

NAMFREL-DOH Medicine Monitoring Project 2

Final Report

PROJECT COMPLETION REPORT MEDICINE MONITORING PROJECT 2

Prepared by the National Citizens' Movement for Free Elections
Mandaluyong City, Philippines
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ACRONYMS

- ABC - Approved Budget for the Contract
- APP - Annual Procurement Plan
- ARMMC - Amang Rodriguez Memorial Medical Center
- BAC - Bids and Awards Committee
- BGHMC - Baguio General Hospital and Medical Center
- BMC - Bicol Medical Center
- BRH - Batangas Regional Hospital
- CAC - Coalition Against Corruption
- CHD - Center for Health Development
- CLMMRH - Corazon Locsin Montelibano Memorial Regional Hospital
- CRH - Caraga Regional Hospital
- CSO - Civil Society Organizations
- CVMC - Cagayan Valley Medical Center
- CSAC - Commitment of Support and Cooperation
- DJFMH - Dr. Jose Fabella Memorial Hospital
- DMR - Delivery Monitoring Report

- DOH - Department of Health
- DPJGMRMC - Dr. Paulino J. Garcia Memorial Research Medical Center
- DR - Delivery Receipts
- EVRMC - Eastern Visayas Regional Medical Center
- GCGMH - Gov. Celestino Gallares Memorial Hospital
- GPRA - Government Procurement Reform Act
- IAR - Inspection Acceptance Report
- IDC - Integrity Development Committee
- IMR - Inventory Monitoring Report
- IAEB - Invitation to Apply for Eligibility and to Bid
- JRRMMC - Jose R. Reyes Memorial Medical Center
- MIIR - Monthly Inventory Issuance Report
- MMD - Material Management Division
- MMMHMC - Mariano Marcos Memorial Hospital & Medical Center
- MMP - Medicine Monitoring Project
- MRH - Margosatubig Regional Hospital
- NAMFREL - National Citizens' Movement for Free Elections
- NCMH - National Center for Mental Health
- NCPAM - National Center for Pharmaceutical Access Management
- NCR - National Capital Region
- NMMC - Northern Mindanao Medical Center

- NOA - Notice of Award
- ODR - Observer's Diagnostic Report
- PCMC - Philippine Children's Medical Center
- PBD - Public Bidding Documents
- RH - Retained Hospital
- RIRR - Revised Implementing Rules and Regulations
- RIS - Requisition Issuance Slip
- RITM - Research Institute for Tropical Medicines
- RMC - Rizal Medical Center
- SPMC - Southern Philippines Medical Center
- VRH - Veterans Regional Hospital
- WHO - World Health Organization

I. EXECUTIVE SUMMARY

In August 2010, the National Citizens' Movement for Free Elections (NAMFREL) and the Department of Health (DOH) signed a Commitment of Support and Cooperation (CSAC) for the Medicine Monitoring Project 2 (MMP). The project intends to make the procurement and distribution process of pharmaceutical products in all DOH Retained Hospitals (RHs) and Centers for Health Development (CHDs) transparent, competitive and efficient.



The project, supported by the Partnership for Transparency Fund (PTF), was implemented in 28 DOH RHs and CHDs across the country. The second phase continues previous years monitoring of health and pharmaceutical procurement and expands to "full cycle" monitoring that covers the budgeting & pre bid stage to delivery.

In preparation for the project implementation, NAMFREL team leaders and volunteers were given an "Orientation / Training on the provisions of the Government Procurement Reform Act 9184 (GPRA) and its Revised Implementing Rules and Regulations (RIRR)". The training was held to equip the volunteers with the knowledge and skills to assess if the Bids and Awards Committees (BACs) conducted their procurement activity in accordance with the provisions of the procurement law, and identify the steps undertaken if irregularities were observed during the conduct of the procurement activities.

Consultation meetings with hospital officials were held from November to December 2010. The objective of the meetings was to seek the support and cooperation of the BACs, the Supply Officers and Pharmacy Officers for their cooperation for the effective implementation of the project. The Integrity Development Committee (IDC) chairpersons of these hospitals, as well as the hospital directors were also invited to broaden support and participation.

Two (2) consultation and training meetings on March 19 and July 02, 2011 with the team leaders were held to discuss the challenges and issues encountered by the volunteers during the implementation of the project. In these meetings, the team leaders agreed, apart from monitoring the

procurement activities, to secure pertinent documents from the hospital to validate the implementation of procurement contracts.

There were activities where NAMFREL volunteers encountered issues such as not being able to attend procurement activities, delivery and inventory of items due to other engagements that came in conflict with the schedule of these functions. To make up for the unattended activities, documents were secured from hospitals by the volunteers such as the Delivery Receipts (DR) and the Inspection and Acceptance Report (IAR). These documents eventually were evaluated by the project secretariat to determine if the deliveries were made as stipulated in the contract and tally with the inventory of items.

The implementation of MMP2 contributed to improving efficiency in health care services procurement through:

- **Transparent public bidding.** 143 procurement activities were observed by NAMFREL volunteers both in DOH RHs and CHDs nationwide. Based on the Observer's Diagnostic Report (ODR) submitted by volunteer observers, the process of public bidding became more competitive, transparent and adherent to the provisions of GPRA 9184 and its RIRR as compared to previous bidding activities. In a move towards a transparent and inclusive bid process, DOH recognized NAMFREL volunteers as an "Official Observer" in all stages of the public bidding activities in all of its hospitals and regional health offices. It also has been included as member of the Integrity Development Committee (IDC) of the Department of Health.
- **Completeness and efficient delivery.** The deliveries of Php 302.51 million worth of essential medicines to hospitals were monitored to determine if these were done according to contract specifications and within the specified time frame.
- **Timely allocation and distribution.** Over Php 175.89 million worth of medicines were allocated to and received by the intended hospital beneficiaries. NAMFREL volunteers attested that the consumption of essential medicines was well within the annual projection and budget of the hospitals and regional health offices.
- **Improvement and expansion of hospitals' warehouses and storages.** The observation reports of NAMFREL volunteers became valuable inputs to the Warehouse Improvement Plan Program of the DOH as these were used as basis to implement improvements in RHs and CHDs storage facilities. An example is the CHD for Region IV-B

(Mimaropa), where the warehouse improvements were based on the observations mentioned in a volunteer observer report during the implementation of MMP1.

- **Competitive bid price.** The comparative bid price list of MMP2 aided the hospital and CHD BACS in their choice and decisions to determine the best bid price for pharmaceutical products. This has generated savings for the DOH and tax payers.

II. INTRODUCTION

The MMP2 is a joint initiative of NAMFREL- Bantay ng Bayan and the Coalition Against Corruption (CAC) in collaboration with the IDC of the DOH. The project intends to help improve the delivery of health services and to counter irregular practices within the health sector through procurement and contract implementation monitoring.

The MMP was primarily designed to strengthen community participation in the procurement, delivery and inventory process. It aims to help improve the government's delivery of pharmaceutical and non-pharmaceutical products specifically to local health centers and its intended beneficiaries by:

- a) Ensuring transparency of RH and CHD purchases by monitoring the procurement process;
- b) Preventing fictitious and incomplete deliveries by monitoring and observing the actual delivery of awarded contracts; and
- c) Ensuring proper and timely distribution of essential medicines to the intended hospital beneficiaries by monitoring its distribution.

The NAMFREL secretariat served as the project coordinator. Partner Civil Society Organizations (CSOs), NAMFREL provincial chapters and private sector groups were the implementors of the project in the different RHs and CHDs all over the country. These partner organizations and chapters provided volunteers to observe the procurement activities that the BACS conducted.

¹The 28 DOH project sites were chosen based on the Commission on Audit (COA) 2004 and 2008 reports on irregularities in the procurement process of certain DOH hospitals. Likewise, the sites were chosen based on the active participation of the local chapters in good governance.

¹ *Commission On Audit 2004 Report / Department of Health / Drugs And Medicines Inventory (pages 59-66)*

The following are the DOH hospitals and CHDs covered under the Medicine Monitoring Project 2. Each RH and CHD was assigned to a NAMFREL Observer team.

1. National Capital Region

- 1) Amang Rodriguez Memorial Hospital
- 2) Dr. Jose Fabella Memorial Hospital
- 3) Dr. Jose Reyes Memorial Medical Center
- 4) National Center for Mental Health
- 5) Philippine Childrens' Medical Center
- 6) Rizal Medical Center
- 7) Research Institute for Tropical Medicines
- 8) CHD for Metro Manila

2. Northern Luzon

- 1) Baguio General Hospital and Medical Center
- 2) Cagayan Valley Medical Center
- 3) Dr. Paulino J. Garcia Memorial Research Medical Center
- 4) Mariano Marcos Memorial Hospital Medical Center
- 5) Veterans Regional Hospital
- 6) CHD for Central Luzon

3. Southern Luzon

- 1) Batangas Regional Hospital
- 2) Bicol Medical Center
- 3) CHD for Bicol Region
- 4) CHD for Mimaropa

4. Visayas

- 1) Corazon Locsin Montelibano Memorial Regional Hospital
- 2) Gov. Celestino Gallares Memorial Hospital
- 3) Eastern Visayas Regional Medical Center
- 4) CHD for Western Visayas

5. Mindanao

- 1) Caraga Regional Hospital
- 2) Margosatubig Regional Hospital
- 3) Northern Mindanao Medical Center
- 4) Southern Philippines Medical Center
- 5) CHD for Northern Mindanao
- 6) CHD for Southern Mindanao

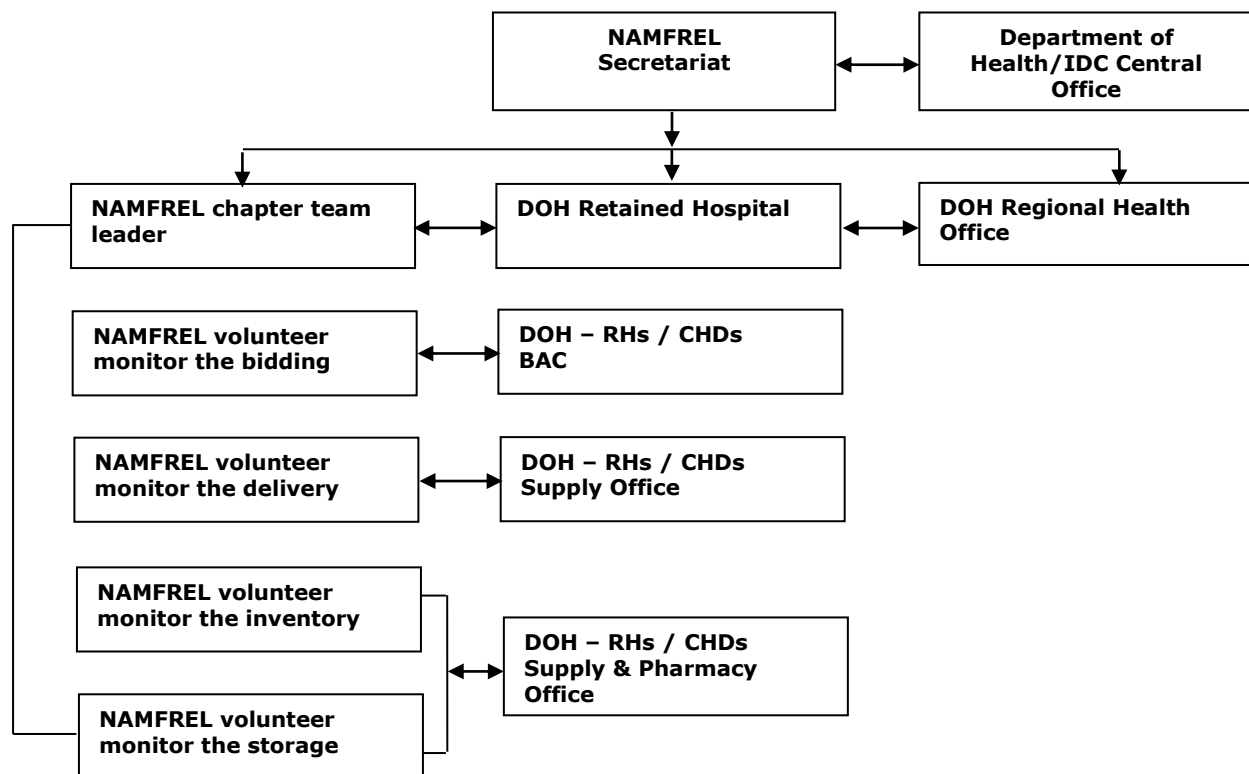
Coordination Process

Before the project was implemented, the NAMFREL Secretariat and the DOH - IDC entered into an agreement to establish partnership and determine areas in the DOH procurement process where NAMFREL can help ensure that transparency is upheld and the provisions in the procurement law are complied with.

After the agreement was forged, NAMFREL Secretariat sought the support of its partners all over the country. The secretariat coordinated with different participating organizations for their cooperation. They responded positively and prior to their volunteers' deployment to the RHs and CHDs to observe the procurement processes, a training seminar on the procurement law and processes was conducted for them.

The volunteers, headed by their team leaders were endorsed to the respective RHs and CHDs. After the endorsement, the team leaders took charge in coordinating with the RH/ CHD officials and BAC members, and in designating volunteers to monitor the different stages of procurement.

Below is the diagram showing how coordination was done among NAMFREL volunteers and the different offices in CHDs and RHs:

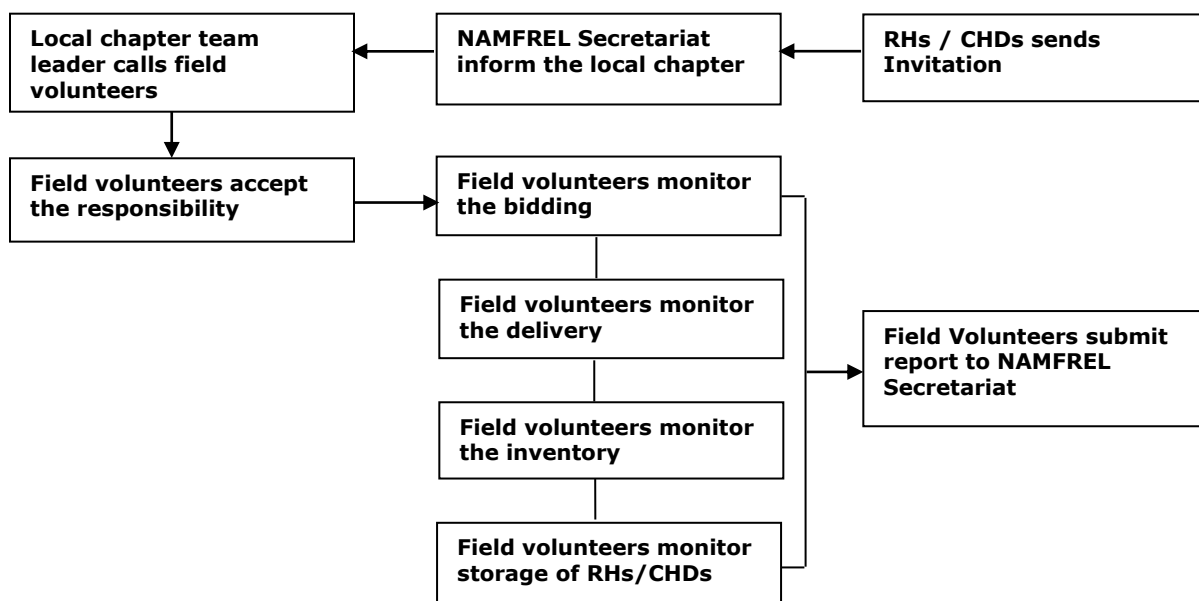


Deployment Monitoring Process

During the project implementation, RHs and CHDs invited observers to scheduled bids through the secretariat. These notices were then relayed to the respective team leaders so volunteers would be deployed to observe the procurement activities. There were some hospitals, however, that directly sent their invitation to the team leaders after the secretariat has endorsed them to these institutions. The secretariat was also furnished with a copy of the invitation.

The team leaders were tasked to recruit and orient volunteers, and after signifying their commitment, the volunteers were endorsed to the hospitals and CHDs to be acknowledged as official observers representing NAMFREL.

The volunteer observers were also requested to make reports on their observations, and the team leaders forwarded the same to the secretariat for consolidation.



III. ACCOMPLISHMENTS & FINDINGS

Besides the bidding process of the RH and CHD BACs, the implementation of contracts and the distribution of essential drugs and medicines were also monitored to ensure that these medicines eventually reach their intended recipients (e.g., hospital departments and health centers) with the correct quantity as specified in the contract.

1. PROCUREMENT

A total of Php 2.443 billion worth of procured items out of Php 4.517 billion Approved Budget for the Contract (ABC) for pharmaceutical and non-pharmaceutical products were monitored by NAMFREL volunteer-observers from January 2010 to October 2011. A summary of the procurement monitoring reports is detailed in **Table 1.1-A**.

Table 1.1-A
Summary Procurement Monitoring
Pharmaceutical and Non-Pharmaceutical Products

Region	Annual Procurement Plan			Procurement Monitoring 2010-2011		
	2010	2011	Total	Drugs	NonDrugs	Total
NCR	802.34	836.26	1.638B	220.49	482.91	703.40
North Luzon	524.82	402.96	927.78	356.71	446.05	802.76
South Luzon	622.41	114.83	737.24	72.51	260.91	333.42
Visayas	71.15	534.48	605.63	28.97	120.83	149.80
Mindanao	496.52	107.12	603.64	271.06	183.50	454.56
Grand Total	<u>Php 4.517 B</u>			<u>Php 2.443 B</u>		

The ODRs of the volunteers and the Annual Procurement Plan (APP) of the DOH hospitals and regional health offices were the basis for the data.

In the Visayas region, observers were able to cover Php 149.80 million of the Php 605.63 million worth or 25% of purchased items by RHs and CHDs in the Visayas regions that were covered by the project. Visayas is composed of regions 6, 7 and 8. In Northern Luzon (regions 1, 2, 3 and CAR) observers were able to monitor the bidding of Php 802.76 worth of purchased goods and services by the RHs and CHDs or 86% of the Php 927.78 million worth of procured items.

In 2010, a total of Php 1.042 billion out of Php 2.517 billion (or 41%) Approved Budget for the Contract for pharmaceutical and non-pharmaceutical products was monitored in 20 project sites out of 28 DOH hospitals and CHDs identified. A summary of the procurement monitoring is shown in **Table 1.1-B**.

Based on the reports and observations, the DOH hospitals and CHDs used non-discretionary pass/fail criteria to determine eligible bidders to

participate in the bidding by examining the completeness of bidder's eligibility and technical requirements.

Table 1.1-B
2010 Procurement Monitoring
Pharmaceutical and Non-Pharmaceutical Products

Category	No. of RH/CHD	APP 2010	Procurement Monitoring		
			Drugs	NonDrugs	Total
	C / A				
NCR	8/6	802.34	91.27	229.52	320.79
Northern Luzon	6/4	524.82	182.06	141.44	323.50
Southern Luzon	4/4	622.41	23.37	37.28	60.65
Visayas	4/2	71.15	28.46	14.41	42.87
Mindanao	6/4	496.52	243.51	51.50	295.01
Total	<u>28/20</u>	<u>Php 2.517B</u>	<u>Php 568.67M</u>	<u>Php 474.15M</u>	<u>Php 1.042B</u>

Note: C – Number of Hospitals to be covered and A – Actual Number of Hospitals covered by volunteers.

Eight (8) project sites procurement activities for drugs and on-drug supplies were not monitored due to late commitment of some of the volunteers for the project.

To address the lack of coverage in observing the BAC of 8 DOH sites and still ensure the bidding abides by the provisions of the GPRA 9184, copies of the following procurement documents were secured. These are:

- Annual Procurement Plan;
- Copy of the newspaper advertisement;
- Minutes of the pre-bid conference, submission and opening of bids;
- Post-qualification summary report, and
- Notice of Awards

These documents were the basis to determine and assess whether the BAC conducted the bidding process in accordance with the Revised Implementing Rules and Regulations (RIIR) as prescribed in the procurement law.

In 2011, NAMFREL monitored a total of Php 1.404 billion out of Php 2.012 billion or 70% of the Approved Budget for the Contract (ABC) for drugs and Non-Drugs products. The monitoring was conducted from January 2011 to October 2011 in 23 project sites out of 28 DOH hospitals and CHDs covered

by the MMP2. A summary of the procurement monitoring details is shown in **Table 1.1-C**.

Table 1.1C
2011 Procurement Monitoring
Pharmaceutical and Non-Pharmaceutical Products

Category	No. of RH/CHD	APP 2011	Procurement Monitoring		
			Drugs	NonDrugs	Total
	C / A				
NCR	8/8	836.26	121.43	251.16	372.59
Northern Luzon	6/5	402.96	199.58	279.70	479.28
Southern Luzon	4/4	114.83	49.14	228.71	277.85
Visayas	4/2	534.98	33.42	73.51	106.93
Mindanao	6/4	93.53	27.56	140.19	167.75
Total	<u>28/23</u>	<u>Php 2.012B</u>	<u>Php 431.13M</u>	<u>Php 973.27M</u>	<u>Php 1.404B</u>

Note: C –Number of Hospitals to be covered and A – Actual Number of Hospitals covered by volunteers.

In 2011, five (5) project sites were not monitored due to conflict in schedules of volunteers. These project sites were in: (1) Veterans Regional Hospital (VRH), (2) Eastern Visayas Regional Medical Center (EVRMC), (3) Southern Philippines Medical Center (SPMC) and (5) CHD for Southern Mindanao.

Findings / Observations (Challenges in Monitoring)

- **Volunteers were not able to attend all stages of the bidding process.** NAMFREL volunteers reported that they were not able to attend all the stages of the bidding process. Most of the hospitals and CHDs invited observers only for the pre-bid conference and the opening of bids.

Despite a provision in the procurement law that observers should be invited to every stage of the procurement, observers were usually invited to attend only the pre-bid conference and the bid opening stages. One reason that was given by a hospital BAC member in one of the consultation meetings was that the pre-bid conference and the opening of bids are the only instance when the BAC's convene which is scheduled on the same day, thus affording them to accommodate the volunteer observers. Other stages of procurement, such as the post-qualification evaluation, done by a technical working group of

the BAC, take place for more than one day or as appropriate.

- **Bid notices were sent inconsistently to the NAMFREL team leaders.** While most RHS and CHDS sent invitations to the team leaders through the NAMFREL secretariat, in some instances, the invitations were sent just a day prior to the scheduled bidding activity. There were times when invitations were sent on the day of the activity itself, hence the volunteers were not able to attend and observe these activities. Section 13.3 of the GPRA 9184 provides that “observers should be informed at least three (3) days before the public bidding activity.”

The project secretariat contacted these hospitals and CHDs and asked for an explanation why the invitations were sent late. The BACs explained that sometimes, it takes time for all the BAC members to read and approve the invitation letters for the bidding as they have multiple functions to perform apart from procurement matters, hence the late sending. Some BAC members are doctors, and attending to their patients in some occasions require more of their time and this impacts on their duties as BAC members.

After giving their explanation, the hospital BACs committed to send the invitation letters to the observers on time, or earlier.

- **Two BACs awarded a procurement contract more than the approved budget.** Reports from the team leaders reveal that two (2) of the 28 DOH project sites awarded a contract with an amount higher than the approved budget. One of these was the Cagayan Valley Medical Center (CVMC), which awarded a contract worth Php 43.9 million for a project with an approved budget of Php 40.3 million pesos. Another site was the CHD Northern Mindanao, which awarded a contract in the amount of Php 3.1 million for a project with an approved budget of Php 2.7 million.

To clarify, NAMFREL contacted the BAC Secretariat of both hospitals to get their comments. The CVMC explained that they do not have a consolidated APP. The absence of an APP had resulted in inconsistencies in awarding the contract. This was observed too by the DOH Procurement Division when they conducted an evaluation in 2010. To help improve the system of the hospital, the Procurement Division of DOH conducted an orientation to the BAC secretariat to improve its systems and processes.

However, the BAC of the CHD for Northern Mindanao justified that

the awarding of the contract is within the approved budget as they increased the ABC of the project from Php 2.8 million to Php 5.3 million pesos.

- **Opening of bid proposal in some hospital BACs did not start on time.** Incidents such as these were observed in Southern Philippines Medical Center (SPMC) in Davao City. The opening of bid was conducted at 9:48am but was originally scheduled to start at 9:00am as stated in the Invitation to Apply for Eligibility and to Bid (IAEB) as well as in the Public Bidding Documents (PBD). Similar incidents were also observed also at the Philippine Childrens' Medical Center (PCMC) and in Rizal Medical Center (RMC). On some occasions the opening of bids started past the schedule due to lack of quorum. Most of the BAC members are doctors that gave priority to their patients.

2. DELIVERY

One of the activities in implementing the project was the actual monitoring of delivery of the purchased pharmaceutical products. As the project progressed, challenges were encountered by observers in attending to these activities as the erratic schedule of delivery came in conflict with volunteer-observers day jobs and other personal responsibilities. There were also instances when the volunteers were not able to coordinate with the hospital Supply Officer on the schedule of deliveries, hence the failure to monitor the actual delivery.

To resolve this, the team leaders and the NAMFREL project secretariat agreed that the volunteers may just do a post-delivery monitoring activity. This activity involves securing pertinent documents from the Supply Office and Pharmacy Office of RHs and CHDs, such as the Delivery Receipts (DR) and Inspection Acceptance Reports (IAR).

A total of Php 302.51 million or 62% of the Php 486.15 million contracts from Php 781.26 million approved budget for drugs and medicines were successfully monitored from December 2010 to October 2011. The monitoring was conducted in 24 project sites out of the 28 RHs and CHDs identified for the project.

A summary of the delivery monitoring report is shown in **Table 2.1A**.

Table 2.1A
Delivery Monitoring
Pharmaceutical Products

Category	No. of RH/CHD	2010-2011 Delivery Monitoring Pharmaceutical Products (Php in million)			
	C/A	ABC	Awarded	Monitored	%
NCR	8/8	222.20	162.08	114.17	70%
Northern Luzon	6/4	175.41	134.40	71.44	53%
Southern Luzon	4/4	76.51	35.52	21.13	59%
Visayas	4/2	60.26	25.98	16.20	62%
Mindanao	6/6	246.88	128.17	79.57	62%
Total	28/24	781.26	486.15	302.51	62%

Note: C –Number of Hospitals to be covered and A – Actual Number of Hospitals covered by volunteers.

In monitoring the delivery of goods in Northern Luzon RHs and CHDs, the volunteers were able to observe Php 71.44 million or 53% out of Php 134.40 million worth of procurement contract. This figure was based on the documents secured by observers from these hospitals:

- 1) Baguio General Hospital and Medical Center (BGHMC),
- 2) Cagayan Valley Medical Center (CVMC),
- 3) Dr. Paulino J. Garcia Memorial Research Medical Center (DPJGMRMC),
- 4) CHD for Central Luzon.

The volunteers from Mariano Marcos Memorial Hospital and Medical Center (MMMHMC) were not able to conduct post-delivery monitoring as documents like delivery receipts were not obtained from the hospital due to conflict with the schedules of the volunteers.

Some volunteers did not attend the delivery of drugs and medicines since they were not able to observe the prior opening of bids for the goods. This occurred at the Veterans Regional Hospital (VRH), where the volunteers refrained from monitoring the delivery since they failed to witness the opening of bids. The bidding was conducted during the last quarter of 2010, the time when MMP2 was just commencing.

For sites in the Visayas, NAMFREL volunteers failed to monitor the delivery of essential drugs and medicines in two (2) project sites. One of the RHs is the Corazon Locsin Montelibano Memorial Regional Hospital (CLMMRH), where the team leader was not able to continue her commitment as

observer due to conflict with her work schedule. To revive the project, NAMFREL tapped the services of the local Catholic Church Social Action Center (SAC) by providing volunteers that can respond to the MMP2 monitoring activities at CLMMRH. However, since their participation came in late, they failed to monitor the scheduled procurement in the hospital.

At the CHD for Western Visayas, the delivery monitoring for drugs and medicines was not observed since no bidding for medicines was conducted.

Findings / Observations

- **Difficulties in obtaining relevant documents.** Delays were encountered in securing the documents from the hospitals' Property/ Supply office. There were instances when the turnaround time to release the documents from the date they were requested was almost one month. Also, there were cases when the documents were released at a relatively shorter period, but were incomplete. Follow up calls were made to these officers to make the turnaround time shorter.
- **Documents were not properly accomplished.** Upon the evaluation of the documents secured from hospitals, the NAMFREL secretariat found that some of the IAR from the NCMH were not signed by the Inspection Unit Chief. When NAMFREL consulted the hospital's BAC, they responded stating that probably the copies that were forwarded to volunteers were the duplicates.

The BAC vouched for the signature of authorized personnel on these documents signifies that the goods inspected have the correct quantity, and have met the requirements as specified in the contract.

- **Schedules of the delivery were not coordinated with NAMFREL volunteers.** The delivery schedules were not properly coordinated with the team leaders resulting in the failure to monitor the actual delivery.

In the consultation meetings held prior to the implementation of the project, the supply officers were informed of instances when suppliers would not give any advice on the delivery schedule. This adversely affected the coordination between the supply officers and the observers. To ensure that the suppliers made their delivery, NAMFREL conducted a "Post-Delivery" monitoring.

3. INVENTORY

An inventory of the distribution of pharmaceutical products was done to ensure that the drugs and medicines that were purchased through public bidding were actually received by the intended recipients. The volunteers secured copies of pertinent documents and forwarded them to the NAMFREL secretariat.

To assess the post distribution inventory, the NAMFREL Secretariat examined the accuracy of the Requisition Issuance Slip (RIS) and compared it with the Monthly Inventory Issuance Report (MIIR). The RIS contained the items that were requested by a hospital end-user (e.g. anesthesiology department). The MIIR shows the monthly issuance of drugs and medicines to the end-user and/or hospital beneficiaries. Details of the monitoring reports are shown in **Table 3.1A:**

Table 3.1A
Inventory Monitoring
Pharmaceutical Products

Category	No. of RH/CHD	2010-2011 Inventory Monitoring Pharmaceutical Products (million)			
	C/A	ABC	Awarded	Dispensed	%
NCR	8/8	220.49	162.08	78.29	48%
Northern Luzon	6/3	356.71	134.40	48.81	20%
Southern Luzon	4/2	76.51	35.52	4.46	13%
Visayas	4/2	60.26	25.98	13.71	53%
Mindanao	6/6	271.06	128.17	53.22	24%
Total	28/22	Php 985.03	Php 486.15	Php 198.49	40%

Note: C –Number of Hospitals to be covered and A – Actual Number of Hospitals covered by volunteers.

NAMFREL was able to evaluate the inventory of drugs and medicines in the RHs and CHDs in Southern Luzon (regions 4 and 5). Php 4.46 million out of a total of Php 35.52 million (13%) worth of procured drugs and medicines for Southern Luzon were inventoried. These figures were based on the documents secured from Batangas Regional Hospital (BRH) and CHD for Mimaropa.

For the Bicol Medical Center (BMC) and CHD for Bicol, NAMFREL and the team leader made a letter of request to the Supply and Pharmacy Officers to secure copies of the Requisition and Issuance Slip (RIS) and the Monthly Issuance Inventory Report (MIIR). Hospital officers, however, failed to provide these documents; hence no inventory monitoring was done for these project sites.

The volunteers from CLMMRH and CHD for Western Visayas both in Visayas regions failed to participate in the inventory monitoring since they failed to witness the procurement and the delivery of pharmaceutical products. However, despite the none participation of the two (2) other hospitals, the inventory was conducted for drugs and medicines worth Php 13.71 million (or 53%) out of Php 25.98 million of purchased for the Visayas hospitals and CHDs under the project.



Finding(s)/Observation(s)

- **Documents were not properly accomplished.** Some hospitals RISs did not bear the signature of the Administrative Officer (AO).

Signed documents by responsible authorities such as these signify accountability in conducting procurement and distribution transactions. The secretariat maintains that these documents should be properly accomplished and duly signed for transparency and accountability.

4. WAREHOUSE/ STORAGE INSPECTION

The MMP2 also included the inspection of warehouses and storage facilities of the RHs and CHDs covered in the project. Proper hospital facilities and systems ensure that the drugs and medicines in their custody are well protected and free from dirt, heat and erratic temperature, rain and pilferage.

Volunteer-observers were asked to inspect warehouses and take photos of the facilities and have them submitted to the project secretariat. Photos of

storage facilities with subpar conditions were reported to the DOH-IDC for further evaluation and appropriate action.

Finding(s)/Observation(s)

- **Space and shelves are inadequate.** Many hospital warehouses have inadequate spaces. Some hospitals and CHDs even used their



hallways as temporary storage areas. Volunteers also noted that in some warehouses, the shelves do not have enough space to accommodate hospital supplies.

- **Poor warehouse/storage facilities.** Pharmaceutical supplies must be stored in advanced warehouse facilities to ensure that medicines are safe. However, based on the actual inspection of warehouses, majority of the facilities are ill-suited for storage of pharmaceutical supplies.

Boxes of medicines were piled atop pallets, to avoid and protect from rodent and possible flooding damage. But, since some warehouses have limited storage space, boxes were piled even without the support of pallets. Similarly, it was observed that some of the warehouses do not have enough freezers to store medicines and vaccines to maintain its quality and efficacy.

NAMFREL recommends that DOH hospitals and regional offices craft and implement a “warehouse improvement plan” to ensure the proper storage of medicines in fully equipped warehouses.

- **Shelves are not properly labeled.** To facilitate the distribution of pharmaceutical supplies, the shelves at the warehouses should be labeled properly. But based on observations, majority of the warehouse did not apply proper labeling. NAMFREL project secretariat received reports and photos from volunteers on the condition of storage facilities of hospitals included in the project. The conditions of these warehouses were documented and reported as follows:

- 1) Some warehouses are not well ventilated and do not have sufficient protection from dust, heat, rain and pilferage.
- 2) Storage facilities have inadequate space. Other hospitals use their hallways as storage when their warehouse is full.
- 3) Shelves of some hospital warehouses do not have enough rooms to hold supplies.
- 4) Cabinets and shelves in some warehouses do not have labels arranged and classified for ease of storage and efficient access.



Northern Mindanao Medical Center Storage

5. COMPARATIVE / PRICE MONITORING

As compared to countries like Thailand, Malaysia and Indonesia; pharmaceutical products in the Philippines are more expensive. This was based on the presentation of NCPAM during the "Orientation / Training on the provisions of the Government Procurement Reform Act 9184 (GPRA) and its Revised Implementing Rules and Regulations (RIRR)" on October 2-3, 2010 at New Horizon Hotel, Mandaluyong City.

The high cost of medicine in the country plays a big factor in the lack of accessibility to the general public. Some, despite their dire health condition are inclined not to buy these expensive medicines, thus putting the most vulnerable at more risk to commonly treatable diseases.² The diseases that are top causes of death in the Philippines are:

- | | |
|---------------------------------|---------------------|
| ○ Heart Disease | ○ Dengue Fever |
| ○ Stroke | ○ Maternal Death |
| ○ Cancer | ○ Kidney Failure |
| ○ Chronic Obstructive Pulmonary | ○ Perinatal Disease |
| ○ Diabetes | |

² Parallel Universes / <http://emeritus.blogspot.com/2007/07/Philippines-top-ten-causes-of-mortality.html>

In the government's policy to have universal access to health care, it upholds that access to essential medicines is a privilege and a right. Affordable prices, equitable & efficient distribution can ensure improved and effective access to the public.

In the MMP2, NAMFREL also conducted price monitoring of selected priority medicines to determine its affordability and availability, regardless of location. The price monitoring of NAMFREL is in support to NCPAM's effort in reviewing and updating the essential drug list to make it responsive to the needs of the people.

The medicines listed in **Table 4.1-A** are grouped and categorized as prescribed medication for the top killer diseases that the World Health Organization (WHO) and DOH have identified. Prices of medicines in hospitals that were chosen randomly were compared with the prices of medicines from popular drugstores in the country (such as Mercury Drug and The Generics Pharmacy) to determine if the price of the products offered by suppliers to government hospitals is reasonably priced.

Table 4.1A
Price Survey Monitoring
Medicines for Heart Diseases, Hypertension, Stroke and Diabetes

Drugs and Medicines	Type	Hospital		Market Price	
		BGHMC	EVRMC	Drugstore	Type
Simvastatin 20mg	Zovast	1.60/tab	6.81/tab	**8.00/tab	Generic
Spiroinolactone 25mg	Aldactone	9.84/tab	11.07/tab	*26.00/tab	Aldactone
Captopril 25mg	Captor	1.10/tab	1.80/tab	*8.00/tab	Ritemed
Paracetamol, 250ml/60ml	Naprex	51.06/bot	9.50/bot	---	
Metformin 500mg	Formet	0.64/tab	1.13/tab	*2.50/tab	Ritemed
Ciprofloxacin 250mg	Pharex	22.28/tab	***27.14/tab	*16.25/tab	Generic
Phenytoin 100mg	Dilantin	19.56/cap	8.79/cap	*33.00/cap	Dilantin
Felodipine 10mg	----	23.50/cap	13.50/cap	---	

Digoxin 250mcg/ml 2ml	Cardioxcin	86.72/amp	86.88/amp	**178.50/amp	
Clarithromycin 500mg	Claranta	37.49/tab	29.00/tab	*58.25/tab	Claranta
Celecoxib 200mg	Celcoxx	9.26/cap	10.00/cap	**18.00/cap	Generic

Legend: *Mercury Drugstore / **Generic Pharmacy
 *** Mariano Marcos Memorial Hospital Medical Center (MMMHMC)

Result of the survey revealed that most hospitals received competitive bid process. However, there were some RHs that purchased pharmaceutical products with higher purchase price than the retail drug stores. For example, the BGHMC bought **Ciprofloxacin 250 mg at Php 22.28/ tablet** while MMMHMC purchased the same drug at **27.14/ tablet**. In some drugstores, the drug can be purchased at **Php 16.25/ tablet**. This shows that the RH and CHD End-Users and BACs adopt different approaches in determining their ABC.

The comparative bid price analysis was initiated by NAMFREL to be able to compare purchase cost of hospitals as against the listed retail price of similar essential drugs and medicines from retail drugstores. Once obtained, the list can be used as basis if the price of pharmaceutical products being offered by suppliers to a given RH or CHD is acceptable.

Table 4.1B
Comparative Bid Pricing
Selected Essential Drugs and Medicines Per Location familiar

Drugs & Medicines	Region	Hospital	Quantity	Bid Price per vial / ampoule	Supplier
Phenytoin 50mg/ml 2ml	I	MMMHMC	356 amps	440.56	Zuellig Pharma
	II	CVMC	---	379.00	Endure Medical
	V	BMC	230 amps	379.00	Endure Medical
	VII	GCGMH	50 amps	416.42	Zuellig Pharma
	VIII	EVRMC	100 amps	409.72	Zuellig Pharma
	X	NMMC	300 amps	1,020.99	Zuellig Pharma
	CARAGA	CRH	250 amps	428.00	Philpharma
	CAR	BGHMC	250 amps	381.00	Endure Medical
	NCR	ARMMC	300 amps	381.00	Philpharma

	NCR	PCMC	100 amps	639.94	Zuellig Pharma
Meropenem 1g	I	MMHMC	1500 vials	1,160.25	Zuellig Pharma
	II	CVMC	---	1,494.00	Metro Drug
	VII	GCGMH	400 vials	1,497.72	Cathay Drug
	VIII	EVRMC	100 vials	1,033.00	Metro Drug
	X	NMMC	1000 vials	1,160.25	Zuellig Pharma
	XI	SPMC	400 vials	895.05	Zuellig Pharma
	CAR	BGHMC	250 vials	1,140.00	United Lab.
	NCR	ARMMC	50 vials	581.00	Philpharma
	NCR	PCMC	1500 vials	663.00	Zuellig Pharma

Bulk procurement of drugs and medicines in DOH hospitals does not guarantee lower bid price. Based on evaluation of the documents secured from the hospitals, the price of these items is dependent on the approved budget for the contract (ABC) as determined by the BAC.

As an example, the Northern Mindanao Medical Center (NMMC) purchased 300 ampoules of Phenytoin 50 mg/ml, 2 ml in the amount of Php 1,120.99 per ampoule. The Bicol Medical Center (BMC) purchased 250 ampoules of the same drug for Php 379.00, and the Baguio General Hospital and Medical Center (BGHMC) also bought 250 ampoules of the same item at Php 381.00 each ampoule (per ampoule).

These figures were taken from the copies of NOAs secured by the volunteers from the hospitals. Based on the data gathered, NMMC paid for a much higher price for the same drug as compared to BMC and BGHMC.

Geographical location is another factor that does not seem to have any effect on the price of procured drugs and medicines. As an example, the Southern Philippines Medical Center in Davao City (SPMC) purchased 400 vials of Meropenem 1gm at Php 895.05. A hospital in the National Capital Region (NCR), Amang Rodriguez Memorial Medical Center (ARMMC), purchased 50 vials of the same drug at Php 581.00 each vial (per vial). In effect, SPMC located in Davao paid Php 2.24 per vial of Meropenem 1gm, while ARMMC located in the NCR paid Php 11.62 per vial of the same drug. These drugs are supplied by companies that are based in the NCR.

It is important therefore for hospital BACs to ably determine a more acceptable ABC. A DOH-NCPAM recommended "standard price list" can assist

as a basis for the TWG of the BACs in establishing the ABC for medicine procurement. Hopefully, this would result in competitive and reasonably lower price offers from suppliers.

IV. CHALLENGES / CONCLUSIONS

Recruitment of volunteers is one of the most challenging component of the project. Monitoring workload demands have increased especially when the volunteers were asked to monitor several stages of the procurement process. There were people who were reluctant to commit themselves to the project because of the increased demand leading to a conflict in schedules between their work and the procurement activities; or are intimidated and overwhelmed to participate in endeavors to combat corruption. Despite this challenge, NAMFREL was still able to secure the commitment of various dedicated CSOs to provide field volunteers to observe the procurement activities of hospital and CHD BACs by tapping their volunteer resources.

The warehouse inspection and the monitoring of drugs and medicine prices also proved to be significant in the conduct of the project. Through these inspections, NAMFREL was able to help the DOH obtain information on the actual conditions of the various hospital and CHD warehouses and storage facilities. After they received reports, steps were taken by the DOH-IDC to address the problem and initiate the necessary improvements as recommended to the DOH-Materials Management Division (MMD).

The medicine price monitoring was conducted by NAMFREL to determine if the ABC determined by the BACs for medicine procurement is rational and advantageous. This information and evaluation will form part of the report which will be forwarded to DOH IDC for appropriate action in cooperation with DOH-National Center for Pharmaceutical Access Management.

V. PROJECT RECOMMENDATIONS

With the DOH's continued partnership with NAMFREL, the Medicine Monitoring Project contributed to guarding against irregular and wasteful practices in procurement as well as in the contract implementation.

The IDC may consider issuing a memorandum or circular order to hospitals and regional health offices to:

1. Reiterate the need for the presence of observers during the public bids. This entails inviting NAMFREL observers in all stages of the procurement process, including the pre-procurement and post-

qualification, apart from the pre-bid conferences and opening of bids. This step will make the procurement process more transparent and acceptable.

2. Advise the BAC and the Supply/ Pharmacy Officer to furnish NAMFREL with copies of the same procurement-related documents that they forward to the Commission on Audit (COA).
3. Advise the Procuring Entity of both RH and CHD to publish their Annual Procurement Plan (APP) in their respective website for public reference and transparency.
4. Advise the Supply Officers or the Authorized Personnel to provide NAMFREL with the schedule of delivery (specifically for pharmaceutical products).
5. If applicable, provide NAMFREL with DOH's guidelines on warehouse management so the volunteers can use the agency's own standards in conducting warehouse inspection.

The volunteers in return would be able to provide accurate information on the actual condition of hospital warehouses, thus helping the DOH draw a concrete plan to regularly maintain and improve these facilities.

VI. FINANCIAL REPORT

From August 2010 to October 2011, NAMFREL Medicine Monitoring Project spent **Php 1,509,695.74 million pesos**. A summary of expenses is detailed in **Table 5.1A**.

Table 5.1A
Summary Project Expenses

	Item of Expenditure	1 Year Expenditure		Total Amount
		Sept.-Dec. 2010	Jan.-Oct. 2011	
	Total PTF Grant			*\$33,350.00
	Total Requested Budget			<u>Php 1,500,750.00</u>
	Total PTF Grant Disbursed To NAMFREL			<u>\$25,000.00</u>

	Total Disbursement/Expenses			Php 1,509,695.74
A.	Operating Expenditure			
	Project Management Cost			
	- Compensation of 2 NAMFREL staff who handle the project (Salary – 2 Project Coordinators)	<u>90,094.25</u>	<u>253,881.43</u>	<u>343,975.68</u>
	- Honorarium of speakers for Volunteers' & Trainers' Training on Oct. 2-3, 2010 and Mar. 8-9, 2011	<u>5,080.00</u>	<u>12,500.00</u>	<u>17,580.00</u>
	- Per Diem for Project Teams during Consultation Meeting / Volunteers who performed project tasks	<u>6,000.00</u>	<u>156,888.85</u>	<u>162,888.85</u>
		<u>101,174.25</u>	<u>423,270.28</u>	<u>524,444.53</u>
B.	Direct Project Expenses			
	Mobilization Fund			
	- Financial assistance for 10 NAMFREL chapters to assist in setting up a team for a project	<u>30,000.00</u>		<u>30,000.00</u>
	Travel / Transportation			
	- Volunteers' Training / Trainers' Training held on Oct. 2-3, 2010 / Apr. 8-10, 2011	<u>107,783.25</u>	<u>52,409.50</u>	<u>160,192.75</u>
	- Project Evaluation		<u>141,550.00</u>	<u>141,550.00</u>
	- Consultation with Hospitals' officials	<u>69,063.53</u>		<u>69,063.53</u>
	- Bidding activities attended by project team in NCR hospitals / Quarterly meetings of team leaders / IDC meetings attended by NAMFREL project team		<u>32,277.00</u>	<u>32,277.00</u>
	Meals			
	- Volunteers' Training & Trainers' Training held last Oct. 2-3, 2010 & Apr. 8-9, 2011	<u>15,008.93</u>	<u>8,063.50</u>	<u>23,072.43</u>
	- Project Evaluation		<u>56,600.00</u>	<u>56,600.00</u>
	- Consultation Meetings in 10 Hospitals and CHDs	<u>13,774.82</u>		<u>13,774.82</u>
	- Quarterly team leaders meetings / IDC meetings and Bidding activities attended by NAMFREL project team		<u>9,957.61</u>	<u>9,957.61</u>

	in NCR hospitals			
	Hotel / Accommodation			
	- Volunteers' Training / Trainers' Training on GPRA held on Oct. 2-3, 2010 & Mar. 8-9, 2011	<u>224,400.00</u>	<u>59,100.00</u>	<u>283,500.00</u>
	- Project Evaluation		<u>25,000.00</u>	<u>25,000.00</u>
	- Consultation Meetings in 10 Hospitals and CHDs	<u>11,359.00</u>		<u>11,359.00</u>
	- Quarterly team leaders meetings held on Mar. 2011 and Jul. 2011		<u>4,800.00</u>	<u>4,800.00</u>
	Communications			
	- NAMFREL team leaders' monthly allowance	<u>36,000.00</u>	<u>51,750.00</u>	<u>87,750.00</u>
	- Volunteers' Training / Trainers' Training	<u>6,014.82</u>		<u>6,014.82</u>
	- Consultation Meetings with Hospitals' Officials	<u>1,324.00</u>		<u>1,324.00</u>
	- Attending for Hospitals' bidding activities in Metro Manila		<u>115.00</u>	<u>115.00</u>
	- Project Evaluation		<u>7,500.00</u>	<u>7,500.00</u>
	Services & Supplies			
	- Supplies (project activities)	<u>10,213.00</u>	<u>4,007.25</u>	<u>14,220.25</u>
	- Postage / Courier / Bank Charges		<u>1,580.00</u>	<u>1,580.00</u>
	- Supplies (project evaluation)		<u>5,000.00</u>	<u>5,000.00</u>
		<u>524,941.35</u>	<u>460,309.86</u>	<u>985,251.21</u>

**Rate: Php45/Dollar*

DEFINITION OF TERMS

- **ABC** - **Approved Budget for the Contract** - Budget appropriation for goods and services that are acquired by DOH retained hospitals and CHDs.
- **APP** - **Annual Procurement Plan** - Yearly purchase schedule of DOH RHs and CHDs.
- **BAC** - **Bids and Awards Committee** - A body composed of five to seven members formed to facilitate procurement activities of government agencies,

including DOH RHs and CHDs, as provided for in the procurement law.

- **CHD** - **Center for Health Development** - A regional office of the DOH. In the Philippines, there is one CHD in each of the seventeen (17) regions.
- **DMR** - **Delivery Monitoring Report (DMR)** – A table prepared by the project secretariat to validate if the delivery of drugs and medicines is compliant with the requirements of the RHs and CHDs. The DMR reflects the quantity of drugs and medicines being delivered, and the schedule of delivery as specified in the contract.
- **DR** - **Delivery Receipts (DR)** – Forms that are issued as proof that the goods (particularly drugs and medicines) were actually delivered to RHs or CHDs.
- **GPRA 9184** - **Government Procurement Reform Act (GPRA 9184)** – The law which provides for the standardization and regulation of government procurement activities.
- **IAR** - **Inspection and Acceptance Report (IAR)** – A document accomplished by the Supply Officer of a RH or CHD to acknowledge and certify that items were actually delivered in the correct quantity and good condition to the proper procuring entity.
- **IDC** - **Integrity Development Committee (IDC)** – A body formed to establish measures to prevent graft and corruption in government agencies. The creation of the DOH-IDC is pursuant to the Corruption Prevention Reform Program (CPRP) of the government.
- **IMR** - **Inventory Monitoring Report (IMR)** – A table showing the stocks (particularly drugs and medicines) of a RH or a CHD and the documents showing how these are received and disposed/ issued to end-users.
- **MIIR** - **Monthly Inventory Issuance Report (MIIR)** – The document accomplished reflecting the items released by the pharmacy to the different RH or CHD

departments.

- **NOA** - **Notice of Award (NOA)** – A notice given to a bidder (supplier) that was determined to have the lowest calculated and responsive bid offer.
- **RH** - **Retained Hospital (RH)** – Government hospitals that are managed by the DOH.
- **RIS** - **Requisition and Issuance Slip (RIS)** – Form accomplished by the corresponding RH department to request for a specific item from the pharmacy (for drugs and medicines) or the supply office (for other pharmaceutical and non-pharmaceutical items). This forms part of the entries in the MIIR.

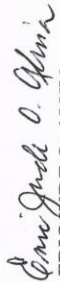
APPENDIXES

- **ANNEX 1-A** : **NAMFREL-DOH Commitment of Support and Cooperation**
- **ANNEX 2-A** : **NAMFREL chapters and partners participated in the MMP2**
- **ANNEX 3-A** : **Materials Distributed to NAMFREL local chapters and partners**
 - **Volunteers' ID / Pledge of Commitment / Appointment Letter**
 - **Endorsement Letter / Duties and Responsibilities**
 - **Observer's Diagnostic Report**
 - **Delivery Monitoring Report Form / Inventory Monitoring Report Form**
- **ANNEX 4-A** : **2010 Procurement Monitoring - RHs and CHDs**

- **ANNEX 4-B** : **2011 Procurement Monitoring – RHs and CHDs**
- **ANNEX 5-A** : **Delivery Monitoring – RHs and CHDs**
- **ANNEX 6-A** : **Inventory Monitoring – RHs and CHDs**
- **ANNEX 7-A** : **Warehouse Storage Inspection Photos**

- # # # -

Annex 1-A NAMFREL-DOH Commitment of Support and Cooperation


ERIC JUDE O. ALVIA
Secretary General


JEAN B. ROSELL-UBIAL, MD, MPH, CESO II
Assistant Secretary of Health and IDC Chairperson


JOSE S. CUISIA, JR.
Chairman


QUE T. ONA, MD, FPCS, FACS
Secretary

COMMITMENT OF SUPPORT AND COOPERATION BETWEEN THE DEPARTMENT OF HEALTH AND THE NATIONAL CITIZENS' MOVEMENT FOR FREE ELECTIONS

The **DEPARTMENT OF HEALTH (DOH)**,
represented by the Secretary, Hon. ENRIQUE T. ONA

-and-

The **NATIONAL CITIZENS' MOVEMENT FOR FREE ELECTIONS (NAMFREL)**,
represented by the Chairman, JOSE L. CUISIA, JR.

Hereby agree and jointly manifest the commitment to uphold and advance the principles of good and effective governance in the procurement, delivery, and inventory of pharmaceutical products, supplies, equipment and infrastructure projects of the DOH and all its retained hospitals and regional offices.

WHEREAS, the DOH manifests an open-door policy by directly engaging civil society organizations in program implementation in line with the DOH Health Sector Reform with emphasis on good governance "transparency, integrity and accountability".

WHEREAS, the DOH Executive Committee Resolution No. 31-11 series 2006 reiterates the DOH's resolves to fight corruption and support the proposed Memorandum of Agreement with certain amendments;

WHEREAS, the DOH officially designates NAMFREL through the **Coalition Against Corruption Program (CACP)**, as one (1) of the two (2) observers in the composition of the Bids and Awards Committee (BAC) of the DOH and All its retained hospitals and regional offices that will monitor the agency's procurement and delivery of the pharmaceutical products;

WHEREAS, NAMFREL through the **CACP**, has developed a framework for monitoring government performance by engaging government, business and civil society in developing and institutionalizing systems for monitoring, evaluating and managing government performance in the implementation of key program components;

WHEREAS, the **CACP** seeks to institutionalize people's participation in government program monitoring, as well as to assist government agencies in identifying operational problems;

WHEREAS, both the DOH and NAMFREL recognize the need to empower citizens' groups in the monitoring and evaluation of programs for the purpose of improving the implementation and to acknowledge exemplary performance of the agency;

NOW, THEREFORE, for and in consideration of the above commitments, all parties agree to recognize the following responsibilities:

The DOH shall:

- conduct seminars on drugs, medical supplies and equipment procurement, delivery and inventory as well as infrastructure procurement to NAMFREL volunteers at the latter's expense;
- assign a point-person who shall act as liaison with the NAMFREL Project Team;
- provide all relevant information to the NAMFREL Project Team and make available for interviews all DOH personnel concerned with the programs that will be monitored;
- make available all officers and project personnel concerned with the programs for reporting of the monitoring results; and
- provide written action, feedback and comments on the report submitted by NAMFREL.

Annex 1-A NAMFREL-DOH Commitment of Support and Cooperation

ERIC JUDE O. ALVIA
Secretary General

PAULYN JEAN B. ROSELL-UBIAL, MD, MPH, CESO II
Assistant Secretary of Health and IDC Chairperson

JOSE S. CUISIA, JR.
Chairman

ENRIQUE T. ONA, MD, FPCS, FACS
Secretary

The Coalition Against Corruption Program, through NAMFREL shall:

- develop the tool and framework for monitoring;
- recommend one (1) of its members to sit as observers in the Bids and Awards Committee (BAC) of the DOH and all its involved offices;
- strictly monitor the movement of distributed drugs three (3) months after delivery date;
- present to the DOH the preliminary report (i.e., findings recommendations) prior to a public presentation and engage DOH in dialogues regarding issues/concerns/problems uncovered in the monitoring;
- provide training to the citizens' group in the use of the monitoring tool and framework;
- organize a public forum where the findings of the monitoring will be presented.

Signed this 09 day of August 2010 in Metro Manila.


DEPARTMENT OF HEALTH

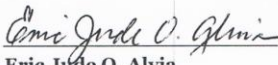
**NATIONAL CITIZENS' MOVEMENT
FOR FREE ELECTIONS (NAMFREL)**


Hon. ENRIQUE T. ONA
Secretary


JOSE S. CUISIA, JR.
Chairman

WITNESSES



Hon. Paulyn Jean B. Rosell-Ubial
Assistant Secretary of Health ,
and IDC Chairperson


Eric Jude O. Alvia
Secretary General

Annex 2-A
NAMFREL Chapters and Partners Participated in the MMP2

No.	NAMFREL Chapters and Partners
1.	<p>NAMFREL-Social Action Center</p> <ul style="list-style-type: none"> ○ Benguet ○ Ilocos Norte ○ Nueva Vizcaya ○ Albay ○ Camarines Sur ○ Negros Occidental ○ Zamboanga del Sur
2	<p>NAMFREL Organic Chapter</p> <ul style="list-style-type: none"> ○ NAMFREL Marikina ○ NAMFREL Mandaluyong ○ NAMFREL Manila ○ NAMFREL Batangas / Dela Salle Lipa ○ NAMFREL Misamis Oriental / Xavier University ○ NAMFREL Surigao del Norte
3.	<p>NAMFREL Partners</p> <ul style="list-style-type: none"> ○ Babas Foundation Inc. ○ Saint Paul University of the Philippines ○ Naga City Peoples' Council ○ Bohol Integrated Development Foundation ○ Iloilo Code NGOs Inc. ○ Nueva Ecija University Science & Technology ○ Krusada sa Kalikasan Inc. ○ EMS Components Assembly, Inc.

Annex 3-A Volunteers' ID and Pledge of Commitment



PLEDGE OF COMMITMENT




I hereby affirm my willingness to participate in the Medicine Monitoring Project, an anti-corruption initiative of the National Citizens' Movement for Free Elections (NAMFREL), through the Coalition Against Corruption in partnership with the Department of Health (DOH).

I am willing to monitor the procurement of priority medicines, hospital equipment and supplies as well as the delivery and inventory of these items in DOH Retained Hospitals or Centers for Health Development.

I explicitly understand that such responsibility requires my commitment in pursuit of better health services of the government.

(Signature over printed name)

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Medicine Monitoring Project

ID No. _____

This certifies that _____


is a bonafide volunteer-observer of NAMFREL for the Medicine Monitoring Project through the Coalition Against Corruption in partnership with the Department of Health.

Enrique T. Ona
Secretary, DOH

Jose L. Cuisia, Jr.
National Chairperson
NAMFREL


DOH Hotline: 711-8273/NAMFREL Hotline: 4847590
Email: namfrel@gmail.com



Coalition Against Corruption

MEDICINE MONITORING PROJECT

PLEDGE OF COMMITMENT



I hereby affirm my willingness to participate and volunteer in the Medicine Monitoring Project, an anti-corruption initiative managed by the Coalition Against Corruption and National Citizens' Movement for Free Elections (NAMFREL), in partnership with the Department of Health (DOH). I am willing to monitor the procurement of medicines, hospital equipment and supplies as well as the delivery and inventory of these items in DOH Retained Hospitals or Centers for Health Development.

I explicitly understand that such responsibility requires my commitment in pursuit of better health services of the government.

Volunteer's Name: _____
Signature over Printed Name _____ Date _____

Personal Data:
Address: _____
Mobile: _____ Telephone: _____ Fax: _____
Email: _____ Sex: _____
Date of Birth: _____ Place: _____ Civil Status: _____
Citizenship: _____ Person to be contacted in case of emergency: _____
Relationship: _____ Contact No. _____

Valid IDs issued by the Government: PRC, Drivers License, Passport, SSS/GSIS, Postal ID (any) _____

Educational Background:
Vocational: _____
College: _____
MA/Ph.D.: _____


Employment Record:

POSITION	COMPANY	YEAR


Experience (Please cite any skill/s and experience which may be useful to the monitoring task – I.e. procurement, audit, project management, credit and control. _____

Conflict of Interest Disclosure: Have you been accused or convicted of any administrative or criminal offenses
No _____ Yes _____ When _____ Details _____

Do you have any relative (to the fourth 4th degree of consanguinity) or close affinity as an active supplier to the DOH.
None _____ Yes _____ Who _____ Relationship _____



Coalition Against Corruption



06 September 2010

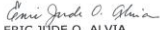
For : **FR. BARTOLOME "BART" PASTOR**

Re : **Appointment as Team Leader for the Medicine Monitoring Project (MMP)**


This is to confirm your appointment as Team Leader for the Medicine Monitoring Project at the Eastern Visayas Regional and Medical Center (EVRMC) from September 2010 to September 2011.

As a Team Leader, you are authorized to:

- 1.) Build and train a team to support you in the implementation and management of the project;
- 2.) Enlist the support of the community including local organizations and NGOs for manpower and logistical needs required in the project;
- 3.) Coordinate with the Chief of Hospital and the Bids and Award Committee Secretariat and discuss your role as observer in the hospital's public bidding;
- 4.) Assign a volunteer(s) to monitor the hospital's public bidding, deliveries, inventory, and prices of drugs and medicines;
- 5.) Hold regular meetings with your team and discuss strategies and concerns/problems related to the project;
- 6.) Request from the hospital copies of Notice to Proceed, Notice of Awards, Purchase Orders, Delivery Receipts, Inspection Acceptance Reports; Requisition Information Sheet and Releasing Form;
- 7.) Submit the Observer's Diagnostic Report (ODR) to NAMFREL project team after the contract has been awarded or if there are violations on GPRA 9184;
- 8.) Submit the Delivery and Inventory Monitoring reports to NAMFREL's project team; and
- 9.) Act as the local project liaison for all other activities in relation to the project implementation.


ERIC JUDE O. ALVIA
 Secretary General

Annex 3-B Endorsement / Duties and Responsibilities



NATIONAL CITIZENS' MOVEMENT FOR FREE ELECTIONS (NAMFREL)
 Unit 601, DMG Center, Domingo Guevara corner
 M. Cruz Sts., Mandaluyong City
 Philippines

Telephone: +63 (2) 484-7590
 Telefax: +63 (2) 470-4151
 E-Mail: secretariat@namfrel.com.ph
 Website: www.namfrel.com.ph

ENDORSEMENT LETTER

05 July 2011

DR. DOMINGO VEGA
 Chief of Hospital
 Corazon Locsin Montelibano Memorial Regional Hospital
 Bacolod City, Negros Occidental

Dear Dr. Vega,

We are pleased to endorse the following NAMFREL volunteer-observer for **Corazon Locsin Montelibano Memorial Regional Hospital** Medicine Monitoring Project (MMP). This is in partnership with the Department of Health (DOH) with the support from the Partnership for Transparency Fund (PTF) through the Coalition Against Corruption (CAC).

- **Fr. Anecito Buenafe**
 Director
 Social Action Center
 Bishop's House, Bacolod City, Negros Occidental
 Email Address: sacbacolod_05@yahoo.com

May we request to address the invitation letter for all of the procurement activities in all stages of the procurement process to Fr. Anecito Buenafe, kindly copy furnish the NAMFREL Secretariat address to the undersigned.

You may get in touch with NAMFREL Secretariat through the following:

- Address: Rm. 601, DMG Center, Domingo Guevara corner Calbayog Streets., Mandaluyong City
 Telephone: (02) 848-7590; Fax Number: (02) 470-4151
 Email Address: secretariat@namfrel.com.ph

We look forward to a renewed partnership as we work together in pursuit of a graft-free nation.

Thank you very much.

Sincerely yours,

ERIC JUDE O. ALVIA
 Secretary General

cc: BAC Secretariat
 IDC regional Chairperson

**Medicine Monitoring Project
 Duties and Responsibilities of NAMFREL Volunteers**

1. Organizing/ Recruitment of volunteers

- o Organize a team of at least five (5) members in DOH hospitals and regional health offices nationwide;
- o Tap the assistance and support of local CSOs and NGOs to achieve the purpose of the project;
- o Ensure that all volunteers have signed the "Pledge of Commitment" affirming to support the project of at least one year;
- o Orient/Train the volunteers on the provisions of the Government Procurement Reform Act (GPRA) 9184 and its Implementing Rules and Regulations (IRR);
- o Submit the name of the volunteers to the Project Secretariat for the endorsement to the DOH hospital and regional health offices;

2. Coordination before the bidding

- o Coordinate with the Chief of Hospital / Director of the Center for Health Development as well as to the Bids and Awards Committee (BAC) Secretariat and discuss the role of NAMFREL in the Medicine Monitoring Project.
- o Remind the Chief of Hospital / Director of CHDs as well as the BAC Secretariat to invite NAMFREL volunteers in all stages of the public bidding as observers.
- o Request a copy of advertisement of invitations to bid from BAC Secretariat. The team leader may also check the hospital's / center's the posting of invitation to bid from the local / nationwide newspaper, the Government Electronic Procurement System (GEPS) or log on to www.procurement.gov.ph and the hospital's website.
- o Review the provisions of the GPRA 9184 and its Implementing Rules and Regulations (IRR) to ease during the bidding process.
- o Secure a copy of the following documents from the hospital and CHDs Bids and Awards Committee (BAC) Secretariat.
 - Schedule of the bidding activities
 - Annual Procurement Plan (APP)
 - Supplemental of Annual Procurement Plan (if any)
 - Copy of Newspaper Advertisement for their invitation to bid
 - List of bidders who bought the bid documents

3. During the Public Bidding

- o Attend in all stages of the procurement process (pre-bid conference, Bid opening, Bid evaluation, post qualifications and awarding of contract) to ensure that the method is in accordance to the GPRA 9184;
- o Report to NAMFREL Project team if the volunteers were not invited to the bidding despite of coordinating to the BAC Secretariat;
 - Ask from the BAC Secretariat an explanation in case you were not invited to the bidding
- o In case NAMFREL volunteers failed to attend the public bidding due to his/her unavailability, the team leader can request the following documents;
 - minutes of the bidding to keep the team updates
 - abstract of bids with comparative pricing
 - post qualification summary report

- notice of awards and open bid proposal
- o Accomplish the *Observer's Diagnostic Report (ODR)* and submit to NAMFREL Project team.
- o Check the APP if all drugs and medicines to be procured are in the Philippine National Drug Formulary (PNDF). The PNDF is the basis for the procurement of drug products by the DOH and all government entities (Executive Order 49 s. 1993).
- o Ask for a copy of the hospital's approved request from the head of the National Drug Policy Staff (AO 163 s. 2002), if there were medicines procured that were not in the PNDF.
- o Report to NAMFREL Project Secretariat if the hospital and CHDs did not prepare a Supplemental APP when they procured items more than what is planned.
- o Do not sign the Abstract of Bids or the Post Qualification Summary Report if you find violations.

4) During Delivery Monitoring

- o Coordinate with the Supply Officer for the schedules of delivery, so that NAMFREL volunteers can monitor the actual delivery of drugs and medicines.
- o Request a copy of Notice to Proceed (NTP) from the Supply Officer. The supplier must have an NTP before making any deliveries. Otherwise, they should not be allowed to deliver.
- o Monitor the actual delivery of priority drugs and medicines. In case, the volunteers failed to do the actual delivery monitoring, she/he still have to do the post monitoring.
- o Secure from the Supply Office / Property Custodian the copy of the following documents:
 - Purchase Order (PO)
 - Delivery Receipt (DR)
 - Inspection and Acceptance Report (IAR)
- o Accomplish and submit the *Delivery Monitoring Report (DMR)* and written observations on the conduct of the delivery.
- o Take a photo on the storages and warehouses where the medicines and other supplies were stored, then submit to NAMFREL Project team.




5) During Inventory Monitoring

- o Coordinate with the Supply Officer or to the Property Custodian and inform them that NAMFREL volunteers will perform an inventory distribution of medicines.
- o Secure from the Supply Office / Property Custodian the copy of the following documents:
 - Requisition Information Sheet (RIS)
 - Releasing Form (RF)
- o Accomplish and submit the *Inventory Monitoring Report (IMR)*, written observation on the conduct of the inventory.
- o Take a photo on the facilities and storages of the hospital and CHDs where the medicines and other supplies were stored, then submit to NAMFREL Project team.

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Duties and Responsibilities of NAMFREL volunteers Page 2

Annex 3-C Observer's Diagnostic Report

 NAMFREL	 Coalition Against Corruption	 PARTNERSHIP FOR TRANSPARENT FOOD
NAMFREL MEDICINE MONITORING PROJECT OBSERVER'S DIAGNOSTIC REPORT		
Procuring Entity: _____		
Head of the Procuring Entity: _____		
Name of BAC Chairman: _____ Date of Bidding: _____		
A. Items procured by the Hospital/CHD with corresponding Approved Budget of the Contract (ABC)		
Brief description of the items to be bid	Approved Budget of the Contract (ABC)	
<i>Total</i>		<i>P</i>
B. Procurement Method Used ___ Competitive Bidding ___ Alternative Method (specify) _____		
C. Advertising and Contents of the Invitation to Bid – in the principle of transparency and competitiveness, all invitations to bid for the contract shall be advertised by the procuring entity. (please ask a copy of advertisement)		
• Was the procurement advertised? Yes ___ / No ___ (if no, please state the reason why was this not advertised? _____)		
• Where was this advertised?		
___ Newspaper of general circulation (please specify) _____		
___ Local newspaper ___ PHILGEPS		
___ Agency Website ___ Others (specify) _____		
___ Agency premises		
• Was the advertisement published twice within a maximum period of 14 calendar days with a minimum of 6 calendar days between publications? Yes ___ / No ___ (if no, state the details) _____		
D. Access to Information – in all stages of the preparation of the bidding documents.		

- Did the BAC provide you a copy of Minutes of the Meeting (pre-bid, bid opening and post qualification report every after the meeting)? Yes ___ / No ___ (if no, state the reason) _____
- Did the BAC provide you a copy of the Notice of Award (NOA)? Yes ___ / No ___ (if no, state the reason) _____

E. Stages of the Public Bidding

I. Pre-Bid Conference

- Have you been invited to the pre-bid conference? Yes ___ / No ___ (if no, state the reason) _____
- Was the pre-bid conference held at least 12 calendar days before the deadline for the submission and receipt of bids? Yes ___ / No ___ (if no, state the reason) _____
- Enumerate the name of bidders who bought the bid documents?

1) _____	7) _____
2) _____	8) _____
3) _____	9) _____
4) _____	10) _____
5) _____	11) _____
6) _____	12) _____

II. Receipt and Submission of Bids

- Did the bidders submit the eligibility envelopes along with their technical and financial envelopes sealed before the deadline and at the place specified in the bid documents? Yes ___ / No ___ (if no, state the reason) _____

III. Bid Opening and Evaluation

- Have you been invited to the Bid opening and evaluation? Yes ___ / No ___ (if no, state the reason) _____
- Did the BAC open the eligibility envelopes at the date, time & place specified in the Invitation to Apply for Eligibility & to Bid as stated in the bidding documents? Yes ___ / No ___ (if no, state the reason) _____
- Did the BAC use the non-discretionary pass/fail criteria as stated in the Invitation to Apply for Eligibility? Yes ___ / No ___ (if no, state the reason) _____
- Did the BAC conduct detailed evaluation of the financial component to establish the correct calculated prices of the bids? Yes ___ / No ___ (if no, state the reason) _____
- Enumerate the name of bidders who pass the evaluation/post-qualified

1) _____	8) _____
2) _____	9) _____

4) _____	11) _____
5) _____	12) _____
6) _____	13) _____
7) _____	14) _____

- Did the BAC prepare the corresponding Abstract of Bids and signed by all BAC members and observers present the opening and evaluation of bids? Yes ___ / No ___ (if no, state the reason) _____

IV. Post-Qualification

- Have you been invited to the post-qualification? Yes ___ / No ___ (if no, state the reason) _____
- Did the BAC also undertake verification & validation that bidder with the LCB is not included in any government blacklists? Yes ___ / No ___ (if no, state the reason) _____

V. Notice and Execution of Award

- Have you been invited to the awarding of contract? Yes ___ / No ___ (if no, state the reason) _____
- Was the decision whether or not award the contract made within 15 calendar days from the determination and declaration by the BAC of the LCRB? Yes ___ / No ___ (if no, state the reason) _____
- Did the procuring entity issue a notice to proceed to the winning bidders not later than in 7 calendar days? Yes ___ / No ___ (if no, state the reason) _____
- Was the procurement process from opening of bids up to the award of contract completed within 3 months or shorter period as determined by the procuring entity? Yes ___ / No ___ (if no, state the reason) _____

Monitored by: _____ Name over Signature _____ Date monitored	Verified by: _____ Name over Signature _____ Designation / Date
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cc: NAMFREL Secretariat
Chief of Hospital/CHD Director
BAC Chairmen/ Regional IDC

"It is better to light a candle than to curse the darkness"

**Annex 4-A
DOH RHs and CHDs
Procurement Monitoring 2010**

Category/Hospital	APP	2010 Procurement Monitoring		
		Drugs	Non- Drugs	Total
<u>National Capital Region</u>	<u>802.31</u>	<u>91.27</u>	<u>229.52</u>	<u>320.79</u>
- ARMMC	240.92	7.00	5.00	12.00
- JRMMC	133.82	0.00	108.55	108.55
- PCMC	97.03	0.00	1.65	1.65
- RITM	191.85	39.19	18.30	57.49
- RMC	122.55	34.98	79.74	114.72
- CHD Manila	16.14	10.09	16.28	26.37
<u>Northern Luzon</u>	<u>524.80</u>	<u>182.06</u>	<u>141.44</u>	<u>323.51</u>
- BGHMC	220.02	100.00	43.57	143.57
- DPJGMRMC	52.16	30.00	0.00	30.00
- MMMHMC	-	52.06	96.86	148.92
- VRH	188.32	0.00	1.01	1.01
<u>Southern Luzon</u>	<u>622.40</u>	<u>23.37</u>	<u>37.28</u>	<u>60.64</u>
- BMC	38.16	21.71	29.50	51.21
- BRH	584.24	0.00	1.50	1.50
- CHD-Bicol	-	1.65	4.94	6.59
- CHD-Mimaropa	-	0.00	1.34	1.34
<u>Visayas</u>	<u>71.14</u>	<u>28.46</u>	<u>14.41</u>	<u>42.87</u>
- GCGMH	57.46	18.47	14.41	32.88
- EVRMC	9.99	9.99	0.00	9.99
<u>Mindanao</u>	<u>496.50</u>	<u>243.51</u>	<u>51.50</u>	<u>295.01</u>
- CRH	37.36	10.38	13.00	23.38
- MRH	25.81	9.00	17.00	26.00
- NMMC	78.46	39.78	0.00	39.78
- SPMC	353.21	184.34	21.50	205.84
Total	<u>2.517B</u>	<u>568.67M</u>	<u>474.15</u>	<u>1.042B</u>

CHD-Western Visayas – 3.69
CHD-Southern Mindanao – 1.66
Cagayan Valley Medical Center - 64.30

**Annex 4-B
DOH RHs and CHDs
Procurement Monitoring 2011**

Category/Hospital	APP	2011 Procurement Monitoring		
		Drugs	Non-Drugs	Total
<u>National Capital Region</u>	<u>836.23</u>	<u>129.22</u>	<u>253.39</u>	<u>382.61</u>
- ARMMC	189.99	16.20	14.13	30.33
- DJFMH	35.07	27.74	0.00	27.74
- JRMMC	-	9.00	11.19	20.19
- NCMH	32.47	10.19	5.43	15.62
- PCMC	92.37	51.55	77.31	128.86
- RITM	258.92	9.31	13.39	22.70
- RMC	182.93	0.00	19.00	19.00
- CHD Manila	44.48	5.23	112.94	118.17
<u>Northern Luzon</u>	<u>402.95</u>	<u>174.65</u>	<u>304.61</u>	<u>479.26</u>
- BGHMC	-	100.00	88.47	188.47
- CVMC	40.62	40.39	84.71	125.10
- DPJGMRMC	37.17	30.00	65.00	95.00
- MMMHMC	-	0.00	24.92	24.92
- CHD Luzon	39.13	4.26	41.51	45.77
<u>Southern Luzon</u>	<u>114.82</u>	<u>49.14</u>	<u>223.63</u>	<u>272.77</u>
- BMC	-	0.00	31.77	31.77
- BRH	39.99	40.00	91.84	131.84
- CHD-Bicol	74.83	1.74	20.16	21.90
- CHD-Mimaropa		7.40	79.93	87.33
<u>Visayas</u>	<u>534.48</u>	<u>503,000</u>	<u>106.42</u>	<u>106.93</u>
- GCGMH	-	0.00	99.41	99.41
- CHD W. Visayas	-	503,000	7.01	7.51
<u>Mindanao</u>	<u>107.10</u>	<u>27.55</u>	<u>132.00</u>	<u>159.55</u>
- CRH	-	13.72	17.41	31.13
- MRH	13.59	0.00	42.03	42.03
- NMMC	83.23	13.83	10.40	24.23
- CHD N. Mindanao	10.28	0.00	62.16	62.16
<u>Total</u>	<u>1.995B</u>	<u>381.06M</u>	<u>1.020B</u>	<u>1.401B</u>

Corazon Locsin Montelibano Memorial Regional Hospital – 534.48
Veterans Regional Hospital – 286.03

Annex 5-A
DOH RHs and CHDs
Delivery Monitoring

Category RHs & CHDs	2010-2011 Delivery Monitoring Pharmaceutical Products			
	ABC (M)	Awarded	Monitored	%
National Capital Region	222.20	162.08	114.17	70%
- ARMMC	7.00	5.18	5.09	98%
- DJFMH	19.25	13.13	11.44	87%
- JRMMC	36.55	22.93	10.33	45%
- NCMH	39.78	28.82	27.66	96%
- PCMC	35.36	24.38	20.65	85%
- RITM	39.19	38.19	18.57	49%
- RMC	34.98	19.73	10.97	56%
- CHD Manila	10.09	9.72	9.46	97%
Northern Luzon	175.41	134.40	71.44	53%
- BGHMC	100.00	60.41	32.58	54%
- CVMC	40.39	43.99	25.06	57%
- DPJGMRMC	30.00	26.81	10.61	40%
- CHD Luzon	5.02	3.19	3.19	100%
Southern Luzon	76.51	35.52	21.13	59%
- BMC	21.71	2.34	1.65	70%
- BRH	50.00	29.86	16.78	56%
- CHD Bicol	1.65	766,983	421,383	55%
- CHD Mimaropa	3.15	2.55	2.26	87%
Visayas	60.26	25.98	16.20	62%
- EVRMC	9.99	6.57	4.18	64%
- GCGMH	50.27	19.41	12.02	62%
Mindanao	246.88	128.17	79.57	62%
- CRH	10.38	9.45	3.94	42%
- MRH	9.00	8.63	6.81	79%
- NMMC	39.78	20.39	18.09	89%
- SPMC	184.34	86.19	47.99	56%
- CHD N. Mindanao	2.80	3.16	2.76	87%
- CHD S. Mindanao	562,350	336,386	316,882	94%
Total	781.26	486.15	302.51	62%

Annex 6-A
DOH RHs and CHDs
Inventory Monitoring

Category	2010-2011 Inventory Monitoring Pharmaceutical Products			
	Awarded	Delivered	Dispensed	%
<u>National Capital Region</u>	<u>162.08</u>	<u>114.17</u>	<u>78.29</u>	<u>48%</u>
- ARMMC	5.18	5.09	2.49	48%
- DJFMH	13.13	11.44	8.65	66%
- JRMMC	22.93	10.33	6.07	26%
- NCMH	28.82	27.66	28.71	99%
- PCMC	24.38	20.65	14.42	59%
- RITM	38.19	18.57	7.18	19%
- RMC	19.73	10.97	1.58	.08%
- CHD Manila	9.72	9.46	9.19	95%
<u>Northern Luzon</u>	<u>175.41</u>	<u>134.40</u>	<u>48.81</u>	<u>27%</u>
- BGHMC	60.41	32.58	20.42	34%
- CVMC	43.99	25.06	25.00	57%
- DPJGMRMC	26.81	10.61	3.39	13%
- CHD Luzon	3.19	3.19	--	--
<u>Southern Luzon</u>	<u>35.52</u>	<u>21.13</u>	<u>4.46</u>	<u>13%</u>
- BRH	29.86	16.78	4.34	15%
- CHD Mimaropa	2.55	2.26	115,347.02	5%
<u>Visayas</u>	<u>25.98</u>	<u>16.20</u>	<u>13.71</u>	<u>53%</u>
- EVRMC	6.57	4.18	3.74	57%
- GCGMH	19.41	12.02	9.97	51%
<u>Mindanao</u>	<u>128.17</u>	<u>79.57</u>	<u>53.22</u>	<u>41%</u>
- CRH	9.45	3.94	3.78	40%
- MRH	8.63	6.81	3.76	44%
- NMMC	20.39	18.09	18.14	89%
- SPMC	86.19	47.99	27.26	31%
- CHD N. Mindanao	3.16	2.76	201,893.70	6%
- CHD S. Mindanao	336,386	316,882	64,652.92	19%
<u>Total</u>	<u>P486.15</u>	<u>P302.51</u>	<u>P198.49</u>	<u>40%</u>

**Annex 7-A1
DOH RHs and CHDs
Warehouse Storage Inspection**

**CHD Central Luzon
San Fernando City, Pampanga**



Medicines and Supplies Were Store Properly At The Shelves

Cagayan Valley Medical Center

**Annex 7-A1
DOH RHs and CHDs
Warehouse Storage Inspection**

Tuguegarao City, Cagayan



Medicines Were Placed In A Shelf But No Proper Label / Classification



**Annex 7-A2
DOH RHs and CHDs
Warehouse Storage Inspection**

**CHD Northern Mindanao
Cagayan De Oro City, Misamis Oriental**



No Proper Arrangement Inside The Storage Room



Vaccines Were Placed In A Refrigerator

**Annex 7-A2
DOH RHs and CHDs
Warehouse Storage Inspection**

**Caraga Regional Hospital
Surigao City, Surigao Del Norte**



No Proper Arrangement Of The Supplies At The Storage Room



No Ceilina To Prevent From Heat

**Annex 7-A3
DOH RHs and CHDs
Warehouse Storage Inspection**

**Gov. Celestino Gallares Memorial Hospital
Tagbilaran City, Bohol**



Supplies Were Placed In A Shelf Properly



Medicines Were Stored Properly At The Shelves



**Annex 7-A3
DOH RHs and CHDs
Warehouse Storage Inspection**

**Dr. Jose Fabella Memorial Hospital
Manila City, Metro Manila**



Supplies Were Disorganized / No Proper Arrangement

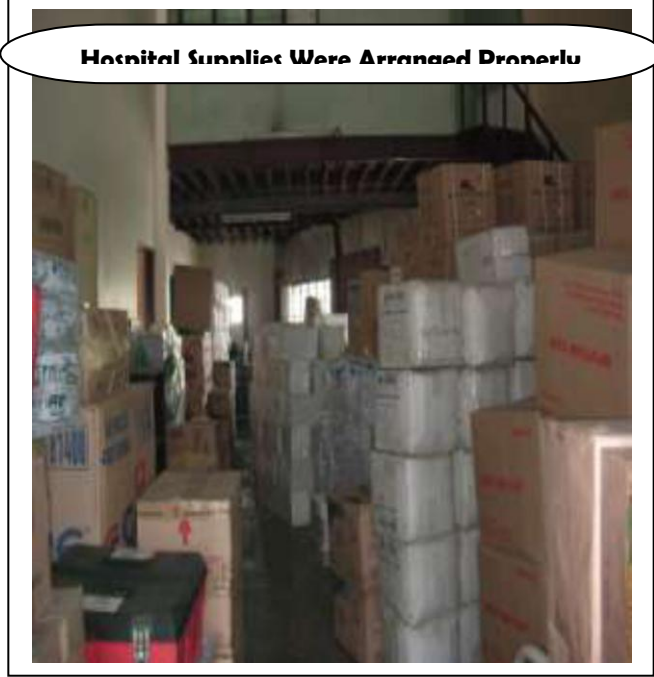


**Annex 7-A4
DOH RHs and CHDs
Warehouse Storage Inspection**

**CHD Mimaropa
Quezon City, Metro Manila**



Medicines Were Arranged Properly At The Storage Room



Hospital Supplies Were Arranged Properly

**Research Institute for Tropical Medicines
Muntinlupa City, Metro Manila**



Medicines And Junk Supplies Were Stored In The Same Space Storage Room



**Annex 7-A4
DOH RHs and CHDs
Warehouse Storage Inspection**



Medicines And Supplies Were Placed Properly At The Shelves



Inadequate Shelves To Store Up Medicines And Supplies



**Annex 7-A5
DOH RHs and CHDs
Warehouse Storage Inspection**

**Eastern Visayas Regional Medical Center
Tacloban City, Leyte**



Medicine & Supplies Were Properly Arranged both in Pharmacy And In Storage Room



**Annex 7-A5
DOH RHs and CHDs
Warehouse Storage Inspection**

**Northern Mindanao Medical Center
Cagayan De Oro City, Misamis Oriental**



Medicines & Supplies Were Well Arranged both In Pharmacy & Supply Storage Room



**Annex 7-A5
DOH RHs and CHDs
Warehouse Storage Inspection**

**Margosatubig Regional Hospital
Margosatubig, Zamboanga del Sur**



Medicines Were Arranged At The Shelves Properly But Without Label



Inadequate Shelves To Hold Drugs & Supplies