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Philippines: Family Planning and Maternal, Newborn, and Child Health Logistics Management and Stock Status Report, September 2011

LIAT Results

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Abstract

A logistics system and stock status survey was conducted in 2011 to provide the Department of Health, U.S. Agency for International Development/Philippines, and other stakeholders with information on the availability of family planning and maternal, newborn, and child health commodities and logistics information at provincial- and municipal-level facilities. This report presents the findings of the assessment as well as recommendations to improve the contraceptive logistics systems in the Philippines.

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Acronyms

BTL	Bilateral tubal ligation
CHD	Center for Health Development
COC	combined oral contraceptive
CPR	contraceptive prevalence rate
CSR	contraceptive self-reliance
DOH	Department of Health
DPMA	depo-medroxy progesterone acetate (Depo-Provera)
FEFO	first-to-expire, first-out
FP	family planning
FPCMS	Family Planning Commodity Monitoring Tool
IUD	intrauterine device
LIAT	Logistics Indicators Assessment Tool
LGU	Local Government Unit
MNCH	maternal, newborn, and child health
MNCHN	maternal, newborn, and child health and nutrition
NDHS	National Demographic and Health Survey
ORS	oral rehydration salts
PHO	provincial health office
POP	progestin-only pills
RHU	rural health unit
SDP	service delivery point
SIMS	Stock and Inventory Management System
UNFPA	United Nations Populations Fund
USAID	U.S. Agency for International Development

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Finally thank you to U.S Agency for International Development (USAID) for its continuous support and assistance.

We hope that this report will contribute to improving the reproductive health commodity security situation in the Philippines.

Executive Summary

The Philippines, as of 2011, has an estimated population of 96 million and an average annual growth rate of 1.9 percent (PRB, 2011). The total fertility rate (TFR) in the Philippines has steadily declined since the mid-1970s, from 6.0 children per woman to 3.3 children per woman in 2006. However, according to the 2008 National Demographic and Health Survey (NDHS), fertility varies substantially across residence types, where urban women have, on average, 2.8 children compared with 3.8 children per woman in rural areas. Fertility also decreases with household wealth, where women in wealthier households have fewer children than those in poorer households (1.9 children in the wealthiest quintile compared with 5.2 children in the lowest) (NDHS, 2009).

According to the 2008 NDHS, the contraceptive prevalence rate (CPR) among currently married women was 51 percent. Despite the remarkable increase in CPR from 17 percent in 1973 to 40 percent in 1993, and women's expressed desire to space or limit childbearing, the use of modern methods has only increased by 9 percentage points in the past 15 years and only three-quarters of a percent since the 2003 NDHS. Conversely, the level of unmet need increased from 17 percent in 2003 to 22 percent in 2008.

In 1991, with the passage of the Local Government Code and the implementation of the policy of "devolution," municipalities were given the power to plan, implement, and manage all population and development programs. Municipalities were encouraged to deliver primary health care, while the central, regional, and provincial health offices continued to provide supportive and enabling measures including setting standards of care, training of health service providers, procurement and delivery of drugs and equipment, monitoring and supervision, as well as managing secondary and tertiary levels of care. Starting in 2004, with the anticipated shortfall of family planning (FP) commodities brought about by the 2001 policy for the phasing out of donated contraceptive commodities, the Department of Health (DOH) began to implement the Contraceptive Self-Reliance (CSR) strategy. Under this strategy, municipalities were to assume the primary responsibility for assuring that sufficient quantities of contraceptives were available for free to the poorest users, thus ending the central government's role of distributing externally donated commodities.

One of the challenges for CSR is that due to the decentralization of responsibility for procurement and logistics management to the municipalities, there are little data as to the availability of contraceptives at the municipality level, including whether products are provided for free or at a cost. The purpose of this study was to gather current information on national stock status of all contraceptive and selected maternal and child health commodities at the facility level, as well as to identify current commodity management practices throughout the system.

The study was conducted in 224 municipalities within 33 provinces/independent cities. The study sample, calculated for a 5 percent margin of error and 90 percent confidence interval, included both randomly selected rural health units (RHUs) within selected provinces and a purposeful selection of hospitals in all three island groups. In addition, all provincial/independent city warehouses, where available, were included. Data was collected using the Logistics Indicators Assessment Tool, which was adapted specifically for the Philippines context and used to assess all contraceptives and selected maternal, newborn, and child health (MNCH) products through conducting physical inventory, observations, and interviews. Data was collected by Nokia E63 mobile phones using EpiSurveyor

mobile, a mobile application designed by DataDyne, which facilitates transfer of data through present forms on smart phones and enables transmission of data from the phones directly to the Internet.

Key Findings

This study found that the products managed at facilities and warehouses varied between provinces and municipalities. Combined oral contraceptives (COC), depo-medroxy progesterone acetate, or DMPA (brand name: Depo-Provera), and intrauterine devices (IUDs) were the most common managed FP products, while oral rehydration salts were the most common MNCH product. Surprisingly, many hospitals, however, did not manage any of the FP or MNCH products being assessed or provide any FP services such as performing permanent method procedures. Lack of training was cited as the primary reason for the lack of services.

Product availability on the day of the visit was relatively low: almost a quarter of all facilities were stocked out of any of the 14 products being assessed that they reported as managing. Those products include the following: 64 percent were stocked out of amoxicillin; 35 percent were stocked out of DMPA; and 30 percent were stocked out of COC and condoms. These figures are actually much higher when one assumes the products should actually be managed at the facilities.

The study also confirmed that the practice of maintaining stock cards, which is the first step in inventory management, is essentially non-existent regardless of facility levels (warehouse, hospital, or RHU) or type of product (FP vs. MNCH). As a result, it was not possible to calculate key logistics indicators such as frequency of stockouts, average length of stockouts, average monthly consumption, or month of stock on hand. However, interviews with providers confirmed frequent occurrences of FP product stockouts, with the average length of stockout being three months or more.

Most facilities reported using some type of record to manage health commodities, primarily dispense-to-user records; however, few were taught to complete them in a formal setting such as a logistics workshop. Reports of supportive supervision visits within the previous six months that included drug management were common.

The study also found that a functioning FP logistics management system is essentially non-existent within the municipalities. Procurements occur on relatively ad hoc basis, with a lead time between placing the order and receiving ranging from less than two week to more than two months. Availability of funding or previous consumption appear to be the primary driving factors in terms of determining amounts to order; forecasting is not used to quantify demand. Additionally, storage conditions were generally poor with 50 percent of provincial warehouses and 41 percent of RHUs having below average scores.

Mechanisms for funding varied among municipalities, though there does not seem be any correlation between funding mechanism and type of vendor.

Recommendations

Key recommendations include the following:

- Review and strengthen current maternal, newborn and child health and nutrition (MNCHN) grants guidelines in terms of what the grant can be used for and how to qualify for it. Additionally, guidelines should be disseminated to the municipal and service delivery point level so that all those involved with procurement are aware of the benefits of the MNCHN grants.

- Review the current roles and responsibilities of level one and two hospitals; the roles and responsibilities should include guidance on the products that should be managed and services provided at the facilities. In addition, hospital-based providers should also receive training for how to perform all long-acting and permanent FP methods (i.e., IUD insertions, bilateral tubal ligation (BTL), and vasectomy) as these procedures are not necessarily intended to be performed at most RHUs but should be available at all hospitals.
- Help strengthen stock management by providing continued support to allow HealthGov to further expand and implement both the paper based and electronic versions of the Stock and Inventory Management System, which is designed to help local government units track expendable commodities in health facilities, especially drugs and medical supplies in additional provinces.
- Provide continued support for the roll-out of the Family Planning Commodity Monitoring Tool: given the decentralized supply chain for FP, and the need for policymakers to monitor how municipalities are meeting their responsibilities to maintain commodity availability, continued support should be provided . Centers for Health Development and provincial health offices should be encouraged to conduct quarterly supportive supervision visits and submit results to the appropriate level in a timely fashion. Additional training might be necessary to strengthen supportive supervision and routine monitoring of drug management.
- Provide training on guidelines and/or reminders such as posters to help address issues with maintaining proper storage conditions to storeroom managers, particularly those at the provincial warehouses.
- Consider implementing a mixed system for procurement to take advantage of the benefits of decentralization while negotiating and managing overarching contracts centrally that provide suppliers with minimum volume guarantees and help facilitate access to lower prices.
- Encourage the use of forecasting demand to help enable more accurate procurements.

Background

The Philippines, as of 2011, has an estimated population of 96 million and an average annual growth rate of 1.9 percent (PRB, 2011). The total fertility rate (TFR) in the Philippines has steadily declined since the mid-1970s, from 6.0 children per woman to 3.3 children per woman in 2006. However, according to the 2008 National Demographic and Health Survey (NDHS), fertility varies substantially across residence types, where urban women have, on average, 2.8 children compared with 3.8 children per woman in rural areas. Fertility also decreases with household wealth, where women in wealthier households have fewer children than those in poorer households (1.9 children in the wealthiest quintile compared with 5.2 children in the lowest) (NDHS, 2009).

According to the 2008 NDHS, the contraceptive prevalence rate (CPR) among currently married women was 51 percent. Of the 34 percent of women using a modern method, the most common were pills (16 percent), followed by female sterilization (9 percent). Another 17 percent were using a traditional method, including periodic abstinence (rhythm) and withdrawal. Despite the remarkable increase in CPR from 17 percent in 1973 to 40 percent in 1993, and women's expressed desire to space or limit childbearing, the use of modern methods has only increased by 9 percent in the past 15 years and only three-quarters of a percent since the 2003 NDHS. Conversely, the level of unmet need has increased from 17 percent in 2003 to 22 percent in 2008.¹

In 1991, with the passage of the Local Government Code and the implementation of the policy of "devolution," municipalities were given the power to plan, implement, and manage all population and development programs. Municipalities were encouraged to deliver primary health care, while the central, regional, and provincial health offices continued to provide supportive and enabling measures including setting standards of care, training of health service providers, procurement and delivery of drugs and equipment, monitoring and supervision, as well as managing secondary and tertiary levels of care. Starting in 2004, with the anticipated shortfall of family planning (FP) commodities brought about by the 2001 policy for the phasing out of donated contraceptive commodities, the Department of Health (DOH) began to implement the Contraceptive Self-Reliance (CSR) strategy. Under this strategy, municipalities were to assume the primary responsibility for assuring that sufficient quantities of contraceptives were available for free to the poorest users, thus ending the central government's role of distributing externally donated commodities.

However, recognizing that some municipalities were not in the position to acquire all essential medicine including FP commodities, the central government did not completely withdraw from procuring medicine and commodities. Instead, two different kinds of supply chains for health commodities in the Philippines have been created: one for supplies procured directly by municipalities, and one for priority "program commodities," which are supplied directly by the DOH or another partner. Program commodities are intended for DOH priority programs, including those for tuberculosis and maternal, newborn, and child health and nutrition (MNCHN), where DOH funding or direct commodity support is available to supplement or replace municipality support from their own budget funds.

¹ Unmet need for family planning is defined as "the percentage of currently married women who either do not want any more children or want to wait before having their next birth, but are not using any family planning method" (Rutstein, 2006).

One of the challenges for CSR is that due to the decentralization of responsibility for procurement and logistics management to the municipalities, there are little data as to the availability of contraceptives at the municipality level, including whether products are provided for free or at a cost. Municipalities have little or no incentive to report logistics data, and no system exists for them to do so; service statistic data on client numbers are considered poor quality, and there is no systematic monitoring of product availability. To address this, the DOH, with support from the U.S. Agency for International Development (USAID) through HealthGov and the USAID | DELIVER PROJECT, began implementing a system, using the Family Planning Commodity Monitoring Tool, in 2010 which, if successful, will generate routine data on commodity availability. Meanwhile, there is a need to generate data in the short-term on key logistics indicators to assess how municipalities are doing in CSR and help determine future priorities and direction for the DOH and other stakeholders, particularly in light of the possible reintroduction of central DOH procurement.

Assessment Purpose and Objectives

The purpose of this assessment was to gather current information on national stock status of all contraceptive and selected maternal and child health commodities at the facility level, as well as to identify current commodity management practices throughout the system. The information was also used to inform recommendations to improve commodity availability. The information provides program planners and managers, particularly the DOH and USAID, with current information on—

- Management and stock status of contraceptive methods and selected maternal and child health products
- Logistics practices at municipalities including maintenance of logistics records and storage conditions logistics capacity of personnel
- Sources of financing and procurement of family planning products.

Assessment Methodology

The Logistics Indicators Assessment Tool (LIAT), a standardized tool developed by the DELIVER Project, the predecessor to the USAID | DELIVER PROJECT, and applied in many countries around the world, was used in this study. The tool assesses health commodity system performance and commodity availability at health facilities, and provides stakeholders with up-to-date information on the current operating systems for commodities management. For the purposes of this survey, the instrument was adapted specifically for the Philippines and used to assess all contraceptives and selected maternal, newborn, and child health (MNCH) products. A copy of the final LIAT used for the purposes of this survey is attached as Appendix C.

The USAID | DELIVER PROJECT partnered with IMS Health, an internationally recognized organization with a strong presence in the Philippines and knowledge of the Filipino health system, to carry out the survey. A list of field researchers who carried out the survey can be found in Appendix D.

Data was collected through observations, conducting physical inventory, and conducting interviews with provincial/independent city-level FP coordinators, facility-level FP supply managers, and facility-level personnel responsible for providing FP products to clients. In order to ensure entrance into the facilities, a letter from the DOH was circulated, which was followed up by direct contact with the provincial and municipality health offices to provide them with background information on the purpose and objectives of the assessment. Visits to facilities were also scheduled in advance.

Sample Frame

The study was conducted in 224 municipalities within 33 provinces/independent cities. The study sample, calculated for a 5 percent margin of error and 90 percent confidence interval, included both randomly selected rural health units (RHUs) within selected provinces and a purposeful selection of hospitals in all three island groups.² In addition, all provincial/independent city warehouses, where available, were included.

In the first stage of sampling, 77 provinces and independent cities where USAID supported projects under Strategic Objective 3 were divided into six geographical groups. In the second stage, 26 provinces and 7 independent cities were selected based on probability proportional to size determined by the number of municipalities in each province. (Independent cities were considered as one province.) In the third stage, 225 municipalities were randomly selected based on the probability proportional to size results, thus entailing a larger representation of municipalities from the provinces with a higher number of municipalities. The sample of provinces and municipalities was slightly adjusted based on political, logistical, and geographical considerations.

² Information on the total number of RHUs and locations within the country was unavailable at the time of sampling. Therefore, for purposes of calculating sample size based on total number of municipalities, two key assumptions were made:

- There would only be one Rhu in most municipalities.
- In situations where there was more than one Rhu in the local government unit, availability of commodities and any logistic system would be similar enough that only one Rhu would be selected.

One hospital per province or independent city was also selected for the sample. As it was assumed that higher levels were less likely to be providing outpatient FP services or stocking FP commodities, only level one and two hospitals were eligible for inclusion. In provinces that had both level one and two hospitals, preference was given to the lower level. In the independent cities without level one or two hospitals, a hospital was selected from the surrounding province.

The final sample size included 224 municipalities with one RHU in each, 33 hospitals, and 31 provincial/independent city warehouses for a total sample size of 288 facilities. It should be noted that researchers were denied access to one facility in Bohol so actual sample size was 223 RHUs, 33 hospitals and 31 warehouses.

For a complete sampling list, please refer to Appendix A. (See table 1 for a partial sample frame.)

Table 1. Partial Sampling Frame

Groups	Region	Province	No. of RHU	No. of Hospitals	Warehouse
1	Cordillera Administrative Region (CAR)	Benguet	7	1	Yes
	Ilocos Region (Region I)	Pangasinan	9	1	Yes
	Cagayan Valley (Region II)	Cagayan	5	1	Yes
	Cagayan Valley (Region II)	Isabela	7	1	Yes
	Central Luzon (Region III)	Angeles City	1	1	Yes
	Central Luzon (Region III)	Bulacan	9	1	Yes
	Central Luzon (Region III)	Pampanga	8	1	Yes
	National Capital Region (Manila)	Marikina City	1	0	No
2	CALABARZON (Region IV-A)	Batangas	6	1	Yes
	CALABARZON (Region IV-A)	Laguna	9	1	Yes
	CALABARZON (Region IV-A)	Lucena City	1	1	Yes
	CALABARZON (Region IV-A)	Quezon	8	1	Yes
	Bicol Region (Region V)	Camarines Sur	14	1	Yes
	Bicol Region (Region V)	Sorsogon	6	1	Yes
3	Western Visayas (Region VI)	Bacolod City	1	0	No
	Western Visayas (Region VI)	Iloilo	9	2	Yes
	Western Visayas (Region VI)	Iloilo City	1	0	Yes
	Western Visayas (Region VI)	Negros Occidental	13	2	Yes
4	Central Visayas (Region VII)	Bohol	13	1	Yes
	Central Visayas (Region VII)	Cebu	8	1	Yes
	Central Visayas (Region VII)	Cebu City	1	1	Yes
	Eastern Visayas (Region VIII)	Leyte	11	1	Yes
	Eastern Visayas (Region VIII)	Samar	5	1	Yes
	Eastern Visayas (Region VIII)	Tacloban City	1	1	Yes
5	Zamboanga Peninsula (Region IX)	Zamboanga del Norte	8	1	Yes
	Zamboanga Peninsula	Zamboanga del Sur	9	1	Yes

Groups	Region	Province	No. of RHU	No. of Hospitals	Warehouse
	(Region IX)				
	Northern Mindanao (Region X)	Bukidnon	8	1	Yes
	Northern Mindanao (Region X)	Misamis Oriental	5	2	Yes
	Davao Region (Region XI)	Compostela Valley	6	1	Yes
	Davao Region (Region XI)	Davao del Sur	6	1	Yes
	Caraga Region (Region XIII)	Agusan del Norte	6	1	Yes
6	Autonomous Region of Muslim Mindanao (ARMM)	Tawi-Tawi	8	1	Yes
	Autonomous Region of Muslim Mindanao (ARMM)	Lanao del Sur	15	1	Yes

Indicator Choice

A set of indicators was selected to provide a broader measurement of stock status and operating systems. The indicators can be used for comparison with future assessments, and they also provide stakeholders with up-to-date information on the current situation.

Table 2. List of Indicators

Indicator	Data Source(s)
1. Percentage of facilities with availability of product at time of visit	Stock card records, respondent, and physical inventory
2. Percentage of facilities with stock cards available for managing contraceptives*	Presence of stock cards for each of the selected products
3. Percentage of facilities with stock cards updated by product	Stock cards for each of the selected products
4. Percentage of facilities with accurate logistics records	Stock cards, family planning register, tally sheet, stock control book
5. Percentage of sites stocked out of product in last six months	Stock card records
6. Average number of days stocked out in six months	Stock card records
7. Percentage of personnel trained in product management and type of training received	Respondent
8. Percentage of facilities receiving supervision within a reasonable amount of time	Respondent
9. Percentage of transportation type used for logistics management	Respondent
10. Percentage of storage facilities that met selected storage conditions	Observations of data collectors on the day of the visit
11. Percentage of municipalities using their own budget to procure family planning products	Respondent

*For purposes of this assessment, a “stock card” was defined as any type of record at the facility that recorded the following: product name, stock/quantity on hand, total issued, and total received by dates. This could include a log book or tally sheet.

Data Collection

Data collection took place over the course of eight weeks, from March 29 through May 13, 2011. A total of 20 data collectors were dispatched to different provinces for an eight-week period to collect data from the selected health facilities.

Data was collected by Nokia E63 mobile phones using EpiSurveyor mobile, a mobile application designed by DataDyne that facilitates transfer of data through pre-sent forms on a smart phones and enables transmission of data from the phones directly to the Internet.

Before implementing the survey, field researchers participated in a five-day training course in Manila on the use of the LIAT instrument and using EpiSurveyor. As part of the orientation, data collection guidelines were discussed to identify the types of information to be gathered, to standardize the data collection process, and to promote comparability of results. Input from the field researchers was integrated into the survey tool, which was then pilot tested in five health facilities and one hospital in the metro Manila area. After the pilot test, modifications were made to the tool prior to its use in the assessment.

Data Management and Analysis

Records were uploaded directly from smart phones to the web-based EpiSurveyor database, where IMS Health staff inventoried, cleaned, and validated the records throughout the data collection period. Data cleaning and validation continued for two weeks following the completion of data collection. Some problems encountered during this process included receipt of duplicate records and failure of transmission of some records due to poor connectivity. The format of records received in EpiSurveyor allowed for easy transferring of data to Microsoft Excel. However, additional steps were required to format records for analysis in other packages such as SPSS.

Analysis of the data was conducted in SPSS. For purposes of analysis, “not applicable” and “missing” responses were removed from the denominators. Results are disaggregated by type of facility (i.e., warehouse, hospital, and RHU).

Quality Assurance

Several methods were used to ensure quality adherence throughout the assessment process. The data collection instrument was reviewed before the training to ensure it was adapted to the current situation; the instrument was reviewed and modified again following a pilot test during the training, with input from data collectors. The training also included a comprehensive review of the tool to ensure data collectors were fully versed in the questions and methodology prior to field data collection.

Each team consisted of one group leader and five field researchers. The group leader’s responsibility was to check on the execution and accuracy of data entry on the mobile phones by observation of each field researcher. If the group leader was not able to accompany the field researcher during the actual visit, the group leader visited the facility to back check the work of the researcher. A back-checking team was also set up in Manila to call respondents in order to check the consistency of answers versus the encoded data, as well as to verify whether an interview and stock status took place in the facility.

Several quality safeguards were incorporated into the data entry program, such as automatic skips where appropriate, range checks, and coding checks. A validating team was set up to manually “edit”

encoded data by checking consistency and completeness of answers. Those considered re-asks were sent back to the field team for verification.

After data were entered into the SPSS database, quality checks and validation were completed to ensure accuracy of the database. Preliminary analyses and frequencies were run prior to full data analysis to ensure consistency within the database.

Limitations

There are several limitations of the survey:

- As the sample size was calculated for the national level based on total number of municipalities, individual provincial level and hospital analysis is not representative. Therefore, one should be cautious when interpreting individual provincial and hospital level results.
- During the month of April, data collection coincided with a national measles vaccination campaign. As a result, some interviews were conducted with staff who were only at the facility on a temporary basis or had only been there for a short period of time and were not necessarily very familiar with ordering, procedures, or what sources for funding and/or supplies were being used.
- Due to limited availability of updated stock cards at facilities, it was not possible to calculate key logistics indicators such as frequency of stockouts, average length of stockouts, average monthly consumption, or months of stock on hand. Questions were included in the interview section to capture stockout information on four FP products. However, responses are subject to recall bias and could not be verified through stock cards.

Assessment Findings

Product Management

In this survey, stock status assessment was conducted for seven different family planning (FP) products, including both short and long term methods and seven maternal, newborn and child health (MNCH) products, selected based on discussions with key stakeholders, in particular the DOH. Because of the nature of decentralization and the ability for each municipality to select which products to maintain, it was expected that not all products would be managed in all facilities or provincial/independent city warehouses. A product was considered to be “managed” if it had been stocked in the facility in the previous year (i.e., from January 2010 and beyond). Table 3 shows the distribution of FP and MNCH product management by types of facilities.

Table 3. Products Managed at Facilities

	Rural Health Units (%) (n = 223)	Hospitals (%) (n = 32)*	Warehouses (%) (n = 30)*
FP Products			
Combined oral pills	96 (216)	22 (7)	97 (29)
Cycle beads	52 (116)	3 (1)	57 (17)
DMPA (e.g Depo Provera®)	95% (212)	19% (6)	97% (29)
Intrauterine devices (e.g., Copper T Model TCu380A)	80 (180)	13 (4)	97 (29)
Male condom	89 (200)	16 (5)	83 (25)
One-month injectable (e.g., Norifam®)	8 (18)	—	17 (5)
Progestin-only pills	26 (59)	6 (2)	43 (13)
MNCH Products			
Amoxicillin suspension (125 mg/5 mL)	61 (136)	34 (11)	40 (12)
Amoxicillin tablet (250 mg)	61 (137)	28 (9)	53 (16)
Ferrous sulfate tablet (ferrous sulfate 200 mg + 250 mcg folate)	52 (117)	22 (7)	50 (15)
Magnesium sulfate (500 mg/mL)	12 (26)	22 (7)	13 (4)
Mebendazole tablet (500 mg)	49 (109)	34 (11)	33 (10)
Oral rehydration salts sachets	88 (196)	59 (19)	73 (22)
Oxytocin (any formulation)	58 (131)	72 (23)	60 (18)

*One hospital and one warehouse refused field researchers access to the storeroom

Note: Actual numbers of facilities that managed the product are presented in parentheses. These numbers are the denominators for figure 1 and figure 2.

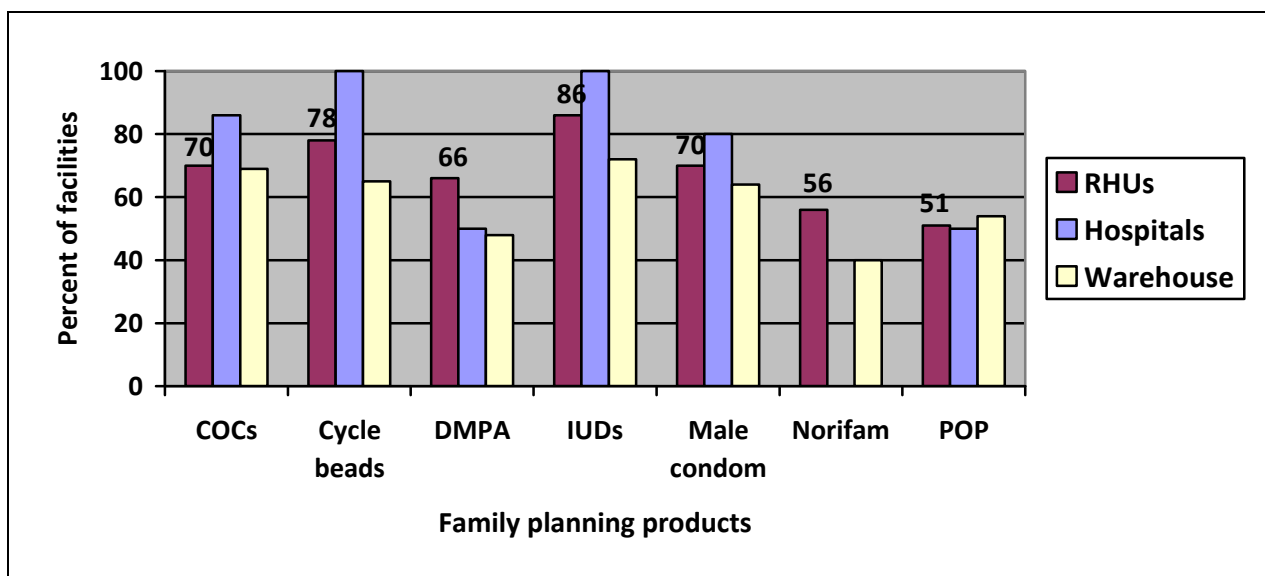
As shown in table 3, RHUs managed a greater variety of products as compared to hospitals. Combined oral contraceptives (COCs), depo-medroxy progesterone acetate (DMPA), and intrauterine devices (IUDs) are the three most common FP products managed in all types of facilities, while oral rehydration salts (ORS) were the most common MNCH product. However, very few hospitals managed any FP products. In fact, 45 percent (15 of 33) did not manage any of the FP products. Additionally, three hospitals did not manage any of the MNCH products.

Stock Availability

For those products that the facility reported managing, a physical count of the products was conducted to determine whether products were available or if the facility was experiencing a stockout on the day of the visit. Figure 1 and figure 2 present the stock availability findings on the day of the visit for the products assessed in the survey and managed by the facilities. (See table 15 and table 16 in Appendix B for results in table form.)

On the day of visit, field researchers found some degree of variability in contraceptive availability. Of the 18 hospitals that actually managed any of the FP products, most generally had the product in stock. On the other hand, stockouts of managed products at the RHUs and warehouses were commonly found. Of the facilities that managed the commodity, only 70 percent of RHUs (177 of 252) and 69 percent of the warehouses (20 of 29) had COCs in stock on the day of visit; 51 percent of RHUs (30 of 59) and 54 percent of the warehouses (7 of 13) had progestin-only pills (POP) available on the day of visit. Additionally, only 66 percent of RHUs (140 of 212) and 48 percent of warehouses (14 of 29) had stocks of DMPA, while male condoms were only available in 70 percent of the RHUs (140 of 200) and 64 percent of warehouses (16 of 25). IUDs, for the most part, appeared to be relatively available, with 86 percent of the RHUs (154 of 180) and 72 percent of warehouses (21 of 29) having the product in stock.

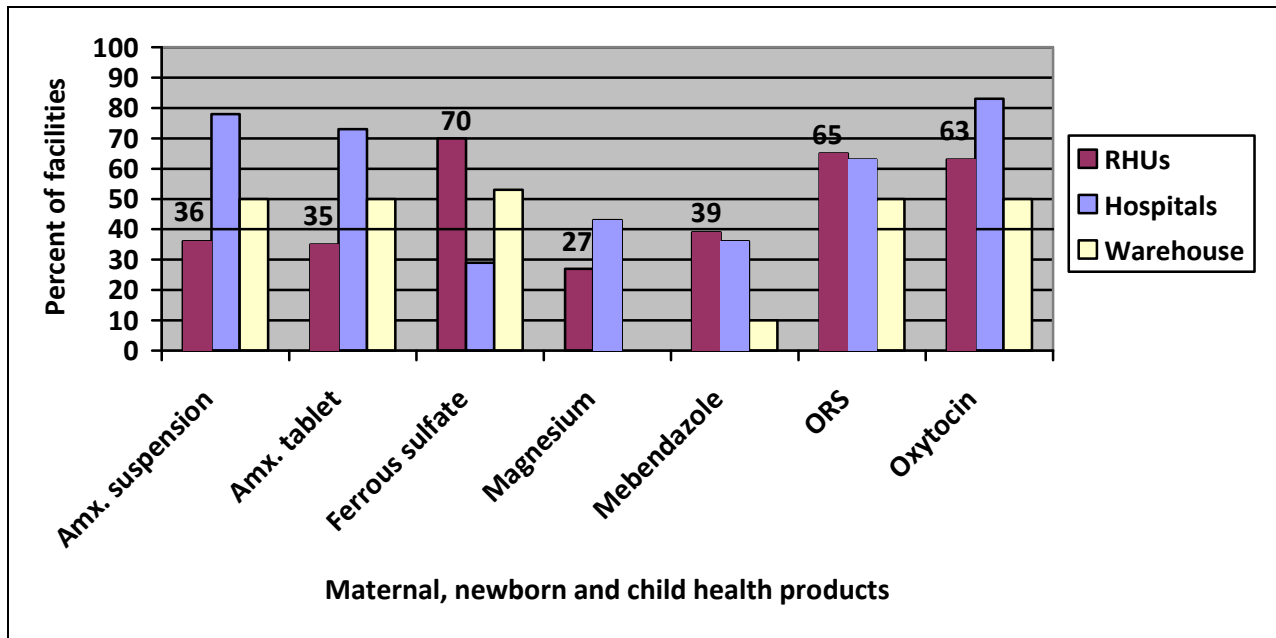
Figure 1. Availability of Family Planning Products Managed at Facilities on the Day of Visit by Facility Types



Note: Hospital-level results should be interpreted with caution as the value for the denominator (i.e., n =) is a maximum of seven. COCs=combined oral contraceptives; DMPA=depo-medroxy progesterone acetate; IUDs= intrauterine devices; POP= Progestin-only pills

Similarly, although more frequently managed at hospitals, stockout rates for MNCH products were equally high. Despite being one of the most common products reported managed at facilities, only 65 percent of RHUs (127 of 196), 63 percent of hospitals (12 of 19), and 50 percent of warehouses (11 of 22) actually had ORS available on the day of visit. Similarly, less than 70 percent of facilities (82 of 117 RHUs, 2 of 7 hospitals, and 8 of 15 warehouses) had ferrous sulfate available. Oxytocin was also frequently available, with stock found at 63 percent at RHUs (82 of 131) and 83 percent at hospitals (19 of 23) (Figure 2).

Figure 2. Availability of Maternal, Newborn, and Child Health Products Managed at Facilities on the Day of Visit by Facility Types



Note: Amx=Amoxicillin; ORS= oral rehydration salts.

Although it was expected that not all products would be managed in all facilities or provincial/independent city warehouses, ideally, all the products should be. Therefore, when including facilities that have not managed the product within the previous year, actual availability of commodities at facilities within the country is considerably lower. As shown in table 4, over one-third of all RHUs would not be able to provide a client with a choice of the full range of most common short-term contraceptive methods (COC/POP, DMPA, or male condoms). Similarly, despite being on the DOH Integrated Management of Childhood Illness essential drug list, most RHUs and hospitals would not be able to treat a child with amoxicillin for pneumonia or ORS for dehydration due to diarrhea if one was brought into the facility on the same day as the survey visit.

Table 4. Availability of Family Planning and Maternal, Newborn, and Child Health Products by Facility

	Rural Health Units		Hospitals		Warehouses	
	Of facilities “managing products” (%)	Of all facilities (%) (n = 224)	Of facilities “managing products” (%)*	Of all facilities (%) (n = 32)	Of facilities “managing products” (%)*	Of all facilities (%) (n = 30)
Family Planning Products						
Combined oral contraceptives	70	67	(6/7)	19	69	67
Cycle beads	78	41	(1/1)	13	64	53
Depo-Provera	66	63	(3/6)	3	65	37
IUDs	86	69	(4/4)	9	48	47
Male condom	70	63	(4/5)	13	72	70
One-month injectable	56	4	(0)	0	(2/5)	7
Progestin-only pills	51	13	(1/2)	3	54	23
Maternal, Newborn and Child Health Products						
Amoxicillin suspension	34	21	(7/9)	25	50	27
Amoxicillin tablet	36	22	73	22	50	20
Ferrous sulfate	70	37	(2/7)	6	53	27
Magnesium sulfate	27	3	(3/7)	9	(0/4)	0
Mebendazole	39	19	36	13	(1/10)	3
Oral rehydration salts	97	57	63	38	50	37
Oxytocin	63	37	83	59	50	30

*Denominators vary by product (see table 3). Percentages were not computed when fewer than 10 facilities manage the product. Actual number of facilities provided in parentheses.

Availability of Stock Cards

The value in logistics records lies in the extent to which they are used appropriately and consistently. In the case of stock cards, inventory information kept on the stock cards allows facilities as well as managers throughout the health system to make informed decisions about what and how much to order each month.³ Consistent and accurate use of stock cards is essential to successful inventory

³ As previously noted, for purposes of this assessment, a “stock card” was defined as any type of record at the facility that recorded the following: product name, stock/quantity on hand, total issued, and total received by dates. This could include a log book or tally sheet.

management. Consequently, the percentage of facilities with stock cards available and updated was also identified as an important indicator of logistics system performance.

Table 5. Utilization of Stock Control Cards to Manage Family Planning Products by Facility Types

	Rural Health Units		Hospitals		Warehouses	
	%	n =	%	n =	%	n =
Combined oral contraceptives	13 (27)	216	(0)	7	38 (11)	29
Cycle beads	2 (4)	116	(0)	1	12 (2)	17
DMPA	12 (35)	212	(0)	6	31 (9)	29
IUDs	11 (28)	180	(0)	4	28 (8)	29
Male condoms	13 (26)	200	(0)	5	24 (9)	25
One-month injectable	0	18	—	—	(0)	5
Progestin-only pills	2 (4)	59	(0)	2	23 (3)	13

Note: “n” represents the number of facilities that manage the product. Percentages were not computed when fewer than 10 facilities manage the product. Actual number of facilities provided in parentheses.

Table 6. Utilization of Stock Control Cards to Manage Maternal, Newborn, and Child Health Products by Facility Types

	Rural Health Units		Hospitals		Warehouses	
	%	n =	%	n =	%	n =
Amoxicillin tablet (250 mg)	7 (18)	136	27 (3)	11	38 (6)	16
Amoxicillin suspension (125 mg/5 mL)	4 (6)	137	(1)	9	17 (2)	12
Ferrous sulfate	4 (5)	117	(0)	7	13 (2)	15
Magnesium sulfate	0	26	(4)	7	(0)	4
Mebendazole (500 mg)	1 (1)	109	(0)	11	(1)	10
Oral rehydration salts	7 (13)	196	16 (3)	19	27 (6)	22
Oxytocin	5 (6)	131	35 (8)	23	17 (3)	18

Note: “n” represents the number of facilities that manage the product. Percentages were not computed when fewer than 10 facilities manage the product. Actual number of facilities provided in parentheses.

Table 5 and table 6 present the percent of facilities with stock cards available for those products that they manage, by facility types. While utilization of stock cards was very poor in all three types of facilities, warehouses appeared to be slightly more consistent. None of the hospitals managing FP

products maintained any stock cards, although there appeared to be some use with for MNCH products, particularly for magnesium sulfate. RHUs have very low utilization for both FP products and MNCH products, with 10 percent or less maintaining a record.

Updated Stock Cards

As shown in table 7 and table 8, few facilities had updated stock cards for those products with stock cards in the 30 days preceding the survey, regardless of facility type or type of product.

Table 7. Updated Stock Cards for Family Planning Products Managed by Facility Types

	Rural Health Units		Hospitals		Warehouses	
	%	n =			%	n =
Combined oral contraceptives	59 (16)	27	—	—	54 (6)	11
Condoms	46 (12)	26	—	—	(4)	6
Cycle beads	(0)	2	—	—	(1)	2
DMPA	50 (13)	26	—	—	(5)	9
IUDs	50 (10)	20	—	—	(5)	8
One-month injectable	—	—	—	—	—	—
Progestin-only pills	(0)	1	—	—	(2)	3

Note: “n” represents the number of facilities that manage the product. Percentages were not computed when fewer than 10 facilities manage the product. Actual number of facilities provided in parentheses. Zero hospitals managed the product and had any stock cards.

Table 8. Updated Stock Cards for Maternal, Newborn, and Child Health Products Managed by Facility Types

	Rural Health Units		Hospitals		Warehouses	
	%	n =	%	n =	%	n =
Amoxicillin tablet (250 mg)	(5)	9	(1)	3	(3)	6
Amoxicillin suspension (125 mg/5 mL)	(1)	6	(1)	1	(2)	2
Ferrous sulfate	(3)	5	—	—	(1)	2
Magnesium sulfate	—	—	(0)	4	—	—
Mebendazole (500 mg)	(1)	1	—	—	(1)	1
Oral rehydration salts	46 (6)	13	(2)	3	(5)	6
Oxytocin	(2)	6	(5)	8	(1)	3

Note: “n” represents the number of facilities that manage the product. Percentages were not computed when fewer than 10 facilities manage the product. Actual number of facilities provided in parentheses.

Municipality-Based Logistics System

Logistics records serve as the backbone of every logistics system. They are designed to capture critical logistics data at each level of the health system. The data captured on logistics records are then brought together to form logistics reports used for crucial decision making about resupply quantities, forecasting, and procurement. As mentioned previously, no central reporting system is in place because of the nature of decentralization within the Philippines. The findings in this section provide an indication of the most common systems in place as well a measure of the system performance.

Information in this section was gathered through interviews conducted on the day of the visit at the service delivery points (SDPs) (i.e., hospitals and RHUs) with the person responsible for managing the drugs and medicine/FP products for the facility. Interviews were also conducted with personnel responsible for dispensing/providing FP products to clients (i.e., nurses or midwives.). In many SDPs, particularly in the RHUs, this was the same person.

The respondent's average length of the time for working at the facility was one and a half years for both RHUs and hospitals. Ninety-one percent of respondents reported being the principal person responsible for managing the medicine and products. As mentioned previously, some respondents could have been relatively new to the facility due to the measles campaign.

Table 9. Job Title of Primary Person Responsible for Management of Products by Service Delivery Point Type

	Rural Health Units (n = 224)	Hospitals (n = 33)
Municipal health officer	9 (21)	
Supply officer	0.5 (1)	
Nurse	67 (151)	61 (20)
Midwife	20 (45)	6 (2)
Medical officer	0.5 (1)	
Pharmacy assistant		
Pharmacist	0.5 (1)	21 (7)
Other	2 (4)	12 (4)
<i>Chief of hospital</i>		(3)
<i>Clerk</i>	(1)	
<i>Data encoder</i>	(1)	
<i>Medical aid</i>	(1)	
<i>Philhealth officer</i>		(1)
<i>Sanitation Inspector</i>	(1)	

Number of staff with title provided in parentheses. Title of "Other" presented in italics³

As shown in table 9, primary responsibility for management of drugs and medicine/FP products at the facility falls under a number of different job titles, but in most cases nurses or midwives manage supplies, with pharmacists also responsible in one in five hospitals. Eighty-seven percent of those

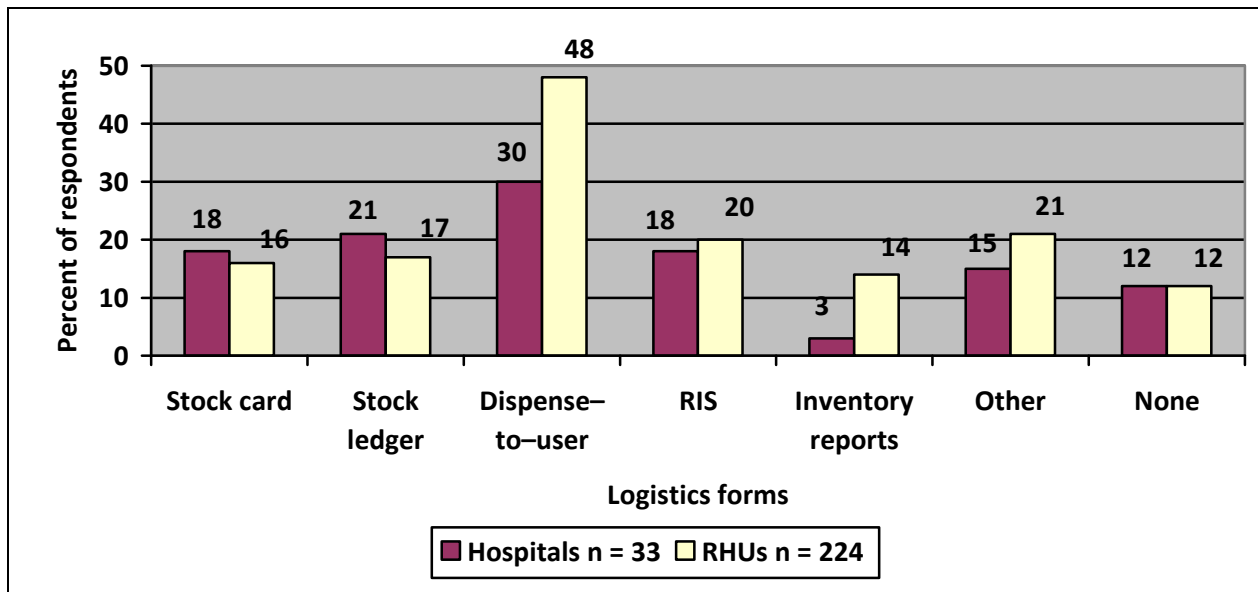
interviewed in RHUs and 82 percent of those interviewed in hospitals reported that supplies and stock management was their primary role at the facility.

Utilization of Logistics Records

Stock Cards

The stock card, the most fundamental of all logistics records, captures essential inventory data such as stock balance, receipts, issues/consumption, and losses/adjustments. Therefore, utilization of stock cards was identified as an important indicator to assess logistics system performance. In addition to the stock card, five additional recordkeeping forms were identified during development of the tool: stock ledgers, dispense-to-user records, requisition and issue record/slip (RIS), and stock-on-hand/inventory reports. Figure 3 presents the percentage of facilities that report using a type of record to manage health commodities, by type of facility.

Figure 3. Use of Forms to Manage Health Products by Facility Types*



*Multiple responses allowed so totals add to more than 100 percent. RIS= requisition and issue record/slip

Interviews also confirmed earlier findings that stock cards were not routinely used in either RHUs or hospitals to manage products. The most frequent form used as a means of managing health products were the dispense-to-user forms. Four hospitals and twenty-seven RHUs (12 percent), however, reported not using any type of logistics form or record to manage their products.

In addition, 80 percent of SDPs (179 of 224) had a computer at their facility. However, only 40 percent with a computer reported using computers to help manage health products.

Personnel

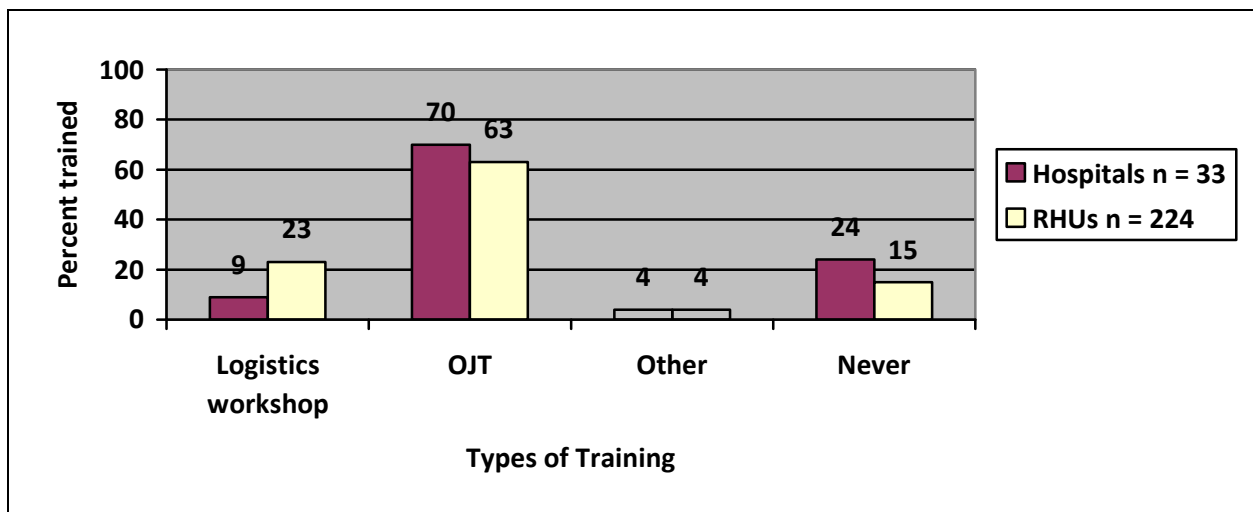
Training on Logistics Management

In every logistics system, personnel managing commodities require training in the use of logistics forms and reports. Outside of pre-service training, logistics workshops provide the most focused and efficient means to build the capacity of health facility personnel. However, financial constraints can limit the use of this organized training on a large scale. Consequently, many personnel are

trained on logistics activities by another staff member while on the job. Additionally, some personnel receive various levels of logistics training during their schooling, while other personnel rely on self-teaching to master the use of logistics forms and reports. Regardless of type of training, constant practice and reinforcement are necessary to ensure that forms are completed consistently and accurately.

Figure 4 presents results on if and how respondents learned to complete logistics forms. It should be noted that training on logistics forms was self-reported and individual forms were not specified. As a result, training on logistics forms may be overstated and may not be representative of training on all logistics forms and reports.

Figure 4. Personnel Trained in Completion of Forms/Records by Facility Types*



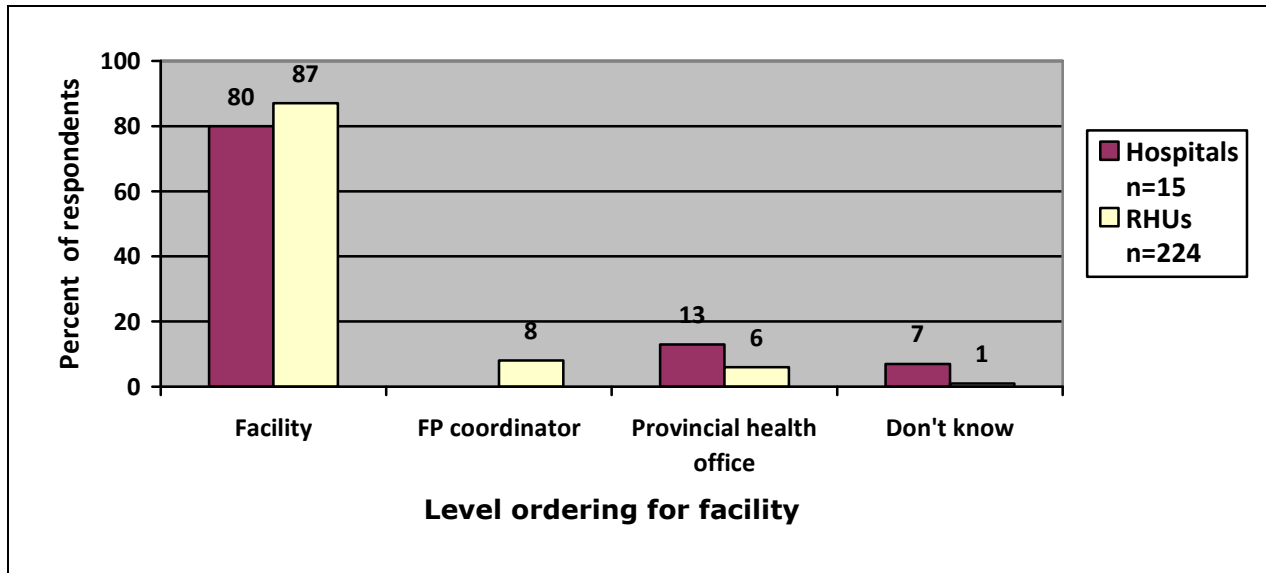
* Multiple responses allowed so totals add to more than 100 percent. OJT=On the job training

The majority of respondents learned to complete logistics forms and reports through on-the-job training, either self-taught or taught by others, in both hospitals and RHUs. In addition, about 20 percent of RHUs and 10 percent of hospital respondents reported training during a logistics workshop. At the same time, however, over 20 percent of hospital and 10 percent of RHU respondents reported that they had never been trained to complete any type of logistics forms.

Ordering Procedures

The most important outcome of a logistics system is stock availability at the health facility. For this to occur, staff needs to monitor stock levels and follow inventory control procedures for ordering. The choices in terms of how much product to order and how much product is received can vary depending on types of inventory control systems, level of staff training, and availability of funding. As mentioned previously, it was expected that decisions on the quantities of FP product that were ordered and the quantities that were received would vary among municipalities because of the nature of decentralization. Figure 5 and figure 6 illustrate this range. It should be noted that these questions pertain to the order procedures of FP products only and not MNCH products. Therefore, these questions were skipped at hospitals where no FP products were managed.

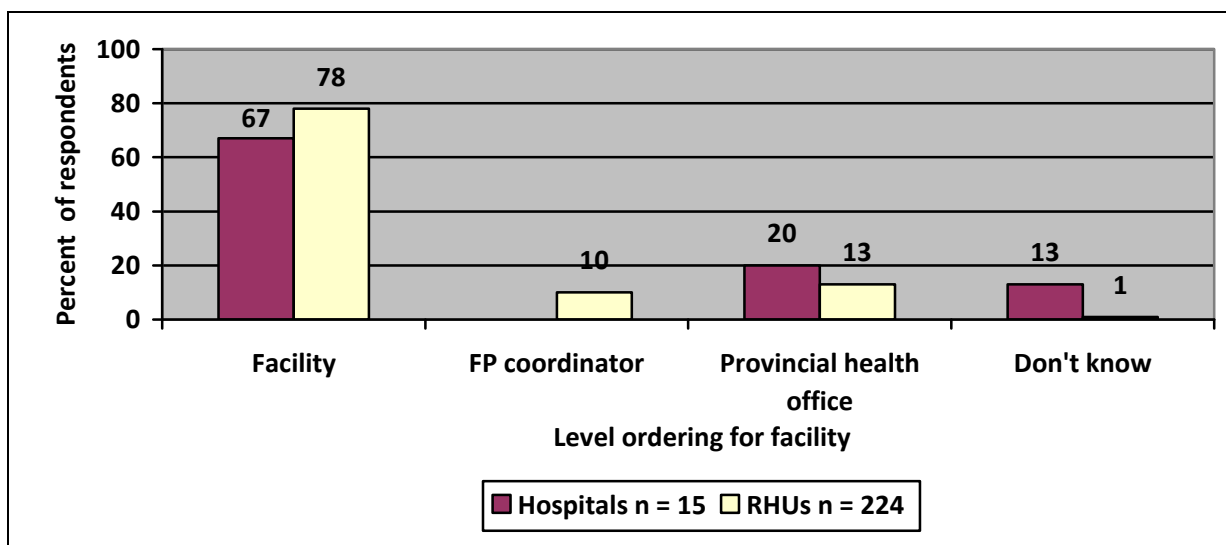
Figure 5. Decision Level for Total Quantity of Family Planning Products Requested for Service Delivery Points by Type*



* Multiple responses allowed so totals add to more than 100 percent.

As shown in figure 5, someone based at facility is usually responsible for deciding the amount of FP products to be requested. Similarly, when determining amount of FP products to be received, personnel at the facility (Figure 6) usually made this decision, though less consistently. Instead, FP coordinators and the provincial health offices (PHOs) seemed to make the decision in terms of how much product a facility received.

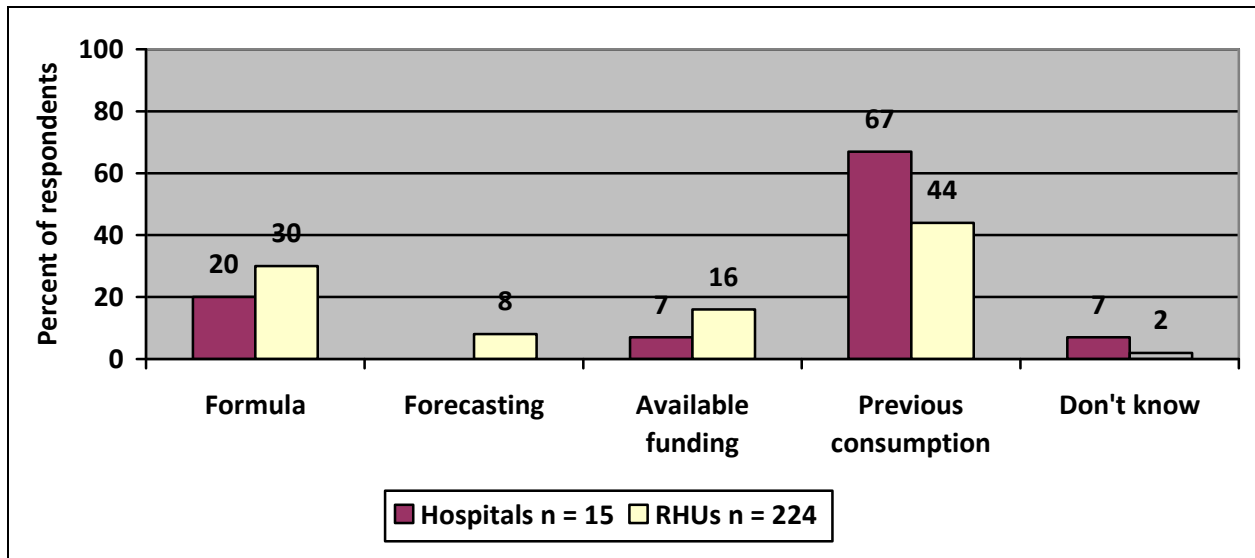
Figure 6. Decision Level for Total Quantity of Family Planning Products Service Delivery Points Receive by Type*



* Multiple responses allowed so totals add to more than 100 percent.

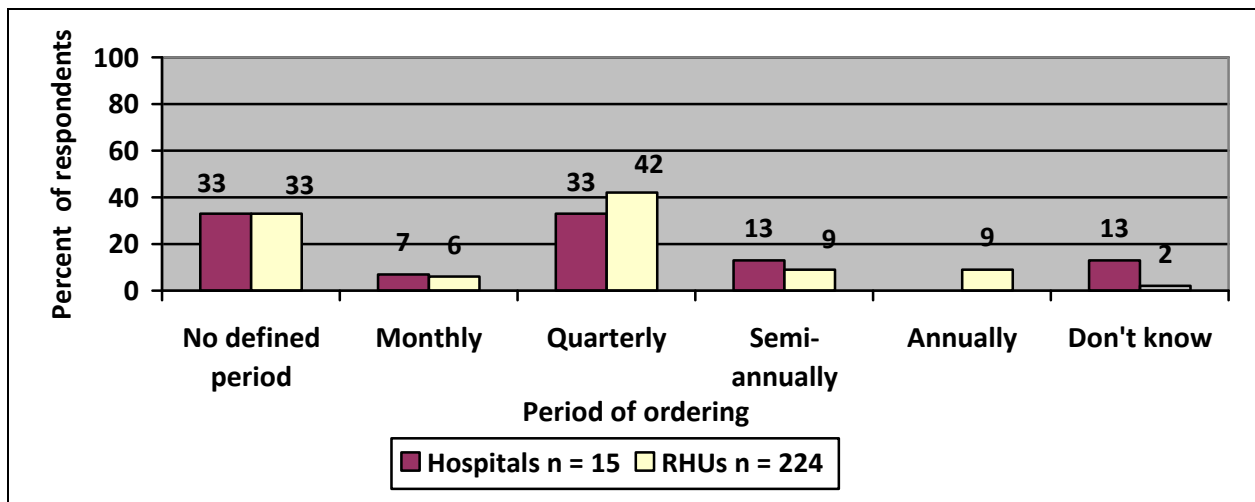
Respondents also reported that the amount the facility would be resupplied was determined in a variety of ways. Figure 7 presents the different ways the resupply quantities for FP products are decided.

Figure 7. Ways Facility Resupply Quantity is Determined



Most facilities (67 percent of hospitals and 44 percent of RHUs) report using the facility’s previous consumption in determining quantity requested. However, in situations where the PHO was responsible for determining how much product a facility would actually receive, a formula was frequently used.

Figure 8. Frequency of Ordering Family Planning Products



The study also found a range in terms of frequency of ordering FP products, as shown in figure 8. A quarterly basis appeared to be the most common, though over a third also mentioned that they did not have defined period of ordering FP products. After ordering, facilities would receive their order as early as less than two weeks or as long as more than two months (Figure 9), with no one period being more common than another. Finally, as shown in figure 10, emergency orders for FP products were uncommon in both hospitals and RHUs.

Figure 9. Period of Waiting between Ordering and Receiving Family Planning Products

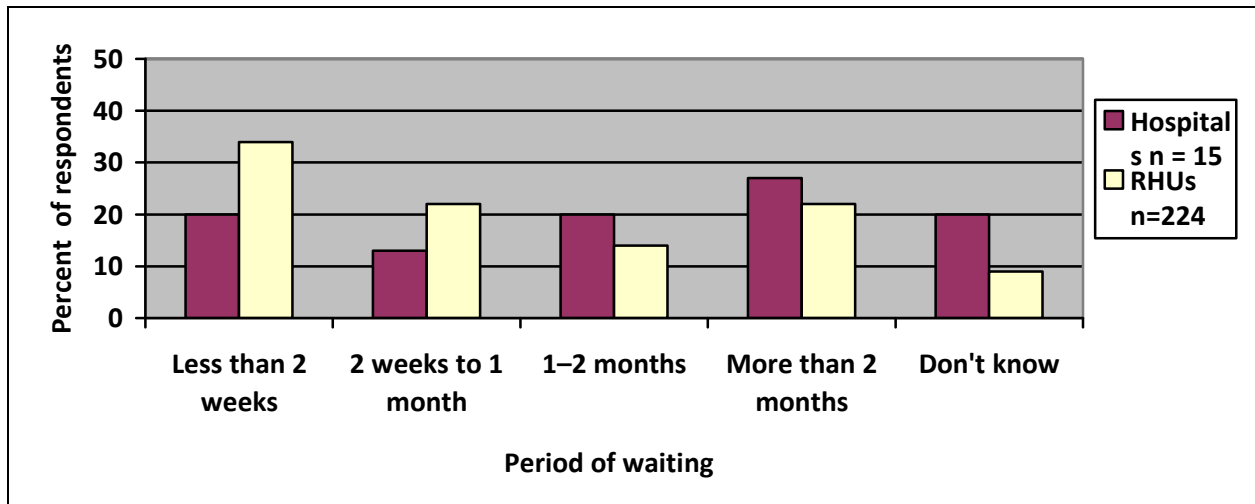
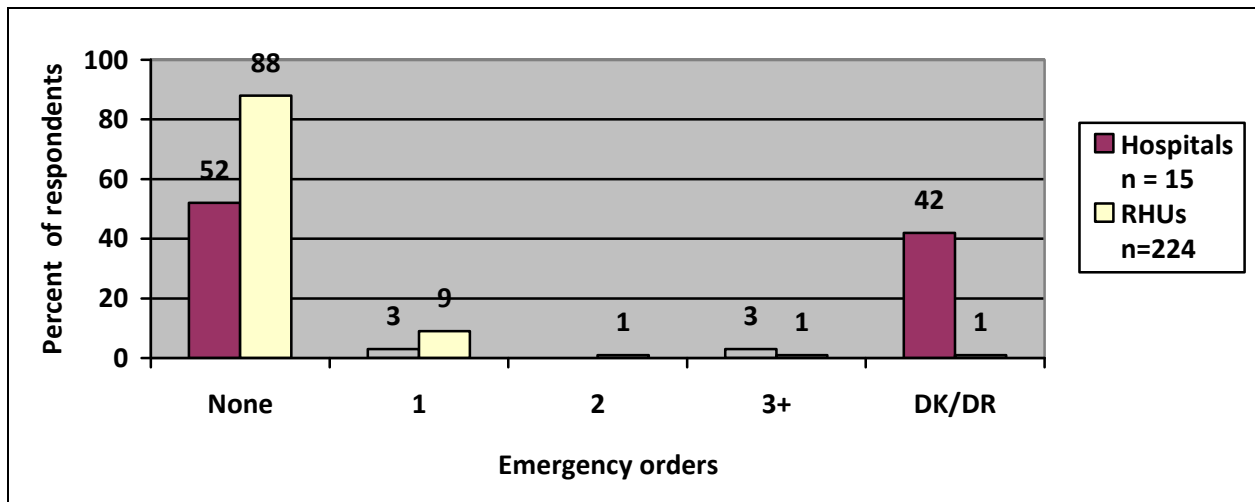


Figure 10. Placement of Emergency Orders



DK/DR=Do not know/Do not remember

Supervision

Supervision, an important element of quality assurance for the performance of any logistics system, is related to all aspects of logistics management. Supervision helps to improve individual and system performance and can alert managers to potential problems such as stockouts, understocks and overstocks, poor storage conditions, and products near their expiry dates. Frequency of supervision is an essential element and is therefore identified as a useful indicator in assessing the potential quality of system management and its effect on system performance. Supervision also presents an opportunity to reinforce new systems and forms.

Figure 11. Recent Supervision Containing Drug Management

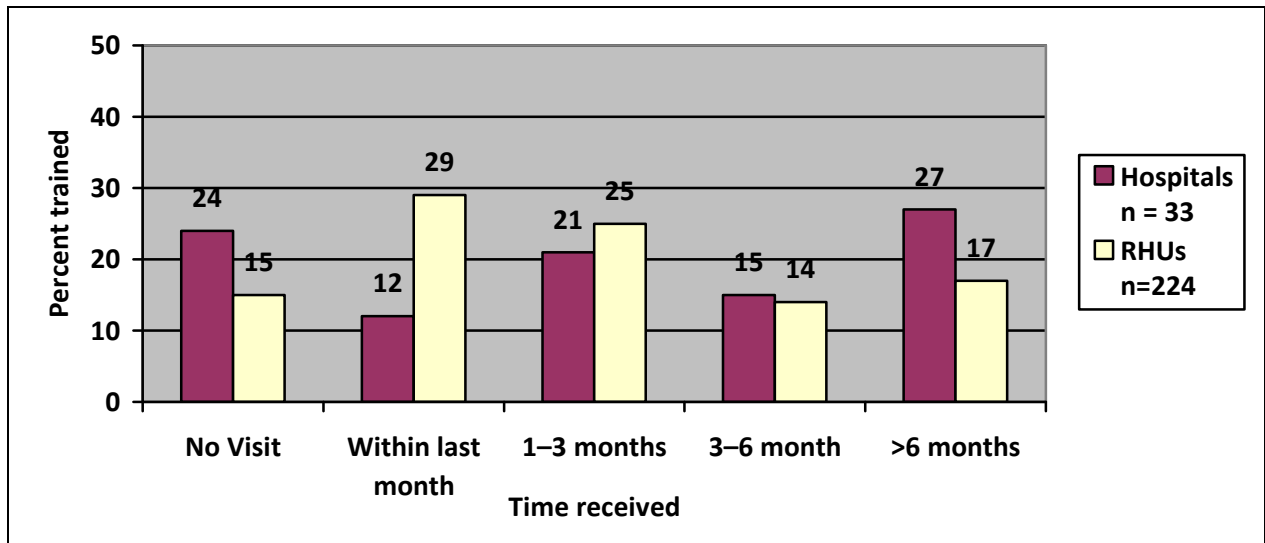


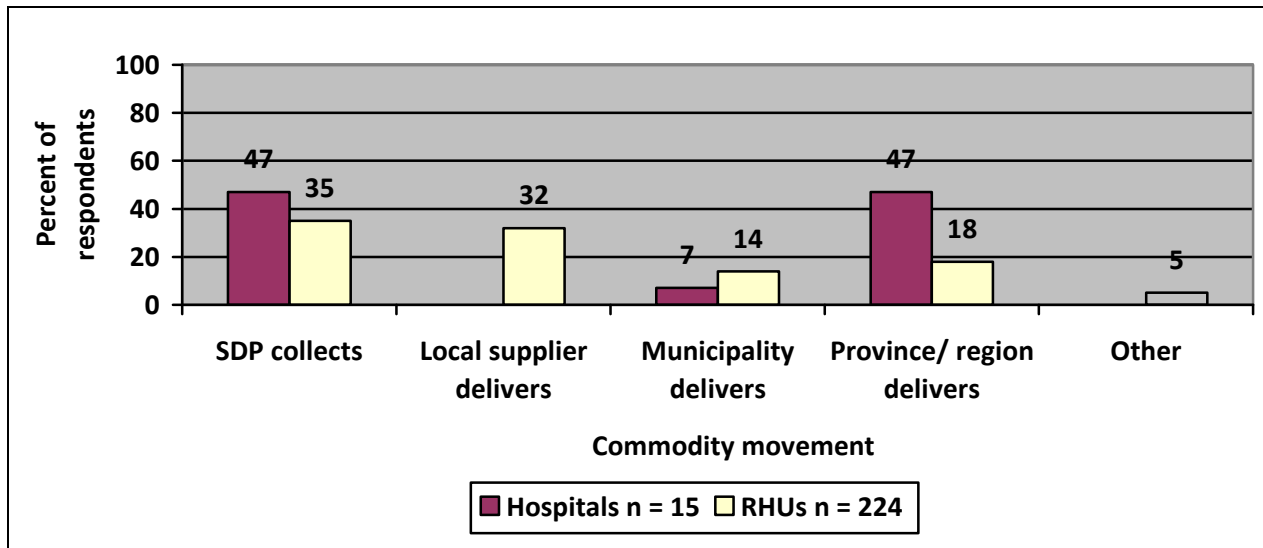
Figure 11 illustrates the timing of the supervisory visits, which included assessment of drug logistics management of FP products. A majority of RHUs mentioned that they were visited by their supervisors within the last month or within the previous one to three months. Most hospital personnel, on the other hand, reported that they had not received any supervisory visit for more than six months before the date of visit, if at all.

Transportation and Distribution

Fundamental to the success of a health logistics system is the ability to reliably move commodities through the supply chain so they are available for use at health facilities when needed. In the Philippines, the transport network is generally good from the central level to the districts, with most roads tarred. Similarly, road networks are good and passable even during heavy rains from the districts to most health centers, which mean that most facilities are accessible.

Figure 12 shows how products are transported to each facility. As previously mentioned, it should be noted that these questions pertained to transportation of FP products only and not MNCH products. Therefore, these questions were skipped at hospitals where no FP products were managed.

Figure 12. Responsibility for Transporting Family Planning Products to Service Delivery Points

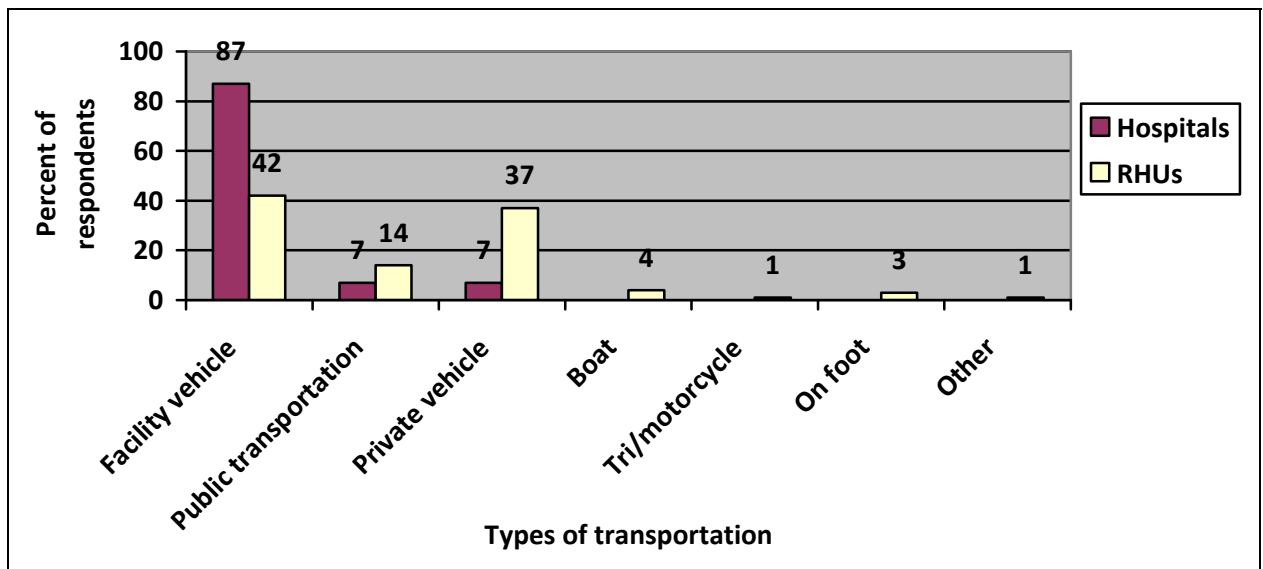


* Multiple responses allowed so totals add to more than 100 percent.

As mentioned, it is up to the municipality, in a decentralized setting, to determine the mode of transportation for their products in connection with the supplier. Hospitals generally collect their supplies or have them delivered from provincial/regional health offices. RHUs, on the other hand, typically have the local supplier deliver the commodities to the facility in addition to collecting themselves. Combined, it could be concluded that SDPs were primarily responsible for collecting their FP products. However, it should also be noted the responsibility could vary depending on whether the commodities came from the DOH (donated or bought) or procured by the municipality itself.

Figure 13 illustrates the type of transportation most typically used to deliver FP products to the SDP.

Figure 13. Types of Transportation Used for Delivering Products to Service Delivery Points



Regarding transportation responsibilities, most facilities confirmed that they utilize their own vehicles to transport the commodities, especially in hospitals. Respondents at RHUs also reported use of a private vehicle, with 76 percent of those also reporting that the local suppliers were responsible for the delivery. Among those that use public transportation (14 percent in RHUs and 7 percent in hospitals), only 43 percent mention that their transportation would be reimbursed by the facility.

Availability of Products and Services

Because there were expectations of stock keeping records being poor ahead of the study implementation, additional questions were added to the interview to capture data regarding length of stockouts for the most commonly used FP methods: condoms, pills (type unspecified), injectables (type unspecified), and IUDs. As shown in table 10, interviews with health personnel substantiate earlier findings regarding availability of stocks (p. 12–16), that is, stockouts of FP products are frequent occurrences at both hospitals and RHUs. Similarly, results also confirm that FP products are not managed at most hospitals.

Table 10. Stockouts in Previous Six Months According to Respondents

	Rural Health Units		Hospitals	
	n	%	n	%
Reported stockout of condoms*	n = 202	42%		1/3
Reported stockout of pills*	n = 219	45%		1/5
Reported stockout of injectables*	n = 215	53%		2/5
Reported stockout of IUDs*	n = 181	17%		1/3
Condoms not managed	n = 224	11%	n = 33	84%
Pills not managed	n = 224	39%	n = 33	86%
Injectables not managed	n = 224	5%	n = 33	81%
IUDs not managed	n = 224	20%	n = 33	88%

*Stockout percentages are for facilities that manage the product. . Percentages were not computed when fewer than 10 facilities manage the product.

Over half (53 percent) of respondents at the RHUs reported experiencing a stockout of at least one of the four most commonly used FP products within the previous six months to the survey. IUDs appeared to have the lowest stockout rates, with just 18 percent of RHUs experiencing one in the previous six months. In comparison, injectables (any type) were the most frequent product to be out of stock at RHUs, with most stockouts (54 percent, 113 of 174) lasting over three month. Pills and condoms were also frequently out of stock, with over 40 percent of RHUs reporting a stockout for both these methods. The stockouts of pills and condoms lasted for over three months on average. While respondents at hospitals also mentioned stockout in the previous six months, it is hard to draw any direct conclusions on length of time given so few hospitals reported managing the product.

Respondents who reported experiencing a stockout were asked to define what they thought the most common reasons were for the stockouts. As shown in table 11, the most common reason reported by RHU respondents was not enough funds followed by supplier delays. (Hospital-level results were considered too low to report.)

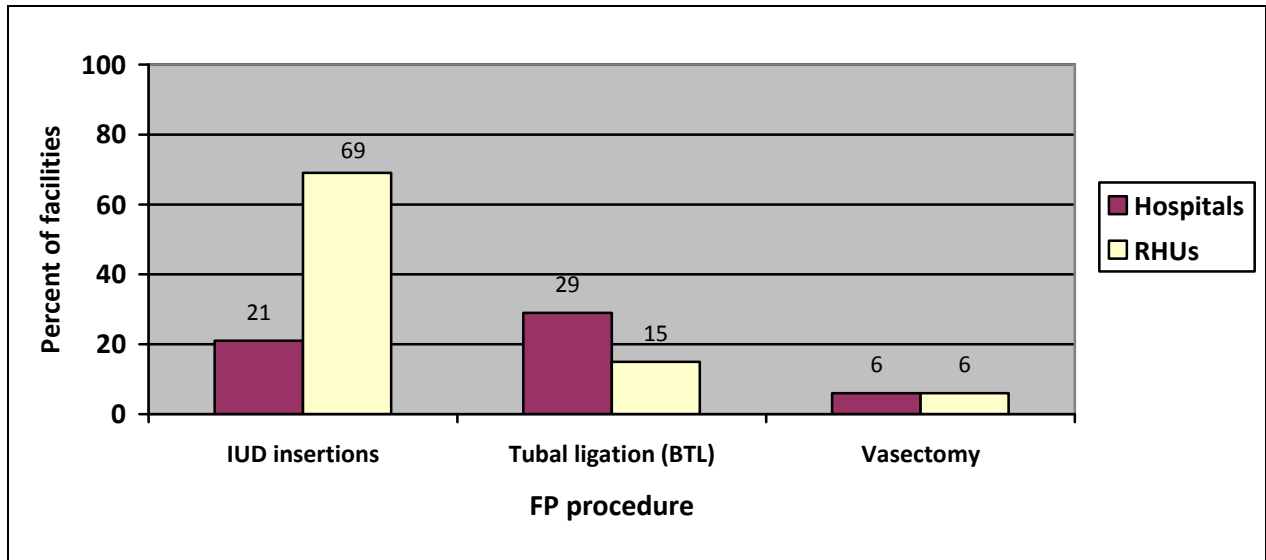
Table 11. Common Reasons for Stockouts in Previous Six Months According to Respondents

	Rural Health Units (%) (n = 161)*
Not enough funds	52
Supplier delays	12
Delays in procurement	11
Delays in obtaining funds	5
Poor forecasting/planning	4
Other	17
Don't know	6

*Multiple responses allowed so totals add to more than 100%.

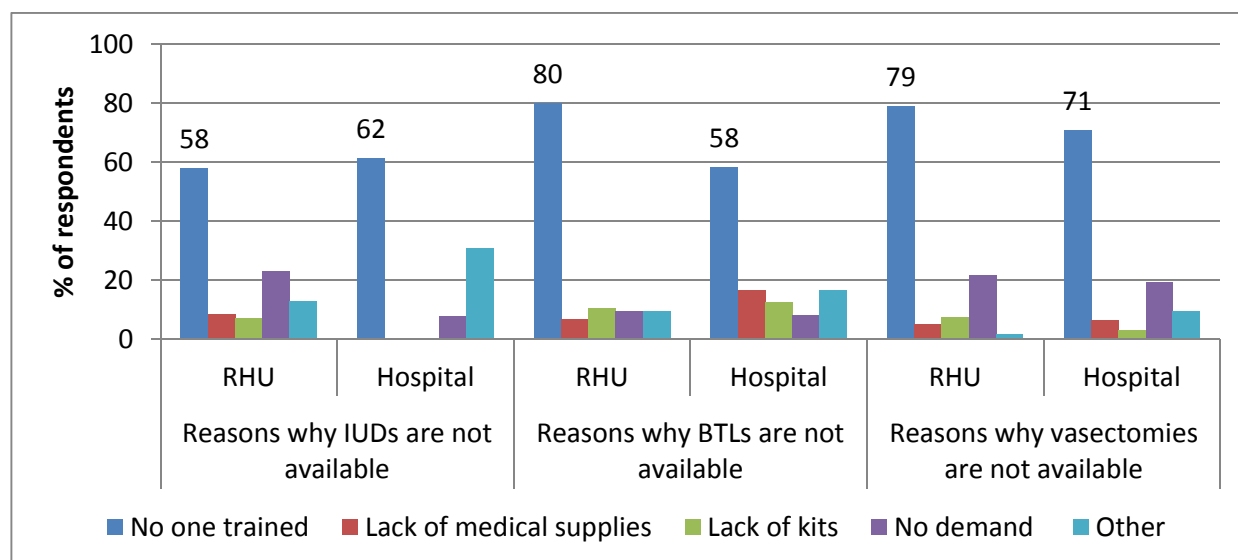
In addition, regardless of whether they managed any FP product, all respondents were asked whether they offered long-acting and permanent FP methods as well as the reasons if they were not provided. As shown in figure 14, IUD insertions are available at only 21 percent of hospitals and 69 percent of RHUs. Additionally, only 27 percent of hospitals offered tubal ligations, while only 6 percent offered vasectomies. It should also be noted that 56 percent (18 of 33) of hospitals did not offer any of the procedures.

Figure 14. Availability of Long-Acting and Permanent Family Planning Methods at Service Delivery Points



When asked for the reasons why the procedure was not offered at the facility, the most common reasons for all three procedures were that no one was trained, while little demand was seen as an issue for IUD insertion and vasectomy, particularly at the RHU level (see figure 15).

Figure 15. Reasons for Lack of Service at Service Delivery Points



Storage Conditions

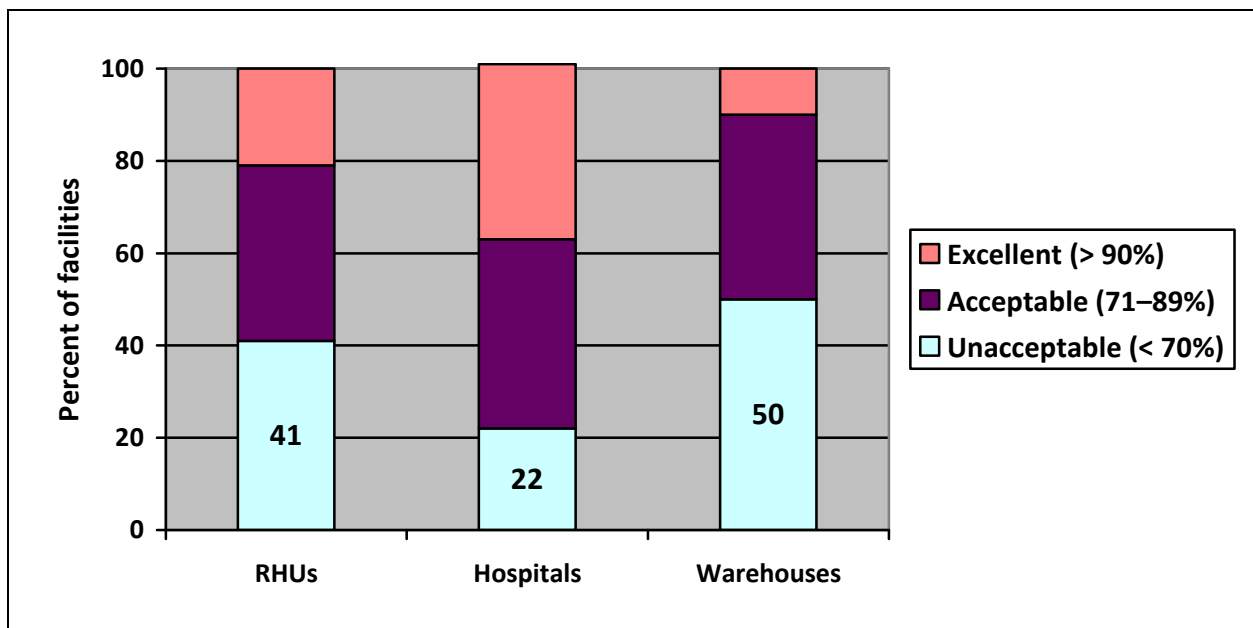
To provide clients with high-quality products, each facility must have safe, protected and well-organized storage areas to help prevent damage and to ensure efficient handling of products. In assessing storage areas, the survey examined the level of compliance with guidelines for proper storage at the provincial/independent city warehouses, hospitals, and RHUs. The field researchers assessed each facility’s adherence to these storage conditions through direct observation. The guidelines include the following:

1. Products that are ready for distribution are arranged so that identification labels and expiry dates and/or manufacturing dates are visible.
2. Products are stored and organized in a manner accessible for first-to-expire, first-out (FEFO) counting and general management.
3. Cartons and products are in good condition and not crushed due to mishandling. If cartons are open, determine if products are wet or cracked due to heat/radiation.
4. The facility makes it a practice to separate damaged and/or expired products from good products and remove them from inventory.
5. Products are protected from direct sunlight on the day of visit.
6. Cartons and products are protected from water and humidity on the day of the visit.
7. Storage area is visually free from harmful insects and rodents.
8. Storage area is secured with a lock and key but is accessible during normal working hours, with access limited to authorized personnel.
9. Products are stored at the appropriate temperature 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 (i.e., clean, all trash removed, sturdy shelves, and organized boxes).
12. The current space and organization is sufficient for existing products and reasonable expansion (i.e., receipt of expected product deliveries for the foreseeable future).
13. Appropriate fire safety equipment is available and accessible.
14. Medicine stored separately from insecticides and chemicals.
15. Pallets/shelves available to ensure products are off the floor.

At each facility, data collectors visually inspected and scored the storage areas based on these 15 conditions. Facilities that met more than 90 percent of the conditions were considered to have excellent storage conditions, those that met between 71 and 90 percent were acceptable, and those that met less than 70 percent were unacceptable. Most hospitals had acceptable or excellent storage conditions. However, 41 percent of the RHUs and half of the warehouses had unacceptable storage conditions (see figure 16).

Figure 16. Percentage of Facilities Meeting Acceptable Storage Condition



As evident in table 12, results show that the least-met storage condition was not enough current space for existing medicines and supplies (62 percent in RHUs and 47 percent among hospitals). Facilities, particularly warehouses, also struggled with making sure dates and labels were visible and with shelving products in a way to allow them to follow FEFO. The most commonly met storage conditions were protection from direct sunlight and water for all facilities (100 percent in hospitals) as well as keeping products separated from chemicals.

Table 12. Percentage of Facilities Meeting Individual Storage Conditions

	Rural Health Units (%) (n = 224)	Hospitals (%) (n = 33)	Warehouses (%) (n = 30)
Label/dates visible	54 (121)	72 (24)	47 (14)
First-to-expire, first-out	53 (129)	72 (24)	50 (15)
Good condition	75 (168)	78 (26)	63 (19)
Separated damaged/expired	80 (179)	91 (30)	83 (25)
Protected from sunlight	97 (217)	100 (33)	93 (28)
Protected from water	93 (208)	94 (31)	90 (27)
No harmful insects/rodents	85 (190)	91 (30)	70 (21)
Area locked and access to key	85 (190)	91 (30)	93 (28)
Appropriate temperature	90 (202)	84 (28)	83 (25)
Roof maintained	96 (215)	94 (31)	83 (25)
Storeroom cleaned	58 (130)	81 (27)	27 (8)
Sufficient space	38 (85)	53 (17)	53 (16)
Fire equipment available	55 (123)	72 (24)	63 (19)
Separated from chemicals	93 (208)	97 (32)	93 (28)

Actual number of facilities meeting individual storage conditions provided in parentheses

In addition, storerooms at facilities that maintained products such as vaccines or oxytocin which require refrigeration were assessed for cold chain management. In total, there were 25 provincial/independent city warehouses, 26 hospitals, and 195 RHUs that maintained these products. However, three warehouses (11 percent), three hospitals (12 percent), and 11 RHUs (6 percent) did not appear to have any functioning refrigerators or coolers to maintain the cold chain. Of those with refrigerators, approximately two-thirds of RHUs and warehouses had working thermometers available for a temperature reading, while only 43 percent of hospitals had one (table 13).

Table 13. Percentage of Facilities Meeting Cold Chain Conditions

	Rural Health Units (%) (n = 184)	Hospitals (%) (n = 23)	Warehouses (%) (n = 22)
Working thermometer	61 (112)	43 (10)	64 (14)
Refrigerator located away from objects	83 (153)	83 (19)	92 (20)
Up-to-date temperature chart	34 (63)	43 (10)	50 (11)
Availability of paraffin/liquid petroleum gas for cold chain and sterilization purposes	68 (125)	65 (15)	29 (6)

Actual number of facilities meeting individual storage conditions provided in parentheses

Sources of Funding and Supplies

To respond to fluctuations in supply and demand, a supply chain must be agile and function with speed and flexibility. Streamlined policies and procedures can lead to more effective procurement and ultimately contribute to improved commodity availability throughout the system. Setting up these streamlined policies and procedures in a decentralized system can be especially challenging. With a decentralized system such as that in the Philippines, a key aspect in streamlining the supply chain and being able to ensure adequate availability of stocks is to understand the modes of funding used and common sources of supplies. Respondents at facilities that reported managing FP products were asked about the types of funding mechanisms used at the facility to procure commodities and the source of supply used for each scheme.

Suppliers included a range of possibilities including donor (UNFPA), government (DOH, and region/province), quasi-government (League of Municipalities), social marketing (DKT), and private.⁴ Because it is possible for a municipality to use multiple funding sources or receive their FP products from different suppliers, respondents were also asked about their primary sources.

As shown in table 14, the most frequent source of funding used to procure FP products was the facility/municipality budget followed by the PHO. None of the hospitals reported using MNCHN grants for purchasing FP products.

Table 14. Any and Primary Source(s) of Funding Used to Procure Family Planning Products

	Rural Health Units (n = 221)		Hospitals (n = 15)	
	Any* (%)	Primary (%)	Any* (%)	Primary (%)
Facility/municipality budget	62	48	40	40
Maternal, newborn, and child health and nutrition (MNCHN) grants	21	16	0	0
Donations	3	1	0	0
Provincial health office	12	11	20	20
Other	15	10	13	13
Don't know	15	14	27	27

*Multiple responses allowed so totals add to more than 100 percent.

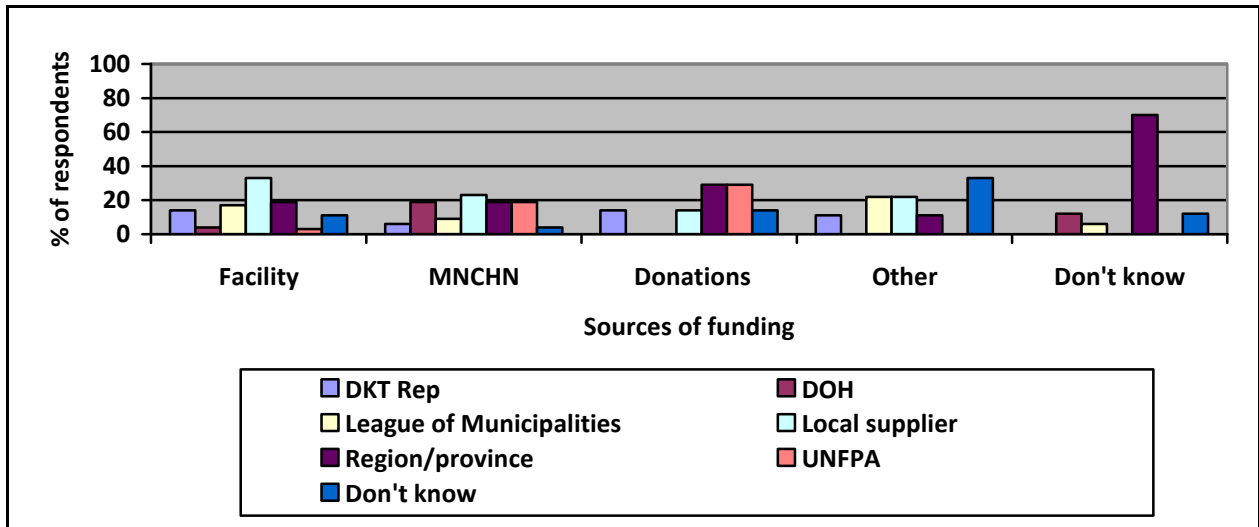
It should be noted that the PHO response could in fact also refer to MNCHN grants since at times PHOs will use money from MNCHN grants to purchase the commodities directly on behalf of the municipalities rather than transferring the funds to the municipalities. Respondents, however, are only aware that the source of their funding is from the PHO.

Regardless of funding type, however, multiple sources of supply are used for procuring FP products (see figure 17 and figure 18). The province/region appears to be the primary source of supply for

⁴ The League of Municipalities (of the Philippines)(LMP) is a formal organization of all the municipalities in the Philippines. Created by the Local Government Code of 1991, its mission is to provide municipalities “with relevant and adaptive best practices, linkages with pertinent international and local organizations, capacity development, research, and advocacy services.” (LMP 2010). Under the “Kung Maliit ang Pamilya, Kayang Kaya” (KMPKK) program, a population management program, LMP distributes low-cost, contraceptives to selected poor municipalities donated primarily by UNFPA.

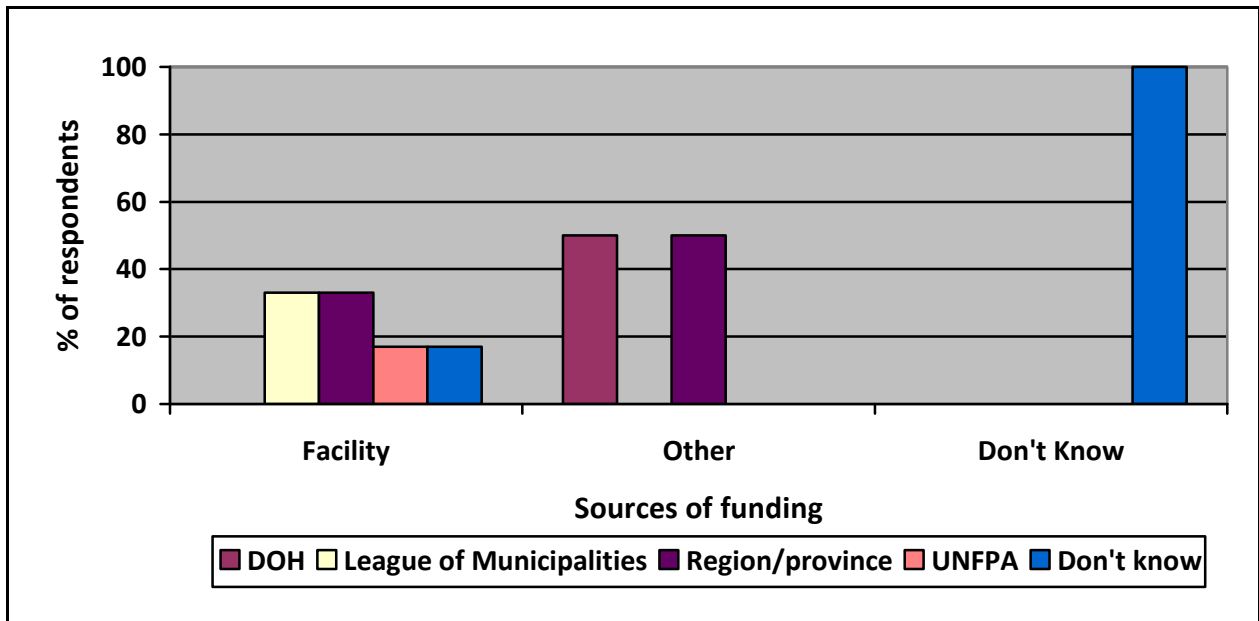
RHUs and hospitals. RHUs, however, are almost as equally likely to use local suppliers to obtain their FP products (Figure 19). As above, a “local supplier” could potentially be a DKT representative; yet the respondent, might not be aware of the connection. The same is true with “League of Municipalities” and the UNFPA, as well as the DOH and “region/province” responses.

Figure 17. Sources of Supply for Rural Health Units by Funding Type



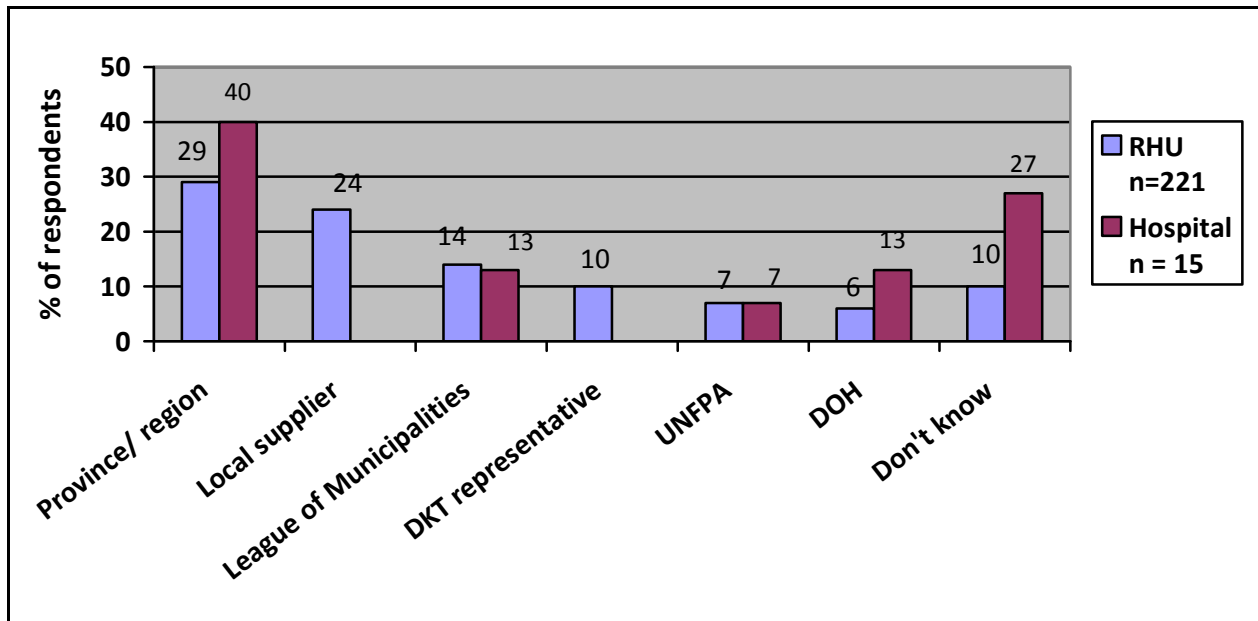
*Multiple responses allowed so totals add to more than 100 percent.

Figure 18. Sources of Supply for Hospitals by Funding Type



*Multiple responses allowed so totals add to more than 100 percent.

Figure 19. Primary Source of Supply by Facility Type

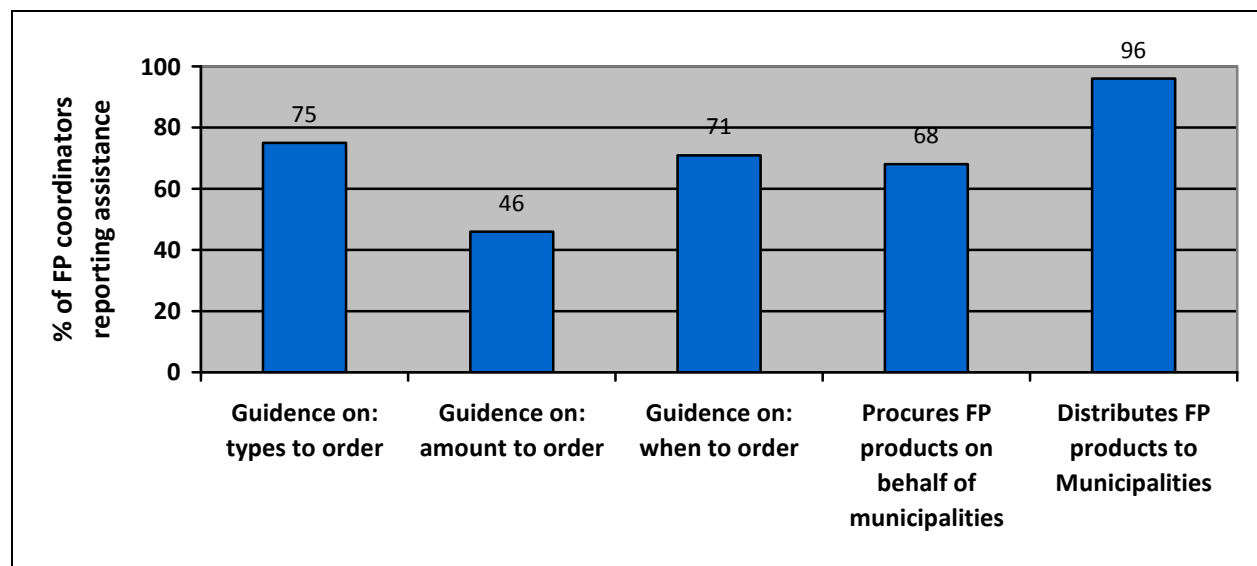


Provincial Assistance and Logistics System

In order to better understand the role of PHOs with assisting municipalities, in addition to conducting a physical inventory of the warehouses, the provincial/independent city FP coordinators were interviewed. Of the 33 provinces/independent cities included in the study, 31 had an individual designated as the FP coordinator; all but one reported providing some type of assistance to municipalities within the province. As shown in figure 20, most of the higher-level health offices provided guidance to municipalities on types of FP products to order as well as providing assistance with actually procuring and distributing product.

It should be noted that PHO assistance varies between municipalities such that the responses outlined in figure 20 do not necessarily represent the actual assistance provided to the individual municipalities within the study sample. For example, while 96 percent of provincial FP coordinators reporting distributing FP products, this does not necessarily mean that they distribute to every municipality within their province. Additionally, as discussed previously, while all 31 provinces had a warehouse/storeroom, they did not necessarily maintain FP products.

Figure 20. Involvement of the Provincial Health Offices with Municipalities



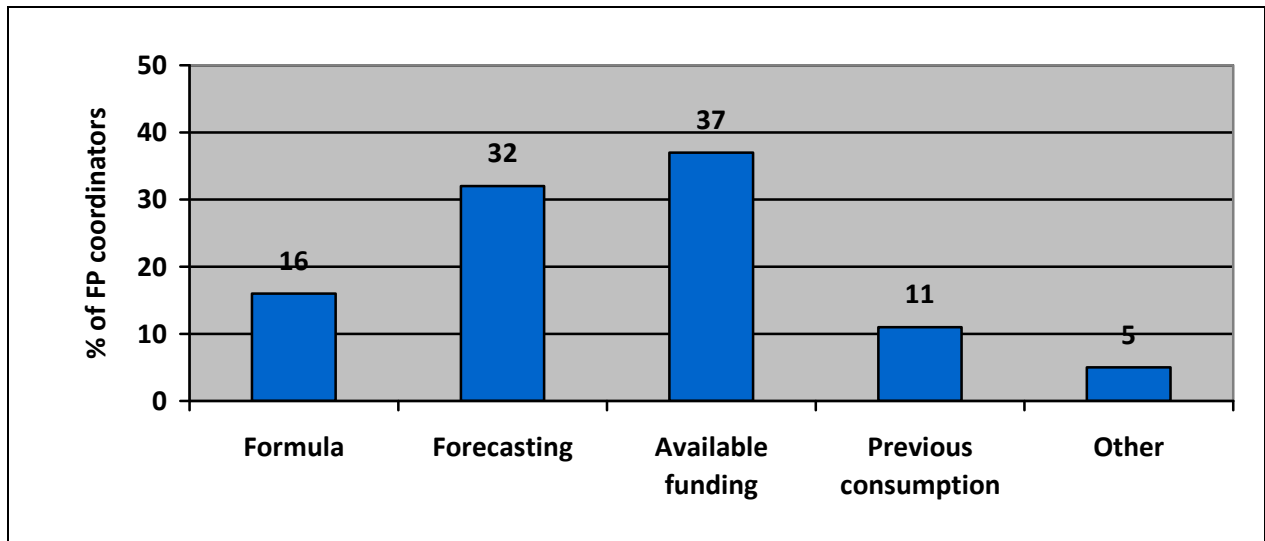
According to the FP coordinators, 93 percent (31 out of 33) of the warehouses had a paper-based system for managing stocks (one warehouse’s system was electronic based), which is consistent with earlier findings on the utilization of stock cards at warehouses. Fourteen of the thirty-one FP coordinators reported there had not been any stockouts of any of the FP products managed in the warehouse/storeroom. However, of those with a stockout, the average length of time was more than three months.

Ordering Procedures

Similar to results previously discussed, the 19 PHOs who ordered FP products on behalf of municipalities appear to have a range of practices for determining the amount to procure, the frequency for procurement, and the period of time it took to receive the product once ordered. As shown in figure 21, available funding is the primary factor used to determine how much product is ordered, followed by forecasting. Eight of the nineteen health offices (42 percent) reported ordering on an annual basis, while four reported ordering on a quarterly basis or no defined period. The remaining two offices ordered semi-annually, while one FP coordinator did not know the frequency. Finally, for the provinces that both procured and distributed products, the lag time between ordering and receiving product ranged from less than two weeks (3 out of 19) to two or more months (5 out of 19). Six FP coordinators reported a period of two to four weeks, while the remainder reported one to two months.⁵

⁵Results in this section and the following one should be interpreted with caution, as there are only 19 responses in total.

Figure 21. Determining Quantity of Family Planning Products for Reordering

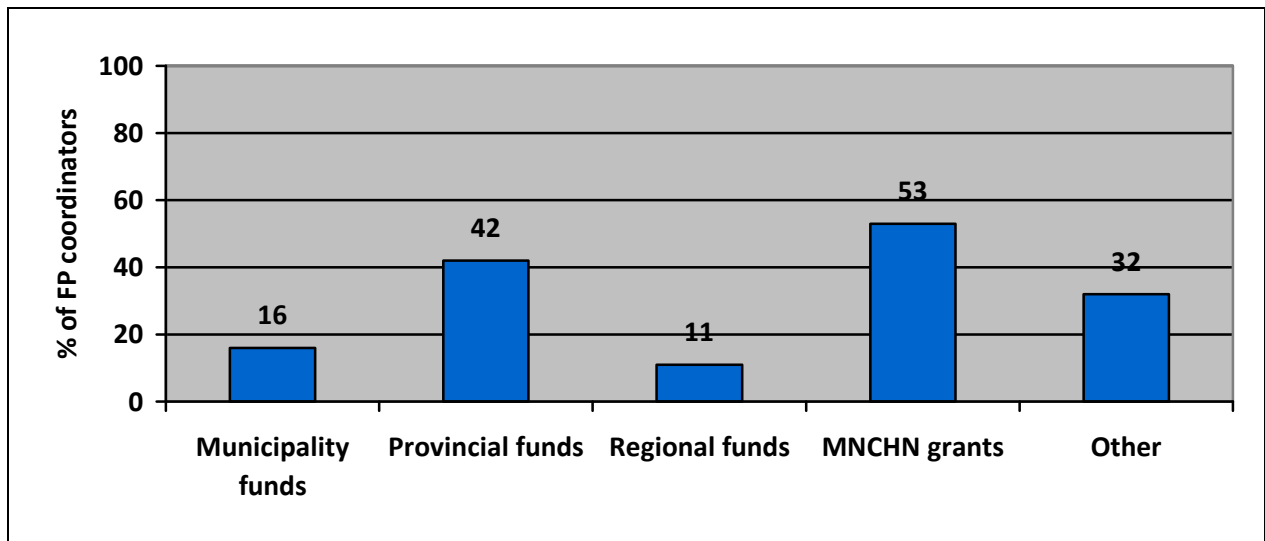


* Multiple responses allowed so totals add to more than 100 percent.

Sources of Funding and Supply

Information of modes of funding for ordering FP products on behalf of municipalities and sources of supply was also collected on the provincial level. As shown in figure 22, the most common source of funding used by the provinces was MNCHN grants followed by the province's own funds.

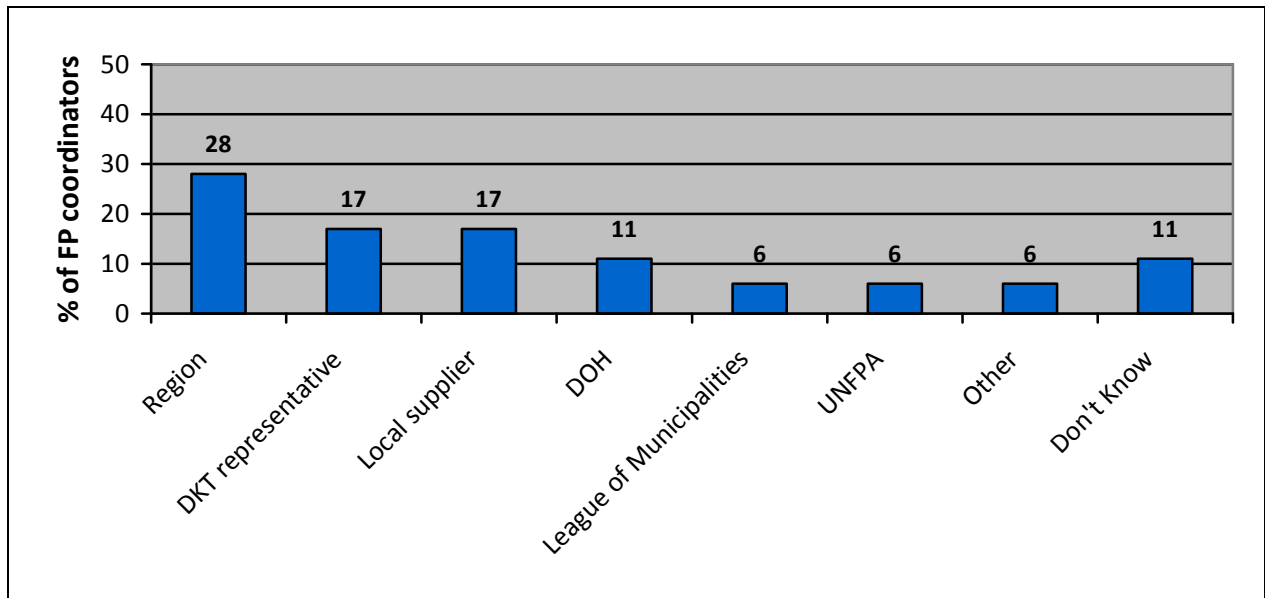
Figure 22. Sources of Funding for Family Planning Products (Provincial Level)*



* Multiple responses allowed so totals add to more than 100 percent.

Main sources of supply were consistent with the results from local government units' primary sources of supply. As illustrated in figure 23, the primary source for FP products was the region/Centers for Health Development (CHDs). As mentioned earlier, "DKT representative" and the "local supplier" responses could be synonymous, as are "League of Municipality" and "UNFPA".

Figure 23. Main Source of Supply for Family Planning Products (Provincial Level)



Additionally, 29 of 31 FP coordinators reported that their province had received some type of FP products from the region/CHDs. Six of the twenty-nine (21 percent) stated that the province or a municipality had paid for this product using money from their budget, while the remaining twenty-three (79 percent) said that the product(s) had been donated by the region.

Transportation and Distribution

Of the 27 provinces/independent cities that distribute products to the municipalities, 52 percent reported that the municipality was responsible for transporting their products, while 48 percent said that the province was responsible. (A local supplier was responsible in one case.) Supporting previous results, provincial and municipal/RHU vehicles (45 percent and 30 percent, respectively) were used most often for transporting products. A private vehicle was mentioned three times followed by public transportation (2), boat (1), and did not know (1).

Conclusions and Recommendations

Strengthen Stock Management Practices

As a result of a combination of not being managed or being stocked out, availability of FP and MNCH products was very low across the board. This assessment also confirmed that the practice of maintaining stock cards, which is the first step in inventory management, is essentially non-existent regardless of facility levels or type of product. Currently, HealthGov is rolling out the Stock and Inventory Management System (SIMS) and an electronic version known as “eSIMS.” The tool is designed to help municipalities track expendable commodities in health facilities, especially drugs and medical supplies. It also helps organize and update records for quantities received, quantities dispensed to clients, quantities issued to midwives or Barangay Health Stations, and quantities in stock. Piloting of the tool occurred in four provinces in mid-2010 and began to expand to other provinces in early 2011. HealthGov has also been working to roll out the Family Planning Commodity Monitoring Tool (FPCMS). The purpose of the routine FPCMS is to collect stock status data on FP products and also provides information to the DOH and feedback to facilities on overall FP logistics performance. At the time of the survey, only one round of data had been collected over the course of a six-month period

In addition to recordkeeping and routine reporting, proper storage is an essential component of stock management. The study, however, found poor storage conditions in most provincial warehouses as well as many RHUs. Additionally, most respondents reported that they had received a supportive supervision visit within the previous six months that included drug management. These findings raise concerns about the quality of supervision given the avenues for reinforcing good logistics management practices, including inventory control, recordkeeping, and reporting as well as maintaining key storage conditions such as FEFO and visibility of identification labels and expiry dates and/or manufacturing dates.

Recommendation: Continued support should be provided to allow HealthGov to further expand and implement SIMS/eSIMS in additional provinces. CHDs and PHOs should also be encouraged to conduct quarterly supportive supervision visits and submit results using the FPCMS to the appropriate level in a timely fashion. Additional training might be necessary to strengthen supportive supervision and routine monitoring of drug management to ensure the success of the FPCMS and the SIMS/eSIMS. Storeroom managers, particularly those in the provincial warehouses, should receive training of guidelines and/or reminders such as posters to help address issues with maintaining proper storage conditions.

Mechanisms for Funding

Mechanisms for funding vary among municipalities. Results indicated that municipalities primarily used their own funds to procure FP products and used a variety of suppliers. MNCHN grants, provided by the DOH to supplement municipality health care budgets, did not appear to be adequately utilized. For example, facilities could use grant money to reimburse the travel cost of

collecting FP products, yet almost half of providers reported using their own money for collecting products. Additionally, providers also cited the lack of funding as the main reason for stockouts, yet based on sources external to the survey, release of 2010 and 2011 MNCHN funding was delayed due to the fact that local governments did not spend the money from previous years MNCHN grants (DOH, n.d.). Furthermore, less than 25 percent of respondents mentioned using MNCHN grants to purchase products. The limited use of the grants could be due to a lack of awareness or considered to be an extra burden as its work and financial plan are separate from their local family health budget.

Recommendation: Current guidelines regarding what MNCHN grants can be used for and how to qualify should be reviewed and strengthened. Additionally, guidelines should be disseminated to the municipal and SDP levels so that all those involved with procurement are aware of the benefits of the MNCHN grants. Municipalities should also be encouraged to view the MNCHN grants as money to augment the local government's family health budget to improve the health service delivery system of the MNCHN program rather than being a separate entity.

Procurement Procedures

While municipalities were responsible for determining the quantities of FP products to order and how much an SDP actually received, the PHOs played an active role in the procurement and distribution process, especially as they, along with the CHDs, appear to be the primary supplier. The amount of funding available as well as previous consumption appeared to be the main driving factors for determining quantity to order; however, there is some evidence of ordering based on forecasting demand at the PHO level. Procurements occurred on a relatively ad hoc basis, with a lead time between placing and receiving the order ranging from anywhere between less than two weeks to more than two months. No clear trends appeared between funding sources and the type of supplier used.

Recommendation: While the survey did not look at actual costs and prices of products or quality, a mixed system for procurement, which can take advantage of the benefits of decentralization while negotiating and managing overarching contracts centrally to provide suppliers with minimum volume guarantees and help facilitate access to lower prices, should be considered, based on external conversations and experiences in other decentralized countries. Additionally, as reporting systems are strengthened and more information and funding become available, the use of forecasting demand should be encouraged to help enable more accurate procurements.

Family Planning Services in Hospitals

Although the sample size was not statistically representative for all level one and two hospitals in the country, results suggest a serious lack of FP services being offered in the facilities. Almost half of the facilities (45 percent) surveyed did not manage any one of the seven possible FP products, while over half (56 percent) did not offer long-acting or permanent methods such as IUD insertions, BTL and vasectomies. These results were surprising given that these services were expected to be provided in the outpatient departments at this level.

Recommendation: Ideally, all methods and services should be available at all level one and two hospitals. The role and responsibilities of the hospitals should be reviewed, and guidance on the products that should be managed and services that should be provided at the facilities should be included. Hospital-based providers should also receive training on how to perform all long-acting and permanent FP methods (i.e., IUD insertions, and vasectomies), as these procedures are not necessarily intended to be performed at most RHUs but should be available at all hospitals.

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Appendix A

Complete Sampling List

Region	Province	Municipality ⁶	Facility Name ⁷
CAR	Benguet	Bakun	Bakun Rural Health Unit
		<i>Bokod</i>	Dennis Molintas Memorial Hospital
		Itogon	Itogon Rural Health Unit
		Kabayan	Kabayan Rural Health Unit
		Kapangan	Kapangan Rural Health Unit
		Kibungan	Kibungan Rural Health Unit
		Tuba	Tuba Rural Health Unit
		Tublay	Tublay Rural Health Unit
I	Pangasinan	Alcala	Alcala Rural Health Center
		<i>Asingan</i>	Asingan Medicare Community Hospital
		Basista	Basista Municipal Health Office Rural Health Unit
		Bautista	Bautista Rural Health Unit
		Calasiao	Senor Divino Tesoro Health Center

⁶ Italicized municipalities were for location purposes for the hospitals and were not necessarily selected as part of the sample.

⁷ Selected hospitals provided in bold

Region	Province	Municipality ⁶	Facility Name ⁷
		Mangaldan	Mangaldan Municipal Health Office
		San Fabian	San Fabian Health Center Rural Health Unit I
		Santo Tomas	Santo Tomas Municipal Health Center
		Sison	Sison Municipal Health Center
		Urbiztondo	Urbiztondo Health Center
2	Cagayan	Abulug	Abulug Rural Health Unit
		Alcala	Alcala Rural Health Unit
		<i>Baggao</i>	Baggao Medicare Community Hospital
		Claveria	Claveria Rural Health Unit
		Lal-Lo	Lal-Lo Rural Health Unit
		Santa Praxedes	Santa Praxedes Rural Health Unit
	Isabela	Benito Soliven	Benito Soliven Rural Health Unit
		Cabagan	Cabagan Rural Health Unit
		Delfin Albano	Delfin Albano Rural Health Unit
		<i>Jones</i>	Prospero G Bello Community Hospital (Former Jones Medicare Community Hospital)
		Quezon	Quezon Rural Health Unit
		Quirino	Quirino Rural Health Unit And Birthing Center
		San Mariano	San Mariano Rural Health Unit
		<i>Santa Maria</i>	Elvin Marasigan Integrated Memorial Hospital
3	Angeles City	Angeles City	Balibago Main Rural Health Center

Region	Province	Municipality ⁶	Facility Name ⁷
		Angeles City	Rafael Lazatin Memorial Medical Center
	Bulacan	Angat	Angat Municipal Health Center
		Balagtas	Balagtas Bulacan Rhu I And Lying-In Clinic
		Baliuag	Baliuag Bulacan Rural Health Unit I
		Bocauae	Bocauae Rural Health Unit I
		Bulacan/Bulakan	Bulacan Rural Health Unit
		Bustos	Bustos Community Hospital
		Guiguinto	Guiguinto Rural Health Unit I
		Pandi	Pandi Rural Health Unit
		Paombong	Paombong Rural Health Unit I
		San Rafael	San Rafael Rural Health Unit
	Pampanga	Apalit	Apalit Rural Health Center
		Bacolor	Bacolor Rural Health Unit I
		Guagua	Guagua Rural Health Unit I
		Lubao	Lubao Rural Health Unit 2
		Mabalacat	Mabalacat Rural Health Unit 3 Main
		<i>Mabalacat</i>	Mabalacat District Hospital
		San Simon	San Simon Rural Health Unit
		Santo Tomas	Santo Tomas Rural Health Center
		Sasmuan	Sasmuan Rural Health Unit

Region	Province	Municipality ⁶	Facility Name ⁷
NCR	Marikina City	Marikina City	Marikina City Health Center
4A	Batangas	Agoncillo	Agoncillo Rural Health Unit
		Alitagtag	Alitagtag Rural Health Center
		Bauan	Bauan Municipal Rural Health Unit I
		Cuenca	Cuenca Municipal Rural Health Unit
		Lobo	Lobo Municipal Hospital
		<i>San Pascual</i>	San Pascual Community Hospital
		Santa Teresita	Santa Teresita Rural Health Center
	Laguna	<i>Bay</i>	Pagamutang Pangmasa Ng Laguna
		Cabuyao	Cabuyao Rural Health Unit li
		Los Baños	Los Baños Health Care Center
		Luisiana	Luisiana Laguna Rural Health Unit
		Lumban	Lumban Rural Health Unit
		Nagcarlan	Nagcarlan Laguna Rural Health Unit
		Pagsanjan	Pagsanjan Health Center
		Pila	Pila Laguna Rural Health Unit
		Santa Cruz	Santa Cruz Health Center
		Victoria	Pagamutang Bayan Ng Victoria Laguna Dator Memorial Health Center
	Lucena City	<i>Lucena City</i>	Camp Nakar Station Hospital, Pa
		Lucena City	Lucena City District Health Unit II
	Quezon	Candelaria	Candelaria Rural Health Unit

Region	Province	Municipality ⁶	Facility Name ⁷
		Infanta	Infanta Quezon Municipal Health Office
		Mauban	Mauban Health Center
		Real	Real Rural Health Unit
		<i>Sampaloc</i>	Sampaloc Medicare Community Hospital
		Sampaloc	Sampaloc Rural Health Unit
		Sariaya	Sariaya Rural Health Unit
		Tayabas	Tayabas Diagnostic Center
		Tiaong	Tiaong Municipal Health Office
5	Camarines Sur	Balatan	Balatan Rural Health Unit
		Buhi	Buhi Rural Health Unit I
		Cabusao	Cabusao Rural Health Unit And Family Planning Center
		Goa	Goa Rural Health Unit
		Lagonoy	Lagonoy Main Health Center
		Minalabac	Minalabac Rural Health Unit
		Nabua	Nabua Rural Health Unit I
		Ocampo	Ocampo Rural Health Unit
		Pamplona	Pamplona Rural Health Unit
		Pasacao	Pasacao Health Center
		Pili	Pili Rural Health Unit li
		Presentacion	Presentacion Main Health Center

Region	Province	Municipality ⁶	Facility Name ⁷	
		San Fernando	San Fernando Rural Health Unit	
		Sipocot	Sipocot Rural Health Unit	
		Siruma	Siruma Rural Health Unit	
		<i>Tinambac</i>	Tinambac Medicare Community Hospital	
	Sorsogon	<i>Bulan</i>	Pantaleon G. Gotladera Mem. Hospital	
		Gubat	Gubat Municipal Health Center	
		Irosin	Irosin Rural Health Unit	
		Juban	Juban Rural Health Unit	
		Matnog	Matnog Rural Health Unit	
		Prieto Diaz	Prieto Diaz Rural Health Unit	
		Santa Magdalena	Santa Magdalena Rural Health Unit	
	6	Bacolod City	Bacolod City	Bacolod City Health
		Iloilo	Badiangan	Badiangan Municipal Health Office
<i>Barotac Viejo</i>			Barotac Viejo Municipal Hospital	
Cabatuan			Cabatuan Rural Health Unit	
Dumangas			Dumangas Rural Health Unit	
<i>Dumangas</i>			Dumangas District Hospital	
Janiuay			Janiuay Rural Health Unit	
Leganes			Leganes Rural Health Unit	
New Lucena			New Lucena Rural Health Unit	
Pavia			Pavia Rural Health Unit	

Region	Province	Municipality ⁶	Facility Name ⁷
		Santa Barbara	Santa Barbara Rural Health Unit
		Zarraga	Zarraga Rural Health Unit
	Iloilo City	Iloilo City	Iloilo City Main Health Center
	Negros Occidental	Binalbagan	Binalbagan Rural Health Unit
		Calatrava	Calatrava Rural Health Unit
		Cauayan	Cauayan Rural Health Unit
		Enrique B. Magalona	Enrique B. Magalona Rural Health Unit
		Hinigaran	Hinigaran Rural Health Unit
		<i>Hinobaan</i>	Eleuterio T. Decena Memorial Hospital
		Ilog	Ilog Rural Health Unit
		Manapla	Manapla Rural Health Unit
		Moises Padilla	Moises Padilla Rural Health Unit
		Murcia	Murcia Rural Health Unit
		Pontevedra	Pontevedra Rural Health Unit
		Salvador Benedicto	Salvador Benedicto Rural Health Unit
		San Enrique	San Enrique Rural Health Unit
		Toboso	Toboso Rural Health Unit
Valladolid	Valladolid District Hospital		
7	Bohol	Alicia	Alicia Main Health Center
		Anda	Anda Rural Health Center

Region	Province	Municipality ⁶	Facility Name ⁷
		Catigbian	Catigbian Rural Health Unit
		Dimiao	Dimiao Main Health Center
		<i>Dimiao</i>	Dimiao Municipal Infirmary
		Garcia Hernandez	Garcia Hernandez Rural Health Unit
		Jagna	Jagna Rural Health Unit
		Loay	Loay Rural Health Unit
		Maribojoc	Sweepstakes Health Center Bldg.,Maribojoc
		Pilar	Pilar Municipal Health Office
		Sevilla	Sevilla Health Center
		Sierra Bullones	Sierra Bullones Rural Health Unit
		Ubay	Ubay Bohol Rural Health Unit I
	Cebu	Alcoy	Alcoy Rural Health Unit
		Alegria	Alegria Rural Health Unit
		Boljoon	Boljoon Rural Health Unit
		Catmon	Catmon Rural Health Unit
		Consolacion	Consolacion Rural Health Unit
		Oslob	Oslob Rural Health Unit
		San Remigio	San Remigio Health Rural Unit
		Santa Rosa	Santa Rosa Community Hospital
Tabuelan	Tabuelan Rural Health Center		

Region	Province	Municipality ⁶	Facility Name ⁷
8	Cebu City	Cebu City	Bario Luz Health Center
		<i>Cebu City</i>	Guba Community Hospital
	Leyte	Alangalang	Alangalang Rural Health Unit
		Babatngon	Babatngon Rural Health Unit
		Dulag	Dulag Rural Health Unit
		Hilongos	Hilongos Rural Health Unit
		Hindang	Hindang Rural Health Unit
		Inopacan	Inopacan Rural Health Center
		Jaro	Jaro Rural Health Unit
		Mahaplag	Mahaplag Rural Health Center
		Mayorga	Mayorga Health Unit
		Pastrana	Pastrana Rural Health Unit
		Tunga	Tunga Municipal Health Office
	<i>Villaba</i>	Villaba Community Hospital	
	Samar	Calbiga	Calbiga Municipal Health Center
<i>Catbalogan</i>		Camp Lukban Station Hospital, Pa	
Jiabong		Jiabong Rural Health Unit	
Paranas		Paranas Rural Health Unit	
Pinabacdao		Pinabacdao Rural Health Unit	
Talalora		Talalora Rural Health Unit	

Region	Province	Municipality ⁶	Facility Name ⁷
9	Tacloban City	Tacloban City	Sagkahan Rural Health Unit
		<i>Tacloban City</i>	Tacloban City Hospital
	Zamboanga Del Norte	Liloy	Liloy Municipal Health Office/Rural Health Unit
		Manukan	Manukan Municipal Health Office/Rural Health Unit
		Mutia	Mutia Municipal Health Center
		<i>Pinan</i>	Pinan District Hospital
		Rizal	Rizal Municipal Health Office
		Salug	Salug Municipal Health Office
		Sergio Osmeña Sr.	Sergio Osmeña Sr. Rural Health Unit
		Sindangan	Sindangan Municipal Health Office/Rural Health Unit
		Sirawai	Sirawai Municipal Health Office/ Rural Health Unit
	Zamboanga Del Sur	Aurora	Aurora Municipal Health Office
		Dumalinao	Dumalinao Municipal Health Office/RHU
		Dumingag	Dumingag Municipal Health Office
		Guipos	Guipos Municipal Health Office
		Kumalarang	Kumalarang Municipal Health Office
		<i>Labangan</i>	Kuta Maj.Cesar Sang-An Station Hospital
		Ramon Magsaysay	Ramon Magsaysay Municipal Health Office/Rural Health Unit
		San Miguel	San Miguel Municipal Health Office
San Pablo		San Pablo Municipal Health Office	
Tabina		Tabina Municipal Health Office	

Region	Province	Municipality ⁶	Facility Name ⁷
10	Bukidnon	Damulog	Damulog Health Center
		<i>Kalilangan</i>	Bukidnon Provincial Hospital- Kalilangan
		Kibawe	Kibawe Health Center
		Lantapan	Lantapan Rural Health Unit
		Malitbog	Malitbog Health Center
		Quezon	Quezon Municipal Health Office
		San Fernando	San Fernando Rural Health Unit
		Sumilao	Sumilao Rural Health Unit
		Talakag	Talakag Health Center
	Misamis Oriental	<i>Claveria</i>	Misamis Oriental Provincial Hospital- Claveria
		Gitagum	Gitagum Health Center
		Jasaan	Jasaan Municipal Hospital
		Lagonglong	Lagonglong Health Center
		Libertad	Libertad Health Center
Opol		Opol Health Center	
Sugbongcogon		Sugbongcogon Rural Health Unit	
11	Compostela Valley	Compostela	Compostela Municipal Health Office
		Laak	Laak Municipal Health Office
		<i>Laak</i>	Laak Municipal Hospital
		Mabini	Mabini Municipal Health Office

Region	Province	Municipality ⁶	Facility Name ⁷
		Maco	Maco Municipal Health Office
		Nabunturan	Nabunturan Health Office
		Pantukan	Pantukan Municipal Health Office
	Davao Del Sur	Kiblawan	Kiblawan Office Of The Municipal Health Office
		<i>Kiblawan</i>	Gregorio Matas District Hospital
		Malita	Malita Municipal Health Office
		Matanao	Matanao Rural Health Center
		Padada	Padada Municipal Health Office
		Santa Maria	Santa Maria Municipal Health Office
		Sulop	Sulop Municipal Health Office
13	Agusan Del Norte	Carmen	Carmen Rural Health Unit
		Jabonga	Jabonga Health Center
		<i>Jabonga</i>	Jabonga Municipality Hospital
		Kitcharao	Kitcharao Health Center
		Magallanes	Magallanes Health Center
		Santiago	Arsenia M. Centeno Municipal Health Center
		Tubay	Tubay Rural Health Unit
ARMM	Lanao Del Sur	Balindong	Balindong Rural Health Unit
		<i>Balindong</i>	Balindong Hospital
		Buadipuso-Butong	Buadipuso-Butong Rural Health Unit
		Bubong	Bubong Health Center

Region	Province	Municipality ⁶	Facility Name ⁷
		Bumbaran	Bumbaran Rural Health Unit
		Calanogas	Calanogas Rural Health Unit
		Distaan-Ramain	Bago A Ingud Rural Health Unit
		Madalum	Madalum Rural Health Unit
		Marantao	Marantao Health Center
		Masiu	Masiu Rural Health Unit
		Piagapo	Piagapo Rural Health Unit
		Poona Bayabao	Poona Bayabao Rural Health Unit
		Saguiaran	Saguiaran Health Center
		Tamparan	Tamparan Health Center
		Taraka	Taraka Health Center
		Wao	Wao Rural Health Unit
	Tawi-Tawi	Bongao	Bongao Health Center
		Languyan	Languyan Rural Health Unit
		<i>Languyan</i>	Languyan Municipal Hospital
		Panglima	Panglima Sugala Rural Health Unit
		Sapa-Sapa	Sapa-Sapa Rural Health Unit
		Simunul	Simunul Rural Health Unit
		South Ubian	South Ubian Rural Health Unit
Tandubas	Tandubas Rural Health Unit		

Appendix B

Additional Tables

Table 15. Availability of FP Products on the Day of the Visit by Facility Type

	RHU		Hospitals		Warehouses	
		n=		n=		n=
FP Products						
Combined Oral (COC)	70% (151)	216	(6)	7	69% (20)	29
Condoms	70% (140)	200	(4)	5	64%(16)	25
Cycle Beads	78% (91)	116	(1)	1	65% (11)	17
DMPA	66% (140)	212	(3)	6	48% (14)	29
IUDs	86% (154)	180	(4)	4	72% (21)	29
Norifam	56% (10)	18	--	--	(2)	5
Progesterone Only Pills (POP)	51% (30)	59	(1)	2	(7)	13

Table 16. Availability of MNCH Products on the Day of the Visit by Facility Type

	RHU		Hospitals		Warehouses	
		n=		n=		n=
MNCH Products						
Amox. Tab. (250mg)	35% (47)	136	73% (8)	11	50% (8)	16
Amox. Susp. (125mg/5ml)	36% (49)	137	(7)	9	50% (6)	12
Ferrous Sulfate	70% (82)	117	(2)	7	53% (8)	15
Magnesium Sulfate	27% (7)	26	(3)	7	(0)	4
Mebendazole (500mg)	39% (43)	109	36% (4)	11	(1)	10
ORS	65% (127)	196	63% (12)	19	50% (11)	22
Oxytocin	63% (82)	131	83% (19)	23	50% (9)	18

Table 17. Family Planning Products Managed at Facilities by Province

Note: Results are not significantly representative at the provincial level

*Table should be read “5 out of 7 SDPs in Agusan Del Norte **managed** COC”*

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	RHU	224	216 (96%)	116 (52%)	212 (95%)	180 (80%)	2 00 (89%)	18 (8%)	59 (26%)
	Hospital	32	7 (22%)	1 (3%)	6 (19%)	4 (13%)	5 (16%)	0	2 (6%)
	Warehouse	30	29 (97%)	17 (57%)	29 (97%)	29 (97%)	25 (83%)	5 (17%)	13 (43%)
	SDP(s)	7	5	6	5	6	5	0	2
Agusan Del Norte	Warehouse	1	1	1	1	1	1	0	1
	Total	8	6	7	6	7	6	0	3
	SDP(s)	2	1	0	1	0	1	0	0
Angeles City	Warehouse	1	1	0	1	1	1	0	0
	Total	3	2	0	2	1	2	0	0
	SDP(s)	1	1	0	1	1	1	0	0
Bacolod City	Warehouse	0	--	--	--	--	--	--	--
	Total	1	1	0	1	1	1	0	0

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
Batangas	SDP(s)	7	4	2	4	3	4	0	2
	Warehouse ⁸	1	DK	DK	DK	DK	DK	DK	DK
	Total	7	4	2	4	3	4	0	2
Benguet	SDP(s)	8	8	8	8	7	7	0	4
	Warehouse	1	1	1	1	1	0	0	1
	Total	9	9	9	9	8	7	0	5
Bohol	SDP(s)	13	12	4	11	10	12	1	4
	Warehouse	1	1	0	1	1	1	0	1
	Total	14	13		12	11	13	1	5
Bukidnon	SDP(s)	9	8	3	8	8	8	1	2
	Warehouse	1	1 ₄	0	1	1	0	0	1
	Total	10	9	3	9	9	8	1	3
Bulacan	SDP(s)	10	9	6	8	3	7	0	3
	Warehouse	1	0	0	0	0	0	0	0
	Total	11	9	6	8	3	7	0	3
Cagayan	SDP(s)	6	5	1	4	5	3	0	0

⁸ Field Researchers were denied access to assess stocks in this warehouse

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	Warehouse	1	1	0	1	1	1	0	0
	Total	7	6	1	5	6	4	0	0
Camarines Sur	SDP(s)	16	15	12	15	6	12	0	4
	Warehouse	1	1	1	1	1	0	0	0
	Total	17	16		16	7	12	0	4
Cebu	SDP(s)	9	7	1	8	5	8	0	3
	Warehouse	1	1 ¹³	0	1	1	1	0	0
	Total	10	8	1	9	6	9	0	3
Cebu City	SDP(s)	2	1	0	1	1	1	1	0
	Warehouse	1	1	0	1	1	1	0	1
	Total	3	2	0	2	2	2	1	1
Compostela Valley	SDP(s)	7	7	3	7	6	6	0	1
	Warehouse	1	1	0	1	1	1	0	0
	Total	8	8	3	8	7	7	0	1
Davao Del Sur	SDP(s)	7	4	4	6	6	4	0	0
	Warehouse	1	1	1	1	1	0	0	0
	Total	8	5	5	7	7	4	0	0
Iloilo	SDP(s)	11	9	1	9	8	9	0	0

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	Warehouse	1	1	1	1	1	1	0	0
	Total	12	10	2	10	9	10	0	0
Iloilo City	SDP(s)	1	1	0	1	0	0	0	0
	Warehouse	1	1	1	1	1	1	0	0
	Total	2	2	1	2	1	1	0	0
Isabela	SDP(s)	8	7	3	6	7	3	1	0
	Warehouse	1	1	1	1	1	1	1	1
	Total	9	8	4	7	8	4	2	1
Laguna	SDP(s)	10	10	5	7	8	10	4	5
	Warehouse	1	1	1	1	1	1	1	1
	Total	11	11		8	9	11	5	6
Lanao Del Sur	SDP(s)	16	14	14	15	14	15	1	0
	Warehouse	1	1 ₆	1	1	1	1	0	0
	Total	17	15	15	16	15	16	1	0
Leyte	SDP(s)	12	12	8	10	12	11	0	5
	Warehouse	1	1	1	1	1	1	0	1
	Total	13	13		11	13	12	0	6
Lucena City	SDP(s)	2	1	1	1	1	1	0	0

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	Warehouse	1	1	1	1	1	1	0	0
	Total	3	2	2	2	2	2	0	0
Marikina City	SDP(s)	1	1	1	1	1	1	0	1
	Warehouse	0	--	--	--	--	--	--	--
	Total	1	1	1	1	1	1	0	1
Misamis Oriental	SDP(s)	7	5	3	5	5	5	2	4
	Warehouse	1	1	0	1	1	1	1	1
	Total	8	6	3	6	6	6	3	5
Negros Occidental	SDP(s)	15	14	6	13	13	13	1	0
	Warehouse	1	1	0	1	1	1	1	1
	Total	16	15		14	14	14	2	1
Pampanga	SDP(s)	9	8	4	8	2	8	1	7
	Warehouse	1	1 ₆	1	1	1	1	0	1
	Total	10	9	5	9	3	9	1	8
Pangasinan	SDP(s)	10	10	4	10	10	10	5	8
	Warehouse	1	1	1	1	1	1	1	1
	Total	11	11		11	11	11	6	9
Quezon	SDP(s)	9	7	2	8	7	5	0	1

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	Warehouse	1	1	1	1	1	1	0	0
	Total	10	8	3	9	8	6	0	1
Samar	SDP(s)	5	5	0	5	2	3	0	1
	Warehouse	1	1	0	1	1	1	0	0
	Total	6	6	0	6	3	4	0	1
Sorsogon	SDP(s)	7	6	5	6	5	6	0	0
	Warehouse	1	1	1	1	1	1	0	0
	Total	8	7	6	7	6	7	0	0
Tacloban City	SDP(s)	2	2	0	2	1	2	0	1
	Warehouse	1	1	0	1	1	1	0	1
	Total	3	3	0	3	2	3	0	2
Tawi-Tawi	SDP(s)	8	7	5	7	5	7	0	0
	Warehouse	1	1	1	1	1	1	0	0
	Total	9	8	6	8	6	8	0	0
Zamboanga Del Norte	SDP(s)	9	8	1	8	7	8	0	2
	Warehouse	1	1	0	1	1	1	0	0
	Total	10	9	1	9	8	9	0	2
Zamboanga Del Sur	SDP(s)	10	9	4	9	9	9	0	1

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	Warehouse	1	1	1	1	1	1	0	0
	Total	11	10	5	10	10	10	0	1

Table 18. Availability of Family Planning Products on the Day of Visit at Facilities by Province

Note: Results are not significantly representative at the provincial level

Table should be read "5 out of 7 SDPs in Agusan Del Norte had COC available on the day of visit"

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	RHU	224	67%	41%	63%	69%	63%	4%	13%
	Hospital	32	19%	13%	3%	9%	13%	0%	3%
	Warehouse	30	67%	53%	37%	47%	70%	7%	23%
Agusan Del Norte	SDP(s)	7	5	6	5	6	5	0	2
	Warehouse	1	1	0	1	1	0	0	0
	Total	8	6	6	6	7	5	0	2
Angeles City	SDP(s)	2	0	0	0	0	0	0	0
	Warehouse	1	1	0	1	0	1	0	0
	Total	3	1	0	1	0	1	0	0
Bacolod City	SDP(s)	1	1	0	1	1	1	0	0

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	Warehouse	0	--	--	--	--	--	--	--
	Total	1	1	0	1	1	1	0	0
Batangas	SDP(s)	7	4	2	4	1	2	0	1
	Warehouse ⁹	1	DK	DK	DK	DK	DK	DK	DK
	Total	7	4	2	4	1	2	0	1
Benguet	SDP(s)	8	7	8	7	6	6	0	3
	Warehouse	1	1	1	1	1	0	0	1
	Total	9	8	9	8	7	6	0	4
Bohol	SDP(s)	13	7	3	7	10	10	0	1
	Warehouse	1	0	0	0	1	1	0	0
	Total	14	7	3	7	11	11	0	1
Bukidnon	SDP(s)	9	4	3	6	8	7	1	1
	Warehouse	1	0	0	0	0	0	0	0
	Total	10	4	3	6	8	7	1	1
Bulacan	SDP(s)	10	7	4	5	3	6	0	1
	Warehouse	1	0	0	0	0	0	0	0
	Total	11	7	4	5	3	6	0	1

⁹ Field Researchers were denied access to product availability

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
Cagayan	SDP(s)	6	4	1	3	5	1	0	0
	Warehouse	1	1	0	0	1	0	0	0
	Total	7	5	1	3	6	1	0	0
Camarines Sur	SDP(s)	16	4	3	5	2	7	0	0
	Warehouse	1	0	1	0	0	0	0	0
	Total	17	4	4	5	2	7	0	0
Cebu	SDP(s)	9	3	1	6	4	5	0	2
	Warehouse	1	0	0	0	1	0	0	0
	Total	10	3	1	6	5	5	0	2
Cebu City	SDP(s)	2	1	0	1	1	1	1	0
	Warehouse	1	0	0	0	0	1	0	1
	Total	3	1	0	1	1	2	1	1
Compostela Valley	SDP(s)	7	4	3	5	6	5	0	0
	Warehouse	1	1	0	0	1	1	0	0
	Total	8	5	3	5	7	6	0	0
Davao Del Sur	SDP(s)	7	4	2	3	4	2	0	0
	Warehouse	1	1	1	0	0	0	0	0
	Total	8	5	3	3	4	2	0	0
Iloilo	SDP(s)	11	4	0	3	7	2	0	0

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	Warehouse	1	1	0	1	1	1	0	0
	Total	12	5	0	4	8	3	0	0
Iloilo City	SDP(s)	1	1	0	1	0	0	0	0
	Warehouse	1	1	0	1	1	0	0	0
	Total	2	2	0	2	1	0	0	0
Isabela	SDP(s)	8	7	3	5	7	2	0	0
	Warehouse	1	1	1	0	1	0	0	0
	Total	9	8	4	5	8	2	0	0
Laguna	SDP(s)	10	9	5	4	7	5	3	0
	Warehouse	1	0	0	0	0	0	0	0
	Total	11	9	5	4	7	5	3	0
Lanao Del Sur	SDP(s)	16	14	14	15	13	15	0	0
	Warehouse	1	1	1	0	1	1	0	0
	Total	17	15	15	15	14	16	0	0
Leyte	SDP(s)	12	1	7	3	10	2	0	0
	Warehouse	1	1	0	1	1	0	0	1
	Total	13	2	7	4	11	2	0	1
Lucena City	SDP(s)	2	1	1	1	0	0	0	0
	Warehouse	1	1	1	1	1	1	0	0

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
	Total	3	2	2	2	1	1	0	0
Marikina City	SDP(s)	1	1	1	1	1	1	0	0
	Warehouse	0	--	--	--	--	--	--	--
	Total	1	1	1	1	1	1	0	0
Misamis Oriental	SDP(s)	7	4	3	4	4	4	1	4
	Warehouse	1	1	0	1	1	1	1	1
	Total	8	5	3	5	5	5	2	5
Negros Occidental	SDP(s)	15	8	6	2	13	7	1	0
	Warehouse	1	1	0	0	1	1	0	1
	Total	16	9	6	2	14	8	1	1
Pampanga	SDP(s)	9	7	2	7	2	8	0	7
	Warehouse	1	1	1	1	0	1	0	1
	Total	10	8	3	8	2	9	0	8
Pangasinan	SDP(s)	10	8	3	8	9	7	3	4
	Warehouse	1	1	1	1	1	1	1	1
	Total	11	9	4	9	10	8	4	5
Quezon	SDP(s)	9	7	2	8	4	4	0	1
	Warehouse	1	1	1	1	0	1	0	0
	Total	10	8	3	9	4	5	0	1

		# of Facilities	COC	Cycle Beads	DMPA	IUD	Male Condoms	Norifam	POP
Samar	SDP(s)	5	5	0	3	2	3	0	1
	Warehouse	1	1	0	1	1	1	0	0
	Total	6	6	0	4	3	4	0	1
Sorsogon	SDP(s)	7	2	4	2	3	5	0	0
	Warehouse	1	0	1	0	1	0	0	0
	Total	8	2	5	2	4	5	0	0
Tacloban City	SDP(s)	2	2	0	0	1	2	0	1
	Warehouse	1	0	0	1	1	1	0	0
	Total	3	2	0	1	2	3	0	1
Tawi-Tawi	SDP(s)	8	7	5	7	4	7	0	0
	Warehouse	1	1	1	1	1	1	0	0
	Total	9	8	6	8	5	8	0	0
Zamboanga Del Norte	SDP(s)	9	6	0	4	5	4	0	2
	Warehouse	1	0	0	0	1	0	0	0
	Total	10	6	0	4	6	4	0	2
Zamboanga Del Sur	SDP(s)	10	8	0	7	9	8	0	0
	Warehouse	1	1	0	0	1	1	0	0
	Total	11	9	0	7	10	9	0	0

Table 19. Maternal, Newborn and Child Health Products Managed at Facilities by Province

Note: Results are not significantly representative at the provincial level

Table should be read “1 out of 7 SDPs in Agusan Del Norte managed Amoxicillin Tablets”

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
	RHU	224	136 (61%)	137 (61%)	117 (52%)	26 (12%)	109 (49%)	196 (88%)	131 (58%)
	Hospital	32	11 (34%)	9 (28%)	7 (22%)	7 ((22%)	11 (34%)	19 (59%)	23 (23%)
	Warehouse	30	16 (53%)	12 (40%)	15 (50%)	4 (13%)	10 (33%)	22 (73%)	18 (60%)
Agusan Del Norte	SDP(s)	7	1	4	3	1	2	5	6
	Warehouse	1	1	1	1	1	1	1	1
	Total	8	2	5	4	2	3	6	7
Angeles City	SDP(s)	2	0	0	0	1	0	1	2
	Warehouse	1	0	0	1	0	0	0	1
	Total	3	0	0	1	1	0	1	3
Bacolod City	SDP(s)	1	1	0	0	0	0	1	1
	Warehouse	0	--	--	--	--	--	--	--
	Total	1	1	0	0	0	0	1	1
Batangas	SDP(s)	7	2	1	2	1	4	6	3
	Warehouse	1	DK	DK	DK	DK	DK	DK	DK
	Total	7	2	1	2	1	4	6	3

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
Benguet	SDP(s)	8	5	2	7	3	8	8	7
	Warehouse	1	1	1	1	0	0	1	1
	Total	9	6	3	8	3	8	9	8
Bohol	SDP(s)	13	7	5	2	1	2	13	7
	Warehouse	1	0	0	0	0	0	0	1
	Total	14	7	5	2	1	2	13	8
Bukidnon	SDP(s)	9	4	4	0	0	4	8	7
	Warehouse	1	0	0	0	0	0	1	0
	Total	10	4	4	0	0	4	9	7
Bulacan	SDP(s)	10	7	8	5	1	7	8	5
	Warehouse	1	0	0	1	0	0	0	0
	Total	11	7	8	6	1	7	8	5
Cagayan	SDP(s)	6	1	2	5	0	0	5	0
	Warehouse	1	0	0	1	0	0	1	0
	Total	7	1	2	6	0	0	6	0
Camarines Sur	SDP(s)	16	11	11	1	4	9	14	2
	Warehouse	1	0	0	0	0	0	0	0
	Total	17	11	11	1	4	9	14	2
Cebu	SDP(s)	9	7	8	5	3	4	8	8

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
	Warehouse	1	1	0	0	0	0	1	0
	Total	10	8	8	5	3	4	9	8
Cebu City	SDP(s)	2	1	1	0	0	0	1	2
	Warehouse	1	1	0	0	0	0	1	1
	Total	3	2	1	0	0	0	2	3
Compostela Valley	SDP(s)	7	5	3	5	0	1	5	3
	Warehouse	1	1	1	1	0	0	1	0
	Total	8	6	4	6	0	1	6	3
Davao Del Sur	SDP(s)	7	3	3	6	3	6	7	5
	Warehouse	1	0	0	1	0	0	1	1
	Total	8	3	3	7	3	6	8	6
Iloilo	SDP(s)	11	1	5	6	0	0	9	6
	Warehouse	1	0	0	0	0	0	1	0
	Total	12	1	5	6	0	0	10	6
Iloilo City	SDP(s)	1	1	1	0	0	1	1	0
	Warehouse	1	0	0	0	0	0	0	0
	Total	2	1	1	0	0	1	1	0
Isabela	SDP(s)	8	8	7	7	0	1	8	4
	Warehouse	1	1	1	1	0	0	1	0

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
	Total	9	9	8	8	0	1	9	4
Laguna	SDP(s)	10	10	10	6	1	9	10	6
	Warehouse	1	1	1	1	0	1	1	1
	Total	11	11	11	7	1	10	11	7
Lanao Del Sur	SDP(s)	16	2	2	10	0	6	4	7
	Warehouse	1	0	0	1	0	1	1	1
	Total	17	2	2	11	0	7	5	8
Leyte	SDP(s)	12	11	8	9	2	7	11	8
	Warehouse	1	0	0	0	0	0	0	0
	Total	13	11	8	9	2	7	11	8
Lucena City	SDP(s)	2	1	0	0	0	1	2	0
	Warehouse	1	1	0	0	0	0	1	1
	Total	3	2	0	0	0	1	3	1
Marikina City	SDP(s)	1	0	0	0	0	0	1	0
	Warehouse	0	--	--	--	--	--	--	--
	Total	1	0	0	0	0	0	1	0
Misamis Oriental	SDP(s)	7	2	3	1	2	4	5	5
	Warehouse	1	1	0	0	0	1	1	0
	Total	8	3	3	1	2	5	6	5

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
Negros Occidental	SDP(s)	15	6	7	1	0	3	14	13
	Warehouse	1	0	1	0	0	0	1	1
	Total	16	6	8	1	0	3	15	14
Pampanga	SDP(s)	9	7	9	7	2	6	9	5
	Warehouse	1	1	1	1	0	1	1	1
	Total	10	8	10	8	2	7	10	6
Pangasinan	SDP(s)	10	9	10	10	1	9	10	4
	Warehouse	1	1	1	1	1	1	1	1
	Total	11	10	11	11	2	10	11	5
Quezon	SDP(s)	9	8	8	6	0	4	8	4
	Warehouse	1	1	1	0	0	1	1	0
	Total	10	9	9	6	0	5	9	4
Samar	SDP(s)	5	4	2	1	1	2	5	2
	Warehouse	1	1	1	0	0	0	1	1
	Total	6	5	3	1	1	2	6	3
Sorsogon	SDP(s)	7	6	5	0	0	2	7	7
	Warehouse	1	1	1	0	1	1	1	1
	Total	8	7	6	0	1	3	8	8
Tacloban City	SDP(s)	2	1	0	1	0	1	1	1

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
	Warehouse	1	1	0	0	0	0	0	1
	Total	3	2	0	1	0	1	1	2
	SDP(s)	8	1	3	7	0	7	2	8
Tawi-Tawi	Warehouse	1	0	0	1	1	0	0	1
	Total	9	1	3	8	1	7	2	9
	SDP(s)	9	7	7	7	4	8	9	9
Zamboanga Del Norte	Warehouse	1	0	0	1	0	1	1	1
	Total	10	7	7	8	4	9	10	10
	SDP(s)	10	7	7	4	2	2	9	7
Zamboanga Del Sur	Warehouse	1	1	1	1	0	1	1	1
	Total	11	8	8	5	2	3	10	8

Table 20. Availability of Maternal, Newborn and Child Health Products on the Day of Visit at Facilities by Province

Note: Results are not significantly representative at the provincial level

Table should be read “1 out of 7 SDPs in Agusan Del Norte had Amoxicillin Tablets available on the day of visit”

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
	RHU	224	21%	22%	37%	3%	19%	57%	37%
	Hospital	32	25%	22%	6%	9%	13%	38%	59%
	Warehouse	30	27%	20%	27%	0%	3%	37%	30%
Agusan Del Norte	SDP(s)	7	1	3	3	1	2	5	6
	Warehouse	1	0	0	0	0	0	0	0
	Total	8	1	3	3	1	2	5	6
Angeles City	SDP(s)	2	0	0	0	0	0	0	0
	Warehouse	1	0	0	0	0	0	0	0
	Total	3	0	0	0	0	0	0	0
Bacolod City	SDP(s)	1	1	0	0	0	0	1	1
	Warehouse	0	--	--	--	--	--	--	--
	Total	1	1	0	0	0	0	1	1
Batangas	SDP(s)	7	1	1	1	1	2	2	1
	Warehouse	1	DK	DK	DK	DK	DK	DK	DK
	Total	7	1	1	1	1	2	2	1

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
Benguet	SDP(s)	8	2	1	0	1	2	7	6
	Warehouse	1	0	1	1	0	0	1	1
	Total	9	2	2	1	1	2	8	7
Bohol	SDP(s)	13	4	0	0	0	1	6	4
	Warehouse	1	0	0	0	0	0	0	1
	Total	14	4	0	0	0	1	6	5
Bukidnon	SDP(s)	9	2	3	0	0	2	8	6
	Warehouse	1	0	0	0	0	0	0	0
	Total	10	2	3	0	0	2	8	6
Bulacan	SDP(s)	10	4	4	2	1	3	6	4
	Warehouse	1	0	0	1	0	0	0	0
	Total	11	4	4	3	1	3	6	4
Cagayan	SDP(s)	6	1	0	5	0	0	4	0
	Warehouse	1	0	0	0	0	0	0	0
	Total	7	1	0	5	0	0	4	0
Camarines Sur	SDP(s)	16	1	2	0	0	0	5	0
	Warehouse	1	0	0	0	0	0	0	0
	Total	17	1	2	0	0	0	5	0

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
Cebu	SDP(s)	9	2	4	0	2	1	5	5
	Warehouse	1	1	0	0	0	0	1	0
	Total	10	3	4	0	2	1	6	5
Cebu City	SDP(s)	2	0	0	0	0	0	0	1
	Warehouse	1	1	0	0	0	0	1	1
	Total	3	1	0	0	0	0	1	2
Compostela Valley	SDP(s)	7	4	2	4	0	1	3	3
	Warehouse	1	0	0	0	0	0	0	0
	Total	8	4	2	4	0	1	3	3
Davao Del Sur	SDP(s)	7	1	1	6	2	3	4	2
	Warehouse	1	0	0	1	0	0	0	0
	Total	8	1	1	7	2	3	4	2
Iloilo	SDP(s)	11	1	4	6	0	0	9	3
	Warehouse	1	0	0	0	0	0	0	0
	Total	12	1	4	6	0	0	9	3
Iloilo City	SDP(s)	1	0	0	0	0	1	1	0
	Warehouse	1	0	0	0	0	0	0	0
	Total	2	0	0	0	0	1	1	0

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
Isabela	SDP(s)	8	5	4	7	0	1	6	4
	Warehouse	1	0	0	1	0	0	1	0
	Total	9	5	4	8	0	1	7	4
Laguna	SDP(s)	10	2	4	4	0	2	9	1
	Warehouse	1	0	1	0	0	0	1	0
	Total	11	2	5	4	0	2	10	1
Lanao Del Sur	SDP(s)	16	1	1	9	0	6	4	6
	Warehouse	1	0	0	1	0	0	0	1
	Total	17	1	1	10	0	6	4	7
Leyte	SDP(s)	12	4	1	2	0	7	8	6
	Warehouse	1	0	0	0	0	0	0	0
	Total	13	4	1	2	0	7	8	6
Lucena City	SDP(s)	2	1	0	0	0	0	2	0
	Warehouse	1	1	0	0	0	0	1	0
	Total	3	2	0	0	0	0	3	0
Marikina City	SDP(s)	1	0	0	0	0	0	1	0
	Warehouse	0	--	--	--	--	--	--	--
	Total	1	0	0	0	0	0	1	0

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
Misamis Oriental	SDP(s)	7	0	0	1	1	1	5	4
	Warehouse	1	0	0	0	0	1	0	0
	Total	8	0	0	1	1	2	5	4
Negros Occidental	SDP(s)	15	1	4	0	0	3	11	10
	Warehouse	1	0	0	0	0	0	1	1
	Total	16	1	4	0	0	3	12	11
Pampanga	SDP(s)	9	2	2	6	0	3	4	1
	Warehouse	1	1	1	1	0	0	1	1
	Total	10	3	3	7	0	3	5	2
Pangasinan	SDP(s)	10	2	3	10	0	1	5	1
	Warehouse	1	0	1	0	0	0	1	0
	Total	11	2	4	10	0	1	6	1
Quezon	SDP(s)	9	1	5	6	0	3	6	2
	Warehouse	1	1	1	0	0	0	1	0
	Total	10	2	6	6	0	3	7	2
Samar	SDP(s)	5	2	0	0	0	1	1	2
	Warehouse	1	1	0	0	0	0	1	1
	Total	6	3	0	0	0	1	2	3

		# of Facilities	Amoxicillin Tablet (250mg)	Amoxicillin Suspension (125mg/5ml)	Ferrous Sulfate	Magnesium Sulfate	Mebendazole Tablet (500mg)	ORS	Oxytocin
Sorsogon	SDP(s)	7	3	3	0	0	1	4	7
	Warehouse	1	1	1	0	0	0	0	1
	Total	8	4	4	0	0	1	4	8
Tacloban City	SDP(s)	2	0	0	1	0	0	0	0
	Warehouse	1	1	0	0	0	0	0	1
	Total	3	1	0	1	0	0	0	1
Tawi-Tawi	SDP(s)	8	1	1	7	0	0	1	5
	Warehouse	1	0	0	1	0	0	0	0
	Total	9	1	1	8	0	0	1	5
Zamboanga Del Norte	SDP(s)	9	4	1	3	1	0	4	7
	Warehouse	1	0	0	1	0	0	0	0
	Total	10	4	1	4	1	0	4	7
Zamboanga Del Sur	SDP(s)	10	1	2	1	0	0	2	3
	Warehouse	1	0	0	0	0	0	0	0
	Total	11	1	2	1	0	0	2	3

Appendix C

Logistics Indicator Assessment Tool (LIAT)

Note: The format of the tool is based on “specifications” in EpiSurveyor

Survey Name :1_Phil_FacilityID_4DC

No of Questions:15

=====

1:FACILITY IDENTIFICATION. The questions in this form provide general information about the health facility/warehouse (label)

2:Date of Visit (date)

Data Field Name : d__date

3:Facility/Warehouse Name (text)

Data Field Name : T__facilityname

4:Facility ID (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID__FacilityCode

5:Region (multi)

Data Field Name : ID__Region

Possible responses:

- Cordillera Administrative Region (CAR)CAR
- Ilocos Region (Region I).....1
- Cagayan Valley (Region II).....2
- Central Luzon (Region III)3
- National Capital Region (Manila)NCR
- CALABARZON (Region IV-A).....4A
- Bicol Region (Region V).....5
- Western Visayas (Region VI)6
- Central Visayas (Region VII)7
- Eastern Visayas (Region VIII).....8
- Zamboanga Peninsula (Region IX).....9
- Northern Mindanao (Region X).....10
- Davao Region (Region XI).....11
- Caraga Region (Region XIII)13

- Skip to 7
- Skip to 7
- Skip to 7
- Skip to 8
- Skip to 8
- Skip to 8

- Autonomous Region of Muslim Mindanao (ARMM).....ARMM → Skip to 8

6:Province or Independent City (Luzon) (multi)

Data Field Name : ID__province_Luzon

Possible responses:

- Angeles City
- Batangas
- Benguet
- Bulacan
- Cagayan
- Camarines Sur
- Isabela → →Go to 9
- Laguna
- Lucena City
- Marikina City
- Pampanga
- Pangasinan
- Quezon
- Sorsogon

7:Province or Independent City (Visayas) (multi)

Data Field Name : ID__province_Visayas

Possible responses:

- Bacolod City
- Bohol
- Cebu
- Cebu City
- Iloilo → →Go to 9
- Iloilo City
- Leyte
- Negros Occidental
- Samar
- Tacloban City

8:Province or Independent City (Mindanao) (multi)

Data Field Name : ID__province_Mindanao

Possible responses:

- Agusan del Norte
- Compostela Valley
- Davao del Sur
- Lanao del Sur
- Misamis Oriental
- Tawi Tawi
- Zamboanga del Norte
- Zamboanga del Sur

9:Facility Type (multi)

Data Field Name : ID__hf_type

Possible responses:

- Regional Hospital 1
- Provincial Hospital 2
- District Hospital 3
- Municipal Hospital 4
- Rural health unit (RHU) 5
- Provincial Warehouse 6
- Regional Warehouse..... 7
- Other 8

→ Skip to 11 (unless “Other” is selected)

10:Facility type (other) (text)

Data Field Name : T__hf_type_other

11:Name of Municipality (text)

Data Field Name : T__Municipality

12:Q1. Is the road into the facility paved? (multi)

Data Field Name : Q01__tarmac

Possible responses:

- Yes 1
- No 0

13:Q2. Is electricity available in the facility on day of visit? (multi)

Data Field Name : Q02__electricity

Possible responses:

- Yes 1
- No 0

14:Q3. Is running water available in the building on the day of the visit? (multi)

Data Field Name : Q03__water

Possible responses:

- Yes 1
- No 0

15:Q4. Is there a telephone (land line or mobile) or radio on day of visit? (multi)

Data Field Name : Q04__phone

Possible responses:

- Yes 1
- No 0
- Don `t Know.....98

16:This is the end of this form. Choose NEXT and on the following screen choose FINISH FOR NOW (label)

Survey Name : 2_Philip_HFlog_4DC

No of Questions:41

=====

1:FACILITY QUESTIONNAIRE.The questions in this form will be completed through interviews with the health facility personnel responsible for managing FP commodities. (label)

2:Enter Province (text)

Data Field Name : T__Province

3:Facility Code (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID__Facility_code

4:Read objectives of the survey and record personnel name on supplemental form following any questions. Be sure to also record a phone number. (label)

5:Q1. What is your title? (multi)

Data Field Name : Q01__Title_1

Possible responses:

- Municipal health officer..... 1
- Supply officer 2
- Nurse 3
- Midwife 4
- Medical Officer 5
- Pharmacy Assistant 6
- Pharmacist 7
- Other 8

→Skip to Q2 (unless “Other” is selected)

6:Q1a. Title-other specify (text)

Data Field Q01a__Name : title1_oth

7:Q2. How long have you worked at this facility? (Enter total value in months. 1 year=12mo, 2yrs=24mo, 3yrs=36mo) (number)

Data Field Name : Q02__timework

8:Q3. Are you the primary person responsible for managing drugs and medicine/ family planning products at this facility? (multi)

Data Field Name : Q03__primary

Possible responses:

- Yes 1
- No 0

→ If yes, skip to Q5

9:Q4. Who is the principal person responsible for managing drugs and medicine/family planning products at this facility? (multi)

Data Field Name : Q04__primaryperson

Possible responses:

- Municipal health officer..... 1
- Supply officer 2
- Nurse 3
- Midwife 4
- Medical Officer 5
- Pharmacy Assistant 6
- Pharmacist 7
- Other 8
- Don` t know 98

10:Q5. Is supplies/stock management the primary role of yours (or this other person) at this facility? (multi)

Data Field Name : Q05__PrimaryRole

Possible responses:

- Yes 1
- No 0

11:Q6. Do you use any of the following stock keeping logistics forms to manage health products in this facility? (check all that applies) (multi)

Data Field Name : Q06__logforms

Possible responses:

- Stock card/bin card/inventory control card SC
- Stock ledger SL
- Dispense-to-user record DUR
- Requisition and issue records (eg RIS) RIS
- Stock on hand (eg inventory reports) SOH
- Other form Other
- None..... None

12:Q7. Do you have a computer that is used or could be used for commodity management (multi)

Data Field Name : Q07__computer

Possible responses:

- Computer used for commodity management1
- Have computer but not used for commodity management.....2
- No computer.....3

13:Q8. Do you have internet at this facility (multi)

Data Field Name : Q08__internet

Possible responses:

- Yes 1
- No 0

14:Q9. How did you learn to complete the forms/records used at this facility (check all that apply) (multi)

Data Field Name : Q09__logtrain

Possible responses:

- During a logistics workshop
- On-the-job training **→Skip to Q10 (unless “Other” is selected)**
- Never been trained
- Other (specify)

15:Q9a. Training to complete forms-Other specify (text)

Data Field Name : Q09a__logtrain_oth

16:Q10. Who determines how much this facility orders when REQUESTING resupply of FP products? (check all that applies) (multi)

Data Field Name : Q10__resupply_order

Possible responses:

- I do or someone at this facilitythe facility
- FP Coordinator/Municipality.....FP Coordinator
- Provincial Health Officer/coordinatorPHO
- Regional Health Officer/coordinator.....RHO **→Skip to Q11 (unless “Other” is selected)**
- DOHDOH
- Other (specify)other
- Don't KnowDK

17:Q10a. Order resupply-Other specify (text)

Data Field Name : Q10a__resupply_order_oth

18:Q11. Who determines how much product this facility RECIEVES for resupply? (check all that apply) (multi)

Data Field Name : Q11__resupply_receives

Possible responses:

- I do or someone at this facilitythe facility
- FP Coordinator/Municipality.....FP Coordinator
- Provincial Health Officer/coordinatorPHO
- Regional Health Officer/coordinator.....RHO **→Skip to 19 (unless “Other” is selected)**
- DOHDOH
- Other (specify)other
- Don't KnowDK

19:Q11a. Enter other for resupply receive (text)

Data Field Name : Q11a__resupply_receive_other

20:Q12. How are the facility's resupply quantities determined? (multi)

Data Field Name : Q12__quant_determine

Possible responses:

- Formula (any calculation) 1
- Forecasting..... 2

- Available funding..... 3
- Previous consumption 4
- Other (specify) 8
- Don`t know 98

→Skip to Q13 (unless “Other” is selected)

21:Q12a. Quantities determined other (specify) (text)

Data Field Name : Q12a__quant_determine_oth

22:Q13. How frequently are FP products ordered? (multi)

Data Field Name : Q13__freq_comm_order

Possible responses:

- No defined period1
- Monthly2
- Bi-Monthly.....3
- Quarterly4
- Semi-annually5
- Annually6
- Don`t know98

23:Q14. On average, approximately how long does it take between ordering and receiving products? (multi)

Data Field Name : Q14__timebtword

Possible responses:

- Less than 2 weeks 1
- 2 weeks to 1 month 2
- Between 1 and 2 months 3
- More than 2 months..... 4
- Don`t know 98

24:Q15. How many emergency orders for FP products have you places in the last 3 months (multi)

Data Field Name : Q15__emergencyorder

Possible responses:

- None0
- 11
- 22
- 33
- More than 34
- Don`t know98

25:Q16. In the last 6 months, what sources of funding were used for ordering FP products? (Check all that apply) (multi)

Data Field Name : Q16__fundingFPcomm

Possible responses:

- Facility Budget/Municipality..... Facility
- MCH/N Grants..... Grants
- Donations Donations
- Other (Specify)..... Other
- Don` t know DK

→Skip to Q17 (unless “Other” is selected)

26:Q16a. Source of funding-Other specify (text)

Data Field Name : Q16a__fundingFPcomm_oth

27:Q17a. IF FACILITY BUDGET was NOT mentioned in Q16 then select NA, ELSE ask... “What was the source of supply for the FP products when the FACILITY BUDGET was the source of funding.” (multi)

Data Field Name : Q17a__sourcesupply_facility

Possible responses:

- DKT Representative 1
- DOH 2
- League of Municipality..... 3
- Local Distributor/Supplier 4
- Region/Province..... 5
- UNFPA 6
- Don` t know 98
- NA 96

28:Q17b. IF MCH-N GRANTS was NOT mentioned in Q16 then select NA, ELSE ask... “What was the source of supply for the FP products when MCH-N GRANTS was the source of funding?” (multi)

Data Field Name : Q17b__sourcesupply_MCHN

Possible responses:

- DKT Representative 1
- DOH 2
- League of Municipality..... 3
- Local Distributor/Supplier 4
- Region/Province..... 5
- UNFPA 6
- Don` t know 98
- NA 96

29:Q17c. IF DONATIONS was NOT mentioned in Q16 then select NA, ELSE ask... “What was the source of supply for the FP products when DONATIONS was the source of funding?” (multi)

Data Field Name : Q17c__sourcesupply_donations

Possible responses:

- DKT Representative 1
- DOH 2
- League of Municipality..... 3
- Local Distributor/Supplier 4
- Region/Province..... 5
- UNFPA 6
- Don` t know 98
- NA 96

30:Q17d. IF OTHER was NOT mentioned in Q16 then select NA, ELSE ask... “What was the source of supply for the FP products when _____ (OTHER) was the source of funding?” (multi)

Data Field Name : Q17d__sourcesupply_other

Possible responses:

- DKT Representative 1
- DOH 2
- League of Municipality..... 3
- Local Distributor/Supplier 4
- Region/Province..... 5
- UNFPA 6
- Don` t know 98
- NA 96

31:Q17e. IF DON` T KNOW was NOT mentioned in Q16 then select NA, ELSE ask “What was the source of supply for the FP products when DON` T KNOW is the source of funding?” (multi)

Data Field Name : Q17e__sourcesupply_dk

Possible responses:

- DKT Representative 1
- DOH 2
- League of Municipality..... 3
- Local Distributor/Supplier 4
- Region/Province..... 5
- UNFPA 6
- Don` t know 98
- NA 96

32:Q18. In the last 6 months, what has been your MOST frequent source of funding for family planning products? (multi)

Data Field Name : Q18__sourcefunding_frequent

Possible responses:

- Facility Budget/Municipality..... 1
- MCH/N Grant 2
- Donations 3
- Other (specify) 4
- Don` t know..... 98

33:Q19. In the last 6 months, what has been your MOST frequent source of supply for family planning products (multi)

Data Field Name : Q19__sourcesupply_frequent

Possible responses:

- DKT Representative 1
- DOH 2
- League of Municipality..... 3
- Local Distributor/Supplier 4
- Region/Province..... 5
- UNFPA 6
- Don` t know 98
- NA 96

34:Q20. Who is responsible for transporting products to your facility?(check all that apply.) (multi)

Data Field Name : Q20__transport

Possible responses:

- This facility collects facility
- Local supplier delivers Local supplier
- LGU delivers LGU → Skip to Q21 (unless “Other” is selected)
- Province/Region delivers Province
- Other (specify) other

35:Q20a. Transport to facilities-other specify (text)

Data Field Name : Q20a__transport_oth

36:Q21. What type of transportation is most often used? (multi)

Data Field Name : Q21__transportmostoften

Possible responses:

- Facility vehicle1 → Skip to Q23
- Public transportation.....2 → Skip to Q22
- Private vehicle3 → Skip to Q23
- Boat.....4 → Skip to Q23
- Motorcycle5 → Skip to Q23
- Bicycle6 → Skip to Q23
- On foot7 → Skip to Q23
- Other (specify)8

37:Q21a. Transport used most often-other specify (text)

Data Field Name : Q21a__transportmostoften_other

→→ Go to Q23

38:Q22. Are facility funds provided for public transportation? (ONLY ASK if PUBLIC TRANSPORTATION was selected in Q21, otherwise select NA) (multi)

Data Field Name : Q22__transportationfunds

Possible responses:

- Yes 1
- No 0
- NA 96

39:Q23. When did you receive your most recent supervision visit? (Check visitors book, if necessary. If RESPONDENT does not know then select "never received") (multi)

Data Field Name : Q23__ssvisit

Possible responses:

- Never received 1 **→If “never”, skip to 41**
- Within the last month 2
- 1 - 3 months ago 3
- 3 - 6 months ago 4
- More than 6 months ago 5

40:Q24. Did your last supervision visit include drug management (e.g., stock cards checked, reports checked, expired stock removed, storage conditions checked)? (multi)

Data Field Name : Q24__ssdrug

Possible responses:

- Yes 1
- No 0
- Don`t know 98

41:This is the end of the interview. Thank the person for their time. Choose NEXT and on the following screen choose FINISH FOR NOW. (label)

9:Q4. In general, how much do patients pay or give as a donation for CONDOMS? (Put "0" if product is provided for free) (number)

Data Field Name : Q04__pay_condoms

10:Q5. In general, how much do patients pay or give as a donation for PILLS? (Put "0" if product is provided for free) (number)

Data Field Name : Q05__pay_pills

11:Q6. In general, how much do patients pay or give as a donation for INJECTABLES eg Depo? (Put "0" if product is provided for free) (number)

Data Field Name : Q06__pay_injectable

12:Q7. In general, how much do patients pay or give as a donation for IUDs? (Put "0" if product is provided for free) (number)

Data Field Name : Q07__pay_IUDs

13:Q8. In the past 6 months, have you been stocked out of CONDOMS at any time? If yes, for how long in total? (multi)

Data Field Name : Q08__stkout_condoms

Possible responses:

- No not in the last 6 months 0
- Less than 1 week..... 1
- More than a week but less than 1 month (1-4 weeks)..... 2
- Over 1 month..... 3
- Over 3 months..... 4
- NA Not managed at facility 96
- Don't know / don't remember..... 98

14:Q9. In the past 6 months, have you been stocked out of PILLS at any time? If yes, for how long in total? (multi)

Data Field Name : Q09__stkout_pills

Possible responses:

- No not in the last 6 months 0
- Less than 1 week..... 1
- More than a week but less than 1 month (1-4 weeks)..... 2
- Over 1 month..... 3
- Over 3 months..... 4
- NA Not managed at facility 96
- Don't know / don't remember..... 98

15:Q10. In the past 6 months, have you been stocked out of INJECTABLES (eg DEPO) at any time? If yes, for how long in total? (multi)

Data Field Name : Q10__stkout_injectable

Possible responses:

- No not in the last 6 months 0
- Less than 1 week..... 1
- More than a week but less than 1 month (1-4 weeks)..... 2
- Over 1 month..... 3

- Over 3 months.....4
- NA Not managed at facility96
- Don't know / don't remember.....98

16:Q11. In the past 6 months, have you been stocked out of IUDs at any time? If yes, for how long in total? (multi)

Data Field Name : Q11__stkout_IUD

Possible responses:

- No not in the last 6 months0
- Less than 1 week.....1
- More than a week but less than 1 month (1-4 weeks).....2
- Over 1 month.....3
- Over 3 months.....4
- NA Not managed at facility96
- Don't know / don't remember.....98

17:Q12. What do you think are the most common reasons for the stockouts (ONLY ASK if RESPONDENT said "Yes" to stockout in ANY of the previous 4 questions (Q8-Q11)) (check all that apply.) (multi)

Data Field Name : Q12__stkout_reasons

Possible responses:

- Not enough fundsNo funds
- Delays in obtaining funds.....Delay in funds
- Delays in procurement.....Delay in procurement
- Poor forecasting/planningPoor planning →→ Go to Q13 (unless "Other" is selected)
- Supplier delays.....Supplier delays
- Other (specify)Other
- Don't know.....DK
- NANA

18:Q12a. Reasons for stockout other (specify) (text)

Data Field Name : Q12a__stkout_reasons_oth

19:Q13. Are IUD insertions available at this facility (multi)

Data Field Name : Q13__IUD_availability

Possible responses:

- Yes1 →If yes, skip to Q15
- No0

20:Q14. Why aren't IUDs available here? (check all that apply) (multi)

Data Field Name : Q14__IUDs_reasons

Possible responses:

- No one trained
- Lack of medical supplies
- Lack of IUD kits →→ Go to Q15 (unless "Other" is selected)
- No demand
- Other (specify)

21:Q14a. IUDs available other (specify) (text)

Data Field Name : Q14a__IUDs_reasons_oth

22:Q15. Are tubal ligations (BTL) available at this facility (multi)

Data Field Name : Q15__BTL_availability

Possible responses:

- Yes 1 **→If yes, skip to Q17**
- No 0

23:Q16. Why aren't tubal ligations (BTL) available at this facility (multi)

Data Field Name : Q16__BTL_reasons

Possible responses:

- No one trained
- Lack of drugs/medicine **→→ Go to Q18 (unless "Other" is selected)**
- Lack of BTL kits
- No demand
- Other (specify)

24:Q16a. Tubal ligation other (specify) (text)

Data Field Name : Q16a__BTL_reasons_oth

→→ Go to Q18

25:Q17. What type of anesthesia is given to the patient during the BTL? (multi)

Data Field Name : Q17__BTL_anesthesia

Possible responses:

- Local anesthesia 1
- General anesthesia 2
- Both depends on situation 3 **→→ Go to Q18 (unless "Other" is selected)**
- Other (specify) 3
- Don't know 98

26:Q17a. Type of anesthesia other (specify) (text)

Data Field Name : Q17a__BTL_anesthesia_oth

27:Q18. Are vasectomies available at this facility? (multi)

Data Field Name : Q18__vasectomy_availability

Possible responses:

- Yes 1 **→If yes, skip to 30**
- No 0

28:Q19. Why aren't vasectomies available at this facility? (multi)

Data Field Name : Q19__vasectomy_reason

Possible responses:

- No one trained
- Lack of drugs/medicine →→ Go to 30 (unless "Other" is selected)
- Lack of vasectomy kits
- No demand
- Other (specify)

29:Q19a.Vasectomies other (specify) (text)

Data Field Name : Q19a__vasectomy_reason_oth

30:This is the end of the interview. Thank the person for their time. Choose NEXT and on the following screen choose FINISH FOR NOW. (label)

8:Q5. Is the facility stocked out of this commodity today? (multi)

Data Field Name : Q05__Stockout

Possible responses:

- Yes 1
- No 0

9:Q6. What is the quantity of this commodity that is expired as of today's visit? (number)

Data Field Name : Q06__QtyExpToday

10:Q7. Is the stock card available for this commodity? (multi)

Data Field Name : Q07__StockCardAvailable

Possible responses:

- Yes 1
- No 0 **→ If no skip to 19**

11:Q8. Has the stock card been updated for this commodity within the past 30 days? (If stock card was last update with balance of 0 and facility has not received any resupply, consider the stock card up to date) (multi)

Data Field Name : Q08__StockcardUpdated

Possible responses:

- Yes 1
- No 0

12:Q9. What is the balance recorded on the stock card for this commodity? (number)

Data Field Name : Q09__BalanceStockcard

13:Q10. According to the stock card, has there been a stockout of this product in the most recent six months? (multi)

Data Field Name : Q10__Stockoutlast6months

Possible responses:

- Yes 1
- No 0

14:Q11. According to the stock card, how many stockouts have there been in the most recent six months? (number)

Data Field Name : Q11__NumStockoutslast6months

15:Q12. According to the stock card, how many stockouts over the last six months lasted longer than three days? (number)

Data Field Name : Q12__StockoutsLonger3Days

16:Q13. According to the stock card, what is the total number of days that this product was stocked out over the most recent six months? (number)

Data Field Name : Q13__TotalDaysStockedout6mon

17:Q14. According to the stock card, how much of this commodity was issued from this facility during the most recent six months? (number)

Data Field Name : Q14__Issued6Months

18:Q15. From the last six months, how many days of data are available in the stock card? (6 mo=180, 5 mo=150, 4 mo=120, 3 mo=90, 2 mo=60 etc) (number)

Data Field Name : Q15__MonthsDataAvailable

19:You have completed the questions for this product. Check it off on the list of products on the paper form for this facility, select NEXT and select ADD NEW RECORD. If you have completed all products, select NEXT and select FINISH FOR NOW. (label)

Form Name : 5_PhilipStorageCond_4DC

No of Questions:29

=====

1:STORAGE CONDITIONS. This form will assess storage conditions at this facility through OBSERVATIONS of the storeroom. Before entering data, take a little bit of time to familiarize yourself with the general layout and conditions of the storeroom. (label)

2:Enter Province (text)

Data Field Name : T__Province

3:Facility Code (this will be used as the unique identifier for this facility) (text)

Data Field Name : ID__FacilityCode

4:Select facility type (multi)

Data Field Name : Q00__ftype

Possible responses:

- Health Facility
- Hospital
- Warehouse

5:Q1.Products that are ready for distribution are arranged so that identification labels and expiry dates and/or manufacturing dates are visible (multi)

Data Field Name : Q01__ProdArrange

Possible responses:

- Yes 1
- No 0

6:Q2. Products are stored and organized according to first-to-expire, first-out (FEFO), counting, and general management. (multi)

Data Field Name : Q02__OrganizedFEFO

Possible responses:

- Yes 1
- No 0

7:Q3. Cartons and products are in good condition, not crushed due to mishandling and stacked right-side up (for Depo-Provera) (If cartons are open, determine if products are wet or cracked due to heat/radiation). (multi)

Data Field Name : Q03__GoodCondition

Possible responses:

- Yes 1
- No 0

8:Q4. The facility makes it a practice to separate damaged and/or expired medicines and supplies from usable medicines and supplies and removes them from inventory. (multi)

Data Field Name : Q04__SeparateDamaged

Possible responses:

- Yes 1
- No 0

9:Q5. Medicines and supplies are protected from direct sunlight on the day of the visit. (multi)

Data Field Name : Q05__ProtectedSunlight

Possible responses:

- Yes 1
- No 0

10:Q6. Cartons and products are protected from water and humidity (multi)

Data Field Name : Q06__ProtectedH2O

Possible responses:

- Yes 1
- No 0

11:Q7. The storeroom is free of rodents or insects in the storage area. (Visually inspect the storage area for evidence of rodents [droppings] or insects that can damage or contaminate the products.) (multi)

Data Field Name : Q07__InsectsRodents

Possible responses:

- Yes 1
- No 0

12:Q8. Storage area is secured with a lock and key, but is accessible during normal working hours. Access is limited to authorized personnel. (multi)

Data Field Name : Q08__LockKey

Possible responses:

- Yes 1
- No 0

13:Q9. Medicines and supplies are stored at the appropriate temperature on the day of the visit, according to product temperature specifications. (multi)

Data Field Name : Q09__Temperature

Possible responses:

- Yes 1
- No 0

14:Q10. Roof is maintained in good condition to avoid sunlight and water penetration (multi)

Data Field Name : Q10__Roof

Possible responses:

- Yes 1
- No 0

15:Q11. Storeroom is maintained in good condition (clean, all trash removed, sturdy shelves, organized boxes.) (multi)

Data Field Name : Q11__Storeroom

Possible responses:

- Yes 1
- No 0

16:Q12. The current space and organization is sufficient for existing medicines and supplies, including room for reasonable expansion in the event of receipt of expected product deliveries. (multi)

Data Field Name : Q12__CurrentSpace

Possible responses:

- Yes 1
- No 0

17:Q13. Is there appropriate fire safety equipment that is available and accessible? (any item identified as being used to promote fire safety should be considered) (multi)

Data Field Name : Q13__FireSafety

Possible responses:

- Yes 1
- No 0

18:Q14. Are medicines stored separately from insecticides and chemicals? (multi)

Data Field Name : Q14__SeparateChemicals

Possible responses:

- Yes 1
- No 0

19:Q15. Are there pallets/shelves available to ensure products are off the floor? (multi)

Data Field Name : Q15__PalletsShelves

Possible responses:

- Yes 1
- No 0

20:Q16. Are products stored 1 ft. off the wall, 4 in from the floor (where appropriate) and stacked not more than 8 feet high? (multi)

Data Field Name : Q16__StackedProperly

Possible responses:

- Yes 1
- No 0
- No stacked boxes/ NA..... 96

21:Q17. In your estimation, does this facility adequately meet storage standards? (multi)

Data Field Name : Q17__StorageStandardsOpinion

Possible responses:

- Yes 1
- No 0

22:Q18. Are there any products available at this facility that require cold chain management? (eg vaccines, Oxytocin) (multi)

Data Field Name : Q18__ColdChain

Possible responses:

- Yes 1
- No 0 **→If no skip to 29**

23:Q19. Are there functioning refrigerator(s) to store vaccines (multi)

Data Field Name : Q19__Fridges

Possible responses:

- Yes 1
- No 0 **→If no skip to 29**

24:Q20. How many refrigerators are there? (number)

Data Field Name : Q20__NumFridges

25:Q21. What is the temperature in centigrade (if there are multiple refrigerators select the primary one) (number)

Data Field Name : Q21__temp

26:Q22. Are refrigerators located away from any surrounding objects (approximately 1/2 meter)? (multi)

Data Field Name : Q22__nearobjects

Possible responses:

- Yes 1
- No 0

27:Q23. Is the temperature chart up-to-date? (multi)

Data Field Name : Q23__tempuptodate

Possible responses:

- Yes 1
- No 0

28:Q24. Is there a supply of paraffin or LPG for cold chain and sterilization purposes (multi)

Data Field Name : Q24__paraffin

Possible responses:

- Yes 1
- No 0

29:You have completed the storage conditions for this facility. Select NEXT, and on the next screen choose FINISH FOR NOW. Record any observations on the paper form for this facility. (label)

Survey Name : 6_Phil_ProvinceFP_4DC

No of Questions:37

=====
1:PROVINCE FP. The questions in this form provide general information about the role of the provincial level in procurement and distribution of FP products. Data is conducted through INTERVIEWS with the Provincial FP coordinator or health officer. (label)

2:Date of Visit (date)

Data Field Name : d__date

3:Provincial ID (this will be used as the unique identifier for the province) (text)

Data Field Name : ID__ProvincialCode

4:Region (multi)

Data Field Name : ID__Region

Possible responses:

- Cordillera Administrative Region (CAR)CAR
- Ilocos Region (Region I).....1
- Cagayan Valley (Region II).....2
- Central Luzon (Region III)3
- National Capital Region (Manila)NCR
- CALABARZON (Region IV-A).....4A
- Bicol Region (Region V).....5
- Western Visayas (Region VI)6 -> Skip to 6
- Central Visayas (Region VII)7 -> Skip to 6
- Eastern Visayas (Region VIII).....8 -> Skip to 6
- Zamboanga Peninsula (Region IX).....9 -> Skip to 7
- Northern Mindanao (Region X).....10 -> Skip to 7
- Davao Region (Region XI).....11 -> Skip to 7
- Caraga Region (Region XIII).....13 -> Skip to 7
- Autonomous Region of Muslim Mindanao (ARMM).....ARMM -> Skip to 7

5:Province or Independent City (Luzon) (multi)

Data Field Name : ID__province_Luzon

Possible responses:

- Angeles City
- Batangas
- Benguet
- Bulacan
- Cagayan
- Camarines Sur
- Isabela -> ->Go to 8
- Laguna
- Lucena City
- Marikina City
- Pampanga
- Pangasinan

- Quezon
- Sorsogon

6:Province or Independent City (Visayas) (multi)

Data Field Name : ID__province_Visayas

Possible responses:

- Bacolod City
- Bohol
- Cebu
- Cebu City
- Iloilo → →Go to 8
- Iloilo City
- Leyte
- Negros Occidental
- Samar
- Tacloban City

7:Province or Independent City (Mindanao) (multi)

Data Field Name : ID__province_Mindanao

Possible responses:

- Agusan del Norte
- Bukidnon
- Compostela Valley
- Davao del Sur
- Lanao del Sur
- Misamis Oriental
- Tawi Tawi
- Zamboanga del Norte
- Zamboanga del Sur

8:Job title of person being interviewed (text)

Data Field Name : T__Jobtitle

9:Q1. Do you provide any assistance (e.g advice, purchasing, distributing etc.) for FP commodities to any municipality within this province? (multi)

Data Field Name : Q01__anyassist

Possible responses:

- Yes 1 → If yes, skip to Q3
- No 0

10:Q2. Why do you not provide assistance? (text)

Data Field Name : Q02__noassistance → →Go to Q17

11:Q3. Do you provide assistance/advice to the LGUs on types of FP products they should order? (multi)

Data Field Name : Q03__advice_FPtypes

Possible responses:

- Yes 1
- No 0

12:Q4. Do you provide assistance/advice to the LGUs on amount of FP products to order? (multi)

Data Field Name : Q04__advice_amount

Possible responses:

- Yes 1
- No 0

13:Q5. Do you provide assistance/advice to the LGUs on when they should order FP products? (multi)

Data Field Name : Q05__advice_when

Possible responses:

- Yes 1
- No 0

14:Q6. Do you procure/purchase FP products on behalf of the LGU? (multi)

Data Field Name : Q06__procureLGU

Possible responses:

- Yes 1
- No 0

→Skip to Q13

15:Q7. How do you determine the quantity that you procure? (multi)

Data Field Name : Q07__quantprocure

Possible responses:

- Formula (any calculation) 1
- Forecasting..... 2
- Available funding..... 3
- Previous consumption 4
- Other (specify) 8
- Don` t know 98

→Skip to Q8 (unless "Other" is selected)

16:Q7a. Enter "other" for Quantity Procured (text)

Data Field Name : Q07a__quantprocure_other

17:Q8. On average, how frequently do you procure/order FP products for the LGUs? (multi)

Data Field Name : Q08__frequentLGU

Possible responses:

- No defined period 1
- Monthly 2
- Quarterly 3
- Semi-annually 4
- Annually 5

- Don't know98

18:Q9. What sources of funding are used for ordering FP commodities? (check all that apply) (multi)

Data Field Name : Q09__sourcesFunding

Possible responses:

- Funds from LGU LGU
- Funds from Province Province
- Funds from Region Region
- MCH/N Grants..... Grants
- Donations Donations
- Other (Specify)..... Other
- Don't know DK

19:Q9a. Enter "other" sources of funding (text)

Data Field Name : Q09a__sourcesFunding_oth

20:Q10. Do LGUs pay for the FP products that you procured for them? (multi)

Data Field Name : Q10_LGUpay

Possible responses:

- Yes1
- No0
- Don't know98

21:Q11. What sources of supply are used to procure FP products? (check all that apply) (multi)

Data Field Name : Q11_FPsupply

Possible responses:

- DKT Representative DKT
- DOH DOH
- League of Municipality..... League of Mun
- Local Distributor/Supplier Supplier
- Region (CHD)..... Region
- UNFPA UNFPA
- Other (specify) Other
- Don't know DK

22:Q11a. Enter "other" for source of supply (text)

Data Field Name : Q11a_FPsupply_other

23:Q12. In the past year, what has been the MAIN source of supply that are used to procure FP products? (multi)

Data Field Name : Q12_mainsource

Possible responses:

- DKT Representative 1
- DOH 2
- League of Municipality..... 3
- Local Distributor/Supplier 4
- Region 5
- UNFPA 6

- Other 7
- Don `t know 98

24:Q12a. Enter "other" main source of supply (text)

Data Field Name : Q12a_mainsource_other

25:Q13. Do you/this province distribute any FP products to any LGU? (multi)

Data Field Name : q13_distributeFP

Possible responses:

- Yes1
- No0 **→ →If no, Skip to Q17**
- Don `t know98

26:Q14. Who is responsible for transporting the FP products to the LGU? (check all that apply) (multi)

Data Field Name : Q14_transport

Possible responses:

- Province delivers..... Province
- Local supplier delivers Local supplier
- Region delivers..... Region
- LGU collects LGU
- Other (specify) Other
- Don `t know DK

27:Q14a. Enter "other" for transport used most often (text)

Data Field Name : Q14a_transport_other

28:Q15. What type of transportation is most often used? (multi)

Data Field Name : Q15__transportmostoften

Possible responses:

- Provincial vehicle..... 1
- LGU/RHU vehicle 2
- Public transportation..... 3
- Private vehicle 4
- Boat..... 5
- Other (specify) 6
- Don `t know 98

29:Q15a. Enter "other" for transport used most often (text)

Data Field Name : Q14a_ transportmostoften_other

30:Q16. IF province DOES NOT procure and distribute FP products select NA, ELSE ask "On average, approximately how long does it take between ordering the FP products and the LGUs receiving them?" (multi)

Data Field Name : Q16_lagtime

Possible responses:

- Less than 2 weeks 1

- 2 weeks to 1 month 2
- Between 1 and 2 months 3
- More than 2 months..... 4
- Don` t know 98
- NA 96

31:Q17. Is there a provincial warehouse/store room where FP products are stored before being distributed to LGUs? (multi)

Data Field Name : Q17_warehouse

Possible responses:

- Yes1
- No0 → →If no, Skip to Q21
- Don` t know98 → →If no, Skip to Q21

32:Q18. Is there a system for managing the stock at the warehouse/storeroom? If yes, ask "what type?" (multi)

Data Field Name : Q18__warehousesystem

Possible responses:

- Yes-paper based
- Yes-electronic
- Yes-other
- No
- Don` t know

33:Q19. To the best of your knowledge, did the warehouse ever experience a stockout for any FP product in the previous 6 months? If yes, for how long? (multi)

Data Field Name : Q19__stockoutFP

Possible responses:

- No not in the last 6 months → →If no, Skip to Q21
- Less than 1 week
- More than a week but less than 1 month (1-4 weeks)
- Over 1 month
- Over 3 months
- Don` t know / don` t remember

34:Q20. Which products were out of stock? (check all that apply) (multi)

Data Field Name : Q20_prodoutofstock

Possible responses:

- 1-month injectable (Norifam).....Norifam
- 3-month injectable (DEPO) DEPO
- Cycle beads Cycle beads
- Condoms..... Condoms
- IUD..... IUD
- Pills-Combined Oral..... COP
- Pills-Progesterone Only POP

35:Q21. Does this province receive any FP products from the Region/CHDs? (multi)

Data Field Name : Q21_productsregion

Possible responses:

- Yes1
- No0 **→ → If no, Go to 37**
- Don` t know98 **→ → If no, Go to 37**

36:Q22. Has the province or LGU provided funding for the products or has it been donated by the region? (multi)

Data Field Name : Q22__regiondonate

Possible responses:

- Paid for.....1
- Donated2
- Don` t know98

37:This is the end of this form. Choose NEXT and on the following screen choose FINISH FOR NOW (label)

Appendix D

List of Field Researchers

Project Manager	Maria Alona Manaog-Reyes
Field Manager	Leny Aranzanso
Field Supervisor	Mylene Betiz
Luzon Field Team	Delfin Caido (Group Leader) Yarmie Guades Janice Olarte Amorsola Pabalan Maricel Garcia Analyn Opon
Visayas Field Team	Nancy Estilo (Group Leader) Ana Gloria Sy (Group Leader) Juliet Niñal Caroline Florita Cabudol Mia Villena Rie Octavio Jocelyn Lubrico
Mindanao Field Team	Grace Gallanero (Group Leader) Malyn Llanos (Group Leader) Suzette Atamosa Demma Flare Pueblos Aurorita Angub Rudina Montalban Marycris Pedrajas Barbara Van Gaabucayan Lovella Sumalpong
Validation Team	Julius Noguerras (DP Manager) Remie Lynne Rojo Dianne Camarao Melvin Buenavente Rachel Ragudo

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