

Measurement, Learning & Evaluation (MLE) Project Chemists/Patent Medicine Stores (PMS) – Nigeria - 2011

CITY NAME & CODE _____ (Abuja=1, Benin=2, Ibadan=3, Ilorin=4, Kaduna=5, Zaria=6)		[]						
LGA NAME & CODE _____		[][][][]						
LOCALITY NAME & CODE _____		[][][][][]						
FACILITY NAME AND CODE _____		[][][][][][]						
PHYSICAL ADDRESS OF THIS STORE _____								
LOCATION OF CHEMIST/PMS								
GPS Reading	[][][][][]							
Altitude								
Latitude	[N][][][][][]							
Longitude	[E][][][][][][]							
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	HAUSA	YORUBA	IGBO	PIDGIN	OTHER(SPECIFY)	TRANSLATOR USED?	
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4	5	6 _____	YES	NO
	1	2	3	4	5	6 _____	1	2

FIND THE PERSON WHO IS THE OWNER OF THE SHOP. IF HE/SHE IS NOT PRESENT, ASK TO SEE THE PERSON MOST KNOWLEDGEABLE ABOUT THE INVENTORY.

POSITION OF RESPONDENT 1 = OWNER 2 = EMPLOYEE 3 = TRAINEE/APPRENTICE 6 = OTHER: _____ (SPECIFY)		SEX OF RESPONDENT 1 = MALE 2 = FEMALE
SUPERVISOR NAME..... CODE: <input type="text"/> <input type="text"/> <input type="text"/> DATE [__ / __ / 11__] DD MM YY	OFFICE EDITOR NAME..... CODE: <input type="text"/> <input type="text"/> <input type="text"/> DATE [__ / __ / 11__] DD MM YY	KEYED BY NAME..... CODE: <input type="text"/> <input type="text"/> <input type="text"/> 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"/>
GENERAL INFORMATION			
Source	Questions	Coding	Skip
Q2.	What is the highest level of school you attended: Quranic only, primary, junior secondary, senior secondary, or higher?	QURANIC ONLY.....0 → PRIMARY.....1 JUNIOR SECONDARY (JSS).....2 SENIOR SECONDARY (SSS).....3 HIGHER.....4 DID NOT ATTEND SCHOOL.....5 →	Q4 Q4
Q3.	What is the highest (class/form/year) you completed at that level?	CLASS/FORM/YEAR.....[][]	
Q4.	Do you have any professional medical qualification?	YES.....1 NO.....2 →	Q6
Q5.	What is your medical qualification?	PHYSICIAN.....01 REGISTERED PHARMACIST.....02 PHARMACY TECHNICIAN.....03 NURSE.....04 MIDWIFE.....05 NURSE/ MIDWIFE.....06 CHEW.....07 CHO.....08 OTHER.....96	
Q6.	In this shop, how many regular, permanent staff (workers) work here?	<input type="text"/> <input type="text"/>	
Q7.	Do you have an official training program for PMV trainees?	YES.....1 NO.....2 →	Q9
Q8.	How many trainees are you currently training?	<input type="text"/> <input type="text"/>	

Q9.	In what year did this shop open? PROBE, IF RESPONDANT SAYS DON'T KNOW: THIS IS VERY IMPORTANT. Can you tell me how old this shop is? For example, would you say it is about 7 years old? 10 years old? (etc.)	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"/>	
Q10.	On average, how many hours per day is the shop open?	HOURS PER DAY <input type="text"/> <input type="text"/>	
Q11.	On average, how many days per week is the shop open?	DAYS PER WEEK <input type="text"/>	

Q12.	Do you belong to any trade-related association(s)?	YES.....1 NO.....2 → IN PROCESS.....3 → DON'T KNOW.....8 →	Q14 Q14 Q14
Q13.	If yes, which association(s):	1. _____ 2. _____ 3. _____	
Q14.	Do you belong to any health-related association(s)?	YES.....1 NO.....2 → IN PROCESS.....3 → DON'T KNOW.....8 →	Q16a Q16a Q16a
Q15.	If yes, which association(s):	1. _____ 2. _____ 3. _____	
Q16a.	Is there a stock register for family planning methods received, the amount disbursed, and the amount present today (stock balance) is recorded?	YES, OBSERVED 1 YES, REPORTED, NOT SEEN . . . 2 NO 3	
Q16b.	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 96 (SPECIFY)	
Q16c.	Is the stock maintenance system computerized?	YES 1 NO 2	
Q16d.	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)	
Q17.	Have you received any training on family planning?	YES.....1 NO.....2 → DON'T KNOW.....8 →	Q20 Q20
Q18.	When was the last family planning training that you attended?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO...3 <input type="text"/> <input type="text"/> YEARS AGO.....4	
Q19.	What were the issues covered in the last training? CIRCLE ALL MENTIONED.	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 OTHERSX (SPECIFY)	

Q20.	Would you be willing to attend any future training on family planning/birth spacing or other reproductive health needs?	YES.....1 NO.....2 DON'T KNOW 8	
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Q21.	Do you talk about family planning/birth spacing to your customers/clients?	YES.....1 NO.....2 DON'T KNOW.....8	→	Q23
Q22.	Would you be willing to talk about family planning/birth spacing to customers/clients?	YES.....1 NO.....2 DON'T KNOW.....8		
Q23.	Do you refer clients/customers to other stores or facilities for family planning/birth spacing methods?	YES.....1 NO.....2 DON'T KNOW.....8		
Q24.	Do you provide materials on family planning/birth spacing to your customers/clients?	YES.....1 NO.....2 DON'T KNOW.....8	→	Q26
Q25.	Would you be willing to provide materials on family planning/birth spacing to customers/clients?	YES.....1 NO.....2 DON'T KNOW.....8		
Q26.	OBSERVE WHETHER THERE ARE ANY FAMILY PLANNING PROMOTIONAL MATERIALS ON DISPLAY (EG, POSTERS, BROCHURES, DANGLERS, CALENDARS, ETC.)	DISPLAYED.....1 NOT DISPLAYED.....2		
Q27.	Would you be willing to display (additional) information/educational materials on family planning/birth spacing at this shop?	YES.....1 NO.....2 DON'T KNOW.....8		
Q28.	Do you provide family planning/birth spacing methods at this shop?	YES.....1 NO.....2 DON'T KNOW.....8	→	Q32a
Q29.	Would you be willing to sell family planning/birth spacing methods at this shop?	YES.....1 NO.....2 DON'T KNOW.....8	→	Q31 Q31
Q30.	Which methods would you be willing to sell? CIRCLE ALL MENTIONED.	COMBINED PILL.....A PROGESTIN-ONLY PILL.....B PILL (UNSPECIFIED).....C MALE CONDOM.....D FEMALE CONDOM.....E IUD.....F SPERMICIDE.....G DIAPHRAGM.....H INJECTABLES.....I IMPLANT.....J EMERGENCY CONTRACEPTION.....K OTHER.....X (SPECIFY)		
Q31.	What would help influence you to decide to provide family planning information and methods? CIRCLE ALL MENTIONED.	FREE TRAINING.....A FREE PRODUCTS.....B REDUCED PRICE OF PRODUCTS.....C FREE PROMOTIONAL MATERIALS.....D OTHER.....X (SPECIFY) NOTHING.....Y	} →	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)	Q32a. Does this pharmacy usually sell the following FP methods?	Q32b. What brands do you <u>usually</u> 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).	Q32c. What is the retail price (in Naira) for [PRODUCT/ BRAND]?	Q32d. What is the average retail sales volume in a month?	Q32e. Is [PRODUCT/ BRAND] currently available?	Q32f. 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.	Q32g. In the past one year, for how many total days were you stocked out of [PRODUCT/ BRAND] (all stock-outs combined)?	Q32h. 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.	Q32i. In the last 30 days, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock- outs combined)?
(1) Combin- ation oral contra- ceptives (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 contra- ceptives	YES..1 NO...2→(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)	Q32a. Does this pharmacy usually sell the following FP methods?	Q32b. 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).	Q32c. What is the retail price (in Naira) for [PRODUCT/ BRAND]?	Q32d. What is the average retail sales volume in a month?	Q32e. Is [PRODUCT/ BRAND] currently available?	Q32f. 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.	Q32g. In the past one year, for how many total days were you stocked out of [PRODUCT/ BRAND] (all stock-outs combined)?	Q32h. 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.	Q32i. 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)	Q32a. Does this pharmacy usually sell the following FP methods?	Q32b. 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).	Q32c. What is the retail price (in Naira) for _____ [PRODUCT/ BRAND]?	Q32d. What is the average retail sales volume in a month?	Q32e. Is _____ [PRODUCT/ BRAND] currently available?	Q32f. 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.	Q32g. In the past one year, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock-outs combined)?	Q32h. 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.	Q32i. 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)	 	RETAIL PRICE PER PIECE: 	SALES VOLUME (PIECES): 	YES . . 1 NO2 	YES....1 NO2 DK.....8 	RECORD DAYS: 	YES....1 NO2 DK.....8 	RECORD DAYS:
(6) Spermicide (foam, foaming tablets, gel)	YES..1 NO...2→(7)	 	RETAIL PRICE PER UNIT: 	SALES VOLUME (UNITS): 	YES . . 1 NO2 	YES....1 NO2 DK.....8 	RECORD DAYS: 	YES....1 NO2 DK.....8 	RECORD DAYS:

CONTRA-CEPTIVE (ASK FOR MOST POPULAR BRANDS)	Q32a. Does this pharmacy usually sell the following FP methods?	Q32b. 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).	Q32c. What is the retail price (in Naira) for _____ [PRODUCT/ BRAND]?	Q32d. What is the average retail sales volume in a month?	Q32e. Is _____ [PRODUCT/ BRAND] currently available?	Q32f. 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.	Q32g. In the past one year, for how many total days were you stocked out of _____ [PRODUCT/ BRAND] (all stock-outs combined)?	Q32h. 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.	Q32i. 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BRAND (1) Don't know...998 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BRAND (2) Don't know...998 <input type="text"/> <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
(8) Implant (e.g. Implanon or Jadelle)	YES..1 NO...2→ (Q33a)	 _____ [] [] [] [] 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BRAND (1) Don't know...998 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BRAND (2) Don't know...998 <input type="text"/> <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

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 Q32a.		
CONTRACEPTIVE	Q33a. Where does your stock of CONTRACEPTIVE (most popular brands) come from? CHOOSE ALL.	Q33b. 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 know8
(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 know8
(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 know8
(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 know8
(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 know8
(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 know8
(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 know8
(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 know8

Q34.	<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>→Q36</p> <p>→Q36</p> <p>→Q36</p> <p>→Q36</p>
Q35.	<p>When you borrow CONTRACEPTIVE supplies, from what outlet do you most often borrow?</p>	<p>NAME:</p> <p>_____</p>	
Q36.	<p>From which type of outlet do you borrow CONTRACEPTIVE supplies?</p>	<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 Q32a.							
Now I would like to ask you specifically about the contraceptive methods that you provide.							
CONTRACEPTIVE	Q37a. What is the minimum age that you would offer this METHOD?	Q37b. What is the maximum age that you would offer this METHOD?	Q37c. Is there a minimum number of children a person must have before you will offer METHOD?	Q37d. What is that minimum number of children?	Q37e. Do you require a partner's consent before you will provide METHOD?	Q37f. Would you offer METHOD to an unmarried person?	Q37g. Do you require a prescription for a client to receive this METHOD?
(1) Combination oral contraceptives (estrogen and progestin)	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(2) Progestin-only oral contraceptives	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(3) Emergency contraceptives	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(4) Male condoms	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(5) Female condoms	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(6) Spermicide (foam, foaming tablets, gel)	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(7) Injectables (e.g. Depo Provera/ DMPA)	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2
(8) Implant (e.g. Implanon or Jadelle)	<input type="text"/> <input type="text"/> NO MIN...93 DK.....98	<input type="text"/> <input type="text"/> NO MAX...93 DK.....98	YES...1 NO...2 → Q37e DK.....8 → Q37e	<input type="text"/> <input type="text"/>	YES...1 NO...2	YES...1 NO...2	YES...1 NO...2

Q38.	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 → Q40 Don't know.....8 → Q40
Q39a.	What is the name of the organization?	Q39b. 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
Q40.	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 → Q42 Don't know 8 → Q42
Q41.	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.		
Q42.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM WATER OR DAMPNESS	YES 1 NO 2 CANNOT OBSERVE STORAGE AREA.....3 → Q48
Q43.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE OFF THE FLOOR	YES 1 NO 2
Q44.	OBSERVE WHETHER THE CEILING ABOVE THE CONTRACEPTIVE METHODS IS INTACT AND NOT LEAKING	YES 1 NO 2
Q45.	OBSERVE WHETHER ALL THE CONTRACEPTIVE METHODS ARE PROTECTED FROM THE SUN.	YES 1 NO 2
Q46.	OBSERVE WHETHER THE ROOM IS CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC).	YES 1 NO 2
Q47.	OBSERVE WHETHER THE INJECTABLES ARE STORED UPRIGHT. CHECK IF THE ARROW ON THE INJECTABLE IS FACING UP	YES 1 NO 2 NOT APPLICABLE/DON'T PROVIDE INJECTABLES.....7
Q48.	Does the shop 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

Q49.	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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Q50.	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: