PMI End-Use Verification Tool

For each form provided, include an entry for every question. If the question does not apply, please write NA. For most questions there is a space provided for comments.

Form 1: Facility Identification Form

This form should be completed by the surveyor for all facilities selected in each quarter.

1. Facility Code [__/___/___/___/___/___]		
2. Today's date (dd-mm-yyyy) [__|__]-[__|__]-[__|__|__|__]		
3. Interviewer's name [_____]		
4. Region [_____]	***Region***	**5. Region Code** [__|__|__]
6. District [_____]	***District***	**7. District Code** [__|__|__]
8. Facility Name ***(if no name, record "no name")*** [_____]		
9. Operating Authority ***(1=MOH; 2=NGO; 3=Mission; 4=Private)*** [____]		

10. Facility Type (1 = Warehouse; 2 = SDP) [____]	**11. If warehouse, mark level (1= Central, 2 = Zonal, 3 = District 9=NA)** [____]	**12. If SDP, mark type of Facility** ***(1***=District hospital; 2=Health centre; 3=Dispensary; 7=Other; 9=NA) [____]

13. Name of the health facility in-charge [_____]	**14. Name of Principle Person Being Interviewed** [_____]
15. Telephone number (mobile) for the in-charge [_____]	**16. Telephone number for the Person being Interviewed** [_____]
17. Name and title of the district person accompanying [_____]	
18. Telephone number (mobile) for district person accompanying [_____]	

PMI End-Use Verification Tool
Form 2: Facility Questionnaire

It is preferable to conduct this interview in the language in which the respondent is most comfortable.

No	Question	Code Classification
1	Which services do you offer for malaria control at this facility? (*Read all options and circle the numbers that apply*) Comments: _____	Uncomplicated Malaria treatment…. .....1 Severe Malaria Referral.....2 Severe Malaria Treatment…….….3 Microscopy …… .....4 Malaria RDTs……5 IPTp……...6 Bednet Vouchers ……....7 Other (specify) _____9
2	Who is the principal person managing stocks of antimalarial medicines at this facility? (*Read all options and circle the numbers that apply*) Comments: _____	Medical Officer ……..1 Assistant Medical Officer……2 Pharmacist……..3 Pharm Tech……4 Pharm Assistant……..5 Clinical Officer..…….6 Nurse ……7 Medical Attendant/MCH Attendant...…….8 Other (specify)_____9
3	Who is the principal person dispensing ACTs at this facility? (*Circle only one number*) Comments: _____	Medical Officer ……..1 Assistant Medical Officer……2 Pharmacist……..3 Pharm Tech……4 Pharm Assistant……..5 Clinical Officer..…….6 Nurse ……7 Medical Attendant/MCH Attendant...…….8 Other (specify)_____9
4	Who is the principal person prescribing ACTs at this facility? (*Circle only one number*) Comments: _____	Medical Officer ……..1 Assistant Medical Officer……2 Pharmacist……..3 Pharm Tech……4 Pharm Assistant……..5 Clinical Officer..…….6 Nurse ……7 Medical Attendant/MCH Attendant...…….8 Other (specify)_____9

5	Who are the principal people dispensing SP for IPTp at this facility? (*Circle all that apply*) Comments: _____	Medical Officer ……..1 Assistant Medical Officer……2 Pharmacist……..3 Pharm Tech……4 Pharm Assistant……..5 Clinical Officer..…….6 Nurse ……7 Medical Attendant/MCH Attendant...…….8 Other (specify)_____9
6	Who are the principal people prescribing SP for IPTp at this facility? (*Circle all that apply*) Comments: _____	Medical Officer ……..1 Assistant Medical Officer……2 Pharmacist……..3 Pharm Tech……4 Pharm Assistant……..5 Clinical Officer..…….6 Nurse ……7 Medical Attendant/MCH Attendant...…….8 Other (specify)_____9
7	Where is SP for IPTp dispensed? (*Circle all that apply*) Comments: _____	Antenatal clinic…….1 OPD…….2 Pharmacy……..3 Does not apply……..4 Other (specify)_____9
8	Who is the principle person administering RDTs at this facility? Comments: _____	Medical Officer ……..1 Assistant Medical Officer……2 Pharmacist……..3 Pharm Tech……4 Pharm Assistant……..5 Clinical Officer..…….6 Nurse…….7 Medical Attendant/MCH Attendant……..……..8 Other (specify)_____9 Lab Tech……10 Lab Assistant……..11 Does not apply……...12
9	How many health workers are working at this facility? *(do not include support staff)* Comments: _____	Enter a number:_____

10	How many people at this facility are working in malaria case management (regularly assess, diagnose and/or prescribe malaria medicines)? Comments: _____	Enter a number:_____
11	Of those people who are working in case management, how many people have been trained in the malaria treatment guidelines? Comments: _____	Enter a number:_____
12	How many people working at this facility dispense IPTp? Comments: _____	Enter a number:_____
13	How many of the people dispensing IPTp have been trained in IPTp? Comments: _____	Enter a number:_____
14	How many people working at this facility administer RDTs? Comments: _____	Enter a number:_____
15	How many of the people administering RDTs have been trained in the proper use of RDTs? Comments: _____	Enter a number:_____
16	How many people working at this facility perform malaria microscopy? Comments: _____	Enter a number:_____

17	How many of the people performing malaria microscopy have been trained in microscopy? Comments: _____	Enter a number:_____
18	How many people at this facility work in stock management? (record keeping, ordering, receiving, FEFO etc.) Comments: _____	Enter a number:_____
19	Of those working in stock management, how did they receive their training? (*Write a number next to each method of training. The sum of these entries should equal the answer given in question 18*.) Comments: _____	During logistics training _____ On-the-job training _____ On-the-job (self learning)_____ Other (specify) _____
20	Has any supervision that occurred in the last six months included the following: (C*ircle all the letters that apply, and sum the total number of entries. If the total is 3 or greater, answer yes.)* Comments: _____	Reviewed order form…….A Examined stock cards…….B Reviewed storage condition……C Conducted physical inventory….D Reviewed dispensing register…..E Yes…….1 No……...0
21	What was the title of the person who performed the supervision in question 20? Comments: _____	Title: _____
22	Has any supervision in the last six months included observation of malaria case management? Comments: _____	Yes…….1 No……...0

23	Is there a copy of a manual for management of pharmaceutical products? (*ask to be shown the manual, only mark "yes" if you see the manual*) Comments: _____	Yes.....1 No 0
24	Is there a copy of the reference guidelines for malaria case management available? (*Ask to be shown the manual, only mark "yes" if you see the manual.*) Comments: _____	Yes.....1 No 0
25	When was the last time you sent in an order/report for malaria medicines from this facility?	Date of order/report: ___ | ___ | ___ dd | mm | yy Not on Time……..0 On Time……1 Form not available at the facility……..…..2 Not applicable……....9
26	On average, approximately how many weeks does it take between ordering and receiving malaria medicines at this facility? (*This question does not apply to a facility that receives malaria medicines through a push system*) Comments: _____	_____ weeks (number of weeks) Does not apply (push system)...NA
27	If this is a facility that does not order malaria medicines, on average, approximately how many weeks pass between receiving shipments of malaria products?	_____ weeks (number of weeks) Does not apply……..…NA

28	Who regularly transports malaria products to your facility?	CMS delivers .....1 District delivers .....2 This facility collects .....3 Other (specify)_____9
29	What mode of transport is most frequently used to transport malaria products to your facility?	CMS Truck……...1 District Vehicle……..2 Facility vehicle .....3 Public transportation .....4 Private vehicle .....5 Boat……...6 Motorcycle .....7 Bicycle .....8 Other (specify)_____9
30	What are the most common problems that you have experienced in ordering and/or receiving malaria products? *Do not read the list of options to the respondent. Circle all that apply, and write in comments and details.* Comments: _____	None.....0 Ordering cycle .....1 Completing forms .....2 Long lead times .....3 Rainy season.....4 District doesn't have transportation…….5 Facility doesn't have transportation……..6 Receiving products with a short shelf life……..7 No per diem available…….8 Other…….……9 Please specify in detail:

31	Do you have any specific recommendations for improving the availability of malaria products at this facility? Comments: _____	Please specify in detail:

PMI End-Use Verification Tool
Form 3: Malaria Case Management Instructions

Examine the entries from a single patient register for a full calendar month prior to the day of the visit, noting at the top of the form the total number of patients seen, the total number of patients under age 5, the total number of WORKING days during the calendar month, the total number of malaria cases, and the total number of malaria cases in patients under age 5. If patients are separated into different patient registers by age (e.g. over 5 and under 5), please review data from both registers to account for patients of all ages for a period of one full calendar month.

Each line in the form below represents a patient in the register. For every column that applies, use a check mark (√). For columns that do not apply, leave blank. See example below. If one of the columns does not apply at this facility, draw a line through the entire column.

PMI End-Use Verification Tool
Form 3: Malaria Case Management

1. Total number of patients: _____	**4. Total number of malaria cases:_____**
2. Total number of patients UNDER age 5: _____	**5. Total number of patients under age 5 with malaria:_____**
3. Total number of days examined: _____	**6. Total number of patients with fever as presenting complaint: _____**
7. Total number of RDTs used: _____	

Each line represents a patient in the register. For every column that applies, use a check (√). For columns that do not apply, leave blank. See example below. If one of the columns does not apply at this facility, draw a line through the entire column.

Younger 5	Older 5	Male	Female	ACT	Quinine tab	Quinine inj	SP	Blood slide	Hemoglobin test	RDT (+ or -)	Antibiotic
√			√				√			+	

PMI End-Use Verification Tool
Form 3: Malaria Case Management

Each line represents a patient in the register. For every column that applies, use a check. For columns that do not apply, leave blank. See example below. If one of the columns does not apply at this facility, draw a line through the entire column.

Younger 5	Older 5	Male	Female	ACT	Quinine tab	Quinine inj	SP	Blood slide	Hemoglobin test	RDT (+ or -)	Antibiotic
√			√				√			+	

PMI End-Use Verification Tool
Form 3a: Malaria Case Management Summary Form Instructions

After completing your examination of one calendar month of patient information and entering the data in Form 3, use Form 3a as a summary form to correlate important categories related to malaria case management. Form 3a is divided into separate lines containing different characteristics. Each patient entered into Form 3 can be broken into their composite characteristics, and entered in Form 3a. For example, the patient from the example line of Form 3:

Younger 5	Older 5	Male	Female	ACT	Quinine tab	Quinine inj	SP	Blood slide	Hemoglobin test	RDT (+ or -)	Antibiotic
√			√				√			+	

would fit into these categories on Form 3a:

Under 5, RDT given
Under 5, RDT pos (+)
Under 5, ACT given
Under 5, RDT pos (+), ACT given
Under 5, antibiotic given

Break down each patient from Form 3 into the characteristics found in Form 3a, entering the appropriate number of tally marks in column 2. After entering all of the information from Form 3, sum the tally marks and enter a total for each characteristic in the "TOTAL" column.

PMI End-Use Verification Tool

Form 3a: Malaria Case Management Summary Form

1. Total number of patients: _____	**4. Total number of malaria cases:_____**
2. Total number of patients UNDER age 5: _____	**5. Total number of patients under age 5 with malaria:_____**
3. Total number of days examined: _____	**6. Total number of patients with fever as presenting complaint: _____**
7. Total number of RDTs used: _____	

Each row contains an important category for monitoring malaria case management. Using the information taken from the patient register that you entered in Form 3, make a mark in the column to the right of each category, then sum the marks to calculate the total for each category in the third column.

1	2	TOTAL
8. Under 5, RDT given		
9. Under 5, RDT pos (+)		
10. Under 5, ACT given		
11 Under 5, RDT pos (+), ACT given		
12. Under 5, RDT pos (+),antibiotic given		
13. Under 5, RDT neg (--), antibiotic given		
14. Under 5, RDT neg (--), ACT given		
15. Over 5, RDT given		
16. Over 5, RDT pos (+)		
17. Over 5, ACT given		
18. Over 5, RDT pos (+), ACT given		
19. Over 5, RDT pso (+), antibiotic given		
20. Over 5, RDT neg (--), antibiotic given		
21. Under 5, RDT neg (--), ACT given		
22. Quinine tab		
23. Quinine inj		
24. SP (not for IPTp)		
25. Monotherapy		
26. Bloodslide given		
27. Clinically diagnosed		
28. Malaria patients who did not receive an appropriate antimalrial		

PMI End-Use Verification Tool
Form 4: Stock Status Collection Form Instructions

Column:

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

Note*:* Columns 1 and 2 are already filled out.

3. Whether or not the product is managed at this facility, answer 1 for Yes or 0 for No. Note that for some products, at certain levels all facilities should manage the product. In such cases, this column should be marked 1. (**If No, draw a line through the row and skip to next commodity).**
4. Check if the stock card is available; answer 1 for Yes or 0 for No. **If the answer is No, fill the columns with dashes through column 13.** Continue to conduct physical inventory and enter your responses for Column 14- 17. **If another type of record is used (e.g., stores ledger), please note in Column 4, and continue to gather consumption information using another type of record.**
5. Check if the stock card has been updated within the last week. Answer 1 for Yes or 0 for No. Note: If the stock card was last updated with the balance of 0 and the facility has not received any re-supply, consider the stock card up-to-date.
6. Record the most recent balance on the stock card.
7. Record the stock on hand as of three months ago, as per stock card.
8. Record if the facility has had any stockouts of the product during the most recent 3 full months before the survey; answer 1 for Yes or 0 for No, according to stock card or ledger books. **If the answer is No, then enter 0 in column 9 & 10.**
9. Record the total number of days the product was stocked out during the most recent full 3 months from the day of the visit, based on the number of days that pass between when a balance of 0 is recorded on the stockcard, to when a receipt of product is recorded on the stockcard. A product may stock out more than once during the three months being examined, and the total sum of days without product should be calculated.
10. Look through the stock card for any stockouts lasting longer than three days. Record the total number of stockouts, not days.
11. Record the quantity of product received during the most recent 3 months prior to the day of the visit.
12. Record the quantity of product issued during the most recent 3 months prior to the day of the visit.
13. Record the total number of months the data represents (may be less than 3). This is calculated by including the months for which there is any valid data recorded, including months where there were stockouts (a zero in the stock card) and no product was received.
14. Conduct a physical inventory for each of the products (only in the storeroom). If there is no stock available in the storeroom, count the product in the dispensing area. If there is no product in the dispensing area, record a 0.
15. Record if the facility is experiencing a stockout of the product on the day of the visit, **according to the physical inventory,** answer 1 for Yes or 0 for No.
16. Record the quantity of product in inventory that will be expiring in the next three months.
17. Record the quantity of expired products. Count all expired products on the day of the visit.

PMI End-Use Verification Tool
Form 4: Stock Status Data Collection Form

Malaria Commodities
(For last three months to today's date)

Product	Units of count	Managed at this facility? Y =1 N =0	Stock card available? Y =1 N =0	Stock card updated? Y=1 N =0	Balance on stock card	Stock on hand 3 months ago (per stock card) A	Stock-out most recent 3 months Y=1 N =0	Total # of stock outs lasting longer than 3 days	Total # of days stocked out	Total received (most recent 3 months) B	Total issued (most recent 3 months) C	# of months of data available	Physical inventory	Stock-out today? Y=1 N =0	Quantity of product expiring in the next 3 months	Quantity of expired product
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Artemether Lumefantrine 1x6 (yellow)	Strip of 6															
Artemether Lumefantrine 2x6 (blue)	Strip of 12															
Artemether Lumefantrine 3x6 (red)	Strip of 18															
Artemether Lumefantrine 4x6 (green)	Strip of 24															
Artesunate Amodiaquine (3x3)																
Artesunate Amodiaquine (6x6)																
Artesunate Amodiaquine (12x12)																
Sulphdoxine/Pryimethamine (SP)	tab															
Quinine tablets	tab															
Quinine injection	amp															
Malaria RDT	Test															

Comments:

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Malaria Case Management Commodities
(For last three months to today's date)

Product	Units of count	Managed at this facility? Y =1 N =0	Stock card available? Y =1 N =0	Stock card updated? Y=1 N =0	Balance on stock card	Stock on hand 3 months ago (per stock card) A	Stock-out most recent 3 months Y=1 N =0	Total # of stock outs lasting longer than 3 days	Total # of days stocked out	Total received (most recent 3 months) B	Total issued (most recent 3 months) C	# of months of data available	Physical inventory	Stock-out today? Y=1 N =0	Quantity of product expiring in the next 3 months	Quantity of expired product
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Diazepam	Amp															
Amoxicillin (250 mg)	Caps															
Amoxicillin (suspension)	Bottle															
Paracetamol (500 mg)	Tab															
Paracetamol (suspension)	Bottle															
Cotrimoxazole (480 mg)	Tab															
Cotrimoxazole (suspension)	Bottle															
Albendazole (200 mg)	Tab															
ORS	Satchet															
Ferrous+ Folic Acid	Tab															
Dextrose 5% (500 ml)	Bottle															

Comments:

PMI End-Use Verification Tool
Form 5: Difference between Quantity Ordered and Quantity Received

Column:

1. List the same products as in Form 4, or choose a subset of products you are interested in. (Note: Do this before finalizing the questionnaire and making photocopies.)
2. Enter the quantity ordered for the last order period for which products should have been ordered (do not include open orders whose expected receipt date has not arrived).
3. Enter the date the order was placed.
4. Enter the quantity received based on the order referred to in column 2.
5. Enter the date the order was received.

Product Name	Quantity Ordered (Last Order Period)	Date Order Placed	Quantity Received (Last Order Period)	Date Order Received
1	2	3	4	5
Artemether Lumefantrine 1x6 (yellow)				
Artemether Lumefantrine 2x6 (blue)				
Artemether Lumefantrine 3x6 (red)				
Artemether Lumefantrine 4x6 (green)				
Artesunate Amodiaquine 3x3				
Artesunate Amodiaquine 6x6				
Artesunate Amodiaquine 12x12				
Sulphadoxine/Pryimethamine (SP)				
Quinine tablets				
Quinine injection				
Malaria RDT				

PMI End-Use Verification Tool
Form 6: Difference between Quantity Shipped and Quantity Received

Column:

6. List the same products as in Form 4, or choose a subset of products you are interested in. (Note: Do this before finalizing the questionnaire and making photocopies.)
7. Enter the quantity shipped to the facility during the last shipment.
8. Enter the date the shipment was sent.
9. Enter the quantity received by the facility during the last shipment.
10. Enter the date the shipment was received.

Product Name	Quantity Shipped (Last Order Period)	Date Order Placed	Quantity Received (Last Order Period)	Date Order Received
1	2	3	4	5
Artemether Lumefantrine 1x6 (yellow)				
Artemether Lumefantrine 2x6 (blue)				
Artemether Lumefantrine 3x6 (red)				
Artemether Lumefantrine 4x6 (green)				
Artesunate Amodiaquine 3x3				
Artesunate Amodiaquine 6x6				
Artesunate Amodiaquine 12x12				
Sulphadoxine/Pryimethamine (SP)				
Quinine tablets				
Quinine injection				
Malaria RDT				

PMI End-Use Verification Tool
Form 7: Malaria Products Storage Conditions Form

No.	Description	Y/N	Comments
1	Malaria medicines and supplies that are ready for distribution are arranged so that identification labels and expiry dates and/or manufacturing dates are visible.		
2	Malaria medicines and supplies are stored and organized according to first-to-expire, first-out (FEFO) counting and general management.		
3	Cartons and boxes are in good condition, not crushed due to mishandling. If RDTs are stored at this facility, determine if RDTs are wet or cracked due to heat/radiation.		
4	The facility makes it a practice to separate damaged and/or expired malaria medicines and supplies from usable malaria medicines and supplies and removes them from inventory.		
5	Malaria medicines and supplies are protected from direct sunlight on the day of the visit.		
6	Cartons and boxes are protected from water and humidity on the day of the visit.		
7	Storage area is visually free from harmful insects and rodents. (Check the storage area for traces of rodents [droppings] or insects.)		
8	Storage area is secured with a lock and key, but is accessible during normal working hours. Access is limited to authorized personnel.		
9	Malaria medicines and supplies 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 malaria medicines and supplies, including room for reasonable expansion in the event of receipt of expected product deliveries.		
13	Fire safety equipment is available and accessible (any item identified as being used to promote fire safety should be considered.)		

A	**For those facilities that are not required to answer questions 13 through 17, add the total number of Ys for rows 1 through 13 = _____**	**If 11 or higher (does meet appropriate storage conditions)……1** **If 10 or lower (does not meet appropriate storage conditions)……..0**

The additional standards below should be applied to any store room large enough to require stacking of multiple boxes.

No.	Description	Y/N	Comments
14	Malaria medicines and supplies are stacked at least 10 cm off the floor.		
15	Malaria medicines and supplies are stacked at least 30 cm away from the walls and other stacks.		
16	Malaria medicines and supplies are stacked no more than 2.5 meters high.		
17	Malaria medicines and supplies are stored separately from insecticides and chemicals.		

B	**For those facilities required to answer rows 14 through 17, the total number of Ys for rows 1 through 17 = _____**	**If 14 or higher (does meet appropriate storage conditions)……1** **If 13 or lower(does not meet appropriate storage conditions)……..0**

C	Does this facility adequately meet storage standards? **Clarify your answer: _____**