

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE-PARTNERSHIP FOR A HEALTHY NAIROBI DRUG STORE ASSESSMENT

001 NAME OF HEALTH FACILITY _____

002 CODE OF FACILITY

003 DATE INTERVIEW COMPLETED (DD/MM/YY)

004 INTERVIEWER CODE

SECTION 1. INTRODUCTION AND CONSENT

Hello. My name is _____. I am here on behalf of the African Population and Health Research Centre AMREF, Jhpiego, and Population Council to assist the City Council of Nairobi in knowing more about the services you offer in terms of drug dispensing and other health services. The information you give us will be used by APHRC and other organizations supporting health services in your facility, for planning service improvement or for planning for the capacity building needs of health workers in the pharmaceutical industry. The data collected from you may also be provided to researchers for analyses, however, your name and the name of your facility will not be provided, and any reports that use this data will only present information in aggregate form so that you or your facility cannot be identified. We are asking for your help to ensure that the information we collect is accurate.

Please give us your honest opinion. This is not a fact-finding mission but rather an attempt to help us plan for the training needs of health providers in this facility and others. You will answer the questions in private and the interview will take about 30 minutes of your time. Do you have any questions about the survey?

005a RESPONDENT AGREES TO BE INTERVIEWED 01

RESPONDENT DOES NOT AGREE 02 →
TO BE INTERVIEWED

**THANK THE RESPONDENT
AND END THE INTERVIEW**



RESPONDENT'S SIGNATURE

005b RESPONDENT SIGNS..... 01
RESPONDENT REFUSES TO SIGN 02

006 Start time of interview
(24 hour)

007 RESULT CODES:

1 = COMPLETED

'2 = RESPONDENT NOT AVAILABLE

3 =PARTIALLY COMPLETED

'4 = REFUSED

5= OTHER _____

008 EDITED BY TL(CODE):

DATE

D D M M Y Y

TL SIGNATURE:

ORGANISATION PROFILE

Particulars of Organisation

1.1 Name _____

1.2 a) Year established

b) Year registered

1.3 Site (1=Kibera, 2=Korogocho, 3=Viwandani)

1.4 Village _____ 1.5 Location _____

Contact Details:

1.6 Main Contact person's name _____

1.7 Is the main contact person the owner of the facility' 1= Yes; 2=No

☐

1.8 Telephone no

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1.9a Does this facility have other outlets (1=Yes 2=No)?

☐

1.9 b If yes, how many?

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SECTION 2: QUALIFICATIONS OF PERSONNEL

2.1 What is the qualification of the drug store owner?

- | | |
|-------------------------------|----|
| Pharmacist | 1 |
| Pharmaceutical technologist | 2 |
| Pharmaceutical representative | 3 |
| Pharmacy technician | 4 |
| Pharmacy assistant | 5 |
| Dispenser | 6 |
| Medical doctor | 7 |
| Clinical officer | 8 |
| Nurse | 9 |
| Others (specify) _____ | 10 |

CIRCLE ONLY ONE RESPONSE**2.2 FW: CHECK QN. 1.7. IF THE RESPONDENT IS THE OWNER, SKIP TO 2.3, ELSE ASK:**

To which staff cadre do you belong?

- | | |
|-------------------------------------|---|
| PHARMACIST | 1 |
| PHARMACEUTICAL TECHNOLOGIST | 2 |
| PHARMACY ASSISTANT | 3 |
| DISPENSER/PHARMACY TECHNICIAN | 4 |
| OTHER (SPECIFY) _____ | 5 |

(CIRCLE ONLY ONE)**2.3** What is your position in this facility?**(CIRCLE ONLY ONE)**

FACILITY IN-CHARGE 01

DEPARTMENT/UNIT IN-CHARGE 02

OTHER STAFF MEMBER 03 _____ (specify)

2.4 List all personnel working at the drug store

JOB TITLE/POSITION	TRAINING/QUALIFICATION	TRAINED IN RATIONAL DRUG USE?		
		YES	NO	DONTKNOW
1 _____	_____	1	2	
2 _____	_____	1	2	
3 _____	_____	1	2	
4 _____	_____	1	2	
5 _____	_____	1	2	
6 _____	_____	1	2	

SECTION 3. LICENSURE /REGISTRATION OF OUTLET

301a Is the drug store currently registered by Kenya Pharmacy and Poison board (1=Yes, 2=No)? ☐

301b If Yes, **ASK TO SEE CERTIFICATE**

Certificate seen.....	1
Certificate not seen.....	2
Not registered.....	3

302. Has the drug store been licenced by City Council of Nairobi (1=Yes, 2=No)? ☐

303a. Have you been visited by any inspectors from KPPB (1=Yes, 2=No)? ☐ **IF NO, SKIP TO 304**

303b If yes, when was the last visit (DD/MM/YY)?

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304. Which of the following services are offered to clients?

CIRCLE ALL THAT APPLY

- | | |
|--|---|
| Dispensing Over-the-Counter (OTC) drugs | A |
| Dispensing Non-OTC drugs | B |
| Prescribing for chronic ailments (e.g. hypertension, HIV, TB) | C |
| Prescribing for minor acute ailments (e.g. flu, fever, headache) | D |
| Dressing wounds | E |
| Screening (e.g use of glucometer) | F |
| VCT | G |
| Other (specify) _____ | H |

SECTION 4. GUIDELINES

4.1 Have you ever heard of the GUIDELINES FOR GOOD WHOLESALING AND RETAIL PRACTICE FOR PHARMACEUTICALS (1=YES 2=NO)? ☐

4.2 Have you ever had training in service guidelines' 1=YES, 2=NO ☐ **IF NO, SKIP TO 4.5**

4.3 When was the last time you had training in any service guidelines?

--	--	--	--	--	--

D D M M Y Y

4.4 Was the training pre-service or in-service?

Pre-service	1
In-service.....	2

4.5 Have you ever gone for CME (Continuing Medical Education?) (1=Yes 2=No) ☐ **IF NO, SKIP TO SECTION 5**

4.6 When was the last time you went for CME?

--	--	--	--	--	--

D D M M Y Y

SECTION 5: DRUGS

5.1 List the 10 most common dispensed medicines at the outlet

	Brand name	Generic name	Formulation
1			
2			
3			
4			
5			

5.1 contd.... List the 10 most common dispensed medicines at the outlet

Brand name	Generic name	Formulation
6		
7		
8		
9		
10		

5.2 Where do you obtain your drugs?

- 1 Private pharmaceutical company/supplier A
 2 KEMSA B
 3 MEDS C
 4 OTHERS (specify) _____ D
- CIRCLE ALL THAT APPLY**

5.3 Are you able to detect counterfeit drugs?

Yes..... 1
 No..... 2 → 5.5 IF NO, SKIP TO 5.5

5.4 What do you do when you detect counterfeit drugs?

- Report to PPB A
 Dispose B
 Other (specify) _____ C
- CIRCLE ALL THAT APPLY**

5.5 Do you have a list of registered drugs? **FW: ASK TO SEE LIST**

List seen.....1
 List not seen.....2

5.6 How often do you get clients that want prescription drugs when they don't have a prescription? ☐

Would you say it is very often, quite often, sometimes, rarely or never?

1=Very often; 2=Quite often; 3=Sometimes; 4=Rarely; 5=Never

5.7 Do you always give a full dose of medication? Yes..... 1

No..... 2

AVAILABILITY OF GENERAL MEDICINES

5.8 In this section we would like to know if the following drugs are available **today** in this facility.

For a "YES" reply, drugs and commodities must be present in the form and dosage indicated (and not expired).

IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE
 IN THE LAST THREE MONTHS (QUESTION 5.9, **LAST COLUMN**)

5.9
Was this
drug
available
in the last
3 months?

	DOSAGE	AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	YES	NO
01	Salbutamol inhaler for asthma? 0.1mg/dose	1	2	3 →	1	2
02	Glibenclamide capsules or tabs for diabetes? 5 mg	1	2	3 →	1	2
03	Atenolol capsules or tabs cardiovascular disease? 50 mg	1	2	3 →	1	2
04	Captopril capsules or tabs for cardiovascular disease? 25 mg	1	2	3 →	1	2
05	Enalapril for cardiovascular disease? 2.5 mg	1	2	3 →	1	2

5.8 contd.....		AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	Available in last 3 months? YES NO	
	DOSAGE					
06	Simvastatin capsules or tabs for cardiovascular disease? 20 mg	1	2	3 →	1	2
07	Amitriptyline capsules or tabs for depression? 25 mg	1	2	3 →	1	2
08	Ciprofloxacin capsules or tabs for infectious disease? 500 mg	1	2	3 →	1	2
09	Co-trimoxazole suspension for paediatric infectious disease? 8+40 mg/ml	1	2	3 →	1	2
10	Co-trimoxazole tablets for adult infectious diseases? 80/400 mg	1	2	3 →	1	2
11	Co-trimoxazole tablets for adult infectious diseases? 160/800 mg	1	2	3 →	1	2
12	Amoxicillin capsules or tabs for infectious disease? 250/500 mg	1	2	3 →	1	2
13	Ceftriaxone injection for infectious disease? 1g/vial	1	2	3 →	1	2
14	Fluconazole capsules or tabs for infectious disease? 150 mg	1	2	3 →	1	2
15	Diclofenac or Ibuprofen capsules or tabs for pain relief? 50 mg 200/400mg	1	2	3 →	1	2
16	Paracetamol suspension for pediatric pain relief? 125mg/ml	1	2	3 →	1	2
17	Paracetamol Tablets for adults pain relief 500mg					
18	Omeprazole capsules or tabs for peptic ulcers and reflux? 20mg	1	2	3 →	1	2
19	Albendazole chewable tablets for the treatment of parasitic infestations 400mg	1	2	3 →	1	2
20A	Mebendazole tablets for the treatment of parasitic infections 100 mg	1	2	3 →	1	2
20B	Mebendazole tablets 500mg	1	2	3 →	1	2
21	Metrodinazole tablets 200 mg					
22	Vitamin A capsules 200,000IU	1	2	3 →	1	2
23	Oxytocin injection for use during second and third stage of labor and for treatment of postpartum hemorrhage 10IU in 1 ml ampoule	1	2	3 →	1	2
24	Magnesium sulphate for prevention and treatment of eclampsia-related seizures 500mg/ml in 2ml ampoule	1	2	3 →	1	2
25	Oral rehydration salts (ORS) sachets	1	2	3 →	1	2
26	Combined oral contraceptive pills	1	2	3 →	1	2
27	Injectable contraceptives	1	2	3 →	1	2
28	Male condoms	1	2	3 →	1	2

MALARIA MEDICINES						
5.10	In this section we would like to know if the following drugs for the treatment of malaria are available today in this facility. For a "YES" reply, drugs must be present in the form and dosage indicated (and not expired). IF NOT AVAILABLE TODAY, ASK IF THE DRUG WAS AVAILABLE IN THE LAST THREE MONTHS (QUESTION 224, LAST COLUMN)					5.11 Was this drug available in the last 3 months?
	DOSAGE	AVAILABLE TODAY	AVAILABLE BUT EXPIRED	NOT AVAILABLE	YES	NO
01	Coartem, an artemisinin combination therapy (ACT) (Artemether + Lumefantrine)	1	2	3 →	1	2
02	Artemisinin (oral) - not as combination therapy	1	2	3 →	1	2
03	Fansidar (SP, sulfadoxine + Pyrimethamine) 500mg+25mg	1	2	3 →	1	2
04	Quinine (oral or injectable)	1	2	3 →	1	2
05	Other antimalarial drugs (oral or injectable) (SPECIFY) _____	1	2	3 →	1	2
ARV MEDICINES						
5.11 Do you store ARV drugs <div style="display: flex; justify-content: flex-end; align-items: flex-end; margin-top: 10px;"> Yes..... 1 No..... 2 → Section 6 </div>						
5.13 Are the drugs available today? <div style="display: flex; justify-content: flex-end; align-items: flex-end; margin-top: 10px;"> Yes..... 1 No..... 2 → Section 6 </div>						
5.14 Were the drugs available in the last three months? <div style="display: flex; justify-content: flex-end; align-items: flex-end; margin-top: 10px;"> Yes..... 1 No..... 2 </div>						
SECTION 6: HMIS						
6.1	Do you have a systematic patient recording system (1=Yes 2=No)? <input type="checkbox"/> IF NO SKIP TO SECTION 6					
6.2	FW: ASK TO SEE RECORDS (Circle ONE)	Records seen..... 1 Records not seen..... 2				
6.3	Does the facility have a prescription record ledger that is well indexed and up to date? Yes.....1 No.....2 →					6.5
6.4	How up to date is the prescription record ledger? (Circle ONE)	Today's date..... 1 Yesterday's date..... 2 At least one week ago..... 3 More than one week ago..... 4 Other (specify) 5				
6.5	Do you have records of stocks received from your supplier? <div style="display: flex; justify-content: flex-end; align-items: flex-end; margin-top: 10px;"> Yes.....1 No.....2 </div>					
6.6	FW: ASK TO SEE STOCK RECORDS	Records seen..... 1 Records not seen..... 2				

6.7	How long do you store your records? <div style="text-align: right;"> Less than one year..... One year..... Two years..... More than two years..... Other (specify) _____ </div>	
6.8	Does the organisation have a computerised database for its data? <div style="text-align: right;"> Yes.....1 No.....2 </div>	

SECTION 7: PRIVATE AND PUBLIC PARTNERSHIP IN THE HEALTH SECTOR

7.1 Please state whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following statements:						
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
01	Government (including City Council) should have a say in how private drug outlets are run	01	02	03	04	05
02	Government should have a say in the kind of services private drug outlets offer	01	02	03	04	05
03	Government should ensure that private drug outlets are using current service guidelines	01	02	03	04	05
04	Government should provide training to health workers in private drug outlets	01	02	03	04	05
05	Government should support private drug outlets by seconding staff to work there	01	02	03	04	05
06	Government should support private drug outlets to offer services by providing drugs and medical supplies such as vaccines, equipment etc.....	01	02	03	04	05
07	Government should support private drug outlets to offer services by allocating them funds from the health budget	01	02	03	04	05
08	Private drug outlets should have a say in how health services are run in their district	01	02	03	04	05
09	Private drug outlets should be involved in making district health plans	01	02	03	04	05
10	Private drug outlets should submit their records e.g. monthly returns to government without preconditions	01	02	03	04	05
11	Private drug outlets should submit their records e.g. monthly returns to government only if government offers support	01	02	03	04	05
12	Private and public drug outlets should work together to achieve the same goals in population health	01	02	03	04	05
13	Private drug outlets should be made to comply with KPPB standards	01	02	03	04	05
14	You would be willing to comply with KPPB standards if there was some benefit for you	01	02	03	04	05
15	You would be willing to be supervised by government	01	02	03	04	05
16	You would be willing to be supervised by government <u>through a third party</u> such as another NGO like JHPIEGO, AMREF or Population Council	01	02	03	04	05
17	I would you be interested in joining a network of drug store owners who operate under a single brand name, to produce a uniform operating mode, improve their business practices and skill sets, and thereby improve the quality of service you deliver to your clients?	01	02	03	04	05

18	What is your opinion about Public-Private partnerships where government works with private service providers and vice versa?

SECTION 8 : CHECKLIST

Ask to see for the following:		YES	NO
1	Dispensing room more than 10 feet by 10feet	1	2
2	Adequate ventilation	1	2
3	Washable floor (tiles, cement)	1	2
4	Washable walls (tiles)	1	2
5	Sufficient source of light (bulb, large windows)	1	2
6	Humidy/Dampy room	1	2
7	Drugs are stored off the ground	1	2
8	Drugs are protected from sunlight	1	2
9	Drugs are protected from heat	1	2
10	Drugs are protected from humidity	1	2
11	Refridgerator	1	2
12	Temperature recording device	1	2
13	Measuring cylinder (0-100cc)	1	2
14	Mortar and pestle	1	2
15	Spatula and slab	1	2
16	Source of water for facility	1	2
17	Soap for hand washing	1	2
18	Running source of water	1	2
19	Outlet has toilet	1	2
20	Disposal for drugs?	1	2
21	Reference books (e.g British National Formulary)	1	2

	SECTION 9 - ENDINGS AND INTERVIEWER'S OBSERVATIONS							
	RECORD THE TIME AT END OF INTERVIEW (USE THE 24 HOUR-FORMAT) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							
	INTERVIEWER'S OBSERVATIONS - TO BE FILLED IN AFTER COMPLETING THE INTERVIEW							
	COMMENTS ON SPECIFIC QUESTIONS:							
	ANY OTHER COMMENTS:							
	SUPERVISOR'S OBSERVATIONS							
NAME OF THE SUPERVISOR: _____								
DATE: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								