

Intervention: Vouchers to Patients (V2P)

Date: __/__/2016

CSCoM (ID and name, record according to the list): _____

Intervention Officer (ID and name): _____

In YES/NO questions please CIRCLE THE RIGHT OPTION

a) Please record the name of the patient and age on this log sheet and on the voucher. Verify if the number of the voucher coincides with the number on this sheet.

b) The patient has not been given an injection or other malaria meds besides the ACT

c) Make sure this is the usual price for this medication

d) NOT reimburse prescriptions that are not for simple malaria, and those do not fulfil the previous checkings

N° of voucher	Patient (a)		Time handed out	Used? 1=Yes 2=No	Check the following items on the voucher								Check Prescription Slip, Simple Malaria? 1=Yes 2=No	Reimbursement Approved (d) 1=Yes 2=No	If Reimbursement APPROVED, put AMOUNT (CFA)
	LASTNAME, First Name	Age			Same name and age? 1=Yes 2=No	Today's date and this clinic? 1=Yes 2=No	Doctor Signature? 1=Yes 2=No	Only ACT? (b) 1=Yes 2=No	Amount (CFA) (c)						
1			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
2			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
3			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
4			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
5			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
6			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
7			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
8			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
9			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
10			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
11			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
12			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
13			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
14			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
15			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
16			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
17			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
18			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
19			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
20			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
21			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
22			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
23			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
24			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
25			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
26			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__
27			__ : __	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	__	1 2	1 2	__

Intervention: Vouchers to Doctors (V2D)

Date: __/__/2016

CSCoM (ID and name, record according to the list): _____

Intervention Officer (ID and name): _____

- a) Serial numbers of the vouchers given to each doctor (upper right corner)
- b) You need to collect all vouchers that were not given to patients from health workers at the end of the day. NEVER leave or store vouchers at the CSCoM.

Health workers at the CSCoM able to diagnose and prescribe treatment for malaria.						
N°	LAST NAME, first name	Title/Role/Position	Time vouchers handed out	Amount of vouchers	Serial number of vouchers (a)	Number of vouchers not used (b)
1			__ : __		N° 1 to N° __	
2			__ : __		N° __ to N° __	
3			__ : __		N° __ to N° __	
4			__ : __		N° __ to N° __	
5			__ : __		N° __ to N° __	
6			__ : __		N° __ to N° __	

In YES/NO questions please CIRCLE THE RIGHT OPTION

- c) The patient has not been given an injection or other malaria meds besides the ACT
- d) Make sure this is the usual price for this medication
- e) NOT reimburse prescriptions that are not for simple malaria, and those do not fulfil the previous checkings

N° of voucher	Used? 1=Yes 2=No		(if voucher used) Patient		(if voucher used) Check the following items					(if voucher used) Check Prescription Slip, Simple Malaria?		(if voucher used) Reimbursement Approved (e) 1=Yes 2=No		If Reimbursement APPROVED, put AMOUNT (CFA)
			LASTNAME, First Name	Age	Today's date and this clinic? 1=Yes 2=No	Doctor Signature? 1=Yes 2=No	Only ACT? (c) 1=Yes 2=No	Amount (CFA) (d)		1=Yes 2=No		1=Yes 2=No		
1	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
2	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
3	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
4	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
5	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
6	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
7	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
8	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
9	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
10	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
11	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
12	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
13	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
14	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
15	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____
16	1	2			1 2	1 2	1 2	_____		1 2		1 2		_____

17	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
18	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
19	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
20	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
21	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
22	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
23	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
24	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
25	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
26	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
27	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
28	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
29	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
30	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
31	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
32	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
33	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
34	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
35	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
36	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
37	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
38	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
39	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
40	1	2			1	2	1	2	1	2	-----	1	2	1	2	-----
TOTAL AMOUNT* to be reimbursed to the Pharmacy:												-----				

* Just consider VALID vouchers

Comments: (Please, indicate the number of voucher before your comment)

N° __: _____

N° __: _____

N° __: _____

N° __: _____

N° __: _____

N° __: _____

When pharmacy CLOSES compare:

Total number of valid vouchers: __

Total number of vouchers at the pharmacy: __

Sign a reimbursement authorization for the pharmacy by the **TOTAL AMOUNT**