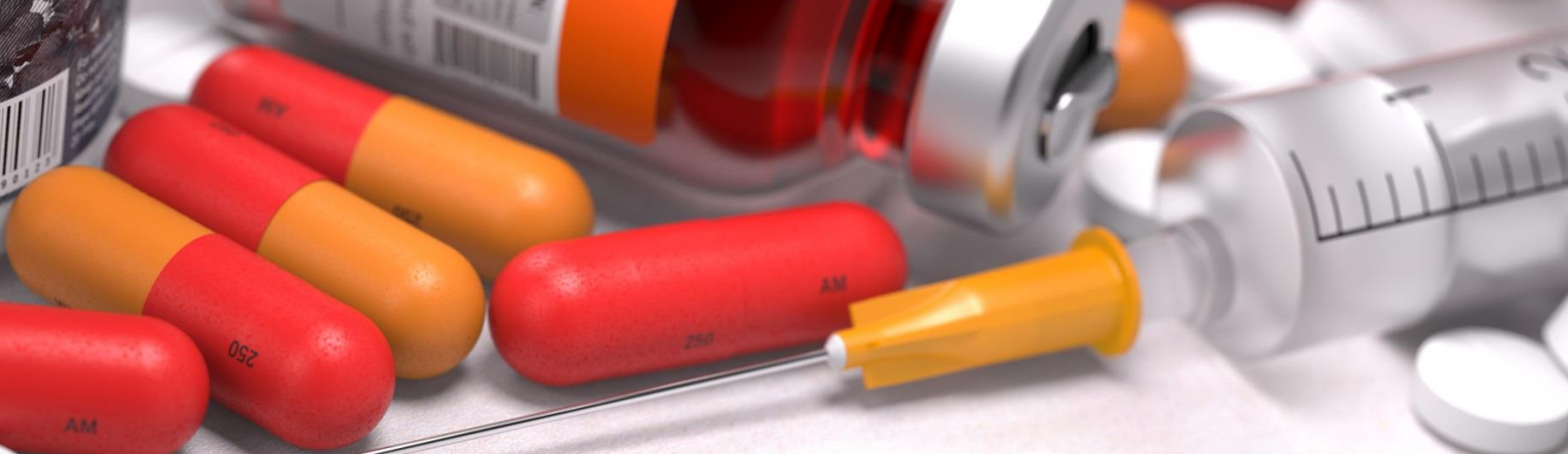




# **Sexual & Reproductive Health Commodities: Measuring Prices, Availability & Affordability**

**Methodology & Data Entry Manual**  
(First Edition)



**Written by:**

Gemma Buckland Merrett  
Senior Research Manager  
Health Action International

For correspondence, please email  
[gemma@haiweb.org](mailto:gemma@haiweb.org).

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## Sexual & Reproductive Health Commodities: Measuring Prices, Availability & Affordability

### Methodology & Data Entry Manual (First Edition)

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## I. Introduction

Good sexual and reproductive health (SRH) is a state of complete physical, mental and social well-being in all matters relating to reproduction for both men and women, including adolescents. Maintaining good SRH means people need access to accurate information and to safe, effective, affordable and acceptable contraception methods of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections (STIs) and, when necessary, receive timely and affordable treatment. And when they decide to have children, women must have access to services that ensure they have a fit pregnancy, safe delivery and healthy baby. Every individual has the right to make their own choices about their SRH and family planning.

Despite all efforts, 800 women a day worldwide die of complications during pregnancy and childbirth, such as unsafe abortion and obstetric complications, severe bleeding, infections, pre-eclampsia and obstructed labour [1]. In addition to the threat of death, some obstetric-related injuries and disabilities cause long-term morbidity [2]. In 2012 alone, there were an estimated 357 million new cases of curable sexually transmitted infections (STIs), 62 million of which occurred in the sub-Saharan Africa region [3]. The highest prevalence and incidence rates for syphilis are found in the World Health Organization's (WHO) African Region. Access to antenatal syphilis screening contributes to regional differences in syphilis prevalence [4]. Given the increase in the prevalence of antibiotic resistance, many infections are now proving difficult to treat and the issue of access and the rational use of antibiotics is of paramount importance to future management of these infections. However, contraceptive prevalence rates remain low in many countries among both men and women, and the limited demand and uptake of reproductive health services and education around reproductive health issues remain significant challenges [5].

Underlying causes for poor SRH status vary; however it is clear that stronger health systems, including adequate numbers of qualified health workers and access to essential sexual and reproductive health commodities (SRHCs), are urgently needed. It is well-documented that availability and adequate access to proven low-cost SRHCs have the potential to save many lives and contribute to the fundamental right to health [6, 7].

National policies on medicine pricing and procurement strategies are needed to ensure medicines are affordable and available. While policies are also greatly needed to improve health infrastructure, health education and financing are further required to ensure the rational use of medicines. Even in the face of weak infrastructure and gross inequality that underpins poverty prevalence, improvements in access can be achieved. However, without reliable information on medicine prices and availability, governments are working in an evidence vacuum. This restricts their ability to construct meaningful policy and properly evaluate the impact of any policy interventions. Reliable information is also a useful means of comparison between countries with similar health budgets for knowledge transfer and learning. Thus, in order to develop evidence-based policies, robust data is

required. The Health Action International (HAI)–WHO methodology to assess the price, availability, affordability and price components of medicines [8] provides valuable data. To date, the methodology has not specifically targeted commodities for SRH. HAI has now adapted the methodology to focus on a specific set of SRHCs.

The following manual provides a step-by-step guide on how to use the newly developed SRHC survey. The manual is intended to supplement a data collection training session. The methodology uses a cross-sectional design with quantitative methods and a semi-structured questionnaire adapted from the standardised HAI–WHO Medicine Prices Monitoring Tool. It allows for the collection of data on the availability and out-of-pocket patient prices of SRHCs in the public, private and mission/other sectors. It also assesses health provider perspectives on access to SRHCs beyond the medicines supply chain. The method facilitates rapid and reliable data collection and enables prices and availability indicators to be compared within and between individual countries. It is designed to measure access to SRHCs at certain points in time, but can also be used to monitor access over a longer timeframe. The method has been developed and field-tested for Kenya, Zambia and Uganda; however, it is globally applicable in other low- and middle-income countries where little or no provision for reimbursement is in place. The methodology is designed around a specific set of commodities which can be adapted to meet country priorities accordingly.

## II. Survey Overview

The objective of the survey is to generate reliable information on the price, availability and affordability of selected important commodities in the SRH supply chain, with the ultimate goal of improving access to affordable medicines for all.

The survey answers the following questions:

- What price do people pay for SRH medicines?
- Do the prices and availability of the same medicines vary across the public, private and mission sectors?
- Do prices and availability differ in regions across the country?
- How affordable are medicines for ordinary people?
- What do health providers see as the main barriers to accessing medicines?

### III. Preparation

#### *Selection of Medicines and Commodities*

The basket of commodities assessed in this methodology was developed by combining the WHO's Essential Medicines for Reproductive Health, the Interagency List of Essential Medicines for Reproductive Health, the Interagency List of Medical Devices for Essential Interventions for Reproductive, Maternal, Newborn and Child Health, and the United Nations Commission on Life Saving Commodities. In combination with in-country expertise via a specialist advisory group and after piloting the methodology, the commodities list presented was thought to be a selection of the most essential SRHCs within our study regions (Kenya, Uganda and Zambia). The commodities cover male and female contraceptives, medicines for the prevention and management of postpartum haemorrhage, management of pre-eclampsia and eclampsia, treatment for maternal syphilis, treatment for pregnancy-induced hypertension, antibiotics for maternal and neonatal sepsis and pneumonia, anti-anaemia medicines, medicines for diarrhoea and candidiasis, cord care antiseptic, and a range of equipment for anaesthesia, surgery and safe baby delivery. Countries are able to adapt this list according to their local priorities as they see fit.

#### *Selection of Survey Areas*

Six geographical areas (e.g., districts, municipalities, counties) should be selected; the country's main urban centre and five other randomly selected survey areas. All survey areas should be reachable within one day's travel from the country's main urban centre using the most appropriate means of transport (car or bus). Each survey area should cover a population of about 100 000 to 250 000. (In small countries, a lower population coverage may be appropriate.)

#### *Selection of Sectors*

Data should be collected in the public, private and mission/other sectors.

##### **Public Sector**

These facilities are provided and funded by the national government. Medicines in this sector are often low cost or free of charge.

##### **Private Sector**

The private sector includes licensed retail pharmacies and licensed drug stores only. Note that, in some countries, drug stores may be far more prevalent than pharmacies and should not be overlooked in developing the private sector sample. The private sector does not include unlicensed drug stores, drug sellers in the informal sector, or health facilities operated by private companies, such as mining companies.

##### **Mission/Other Sector**

These are health facilities run by religious organisations, such as church missions, or facilities that do not readily fall under the categories of public or private sector.

### *Selection of Outlets*

Once the survey area has been identified, the specific outlets need to be identified. In each survey area, choose the main public health centre, then select health centres that are within three hours' travel from the main health centre selected. Outlets from both rural and urban areas must be surveyed. Urban and rural outlets must be defined by national guidelines. For example, in Uganda, urban areas are defined as a population of 25 000 or more inhabitants with capacity to meet its own cost of delivery of services, with a master plan for land use and presence of water sources. A rural area will have a population below 25 000. These definitions should be verified at district offices before selecting outlets. For this survey, the outlets in which the SRHCs are expected to be found are usually 'Health Centre III' level (or equivalent) and above. Health Centre III facilities provide the lowest level of care. Equivalent facilities in the survey country should be identified. Outlets must be identified in both urban and rural areas across public, private and mission/other sectors.

Outlets should be randomly selected, but identified and contacted before the survey takes place. If there are fewer outlets than required, extend the perimeter of the search until you have the required amount of outlets. Twenty-four outlets will be surveyed per survey area and should be divided as per Chart 1, below, for each of the six survey areas:

**Chart 1: Division of outlets per survey area.**

	Urban	Rural
Public	4	4
Private	4	4
Mission/Other	4	4

### *Frequency*

Data will be collected on an annual basis.

## **IV. Preparing for Data Collection in the Field**

### *Planning the Visits*

Before data collection starts, a schedule of visits to sample medicine outlets should be prepared for each data collector. A letter of introduction on the project with support from the Ministry of Health should be prepared. The letter should also provide reassurance that the anonymity of the facility or pharmacy will be maintained. Before visiting, medicine outlets should be contacted to establish good relations. Their permission should be sought for the data collection and an appointment made for the data collection at a time convenient for them. The day before the appointment, these details should be confirmed.

Sufficient copies of the data collection form for the field visits will be required. All details on the outlet to be surveyed should be filled before going into the field (i.e., name of city/town/district, name of outlet, type of outlet, name and mobile number of the person

who agrees to provide the data, and the name of the data collector). This data should be verified at the outlet.

## V. Data Collection in the Field

Please refer to the data collection form (Appendix A) at the end of the manual.

### *Upon Arrival at the Facility*

After arriving at the facility, data collectors should introduce themselves and remind pharmacy staff of the survey's purpose and the scheduled data collection visit. Data collectors should also thank medicine outlet staff for their cooperation and, if necessary, remind them that the outlet's identity will be kept confidential.

Data collectors should complete a separate data collection form for each medicine outlet. The data collection form should not be left at a facility or pharmacy to be collected later with the promise that it will be filled in.

Completing the data collection form:

- Medicines must be physically seen to confirm availability. In each outlet, availability, patient prices, brand information and stockout days are collected on all listed medicines and commodities that are **visibly** present.
- The product name (e.g., trade or brand name), the name of the manufacturer, actual pack size, and pack price found for the product with **the lowest and highest price (if available)** should be recorded for all items.
- Commodities recorded should match **the exact strength, dosage form and recommended pack size** (if available) listed for each medicine that is physically present in the facility, for sale or dispensing **on the day** of data collection. Make sure to not mistakenly include products that are different strengths or formulations (e.g., slow release tablet instead of regular tablet; nasal spray instead of inhaler; combination products that include another active ingredient).
- The recommended pack size is only a guideline; note what is available in the outlet at the time of survey.
- If a product is available, write "Yes". Write "No" under product name to indicate if it is not available.
- All prices are in local currency.
- Prices can be recorded from the product label, or from a price list or computer if this is how price information is stored. If the pharmacist says a product will be in stock tomorrow, it must be considered not available. Enter data for all items on the list.
- Prices should be collected on the highest and lowest prices available to patients if both are available. For some items, such as commodities for services provided (e.g., foetal scope, ventilator), there will be no unit cost and just the availability should be recorded.

- If medicines are free to patients in public sector facilities, then record all product details and write 'F' in the 'Pack Price Found' cell.
- Fees for dispensing, or a service fee for administering the medicine, should not be included within the commodity unit price.
- The pack price found is the smallest unit of a medicine or commodity that a patient can buy (e.g., 1x3 condoms, or 1x28 tablets, or 1 if a single item can be purchased).
- **To calculate the unit price**, divide the recorded pack price by the actual pack size found and write it down with up to four decimals (e.g., 0.1234) in the 'Unit Price' cell. Ensure the units match the product (e.g., price per tablet is for a medicine that comes in tablet form).
- Only fill in the stockout days if a stock card is available and can be seen. Do not rely on the memory of the health provider for this information. Stockouts should be recorded for the last 6 months.

**Chart 2: Example extract of a completed field in section A of data entry form.**

Commodity / medicine (name, dosage form, strength)	Recommended pack size	Product of interest	Available? (Y / N)	Product name (brand / trade name)	Manufacturer / country of manufacture	Pack size found	Pack price	Unit price (4 decimal places)	Stockout in last 6 months? (Y / N / NA)	If yes, number of stockout days	Comments and observations
Ethinylestradiol + levonorgestrel Tablet, 30 mcg + 150 mcg	3x28	Lowest price	Y	Micrognon	Bayer Germany	3x28	2000	666.7/ cycle	Y	30	
		Highest price									
Oxytocin Injection 10IU, 1ml	1	Lowest price	Y	Oxytocin	Ruixin	1	8000	8000/ vial	N		
		Highest price									
Metronidazole Tablet, 200mg	1	Lowest price	Y	Metrosiun- 200	Strides	10x10	10 000	100/ tablet	N/A		No stock card available for stockout days
		Highest price									
Ventilator	1		Y								



- Section B should be filled as accurately as possible. Ensure all questions are asked and responses are provided with as much detail as possible for each question. Questions should not be left blank. Data collectors should not allow respondents to fill in the form themselves.

For example:

Q3. Are you aware of any reluctance for clients to access sexual and reproductive health commodities?

*Yes.*

Q4. If Yes, please explain why.

*Distance to the facilities is large. There are long waiting hours and frequent stockouts.*

Q4b. How could this be tackled?

*Carry out outreach to sensitise and educate people in very remote areas. Extend services to more rural areas. Group clients according to needs and services.*

### **Before Leaving the Facility**

Data collectors should check that the data collection form is legible, accurate and complete before leaving the facility and return completed forms to the area supervisor. They should report any problems as soon as possible. The quality of the information that the medicine price and availability survey generates depends on the accuracy of data collection. Data collectors should thank the medicine outlet staff for their participation.

## **VI. Data Entry**

Data from the data collection forms should be entered into an electronic Excel spreadsheet version of the data entry form. Answers to Section B questions should be recorded in full at the bottom of the spreadsheet.

- Transfer data for each outlet surveyed to a separate tab on the spreadsheet. This will create a workbook for each data collector.
- Each data collector will fill in their own workbook of spreadsheets for their own outlets surveyed. The file name of the workbook must include the file name, region being surveyed and data collector's initials (e.g., SRHC Data Collection Survey–West Uganda–GBM). The completed workbook should be sent to the survey manager carrying out the analysis.
- Files should be regularly saved as data is entered. It is imperative that data is double-checked for accuracy after entering.
- An additional person should then check the data to ensure accuracy in recording.
- Each data collector should then email the electronic workbook containing the data collection spreadsheets to the data analysis supervisor as soon as possible.
- Once data has been transferred, hard copy survey forms should be collected and sent to the allocated country office.

Ensure **data is transferred** as accurately as possible from hardcopy to electronic spreadsheet. The following checklist will help to ensure this:

- Has the outlet information been filled in full?
- Has the sector been identified correctly?
- Has the medicine been identified correctly (e.g., correct strength and dose)?
- Is the local currency being used?
- Are unit prices for medicines entered correctly and to four decimal places?
- If an item is free, has 'F' been recorded?
- Have stockout days been included when a medicine is unavailable and only when a stock card is available?

## VII. Data Analysis & Interpretation

Data will be reviewed during analysis and double entry will be used to check for accuracy when transferring electronic data to the analysis spreadsheet.

## VIII. References

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8. *The HAI–WHO methodology for the assessment of price, availability, affordability and components in the price chain*. 2016. Available: [www.who.int/medicines/areas/access/OMS\\_Medicine\\_prices.pdf](http://www.who.int/medicines/areas/access/OMS_Medicine_prices.pdf).

# Annex A: Data Collection Form

Name of contact at facility:		Name and address of facility:		Health centre level:		<input type="checkbox"/> Urban	<input type="checkbox"/> Rural
Telephone:	Fax:	Email:	Facility no: FOR DATA ENTRY ONLY				
Type of health facility: <i>(tick)</i>		Name and title of data collector:					
<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Mission/Other	Date: (DD/MM/YYYY)				

## ASSESSMENT OF ACCESS TO MEDICINES & COMMODITIES FOR SEXUAL & REPRODUCTIVE HEALTH – DATA COLLECTION TOOL & INSTRUCTIONS –

- Facility information:**
  - Ensure that you fill all cells of the above table. If fax or e-mail do not exist, write 'NA' to indicate 'not available'.
- Identifying products for price monitoring:**
  - Identify products with the **exact strength, dosage form and recommended pack size** (if available) listed for each medicine that is physically available for sale or dispensing on the day of the data collection.
  - Ensure that you do not mistakenly include products that are different strengths or formulations (e.g., slow release tablet instead of regular tablet; nasal spray instead of inhaler; combination products that include another active ingredient).
  - Do not write down price information if the correct product is **not** physically available on the day of data collection. Write 'NA' under product name to indicate 'not available'.
- Recording data for price monitoring:**
  - You **MUST** write down the product name (e.g., trade name/brand name), the name of the manufacturer, actual pack size, and pack price found for the product with the **lowest price**.
  - If medicines are free to patients in public sector facilities, then record all product details and write 'F' in the 'Pack Price Found' cell.
  - The pack price found is the smallest unit of a medicine or commodity that a patient can buy (e.g., 1x3 condoms or 1x28 tablets or 1 if a single item can be purchased).
  - Prices recorded are **patient** prices.
  - Please ensure all units are correct and the size of the pack is correctly identified (e.g., 1x10 tablets, 5ml vial).
- Calculating the unit price:**
  - Divide the pack price found by the number of individual units the pack contains and record using up to four decimals (e.g., 0.1234) in the 'Unit Price' cell.
- Stock out days:**
  - Calculate **only** when a stock card is available.
- Final Steps:**
  - Please ensure you fill all columns. If data is not available, write 'NA'. Place any justifications or relevant additional information in the comments and observations column.
  - Please check that all data is correctly recorded and double-check unit price calculations before sending the data collection forms to the Research Manager.
  - Transfer all data to the electronic version of the forms and email completed electronic data collection forms as soon as possible to the Research Manager.

SECTION A											
Commodity / medicine (name, dosage form, strength)	Recommended pack size	Product of interest	Available? (Y / N)	Product name (brand / trade name)	Manufacturer / country of manufacture	Pack size found	Pack price	Unit price (4 decimal places)	Stockout in last 6 months? (Y / N / NA)	If yes, number of stockout days	Comments and observations
Ethinylestradiol + levonorgestrel Tablet, 30 mcg + 150 mcg	3x28	Lowest price						/cycle			
		Highest price						/cycle			
Ethinylestradiol + norethisterone Tablet, 35 mcg + 1.0 mg	3x28	Lowest price						/cycle			
		Highest price						/cycle			
Levonorgestrel Tablet, 30 mcg	1	Lowest price						/cycle			
		Highest price						/cycle			
Levonorgestrel Tablet, 750 mcg	1	Lowest price						/cycle			
		Highest price						/cycle			
Medroxyprogesterone acetate 150mg in 1 ml vial	1	Lowest price						/vial			
		Highest price						/vial			
Norethisterone enanthate 200mg/ml in 1 ml vial	1	Lowest price						/vial			
		Highest price						/vial			
Male condoms	1	Lowest price						/device			
		Highest price						/device			
Female condoms	1	Lowest price						/device			
		Highest price						/device			
Intrauterine contraceptive devices (IUCD)	1	Lowest price						/device			
		Highest price						/device			

Commodity / medicine (name, dosage form, strength)	Recommended pack size	Product of interest	Available? (Y / N)	Product name (brand / trade name)	Manufacturer / Country of manufacture	Pack size found	Pack price	Unit price (to 4 decimal places)	Stockout in last 6 months? (Y / N / NA)	If yes, number of stockout days	Comments and observations
Implants: Levonorgestrel	1	Lowest priced						/device			
	1	Highest price						/device			
Implants: Etonogestrel	1	Lowest priced						/device			
	1	Highest price						/device			
Diaphragm	1	Lowest price						/device			
		Highest price						/device			
Oxytocin injection 10IU, 1ml		Lowest price						/ml			
		Highest price						/ml			
Misoprostol Tablet, 200 mcg	1	Lowest price						/tab			
	1	Highest price						/tab			
Metronidazole Tablet, 200mg	1	Lowest price						/tab			
	1	Highest price						/tab			
Methyldopa Tablet, 250mg		Lowest price						/tab			
		Highest price						/tab			
Magnesium sulfate 500mg in 2ml	1	Lowest price						/ml			
		Highest price						/ml			
Magnesium sulfate 500mg in 10ml vial	1	Lowest price						/ml			
		Highest price						/ml			
Calcium gluconate 100mg/ml in 10ml ampoule		Lowest price						/ml			
		Highest price						/ml			

Commodity / medicine (name, dosage form, strength)	Recom- mended pack size	Product of interest	Available? (Y / N)	Product name (brand / trade name)	Manufacturer / Country of manufacture	Pack size found	Pack price	Unit price (to 4 decimal places)	Stockout in last 6 months? (Y / N / NA)	If yes, number of stockout days	Comments and observations
Clotrimazole Pessary, 500mg		Lowest price						/tab			
		Highest price						/tab			
Clotrimazole Cream 1%, 15g tube		Lowest price						/tube			
		Highest price						/tube			
Gentamicin injection 40mg/ml in 2ml		Lowest price						/amp			
		Highest price						/amp			
Ampicillin 500mg powder for injection		Lowest price						/vial			
		Highest price						/vial			
Procaine benzylpenicillin (fort) Powder for injection, 4MU		Lowest price						/vial			
		Highest price						/vial			
Benzathine benzylpenicillin G 2.4 MU in 10ml		Lowest price						/vial			
		Highest price						/vial			
Amoxicillin 125mg/250mg	10x10	Lowest price						/tab			
		Highest price						/tab			
Dexamethasone 4mg/ml		Lowest Price						/vial			
		Highest price						/vial			
Ferrous salt Tablet, 200mg		Lowest price						/tab			
		Highest price						/tab			
Folic acid tablet Tablet, 5mg		Lowest price						/tab			
		Highest price						/tab			

Commodity / medicine (name, dosage form, strength)	Recommended pack size	Product of interest	Available? (Y / N)	Product name (brand / trade name)	Manufacturer / Country of manufacture	Pack size found	Pack price	Unit price (to 4 decimal places)	Stockout in last 6 months? (Y / N / NA)	If yes, number of stockout days	Comments and observations
Ferrous salt and folic acid		Lowest price						/tab			
		Highest price						/tab			
Tablet 60mg iron + 400mcg folic acid		Lowest price						/tab			
		Highest price						/tab			
Ferrous salt and folic acid		Lowest price						/vial			
		Highest price						/vial			
Tablet 150mg iron + 500mcg Folic Acid		Lowest price						/tab			
		Highest price						/tab			
Zinc 10mg in 5ml syrup		Lowest price						/sachet			
		Highest price						/sachet			
Zinc Tablet, 10mg		Lowest price						/sachet			
		Highest price						/sachet			
Zinc ORS co-pack 10mg tablet/1L		Lowest price						/sachet			
		Highest price						/sachet			
Oral rehydration salts Sachets of 200ml	1	Lowest price						/kit			
		Highest price						/kit			
Oral rehydration salts Sachets of 500ml	1	Lowest price						/kit			
		Highest price						/kit			
Oral rehydration salts Sachets of 1L	1	Lowest price						/kit			
		Highest price						/kit			
Vasectomy kits	1	Lowest price						/kit			
		Highest price						/kit			
Tuboligation kits	1	Lowest price						/kit			
		Highest price						/kit			

Commodity / medicine (name, dosage form, strength)	Recommended pack size	Product of interest	Available? (Y / N)	Product name (brand / trade name)	Manufacturer / Country of manufacture	Pack size found	Pack price	Unit price (to 4 decimal places)	Stockout in last 6 months? (Y / N / NA)	If yes, number of stockout days	Comments and observations
Antiseptic (Chlorhexidine 4%)		Lowest price						/ml			
		Highest price						/ml			
<hr/>											
Manual vacuum aspiration kits (MVA)	1	Lowest price						/device			
Speculum	1	Lowest price						/device			
Cervical dilators	1	Lowest price						/device			
Incubator	1	Lowest price						/device			
Monitor	1	Lowest price						/device			
Ultrasound scan	1	Lowest price						/device			
Ventilator	1	Lowest price						/device			
Fetal scope	1	Lowest price						/device			
Resuscitator	1	Lowest price						/device			
Bag and mask size 0	1	Lowest price						/device			
Suction device	1	Lowest price						/device			
Mama kit	1	Lowest price						/device			
Training manikin for infant resuscitation	1	Lowest price						/device			



**SECTION B**

**1. What do you think are the key challenges related to access to essential medicines and health commodities for sexual and reproductive health? (Circle all that apply.)**

- a) There is no demand for medicines/commodities.
- b) Requested medicines and commodities are not supplied.
- c) Logistical issues for supply of medicines/commodities.
- d) Training of staff.
- e) Cost of medicines to patients.
- f) Frequent stock outs.
- g) Other (specify): \_\_\_\_\_

**2. What can be done to improve access to essential medicines and health commodities for sexual and reproductive health? (List top three priorities.)**

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**3. Are you aware of any reluctance for clients to access sexual and reproductive health commodities?**

- a) Yes
- b) No

**4. If 'yes', please explain why.**

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How could this be tackled?

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**5. What can be done to ensure regular access to sexual and reproductive health services at **your** facility? (Name top three priorities.)**

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**END. PLEASE THANK RESPONDENT.**