

**Global HIV/AIDS Initiatives in Zambia
Health Facility Survey – Pharmacy Section
Phase 2 – June 2008**

Questionnaire No.: [][][][][] <i>Office use only</i>	
Date of Interview (dd/mm/yyyy): [][] / [][] / [][][][]	
Name of Facility	_____
Location of Facility	_____
Result Code	1 Completed 2 Respondent not available 3 Refused [] 4 Partially completed 5 Other Specify _____
Research Interviewer (RI)	[][]
RI Sign. _____	Checked by Supervisor _____ Date ___ / ___ / _____

Start Time ____:____

Section 1: Pharmacy				
Find the person in charge of pharmacy services. If he/she is not present, ask to speak with the person who is most knowledgeable about pharmacy services in the facility. Ask the Manager to introduce you to this person.				
If this is a different person from the previous respondent, go through the consent form				
101	How long have you been working in this pharmacy?	Years_____ Months_____		
102	Are you the person in charge of the pharmacy at this facility?	Yes 1 No 2	[]	
103	Does this facility stock first line ARV drugs?	Yes 1 No 2 Don't know 3	[]	If no, go to 107
104	When did the facility start stocking first line ARV drugs	Years_____ Months_____		
105	Did the facility run out of first line ARV drugs in 2007?	Yes 1 No 2 Don't know 3	[]	
106	If, yes, for how long in total in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	[]	
107	Does this facility stock second line ARV drugs in 2007?	Yes 1 No 2 Don't know 3	[]	If no, go to 111
108	When did the facility start stocking second line ARV drugs	Years_____ Months_____		
109	Did the facility run out of second line ARV drugs in 2007?	Yes 1 No 2 Don't know 3	[]	
110	If yes, for how long in total in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	[]	
111	Does this facility stock Rifampicin? (for TB)	Yes 1 No 2 Don't know 3	[]	If no, go to 115
113	Did the facility run out of Rifampicin in 2007?	Yes 1 No 2 Don't know 3	[]	
113	If, yes, for how long in total in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	[]	

114	Does this facility stock first line (Coartem) malaria drugs?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 119
115	When did the facility start stocking first line (Coartem) malaria drugs	Years_____ Months_____		
116	Did the facility run out of First line (Coartem) malaria drugs in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
117	If yes, for how long in total in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	
118	Does this facility stock drugs for Hepatitis B (lamivudine)?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 201
119	When did the facility start stocking drugs for Hepatitis B (lamivudine)?	Years_____ Months_____		
120	Did the facility run out of drugs for hepatitis in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
121	If yes, for how long in total in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	

Section 2: Supplies

Find the person in charge of pharmacy services. If he/she is not present, ask to speak with the person who is most knowledgeable about pharmacy services in the facility. Ask the Manager to introduce you to this person.

If this is a different person from the previous respondent, go through the consent form

201	Does this facility stock Male Condoms ?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 204
202	Did the facility run out of Male Condom in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
203	If, yes, for how long in total in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	
204	Does this facility stock Female Condoms?	Yes 1 No 2	<input type="checkbox"/>	If no, go to

		Don't know 3		209
205	Did the facility run out of Female Condom in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
206	If, yes, for how long in total did you run out of female Condoms in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	
207	Does this facility stock Cotrimoxazole (septrin) oral?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 210
208	Did the facility run out of Cotrimoxazole oral in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
209	If yes, for how long in total did you run out of Cotrimoxazole oral in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	
210	Does this facility stock Iron tablets?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 213
211	Did the facility run out of Iron tablets in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
212	If yes, for how long in total did you run out of Iron tablets in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	
213	Does this facility stock Oral rehydration salts?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 216
214	Did the facility run out of Oral rehydration salts in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
215	If yes, for how long in total did you run out of Oral rehydration salts in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	
216	Does this facility Stock Ergometrine injection?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 219
217	Did the facility run out of Ergometrine injection in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
218	If yes, for how long in total did you run out of Ergometrine injection in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	

219	Does this facility Stock Oxytocin injection?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 222
220	Did the facility run out of Oxytocin injection in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
221	If yes, for how long in total did you run out of Oxytocin injection in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	
222	Does this facility Stock IV giving set?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 224
231	Did the facility run out of IV giving set?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
223	If yes, for how long in total did you run out of IV giving set in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	
224	Does this facility Stock syringes?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, go to 227
225	Did the facility run out syringes in 2007?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
226	If yes, for how long in total did you run out of syringes in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	
227	Does this facility Stock Vitamin A capsules?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	If no, end here!
228	Did the facility run out of Vitamin A capsules?	Yes 1 No 2 Don't know 3	<input type="checkbox"/>	
229	If yes, for how long in total did you run out of Vitamin A capsules in 2007?	Less than 1 month 1 1 month to 2 months 2 Between 2 and 3 months 3 3 months or more 4 Don't know 5	<input type="checkbox"/>	

Interviewer: Thank the respondent for the time, help and information provided. Record any relevant observations about the interview, e.g., quality of records kept, interviewee attitudes etc.

End Time _____:_____