

Measurement, Learning & Evaluation (MLE) Project Pharmacy Audit – Nigeria - 2011

CITY NAME & CODE _____ [] (Abuja=1, Benin=2, Ibadan=3, Ilorin=4, Kaduna=5, Zaria=6)							
LGA NAME & CODE _____ [] [] [] []							
LOCALITY NAME & CODE _____ [] [] [] [] []							
PHARMACY NAME AND CODE _____ [] [] [] [] [] []							
PHYSICAL ADDRESS OF THIS PHARMACY SHOP _____							
LOCATION OF PHARMACY GPS Reading Altitude [] [] [] [] Latitude [N] [] [] [] [] [] [] [] [] [] Longitude [E] [] [] [] [] [] [] [] [] []							
MANAGING AUTHORITY							
Government.....1	Private (for-profit).....2	NGO (not-for-profit).....3	Mission.....4	Other.....6			
		(Specify)					
INTERVIEWER VISITS							
VISIT No.	1	2	3	FINAL VISIT			
DATE	DAY/ MONTH/YEAR [] / [] / 11]	DAY/ MONTH/ YEAR [] / [] / 11]	DAY/ MONTH/ YEAR [] / [] / 11]	DAY [] [] MONTH [] [] YEAR [2] [0] [1] [1]			
INTERVIEWER'S NAME	_____	_____	_____	_____			
INTERVIEWER CODE	[] [] []	[] [] []	[] [] []	[] [] []			
RESULT*	[]	[]	[]	[]			
NEXT VISIT: DATE	[] / [] / 11]	[] / [] / 11]	[] / [] / 11]	TOTAL NO. OF VISITS			
TIME	[] [] [] [] H H M M	[] [] [] [] H H M M	[] [] [] [] H H M M	[]			
*RESULT CODES: 1. COMPLETED 2. PHARMACY MOVED OR IS DESTROYED 3. RESPONDENT NOT AVAILABLE 4. RESPONDENT REFUSED 5. PARTLY COMPLETED 6. POSTPONED 7. OTHER _____ (Specify)							
LANGUAGE OF INTERVIEW	ENGLISH 1	HAUSA 2	YORUBA 3	IGBO 4	PIDGIN 5	OTHER(SPECIFY) 6 _____	TRANSLATOR USED? YES NO
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4	5	6 _____	1 2

FIND THE PERSON IN CHARGE OF MEDICINES. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PROVIDER MOST KNOWLEDGEABLE ABOUT PHARMACEUTICAL PROCEDURES, PURCHASING, AND MANAGEMENT		
POSITION OF PERSON INTERVIEWED		SEX OF PERSON INTERVIEWED
NON-PHARMACIST MANAGER/PROPRIETOR.....1 PHARMACIST MANAGER/PROPRIETOR.....2 PHARMACIST.....3 PHARMACY TECHNICIAN.....4 ATTENDANTS.....5 OTHER _____ 6 (SPECIFY)		MALE.....1 FEMALE.....2
SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME.....	NAME.....	NAME.....
CODE: <input type="text"/> <input type="text"/> <input type="text"/>	CODE: <input type="text"/> <input type="text"/> <input type="text"/>	CODE: <input type="text"/> <input type="text"/> <input type="text"/>
DATE []/[]/11 DD MM YY	DATE []/[]/11 DD MM YY	DATE []/[]/11 DD MM YY

Q1.	RECORD THE TIME (IN 24 HOUR FORMAT)	Hour <input type="text"/> <input type="text"/>	Minutes <input type="text"/> <input type="text"/>
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GENERAL FACILITY INFORMATION			
Source	Questions	Coding	Skip
Q2.	In this PHARMACY shop, how many regular, permanent staff (workers) work here?	<input type="text"/> <input type="text"/>	
Q3.	In what year did this facility open? PROBE: This is very important. Can you tell me how old this facility is? For example, would you say it is about 1, 2, 3, 7, 11, etc years old? FILL IN EITHER YEAR OPENED OR YEARS OLD.	YEAR OPENED..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....9998 OR YEARS OLD <input type="text"/> <input type="text"/>	
Q4.	On average, how many hours per day is the pharmacy open?	HOURS PER DAY <input type="text"/> <input type="text"/>	
Q5.	On average, how many days per week is the facility open?	DAYS PER WEEK <input type="text"/>	
Q6.	Is there a trained registered pharmacist who works at least part-time here?	YES..... 1 NO 2	→ Q8
Q7.	How many hours per week does the trained registered pharmacist work here?	Hours per week <input type="text"/> <input type="text"/> <input type="text"/>	
Q8.	Who is the principal person responsible for managing medical supplies at this pharmacy? By this I mean the person responsible for ordering, receiving and controlling medical supplies.	PHARMACIST 1 DISPENSER 2 NON-PHARMACIST MANAGER.....3 NON-PHARMACIST PROPRIETOR.....4 SUPPLIES OFFICER 5 STORE ASSISTANT 7 OTHER _____ 6 (SPECIFY)	
Q9.	Is there a stock register where the amount of each medicine received, the amount disbursed, and the amount present today (stock balance) is recorded?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	→ Q12
Q10.	How often do you update or reconcile your inventory/stock records?	EVERY <input type="text"/> <input type="text"/> DAY(S) THE DAY ITEMS ARE RECEIVED OR DISBURSED 95 NEVER 97 OTHER _____ (specify)..96	
Q11.	Is the stock maintenance system computerized?	YES 1 NO 2	

Q12.	CIRCLE THE RESPONSE THAT BEST DESCRIBES THE SYSTEM.	STOCK RECORDS UPDATED ON THE DAY ITEM RECEIVED/DISBURSED.....1 STOCK RECORDS NOT ALWAYS UPDATED WHEN ITEM DISBURSED, BUT RECORD OF ITEMS RECEIVED /DISTRIBUTED OBSERVED.....2 NO RECORDS OBSERVED.....3 RECORDS NOT UP TO DATE.....4 OTHER _____ 6 (SPECIFY)	
Q13.	Have you received any training on family planning?	YES1 NO2 DON'T KNOW8	} → Q16
Q14.	When was the last family planning training that you attended?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO...3 YEARS AGO.....4	
Q15.	What were the issues covered in the last training? CIRCLE ALL MENTIONED SPONTANEOUSLY. DO NOT READ OUT OPTIONS	CONTRACEPTIVE TECHNOLOGY UPDATE...A EXCLUSIVE BREASTFEEDING COUNSELING/LAM.....B NATURAL FP (STANDARD DAYS, CYCLE BEADS, ETC.).....C FP COUNSELING SKILLS.....D PILLS.....E CONDOMS.....F SPERMICIDE.....G EMERGENCY CONTRACEPTIVE.....H IUD.....I INJECTABLES.....J DIAPHRAGM.....K OTHERS _____ X (SPECIFY)	
Q16.	Is information and counseling related to family planning ever provided by staff from this facility to clients?	YES.....1 NO2 DON'T KNOW8	
Q17.	Before buying a method of family planning in this pharmacy, would you say that a woman receives FP information and counseling always, sometimes, or never?	YES, ALWAYS.....1 SOMETIMES2 NEVER.....3 DON'T KNOW8	
Q18.	OBSERVE WHETHER THERE ARE ANY FAMILY PLANNING PROMOTIONAL MATERIALS ON DISPLAY (EG, POSTERS, BROCHURES, DANGLERS, CALENDARS, ETC.)	DISPLAYED.....1 NOT DISPLAYED.....2	
Q19.	Does this pharmacy provide family planning methods?	YES1 NO2 DON'T KNOW8	→ Q22a
Q20.	Would you be willing to sell family planning methods at this shop?	YES.....1 NO2 DON'T KNOW8	→ END → END
Q21.	Which methods would you be willing to sell? MULTIPLE RESPONSES POSSIBLE.. CIRCLE ALL MENTIONED.	COMBINED PILLA PROGESTIN-ONLY PILLB PILL (TYPE UNSPECIFIED)C MALE CONDOMD FEMALE CONDOME IUD.....F SPERMICIDEG DIAPHRAGMH INJECTABLES.....I IMPLANTJ EMERGENCY CONTRACEPTIVESK OTHER (specify)X	} → ALL GO TO END

ASK IF THE FOLLOWING CONTRACEPTIVES ARE AVAILABLE. FOR EACH ITEM, CIRCLE THE APPROPRIATE CODE. FOR ALL ITEMS THAT ARE OBSERVED, ASK IF THERE HAS BEEN ANY STOCK-OUT (BRAND NOT AVAILABLE FOR AT LEAST 24 HOURS) DURING THE LAST 12 MONTHS AND LAST 30 DAYS.									
CONTRA- CEPTIVE (ASK FOR MOST POPULAR BRANDS)	Q22a. Does this pharmacy usually sell the following FP methods?	Q22b. What brands do you usually stock? LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS (CODING TO BE DONE IN OFFICE).	Q22c. What is the retail price (in Naira) for [PRODUCT/ BRAND]?	Q22d. What is the average retail sales volume in a month?	Q22e. Is [PRODUCT/ BRAND] currently available?	Q22f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last ONE year? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.	Q22g. In the past one year, for how many total days were you stocked out of [PRODUCT/ BRAND] (all stock-outs combined)?	Q22h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last ONE month (30 days)? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.	Q22i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock- outs combined)?
(1) Combination oral contraceptives (estrogen and pro- gestin)	YES..1 NO...2→(2)	 _____[] [] [] [] BRAND (1) _____[] [] [] [] BRAND (2) _____[] [] [] [] BRAND (3)	RETAIL PRICE PER CYCLE: [] [] [] [] BRAND (1) [] [] [] [] BRAND (2) [] [] [] [] BRAND (3)	SALES VOLUME (CYCLES): [] [] [] [] BRAND (1) [] [] [] [] BRAND (2) [] [] [] [] BRAND (3)	YES . .1 NO2 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [] [] [] BRAND (1) Don't know...998 [] [] [] BRAND (2) Don't know...998 [] [] [] BRAND (3) Don't know...998	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [] [] BRAND (1) Don't know...98 [] [] BRAND (2) Don't know...98 [] [] BRAND (3) Don't know...98
(2) Progestin- only oral contraceptives	YES..1 NO...2 <input type="checkbox"/> (3)	 _____[] [] [] [] BRAND (1) _____[] [] [] [] BRAND (2) _____[] [] [] [] BRAND (3)	RETAIL PRICE PER CYCLE: [] [] [] [] BRAND (1) [] [] [] [] BRAND (2) [] [] [] [] BRAND (3)	SALES VOLUME (CYCLES): [] [] [] [] BRAND (1) [] [] [] [] BRAND (2) [] [] [] [] BRAND (3)	YES . .1 NO2 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [] [] [] BRAND (1) Don't know...998 [] [] [] BRAND (2) Don't know...998 [] [] [] BRAND (3) Don't know...998	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [] [] BRAND (1) Don't know...98 [] [] BRAND (2) Don't know...98 [] [] BRAND (3) Don't know...98

CONTRA- CEPTIVE (ASK FOR MOST POPULAR BRANDS)	Q22a. Does this pharmacy usually sell the following FP methods?	Q22b. What brands do you usually stock? LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS (CODING WILL BE DONE IN THE OFFICE).	Q22c. What is the retail price (in Naira) for [PRODUCT/ BRAND]?	Q22d. What is the average retail sales volume in a month?	Q22e. Is [PRODUCT/ BRAND] currently available?	Q22f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last ONE year? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.	Q22g. In the past one year, for how many total days were you stocked out of [PRODUCT/ BRAND] (all stock-outs combined)?	Q22h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last ONE month (30 days)? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.	Q22i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock- outs combined)?
(3) Emergenc y contracept ives	YES..1 NO...2→(4)	_____ BRAND (1) [][][][] _____ BRAND (2) [][][][] _____ BRAND (3) [][][][]	RETAIL PRICE PER PACK: [][][][][] BRAND (1) [][][][][] BRAND (2) [][][][][] BRAND (3)	SALES VOLUME (PACKS): [][][][][] BRAND (1) [][][][][] BRAND (2) [][][][][] BRAND (3)	YES . .1 NO2 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [][][][] BRAND (1) Don't know...998 [][][][] BRAND (2) Don't know...998 [][][][] BRAND (3) Don't know...998	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [][][][] BRAND (1) Don't know...98 [][][][] BRAND (2) Don't know...98 [][][][] BRAND (3) Don't know...98
(4) Male condoms	YES..1 NO...2→(5)	_____ BRAND (1) [][][][] _____ BRAND (2) [][][][] _____ BRAND (3) [][][][]	RETAIL PRICE PER PIECE: [][][][][] BRAND (1) [][][][][] BRAND (2) [][][][][] BRAND (3)	SALES VOLUME (PIECES): [][][][][] BRAND (1) [][][][][] BRAND (2) [][][][][] BRAND (3)	YES . .1 NO2 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [][][][] BRAND (1) Don't know...998 [][][][] BRAND (2) Don't know...998 [][][][] BRAND (3) Don't know...998	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [][][][] BRAND (1) Don't know...98 [][][][] BRAND (2) Don't know...98 [][][][] BRAND (3) Don't know...98

CONTRA- CEPTIVE (ASK FOR MOST POPULAR BRANDS)	Q22a. Does this pharmacy usually sell the following FP methods?	Q22b. What brands do you usually stock? LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS (CODING WILL BE DONE IN THE OFFICE).	Q22c. What is the retail price (in Naira) for [PRODUCT/ BRAND]?	Q22d. What is the average retail sales volume in a month?	Q22e. Is [PRODUCT/ BRAND] currently available?	Q22f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last ONE year? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.	Q22g. In the past one year, for how many total days were you stocked out of [PRODUCT/ BRAND] (all stock-outs combined)?	Q22h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last ONE month (30 days)? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.	Q22i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock- outs combined)?
(5) Female condoms	YES..1 NO...2→(6)	 _____ [] [] [] [] BRAND (1) _____ [] [] [] [] BRAND (2) _____ [] [] [] [] BRAND (3)	RETAIL PRICE PER PIECE: [] [] [] [] BRAND (1) [] [] [] [] BRAND (2) [] [] [] [] BRAND (3)	SALES VOLUME (PIECES): [] [] [] [] BRAND (1) [] [] [] [] BRAND (2) [] [] [] [] BRAND (3)	YES . .1 NO2 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: <input type="text"/> <input type="text"/> <input type="text"/> BRAND (1) Don't know...998 <input type="text"/> <input type="text"/> <input type="text"/> BRAND (2) Don't know...998 <input type="text"/> <input type="text"/> <input type="text"/> BRAND (3) Don't know...998	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: <input type="text"/> <input type="text"/> BRAND (1) Don't know...98 <input type="text"/> <input type="text"/> BRAND (2) Don't know...98 <input type="text"/> <input type="text"/> BRAND (3) Don't know...98
(6) Spermicid e (foam, foaming tablets, gel)	YES..1 NO...2→(7)	 _____ [] [] [] [] BRAND (1) _____ [] [] [] [] BRAND (2) _____ [] [] [] [] BRAND (3)	RETAIL PRICE PER UNIT: [] [] [] [] BRAND (1) [] [] [] [] BRAND (2) [] [] [] [] BRAND (3)	SALES VOLUME (UNITS): [] [] [] [] BRAND (1) [] [] [] [] BRAND (2) [] [] [] [] BRAND (3)	YES . .1 NO2 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: <input type="text"/> <input type="text"/> <input type="text"/> BRAND (1) Don't know...998 <input type="text"/> <input type="text"/> <input type="text"/> BRAND (2) Don't know...998 <input type="text"/> <input type="text"/> <input type="text"/> BRAND (3) Don't know...998	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: <input type="text"/> <input type="text"/> BRAND (1) Don't know...98 <input type="text"/> <input type="text"/> BRAND (2) Don't know...98 <input type="text"/> <input type="text"/> BRAND (3) Don't know...98

CONTRA- CEPTIVE (ASK FOR MOST POPULAR BRANDS)	Q22a. Does this pharmacy usually sell the following FP methods?	Q22b. What brands do you usually stock? LIST ALL BRAND NAMES USUALLY STOCKED, EVEN IF CURRENTLY OUT OF STOCK. IF THERE ARE MORE THAN 3 BRANDS, LIST THE 3 MOST POPULAR BRANDS (CODING WILL BE DONE IN THE OFFICE).	Q22c. What is the retail price (in Naira) for _____ [PRODUCT/ BRAND]?	Q22d. What is the average retail sales volume in a month?	Q22e. Is _____ [PRODUCT/ BRAND] currently available?	Q22f. Has _____ [PRODUCT/ BRAND] been stocked out in this store for at least 24 hours in the last ONE year? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND.	Q22g. In the past one year, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock-outs combined)?	Q22h. Has _____ [PRODUCT/ BRAND] been stocked out for at least 24 hours in the last ONE month (30 days)? IF NO OR DON'T KNOW, SKIP TO NEXT BRAND/ METHOD.	Q22i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock- outs combined)?
(7) Injectables (Depo, Noristerat)	YES..1 NO...2→(8)	 _____ BRAND (1) [][][][] _____ BRAND (2) [][][][] _____ BRAND (3) [][][][]	RETAIL PRICE PER INJECTABLE: [][][][] BRAND (1) [][][][] BRAND (2) [][][][] BRAND (3)	SALES VOLUME (INJECTS) [][][][] BRAND (1) [][][][] BRAND (2) [][][][] BRAND (3)	YES . .1 NO2 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [][][] BRAND (1) Don't know...998 [][][] BRAND (2) Don't know...998 [][][] BRAND (3) Don't know...998	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [][] BRAND (1) Don't know...98 [][] BRAND (2) Don't know...98 [][] BRAND (3) Don't know...98
(8) Implant (e.g. Implanon or Jadelle)	YES..1 NO...2→ (Q23a)	 _____ BRAND (1) [][][][] _____ BRAND (2) [][][][] _____ BRAND (3) [][][][]	RETAIL PRICE PER IMPLANT: [][][][] BRAND (1) [][][][] BRAND (2) [][][][] BRAND (3)	SALES VOLUME (IMPLANTS): [][][][] BRAND (1) [][][][] BRAND (2) [][][][] BRAND (3)	YES . .1 NO2 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [][][] BRAND (1) Don't know...998 [][][] BRAND (2) Don't know...998 [][][] BRAND (3) Don't know...998	YES....1 NO2 DK.....8 <input type="checkbox"/> BRAND (1) <input type="checkbox"/> BRAND (2) <input type="checkbox"/> BRAND (3)	RECORD DAYS: [][] BRAND (1) Don't know...98 [][] BRAND (2) Don't know...98 [][] BRAND (3) Don't know...98

Now I would like to ask you about your specific stocks of different family planning methods/products.
ONLY ASK ABOUT THOSE METHODS THAT ARE AVAILABLE FROM Q22a.

CONTRACEPTIVE	Q23a. Where does your stock of CONTRACEPTIVE (most popular brands) come from? CHOOSE ALL.	Q23b. On average, how long does it take to receive your supplies after you have placed an order? READ LIST.
(01) Combination oral contraceptives (estrogen and progestin)	Government..... A Intl NGO B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know 8
(02) Progestin-only oral contraceptives	Government..... A Intl NGO B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know 8
(03) Emergency contraceptives	Government..... A Intl NGO B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know 8
(04) Male condoms	Government..... A Intl NGO B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know 8
(05) Female condoms	Government..... A Intl NGO B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know 8
(06) Spermicide	Government..... A Intl NGO B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know 8
(07) Injectables (e.g., Depo Provera, Noristerat)	Government..... A Intl NGO B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know 8
(08) Implant (Norplant)	Government..... A Intl NGO B Local NGO..... C Pharmacy wholesaler/distributor..... D Other _____ X (Specify) Don't know..... Z	One week or less..... 1 Between 2-4 weeks.... 2 Between 5-8 weeks.... 3 More than 8 weeks.... 4 Other _____ 6 (Specify) Don't know 8

Q24.	<p>If there is a shortage of a specific CONTRACEPTIVE between routine orders, what is the <u>most common</u> procedure followed by this pharmacy?</p> <ul style="list-style-type: none"> - Submit special order to normal supplier - Pharmacy purchases from private market - Clients must purchase from another outlet - Facility borrows from neighboring Pharmacy - None of the above 	<p>SPECIAL ORDER1 →</p> <p>PHARMACY PURCHASE 2 →</p> <p>CLIENTS PURCHASE ELSEWHERE. . .3 →</p> <p>PHARMACY BORROWS 4</p> <p>NONE OF THE ABOVE5 →</p>	<p>Q26</p> <p>Q26</p> <p>Q26</p> <p>Q26</p>
Q25.	When you borrow supplies, from what outlet do you most often borrow?	NAME: _____	
Q26.	From which type of outlet do you borrow supplies?	<p>Government.....1</p> <p>Private (for-profit).....2</p> <p>NGO (not-for profit).....3</p> <p>Mission.....4</p> <p>Other _____ 6</p> <p style="text-align: center;">(Specify)</p>	

ASK ONLY ABOUT THE FAMILY PLANNING METHODS THE PHARMACY IS PROVIDING IN Q22a.

Now I would like to ask you specifically about the contraceptive methods that you provide.

CONTRACEPTIVE	Q27a. What is the minimum age that you would offer this METHOD?	Q27b. What is the maximum age that you would offer this METHOD?	Q27c. Is there a minimum number of children a person must have before you will offer METHOD?	Q27d. What is that minimum number of children?	Q27e. Do you require a partner's consent before you will provide METHOD?	Q27f. Would you offer METHOD to an unmarried person?	Q27g. Do you require a prescription for a client to receive this METHOD?
(1) Combination oral contraceptives (estrogen and progestin)	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES1 NO2	YES1 NO2	YES1 NO2
(2) Progestin-only oral contraceptives	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES1 NO2	YES1 NO2	YES1 NO2
(3) Emergency contraceptives	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES1 NO2	YES1 NO2	YES1 NO2
(4) Male condoms	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES1 NO2	YES1 NO2	YES1 NO2
(5) Female condoms	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES1 NO2	YES1 NO2	YES1 NO2
(6) Spermicide (foam, foaming tablets, gel)	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES1 NO2	YES1 NO2	YES1 NO2
(7) Injectables (e.g. Depo Provera/ DMPA)	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES1 NO2	YES1 NO2	YES1 NO2
(8) Implant (e.g. Implanon or Jadelle)	<input type="text"/> NO MIN...93 DK.....98	<input type="text"/> NO MAX...93 DK.....98	YES ... 1 NO ... 2 → Q27e DK.....8 → Q27e	<input type="text"/>	YES1 NO2	YES1 NO2	YES1 NO2

Q28.	Is this pharmacy linked with any organization that provides family planning methods and materials at a discounted rate or for free (such as PPFN or SFH)?	Yes.....1 No.....2 Don't know.....8	Q30 Q30
Q29a.	What is the name of the organization?	Q29b What year did this facility begin to associate with each organization named?	
	1.	Year Don't know 9998	
	2.	Year Don't know 9998	
	3.	Year Don't know 9998	
	4.	Year Don't know 9998	
Q30.	Organizations like SFH and PPFN sometimes distribute products at a lower price to pharmacies to sell. These are called socially marketed products. Do you have socially marketed contraceptive products in stock?	Yes 1 No 2 Don't know 8	Q32 Q32
Q31.	What are all the socially marketed family planning products that you have in stock? LIST SPECIFIC FAMILY PLANNING BRAND NAMES. (CODE WILL BE PROVIDED AT THE OFFICE)	_____ _____ _____	
STORAGE & STOCK: Now I would like to see the place where contraceptive methods are stored. We are just trying to get an idea of how we can help outlets improve their stocking and storing methods. Remember that my findings will be just used for research purposes and will be kept strictly confidential.			
Q32.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM WATER OR DAMPNES	YES 1 NO 2 CANNOT OBSERVE STORAGE AREA.....3	Q38
Q33.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE OFF THE FLOOR	YES 1 NO 2	
Q34.	OBSERVE WHETHER THE CEILING ABOVE THE CONTRACEPTIVE METHODS IS INTACT AND NOT LEAKING	YES 1 NO 2	
Q35.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM THE SUN.	YES 1 NO 2	
Q36.	OBSERVE WHETHER THE ROOM IS CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC).	YES 1 NO 2	
Q37.	OBSERVE WHETHER THE INJECTABLES ARE STORED UPRIGHT.	YES 1 NO 2 NOT APPLICABLE/DON'T PROVIDE INJECTABLES.....7	
Q38.	Does the pharmacy separate damaged and/or expired family planning methods from the usable products, and remove them from the inventory? IF YES, ASK TO SEE EVIDENCE OF EACH OF THE INDICATED PRACTICES AND ALL THAT WERE OBSERVED. ALSO ASK FOR THE TALLY CARD TO CHECK FOR RECORDED BALANCE.	YES, DAMAGED/EXPIRED ITEM REMOVED FROM INVENTORY 1 REMOVED FROM SHELVES AND NO EXPIRED ITEMS PRESENT..... 2 EXPIRED ITEMS OBSERVED 3 REPORTED YES BUT CANNOT OBSERVE....4 NO 5	

Q39.	OBSERVE WHETHER THERE IS A FUNCTIONAL REFRIGERATOR IN THE SHOP FOR STORING MEDICINES	YES, OBSERVED REFRIGERATOR AND FUNCTIONAL.....1 YES, OBSERVED REFRIGERATOR BUT NOT FUNCTIONAL OR NOT USED FOR STORING MEDICINES.....2 YES, BUT REFRIGERATOR NOT OBSERVED.....3 NO REFRIGERATOR PRESENT.....5	
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Q40.	RECORD THE TIME	Hour <input type="text"/> <input type="text"/>	Minutes <input type="text"/> <input type="text"/>
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Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept confidential. Have a good day!

COMMENTS: