

## Facility Services and Infrastructure

### FACILITY IDENTIFICATION

Name of the facility \_\_\_\_\_

Facility location

City/town: \_\_\_\_\_

Region \_\_\_\_\_

District \_\_\_\_\_

Code of the facility.....

Mark the type of facility:  
(1= CMS; 2=RMS; 3=Public Hospital; 4=Mission Hospital;  
5=Health Centre/Clinic 7=Other \_\_\_\_\_) .....

Operating Authority 1=MOH; 2=GHS; 3=Mission

Facility characteristics:  
Tarmac to the facility? (0=no; 1=yes) .....

Operational electricity on day of visit? (0=no; 1=yes) .....

Region.....

District.....

Facility Code.....

SDP Facility Type.....

Operating Authority.....

Tarmac .....

Electricity .....

### INFORMATION ABOUT INTERVIEW

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

Interviewer/s: \_\_\_\_\_

DAY/ MONTH/ YEAR

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**INTRODUCE ALL TEAM MEMBERS AND ASK FACILITY REPRESENTATIVES TO INTRODUCE THEMSELVES.**

**EXPLAIN THE OBJECTIVES OF THIS SURVEY:**

Good day. My name is \_\_\_\_\_. My colleague and I are representing \_\_\_\_\_ (e.g., the MOH/GHS in the country under study). We are conducting a survey regarding the health commodity logistics system. We are looking at the availability of selected commodities and information about how you order and receive those products. We are visiting selected health facilities throughout the country; this facility was selected to be in the survey. The objectives of the survey are to collect current information on logistics system performance and stock status of key health products.

The results of this national survey will provide information to make decisions and to promote improvements. The survey has been/will be conducted again in the future to measure changes in the logistics system. The data collected during our visit will not be used to assess job performance or facility performance.

We would like to ask you a few questions about the products and supplies available at this facility. In addition, we would like to actually count selected products you have in stock today and observe the general storage conditions. We will be looking at a variety of forms. These include, stock cards, ledgers, RIVs, receipt books and forms, etc. Do you have any questions?

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No.	Question	Code Classification	Comments
01.	Can we continue?	Yes ..... No .....	→ STOP
02.	Name and title of person interviewed for this section	_____ Title	
03.	Number of years and months you have worked at this facility?	Years: _____ Months: _____	
04.	Who is the principal person responsible for managing contraceptives at this facility?  Name: _____	Facility does not manage.....0 <b>(IF THE FACILITY DOES NOT MANAGE SKIP QUESTIONS 101 TO 115)</b> Nurse .....1 Midwife.....2 Supply Officer.....3 Pharmacist.....4 Dispensing Technician .....5 Medical Assistant.....6 Other (Specify) _____9	
05.	Who is the principal person responsible for managing essential medicines at this facility?  Name: _____	Facility does not manage.....0 <b>(IF THE FACILITY DOES NOT MANAGE SKIP QUESTIONS 201 TO 205)</b> Pharmacist.....1 Medical Assistant.....2 Dispensing Technician .....3 Nurse.....4 Store Keeper.....5 Other (Specify) _____9	
06.	Who is the principal person responsible for managing HIV test kits at this facility?  Name: _____	Facility does not manage.....0 <b>(IF THE FACILITY DOES NOT MANAGE SKIP QUESTIONS 301 TO315)</b>  Laboratory Technologist.....1 Nurse.....2 Medical Assistant.....3 Other (Specify) _____9	

First, ask the following questions of the acting store manager for each of type of commodity. After asking the following questions, visit the warehouse, storeroom, or storage area where the health products listed are managed. If you are referred to another staff member for the stocktaking exercise, introduce the survey goals and objectives as you did during the introduction. Read the respondent the list of products that are included in the survey, and explain that we will refer to the list for some of the following questions.

#### REINTRODUCE THE TEAM AND SURVEY IF THE PERSON INTERVIEWED FOR THIS SECTION IS NEW

No.	Question	Code Classification	Comments
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07.	Name and title of person interviewed for this section	_____	
		Title	
08.	Number of years and months you have worked at this facility?	Years: _____ Months: _____	
09.	Who is the principal person responsible for managing contraceptives at this facility?	Nurse ..... 1 Midwife.....2 Supply Officer.....3 Pharmacist.....4 Dispensing Technician ..... 5 Medical Assistant.....6 Other (Specify) _____ 9	
	Name: _____		

Facility Code: \_\_\_\_\_

### Questions for contraceptives

No.	Questions	Code Classification	Comments
	Do you use and fill out the following logistics forms to manage contraceptives?		
101	A. stock cards/bin card/tally card ( <b>MUST BE OBSERVED</b> )	Yes ..... 1 No ..... 0	
	B. Ledger ( <b>MUST BE OBSERVED</b> )	Yes ..... 1 No ..... 0	
	C. daily register	Yes ..... 1 No ..... 0	
	D. FP Daily Log	Yes ..... 1 No ..... 0	
	E. RIV	Yes ..... 1 No ..... 0	
	F. other	Yes (specify) ..... 1 No ..... 0	
	What LMIS reports do you use for reporting for contraceptives?		
102.	A. Family Planning Report	Yes ..... 1 No ..... 0	
	B. other	Yes (specify) ..... 1 No ..... 0	
	Do LMIS reports include the following essential data items?		
	A. stock on hand	Yes ..... 1 No ..... 0	
	B. quantities used	Yes ..... 1 No ..... 0	
	C. losses and adjustments	Yes ..... 1 No ..... 0	

104.	How often are these LMIS reports sent to the higher level? (CIRCLE ALL THAT APPLY)	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other (specify) ..... W	
105.	When was the last time you sent a report for products at this facility?	Never ..... 1 Within the last month ..... 2 2 months ago ..... 3 3 months ago ..... 4 More than 3 months ago ..... 5	
106.	How often are you supposed to send these reports to the higher level? (CIRCLE ALL THAT APPLY)	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other (specify) ..... W	
107.	How did you learn to complete the forms/records used at this facility? (CIRCLE ALL THAT APPLY)	Never learned ..... A During a logistics workshop ..... B On-the-job training ..... C On-the-job (self-learning) ..... D FP training involving logistics ..... E Other (specify) ..... W	
108.	How many emergency orders for contraceptives have you placed in the last 3 months?	None ..... 0 1 ..... 1 2 ..... 2 3 ..... 3 More than 3 ..... 4	
109.	Who determines this facility's contraceptive resupply quantities? (CIRCLE ALL THAT APPLY)	The facility itself ..... A Higher-level facility ..... B Other (specify) ..... W	
110.	How are the facility's resupply quantities determined?	Formula (specify) ..... 1 Don't know ..... 2 Other (specify) ..... 9	
111.	Who is responsible for transporting contraceptives to your facility? (CIRCLE ALL THAT APPLY)	Local supplier delivers ..... A Higher level delivers ..... B This facility collects from RMS ..... C This facility collects from higher level facility ..... D This facility collects from CMS ..... E Other (specify) ..... W	
112.	What type of transportation is most often used?	Facility vehicle ..... 1 Public transportation ..... 2 Private vehicle ..... 3 Boat ..... 4 Motorcycle ..... 5 Bicycle ..... 6 Other (specify) ..... 9	
113.	On average, approximately how long does it take between ordering and receiving contraceptives from your public commodity source (CMS/RMS)?	Less than 2 weeks ..... 1 2 weeks to 1 month ..... 2 Between 1 and 2 months ..... 3 More than 2 months ..... 4	

114.	When did you receive your last supervision visit that included stock management for contraceptives (e.g., stock cards checked, reports checked, expired stock removed, supplies checked)?	Never received.....1 Within the last month .....2 Within the last 3 months .....3 Within the last 6 months .....4 More than 6 months ago .....5  Other (specify) .....9	
115.	Who conducted the most recent supervisory visit to your facility that included stock management (e.g., stock cards checked, reports checked, expired stock removed, supplies checked)?	DHMT.....1 RHD supervisor.....2 GHS headquarters.....3 Other (specify) .....9	

Facility Code: \_\_\_\_\_

**REINTRODUCE THE TEAM AND SURVEY IF THE PERSON INTERVIEWED FOR THIS SECTION IS NEW**

No.	Question	Code Classification	Comments
10.	Name and title of person interviewed for essential medicines.	_____ Title	
11.	Number of years and months you have worked at this facility?	Years: _____ Months: _____	
12.	Who is the principal person responsible for managing essential medicines at this facility?  Name: _____	Pharmacist.....1 Medical Assistant.....2 Dispensing Technician .....3 Nurse.....4 Store Keeper.....5 Other (Specify) _____ 9	

**Questions for essential medicines**

No.	Questions	Code Classification	Comments
201	Do you use and fill out the following logistics forms for essential medicines?		
	A. stock cards/bin card/tally card ( <b>MUST BE OBSERVED</b> )	Yes ..... 1 No ..... 0	
	B. Ledger ( <b>MUST BE OBSERVED</b> )	Yes ..... 1 No ..... 0	
	C. daily register	Yes ..... 1 No ..... 0	
	D. RIV	Yes ..... 1 No ..... 0	
	E. other	Yes (specify) ..... 1 No ..... 0	
202.	What LMIS reports do you use for reporting?		
	A. Stock Availability Report	Yes ..... 1 No ..... 0	
	B. Tracer Medicines Report	Yes ..... 1 No ..... 0	
	C. other	Yes (specify) ..... 1 No ..... 0	
	Do LMIS reports include the following essential data items?		



	A. stock on hand	Yes ..... 1 No ..... 0	
	B. quantities used	Yes ..... 1 No ..... 0	
	C. losses and adjustments	Yes ..... 1 No ..... 0	
204.	How often are these LMIS reports sent to the higher level? (CIRCLE ALL THAT APPLY)	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other (specify) ..... W	
205.	When was the last time you sent a report for essential medicines at this facility?	Never ..... 1 Within the last month ..... 2 2 months ago ..... 3 3 months ago ..... 4 More than 3 months ago ..... 5	
206.	How often are you supposed to send essential medicine reports to the higher level? (CIRCLE ALL THAT APPLY)	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other (specify) ..... W	
207.	How did you learn to complete the forms/records used at this facility? (CIRCLE ALL THAT APPLY)	Never learned ..... A During a logistics workshop ..... B On-the-job training ..... C On-the-job (self-learning) ..... D Other (specify) ..... W	
208.	How many emergency orders for essential medicines have you placed in the last 3 months?	None ..... 0 1 ..... 1 2 ..... 2 3 ..... 3 More than 3 ..... 4	
209.	Who determines this facility's essential medicine resupply quantities? (CIRCLE ALL THAT APPLY)	The facility itself ..... A Higher-level facility ..... B Other (specify) ..... W	
210.	How are the facility's essential medicine resupply quantities determined?	Formula (specify) ..... 1 Don't know ..... 2 Other (specify) ..... 9	
211.	Who is responsible for transporting essential medicines to your facility? (CIRCLE ALL THAT APPLY)	Local supplier delivers ..... A Higher level delivers ..... B This facility collects from RMS ..... C This facility collects from higher level facility ..... D This facility collects from CMS ..... E Other (specify) ..... W	

212.	What type of transportation is most often used?	Facility vehicle .....1 Public transportation .....2 Private vehicle .....3 Boat .....4 Motorcycle .....5 Bicycle .....6  Other (specify) .....9	
213.	On average, approximately how long does it take between ordering and receiving essential medicines from your public commodity source (CMS/RMS)?	Less than 2 weeks .....1 2 weeks to 1 month .....2 Between 1 and 2 months .....3 More than 2 months .....4	
214.	When did you receive your last supervision visit that included stock management for essential medicines (e.g., stock cards checked, reports checked, expired stock removed, supplies checked)?	Never received.....1 Within the last month .....2 Within the last 3 months .....3 Within the last 6 months .....4 More than 6 months ago .....5  Other (specify) .....9	
215.	Who conducted the most recent supervisory visit to your facility that included stock management for essential medicines (e.g., stock cards checked, reports checked, expired stock removed, supplies checked)?	DHMT.....1 RHD supervisor.....2 GHS headquarters.....3 Other (specify) .....9	

Facility Code: \_\_\_\_\_

**REINTRODUCE THE TEAM AND SURVEY IF THE PERSON INTERVIEWED FOR THIS SECTION IS NEW**

No.	Question	Code Classification	Comments
13.	Name and title of person interviewed for HIV test kits.	_____ Title	
14.	Number of years and months you have worked at this facility?	Years: _____ Months: _____	
15.	Who is the principal person responsible for managing HIV test kits at this facility?  Name: _____	Laboratory Technologist.....1 Nurse.....2 Medical Assistant.....3 Other (Specify) _____ 9	

**Questions for HIV test kits**

No.	Questions	Code Classification	Skip/ Comments
301	Do you use and fill out the following logistics forms to manage HIV test kits?		
	A. stock cards/bin card/tally card ( <b>MUST BE OBSERVED</b> )	Yes .....1 No .....0	
	B. Ledger ( <b>MUST BE OBSERVED</b> )	Yes .....1 No .....0	
	C. daily register	Yes .....1 No .....0	
	D. RIV	Yes .....1 No .....0	
	E. other	Yes (specify) .....1 No .....0	
302.	What LMIS reports do you use for reporting on HIV test kits?		
	A. Monthly HIV Test Usage Report	Yes .....1 No .....0	
	B. other	Yes (specify) .....1 No .....0	
	Do LMIS reports include the following essential data items?		

	A. stock on hand	Yes ..... 1 No ..... 0	
	B. quantities used	Yes ..... 1 No ..... 0	
	C. losses and adjustments	Yes ..... 1 No ..... 0	
304.	How often are these LMIS reports sent to the higher level? (CIRCLE ALL THAT APPLY)	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other (specify) ..... W	
305.	When was the last time you sent a report for HIV test kits at this facility?	Never ..... 1 Within the last month ..... 2 2 months ago ..... 3 3 months ago ..... 4 More than 3 months ago ..... 5	
306.	How often are you supposed to send these reports to the higher level? (CIRCLE ALL THAT APPLY)	Monthly ..... A Quarterly ..... B Semi-annually ..... C Annually ..... D Other (specify) ..... W	
307.	How did you learn to complete the forms/records used for HIV test kits at this facility? (CIRCLE ALL THAT APPLY)	Never learned ..... A During a logistics workshop ..... B On-the-job training ..... C On-the-job (self-learning) ..... D Other (specify) ..... W	
308.	How many emergency orders for HIV test kits have you placed in the last 3 months?	NA ..... 7 None ..... 0 1 ..... 1 2 ..... 2 3 ..... 3 More than 3 ..... 4	
309.	Who determines this facility's HIV test kits resupply quantities? (CIRCLE ALL THAT APPLY)	The facility itself ..... A Higher-level facility ..... B Other (specify) ..... W	
310.	How are the facility's resupply quantities determined?	Formula (specify) ..... 1 Don't know ..... 2 Other (specify) ..... 9	
311.	Who is responsible for transporting HIV test kits to your facility? (CIRCLE ALL THAT APPLY)	Local supplier delivers ..... A Higher level delivers ..... B This facility collects from Regional Laboratory ..... C This facility collects from higher level facility ..... D This facility collects from CMS ..... E Other (specify) ..... W	

312.	What type of transportation is most often used?	Facility vehicle .....1 Public transportation .....2 Private vehicle .....3 Boat .....4 Motorcycle .....5 Bicycle .....6  Other (specify) .....9	
313.	On average, approximately how long does it take between ordering and receiving HIV test kits from your public commodity source (CMS/RMS)?	Less than 2 weeks .....1 2 weeks to 1 month .....2 Between 1 and 2 months .....3 More than 2 months .....4	
314.	When did you receive your last supervision visit that included HIV test kits stock management (e.g., stock cards checked, reports checked, expired stock removed, supplies checked)?	Never received.....1 Within the last month .....2 Within the last 3 months .....3 Within the last 6 months .....4 More than 6 months ago .....5  Other (specify) .....9	
315.	Who conducted the most recent supervisory visit to your facility that included HIV test kits stock management (e.g., stock cards checked, reports checked, expired stock removed, supplies checked)?	DHMT .....1 RHD supervisor.....2 GHS headquarters.....3 Other (specify) .....9	

**TABLE 1: Stock Status (October 2005 – March 31, 2006 and the day of visit)**

Column:

1. Name of all authorized products that will be counted
2. Unit of count for the product

Note: Columns 1 and 2 should be filled out before questionnaires are printed for the survey.

3. Whether or not the product is managed at this facility, answer Y for yes or N if no. Note that for some products, at certain levels all facilities should manage the product. In such cases, this column should be marked Y.
4. Check if the stock card is available, answer Y for yes or N for no.
5. Check if the stock card had been updated within the last 30 days, answer Y for yes or N for no. Note: If the stock card was last updated with the balance of 0 and the facility has not received any resupply, consider the stock card up-to-date. Also, if the product has not been issued since the last entry, consider the stock card up-to-date.
6. Record the balance on the stock card.
7. Record if the facility has had any stockout of the product during the most recent six full months before the survey (three months for test kits), answer Y for yes or N for no.
8. Record how many times the product stocked out during the most recent full 6 months before the survey according to stock cards, if available, or to a key informant if not. Note source information.
9. Record the total number of days the product was stocked out during the most recent full 6 months before the survey.
10. Record the quantity of product dispensed to users or issued from the primary storeroom during the most recent 6 months before the survey (three months for test kits). Note: If the answer to column 4 is N, record NA in this column.
11. Record the number of months the issued data represents (may be less than 6); record the months for which there is any data recorded, including 0. Note: If column 4 is N, record NA in this column.
12. Record the quantity of usable product in the storeroom. Estimate to  $\frac{1}{4}$  of a bottle for open containers or tablets. (Usable = ready for distribution and not expired)
13. Record if the facility is experiencing a stockout of the product on the day of the visit, *according to the physical inventory*, answer Y for yes or N for no.
14. Record the quantity of expired products. Count all expired products on the day of the visit. If there are products that are near expiry (within one week), note in the comments section.

Maximum months of stock 3 Minimum months of stock 2 Order interval 1 month

Facility Code: \_\_\_\_\_

**Source documents: Stock cards, ledger**

Product	Units of count	Managed at this facility? (Y/N)	Stock card available? (Y/N)	Stock card updated ? (Y/N)	Balance on stock card	Stockout most recent 6 months (Y/N)	Number of stockouts	Total number of days	Total issued (most recent 6 months)	Number of months of data available	Physical inventory—Store room	Stockout today? (Y/N)	Quantity of expired products
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Lo-Femenal	Cycle												
Depo Provera	Vial												
Male condoms	Piece												
Norplant	set												
Artesunate (50mg) + Amodiaquine (153.1 mg)	Tab												
Albendazole 200/400 mg	Tab												
Metronidazole 200 mg	Tab												
Paracetamol 500 mg	Tab												
Paracetamol 120mg/5ml	Bottle												

Product	Unit of Count	Managed at this facility?	Stock Card Available? (Y/N)	Stock Card Updated? (Y/N)	Balance on Stock Card	Stockout most recent 6 months (Y/N)	Number of Stockouts	Total Number of Days	Total Issuesd (most recent 6 months)	Number of Months of Data Available	Physical Inventory – Store Room	Stockout Today (Y/N)	Quantity of expired products
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Amoxycillin 125mg/5ml	Bottle												
Amoxycillin 250mg	Capsule												
Procaine penicillin 4 mu	Vial												
ORS	Sachet												
Oxytocin injection	Ampule												
Ferrous Sulphate 200 mg	Tab												
Ferrous Fumarate 322 mg  (IF STOCKCARD IS COMBINED RECORD IN THIS ROW AND CHECK HERE)  _____	Tab												
Comments:													



Product	Units of count	Managed at this facility?	Stock card available? (Y/N)	Stock card updated? (Y/N)	Balance on stock card	Stockout most recent 3 months (Y/N)	Number of stockouts	Total number of days	Total issued (most recent 3 months)	Number of months of data available	Physical inventory—Store room	Stockout today? (Y/N)	Quantity of expired products
1	2	3	4	5	6	7	8	9	10	11	12	13	14
Determine HIV 1/2	Test												
Rapi- test HIV 1/2	Test												
SD Bioline	Test												
Vironostika Uniform II HIV 1/2 plus O	Test												
Comments:													

No.	Question	Code Classification	Go To
16.	Are stock cards recorded using the smallest unit of count?	Yes (always) .....1 Yes (sometimes).....2 No (not at all) .....0	

Facility name and code: \_\_\_\_\_

**TABLE 2: Storage Conditions**

Items 1–12 should be assessed for all facilities for products that are ready to be issued or distributed to clients. Place a check mark in the appropriate column based on visual inspection of the storage facility; note any relevant observations in the comments column. **To qualify as “yes,” all products and cartons must meet the criteria for each item.**

		Contvs.	Essential medicines	HIV test kits
No	Description	Yes = 1 No = 0	Yes = 1 No = 0	Yes = 1 No = 0
01.	Products that are ready for distribution are arranged so that identification labels and expiry dates and/or manufacturing dates are visible.			
02.	Products are stored and organized in a manner accessible for first-to-expire, first-out (FEFO) counting and general management.			
03.	Cartons and products are in good condition, not crushed due to mishandling. If cartons are open/damaged, determine if products are wet or cracked due to heat/radiation (fluorescent lights in the case of condoms, cartons right-side up for Depo-Provera®) or crushed.			
04.	The facility separates damaged and/or expired products from usable products and removes them from inventory.			
05.	Products are protected from direct sunlight at the time of visit.			
06.	Cartons and products are protected from water and humidity at the time of the visit.			
	Condition	Yes = 1 No = 0	Yes = 1 No = 0	Yes = 1 No = 0
07.	Storage area is visually free from harmful insects, bats and rodents. (Check the storage area for traces of rodents [droppings], bats or insects.)			
08.	Storage area is secured with a lock and key, but is accessible during normal working hours; access is limited to authorized personnel.			

09.	Products are stored at the appropriate temperature on the day of the visit according to product temperature specifications.			
10.	Roof is maintained in good condition to avoid sunlight and water penetration.			
11.	Storeroom is maintained in good condition (clean, all trash removed, sturdy shelves, organized boxes).			
12.	The current space and organization is sufficient for existing products and reasonable expansion (i.e., receipt of expected product deliveries for foreseeable future).			
GL	Do you see DELIVER yellow guidelines? (MUST BE VISIBLE)			

**The additional standards below can be applied to any facility large enough to require stacking of multiple boxes.**

		Contvs.	Essential medicines	HIV test kits
No.	Description	Yes = 1 No = 0	Yes = 1 No = 0	Yes = 1 No = 0
13.	Products are stacked at least 10 cm off the floor.			
14.	Products are stacked at least 30 cm away from the walls and other stacks.			
15.	Products are stacked no more than 2.5 meters high.			
16.	Fire safety equipment is available and accessible (any item identified as being used to promote fire safety should be considered (e.g. water bucket, sand). Do not consider empty and/or expired fire extinguishers as valid fire safety equipment).			
17.	Products are stored separately from insecticides and chemicals.			

**Additional guidelines for specific questions:**

**Item 2:** In noting proper product arrangement, consider the shelf life of the different products.

**Item 4:** Conduct the discarding of damaged or expired products according to the facility's procedures (this may differ from one facility to another). Specify if procedures exist and note what they are.

**Item 8:** This refers to either a warehouse secured with a lock or to a cabinet in a clinic with a key.

Facility Code: \_\_\_\_\_

Source documents: Contraceptives: Stock cards, ledger and Family Planning Report  
 Essential medicines: Stock cards, ledger, Stock Availability Report  
 Test kits: Stock cards and Monthly Facility Test Usage Report

**TABLE 3: LMIS DATA QUALITY: USABLE STOCK ON HAND AT TIME OF MOST RECENT LMIS REPORT**

- Column:**
1. List of products
  2. Record if this product is managed at the facility; Y for yes and N for no.
  3. Get the most recent LMIS report showing the selected products, and record the stock on hand from the LMIS report .
  4. Write the quantity of usable stock on hand from the stock records from the time of the selected LMIS report.
  5. Note the reasons for any discrepancy.

Product	Usable Stock on Hand (at time of most recent LMIS report)			
	Managed at this facility? (Y/N)	According to most recent LMIS report	From stock ledger or stock cards from time of LMIS report	Reasons for discrepancy
1	2	3	4	5
Lo-Femenal				
Depo- Provera				
Norplant				
Paracetamol 500mg tabs				
Artesunate (50mg) + Amodiaquine (153.1 mg) tabs				
ORS				
Amoxycillin 250 capsules				
Oxytocin injection				

ampules				
Ferrous fumarate tabs				
Determine HIV 1/2				
Rapi- test HIV 1/2				
SD Bioline				
Vironostika Uniform II HIV 1/2 plus O				

Facility Code: \_\_\_\_\_

Source documents: Stock cards, ledger, Requisition, RIV, Receipt book or forms

**TABLE 4. PERCENTAGE DIFFERENCE BETWEEN QUANTITY ORDERED AND QUANTITY RECEIVED – FOR ESSENTIAL MEDICINES**

**Column:**

1. List the same products as in table 1 or use a sample of those products.
2. Enter the quantity ordered for the last order period for which products should have been received (i.e., don't include open orders whose expected receipt date has not arrived).
3. Enter the date the order was placed.
4. Enter the quantity received in the last order.
5. Enter the date the order was received.

Product	Source	Quantity Ordered for Last Order Period	Date Order Placed	Quantity Received in Last Order/Procurement	Date Order Received
1	2	3	4	5	6
Paracetamol 500mg tabs					
Artesunate (50mg) + Amodiaquine (153.1 mg) tabs					
ORS					
Amoxycillin 250 capsules					
Oxytocin injection ampules					
Ferrous fumarate tabs					

**ASK THE PERSON/PEOPLE YOU INTERVIEWED IF THEY WANT TO ASK YOU ANY QUESTIONS.**

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**Comments or general observations on products management:**

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***THANK THE PERSON/PEOPLE WHO TALKED WITH YOU. REITERATE HOW THEY HAVE HELPED THE PROGRAM ACHIEVE ITS OBJECTIVES, AND ASSURE THEM THAT THE RESULTS WILL BE USED TO DEVELOP IMPROVEMENTS IN LOGISTICS SYSTEM PERFORMANCE.***

**Notes/Comments:**