Rapid Assessment Survey on Health Procurement and Distribution System

Philippines

Data Management Process and Key Findings

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Contents

LIST OF ABBREVIATIONS

CHD	Center for Health Development
CHO	City Health Office
COBAC	Central Office Bids and Awards Committee
DOH	Department of Health
FDA	Food and Drug Administration
HEMS	Health Emergency Management Staff
HIV / AIDS	Human Immune Deficiency Virus / Acute Immune Deficiency Syndrome
LGU	Local Government Unit
MHO	Municipal Health Office
MMD	Materials and Management Division
NCDPC	National Center for Disease Prevention and Control
NCPAM	National Center for Pharmaceutical Access and Management
NGO	Non-Governmental Organization
PBSP	Philippine Business for Social Progress
PHO	Provincial Health Office
PNDF	Philippine National Drug Formulary
RHU	Rural Health Unit
STI	Sexually – Transmitted Infection
TB	Tuberculosis

INTRODUCTION

Access to essential medicines is a basic human right. In order to provide citizens with timely access to life saving medicines, program managers and policy makers should ensure: (a) evidence-based selection; (b) observance of rational use; (c) presence of adequate human and financial resources; (d) affordability of prices; and (e) adequacy and reliability of supply chain systems. Due to gaps in the above area, one major challenge in the Philippines' goal to provide universal health care is sustaining an uninterrupted supply of essential medicines and medical supplies that are efficacious, of good quality, accessible, that is used rationally.

There are several regional and sub-regional offices involved in the procurement, supply management system and distribution of medicines. Often, warehousing of medicine products are done at the national, regional, district health offices. Subsequently, there are counterpart health facilities that serve as "clients" for these warehouses at each level.

World Health Organization Office of the Representative in the Philippines (WHO) and DOH National Center for Pharmaceutical Access and Management (DOH-NCPAM) conducted a rapid assessment survey to get a picture of the country's procurement and supply management systems. This activity aimed to generate information that will guide program evaluation and planning. Through the survey, stakeholders can likewise be informed of current practices and trends in medicine procurement and supply management that is implemented at all levels.

OBJECTIVES

1. To conduct a rapid assessment of the medicine procurement and supply management systems in the country;
2. To identify strengths, weaknesses, and opportunities of the existing financing and supply management system for medicines and medical supply;
3. To recommend appropriate strategies to improve supplies with the objective of ensuring efficient management and improved access to all medicines and medical supplies in the country

METHODOLOGY

The survey utilized two forms designed by WHO headquarters and administered by a team from DOH National Center for Pharmaceutical Access and Management (NCPAM). Information on procurement structure, product selection, forecasting, procurement section, storage, stock management, availability, affordability, distribution, information management, supervision and human resource were gathered. Regional, provincial, city, and municipal level respondents filled out Questionnaires 2 in matters related to warehousing, and Questionnaire 3 for facility-level concerns. Results will contribute in providing a picture of how health procurement and distribution looks like and therefore suggest areas that need to be addressed for improvement.

The rapid assessment survey was designed to be conducted across five (5) regions, with thirteen (13) respondents per region divided as follows (Box 1):

Box 1. Interview plan per region at the regional and sub-regional survey with the ideal respondents indicated

Regional Level

- One (1) Center for Health Development (CHD)
  - General Supply Officer
  - Bids and Awards Committee Officer
  - Program Officer
- One (1) DOH- retained hospital
  - Therapeutic Committee
  - Pharmacist

Provincial Level

- One (1) Provincial Health Office (PHO)
  - Provincial Health Officer
  - General Service Officer
  - Bids and Awards Committee Officer
- One (1) Provincial Hospital
  - Therapeutic Committee
  - Pharmacist
- One (1) District Hospital
  - Therapeutic Committee
  - Pharmacist

Municipal Level

- Four (4) Municipal Health Offices (MHO)
  - Municipal Health Officer
  - General Service Officer
  - Bids and Awards Committee
- Four (4) Rural Health Units (RHU)

The regions hosting Center for Health Development (CHD) of Cordillera Administrative Region (CAR), Metro Manila, Western Visayas, Davao Region, and CARAGA, were selected as focal points for the rapid assessment survey. The complete list of intended regional and sub-regional samples is provided (Appendix A). The sampling is different for CHD Metro Manila as it is formed by component cities rather than provinces. Beginning in the last quarter of 2011 until the first two quarters of 2012, enumerators implemented survey questionnaires 2 and 3.

There were difficulties encountered during the survey implementation, thus the actual list of respondents (Appendix B) differed from the intended sample population. In most cases, the pre-identified facilities were far from each other which will make it difficult to complete on time. The distance was also determined to pose security threat to the surveyors. The list of target respondents was adjusted through the advice of DOH regional staff.

1. *Cordillera Administrative Region (CAR)*

The survey team cited time constraint and distance as the reasons for not fulfilling the survey requirements as designed especially at the health facility level. Initially, the plan was to cover Ifugao province but the team went to Benguet province and its enclosed Baguio City, where the DOH regional office is located. The health facilities that were randomly chosen as respondents were actually far from the Baguio City, thus the team decided to engage the nearest rural health units instead.

CORDILLERA ADMINISTRATIVE REGION (5 out of 13; corrected at 4 out of 13)			
	Region	Province	Municipal
Q2	1 – CHD	1 – PHO	
Q3	1 – DOH Hospital	0	*1 – MHO (Should be Q2)* 1 – RHU
	2 / 2	1 / 3	2 / 8; corrected: 1/8

2. *National Capital Region (NCR)*

Initially instructed to focus only at Pasay city and four rural health units within its political jurisdiction, the team decided to go to Quezon City and Marikina City instead. On the first round of survey, the team did not complete the required number of participants due to the inability of

respondents to spare time. Thus, another round of survey was conducted six months after, also covering the city of Parañaque.

NATIONAL CAPITAL REGION (12 out of 10; corrected at 8 out of 10)			
	Region		Cities / Municipal
Q2	1 – CHD		2 - CHO *3 – HC (Should be Q3)*
Q3	1 – DOH Hospital		*1 – CHO (Should be Q2)* 4 - HC
	2 / 2		10 / 8; corrected 6/8

3. Western Visayas Region (Region VI)

Instead of covering the province of Capiz, the team surveyed Iloilo province, where the DOH regional office is also located. Another thing to note for this region is that Municipal health offices (MHO) and rural health units (RHU) considered as one.

WESTERN VISAYAS REGION (9 out of 13)			
	Region	Province	Municipal
Q2	1 - CHD	1 – PHO	0
Q3	1 – DOH Hospital	1 – PH 1 - DH	4 - RHU
	2 / 2	3 / 3	4 / 8

4. Davao Region (Region XI)

The survey team covered Davao del Sur (Davao City) instead of Davao del Norte because the DOH regional office is seated at Davao City.

DAVAO REGION (12 out of 13)			
	Region	Province	Municipal
Q2	1 - CHD		4 – CHO
Q3	1 – DOH Hospital	1 – DH	4 – HC 1 – RHU
	2 / 2	1 / 3	9 / 8

5. CARAGA Region

The area coverage was changed from Surigao del Sur province to Surigao del Norte, specifically involving Surigao City where the DOH regional office is situated. Similar to Region VI, municipal health offices and rural health units are considered as one.

CARAGA REGION (8 out of 13)			
	Region	Province	Municipal
Q2	1 - CHD	1 - PHO	0
Q3	1 – DOH Hospital	1 - DH	4 - RHU
	2 / 2	2 / 3	4 / 8

Survey responses were checked for completeness and accuracy. Information gaps, including ambiguous answers were highlighted and clarified further with the initial respondent. When this is not possible, the official successor of the same post or an officer with related function was asked to validate the survey answer. Once validated, survey answers were encoded in dedicated excel file workbook programmed to generate data summary for analysis.

RESULTS

Across the five regions included in the survey, a total of 14 respondents (at least two per region) with warehousing function responded. Of which, 5 have regional-level coverage, 3 are provincial-level offices, while the rest are either at the district or city levels. On the other hand, 27 health facilities at the regional, provincial, and district / city levels participated in the survey.

STRUCTURE

Thirty-three percent (4 out of 12) of the warehouses have secondary stores. These warehouses are supervised by an autonomous board (55%; 5 out of 9) or a management committee (42%; 3 out of 7). Supervision includes matters of financial procurement, storage and distribution of medicines involving different categories of products (Table 1). This preliminary list suggests that majority of the products carried by warehouses are within the essential drug list, although there are a few which are not.

Table 1. Category of products managed by the warehouse

Products	Frequency of Response
Anti-tuberculosis medicine (adult and pediatric)	7
Medicines for opportunistic infection	3
Vaccine	3
Other essential medicine	3
Contraceptives	3
Condoms	3
Medical supplies	3
Laboratory reagents, Laboratory supplies, Medical equipment, Medical and surgical supplies	4
Insecticide treated nets	1
Vitamin A	2
Ferrous sulfate	1
Antibiotics	1
Broncho dilators	1
Drugs and medicines	1
Dental supplies	1

Government warehouse cater to public health facilities in most instances than to their private counterparts. For both public and private facilities, the main clients are those which are at the district to the peripheral levels (Table 2).

Table 2. Customers for the warehouses (n = 10)	
	Number of Customers
Public Health Facilities	
a. Central level (university teaching hospital, national laboratories)	-
b. Regional level (regional hospital)	23
c. Provincial level (provincial hospital)	10
d. District level (district hospital)	59
e. Peripheral level (health center, dispensary)	80
Private Health Facilities	
f. Central level (university teaching hospital, national laboratories)	-
g. Regional level (regional hospital)	6
h. District level (district hospital)	-
i. Peripheral level (health center, dispensary)	4
j. Non-governmental organizations	8
k. Others (please specify)	-
Total Number of Customers	190

In surveying peripheral health facilities, it was determined that majority of its staff reported that they being supplied by municipal-level warehouse (56%) and provincial warehouse (55%) more than the regional and central warehouses (Table 3). Of these health facilities, 38% (7 out of 18) have an autonomous management.

Table 3. Structures supplying health facilities	
	Percentage
Central warehouse (MMD)	28% (4 out of 14)
Regional warehouse	28% (4 out of 14)
Provincial warehouse	55% (11 out of 20)
Municipal warehouse	56% (9 out of 16)

SELECTION OF PRODUCTS

Products for procurement by warehouses follow different processes. Based on different accounts from the warehouses surveyed, there is usually a procurement unit that is separate from the management team. The procurement unit follows a procurement plan. The plan reflects priority such as preference for fast-moving drugs, for medicines that address prevailing morbidity and mortality patterns and those that are usually needed during outbreaks. The amount included in the plan also follows the level of consumption in the previous year. In some instances though, the plan is also influenced by the requests from different clinical /public health units of the government that are considered as the end-user (Table 4).

Table 4. Main criteria used for products to be procured at the warehouse

	Frequency of Response
Collated / submitted by coordinators / requested by facilities and health offices	4
Outbreaks / disasters (pre-position)	3
Fast moving	2
Part of the PNDF	1
Registered in the FDA	1
Expiration Date	1
Manufacturer	1
Low cost but good quality	1
Out of stocks	1

While it is not reflected outright as a reason for procurement, four warehouses indicated a total of 97% (143 out of 146) of its products being listed in the Philippine National Drug Formulary. When the warehouse procures out of the PNDF, the top two reasons cited are physician's request and type of patient case (Table 5).

Table 5. Main reasons by warehouse staff for procuring out of the PNDF

	Number
Request by the physician	3
Case of patients	2
Necessity	1
Outbreak	1
Request of chief offices	1

At the facility level, 42% (11 out of 26) have a therapeutic committee that manages the selection of medicines for use in the facility. Pharmacists, nurses, administrative / logistics / supply officer, and doctors are the most common human resource of therapeutic committees (Table 6). Majority of the committees meet (7 out of 12) once every quarter though there is one that meets twice a year while the most number of meetings is at 24 times a year.

Table 6. Composition of the therapeutic committee

	Number
Chief pharmacist / pharmacist	8
Chief / Infectious Disease / OR Nurse	7
Administrative / Logistics / Supply Officer	6
Infectious Disease Doctor / Medical Specialist / Medical Officer	6
Department Heads	5
Chief of Professional Medical Staff / Chief of Clinics / Chief of Hospital	5
Medical Technologist	3
Procurement / Budget Officer / Accountant	3
Dentist	2
CHO / MHO	2
Training Officer	1
Admin Aide	1
DOH Rep	1
Storekeeper	1
NGO representative	1
Barangay health workers	1
Midwife	1

There are available documents that the government provides to help guide procurement decision at the facility level (Table 7). Among these, it is the Philippine National Drug Formulary that is mostly present at the facilities.

Table 7. Documents available at the health facility pharmacy

Documents	**YES**
a. National Standard Treatment Guidelines exists	30% (7/23)
b. Guidelines for Anti-retroviral Therapy in adult	12% (3/25)
c. Guidelines for Anti-retroviral Therapy in children	12% (3/25)
d. Guidelines for Treatment of malaria	32% (8/25)
e. Guidelines for Treatment of tuberculosis	44% (11/25)
f. Guidelines for Treatment of opportunistic infection	19% (4/21)
g. Philippine National Drug Formulary exists	92% (23/25)

h. Donation Guidelines	20% (4/20)
i. Others, please specify	3

Health facility procurement is mainly directed by disease profile, demand / requests from end-users, historical consumption data, and with guidance from the Philippine National Drug Formulary (PNDF) (Table 8).

Table 8. Main selection criteria for products to be procured in the health facility

	Number
Mortality / morbidity / disease incidence	6
List submitted by clinical department (end-user) / district hospital / PHO	5
Consumption / utilization data from previous year / procurement plan	4
In PNDF	4
Bidding / Current Good Manufacturing Practice	3
Cost / Effectiveness / Cost-effectiveness	3
Expiration date	2
Demands of therapeutic committee	2
Proper storage	1
Fast moving medicine	1
Seasonal cases	1
Program based	1
demand	1
availability	1
Direct contracting	1
Complete documents	1
Result always from FDA	1
Bioassay / clinical studies (antibiotics)	1

Health facilities stock medicines within the PNDF 95% (20 out of 21) of the time which is higher than among warehouses. Only 62% (5 out of 8) of donations by partners are listed in the PNDF. Donation from medical representatives is the sole reason cited for health facilities to procure out of PNDF.

QUANTIFICATION / FORECASTING

Health facilities reported more products for quantification as compared to warehouses (Table 9). In the same manner, health facilities resort to more sources of information to guide in their quantification of medicines.

Table 9. Category of products quantified by warehouse and health facilities

Warehouse (frequency)	Health Facility (frequency)
Order from the district hospital (1)	Antibiotics (12)
Antibiotics (1)	Anti-TB (adult and pediatrics) (8)
	Vaccines (7)
Information used by warehouse for quantification:	Antihypertensive (7)
- Allocated budget, availability of DOH support	Anti-diabetes (5)
- Monthly prescribed medicines	Pediatric medicines (4)
- Based on stock (fast moving)	Antipyretics (3)
- Based on population	Essential medicines (3)
- Based on the morbidity and mortality rates	Medicines for opportunistic infection (2)
	Contraceptives (2)
	Oral rehydration solution (2)
	Medical supplies (2)
	Fluids (2)
	Anti-retroviral (1)
	STI drugs (1)
	Lying-in medicines (1)
	Anti-malarial (1)
	Insecticide Treated Nets (1)
	Gastrointestinal medicines (1)
	Ferrous sulphate (1)
	NSAIDS (1)
	Diagnostics for TB (1)
	Leptospirosis medicines (1)
	Contraceptives / condoms (1)
	Reagent for blood safety (1)
	Asthma drugs (1)
	For skin infections (1)
	Oral analgesics, anti-allergy (1)
	Emergency meds (1)
	Local anesthetics (1)
	Information used by facility for quantification:
	Based on consumption / past demands (10)
	Morbidity and mortality reports (7)
	Based on target per program, priority program and

	the budget (4)
	Request from end-users: hospitals (3)
	Needs of municipality (3)
	Fast moving items, budget (2)
	Bi-weekly / quarterly forecasting (2)
	Reporting

PROCUREMENT SYSTEM

One hundred percent (10 out of 10) of warehouses and 85% (12 out of 14) of health facilities agree that there is a public sector procurement policy for medicines. The public procurement includes legal provisions that provide preference over local manufacturers at 75% (6 out of 8) of the time according to warehouse staff, and 57% (8 out of 14) of the time at the perspective of health facilities.

There is a procurement plan that is used as a guide by 91% (11 out 12) of the warehouses and 100% (19) of health facilities. This plan is implemented by warehouses 77% (7 out of 9) of the time and by facilities at 85% (12 out of 14) of the time.

At the level of warehouses, it is more likely that health development partners, particularly multilateral donors are perceived as partners in preparing a procurement plan (Table 10). In contrast, respondents from health facilities refer to staff often related to therapeutic committees as their partners in procurement plan development.

Table 10. Partners involved in the development of a procurement plan

Warehouse (Frequency)	Health Facility (Frequency)
Development partners (EC, World Bank, Global Fund, WHO) (7)	Chairman / program officer of different departments / City Health Office / head of RHU / Municipal Health Office (end user) (10)
Technical working group of the government	Budget / Accounting / Procurement (6)
Provincial Health Officer	Chairman of the therapeutic committee / pharmacy therapeutic committee (3)
District hospitals as end user	Chief pharmacist (2)
PCSO	Bids and Awards Committee (2)
	Midwife (2)
	Nurse (2)

	Physician (1)
	Administrative Officer (1)
	Storekeeper (1)
	DOH (1)

There is a varied leadership over the committee which develops the procurement plan although association with the therapeutic committee seems to closely associate with this personality (Table 11).

Table 11. Committee chair responsible for developing the plan

Warehouse	Health Facility
Provincial Health Officer as head of the therapeutic committee and technical working group / Therapeutic Committee (2)	City Health Officer (3)
Head of procurement unit (1)	Chairman of the therapeutic committee (2)
City Health Officer	Chief of Hospital (2)
Assistant Regional Director (1)	Municipal Health Officer (2)
TWG / TC (1)	Treasurer
Legal Officer (1)	Bids and Awards Committee
	Head of Rural Health Unit
	Legal officer
	Continuous Quality Improvement Officer
	Provincial Health Officer / Physician

While the procurement plan is followed by local procurement activities, products financed by partners are included in the procurement plan at a lower percentage, at 21% both warehouses (4 out of 9) and health facilities (3 out of 14).

Further, 44% (4 out of 9) of warehouses use a coordination mechanism on procurement among partners, and 55% (5 out of 9) of procurement among agencies at different levels. In effect, only 37% (6 out of 16) of health facilities feels that they are obliged to procure stock from the public warehouse.

In the event of stock-outs in the warehouses, other sources where the health facility procures its products are mostly local suppliers (Table 12).

Table 12. Alternative sources of procurement for health facilities

Local Suppliers (Frequency)
Euromed Laboratories (3)

Philippine Pharmawealth (3)
West Visayas Medical Center Pharmacy (3)
Zuellig Pharma (3)
Endure (2)
Mercury drugstore (2)
Metro Drug (2)
Qualifirst (2)
Aquarium Pharmacy
Baxter
Bea Enterprise
Befoyan Marketing
Beruvan
Biocare Health Resources
CDC Pharma
Geramed
Hizon Pharmaceuticals
Iloilo MG mercantile
Jomar Trading
K & C enterprise
Kimmel pharmacy
MDC
Mercedes drugstore
MYK Company
Natrapharm
Negros Medical
One pharma
Quali Pharma
Roest marketing
Rose pharmacy
Ruiz Marketing
Rx Trade
Sel J Pharmaceuticals
Sensomed
Unilab

Bidding Process

Warehouses and health facilities are almost similarly responsible in terms of rending a tender, at 40% 94 out 10) and 46% (7 out of 15) respectively. Eighty one percent (9 out of 11) of warehouses and 85% (12 out of 14) health facilities make their public sector requests for tender documents available to the public. Among the prospective suppliers, both the warehouses and health facilities tend to use national competitive bidding, negotiated procurement and direct purchasing as the main methods for

procurement (Table 13). The result of the award process is subsequently made public almost always, 90% (10 out 11) across warehouses and 100% (14 out of 14) in health facilities.

Table 13. Procurement methods

	Warehouse	Health Facility
International competitive tender	0% (0/7)	10% (1/10)
Restrictive or limited source bidding	16% (1/6)	20% (2/10)
National competitive bidding	88% (8/9)	80% (12/15)
Negotiated procurement	66% (6/9)	46% (6/13)
Direct purchasing (shopping < Php 500,000)	63% (7/11)	93% (14/15)
Others		

In the processes of bidding, pre-qualification of suppliers to be considered in the tender process is being implemented in 75% (6 out of 8) warehouses and 86% (13 out of 15) health facilities. At the warehouse level, there are several versions of accreditation through the local government units where suppliers are required to furnish supporting documents for eligibility. These requirements are measured against a pass or fail criteria. At health facilities, a similar system exists. There are other steps followed by suppliers to health facilities as elaborated by the respondents. Eligibility is granted by a technical working group, the bids and awards committee, and food and drug administration.

Upon progress of the procurement process, the criteria for award of contract is made known at 88% (8 out of 9) by warehouses and 100% (n=14) by health facilities. Further, to ensure independence in the implementation of this process, the tender committee is separated from the procurement unit in 88% of warehouses and 78% of health facilities. Awarding of contracts for warehouse and health facility procurement is often a result lowest complying responsive bid, FDA registration and completeness of documents (Table 14)

Table 14. Criteria considered in awarding contracts

	Warehouse (Frequency)	Health Facility (Frequency)
Lowest complying responsive bid	8	9
FDA registered	4	2
Complete documents / compliance with requirements	3	7
Post – qualification	1	5
Quality and low cost	1	1

Compliance of supplies / delivery requirements and schedules	1	1
Current Good Manufacturing Practice	1	-
Standards in infection control	-	1
Performance	-	1
Evaluation of TWG and end user	-	1
Pre-qualification	-	1
Recommended to head of the procurement entity		1

The Bids and Awards Committee (BAC) is most frequently mentioned office associated with the awarding of contract. The BAC may or may not be assisted by a Technical Working Group-like entity during the decision – making process. This committee approves the procurement and then a purchase order is authorized.

When the award is finally given, and the orders are received, there are common actions across warehouses and health facilities in ensuring good quality of products procured. There is a committee that looks after the inspection of products according to sets of standards. A post-qualification evaluation is conducted. The FDA / BFAD are involved in the sampling and verification of products. End users such as hospitals are also requested to assess the performance of the medicines procured.

In 2010, majority of the awards issued by warehouses and health facilities were given to local distributors and manufacturers (Table 15a and 15b).

Table 15a. Value of contract awarded by the warehouses for each category of products

Category of Products	**Sources of procurement**				
	International supplier	**International manufacturers**	**Local distributor**	**Local manufacturer**	**Others (Specify)**
	Amount of contract award in 2010 (Php)				
1. Antiretroviral (ARV)					
2. Antimalarial			12,153		
3. Anti-tuberculosis medicines			2,019,550		
4. Medicines for opportunistic infections					
5. Pediatric antiretroviral					
6. Pediatric anti-			262,454		

tuberculosis					
7. Vaccines			595,411		
8. Other Essential Medicines			2,866,898	243,750	
9. Contraceptives			1,572,065	145,500	
10. Condoms			15,062		
11. Medical supplies			3,666,057		
12. Reagents for blood safety					
13. Diagnostics for HIV/AIDS, TB and Malaria and other reagents			563,130		
14. Insecticide Treated Nets					
15. Others (special projects)				1,000,000	
Total of Amount	-	-	11,572,781	1,389,250	-

Table 15b. Value of contract awarded by the health facilities for each category of products

Category of Products	**Sources of procurement**				
	International supplier	**International manufacturers**	**Local distributor**	**Local manufacturer**	**Others (Specify)**
	Amount of contract award in 2010 (Php)				
16. Antiretroviral (ARV)					
17. Antimalarial			750,000		
18. Anti-tuberculosis medicines			78,000		
19. Medicines for opportunistic infections			1,400,000		
20. Pediatric antiretroviral					
21. Pediatric anti-tuberculosis					
22. Vaccines			2,395,000		
23. Other Essential Medicines	11,000,000		100,439,834	6,000	
24. Contraceptives					
25. Condoms				80,000	
26. Medical supplies			2,400,000		
27. Reagents for blood safety					
28. Diagnostics for HIV/AIDS, TB and Malaria and other					

reagents					
29. Insecticide Treated Nets					
30. Others					
Total of Amount	11,000,000	-	107,462,834	86,000	-

Ordering

In warehouses, program coordinators are the most identified as the one responsible for ordering medicines and supplies (Table 16). The counterpart in health facilities are the chief pharmacists and the municipal health officer.

Table 16. Responsible for ordering medicines and medical supplies

Warehouse (Frequency)	Health Facility (Frequency)
Program coordinator (5)	Chief pharmacist (8)
Supply officer, storekeeper, canvass clerk (4)	Municipal Health Officer (7)
Medical specialist	City Health Officer (2)
City Health Officer	Supplies section (2)
Bids and Awards Committee	Head of Rural Health Unit / facility (2)
Pharmacist	Therapeutic committee
	Public health nurse

Health facilities are more likely to conduct an emergency order (Table 17). Health facilities also report a higher occurrence of on-time delivery of supplies.

Table 17. Ordering profile

	Warehouse (n=7)	Health Facility (n = 20)
Number of orders made by the pharmacy	284	406
Number of emergency orders	3	17
Number of orders delivered on time	0%, 25%, 90% and 100%	42% (1), 83.3 (2), 90.2 (1), 100% (13)

STORAGE

Storage capacity is typically larger in warehouses although these areas are perceived to be adequate only at 25% (3 out of 12) of the time (Table 18). More health facility respondents (68%; 17 out of 25) regard their storage area as adequate even given the wider range in sizes.

Table 18. Storage Capacity			
Warehouse		**Health Facility**	
Cubic Meters	**Square Meters**	**Cubic Meters**	**Square Meters**
1,560	12	8	5
3,750	72	18	8
Average: 2,655	87	24	8
	150	48	16
	300	60	24
	500	60	36
	Average: 186.8	113.6	40
		120	40.5
		147.84	72
		510	80
		Average: 110.9	Average: 32.95

For both warehouse and health facility, it is more likely that there are specific storage spaces allocated as main storage, product requiring cold storage and general refrigeration (Table 20).

Table 19. Specific storage area for the following		
	Warehouse	**Health Facility**
	Yes	Yes
a. Reception of products	90.1% (10/11)	73.9 (17/23)
b. Quarantine of products	33.3% (3/9)	50% (10/20)
c. Storage of inflammable products	57.14 (4/7)	41.2% (7/17)
d. Storage of controlled substances	50% (3/6)	68.7% (11/16)
e. Product requiring cold chain < $0^{o}C$	91.7% (11/12)	95% (19/20)
f. Product requiring temperature between $0^{o}C$ and $8^{o}C$	81.8% (9/11)	95% (19/20)
g. Main storage	100% (11/11)	91.7% (22/24)
h. Products returned from customers	33.3% (3/9)	31.6% (6/19)
i. Expired / damaged products	40% (4/10)	42.9% (9/21)
j. Delivery of products	72.7% (8/11)	66.7% (12/18)
k. Products from various partners (programs)	75% (6/8)	66.7% (10/15)

Activities that contribute to proper storage condition and handling of products are observed fairly in both warehouse and health facility respondents (Table 21).

Table 20. Storage condition / handling

	Warehouse	Health Facility
	Yes	Yes
a. There is a method in places to control temperature (e.g., roof and ceiling with space between them in hot climates, air conditioners, fans, etc)	80% (8/10)	85.7% (18/21)
b. There are windows that can be opened or there are air vents	90% (9/10)	90.5% (19/21)
c. Direct sunlight cannot enter the area (window panes are painted or there are curtains/blinds to protect against the sun)	80% (8/10)	95.2% (20/21)
d. Area is free from moisture (e.g., leaking ceiling, roof, drains, taps, etc)	70% (7/10)	85.7% (18/21)
e. There is a cold storage in the facility	88.9% (8/9)	100% (21/21)
f. There is a regularly filled temperature chart for the cold storage	80% (8/10)	100% (21/21)
g. Medicines are not stored directly on the floor	77.8% (7/9)	95% (19/20)
h. Medicines are stored in a systematic way (e.g., alphabetical, pharmacological)	70% (7/10)	100% (21/21)
i. Medicines are stored first-expiry-first out principle (FEFO)	100% (10/10)	100% (21/21)
j. There is no evidence of pests in the area	90% (9/10)	85% (17/20)
k. Tablets are not handled by bare hands	87.5% (7/8)	100% (21/21)

Commonly, health facilities follow the appropriate storage points for the different medicines handled (Table 21). In terms of staffing, mostly nurses and pharmacists take critical role.

Table 21. Products stored in the health facility

Category of Products	Storage Point	Responsible Staff
1. Antiretroviral	Shelf Room temperature	Pharmacist Supply officer
2. Antimalarial	-	CHD Pharmacist
3. Anti-tuberculosis medicines	Shelves (3) Cabinet (2) Room temperature	Nurse (7) Pharmacist (3) Midwife Supply Officer
4. Medicines for opportunistic infections	Shelf Room temperature	Pharmacist (3) Nurse Supply Officer
5. Pediatric antiretroviral	Shelf	Pharmacist
6. Pediatric anti-tuberculosis	Cabinet (2), Room temperature	Nurse (4) Pharmacist (2) Midwife Supply Officer

7. Vaccines	Refrigerator (6) Cold room	Pharmacist (5) Nurse (6) Doctor (3) Health aide Midwife Recorder
8. Other essential medicines	Shelves (4) Cabinet (3) Pharmacy Refrigerator	Nurse (8) Pharmacist (6) Midwife (4) Doctor (3) Caregiver
9. Contraceptives	Cabinet (2) Room temperature	Nurse (5) Midwife (2) Pharmacist (2) Supply officer
10. Condoms	Cabinet (2) Room temperature	Nurse (3) Midwife (2) Pharmacist (2) Supply officer
11. Medical supplies	Shelves (3) Cabinet (2) Delivery room Pharmacy Emergency room Storage area Room temp	Nurse (5) Midwife (3) Care giver Admin aide Pharmacist (4) Supply officer Doctor
12. Reagents for blood safety	Refrigerator (1)	Med tech (2) Pharmacist
13. Diagnostics for HIV/AIDS, TB and Malaria and Other reagents	Cabinet (2) Cold room	Med tech (3) Pharmacist (2) Nurse Supply officer
14. Insecticide Treated Nets	Stock room Isolated room	Supply Officer (2) Pharmacist (2)

STOCK MANAGEMENT

Stock management is done properly by both warehouses and facilities. Implementation of first-in-first-out principle is done 100% of the time. Tracking of batches is conducted 100% by warehouses and 87.5% (21 out of 24) by health facilities. Warehouses define the minimum and maximum level of stocks 100% of the time and have a compliance of 90% (10 out of 11). On the other hand, 76% (19 out of 25)

of health facilities define their minimum stock levels, 84% (21 out of 25) identify their maximum stock level, with an overall compliance of 91.7% (22 out of 24).

AVAILABILITY

Majority of respondents did not report stock-outs. In a few instances that there were stock-outs at the warehouse, the main reasons cited were disasters and the delay in processing (Table 22). On the other hand, health facilities refer to the large number of recipients and limited supply / allocation as the main reasons for stock-outs.

Table 22. Causes of stock out

Warehouse		Health Facility	
Disasters	4	Too many recipients	7
Processing	4	Limited supply / allocation	6
Number of patients	3	Limited budget	4
Insufficient funds	2	Delayed deliveries	4
Late deliveries	1	Delayed processing (procurement and releasing)	4
Stock out at the CHD	1	Stocks not available from suppliers	3
		Sudden demand from LGUs	2
		Sudden calamities	2
		Policy development	1

There is not much data mentioned on the value of products wasted; based on the available figure, the average amount wasted is Php 20, 035 for warehouses, and Php 9, 294 in health facilities wherein the most cited reasons are breakage and expiration (Table 23). Putting this in perspective, the value of stocks in warehouses is pegged between Php 3M and Php 186 M, while it averages at Php 10M among health facilities.

Table 23. Main causes of wastage

Warehouse		Health Facility	
Breakage / Damage	3	Expiration	4
Expiry	1	Breakage	2
Pilferage	1	Poor handling	2
Mismatch Diluent	1	Theft / Pilferage	2

AFFORDABILITY

The limited responses in terms of budget and disbursement in both warehouse and health facility makes it difficult to assess the level of capability to meet the financing needs for medicines and medical supplies Table 24a and 24b). In general though, it appears that the total amount budgeted for medicine and medical supplies are disbursed. Also, donor share with respect to amount budgeted (and eventually disbursed) is not very significant.

Table 24a. Affordability at the level of warehouse

Planned budget for medicines and medical supplies (2010)	Amount of planned budget coming from Revolving Drug Fund	Amount of total government allocated budget disbursed	Amount of planned budget allocated by donors	Amount of donor allocated budget disbursed
975,000	-	-	-	-
900,000	-	900,000	-	-
12,000,000	-	12,000,000	-	-
369,317	-	369,317	162,000	162,000

Table 24b. Affordability at the level of health facility

Planned budget for medicines and medical supplies (2010)	Amount of planned budget coming from Revolving Drug Fund	Amount of total government allocated budget disbursed	Amount of planned budget allocated by donors	Amount of donor allocated budget disbursed
31,000,000	-	96%	-	-
700,000	-	700,000	-	-
400,000	-	-	-	-
900,000	-	900,000	-	-
1,500,000	-	1,500,000	50,000	-
13,000,000	-	13,000,000	1,000,000	100%
990,000	-	-	-	-
500,000 100,000	-	600,000	-	-
120,000	-	100,000	-	-
155,000	-	80,000	-	-
3,400,000	50,000	-	-	-
6,000,000	-	6,000,000	-	-
71,902,106	71,902,106	-	-	-
15,000,000	-	-	-	-
6,000,000	-	-	-	-

There is scant data gathered on the allocation made by different levels of government for warehouse and for health facilities (Table 25a and 25b). Warehouses which has the more control in procurement tend to receive the budget compared to their health facility clients.

Table 25a. Amount of planned budget allocated by the different levels of government (warehouse)

Category of Products	Amount of Budget allocated in 2010 in Pesos				
	Department of Health	Center for Health Development	Provincial Government	Municipal Government	Donors
Antiretroviral					
Antimalarial		55,960	22,000		
Anti-tuberculosis medicines		32,400	1,008,831		
Medicines for opportunistic infections					
Pediatric antiretroviral					
Pediatric anti-tuberculosis			486,431		
Vaccines			834,777		
Other Essential Medicines		1,126,786	3,540,002		
Contraceptives			92,367		
Condoms			22,000		
Medical Supplies		11,334,843	5,879,991	6,500,000	
Reagents for blood safety		10,200			
Diagnostics for HIV/AIDS, TB and Malaria and other reagents		365,308	1,130,287		
Insecticide Treated Nets		1,025,000			
Others		250,995			

Table 25b. Amount of planned budget allocated by the different levels of government (Health Facility)

Category of Products	Amount of Budget allocated in 2010 in Pesos				
	Department of Health	Center for Health Development	Provincial Government	Municipal Government	Donors
Antiretroviral					
Antimalarial					
Anti-tuberculosis medicines				60,000	
Medicines for opportunistic infections					
Pediatric antiretroviral					
Pediatric anti-tuberculosis					
Vaccines					
Other Essential Medicines	31,430,000		3,400,000	1,840,000	
Contraceptives					
Condoms					
Medical Supplies			4,000,000	945,000	
Reagents for blood safety					
Diagnostics for HIV/AIDS, TB and Malaria and other reagents					
Insecticide Treated Nets					
Others (Family Planning)				40,000	

In in-depth inquiry, warehouse staffs perceive that the government allocate budget for medicine distribution and stock management 28.6% (2 out of 7) of the time compared to health facilities which is higher than what is perceived by health facilities (6.7%; 1 out of 15).

There is not much information provided on the handling charges implemented by warehouses. There were only two figures given: Php 200,000.00 and Php 1,000,000.

In case of stock out and replenishment is needed, 37.5% (3 out of 8) of warehouses and 75% (12 out of 16) of health facilities mentioned that there is available revenue allocated for such purpose. In cases when revenue is not available, respondents provided cited the following reasons in similar proportion: accumulated credit to customers, poor allocation of funds, capital is tied to inventory, and inaccessibility of funds (Table 26).

Table 26. Reasons why revenue allocated for stock replenishment is not available (n = 9)

	Warehouse	Health Facility
Accumulated credit to customers	22.2% (2)	-
Poor allocation of funds	11.1% (1)	22.2% (2)
Capital tied to inventory	-	22.2% (2)
Inaccessibility of funds	11.1% (1)	22.2% (2)

DISTRIBUTION

Sixty percent (6 out of 10) of warehouse respondents agreed that there is a National Guidelines on Good Distribution Practices. Of these, 81.8% (9 out of 11) believe that the warehouse is responsible for distribution of medicines and products to its customers. However, only 44.4% (4 out of 9) warehouses and 57.1% (12 out of 21) of health facilities follow a distribution plan. Of those that have distribution plan, there is a high percentage of compliance to the plan (83.3% [5 out of 6] among warehouses and 91.7% [11 out of 12] across health facilities). The primary driver for distribution is the order received by warehouse from health facility (Table 27).

Table 27. Distribution modes

	Warehouse	Health Facility
Distribution is done on the basis of a schedule	77.8% (7/9)	60% (9/15)
Distribution is done according to the orders received at the warehouse	100% (9/9)	85.7% (12/14)
Warehouse ensures delivery to the health facilities	100% (9/9)	100% (14/14)
The health facility collects the products by its own means	55.6% (5/9)	80% (12/15)
Distribution to the health facility is done on a push basis	50% (6/12)	40% (6/15)
Distribution to the health facility is done on a pull basis	55.6% (5/9)	66.7% (10/15)

In adhering to the distribution plan, there appears to have a gap in execution in terms of transportation. Among health facility pharmacies, only 56.3% (9 out of 16) perceive that it is their responsibility to collect products from warehouses by their own means. Further, only 41.7% (5 out of 12) of health facilities consider their transport capacity adequate, with specifics shown in Table 28. This presents a gap when only the same number (41.7%; 5 out of 12) of warehouse manages its own transport system to meet the demand from clients.

Table 28. Transport Requirements

Required types of vehicles	Required number of vehicles	Available number of vehicles
L300 delivery van	1	-
van	21	16
UNHAP van	5	5
truck	1	1
adventure	1	1
Pick up	1	1

INFORMATION MANAGEMENT

Computerization of stock management system is more likely to be found at warehouses (100%; 12 out of 12) compared to health facilities that tend to use manual methodology (96%; 24 out of 25) (Table 29). The computerized stock management is often used for stock management and distribution purposes (Table 30).

Table 29. Stock management system implemented

	Warehouse	Health Facility
Manual stock management	77.8% (7/9)	96% (24/25)
Computerized stock management	100% (12/12)	18.2% (2/11)

Table 30. Processes managed with the assistance of data-processing software

	Warehouse	Health Facility
Quantification	75% (3/4)	-
Tender Process	50% (1/2)	-
Purchasing	50% (2/4)	-
Stock Management	83.3% (5/6)	-

Distribution	80% (4/5)	-
Financial Management	25% (1/4)	-
Others, specify	-	-

There are 72.7% (8 out of 11) warehouses that manage products funded by partners compared to 54.5% (12 out of 22) of health facilities. Warehouse staffs use stock cards, logbooks and separate folders to manage these products. At the health facility level, the tools are more varied. In descending preference, health facility staffs use stock cards, ledgers, logbook, tally sheet, and consumption reports that are made separately per funding agency.

SUPERVISION

There is less number of warehouse staffs (36.4%; 4 out of 11) that undertake supervisory visits to its branches when compared to perceived number of supervisory visits from the point of view of health facilities (91.3%; 21 out of 24). Even in terms of frequency, warehouse officers report that they do supervisory visit 1 to 4 times a year (n = 2) which is lesser than what health facilities report, that they are visited at least once a year (50%) and up to 2 to 52 times annually (50%).

These differences in perceived supervision are also reflected on the known activities undertaken during supervision visits (Table 31). Warehouse staffs that are mandated to exercise supervision are more likely to cite all the necessary activities as compared to the recipient of these supervision visits. This is the perception even when both parties believe that the schedule of supervision visit is respected (80% [4 out of 5] for warehouse, 90% [18 out of 20] for health facilities). One reason cited at the facility level as to why schedule is not followed is the amount of work load.

Table 31. Activities undertaken during supervisory visits

	Warehouse	**Health Facility**
a. Review of quantification of needs	100% (5/5)	76.2% (16/21)
b. Review of ordering process	100% (4/4)	47.6% (10/21)
c. Checking the conditions of storage	100% (5/5)	90% (18/20)
d. Physical inventory	100% (5/5)	100% (21/21)
e. Checking stock cards and reports	100% (5/5)	95.2% (20/21)
f. Checking financial records	60% (3/5)	23.8% (5/21)
g. Need assessment for performance improvement	100% (4/4)	50% (10/20)

h. On – the – job training	60% (3/5)	11.1% (2/18)

In both at the warehouse and health facility levels, the monitoring of ideal performance indicators are being done at the same level, majority raging only at 70 to 80 percent (Table 32).

Table 32. Performance indicators that are regularly evaluated

	Warehouse	**Health Facility**
No stock out days in a defined period	77.8% (7/9)	71.4% (15/21)
Percent expiry	100% (9/9)	81% (17/21)
Percent incomplete delivery	77.8% (7/9)	80% (16/20)
Percent late delivery	71.4% (5/7)	65% (13/20)
Adherence to storage conditions	57.1% (4/7)	85.7% (18/21)
Others	-	-

Only 22% (2 out of 7) of warehouses and 18.2 % (4 out of 22) of health facilities implement a separate system of supervision of products financed by partners. In warehouse facilities, supervisors check the storage and records of these products separately. At the level of health facilities, there is a different system of looking after products financed by partners. Activities include inventory, reporting (i.e. liquidation, accomplishment), and monitoring of stocks. However, even with these activities, warehouses do not have specific indicators to monitor partner supplies, while only 16.7% (3 out of 18) of health facilities use specific indicators.

HUMAN RESOURCES

In average, the perception in both warehouse and health facility is that human resource to manage pharmacies is not adequate (Table 33), although there are a few that have enough number to suit their needs. It also appears that there is a tendency to resort to non-specialist to get involved in the procurement and supply management of medicines. Although this is helpful, often, these non-specialists also have other functions, which make pharmaceutical management as just one of the jobs that they do. Aside from the obvious difficulty to recruit and retain professionals to assist in the procurement and supply management of medicines, the scant training opportunity is also a contributing factor that makes it hard to have this in-house expertise. Among warehouse respondents, training is provided only 50% to 80% of the time in past two years (n = 3). For those coming from health facilities, training is provided only in a average of 22% (n=13; range of 3.10% to 100%).

Table 33. Average number and adequacy of human resource involved in the procurement and supply management of medicines at the level of warehouse and health facility

	Warehouse (n = 14)			**Health Facility**		
	Average Number (Range)	*Adequacy*		*Average Number (Range)*	*Adequacy*	
		Yes	No		Yes	No
Pharmacist	0.77 (0 to 2)	1 (25%)	3	2.67 (0 to 23)	1 (11.1%)	8
Pharmacy technician	0	-	-	0.1 (0 to 2)	0	1
Pharmacy assistant	0.11 (0 to 1)	-	-	1.13 (0 to 10)	3 (50%)	3
Supply officer (store keeper)	1.55 (1 to 3)	6 (75%)	2	1 (0 to 6)	8 (80%)	2
Computer specialist	0.4 (0 to 1)	2 (100%)	0	0.32 (0 to 4)	1 (33%)	2
Administrative officer	0.9 (0 to 2)	5 (100%)	0	0.55 (0 to 3)	2 (66.7%)	1
Accountant / Accounts Clerk	1.11 (0 to 5)	4 (100%)	0	0.67 (0 to 6)	2 (66.7%)	1
Others	2.33 (1 to 5)			8		

DISCUSSION

Structure

Warehouse clearly identifies with their mostly public sector clients. On the same token, health facilities are as expected more perceptive of the support coming from the more peripheral warehouses which has a closer contact with them. Although there appears to have a clear delineation of structure from warehousing to peripheral distribution, there is a lesser appreciation of the management entity at both levels. This does not automatically mean that there is absence of such management structure, but the respondents may be unaware of this particular function being performed by their immediate supervisors.

Selection of Products

It is a good indication that there is a procurement plan and there is a general perception that this plan is being followed. Although this is a good start, in-depth inquiry showed that forecasting of needs that are reflected in these plans are not yet as robust as it should be. Historical data as well as requests by coordinators still play a more important role in this decision process. This can present a problem as suggested by the data that physician requests tops the reasons for procuring out of the Philippine National Drug Formulary. At the facility level, the presence of a therapeutic committee adds another layer of oversight in the selection of medicines and supply for procurement. It is notable that there is already a high likelihood that this committee is composed of qualified professionals who are in the best position to decide on a procurement plan. Thus, although health facilities also sway towards morbidity / mortality data as well as historical data as basis for planning, they also cited the PNDF as one criteria for selecting drugs for procurement.

Quantification / Forecasting

Although procurement is expected to more driven by warehouses, it appears that peripheral level health facilities have to quantify much more types of medicines and products. While it is good that health facilities participate in the quantification of their needs, this can pose a problem at the policy level. Forecasting is crucial information that can properly guide a procurement plan and this is best done in a population level that will give a proper unit of analysis. Also, most of the technical expertise in quantification may be located at the warehousing offices.

Procurement System

The use of procurement plan as a guide is getting a good acceptance at both warehouses and facilities, and facilities tend to comply more than warehouses. One suggested reason when looking at the data is that the procurement plan at the facility level is more often formulated by "their own" therapeutic committee, which warehouses are often assisted by "external" partners. The weakness identified during the survey is that even when there is a plan, the coordination among partners and across agencies at different levels is not that good. Health facilities therefore perceive that they are not too compelled to purchase from the government warehouses. In fact, most of these facilities have formed formal and informal arrangements with private pharmacies in case of stock outs.

There is a high sense of transparency in the bidding – selection – awarding cycle. Given this, there are still potential vulnerabilities of regulatory capture when bidders are subjected to pre-qualification process. While the pre-qualification process by design shortens the long process that render procurement difficult, the role played by local government in awarding eligibility may pose possibilities of preferential treatment.

Storage and Stock Management

Although with minimal space for storage and perhaps with also barely enough staff to manage the inventory of medicines and products, most of warehouses and health facilities perform well in this area and they are able to make the most out of their resources.

Availability and Affordability

In most instances, there is minimal stock out experienced in the surveyed regions. These warehouses and health facilities can generally afford to finance the procurement plan of their respective jurisdiction. Donor share does not take a substantial amount relative to the amount provided by government. There is a concern though with regards to minimum available amount for replenishment in case of stock outs.

Distribution

Given the high awareness of a national guideline on distribution, not all have a prepared plan. Of those that have a plan, the compliance is high. Thus there is disconnect between the perceived role of warehouse vis-a-vis the expectations from the facilities.

Information Management

Health facilities that reported to quantify more types of products are still using mainly manual system of tracking inventory. This can be an issue especially when human resource complement is not adequate to ensure proper level of updating and upkeep of information on medicine inventory.

Supervision and Human Resources

Human resource issue is an important factor contributing to the level of supervision that can be done by warehouses to their client facilities.

RECOMMENDATION

The government has in most cases, written the needed policies that will ensure proper conduct of procurement and distribution of medicines and products. However, the challenge is in implementing plans and policies effectively. This study, although with data limitation, showed suggestive indications referring to the lack of coordination among government stakeholders. There appears to be a disconnect between what warehouse staff and health facility staff know and follow. The lack of coordination is reflected in overlap of procurement, gaps in distribution, and even the predominantly push system of procurement.

Another finding that suggests need for attention is that of human resource, offices and agencies involved in the whole cycle; they need to be given more capacity and support to properly implement these policies. The delineation of roles and responsibilities also needs to be clearer. This can help facilitate a better coordination across agencies and at all levels.

Further, all people who have a role in the activities in this cycle need to have proper training. Specifically, training on how to arrive at a more scientific way of forecasting the need is important. This is so that plans have more systematic basis and thus become more responsive to the need of the community.

ANNEX A. Ideal sample for the sub-regional survey

Regional Level / Center for Health Development	Provincial / City Level	Municipal Level / Health Facility
Cordillera Administrative Region	Ifugao	Aguinaldo Rural Health Unit
		Lamut Rural Health Unit
		Mayoyao Rural Health Unit
		Tinoc Rural Health Unit
National Capital Region / Metro Manila	Pasay City	Cuyegkeng Health Center
		Main Health Center
		Mia Health Center
		San Isidro Health Center
VI / Western Visayas	Capiz	Dao Rural Health Unit
		Jamindan Rural Health Unit
		Pilar Rural Health Unit
		President Roxas Rural Health Unit
XI / Davao	Davao del Norte	Kapalong Rural Health Unit
		Samal Rural Health Unit
		Sto. Tomas Rural Health Unit
		Talaingod Rural Health Unit
CARAGA	Surigao del Sur	Barabo Rural Health Unit
		Carrascal Rural Health Unit
		Hinatuan Rural Health Unit
		Lingig Rural Health Unit

ANNEX B. Respondents to the Central/Regional/Provincial/Municipal Level Survey for Warehousing

*Red entries were discarded due to inappropriate questionnaire used

Office / Completion Date	Person Interviewed	Position
Cordillera Administrative Region		
CHD Cordillera Administrative Region (November 15, 2011)	Arcely D. Sanchez	Administrative Aide VI
Benguet Provincial Health Office (November 15, 2011)	Tecia Karry	Supply Officer
National Capital Region		
CHD – Metro Manila (November 14, 2011)	Haidee Marquez	Administrative Aide VI
Bagong Pag-asa Health Center (November 16, 2011)	*Melinda Sometra*	*Nurse*
Batasan Super Health Center (November 16, 2011)	*Nestor Dizon*	*Medical Officer*
Marikina City Health Office (May 09, 2012)	Carmencita P. Sicat	Supply Officer / Midwife III
	Ramona Aguirre	Designated Procurement Officer
Old Balara Health Center (November 16, 2011)	*Charisca Alisuag*	*Medical Officer*
Paranaque City Health Office (May 10, 2012)	Esperanza Guevarra	Supply Officer
Western Visayas Region		
CHD Western Visayas (November 14 and 16, 2011)	Charmaine Samorro	Pharmacist III
	Arlene Trivelegio	Administrative Officer
Iloilo Provincial Health Office (November 15, 2011)	Ma. Theresa Papilota	Administrative Aide 3
Davao Region		
CHD XI (November 21, 2011)	Fe Aranyuez	AO V
	Roselma Cantos	AO IV, OIC Procurement
	Helen Viloria	Pharmacist III
Mati Health Office (November 24, 2011)	Joy Sanico	Assistant Provincial Health Officer
Davao City Health Office (November 25, 2011)	Josephine Villafuente	City Health Officer
Panabo City Health Office (November 23, 2011)	Emelda Bendijo	City Health Officer
Tagum Health Office (November 25, 2011)	Frunnie A. Boiser	HRM Officer II

	Olive G. Macaraeg	Clerk
CARAGA Region		
CHD CARAGA (November 23, 2011)	Jenalyn Reveche	AO III
	Lourni Mantong	Supervising Pharmacist
	Heidi Senaca	Nurse II
Surigao Del Norte Provincial Health Office (November 22, 2011)	Rowena Sandigan	Pharmacist II

ANNEX C. Respondents to the Health Facility Survey

*Red entries were discarded due to inappropriate questionnaire used

Office / Completion Date	Person Interviewed	Position
Cordillera Administrative Region		
CHD Cordillera Administrative Region (November 15, 2011)	*Arcely D. Sanchez*	*Administrative Aide VI*
Baguio General Hospital (November 17, 2011)	Riscilla Lazatin	Chief Pharmacist
Sablan Rural Health Unit and Sablan Municipal Health Office (November 16, 2011)	Gemma A. Tolmiod	Midwife II
Tuba Municipal Health Office (November 17, 2011)	*Lori Grace B. Austria*	*Municipal Health Officer*
National Capital Region		
Amang Rodriguez Memorial Medical Center, Marikina City (November 17, 2011)	Grace Maestro	Pharmacist III
	Paulina Villarama	Administrative Officer III
Banahaw (Cubao) Health Center (November 18, 2011)	Laarni Malapit	Medical Officer
Quezon City Health Office (May 08, 2012)	*Ivy Magtanong*	*Pharmacist*
	Enrico Ladanga	*Supply Officer*
San Isidro Health Center (May 10, 2012)	Cynthia Sampol	Physician
Tumana Health Center (May 09, 2012)	Manula Luveria	Physician
Western Visayas Region		
Western Visayas Medical Center (November 14, 2011)	Lourdes Bernadette Po	Pharmacist III
	Lanie Capaque	Pharmacist IV
	Madeliene Gallo	AO V Supply
Iloilo Provincial Hospital (November 15, 2011)	Prem Parcom	Chief of Hospital
	Marivic Jallorina	Chief Pharmacist
	Nimfa Sevilla	Supply Officer
	Shirley Adelantar	Store Keeper
Ramon Tabiana Memorial Hospital (November 16, 2011)	Elaine Blancada	Pharmacist II
	Rosamie Villanueva	Store Keeper
Leganes Rural Health Unit (November 15, 2011)	Zeny Dequilla	Municipal Health Officer
	Aimee Jacobres	Nurse I
New Lucena Rural Health Unit	Cecile Pontanar	Midwife

(November 17, 2011)		
	Neil Cabaraca	Encoder
Parvia Rural Health Unit (November 16, 2011)	Joyous Santos	Medical Doctor
	Floraida Trimanez	Nurse
Sta. Barbara Rural Health Unit (November 16, 2011)	Camila Lellis Tremucha	Municipal Health Officer
Davao Region		
Southern Philippines Medical Center (November 23, 2011)	Ma. Victoria Prenda	Pharmacist
Davao Oriental Provincial Hospital (November 24, 2011)	Maida Llanto	Pharmacist III
Carmen District Hospital (November 22, 2011)	Tarnata Molina	Pharmacist II
Panabo City Health Center (November 23, 2011)	Rolfred Dawal	Pharmacist
Tagum City Health Center (November 22, 2011)	Lydia Cereno	Nurse IV
	Merimysin Rabot	Pharmacist III
Carmen Rural Health Unit (November 22, 2011)	Dominic Basalo	Municipal Health Officer
Mati City Health Center (November 24, 2011)	Ben Hur Catbagan	Health Officer VI
CARAGA Region		
CARAGA Regional Hospital (November 21, 2011)	Imelda R Euzaga	Chief Pharmacist
	Mariebeth Gealugo	Acting Procurement Head
	Perla Raganas	Budget Officer
Placer District Hospital (November 24, 2011)	Georgia Liwanag	Municipal Health Officer
	Alipao Maria Theresa	Pharmacist III
Bacuag Rural Health Unit (November 24, 2011)	Ma. Carmen Tantoy	Municipal Health Officer V
	Marcelina Dantes	Public Health Nurse
San Juan Rural Health Unit (November 25, 2011)	Elaisa Ebol	Public Health Nurse
Taft Rural Health Unit (November 22, 2011)	Remedios Tan	Municipal Health Officer V
Washington Rural Health Unit (November 22, 2011)	Charito Arriba	Municipal Health Officer V
	Carla Clerigo	Nurse

ANNEX D. Tabulation of items for clarification with subsequent action by health development partners

Questionnaire 2

Respondent / Item	Comment	Action
Cordillera Administrative Region		
CHD CAR		
A.3	No answer	The person in-charged was not around during the survey; N/A means not applicable for them
B.1	Incomplete answer	
B.2	No answer	
C	No answer	
D.18	Incomplete answer	
D.21	No amounts given	
D.24	Clarify answer provided	
G.1	Incomplete answer	
G.3	No answer	
G.4	Should the answer be N/A?	
H.1 and H.2	No answers	
H.4	No answer	
H.5 / H.6 and D.6	Reconcile answers	
I.17	No answer	
J.2	Incomplete answer	
J.4	Clarify the answer	
K.2	No answer	
Benguet Provincial Health Office		
A.2	No answer	The person in-charged was not around during the survey; N/A means not applicable for them
A.3	Incorrect answer	
A.4	No answer	
B.1	Vague answer	
B.2	Incomplete answer	
C.1	Inadequate answer	
C.2	No answer	
D.15	No answer	
D.18	Clarify abbreviations	
D.20	Clarify abbreviations	
D.21	Clarify the content of the table	
D.24	Review answer provided	
G.1 and G.4	No answer	
H.1	No answer	
H.2	No answer	
H.3	Incomplete table	
H.4 to H.6	Clarify answers	

J.2	Incomplete answers	
K.1 to K.5	Review answers provided	
National Capital Region		
CHD MM		
A.2	No answer	
A.3	No answer	
A.4	Clarify answer given (number of customers)	
D.4 to D.9	No answer	
D.19	No answer	
D.21	No answer	
E.1	No answer	
H.7 and H.8	No answer	
I.1 to I.4	No answer	
I.7	No answer	
J.2	No answer	
K.1 and K.2	No answer	
K.5	No answer	
L.2	No answer	
Bagong Pag-Asa Health Center (No procurement, no ordering, no bidding, all medicines coming from the CHO)		
A.2 – A.4	No answer	
B.1 – B.5	No answer	
C.1 – C.2	No answer	
D.1 – D.21	No answer	
D.25	No answer	
E.2	No answer	
G.2 – G.4	No answer	
H.I to H.10	No answer	
I.3 – I.5	No answer	
J.3 – J.4	No answer	
K.9	No answer	
L.2	No answer	
Batasan Super Health Center (No procurement, no ordering, no bidding process, medicines coming from the CHO)		
A.1 – A.4	No answer	
B.1 – B.5	No answer	
C.1 – C.2	No answer	
D.1 – D.26	No answer	
G.2 – G.3	No answer	
H.1 – H.10	No answer	
I.7	No answer	
L.2	No answer	
Old Balara Health Center (No procurement, no ordering, no bidding process done, all medicines come from CHO)		

A.1 to A.4	No answer	
B.1 to B.5	No answer	
C.1 to C.2	No answer	
D.1 to D.25	No answer	
E.1 – E.2	No answer	
H.1 – H.10	No answer	
I.1 – I.7	No answer	
J.1 – J.4	No answer	
K.1 – K.9	No answer	
Western Visayas		
CHD Western Visayas		
D.4	Is this N/A?	No partners involved
G.1	No answer	They do not have stock out
I.3 and I.4	No answer	No distribution plan (they were not able to present the distribution plan)
J.4	No answer	No
Provincial Health Office		
C.1	No answer	They do not quantify because the products that they have are based on what the CHD gives them (“push system”)
Davao Region		
CHD – Davao Region		
A.3	No answer	
B.1 – B.5	No answer	
C.1 – C.2	No answer	
D.21	No answer	
D.23 – D.25	No answer	
G.1	No answer	
H.1 – H.10	No answer	
Mati Provincial Health Office		
B.1	No answer	
C.2	No answer	
D.1, D.2, D.4 – D.20	No answer	
D.21	Amount not stated	
D.22 – D.25	No answer	
E.1 – E.4	No answer	
F.1 – F.5	No answer	
G.1 – G.4	No answer	
H.1 – H.10	No answer	
I.1 – I.7	No answer	
J.1 – J.4	No answer	
K.1 – K.9	No answer	
L.1	Incomplete answer	

L.2	No answer	
Davao City Health Office		
A.1	No answer	
A.3 – A.4	No answer	
B.1 – B.2	No answer	
C.1	No answer	
D.1 – D.2	No answer	
D.5 – D.9	No answer	
D.14 – D.20	No answer	
D.23 – D.25	No answer	
E.1	No answer	
E.4	No answer	
F.1 – F.2	No answer	
G.2 – G.4	No answer	
H.2	No answer	
H.5 – H.6	No answer	
J.1	No computerized management?	
Panabo City Health Office		
B.2	No answer	
B.3	Is this a “yes”?	
C.1	No answer	
D.21	No answer	
H.3	No answer	
1.7	No answer	
J.2	Names of software not specified	
K.5 – K.7	No answer	
JP Laurel Health Office		
A.2	No answer	
B.2	No answer	
C.2	No answer	
D.2	No answer	
D.5	No answer	
D.10	No answer	
E.1	No answer	
E.4	No answer	
G.3	No answer	
G.4	Should this be “Not Applicable”?	
H.1 – H.10	No answer	
I.1	No answer	
J.1.b	Is this a “Yes”?	
J.2	Name of software not specified	
K.1 – K.5	Clarify answer here if it’s a “No” or a “Yes”	
K.6 – K.7	No answer	
L.2	No answer	

CARAGA Region		
CHD CARAGA		
A.3	No answer	They have no warehouse
D.21	No answer	They do not procure
H.1	No answer	Not applicable
H.3 – H.6	No answer	Not applicable
Surigao Del Norte Provincial Health Office		
	complete	

Questionnaire 3

Respondent / Item	Comment	Action
Cordillera Administrative Region		
CHD CAR		
B2	Clarify the position of therapeutic committee	The person in-charged was not around during the survey; N/A means not applicable for them
B3	No answer	
B4	Confusing answer	
B5	Clarify answer provided	
B6 to 10	Clarify answers provided	
C1 and C2	Clarify answers provided	
D4	Clarify answer provided	
D9	Clarify answer provided	
D18	Incomplete list	
D21	Table is incomplete	
D24	No answer	
E3	Clarify if the answer here should be NO	
E5	Clarify if items 8 to 15 have no responsible staff	
G1	Incomplete answer	
G3	No answer	
G4	No answer	
H1 to H3	Clarify answer provided	
H4 to H6	No answer	
I2 to I4	Clarify	
J2	Incomplete answer	
J4	No answer	
Baguio General Hospital and Medical Center Pharmacy		
B10	Clarify answer provided	The person in-charged was not around during the survey; N/A means not applicable for them
D21	Amounts not specified	
G1	Incomplete answer	
G2 to G4	Clarify answers provided	

H2	No answer	
H3	Incomplete table	
H4	No answer	
Sablan Municipal Health Office & Sablan Rural Health Unit		
B5	Incomplete answer	The person in-charged was not around during the survey; N/A means not applicable for them
B7 to B10	Incomplete answer	
C2	No answer	
D4	Clarify answer	
D15	No answer	
D21	No answer	
D24 and D25	No answer	
E1	No answer	
G1 to G4	No answer	
H1 to H6	No answer	
H9 to H10	No answer	
J2 and J4	No answer	
K1 to K5	No answer	
Tuba Municipal Health Office		
B9	Incomplete answer	The person in-charged was not around during the survey; N/A means not applicable for them
D4	Clarify answer provided	
D9	No answer	
G2 and G4	Clarify answer provided	
H2 and H3	Incomplete answer	
National Capital Region		
Amang Rodriguez Memorial Medical Center		
A.1 – A.2	No answer	
B.3	Clarify the answer (how often)	
B.4	Incomplete answer	
B.7, B.8, B.10	No answer	
C.2	No answer	
D.1	Is the answer Yes?	
D.2	No answer	
G.1 – G.4	No answer	
H.2 – H.3	No answer	
I.1 – I.5	No answer	
K.5	No answer	
Cubao Health Center (No procurement, no ordering, no bidding process, all medicines come from CHO)		
A.1 to A.2	No answer	
B.4	Is this a “yes”?	
B.6 – B.10	No answer	
C.1 – C.2	No answer	
D.1 – D.25	No answer	
E.5	Incomplete answer	
G	Clarify if entries here mean there	

	is no stock out	
H.1 – H.10	No answer	
J.2	No answer	
Western Visayas Region		
Western Visayas Medical Center		
C.1	Category of products not listed	All Philippine National Drug Formulary categories*
Iloilo Provincial Hospital		
I	Is this a "No" for the entire section I?	Not applicable to IPH because they do not distribute medicines to other health facilities.
Ramon Tabiana Memorial Hospital		
B.4	Year last updated column is incomplete	PNDF- 2008 CPGs- no date given
B.6	Should the answer here be "Yes"?	Yes
D.15 – D.21	No answer	They did not answer this part because they are not involved in the bidding process. The BAC of the provincial capitol is the one responsible for this process
Leganes Municipal Health Office		
D.10 – D.21	No answer	The bidding process is done by the BAC of local government.
New Lucena Municipal Health Office		
D.14	Is this a "Yes"?	Yes
Parvia Municipal Health Office		
D.15	No answer	The facility is not responsible for the bidding process. Although they know that suppliers are prequalified, they do not know how this process works.
Santa Barbara Rural Health Unit		
D.21	Amounts of contract not stated	The facility is not involved in the bidding process. The BAC of LGU is the one responsible for the awarding of contract
Davao Region		
Davao Medical Center		
A.1 – A.2	No answer	
C.1	No answer	
D.4 – D.9	No answer	
D.15 – D.20	No answer	
D.23 – D.25	No answer	

E.4	No answer	
E.5	Incomplete answer	
G.3	No answer	
H.1 – H.8	No answer	
K.2	No answer	
Davao Del Norte Provincial Hospital		
D.5 – D.7	No answer	
D.9	No answer	
D.10 – D.13	No answer	
D.18 – D.20	No answer	
E.4	No answer	
E.5	Incomplete answer	
G.1 – G.4	No answer	
Carmen District Hospital		
B.4	Incomplete answer	
C.2	No answer	
D.6 – D.9	No answer	
D.10 – D.13	No answer	
H.8	No answer	
Panago City Health Office		
B.2 – B.3	No answer	
B.5 – B.10	No answer	
C.1 – C.2	No answer	
D.1	No answer	
D.21	No answer	
G.3 – G.4	No answer	
Tagum City Health Office		
A.1 – A.2	No answer	
B.5 – B.10	No answer	
C.1 – C.2	No answer	
D.1 – D.2	No answer	
D.10 – D.21	No answer	
D.22 – D.25	No answer	
E.1 – E.5	No answer	
F.1 – F.5	No answer	
G.1 – G.4	No answer	
H.1 – H.10	No answer	
I.1 – I.5	No answer	
J.1 – J.4	No answer	
K.1 – K.8	No answer	
L.1 – L.3	No answer	
Carmen Municipal Health Office		
A.1 – A.2	No answer	
B.2 – B.3	No answer	
B.6 – B.10	No answer	

C.1	No answer	
D.1 – D.2	No answer	
D.4 – D.7	No answer	
D.9	No answer	
D.11 – D.21	No answer	
D.23 – D.25	No answer	
E.4	No answer	
E.5	Incomplete answer	
G.2 – G.3	No answer	
H.2 – H.8	No answer	
I.4 – I.5	No answer	
K.1 – K.8	No answer	
Mati Health Office		
D.1 – D.2	No answer	
D.8 – D.9	No answer	
D.19 – D.20	No answer	
D.24 – D.25	No answer	
E.1	No answer	
E.4 – E.5	No answer	
G.2 – G.4	No answer	
H.2 – H.3	No answer	
H.8	No answer	
H.9	No answer	
J.2	No answer	
K.1 to K.8	No answer	
CARAGA Region		
CARAGA Regional Hospital		
	Complete	
Placer District Hospital		
	Complete	
Bacauag Municipal Health Office		
	Complete	
San Juan Municipal Health Office		
	Complete	
Taft Municipal Health Office		
	Complete	
Washington Municipal Health Office		
	Complete	