GHANA: PUBLIC EXPENDITURE TRACKING SURVEYS (2007) QUESTIONNAIRE FOR REGIONAL MEDICAL STORES

| | Time interview starts | | E.g. (15:40 hrs) |
|-----------------------------------|---|----------------|--------------------|
| | Time interview ends | | E.g. (17:00 hrs) |
| | Region | | |
| | tics of respondent ls with information on the resp | ondent. | |
| A. Are you i 1=Yes; 2 | in charge of the store? =No | | |
| 1= Head 2=Chief s 3=Princip | our job title at this store? supply officer oal supply officer store keeper keeper | | |
| C. For how | long have you been working in | this capacity? | Years Months |
| D. Sex of Re | spondent? -Male | | i cars - iviolitis |

2=Female

Section 2 Selected drugs and supplies received between January and December 2006 2.1 Did you receive Anti Snake Serum in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|-----------|----------|
| | | | | Source: | Dates |
| | | | | (see code | received |
| | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

1=PROCUEMENT UNIT, 2=UNICEF, 3=UNFPA, 4=USAID, 5=OTHER

2.2 Did you receive **Anti Rabies Vaccine** in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|----------------------|-------------------|
| | | | | Source: (see code | Dates received |
| | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

2.3A: Did you receive **Psychiatric Drugs (Diazepam)** in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|----------------------|-------------------|
| | Manda | O with | TT | Source: (see code | Dates received |
| 4 | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

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2.3B: Did you receive **Psychiatric Drugs** (**Chlorpromazine**) in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|-----------|----------|
| | | | | Source: | Dates |
| | 34. 4 | | ** * | (see code | received |
| | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

2.3C: Did you receive **Psychiatric Drugs** (**Benztropine**) in the following month:

| | | f | g | h | i |
|----|---------------------|----------|-------|----------------------|---------------------------|
| | Months | Quantity | Unit | Source: (see code | Dates received 1-31 |
| 1 | | Quantity | Ullit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |
| | | | | | |

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2.3D: Did you receive **Psychiatric Drugs** (**Diphenhydramine**) in the following month:

| | | f | g | h | i |
|----|--------------------------|----------|------|--------------------------------|---------------------------|
| | Months | Quantity | Unit | Source: (see code below) | Dates received 1-31 |
| 1 | January, 2006 | Quantity | Cint | below) | 1 31 |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |
| | CHEMENTE INTE A INTERE 2 | ш | L | l . | 1 |

2.4A: Did you receive **TB Drugs** (**Streplomycine**) in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|----------------------|----------------|
| | | | | Source: (see code | Dates received |
| | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

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2.4B: Did you receive **TB Drugs** (**Isoniazid**) in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|----------------------|----------------|
| | | | | Source: (see code | Dates received |
| | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

2.4C: Did you receive **TB Drugs (Rifampicin)** in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|----------------------|-------------------|
| | | | | Source: (see code | Dates received |
| | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

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2.5 Did you receive **Condoms** (**Male**) in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|-------------------|----------------|
| | | | | Source: (see code | Dates received |
| | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

2.6 Did you receive **Depos Provera** in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|----------------------|-------------------|
| | | | | Source: (see code | Dates received |
| | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

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2.7 Did you receive **Cotton Wool** in the following month:

| | | f | g | h | i |
|----|---------------------|----------|------|-----------|----------|
| | | | | Source: | Dates |
| | | | | (see code | received |
| | Months | Quantity | Unit | below) | 1-31 |
| 1 | January, 2006 | | | | |
| 2 | February, 2006 | | | | |
| 3 | March, 2006 | | | | |
| 4 | April, 2006 | | | | |
| 5 | May, 2006 | | | | |
| 6 | June, 2006 | | | | |
| 7 | July, 2006 | | | | |
| 8 | August, 2006 | | | | |
| 9 | September, 2006 | | | | |
| 10 | October, 2006 | | | | |
| 11 | November, 2006 | | | | |
| 12 | December, 2006 | | | | |
| 13 | Total spent in 2006 | | | | |

PLEASE PROVIDE ELECTRONIC/HARD COPY OF THE DISTRIBUTION LIST FOR EACH DRUG/MATERIAL LISTED ABOVE

(January to December 2006)

| | | (January to Dec IN THE FOLLOW | , | |
|---|--------------------------|--------------------------------|------------------------|------------------------------|
| | | Distribution list for A | | |
| List of facilities/ districts Name | District/ facility ID | Quantity | Unit | Dates dispatched dd/mm/yy |
| | | Distribution list for An | ti Rabies Vaccine | |
| List of facilities/ districts Name | District/ facility ID | Quantity | Unit | Dates dispatched dd/mm/yy |
| List of | I | Distribution list for Psychia | tric Drugs (Diazepam) | |
| facilities/ districts Name | District/ facility ID | Quantity | Unit | Dates dispatched dd/mm/yy |
| | Dist | ribution list for Psychiatric | Drugs (Chlorpromazin | e) |
| List of facilities/ districts Name | District/ facility ID | Quantity | Unit | Dates dispatched dd/mm/yy |
| | D | istribution list for Psychiatr | ic Drugs (Benztropine) | |
| List of facilities/ districts Name | District/ facility ID | Quantity | Unit | Dates dispatched dd/mm/yy |
| | Distr | ibution list for Psychiatric | Drugs (Diphenhydrami | ne) |
| List of facilities/ districts Name | District/ facility ID | Quantity | Unit | Dates dispatched dd/mm/yy |
| | | | | |

| | | Distribution list for T | B Drugs (treplomycine) | | | | | |
|--|--------------------------|-------------------------|------------------------|---------------------------|--|--|--|--|
| List of | | | | | | | | |
| facilities/ districts Name | District/ facility ID | Quantity | Unit | Dates dispatched dd/mm/yy | | | | |
| | | | | | | | | |
| | | | | | | | | |
| F | | | | | | | | |
| | 1 | Distribution list for | TB Drugs (Isoniazid) | 1 | | | | |
| List of facilities/ districts | District/ | | | Dates dispatched | | | | |
| Name | facility ID | Quantity | Unit | dd/mm/yy | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Γ | | | | | | | | |
| T: C | <u> </u> | Distribution list for | ΓB Drugs (Rifampicin) | | | | | |
| List of facilities/ | | | | | | | | |
| districts | District/ | | | Dates dispatched | | | | |
| Name | facility ID | Quantity | Unit | dd/mm/yy | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 1 | | | | | | | |
| | | Distribution list | for Codoms (male) | | | | | |
| List of | | | | | | | | |
| facilities/ districts | District/ | | | Dates dispatched | | | | |
| Name | facility ID | Quantity | Unit | dd/mm/yy | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Distribution list | for Depos Provera | | | | | |
| List of | | | | | | | | |
| facilities/ | D : / | | | D . 11 . 1 1 | | | | |
| districts Name | District/ facility ID | Quantity | Unit | Dates dispatched dd/mm/yy | | | | |
| Name | Tacinty ID | Quantity | Oint | dd/IIIII/yy | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Distribution list | t for Cotton Wool | | | | | |
| List of | | Distribution his | 101 Cotton 11 001 | | | | | |
| facilities/ | | | | | | | | |
| districts | District/ | | | Dates dispatched | | | | |
| Name | facility ID | Quantity | Unit | dd/mm/yy | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Questionnaire has been approved for data entry | | | | | | | | |
| SIGNATURE SIGNATURE | | | | | | | | |
| | | | | | | | | |
| SUPERVISOR | 'S NAME | | INTERVIEWER'S NAME | | | | | |