Independent Evaluation of the Affordable Medicines Facility – malaria (AMFm)

Section I: Census & Screening Information

Interviewer completes this section for <u>all</u> outlets

Outlet ID Interviewer – District - Division - Location- Outlet Code: [__|__]-[__|__|__]-[__|__|__] [__|__|__|__][__|__|__]	
C1. Today's date (dd/mm/yyyy) [__|__]-[__|__]-[2	0	1	1]	
C2. Interviewer's name [_____]	C2a. Interviewer's code [__|__]
C3. District name [_____]	C3a. District code [__|__|__]
C4. Division name [_____]	C4a. Division code [__|__|__]
C5. Location name [_____]	C5a. Location code [__|__|__|__]
C6. Name of outlet *(if no name, record "no name" or owner's name)* [_____]	C6a. Outlet code [__|__|__]

C7. Type of Outlet		
01 = Public National Referral Hospital 02 = Public Provincial General Hospital 03 = Public District/Sub-District Hospital 04 = Public Health Centre/ Sub-Health Centre 05 = Public Dispensary/ Clinic 06 = Registered Pharmacy 07 = Chemist/Drug Store (Unregistered) 08 = Private Hospital/Nursing Home 09 = Private Clinic/Dispensary	10 = NGO Hospital 11 = NGO/CBO Clinic/Dispensary 12 = Mission/Faith-based Hospital 13 = Mission/Faith-based Clinic/Dispensary 14 = Supermarket/ Chain Store 15 = Duka/Kiosk 16 = Market Stall 17 = Petrol Station/ Convenience Store 18 = Community Health Worker 19 = Hawker 96 = Other *(specify)* [_____]	[__|__]
C8. Is this location part of the booster sample? 1 = Yes 0 = No		[__]

Hello, My name is _____, and I work for APHRC on behalf of Population Services International. We are conducting a study on the availability of antimalarial medicines. The results will be used to improve the availability of appropriate antimalarial treatment in Kenya. I would like to ask you a few questions to see if you could be part of the survey.

<u>Screening Questions</u>

S1. Do you have any medicines in stock today?
     1 = Yes   *go to S3*
     0 = No
	[__]

S2. Are there any medicines that are out of stock today, but that you stocked in the **past three months?**
     1 = Yes   *go to S4*
     0 = No   *go to C9 before proceeding to Section VI: Ending the Interview*
     8 = Don't know   *go to C9 before proceeding to Section VI: Ending the Interview*
	[__]

S3. Do you have any antimalarial medicines in stock today?
     1 = Yes   *provide information sheet and gain consent. Record starting time in C9 before proceeding to the provider questionnaire*
     0 = No
	[__]

S4. Are there any antimalarial medicines that are out of stock today, but that you stocked in the **past three months?**
     1 = Yes   *provide information sheet and gain consent. Record starting time in C9 before proceeding to the provider questionnaire*
     0 = No   *verify by showing prompt card of common antimalarials. Go to C9 before proceeding to Section VI: Ending the Interview*
     8 = Don't know   *verify by showing prompt card of common antimalarials. Go to C9 before proceeding to Section VI: Ending the Interview*
	[__]

C9. Record of Visits

	Visit 1	Visit 2	Visit 3
Date (dd/mm/yy)	[__|__]-[__|__]-[1	1]	[__|__]-[__|__]-[1	1]	[__|__]-[__|__]-[1	1]
Time started *(use 24hr clock)* 00:00 = Not applicable	[__|__:__|__]	[__|__:__|__]	[__|__:__|__]
Time completed *(use 24hr clock)* 00:00 = Not applicable	[__|__:__|__]	[__|__:__|__]	[__|__:__|__]
Result	[__|__]	[__|__]	[__|__]

01 = Completed interview   *go to E1*
02 = Outlet does not meet screening criteria   *go to E1*
03 = Interview interrupted   *go to C10*
04 = Eligible respondent not available/ Time not convenient for interview   *go to C10*
05 = Outlet not open at the time   *go to C10*
06 = Outlet closed permanently   *go to E1*
96 = Other *(specify)*:[_____]
97 = Refused   *go to C11*

C10. *If it will be possible to complete the interview at another time, note this time here, and return then. If it is not possible to complete the interview at another time, go to E1.*

Refusal

C11. If the provider refused, why? 1 = Client load *Ask the provider if there is a better time they would prefer to be interviewed and note the time in C10* 2 = Thinks it's an inspection / nervous about license *go to E1* 3 = Not interested *go to E1* 6 = Other *(specify)* [_____] *go to E1* 7 = Refuses to give reason *go to E1*	[___]

Section VI: Ending the Interview

If the provider answered 'yes' to S3 or S4, proceed to the provider questionnaire. DO NOT ask these questions until all other sections of the questionnaire are complete

E1. Name of interviewee: 5 = Not applicable, no respondent 7 = Refused   [___]

E2. Physical address or location identifiers of outlet (not PO box) *(Give detailed description that will help to find the outlet)*	E3. Telephone number 9999999995 = Not applicable, no respondent or has no telephone 9999999997 = Refused [__|__|__|__|__|__|__|__|__|__]

E4. Latitude: [__]-[__|__|__]-[__|__|__|__|__]   E5. Longitude: [E]-[__|__|__]-[__|__|__|__|__]

E6. Do you have any questions or comments for us? *(record provider's comments, if any)*

E7. **Additional observations by interviewer (if any)**

THANK THE PROVIDER AND END INTERVIEW

Section II: Provider Questionnaire	

Before starting the provider questionnaire, ensure that you have distributed and explained the information sheet, and obtained informed consent.

P1. ***Interviewer:*** Is this a public health facility?
     1 = Yes   ***go to P3***
     0 = No
	[___]

P2. Are you the owner of this outlet?
     1 = Yes
     0 = No
	[___]

P3. Including yourself (and the owner), how many people work at this outlet (all staff)? 998 = Don't know	[___|___|___]

P4. Has anybody working in this outlet, including yourself (and the owner), completed secondary school?
     1 = Yes   ***go to P6***
     0 = No
     8 = Don't know
	[___]

P5. Has anybody working in this outlet, including yourself (and the owner), completed primary school?
     1 = Yes
     0 = No   ***go to P8***
     8 = Don't know   ***go to P8***
	[___]

P6. Does anyone working in this outlet, including yourself (and the owner) have a health-related qualification?
     1 = Yes
     0 = No   ***go to P8***
     8 = Don't know   ***go to P8***
	[___]

P7. How many people working in this outlet (including the owner) have the following types of health qualifications? ***Read list. Enter '00' if the answer is 'none.'***
 	
     I.   Pharmacy Assistant
     II.   Pharmacy Technologist
     III.   Pharmacist
     IV.   Medical Doctor
     V.   Nurse/Midwife
     VI.   Clinical Officer
     VII.   Lab Technician/Technologist
     VIII.   Public Health Technician/ Officer
     IX.   Nutritionist
     X.   Nurse Aid
     XI.   Other 1**: *specify*** |_____|
     XII.   Other 2**: *specify*** |_____|
     XIII.   Other 3: ***specify*** |_____|
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]
	
	 [___|___]

P8. Of all of the people who work here, how many prescribe or dispense medicines? ***Crosscheck response with what is recorded in P3*** 998 = Don't know	[___|___|___]

Provider Knowledge

P10. Have you seen or heard of this symbol before? ***Show prompt card with AMFm logo***
 	
    1 = Yes
    0 = No   ***go to P13***
    8 = Don't know   ***go to P13***
	[___]

P11. Where have you seen or heard of this symbol before? ***Do not read list***. ***Multiple responses allowed. Repeat prompt "anywhere else" until no more suggestions are provided***
 	
    1 = response mentioned
    0 = response not mentioned	

I. On malaria medicine packaging	[___]
II. On medicine packaging	[___]
III. On posters	[___]
IV. On billboards	[___]
V. On TV/radio	[___]
VI. On a prescription	[___]
VII. In newspapers/magazines	[___]
VIII. In pharmacies/ drug shops	[___]
IX. In private clinics	[___]
X. In public health facilities	[___]
XI. In training	[___]
XII. From a supplier	[___]
XIII. From a public event	[___]
XIV. From a local leader	[___]
XV. From a friend/family member	[___]
XVI. On the internet	[___]
XVII. Brochures/Pamphlets	[___]
XVIII. Medical/Pharmacology books	[___]
XIX. Don't Know	[___]
XX. Other *(specify)*	[___]

[_____]

[_____]

[_____]

P12. What does this symbol mean to you? *Do not read list. Multiple responses allowed. Repeat prompt "anything else" until no more suggestions are provided*

        1 = response mentioned
        0 = response not mentioned

I. Effective/quality antimalarial	[___]
II. Affordable antimalarial	[___]
III. An antimalarial in high demand	[___]
IV. Effective/quality medicine	[___]
V. Affordable medicine	[___]
VI. A medicine in high demand	[___]
VII. It means nothing	[___]
VIII. Artemisinin Combined Therapy (ACT)	[___]
IX. Recommended treatment	[___]
X. Subsidized medicine	[___]
XI. I don't know what it means	[___]
XII. Other *(specify)*	[___]

[_____]

[_____]

[_____]

P13. **In your opinion**, for treating **uncomplicated** malaria in **adults**, what is the **most effective** antimalarial product of all of those available on the market? *Looking for either generic name or brand name. Ask the provider to show you the medicine if it is in stock.*

Generic name 98 = Don't know	Brand name 995 = No preference 998 = Don't know	Dosage form 01 = Tablet 06 = Powder injectable 02 = Suppository 07 = Granule 03 = Syrup 96 = Other *(specify)* 04 = Suspension 98 = Don't know 05 = Liquid injectable
[___|___] Do not write here [___|___]	[___|___|___]	[___|___] *If "96" specify* |_____|

P14. **In your opinion,** for treating **uncomplicated** malaria in **children under five years of age**, what is the **most effective** antimalarial product of all of those available on the market? *Looking for either generic name or brand name. Ask the provider to show you the medicine if it is in stock.*

Generic name 98 = Don't know	Brand name 995 = No preference 998 = Don't know	Dosage form 01 = Tablet 06 = Powder injectable 02 = Suppository 07 = Granule 03 = Syrup 96 = Other *(specify)* 04 = Suspension 98 = Don't know 05 = Liquid injectable
[___|___] Do not write here [___|___]	[___|___|___]	[___|___] *If "96" specify* |_____|

P15. Please name the first line medicine recommended by the government to treat uncomplicated malaria fever. ***Do not read list. Only one response allowed.***
          01 = Artemether Lumefantrine (AL) ***go to P17***
          02 = Amodiaquine
          03 = Artemether
          04 = Artemisinin
          05 = Artesunate
          06 = Artesunate Amodiaquine
          07 = Chloroquine
          08 = Dihydroartemisinin Piperaquine
          09 = Halofantrine
          10 = Mefloquine
          11 = Quinine
          12 = Sulfadoxine Pyrimethamine (SP)
          96 = Other ***(specify)***: [_____]
          98 = Don't know
	[___|___]

P16. Have you ever heard of Artemether Lumefantrine?
          1 = Yes
          0 = No
          8 = Don't know
	[___]

P17. Can you please show us the full range of antimalarials that you currently have in stock? Do you currently have any of the following? ***Prompt entire list using antimalarial prompt card; No response to be recorded.***

- Artemether Lumefantrine such as Coartem, Lonart, Artefan
- Artemisinin combination therapies, such as Duo-Cotexcin, Co-arinate, P-Alaxin
- Artemisinin monotherapies, such as Arinate, Artemedine,
- Artemether such as Larither, Gvither
- SP, such as Metakelfin, Fansidar
- Amodiaquine, such as Malaratab, Loquin
- Quinine, such as Quinitab, quinimax, Falciquin
- Mefloquine, such as Mephaquin, Meflotas, Mequin
- Chloroquine, such as Falcin, Maladrin
- Syrups or suspensions, such as Falcidin, Amoquin
- Injectables, such as Paluther, Larither, Quinine
- Granules or powders, such as Artequin Paediatric

If the outlet has no antimalarials in stock, go to P23

Section III: Antimalarial Audit Sheets

Proceed to the drug audit. Different Drug Audit sheets will be used to record the antimalarial information based on the dosage form of the medicine.

Separate the antimalarials into two piles:
- *The first pile should contain all the antimalarials in the form of tablets, suppositories, or granules. Use the **Tablets, Suppositories & Granules Drug Audit Sheet** to record these.*
- *The second pile should contain all the antimalarials in any form other than tablets, suppositories or granules. Use the **Non-Tablet Drug Audit Sheet** to record these.*

Attach additional audit sheets to the end of the questionnaire, if necessary.

Number <u>each drug</u> audited sequentially by assigning a Product Number, and number each <u>completed audit sheet</u> sequentially in the space provided at the bottom of each page

TABLET, SUPPOSITORY & GRANULE DRUG AUDIT SHEET (TSG)　　　　　OUTLET ID: [__|__]–[__|__|__]–[__|__|__] -[__|__|__|__]–[__|__|__]

Product number [__|__|__]	[__|__] [__|__] [__|__] [__|__] Do not write here	1. Generic name	2. Strength [__|__|__].[__]mg [__|__|__].[__]mg [__|__|__].[__]mg	2a. Is this the base? [__] 1 = Yes [__] 0 = No [__] 8 = Don't know *If no, specify excipient:* [_____]	3. Dosage form 1 = Tablet 2 = Suppository 3 = Granule [__]	4. Brand name	5. Manufacturer	6. Country of manufacture [__|__|__] Do not write here

7. Package size *(Fill in number)* There are a total of [__|__|__|__] tablets / suppositories / granule packs in each (*select package type*): 1 = Package 2 = Pot/tin [__]	8. Is this product a fixed-dose combination (FDC)? 1 = Yes 0 = No 8 = Don't know [__]	9. Does this product have the AMFm logo? 1 = Yes 0 = No [__]	10. Amount sold/distributed in the last 7 days to individual consumers (*Record # of packages/tins described in* Q7 *OR record the total # of tablets/suppositories/granule packs sold*) This outlet sold [__|__|__] packages in the last 7 days OR This outlet sold [__|__|__] tablets/suppositories or granule packs in the last 7 days **Not applicable = 995; Refused = 997; Don't know = 998**	11. Retail selling price [__|__|__|__] tablets, suppositories or granule packs cost an individual customer [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	12. Wholesale purchase price For the outlet's most recent wholesale purchase [__|__|__|__] tablets, suppositories or granule packs cost [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	13. Comments

Product number [__|__|__]	[__|__] [__|__] [__|__] [__|__] Do not write here	1. Generic name	2. Strength [__|__|__].[__]mg [__|__|__].[__]mg [__|__|__].[__]mg	2a. Is this the base? [__] 1 = Yes [__] 0 = No [__] 8 = Don't know *If no, specify excipient:* [_____]	3. Dosage form 1 = Tablet 2 = Suppository 3 = Granule [__]	4. Brand name	5. Manufacturer	6. Country of manufacture [__|__|__] Do not write here

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Tablet, Suppository and Granule Audit Sheet [__|__] of [__|__]

TABLET, SUPPOSITORY & GRANULE DRUG AUDIT SHEET (TSG)   OUTLET ID: [__|__]–[__|__|__]–[__|__|__] -[__|__|__|__]–[__|__|__]

Product number [__|__|__]	[__|__] [__|__] [	] Do not write here	1. Generic name _____ _____ _____ [__|__]	2. Strength [__|__|__].[__]mg [__|__|__].[__]mg [__|__|__].[__]mg	2a. Is this the base? [__] 1 = Yes [__] 0 = No [__] 8 = Don't know *If no, specify excipient:* [_____]	3. Dosage form 1 = Tablet 2 = Suppository 3 = Granule [__]	4. Brand name	5. Manufacturer	6. Country of manufacture [__|__|__] Do not write here

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Tablet, Suppository and Granule Audit Sheet [__|__] of [__|__]

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Tablet, Suppository and Granule Audit Sheet [__|__] of [__|__]

TABLET, SUPPOSITORY & GRANULE DRUG AUDIT SHEET (TSG)   OUTLET ID: [__|__]–[__|__|__]–[__|__|__] -[__|__|__|__]–[__|__|__]

Product number [__|__|__]	[__|__] [__|__] [	] [__|__] Do not write here	1. Generic name	2. Strength [__|__|__].[__]mg [__|__|__].[__]mg [__|__|__].[__]mg	2a. Is this the base? [__] 1 = Yes [__] 0 = No [__] 8 = Don't know *If no, specify excipient:* [_____]	3. Dosage form 1 = Tablet 2 = Suppository 3 = Granule [__]	4. Brand name	5. Manufacturer	6. Country of manufacture [__|__|__] Do not write here

7. Package size *(Fill in number)* There are a total of [__|__|__|__] tablets / suppositories / granule packs in each (*select package type*): 1 = Package 2 = Pot/tin [__]	8. Is this product a fixed-dose combination (FDC)? 1 = Yes 0 = No 8 = Don't know [__]	9. Does this product have the AMFm logo? 1 = Yes 0 = No [__]	10. Amount sold/distributed in the last 7 days to individual consumers (*Record # of packages/tins described in Q7 OR record the total # of tablets/suppositories/granule packs sold*) This outlet sold [__|__|__] packages in the last 7 days OR This outlet sold [__|__|__] tablets/suppositories or granule packs in the last 7 days **Not applicable = 995; Refused = 997; Don't know = 998**	11. Retail selling price [__|__|__|__] tablets, suppositories or granule packs cost an individual customer [__|__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	12. Wholesale purchase price For the outlet's most recent wholesale purchase [__|__|__|__] tablets, suppositories or granule packs cost [__|__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	13. Comments

Product number [__|__|__]	[__|__] [__|__] [	] [__|__] Do not write here	1. Generic name	2. Strength [__|__|__].[__]mg [__|__|__].[__]mg [__|__|__].[__]mg	2a. Is this the base? [__] 1 = Yes [__] 0 = No [__] 8 = Don't know [__] *If no, specify excipient:* [_____]	3. Dosage form 1 = Tablet 2 = Suppository 3 = Granule [__]	4. Brand name	5. Manufacturer	6. Country of manufacture [__|__|__] Do not write here

7. Package size *(Fill in number)* There are a total of [__|__|__|__] tablets / suppositories / granule packs in each (*select package type*): 1 = Package 2 = Pot/tin [__]	8. Is this product a fixed-dose combination (FDC)? 1 = Yes 0 = No 8 = Don't know [__]	9. Does this product have the AMFm logo? 1 = Yes 0 = No [__]	10. Amount sold/distributed in the last 7 days to individual consumers (*Record # of packages/tins described in Q7 OR record the total # of tablets/suppositories/granule packs sold*) This outlet sold [__|__|__] packages in the last 7 days OR This outlet sold [__|__|__] tablets/suppositories or granule packs in the last 7 days **Not applicable = 995; Refused = 997; Don't know = 998**	11. Retail selling price [__|__|__|__] tablets, suppositories or granule packs cost an individual customer [__|__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	12. Wholesale purchase price For the outlet's most recent wholesale purchase [__|__|__|__] tablets, suppositories or granule packs cost [__|__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	13. Comments

PUT ASIDE ALL QAACTs   ***PUT ASIDE ALL QAACTs***   ***PUT ASIDE ALL QAACTs***

Tablet, Suppository and Granule Audit Sheet [__|__] of [__|__]

NON-TABLET DRUG AUDIT SHEET (NT): SYRUP, SUSPENSION, INJECTABLES & OTHERS   Outlet ID: [__|__]–[__|__|__]–[__|__|__] -[__|__|__|__]–[__|__|__]

Product number [__|__|__]	[__|__] [__|__] [__|__] [__|__] Do not write here	1. Generic name _____ _____ _____	2. Strength [__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL (*Note: no mL recorded for powder injections*)	2a. Is this the base? [__] 1 = Yes [__] 0 = No 8 = Don't know [__] *If no, specify excipient* [_____]	3. Dosage form 1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other *(specify)* [__]	4. Brand name	5. Manufacturer

6. Country of manufacture [__|__|__] Do not write here	7. Package size (*Fill in number*) There are a total of [__|__|__|__] mL (or mg for powder injections) in each: 1 = Bottle 2 = Ampoule/vial [__]	8. Does this product have the AMFm logo? 1 = Yes 0 = No [__]	9. Amount sold/ distributed in the <u>last 7 days</u> to individual consumers This outlet sold [__|__|__|__] bottles, ampoules or vials in the last 7 days *Refused = 9997 Don't know = 9998*	10. Retail selling price [__|__|__] bottles ampoules or vials cost an individual customer [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	11. Wholesale purchase price For the outlet's most recent wholesale purchase: [__|__|__|__] bottles, ampoules or vials cost [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	12. Comments

Product number [__|__|__]	[__|__] [__|__] [__|__] [__|__] Do not write here	1. Generic name _____ _____ _____	2. Strength [__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL (*Note: no mL recorded for powder injections*)	2a. Is this the base? [__] 1 = Yes [__] 0 = No 8 = Don't know [__] *If no, specify excipient* [_____]	3. Dosage form 1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other *(specify)* [__]	4. Brand name	5. Manufacturer

6. Country of manufacture [__|__|__] Do not write here	7. Package size (*Fill in number*) There are a total of [__|__|__|__] mL (or mg for powder injections) in each: 1 = Bottle 2 = Ampoule/vial [__]	8. Does this product have the AMFm logo? 1 = Yes 0 = No [__]	9. Amount sold/ distributed in the <u>last 7 days</u> to individual consumers This outlet sold [__|__|__|__] bottles, ampoules or vials in the last 7 days *Refused = 9997 Don't know = 9998*	10. Retail selling price [__|__|__] bottles ampoules or vials cost an individual customer [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	11. Wholesale purchase price For the outlet's most recent wholesale purchase: [__|__|__|__] bottles, ampoules or vials cost [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	12. Comments

Non-Tablet Audit Sheet [__|__] of [__|__]

NON-TABLET DRUG AUDIT SHEET (NT): SYRUP, SUSPENSION, INJECTABLES & OTHERS   Outlet ID: [__|__]–[__|__|__]–[__|__|__] -[__|__|__|__]–[__|__|__]

Product number		1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer
[__|__|__]	[__|__]	_____	[__|__|__|__].[__]mg / [__|__|__]mL	[__] 1 = Yes	1 = Syrup		
	[__|__]	_____	[__|__|__|__].[__]mg / [__|__|__]mL	[__] 0 = No	2 = Suspension		
	[__|__]	_____	[__|__|__|__].[__]mg / [__|__|__]mL		3 = Liquid inj.		
			(*Note: no mL recorded for powder injections*)	[__] 8 = Don't know	4 = Powder inj.		
	[__|__]				6 = Other		
	Do not write here			*If no, specify excipient*	*(specify)*		
				[_____]	[__]		

6. Country of manufacture	7. Package size (*Fill in number*)	8. Does this product have the AMFm logo?	9. Amount sold/distributed in the last 7 days to individual consumers	10. Retail selling price	11. Wholesale purchase price	12. Comments
	There are a total of [__|__|__|__] mL (or mg for powder injections) in each:		This outlet sold	[__|__|__] bottles ampoules or vials cost an individual customer	For the outlet's most recent wholesale purchase:	
	1 = Bottle	1 = Yes	[__|__|__|__] bottles, ampoules or vials in the last 7 days	[__|__|__|__|__]KSH	[__|__|__|__] bottles, ampoules or vials cost	
	2 = Ampoule/vial	0 = No		*Free = 00000;*	[__|__|__|__|__]KSH	
[__|__|__]	[__]	[__]	*Refused = 9997*	*Refused = 99997;*	*Free = 00000;*	
Do not write here			*Don't know = 9998*	*Don't know = 99998*	*Refused = 99997;* *Don't know = 99998*	

Product number		1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer
[__|__|__]	[__|__]	_____	[__|__|__|__].[__]mg / [__|__|__]mL	[__] 1 = Yes	1 = Syrup		
	[__|__]	_____	[__|__|__|__].[__]mg / [__|__|__]mL	[__] 0 = No	2 = Suspension		
	[__|__]	_____	[__|__|__|__].[__]mg / [__|__|__]mL		3 = Liquid inj.		
			(*Note: no mL recorded for powder injections*)	[__] 8 = Don't know	4 = Powder inj.		
	[__|__]				6 = Other		
	Do not write here			*If no, specify excipient*	*(specify)*		
				[_____]	[__]		

6. Country of manufacture	7. Package size (*Fill in number*)	8. Does this product have the AMFm logo?	9. Amount sold/distributed in the last 7 days to individual consumers	10. Retail selling price	11. Wholesale purchase price	12. Comments
	There are a total of [__|__|__|__] mL (or mg for powder injections) in each:		This outlet sold	[__|__|__] bottles ampoules or vials cost an individual customer	For the outlet's most recent wholesale purchase:	
	1 = Bottle	1 = Yes	[__|__|__|__] bottles, ampoules or vials in the last 7 days	[__|__|__|__|__]KSH	[__|__|__|__] bottles, ampoules or vials cost	
	2 = Ampoule/vial	0 = No		*Free = 00000;*	[__|__|__|__|__]KSH	
[__|__|__]	[__]	[__]	*Refused = 9997*	*Refused = 99997;*	*Free = 00000;*	
Do not write here			*Don't know = 9998*	*Don't know = 99998*	*Refused = 99997;* *Don't know = 99998*	

Non-Tablet Audit Sheet [__|__] of [__|__]

NON-TABLET DRUG AUDIT SHEET (NT): SYRUP, SUSPENSION, INJECTABLES & OTHERS   Outlet ID: [__|__]–[__|__|__]–[__|__|__] -[__|__|__|__]–[__|__|__]

Product number		1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer
[__|__|__]	[__|__] [__|__] [__|__] [__|__] *Do not write here*	_____ _____ _____	[__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL (*Note: no mL recorded for powder injections*)	[__] 1 = Yes [__] 0 = No [__] 8 = Don't know *If no, specify excipient* [_____]	1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other *(specify)* [__]		

6. Country of manufacture	7. Package size (*Fill in number*)	8. Does this product have the AMFm logo?	9. Amount sold/ distributed in the last 7 days to individual consumers	10. Retail selling price	11. Wholesale purchase price	12. Comments
[__|__|__] *Do not write here*	There are a total of [__|__|__|__] mL (or mg for powder injections) in each: 1 = Bottle 2 = Ampoule/vial [__]	1 = Yes 0 = No [__]	This outlet sold [__|__|__|__] bottles, ampoules or vials in the last 7 days *Refused = 9997* *Don't know = 9998*	[__|__|__] bottles ampoules or vials cost an individual customer [__|__|__|__|__]KSH *Free = 00000;* *Refused = 99997;* *Don't know = 99998*	For the outlet's most recent wholesale purchase: [__|__|__|__] bottles, ampoules or vials cost [__|__|__|__|__]KSH *Free = 00000;* *Refused = 99997;* *Don't know = 99998*	

NON-TABLET DRUG AUDIT SHEET (NT): SYRUP, SUSPENSION, INJECTABLES & OTHERS   Outlet ID: [__|__]–[__|__|__]–[__|__|__] -[__|__|__|__]–[__|__|__]

Product number		1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer
[__|__|__]	[__|__] [__|__] [__|__] *Do not write here* [__|__]	_____ _____ _____	[__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL (*Note: no mL recorded for powder injections*)	[__] 1 = Yes [__] 0 = No 8 = Don't know [__] *If no, specify excipient* [_____]	1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other *(specify)* [__]		

6. Country of manufacture	7. Package size (*Fill in number*)	8. Does this product have the AMFm logo?	9. Amount sold/ distributed in the last 7 days to individual consumers	10. Retail selling price	11. Wholesale purchase price	12. Comments
[__|__|__] *Do not write here*	There are a total of [__|__|__|__] mL (or mg for powder injections) in each: 1 = Bottle 2 = Ampoule/vial [__]	1 = Yes 0 = No [__]	This outlet sold [__|__|__|__] bottles, ampoules or vials in the last 7 days *Refused = 9997 Don't know = 9998*	[__|__|__] bottles ampoules or vials cost an individual customer [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	For the outlet's most recent wholesale purchase: [__|__|__|__] bottles, ampoules or vials cost [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	

Product number		1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer
[__|__|__]	[__|__] [__|__] [__|__] *Do not write here* [__|__]	_____ _____ _____	[__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL [__|__|__|__].[__]mg / [__|__|__]mL (*Note: no mL recorded for powder injections*)	[__] 1 = Yes [__] 0 = No 8 = Don't know [__] *If no, specify excipient* [_____]	1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other *(specify)* [__]		

6. Country of manufacture	7. Package size (*Fill in number*)	8. Does this product have the AMFm logo?	9. Amount sold/ distributed in the last 7 days to individual consumers	10. Retail selling price	11. Wholesale purchase price	12. Comments
[__|__|__] *Do not write here*	There are a total of [__|__|__|__] mL (or mg for powder injections) in each: 1 = Bottle 2 = Ampoule/vial [__]	1 = Yes 0 = No [__]	This outlet sold [__|__|__|__] bottles, ampoules or vials in the last 7 days *Refused = 9997 Don't know = 9998*	[__|__|__] bottles ampoules or vials cost an individual customer [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	For the outlet's most recent wholesale purchase: [__|__|__|__] bottles, ampoules or vials cost [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	

Non-Tablet Audit Sheet [__|__] of [__|__]

NON-TABLET DRUG AUDIT SHEET (NT): SYRUP, SUSPENSION, INJECTABLES & OTHERS   Outlet ID: [__|__]–[__|__|__]–[__|__|__] -[__|__|__|__]–[__|__|__]

P18. *Interviewer:* Were any of the antimalarials recorded in the audit sheets QAACTs?
    1 = Yes   *gather samples of all QAACT products currently in stock*
    0 = No   *go to P23*
	[___]

The following questions are for outlets that have at least one QAACT in stock	

P19. In the past 7 days, have you ever been out of stock of **all** these antimalarials *(show all gathered QAACT antimalarials)* at the same time for at least one day?
    1 = Yes
    0 = No   *go to P21*
    7 = Refuses   *go to P21*
    8 = Don't know   *go to P21*
	[___]

P20. At the time you were out of stock of all of these antimalarials *(show all gathered QAACT antimalarials)*, did you have any of these other products in stock? ***Show prompt card of QAACTs***
 	
    1 = Yes, *specify* [_____]
                         [_____]
                         [_____]
    0 = No
    7 = Refuses
    8 = Don't know
	[___]

P21. Please explain the dosing regimen of any one of these products *(show all gathered QAACT antimalarials)* for an adult (60kg). ***Read the following 3 questions to the provider***

    I.   How many tablets should they take at a time?   [___|___].[___|___]

    II.   How many times per day?   [___|___]

    III. Over how many days?   [___|___]

    95 = Not applicable, I would not give/sell any of these products to an adult

    98 = Don't know

Record the following information from the package of the drug selected by the provider:

	Generic name	Strength	Brand Name	Manufacturer
[__|__]	_____	[__|__|__].[__]mg		
[__|__]	_____	[__|__|__].[__]mg		
[__|__]	Do not write here [__|__]	[__|__|__].[__]mg		

P22. Please explain the dosing regimen of any one of these products *(show all gathered QAACT antimalarials)* for a child under 2 (10kg). ***Read the following 3 questions to the provider***

    I.   How many tablets should they take at a time?   [___|___].[___|___]

    II.   How many times per day?   [___|___]

    III.   Over how many days?   [___|___]

95 = Not applicable, I would not give/sell any of these products to a child

98 = Don't know

Record the following information from the package of the drug selected by the provider

	Generic name	Strength	Brand Name	Manufacturer
[__|__]	_____	[__|__|__].[__]mg		
[__|__]	_____	[__|__|__].[__]mg		
[__|__]	_____	[__|__|__].[__]mg		
Do not write here [__|__]				

STOP

Go to N1

The following questions are for outlets that DO NOT have QAACTs in stock

P23. Have you stocked any of these antimalarials *(show prompt card of QAACTs)* in the last four weeks?   [___]

    1 = Yes, ***specify*** [_____]

                          [_____]

                          [_____]

    0 = No

P24. What are the reasons that you don't have any of these antimalarials (**Show prompt card of QAACTs)** in stock? **Do not read list. Multiple responses allowed. Repeat prompt "anything else" until no more suggestions are provided**	
1 = response mentioned 0 = response not mentioned	
I. It is too expensive	[___]
II. It is not profitable	[___]
III. The outlet is not allowed to sell it	[___]
IV. It has too many side effects	[___]
V. It does not work well	[___]
VI. It is not available/my suppliers do not have it in stock	[___]
VII. My customers do not ask for it	[___]
VIII. I don't know about these drugs	[___]
IX. I am temporarily out of stock	[___]
X. Other **(specify):**	[___]
[_____] [_____] [_____]	

The following questions are for all outlets	

N1 Have you heard of the programme that reduces the prices of antimalarial medicines known as ACTs?
 	
      1 = Yes
      0 = No   **Go to N3**
      8 **=** Don't know   **Go to N3**
	[___]

N2. How did you hear about the programme? *Do not read list*. *Multiple responses allowed. Repeat prompt "anything else" until no more suggestions are provided*	
1 = response mentioned 0 = response not mentioned	
I. On malaria medicine packaging	[___]
II. On medicine packaging	[___]
III. On posters	[___]
IV. On billboards	[___]
V. On TV/radio	[___]
VI. On a prescription	[___]
VII. In newspapers/magazines	[___]
VIII. In pharmacies/ drug shops	[___]
IX. In private clinics	[___]
X. In public health facilities	[___]
XI. In training	[___]
XII. From a supplier (including medical representative)	[___]
XIII. From a public event	[___]
XIV. From a local leader	[___]
XV. From a friend/family member	[___]
XVI. SMS messages	[___]
XVII. On the internet	[___]
XVIII. Don't Know	[___]
XIX. Other *(specify)* [_____] [_____] [_____]	
N3. Are there recommended retail prices for antimalarials with this symbol? *Show prompt card with AMFm logo* 1= Yes 0 = No *go to N5* 8 = Don't know *go to N5*	[___]
N4. What is the recommended retail price for an adult dose? 9998 = Don't know	[__|__|__|__] KSH
N5. Has anyone at this outlet received training on malaria treatment during the last 12 months? *Include pre-service and stand-alone workshops* 1 = Yes 0 = No 8 = Don't know	[___]

N6. Did anyone at this outlet attend a training session about antimalarials with this symbol? *Show prompt card with AMFm logo*
 	
        1 = Yes
        0 = No
        8 = Don't know
	[___]

Diagnostic testing

P25. Is malaria microscopic testing available here today?
    1 = Yes
    0 = No   *go to P29*
    8 = Don't know   *go to P29*
	[___]

P26. For an adult, how much do you charge for a microscopic test for malaria?
    0000 = Free
    9998 = Don't know
	[___|___|___|___]KSH

P27. For a child under 5, how much do you charge for a microscopic test for malaria? *If the price is the same for all ages, copy the price from the previous question.*
    0000 = Free
    9998 = Don't know
	[___|___|___|___]KSH

P28. How many microscopic tests for malaria did you conduct over the last 7 days? 9998 = Don't know	[___|___|___|___]

P29. Are malaria rapid diagnostic test kits (RDTs) available here today?
    1 = Yes
    0 = No   *go to Section V: Audit Tracking Sheet*
    8 = Don't know   *go to Section V: Audit Tracking Sheet*
	[___]

P30. Please show us the full range of RDTs that you currently have in stock. Do you currently have any of the following? *Read entire list; No response to be recorded* ICT ParaCheck Para-F Malcheck OptiMal-IT Malaria PF FirstSign Eurocheck Acon OnSight Malaria Pf Test	

Section IV: RDT Audit Sheets

Proceed to the RDT audit. Attach additional audit sheets to the end of the questionnaire, if necessary.

Number each completed audit sheet sequentially in the space provided at the bottom of each page.

Outlet ID: [__|__]–[__|__|__]-[__|__|__] -[__|__|__|__]–[__|__|__]

Product number	1. Brand name	2. Manufacturer	3. Country of Manufacture	4. Amount sold/ distributed/ used in the last 7 days to individual consumers *(Record total # of tests)*	5. Retail selling price for adults	6. Retail selling price for children under 5	7. Wholesale purchase price	8. Comments
[__|__|__]				This outlet sold or distributed [__|__|__|__] tests in the last week	For 1 test, you charge [__|__|__|__|__]KSH *Free = 00000; Refused = 99997 Don't know = 99998*	For 1 test, you charge [__|__|__|__|__]KSH *Free = 00000; Refused = 99997 Don't know = 99998* *If the price is the same for all ages, copy the price from the previous question*	For the outlet's most recent wholesale purchase: [__|__|__|__] tests cost [__|__|__|__|__]KSH *Free = 00000; Refused = 99997; Don't know = 99998*	
	Do not write here [__|__|__]	Do not write here [__|__|__]	Do not write here [__|__|__]	*9997 = Refused 9998=Don't know*				

Product number	1. Brand name	2. Manufacturer	3. Country of Manufacture	4. Amount sold/ distributed/ used in the last 7 days to individual consumers *(Record total # of tests)*	5. Retail selling price for adults	6. Retail selling price for children under 5	7. Wholesale purchase price	8. Comments
[__|__|__]				This outlet sold or distributed [__|__|__|__] tests in the last week	For 1 test, you charge [__|__|__|__|__]KSH *Free = 00000; Refused = 99997 Don't know = 99998*	For 1 test, you charge [__|__|__|__|__]KSH *Free = 00000; Refused = 99997 Don't know = 99998* *If the price is the same for all ages, copy the price from the previous question*	For the outlet's most recent wholesale purchase: [__|__|__|__] tests cost [__|__|__|__|__]KSH *Free = 00000; Refused = 99997 Don't know = 99998*	
	Do not write here [__|__|__]	Do not write here [__|__|__]	Do not write here [__|__|__]	*9997 = Refused 9998=Don't know*				

RDT Audit Sheet [__|__] of [__|__]

RAPID DIAGNOSTIC TEST AUDIT SHEET (RDT)   Outlet ID: [__|__]-[__|__|__]-[__|__|__] -[__|__|__|__]–[__|__|__]

Product number [__|__|__]	1. Brand name	2. Manufacturer	3. Country of Manufacture	4. Amount sold/ distributed/ used in the last 7 days to individual consumers *(Record total # of tests)* This outlet sold or distributed [__|__|__|__] tests in the last week *9997 = Refused;* *9998=Don't know*	5. Retail selling price for adults For 1 test, you charge [__|__|__|__|__]KSH *Free = 00000;* *Refused = 99997'* *Don't know = 99998*	6. Retail selling price for children under 5 For 1 test, you charge [__|__|__|__|__]KSH *Free = 00000;* *Refused = 99997;* *Don't know = 99998* *If the price is the same for all ages, copy the price from the previous question*	7. Wholesale purchase price For the outlet's most recent wholesale purchase: [__|__|__|__] tests cost [__|__|__|__|__]KSH *Free = 00000;* *Refused = 99997;* *Don't know = 99998*	8. Comments
	Do not write here [__|__|__]	Do not write here [__|__|__]	Do not write here [__|__|__]					

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	Do not write here [__|__|__]	Do not write here [__|__|__]	Do not write here [__|__|__]					

RDT Audit Sheet [__|__] of [__|__]

Section V: Audit Tracking Sheet

A1. Total number of Tablet, Suppository & Granule Audit *Sheets*	[___|___|___]
A1a. Total number of Tablet, Suppository & Granule *Products* Audited	[___|___|___]

A2. Total number of Non-Tablet Audit *Sheets*	[___|___|___]
A2a. Total number of Non-Tablet *Products* Audited	[___|___|___]

A3. Total number of RDT Audit *Sheets*	[___|___|___]
A3a. Total number of RDT **Products** *Audited*	[___|___|___]

Return to C9 to record the final status of the interview before proceeding to Section VI: Ending the Interview