps in implementation.
The Board of Directors participates in the review of the supply chain implementation plan status at least annually.	100%	The supply chain implementation plan status should be monitored by the highest level of decision makers of SCM in the MoH.
INDICATOR FOR HUMAN RESOURCES	% NOT COMPLIANT	POSSIBLE SOLUTION
Staffs have access to their job descriptions.	100%	All staff involved with the supply chain system should have job descriptions specific for their roles and each staff should be given a copy of the approved job description.
Staff training needs assessments are carried out annually	100%	Staff training needs should be assessed at least annually or more frequently

The training program covers the full range of activities across the supply chain cycle.	100%	Training programs should cover Forecasting and quantification
Supportive supervision is provided annually for stores management and medicine management.	100%	All staff involved with the supply chain system should receive regular supportive supervision relevant to their roles.
INDICATOR FOR FINANCIAL SUSTAINABILITY	% NOT COMPLIANT	POSSIBLE SOLUTION
Supply chain costs are funded by the social insurance funds	100%	The MOH funds will be direct allocation from government revenue
Budgets are updated in response to operations changes.	100%	As a policy, budgets in the MoH are fixed for the year of operation and not changed even if changes in operations do occur, but consideration for modifications are done during the budgeting process for the following year.
Supply chain costs are tracked?	100%	MoH should design an appropriate system for tracking and reporting of supply chain costs. This will be helpful for strategic planning purposes and sustainability
Facilities purchase their own medicines.	100%	Medicines are procured centrally at the MPPD and where some medicines are stocked out at the MPPD, approvals are given to DPs to procure for the facilities that require the medicines until they become available at the MPPD.
INDICATOR FOR POLICY AND GOVERNANCE	% NOT COMPLIANT	POSSIBLE SOLUTION
Supply chain policies cover warehousing and storage.	100%	Warehousing and storage is a role and responsibility of the MPPD and DPs and not the MoH