

18. Supplement supply and demand systems

A. Instrument (English)

**COMPREHENSIVE SITUATION ANALYSIS ON SUPPLY FOR IRON, VITAMIN A,
ANTHELMINTHS, & ANTIMALARIALS**

1. GENERAL INFORMATION

- 1.1 State
- 1.2 Site of visit
- 1.3 Date _ _ / _ _ / _ _
- 1.4 Name of interviewer
- 1.5 Name of interviewee
- 1.6 Title of interviewee
- 1.7 Qualification of interviewee
- 1.8 What is the catchment population:

| | Population | Number |
|-------|------------------|--------|
| 1.8.1 | Total | |
| 1.8.2 | Pregnant women | |
| 1.8.3 | Lactating women | |
| 1.8.4 | Children < 6 yrs | |
| 1.8.5 | Children < 3 yrs | |

- 1.9 How many of the health facilities listed below are directly and indirectly served by this institution?
(IF NOT APPLICABLE, WRITE N/A)

| | Health Facility | Directly | Indirectly |
|-------|------------------------------|----------|------------|
| 1.9.1 | Hospitals/teaching hospitals | | |
| 1.9.2 | Urban health centers | | |
| 1.9.3 | Rural health centers | | |
| 1.9.4 | Urban sub health centers | | |
| 1.9.5 | Rural sub health centers | | |
| 1.9.6 | NGO | | |
| 1.9.7 | Other (specify) | | |
| 1.9.8 | Other (specify) | | |
| 1.9.9 | Other (specify) | | |

- 1.10 How many staff in the pharmacy and medical supplies sector come under this administrative level (IF NOT APPLICABLE, WRITE N/A)?

| | Staff Category | Number at post |
|---------|--|-----------------------|
| 1.10.1 | Total number of technical staff | |
| 1.10.2 | Number of pharmacists (degree) | |
| 1.10.3 | Number of pharmacy technicians (diploma) | |
| 1.10.4 | Number of persons/aides dispensing | |
| 1.10.5 | Number of store managers | |
| 1.10.6 | Number of ANMs | |
| 1.10.7 | Number of other nurses | |
| 1.10.8 | Number of lab technicians | |
| 1.10.9 | Number of doctors | |
| 1.10.10 | Other (specify title) | |
| 1.10.11 | Other (specify title) | |
| 1.10.12 | Other (specify title) | |
| 1.10.13 | Other (specify title) | |
| 1.10.14 | Other (specify title) | |

- 1.11 What is the name of the officer in charge of the logistics management (including stores) for:

| | Product | Name of Person | Title | Qualifications | Training Received |
|--------|-----------------------|-----------------------|--------------|-----------------------|--------------------------|
| 1.11.1 | Adult folifer tablets | | | | |
| 1.11.2 | Child folifer tablets | | | | |
| 1.11.3 | Vitamin A | | | | |
| 1.11.4 | Antihelminths | | | | |
| 1.11.5 | Antimalarials | | | | |
| 1.11.6 | | | | | |
| 1.11.7 | | | | | |
| 1.11.8 | | | | | |
| 1.11.9 | | | | | |

- 1.12 What was the total quantity received and value of the MN related products received over the last 3 years?

| | Product | | | | | | |
|---------|--------------------|----------|--------|--------|--------|--------|--------|
| | | Quantity | Budget | Amount | Budget | Amount | Budget |
| 1.12.1 | Adult folifer | | | | | | |
| 1.12.2 | Child folifer | | | | | | |
| 1.12.3 | Vitamin A | | | | | | |
| 1.12.4 | Mebendazole | | | | | | |
| 1.12.5 | Piperizine citrate | | | | | | |
| 1.12.6 | Other antihelminth | | | | | | |
| 1.12.7 | Chloroquine | | | | | | |
| 1.12.8 | Primaquine | | | | | | |
| 1.12.9 | Other antimalarial | | | | | | |
| 1.12.10 | | | | | | | |
| 1.12.11 | | | | | | | |
| 1.12.12 | | | | | | | |
| 1.12.13 | | | | | | | |

STATE LEVEL ONLY

- 1.13 We would like to develop a flow chart of the supply/distribution channels for MN related products. To do this please tell me:

| | Stores | Number |
|--------|---|--------|
| 1.13.1 | How many stores are there at the national level? | |
| 1.13.2 | How many stores are there at the state level? | |
| 1.13.3 | How many stores are there at the district level? | |
| 1.13.4 | How many stores are there at the health center level? | |
| 1.13.5 | How many stores are there at the sub-health center level? | |

2. STORES MANAGEMENT

2.1.1 Do you have a written stock recording method in the store area?

Yes1

No 2

2.1.2 If yes, please indicate the type of system used (e.g. bin card, ledger, etc). Interviewers should validate this by checking the records.

| | Product | Stock recording method? (Yes=1, No=2) | Type of recording system ¹ | Validated by record check ² |
|----------|--------------------|--|---------------------------------------|--|
| 2.1.2.1 | Adult folifer | | | |
| 2.1.2.2 | Child folifer | | | |
| 2.1.2.3 | Vitamin A | | | |
| 2.1.2.4 | Mebendazole | | | |
| 2.1.2.5 | Piperizine citrate | | | |
| 2.1.2.6 | Other antihelminth | | | |
| 2.1.2.7 | Chloroquine | | | |
| 2.1.2.8 | Primaquine | | | |
| 2.1.2.9 | Other antimalarial | | | |
| 2.1.2.10 | | | | |
| 2.1.2.11 | | | | |
| 2.1.2.12 | | | | |
| 2.1.2.13 | | | | |

¹ Bin card, ledger, etc.

² Ask to see the recording system and if it is up to date, write 1, i.e. 'Yes'

2.2.1 This section has been intentionally left out as it is an indicator only, and not a question.

2.3.1 Please may I see where the drugs are stored and the stock records? For each MN related product listed, check whether the physical count matches the record on the stock card. Please record the physical count even if there is no stock card.

| | Description | Strength | Form ¹ | Physical Count | Recorded Count | Accurate Yes=1, No=2 |
|----------|-----------------------|----------|-------------------|----------------|----------------|-------------------------|
| 2.3.1.1 | Fe sulphate | | | | | |
| 2.3.1.2 | Fe sulphate | | | | | |
| 2.3.1.3 | Vitamin A | | | | | |
| 2.3.1.4 | Mebendazole | | | | | |
| 2.3.1.5 | Piperizine citrate | | | | | |
| 2.3.1.6 | Other antihelminth | | | | | |
| 2.3.1.7 | Chloroquine | | | | | |
| 2.3.1.8 | Primaquine | | | | | |
| 2.3.1.9 | Other antimalarial | | | | | |
| 2.3.1.10 | | | | | | |
| 2.3.1.11 | | | | | | |
| 2.3.1.12 | | | | | | |
| 2.3.1.13 | | | | | | |

¹ Form = tablets syrup, drops, etc.

- 2.4.1 Is the store inspected on a regular/periodic basis?
- Yes1
- No2
- 2.4.2 If yes, who conducts the inspection?
- Name
- Title
- Location of office
- 2.4.3 How often are the inspections carried out_
- 2.4.4 Examine the store site (s)/depot(s) for the following characteristics. Where there is more than one storage site/depot, ALL sites should be visited.

| | Storage conditions | Store site (Yes=1, No=2) | | | Comments |
|----------|--|-----------------------------|---|---|----------|
| | | 1 | 2 | 3 | |
| 2.4.4.1 | Secure from weather (check roof, walls, floor, and windows) | | | | |
| 2.4.4.2 | All products stored off the ground | | | | |
| 2.4.4.3 | Different expiry dates segregated | | | | |
| 2.4.4.4 | Adequate space to store products at correct temperature | | | | |
| 2.4.4.5 | Pest control procedures | | | | |
| 2.4.4.6 | Product labels and expiry dates clearly displayed on >80% products | | | | |
| 2.4.4.7 | Access limited to approved personnel | | | | |
| 2.4.4.8 | Stacking height controlled (no damage to packaging and contents) | | | | |
| 2.4.4.9 | Expired or damaged products in a separate area | | | | |
| 2.4.4.10 | Products out of direct sunlight | | | | |
| 2.4.4.11 | Storage area of adequate size | | | | |
| 2.4.4.12 | Storage clean and tidy | | | | |
| 2.4.4.13 | Adequate light to complete all work-related activities | | | | |
| 2.4.4.14 | Adequate ventilation | | | | |
| 2.4.4.15 | Dry ventilation | | | | |
| 2.4.4.16 | Windows, roof, walls, and door secured | | | | |
| | Total '1' | | | | |

Location of site 1.....

Location of site 2.....

Location of site 3.....

HEALTH CENTER AND SUB-HEALTH CENTER LEVEL ONLY

2.4.5 What are the characteristics of MN related products physically in stock?

| | Products | Packaging¹ | Packaging condition² | Labeled (Yes=1, No=2) | Tablet condition³ | Comments |
|----------|-----------------------|------------------------------|--|------------------------------|-------------------------------------|-----------------|
| 2.4.5.1 | Adult folifer tablets | | | | | |
| 2.4.5.2 | Child folifer tablets | | | | | |
| 2.4.5.3 | Vitamin A | | | | | |
| 2.4.5.4 | Mebendazole | | | | | |
| 2.4.5.5 | Piperizine citrate | | | | | |
| 2.4.5.6 | Other antihelminth | | | | | |
| 2.4.5.7 | Chloroquine | | | | | |
| 2.4.5.8 | Primaquine | | | | | |
| 2.4.5.9 | Other antimalarial | | | | | |
| 2.4.5.10 | | | | | | |
| 2.4.5.11 | | | | | | |
| 2.4.5.12 | | | | | | |
| 2.4.5.13 | | | | | | |

¹ Code: _____ :

Loose.....1
 Plastic bags.....2
 Aluminum pack.....3
 Tins.....4
 Glass bottles.....5
 Plastic bottles.....6
 Other (specify).....7

² Code:
 Satisfactory.....1
 Crushed.....2
 Wet.....3
 Damaged/Torn.....4
 Other (specify).....5

³ Code:
 Satisfactory.....1
 Crushed.....2
 Wet.....3
 Off-Odor.....4
 Other (specify).....5

- 2.4.6 In the last 12 months, how many times were the following MN related products sent for quality control (QC) checks? Also record the number of reports sent back.

| | Product | No. times sent for QC | No. reports sent back | Comments |
|----------|-----------------------|-----------------------|-----------------------|----------|
| 2.4.6.1 | Adult folifer tablets | | | |
| 2.4.6.2 | Child folifer tablets | | | |
| 2.4.6.3 | Vitamin A | | | |
| 2.4.6.4 | Mebendazole | | | |
| 2.4.6.5 | Piperizine citrate | | | |
| 2.4.6.6 | Other antihelminth | | | |
| 2.4.6.7 | Chloroquine | | | |
| 2.4.6.8 | Primaquine | | | |
| 2.4.6.9 | Other antimalarial | | | |
| 2.4.6.10 | | | | |
| 2.4.6.11 | | | | |
| 2.4.6.12 | | | | |
| 2.4.6.13 | | | | |

- 2.5.1 For the drugs mentioned below, please indicate which ones have at least an annual stock take. The interviewer should verify by checking the records.

| | Product | Stock take completed last 12 mo (Yes=1, No=2) | Verifiable by documentation ¹ (Yes=1, No=2) |
|----------|-----------------------|---|--|
| 2.5.1.1 | Adult folifer tablets | | |
| 2.5.1.2 | Child folifer tablets | | |
| 2.5.1.3 | Vitamin A | | |
| 2.5.1.4 | Mebendazole | | |
| 2.5.1.5 | Piperizine citrate | | |
| 2.5.1.6 | Other antihelminth | | |
| 2.5.1.7 | Chloroquine | | |
| 2.5.1.8 | Primaquine | | |
| 2.5.1.9 | Other antimalarial | | |
| 2.5.1.10 | | | |
| 2.5.1.11 | | | |
| 2.5.1.12 | | | |
| 2.5.1.13 | | | |

¹ Count that appears on bin cards, in ledger, on monthly return form, etc.

- 2.6.1 Check the list of products for expired stock. The interviewer must check all the expiry dates for each product.

| | Description | Strength | Form¹ | Expired stock mixed with usable stock Yes=1, No=2 |
|----------|--------------------|-----------------|-------------------------|--|
| 2.6.1.1 | Fe sulphate | | | |
| 2.6.1.2 | Fe sulphate | | | |
| 2.6.1.3 | Vitamin A | | | |
| 2.6.1.4 | Mebendazole | | | |
| 2.6.1.5 | Piperazine citrate | | | |
| 2.6.1.6 | Other antihelminth | | | |
| 2.6.1.7 | Chloroquine | | | |
| 2.6.1.8 | Primaquine | | | |
| 2.6.1.9 | Other antimalarial | | | |
| 2.6.1.10 | | | | |
| 2.6.1.11 | | | | |
| 2.6.1.12 | | | | |
| 2.6.1.13 | | | | |

¹ Form = tablets, syrup, drops, etc.

2.6.2 Have you ever distributed any of the following after expiration of the products?

| | Product | Distributed once expired (Yes=1, No=2) | Comments/why |
|----------|-----------------------|---|---------------------|
| 2.6.2.1 | Adult folifer tablets | | |
| 2.6.2.2 | Child folifer tablets | | |
| 2.6.2.3 | Vitamin A | | |
| 2.6.2.4 | Mebendazole | | |
| 2.6.2.5 | Piperizine citrate | | |
| 2.6.2.6 | Other antihelminth | | |
| 2.6.2.7 | Chloroquine | | |
| 2.6.2.8 | Primaquine | | |
| 2.6.2.9 | Other antimalarial | | |
| 2.6.2.10 | | | |
| 2.6.2.11 | | | |
| 2.6.2.12 | | | |
| 2.6.2.13 | | | |

3. QUANTIFICATION AND RESUPPLY DECISION

3.1.1 Complete the following questions A to E for each of the MN related products listed and enter the response in the appropriate box.

| | | A | B | C | D | E |
|----------|--------------------|---|---|--|--|---|
| | Product | Title of person responsible for resupply issues | Basis for resupply decisions ¹ | Has responsib. person received training in this? (Yes=1, No=2) | If yes, what type of training (on the job, max-min, etc) | Duration of training and mo/yr of last training |
| 3.1.1.1 | Adult folifer | | | | | |
| 3.1.1.2 | Child folifer | | | | | |
| 3.1.1.3 | Vitamin A | | | | | |
| 3.1.1.4 | Mebandazole | | | | | |
| 3.1.1.5 | Piperizine citrate | | | | | |
| 3.1.1.6 | Other antihelminth | | | | | |
| 3.1.1.7 | Chloroquine | | | | | |
| 3.1.1.8 | Primaquine | | | | | |
| 3.1.1.9 | Other antimalarial | | | | | |
| 3.1.1.10 | | | | | | |
| 3.1.1.11 | | | | | | |
| 3.1.1.12 | | | | | | |
| 3.1.1.13 | | | | | | |

¹ Code responses but DO NOT read the following methods out loud

- | | | | |
|--------------------------------|---------------------------|----------------------------|---------------------------|
| a Morbidity calculations.....1 | Must be documented | e Service statistics.....5 | Must be documented |
| b Consumption figures.....2 | Must be documented | f Past experience.....6 | |
| c Target population.....3 | Must be documented | g Other (specify).....7 | |
| d Past receipts/ issues.....4 | Must be documented | | |

3.2.1 Please indicate the frequency of ordering each MN related product in the appropriate box and whether it is documented

| | Product | Frequency of ordering ¹ | Has the document ² been viewed? (Yes=1, No=2) |
|----------|-----------------------|------------------------------------|---|
| 3.2.1.1 | Adult folifer tablets | | |
| 3.2.1.2 | Child folifer | | |
| 3.2.1.3 | Vitamin A | | |
| 3.2.1.4 | Mebendazole | | |
| 3.2.1.5 | Piperizine citrate | | |
| 3.2.1.6 | Other antihelminth | | |
| 3.2.1.7 | Chloroquine | | |
| 3.2.1.8 | Primaquine | | |
| 3.2.1.9 | Other antimalarial | | |
| 3.2.1.10 | | | |
| 3.2.1.11 | | | |
| 3.2.1.12 | | | |
| 3.2.1.13 | | | |

¹ Code: Monthly.....1
 Bimonthly.....2
 Quarterly.....3
 Other (specify).....4

² Refer to delivery note file, bin cards, or ledgers

3.3.1 The following questions get information on the reporting standards. Ask the questions for each MN related product.

| | Reporting Standards | Adult folifer | Child folifer | Vitamin A | Anti- helminth | Anti- malarials |
|---------|--|--------------------------|--------------------------|----------------------|---------------------------|----------------------------|
| 3.3.1.1 | Is there a form for resupply orders for each category (Yes=1, No=2). Validate this; if it is there but not used enter 2 (No) | | | | | |
| 3.3.1.2 | Is there also a statistical reporting form (Yes=1, No=2) (e.g. monthly activity report) | | | | | |
| 3.3.1.3 | If YES is answered to 3..1.1 or 3.4.1.2, indicate the type of form used ¹ | | | | | |
| 3.3.1.4 | Are the resupply requests submitted with the statistical reports (Yes=1, No=2) | | | | | |

¹ e.g. monthly stats for antenatal clinics & requisition forms, requisition forms only, or no statistics. Check last 3 supply requests to validate the use of the form

3.4.1 This section has been intentionally left out as it is an indicator only, and not a question.

3.5.1 Record the number of times the product was out of stock in the preceding 6 mo (30 days out of stock could relate to one time out of stock or several different stockouts)

| | | | | | | | | | | | |
|----------|-----------------------|-----------------|-------------|--|--|--|--|--|--|------------------------------------|-----------------------------------|
| 3.5.1.1 | Month | XXXXXX | XXXXXXX | | | | | | | XXXXXXXXXX | XXXXXXXXXX |
| 3.5.1.2 | No d/mo | XXXXXX | XXXXXXX | | | | | | | XXXXXXXXXX | XXXXXXXXXX |
| | Product | Strength | Form | | | Number of days out of stock | | | | Total days out of stock | No. times out of stock |
| 3.5.1.3 | Fe sulphate | | | | | | | | | | |
| 3.5.1.4 | Fe sulphate | | | | | | | | | | |
| 3.5.1.5 | Vitamin A | | | | | | | | | | |
| 3.5.1.6 | Mebendazole | | | | | | | | | | |
| 3.5.1.7 | Piperizine citrate | | | | | | | | | | |
| 3.5.1.8 | Other antihelminth | | | | | | | | | | |
| 3.5.1.9 | Chloroquine | | | | | | | | | | |
| 3.5.1.10 | Primaquine | | | | | | | | | | |
| 3.5.1.11 | Other antimalarial | | | | | | | | | | |
| 3.5.1.12 | | | | | | | | | | | |
| 3.5.1.13 | | | | | | | | | | | |
| 3.5.1.14 | | | | | | | | | | | |
| 3.5.1.15 | | | | | | | | | | | |
| | Total | | | | | | | | | | |

3.6.1 What are the sources of supply for the following MN related products? List them (for example, local suppliers, WHO, UNICEF, etc.)

| | Product | Main supplier | 2nd supplier | 3rd supplier | Other suppliers | Comments |
|----------|--------------------|----------------------|--------------------------------|--------------------------------|------------------------|-----------------|
| 3.6.1.1 | Adult folifer | | | | | |
| 3.6.1.2 | Child folifer | | | | | |
| 3.6.1.3 | Vitamin A | | | | | |
| 3.6.1.4 | Mebendazole | | | | | |
| 3.6.1.5 | Piperizine citrate | | | | | |
| 3.6.1.6 | Other antihelminth | | | | | |
| 3.6.1.7 | Chloroquine | | | | | |
| 3.6.1.8 | Primaquine | | | | | |
| 3.6.1.9 | Other antimalarial | | | | | |
| 3.6.1.10 | | | | | | |
| 3.6.1.11 | | | | | | |
| 3.6.1.12 | | | | | | |
| 3.6.1.13 | | | | | | |

3.7.1 How long, after ordering, does it take for you to receive MN related products?

| | Product | Number of weeks | Comments |
|----------|--------------------|------------------------|-----------------|
| 3.7.1.1 | Adult folifer | | |
| 3.7.1.2 | Child folifer | | |
| 3.7.1.3 | Vitamin A | | |
| 3.7.1.4 | Mebendazole | | |
| 3.7.1.5 | Piperazine citrate | | |
| 3.7.1.6 | Other antihelminth | | |
| 3.7.1.7 | Chloroquine | | |
| 3.7.1.8 | Primaquine | | |
| 3.7.1.9 | Other antimalarial | | |
| 3.7.1.10 | | | |
| 3.7.1.11 | | | |
| 3.7.1.12 | | | |
| 3.7.1.13 | | | |

4. DISTRIBUTION

4.1.1 For the resupply of the products listed, does the service facility have the planned schedule of delivery/collection? If yes, indicate the frequency. Also record the total number of deliveries/collections made in the previous 6 months for each product.

| | Product | Planned distribution schedule (Yes=1, No=2) | If Yes, how often? | Documented¹ (Yes=1, No=2) | If yes, checked documents²? (Yes=1, No=2) | Total deliveries/ collections in previous 6 months? |
|----------|--------------------|--|-------------------------------|---|---|--|
| 4.1.1.1 | Fe sulphate | | | | | |
| 4.1.1.2 | Fe sulphate | | | | | |
| 4.1.1.3 | Vitamin A | | | | | |
| 4.1.1.4 | Mebendazole | | | | | |
| 4.1.1.5 | Piperazine citrate | | | | | |
| 4.1.1.6 | Other antihelminth | | | | | |
| 4.1.1.7 | Chloroquine | | | | | |
| 4.1.1.8 | Primaquine | | | | | |
| 4.1.1.9 | Other antimalarial | | | | | |
| 4.1.1.10 | | | | | | |
| 4.1.1.11 | | | | | | |
| 4.1.1.12 | | | | | | |
| 4.1.1.13 | | | | | | |

¹ Check dates on internal requisitions, monthly activities reports, handwritten orders, etc.

² Verify by checking documents – distribution note file, bin cards, or ledgers

| | | | | | | |
|--|------------------|--|--------------|--|--|--------------|
| | Total '1' | | XXXXXXXXXXXX | | | XXXXXXXXXXXX |
|--|------------------|--|--------------|--|--|--------------|

4.2.1 Indicate the types of vehicles used for the distribution of the various MN related products by answering 'Yes' or 'No' (Yes=1, No=2) for each appropriate box.

| | Product | Central MOH vehicle | District vehicle | Health centre vehicle | Health centre personnel | Other (specify) | Other (specify) | Other (specify) |
|----------|--------------------|------------------------------------|-----------------------------|--------------------------------------|--|----------------------------|----------------------------|----------------------------|
| 4.2.1.1 | Adult folifer | | | | | | | |
| 4.2.1.2 | Child folifer | | | | | | | |
| 4.2.1.3 | Vitamin A | | | | | | | |
| 4.2.1.4 | Mebendazole | | | | | | | |
| 4.2.1.5 | Piperazine citrate | | | | | | | |
| 4.2.1.6 | Other antihelminth | | | | | | | |
| 4.2.1.7 | Chloroquine | | | | | | | |
| 4.2.1.8 | Primaquine | | | | | | | |
| 4.2.1.9 | Other antimalarial | | | | | | | |
| 4.2.1.10 | | | | | | | | |
| 4.2.1.11 | | | | | | | | |
| 4.2.1.12 | | | | | | | | |
| 4.2.1.13 | | | | | | | | |

4.3.1 Record the quantity of MN related products distributed over the last 3 years

| | Product | 1993-4 | 1994-5 | 1995-6 |
|----------|--------------------|---------------|---------------|---------------|
| 4.3.1.1 | Adult folifer | | | |
| 4.3.1.2 | Child folifer | | | |
| 4.3.1.3 | Vitamin A | | | |
| 4.3.1.4 | Mebendazole | | | |
| 4.3.1.5 | Piperazine citrate | | | |
| 4.3.1.6 | Other antihelminth | | | |
| 4.3.1.7 | Chloroquine | | | |
| 4.3.1.8 | Primaquine | | | |
| 4.3.1.9 | Other antimalarial | | | |
| 4.3.1.10 | | | | |
| 4.3.1.11 | | | | |
| 4.3.1.12 | | | | |
| 4.3.1.13 | | | | |

- 4.4.1 Is there a system for stock movement (for example, first expiry first out, first in first out, etc.)?
 Yes.....1
 No2

- 4.42 If yes, specify/describe the system:
 a.....
 b.....
 c.....

- 4.5.1 Do you supply MN related products to private practitioners or non-formal health care providers?
 Yes.....1
 No2

4.5.2 If yes, what is the usual quantity of MN related products that you supply to private practitioners or non-formal health care providers each month for:

| | Product | Usual quantity supplied each month | Comments |
|----------|--------------------|---|-----------------|
| 4.5.2.1 | Adult folifer | | |
| 4.5.2.2 | Child folifer | | |
| 4.5.2.3 | Vitamin A | | |
| 4.5.2.4 | Mebendazole | | |
| 4.5.2.5 | Piperizine citrate | | |
| 4.5.2.6 | Other antihelminth | | |
| 4.5.2.7 | Chloroquine | | |
| 4.5.2.8 | Primaquine | | |
| 4.5.2.9 | Other antimalarial | | |
| 4.5.2.10 | | | |
| 4.5.2.11 | | | |
| 4.5.2.12 | | | |
| 4.5.2.13 | | | |

5. RATIONAL USE

- 5.1.1 Is there a Hospital/Health Centre Drug and Therapeutic Committee?
- Yes.....1
- No2
- 5.1.2 If yes, how often did this committee meet in the last fiscal year?
- Once.....1
- Twice.....2
- Every 2 months.....3
- Quarterly.....4
- Ad hoc.....5
- Other (specify).....6

5.2.1 Does the health facility have the following publications:

| | Name of publications | Yes=1, No=2 | Publication date (mo/yr) | Quantity | Comments |
|---------|--|--------------------|-------------------------------------|-----------------|-----------------|
| 5.2.1.1 | National essential drugs list | | | | |
| 5.2.1.2 | National standard treatment guidelines | | | | |
| 5.2.1.3 | National treatment/ prevention | | | | |
| 5.2.1.4 | National treatment/ prevention | | | | |
| 5.2.1.5 | National treatment protocols for | | | | |
| 5.2.1.6 | National formulary | | | | |
| 5.2.1.7 | Facility produced essential drug list | | | | |
| 5.2.1.8 | Other (specify) | | | | |

- 5.3.1 In the last 6 months, have you been asked for these publications by the staff?
 Yes.....1
 No2
- 5.4.1 Who uses the MN treatment/prevention guidelines?
 Doctor1
 Clinical Officer.....2
 Pharmacy staff3
 ANM4
 Anganwadi worker5
 Other (specify).....6
- 5.5.1 When was the last time YOU consulted these publications?

| | Time | Treatment/prevention protocol | |
|---------|---------------|-------------------------------|-----|
| | | VAD | IDA |
| 5.5.1.1 | 1 week ago | | |
| 5.5.1.2 | 2 weeks ago | | |
| 5.5.1.3 | 1 month ago | | |
| 5.5.1.4 | 3 months ago | | |
| 5.5.1.5 | >6 months ago | | |
| 5.5.1.6 | Never | | |

**COMPREHENSIVE SITUATION ANALYSIS ON DEMAND OF IRON, VITAMIN A,
ANTHELMINTHS, & ANTIMALARIALS**

PREGNANT WOMEN

Date of interview.....__ __/ __ __/ __ __

Name and code of interviewer.....

Code for site visited (District=1, PHC=2, Sub HC=3, Village=4).....

| 1. GENERAL INFORMATION | | |
|---|---|---|
| 101 | What is your name? | |
| 102 | How old are you? | <20 years.....1 20-29 years.....2 30-39 years.....3 40-49 years.....4 50+ years.....5 Don't know.....6 |
| 103 | What is your religion? | Hindu.....1 Muslim.....2 Other (specify).....3 |
| 104 | What is your caste? | Scheduled caste.....1 Scheduled tribe.....2 Other.....3 |
| 105 | What was the highest grade of school you completed? | Never attended school.....00 Grade.....__ __ |
| 106 | Is this your first pregnancy? IF YES, GO TO QUESTION 201 | Yes.....1 No.....2 |
| 107 | How many children do you have? | Number.....__ __ |
| 2. MICRONUTRIENT RELATED SUPPLEMENTS I would like to ask you some question about supplements you have been given during THIS pregnancy. | | |
| 201 | Have you received any iron/folate (folifer) tablets in THIS pregnancy? IF NO, GO TO QUESTION 301 | Yes.....1 No.....2 |
| 202 | From whom did you get the iron/folate tablets? | Anganwadi worker.....1 ANM.....2 Doctor.....3 Pharmacist.....4 Other (specify).....5 |
| 203 | In what form were the iron/folate tablets? IF 2,3 OR 4, GO TO QUESTION 205 | Polythene pack.....1 Loose, wrapped in paper.....2 Loose, in hand.....3 Other (specify).....4 |
| 204 | How many PACKS of iron/folate tablets did you receive? GO TO QUESTION 206 | Number.....__ __ Don't remember.....99 |

| | | |
|-----|---|---|
| 205 | How many LOOSE iron/folate tablets did you receive? | Number.....__ __ Don't remember.....9 9 |
| 206 | What colour were the iron/folate tablets? | Shiny red.....1 Dull red.....2 Other (specify).....3 |
| 207 | Where do you keep the iron/folate tablets? | In the wrapping in which they came...1 In the almarah.....2 Nowhere in particular.....3 Other (specify).....4 |
| 208 | Were you told why you should take the iron/folate tablets? IF NO, GO TO QUESTION 210 | Yes.....1 No.....2 |
| 209 | What reasons were given for taking the iron/folate tablets? | Yes.....No Good for the baby.....1.....2 For strength.....1.....21.....2 Other (specify)..... |
| 210 | How often were you told to take the iron/folate tablets? | Once a day.....1 Twice a day.....2 Once a week.....3 Not told.....4 Other (specify).....5 Don't remember.....9 |
| 211 | In the last week, how often have you taken the iron/folate tablets? IF DAILY, GO TO QUESTION 213 | Daily.....1 Once in two days.....2 Once in three days.....3 Once in four days.....4 Once in five days.....5 Once in a week.....6 Did not take any.....7 |
| 212 | Why did you not take the tablets daily? | Yes No Lack of knowledge.....1.....2 No faith in drugs.....1.....2 Prevented by mother in law.1.....2 Destroyed/lost.....1.....2 Spoiled.....1.....2 Forgot.....1.....2 Created side effects.....1.....2 Other (specify)..... |

| | | |
|------------------|---|---|
| 213 | Was there anything about taking the iron/folate tablets that you did not like? IF NO, GO TO QUESTION 301 | Yes.....1 No.....2 |
| 214 | What did you experience that you did not like? | Diarrhoea.....1 Constipation.....2 Nausea.....3 Other (specify).....4 |
| 215 | Had you been told you might experience this/these side effects? | Yes.....1 No.....2 |
| 3. ANTIHELMINTHS | | |
| 301 | During THIS pregnancy, have you received any tablets for worm infestation? IF NO OR DON'T KNOW, GO TO QUESTION 306 | Yes.....1 No.....2 Don't know.....9 |
| 302 | How many deworming tablets did you receive? | Number.....— |
| 303 | From whom did you get the deworming tablets? | Anganwadi worker.....1 ANM.....2 Doctor.....3 Pharmacist.....4 Other (specify).....5 |
| 304 | In what form were the deworming tablets? | Polythene pack.....1 Loose, wrapped in paper.....2 Loose, in hand.....3 Other (specify).....4 |
| 305 | How many of the deworming tablets did you take? | Number.....— — Don't remember.....9 |
| 4. ANTIMALARIALS | | |
| 306 | Have you received any antimalarial treatment? IF NO OR DON'T KNOW, END INTERVIEW | Yes.....1 No.....2 Don't know.....9 |
| 307 | From whom did you get the malaria medicine? | Anganwadi worker.....1 ANM.....2 Doctor.....3 Pharmacist.....4 Other (specify).....5 |
| 308 | How many of the malaria tablets did you take? | Number.....— — Don't remember.....9 |

**COMPREHENSIVE SITUATION ANALYSIS ON DEMAND OF IRON, VITAMIN A,
ANTIHELMINTHS, & ANTIMALARIALS**

PRESCHOOL CHILDREN

Date of interview.....__ __/ __ __/ __ __

Name and code of interviewer.....

Code for site visited (District=1, PHC=2, Sub HC=3, Village=4).....

| 1. GENERAL INFORMATION | | |
|--|--|---|
| 101 | What is your child's name? | |
| 102 | How old is (name)? | Age in months.....__ __ |
| 103 | What is your religion? | Hindu.....1 Muslim.....2 Other (specify).....3 |
| 104 | What is your caste? | Scheduled caste.....1 Scheduled tribe.....2 Other.....3 |
| 105 | What was the highest grade of school you completed? | Never attended school.....00 Grade.....__ __ |
| I would like to ask you some questions about supplements you have been give for (name) | | |
| 2. IRON/ FOLATE SUPPLEMENTS | | |
| 201 | Has (name) ever been given child iron/folate (folifer) tablets IF NO GO TO QUESTION 301 | Yes.....1 No.....2 |
| 202 | How old was (name) when s/he received the child iron/folate tablets | Age in months.....__ __ |
| 203 | From whom did you get the child iron/folate tablets | Anganwadi worker.....1 ANM.....2 Doctor.....3 Pharmacist.....4 Other (specify).....5 |
| 204 | In what form were the iron/folate tablets? IF 2,3,OR 4, GO TO QUESTION 206 | Polythene pack.....1 Loose, wrapped in paper.....2 Loose, in hand.....3 Other (specify).....4 |
| 205 | How many PACKS of iron/folate tablets did you receive? GO TO QUESTION 207 | Number.....__ __ Don't remember.....9 9 |
| 206 | How many LOOSE iron/folate tablets did you receive? | Number.....__ __ Don't remember.....9 9 |

| | | |
|-----|--|---|
| 207 | What colour were the iron/folate tablets? | Shiny red.....1 Dull red.....2 Other (specify).....3 |
| 208 | Where do you keep the iron/folate tablets? | In the wrapping in which they came...1 In the almarah.....2 Nowhere in particular.....3 Other (specify).....4 |
| 209 | Were you told why you should take the iron/folate tablets? IF NO, GO TO QUESTION 210 | Yes.....1 No.....2 Don't remember.....9 |
| 210 | What reasons were given for (name) taking the iron/folate tablets? | Yes.....No For strength.....1.....2 Important for blood.....1.....21.....2 Other (specify)..... |
| 211 | How often were you told to give (name) the iron/folate tablets? | Once a day.....1 Twice a day.....2 Once a week.....3 Not told.....4 Other (specify).....5 Don't remember.....9 |
| 212 | Did you give (name) the tablets daily? IF YES, GO TO QUESTION 214 | Yes.....1 No.....2 |
| 213 | Why did you not give (name) the tablets daily? | Yes No Lack of knowledge.....1.....2 No faith in drugs.....1.....2 Prevented by mother in law.1.....2 Destroyed/lost.....1.....2 Spoiled.....1.....2 Forgot.....1.....2 Created side effects.....1.....2 Other (specify)..... |
| 214 | Was there anything about giving (name) the iron/folate tablets that you did not like? IF NO, GO TO QUESTION 301 | Yes.....1 No.....2 |
| 215 | What did (name) experience that you did not like? | Diarrhoea.....1 Constipation.....2 Nausea.....3 Other (specify).....4 |

| | | |
|-----|---|---|
| | | Other (specify)..... |
| 309 | Were you told how often (name) should get vitamin A? IF NO GO TO QUESTION 311 | Yes.....1 No.....2 |
| 310 | How often were you told (name) should get vitamin A? | Once a year.....1 Twice a year.....2 Other (specify).....3 |
| 311 | Was there anything about giving (name) vitamin A that you did not like? IF NO, GO TO QUESTION 401 | Yes.....1 No.....2 |
| 312 | What did (name) experience that you did not like? | |

| 4. ANTIHELMINTHS | | |
|------------------|--|--|
| 401 | Has (name) ever passed worms in his/her stools? | Yes.....1 No.....2 Don't know.....3 |
| 402 | Has (name) complained or shown signs of having an itchy anus? | Yes.....1 No.....2 Don't know.....3 |
| 403 | Has (name) ever been treated for worms? IF NO OR DON'T KNOW, GO TO QUESTION 501 | Yes.....1 No.....2 Don't know.....3 |
| 404 | How many times has (name) been dewormed? | Number of times.....__ __ Don't know.....9 |
| 405 | Last time, who did you get the deworming medication from? | Anganwadi worker.....1 ANM.....2 Doctor.....3 Pharmacist.....4 Other (specify).....5 |
| 406 | Last time, what form was the deworming medication? | Tablet.....1 Syrup.....2 |
| 5. ANTIMALARIALS | | |
| 501 | Was (name) diagnosed as having malaria in the last year? IF NO, GO TO QUESTION 503 | Yes.....1 No.....2 |
| 502 | Was a blood slide prepared? | Yes.....1 No.....2 |
| 503 | Did (name) receive antimalarial treatment? IF NO, END INTERVIEW | Yes.....1 No.....2 |
| 504 | Did (name) receive antimalarial tablets, syrup, or injection? IF SYRUP GO TO QUESTION 506 IF INJECTION, GO TO QUESTION 509 | Tablets.....1 Syrup.....2 Injection.....3 |
| 505 | How many tablets did (name) receive? GO TO QUESTION 507 | Number of tablets.....__ __ Don't know.....9 |
| 506 | How many spoons of syrup did (name) receive? | Number of spoons.....__ __ Don't know.....9 |
| 507 | Did (name) consume all the tablets/syrup? IF YES, GO TO QUESTION 509 | Yes.....1 No.....2 |

| | | |
|-----|---|--|
| 508 | Why did (name) not take all the antimalarial tablets/syrup? | <div>Yes No</div> Lack of knowledge.....1.....2 No faith in drugs.....1.....2 Prevented by mother in law.1.....2 Destroyed/lost.....1.....2 Spoiled.....1.....2 Forgot.....1.....2 Created side effects.....1.....2 Other (specify)..... |
|-----|---|--|

| | | |
|-----|--|--|
| 509 | Did (name) receive a follow-up visit from a health worker? IF NO, END INTERVIEW | Yes.....1 No.....2 |
| 510 | Did (name) receive follow-up antimalarial treatment? | Yes.....1 No.....2 |
| 511 | How many tablets/syrup did (name) receive? | Number of tablets/number of spoons of syrup..... |
| 512 | Did (name) consume all the tablets/syrup? | Yes.....1 No.....2 |

COMPREHENSIVE SITUATION ANALYSIS ON DEMAND OF IRON, VITAMIN A, ANTIHELMINTHS, & ANTIMALARIALS

PHARMACIES

Date of interview.....__ __/__ __/__ __

Name and code of interviewer.....

Code for site visited (District = 1, Phc=2, Sub HC=3, Village =4.....

Address of pharmacy.....

Other Relevant

Information.....

.....

.....

| | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|---|-------|------|------|--------------|---------------------|-------|--------------|-------|-----------|--------------|-------|-------|--------------|-------|-------|--------------|--|--|--------------|--|--|
| 101 | What is your name | _____ | | | | | | | | | | | | | | | | | | | | | |
| 102 | What brands of micronutrient, antihelminth, and antimalarial supplements do you stock | <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>_____1_____2</td> <td></td> <td></td> </tr> <tr> <td>_____1_____2</td> <td></td> <td></td> </tr> <tr> <td>_____1_____2</td> <td></td> <td></td> </tr> <tr> <td>_____1_____2</td> <td></td> <td></td> </tr> <tr> <td>_____1_____2</td> <td></td> <td></td> </tr> <tr> <td>_____1_____2</td> <td></td> <td></td> </tr> </table> | | Yes | No | _____1_____2 | | | _____1_____2 | | | _____1_____2 | | | _____1_____2 | | | _____1_____2 | | | _____1_____2 | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | |
| _____1_____2 | | | | | | | | | | | | | | | | | | | | | | | |
| _____1_____2 | | | | | | | | | | | | | | | | | | | | | | | |
| _____1_____2 | | | | | | | | | | | | | | | | | | | | | | | |
| _____1_____2 | | | | | | | | | | | | | | | | | | | | | | | |
| _____1_____2 | | | | | | | | | | | | | | | | | | | | | | | |
| _____1_____2 | | | | | | | | | | | | | | | | | | | | | | | |
| | List all brands | Other (specify)_____ | | | | | | | | | | | | | | | | | | | | | |
| 103 | In the last week, how many prescriptions did you receive from government doctors for: | Iron/folate tablets..... Vitamin A..... Antihelminth..... Antimalarial..... | | | | | | | | | | | | | | | | | | | | | |
| 104 | In the last week, how many prescriptions did you receive from private doctors for: | Iron/folate tablets..... Vitamin A..... Antihelminth..... Antimalarial..... | | | | | | | | | | | | | | | | | | | | | |
| 105 | In a normal month, how often do you prescribe the following drugs to: | <table border="0"> <tr> <td></td> <td>0-5y</td> <td>Preg</td> <td>Lact</td> </tr> <tr> <td>Iron/folate tablets</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Vitamin A</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Antihelminth</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | | 0-5y | Preg | Lact | Iron/folate tablets | _____ | _____ | _____ | Vitamin A | _____ | _____ | _____ | Antihelminth | _____ | _____ | _____ | | | | | |
| | 0-5y | Preg | Lact | | | | | | | | | | | | | | | | | | | | |
| Iron/folate tablets | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| Vitamin A | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| Antihelminth | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| 106 | In the malaria season, how often do you prescribe an antimalarial to: | <table border="0"> <tr> <td>0-5Y</td> <td>Preg</td> <td>Lact</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | 0-5Y | Preg | Lact | _____ | _____ | _____ | | | | | | | | | | | | | | | |
| 0-5Y | Preg | Lact | | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | |

HEALTH CARE PROVIDERS (HCP) KNOWLEDGE AND PRACTICE OF MICRONUTRIENTS, ANTIHELMINTHS, AND ANTIMALARIALS

| | | |
|----|--|---|
| 1 | Date of Interview | |
| 2 | Name of HCP | |
| 3 | Administrative Level (district = 1, PHC = 2, Sub HC = 3, Village =4) | |
| 4 | Age (years) | |
| 5 | Sex (male = 1, female =2) | |
| 6 | Title | |
| 7 | Qualifications | |
| 8 | Duration of service (years) | |
| 9 | Are there MN deficiencies in this area | Yes1 No.....2 |
| 10 | Which ones are you aware of? Circle Yes only for those mentioned, other wise circle no. | Yes.....No Vitamin A deficiency....1.....2 Iron deficiency.....1.....2 Iodine deficiency.....1.....2 |
| 11 | Do you know the causes of vitamin A deficiency? | Yes1 No.....2 Don't know.....3 |
| 12 | What are the causes of vitamin A deficiency? Circle yes only for those mentioned otherwise circle no or complete other. | Yes....No PovertyYes No Not enough foodYes No Lack of vitamin a in diet.Yes No Frequent illnessYes No |
| 13 | Do you know the causes of iron deficiency anemia? If no or don't know, go to question 14. | Don't know.....3 |
| 14 | What are the causes of iron deficiency anemia? | Yes....No PovertyYes No Not enough foodYes No Lack of iron in diet.Yes No Low bioavailable iron in diet....Yes..No Malaria.....Yes..No Worm infestation.....Yes..No Frequent illnessYes No Other (specify) |
| 15 | Do you know the causes of iodine deficiency disorders. If no or don't know, go to question 16. | Don't know.....3 |
| 16 | What causes of iodine deficiency disorders? Circle yes only for those mentioned, other circle no or complete other. | Yes....No PovertyYes No Not enough foodYes No Lack of iodine in diet. ...Yes No Not eating iodized salt....Yes..No Frequent illnessYes No Other (specify) |

| | | |
|----|--|---|
| 17 | How can vitamin A status be improved? Circle Yes only for those mentioned, otherwise circle no or complete other. | <div style="text-align: right;">Yes No</div> Increase intake of : Green leafy vegetables...1....2 Orange/yellow fruits.....1....2 Meat.....1....2 Dairy products.....1....2 Other foods (specify)..... Vitamin A Capsule.....1....2 Other (specify)..... |
| 18 | How can iron status be improved? Circle Yes only for those mentioned, otherwise circle no or complete other. | <div style="text-align: right;">Yes No</div> Increase intake of : Green leafy vegetables...1....2 Orange/yellow fruits.....1....2 Meat.....1....2 Dairy products.....1....2 Other foods (specify)..... Vitamin A Capsule.....1....2 Other (specify)..... |
| 19 | How can iodine status be improved? | <div style="text-align: right;">Yes No</div> Increase use of: Iodized salt.....1....2 Iodine supplements.....1....2 Other (specify)..... |
| 20 | Who is most affected by vitamin a deficiency? | <div style="text-align: right;">Yes No</div> Preschool children.....1....2 Pregnant women.....1....2 Lactating women.....1....2 Others (specify)..... |
| 21 | Who is most affected by iron deficiency? | <div style="text-align: right;">Yes No</div> Infants.....1....2 Preschool children.....1....2 Pregnant women.....1....2 Lactating women.....1....2 Others (specify)..... |
| 22 | Who is most affected by iodine deficiency disorders? | <div style="text-align: right;">Yes No</div> Preschool children.....1....2 Pregnant women.....1....2 Lactating women.....1....2 Others (specify)..... |
| 23 | Do you have MN supplements in stock? | <div style="text-align: right;">Yes No</div> Vitamin A syrup.....1....2 Vitamin A capsules1....2 Adult folifer tablets.....1....2 Child folifer tablets.....1....2 |

| | | |
|----|---|---|
| 24 | What regimen (number and periodicity) do you follow to prevent vitamin a deficiency? Periodicity: Annual=1, Biannual =2, If none, write none. | No. Periodicity Post-partum _____ Preschool children _____ Other,(specify) _____ |
| 25 | What regimen (number, frequency and periodicity) do you follow to prevent iron deficiency anemia No: number/day Frequency: number of weeks Periodicity: annual =1, biannual =2 | No. Freq Peri Pregnant women _____ Lactating women _____ Preschool children _____ Adolescents girls _____ Other,(specify) _____ |
| 26 | Are you familiar with clinical signs of vitamin A Deficiency? If no, go to question 28. | Yes.....1 No.....2 |
| 27 | What are the clinical signs of Vitamin A deficiency? | Yes.....No Eye lesions/scars.....1.....2 Blindness.....1.....2 Other..... |
| 28 | Are you familiar with the clinical signs of iron deficiency anemia? If no go to question 30. | Yes.....1 No.....2 |
| 29 | What are the clinical signs of iron deficiency anemia? | Yes....No Pallor of the eye.....1.....2 Pallor of nails.....1.....2 Pallor of the palm.....1.....2 Weakness/tiredness.....1.....2 Light skin.....1.....2 Other..... |
| 30 | Are you familiar with clinical sign of iodine deficiency disorders? If no go to question 32. | Yes.....1 No.....2 |
| 31 | What are the clinical signs of iodine deficiency disorders? | Yes.....No Goiter.....1.....2 Other..... |
| 32 | What regimen (no. and periodicity) do you follow to treat Iodine deficiency disorders? No/ day Periodicity annual =1, biannual=2 If none write none | No....freq....Per Preschool children...._____ Other..... |
| 33 | What regimen (no. and periodicity) do you follow to treat Iron deficiency anemia? No/ day Periodicity annual =1, biannual=2 If none write none | No. Freq Peri Pregnant women _____ Lactating women _____ Preschool children _____ Adolescents girls _____ Other,(specify) _____ |
| 34 | Do you distribute mebendazole? If no go to question 38. | Yes.....1 No.....2 |
| 35 | Dou use mebendazole for: | Yes.....No Prevention.....1.....2 |

| | | |
|----|--|---|
| | | Treatment.....1...2 |
| 36 | Who d you give mebendazole to Circle yes only for those mentioned otherwise circle no complete other. | Yes No Infants (<2 Yr).....1.....2 Preschool children.....1.....2 Primary school children..1...2 Adolescents.....1.....2 Pregnant women.....1.....2 Others (specify)..... |
| 37 | What regimen Number, frequency and periodicity do you follow for mebendazole? | No. Freq Peri Infants (<2 Yr) ____ ____ ____ Preschool children ____ ____ ____ Primary school children ____ ____ Adolescents ____ ____ ____ Pregnant women ____ ____ ____ Other,(specify) ____ ____ |
| 38 | Do you distribute antimalarials? | Yes.....1 No.....2 |
| 39 | Do you use antimalarial for: | Yes....No Prevention.....1.....2 Treatment.....1...2 |
| 40 | Who are the priority groups | Yes No Infants (<2 Yr).....1.....2 Preschool children.....1.....2 Primary school children..1...2 Adolescents.....1.....2 Pregnant women.....1.....2 Others (specify)..... |
| 41 | What regimen(number, frequency, and periodicity do you follow for antimalarial? | No. Freq Peri Infants (<2 Yr) ____ ____ ____ Children (2-12) ____ ____ ____ Adolescents ____ ____ ____ Pregnant women ____ ____ ____ Other,(specify) ____ ____ |
| 42 | Do you have protocols for MN related supplements. If no, end interview. If yes, ask to see them. Note whether the protocols were:: | Yes.....1 No.....2 Visible.....1.....2 Easily accessible 1.....2 |
| 43 | Do you use these protocols? | Yes.....1 No.....2 |

INDICATORS FOR SUPPLY OF MN RELATED PRODUCTS

These indicators can be calculated using the questions with corresponding number. For example, indicator 2.1 is based on questions. 2.1.1 and 2.1.2.

Stores Management

- | | | |
|------|----------------------------|--|
| 2.1 | Indicator: Calculation: | % of MN related products for which there is a written stock recording method <u>No. NM related products for which there is a stock recording system</u> *100 total no. of MN related products. |
| 2.2 | Indicator: Calculation: | % of list MN products in stock <u>Total no related products physically in stock</u> * 100 total no of MN related products. |
| 2.3. | Indicator Calculation | % of accurate stock records <u>Total no MN related prod. Where recorded stock = physical stock</u> * 100 total no. of MN related products for which a stock card was checked. |
| 2.4. | Indicator: Calculation: | Service facilities achieving minimum storage, 15 to 20 items below standards. Total no.of Yes for each storage depot is 15 or more. |
| 2.5 | Indicator Calculation: | % facilities completing an annual stock take for MN related supplements. <u>Presence of verifiable annual stock taken for each product</u> *100 no. MN related products. |
| 2.6 | Indicator: Calculation: | % of product where expired stock is mixed with usable stock. <u>Total no. MN related products with mixed stock (yes's)</u> *100 Total no. MN related product. |

Quantification and Resupply Decision

- | | | |
|------|---------------------------|--|
| 3.1 | Indicator Calculation: | % MN related product's resupply decisions made quantitatively at district level. <u>No. MN related prod. Decisions made quantit'ly by the health facility</u> * 100 total no. MN products resupplied. |
| 3.2. | Indicator Calculation | % MN related resupply decisions made by appropriately trained staff at district level <u>No. MN related resupply decisions made by personnel with training in quantification techniques</u> * 100 total no. MN related products resupplied. |
| 3.3 | Indicator Calculation | The average frequency of ordering the MN related product by category The average frequency of ordering/resupply (expressed as a % of MN related products ordered at scheduled intervals, i.e. not ad hoc. % of products ordered made monthly = $\frac{\text{No. mo resupply schedules}}{100 \text{ total no. MN related products}}$ % of products ordered made bimonthly = $\frac{\text{No. bimo, resupply schedules}}{100 \text{ Total no. MN related products}}$ % of products ordered made quarterly = $\frac{\text{No. qtly resupply schedules}}{100 \text{ no. MN related products}}$ |

| | | |
|-----|--------------------------|--|
| 3.4 | Indicator Calculation | % standard systems for reordering MN related products $\frac{\text{Total no. 'yes' responses in the following table}}{\text{Total no. possible 'yes' responses in the following table}} * 100$ |
| 3.5 | Indicator Calculation | Average % time out of stock for a MN related product $\frac{\text{Total no. of stockouts for each MN related product}}{\text{Total no. days in preceding 6 mo} * \text{No. products for which info available}} * 100$ |
| 3.6 | Indicator Calculation | Average number of times out of stock for all MN related products $\frac{\text{Total no. times out of stock for all MN products}}{\text{Total no. products}}$ |

DISTRIBUTION

| | | |
|-----|--------------------------|--|
| 4.1 | Indicator Calculation | Frequency of delivery/collection by the product category in the last 6 mo. The average frequency of collections/deliveries over the last 6 mo. This is expressed as the % categories received or collected at intervals (monthly, quarterly, etc) or ad hoc: $\% \text{ products resupplied made bimonthly} = \frac{\text{No. bimonthly resupply schedules}}{\text{Total no. products}} * 100$ $\% \text{ products resupplied made monthly} = \frac{\text{No. monthly resupply schedules}}{\text{Total no. products}} * 100$ $\% \text{ products resupplied made quarterly} = \frac{\text{No. quarterly resupply schedules}}{\text{Total no. products}} * 100$ $\% \text{ ad hoc resupply of products} = \frac{\text{No. ad hoc resupply schedules}}{\text{Total no. products}} * 100$ |
| 4.2 | Indicator Calculation | Average number of transportation method per MN related product Average no. transport method = $\frac{\text{Total no. different transportation methods}}{\text{Total no. product categories}}$ |
| 4.6 | Indicator Calculation | % MN related products distributed to non-government health care providers $\frac{\text{Average no. supplied to non-government practitioners in a month}}{\text{Average no. of MN related products received in a month}} * 100$ |

RATIONAL USE

| | | |
|-----|-----------|---|
| 5.1 | Indicator | % health facilities in district with a functional Hospital or Health Centre Drug and Therapeutic Committee (i.e. meets every 2 months) |
| 5.2 | Indicator | Availability of an official GOI publication in health facility (e.g. standard treatment guidelines, essential drug and supplies list, treatment and prevention protocols) providing essential public health supplies information to prescribers, revised and published within the last 5 years. Calculation % health facilities in district with at least 2 = $\frac{\text{Total no. district stores/depots with publication}}{\text{Total no. district stores/depots in State}}$ official national publications revised and published within last 5 years |

