

STRENGTHENING GOVERNANCE IN PHARMACEUTICAL PROCUREMENT AND SUPPLY MANAGEMENT

CONSOLIDATED SOCIAL ACCOUNTABILITY TOOL

BACKGROUND

As part of the broader objective of strengthening governance (transparency and accountability) in pharmaceutical procurement and supply chain management (PSM), the World Bank Institute (WBI)—in June 2012—supported multistakeholder coalitions in Kenya, Tanzania and Uganda to design and test-pilot social accountability tools in selected sites. The purpose of these tools is to provide a platform for citizens to more actively monitor PSM and health services, as well as to provide an evidence base for advocating policy reform in the health sector (with an emphasis on improved access to essential medicines).

Building on the success of the test pilots, the World Bank Institute will leverage resources and technical assistance to the multistakeholder coalitions in scaling up the tools. Ultimately, the data collected through the pilot of these tools will facilitate constructive dialogue between government, the private sector, and civil society, as well as inform policy reform.

APPROACH

The design of the social accountability tools followed three main steps.

Step 1: Design & Test-Pilot of Social Accountability Tools

In January the World Bank Institute provided funding to support each multistakeholder coalition in developing a social accountability tool, tailored to the specific PSM priorities in the local context. From this funding, both the coalitions in Kenya and Tanzania developed two tools. The Kenya tool was a Citizen Satisfaction Survey for collecting citizen feedback on medicine availability and affordability, as well as the quality of health services in three selected sites across the country. The Tanzania tool was modelled after a Nigerian Pharmaceutical Procurement Monitoring Tool, which the coalition modified to the local context. The tool collected information on the procurement process, examining the level of transparency and efficiency. The tool was test-piloted in six districts within Dodoma, the national capital.

Step 2: Review of Tools Against Benchmarks

During this phase, WBI hired a technical expert to review the tools and refine them based on similar tools used in places like Sierra Leone, which has actively used social accountability tools in the health sector. The expert also consolidated both tools and provided a draft harmonized social accountability tool, which was then shared with World Bank Institute experts for their review and input. From the reviews the following issues became apparent:

- PSM consists of two distinct components—procurement and supply management—each of which requires a different monitoring approach. Procurement can be monitored by civil society while supply management is best suited to management by the health system.
- The tools, as conceptualized, manifested the following characteristics:
 - Each country has different objectives and therefore needs to collect different types of information from the data collection exercise.
 - The tools target different levels, such as district vs national levels
 - There is no overall Monitoring & Evaluation (M & E) Framework to guide the the data collection exercise(s)
- The design of the social accountability tool should be guided by a monitoring framework with clear indicators defining what should be monitored. Of course, indicators themselves

should respond to the information need/objectives of the entities that will use the information to be collected.

- In the absence of a common framework agreed upon by the 3 countries, it may be difficult to meet the expectations of each country multistakeholder coalition through a common composite tool. The revised tool should therefore be flexible enough that country multistakeholder coalitions are able to adapt to evolving country contexts and national priorities.

Step 3: Technical Working Group Meeting to harmonize and finalize tools

A final stage in the process was a Technical Working Group (TWG) meeting, held in Dar es Salaam from October 18 – 19, 2012. The meeting brought together technical experts from all three countries representing the Ministries of Health, the private sector, and civil society. The objective of the meeting was threefold: (i) to develop an appropriate M & E Framework to guide the data collection process; (ii) to review, revise, and finalize the social accountability tool; and (iii) to devise a strategy for the rollout of the tool, agreeing on sample size, pilot sites, duration of data collection and analysis. The outcome of the meeting was a completed M & E framework, along with a finalized and harmonized social accountability tool, (attached) which will be piloted in all three countries over the next six months (through to June 2013).

The attached consolidated tool consists of two main components: the first section focuses on procurement monitoring. The tool targets officials in district-level procurement agencies (hence a supply-side focus). Trained monitors will administer the tool. The second section is a citizen-monitoring tool, and will be administered by trained monitors as an exit survey at health facilities in selected pilot sites. In addition, supplementary tools will be developed for stock monitoring.

PILOTING THE TOOL

Between November 2012 and June 2013, the multistakeholder coalitions will pilot components of the attached (finalized) consolidated tool. Each coalition will devise a country-specific variation of this tool that addresses the following objectives:

1. To establish levels of customer satisfaction (community and health facility) – **Uganda, Kenya, Tanzania**
2. To establish levels of access (physical access, availability of the medicines, affordability and information) - **Uganda and Kenya and Tanzania**
3. To establish the level of citizen empowerment to monitor public pharmaceutical procurement and supply – **Kenya and Uganda**
4. To assess efficiency in pharmaceutical procurement and distribution – **Tanzania**

User Guidelines and Instructions:

Prior to piloting the social accountability tools, however, the coalitions will collectively develop and finalize user guidelines and instruction for the monitors.

COMPONENT 1: PROCUREMENT MONITORING

This section should be completed by a trained monitor preferably a CSO based in the community.

Monitor Information

Monitor's Name	
Monitor's Organisation	
Monitor's Address Town: District: Telephone Office phone: Mobile phone: Email:	

Information on Country or District

Name of Country/District observed	
Name of District Hospital or national procurement agency	
Name and address of supervising Ministry (if any)	
Name of Accounting Officer	

PART 1: ADVERTISEMENT AND BID OPENING

Description of Procurement

Title of Procurement:

Sources of Procurement Funding for pharmaceuticals and their respective Percentages (if any)

What are the sources of funding for the procurement? (Please mark (X) as appropriate)	
Annual Appropriations (Government budgets)	
Bilateral donor funds	
Grants	
Loans	
Self-generated funds e.g. cost sharing fees	

Access to Documents

Were you invited to be an observer?	1. Yes 2. No
If yes, which of the following documents were made available to you by the host (Ministry, Department or Agency (procuring agent)) at the time of invitation or prior to the date of bid opening?	
a. A written invitation letter to observe	1. Yes 2. No
b. Copies of advertisement for pre-qualification or requesting for bid	1. Yes 2. No
c. Procurement Plan	1. Yes 2. No

d. Bidding documents/Request for Proposal (RFP) Open competitive bidding: Two-stage tendering Restricted tendering Direct procurement Emergency Procurement Request for quotations	1. Yes 2. No
Did the procuring agent give you notice in its invitation?	1. Yes 2. No
Did you verify the information in the documents?	1. Yes 2. No

Establishment and composition of Tender Board

Did the host make the following documents available to you?	
Three sets of minutes of the tender committee that discussed procurement of pharmaceuticals	1. Yes 2. No
A list of members of tender committee	1. Yes 2. No
Document showing the qualification for being member i.e. representing specific category	1. Yes 2. No
Did you verify the information in the documents?	1. Yes 2. No

Preparation of Annual Pharmaceutical Procurement Plan

Were you shown a copy of the current pharmaceutical procurement plan?	1. Yes 2. No
Were you shown a copy of the annual budget for pharmaceuticals?	1. Yes 2. No
Were the procured products listed in the procurement plan and budget?	1. Yes 2. No
Did you verify the information in the documents?	1. Yes 2. No

Procurement Methodology

What procurement methodology was used for this particular procurement?

From the Procurement Plan, what were the reasons for choosing other methodologies instead of Open Competitive Bidding?	
Expediency	1. Yes 2. No
Cost effectiveness	1. Yes 2. No
Emergency	1. Yes 2. No
Nature of Procurement	1. Yes 2. No
Others[Please limit to 5 words]	

Advertisement***Type of Advertisement***

Did the procuring entity advertise	1. Yes 2. No
If yes, was the advertisement placed in:	
a. Notice Board	1. Yes 2. No
b. National /Local Newspapers	1. Yes 2. No
c. Procurement Journal	1. Yes 2. No
d. Official website (Specify)	1. Yes 2. No
Others (Specify)	

What was the advert for?

Pre-qualification	1. Yes 2. No
Expression of interest	1. Yes 2. No
Invitation to tender	1. Yes 2. No
Request for proposals (RFP)	1. Yes 2. No

Contents of Advertisement

Did the advert above contain clear criteria for short-listing/pre-qualification and selection of winners?	1. Yes 2. No
In case of bidding documents or request for proposal, did the advert contain the following necessary information for collection and submission of bids?	
a. Time in the day	1. Yes 2. No
b. Place/address	1. Yes 2. No
c. Cost	1. Yes 2. No
In the case of Advertisement for Bids/proposals, did the advert contain the following:	
a. Detailed and clear technical specification of the pharmaceuticals to be provided?	1. Yes 2. No
b. Brand name descriptions of the pharmaceuticals	1. Yes 2. No
If yes to b above, give reasons for inclusion of a brand name	
c. No description of pharmaceuticals at all	1. Yes 2. No
d. If criteria were provided, which of the following three were provided (mark with an X in the right column):	
i. Least cost responsive bid/proposal	
ii. Proposal/bid with the best combined evaluation	
iii. The proposal within the budget that has the highest technical ranking	

Did the procurement follow the National Competitive Bidding	1. Yes 2. No
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Statutory requirements

Which of the following statutory requirements were requested for in the advert or bidding document or request for proposal?	1.
Company registration (where applicable)	1. Yes 2. No
Evidence of tax clearance for three years preceding the particular procurement	1. Yes 2. No
Evidence of pension contribution for organization having more than five employees	1. Yes 2. No
Affidavit verifying in the bids and indicating whether any member of the procuring entity or PMUPMU has any conflict of interest	1. Yes 2. No
A statement declaring any subsidiary or dominating relationship with any other bidder.	1. Yes 2. No

Qualification of Bidders

Professional qualifications

Dealing with pharmaceuticals require presence of pharmacist:

Did the bidders indicate presence of pharmacist? Yes ☐ No ☐

If so, how was this confirmed?

Bid Submission

Was there a Bid register at the procuring agent for Bid submission?	1. Yes 2. No
Were all bids/ submitting bids registered chronologically?	1. Yes 2. No
Did the bid submission receipt issued to bidders contain the following information?	
a. Description of the bid	1. Yes 2. No
b. Name of the bidder	1. Yes 2. No
c. Name of procuring agent	1. Yes 2. No
d. Date of submission of bids	1. Yes 1. Yes 2. No
e. Time of submission of bids	1. Yes 2. No
Did the procuring agent permit you access to the following:	
a. Bid submission register	1. Yes 2. No
b. Duplicate copies of bid submission receipts	1. Yes 2. No
Did you verify the information in these documents?	1. Yes 2. No
Did the procuring agent give you copies of the following:	2. Yes 3. No
a. Bid submission register	1. Yes 2. No

b. Duplicate copies of bid submission receipts	1. Yes 2. No
c. Minutes of Bid opening	1. Yes 2. No
Did you verify the information in these documents?	1. Yes 2. No

Bid Opening

Bid opening information

Did the procuring entity supply you with the following information regarding bid opening?	
a. Date of bid opening	1. Yes 2. No
b. Time and place of bid opening	1. Yes 2. No
c. Venue/place of bid opening	1. Yes 2. No
Were the following officers present during bid opening?	
a. CSO Observer	1. Yes 2. No
b. Representative of relevant professional body	1. Yes 2. No
c. The bidders or their representatives	1. Yes 2. No
d. Other stakeholders (Please specify below)	1. Yes 2. No
Was the tamper proof box opened in the presence of participants	1. Yes 2. No

Opening of the Financial Proposals

Were the Financial Proposals opened at the same time with the Technical Proposals?	1. Yes 2. No
Explain how this was done in not more than 50 words	

Bid Opening Formalities and Process Issues:

In the process of bid opening, did the following occur?	
a. Permitting attendees to examine the envelopes in which the bids have been submitted to ascertain that the bids have not been tampered with?	1. Yes 2. No
b. Causing all the bids to be opened in public, in the presence of the bidders and their representative and any interested member of the public?	1. Yes 2. No
c. Ensuring that the bid opening takes place immediately following the deadline stipulated for the submission of bids or any extension thereof?	1. Yes 2. No
d. Counter-signing of each others bid by bidders present.	1. Yes 2. No
e. Ensuring that a register is taken of the names and addresses of all those present	1. Yes 2. No
f. Calling over to the hearing of all present, the name and address of each bidder, the total amount of each bid, the bid, the bid currency and	1. Yes 2. No

recording in the minutes of the bid opening?	
g. Were there bids accepted after the closing date for bid submission?	1. Yes 2. No

PART 2: EXAMINATIONS OF BIDS TO CONTRACT AWARD

Examination of Bids

<i>Eligibility requirements</i>	
Did the first three ranking bids evaluated meet the minimum eligibility requirements stipulated in the bidding documents?	1. Yes 2. No
If answer to above is no, please give an explanation	
Were bids duly signed	1. Yes 2. No
<i>Changes in bids</i>	
During the process of bid evaluation, were there changes in quoted prices?	1. Yes 2. No
If yes to question above, explain why and how.	
Did the procuring entity give notice of the correction of arithmetic errors to the supplier or contractor that submitted the tender?	1. Yes 2. No
If yes, how many days after the correction was the notice given?	1. Yes 2. No
Which of the following other changes were made?	
a. Sub-contracting	1. Yes 2. No
b. Time schedule if time is of essence	1. Yes 2. No
c. Price adjustment	1. Yes 2. No
What other changes, if any, were made? List	

Request for Documents

Did you request for the following documents after the bidding?	
a. Minutes of Bid opening	1. Yes 2. No
b. If yes to question "a" above, was it given to you?	1. Yes 2. No
c. Minutes of meetings of Evaluation sub-committee of Tender Board for examination and evaluation of tenders	1. Yes 2. No
d. If yes to question "c" above, was it given to you?	1. Yes 2. No
e. Letter of notification/award	1. Yes 2. No
f. If yes to question "e" above, was it given to you?	1. Yes 2. No
g. Contract document	1. Yes 2. No

h. If yes to question “g” above, was it given to you?	1. Yes 2. No
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Post Bidding Information

Information on the Winner	
Was the winner’s name found in the register of bid submission?	1. Yes 2. No
Nature of bid winner:	1. Natural person 2. Legal person
<i>Qualifications of Bid Winner</i>	
Is there evidence that the bid winner met the following requirements?	
a. Professional qualification/personnel required to execute the contract?	1. Yes 2. No
b. Financial capacity to execute the procurement?	1. Yes 2. No
c. Equipment and infrastructure to execute the procurement?	1. Yes 2. No
d. Technical qualification experience	1. Yes 2. No
<i>Disqualification of Bid Winner</i>	
Is the winner in the list of barred contractors?	1. Yes 2. No
Is there evidence that the bid winner is disqualified under the following grounds?	
a. Being in receivership or subject of any form of insolvency/bankruptcy proceedings?	1. Yes 2. No
b. Failure to submit valid evidence of payment of taxes	1. Yes 2. No
c. Failure to submit valid evidence of payment of pension contributions	1. Yes 2. No
d. Evidence of conviction of a director, owner or manager in any country for any criminal offence relating to procurement proceedings, fraud or financial impropriety or criminal misrepresentation or falsification of facts relating to any matter or crimes committed for financial gain?	1. Yes 2. No
e. If a private company, is it controlled by persons who are subject to any bankruptcy proceedings, who have been declared bankrupt or made compromises with their creditors within the last two calendar years prior to the initiation of procurement proceedings?	1. Yes 2. No
f. Failure to submit a statement regarding dominating or subsidiary relationships with other parties in the same procurement proceedings	1. Yes 2. No
g. Failure to submit an affidavit disclosing conflict of interest or lack of it and confirming the contents of the bid as true and correct?	1. Yes 2. No
h. Failure to submit bid security where required	1. Yes 2. No

Evaluation of Bids

In evaluation of bids, did the procuring entity use other criteria apart from the ones stipulated in the bid solicitation documents?	1. Yes 2. No
In the evaluation of the bids, did the procuring entity conduct the following checks?	
a. Check out omissions and quantify same?	1. Yes

	2. No 3. Not applicable
b. Apply discounts, as applicable	1. Yes 2. No 3. Not applicable
c. Clarify with bidders of questionable minor deviations	1. Yes 2. No 3. Not applicable
d. Quantify in monetary terms such questionable deviations?	1. Yes 2. No 3. Not applicable
e. Convert foreign currency to national currency?	1. Yes 2. No 3. Not applicable
f. Calculate and tabulate bid amount with domestic preference where applicable?	1. Yes 2. No 3. Not applicable
g. Determine the lowest calculated prices in order of rank?	1. Yes 2. No 3. Not applicable
h. Conduct post qualification of bidders where applicable?	1. Yes 2. No 3. Not applicable
<i>Exclusion of bids</i>	
Was there an exclusion of any of the bids?	1. Yes 2. No
If your answer is yes, please give reasons for exclusion	
If any bid or bids were excluded, did the procuring agent inform the bidders in writing of reasons for exclusion of their bids?	1. Yes 2. No
<i>Acceptance of Bids/Proposals</i>	
For the pharmaceuticals, was the successful bid the lowest cost bid from the bids responsive as to the bid solicitation?	1. Yes 2. No
<i>Request for clarification</i>	
Was there a request from any bidder for clarification?	1. Yes 2. No
Did the procuring entity respond to the requests for clarifications?	1. Yes 2. No
Did the procuring entity communicate to other bidders of its response to the request for clarification?	1. Yes 2. No

General Compliance Issues

Did the methodology comply with the prior review thresholds set?	1. Yes 2. No
Is there evidence that tenders have been split to avoid thresholds?	1. Yes 2. No
If yes, give details	

Administrative Review

Are you aware of any complaint on this particular procurement proceeding?	1. Yes 2. No
Were the complaints based on any of the following?	

a. Non-provision of equal and simultaneous opportunity?	1. Yes 2. No
If the answer is yes, please give details	
b. Bribery or inappropriate conduct in the bidding?	1. Yes 2. No
If the answer is yes, please give details	
c. Moving an invalid bid from the examination to the evaluation stage?	1. Yes 2. No
If the answer is yes, please give details	
Others, specify	
<i>Adjudication of complaints (if applicable)</i>	
Were the complaints handled according to applicable legal frameworks?	1. Yes 2. No
<i>Conflict of interest</i>	
Is there allegation/indication that a public officer(s) involved in the procurement process has been involved in any of the following?	
a. Possessing an interest outside his/her official duties that materially influenced the outcome of the tender?	1. Yes 2. No
b. Possessing a direct or indirect interest in or relationship with a bidder, supplier, contractor, or service provider that is inherently unethical or that may be implied or construed to be, or make possible personal gain due to the person's ability to influence dealings?	1. Yes 2. No
c. Entertaining relationships, which are unethical, rendering his/her attitude partial towards the outsider for personal reasons or otherwise inhibits the impartiality of the person's judgments?	1. Yes 2. No
d. Placing by acts or omissions the procuring entity he/she represents or the Government in an equivocal, embarrassing or ethically questionable position?	1. Yes 2. No
e. Entertaining relationships compromising the reputation or integrity of the procuring entity he/she represents or the Government?	1. Yes 2. No
f. Receiving benefits by taking personal advantage of an opportunity that properly belongs to the procuring entity he/she represents or the Government?	1. Yes 2. No
g. Creating a source of personal revenue or advantage by using public property, which comes into his/her hands either in course of his work or otherwise?	1. Yes 2. No
h. Disclosing confidential information being either the property of his/her procuring entity, the Government or to a supplier, contractor or service provider to unauthorized persons in bid to influence bidding outcomes?	1. Yes 2. No
Is there an allegation/indication that any person who participated in preparing the procurement process also bid directly or indirectly for the same procurement process?	1. Yes 2. No

COMPONENT 2: CITIZEN SATISFACTION SURVEY

To be administered to patients leaving a health facility (exit interview)

BACKGROUND INFORMATION

	Interviewer Name				
1.1	Date of Interview	DD <input type="text"/> <input type="text"/>	MM <input type="text"/> <input type="text"/>	YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.2	Time of Interview	Start Time <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		End Time <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.3	County/District				
1.4	Country				
1.5	Nearest Health Facility				
1.6	Name of Officer in Charge of Health Facility				

DEMOGRAPHIC INFORMATION

2.1	Respondent Name and Contact (Telephone) <i>For records only. Not for public, ask at the end of the interview)</i>				
2.2	Age	18 – 25 Years 26 – 30 30 – 36 36 – 40 41 – 45 45 and Above	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2.3	Gender/Sex	Male Female	1 2		
2.4	Marital Status	Single Married Divorced	1 2 3		

EDUCATION INFORMATION

3.1	How many years of formal education do you possess? <i>(Provide a range of options based on national educational system)</i>	

INCOME INFORMATION

4.1.	What is your profession?
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4.2.	What is your monthly income? (Provide a range of options based on national context)	
4.3.	How many dependents do you have?	None 1-4 4-8 More than 8

PERCEPTION ON HEALTH SERVICES

(Enter one number in the box on the far right)

General Questions

5.1	How long does it take you to get to the nearest Health Facility from your home? In minutes or Kilometers (provide a range based on what is most applicable in the given context)			
5.2	Do you know of any medicines given by the Government free of charge at the health facilities?	Yes No	1 2	
5.3	If yes, which ones?	1 _____ 2 _____ 3 _____	1 2 3	

Specific Questions

Consultation

5.4	During your visit today, was the health personnel (nurse, doctor, pharmacist) present?	Yes No	1 2	
5.5	How long did you have to wait to be seen by the health worker (nurse, doctor, pharmacist)?	< 30 Minutes 30 – 1 hour 1 – 3 hours Over 3 hours	1 2 3 4	
5.6	What is your level of satisfaction with the waiting time to see the health worker?	Very satisfied Satisfied Dissatisfied Very dissatisfied	1 2 3 4	
5.7	Please give reason for the above			
5.8	How much did you pay for the treatment (consultation)	_____ (Shs.) I paid nothing (the treatment/consultation was free) I paid nothing (I did not have the money)	1 2 3	
5.9	If you paid, how did you pay for the health services provided?	user fee (out of pocket) Through an insurance scheme Through community health fund	1 2 3	

Prescription of Medicines

5.10	Did you get all the prescribed medicine from the health facility?	If Yes give: No. prescribed _____ No. received _____ If No, jump to 5.20	1 2	
5.11	How much did you pay for the medicine (s)	_____ (Shs.) I did not pay (they were free) I did not pay (I did not have the money)	1 2 3	
5.12	If you got the medicine(s) for free, please indicate how often you get medicines for free from this Health Facility.	All the time Often Once in a while Never	1 2 3 4	
5.13	If you paid for the medicines you received, how did you pay?	By user fee (out of pocket) Through an insurance scheme Through a community health fund	1 2 3	
5.14	Did you have to pay extra money (bribe) in order to obtain the medicines you needed?	Yes No	1 2	
5.15	If Yes, why?	1 _____ 2 _____ 3 _____		
5.16	How much extra did you have to pay?	_____ Ksh		
	Do you use these medicines on a consistent basis (for example to treat a chronic illness?	Yes No	1 2	
5.17	How long did you wait at the pharmacy (for the medicine)	< 30 Minutes 30 – 1hour 1 -3 hour Over 3 hour	1 2 3 4	
5.18	What is the level of your satisfaction with the waiting time at the pharmacy?	Very satisfied Satisfied Dissatisfied Very dissatisfied	1 2 3 4	
5.19	Please give reason for the above			
5.20	If No in 5.10 name the place where you bought the medicine <i>(Note for Research Assistants: It is not location but where the medicine was bought e.g. Chemist, clinic etc)</i>	1 _____ 2 _____ 3 _____	1 2 3	
5.21	How did you know about an alternative place to buy the medicine?	I was told by: The doctor The Nurse The pharmacist Other hospital staff I looked around by myself	1 2 3 4 5	

5.22	How satisfied are you with the quality of service you received from the prescriber?	Very satisfied Satisfied Dissatisfied Very dissatisfied	1 2 3 4	
5.23	How satisfied are you with the quality of service you received from the dispenser?	Very satisfied Satisfied Dissatisfied Very dissatisfied	1 2 3 4	
5.24	Please give reason(s) for the above answers			

AWARENESS ON PROCUREMENT AND STOCK OUTS

(Enter one number in the box on the far right or below as applicable, 1 for YES. 2 for NO)

6.1	How often have you visited the health facility and did not get all the medicines prescribed?	All the time [1]	Often [2]	Once in a while [3]	Never [4]
6.2	Do you get to know when medicines are supplied to the facility?	Yes No	1 2		
6.3	How do you get to know? (List maximum 3 options)	1 _____ 2 _____ 3 _____			
6.4	If you have any questions about availability of medicines, whom do you ask?(List maximum 3 options)	1 _____ 2 _____ 3 _____			

INFORMATION ACCESS AND TRANSPARENCY

(Enter one number in the box on the right, 1 for YES. 2 for NO)

		Do you have:	Yes [1]	No [2]
7.1 Access to Information	7.1.1	Information on medicines availability or charter displayed in public		
	7.1.2	Information on medicines issued for free and eligibility made available to the community/public		
	7.1.3	Information on funds received and expenditure publicly available		
	7.1.4.	Information on Community health forums held		
	7.1.5	Information on services provided and outreach activities planned publicly available		

	7.1.6	Information on services provided and outreach services provided shared in the community health forum			
	7.1.7	Information on user fees charged publicly displayed at the facility			
	7.1.8	Information on List of Health Facility Management Committee members displayed at the facility			
	7.1.9	Information List of community representatives publicly available			
7.2 Access to Compliment and Complaint Redress Mechanism	7.2.1	Are you aware of Suggestion box (es) available and in use?			
	7.2.2	Are you aware of any channels to make complaints and compliments about that Health Facility?			
	7.2.2.1	If yes, which ones?	1 _____ 2 _____ 3 _____		
	7.2.2.2	Have you ever used any of them?	Yes No	1 2	
	7.2.3	Are the names of persons assigned to receive compliments and complaints at the community/district level publicly available?	Yes No	1 2	
7.3 Responsiveness to complaints received	7.3.1	Number of registered complaints from the community			
	7.3.2	Number of complaints addressed			
7.4 Actions undertaken by you and the community in the last year.	7.4.1	Did you take any actions to monitor or demand for feedback?	Yes No	1 2	
	7.4.1.1	If yes, mention the actions taken			
	7.4.2	Did you take part in community action to monitor and demand feedback on medicine availability?	Yes No	1 2	
	7.4.2.1	If yes, mention the actions taken			
7.5 Participation	7.4.1	Are key priorities identified during the community health	Yes No	1 2	

and feedback through community health forums and community scorecards		forums?			
	7.4.2	Is community feedback reflected in the planning of health outreach activities?	Yes No	1 2	

SATISFACTION WITH HEALTH SERVICES

	How satisfied are you with:	Very Satisfied [1]	Satisfied [2]	Dissatisfied [3]	Very Dissatisfied [4]	No Comment [5]
8.1	Time taken to be attended to					
8.2	Time taken to get medicine					
8.3	Attitude of the doctor/nurse					
8.4	Pharmacist's Attitude					

REASONS AND RECOMMENDATION

9.1	What are the reasons for satisfaction (List the three most important)	1) 2) 3)
9.2	What are the reasons for dissatisfaction (List the three most important)	1) 2) 3)
9.3	What recommendation do you have to improve the services (List the three most important)	1) 2) 3)

Survey Record Number

Date

Name of data collector(s)

Name of HF in-charge

Tel of HF in-charge

Facility

Type of facility

District

STOCK MONITORING TOOL

Key Medicines in Stock to Treat Important Conditions and Their Cost

	STOCK MONITORING			PRICE MONITORING				
	<i>Drug Item</i>	<i>Available</i>		<i>Pack size</i>	<i>Cost per pack</i>	<i>Cost per unit</i>	<i>Date bought</i>	<i>Supplier</i>
1	Oral Rehydration Salts (ORS) sachet	Yes	No					
2	Zinc tabs	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
3	Cotrimoxazole tabs (or suspension)	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
4	Amoxicillin caps or syrup	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
5	Benzylpenicillin 5MU inj.	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
6	Alu (Artemether/Lumefantrine) dispersible tabs	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
7	Alu (Artemether/Lumefantrine) any other tabs	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
8	(Albendazole or) Mebendazole tabs	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
9	Antiseptic/disinfectant	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
10	Metronidazole	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
11	Whitfield or Clotrimazole	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
12	Paracetamol (or Acetylsalicylic acid tabs)	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
13	Ferrous salt + folic acid tabs	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
14	Adrenaline inj.	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
15	Ophthalmic ointment or drops	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
16	Vaccine, e.g. DTP or Tetanus toxoid	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
17	Furosemide	1 <input type="checkbox"/>	0 <input type="checkbox"/>					

18	Glibenclamide	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
19	Amoxycillin Cap 250 mg	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
20	Quinine Tab 300 mg	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
22	Cloxacillin Cap 250 mg	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
23	Chloramphenicol Tab 250 mg	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
24	Doxycycline Tab 100 mg	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
25	Insulin Human Zinc suspension Injection Inj 100 IU/ml	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
26	Benzathine Penicillin Fortified Inj 2.4 MU	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
27	Oxytocin Inj 5 IU/ml	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
28	Ciprofloxacin Tab 500MG	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
29	Bendrofluazide Tab 5 mg	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
30	Erythromycin Tab 250 mg	1 <input type="checkbox"/>	0 <input type="checkbox"/>					
	% in stock in this facility [No. yes/30)*100]							

Observations by the data collector

Thank the person providing any records and reassure about the confidentiality of the data.

