

Independent Evaluation of Phase 1 of the Affordable Medicines Facility - malaria (AMFm)

Multi-Country Independent Evaluation Report

Final Report

September 28, 2012

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Appendix A: Framework for Rationing the AMFm Phase 1 Co-payment Fund¹

Affordable Medicines Facility - malaria (AMFm) Phase 1 Framework for Rationing the AMFm Phase 1 Co-payment Fund (*This document was provided by the Global Fund*)

30 April 2012

A.1 Introduction

The purpose of this document is to update the Framework for Rationing the AMFm Phase 1 Co-payment Fund that will be implemented for the remainder of Phase 1 through December 2012.

The Global Fund Secretariat developed the original Framework for Rationing Co-payment in August 2011 as one of the agreed outcomes of a meeting with AMFm donors in July 2011. At that time, the key findings from the BCG/CHAI/MIT-Z 2011-2012 ACT Demand Forecast (Quarter 1 2011) included (i) a significant increase from the estimates used in 2008 when the Global Fund Board approved the AMFm and (ii) potentially higher total demand for ACT co-payment than anticipated when the Global Fund Board in 2008 decided to host and manage the AMFm. The immediate purpose of the Framework for Rationing that was developed following this meeting was to guide allocation of the remaining funding in the AMFm Phase 1 Co-payment Trust Fund while additional resources were sought to meet this higher demand for AMFm co-payment.

The application of the Framework for Rationing since August 2011 has had several important effects:

1. **Reduced AMFm co-payment commitments to a consistent rate of on average about US\$10 million per month against clear criteria.** Although this rate of commitments is less than the demand for AMFm co-payment, it has ensured at least some co-paid ACTs have continued to move into the markets of all Phase 1 countries, albeit at a significantly reduced rate.
2. **Allowed the AMFm to continue approving co-payment until further funding could be secured.** The application of the Framework for Rationing slowed the depletion of the AMFm Phase 1 Co-payment Trust Fund and delayed full commitment of the original US\$216 million contributions until February 2012; had the Framework for Rationing not been introduced, the AMFm Phase 1 Co-payment Trust Fund would have been depleted before the end of August 2011. The first tranche of funding from the cost-extension proposal submitted by the Global Fund to the United Kingdom was available before the end of February 2012; these funds

¹ This appendix was drafted by the Global Fund and reviewed by the IE team.

allowed the AMFm to continue co-payment approvals without interruption in March and April 2012.

3. **Contributed to efforts by all RBM Partners to prioritize ACT supply in the context of a “tight” global ACT supply situation in 2011 and 2012.** One of the agreements reached at the consultation with partners on ACT supply (RBM-WHO Round Table on ACT Supply, Geneva, 08 Sept 2011) was that the AMFm would continue to use the levers to curtail its response to demand for co-payments given the “tight” global ACT supply situation in 2011 and 2012; an acute global shortage of artemisinin and/or ACTs has not yet materialized.
4. **Promoted pediatric pack sizes/formulations and co-formulated ACT combinations.** Through application of the Framework for Rationing, the AMFm has actively shaped the market to promote child packs/formulations, fixed-dose combinations, and shipment by sea. Whereas adult packs and formulations represented approximately 70% of all treatments requested by the private sector before the application of the levers, these adult ACT treatments currently represent less than one third of treatments approved. Further, co-blistered formulations represent only 0.5% of all treatments approved for co-payment since August 2011.
5. **Allowed deliveries to catch up with orders.** As at end July 2011, manufacturer performance (i.e., the ratio of orders delivered against orders planned for delivery by a certain date) ranged from 30-83%, with most manufacturers below 70%. Currently, all manufacturers’ performance except for one is above 75%. The application of the Rationing Framework for Rationing effectively slowed the rate of commitment and allowed manufacturer deliveries to catch up with AMFm approvals.
6. **Likely led to reports of low-stock or stockouts of AMFm co-paid ACTs by first-line buyers.** Since the application of the Framework for Rationing, the Global Fund Secretariat has received messages from many active first-line buyers informing that demand is high, stock levels are very low, and urgent approval of a greater percentage of the requests for co-payment is needed.

At a meeting with UNITAID and DFID on 28 February 2012, the AMFm agreed to distribute an update to the August 2011 Framework for Rationing. Further, in March 2012 the Roll Back Malaria Harmonization Working Group provided feedback from country-level stakeholders and requested the development of a clearer communication strategy on the application of demand-shaping levers for the remainder of AMFm Phase 1.

The Global Fund Secretariat is sharing this updated draft framework with donors to the AMFm Phase 1 Co-payment Fund and partners. However, as host and manager of AMFm Phase 1, the Global Fund Secretariat reserves the sole right to amend and apply the framework in line with its agreements with pilot countries, its institutional requirements for due diligence, and its need to manage any associated risks to the reputation of the Global Fund.

A.2 Objective of the Framework for Rationing

To ensure a predictable and steady flow of AMFm co-paid ACTs throughout the rest of

AMFm Phase 1 (through December 2012).

A.3 Context and Constraints

Demand for AMFm co-payment is greater than the capacity to co-pay. As at 31 March 2012, there were co-payment requests of US\$173.4 million that were pending AMFm approval.

The initial contributions to the AMFm Phase 1 Co-payment Trust Fund by UNITAID, the United Kingdom, and the Bill & Melinda Gates Foundation were approximately US\$216 million; additional contributions in 2012 by UNITAID, the United Kingdom, and Canada of US\$120 million bring the total amount that can be committed towards ACT co-payment plus freight and insurance during AMFm Phase 1 to approximately US\$336 million.

As at 31 March 2012, the AMFm had committed US\$231.4 million, leaving US\$104.6 million for the remaining nine months of AMFm Phase 1.

To mitigate the effect of the limited funding available for co-payment in 2012, the Global Fund did not agree to raise maximum allowable ACT prices through AMFm or increase AMFm co-payment amounts. This position was maintained in spite of the reported global increase in cost of artemisinin and price increases agreed by large public sector ACT procurers.

After careful consideration of this objective, the context, and the constraints, the AMFm plans to approve about US\$10-11 million per month for the rest of AMFm Phase 1. This figure is based on a pro-rated monthly expenditure of the US\$104.6 million that remains uncommitted from the total contributions to the AMFm Phase 1 Co-payment Trust Fund over the remaining nine months of implementation of Phase 1.

By definition, this is rationing, and not all requests for co-payment will be approved. The quantities to be approved by the AMFm are significantly less than the demand from first-line buyers, and there is no certainty about the exact demand from end-users. Therefore, if the quantities supplied are less than the quantities demanded, *ceteris paribus*, we would expect the imbalance to lead to pockets of low stocks at the level of the first-line buyer. This is a direct consequence of the limited funding available for co-payment.

A.4 Levers for Rationing

The AMFm will continue to apply the following order prioritization levers in order to allocate the finite co-payment; each request for co-payment will be examined on the basis of all the criteria outlined below. Applying this combination of levers requires an element of judgment within the resource envelope. It will be refined and updated as better information becomes available.

- **Ratio of cumulative orders to estimated demand.** This would entail not approving co-payment for countries whose cumulative orders have reached the estimated ACT demand as per the latest BCG/CHAI/MIT-Z ACT Demand Forecast (Quarter 2012) for the total duration of AMFm Phase 1. As at 30 April 2012, no Phase 1 pilot country had

reached this limit. This is simple to apply and the criterion is transparent. However, this alone will not resolve the mismatch between the estimated demand and funds available for co-payment. In addition, the BCG/CHAI/MIT-Z Forecast was designed to be relatively robust at the regional/multi-country level, but much less so at the country level. Therefore, there is a risk of basing serious country-specific decisions on shaky projections. The estimates will be used as one of multiple criteria.

- **Performance of manufacturers (ratio of actual to planned ACT deliveries).** To the extent possible, only those requests from manufacturers with a ratio of actual to planned deliveries of at least 75 percent will be approved. By linking co-payment approvals to the past performance of manufacturers, the AMFm Secretariat can avoid or limit the extent to which a manufacturer might capture market share without having delivered the goods. We have urged manufacturers to help ensure that any backlog of orders is delivered and invoiced as soon as possible.
- **Delivery date:** All other things being equal, orders with planned delivery within three months from the date of the co-payment request will be prioritized over others. In this way, the funding available for co-payment is focused on ACTs that can be delivered in the near future.
- **Formulation/pack size.** By increasing the proportion of child or infant packs, AMFm may reduce the extent to which adult pack sizes are purchased and then split up for children (with the caveat that there are no hard data on the extent of this practice). This has shifted the market in favor of pediatric pack sizes, with the potential to increase the rational use of ACTs for children in the private sector and also reduce the average co-payment commitment. However, the appropriate ratio of adult to child/infant packaging is not known with precision in each setting, and first-line buyers depend largely on patterns of demand to determine their orders.
- **Fixed-dose combination versus co-blistered forms.** Co-formulated ACTs are preferred to co-blistered forms.
- **Mode of transport** (sea or air). All other things being equal, the less expensive mode of transport will be preferred. Exceptions can be considered for emergencies and for land-locked countries.
- **Public sector.** Grant agreements have already committed the Global Fund to meeting the public sector needs specified in the procurement plans. Therefore, to the extent possible, the AMFm will seek to ensure the needs of the public sector are met.
- **First-line buyer pipeline.** First-line buyers with no pending deliveries of approved ACT orders receive priority attention, all other things being equal.
- **Treatment price offered.** In order to promote greater competition between manufacturers in their interactions with first-line buyers from the private sector, the AMFm will prioritize requests for co-payment with the lowest price to the first-line buyer and AMFm co-payment.

A.5 Co-payment Approval Process

Most orders are unique in terms of the combination of quantities, manufacturer, formulation pack sizes, mode of shipment, date of delivery, prior performance of the manufacturer, sector (public or private), cumulative orders as a proportion of estimated

demand for the duration of AMFm Phase 1, etc. It is unlikely, perhaps inappropriate, that any mechanical formula with specific weighting will capture all variables and operational nuance that must inform a prudent decision. Given this uncertainty, the AMFm co-payment approval process considers each request against multiple criteria with the best interpretation of the context and data available at a given time.

The AMFm Secretariat has created a working group comprised of the Unit Director, two Senior Technical Officers and one Technical Officer. On a monthly basis, each request for co-payment pending approval is discussed according to all of the above criteria to come to a decision on what quantities to approve (within the available funding envelope of about US\$10-11 million per month).

Although pre-determined allocations by sector, country, manufacturer, or first-line buyer would in theory increase predictability of ACT supply, the AMFm has opted for a nuanced, order-by-order consideration strategy for the following reasons:

- **Uncertain data (actual or forecast) for incidence or ACT demand by country.** Estimates of malaria burden in AMFm Phase 1 countries vary widely^{2,1} particularly in the private sector. In addition, the UNITAID-commissioned BCG/CHAI/MIT-Z Consortium's demand forecast was designed to be relatively robust at the global and regional levels, but much less so at the country level.
- **Different malaria and ACT market profiles of AMFm Phase 1 countries.** Although evidence does exist from small-scale, cross-sectional investigations and attempts have been made to model estimates, there are many unknowns about the incidence of malaria among adults and children and treatment-seeking behaviors in the public and private sectors, which vary both within and between countries throughout the year in response to seasonality, other weather events and many additional contextual factors.
- **Different launch dates of AMFm.** The different launch dates and implementation patterns of AMFm in each Phase 1 pilot limits the value of historical data for establishing a relative percentage for future approvals.
- **New manufacturers and first-line buyers joining AMFm.** The addition of new manufacturers and first-line buyers is difficult to predict and pre-determined allocations by manufacturer or first-line buyer may discourage new entrants to the market. The AMFm sees significant value in expanding the capacity and supply networks for AMFm co-paid ACTs through inclusion of new manufacturers and first-line buyers throughout the rest of AMFm Phase 1.

² There is considerable debate over the estimates of malaria deaths:

- World Health Organization. World malaria report 2011. Geneva: World Health Organization; 2011.
- Dhingra N, Jha P, Sharma V, et al. Adult and child malaria mortality in India: a nationally representative mortality survey. *The Lancet*. 2010 Nov; 376 (9754):1768-74.
- Hay S, Gething P, Snow R. India's invisible malaria burden. *The Lancet*. 2010 Nov; 376(9754):1716-17.
- Murray C, Rosenfeld L, Lim S, et al. Global malaria mortality between 1980 and 2010: a systematic analysis. *The Lancet*. 2012 Feb; 379(9814):413-31.
- Rowe A, Kachur SP, Yoon S, et al. Caution is required when using health facility-based data to evaluate the health impact of malaria control efforts in Africa. *Malaria Journal*. 2009; 8:209.

- **AMFm can only approve co-payment for requests received.** AMFm was designed to be a primarily demand-driven financing mechanism.

Additionally, pre-determined allocations run the risk of turning the AMFm into a replica of the long-standing public sector procurement planning process which, it is evident, does not work well in most countries. Further, it is important to note that these allocations at the global level do not always capture the movement of co-paid ACTs within countries: for example, the intra-country purchase of co-paid ACTs by the public sector from the private sector. In AMFm Phase 1 countries, centralized public sector procurement is characterized by protracted procurement lead times, which sometimes result in stockouts at the regional- and facility-levels. When stock-outs occur, health facilities often turn to private sector to fill the gap; this intra-country procurement of ACTs by the public sector pre-dates the AMFm. In many countries, even when the public sector medicines procurement function is centralized, regional directorates and health facilities are also authorized by the Ministry of Health to purchase relatively smaller quantities of medicines with funds from the local operating budget to fill shortages that result from dysfunction in the central procurement system. This intra-sectoral movement of AMFm co-paid ACTs is not a bad thing per se because quality-assured ACTs still get to patients. It does mean, however, that the phenomenon must be recognized and accepted upfront.

A.6 Communication

For the remainder of Phase 1, the AMFm commits to a more formal communications strategy to give first-line buyers and manufacturers more visibility into the planned approvals. However, we note that the frustration from first-line buyers and manufacturers originates primarily from the partial fulfillment of requests for co-payment, which greater visibility into the approval process will not address.

Specifically, the Global Fund Secretariat commits to:

- Share an update to the Framework for Rationing, including an explanation of the criteria for approval, the process and timing of approvals for the remainder of AMFm Phase 1, and the planned monthly approval rate of US\$10-11 million;
- Issue Confirmations of Co-payment to manufacturers by the 15th of each month through the end of AMFm Phase 1;
- Communicate approvals to first-line buyers directly following the approval meeting; and
- Encourage first-line buyers with orders pending approval to contact the Global Fund for more information on their orders.

Appendix B: Detailed sampling methodology for the outlet surveys

B.1 Objectives

The main objective of the Phase I outlet surveys is to determine the level of change between baseline and endline of quality-assured artemisinin-based combination therapy (QAAC) availability, price, volume of sales and market share. National-level surveys were conducted at baseline and endline to measure the impact of the interventions carried out during that period. This requires that the baseline and endline survey designs take into account the need to detect changes in the main indicators between the baseline survey and the endline survey for both proportions and means, and to present these changes separately for rural and urban domains.

B.2 Sampling methodology

The target sampling units of the Phase I outlet surveys are all types of outlets that have the potential to sell or provide antimalarials. The outlets can be classified into two main categories: (I) public health facilities (e.g., tertiary care facilities, district/provincial level facilities), smaller health facilities (e.g., health centers and dispensaries) and Part One pharmacies (registered pharmaceutical outlets with a qualified pharmacist and allowed to sell prescription-only medicines) and (II) other drug sellers, such as grocers, private clinics, drug shops, informal outlets and community health workers. Given that a sampling frame for the category I facilities may exist but may not be up-to-date and accurate, and that a complete sampling frame for the category II facilities does not exist in any country, a cluster sampling approach was adopted. All outlets found in a selected cluster were included in the sample. Clusters are geographical areas, Enumeration Areas (EA), from a population census or administrative units such as subdistricts/communes. The average size of clusters (geographical range or population) has an important effect on the efficiency of the survey because clusters with too small a size may not include any outlets, while clusters with too large a size may result in difficulties for the fieldwork and may increase the design effect. The desired cluster size for the Phase I outlet surveys was approximately 10,000-15,000 inhabitants, which corresponds to a subdistrict or a commune in most of the countries.

For the purposes of this sample, there are two domains (a domain is a sub-population for which separate estimates are required with satisfactory precision), and all indicators are presented separately for the two domains. A sampling frame of all subdistricts/communes within each domain has been developed. For each domain, a predetermined number of subdistricts/communes were selected with probability proportional to size (PPS)—a sampling technique in which the probability that a particular subdistrict will be selected is proportional to its population (so that larger subdistricts have a greater chance of being selected). If within these domains countries needed to introduce stratification, for example by endemicity or geographical zones, this was done using implicit stratification. A simple way to do this within a PPS sampling framework without explicit stratification but with the effect of stratification is to sort the sampling frame according to the stratification variables before the sample selection, then select the total sample from the entire sampling frame with PPS within each sampling domain. This

approach results in a sample with implicit stratification with proportional allocation. It does not, however, allow for precise estimates within each stratum. It is worth clarifying that survey domain and stratification are two different concepts. Stratification is aimed at reducing sampling errors by putting similar sampling units in the same stratum before sample selection, while a survey domain is a subpopulation for which separate and reliable estimation of the main survey indicators is required. A survey stratum can be a survey domain, but it is not necessarily a survey domain.

In the baseline and endline surveys, interviewers were sent to all the localities (villages or city blocks) within each selected subdistrict/commune to conduct a complete census of all outlets that might sell or provide medicines of any kind (“eligible outlets”). All of the eligible outlets found were screened by a questionnaire filter to decide whether detailed information about the stocking of antimalarials would be collected. The full questionnaire was administered to all outlets that had any antimalarial drugs in stock on the day of the interview or had any antimalarials in stock in the three months preceding the survey. The full questionnaire collected detailed information on the stock of antimalarials, volumes distributed, and sales and purchase prices. In order to guarantee that the overall sample size for these outlets was achieved with the required survey precision, the average number of outlets per subdistrict/commune was carefully estimated in order to determine precisely the number of subdistricts/communes that needed to be selected for the sample.

B.2.1 Booster Sample

Public health facilities and Part One pharmacies are especially important outlets because these facilities typically service a large number of patients and they may be the main providers of QAACs. However, few of these outlets are expected to be found in any given subdistrict/commune. Taking this special situation into account, a Booster Sample of public health facilities and Part One pharmacies was taken in the entire district that includes the selected subdistrict, consisting of all the public health facilities and Part One pharmacies in the district that are not in the selected subdistrict. A complete sampling frame for both public health facilities and Part One pharmacies was available for all countries since those facilities are registered with the Ministry of Health, and those listings were used to both confirm their locations within the selected subdistrict and identify additional facilities located at the district level of the selected subdistrict. However, since these lists are often not complete, the full list of category I outlets in the district was confirmed with local key informants. All the public health facilities and Part One pharmacies listed in the Booster Sample were included in the sample. This strategy is aimed at increasing the sampling efficiency because of the relatively small number of public health facilities and Part One pharmacies and their importance in the distribution of antimalarials.

If more than one subdistrict was selected from one district, all the selected subdistricts shared the same Booster Sample. The Booster Sample consists of all the public health facilities and Part One pharmacies listed in the district, but not in any of the selected subdistricts. The outlets in the Booster Sample were counted just once in data processing.

B.3 Sample size calculation

To determine how many outlets were needed to provide statistically reliable conclusions in terms of a change in the level of the key indicators, an estimated overall sample size was calculated. The outlet surveys are designed to measure differences in indicators over time. The sample size that is needed depends on the type of indicator to be measured (proportion, mean or median) and the level of precision required. Initially, the goal of the IE was to be able to detect a 20 percentage point change (increase) in QAACT availability (Indicator 1.5) and to detect a 20 percentage change (decrease) in the median price of non-free QAACTs. However, after some calculations based on ACTwatch data at baseline, we determined that the average number of non-free QAACTs per subdistrict is very small, especially in the rural domain. This would require a very large sample size (in terms of the number of sample subdistricts) and such a large sample size was not feasible within the budget constraints to power the calculations on the detection of the median price change of non-free QAACTs. Therefore, we focused the sample size calculations on the ability to detect a 20 percentage point increase in QAACT availability (Indicator 1.5) using parameter values from ACTwatch data for the baseline survey. The endline survey sample size was calibrated based on parameters obtained from the baseline survey data for each country. The following paragraphs summarize the methodology for determining the overall sample size needed to detect statistically significant increases over time in proportions.

The denominator for the proportion of outlets that sell QAACTs (availability of QAACTs) (Indicator 1.5) is the number of outlets that have stocks of any kind of antimalarial at the time of the survey. Assuming the same sample size for the baseline survey and the endline survey, the required sample size for a single domain was calculated using the following formula:

$$n = \frac{Deff \times \left(Z_{1-\alpha} \sqrt{2P(1-P)} + Z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)} \right)^2}{(P_1 - P_2)^2}$$

where:

n = desired sample size for the baseline survey and the endline survey

P_1 = the hypothesized value of the indicator at year 1 (time 1 or baseline survey)

P_2 = the expected value of the indicator at the endline survey

$P = (P_1 + P_2) / 2$

$Z_{1-\alpha}$ = the standard normal $1-\alpha$ quintile corresponding to an α (type I) error with a one-sided test

$Z_{1-\beta}$ = the standard normal $1-\beta$ quintile corresponding to the power of the test

Deff = the design effect for cluster sampling

For example, if we assume that the aim of the project is to increase the proportion of outlets providing QAACTs by at least 20 percentage points from the baseline to the endline of the project, and also assume the following:

P_1 = the value of the key outcome indicator at “time 1” = 40% (40% is used to maximize the sample size and ensure that a 20% difference can be detected as the true value is unknown)

P_2 = the expected value of the indicator at the second instance (time 2); a 20 percentage point difference is desired

$P = (P_1 + P_2) / 2$

$Z_{1-\alpha} = 1.64$ corresponding to an α (type I) error of 5% with a one-sided test
 $Z_{1-\beta} = 0.84$ corresponding to a power of test at 80% (or a type II error of 20%)
Deff = 4 which is estimated from ACTwatch data from selected countries

Then a conservative number of 305 outlets that have any kind of antimalarial in stock at the time of the survey is needed to detect a statistically significant difference of 20 percentage points in the QAACT availability indicator (with 80% power, 95% significance and a design effect estimated at 4 to address one-stage cluster sampling), where P_1 is the hypothesized value of the indicator at time one (40%) and P_2 is the hypothesized value of the indicator at time 2 (60%).

The estimated gross sample size (all outlets enumerated) needed for the QAACT availability indicator is determined by the following formula:

$$N = n_1 / P_{am}$$

where P_{am} is the proportion of outlets having antimalarial stocks at the time of the survey among all outlets enumerated. In this equation, the assumptions are as follows: N = desired sample size of all outlets for monitoring availability indicators, $n_1 = 305$ (the number of outlets with antimalarial stocks at the time of the survey), the design effect is estimated at 4, α is 5%, β is 20%, and we want to measure a 20 percentage point difference.

Since P_{am} (the proportion of outlets having antimalarials in stock at the time of the survey among all outlets enumerated) is unavailable in most countries, it was necessary to make an estimate of P_{am} based on the best available information. ACTwatch survey results showed that 35% of the outlets in urban areas and 23% of the outlets in rural areas, on average, have antimalarials in stock at the time of the survey. By applying these percentages to the above formula, a total number of 872 outlets in the urban domain and 1,327 outlets in the rural domain must be interviewed in order to be able to detect a 20 percentage point increase in QAACT availability for urban and rural domains separately. These numbers were slightly revised for the endline survey using data from the baseline survey.

These numbers were converted into the required number of subdistricts/communes by applying the estimated average number of outlets per subdistrict/commune (n_{outlet}). The number of outlets needed to reach the required number of outlets with antimalarial stock is different for urban and rural areas depending on the average number of outlets per subdistrict/commune (n_{outlet}) and the percentage of outlets with antimalarials (P_{am}) in urban and rural areas separately.

The ACTwatch survey results showed that there were on average 41.6 outlets interviewed per urban subdistrict and 52.6 outlets interviewed per rural subdistrict. By applying these estimated parameters, the ultimate number of subdistricts/communes required to reach the estimated number of outlets would be 21 in the urban domain and 26 in the rural domain, giving a total of 47 subdistricts required in a country.

An Excel template that has been developed for sample size determination and a sample size convertor were provided to the countries in order to facilitate their sample size calculation. Estimated parameters based on the ACTwatch surveys or the baseline survey results were also

provided to the countries. These parameters serve as a reference for their sample size calculations. Figure A.1 shows a snapshot of the template that gives the sample size needed for the number of outlets with antimalarial stocks at the time of the survey for different levels of QAACT availability (P_1) and different detectable changes (σ). Although the sample size is calculated for powering the detection of a 20 percentage point change in QAACT availability, the estimation precision of the QAACT availability indicator in the baseline survey and the endline survey also needs to be taken into account. The estimated precision of an indicator is often interpreted by the relative standard error (RSE), which is the standard error of the estimated indicator divided by the estimated value of the indicator. If the RSE is below 20 percent at the domain level, the precision of the estimation is considered to be acceptable. The last row of the Excel template gives the minimum number of outlets with antimalarial stock at the time of the survey needed for the estimated availability indicator to have a relative standard error less than or equal to 20%. The sample size decision also takes the estimation precision into account. Figure A.2 shows a snapshot of the sample size convertor.

Figure A.1 Number of outlets with antimalarials in stock at the time of survey needed to detect a change in availability of QAACTs for a single domain

Design effect		4		Alpha error		0.05		Power of test		0.80	
Desired percentage point increase (σ) in QAACT availability	P_1	BASELINE QAACT AVAILABILITY (P_1)									
	σ	0.10	0.15	0.20	0.25	0.30	0.35	0.40	0.45	0.50	0.55
	0.05	2160	2852	3446	3940	4336	4633	4831	4929	4929	4831
	0.10	626	787	923	1034	1121	1183	1220	1232	1220	1183
	0.15	313	379	434	478	511	533	544	544	533	511
	0.20	194	228	255	277	293	302	305	302	293	277
	0.25	134	154	169	181	189	193	193	189	181	169
	0.30	99	111	121	128	132	133	132	128	121	111
	0.35	76	84	90	94	96	96	94	90	84	76
	0.40	61	66	70	72	73	72	70	66	61	54
	0.45	49	53	55	57	57	55	53	49	44	38
	0.50	41	43	45	45	45	43	41	37	33	
	0.55	34	36	36	36	36	34	31	28		
0.60	28	30	30	30	28	27	24				
0.65	24	25	25	24	23	21					
Min size for RSE<20%		900	567	400	300	234	186	150	123	100	82

RSE = relative standard error

Notes: The sample size calculated is for a one-sided test. The design effect is calculated based on QAACT availability data from three countries with available data.

Figure A.2 Sample size convertor with a given number of outlets with antimalarials in stock at the time of the survey

DOMAIN ==>		Urban	Rural	<== DOMAIN	
Num. of outlets needed with AM stocks for detectable changes in QAACT	n_1	305	305	n_1	Num. of outlets needed with AM stocks for detectable changes in QAACT
Proportion of all outlets having any antimalarial at the time of survey	P_{am}	0.35	0.23	P_{am}	Proportion of all outlets having any antimalarial at the time of survey
Average number of all outlets per sub-district/commune	n_{outlet}	41.6	52.6	n_{outlet}	Average number of all outlets per sub-district/commune
Num. of SUB-DISTRICTS needed for the domain URBAN	N	21	26	N	Num. of SUB-DISTRICTS needed for the domain RURAL

Note: The green colored cells are waiting for input.

B.4 Sampling weights

Sampling weights are needed to analyze the survey data since PPS cluster sampling was applied. Otherwise, bias may be introduced in the calculated statistics if the subdistricts/communes are very different in size. If a complete sampling frame is available for applying PPS sampling, with the measure of size being the population, sampling weights are easy to calculate. Assuming that the distribution of the outlets is proportional to the population within each sampling stratum and that a Booster Sample is applied, then for all the outlets enumerated in the selected subdistrict not including the public health facilities and the Part One pharmacies (there is a separate weighting procedure for these weights shown later), the sampling weight is the inverse of the selection probability of the selected subdistrict, calculated as:

$$W_{hi} = \frac{\sum M_{hi}}{n_h M_{hi}}$$

where

W_{hi} = the sampling weight for the i^{th} selected subdistrict/commune of stratum h ,

$\sum M_{hi}$ = the total population size (or total number of households) in stratum h

n_h = the number of subdistricts/communes selected in stratum h , and

M_{hi} = the population size (or number of households) in the i^{th} selected subdistrict/commune of stratum h

If no explicit stratification is used in the sample selection, then $h=1$.

The sampling weight for all the public health facilities and Part One pharmacies that are included in the sample from the entire district including the ones in the selected subdistrict is calculated similarly but with the above parameters replaced by district level characteristics:

$$W_{hj}^* = \frac{\sum M_{hj}^*}{n_h^* M_{hj}^*}$$

where

W_{hj}^* = the sampling weight for the j^{th} selected district (a district is selected if one or more of its subdistricts are selected in the sample) of stratum h

$\sum M_{hj}^*$ = the total population size (or total number of households) in stratum h

n_h^* = the number of districts selected in stratum h , and

M_{hj}^* = the population size (or number of households) in the j^{th} selected district of stratum h

With the above calculated district-level weights (posterior weights because there is no direct selection of districts in the sampling procedure), a Booster Sample outlet is counted only once in the data analysis even if two or more subdistricts/communes are selected from the same district.

Appendix C: Classification of outlets, showing which outlets are permitted to stock ACTs, by country

Country - Outlet Classification	Detailed Outlet Type	Permitted to stock ACTs
Ghana		
<i>Public health facility</i>	Teaching Hospital	Yes
	Regional Hospital	Yes
	District Hospital (government)	Yes
	Hospital (government)	Yes
	Clinic/health post/centre (government)	Yes
	Reproductive and Child Health post	Yes
<i>Private not for-profit health facility</i>	Hospital (private not for-profit)	Yes
	Clinic/health post/centre (private not for-profit)	Yes
Private for-profit outlet		
<i>Health facility/pharmacy</i>	Hospital (private for-profit)	Yes
	Clinic/health post/centre (private for-profit)	Yes
	Maternity home (private)	Yes
	Private pharmacy	Yes
<i>Drug store</i>	Licensed chemical seller	Yes
	Stationary drug peddler	No
<i>General retailer/itinerant</i>	Grocery or general provisions shop	No
	Itinerant drug peddler or close-man	No
<i>Community health worker</i>	Community health worker	Yes
Kenya		
<i>Public health facility</i>	Public National Referral Hospital	Yes
	Public Provincial General Hospital	Yes
	Public District/Sub-District Hospital	Yes
	Public Health Centre/Sub-Health Centre	Yes
	Public Dispensary/Clinic	Yes
<i>Private not for-profit health facility</i>	NGO/CBO Clinic/Dispensary	Yes
	Mission/Faith-Based Hospital	Yes
	Mission/Faith-Based Clinic/Dispensary	Yes
Private for-profit outlet		
<i>Health facility/pharmacy</i>	Private Hospital/Nursing Home	Yes
	Private Clinic/Dispensary	Yes
	Registered Pharmacy	Yes
<i>Drug store</i>	Chemist/ drug store (unregistered)	No
<i>General retailer/itinerant</i>	Supermarket/Chain store	No
	General shop/Kiosk	No
	Market stall	No
	Petrol station/Convenience store	No
	Agro-Vet	No
	Hawker	No
<i>Community health worker</i>	Community health worker	Depends on program area

Country - Outlet Classification	Detailed Outlet Type	Permitted to stock ACTs
Madagascar		
<i>Public health facility</i>	Centre Hospitalier Universitaire	Yes
	Hôpital public de référence régionale	Yes
	Hôpital public de district	Yes
	Case de santé de base niveau 1 (sans docteur)	Yes
	Case de santé de base niveau 2 (avec docteur)	Yes
<i>Private not for-profit health facility</i>	Cliniques de ONGs	Yes
Private for-profit outlet		
Health facility/pharmacy	Clinique Privée à but lucratif	Yes
	Médecins libre/ Cabinet Médical/Salle de Soins Privée	Yes
	Pharmacie	Yes
<i>Drug store</i>	Dépôt de médicaments	Yes
<i>General retailer/itinerant</i>	Épicerie	No
	Bar	No
	Épicerie-bar	No
	Gargote	No
	Épicerie-Gargote	No
<i>Community health worker</i>	Agent de santé communautaire (Ministre de santé)	Yes
	Agent de santé communautaire (ONG)	Yes
Niger		
<i>Public health facility</i>	Hôpital public de référence nationale/maternité de référence nationale	Yes
	Hôpital public de référence régionale	Yes
	Hôpital public de district/maternités périphériques	Yes
	Centre de santé communautaire/case de santé	Yes
	Dispensaires	Yes
	Pharmacie ou officine pharmaceutique (Formation sanitaire publique)	Yes
<i>Private not for-profit health facility</i>	Cliniques de ONGs	Yes
	Hôpital de confession religieuse Hôpital de Galmi	Yes
Private for-profit outlet		
Health facility/pharmacy	Hôpital privé à but lucratif ou polyclinique	Yes
	Clinique privée à but lucratif/cabinet médical/salle de soins privées	Yes
	Pharmacie ou officine pharmaceutique	Yes
<i>Drug store</i>	Dépôt rural de médicaments	Yes
<i>General retailer/itinerant</i>	Supermarché/Alimentation ou boutique,Tablier fixe	No
	Étalage au marché	No
	Vendeur ambulant ou tablier	No
<i>Community health worker</i>	Agent de santé communautaire	Yes

Country - Outlet Classification	Detailed Outlet Type	Permitted to stock ACTs
Nigeria		
<i>Public health facility</i>	University Hospital/ Federal Medical Center	Yes
	General Hospital/Specialist	Yes
	Primary Health Care Center	Yes
<i>Private not for-profit health facility</i>	NGO / mission hospital	Yes
Private for-profit outlet		
<i>Health facility/pharmacy</i>	Private hospital / Private clinic	Yes
	Pharmacy	Yes
<i>Drug store</i>	Proprietary Patent Medicine Vendor	Yes
<i>General retailer/itinerant</i>	Super-market/ Mini-market/Provisions store	No
	Kiosk/Table	No
	Hawker	No
<i>Community health worker</i>	Village health worker	Yes
	Role model mother	Yes
Tanzania – mainland		
<i>Public health facility</i>	Public National Referral Hospital	Yes
	Public Regional Hospital	Yes
	Public District Hospital	Yes
	Health centre	Yes
	Dispensary	Yes
<i>Private not for-profit health facility</i>	NGO hospital	Yes
	NGO clinic	Yes
	Faith-based hospital	Yes
	Faith-based clinic	Yes
Private for-profit outlet		
<i>Health facility/pharmacy</i>	Private for-profit hospital	Yes
	Private for-profit clinic	Yes
	Pharmacy Part 1	Yes
<i>Drug store</i>	Accredited Drug Dispensing Outlet (ADDO)	Yes
	Duka La Dawa Baridi (non-ADDO drug store)	No
<i>General retailer/itinerant</i>	Grocery store	No
	Market stall	No
	Itinerant medicine seller	No
<i>Community health worker</i>	Community health worker	No

Country - Outlet Classification	Detailed Outlet Type	Permitted to stock ACTs
Uganda		
<i>Public health facility</i>	National Referral Hospital	Yes
	Regional Hospital	Yes
	District Hospital	Yes
	Health Center IV - County	Yes
	Health Center III - Sub-County	Yes
	Health Center II - Parish	Yes
<i>Private not-for-profit health facility</i>	NGO/Mission Hospital	Yes
	NGO/Mission Clinic	Yes
Private for-profit outlet		
<i>Health facility/pharmacy</i>	Private Hospital	Yes
	Private clinic/Domiciliary/Midwife	Yes
	Pharmacy	Yes
<i>Drug store</i>	Drug store/drug shop	Yes
<i>General retailer/itinerant</i>	Supermarket/Chain store	No
	Grocery store/Duka/General merchandise	No
	Kiosk (General merchandise Kiosk only)	No
	Hawker	No
<i>Community health worker</i>	Community Medicine Distributor	Yes
Zanzibar		
<i>Public health facility</i>	Public National Referral Hospital	Yes
	Public District Hospital	Yes
	Institutional Hospital/Clinic/Dispensary	Yes
	Primary Health Care Units/Dispensary	Yes
	Primary Health Care centre/Cottage Hospital	Yes
	Public Health Clinic/Special Hospital	Yes
<i>Private not-for-profit health facility</i>	NGO hospital	Yes
	NGO clinic	Yes
	Mission/faith-based hospital	Yes
Private for-profit outlet		
<i>Health facility/pharmacy</i>	Private Hospital	Yes
	Private health center	Yes
	Private clinic	Yes
	Private dispensary	Yes
	Part One Pharmacy	Yes
	Part Two Pharmacy/Over the Counter	Yes
<i>Drug store</i>	(OTC)/Duka La Dawa Baridi	Yes
<i>General retailer/itinerant</i>	Local market/ General shop	No
	Kiosk	No
	Petrol station/Convenience store	No
	Herbal shop/clinic	No

Appendix D: Baseline Outlet Survey Generic Questionnaire – English

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

Section I: Census & Screening Information³

Interviewer completes this section for all outlets

Outlet ID Interviewer – District - Sub-district - Outlet Code: [][]-[][][]-[][][][]-[][][][]		
C1. Today's date (dd/mm/yyyy) [][]-[][]-[2 0 1 0]		
C2. Interviewer's name [_____]	C2a. Interviewer's code [][][]	
C3. District Name [_____]	C3a. District code [][][][]	
C4. Sub-district [_____]	C4a. Sub-district code [][][][]	
C5. Locality [_____]	C5a. Locality code [][][][]	
C6. Name of outlet (<i>if no name, record "no name" or owner's name</i>) [_____]	C6a. Outlet code [][][][]	
C7. Type of Outlet 01 = Public Health Facility – National Referral Hospital 02 = Public Health Facility – Regional Hospital 03 = Public Health Facility – District Hospital 04 = Public Health Facility – Community health centre 05 = Pharmacy 06 = Rural outpost pharmacy 07 = Private for profit hospital 08 = Private for profit clinic 09 = Grocery store 10 = NGO hospital 11 = NGO clinic 12 = Faith-based hospital 13 = Faith-based clinic 14 = Market stall 15 = Community health worker 16 = Itinerant medicine seller 17 = Other (<i>specify</i>) [_____]		[][][]

Hello, My name is _____, and I work for _____. 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 _____. I would like to ask you a few questions to see if you qualify for the survey.

Screening Questions

S1. Do you have any medicines in stock today? 1 = Yes 0 = No end interview and go to C8	[]
S2. Do you have any antimalarial medicines in stock today? 1 = Yes provide information sheet, gain consent and go to C8	[]

³ This questionnaire is adapted with permission from ACTwatch (www.actwatch.info) Copyright © 2010 Population Services International. All rights reserved.

0 = No	
<p>S3. Are there any antimalarial medicines that are out of stock today, but that you stocked in the past three months?</p> <p>1 = Yes provide information sheet and gain consent</p> <p>0 = No verify by showing prompt card of common antimalarials and go to C8</p>	[]

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

C8. Record of Visits

	Visit 1	Visit 2	Visit 3
Date (dd/mm/yy)	[][]-[][][]-[1 0]	[][]-[][][]-[1 0]	[][]-[][][]-[1 0]
Time started (use 24hr clock)	[][]:[][]	[][]:[][]	[][]:[][]
Time completed (use 24hr clock)	[][]:[][]	[][]:[][]	[][]:[][]
Result	[]	[]	[]
<p>1 = Completed interview</p> <p>2 = Outlet does not meet screening criteria go to E3</p> <p>3 = Interview interrupted</p> <p>4 = Eligible respondent not available/ Time not convenient for interview</p> <p>5 = Outlet not open at the time</p> <p>6 = Outlet closed permanently go to E3</p> <p>7 = Other (specify):[_____]</p> <p>8 = Refused go to C10</p>			

C9. **If it will be possible to complete the interview at another time, note this time here, and return then**

Refusal:

<p>C10. If the provider refused, why?</p> <p>1 = Client load Ask the provider if there is a better time they would prefer to be interviewed and note the time in C9</p> <p>2 = Thinks it's an inspection / nervous about licence go to E3</p> <p>3 = Not interested go to E3</p> <p>4 = Other (specify) [_____] go to E3</p> <p>8 = Refuses to give reason go to E3</p>	[]
--	-----

II. Provider Questionnaire

<p>P1. Including yourself (and the owner), how many people work at this outlet (all staff)? 999 = Don't know</p>	<p>[][][][]</p>
<p>P2. Has anybody working in this outlet, including yourself (and the owner), completed secondary school? 1 = Yes go to P4 0 = No 9 = Don't know</p>	<p>[]</p>
<p>P3. Has anybody working in this outlet, including yourself (and the owner), completed primary school? 1 = Yes 0 = No go to P6 9 = Don't know go to P6</p>	<p>[]</p>
<p>P4. Does anyone working in this outlet, including yourself (and the owner) have a health-related qualification? 1 = Yes 0 = No go to P6 9 = Don't know go to P6</p>	<p>[]</p>
<p>P5. How many people working in this business (including the owner) have the following types of health qualifications? Read list. Enter '00' if the answer is 'none.'</p> <ul style="list-style-type: none"> I. Pharmacist II. Pharmacy technician III. Pharmacy assistant IV. Medical doctor V. Nurse/Midwife VI. Clinical Officer VII. Other: specify _____ 	<p>[][] [][] [][] [][] [][] [][] [][]</p>
<p>P6. Of all of the people who work here, how many prescribe or dispense medicines? Crosscheck response with what is recorded in P1 999 = Don't know</p>	<p>[][][]</p>
<p>P7. 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 9 = Don't know</p>	<p>[]</p>

Provider Knowledge

<p>P8. Have you seen or heard of this symbol before? Show prompt card with AMFm logo 1 = Yes 0 = No go to P11 9 = Don't know go to P11</p>	<p>[]</p>
---	------------

P9. 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. Don't Know
- XVII. Other (*specify*)

[_____]

[_____]

[_____]

P10. 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. I don't know what it means []
- IX. Other (*specify*) []

[]

[]

[]

P11. 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 9 = Don't know	Brand name 6 = No preference 9 = Don't know	Dosage form 1 = Tablet 2 = Suppository 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (<i>specify</i>) 9 = Don't know
		[]
Do not write here [][]		<i>If "8" specify</i> _____

P12. 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 9 = Don't know	Brand name 6 = No preference 9 = Don't know	Dosage form 1 = Tablet 2 = Suppository 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (<i>specify</i>) 9 = Don't know
		[]
Do not write here [][]		<i>If "8" specify</i> _____

<p>P13. Please name the medicine recommended by the government to treat uncomplicated malaria fever? Do not read list. Only one response allowed.</p> <p>01 = Insert name of government's first line treatment(s) go to P15</p> <p>02 = Amodiaquine</p> <p>03 = Artemether</p> <p>04 = Artemther Lumefantrine</p> <p>05 = Artemisinin</p> <p>06 = Artesunate</p> <p>07 = Artesunate Amodiaquine</p> <p>08 = Chloroquine</p> <p>09 = Dihydroartemisinin Piperaquine</p> <p>10 = Halofantrine</p> <p>11 = Mefloquine</p> <p>12 = Quinine</p> <p>13 = Sulfadoxine Pyrimethamine</p> <p>14 = Other (specify): [_____]</p> <p>99 = Don't know</p>	<p>[][]</p>
<p>P14a. Have you ever heard of (insert name of government's first line treatment)?</p> <p>1 = Yes</p> <p>0 = No</p> <p>9 = Don't know</p>	<p>[]</p>
<p>P14b. Have you ever heard of (insert name of government's alternate first line treatment)?</p> <p>1 = Yes</p> <p>0 = No</p> <p>9 = Don't know</p>	<p>[]</p>
<p>P15 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; No response to be recorded</p> <ul style="list-style-type: none"> • (Insert generic name of government's first line treatment), such as (insert names of 2-3 most popular/best known brands) • Artemisinin combination therapies, such as (insert names of 2-3 most popular/best known brands) • SP, such as (insert names of 2-3 most popular/best known brands) • Amodiaquine, such as (insert names of 2-3 most popular/best known brands) • Quinine, such as (insert names of 2-3 most popular/best known brands) • Mefloquine, such as (insert names of 2-3 most popular/best known brands) • Chloroquine, such as (insert names of 2-3 most popular/best known brands) • (Insert other popular generics, and brands, if appropriate) • Syrups or suspensions, such as (insert names of 2-3 most popular/best known brands) • Injectables, such as (insert names of 2-3 most popular/best known brands) • Granules or powders, such as (insert names of 2-3 most popular/best known brands) 	

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. Look at the top of each sheet to record the drug information on the appropriate form:

- **If the antimalarial is in the form of tablets, suppositories, or granules use the Tablets, Suppositories & Granules Drug Audit Sheet.**
- **If the antimalarial is in any form other than tablets or suppositories, use the Non-Tablet Drug Audit Sheet.**

At the bottom of each audit sheet, number each completed side.

<p>P16. Interviewer: Were any of the antimalarials recorded in the audit sheets QAACTs? 1 = Yes gather samples of all products of QAACTs currently in stock 0 = No go to P21</p>	[]																				
<p>P17. In the past 4 weeks, have you ever been out of stock of all these antimalarials (show all gathered antimalarials) at the same time for at least one day? 1 = Yes 0 = No go to P19 8 = Refuses go to P19 9 = Don't know go to P19</p>	[]																				
<p>P18. At the time you were out of stock of all of these antimalarials (show all gathered antimalarials), did you have any of these other brands in stock? Show prompt card of QAACTs</p> <p>1 = Yes, specify [_____] [_____] [_____]</p> <p>0 = No 8 = Refuses 9 = Don't know</p>	[]																				
<p>P19. Please explain the dosing regimen of any one of these products (show all gathered antimalarials) for an adult (60kg)? Read the following 3 questions to the provider 99 = Don't know</p> <p>I. How many tablets should they take per day? [][]</p> <p>II. How many times per day? [][]</p> <p>III. Over how many days? [][]</p> <p>Record the following information from the package of the drug selected by the provider:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Generic name 9 = Don't know</th> <th style="width: 20%;">Strength</th> <th style="width: 20%;">Brand Name</th> <th style="width: 30%;">Manufacturer</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>[][][]·[]mg</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>[][][]·[]mg</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>[][][]·[]mg</td> <td></td> <td></td> </tr> <tr style="background-color: #cccccc;"> <td style="text-align: center;">Do not write here [][]</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Generic name 9 = Don't know	Strength	Brand Name	Manufacturer	_____	[][][]·[]mg			_____	[][][]·[]mg			_____	[][][]·[]mg			Do not write here [][]			
Generic name 9 = Don't know	Strength	Brand Name	Manufacturer																		
_____	[][][]·[]mg																				
_____	[][][]·[]mg																				
_____	[][][]·[]mg																				
Do not write here [][]																					

P20. Please explain the dosing regimen of any one of these products (**show all gathered antimalarials**) for a child under 2 (10kg)? **Read the following 3 questions to the provider**
 99 Don't know

- I. How many tablets should they take at a time? [][]
- II. How many times per day? [][]
- III. Over how many days? [][]

Record the following information from the package of the drug selected by the provider, and proceed to P23:

Generic name 9 = Don't know	Strength	Brand Name	Manufacturer
_____	[][][][].[][]mg		
_____	[][][][].[][]mg		
Do not write here [][]	[][][][].[][]mg		

P21. Have you stocked any of these antimalarials (**show prompt card of QAACTs**) in the last four weeks?

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

[_____]

[_____]

0 = No

[][]

P22. 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**):

[_____]

[_____]

[_____]

[][]

[][]

[][]

[][]

[][]

[][]

[][]

[][]

[][]

[][]

<p>P23. Interviewer: Is this a public health facility? 1 = Yes go to P30 0 = No</p>	<p>[]</p>																								
<p>P24. Do you have a pharmacy, health facility, or laboratory licence? 1 = Yes 0 = No go to P27 8 = Refuses go to P27 9 = Don't know go to P27</p>	<p>[]</p>																								
<p>P25. May I see your pharmacy, health facility or laboratory licence(s)? 1 = Yes 0 = No, not stored at the outlet go to P27 8 = Refuses go to P27</p>	<p>[]</p>																								
<p>P26. Fill in table for all pharmacy, health or laboratory licences observed</p> <table border="1"> <thead> <tr> <th data-bbox="266 743 865 867">Type of licence</th> <th data-bbox="865 743 1128 867">Observed licence 1 = yes 0 = No</th> <th data-bbox="1128 743 1396 867">Valid Until (mm/yy) 77/77= N/A 99/99 = No date on licence</th> </tr> </thead> <tbody> <tr> <td data-bbox="266 867 865 930">I. Retail pharmacy licence</td> <td data-bbox="865 867 1128 930">[]</td> <td data-bbox="1128 867 1396 930">[][]/[][]</td> </tr> <tr> <td data-bbox="266 930 865 993">II. Wholesale pharmacy licence</td> <td data-bbox="865 930 1128 993">[]</td> <td data-bbox="1128 930 1396 993">[][]/[][]</td> </tr> <tr> <td data-bbox="266 993 865 1056">III. Rural outpost pharmacy licence</td> <td data-bbox="865 993 1128 1056">[]</td> <td data-bbox="1128 993 1396 1056">[][]/[][]</td> </tr> <tr> <td data-bbox="266 1056 865 1119">IV. Dispensary licence</td> <td data-bbox="865 1056 1128 1119">[]</td> <td data-bbox="1128 1056 1396 1119">[][]/[][]</td> </tr> <tr> <td data-bbox="266 1119 865 1182">V. Private hospital licence</td> <td data-bbox="865 1119 1128 1182">[]</td> <td data-bbox="1128 1119 1396 1182">[][]/[][]</td> </tr> <tr> <td data-bbox="266 1182 865 1245">VI. Medical laboratory licence</td> <td data-bbox="865 1182 1128 1245">[]</td> <td data-bbox="1128 1182 1396 1245">[][]/[][]</td> </tr> <tr> <td data-bbox="266 1245 865 1306">VII. Other (<i>specify</i>): []</td> <td data-bbox="865 1245 1128 1306">[]</td> <td data-bbox="1128 1245 1396 1306">[][]/[][]</td> </tr> </tbody> </table>		Type of licence	Observed licence 1 = yes 0 = No	Valid Until (mm/yy) 77/77= N/A 99/99 = No date on licence	I. Retail pharmacy licence	[]	[][]/[][]	II. Wholesale pharmacy licence	[]	[][]/[][]	III. Rural outpost pharmacy licence	[]	[][]/[][]	IV. Dispensary licence	[]	[][]/[][]	V. Private hospital licence	[]	[][]/[][]	VI. Medical laboratory licence	[]	[][]/[][]	VII. Other (<i>specify</i>): []	[]	[][]/[][]
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<p>P27. Do you have a business or trading licence? 1 = Yes 0 = No go to P30 8 = Refuses go to P30 9 = Don't know go to P30</p>	<p>[]</p>																								
<p>P28. May I see your business or trading licence(s)? 1 = Yes 0 = No, not stored at the outlet go to P30 8 = Refuses go to P30</p>	<p>[]</p>																								

P29. Fill in table for all business or trading licences observed

Type of licence	Observed licence 1 = yes 0 = No	Valid Until (mm/yy) 77/77= N/A 99/99 = No date on licence
I. Retail business licence	[]	[][]/[][]
II. Wholesale business licence	[]	[][]/[][]
III. Trading licence	[]	[][]/[][]
IV. Other (<i>specify</i>): []	[]	[][]/[][]

Diagnostic testing

P30. Is malaria microscopic testing available here today? 1 = Yes 0 = No go to P32 9 = Don't know go to P32	[]
P31. How much do you charge for a microscopic test for malaria? 0000 = Free 9999 = Don't know	[][][][]LCU
P32. Are malaria diagnostic test kits (RDTs) available here? 1 = Yes 0 = No go to E1 9 = Don't know go to E1	[]
P33. 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 (Insert list of common name brands of RDTs)	

IV. RDT Audit Sheets

Proceed to the RDT audit. Use as many sheets as necessary.

At the bottom of each audit sheet, number each completed side.

V. Completing the Interview

E1. Interviewer: Is this a public health facility? 1 = Yes go to E3 0 = No		[]
E2. Are you the owner of this outlet? 1 = Yes 0 = No		[]
E3. Name of interviewee:		
E4. Physical address or location identifiers of outlet (not PO box) (Give detailed description that will help to find the outlet)		E5. Telephone number
E6. Latitude: []-[][][]-[][][][][]		E7. Longitude: []-[][][][]-[][][][][]
E8. Do you have any questions or comments for us? (record provider's comments, if any)		

Return to C8 to record final status of interview

END INTERVIEW

E9. Additional observations by interviewer (if any)

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	[][]

TABLET, SUPPOSITORY & GRANULE DRUG AUDIT SHEET (TSG)

OUTLET ID: [][]-[][][]-[][][]-[][][]-[][][]

Product number [][][]	[][] [][] [][]	1. Generic name _____ _____	2. Strength [][][].[][]mg [][][].[][]mg [][][].[][]mg	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 <i>(Fill in number)</i> There are a total of [][][][] tablets, suppositories, in each (select package type): 1 = Package 2 = Pot/tin 3 = Granule packs []	8. Is this product a fixed-dose combination (FDC)? 1 = Yes 0 = No []	9. Does this product have the AMFm logo? 1 = Yes 0 = No []	10. Amount sold/distributed in the last 7 days to individual consumers <i>(Record # of packages tins, or granule packs described in Q7 OR record the total # of tablets sold)</i> This outlet sold [][][] packages in the <u>last 7 days</u> OR This outlet sold [][][] tablets, suppositories or granule packs in the <u>last 7 days</u> <i>Don't know = 999</i>	11. Retail selling price [][][][] tablets, suppositories or granule packs are sold or distributed for [][][][][]LCU <i>Free = 00000; Don't know = 99999</i>	12. Wholesale purchase price For the outlet's most recent wholesale purchase [][][][] tablets, suppositories or granule packs cost [][][][][]LCU <i>Free = 00000; Don't know = 99999</i>	13. Comments	

PUT ASIDE ALL QAACTS

PUT ASIDE ALL QAACTS

PUT ASIDE ALL QAACTS

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

NON TABLETS (NT)

OUTLET ID: [][]-[][][][]-[][][][]-[][][][]-[][][][]

Product number [][][]	1. Generic name _____	2. Strength [][][][]·[] mg/[][][][]mL	3. Dosage form 4 = Syrup 5 = Suspension 6 = Liquid inject. 7 = Powder inject. 8 = Other (<i>specify</i>) []	4. Brand name 	5. Manufacturer 	6. Country of manufacture
	_____	[][][][]·[] mg/[][][][]mL				_____
	Do not write here [][]	(Note: no mL recorded for powders)				Do not write here [][][]
7. Package size (<i>Fill in number</i>) 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 <u>last 7 days</u> <u>Don't know = 9999</u>	10. Retail selling price [][][][] bottles, ampoules or vials are sold or distributed for [][][][][][] LCU Free = 00000; Don't know = 99999	11. Wholesale purchase price For the outlet's most recent wholesale purchase: [][][][][] bottles, ampoules or vials cost [][][][][][] LCU Free = 00000; Don't know = 99999	12. Comments	

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

RAPID DIAGNOSIS TEST (RDT)

OUTLET ID: [][]-[][][][]-[][][][]-[][][][]-[][][][]

Product number	1. Brand name	2. Manufacturer	3. Country of Manufacture	4. Amount sold/ distributed in the last 7 days (Record total # of tests)	5. Retail selling price	6. Wholesale purchase price	7. Comments
[][][]				This outlet sold or distributed [][][][] tests in the last week	For 1 test, you charge [][][][][]LCU Free = 00000; Don't know = 99999	For the outlet's most recent wholesale purchase,; [][][][] tests cost [][][][][]LCU Free = 00000; Don't know = 99999	
	Do not write here [][][]	Do not write here [][][]	Do not write here [][][]				

RDT Audit Sheet [][] of [][]

Appendix E: Baseline outlet survey generic questionnaire – French

Évaluation Indépendante de la Facilité de Médicaments Antipaludéens Modernes à des Prix Abordables⁴

Section I: Informations de recensement et sélection		
L'enquêteur doit remplir cette partie pour tous les points de vente (PDV)		
Identité du point de vente (PDV)		
Code de l'enquêteur - District - Sous-district - PDV []-[]-[]-[]		
C1. Date d'aujourd'hui (jj/mm/aaaa) []-[]-[2 0 1 0]		
C2. Nom de l'enquêteur []	C2a. Code de l'enquêteur []	
C3. Nom de la Commune []	C3a. Code du district []	
C4. Nom du sous-district []	C4a. Code du sous-district []	
C5. Nom de la localité []	C5a. Code de la localité []	
C6. Nom du point de vente s'il n'a pas de nom, inscrivez «sans nom» ou le nom du propriétaire []	C6a. Code du PDV []	
C7. Type de point de vente 01 Hôpital public de référence nationale/ maternité de référence publique 02 Hôpital public de référence régionale public 03 Hôpital public de district/ maternités périphériques 04 Centre de santé communautaire/ Case de santé 05 Dispensaires 06 Pharmacie ou Officine pharmaceutique 07 Dépôt rural de médicament 08 Hôpital privé à but lucratif ou Polyclinique 09 Clinique privée à but lucratif/ cabinet médical/salle de soins privées 10 Supermarché/Alimentation ou boutique, Tablier fixe 11 Cliniques des ONGs 12 Hôpital de confession religieuse Hôpital de Galmi 13 Clinique de confession religieuse 14 Étalage au marché 15 Agent de santé communautaire 16 Vendeur ambulant ou tablier 96 Autre (Précisez) []		[]
C8. Ce sous-district fait-il partie de l'échantillon supplémentaire? 1 = Oui 0 = Non		[]

⁴Ce questionnaire a été adapté du questionnaire de l'enquête ACTwatch sur les points de vente (ACTwatch, Population Services International [PSI] et London School of Hygiene and Tropical Medicine [LSHTM]). 2009. Outlet Survey, Round 2 Questionnaire. PSI, Department of Malaria and Child Survival, ACTwatch Group.) et le questionnaire de l'enquête ACTwatch sur la chaîne d'approvisionnement (ACTwatch, PSI et LSHTM, 2009, Supply Chain Survey Questionnaire, ACTwatch Group.)

Bonjour, Je m'appelle _____, et je travaille pour _____. Nous menons une étude sur la disponibilité des médicaments antipaludéens. Les résultats de cette étude seront utilisés pour améliorer la disponibilité des traitements antipaludéens appropriés au Niger. Je voudrais vous poser quelques questions afin de déterminer si vous devez faire parti de l'enquête.

Questions de sélection

S1. Avez-vous des médicaments modernes en stock aujourd'hui? 1 = Oui allez à S3 0 = Non allez à C9 et puis à la Section VI Fin de l'entretien	[]
S2. Y a-t-il des médicaments modernes qui sont en rupture de stock au aujourd'hui, mais que vous aviez en stock au cours des trois derniers mois? 1 = Oui allez à S4 0 = No allez à C9 et puis à la Section VI: Fin de l'entretien 8 = Ne sait pas allez à C9 et puis à la Section VI: Fin de l'entretien	[]
S3. Avez-vous des médicaments antipaludiques modernes en stock aujourd'hui? 1 = Oui Distribuez et expliquez la fiche d'information, et obtenez le consentement de l'enquêté. Notez l'heure de début à C9 et administrez le questionnaire pour le prestataire ou vendeur. 0 = Non	[]

S4. Y a-t-il des médicaments antipaludéens modernes qui sont en rupture de stock aujourd'hui, mais que vous aviez en stock au cours des trois derniers mois? 1 = Oui Distribuez et expliquez la fiche d'information, et obtenez le consentement de l'enquêté. Notez l'heure de début à C9 et administrez le questionnaire pour le prestataire ou vendeur. 0 = Non Vérifiez, en montrant le Fiche illustrative des médicaments modernes antipaludéens courants. Allez à la question C9 et puis à la Section VI Fin de l'entretien 8 = Ne sait pas. Vérifiez, en montrant le Fiche illustrative des médicaments modernes antipaludéens courants. Allez à la question C9 et puis à la Section VI Fin de l'entretien	[]
--	-----

C9. Visites d'enquêteurs/ enquêteuses

	Visite 1	Visite 2	Visite 3
Date (jj/mm/aa)	[][]-[][]-[1 0]	[][]-[][]-[1 0]	[][]-[][]-[1 0]
Heure du début	[]:[]:[]	[]:[]:[]	[]:[]:[]
Heure de la fin	[]:[]:[]	[]:[]:[]	[]:[]:[]
Résultat	[]	[]	[]
01 = Entretien terminé allez à E1 Section VI Fin de l'entretien 02 = Point de vente ne satisfait pas aux critères de sélection allez à E1 Section VI Fin de l'entretien 03 = Entretien interrompu allez à C10 04 = Prestataire ou vendeur éligible n'est pas disponible/ L'heure n'est pas convenable pour l'entretien allez à C10 05 = Point de vente n'est pas ouvert au moment de la visite allez à C10 06 = Point de vente fermé définitivement allez à E1 Section VI Fin de l'entretien 96 = Autre (spécifiez):[_____] 97 = Refus allez à C11			

C10. S'il est possible de réaliser l'entretien à un autre moment, notez ici le rendez-vous et revenez à ce moment là. S'il n'est pas possible de réaliser l'entretien à un autre moment, allez à E1.

Refus:

C11. Si le prestataire ou vendeur a refusé de participer ou de répondre aux questions de l'enquête, posez la question pourquoi?

- 1 = Trop de clients **Demandez au prestataire s'il y a une autre heure qu'il préfère pour l'entretien, et notez-le à C10**
- 2 = Pense que c'est une inspection ou a peur pour sa licence **allez à E1, Section VI Fin de l'entretien**
- 3 = N'est pas intéressé **allez à E1, Section VI Fin de l'entretien**
- 6 = Autre (**spécifiez**) [] **allez à E1, Section VI Fin de l'entretien**
- 7 = Refus de donner une raison **allez à E1, Section VI Fin de l'entretien**

[]

Section VI: Fin de l'entretien

Si le prestataire a répondu <<oui>> à S3 ou S4, procédez au remplissage du questionnaire pour le prestataire ou vendeur. Ne posez pas les questions E1 à E6 ci-dessous, jusqu'à ce que toutes les autres sections du questionnaire soient complètes.

E1. Nom du répondant

- 5 = Non-applicable, pas de répondant
8 = Refus

E2. Adresse physique ou identifiants du lieu (n'enregistrez pas la boîte postale) (**Donnez une description détaillée qui permettra de retrouver le point de vente plus tard**)

E3. Numéro de téléphone

- 5 = Non applicable, pas de répondant
8 = Refus

E4. Latitude: []-[]-[][][][][]

E5. Longitude: []-[]-[][][][][]

E6. Avez-vous des questions ou commentaires pour nous? **Si oui, écrivez les commentaires du prestataire/vendeur**

E7. Observations/remarques supplémentaires de l'enquêteur (s'il y en a)

Remerciez le prestataire ou le vendeur et terminez l'entretien

Section II: Questionnaire pour le prestataire ou vendeur

Avant de commencer à administrer le questionnaire du prestataire ou vendeur, assurez-vous que vous avez distribué et expliqué la fiche d'information, et que vous avez obtenu le consentement de l'enquêté.

P1. Enquêteur ou Enquêtrice: Ce point de vente est-il une formation sanitaire publique? 1 = Oui allez à P3 0 = Non	[]
P2. Etes-vous le propriétaire de ce point de vente? 1 = Oui 0 = Non	[]
P3. Y compris vous-même (et le propriétaire), combien de personnes travaillent ici ou avec vous? 998 = Ne sait pas	[][][][]
P4. Parmi les membres du personnel de ce point de vente, y compris vous-même (et le propriétaire), y a-t-il quelqu'un qui a terminé l'école secondaire? 1 = Oui allez à P6 0 = Non 8 = Ne sait pas	[]
P5. Parmi les membres du personnel de ce point de vente, y compris vous-même (et le propriétaire), y a-t-il quelqu'un qui a terminé l'école primaire? 1 = Oui 0 = Non allez à P8 8 = Ne sait pas allez à P8	[]
P6. Parmi les membres du personnel de ce point de vente, y compris vous-même (et le propriétaire), y a-t-il quelqu'un qui a une formation dans le domaine de la santé? 1 = Oui 0 = Non allez à P8 8 = Ne sait pas allez à P8	[]
P7. Parmi les membres du personnel de ce point de vente, y compris vous-même (et le propriétaire), combien ont les types suivants de formations en santé? Lisez la liste. Inscrivez '00'; si la réponse est 'aucune.'	
I. Pharmacien	[][]
II. Technicien ou technicien en pharmacie	[][]
III. Assistant en pharmacie	[][]
IV. Médecin ou Etudiant en médecine	[][]
V. Infirmier, Infirmière ou Sage-femme	[][]
VI. Vendeur en pharmacie	[][]
VII. Assistant de Santé	[][]
VIII. Gestionnaire en pharmacie	[][]
IX. Autre 1: spécifiez _____	[][]
X. Autre 2: spécifiez _____	[][]
XI. Autre 3: spécifiez _____	[][]
P8. Parmi les membres du personnel de ce point de vente, combien prescrivent ou donnent des médicaments? Vérifiez la réponse avec ce qui est enregistré à P3 998 = Ne sait pas	[][][][]

P9. Est-ce que quelqu'un de ce point de vente a reçu une formation portant sur le traitement du paludisme pendant les 12 derniers mois? Y compris la formation préalable ou en service-atelier de formation 1 = Oui 0 = Non 8 = Ne sait pas	[]
---	-----

Connaissances de l' AMFm et du traitement du paludisme par le prestataire ou vendeur

P10. Avez-vous déjà vu ou entendu parler de ce symbole? Montrez la fiche illustrative avec le logo de AMFm 1 = Oui 0 = Non allez à P13 8 = Ne sait pas allez à P13	[]
--	-----

P11. Où avez-vous vu ou entendu parler de ce symbole avant? Ne lisez pas la liste. Les réponses multiples sont permises. Répétez "Autre lieu ou média?" jusqu'à ce que le répondant n'ait plus de réponses. 1 = réponse donnée 0 = réponse non-donnée	
I. Sur l'emballage d'un médicament antipaludéen	[]
II. Sur l'emballage d'un médicament	[]
III. Sur une affiche	[]
IV. Sur un panneau d'affichage	[]
V. À la télévision ou à la radio	[]
VI. Sur une ordonnance	[]
VII. Dans un journal /un magazine	[]
VIII. Dans une pharmacie/point de vente du médicament	[]
IX. Dans une clinique privée	[]
X. Dans une formation sanitaire publique	[]
XI. Lors d'une formation	[]
XII. auprès d'un fournisseur	[]
XIII. Lors d'un évènement/manifestation public	[]
XIV. auprès d'une autorité locale	[]
XV. auprès un ami/membre de la famille	[]
XVI. Ne sait pas	[]
XVII. Autre (spécifiez): [_____]	[]

<p>P12. Qu'est ce que ce symbole signifie pour vous? Ne lisez pas la liste. Les réponses multiples sont permises. Répétez le « Rien d'autre » jusqu'à ce que le répondant n'ait plus de réponses. 1 = réponse donnée 0 = réponse non-donnée</p>										
I. Un médicament antipaludique efficace et de qualité		[][]								
II. Un médicament antipaludique abordable		[][]								
III. Un médicament antipaludique populaire		[][]								
IV. Un médicament efficace et de qualité		[][]								
V. Un médicament abordable		[][]								
VI. Un médicament populaire		[][]								
VII. Il ne signifie rien		[][]								
VIII. Je ne sais pas ce qu'il signifie		[][]								
IX. Autre (spécifiez): [_____]		[][]								
<p>P13. A votre avis, pour traiter le paludisme simple chez l'adulte, quel est le médicament antipaludéen le plus efficace parmi tous les produits qui se trouvent sur le marché. L'enquête peut citer le nom générique ou le nom de marque. Demandez au prestataire/vendeur de vous montrer le médicament, s'il l'a en stock).</p> <table border="1"> <tr> <td> <p>Nom générique 98 = Ne sait pas</p> </td> <td> <p>Nom de marque 995 = Pas de préférence 998 = Ne sait pas</p> </td> <td> <p>Présentation 01 = Comprimé 02 = Suppositoire 03 = Sirop 04 = Suspension 05 = Liquide injectable</p> </td> <td> <p>06 = Poudre injectable 07 = Granule 96 = Autre (spécifiez) 98 = Ne sait pas</p> </td> </tr> <tr> <td colspan="2"> <p>N'écrivez pas ici [][]</p> </td> <td colspan="2"> <p>[][]</p> <p>Si "96," spécifiez _____ </p> </td> </tr> </table>			<p>Nom générique 98 = Ne sait pas</p>	<p>Nom de marque 995 = Pas de préférence 998 = Ne sait pas</p>	<p>Présentation 01 = Comprimé 02 = Suppositoire 03 = Sirop 04 = Suspension 05 = Liquide injectable</p>	<p>06 = Poudre injectable 07 = Granule 96 = Autre (spécifiez) 98 = Ne sait pas</p>	<p>N'écrivez pas ici [][]</p>		<p>[][]</p> <p>Si "96," spécifiez _____ </p>	
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<p>N'écrivez pas ici [][]</p>		<p>[][]</p> <p>Si "96," spécifiez _____ </p>								
<p>P14. A votre avis, pour traiter le paludisme simple chez l'enfant de moins de 5 ans, quel est le médicament antipaludéen le plus efficace parmi tous les produits qui se trouvent sur le marché? L'enquête peut citer le nom générique ou le nom de marque. Demandez au prestataire/vendeur de vous montrer le médicament, s'il l'a en stock).</p> <table border="1"> <tr> <td> <p>Nom générique 98 = Ne sait pas</p> </td> <td> <p>Nom de marque 995 = Pas de préférence 998 = Ne sait pas</p> </td> <td> <p>Présentation 01 = Comprimé 02 = Suppositoire 03 = Sirop 04 = Suspension 05 = Liquide injectable</p> </td> <td> <p>06 = Poudre injectable 07 = Granule 96 = Autre (spécifiez) 98 = Ne sait pas</p> </td> </tr> <tr> <td colspan="2"> <p>N'écrivez pas ici [][]</p> </td> <td colspan="2"> <p>[][]</p> <p>Si "96," spécifiez _____ </p> </td> </tr> </table>			<p>Nom générique 98 = Ne sait pas</p>	<p>Nom de marque 995 = Pas de préférence 998 = Ne sait pas</p>	<p>Présentation 01 = Comprimé 02 = Suppositoire 03 = Sirop 04 = Suspension 05 = Liquide injectable</p>	<p>06 = Poudre injectable 07 = Granule 96 = Autre (spécifiez) 98 = Ne sait pas</p>	<p>N'écrivez pas ici [][]</p>		<p>[][]</p> <p>Si "96," spécifiez _____ </p>	
<p>Nom générique 98 = Ne sait pas</p>	<p>Nom de marque 995 = Pas de préférence 998 = Ne sait pas</p>	<p>Présentation 01 = Comprimé 02 = Suppositoire 03 = Sirop 04 = Suspension 05 = Liquide injectable</p>	<p>06 = Poudre injectable 07 = Granule 96 = Autre (spécifiez) 98 = Ne sait pas</p>							
<p>N'écrivez pas ici [][]</p>		<p>[][]</p> <p>Si "96," spécifiez _____ </p>								

<p>P15. Veuillez me citer le médicament moderne antipaludéen de première intention recommandé par le gouvernement nigérien pour le traitement d'une fièvre du paludisme simple. Ne lisez pas la liste. Une seule réponse est permise.</p> <p>01 = Artéméther Luméfantrine (Bimalarine ; Coartem ; Colart ; Lufanter ; Lumart ; Paluther ; Riamet) 02 = Amodiaquine (Flavoquine ; Prosol) 03 = Artemether (Ametherdenk ; Artesiane) 05 = Artemisinin 06 = Artesunate (Arsumax ; Asunatdenk ; Plasmotrim) 07 = Artesunate Amodiaquine (Arsucam ; Artediam) 08 = Chloroquine (Nivaquine ; Sipquin) 09 = Dihydroartemisinin Piperaquine (Coartemax ; Duo-cotexin ; Eurtequin ; Malacur) 10 = Halofantrine (Halfan) 11 = Mefloquine (Lariam) 12 = Quinine (Arsiquiniforme ; Quiniforme ; Quinimax ; Quinoral ; Surquina) 13 = Sulfadoxine Pyrimethamine (Fansidar ; Malareich ; Maloxine) 96 = Autre (spécifiez): [_____] 98 = Ne sait pas</p>	[]
<p>16a. Avez-vous déjà entendu parler de l'Artémether Lumefantrine (Coartem)?</p> <p>1 = Oui 2 = Non 8 = Ne sait pas</p>	[]
<p>P16b. Avez-vous déjà entendu parler de (Coarsucam)?</p> <p>1 = Oui 0 = Non 8 = Ne sait pas</p>	[]

P17. Pourriez-vous nous montrer la gamme complète de médicaments modernes antipaludéens que vous avez en stock? Avez-vous un ou plusieurs des médicaments modernes antipaludéens suivants: **Lisez la liste entière en utilisant la fiche illustrative. Aucune réponse ne sera rapportée.**

1. Artémether + Lumefantrine, par exemple COARTEM, RIAMET, LUMART, COLART
2. Combinaisons thérapeutiques à base d'artémisinine, par exemple ARSUCAM, ARSUDAR.
3. Artémisinine monothérapie, par exemple PALUTHER, ARSUMAX, ARTESIANE
4. Sulfadoxine pyriméthamine, par exemple FANSIDAR, MALOXINE
5. Amodiaquine, par exemple FLAVOQUINE, CAMOQUIN, SIPOQUINE
6. Quinine, par exemple SULFATE DE QUININE, QUININE RESORCINE, ARSIQUINIFORME
7. Mefloquine, par exemple LARIAM
8. Chloroquine, par exemple NIVAQUINE, ARALEN, RESOCHIN
9. Dihydroartémisine-Piperaquine par exemple DUO-COTEXIN, MALACUR, COARTEMAX
10. Méfloquine + Sulfadoxine + pyriméthamine par exemple FANSIMEF
11. Atovaquone + Proganil par exemple MALARONE
12. Chlorproganil + Dapsone par exemple LAPDAP
13. Proganil + Chloroquine SAVARINE
14. Halofantrine par exemple HALFAN
15. Artésunate par exemple ARSUMAX
16. Proganil par exemple PALUDRINE
17. Pyriméthamine par exemple MALOCIDE, DARAPRIM
18. Lumefantrine par exemple LUMEFANTRINE CP
19. Sirops ou suspensions, par exemple NIVAQUINE SIROP, HALFAN SUSPENSION BUVABLE, CAMOQUIN, COARTESIANE
20. Injectables, par exemple QUINIMAX, PALUTHER, NIVAQUINE, QUINIFORME
21. Suppositoires par exemple QUININE SUPPO, ARTEMETHER SUPPO, ARTESIANE SUPPO, PLASMOTRIM
22. Granules ou poudres, par exemple GRANUDOXY, TOLEXINE, DARTE-Q GRANULE

Si le point de vente n'a aucun médicament moderne antipaludique en stock, allez à P23

Section III. Fiches d'audit de médicaments

Procédez à l'audit de médicaments modernes. Différentes fiches d'audit de médicaments modernes seront utilisées, pour décrire les informations des médicaments modernes antipaludiques selon la forme sous laquelle ils se présentent.

Triez tous les médicaments modernes antipaludiques dans 2 groupes:

Dans le premier group, rassemblez tous les médicaments modernes antipaludiques qui se présentent sous la forme de comprimés, suppositoires ou granulés, Utilisez la Fiche d'audit de médicaments en comprimés, suppositoires et granulés pour noter leurs informations.

Dans le deuxième group, rassemblez tous les médicaments modernes antipaludiques qui se présentent sous autre forme que comprimés, suppositoires ou granulés. Utilisez Fiche d'audit de médicaments autre que comprimés pour noter leurs informations.

Joignez des fiches additionnelles à la fin du questionnaire, si nécessaire.

Numérotez chaque produit audité, séquentiellement, en le donnant un numéro de produit. Numérotez chaque fiche remplie, séquentiellement, dans l'espace fourni au bas de chaque fiche d'audit

Numéro de produit [][] [][][][] [][][][]	1. Nom générique _____ _____ _____ N'écrivez pas ici [][]	2. Dosage [][][][], [][]mg [][][][], [][]mg [][][][], [][]mg	3. Présentation 1 = Comprimé 2 = Suppositoire 3 = Granule []	4. Nom de marque _____	5. Fabricant _____	6. Pays de fabrication _____ N'écrivez pas ici [][][][]	
	7. Taille de l'emballage <i>(Inscrivez le nombre)</i> Il y a un total de [][][][] comprimés, suppositoires, ou paquet de granules dans chaque (sélectionnez le type d'emballage): 1 =Paquet 2 = Pot/boîte []	8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non []	9. Ce produit a-t il le logo de l'AMFm? 1 = Oui 0 = Non []	10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels <i>(inscrivez le nombre de paquets, boîtes, ou paquets de granules décrits à 7 OU écrivez le nombre total de comprimés vendus)</i> Ce point de vente a vendu [][][] paquets <u>au cours des 7 derniers jours</u> Ce point de vente a vendu [][][] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours Non applicable = 995 Ne sait pas = 998	11. Prix de vente en détail [][][][] comprimés, suppositoires ou paquets de granules coûtent au client individuel [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [][][][] comprimés, suppositoires ou paquets de granules coûtent [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	13. Commentaires _____ _____

Numéro de produit [][] [][] [][][][]	1. Nom générique _____ _____ _____ N'écrivez pas ici	2. Dosage [][][][], [][]mg [][][][], [][]mg [][][][], [][]mg	3. Présentation 1 = Comprimé 2 = Suppositoire 3 = Granule []	4. Nom de marque _____ _____ _____	5. Fabricant _____ _____ _____	6. Pays de fabrication _____ _____ _____ N'écrivez pas ici	
	7. Taille de l'emballage (Inscrivez le nombre) Il y a un total de [][][][][] comprimés, suppositoires, ou paquet de granules dans chaque (sélectionnez le type d'emballage): 1 = Paquet 2 = Pot/boite []	8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non []	9. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels (inscrivez le nombre de paquets, boîtes, ou paquets de granules décrits à 7 OU écrivez le nombre total de comprimés vendus) Ce point de vente a vendu [][][][] paquets <u>au cours des 7 derniers jours</u> Ce point de vente a vendu [][][][] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours Non applicable = 995 Ne sait pas = 998	11. Prix de vente en détail [][][][] comprimés, suppositoires ou paquets de granules coûtent au client individuel [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [][][][][] comprimés, suppositoires ou paquets de granules coûtent [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	13. Commentaires _____ _____ _____

METTEZ DE COTE TOUS LES CTAQG

Fiche d'audit de médicaments en comprimés, suppositoires ou granules [][] sur un total de [][]

Numéro de produit [][] [][][][] [][]	1. Nom générique _____ _____ _____ N'écrivez pas ici [][]	2. Dosage [][][][], [][]mg [][][][], [][]mg [][][][], [][]mg	3. Présentation 1 = Comprimé 2 = Suppositoire 3 = Granule []	4. Nom de marque _____ _____ _____	5. Fabricant _____ _____ _____	6. Pays de fabrication _____ _____ _____ N'écrivez pas ici [][][]	
	7. Taille de l'emballage <i>(Inscrivez le nombre)</i> Il y a un total de [][][][] comprimés, suppositoires, ou paquet de granules dans chaque (sélectionnez le type d'emballage): 1 = Paquet 2 = Pot/boite []	8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non []	9. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels <i>(inscrivez le nombre de paquets, boîtes, ou paquets de granules décrits à 7 OU écrivez le nombre total de comprimés vendus)</i> Ce point de vente a vendu [][][] paquets <u>au cours des 7 derniers jours</u> Ce point de vente a vendu [][][] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours Non applicable = 995 Ne sait pas = 998	11. Prix de vente en détail [][][][] comprimés, suppositoires ou paquets de granules coûtent au client individuel [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [][][][] comprimés, suppositoires ou paquets de granules coûtent [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	13. Commentaires _____ _____ _____

Numéro de produit [][] [][] [][][]	1. Nom générique _____ _____ _____ N'écrivez pas ici	2. Dosage [][][], []mg [][][], []mg [][][], []mg	3. Présentation 1 = Comprimé 2 = Suppositoire 3 = Granule []	4. Nom de marque _____ _____ _____	5. Fabricant _____ _____ _____	6. Pays de fabrication _____ _____ _____ N'écrivez pas ici	
	7. Taille de l'emballage (Inscrivez le nombre) Il y a un total de [][][][] comprimés, suppositoires, ou paquet de granules dans chaque (sélectionnez le type d'emballage): 1 = Paquet 2 = Pot/boite []	8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non []	9. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels (inscrivez le nombre de paquets, boîtes, ou paquets de granules décrits à 7 OU écrivez le nombre total de comprimés vendus) 1.1 Ce point de vente a vendu [][][] paquets au cours des 7 derniers jours Ce point de vente a vendu [][][] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours <i>Non applicable = 995</i> <i>Ne sait pas = 998</i>	11. Prix de vente en détail [][][][] comprimés, suppositoires ou paquets de granules coûtent au client individuel [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [][][][][] comprimés, suppositoires ou paquets de granules coûtent [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	13. Commentaires _____ _____ _____

Fiche d'audit de médicaments en comprimés, suppositoires ou granules [][] sur un total de [][]

Numéro de produit [][] [][][][] [][]	1. Nom générique _____ _____ _____ N'écrivez pas ici [][]	2. Dosage [][][][], [][]mg [][][][], [][]mg [][][][], [][]mg	3. Présentation 1 = Comprimé 2 = Suppositoire 3 = Granule []	4. Nom de marque _____ _____ _____	5. Fabricant _____ _____ _____	6. Pays de fabrication _____ _____ _____ N'écrivez pas ici [][][][]	
	7. Taille de l'emballage <i>(Inscrivez le nombre)</i> Il y a un total de [][][][][] comprimés, suppositoires, ou paquet de granules dans chaque (sélectionnez le type d'emballage): 1 = Paquet 2 = Pot/boite []	8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non []	9. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels <i>(inscrivez le nombre de paquets, boîtes, ou paquets de granules décrits à 7 OU écrivez le nombre total de comprimés vendus)</i> Ce point de vente a vendu [][][][] paquets <u>au cours des 7 derniers jours</u> Ce point de vente a vendu [][][][] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours Non applicable = 995 Ne sait pas = 998	11. Prix de vente en détail [][][][] comprimés, suppositoires ou paquets de granules coûtent au client individuel [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [][][][][] comprimés, suppositoires ou paquets de granules coûtent [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	13. Commentaires _____ _____ _____

Numéro de produit []-[]-[]	1. Nom générique	2. Dosage	3. Présentation 1 = Comprimé 2 = Suppositoire 3 = Granule []	4. Nom de marque	5. Fabricant	6. Pays de fabrication
	[]	[]-[]-[]mg				
	[]	[]-[]-[]mg				N'écrivez pas ici []
7. Taille de l'emballage (Inscrivez le nombre) Il y a un total de [] comprimés, suppositoires, ou paquet de granules dans chaque (sélectionnez le type d'emballage): 1 =Paquet 2 = Pot/boite []	8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non []	9. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels (inscrivez le nombre de paquets, boîtes, ou paquets de granules décrits à 7 OU écrivez le nombre total de comprimés vendus) Ce point de vente a vendu [] paquets au cours des 7 derniers jours Ce point de vente a vendu [] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours Non applicable = 995 Ne sait pas = 998	11. Prix de vente en détail [] comprimés, suppositoires ou paquets de granules coûtent au client individuel []CFA Gratuit = 00000; Ne sait pas = 99998	12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [] comprimés, suppositoires ou paquets de granules coûtent []CFA Gratuit = 00000; Ne sait pas = 99998	13. Commentaires

METTEZ DE COTE TOUS LES CTAQG

Fiche d'audit de médicaments en comprimés, suppositoires ou granules [][] sur un total de [][]

Numéro de produit [][] [][][][] [][]	1. Nom générique _____ _____ _____ N'écrivez pas ici [][]	2. Dosage [][][][], [][]mg [][][][], [][]mg [][][][], [][]mg	3. Présentation 1 = Comprimé 2 = Suppositoire 3 = Granule []	4. Nom de marque _____ _____ _____	5. Fabricant _____ _____ _____	6. Pays de fabrication _____ _____ _____ N'écrivez pas ici [][][]	
	7. Taille de l'emballage <i>(Inscrivez le nombre)</i> Il y a un total de [][][][] comprimés, suppositoires, ou paquet de granules dans chaque (sélectionnez le type d'emballage): 1 = Paquet 2 = Pot/boite []	8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non []	9. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels <i>(inscrivez le nombre de paquets, boîtes, ou paquets de granules décrits à 7 OU écrivez le nombre total de comprimés vendus)</i> Ce point de vente a vendu [][][] paquets <u>au cours des 7 derniers jours</u> Ce point de vente a vendu [][][] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours Non applicable = 995 Ne sait pas = 998	11. Prix de vente en détail [][][][] comprimés, suppositoires ou paquets de granules coûtent au client individuel [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [][][][] comprimés, suppositoires ou paquets de granules coûtent [][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	13. Commentaires _____ _____ _____

Numéro de produit [][] [][] [][][][]	1. Nom générique _____ _____ _____ N'écrivez pas ici	2. Dosage [][][][], [][]mg [][][][], [][]mg [][][][], [][]mg	3. Présentation 1 = Comprimé 2 = Suppositoire 3 = Granule []	4. Nom de marque _____ _____ _____	5. Fabricant _____ _____ _____	6. Pays de fabrication _____ _____ _____ N'écrivez pas ici	
	7. Taille de l'emballage (Inscrivez le nombre) Il y a un total de [][][][][] comprimés, suppositoires, ou paquet de granules dans chaque (sélectionnez le type d'emballage): 1 = Paquet 2 = Pot/boite []	8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non []	9. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels (inscrivez le nombre de paquets, boîtes, ou paquets de granules décrits à 7 OU écrivez le nombre total de comprimés vendus) Ce point de vente a vendu [][][][] paquets <u>au cours des 7 derniers jours</u> Ce point de vente a vendu [][][][] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours Non applicable = 995 Ne sait pas = 998	11. Prix de vente en détail [][][][][] comprimés, suppositoires ou paquets de granules coûtent au client individuel [][][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [][][][][] comprimés, suppositoires ou paquets de granules coûtent [][][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	13. Commentaires _____ _____ _____

Numéro de produit [] [] []	1. Nom générique	2. Dosage [] [] [] [], [] mg/[] [] [] ml	3. Présentation 1 = Sirop 2 = Suspension 3 = Liquide inj. 4 = Poudre inj. 8 = Autre (spécifiez) []	4. Nom de marque	5. Fabricant	6. Pays de fabrication
	[] [] []	[] [] [] [], [] mg/[] [] [] ml				
	[] [] []	[] [] [] [], [] mg/[] [] [] ml				
	N'écrivez pas ici [] [] []					N'écrivez pas ici [] [] []
7. Taille de l'emballage <i>(Inscrivez le nombre)</i> Il y a un total de [] [] [] [] mL (or mg pour les poudres injectables) dans chaque: 1 = Bouteille 2 = Ampoule/foies []	8. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	9. Quantité vendue ou distribuée au cours des 7 derniers jours a des consommateurs individuels Ce point de vente a vendu [] [] [] [] bouteilles, ampoules or fioles au cours des 7 derniers jours Ne sait pas = 9999	10. Prix de vente au détail [] [] [] [] bouteilles, ampoules ou fioles coûtent au client individuel [] [] [] [] [] CFA Gratuit = 00000; Ne sait pas = 99999	11. Prix d'achat en gros Lors de l'achat de gros le plus récent du point de vente: [] [] [] [] [] bouteilles, ampoules ou fioles coûtent [] [] [] [] [] CFA Gratuit = 00000; Ne sait pas = 99999	12. Commentaires	

Numéro de produit [] [] []	1. Nom générique	2. Dosage [] [] [] [], [] mg/[] [] [] mL	3. Présentation 1 = Sirop 2 = Suspension 3 = Liquide inj. 4 = Poudre inj. 8 = Autre (spécifiez) []	4. Nom de marque	5. Fabricant	6. Pays de fabrication
	[] [] []	[] [] [] [], [] mg/[] [] [] mL				
	[] [] []	[] [] [] [], [] mg/[] [] [] mL				
	N'écrivez pas ici [] [] []					N'écrivez pas ici [] [] []
7. Taille de l'emballage <i>(Inscrivez le nombre)</i> Il y a un total de [] [] [] [] mL (or mg pour les poudres injectables) dans chaque: 1 = Bouteille 2 = Ampoule/foies []	8. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	9. Quantité vendue ou distribuée au cours des 7 derniers jours a des consommateurs individuels Ce point de vente a vendu [] [] [] [] bouteilles, ampoules or fioles au cours des 7 derniers jours Ne sait pas = 9999	10. Prix de vente au détail [] [] [] [] bouteilles, ampoules ou fioles coûtent au client individuel [] [] [] [] [] CFA Gratuit = 00000; Ne sait pas = 99999	11. Prix d'achat en gros Lors de l'achat de gros le plus récent du point de vente: [] [] [] [] [] bouteilles, ampoules ou fioles coûtent [] [] [] [] [] CFA Gratuit = 00000; Ne sait pas = 99999	12. Commentaires	

Numéro de produit []-[]-[]-[]	1. Nom générique []-[]-[]-[] []-[]-[]-[] []-[]-[]-[] []-[]-[]-[]	2. Dosage []-[]-[]-[], [] mg/[]-[]-[]-[]mL []-[]-[]-[], [] mg/[]-[]-[]-[]mL []-[]-[]-[], [] mg/[]-[]-[]-[]mL (Note: N'enregistrez pas de mL pour les poudres)	3. Présentation 1 = Sirop 2 = Suspension 3 = Liquide inj. 4 = Poudre inj. 8 = Autre (spécifiez) []	4. Nom de marque	5. Fabricant	6. Pays de fabrication
						N'écrivez pas ici []-[]-[]
7. Taille de l'emballage (Inscrivez le nombre) Il y a un total de []-[]-[]-[] mL (or mg pour les poudres injectables) dans chaque: 1 = Bouteille 2 = Ampoule/fioles []	8. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	9. Quantité vendue ou distribuée au cours des 7 derniers jours a des consommateurs individuels Ce point de vente a vendu []-[]-[]-[] bouteilles, ampoules or fioles au cours des 7 derniers jours Ne sait pas = 9999	10. Prix de vente au détail []-[]-[] bouteilles, ampoules ou fioles coûtent au client individuel []-[]-[]-[]-[]CFA Gratuit = 00000; Ne sait pas = 99999	11. Prix d'achat en gros Lors de l'achat de gros le plus récent du point de vente: []-[]-[]-[] bouteilles, ampoules ou fioles coûtent []-[]-[]-[]-[]CFA Gratuit = 00000; Ne sait pas = 99999	12. Commentaires	

Numéro de produit []-[]-[]-[]	1. Nom générique []-[]-[]-[] []-[]-[]-[] []-[]-[]-[]	2. Dosage []-[]-[]-[], [] mg/[]-[]-[]-[]mL []-[]-[]-[], [] mg/[]-[]-[]-[]mL []-[]-[]-[], [] mg/[]-[]-[]-[]mL (Note: N'enregistrez pas de mL pour les poudres)	3. Présentation 1 = Sirop 2 = Suspension 3 = Liquide inj. 4 = Poudre inj. 8 = Autre (spécifiez) []	4. Nom de marque	5. Fabricant	6. Pays de fabrication
						N'écrivez pas ici []-[]-[]
7. Taille de l'emballage (Inscrivez le nombre) Il y a un total de []-[]-[]-[] mL (or mg pour les poudres injectables) dans chaque: 1 = Bouteille 2 = Ampoule/fioles []	8. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	9. Quantité vendue ou distribuée au cours des 7 derniers jours a des consommateurs individuels Ce point de vente a vendu []-[]-[]-[] bouteilles, ampoules or fioles au cours des 7 derniers jours Ne sait pas = 9999	10. Prix de vente au détail []-[]-[] bouteilles, ampoules ou fioles coûtent au client individuel []-[]-[]-[]-[]CFA Gratuit = 00000; Ne sait pas = 99999	11. Prix d'achat en gros Lors de l'achat de gros le plus récent du point de vente: []-[]-[]-[] bouteilles, ampoules ou fioles coûtent []-[]-[]-[]-[]CFA Gratuit = 00000; Ne sait pas = 99999	12. Commentaires	

Numéro de produit []-[]-[]-[]	[]	1. Nom générique	2. Dosage []-[]-[]-[], [] mg/[]-[]-[] mL	3. Présentation	4. Nom de marque	5. Fabricant	6. Pays de fabrication
	[]		[]-[]-[]-[], [] mg/[]-[]-[] mL	1 = Sirop 2 = Suspension 3 = Liquide inj. 4 = Poudre inj. 8 = Autre (spécifiez)			
	[]		[]-[]-[]-[], [] mg/[]-[]-[] mL (Note: N'enregistrez pas de mL pour les poudres)				
	[]	N'écrivez pas ici []-[]		[]			N'écrivez pas ici []-[]
7. Taille de l'emballage (Inscrivez le nombre)	8. Ce produit a-t-il le logo de l'AMFm?	9. Quantité vendue ou distribuée au cours des 7 derniers jours a des consommateurs individuels	10. Prix de vente au détail	11. Prix d'achat en gros	12. Commentaires		
Il y a un total de []-[]-[]-[] mL (or mg pour les poudres injectables) dans chaque: 1 = Bouteille 2 = Ampoule/fioles []	1 = Oui 0 = Non []	Ce point de vente a vendu []-[]-[]-[] bouteilles, ampoules or fioles au cours des 7 derniers jours Ne sait pas = 9999	[]-[]-[] bouteilles, ampoules ou fioles coûtent au client individuel []-[]-[]-[]CFA Gratuit = 00000; Ne sait pas = 99999	Lors de l'achat de gros le plus récent du point de vente: []-[]-[]-[] bouteilles, ampoules ou fioles coûtent []-[]-[]-[]CFA Gratuit = 00000; Ne sait pas = 99999			

Numéro de produit []-[]-[]-[]	[]	1. Nom générique	2. Dosage []-[]-[]-[], [] mg/[]-[]-[] mL	3. Présentation	4. Nom de marque	5. Fabricant	6. Pays de fabrication
	[]		[]-[]-[]-[], [] mg/[]-[]-[] mL	1 = Sirop 2 = Suspension 3 = Liquide inj. 4 = Poudre inj. 8 = Autre (spécifiez)			
	[]		[]-[]-[]-[], [] mg/[]-[]-[] mL (Note: N'enregistrez pas de mL pour les poudres)				
	[]	N'écrivez pas ici []-[]		[]			N'écrivez pas ici []-[]
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Il y a un total de []-[]-[]-[] mL (or mg pour les poudres injectables) dans chaque: 1 = Bouteille 2 = Ampoule/fioles []	1 = Oui 0 = Non []	Ce point de vente a vendu []-[]-[]-[] bouteilles, ampoules or fioles au cours des 7 derniers jours Ne sait pas = 9999	[]-[]-[] bouteilles, ampoules ou fioles coûtent au client individuel []-[]-[]-[]CFA Gratuit = 00000; Ne sait pas = 99999	Lors de l'achat de gros le plus récent du point de vente: []-[]-[]-[] bouteilles, ampoules ou fioles coûtent []-[]-[]-[]CFA Gratuit = 00000; Ne sait pas = 99999			

Numéro de produit [][][]	[][]	1. Nom générique	2. Dosage [][][][], [] mg/[][][]mL	3. Présentation	4. Nom de marque	5. Fabricant	6. Pays de fabrication
	[][]		[][][][], [] mg/[][][]mL	1 = Sirop 2 = Suspension 3 = Liquide inj. 4 = Poudre inj. 8 = Autre (spécifiez) []			
	[][]		[][][][], [] mg/[][][]mL				
	[][]	N'écrivez pas ici [][]	(Note: N'enregistrez pas de mL pour les poudres)				N'écrivez pas ici [][][]
7. Taille de l'emballage (Inscrivez le nombre) Il y a un total de [][][][] mL (or mg pour les poudres injectables) dans chaque: 1 = Bouteille 2 = Ampoule/fioles []		8. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	9. Quantité vendue ou distribuée au cours des 7 derniers jours a des consommateurs individuels Ce point de vente a vendu [][][][] bouteilles, ampoules or fioles au cours des 7 derniers jours Ne sait pas = 9999	10. Prix de vente au détail [][][] bouteilles, ampoules ou fioles coûtent au client individuel [][][][][]CFA Gratuit = 00000; Ne sait pas = 99999	11. Prix d'achat en gros Lors de l'achat de gros le plus récent du point de vente: [][][][] bouteilles, ampoules ou fioles coûtent [][][][][]CFA Gratuit = 00000; Ne sait pas = 99999		12. Commentaires

Numéro de produit [][][]	[][]	1. Nom générique	2. Dosage [][][][], [] mg/[][][]mL	3. Présentation	4. Nom de marque	5. Fabricant	6. Pays de fabrication
	[][]		[][][][], [] mg/[][][]mL	1 = Sirop 2 = Suspension 3 = Liquide inj. 4 = Poudre inj. 8 = Autre (spécifiez) []			
	[][]		[][][][], [] mg/[][][]mL				
	[][]	N'écrivez pas ici [][]	(Note: N'enregistrez pas de mL pour les poudres)				N'écrivez pas ici [][][]
7. Taille de l'emballage (Inscrivez le nombre) Il y a un total de [][][][] mL (or mg pour les poudres injectables) dans chaque: 1 = Bouteille 2 = Ampoule/fioles []		8. Ce produit a-t-il le logo de l'AMFm? 1 = Oui 0 = Non []	9. Quantité vendue ou distribuée au cours des 7 derniers jours a des consommateurs individuels Ce point de vente a vendu [][][][] bouteilles, ampoules or fioles au cours des 7 derniers jours Ne sait pas = 9999	10. Prix de vente au détail [][][] bouteilles, ampoules ou fioles coûtent au client individuel [][][][][]CFA Gratuit = 00000; Ne sait pas = 99999	11. Prix d'achat en gros Lors de l'achat de gros le plus récent du point de vente: [][][][] bouteilles, ampoules ou fioles coûtent [][][][][]CFA Gratuit = 00000; Ne sait pas = 99999		12. Commentaires

<p>P18. <i>Enquêteur ou Enquêtrice:</i> Y avait-il des CTA de qualité garantie (CTAQQ) parmi les médicaments recensés dans les fiches d’audit? 1 = Oui Rassemblez des échantillons de tous les produits CTAQQ qui sont actuellement en stock. 0 = Non Allez à P23</p>	[]																									
<p>P19. Au cours des sept derniers jours, avez-vous connu une rupture de stock de tous ces antipaludiques (<i>montrez tous les médicaments modernes antipaludéens rassemblés</i>) au même moment pendant au moins une journée? 1 = Oui 0 = Non allez à P21 7 = Refus allez à P21 8 = Ne sait pas allez à P21</p>	[]																									
<p>P20. Au moment où vous étiez en rupture de stock de tous ces antipaludiques (<i>montrez tous les médicaments modernes antipaludéens rassemblés</i>), est-ce que vous aviez eu une de ces produits en stock? Montrez la fiche illustrative des CTA de qualité garantie. 1 = Oui, spécifiez [] [] []</p> <p>0 = Non 7 = Refus 8 = Ne sait pas</p>	[]																									
<p>P21. Veuillez spécifier le schéma de traitement du paludisme simple chez un adulte (60kg) pour un de ces médicaments (<i>montrez tous les médicaments modernes antipaludéens rassemblés</i>)? Lisez les trois questions suivantes au prestataire ou vendeur): 95 = Non applicable. Je ne donnerait/ vendrait aucun de ces médicaments a un adulte 98 = Ne sait pas IV. Combien de comprimés à la fois? [][] V. Combien de fois par jour? [][] VI. Pendant combien de jours? [][]</p> <p>Inscrivez les renseignements suivants à partir de l’emballage du médicament moderne antipaludéen choisi par le prestataire ou vendeur.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:30%;">Nom générique</th> <th style="width:20%;">Dosage</th> <th style="width:20%;">Nom de marque</th> <th style="width:20%;">Fabricant</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[][]</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">[][][][].[][]mg</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">[][]</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">[][][][].[][]mg</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">[][]</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;">[][][][].[][]mg</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">N'écrivez pas ici [][]</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Nom générique	Dosage	Nom de marque	Fabricant	[][]		[][][][].[][]mg			[][]		[][][][].[][]mg			[][]		[][][][].[][]mg				N'écrivez pas ici [][]			
	Nom générique	Dosage	Nom de marque	Fabricant																						
[][]		[][][][].[][]mg																								
[][]		[][][][].[][]mg																								
[][]		[][][][].[][]mg																								
	N'écrivez pas ici [][]																									

P22 Veuillez spécifier le schéma de traitement du paludisme simple chez un enfant de moins de deux ans (10kg) pour un de ces médicaments (**montrez tous les médicaments modernes antipaludéens rassemblés**)? **Lisez les trois questions suivantes au prestataire ou vendeur:**

95 = Non applicable. Je ne donnerait/vendrais aucun de ces médicaments a un enfant

98 = Ne sait pas

- I. Combien de comprimés à la fois? [][]
- II. Combien de fois par jour? [][]
- III. Pendant combien de jours? [][]

Inscrivez les renseignements suivants à partir de l'emballage du médicament moderne antipaludéen choisi par le prestataire et passez à P25

	Nom générique	Dosage	Nom de marque	Fabricant
[][]	_____	[][][]].[][]mg		
[][]	_____	[][][]].[][]mg		
[][]	_____	[][][]].[][]mg		
	N'écrivez pas ici [][][]			

P23. Avez-vous stocké un de ces antipaludiques (**montrez la fiche illustrative des CTA de qualité garantie**) au cours des 4 dernières semaines?

1 = Oui, **spécifiez** [_____]
[_____]
[_____]

0 = Non

[][]

P24 Quelles sont les raisons pour lesquelles vous ne stockez pas ces médicaments (**montrez la fiche illustrative des CTA de qualité garantie**)? **Ne lisez pas la liste. Les réponses multiples sont permises. Répétez « autre raison? » jusqu'à ce que vous ne receviez plus de réponses.**

1 = Réponse donnée

0 = Pas de réponse donnée

I.	Ils sont trop chers	[][]
II.	Ils ne sont pas profitables	[][]
III.	Ce point de vente n'est pas autorisé à les vendre	[][]
IV.	Ils ont trop d'effets secondaires	[][]
V.	Ils ne sont pas efficaces	[][]
VI.	Ils ne sont pas disponibles chez mes fournisseurs	[][]
VII.	Mes clients ne les demandent pas	[][]
VIII.	Je ne connais pas ces médicaments	[][]
IX.	Je suis en rupture de stock temporaire	[][]
X.	Autre (spécifiez):	[][]
	[_____]	[][]
	[_____]	[][]

Les Tests de Diagnostic Rapide (TDR) du Paludisme

<p>P25. Le dépistage par microscope du paludisme est-il disponible ici aujourd'hui? 1 = Oui 0 = Non allez à P27 8 = Ne sait pas allez à P27</p>	[]
<p>P26. Pour un adulte, combien est-ce que vous faites payer pour un examen au microscope? 0000 = S'il est gratuit 9998 = Ne sait pas</p>	[][][][][]CFA
<p>P27. Pour un enfant de moins de 5 ans, combien est-ce que vous faites payer pour un examen au microscope? Si le prix est le même pour les adultes et les enfants, copiez le prix de la question précédent. 0000 = S'il est gratuit 9998 = Ne sait pas</p>	[][][][][]CFA
<p>P28. Combien d'examens microscopiques pour le paludisme est-ce que vous avez fait au cours des 7 dernier jours? 9998 = Ne sait pas</p>	[][][][][]
<p>P29. Les kits de Test Diagnostic Rapide (TDR) du paludisme sont-ils disponibles ici? 1 = Oui 0 = Non allez à la section V. Fiche de dépistage de l'audit 8 = Ne sait pas allez à la section V. Fiche de dépistage de l'audit</p>	[]
<p>P30. Pourriez-vous nous montrer la gamme complète des kits de Test de Diagnostic Rapide (TDR) du paludisme que vous avez en stock? Avez-vous un ou plusieurs des tests suivants: Lisez la liste. Aucune réponse ne sera rapportée.</p> <ol style="list-style-type: none"> 1. Para- Sight F 2. ICT MALARIA PF 3. CORE MALARIA 4. KAT QUICK MALARIA 5. NOW ICT MALARIA FP/Pv 6. OPTIMAL – IT 7. PLUTOP- 4 8. HEXAGON MALARI 	

Section IV. Fiches d'audit des Tests de Diagnostic Rapide (TDR) du Paludisme

Procédez à l'audit des TDR. Joignez des fiches additionnelles à la fin du questionnaire, si nécessaire. Numérotez chaque fiche remplie séquentiellement dans l'espace fourni au bas de chaque fiche d'audit.

Numéro de produit [][][]	1. Nom de marque	2. Fabricant	3. Pays de fabrication	4. Quantité vendue, distribuée ou utilisée au cours des 7 derniers jours à des clients individuels (Ecrivez le nombre total de kits de test) Ce point de vente a vendu ou distribué [][][][] tests au cours des 7 derniers jours	5. Prix de vente en détail pour les adultes Pour 1 test, vous demandez [][][][][][]CFA Gratuits = 00000; Ne sait pas = 99998	6. Prix de vente en détail pour les enfants de moins de cinq Pour 1 test, vous demandez [][][][][][]CFA Si le prix est le même pour les adultes et les enfants, copiez le prix de la question précédent. Gratuits = 00000; Ne sait pas = 99998	7. Prix de vente en gros Lors de l'achat en gros le plus récent du point de vente: [][][][][] kits de test coutent [][][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	8. Commentaires
	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]					

Numéro de produit [][][]	1. Nom de marque	2. Fabricant	3. Pays de fabrication	4. Quantité vendue, distribuée ou utilisée au cours des 7 derniers jours à des clients individuels (Ecrivez le nombre total de kits de test) Ce point de vente a vendu ou distribué [][][][] tests au cours des 7 derniers jours	5. Prix de vente en détail pour les adultes Pour 1 test, vous demandez [][][][][][]CFA Gratuits = 00000; Ne sait pas = 99998	6. Prix de vente en détail pour les enfants de moins de cinq Pour 1 test, vous demandez [][][][][][]CFA Si le prix est le même pour les adultes et les enfants, copiez le prix de la question précédent. Gratuits = 00000; Ne sait pas = 99998	7. Prix de vente en gros Lors de l'achat en gros le plus récent du point de vente: [][][][][] kits de test coutent [][][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	8. Commentaires
	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]					

Fiche d'audit des TDR [][][] sur un total de [][][]

Numéro de produit [][][]	1. Nom de marque	2. Fabricant	3. Pays de fabrication	4. Quantité vendue, distribuée ou utilisée au cours des 7 derniers jours à des clients individuels (Ecrivez le nombre total de kits de test) Ce point de vente a vendu ou distribué [][][][] tests au cours des 7 derniers jours	5. Prix de vente en détail pour les adultes Pour 1 test, vous demandez [][][][][][]CFA Gratuits = 00000; Ne sait pas = 99998	6. Prix de vente en détail pour les enfants de moins de cinq Pour 1 test, vous demandez [][][][][][]CFA Si le prix est le même pour les adultes et les enfants, copiez le prix de la question précédent. Gratuits = 00000; Ne sait pas = 99998	7. Prix de vente en gros Lors de l'achat en gros le plus récent du point de vente: [][][][][] kits de test coutent [][][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	8. Commentaires
	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]					

Numéro de produit [][][]	1. Nom de marque	2. Fabricant	3. Pays de fabrication	4. Quantité vendue, distribuée ou utilisée au cours des 7 derniers jours à des clients individuels (Ecrivez le nombre total de kits de test) Ce point de vente a vendu ou distribué [][][][] tests au cours des 7 derniers jours	5. Prix de vente en détail pour les adultes Pour 1 test, vous demandez [][][][][][]CFA Gratuits = 00000; Ne sait pas = 99998	6. Prix de vente en détail pour les enfants de moins de cinq Pour 1 test, vous demandez [][][][][][]CFA Si le prix est le même pour les adultes et les enfants, copiez le prix de la question précédent. Gratuits = 00000; Ne sait pas = 99998	7. Prix de vente en gros Lors de l'achat en gros le plus récent du point de vente: [][][][][] kits de test coutent [][][][][][]CFA Gratuit = 00000; Ne sait pas = 99998	8. Commentaires
	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]					

Section V. Fiche de dépistage de l'audit

Faites la vérification des différentes fiches d'audit que vous avez remplies

A1. Nombre total de fiches d'audit de médicaments modernes sous forme de comprimés, suppositoires et granules remplies.	[][][][]
A1a. Nombre total de produits sous forme de comprimés, suppositoires et granules inventoriés dans les différentes fiches d'audit remplies pour ces produits.	[][][][]
A2. Nombre total de fiches d'audit de médicaments modernes sous une forme autre que les comprimés, suppositoires, et granules remplies (médicaments sous forme de sirops, de suspensions et d'injectables).	[][][][]
A2a. Nombre total de produits sous une forme autre que les comprimés, suppositoires et granules inventoriés (sirop, suspensions et injectables) inventoriés dans les différentes fiches d'audit remplies pour ces produits.	[][][][]
A3. Nombre total de fiches d'audit de kits de Tests de Diagnostic Rapide (TDR) du paludisme remplies.	[][][][]
A3a. Nombre total de produits de kits de Tests de Diagnostic Rapide (TDR) du Paludisme inventoriés dans les fiches d'audit remplies pour ces produits.	[][][][]

Enquêteur ou enquêtrice, allez à C9 pour enregistrer le résultat de l'entretien et puis allez à la Section VI Fin de l'entretien

Section II. Screening Section & Consent

Interviewer enters outlet.

S1. Observe the main items for sale in the outlet. *(Do not ask. Observe)*

1 = Medicine

2 = Food

3 = Toiletries

4 = Household goods

5 = Mobile air time

6 = Cigarettes

7 = Other *(describe)*: [_____]



Screening Questions:

S2. Do you have any antimalarial medicines in stock today?

(Circle one answer. If necessary, prompt with common antimalarial names.)

1 = Yes If yes, provide information on study & gain consent. Start audit sheet: **Go to Q1**

0 = No If no, go to **question S3**

S3. Are there any antimalarial medicines that are out of stock today, but that you stocked in the past **3 months**? *(Circle one answer).*

1 = Yes If yes, provide information on study & gain consent. **Go to Q13a**

0 = No END INTERVIEW (Return to complete *Question C10*)

99 = Don't know END INTERVIEW (Return to complete *Question C10*)

Section III. Audit Sheet

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. Look at the top of each sheet to see what type it is.

If the antimalarial is in the form of tablets or suppositories, use the ***"Tablets & Suppositories Drug Audit Sheet."***

If the antimalarial is in any form other than tablets or suppositories, use the ***"Non-Tablet Drug Audit Sheet."***

TABLET & SUPPOSITORY DRUG AUDIT SHEET (For use with drugs sold in tablet or suppository form) Interviewer Code—State—LGA—Locality—Outlet ID: [][]-[][][]-[][][][]-[][][][]-[][][][]

1a. Generic name	2a. Strength [][][][]-[][] mg	3a. Dosage form 1 = Tablet 2 = Suppository	4a. Brand name	5a. Manufacturer	6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7a. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
	[][][][]-[][] mg			Saa. Country of manufacture		
	[][][][]-[][] mg					
8a. Quantity in stock (Record total # of packages or tins described in Question 7a) There are [][][][][] packages / tins of this antimalarial in stock at this outlet	9a. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7a OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11a. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][] tablets or suppositories cost [][][][][][] =N=	N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][] packages/tins (as described in Q7a) were purchased OR [][][][][][] tablets	12a. Comments
1b. Generic name	2b. Strength [][][][]-[][] mg	3b. Dosage form 1 = Tablet 2 = Suppository	4b. Brand name	5b. Manufacturer	6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7b. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
	[][][][]-[][] mg			Sbb. Country of manufacture		
	[][][][]-[][] mg					
8b. Quantity in stock (Record total # of packages or tins described in Question 7b) There are [][][][][] packages / tins of this antimalarial in stock at this outlet	9b. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7b OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11b. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][] tablets or suppositories cost [][][][][][] =N=	N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][] packages/tins (as described in Q7b) were purchased OR [][][][][][] tablets	12b. Comments
1c. Generic name	2c. Strength [][][][]-[][] mg	3c. Dosage form 1 = Tablet 2 = Suppository	4c. Brand name	5c. Manufacturer	6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7c. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
	[][][][]-[][] mg			5cc. Country of manufacture		
	[][][][]-[][] mg					
8c. Quantity in stock (Record total # of packages or tins described in Question 7c) There are [][][][][] packages / tins of this antimalarial in stock at this outlet	9c. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7c OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11c. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][] tablets or suppositories [][][][][][] =N=	N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][] packages/tins (as described in Q7c) were purchased OR [][][][][][] tablets	12c. Comments

TABLET & SUPPOSITORY DRUG AUDIT SHEET (For use with drugs sold in tablet or suppository form) Interviewer Code—State—LGA—Locality—Outlet ID: [][][]-[][][]-[][][][][]-[][][][][]

1a. Generic name	2a. Strength [][][][]-[][] mg	3a. Dosage form 1 = Tablet 2 = Suppository	4a. Brand name	5a. Manufacturer	6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7a. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package	
8a. Quantity in stock (Record total # of packages or tins described in Question 7a) There are [][][][][][] packages / tins of this antimalarial in stock at this outlet	9a. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7a OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days		10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11a. Retail price [][][] tablets or suppositories cost [][][][][][] =N= (If free, enter 00000)	N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories cost [][][][][][] =N=	N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] packages/tins (as described in Q7a) were purchased OR [][][][][][] tablets	12a. Comments
1b. Generic name	2b. Strength [][][][]-[][] mg	3b. Dosage form 1 = Tablet 2 = Suppository	4b. Brand name	5b. Manufacturer	6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7b. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package	
8b. Quantity in stock (Record total # of packages or tins described in Question 7b) There are [][][][][][] packages / tins of this antimalarial in stock at this outlet	9b. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7b OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days		10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11b. Retail price [][][] tablets or suppositories cost [][][][][][] =N= (If free, enter 00000)	N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories cost [][][][][][] =N=	N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] packages/tins (as described in Q7b) were purchased OR [][][][][][] tablets	12b. Comments
1c. Generic name	2c. Strength [][][][]-[][] mg	3c. Dosage form 1 = Tablet 2 = Suppository	4c. Brand name	5c. Manufacturer	6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7c. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package	
8c. Quantity in stock (Record total # of packages or tins described in Question 7c) There are [][][][][][] packages / tins of this antimalarial in stock at this outlet	9c. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7c OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days		10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11c. Retail price [][][] tablets or suppositories cost [][][][][][] =N= (If free, enter 00000)	N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories [][][][][][] =N=	N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] packages/tins (as described in Q7c) were purchased OR [][][][][][] tablets	12c. Comments

TABLET & SUPPOSITORY DRUG AUDIT SHEET (For use with drugs sold in tablet or suppository form) Interviewer Code–State–LGA–Locality–Outlet ID: []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]

1a. Generic name	2a. Strength [][][][] . [] mg	3a. Dosage form 1 = Tablet 2 = Suppository	4a. Brand name	5a. Manufacturer	6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7a. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
8a. Quantity in stock (Record total # of packages or tins described in Question 7a) There are [][][][][] packages / tins of this antimalarial in stock at this outlet	9a. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7a OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11a. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories cost [][][][][][] =N=	N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] packages/tins (as described in Q7a) were purchased OR [][][][][][] tablets	12a. Comments
1b. Generic name	2b. Strength [][][][] . [] mg	3b. Dosage form 1 = Tablet 2 = Suppository	4b. Brand name	5b. Manufacturer	6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7b. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
8b. Quantity in stock (Record total # of packages or tins described in Question 7b) There are [][][][][] packages / tins of this antimalarial in stock at this outlet	9b. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7b OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11b. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories cost [][][][][][] =N=	N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] packages/tins (as described in Q7b) were purchased OR [][][][][][] tablets	12b. Comments
1c. Generic name	2c. Strength [][][][] . [] mg	3c. Dosage form 1 = Tablet 2 = Suppository	4c. Brand name	5c. Manufacturer	6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7c. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
8c. Quantity in stock (Record total # of packages or tins described in Question 7c) There are [][][][][] packages / tins of this antimalarial in stock at this outlet	9c. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7c OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11c. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories [][][][][][] =N=	N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] packages/tins (as described in Q7c) were purchased OR [][][][][][] tablets	12c. Comments

TABLET & SUPPOSITORY DRUG AUDIT SHEET (For use with drugs sold in tablet or suppository form) Interviewer Code-State-LGA-Locality-Outlet ID: []-[]-[]-[]-[]-[]-[]-[]-[]-[]

1a. Generic name	2a. Strength [][]-[][] mg	3a. Dosage form 1 = Tablet 2 = Suppository	4a. Brand name	5a. Manufacturer	6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7a. Package size (Fill in # AND Circle type) There are a total of [][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package	
8a. Quantity in stock (Record total # of packages or tins described in Question 7a) There are [][][][][] packages / tins of this antimalarial in stock at this outlet		9a. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7a OR record the total # of tablets sold) This outlet sold [][][] packages or tins in the last 7 days OR This outlet sold [][][] tablets in the last 7 days		10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11a. Retail price [][][] tablets or suppositories cost [][][][] =N= (If free, enter 00000)	N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][] tablets or suppositories cost [][][][][] =N=	12a. Comments
5a. Country of manufacture							
1b. Generic name	2b. Strength [][][][]-[][] mg	3b. Dosage form 1 = Tablet 2 = Suppository	4b. Brand name	5b. Manufacturer	6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7b. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package	
8b. Quantity in stock (Record total # of packages or tins described in Question 7b) There are [][][][][][] packages / tins of this antimalarial in stock at this outlet		9b. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7b OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days		10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11b. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories cost [][][][][][] =N=	12b. Comments
5b. Country of manufacture							
1c. Generic name	2c. Strength [][][][][]-[][] mg	3c. Dosage form 1 = Tablet 2 = Suppository	4c. Brand name	5c. Manufacturer	6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7c. Package size (Fill in # AND Circle type) There are a total of [][][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package	
8c. Quantity in stock (Record total # of packages or tins described in Question 7c) There are [][][][][][][] packages / tins of this antimalarial in stock at this outlet		9c. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7c OR record the total # of tablets sold) This outlet sold [][][][][] packages or tins in the last 7 days OR This outlet sold [][][][][] tablets in the last 7 days		10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11c. Retail price [][][][] tablets or suppositories cost [][][][][][] =N= (If free, enter 00000)	N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][][] tablets or suppositories [][][][][][][] =N=	12c. Comments
5cc. Country of manufacture							

TABLET & SUPPOSITORY DRUG AUDIT SHEET (For use with drugs sold in tablet or suppository form) Interviewer Code—State—LGA—Locality—Outlet ID: [][]-[][][][]-[][][][][]-[][][][][][]-[][][][][][][]

1a. Generic name	2a. Strength [][][][] . [][] mg	3a. Dosage form 1 = Tablet 2 = Suppository	4a. Brand name	5a. Manufacturer	6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7a. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
	[][][][] . [][] mg			5aa. Country of manufacture		
	[][][][] . [][] mg					
8a. Quantity in stock (Record total # of packages or tins described in Question 7a) There are [][][][][][] packages / tins of this antimalarial in stock at this outlet	9a. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7a OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11a. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories cost [][][][][][] =N=	N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][] packages/tins (as described in Q7a) were purchased OR [][][][][][] tablets	12a. Comments
1b. Generic name	2b. Strength [][][][] . [][] mg	3b. Dosage form 1 = Tablet 2 = Suppository	4b. Brand name	5b. Manufacturer	6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7b. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
	[][][][] . [][] mg			5bb. Country of manufacture		
	[][][][] . [][] mg					
8b. Quantity in stock (Record total # of packages or tins described in Question 7b) There are [][][][][][] packages / tins of this antimalarial in stock at this outlet	9b. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7b OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11b. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories cost [][][][][][] =N=	N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][] packages/tins (as described in Q7b) were purchased OR [][][][][][] tablets	12b. Comments
1c. Generic name	2c. Strength [][][][] . [][] mg	3c. Dosage form 1 = Tablet 2 = Suppository	4c. Brand name	5c. Manufacturer	6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7c. Package size (Fill in # AND Circle type) There are a total of [][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
	[][][][] . [][] mg			5cc. Country of manufacture		
	[][][][] . [][] mg					
8c. Quantity in stock (Record total # of packages or tins described in Question 7c) There are [][][][][][] packages / tins of this antimalarial in stock at this outlet	9c. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7c OR record the total # of tablets sold) This outlet sold [][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11c. Retail price [][][] tablets or suppositories cost [][][][][] =N= (If free, enter 00000)	N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][] tablets or suppositories [][][][][][] =N=	N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][] packages/tins (as described in Q7c) were purchased OR [][][][][][] tablets	12c. Comments

TABLET & SUPPOSITORY DRUG AUDIT SHEET (For use with drugs sold in tablet or suppository form) Interviewer Code-State-LGA-Locality-Outlet ID: [][][][]-[][][][]-[][][][][][]-[][][][][][]-[][][][][][]

1a. Generic name	2a. Strength [][][][] . [][] mg	3a. Dosage form 1 = Tablet 2 = Suppository	4a. Brand name	5a. Manufacturer 5aa. Country of manufacture	6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7a. Package size (Fill in # AND Circle type) There are a total of [][][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
8a. Quantity in stock (Record total # of packages or tins described in Question 7a) There are [][][][][][][] packages / tins of this antimalarial in stock at this outlet	9a. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7a OR record the total # of tablets sold) This outlet sold [][][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11a. Retail price [][][] tablets or suppositories cost [][][][][][] =N= (If free, enter 00000)	N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][][] tablets or suppositories cost [][][][][][][] =N=	N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] packages/tins (as described in Q7a) were purchased OR [][][][][][][] tablets	12a. Comments

1b. Generic name	2b. Strength [][][][] . [][] mg	3b. Dosage form 1 = Tablet 2 = Suppository	4b. Brand name	5b. Manufacturer 5bb. Country of manufacture	6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7b. Package size (Fill in # AND Circle type) There are a total of [][][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
8b. Quantity in stock (Record total # of packages or tins described in Question 7b) There are [][][][][][][] packages / tins of this antimalarial in stock at this outlet	9b. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7b OR record the total # of tablets sold) This outlet sold [][][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11b. Retail price [][][] tablets or suppositories cost [][][][][][] =N= (If free, enter 00000)	N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][][] tablets or suppositories cost [][][][][][][] =N=	N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] packages/tins (as described in Q7b) were purchased OR [][][][][][][] tablets	12b. Comments

1c. Generic name	2c. Strength [][][][] . [][] mg	3c. Dosage form 1 = Tablet 2 = Suppository	4c. Brand name	5c. Manufacturer 5cc. Country of manufacture	6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7c. Package size (Fill in # AND Circle type) There are a total of [][][][][][] tablets or suppositories in each (circle package type): 1 = Tin 2 = Package
8c. Quantity in stock (Record total # of packages or tins described in Question 7c) There are [][][][][][][] packages / tins of this antimalarial in stock at this outlet	9c. Amount sold / distributed in last 7 days (Record # of packages or tins described in Q7c OR record the total # of tablets sold) This outlet sold [][][][][] packages or tins in the last 7 days OR This outlet sold [][][][] tablets in the last 7 days	10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11c. Retail price [][][] tablets or suppositories cost [][][][][][] =N= (If free, enter 00000)	N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) This outlet bought a total of [][][][][][] tablets or suppositories [][][][][][][] =N=	N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] packages/tins (as described in Q7c) were purchased OR [][][][][][][] tablets	12c. Comments

NON-TABLET AUDIT SHEET (For syrups, suspensions, liquid and powder injectables, granules, and others) Interviewer–State–LGA–Locality–Outlet ID: []-[]

1a. Generic name		2a. Strength [] [] [] [] [] [] mg/[] [] [] [] [] [] mL [] [] [] [] [] [] mg/[] [] [] [] [] [] mL [] [] [] [] [] [] mg/[] [] [] [] [] [] mL <small>(Note: no mL recorded for Powders and Granules)</small>		3a. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) _____		4a. Brand name		5a. Manufacturer		6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know		7a. Package size (Fill in # AND circle type) There are a total of [] [] [] [] mL (or mg for granules & powder injections) (circle package type): 1 = Bottle 2 = Ampoule 3 = Sachet of granules	
8a. Quantity in stock (Record total # of bottles or ampoules or sachets described in Q7a) There are [] [] [] [] bottles or ampoules or sachets in stock		9a. Amount sold/distributed in last 7 days (Record # bottles or ampoules or sachets described in Q7a) This outlet sold [] [] [] [] bottles or ampoules or sachets in the last 7 days		10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know		11a. Retail price [] [] bottles or ampoules or sachets cost [] [] [] [] [] [] =N= (If free, enter 00000)		N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) [] [] [] [] bottles/ampoules/sachets cost [] [] [] [] [] [] =N=		N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [] [] [] [] bottles/ampoules/sachets (as described in Q7a) were purchased		12a. Comments	

1b. Generic name		2b. Strength [] [] [] [] [] [] mg/[] [] [] [] [] [] mL [] [] [] [] [] [] mg/[] [] [] [] [] [] mL [] [] [] [] [] [] mg/[] [] [] [] [] [] mL <small>(Note: no mL recorded for Powders and Granules)</small>		3b. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) _____		4b. Brand name		5b. Manufacturer		6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know		7b. Package size (Fill in # AND circle type) There are a total of [] [] [] [] mL (or mg for granules & powder injections) (circle package type): 1 = Bottle 2 = Ampoule 3 = Sachet of granules	
8b. Quantity in stock (Record total # of bottles or ampoules or sachets described in Q7b) There are [] [] [] [] bottles or ampoules or sachets in stock		9b. Amount sold/distributed in last 7 days (Record # bottles or ampoules or sachets described in Q7b) This outlet sold [] [] [] [] bottles or ampoules or sachets in the last 7 days		10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know		11b. Retail price [] [] bottles or ampoules or sachets cost [] [] [] [] [] [] =N= (If free, enter 00000)		N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) [] [] [] [] bottles/ampoules/sachets cost [] [] [] [] [] [] =N=		N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [] [] [] [] bottles/ampoules/sachets (as described in Q7b) were purchased		12b. Comments	

1c. Generic name		2c. Strength [] [] [] [] [] [] mg/[] [] [] [] [] [] mL [] [] [] [] [] [] mg/[] [] [] [] [] [] mL [] [] [] [] [] [] mg/[] [] [] [] [] [] mL <small>(Note: no mL recorded for Powders and Granules)</small>		3c. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) _____		4c. Brand name		5c. Manufacturer		6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know		7c. Package size (Fill in # AND circle type) There are a total of [] [] [] [] mL (or mg for granules & powder injections) (circle package type): 1 = Bottle 2 = Ampoule 3 = Sachet of granules	
8c. Quantity in stock (Record total # of bottles or ampoules or sachets described in Q7c) There are [] [] [] [] bottles or ampoules or sachets in stock		9c. Amount sold/distributed in last 7 days (Record # bottles or ampoules or sachets described in Q7c) This outlet sold [] [] [] [] bottles or ampoules or sachets in the last 7 days		10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know		11c. Retail price [] [] bottles or ampoules or sachets cost [] [] [] [] [] [] =N= (If free, enter 00000)		N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) [] [] [] [] bottles/ampoules/sachets cost [] [] [] [] [] [] =N=		N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [] [] [] [] bottles/ampoules/sachets (as described in Q7c) were purchased		12c. Comments	

NON-TABLET AUDIT SHEET (For syrups, suspensions, liquid and powder injectables, granules, and others) Interviewer–State–LGA–Locality–Outlet ID: [][]-[][][][]-[][][][][]-[][][][][][]-[][][][][][]

1a. Generic name 	2a. Strength [][] mg/[][][][] ml [][] mg/[][][][] ml [][] mg/[][][][] ml <i>(Note: no mL recorded for Powders and Granules)</i>	3a. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe)	4a. Brand name 	5a. Manufacturer 	6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7a. Package size (Fill in # AND circle type) There are a total of [][][][] mL (or mg for granules & powder injections) <i>(circle package type):</i> 1 = Bottle 2 = Ampoule 3 = Sachet of granules
8a. Quantity in stock <i>(Record total # of bottles or ampoules or sachets described in Q7a)</i> There are [][][][] bottles or ampoules or sachets in stock	9a. Amount sold/distributed in last 7 days <i>(Record # bottles or ampoules or sachets described in Q7a)</i> This outlet sold [][][] bottles or ampoules or sachets in the last 7 days	10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11a. Retail price [][] bottles or ampoules or sachets cost [][][][][]=N= <i>(if free, enter 00000)</i>	N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) [][][][] bottles/ampoules/sachets cost [][][][][]=N=	N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][] bottles/ampoules/sachets (as described in Q7a) were purchased	12a. Comments
1b. Generic name 	2b. Strength [][] mg/[][][][] ml [][] mg/[][][][] ml [][] mg/[][][][] ml <i>(Note: no mL recorded for Powders and Granules)</i>	3b. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe)	4b. Brand name 	5b. Manufacturer 	6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7b. Package size (Fill in # AND circle type) There are a total of [][][][] mL (or mg for granules & powder injections) <i>(circle package type):</i> 1 = Bottle 2 = Ampoule 3 = Sachet of granules
8b. Quantity in stock <i>(Record total # of bottles or ampoules or sachets described in Q7b)</i> There are [][][][] bottles or ampoules or sachets in stock	9b. Amount sold/distributed in last 7 days <i>(Record # bottles or ampoules or sachets described in Q7b)</i> This outlet sold [][][] bottles or ampoules or sachets in the last 7 days	10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11b. Retail price [][] bottles or ampoules or sachets cost [][][][][]=N= <i>(if free, enter 00000)</i>	N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) [][][][] bottles/ampoules/sachets cost [][][][][]=N=	N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][] bottles/ampoules/sachets (as described in Q7b) were purchased	12b. Comments
1c. Generic name 	2c. Strength [][] mg/[][][][] ml [][] mg/[][][][] ml [][] mg/[][][][] ml <i>(Note: no mL recorded for Powders and Granules)</i>	3c. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe)	4c. Brand name 	5c. Manufacturer 	6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know	7c. Package size (Fill in # AND circle type) There are a total of [][][][] mL (or mg for granules & powder injections) <i>(circle package type):</i> 1 = Bottle 2 = Ampoule 3 = Sachet of granules
8c. Quantity in stock <i>(Record total # of bottles or ampoules or sachets described in Q7c)</i> There are [][][][] bottles or ampoules or sachets in stock	9c. Amount sold/distributed in last 7 days <i>(Record # bottles or ampoules or sachets described in Q7c)</i> This outlet sold [][][] bottles or ampoules or sachets in the last 7 days	10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know	11c. Retail price [][] bottles or ampoules or sachets cost [][][][][]=N= <i>(if free, enter 00000)</i>	N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) [][][][] bottles/ampoules/sachets cost [][][][][]=N=	N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][] bottles/ampoules/sachets (as described in Q7c) were purchased	12c. Comments

1a. Generic name _____ _____ _____ <small>(Note: no mL recorded for Powders and Granules)</small>		2a. Strength [][][][][] mg/[][][][][] mL [][][][][] mg/[][][][][] mL [][][][][] mg/[][][][][] mL		3a. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) _____		4a. Brand name _____ _____ _____		5a. Manufacturer _____ _____ _____ 5aa. Country of manufacture _____		6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know		7a. Package size (Fill in # AND circle type) There are a total of [][][][][] mL (or mg for granules & powder injections) (circle package type): 1 = Bottle 2 = Ampoule 3 = Sachet of granules	
8a. Quantity in stock (Record total # of bottles or ampoules or sachets described in Q7a) There are [][][][][] bottles or ampoules or sachets in stock.		9a. Amount sold/distributed in last 7 days (Record # bottles or ampoules or sachets described in Q7a) This outlet sold [][][][][] bottles or ampoules or sachets in the last 7 days.		10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know		11a. Retail price [][][] bottles or ampoules or sachets cost [][][][][][] =N= (if free, enter 00000)		N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) [][][][][] bottles/ampoules/sachets cost [][][][][][] =N=		N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] bottles/ampoules/sachets (as described in Q7a) were purchased		12a. Comments _____ _____ _____	

1b. Generic name _____ _____ _____ <small>(Note: no mL recorded for Powders and Granules)</small>		2b. Strength [][][][][] mg/[][][][][] mL [][][][][] mg/[][][][][] mL [][][][][] mg/[][][][][] mL		3b. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) _____		4b. Brand name _____ _____ _____		5b. Manufacturer _____ _____ _____ 5bb. Country of manufacture _____		6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know		7b. Package size (Fill in # AND circle type) There are a total of [][][][][] mL (or mg for granules & powder injections) (circle package type): 1 = Bottle 2 = Ampoule 3 = Sachet of granules	
8b. Quantity in stock (Record total # of bottles or ampoules or sachets described in Q7b) There are [][][][][] bottles or ampoules or sachets in stock.		9b. Amount sold/distributed in last 7 days (Record # bottles or ampoules or sachets described in Q7b) This outlet sold [][][][][] bottles or ampoules or sachets in the last 7 days.		10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know		11b. Retail price [][][] bottles or ampoules or sachets cost [][][][][][] =N= (if free, enter 00000)		N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) [][][][][] bottles/ampoules/sachets cost [][][][][][] =N=		N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] bottles/ampoules/sachets (as described in Q7b) were purchased		12b. Comments _____ _____ _____	

1c. Generic name _____ _____ _____ <small>(Note: no mL recorded for Powders and Granules)</small>		2c. Strength [][][][][] mg/[][][][][] mL [][][][][] mg/[][][][][] mL [][][][][] mg/[][][][][] mL		3c. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) _____		4c. Brand name _____ _____ _____		5c. Manufacturer _____ _____ _____ 5cc. Country of manufacture _____		6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know		7c. Package size (Fill in # AND circle type) There are a total of [][][][][] mL (or mg for granules & powder injections) (circle package type): 1 = Bottle 2 = Ampoule 3 = Sachet of granules	
8c. Quantity in stock (Record total # of bottles or ampoules or sachets described in Q7c) There are [][][][][] bottles or ampoules or sachets in stock.		9c. Amount sold/distributed in last 7 days (Record # bottles or ampoules or sachets described in Q7c) This outlet sold [][][][][] bottles or ampoules or sachets in the last 7 days.		10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know		11c. Retail price [][][] bottles or ampoules or sachets cost [][][][][][] =N= (if free, enter 00000)		N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) [][][][][] bottles/ampoules/sachets cost [][][][][][] =N=		N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] bottles/ampoules/sachets (as described in Q7c) were purchased		12c. Comments _____ _____ _____	

NON-TABLET AUDIT SHEET (For syrups, suspensions, liquid and powder injectables, granules, and others) Interviewer—State—LGA—Locality—Outlet ID: [][]-[][][]-[][][][]-[][][][]-[][][][]

1a. Generic name _____ _____ _____ <small>(Note: no mL recorded for Powders and Granules)</small>		2a. Strength [][] [][] [][] [][] mg / [][] [][] [][] [][] mL _____ _____ _____ <small>(Note: no mL recorded for Powders and Granules)</small>		3a. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) _____		4a. Brand name _____		5a. Manufacturer _____ 5aa. Country of manufacture _____		6a. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know		7a. Package size (Fill in # AND circle type) There are a total of [][][][] mL (or mg for granules & powder injections) (circle package type): 1 = Bottle 2 = Ampoule 3 = Sachet of granules	
8a. Quantity in stock (Record total # of bottles or ampoules or sachets described in Q7a) There are [][][][] bottles or ampoules or sachets in stock		9a. Amount sold/distributed in last 7 days (Record # bottles or ampoules or sachets described in Q7a) This outlet sold [][][][] bottles or ampoules or sachets in the last 7 days		10a. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know		11a. Retail price [][][] bottles or ampoules or sachets cost [][][][][][] =N= (If free, enter 00000)		N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase) [][][][][] bottles/ampoules/sachets cost [][][][][] =N=		N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] bottles/ampoules/sachets (as described in Q7a) were purchased		12a. Comments _____	
1b. Generic name _____ _____ _____ <small>(Note: no mL recorded for Powders and Granules)</small>		2b. Strength [][] [][] [][] [][] mg / [][] [][] [][] [][] mL _____ _____ _____ <small>(Note: no mL recorded for Powders and Granules)</small>		3b. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) _____		4b. Brand name _____		5b. Manufacturer _____ 5bb. Country of manufacture _____		6b. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know		7b. Package size (Fill in # AND circle type) There are a total of [][][][] mL (or mg for granules & powder injections) (circle package type): 1 = Bottle 2 = Ampoule 3 = Sachet of granules	
8b. Quantity in stock (Record total # of bottles or ampoules or sachets described in Q7b) There are [][][][] bottles or ampoules or sachets in stock		9b. Amount sold/distributed in last 7 days (Record # bottles or ampoules or sachets described in Q7b) This outlet sold [][][][] bottles or ampoules or sachets in the last 7 days		10b. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know		11b. Retail price [][][] bottles or ampoules or sachets cost [][][][][][] =N= (If free, enter 00000)		N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase) [][][][][] bottles/ampoules/sachets cost [][][][][] =N=		N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] bottles/ampoules/sachets (as described in Q7b) were purchased		12b. Comments _____	
1c. Generic name _____ _____ _____ <small>(Note: no mL recorded for Powders and Granules)</small>		2c. Strength [][] [][] [][] [][] mg / [][] [][] [][] [][] mL _____ _____ _____ <small>(Note: no mL recorded for Powders and Granules)</small>		3c. Dosage form 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) _____		4c. Brand name _____		5c. Manufacturer _____ 5cc. Country of manufacture _____		6c. Is this antimalarial expired? 1 = Yes 0 = No 99 = Don't Know		7c. Package size (Fill in # AND circle type) There are a total of [][][][] mL (or mg for granules & powder injections) (circle package type): 1 = Bottle 2 = Ampoule 3 = Sachet of granules	
8c. Quantity in stock (Record total # of bottles or ampoules or sachets described in Q7c) There are [][][][] bottles or ampoules or sachets in stock		9c. Amount sold/distributed in last 7 days (Record # bottles or ampoules or sachets described in Q7c) This outlet sold [][][][] bottles or ampoules or sachets in the last 7 days		10c. Has this antimalarial been stocked out in the past 3 months? 1 = Yes 0 = No 99 = Don't know		11c. Retail price [][][] bottles or ampoules or sachets cost [][][][][][] =N= (If free, enter 00000)		N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase) [][][][][] bottles/ampoules/sachets cost [][][][][] =N=		N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase) [][][][][][] bottles/ampoules/sachets (as described in Q7c) were purchased		12c. Comments _____	

NON-TABLET AUDIT SHEET (For syrups, suspensions, liquid and powder injectables, granules, and others) Interviewer–State–LGA–Locality–Outlet ID: []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]

<p>1a. Generic name</p>	<p>2a. Strength</p> <p>[] [] [] [] [] [] mg / [] [] [] [] [] [] mL</p> <p>[] [] [] [] [] [] mg / [] [] [] [] [] [] mL</p> <p>[] [] [] [] [] [] mg / [] [] [] [] [] [] mL</p> <p>(Note: no mL recorded for Powders and Granules)</p>	<p>3a. Dosage form</p> <p>3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe)</p>	<p>4a. Brand name</p>	<p>5a. Manufacturer</p>	<p>6a. Is this antimalarial expired?</p> <p>1 = Yes 0 = No 99 = Don't Know</p>	<p>7a. Package size (Fill in # AND circle type)</p> <p>There are a total of [] [] [] [] mL (or mg for granules & powder injections)</p> <p>(circle package type):</p> <p>1 = Bottle 2 = Ampoule 3 = Sachet of granules</p>
<p>8a. Quantity in stock</p> <p>(Record total # of bottles or ampoules or sachets described in Q7a)</p> <p>There are [] [] [] [] bottles or ampoules or sachets in stock</p>	<p>9a. Amount sold/distributed in last <u>7 days</u></p> <p>(Record # bottles or ampoules or sachets described in Q7a)</p> <p>This outlet sold [] [] [] [] bottles or ampoules or sachets in the last <u>7 days</u></p>	<p>10a. Has this antimalarial been stocked out in the past <u>3 months</u>?</p> <p>1 = Yes 0 = No 99 = Don't know</p>	<p>11a. Retail price</p> <p>[] [] bottles or ampoules or sachets</p> <p>cost [] [] [] [] [] [] =N= (If free, enter 00000)</p>	<p>N1a. Wholesale purchase price (For the outlet's most recent wholesale purchase)</p> <p>[] [] [] [] bottles/ampoules/sachets cost</p> <p>[] [] [] [] [] [] =N=</p>	<p>N1aa. Wholesale purchase quantity (For the outlet's most recent wholesale purchase)</p> <p>[] [] [] [] [] [] bottles/ampoules/sachets (as described in Q7a) were purchased</p>	<p>12a. Comments</p>
<p>1b. Generic name</p>	<p>2b. Strength</p> <p>[] [] [] [] [] [] mg / [] [] [] [] [] [] mL</p> <p>[] [] [] [] [] [] mg / [] [] [] [] [] [] mL</p> <p>[] [] [] [] [] [] mg / [] [] [] [] [] [] mL</p> <p>(Note: no mL recorded for Powders and Granules)</p>	<p>3b. Dosage form</p> <p>3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe)</p>	<p>4b. Brand name</p>	<p>5b. Manufacturer</p>	<p>6b. Is this antimalarial expired?</p> <p>1 = Yes 0 = No 99 = Don't Know</p>	<p>7b. Package size (Fill in # AND circle type)</p> <p>There are a total of [] [] [] [] mL (or mg for granules & powder injections)</p> <p>(circle package type):</p> <p>1 = Bottle 2 = Ampoule 3 = Sachet of granules</p>
<p>8b. Quantity in stock</p> <p>(Record total # of bottles or ampoules or sachets described in Q7b)</p> <p>There are [] [] [] [] bottles or ampoules or sachets in stock</p>	<p>9b. Amount sold/distributed in last <u>7 days</u></p> <p>(Record # bottles or ampoules or sachets described in Q7b)</p> <p>This outlet sold [] [] [] [] bottles or ampoules or sachets in the last <u>7 days</u></p>	<p>10b. Has this antimalarial been stocked out in the past <u>3 months</u>?</p> <p>1 = Yes 0 = No 99 = Don't know</p>	<p>11b. Retail price</p> <p>[] [] bottles or ampoules or sachets</p> <p>cost [] [] [] [] [] [] =N= (If free, enter 00000)</p>	<p>N1b. Wholesale purchase price (For the outlet's most recent wholesale purchase)</p> <p>[] [] [] [] bottles/ampoules/sachets cost</p> <p>[] [] [] [] [] [] =N=</p>	<p>N1bb. Wholesale purchase quantity (For the outlet's most recent wholesale purchase)</p> <p>[] [] [] [] [] [] bottles/ampoules/sachets (as described in Q7b) were purchased</p>	<p>12b. Comments</p>
<p>1c. Generic name</p>	<p>2c. Strength</p> <p>[] [] [] [] [] [] mg / [] [] [] [] [] [] mL</p> <p>[] [] [] [] [] [] mg / [] [] [] [] [] [] mL</p> <p>[] [] [] [] [] [] mg / [] [] [] [] [] [] mL</p> <p>(Note: no mL recorded for Powders and Granules)</p>	<p>3c. Dosage form</p> <p>3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe)</p>	<p>4c. Brand name</p>	<p>5c. Manufacturer</p>	<p>6c. Is this antimalarial expired?</p> <p>1 = Yes 0 = No 99 = Don't Know</p>	<p>7c. Package size (Fill in # AND circle type)</p> <p>There are a total of [] [] [] [] mL (or mg for granules & powder injections)</p> <p>(circle package type):</p> <p>1 = Bottle 2 = Ampoule 3 = Sachet of granules</p>
<p>8c. Quantity in stock</p> <p>(Record total # of bottles or ampoules or sachets described in Q7c)</p> <p>There are [] [] [] [] bottles or ampoules or sachets in stock</p>	<p>9c. Amount sold/distributed in last <u>7 days</u></p> <p>(Record # bottles or ampoules or sachets described in Q7c)</p> <p>This outlet sold [] [] [] [] bottles or ampoules or sachets in the last <u>7 days</u></p>	<p>10c. Has this antimalarial been stocked out in the past <u>3 months</u>?</p> <p>1 = Yes 0 = No 99 = Don't know</p>	<p>11c. Retail price</p> <p>[] [] bottles or ampoules or sachets</p> <p>cost [] [] [] [] [] [] =N= (If free, enter 00000)</p>	<p>N1c. Wholesale purchase price (For the outlet's most recent wholesale purchase)</p> <p>[] [] [] [] bottles/ampoules/sachets cost</p> <p>[] [] [] [] [] [] =N=</p>	<p>N1cc. Wholesale purchase quantity (For the outlet's most recent wholesale purchase)</p> <p>[] [] [] [] [] [] bottles/ampoules/sachets (as described in Q7c) were purchased</p>	<p>12c. Comments</p>

Interviewer Code–State–LGA–Locality–Outlet ID: [__|__]-[__|__|__]-[__|__|__]-[__|__|__]-[__|__|__]

13. Are there any antimalarial medicines that are out of stock today, but that you stocked in the past **3 months**?

- 1 = Yes go to question 13a
- 0 = No go to question 14
- 99 = Don't know go to question 14

13a. What are the names of these treatments? (*Will accept Generic or Brand names. Record one medicine per line.*)

[_____]	[_____]
[_____]	[_____]
[_____]	[_____]
[_____]	[_____]

99 = Don't know

14. Is malaria microscopic testing available here?

- 1 = Yes go to question 14a
- 0 = No go to question 15

14a. How much does a microscopic test for malaria cost? *Write cost in local currency:* [__|__|__|__|__] =N=

- 00000 = If free
- 99999 = Don't know

15. Are malaria diagnostic test kits available here? (*If yes, must show you the kit.*)

- 1 = Yes go to questions 15a
- 0 = No go to question P1

15a. How much does a malaria diagnostic test kit cost? *Write cost in local currency:*[__|__|__|__|__] =N=

- 00000 = If free
- 99999 = Don't know

IV. Provider Questionnaire

P1. What is your job at this outlet? (*Unprompted. Multiple answers possible*)

- 1 = Pharmacist
- 2 = Medical doctor
- 3 = Midwife
- 4 = Nurse
- 5 = Lab technician
- 6 = Owner
- 7 = Shop assistant
- 8 = Relative of the owner
- 9 = Other (*describe*) [_____]

P2. How long have you worked in this outlet? (*if less than 1 year, enter 01*) [__|__] years

Interviewer Code—State—LGA—Locality—Outlet ID: []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]

N3. Apart from antimalarials, what other drug categories are in stock? (**Read list**)

- 1 = Painkillers/antipyretics
- 2 = Anti-helminthics (worms)
- 3 = Antibiotics
- 4 = Oral anti-fungals
- 5 = Cardiovascular (angina, arrhythmia, hypertension)
- 6 = Ointments and creams (anti-fungal, acne)
- 7 = Gastro-Intestinal (stomach) conditions (antacid, laxative, diarrhea)
- 8 = Vitamins
- 9 = Cough medicines
- 10 = None. Antimalarials only.

P3. Is the antimalarial treatment that you have sold or dispensed **the most frequently** in the **past month** in stock?

- 1 = Yes in stock Ask to physically see the medicine and use packaging to fill in questions P3a-f
- 0 = Not in stock Ask provider to recall as much of the information in questions P3a-f as possible

Interviewer to complete the table using information from the drug packaging or the provider's responses.

P3a. Generic name of the drug sold the most of in the <u>past month</u>	P3b. Strength (Must enter strength and correct units. Note: no mL recorded for Tablet, Suppositories, Powders and Granules)	P3c. Dosage form	P3d. Brand name 99 = Don't know	P3f. Retail price 99 = Don't know (If free, enter 00000, if "don't know", enter 99999)
99 = Don't know	99 = Don't know			
	[] [] [] [] [] . [] mg/	1 = Tablet 2 = Suppository 3 = Syrup 4 = Suspension 5 = Liquid injectable 6 = Powder injectable 7 = Granule 8 = Other (describe) [] 99 = Don't know	P3e. Manufacturer 99 = Don't know	[] [] tablets or suppositories cost
	[] [] [] [] [] . [] mL			[] [] [] [] [] [] =N=
	[] [] [] [] [] . [] mg/			OR [] [] bottles or ampoules or sachets cost
	[] [] [] [] [] . [] mL			
	[] [] [] [] [] . [] mg/			
	[] [] [] [] [] . [] mL			

N4. In the past month, how often did you restock the antimalarial treatment that you have sold or dispensed the most frequently? [] [] [] times
99 = Don't know

P4. In your opinion, what is the most effective antimalarial medicine? (**Looking for either Generic name or Brand name. Ask provider to show you the medicine if it is in stock.**)

Write response []
99 = Don't know (If don't know, go to question P5)

P4a. Is the antimalarial medicine in stock?

- 1 = Yes
- 0 = No

Interviewer Code–State–LGA–Locality–Outlet ID: [][]-[][][]-[][][][]-[][][][][]-[][][][][]

P5. What antimalarial medicine do you most often recommend to customers? (*Looking for Generic name or Brand name. Ask provider to show you the medicine if in stock.*)

Write response [_____]

P5a. Is the antimalarial medicine in stock?

1 = Yes

0 = No

P6. How do you typically decide which antimalarials to stock? (*Prompted. Multiple response.*)

1 = Most profitable

2 = Recommended by government

3 = Lowest priced

4 = Drug company/sales rep influence

5 = Consumer demand

6 = Brand reputation

7 = Dosage form (e.g. provider prefers to stock tablets or injections)

8 = Easily available

9 = Prescribed most often by doctors

10 = Other (*describe*) [_____]

99 = Don't know

P7. Do your customers usually ask for a specific antimalarial medicine by name? (*Prompted. One response only*)

0 = No, they ask for a recommendation

1 = Yes (*describe antimalarial*) [_____]

2 = No, they have a prescription

99 = Don't know

P8. Do you normally decide which antimalarial medicines customers receive? (*Prompted. One response only*)

0 = No

1 = Yes

2 = No, they have a prescription

99 = Don't know

P9. Approximately how many people bought or were dispensed an antimalarial here in the last week? [][][]

P10. In the last month, have customers bought antimalarials on credit? (*Only ask of providers in private facilities. If outlet is a Public Health Facility, select "82=Not applicable" and go to question P11.*)

1 = Yes go to question P10a

0 = No go to question P11

99 = Don't know go to question P11

82 = Not applicable got o question P11

P10a. In the past month, how many customers have bought antimalarials on credit?..... [][][]

999 = Don't know

P10b. Which customers have bought antimalarial medicines with credit? (*Do not read options. Multiple response.*)

1 = Regular customers

2 = Outlet staff

3 = People who can't afford

4 = Clients with sick children

5 = Clients who are known to provider

6 = Other (*describe*) [_____]

99 = Don't know

Interviewer Code–State–LGA–Locality–Outlet ID: [][]-[][][][]-[][][][]-[][][][]-[][][][]

P11. In the past **month**, did you ever cut blisters or sell partial packs of antimalarials for customers who cannot afford to buy the entire pack?

- 1 = Yes
- 0 = No
- 99 = Don't know

P12. Please name the first-line medicine recommended by the government to treat uncomplicated malaria fever.
(Circle one response only)

- | | |
|--|----------------------|
| 1 = Artemether Lumefantrine (AL) | go to question P12a |
| 2 = Coartem | go to question P12a |
| 3 = Artesunate Amodiaquine (ASAQ) | SKIP to question P13 |
| 4 = Larimal | SKIP to question P13 |
| 5 = Arsucam | SKIP to question P13 |
| 6 = Arsuamoon | SKIP to question P13 |
| 0 = Other answer <i>(describe)</i> [_____] | SKIP to question P13 |
| 99 = Don't know | SKIP to question P13 |

P12a. Please explain the government recommended treatment regimen for this drug for an **adult**. *(Can prompt by saying "How many tablets a day, for how many days." It is ok if they get the answer from reading the package, but do not prompt provider to do this.)*

- 0 = Incorrect answer
- 1 = 4 tablets in am, 4 tablets in pm, for 3 days
- 99 = Don't know

P12b. Please explain the government recommended treatment regimen for this drug for a **2 year old child**. *(Can prompt by saying "How many tablets a day for how many days." It is ok if they get the answer from reading the package, but do not prompt provider to do this.)*

- 0 = Incorrect answer
- 1 = 1 tablet in am, 1 tablets in pm, for 3 days
- 99 = Don't know

P13. What are health danger signs for a child under 5? *(Multiple response. Prompt provider that this question is not specific to malaria. Don't read answers or prompt.)*

- 1 = Convulsions
- 2 = Vomiting
- 3 = Unable to drink / breastfeed
- 4 = Abnormal breathing
- 5 = Excessive sleep / difficult to wake
- 6 = Floppy / unable to sit
- 7 = Unconscious / coma
- 8 = Fever / high temperature / hot body
- 9 = Other *(describe)*: [_____]
- 99 = Don't know

P14. (Only ask of providers in private facilities.)

What health danger signs in a child under 5 would prompt you to refer the child to a public health facility? **(Prompt provider that this question is not specific to malaria. If in a Public Health Facility, select “82=Not applicable” and go to question P15. Multiple response. Don’t read answers or prompt.)**

- 1 = Convulsions
- 2 = Vomiting
- 3 = Unable to drink / breastfeed
- 4 = Abnormal breathing
- 5 = Excessive sleep / difficult to wake
- 6 = Floppy / unable to sit
- 7 = Unconscious / coma
- 8 = Fever / high temperature/ hot body
- 9 = Other (*describe*): [_____]
- 99 = Don’t know
- 82 = Not applicable (Public health facility)

P15. Has the staff that work here participated in any type of health trainings put on by NGOs or the government in the past 2 years? (Excluded any school training)

- 1 = Yes
- 0 = No
- 99 = Don’t know

P16. Including the owner and yourself, how many people work here? (If outlet has multiple dispensaries, record number of workers at the dispensary only.)[] []

P17. Of all the people who work here, how many prescribe or dispense medicines?[] []

P18. Has anybody working in this outlet completed primary school? (Circle one answer)

- 1 = Yes go to question P19
- 0 = No go to question P20
- 99 = Don’t know go to question P20

P19. Has anybody working in this outlet completed secondary school? (Circle one answer)

- 1 = Yes
- 0 = No
- 99 = Don’t know

P20. Does anyone working in this outlet have any health related qualifications? (Circle one answer)

- 1 = Yes go to question N5
- 0 = No go to question N6
- 99 = Don’t know go to question N6

Interviewer Code–State–LGA–Locality–Outlet ID: [][]-[][][][]-[][][][]-[][][][]-[][][][]

N5. How many people working in this business [including the owner] have the following types of health qualifications?
(Read the list. Enter 00 if the answer is none.)

Type of Health Qualification	Number
1 = Medical Doctor	[][]
2 = Nurse	[][]
3 = Midwife	[][]
4 = Community Health Worker	[][]
5 = Junior Community Health Worker	[][]
6 = Pharmacist	[][]
7 = Pharmacy Technician	[][]
8 = Other (Describe):[_____]	[][]

SOURCE OF SUPPLY OF ANTIMALARIALS

N6. In the last **3 months**, from how many suppliers have you purchased antimalarials?
(If 1 or more suppliers, enter number of suppliers, then go to question P21)[][]

00= No suppliers in past 3 months go to question P22 - Registration Status
88= Refuses go to question P22 - Registration Status
99 = Don't know go to question P22 - Registration Status

P21. In the last **3 months**, from whom did you obtain or purchase antimalarials? (Please list the two places where this outlet most frequently buys antimalarial drugs)

First source:

P21a. Type of supplier (Prompted. Single response):

- 1 = General wholesaler
- 2 = Drug wholesaler
- 3 = Pharmacy /chemist (registered)
- 4 = Drug store
- 5 = Wholesale drug distributor
- 6 = Drug factory
- 7 = Other (describe):.....[_____]
- 8 = Government medical store
- 9 = Non-governmental providers (NGO [e.g. SFH] or faith-based organisation)
- 88 = Refuses
- 99 = Don't know

P21b. Name of business:..... [_____]
88 = Refuses 99 = Don't know

P21c. Town: [_____]
88 = Refuses 99 = Don't know

P21d. Physical address or location identifiers:
[_____]
88 = Refuses 99 = Don't know

P21e. Telephone number: [_____]
88 = Refuses 99 = Don't know

Interviewer Code–State–LGA–Locality–Outlet ID: []-[]

P21f. How do you receive your antimalarials from this provider (**Prompt. One response only**)

- 1 = Supplier delivers to you
- 2 = You collect from supplier
- 3 = Both
- 88 = Refuses
- 99 = Don't know

P21g. Is this a supplier of malaria test kits? (**Do not ask if provider answered "No" to Question 15. Select "82 = Not applicable."**)

- 1 = Yes
- 0 = No
- 82 = Not applicable
- 99 = Don't know

Second source:

P21h. Type of supplier (**Prompted. Single response**):

- 1 = General wholesaler
- 2 = Drug wholesaler
- 3 = Pharmacy /chemist (registered)
- 4 = Drug store
- 5 = Wholesale drug distributor
- 6 = Drug factory
- 7 = Other (*describe*):.....[]
- 8 = Government medical store
- 9 = Non-governmental providers (NGO [e.g. SFH] or faith-based organisation)
- 88 = Refuses
- 99 = Don't know

P21i. Name of business: []
88 = Refuses 99 = Don't know

P21j. Town/District: []
88 = Refuses 99 = Don't know

P21k. Physical address or location identifiers:
[]
88 = Refuses 99 = Don't know

P21l. Telephone number: []
88 = Refuses 99 = Don't know

P21m. How do you receive your antimalarials from this provider? (**Prompt, one response only**)

- 1 = Supplier delivers to you
- 2 = You collect from supplier
- 3 = Both
- 88 = Refuses
- 99 = Don't know

Interviewer Code–State–LGA–Locality–Outlet ID: [][]-[][][][]-[][][][]-[][][][]-[][][][]

P21n. Is this a supplier of malaria test kits? (*Do not ask if provider answered "No" to Question 15. Select "82 = Not applicable."*)

- 1 = Yes
- 0 = No
- 82 = Not applicable
- 99 = Don't know

REGISTRATION STATUS

P22. Do you have a pharmacy or clinic license? (*If in a Public Health Facility, select "82 = Not applicable."*)

- 1 = Yes go to question P23
- 0 = No go to question P23
- 82 = Not applicable go to question P24

P23. Do you have any other types of license or registration?

- 1 = Yes go to question P23a
- 0 = No go to question P24

P23a. What type/class of license? (*Circle all that apply*)

- 1 = Patent/business
- 2 = Laboratory
- 3 = Other (*describe*): [_____]

OBSERVATION RECORD

P24. Pharmacy or clinic license observed? (*If in a Public Health Facility, select "82 = Not applicable."*)

- 1 = Confirm certificate observed
- 0 = Certificate not observed
- 82 = Not applicable (Public health facility)

P25. Are medicines stored in a dry area?

- 1 = Yes, stored in a dry area
- 0 = No, not stored in a dry area
- 99 = Did not observe medicines



P26. Are medicines protected from direct sunlight?

- 1 = Yes, protected from direct sunlight
- 0 = No protections from direct sunlight
- 99 = Did not observe medicines

P27. Are medicines kept on the floor?

- 1 = Yes, they are kept on the floor
- 0 = No, not kept on the floor
- 99 = Did not observe medicines

Interviewer Code–State–LGA–Locality–Outlet ID: []-[]-[]-[]-[]

X2. Final comments (if any)

END OF INTERVIEW. Thank the provider for their participation in the audit. Return to question C10 to record final status of interview and time of completion.

Appendix G: Endline outlet survey generic questionnaire – English

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

Section I: Census & Screening Information⁵

Interviewer completes this section for all outlets

Outlet ID		Interviewer – District - Sub-district - 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. Sub-district name [_____]	C4a. Sub-district code [][][]	
C5. Locality name [_____]	C5a. Locality code [][][]	
C6. Name of outlet <i>(if no name, record "no name" or owner's name)</i> [_____]	C6a. Outlet code [][][]	
C7. Type of Outlet 01 = Public National Referral Hospital 02 = Public Regional Hospital 03 = Public District Hospital 04 = Public Community health centre 05 = Pharmacy 06 = Rural outpost pharmacy 07 = Private for profit hospital 08 = Private for profit clinic 09 = Grocery store 10 = NGO hospital 11 = NGO clinic 12 = Faith-based hospital 13 = Faith-based clinic 14 = Market stall 15 = Community health worker 16 = Itinerant medicine seller 96 = Other (<i>specify</i>) [_____]	[][]	
C8. Is this sub-district part of the booster sample? 1 = Yes 0 = No	[]	

Hello, My name is _____, and I work for _____. 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 _____. I would like to ask you a few questions to see if you could be part of the survey.

Screening Questions

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

⁵ This questionnaire is adapted from the ACTwatch Outlet Survey questionnaire (ACTwatch (Population Services International [PSI] and London School of Hygiene and Tropical Medicine [LSHTM]). 2009. Outlet Survey, Round 2 Questionnaire. PSI, Department of Malaria and Child Survival, ACTwatch Group.) and the ACTwatch Supply Chain Survey Questionnaire (ACTwatch (PSI and LSHTM). 2009. Supply Chain Survey Questionnaire, ACTwatch Group.)

<p>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</p>	[]
<p>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</p>	[]
<p>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</p>	[]

C9. Record of Visits

	Visit 1	Visit 2	Visit 3
Date (dd/mm/yy)	[][]-[][][]-[1][1][1]	[][]-[][][]-[1][1][1]	[][]-[][][]-[1][1][1]
Time started (use 24hr clock) 95:95 = Not applicable	[][]:[][][]	[][]:[][][]	[][]:[][][]
Time completed (use 24hr clock) 95:95 = 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

<p>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</p>	<input style="width: 40px; height: 20px;" type="text"/>
---	---

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

<p>E1. Name of interviewee: 5 = Not applicable, no respondent 7 = Refused</p>		<input style="width: 40px; height: 20px;" type="text"/>
<p>E2. Physical address or location identifiers of outlet (not PO box) (Give detailed description that will help to find the outlet)</p>	<p>E3. Telephone number 9999999995 = Not applicable, no respondent or has no telephone 9999999997 = Refused</p>	
<p>E4. Latitude: []-[][][][]-[][][][][]</p>	<p>E5. Longitude: []-[][][][]-[][][][][]</p>	
<p>E6. Do you have any questions or comments for us? (record provider's comments, if any)</p>		
<p>E7. Additional observations by interviewer (if any)</p>		

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.

<p>P1. Interviewer: Is this a public health facility? 1 = Yes go to P3 0 = No</p>	[]
<p>P2. Are you the owner of this outlet? 1 = Yes 0 = No</p>	[]
<p>P3. Including yourself (and the owner), how many people work at this outlet (all staff)? 998 = Don't know</p>	[][][][]
<p>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</p>	[]
<p>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</p>	[]
<p>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</p>	[]
<p>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.'</p> <p>VIII. Pharmacist</p> <p>IX. Pharmacy technician</p> <p>X. Pharmacy assistant</p> <p>XI. Medical doctor</p> <p>XII. Nurse/Midwife</p> <p>XIII. Clinical Officer</p> <p>XIV. Other 1: specify _____ </p> <p>XV. Other 2: specify _____ </p> <p>XVI. Other 3: specify _____ </p>	[][] [][] [][] [][] [][] [][] [][] [][] [][]
<p>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</p>	[][][][]

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

- X. Effective/quality antimalarial []
- XI. Affordable antimalarial []
- XII. An antimalarial in high demand []
- XIII. Effective/quality medicine []
- XIV. Affordable medicine []
- XV. A medicine in high demand []
- XVI. It means nothing []
- XVII. I don't know what it means []
- XVIII. 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 (<i>specify</i>) 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 02 = Suppository 03 = Syrup 04 = Suspension 05 = Liquid injectable 06 = Powder injectable 07 = Granule 96 = Other (specify) 98 = Don't know	
[][]		[][]	
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 = Insert name of government's first line treatment(s) **go to P17**
- 02 = Amodiaquine
- 03 = Artemether
- 04 = Artemether Lumefantrine
- 05 = Artemisinin
- 06 = Artesunate
- 07 = Artesunate Amodiaquine
- 08 = Chloroquine
- 09 = Dihydroartemisinin Piperaquine
- 10 = Halofantrine
- 11 = Mefloquine
- 12 = Quinine
- 13 = Sulfadoxine Pyrimethamine
- 96 = Other (**specify**): _____
- 98 = Don't know

[][]

P16a. Have you ever heard of (insert name of government's first line treatment)?

- 1 = Yes
- 0 = No
- 8 = Don't know

[]

P16b. Have you ever heard of (insert name of government's alternate first line treatment)?

- 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.**

- (Insert generic name of government's first line treatment), such as (insert names of 2-3 most popular/best known brands)
- Artemisinin combination therapies, such as (insert names of 2-3 most popular/best known brands)
- Artemisinin monotherapies, such as (insert names of 2-3 most popular/best known brands)
- SP, such as (insert names of 2-3 most popular/best known brands)
- Amodiaquine, such as (insert names of 2-3 most popular/best known brands)
- Quinine, such as (insert names of 2-3 most popular/best known brands)
- Mefloquine, such as (insert names of 2-3 most popular/best known brands)
- Chloroquine, such as (insert names of 2-3 most popular/best known brands)
- (Insert other popular generics, and brands, if appropriate)
- Syrups or suspensions, such as (insert names of 2-3 most popular/best known brands)
- Injectables, such as (insert names of 2-3 most popular/best known brands)
- Granules or powders, such as (insert names of 2-3 most popular/best known brands)

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

TABLET, SUPPOSITORY & GRANULE DRUG AUDIT SHEET (TSG)

OUTLET ID: [][]-[][][]-[][][]-[][][]

Product number [][][]	[][]	1. Generic name	2. Strength [][][] . [][] 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 [][][][][] LCU 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 [][][][][] LCU Free = 00000; Refused = 99997; Don't know = 99998	13. Comments		

Product number [][][]	[][]	1. Generic name	2. Strength [][][] . [][] 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 [][][][][] LCU 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 [][][][][] LCU Free = 00000; Refused = 99997; Don't know = 99998	13. Comments		

PUT ASIDE ALL QAACts PUT ASIDE ALL QAACts PUT ASIDE ALL QAACts

TABLET, SUPPOSITORY & GRANULE DRUG AUDIT SHEET (TSG)

OUTLET ID: [][]-[][][]-[][][]-[][][]

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

Product number [][][]	[][]	1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer	6. Country of manufacture
	[][]		[][][]].[][]mg	[] 1 = Yes 0 = No [] 8 = Don't know	1 = Tablet 2 = Suppository 3 = Granule			
	[][]		[][][]].[][]mg	[]	[]			
	[][]	Do not write here		If no, specify excipient: [][][]				[][][] 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 [][][][][]LCU 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 [][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	13. Comments		

Product number [][][]	[][]	1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer	6. Country of manufacture
	[][]		[][][]].[][]mg	[] 1 = Yes 0 = No [] 8 = Don't know	1 = Tablet 2 = Suppository 3 = Granule			
	[][]		[][][]].[][]mg	[]	[]			
	[][]	Do not write here		If no, specify excipient: [][][]				[][][] 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 [][][][][]LCU 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 [][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	13. Comments		

TABLET, SUPPOSITORY & GRANULE DRUG AUDIT SHEET (TSG)

OUTLET ID: [][]-[][][]-[][][]-[][][]

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

Product number [][][]	[][]	1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer	6. Country of manufacture
	[][]		[][][]].[][]mg	[] 1 = Yes 0 = No [] 8 = Don't know	1 = Tablet 2 = Suppository 3 = Granule			
	[][]		[][][]].[][]mg	[] 8 = Don't know	[]			
	[][]	Do not write here		r 1 If no, specify excipient: []				[][][] 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 [][][][][] LCU 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 [][][][][] LCU Free = 00000; Refused = 99997; Don't know = 99998	13. Comments		

Product number [][][]	[][]	1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer	6. Country of manufacture
	[][]		[][][]].[][]mg	[] 1 = Yes 0 = No [] 8 = Don't know	1 = Tablet 2 = Suppository 3 = Granule			
	[][]		[][][]].[][]mg	[] 8 = Don't know	[]			
	[][]	Do not write here		r 1 If no, specify excipient: []				[][][] 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 [][][][][] LCU 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 [][][][][] LCU Free = 00000; Refused = 99997; Don't know = 99998	13. Comments		

PUT ASIDE ALL QAACTs

PUT ASIDE ALL QAACTs

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

Product number [][][]	[][] [][] [][] Do not write here	1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer
			[][][][][]mg / [][][][]mL	<input type="checkbox"/> 1 = Yes <input type="checkbox"/> 0 = No <input type="checkbox"/> 8 = Don't know	1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other (specify)		
			[][][][][]mg / [][][][]mL <i>(Note: no mL recorded for powders)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
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: 1 = Bottle 2 = Ampoule/vial	1 = Yes 0 = No <input type="checkbox"/>	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 [][][][][] LCU Free = 00000; Refused = 99997; Don't know = 99998	For the outlet's most recent wholesale purchase: [][][][] bottles, ampoules or vials cost [][][][][] LCU Free = 00000; Refused = 99997; Don't know = 99998		
Do not write here							

Product number [][][]	[][] [][] [][] Do not write here	1. Generic name	2. Strength	2a. Is this the base?	3. Dosage form	4. Brand name	5. Manufacturer
			[][][][][]mg / [][][][]mL	<input type="checkbox"/> 1 = Yes <input type="checkbox"/> 0 = No <input type="checkbox"/> 8 = Don't know	1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other (specify)		
			[][][][][]mg / [][][][]mL <i>(Note: no mL recorded for powders)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
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: 1 = Bottle 2 = Ampoule/vial	1 = Yes 0 = No <input type="checkbox"/>	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 [][][][][] LCU Free = 00000; Refused = 99997; Don't know = 99998	For the outlet's most recent wholesale purchase: [][][][] bottles, ampoules or vials cost [][][][][] LCU Free = 00000; Refused = 99997; Don't know = 99998		
Do not write here							

NON-TABLET DRUG AUDIT SHEET (NT): SYRUP, SUSPENSION, INJECTABLES & OTHERS

Outlet ID: [][]-[][][][]-[][][][]-[][][][]

Product number [][][][]	[][]	1. Generic name	2. Strength [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL <i>(Note: no mL recorded for powders)</i>	2a. Is this the base? <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 0 = No <input type="checkbox"/> 8 = Don't know <i>If no, specify excipient</i> [][]	3. Dosage form 1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other (specify) [][]	4. Brand name	5. Manufacturer
	[][]						
	[][]						
	[][] Do not write here						
6. Country of manufacture	7. Package size (Fill in number) There are a total of [][][][][].[][] mL (or mg for powder injections) in each: 1 = Bottle 2 = Ampoule/vial [][][][] Do not write here	8. Does this product have the AMFm logo? 1 = Yes 0 = No [][]	9. Amount sold/ distributed in the last 7 days 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 [][][][][][]LCU 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 [][][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	12. Comments	

Product number [][][][]	[][]	1. Generic name	2. Strength [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL <i>(Note: no mL recorded for powders)</i>	2a. Is this the base? <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 0 = No <input type="checkbox"/> 8 = Don't know <i>If no, specify excipient</i> [][]	3. Dosage form 1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other (specify) [][]	4. Brand name	5. Manufacturer
	[][]						
	[][]						
	[][] Do not write here						
6. Country of manufacture	7. Package size (Fill in number) There are a total of [][][][][].[][] mL (or mg for powder injections) in each: 1 = Bottle 2 = Ampoule/vial [][][][] Do not write here	8. Does this product have the AMFm logo? 1 = Yes 0 = No [][]	9. Amount sold/ distributed in the last 7 days 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 [][][][][][]LCU 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 [][][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	12. Comments	

NON-TABLET DRUG AUDIT SHEET (NT): SYRUP, SUSPENSION, INJECTABLES & OTHERS

Outlet ID: [][]-[][][][]-[][][][]-[][][][]

Product number [][][][]	[][]	1. Generic name	2. Strength [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL (Note: no mL recorded for powders)	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
	[][]						
	[][]						
	[][] Do not write here						
6. Country of manufacture	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 last 7 days 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 [][][][][][]LCU 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 [][][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	12. Comments	
[][][][] Do not write here	[]	[]	[]	[]	[]	[]	

Product number [][][][]	[][]	1. Generic name	2. Strength [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL (Note: no mL recorded for powders)	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
	[][]						
	[][]						
	[][] Do not write here						
6. Country of manufacture	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 last 7 days 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 [][][][][][]LCU 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 [][][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	12. Comments	
[][][][] Do not write here	[]	[]	[]	[]	[]	[]	

NON-TABLET DRUG AUDIT SHEET (NT): SYRUP, SUSPENSION, INJECTABLES & OTHERS

Outlet ID: [][]-[][][][]-[][][][]-[][][][]

Product number [][][][]	[][]	1. Generic name	2. Strength [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL <i>(Note: no mL recorded for powders)</i>	2a. Is this the base? <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 0 = No <input type="checkbox"/> 8 = Don't know <i>If no, specify excipient</i> [][]	3. Dosage form 1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other (specify) [][]	4. Brand name	5. Manufacturer
	[][]						
	[][]						
	[][] Do not write here						
6. Country of manufacture	7. Package size (Fill in number) There are a total of [][][][][].[][] mL (or mg for powder injections) in each: 1 = Bottle 2 = Ampoule/vial [][][][] Do not write here	8. Does this product have the AMFm logo? 1 = Yes 0 = No [][]	9. Amount sold/ distributed in the last 7 days 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 [][][][][][]LCU 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 [][][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	12. Comments	

Product number [][][][]	[][]	1. Generic name	2. Strength [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL [][][][][].[][]mg / [][][][].[][]mL <i>(Note: no mL recorded for powders)</i>	2a. Is this the base? <input type="checkbox"/> 1 = Yes <input type="checkbox"/> 0 = No <input type="checkbox"/> 8 = Don't know <i>If no, specify excipient</i> [][]	3. Dosage form 1 = Syrup 2 = Suspension 3 = Liquid inj. 4 = Powder inj. 6 = Other (specify) [][]	4. Brand name	5. Manufacturer
	[][]						
	[][]						
	[][] Do not write here						
6. Country of manufacture	7. Package size (Fill in number) There are a total of [][][][][].[][] mL (or mg for powder injections) in each: 1 = Bottle 2 = Ampoule/vial [][][][] Do not write here	8. Does this product have the AMFm logo? 1 = Yes 0 = No [][]	9. Amount sold/ distributed in the last 7 days 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 [][][][][][]LCU 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 [][][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	12. Comments	

<p>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</p>	[]																									
<u>The following questions are for outlets that have at least one QAACT in stock</u>																										
<p>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</p>	[]																									
<p>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</p> <p>1 = Yes, specify [_____] [_____] [_____]</p> <p>0 = No 7 = Refuses 8 = Don't know</p>	[]																									
<p>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</p> <p>VII. How many tablets should they take at a time? [][][]-[][][]</p> <p>VIII. How many times per day? [][][]</p> <p>IX. Over how many days? [][][]</p> <p>95 = Not applicable, I would not give/sell any of these products to an adult 98 = Don't know</p> <p>Record the following information from the package of the drug selected by the provider:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 25%;">Generic name</th> <th style="width: 25%;">Strength</th> <th style="width: 20%;">Brand Name</th> <th style="width: 15%;">Manufacturer</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[][]</td> <td>_____</td> <td>[][][][]-[][]mg</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">[][]</td> <td>_____</td> <td>[][][][]-[][]mg</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">[][]</td> <td>_____</td> <td>[][][][]-[][]mg</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center; padding: 5px;">Do not write here [][][]</td> </tr> </tbody> </table>			Generic name	Strength	Brand Name	Manufacturer	[][]	_____	[][][][]-[][]mg			[][]	_____	[][][][]-[][]mg			[][]	_____	[][][][]-[][]mg			Do not write here [][][]				
	Generic name	Strength	Brand Name	Manufacturer																						
[][]	_____	[][][][]-[][]mg																								
[][]	_____	[][][][]-[][]mg																								
[][]	_____	[][][][]-[][]mg																								
Do not write here [][][]																										

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**

IV. How many tablets should they take at a time? [][][]-[][][]

V. How many times per day? [][][]

VI. 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 [][][]				



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

[]

<p>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</p> <p>1 = response mentioned 0 = response not mentioned</p>	
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	
<p>N1 Have you heard of the programme that reduces the prices of antimalarial medicines known as ACTs?</p> <p>1 = Yes 0 = No Go to N3 8 = Don't know Go to N3</p>	[]

<p>N2. How did you hear about the program? Do not read list. Multiple responses allowed. Repeat prompt "anything else" until no more suggestions are provided</p> <p>1 = response mentioned 0 = response not mentioned</p> <ul style="list-style-type: none"> 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) [] <p>[]</p> <p>[]</p> <p>[]</p>	
<p>N3. Are there maximum/ recommended retail prices for antimalarials with this symbol? Show prompt card with AMFm logo</p> <p>1= Yes 0 = No go to N5 8 = Don't know go to N5</p>	<p>[]</p>

<p>N4. What is the maximum/ recommended retail price for an adult dose?</p> <p>9998 = Don't know</p>	<p>[][][][][] LCU</p>
<p>N5. Has anyone at this outlet received training on malaria treatment during the last 12 months? <i>Include pre-service and stand-alone workshops</i></p> <p>1 = Yes 0 = No 8 = Don't know</p>	<p>[][]</p>
<p>N6. Did anyone at this outlet attend a training session about antimalarials with this symbol? <i>Show prompt card with AMFm logo</i></p> <p>1 = Yes 0 = No 8 = Don't know</p>	<p>[][]</p>

Sources of Supply

<p>N7. Where do you purchase antimalarials from? Please tell me where the supplier that you buy from MOST OFTEN is located? <i>If their supplier delivers to them, enter the place where they believe the supplier to be based.</i></p> <p>1 = Name of capital city <i>go to N9</i> 2 = Name of regional/district town 1 <i>go to N9</i> 3 = Name of regional/district town 2 <i>go to N9</i> 4 = Name of regional/district town 3 <i>go to N9</i> 5 = Name of regional/district town 4 <i>go to N9</i> 6 = Name of regional/district town 5 <i>go to N9</i> 7 = Name of regional/district town 6 <i>go to N9</i> 8 = Name of regional/district town 7 <i>go to N9</i> 9 = Another town/village not listed</p>	<p>[][]</p>
<p>N8. <i>Interviewer:</i> Is the 'other' town/village in this district?</p> <p>1 = Yes 0 = No 8 = Don't know</p>	<p>[][]</p>
<p>N9. How do you usually receive your antimalarials from the supplier you mentioned?</p> <p>1 = Supplier delivers to you 2 = You collect from the supplier 3 = Both 8 = Refuse 9 = Don't know</p>	<p>[][]</p>

N10. Does the supplier you mentioned supply most of your other products? 1 = Yes 2 = No 8 = Refused 9 = 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	[][][][][]LCU
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	[][][][][]LCU
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 (Insert list of common name brands of RDTs)	

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.

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 [][][][][]LCU Free = 00000; Refused = 99997 Don't know = 99998	6. Retail selling price for children under 5 For 1 test, you charge [][][][][]LCU 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 [][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	8. Comments
	Do not write here [][][]	Do not write here [][][]	Do not write here [][][]					
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 [][][][][]LCU Free = 00000; Refused = 99997 Don't know = 99998	6. Retail selling price for children under 5 For 1 test, you charge [][][][][]LCU 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 [][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	8. Comments
	Do not write here [][][]	Do not write here [][][]	Do not write here [][][]					

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 [][][][][]LCU Free = 00000; Refused = 99997 Don't know = 99998	6. Retail selling price for children under 5 For 1 test, you charge [][][][][]LCU Free = 00000; Refused = 99997 Don't know = 99998 <i>If the price is the same for all ages, copy the price from the previous question</i>	7. Wholesale purchase price For the outlet's most recent wholesale purchase: [][][][] tests cost [][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	8. Comments
	Do not write here [][][]	Do not write here [][][]	Do not write here [][][]					

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 [][][][][]LCU Free = 00000; Refused = 99997 Don't know = 99998	6. Retail selling price for children under 5 For 1 test, you charge [][][][][]LCU Free = 00000; Refused = 99997 Don't know = 99998 <i>If the price is the same for all ages, copy the price from the previous question</i>	7. Wholesale purchase price For the outlet's most recent wholesale purchase: [][][][] tests cost [][][][][]LCU Free = 00000; Refused = 99997; Don't know = 99998	8. Comments
	Do not write here [][][]	Do not write here [][][]	Do not write here [][][]					

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

Appendix H: Endline outlet survey generic questionnaire – French

Evaluation Indépendante de la Facilité de Médicaments Antipaludéens Modernes à des Prix Abordables^{6 7}

Section I: Informations de recensement et sélection des points de vente à enquêter

L'enquêteur ou l'enquêtrice doit remplir cette partie pour tous les points de vente (PDV)

Identité du point de vente (PDV) Code de l'enquêteur/trice - District - Sous district - ZD - PDV [][]-[][][][]-[][][][][]-[][][][][][]	
C1. Date d'aujourd'hui (jj/mm/aaaa) [][]-[][]-[2 0 1 1]	
C2. Prénoms et Nom de l'Enquêteur ou de l'Enquêtrice [_____]	C2a. Code de l'Enquêteur [][][]
C2i. Nom de la Commune [_____]	C2ia. Code de la Commune [][][][][]
C3. Nom du District [_____]	C3a. Code du District [][][][]
C4. Nom du Sous District [_____]	C4a. Code du Sous District 995= Non applicable [][][][]
C5. Nom de la Localité [_____]	C5b: Numéro de la ZD [][][][]
C6. Nom du Point de Vente (PDV) (Enquêteur ou Enquêtrice, si le point de vente n'a pas de nom, inscrivez « sans nom » ou le nom du propriétaire) [_____]	C6a. Code du PDV [][][][]
C7. Type de points de vente	[][][]
17 Hôpital public de référence nationale ou Maternité publique de référence nationale 18 Hôpital public de référence régionale ou Maternité publique de référence régionale 19 Hôpital public de District ou Maternité Départementale Périphérique 20 Centre de Santé communautaire ou Case de Santé 21 Dispensaire Public 22 Pharmacie ou Officine Pharmaceutique 23 Dépôt Rural de Médicament 24 Hôpital Privé à but lucratif ou Polyclinique Privée	25 Clinique Privée à but lucratif ou Cabinet Médical ou Salle de Soins Privée 26 Supermarché ou Alimentation ou Boutique ou Tablier fixe 27 Clinique des ONGs 28 Hôpital de confession religieuse (Hôpital de Galmi) 29 Clinique de confession religieuse 30 Étalage au marché 31 Agent de Santé Communautaire 32 Vendeur Ambulant ou Tablier Ambulant 97 Autre (Précisez) [_____]
C8. Enquêteur ou enquêtrice, cette ZD fait-elle partie de l'échantillon supplémentaire? 1 = Oui 0 = Non	[]

Bonjour, Je m'appelle _____, et je travaille pour le Bureau d'Etudes, le C.I.E.R.P.A. Nous menons une étude sur la disponibilité des médicaments antipaludéens. Les résultats de cette étude seront utilisés pour améliorer la

⁶Ce questionnaire a été adapté du questionnaire de l'enquête ACTwatch sur les points de vente (ACTwatch, Population Services International [PSI] et London School of Hygiene and Tropical Medicine [LSHTM]). 2009. Outlet Survey, Round 2 Questionnaire. PSI, Department of Malaria and Child Survival, ACTwatch Group.) et le questionnaire de l'enquête ACTwatch sur la chaîne d'approvisionnement (ACTwatch, PSI et LSHTM, 2009, Supply Chain Survey Questionnaire, ACTwatch Group.)

⁷ Version du 16 Août 2010

disponibilité des traitements antipaludéens appropriés au Niger. Je voudrais vous poser quelques questions afin de déterminer si vous devez faire partie de l'enquête.

Questions de sélection

<p>S1. Avez-vous des médicaments modernes en stock aujourd'hui? 1 = Oui Allez à S3 0 = Non</p>	[]
<p>S2. Y a-t-il des médicaments modernes qui sont en rupture de stock aujourd'hui, mais que vous aviez en stock au cours des trois (3) derniers mois? 1 = Oui Allez à S4 0 = Non Allez à C9 et puis à la Section VI Fin de l'entretien 8 = Ne sait pas Allez à C9 et puis à la Section VI Fin de l'entretien</p>	[]
<p>S3. Avez-vous des médicaments modernes antipaludéens en stock aujourd'hui? 1 = Oui Distribuez et expliquez la fiche d'informations, et obtenez le consentement de l'enquêté. Notez l'heure de début à C9 et administrez le questionnaire pour le prestataire ou vendeur. 0 = Non</p>	[]
<p>S4. Y a-t-il des médicaments modernes antipaludéens qui sont en rupture de stock aujourd'hui, mais que vous aviez en stock au cours des trois (3) derniers mois? 1 = Oui Distribuez et expliquez la fiche d'informations, et obtenez le consentement de l'enquêté. Notez l'heure de début à C9 et administrez le questionnaire pour le prestataire ou vendeur. 0 = Non Vérifiez, en montrant la Fiche illustrative des médicaments modernes antipaludéens courants. Allez à la question C9 et puis à la Section VI Fin de l'entretien 8 = Ne sait pas. Vérifiez, en montrant la Fiche illustrative des médicaments modernes antipaludéens courants. Allez à la question C9 et puis à la Section VI Fin de l'entretien</p>	[]

C9. Visites d'enquêteurs ou d'enquêtrices

	Visite 1	Visite 2	Visite 3
Date (jj/mm/aa)	[][]-[][]-[1 1]	[][]-[][]-[1 1]	[][]-[][]-[1 1]
Heure du début 95:95 Non-applicable	[]:[]	[]:[]	[]:[]
Heure de la fin 95:95 Non-applicable	[]:[]	[]:[]	[]:[]
Résultat	[][]	[][]	[][]
01 = Entretien terminé Allez à E1 Section VI: Fin de l'entretien 02 = Point de vente ne satisfait pas aux critères de sélection Allez à E1 Section VI: Fin de l'entretien 03 = Entretien interrompu Allez à C10 04 = Prestataire ou vendeur éligible n'est pas disponible ou l'heure n'est pas convenable pour l'entretien Allez à C10 05 = Point de vente n'est pas ouvert au moment de la visite Allez a C10 06 = Point de vente fermé définitivement Allez à E1 Section VI: Fin de l'entretien 96 = Autre (Spécifiez):[] 97 = Refus Allez à C11			

C10. Enquêteur ou enquêtrice, s'il est possible de réaliser l'entretien à un autre moment, notez ici le rendez-vous et revenez à ce moment-là. S'il n'est pas possible de réaliser l'entretien à un autre moment, allez à E1 Section VI: Fin de l'entretien

Refus:

C11. Enquêteur ou Enquêtrice, si le prestataire ou vendeur refuse de participer ou de répondre aux questions de l'enquête, posez la question pourquoi?

- 1 = Trop de clients **Demandez au prestataire s'il y a une autre heure qu'il préfère pour l'entretien, et notez-le à C10**
- 2 = Pense que c'est une inspection ou a peur pour sa licence **Aller à E1, Section VI Fin de l'entretien**
- 3 = N'est pas intéressé **Aller à E1, Section VI Fin de l'entretien**
- 6 = Autre (**Spécifiez**) [] **Aller à E1, Section VI Fin de l'entretien**
- 7 = Refus de donner une raison **Aller à E1, Section VI Fin de l'entretien**

[]

Section VI: Fin de l'entretien

Enquêteur ou enquêtrice, si le prestataire a répondu <<oui>> à S3 ou S4, procédez au remplissage du questionnaire pour le prestataire ou vendeur. Ne posez pas les questions E1 à E6 ci-dessous, jusqu'à ce que toutes les autres sections du questionnaire soient renseignées complètement.

E1. Nom du répondant 5 = Non-applicable, pas de répondant 7 = Refus	
E2. Adresse physique ou identifiants du lieu (n'enregistrez pas la boîte postal) (Enquêteur ou enquêtrice, Donnez une description détaillée qui permettra de retrouver le point de vente plus tard)	E3. Numéro de téléphone 5 = Non applicable, pas de répondant 8 = Refus
E4. Latitude: []-[][][]-[][][][]	E5. Longitude: []-[][][]-[][][][]
E6. Avez-vous des questions ou commentaires pour nous? Si oui, écrivez les commentaires du prestataire/vendeur	
E7. Observations ou remarques supplémentaires de l'enquêteur (S'il y en a)	

Enquêteur ou enquêtrice, remerciez le prestataire ou le vendeur et terminez l'entretien

Section II: Questionnaire pour le prestataire ou le vendeur

Enquêteur ou enquêtrice, avant de commencer à administrer le questionnaire du prestataire ou vendeur, assurez-vous que vous avez distribué et expliqué la fiche d'informations, et que vous avez obtenu le consentement de l'enquêté.

<p>P1. Enquêteur ou Enquêtrice: Ce point de vente est-il une formation sanitaire publique? 1 = Oui Allez à P3 0 = Non</p>	[]
<p>P2. Etes-vous le propriétaire de ce point de vente? 1 = Oui 0 = Non</p>	[]
<p>P3. Y compris vous-même (et le propriétaire, si vous ne l'êtes pas), combien de personnes travaillent ici ou avec vous? 998 = Ne sait pas</p>	[][][]
<p>P4. Parmi les membres du personnel de ce point de vente, y compris vous-même (et le propriétaire, si vous ne l'êtes pas), y a-t-il quelqu'un qui a terminé l'école secondaire? 1 = Oui Allez à P6 0 = Non 8 = Ne sait pas</p>	[]
<p>P5. Parmi les membres du personnel de ce point de vente, y compris vous-même (et le propriétaire, si vous ne l'êtes pas), y a-t-il quelqu'un qui a terminé l'école primaire? 1 = Oui 0 = Non Allez à P8 8 = Ne sait pas Allez à P8</p>	[]
<p>P6. Parmi les membres du personnel de ce point de vente, y compris vous-même (et le propriétaire, si vous ne l'êtes pas), y a-t-il quelqu'un qui a une formation de base dans le domaine de la santé? 1 = Oui 0 = Non Allez à P8 8 = Ne sait pas Allez à P8</p>	[]
<p>P7. Parmi les membres du personnel de ce point de vente, y compris vous-même (et le propriétaire, si vous ne l'êtes pas), combien ont les types suivants de formations en santé? (Enquêteur ou enquêtrice, lisez la liste. Inscrivez '00'; si la réponse est 'aucune.')</p>	
XII. Pharmacien	[][]
XIII. Technicien ou technicien en pharmacie	[][]
XIV. Assistant en pharmacie	[][]
XV. Médecin ou Etudiant en médecine	[][]
XVI. Infirmier, Infirmière ou Sage-femme	[][]
XVII. Vendeur en pharmacie	[][]
XVIII. Assistant de Santé	[][]
XIX. Gestionnaire en pharmacie	[][]
XX. Autre 1: spécifiez _____	[][]
XXI. Autre 2: spécifiez _____	[][]
XXII. Autre 3: spécifiez _____	[][]

Identité du PDV: [][]-[][][]-[][][][]-[][][][]-[][][][]

<p>P8. Parmi les membres du personnel de ce point de vente, combien prescrivent, donnent ou vendent des médicaments? (<i>Enquêteur ou Enquêtrice, vérifiez la réponse avec ce qui est enregistré à P3</i>) 998 = Ne sait pas</p>	<p>[][][]</p>
<p>P9. QUESTION DEPLACÉE PLUS BAS QUESTION N5 service</p>	

Connaissances de la Facilité des Médicaments Modernes Antipaludéens de Qualité et à des Prix Abordables (AMFm) et du traitement du paludisme par le prestataire ou vendeur

<p>P10. Avez-vous déjà vu ou entendu parler de ce symbole? (<i>Enquêteur ou Enquêtrice, montrez la fiche illustrative avec le logo de AMFm</i>) 1 = Oui 0 = Non allez à P13 8 = Ne sait pas allez à P13</p>	<p>[]</p>
<p>P11. Où avez-vous vu ou entendu parler de ce symbole avant? (<i>Enquêteur ou enquêtrice, ne lisez pas la liste. les réponses multiples sont permises. Répétez "Autre lieu ou médias?", jusqu'à ce que le répondant n'ait plus de réponses</i>). 1 = réponse donnée 0 = réponse non donnée</p>	
<p>XVIII. Sur l'emballage d'un médicament antipaludéen</p>	<p>[]</p>
<p>XIX. Sur l'emballage d'un médicament</p>	<p>[]</p>
<p>XX. Sur une affiche</p>	<p>[]</p>
<p>XXI. Sur un panneau d'affichage</p>	<p>[]</p>
<p>XXII. À la télévision ou à la radio</p>	<p>[]</p>
<p>XXIII. Sur une ordonnance</p>	<p>[]</p>
<p>XXIV. Dans un journal /un magazine</p>	<p>[]</p>
<p>XXV. Dans une pharmacie ou point de vente du médicament</p>	<p>[]</p>
<p>XXVI. Dans une clinique privée</p>	<p>[]</p>
<p>XXVII. Dans une formation sanitaire publique</p>	<p>[]</p>
<p>XXVIII. Lors d'une formation</p>	<p>[]</p>
<p>XXIX. Après d'un fournisseur</p>	<p>[]</p>
<p>XXX. Lors d'un événement ou manifestation public</p>	<p>[]</p>
<p>XXXI. Après d'une autorité locale</p>	<p>[]</p>
<p>XXXII. Après d'un ami ou membre de la famille</p>	<p>[]</p>
<p>XXXIII. Sur internet</p>	<p>[]</p>
<p>XXXIV. Ne sait pas</p>	<p>[]</p>
<p>XXXV. Autre (<i>spécifiez</i>): [_____] [_____] [_____]</p>	<p>[]</p>

Identité du PDV: [][]-[][][]-[][][][]-[][][][]-[][][][]

P12. Qu'est-ce que ce symbole signifie pour vous? (Enquêteur ou enquêtrice, ne lisez pas la liste. Les réponses multiples sont permises. Répétez « Rien d'autre », jusqu'à ce que le répondant n'ait plus de réponses). 1 = réponse donnée 0 = réponse non donnée		
X. Un médicament antipaludéen efficace et de qualité		[]
XI. Un médicament antipaludéen abordable		[]
XII. Un médicament antipaludéen populaire		[]
XIII. Un médicament efficace et de qualité		[]
XIV. Un médicament abordable		[]
XV. Un médicament populaire		[]
XVI. Il ne signifie rien		[]
XVII. Je ne sais pas ce qu'il signifie		[]
XVIII. Autre (<i>spécifiez</i>): [_____] [_____] [_____]		[]

P13. A votre avis, pour traiter le paludisme simple chez l'adulte, quel est le médicament moderne antipaludéen le plus efficace, parmi tous les produits qui se trouvent sur le marché? (Enquêteur ou Enquêtrice, le prestataire ou le vendeur peut citer le nom générique ou le nom de marque du produit. Demandez au prestataire ou vendeur de vous montrer le médicament, s'il l'a en stock).

Nom générique 98 = Ne sait pas	Nom de marque 995 = Pas de préférence 998 = Ne sait pas	Présentation 01 = Comprimé 02 = Suppositoire 03 = Sirop 04 = Suspension 05 = Liquide injectable 06 = Poudre injectable 07 = Granule 96 = Autre (<i>spécifiez</i>) 98 = Ne sait pas
		[]
N'écrivez pas ici []		Si "96," spécifiez _____

P14. A votre avis, pour traiter le paludisme **simple chez l'enfant de moins de 5 ans**, quel est le médicament moderne antipaludéen le plus **efficace**, parmi tous les produits qui se trouvent sur le marché? (**Enquêteur ou Enquêtrice, le prestataire ou le vendeur peut citer le nom générique ou le nom de marque. Demandez au prestataire ou vendeur de vous montrer le médicament, s'il l'a en stock**).

Nom générique	Nom de marque	Présentation	
98 = Ne sait pas	995 = Pas de préférence 998 = Ne sait pas	01 = Comprimé 02 = Suppositoire 03 = Sirop 04 = Suspension 05 = Liquide injectable	06 = Poudre injectable 07 = Granule 96 = Autre (spécifiez) 98 = Ne sait pas
		[][]	
N'écrivez pas ici [][]		Si "96," spécifiez _____	

P15. Veuillez me citer ou me dire, SVP, le médicament moderne antipaludéen de première intention recommandé par le gouvernement nigérien pour le traitement d'une fièvre du paludisme simple. (**Enquêteur ou Enquêtrice, ne lisez pas la liste. Une seule réponse est permise**).

- 01 = Artéméther Luméfantrine (Bimalarile ; Coartem ; Colart ; Lufanter ; Lumart ; Paluther ; Riamet) (**Enquêteur ou enquêtrice, si 01, allez à P16b**)
- 02 = Amodiaquine (Flavoquine ; Prosol)
- 03 = Artemether (Ametherdenk ; Artesiane)
- 05 = Artemisinine
- 06 = Artesunate (Arsumax ; Asunatdenk ; Plasmotrim)
- 07 = Artesunate Amodiaquine (Arsucam ; Artediam) (**Enquêteur ou enquêtrice, si 07, allez à p16a**)
- 08 = Chloroquine (Nivaquine ; Sipquin)
- 09 = Dihydroartémisinine Piperaquine (Coartemax ; Duo-cotexin ; Eurtequin ; Malacur)
- 10 = Halofantrine (Halfan)
- 11 = Mefloquine (Lariam)
- 12 = Quinine (Arsiquiniforme ; Quiniforme ; Quinimax ; Quinoral ; Surquina)
- 13 = Sulfadoxine Pyriméthamine (Fansidar ; Malareich ; Maloxine)
- 96 = Autre (**spécifiez**): _____
- 98 = Ne sait pas

[][]

P16a. Avez-vous déjà entendu parler de l'Artémether + Lumefantrine (Coartem)?

- 1 = Oui
- 0 = Non
- 8 = Ne sait pas

[][]

P16b. Avez-vous déjà entendu parler de Artesunate + Amodiaquine (Coarsucam)?

- 1 = Oui
- 0 = Non
- 8 = Ne sait pas

[][]

P17 Pourriez-vous me montrer, SVP, la gamme complète de médicaments modernes antipaludéens que vous avez en stock? Avez-vous un ou plusieurs des médicaments modernes antipaludéens suivants: (*Enquêteur ou Enquêtrice, lisez la liste entière en utilisant la fiche illustrative. Aucune réponse ne sera rapportée.*)

23. Artémether + Lumefantrine, par exemple COARTEM, RIAMET, LUMART, COLART
24. Combinaisons thérapeutiques à base d'artémisinine, par exemple ARSUCAM, ARSUDAR.
25. Artémisinine monothérapie, par exemple PALUTHER, ARSUMAX, ARTESIANE
26. Sulfadoxine pyriméthamine, par exemple FANSIDAR, MALOXINE
27. Amodiaquine, par exemple FLAVOQUINE, CAMOQUIN, SIPOQUINE
28. Quinine, par exemple SULFATE DE QUININE, QUININE RESORCINE, ARSIQUINIFORME
29. Mefloquine, par exemple LARIAM
30. Chloroquine, par exemple NIVAQUINE, ARALEN, RESOCHIN
31. Dihydroartémisine-Piperaquine par exemple DUO-COTEXIN, MALACUR, COARTEMAX
32. Méfloquine + Sulfadoxine + pyriméthamine par exemple FANSIMEF
33. Atovaquone + Proganil par exemple MALARONE
34. Chlorproganil + Dapsone par exemple LAPDAP
35. Proganil + Chloroquine SAVARINE
36. Halofantrine par exemple HALFAN
37. Artésunate par exemple ARSUMAX
38. Proganil par exemple PALUDRINE
39. Pyriméthamine par exemple MALOCIDE, DARAPRIM
40. Lumefantrine par exemple LUMEFANTRINE CP
41. Sirops ou suspensions, par exemple NIVAQUINE SIROP, HALFAN SUSPENSION BUVABLE, CAMOQUIN, COARTESIANE
42. Injectables, par exemple QUINIMAX, PALUTHER, NIVAQUINE, QUINIFORME
43. Suppositoires par exemple QUININE SUPPO, ARTEMETHER SUPPO, ARTESIANE SUPPO, PLASMOTRIM
44. Granules ou poudres, par exemple GRANUDOXY, TOLEXINE, DARTE-Q GRANULE

(Enquêteur ou Enquêtrice, si le point de vente a au moins un médicament moderne antipaludéen en stock, alors procédez à l'audit des différents médicaments en remplissant les fiches ci-dessous de la Section III, mais, si le point de vente n'a aucun médicament moderne antipaludéen en stock, allez à P23)

Section III. Fiches d'audit de médicaments modernes antipaludéens

Enquêteur ou Enquêtrice, procédez à l'audit de médicaments modernes antipaludéens. Différentes fiches d'audit de médicaments modernes antipaludéens seront utilisées, pour décrire les informations des médicaments modernes antipaludéens selon la forme sous laquelle ils se présentent.

Triez tous les médicaments modernes antipaludéens en deux (2) groupes:

- dans le premier (1^{er}) groupe, rassemblez tous les médicaments modernes antipaludéens qui se présentent sous la forme de comprimés, suppositoires ou granulés. Utilisez la Fiche d'audit de médicaments modernes antipaludéens en comprimés, suppositoires et granulés, pour noter leurs informations.

- dans le deuxième (2^{ème}) groupe, rassemblez tous les médicaments modernes antipaludéens qui se présentent sous une autre forme que les comprimés, suppositoires ou granulés. Utilisez la Fiche d'audit de médicaments modernes antipaludéens autres que les comprimés, suppositoires et granules c'est-à-dire sous la forme de sirops, de suspensions et d'injectables, pour noter leurs informations.

Joignez des fiches additionnelles à la fin du questionnaire, si nécessaire.

Numérotez chaque produit audité, séquentiellement, en lui donnant un numéro de produit.

Numérotez chaque fiche remplie, séquentiellement, dans l'espace fourni au bas de chaque fiche d'audit

Numéro de produit [] [] [] [] [] [] [] [] [] [] [] []	[] [] [] [] [] []	1. Nom générique _____ _____ _____ N'écrivez pas ici [] []		2. Dosage [] [] [] [], [] mg [] [] [] [], [] mg [] [] [] [], [] mg		2a.Est-ce la base? [] 1=Oui [] 0=Non [] 8=Ne sait pas Si non, spécifiez l'excipient _____		3. Présentation 1 = Comprimé 2 = Suppositoire 3 = Granule []		4. Nom de marque _____		5. Fabricant _____		6. Pays de fabrication _____	
		N'écrivez pas ici [] []		N'écrivez pas ici [] [] [] []		N'écrivez pas ici [] [] [] []		N'écrivez pas ici [] [] [] []		N'écrivez pas ici [] [] [] []		N'écrivez pas ici [] [] [] []			
7. Taille de l'emballage <i>(Inscrivez le nombre)</i> Il y a un total de [] [] [] [] comprimés, suppositoires, ou paquets de granules dans chaque (sélectionnez le type d'emballage): 1 =Paquet 2 = Pot ou boîte []		8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non 8 = Ne sait pas []		9. Ce produit a-t il le logo de l'AMFm? 1 = Oui 0 = Non []		10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels <i>(inscrivez le nombre de paquets / boites décrits à 7, OU écrivez le nombre total de comprimés, suppositoires ou de paquets de granules vendus)</i> Ce point de vente a vendu [] [] [] [] paquets au cours des 7 derniers jours ou Ce point de vente a vendu [] [] [] [] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours Non applicable = 995 ; Refus = 997 ; Ne sait pas = 998		11. Prix de vente en détail [] [] [] [] [] comprimés, suppositoires ou paquets de granules coûtent au client individuel [] [] [] [] [] [] FCFA Gratuit = 00000; Refus = 99997 ; Ne sait pas = 99998		12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [] [] [] [] [] [] comprimés, suppositoires ou paquets de granules coûtent [] [] [] [] [] [] FCFA Gratuit = 00000; Refus = 99997 ; Ne sait pas = 99998		13. Commentaires _____ _____ _____			

METTEZ DE COTE TOUS LES CTAQG

METTEZ DE COTE TOUS LES CTAQG

Fiche d'audit de médicaments en comprimés, suppositoires ou granules [] [] sur un total de [] []

Numéro de produit [] [] []	[] [] []	1. Nom générique	2. Dosage	2a.Est-ce la base?	3. Présentation	4. Nom de marque	5. Fabricant	6. Pays de fabrication
		N'écrivez pas ici [] []			[] 1=Oui [] 0=Non [] 8=Ne sait pas Si non, spécifiez l'excipient [] [] [] []	1 = Comprimé 2 = Suppositoire 3 = Granule []	N'écrivez pas ici [] [] []	N'écrivez pas ici [] [] []
7. Taille de l'emballage <i>(Inscrivez le nombre)</i> Il y a un total de [] [] [] [] comprimés, suppositoires, ou paquets de granules dans chaque (sélectionnez le type d'emballage): 1 =Paquet 2 = Pot ou boîte []	8. Ce produit est-il une combinaison thérapeutique à dose fixe? 1 = Oui 0 = Non 8 = Ne sait pas []	9. Ce produit a-t il le logo de l'AMFm? 1 = Oui 0 = Non []	10. Quantité vendue ou distribuée au cours des 7 derniers jours aux consommateurs individuels <i>(inscrivez le nombre de paquets / boites décrits à 7, OU écrivez le nombre total de comprimés, suppositoires ou de paquets de granules vendus)</i> Ce point de vente a vendu [] [] [] paquets au cours des 7 derniers jours ou Ce point de vente a vendu [] [] [] comprimés, suppositoires ou paquets de granules au cours des 7 derniers jours Non applicable = 995 ; Refus = 997 ; Ne sait pas = 998	11. Prix de vente en détail [] [] [] [] comprimés, suppositoires ou paquets de granules coûtent au client individuel [] [] [] [] FCFA Gratuit = 00000; Refus = 99997 ; Ne sait pas = 99998	12. Prix d'achat en gros Lors de l'achat en gros le plus récent du point de vente [] [] [] [] comprimés, suppositoires ou paquets de granules coûtent [] [] [] [] FCFA Gratuit = 00000; Refus = 99997 ; Ne sait pas = 99998	13. Commentaires 		

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<p>P18. (Enquêteur ou Enquêtrice: Y a-t-il des CTA de Qualité Garantie (CTAQG) parmi les médicaments modernes antipaludéens recensés dans les fiches d'audit) ? 1 = Oui (Rassemblez et mettez ensemble les échantillons de tous les produits CTAQG qui sont actuellement en stock). 0 = Non Allez à P23</p>	[]																									
<p>Enquêteur ou Enquêtrice: Les questions suivantes sont destinées aux points de vente qui ont au moins un CTAQG en stock</p>																										
<p>P19. Au cours des sept (7) derniers jours, avez-vous connu une rupture de stock de <u>tous</u> ces médicaments modernes antipaludéens, (montrez tous les médicaments modernes antipaludéens CTAQG rassemblés), au même moment, pendant au moins une (1) journée? 1 = Oui 0 = Non allez à P21 7 = Refus allez à P21 8 = Ne sait pas allez à P21</p>	[]																									
<p>P20. Au moment où vous étiez en rupture de stock de tous ces médicaments modernes antipaludéens, (Enquêteur ou Enquêtrice, montrez tous les médicaments modernes antipaludéens CTAQG rassemblés), est-ce que vous aviez eu un (1) de ces produits en stock? (Enquêteur ou Enquêtrice, montrez la fiche illustrative des CTA de qualité garantie). 1 = Oui, spécifiez [_____] [_____] [_____] 0 = Non 7 = Refus 8 = Ne sait pas</p>	[]																									
<p>P21. Veuillez me spécifier, SVP, le schéma de traitement du paludisme simple chez un adulte (60kg) pour un (1) de ces médicaments modernes antipaludéens, que vous aurez choisi (Enquêteur ou Enquêtrice, montrez tous les médicaments modernes antipaludéens CTAQG rassemblés)?(Lisez les trois (3) questions suivantes au prestataire ou vendeur): 95 = Non applicable. Je ne donnerais ou ne vendrais aucun de ces médicaments à un adulte 98 = Ne sait pas</p> <p>X. Combien de comprimés à la fois? [][]:[][][] XI. Combien de fois par jour? [][][] XII. Pendant combien de jours? [][][]</p> <p>(Enquêteur ou enquêtrice, inscrivez les renseignements suivants à partir de l'emballage du médicament moderne antipaludéen CTAQG choisi par le prestataire ou le vendeur).</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;">Nom générique</th> <th style="width: 20%;">Dosage</th> <th style="width: 20%;">Nom de marque</th> <th style="width: 20%;">Fabricant</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[][]</td> <td>_____</td> <td>[][][]:[][]mg</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">[][]</td> <td>_____</td> <td>[][][]:[][]mg</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">[][]</td> <td>_____</td> <td>[][][]:[][]mg</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">N'écrivez pas ici [][][]</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Nom générique	Dosage	Nom de marque	Fabricant	[][]	_____	[][][]:[][]mg			[][]	_____	[][][]:[][]mg			[][]	_____	[][][]:[][]mg				N'écrivez pas ici [][][]			
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Identité du PDV: [][]-[][][]-[][][]-[][][][]-[][][][]

P22. Veuillez me spécifier, SVP, le schéma de traitement du paludisme simple chez un enfant de moins de deux ans (10kg), pour un (1) de ces médicaments modernes antipaludéens, que vous aurez choisi (**Enquêteur ou enquêtrice, montrez tous les médicaments modernes antipaludéens CTAQG rassemblés**)? (**Lisez les trois (3) questions suivantes au prestataire ou vendeur**):

95 = Non applicable. Je ne donnerais ou ne vendrais aucun de ces médicaments a un enfant

98 = Ne sait pas

IV. Combien de comprimés à la fois? [][][][]

V. Combien de fois par jour? [][][]

VI. Pendant combien de jours? [][][]

(Enquêteur ou Enquêtrice, inscrivez les renseignements suivants à partir de l'emballage du médicament moderne antipaludéen CTAQG choisi par le prestataire)

	Nom générique	Dosage	Nom de marque	Fabricant
[][]	_____	[][][][].[][]mg		
[][]	_____	[][][][].[][]mg		
[][]	_____	[][][][].[][]mg		
	N'écrivez pas ici [][][]			



Allez à N1

Enquêteur ou Enquêtrice: Les questions suivantes sont destinées aux points de vente qui N'ONT PAS de CTAQG en stock

P23. Avez-vous stocké un (1) de ces médicaments modernes antipaludéens (**Enquêteur ou enquêtrice, montrez la fiche illustrative des CTA de Qualité Garantie**) au cours des quatre (4) dernières semaines?

1 = Oui, **spécifiez** [_____]

[_____]

[_____]

0 = Non

[][]

Identité du PDV: [][]-[][][][]-[][][][]-[][][][]-[][][][]

P24. Quelles sont les raisons pour lesquelles vous ne stockez pas ces médicaments modernes antipaludéens (aujourd'hui ou au cours des 4 dernières semaines) (**Enquêteur ou enquêtrice montrez la fiche illustrative des CTA de Qualité Garantie**)?(**Ne lisez pas la liste. Les réponses multiples sont permises. Répétez « autre raison?» jusqu'à ce que vous ne receviez plus de réponses**).

1 = Réponse donnée
0 = Pas de réponse donnée

XI.	Ils sont trop chers	[]
XII.	Ils ne sont pas profitables	[]
XIII.	Ce point de vente n'est pas autorisé à les vendre	[]
XIV.	Ils ont trop d'effets secondaires	[]
XV.	Ils ne sont pas efficaces	[]
XVI.	Ils ne sont pas disponibles chez mes fournisseurs	[]
XVII.	Mes clients ne les demandent pas	[]
XVIII.	Je ne connais pas ces médicaments	[]
XIX.	Je suis en rupture de stock temporaire	[]
XX.	Autre 1: (Spécifiez): []	[]
XXI.	Autre 2: (Spécifiez): []	[]
XII,	Autre 3: (Spécifiez): []	[]

Enquêteur ou enquêtrice, les questions suivantes sont destinées à tous les points de vente

N1 Avez-vous entendu parler du programme qui subventionne les médicaments antipaludéens appelés CTA?

1 = Oui
0 = Non **Allez à N3**
8 = Ne sait pas **Allez à N3**

[]

Identité du PDV: []-[]

<p>N2. Comment avez-vous entendu parler de ce programme? (<i>Enquêteur ou enquêtrice, Ne lisez pas la liste. Les réponses multiples sont permises. Répétez « rien d'autre? » jusqu'à ce que vous ne receviez plus de réponses</i>)</p> <p>1 = réponse donnée 0 = réponse non donnée</p> <ul style="list-style-type: none">I. Sur l'emballage des médicaments antipaludéensII. Sur l'emballage des médicamentsIII. Sur des postersIV. Sur des panneaux d'affichagesV. A la TV/radioVI. Sur une ordonnanceVII. Dans les journaux/magazinesVIII. Dans des pharmacies/magasins de médicamentsIX. Dans des cliniques privéesX. Dans des établissements publics de santéXI. En formationXII. D'un fournisseur (inclut les visiteurs médicaux)XIII. D'un événement publicXIV. D'un leader localXV. D'un ami/un membre de la familleXVI. De message SMSXVII. Sur internetXVIII. Ne sait pasXIX. Autres (<i>spécifiez</i>) <p>[_____]</p> <p>[_____]</p> <p>[_____]</p>	<p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p> <p>[]</p>
<p>N3. Y a-t-il des prix au détail maximum/recommandés pour les médicaments antipaludéens avec ce symbole? (<i>Enquêteur ou enquêtrice Montrez la fiche illustrative avec le logo de AMFm</i>)</p> <p>1= Oui 0 = Non allez à N5 8 = Ne sait pas allez à N5</p>	<p>[]</p>

<p>N4. Quel est le prix de détail maximum/recommandé pour une dose adulte? 9998 = Ne sait pas</p>	<p>[][][][] FCFA</p>
<p>N5. Est-ce que quelqu'un dans ce point de vente a suivi une formation sur le traitement du paludisme durant les 12 derniers mois? Incluez les pré-services et les groupes de travail autonome 1 = Oui 0 = Non 8 = Ne sait pas</p>	<p>[][]</p>
<p>N6. Est-ce que quelqu'un dans ce point de vente a suivi une formation sur les médicaments antipaludéens avec ce symbole? (Enquêteur ou enquêtrice Montrez la fiche illustrative avec le logo de AMFm) 1 = Oui 0 = Non 8 = Ne sait pas</p>	<p>[][]</p>
<p>N7. Enquêteur ou Enquêtrice: Ce point de vente est-il une formation sanitaire publique? 1 = Oui 0 = Non Allez à P25</p>	<p>[][]</p>
<p>Enquêteur ou enquêtrice: Les questions suivantes sont destinées aux formations sanitaires publiques.</p>	
<p>N8. Au cours des 6 mois derniers, cette formation sanitaire publique a-t-elle acheté des antipaludéens avec ce symbole soit de l'ONPPC ou d'une Pharmacie Populaire? (Enquêteur ou enquêtrice: Montrez la fiche illustrative avec le logo de AMFm) 1 = Oui Allez à N10 0 = Non 8 = Ne sait pas Allez à N10</p>	<p>[][]</p>
<p>N9. Quelles sont les raisons principales pour ne pas acheter des antipaludéens avec ce symbole soit de l'ONPPC ou d'une Pharmacie Populaire? (Enquêteur ou enquêtrice: Ne lisez pas la liste, les réponses multiples sont permises. Répétez « Autre raison?», jusqu'à ce que le répondant n'ait plus de réponses). 1 = réponse donnée 0 = réponse non donnée</p>	
<p align="center">I. N'a pas eu besoin/ n'a pas connu de rupture de stock</p>	<p>[][]</p>
<p align="center">II. A acheté plutôt du secteur privé</p>	<p>[][]</p>
<p align="center">III. N'a pas le droit d'acheter de l'ONPPC ou d'une Pharmacie Populaire</p>	<p>[][]</p>
<p align="center">IV. Médicaments pas disponibles</p>	<p>[][]</p>
<p align="center">V. Trop cher/ n'avait pas assez d'argent</p>	<p>[][]</p>
<p align="center">VI. Trop lent</p>	<p>[][]</p>
<p align="center">VII. Ne sait pas</p>	<p>[][]</p>
<p align="center">VIII. Autres (specifiez):</p> <p align="center">[][][][][][][][]</p> <p align="center">[][][][][][][][]</p> <p align="center">[][][][][][][][]</p>	<p>[][]</p>
<p>N10. En cours des 6 mois derniers, cette formation sanitaire publique a-t-elle acheté des antipaludéens avec ce symbole d'une source du secteur privé, telle qu'un grossiste privé, une pharmacies privée, ou un dépôt pharmaceutique? (Enquêteur ou enquêtrice: Montrez la fiche illustrative avec le logo de AMFm) 1 = Oui Allez à N12 0 = Non</p>	<p>[][]</p>

Identité du PDV: [][]-[][][]-[][][]-[][][]-[][][]

8 = Ne sait pas Allez à P25	
N11. Quelles sont les raisons principales pour ne pas acheter des antipaludéens avec ce symbole d'une source du secteur privé, telle qu'un grossiste privé, une pharmacie privée, ou un dépôt pharmaceutique? (Enquêteur ou enquêtrice: Montrez la fiche illustrative avec le logo d'AMFm. Ne lisez pas la liste, les réponses multiples sont permises. Répétez « Autre raison?», jusqu'à ce que le répondant n'ait plus de réponses.) 1 = réponse donnée 0 = réponse non donnée	
I. N'a pas eu besoin/n'a pas connu de rupture de stock	[]
II. A acheté plutôt du secteur privé	[]
III. N'a pas le droit d'acheter de l'ONPPC ou d'une Pharmacie Populaire	[]
IV. Médicaments pas disponibles	[]
V. Trop cher/n'a pas assez d'argent	[]
VI. Trop lent	[]
VII. Ne sait pas	[]
IX. Autres (specifiez): [] [] [] allez à P25	[]
N12. Quelles sont les principales raisons d'acheter des antipaludéens avec ce symbole d'une source du secteur privé, telle qu'un grossiste privé, une pharmacie privée, ou un dépôt pharmaceutique? (Enquêteur ou enquêtrice: Montrez la fiche illustrative avec le logo d'AMFm. Ne lisez pas la liste, les réponses multiples sont permises. Répétez « Autre raison?», jusqu'à ce que le répondant n'ait plus de réponses.) 1 = réponse donnée 0 = réponse non donnée	
I. Disponibilité des médicaments	[]
II. Prix	[]
III. Vitesse	[]
IV. Convenance	[]
V. N'a pas le droit d'acheter d'autres sources/ ne connaît pas d'autres sources	[]
VI. Ne sait pas	[]
VII. Autres (specifiez): [] [] []	[]

Les Tests de Diagnostic du Paludisme (Diagnostics Rapides et au Microscope)

P25. Le dépistage par microscope du paludisme est-il disponible ici aujourd'hui au niveau de votre point de vente? 1 = Oui 0 = Non Allez à P29	[]
--	-----

Identité du PDV: [][]-[][][][]-[][][][]-[][][][]-[][][][]

8 = Ne sait pas <i>Allez à P29</i>	
P26. Pour un adulte, combien est-ce que vous faites payer pour un (1) examen du dépistage du paludisme au microscope effectué au niveau de votre point de vente? 0000 = S'il est gratuit 9998 = Ne sait pas	[][][][][][]FCFA
P27. Pour un enfant de moins de cinq (5) ans, combien est-ce que vous faites payer pour un (1) examen de dépistage du paludisme au microscope effectué au niveau de votre point de vente? (<i>Enquêteur ou enquêtrice, si le prix est le même pour les adultes et les enfants, copiez le prix de la question précédent</i>). 0000 = S'il est gratuit 9998 = Ne sait pas	[][][][][][]FCFA
P28. Combien d'examens microscopiques pour le dépistage du paludisme est-ce que vous avez fait au cours des sept (7) derniers jours au niveau de votre point de vente? 9998 = Ne sait pas	[][][][][][]
P29. Les Kits de Test de Diagnostic Rapide (TDR) du paludisme sont-ils disponibles ici aujourd'hui au niveau de votre point de vente? 1 = Oui 0 = Non <i>Allez à la section V: Fiche de dépistage de l'audit</i> 8 = Ne sait pas <i>Allez à la section V: Fiche de dépistage de l'audit</i>	[][]
P30. Pourriez-vous nous montrer, SVP, la gamme complète des Kits de Test de Diagnostic Rapide (TDR) du paludisme que vous avez en stock? Avez-vous un (1) ou plusieurs des tests suivants: (<i>Enquêteur ou enquêtrice Lisez la liste. Aucune réponse ne sera rapportée</i>). 9. Para- Sight F 10. ICT MALARIA PF 11. CORE MALARIA 12. KAT QUICK MALARIA 13. NOW ICT MALARIA FP/Pv 14. OPTIMAL – IT 15. PLUTOP- 4 16. HEXAGON MALARI	

Section IV: Fiches d'audit des Tests de Diagnostic Rapide (TDR) du Paludisme

Enquêteur ou Enquêtrice, procédez à l'audit des TDR. Joignez des fiches additionnelles à la fin du questionnaire, si nécessaire. Numérotez chaque fiche remplie séquentiellement dans l'espace fourni au bas de chaque fiche d'audit.

Numéro de produit [][][]	1. Nom de marque	2. Fabricant	3. Pays de fabrication	4. Quantité vendue, distribuée ou utilisée au cours des 7 derniers jours à des clients individuels <i>(Ecrivez le nombre total de kits de test)</i> Ce point de vente a vendu ou distribué [][][][] tests au cours des 7 derniers jours Refus = 9997 ; Ne sait pas = 9998	5. Prix de vente en détail pour les adultes Pour 1 test, vous demandez [][][][][]FCFA Gratuits = 00000 ; Refus = 99997 ; Ne sait pas = 99998	6. Prix de vente en détail pour les enfants de moins de cinq ans Pour 1 test, vous demandez [][][][][]FCFA Si le prix est le même pour les adultes et les enfants, copiez le prix de la question précédent. Gratuits = 00000 ; Refus = 99997 ; Ne sait pas = 99998	7. Prix de vente en gros Lors de l'achat en gros le plus récent du point de vente: [][][][][] kits de test coûtent [][][][][]FCFA Gratuit = 00000 ; Refus = 99997 ; Ne sait pas = 99998	8. Commentaires
	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]					

Numéro de produit [][][]	1. Nom de marque	2. Fabricant	3. Pays de fabrication	4. Quantité vendue, distribuée ou utilisée au cours des 7 derniers jours à des clients individuels <i>(Ecrivez le nombre total de kits de test)</i> Ce point de vente a vendu ou distribué [][][][] tests au cours des 7 derniers jours Refus = 9997 ; Ne sait pas = 9998	5. Prix de vente en détail pour les adultes Pour 1 test, vous demandez [][][][][]FCFA Gratuits = 00000 ; Refus = 99997 ; Ne sait pas = 99998	6. Prix de vente en détail pour les enfants de moins de cinq ans Pour 1 test, vous demandez [][][][][]FCFA Si le prix est le même pour les adultes et les enfants, copiez le prix de la question précédent. Gratuits = 00000 ; Refus = 99997 ; Ne sait pas = 99998	7. Prix de vente en gros Lors de l'achat en gros le plus récent du point de vente: [][][][][] kits de test coûtent [][][][][]FCFA Gratuit = 00000 ; Refus = 99997 ; Ne sait pas = 99998	8. Commentaires
	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]	N'écrivez pas ici [][][]					

Fiche d'audit des TDR [][][] sur un total de [][][]

Section V: Fiche de dépistage ou de vérification ou de contrôle des fiches d'audit

(Enquêteur ou enquêtrice, faites la vérification et le contrôle des différentes fiches d'audit que vous avez remplies)

A1. Nombre total de fiches d'audit de médicaments modernes antipaludéens sous forme de comprimés, de suppositoires et de granules remplies.	[_ _ _ _]
A1a. Nombre total de produits ou de médicaments modernes antipaludéens sous forme de comprimés, de suppositoires et de granules inventoriés dans les différentes fiches d'audit remplies pour ces produits.	[_ _ _ _]

A2. Nombre total de fiches d'audit de médicaments modernes antipaludéens sous une forme autre que les comprimés, les suppositoires, et les granules remplies (médicaments sous forme de sirops, de suspensions et d'injectables).	[_ _ _ _]
A2a. Nombre total de produits ou de médicaments modernes antipaludéens sous une forme autre que les comprimés, suppositoires et granules inventoriés (sirops, suspensions et injectables) inventoriés dans les différentes fiches d'audit remplies pour ces produits.	[_ _ _ _]

A3. Nombre total de fiches d'audit de Kits de Test de Diagnostic Rapide (TDR) du paludisme remplies.	[_ _ _ _]
A3a. Nombre total de produits de kits de Tests de Diagnostic Rapide (TDR) du Paludisme inventoriés dans les fiches d'audit remplies pour ces produits.	[_ _ _ _]

Enquêteur ou Enquêtrice, allez à C9 pour enregistrer le résultat de l'entretien et puis allez à la Section VI Fin de l'entretien

Appendix I: ACTs classified as quality assured at baseline and endline

Key indicators for the Independent Evaluation of AMFm measure the price, availability and market share of quality-assured ACTs (QAACTs). A QAACT is defined as any ACT that meets the quality-assurance policy of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). According to this policy, a quality-assured product must be WHO pre-qualified and/or authorized for marketing by a Stringent Drug Regulatory Authority. Products that have not yet been WHO pre-qualified or approved by a Stringent Drug Regulatory Authority must be evaluated and recommended for use by an independent panel of technical experts hosted by the World Health Organization's Department for Essential Medicines and Pharmaceutical Policies (The Global Fund 2010).

The list of antimalarials that complies with the quality-assurance policy varies over time. Consequently, an operational definition that would establish a fixed list of QAACTs was adopted for the purpose of the Independent Evaluation outlet surveys as follows: a QAACT is any ACT that appeared on the Global Fund's Indicative List of antimalarials meeting the Global Fund's quality assurance policy as of June 2010 for the baseline surveys and as of September 2011 for the endline surveys⁸, or which previously had C-status in an earlier Global Fund quality assurance policy and was used in a program supplying subsidized ACTs.

The Global Fund provided the Independent Evaluator with the June 2010 and September 2011 indicative lists of antimalarials that met the quality-assurance policy. Since brand names are not pre-qualified by WHO or registered when recommended by the Expert Review Panel, the Independent Evaluator contacted each manufacturer on the list to get details on all of the brand names used for each product appearing on the list and produced at the approved manufacturing site. In addition, quality-assured products are often re-packaged and re-branded for use in domestic social marketing or subsidy programs. Details on the brand names used for in-country marketing programs were compiled by contacting national authorities or the organization involved in the marketing campaign (e.g., PSI and MENTOR).

Table I.1 shows the list of ACTs that were designated as Quality-Assured ACTs at both baseline and endline. Table I.2 shows the list of ACTs that were designated as Quality-Assured ACTs at endline only. The additional products considered to be QAACTs at endline only are either new brand names for products that were introduced as part of AMFm in Kenya and Nigeria or a product manufactured at a site that became pre-qualified after June 2010, but before September 2011. Table I.3 shows the list of ACTs that were designated as Quality-Assured ACTs at baseline only. These products no longer satisfied the Global Fund's Quality Assurance policy at the time of endline surveys, as their ERP-approval expired in the period between baseline and endline data collection.

⁸ Refer to <http://www.theglobalfund.org/en/procurement/quality/pharmaceutical/#General> for the most up to date list.

For the availability, price, markup and market-share indicators, products were classified as quality-assured ACTs only if the brand name, generic name, strength, manufacturer and country of manufacturer matched one of the entries in Table I.1 or Table I.2 for the endline survey and in Table I.1 or Table I.3 for the baseline survey.

For the stockout indicator, a prompt card showing photographs of the ACTs classified as quality-assured was used so the interviewer and respondent could identify QAACTs in stock during the survey visit or in stock in the previous four weeks. Photographs of QAACTs used for social marketing/subsidy programs were not included in the prompt card unless the country in which data collection took place had a social marketing or subsidy program which used a QAACT.

Table I.1 Products that were classified as Quality-Assured ACTs at both baseline and endline

Brand Name	Generic Name	Strength	Manufacturer	Country of manufacture	Package Size (tablets per pack)	FDC	Notes
ACT WITH A LEAF 4 MONTHS TO <3 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6 or 30	Yes	Repackaged by PSI for distribution in Uganda
ACT WITH A LEAF 3 YEARS TO <7 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	12 or 60	Yes	Repackaged by PSI for distribution in Uganda
ACT WITH A LEAF 7 YEARS TO <12 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	18 or 90	Yes	Repackaged by PSI for distribution in Uganda
ACT WITH A LEAF 12 YEARS AND ABOVE	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	24 or 120	Yes	Repackaged by PSI for distribution in Uganda
ACTIPAL	ARTESUNATE + AMODIAQUINE	25mg + 67.5mg	SANOFI AVENTIS or MAPHAR	Morocco	3	Yes	C-status product. Repackaged by PSI for distribution in Madagascar
ACTIPAL	ARTESUNATE + AMODIAQUINE	50mg + 135mg	SANOFI AVENTIS or MAPHAR	Morocco	3	Yes	C-status product. Repackaged by PSI for distribution in Madagascar
ACTIPAL	ARTESUNATE + AMODIAQUINE	50mg + 153mg	STRIDES ARCO LABS	India	6	No	C-status product. Repackaged by PSI for distribution in Madagascar
ARTEQUIN 600/1500	ARTESUNATE + MEFLOQUINE	200mg + 250mg	MEPHA	Switzerland	9	No	Not included on the prompt card used for the stockout indicator at baseline.

Table I.1 Products that were classified as Quality-Assured ACTs at both baseline and endline

Brand Name	Generic Name	Strength	Manufacturer	Country of manufacture	Package Size (tablets per pack)	FDC	Notes
ARSUAMOON 1-6 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 150mg	GUILIN PHARMACEUTICAL CO. LTD	China	6 or 150	No	
ARSUAMOON 7-13 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 150mg	GUILIN PHARMACEUTICAL CO. LTD	China	12 or 300	No	
ARSUAMOON ADULTS	ARTESUNATE + AMODIAQUINE	50mg + 150mg	GUILIN PHARMACEUTICAL CO. LTD	China	24 or 600	No	
ARTEFAN 20/120 5-14KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	AJANTA PHARMA LTD	India	6 or 180	Yes	
ARTEFAN 20/120 15-24KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	AJANTA PHARMA LTD	India	12 or 360	Yes	
ARTEFAN 20/120 25-34KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	AJANTA PHARMA LTD	India	18 or 540	Yes	
ARTEFAN 20/120 35+ KG ADULTS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	AJANTA PHARMA LTD	India	24 or 720	Yes	
ARTEMETHER + LUMEFANTRINE <3 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	IPCA LABORATORIES LTD	India	6, 60 or 180	Yes	
ARTEMETHER + LUMEFANTRINE 3-8 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	IPCA LABORATORIES LTD	India	12,120, or 360	Yes	

Table I.1 Products that were classified as Quality-Assured ACTs at both baseline and endline							
Brand Name	Generic Name	Strength	Manufacturer	Country of manufacture	Package Size (tablets per pack)	FDC	Notes
ARTEMETHER + LUMEFANTRINE 9-14 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	IPCA LABORATORIES LTD	India	18, 180, or 540	Yes	
ARTEMETHER + LUMEFANTRINE >14 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	IPCA LABORATORIES LTD	India	24, 240, or 720	Yes	
ARTESUNATE + AMODIAQUINE CHILD 1-6 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 153mg	IPCA LABORATORIES LTD	India	6 or 60	No	
ARTESUNATE + AMODIAQUINE JUNIOR 7-13 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 153mg	IPCA LABORATORIES LTD	India	12 or 120	No	
ARTESUNATE + AMODIAQUINE ADULT	ARTESUNATE + AMODIAQUINE	50mg + 153mg	IPCA LABORATORIES LTD	India	24 or 240	No	
COARSUCAM INFANT 2-11 MONTHS	ARTESUNATE + AMODIAQUINE	25mg + 67.5mg	SANOFI AVENTIS or MAPHAR	Morocco	3 or 75	Yes	
COARSUCAM TODDLER 1-5 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 135mg	SANOFI AVENTIS or MAPHAR	Morocco	3 or 75	Yes	
COARSUCAM CHILD 6-13 YEARS	ARTESUNATE + AMODIAQUINE	100mg + 270mg	SANOFI AVENTI or MAPHAR	Morocco	3 or 75	Yes	
COARSUCAM ADULT +14 YEARS	ARTESUNATE + AMODIAQUINE	100mg + 270mg	SANOFI AVENTI or MAPHAR	Morocco	6 or 150	Yes	

Table I.1 Products that were classified as Quality-Assured ACTs at both baseline and endline							
Brand Name	Generic Name	Strength	Manufacturer	Country of manufacture	Package Size (tablets per pack)	FDC	Notes
COARTEM 20/120 5-15 KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6, 30 or 180	Yes	
COARTEM 20/120 15-25 KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	12, 60 or 360	Yes	
COARTEM 20/120 25-35 KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	18, 90 or 540	Yes	
COARTEM 20/120	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6, 24, 216, 720	Yes	
COARTEM DISPERSIBLE 5-15KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	USA	6 or 180	Yes	
COARTEM DISPERSIBLE 15-25KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	USA	12 or 360	Yes	
COARTEM DISPERSIBLE 25-35KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	USA	18 or 540	Yes	
COARTEM DISPERSIBLE	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	USA	6 or 216	Yes	
COARTEM E FIXE 5-15KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6	Yes	Distributed by MENTOR in Angola
COARTEM E FIXE 15-25KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	12	Yes	Distributed by MENTOR in Angola

Table I.1 Products that were classified as Quality-Assured ACTs at both baseline and endline

Brand Name	Generic Name	Strength	Manufacturer	Country of manufacture	Package Size (tablets per pack)	FDC	Notes
COARTEM E FIXE DISPERSIBLE 5-15KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6	Yes	Distributed by MENTOR in Angola
COARTEM E FIXE DISPERSIBLE 15-25KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	12	Yes	Distributed by MENTOR in Angola
DAWA MSETO YA MALARIA ALU	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6, 12, 18, 24	Yes	Repackaged by PSI for distribution in TZ
FALCIMON KIT YOUNG CHILDREN UP TO 6 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 153mg	CIPLA PHARMA LTD	India	6	No	
FALCIMON KIT CHILDREN 7-13 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 153mg	CIPLA PHARMA LTD	India	12	No	
FALCIMON KIT ADULTS	ARTESUNATE + AMODIAQUINE	50mg + 153mg	CIPLA PHARMA LTD	India	24	No	
LA COARTEM	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6, 12	Yes	Repackaged by PSI for distribution in Malawi
LARIMAL CHILD 1-6 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 153mg	IPCA LABORATORIES LTD	India	6	No	
LARIMAL JUNIOR 7-13 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 153mg	IPCA LABORATORIES LTD	India	12	No	
LARIMAL ADULT 14+ YEARS	ARTESUNATE + AMODIAQUINE	50mg + 153mg	IPCA LABORATORIES LTD	India	24	No	

Table I.1 Products that were classified as Quality-Assured ACTs at both baseline and endline							
Brand Name	Generic Name	Strength	Manufacturer	Country of manufacture	Package Size (tablets per pack)	FDC	Notes
LUMERAX	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	IPCA LABORATORIES LTD	India	24	Yes	
LUMARTEM 5KG TO <15KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	6 or 180	Yes	
LUMARTEM 15 TO <25KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	12 or 360	Yes	
LUMARTEM 25 TO <35KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	18 or 540	Yes	
LUMARTEM 35KG AND ABOVE	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	24 or 720	Yes	
MALARIAKIT	ARTESUNATE + AMODIAQUINE	50mg + 153mg	IPCA LABORATORIES LTD	India	6	No	Repackaged by PSI for distribution in Sudan
MALARPACK COARTEM	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6, 12	Yes	Repackaged by PSI for distribution in Myanmar
PRIMO	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6 or 12	Yes	Repackaged by PSI for distribution in Rwanda
SERENA DOSE ENFANTS 1-5 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 153mg	CIPLA PHARMA LTD	India	6	Yes	Repackaged by PSI/Manufacturer for distribution in DRC
TIBAMAL	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	NOVARTIS PHARMA AG	China or USA	6 or 12	Yes	Repackaged by manufacturer for distribution in Kenya

Table I.1 Products that were classified as Quality-Assured ACTs at both baseline and endline

Brand Name	Generic Name	Strength	Manufacturer	Country of manufacture	Package Size (tablets per pack)	FDC	Notes
WINTHROP INFANT 2-11 MONTHS	ARTESUNATE + AMODIAQUINE	25mg + 67.5mg	SANOFI AVENTIS or MAPHAR	Morocco	3 or 75	Yes	
WINTHROP TODDLER 1-5 YEARS	ARTESUNATE + AMODIAQUINE	50mg + 135mg	SANOFI AVENTIS or MAPHAR	Morocco	3 or 75	Yes	
WINTHROP CHILD 6-13 YEARS	ARTESUNATE + AMODIAQUINE	100mg + 270mg	SANOFI AVENTI or MAPHAR	Morocco	3 or 75	Yes	
WINTHROP ADULT +14 YEARS	ARTESUNATE + AMODIAQUINE	100mg + 270mg	SANOFI AVENTI or MAPHAR	Morocco	6 or 150	Yes	

Brand Name	Generic Name	Strength	Manufacturer	Country of manufacture	Package Size (tablets per pack)	FDC	Notes
ARTEMEF 4 MONTHS UP TO 3 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	6	Yes	QA ACT – over branded for Nigeria introduced for AMFm
ARTEMEF 3 YEARS UP TO 7 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	12	Yes	QA ACT – over branded for Nigeria introduced as part of AMFm
ARTEMEF 7 YEARS UP TO 12 YEARS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	18	Yes	QA ACT – over branded for Nigeria introduced as part of AMFm
ARTEMEF 12 YEARS AND ABOVE	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	24	Yes	QA ACT – over branded for Nigeria introduced as part of AMFm
CO-FALCINUM 5-14 KG ⁹	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	6	Yes	QA ACT – over branded for Kenya introduced as part of AMFm
CO-FALCINUM 15-24KG ¹⁰	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	12	Yes	QA ACT – over branded for Kenya introduced as part of AMFm
CO-FALCINUM 25-34KG ¹¹	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	18	Yes	QA ACT – over branded for Kenya introduced as part of AMFm
CO-FALCINUM 35KG AND ADULTS ¹²	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	India	24	Yes	QA ACT – over branded for Kenya introduced as part of AMFm
COMBISUNATE 20/120 5-	ARTEMETHER +	20mg +	AJANTA PHARMA LTD	India	6	Yes	QA ACT – over branded for

⁹ Co-Falcinim was considered as a QA ACT in the analysis of availability, price and market share in the baseline survey for Kenya, because AMFm copaid ACTs had arrived in country prior to baseline data collection.

¹⁰ Co-Falcinim was considered as a QA ACT in the analysis of availability, price and market share in the baseline survey for Kenya, because AMFm copaid ACTs had arrived in country prior to baseline data collection.

¹¹ Co-Falcinim was considered as a QA ACT in the analysis of availability, price and market share in the baseline survey for Kenya, because AMFm copaid ACTs had arrived in country prior to baseline data collection.

¹² Co-Falcinim was considered as a QA ACT in the analysis of availability, price and market share in the baseline survey for Kenya, because AMFm copaid ACTs had arrived in country prior to baseline data collection.

Table I.2 Products that were classified as Quality-Assured ACTs at endline only							
Brand Name	Generic Name	Strength	Manufacturer	Country of manufacture	Package Size (tablets per pack)	FDC	Notes
14KG	LUMEFANTRINE	120mg					Nigeria introduced as part of AMFm
COMBISUNATE 20/120 15-24KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	AJANTA PHARMA LTD	India	12	Yes	QAACT – over branded for Nigeria introduced as part of AMFm
COMBISUNATE 20/120 25-34KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	AJANTA PHARMA LTD	India	18	Yes	QAACT – over branded for Nigeria introduced as part of AMFm
COMBISUNATE 20/120 35+ KG ADULTS	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	AJANTA PHARMA LTD	India	24	Yes	QAACT – over branded for Nigeria introduced as part of AMFm
LUMARTEM 5KG TO <15KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	Uganda	6 or 180	Yes	Manufactured by QCIL under licence from Cipla.
LUMARTEM 15 TO <25KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	Uganda	12 or 360	Yes	Manufactured by QCIL under licence from Cipla.
LUMARTEM 25 TO <35KG	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	Uganda	18 or 540	Yes	Manufactured by QCIL under licence from Cipla.
LUMARTEM 35KG AND ABOVE	ARTEMETHER + LUMEFANTRINE	20mg + 120mg	CIPLA PHARMA LTD	Uganda	24 or 720	Yes	Manufactured by QCIL under licence from Cipla.
ARTECOSPE	ARTESUNATE + SULFADOXINE + PYRIMETHAMINE	50mg + 500mg + 25mg	GUILIN PHARMACEUTICAL CO. LTD	China	8	No	Not included on the prompt card used for the stock-out indicator at baseline. This product was not a QAACT at endline, because its ERP approval expired prior to September 2011
LUMARTEM FORTE	ARTEMETHER + LUMEFANTRINE	40mg + 240mg	CIPLA PHARMA LTD	Uganda	6 or 12	Yes	This product was not a QAACT at endline, because its ERP approval expired prior to September 2011
LUMET FORTE	ARTEMETHER + LUMEFANTRINE	40mg + 240mg	CIPLA PHARMA LTD	Uganda	3 or 6	Yes	This product was not a QAACT at endline, because its ERP approval expired prior to September 2011

Appendix J: Assumptions for calculating Adult-equivalent Treatment Doses

J.1 Introduction

Antimalarial medicines are manufactured in a variety of active pharmaceutical ingredients, dosage forms, strengths and package sizes. To analyze prices and volumes across products with different characteristics, they are standardized using the AETD. Indicators based on price and volume data, namely market share and antimalarial prices, are presented in terms of AETDs.

J.2 Assumptions for calculating AETDs

One AETD is defined as the number of milligrams (mg) of an antimalarial drug required to treat a 60 kilogram (kg) adult. For each antimalarial medicine category, the number of mg in one AETD is set to what was recommended in the treatment guidelines for uncomplicated malarial in areas of low drug resistance issued by WHO. Where WHO treatment guidelines did not exist, AETDs were based on peer reviewed research, or the product manufacturer's recommended treatment course for a 60 kg adult. A list of AETDs by antimalarial category prepared by PSI for the *ACTwatch* project (Shewchuk et al. 2011) was reviewed and updated by the Independent Evaluator in April 2010 (Table J.1).

Additional assumptions

- 1) For combination therapies, which have two or more active antimalarial ingredients packaged together (either co-formulated or co-blistered), the AETD is based on the total amount of one of the active ingredients. For ACTs, the artemisinin derivative was used as the basis of the AETD.
- 2) Co-blistered combinations are assumed to be in a 1:1 ratio of tablets, with the following exceptions:
 - amodiaquine + sulfadoxine + pyrimethamine manufactured under the brand name Dualkin
 - artesunate + amodiaquine manufactured under the brand names Amonate Junior and Amonate Adult
 - artesunate + mefloquine manufactured under the brand names Artequin 600/1500, Artequin 300/750, A+M1, A+M2, A+M3, A+M4, A+M5, Malarine for Adults, Malarine for Teenagers, and Malarine for Children
 - artesunate + sulfadoxine + pyrimethamine manufactured under the brand names SulamonPlus 500, Malosunat, Amalar, Artescope, Farenax,

Artidox, Artedar, Asunatedenk 100, Asunatedenk 200, Co-arinate, Arte-Plus

- 3) Sulfamethoxypyrazine-pyrimethamine is assumed to have the same full adult treatment dose as sulfadoxine-pyrimethamine.
- 4) Artequick lacking strength information is assumed to contain artemisinin 62.4 mg and piperaquine phosphate 375 mg.

J.3 Methods for calculating price and market share indicators

Information collected on the medicine's strength and unit size, as listed on the product packaging, was used to calculate the total amount of each active ingredient found in the package. Next, the number of AETDs in a unit was calculated.¹³ For monotherapies, the number of AETDs in the unit was calculated by dividing the total amount of the active ingredient contained in the unit, by the AETD (i.e., by the total number of mg required to treat a 60 kg adult). For combination therapies, the number of AETDs in the unit was calculated by dividing the total amount of the active ingredient that was used as the basis for the AETD by the AETD.

Calculating price indicators

Pricing indicators (Indicators 2.1-2.4) are presented in terms of the cost to patients for one AETD. For each antimalarial audited, the cost to patients for one unit was computed based on the retail selling price reported by the respondent for that product. This was then divided by the number of AETDs in the unit to get the cost to patients for one AETD. An exception is the pediatric price indicator for quality-assured ACT (Indicator 2.1), where AETDs were not used. Rather the price for a 2-year old child was calculated including only pediatric formulations whose age (weight) range includes a 2-year old child (10 kg).

Calculating market share

For each antimalarial audited, the number of AETDs sold over the past 7 days was calculated by multiplying the number of units sold as reported by the respondent by the number of AETDs in the unit.

Market share was calculated by dividing the number of AETDs of a particular antimalarial category sold by the total number of AETDs of all antimalarials sold. In cases where outlets stocked antimalarials, but some or all sales volumes were missing, we did not impute for missing values.

¹³ The unit depends on the antimalarial medicine's dosage form. For antimalarials in tablet, suppository or granule dosage form, the unit is the package. For antimalarials in injectable dosage form, the unit is the ampoule. For antimalarials in syrup or suspension dosage form, the unit is the bottle.

Table J.1 AETD calculation details by antimalarial type

Antimalarial Category	Dose used for calculating 1 AETD (mg required to treat a 60kg adult)	Generic product used for AETD mg dose value	Notes	Source
Amodiaquine	1,800 mg			WHO Model Formulary, 2008
Amodiaquine-Sulfadoxine-Pyrimethamine	1,800 mg	Amodiaquine	Information available only for Amodiaquine (not the combination)	WHO Model Formulary, 2008
Atovaquone-Proguanil	3,000 mg	Atovaquone		WHO Guidelines for the treatment of malaria 2 nd edition, 2010
Chloroquine	1,500 mg		Information available for <i>P. vivax</i> malaria	WHO Guidelines for the treatment of malaria 2 nd edition, 2010
Chloroquine-Sulfadoxine-Pyrimethamine	1,500 mg	Chloroquine	Information available for <i>P. vivax</i> malaria Information only available for Chloroquine (not the combination)	WHO Guidelines for the treatment of malaria 2 nd edition, 2010
Chlorproguanil-Dapsone	360 mg	Chlorproguanil		Manufacturer Guidelines (<i>LapDap</i> – GSK)
Halofantrine	1,500 mg or 1,398 mg		1,500 mg is for halofantrine hydrochloride, as the strength is normally reported in this manner. The total dose for halofantrine base is 1,398 mg.	Manufacturer Guidelines (<i>Halfan</i> – GSK)
Hydroxychloroquine	1,500 mg		One tablet of 200 mg hydroxychloroquine sulfate is equivalent to 155 mg base.	Manufacturer Guidelines (<i>Plaquenil</i> – Sanofi Aventis)
Mefloquine	900 mg			WHO Model Formulary, 2008
Mefloquine-Sulfadoxine-Pyrimethamine	900 mg	Mefloquine	Information only available for Mefloquine (not the combination)	WHO Model Formulary, 2008

Table J.1 AETD calculation details by antimalarial type

Antimalarial Category	Dose used for calculating 1 AETD (mg required to treat a 60kg adult)	Generic product used for AETD mg dose value	Notes	Source
Primaquine	45 mg		This dose is for the gametocytocidal treatment of <i>P. falciparum</i> .	WHO Guidelines for the treatment of malaria 2 nd edition, 2010
Quinacrine	2,100 mg		Recommendations for malaria treatment are very dated. This value is the treatment regimen for giardiasis, which has also been used in the treatment for malaria. The Gardner & Hill article specifies that dosing is usually 100 mg three times a day over 5-7 days for adults.	Gardner and Hill (2001)
Quinimax	10,500 mg			Manufacturer Guidelines (<i>Quinimax – Sanofi Aventis</i>)
Quinine	12,600 mg or 10,408 mg		12,600 mg is for quinine sulfate, a salt, as quinine strengths are normally reported for salts. The total dose for quinine base based on 24 mg/kg is 10,408 mg for a 60 kg adult. Both dosages are based on treatment lasting 7 days.	WHO Model Formulary, 2008
Quinine-Sulfadoxine-Pyrimethamine	12,600 mg or 10,408 mg	Quinine	12,600 mg is for quinine sulfate, a salt, as quinine strengths are normally reported for salts. The total dose for quinine base based on 24 mg/kg is 10,408 mg for a 60 kg adult. Both dosages are based on treatment lasting 7 days. Information available only for Quinine (not the combination)	WHO Model Formulary, 2008

Table J.1 AETD calculation details by antimalarial type

Antimalarial Category	Dose used for calculating 1 AETD (mg required to treat a 60kg adult)	Generic product used for AETD mg dose value	Notes	Source
Sulfadoxine-Pyrimethamine	1,500 mg	Sulfadoxine		WHO Model Formulary, 2008
Arteether	1,050 mg		1,050 mg is for 7 days of treatment	WHO Use of Antimalarials, 2001
Artemether	960 mg			WHO Use of Antimalarials, 2001
Artesunate	960 mg			WHO Use of Antimalarials, 2001
Dihydroartemisinin	480 mg			Manufacturer Guidelines (<i>Cotecxin – Holleypharm; MALUether – Euromedi</i>)
Artemether-Lumefantrine	480 mg	Artemether		WHO Guidelines for the treatment of malaria 2 nd edition, 2010
Artemisinin-Naphthoquine	2,400 mg	Artemisinin	<p>Manufacturer Guidelines for this product are 1000mg Artemisinin in a single dose. According to WHO Guidelines for the treatment of malaria 2nd edition, a three day course for ACTs is recommended.</p> <p>This treatment dose used is based upon the WHO Artemisinin-MQ recommendation of 20 mg/kg in a divided loading dose on the first day, followed by 10 mg/kg once a day for two more days, plus mefloquine (15-25 mg of base per kg) as a single or split dose on the second and/or third day.</p>	WHO Use of Antimalarials, 2001

Table J.1 AETD calculation details by antimalarial type

Antimalarial Category	Dose used for calculating 1 AETD (mg required to treat a 60kg adult)	Generic product used for AETD mg dose value	Notes	Source
Artemisinin-Piperaquine	576 mg	Artemisinin		Krudsood et al. (2007)
Artemisinin-Piperaquine-Primaquine	576 mg	Artemisinin		Tangpukdee et al. (2008)
Artesunate-Amodiaquine	600 mg	Artesunate		WHO Guidelines for the treatment of malaria 2 nd edition, 2010
Artesunate-Halofantrine	600 mg	Artesunate	Relatively uncommon combination; dosing information is difficult to find and the value here is based on the Artesunate-Amodiaquine, Artesunate-SP, and Artesunate-Mefloquine values.	-
Artesunate-Lumefantrine	600 mg	Artesunate	Relatively uncommon combination; dosing information is difficult to find and the value here is based on the Artesunate-Amodiaquine, Artesunate-SP, and Artesunate-Mefloquine values.	-

Table J.1 AETD calculation details by antimalarial type				
Antimalarial Category	Dose used for calculating 1 AETD (mg required to treat a 60kg adult)	Generic product used for AETD mg dose value	Notes	Source
Artesunate-Mefloquine	600 mg	Artesunate		WHO Guidelines for the treatment of malaria 2 nd edition, 2010
Artesunate-Piperaquine	600 mg	Artesunate	Relatively uncommon combination; dosing information is difficult to find and the value here is based on the Artesunate-Amodiaquine, Artesunate-SP, and Artesunate-Mefloquine values.	-
Artesunate-Pyronaridine	600 mg	Artesunate	Relatively uncommon combination; dosing information is difficult to find and the value here is based on the Artesunate-Amodiaquine, Artesunate-SP, and Artesunate-Mefloquine values.	-
Artesunate-Sulfadoxine-Pyrimethamine	600 mg	Artesunate		WHO Guidelines for the treatment of malaria 2 nd edition, 2010
Dihydroartemisinin-Amodiaquine	360 mg	Dihydroartemisinin	Relatively uncommon combination; dosing information is difficult to find and the value here is based on the most common Dihydroartemisinin-combinations (Dihydroartemisinin+Piperaquine, Dihydroartemisinin+SP and Dihydroarteminn+Mefloquine) with sources listed in the entries for those products.	-

Table J.1 AETD calculation details by antimalarial type

Antimalarial Category	Dose used for calculating 1 AETD (mg required to treat a 60kg adult)	Generic product used for AETD mg dose value	Notes	Source
Dihydroartemisinin-Halofantrine	360 mg	Dihydroartemisinin	Relatively uncommon combination; dosing information is difficult to find and the value here is based on the most common Dihydroartemisinin-combinations (Dihydroartemisinin+Piperaquine, Dihydroartemisinin+SP and Dihydroarteminn+Mefloquine) with sources listed in the entries for those products.	-
Dihydroartemisinin-Lumefantrine	360 mg	Dihydroartemisinin	Relatively uncommon combination; dosing information is difficult to find and the value here is based on the most common Dihydroartemisinin-combinations (Dihydroartemisinin+Piperaquine, Dihydroartemisinin+SP and Dihydroarteminn+Mefloquine) with sources listed in the entries for those products.	-
Dihydroartemisinin-Mefloquine	360 mg	Dihydroartemisinin		Manufacturer Guidelines (<i>Meflodisin – Adams Pharma</i>)
Dihydroartemisinin-Piperaquine	360 mg	Dihydroartemisinin		WHO Guidelines for the treatment of malaria 2 nd edition, 2010
Dihydroartemisinin-Piperaquine-Trimethoprim	256 mg	Dihydroartemisinin		Manufacturer Guidelines (<i>Artecxin – Medicare Pharma; Artecorm – Ctonghe</i>)

Table J.1 AETD calculation details by antimalarial type

Antimalarial Category	Dose used for calculating 1 AETD (mg required to treat a 60kg adult)	Generic product used for AETD mg dose value	Notes	Source
Dihydroartemisinin-Pyronaridine	360 mg	Dihydroartemisinin	Relatively uncommon combination; dosing information is difficult to find and the value here is based on the most common Dihydroartemisinin-combinations (Dihydroartemisinin+Piperaquine, Dihydroartemisinin+SP and Dihydroarteminn+Mefloquine) with sources listed in the entries for those products.	
Dihydroartemisinin-Sulfadoxine-Pyrimethamine	360 mg	Dihydroartemisinin		Manufacturer Guidelines (<i>Dalasin – Adams Pharma</i>)

Appendix K: Key Informant interview guide for country case studies – English

Interviewer information:

Name	
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Time and location of the interview

Date of Interview	
Start time	
End time	
Country	
City	
Place/venue	

Person(s) Interviewed

Name(s)	
Job Title(s)	
Organisation(s)	
Please can you tell me about any roles you have in relation to malaria control in [Country x]:	

Part 1: Questions to guide the interview - Implementation of AMFm

I would like to ask a number of questions about the implementation of the AMFm program since it started last year until today.

Have you been involved in any capacity in the implementation of the program in the [Country]?

Yes

No

If involved, please can you tell me about the roles you played

Registering first-line buyers

1. Can you describe the process of registering first-line buyers (in the public and private sector) for participation in AMFm?
2. Were there any challenges or difficulties in the registration process? *If yes,*
 - a. Can you please describe the main challenges related to the registration of first-line buyers? Are there different challenges in the public/private sectors?
For each problem/challenge, ask:
 - b. When did this occur?
 - c. What was the magnitude (duration and severity) of the problem?
 - d. Was anything done to mitigate or solve the problem?
3. Were there any activities to facilitate the registration process? *For each activity ask:*
 - a. What was done?
 - b. Who was involved?
 - c. When did the activity take place?
 - d. Did the activity help improve the registration process?
 - e. Were there any challenges associated with this activity?

4. Are there any major antimalarial importers that have not registered as first-line buyers? In your opinion, why have they not registered? *Question to be asked to all respondents, including first-line buyers that have/have not registered.*

Ordering copaid ACTs

5. Can you please describe the process of placing and approving orders for AMFm copaid ACTs (in the public and private sector)?
6. Were there any challenges or difficulties related to placing orders? If yes,
 - a. Can you describe the main challenges related to placing orders? *For each problem/ challenge, ask:*
 - b. When did this occur?
 - c. What was the magnitude (duration and severity) of the problem?
 - d. Was anything done to mitigate or solve the problem?
7. Were there any activities to facilitate or encourage first-line buyers to place orders? *For each activity ask:*
 - a. What was done?
 - b. Who was involved?
 - c. When did the activity take place?
 - d. Did the activity help increase the number, quantity or frequency of orders?
 - e. Were there any challenges associated with this activity?

For any first-line buyer:

8. Have you ordered AMFm copaid ACTs? If no, why not?
If they've place orders, ask:
 - a. From how many manufacturers have you placed orders?
 - b. How did you decide which manufacturer to order from?
 - c. How did you decide what quantities and package sizes to order? How did you decide which products to order?
 - d. How has AMFm affected your relationships with your other (non-AMFm) suppliers?
 - e. Has AMFm affected your orders and/or sales of other (non-AMFm) antimalarials? How?

Clearing customs

9. Can you please describe the process and actor involved in clearing antimalarials from customs? Does this differ for copaid ACTs?
10. On average, how long does an order of copaid ACTs take to clear customs?
11. Is this different than other antimalarials or pharmaceutical products?
12. Does the amount of time required to clear customs differ for different types of importers (i.e. - public, private for-profit, private not-for-profit)?

13. Have there been any challenges or difficulties related to clearing customs? If yes,
 - a. Can you please describe the main challenges? *For each problem/ challenge, ask:*
 - b. When did this occur?
 - c. What was the magnitude (duration and severity) of the problem?
 - d. Was anything done to mitigate or solve the problem?

14. Have there been any activities to expedite clearing customs? *For each activity ask:*
 - a. What was done?
 - b. Who was involved?
 - c. When did the activity take place?
 - d. Did the activity help?
 - e. Were there any challenges associated with this activity?

15. What are the costs (official and unofficial) of obtaining clearance for antimalarials?

Distribution of AMFm copaid ACTs

16. Can you describe how copaid ACTs are distributed from the first-line buyer to outlets in the private sector? In the public sector?

17. Have there been challenges or difficulties related to the distribution of AMFm copaid ACTs? If yes,
 - a. Can you please describe the main challenges? Have there been any challenges specific to urban areas? Rural areas? Particular outlet types? *For each problem/ challenge, ask:*
 - b. When did this occur?
 - c. What was the magnitude (duration and severity) of the problem?
 - d. Was anything done to mitigate or solve the problem?

18. Have there been any activities to facilitate the distribution of AMFm copaid drugs? *For each activity ask:*
 - a. What was done?
 - b. Who was involved?
 - c. When did the activity take place?
 - d. Did the activity help?
 - e. Were there any challenges associated with this activity?

Implementation of Supporting Interventions: National launch

19. Did you have a national launch? *If yes, ask:*
 - a. When was it?
 - b. What did it entail?
 - c. Who was involved?
 - d. What was the funding source?
 - e. Were there any challenges?
 - f. What impact do you think it had?

20. Were sub-national launches held?
 - a. When were they?/ Where did they take place?
 - b. What did they entail?
 - c. Who was involved?
 - d. What was the funding source?
 - e. Were there any challenges?
 - f. What impact do you think it had?

Implementation of Supporting Interventions: IEC/BCC activities

21. We understand that the following IEC/BCC activities have been conducted in relation to AMFm *[list those you are aware of and when they took place]*? Have I captured all of those that have taken place since *[insert date the AMFm grant was signed or the date outlet survey data collection ended]*, and that are relevant to AMFm? *If no, fill in a table for each additional IEC/BCC activity. Attach all completed tables to the questionnaire.*

22. Were there any delay? If so, ask:
 - a. What were the causes of the delays?
 - b. How did they affect rollout?

23. How do you think the IEC campaign has gone?

24. What are they key messages? Which messages are the most effective? Which ones are less effective? Why?

25. Which medium has worked best? Why?

26. Which groups have been reached? How do you know about this? What evidence is there on impact/reach?

27. Have there been any challenges related to IEC/BCC? If so, ask:
 - a. What are the main challenges? Have there been any challenges specific to urban areas? Rural areas? Particular outlet types? *For each problem/challenge, ask:*
 - b. When did this occur?
 - c. What was the magnitude (duration and severity) of the problem?
 - d. Was anything done to mitigate or solve the problem?
28. Have there been any unintended (perverse) consequences of IEC/BCC activities?
29. Has the private sector carried out any additional promotional activities/marketing of AMFm drugs?

Implementation of Supporting Interventions: Training

30. We understand that the following training activities have been conducted in relation to AMFm *[list those you are aware of and when they took place]*? Have I captured all of those that have taken place since *[insert date the AMFm grant was signed or the date outlet survey data collection ended]*, and that are relevant to AMFm? For public and private providers? *If no, fill in a table for each additional training. Attach all completed tables to the questionnaire.*
31. What was the nature of the training (number of days, topics covered, etc)? Was training related specifically to AMFm, or malaria diagnosis and treatment?
32. Were there any delays? If so, ask:
 - a. What were the causes of the delays?
 - b. How did they affect the rollout of training?
33. How do you think the training has gone? How do you know about this? What evidence is there on impact/coverage? Which aspects have been most effective? Which ones least effective? Why?
34. Have there been any challenges related to training? If so, ask:
 - a. What are the main challenges? Have there been any challenges specific to urban areas? Rural areas? *For each problem/challenge, ask:*
 - b. When did this occur?
 - c. What was the magnitude (duration and severity) of the problem?
 - d. Was anything done to mitigate or solve the problem?

Implementation of Supporting: Regulatory Interventions

35. Has the regulatory status¹⁴ of ACTs changed recently? *If so, ask:*
 - a. When did the regulatory status change take place?
 - b. What has been done to implement the regulatory change?
36. What impact does the regulatory status of ACTs have on the availability, price and market share of ACTs?
37. What is the regulatory status of artemisinin and non-artemisinin monotherapies?
38. Has this changed recently? *If so, ask:*
 - a. When did the regulatory change take place?
 - b. What has been done to implement the regulatory change?
39. What impact does the regulatory status of monotherapies have on the availability, price and market share of ACTs?
40. What outlet types are permitted to sell ACTs?
41. Has this changed recently? *If so, ask:*
 - a. When did the regulatory change take place?
 - b. What has been done to implement the regulatory change?
42. What impact does this have on the availability, price and market share of ACTs?
43. Have there been any other regulatory interventions or policy changes implemented since [insert date the AMFm grant was signed or the date outlet survey data collection ended], and that are relevant to AMFm? For public and private providers? *If no, fill in a table for each additional regulatory strengthening activity. Attach all completed tables to the questionnaire.*
44. Can you describe the regulatory intervention/policy change?
 - a. What has been done to implement it?
 - b. When did implementation begin?
 - c. How has implementation gone?
45. Have there been any challenges related to regulatory change?
 - a. What are the main challenges? Have there been any challenges specific to urban areas? Rural areas? *For each problem/ challenge, ask:*
 - b. When did this occur?
 - c. What was the magnitude (duration and severity) of the problem?

¹⁴ Regulatory status refers to whether ACTs are prescription-only or OTC.

- d. Was anything done to mitigate or solve the problem?

Implementation of SIs: Pricing (will be asked of all respondents, even if the pilot does not use recommended retail prices or max prices)

46. Are there maximum or recommended retail prices for AMFm copaid products in this country?
47. *If there are recommended or max retail prices, ask:* What activities have taken place to ensure that the recommended or maximum retail prices are respected? *For each activity ask:*
- What was done?
 - Who was involved?
 - When did the activity take place?
 - Did the activity help?
 - Were there any challenges associated with this activity?
48. Have there been any challenges related to the pricing of copaid ACTs? If so, ask:
- What are the main challenges? Have there been any challenges specific to urban areas? Rural areas?
For each problem/ challenge, ask:
 - When did this occur?
 - What was the magnitude (duration and severity) of the problem?
 - Was anything done to mitigate or solve the problem?
49. *If there are recommended or max retail prices, ask:* Do you think the maximum or recommended retail prices are respected? Why or why not? Are there differences in urban versus rural areas?

For respondents from the private sector:

50. How do you set your prices for AMFm copaid ACTs? Is this different from other antimalarials? Why or why not?

Implementation of SIs: Diagnostics (RDTs and microscopy)

51. We understand that the following activities have been conducted to improve the accessibility and quality of diagnostics [*list those you are aware of and when they took place*]? Have I captured all of those that have taken place since [insert date the AMFm grant was signed or the date outlet survey data collection ended], and that are relevant to AMFm? *If no, fill in a table for each additional activity. Attach all completed tables to the questionnaire.*

52. How do you think activities related to diagnostics have gone? How do you know this? Which aspects have been most effective? Which ones least effective? Why?
53. What evidence is there on coverage? In the public sector? In the private sector?
54. Have activities related to diagnostics have had any impact on the availability, price and market share of ACTs? What evidence is there?
55. Have there been any challenges related to increasing access or quality of diagnostics? If so, ask:
 - a. What are the main challenges? Have there been any challenges specific to urban areas? Rural areas?
For each problem/challenge, ask:
 - b. When did this occur?
 - c. What was the magnitude (duration and severity) of the problem?
 - d. Was anything done to mitigate or solve the problem?

Implementation of SIs: Pharmacovigilance

56. We understand that the following pharmacovigilance activities have been conducted [*list those you are aware of and when they took place*]? Have I captured all of those that have taken place since [insert date the AMFm grant was signed or the date outlet survey data collection ended], and that are relevant to AMFm? *If no, fill in a table for each additional activity. Attach all completed tables to the questionnaire.*
57. How do you think the pharmacovigilance activities have gone? How do you know this? Which aspects have been most effective? Which ones least effective? Why?
58. Have there been any challenges related to pharmacovigilance? If so, ask:
 - a. What are the main challenges? Have there been any challenges specific to urban areas? Rural areas?
For each problem/ challenge, ask:
 - b. When did this occur?
 - c. What was the magnitude (duration and severity) of the problem?
 - d. Was anything done to mitigate or solve the problem?
59. Have there been any concerns about safety or efficacy of AMFm copaid drugs?
60. Have there been concerns about counterfeiting AMFm copaid drugs?

Implementation of SIs: Poor and vulnerable population

61. We understand that the following activities have been conducted to assist vulnerable populations access ACTs *[list those you are aware of and when they took place]*? Have I captured all of those that have taken place since *[insert date the AMFm grant was signed or the date outlet survey data collection ended]*, and that are relevant to AMFm? *If no, complete the table below for all additional activities. Add tables as necessary.*
62. How do you think these activities have gone? How do you know this? Which aspects have been most effective? Which ones least effective? Why?
63. Have there been any challenges with reaching the poor or vulnerable populations with copaid ACTs? If so, ask:
- What are the main challenges? Have there been any challenges specific to urban areas? Rural areas? *For each problem/ challenge, ask:*
 - When did this occur?
 - What was the magnitude (duration and severity) of the problem?
 - Was anything done to mitigate or solve the problem?

Implementation of SIs: Any other SIs?

64. Have there been any other activities or supporting interventions since *[insert date the AMFm grant was signed or the date outlet survey data collection ended]*, and that are relevant to AMFm? *If yes, complete the table below for all additional activities. Add tables as necessary.*
65. *For each activity ask:*
- What was done?
 - Who was involved?
 - When did the activity take place?
 - Did the activity help?
66. How do you think these activities have gone? How do you know this? Which aspects have been most effective? Which ones least effective? Why?
67. Have there been any challenges with these other activities? *If so, ask:*
- What are the main challenges? Have there been any challenges specific to urban areas? Rural areas? *For each problem/ challenge, ask:*
 - When did this occur?
 - What was the magnitude (duration and severity) of the problem?
 - Was anything done to mitigate or solve the problem?

Implementation of SIs: Research

68. Have any activities or interventions taken place as part of pilots or intervention studies? *For each research project ask:*
- What was done?
 - Who was involved?
 - What scale and where?
 - Are any results available?

Final questions on AMFm

69. Overall, what impact do you think AMFm has had on the price and availability of ACTs in this country? What about the price and availability of other antimalarials?
70. How have key actors in the supply chain for antimalarials (manufacturers, importers, wholesalers, outlets, etc) reacted to AMFm?
71. Have any actors reacted negatively to AMFm? If so, how?

For respondents from the private sector:

72. What impact has AMFm had on your business?

For respondents in other sectors:

73. What impact has AMFm had on your organization?

For all respondents:

74. Is there anything else you'd like to tell me about your experience with AMFm?

Part 2: Questions to guide the interview - Key events - Context data

For each of the following, complete one row of the table below for each event described.

We'd now like to ask you some questions about other factors, apart from AMFm, that may have affected the malaria disease burden, treatment seeking behaviour for malaria and / or the provision of malaria treatment since [insert date AMFm grant was signed or the date outlet survey data collection ended]:

1. Have any other important malaria control interventions been implemented? (e.g., rollout of ITNs, house spraying, etc.) By the Government? By faith-based organizations or NGOs? By the private sector?
2. Apart from antimalarials purchased through AMFm, have there been any other major purchases of ACTs for the public or private not for profit sectors?
3. Have any important malaria control interventions been stopped or interrupted?
4. Have there been any changes to the amount funding received from international sources? National sources?
5. Have any malaria-related issues recently been highlighted in the media? (e.g., concerns over drug safety or efficacy)
6. Have there been changes in the availability of antimalarials in public health facilities? (e.g., Changes to the antimalarials that they stock, wide-spread rollouts, or the end of stockouts)
7. Have there been any important changes to the functioning of the government health system (e.g., changes in user fees for health services, introduction of new types of health workers, opening of new facilities, etc.)

8. Have there been any important changes in design of implementation of pharmaceutical regulation? (e.g., change in prescription only status of certain antimalarials, ban of certain products, crack downs on illegal outlets, status of outlets that are permitted to sell ACTs, etc.)
9. Have there been any important weather events that could have affected the malaria disease burden or malaria treatment? (e.g., floods, droughts, etc.)
10. Have there been any important economic changes that could have affected the malaria disease burden or malaria treatment? (e.g., high inflation, increase in unemployment, change in basic food prices, major change in exchange rate, etc.).
11. Have there been any important political events that could have affected the malaria disease burden or malaria treatment (e.g., elections, unrest)
12. Can you think of any other events which might have affected the malaria disease burden, malaria treatment seeking or the provision of malaria treatment

Event	Description of event	Dates	Geographical Location	Likely impact on ACT availability, price, market share & use

Part 3: Taxes and Tariffs: Context data

It is not necessary to ask these questions of all respondents.

- a. Please describe the main taxes that must be paid by actors at each level of the supply chain for antimalarials.
- b. Does the tax status of antimalarials differ from other drugs? How?
- c. Please describe the main taxes that must be paid by actors at each level of the supply chain for RDTs.

Part 4: Identifying additional respondents:

We are asking these questions of a wide range of key informants, including *[list people already identified]*. Is there anyone else who you think it would be important for me to interview?

1	
Name	
Job Title	
Organisation	

2	
Name	
Job Title	
Organisation	

3	
Name	
Job Title	
Organisation	

4	
Name	
Job Title	
Organisation	

END OF THE FORM

Quantification of Supporting Interventions

Data Collection tool for supporting interventions - Principal Recipient for the AMFm grant

Background

The Affordable Medicines Facility – malaria (AMFm) hosted by the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has been set up to improve access to artemisinin-based combination therapies (ACTs) in malaria endemic countries. AMFm is a financing mechanism designed to incorporate three elements: (1) price reductions through negotiations with manufacturers of ACTs; (2) a buyer subsidy, via a co-payment at the top of the global supply chain by AMFm on behalf of eligible buyers from the public, private for-profit and private not-for-profit sectors; and (3) support of interventions to promote appropriate use of ACTs. Examples of these “supporting interventions” include training providers and outreach to communities to promote ACT use. AMFm is being tested in a first phase that includes nine pilots in eight countries: Cambodia, Ghana, Kenya, Madagascar, Niger, Nigeria, Republic of Tanzania (mainland and Zanzibar) and Uganda.

The Independent Evaluation is part of a multi-faceted monitoring and evaluation framework developed for Phase 1 of the AMFm. It is intended to assess whether, and to what extent, AMFm Phase 1 achieves its objectives. The findings of the independent evaluation will be summarized in a report to be considered by the Global Fund Board at the end of Phase 1. The four main objectives of AMFm are: (i) to increase ACT affordability, (ii) to increase ACT availability, (iii) to increase ACT use, including among vulnerable groups, and (iv) to “crowd out” oral artemisinin monotherapies, chloroquine and sulfadoxine-pyrimethamine by gaining market share. The AMFm Phase 1 Independent Evaluation has been commissioned to address the need for evidence on which to base the final decision of the Global Fund Board. Through a competitive bid, the Global Fund contracted ICF Macro and the London School of Hygiene and Tropical Medicine (LSHTM) to carry out the Independent Evaluation (IE) in all of the operational Phase 1 countries¹⁵.

This questionnaire has been designed to provide information to the IE team about the supporting interventions that have been implemented as part of AMFm. It has been sent to you to complete. Please note that country-level staff from CHAI have indicated their willingness to help in any way that they can with this, if you so wish.

¹⁵ In March, 2011, the AMFm Ad Hoc Committee decided to drop Cambodia from the evaluation due to the lack of an eligible ACT for subsidy.

Please return the completed tool within 2 weeks of receipt, via email, to: Dr. Kara Hanson, London School of Hygiene and Tropical Medicine Kara.hanson@lshtm.ac.uk, Phone: +44 20 7927 2267, with copy to Dr. Fred Arnold, ICF International farnold@icfi.com, phone: 301-572-0938

Questions

This tool collects quantitative information on the process of implementing supporting interventions in your country. It should be completed by the PR with the support of the CHAI resource person prior to the case study visit

Identification of the person who is filling in the form

Name	
Job Title	
Organisation	
Country	

Number of registered pharmaceutical importers

Private for profit	
Private not for profit	
Public	
Date:	
Source:	
Notes:	

Training

Please complete the tables for all provider training that has taken place since the signing of the AMFm grant that is relevant to AMFm, and funded through the Global Fund either specifically for AMFm or through previous rounds of funding.

Please note that space is provided for up to 6 training activities, you may add or delete tables as necessary.

Training 1	
Title of training	
Type of provider trained	
Sector	
Number of trainees	
Geographic scale (if sub-national, indicate locations)	
Start date	
End date	
Contact person or agency	

Training 2	
Title of training	
Type of provider trained	
Sector	
Number of trainees	
Geographic scale (if sub-national, indicate locations)	
Start date	
End date	
Contact person or agency	

Training 3	
Title of training	
Type of provider trained	
Sector	
Number of trainees	
Geographic scale (if sub-national, indicate locations)	
Start date	
End date	
Contact person or agency	

Training 4	
Title of training	
Type of provider trained	
Sector	
Number of trainees	
Geographic scale (if sub-national, indicate locations)	
Start date	
End date	
Contact person or agency	

Training 5	
Title of training	
Type of provider trained	
Sector	
Number of trainees	
Geographic scale (if sub-national, indicate locations)	
Start date	
End date	
Contact person or agency	

Training 6	
Title of training	
Type of provider trained	
Sector	
Number of trainees	
Geographic scale (if sub-national, indicate locations)	
Start date	
End date	
Contact person or agency	

IEC/BCC

Please complete the tables for all IEC/BCC activities that have taken place since the signing of the AMFm grant that is relevant to AMFm, and funded through the Global Fund either specifically for AMFm or through previous rounds of funding.

Please note that space is provided for up to 6 IEC/BCC activities, you may add or delete tables as necessary.

Activity 1	
Activity name	
Nature/description of activity (eg. billboard, radio, tv, roadshows, t-shirts, etc)	
Target group	
Main messages	
Sector	
Number (eg. of spots or promotion items)	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 2	
Activity name	
Nature/description of activity (eg. billboard, radio, tv, roadshows, etc)	
Target group	
Main messages	
Sector	
Number of spots or promotion items	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 3	
Activity name	
Nature/description of activity (eg. billboard, radio, tv, roadshows, etc)	
Target group	
Main messages	
Sector	
Number of spots or promotion items	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 4	
Activity name	
Nature/description of activity (eg. billboard, radio, tv, roadshows, etc)	
Target group	
Main messages	
Sector	
Number of spots or promotion items	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 5	
Activity name	
Nature/description of activity (eg. billboard, radio, tv, roadshows, etc)	
Target group	
Main messages	
Sector	
Number of spots or promotion items	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 6	
Activity name	
Nature/description of activity (eg. billboard, radio, tv, roadshows, etc)	
Target group	
Main messages	
Sector	
Number of spots or promotion items	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Diagnostics

Please complete the tables for all activities related to improving access to diagnostics (RDTs or microscopy) that have taken place since the signing of the AMFm grant that is relevant to AMFm, and funded through the Global Fund either specifically for AMFm or through previous rounds of funding. Please note that space is provided for up to 6 activities, you may add or delete tables as necessary.

Activity 1	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	
Funding source	

Activity 2	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	
Funding source	

Activity 3	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	
Funding source	

Activity 4	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	
Funding source	

Activity 5	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	
Funding source	

Activity 6	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	
Funding source	

Pharmacovigilance

Please complete the tables for all Pharmacovigilance activities that have taken place since the signing of the AMFm grant that is relevant to AMFm, and funded through the Global Fund either specifically for AMFm or through previous rounds of funding.

Please note that space is provided for up to 6 Pharmacovigilance activities, you may add or delete tables as necessary.

Activity 1	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 2	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 3	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 4	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 5	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 6	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Regulatory strengthening activities

Please complete the tables for all regulatory strengthening activities that have taken place since the signing of the AMFm grant that are relevant to AMFm, and funded through the Global Fund either specifically for AMFm or through previous rounds of funding. Examples of relevant activities include, regulations relating to drug retailers, changes to the status of ACTs (to prescription only or over the counter), or enforcement of bans of monotherapies.

Please note that space is provided for up to 6 regulatory activities, you may add or delete tables as necessary.

Activity 1	
Activity name	
Nature/description of activity	
Target group	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 2	
Activity name	
Nature/description of activity	
Target group	
Main messages	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 3	
Activity name	
Nature/description of activity	
Target group	
Main messages	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 4	
Activity name	
Nature of activity	
Target group	
Main messages	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 5	
Activity name	
Nature/description of activity	
Target group	
Main messages	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 6	
Activity name	
Nature/description of activity	
Target group	
Main messages	
Sector	
Geographic scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Reaching vulnerable populations

Please complete the tables for all activities that have taken place to assist vulnerable populations access ACTs since the signing of the AMFm grant that are relevant to AMFm, and funded through the Global Fund either specifically for AMFm or through previous rounds of funding.

Please note that space is provided for up to 6 other supporting interventions, you may add or delete tables as necessary.

Activity 1	
Activity name	
Nature/description of activity	
Target group	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 2	
Activity name	
Nature/description of activity	
Target group	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 3	
Activity name	
Nature/description of activity	
Target group	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 4	
Activity name	
Nature/description of activity	
Target group	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 5	
Activity name	
Nature/description of activity	
Target group	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 6	
Activity name	
Nature/description of activity	
Target group	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Other supporting interventions

Please complete the tables for any other SIs activities that have taken place since the signing of the AMFm grant that are relevant to AMFm, and funded through the Global Fund either specifically for AMFm or through previous rounds of funding.

Please note that space is provided for up to 6 other supporting interventions, you may add or delete tables as necessary.

Activity 1	
Activity name	
Nature/description of activity	
Target group	
Main messages (if relevant)	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 2	
Activity name	
Nature/description of activity	
Target group	
Main messages (if relevant)	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 3	
Activity name	
Nature/description of activity	
Target group	
Main messages (if relevant)	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 4	
Activity name	
Nature/description of activity	
Target group	
Main messages (if relevant)	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 5	
Activity name	
Nature/description of activity	
Target group	
Main messages (if relevant)	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 6	
Activity name	
Nature/description of activity	
Target group	
Main messages (if relevant)	
Sector	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Information on ACTs

- a. Can you provide the list of registered ACTs and their registration status (e.g. POM / OTC) and date list issued?

- b. We have obtained the following list of orders of copaid ACTs for this country from the GF website (see attached)
Can you confirm that these data are up to date and correct in the column indicated. If not, please make any amendments, highlighting amended cells in yellow.

Information on other AMFm related supporting interventions

During the case study visit, the Independent Evaluator would like to interview respondents involved in supporting interventions related to AMFm that are funded by sources other than the Global Fund.

Do you know of any other supporting interventions related to AMFm that are not funded by the Global Fund?

Yes

No

If yes, please fill in the tables below with information on any other supporting interventions that you know about. If you do not have all of the information, leave the row blank.

Activity 1	
Activity name	
Nature/description of activity	
Organization(s) involved	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 2	
Activity name	
Nature/description of activity	
Organization(s) involved	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 3	
Activity name	
Nature/description of activity	
Organization(s) involved	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 4	
Activity name	
Nature/description of activity	
Organization(s) involved	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	
Contact person or agency	

Activity 5	
Activity name	
Nature/description of activity	
Organization(s) involved	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	

Activity 6	
Activity name	
Nature/description of activity	
Organization(s) involved	
Scale (if sub-national, indicate locations)	
Date started	
Date completed	

Thank you for your time

Appendix L: Key Informant interview guide for country case studies – French

Guide d’entretien avec les personnes ressources

Information d’interviewer

Nom	
-----	--

Heure et lieu d’interview

Date de l’interview	
Heure de début (hh:mm)	
Heure de fin (hh:mm)	
Pays	
Ville	
Endroit/Lieu	

Personne interrogée

Nom	
Nom du poste	
Organisation	
Pouvez-vous, SVP, me donner les rôles que vous avez en relation avec la lutte contre le paludisme au Niger	

Partie 1: Mise en œuvre de l'AMFm

Je souhaiterais vous poser quelques questions sur la mise en œuvre de l'AMFm à partir du début du programme jusqu'à aujourd'hui.

Avez-vous tenu un rôle quelconque dans la mise en œuvre du programme au Niger?

Oui

Non

S'il la réponse est oui, pouvez-vous me parler du (des) rôle(s) que vous avez joué?

Gouvernance de l'AMFm – Première phase

1. Quelles sont les structures qui ont été créées pour la gestion du programme AMFm dans le pays. Exemple Comité de Pilotage, groupes techniques de travail, groupe de travail; quels sont leurs rôles et qui sont les membres. Comment sont représentés les différents secteurs (public, privé, ONG etc.) (Veuillez demander une copie des termes des références)
2. Qu'ont fait ses structures de façon pratique pour soutenir la mise en œuvre de l'AMFm?
3. A votre avis, ces structures ont-elles été utiles? En quoi ont-elles été utiles ou pas utiles? Pouvez-vous donner des exemples?
4. Y a-t-il eu des défis particuliers quant à leur fonctionnement effectif?

Enregistrement des acheteurs de première ligne

75. Pouvez-vous décrire le processus d'enregistrement des acheteurs de première ligne pour participer dans le programme de l'AMFm (dans le secteur public et dans le secteur privé)?
76. Y a-t-il eu des problèmes ou des défis lors du processus d'enregistrement? *Si oui,*
 - a. Pouvez-vous décrire les principaux défis liés à l'enregistrement des acheteurs de première ligne? Y a-t-il des défis de nature différente entre les secteurs publics/privés?
Pour chaque problème/défi, demandez:
 - b. Quand cela s'est-il passé?
 - c. Quelle était l'ampleur (durée et la gravité) du problème?
 - d. Est-ce que quelque chose a été fait pour atténuer ou résoudre le problème?

77. Y a-t-il eu des activités pour faciliter le processus d'enregistrement? *Pour chaque activité, demandez:*
- Qu'est ce qui a été fait?
 - Qui a été impliqué?
 - Quand est ce que l'activité a eu lieu?
 - Est-ce que l'activité a aidé à améliorer le processus d'enregistrement?
 - Y a-t-il eu des défis associés à cette activité?
78. Y a-t-il des importateurs de médicaments antipaludéens importants qui n'ont pas été enregistrés comme acheteurs de première ligne? A votre avis, pourquoi n'ont-ils pas été enregistrés? ***Question à poser à tous les répondants, incluant les acheteurs de première ligne qui ont/n'ont pas enregistrés.***

Commandes de CTA subventionnées

79. Pouvez-vous décrire le processus de commande et le processus d'approbation des commandes de CTA subventionnées de l'AMFm (dans le secteur public et le secteur privé)?
80. Y a-t-il eu des défis ou des difficultés liées aux commandes? Si oui,
- Pouvez-vous décrire les principaux défis rencontrés pour commander les médicaments? *Pour chaque défi/difficulté, demandez:*
 - Quand cela s'est-il passé?
 - Quelle était l'ampleur (durée et la gravité) du problème?
 - Quelque chose a été fait pour atténuer ou résoudre le problème?
81. Y a-t-il eu des activités pour faciliter ou encourager les acheteurs de première ligne à passer des commandes? *Pour chaque activité demandez:*
- Qu'est ce qui a été fait?
 - Qui a été impliqué?
 - Quand est ce que l'activité a eu lieu?
 - Est-ce que l'activité a aidé à augmenter le nombre, la quantité ou la fréquence des commandes?
 - Y a-t-il eu des défis associés à cette activité?

Pour les acheteurs de première ligne:

82. Avez-vous commandé des CTA subventionnées de l'AMFm? Si non, pourquoi? *S'ils ont passé des commandes, demandez:*
- A combien de fabricants avez-vous passé des commandes?
 - Comment avez-vous décidé à quel fabricant passer vos commandes?
 - Comment avez-vous décidé quelle quantité et quelle taille d'emballage commander? Comment avez-vous décidé quels produits commander?
 - Comment l'AMFm a affecté vos relations avec les autres fournisseurs (les fournisseurs non AMFm)?
 - Est-ce que l'AMFm a affecté vos commandes et/ou les ventes d'autres (non AMFm) médicaments antipaludéens? Comment?

Dédouanement

83. Pouvez-vous décrire le processus et des acteurs impliqués dans le dédouanement des médicaments antipaludéens? Est-ce différent pour les CTAs subventionnées?
84. En moyenne, quel est le temps nécessaire pour dédouaner une commande de CTA subventionnées?
85. Est-ce différent pour d'autres médicaments antipaludéens ou des produits pharmaceutiques?
86. Est-ce que le temps requis pour le dédouanement est différent selon les types d'importateurs (ex - public, privé à but lucratif, privé à but non lucratif)?
87. Y a-t-il eu des défis ou des difficultés pour le dédouanement? Si oui,
 - a. Pouvez-vous décrire les principaux défis? *Pour chaque difficulté / défis, demandez:*
 - b. Quand cela s'est-il passé?
 - c. Quelle était l'ampleur (durée et la gravité) du problème?
 - d. Est-ce que quelque chose a été fait pour atténuer ou résoudre le problème?
88. Des activités ont-elles été menées pour accélérer le dédouanement? *Pour chaque activité demandez:*
 - a. Qu'est ce qui a été fait?
 - b. Qui a été impliqué?
 - c. Quand est-ce que l'activité a eu lieu?
 - d. Est-ce que l'activité a aidé?
 - e. Y a-t-il eu des défis associés à cette activité?
89. Quels sont les couts (officiels et non officiels) liés au dédouanement pour les antipaludéens?

Distribution des CTA subventionnées de l'AMFm

90. Pouvez-vous décrire comment les CTA subventionnées sont distribués de l'acheteur de première ligne aux points de ventes dans le secteur privé? Dans le secteur public?
91. Y a-t-il eu des défis ou des difficultés dans la distribution de CTA subventionnées de l'AMF? Si oui,
 - a. Pouvez-vous décrire les principaux défis? Y a-t-il eu des défis spécifiques aux zones urbaines? Aux zones rurales? Sur un type particulier de point de vente? *Pour chaque problème / défis, demandez:*
 - b. Quand cela s'est-il passé?
 - c. Quelle était l'ampleur (durée et la gravité) du problème?

- d. Quelque chose a été fait pour atténuer ou résoudre le problème?
92. Y a-t-il eu des activités pour faciliter la distribution des médicaments subventionnés de l'AMFm? *Pour chaque activité demandez:*
- a. Qu'est ce qui a été fait?
 - b. Qui a été impliqué?
 - c. Quand est-ce que l'activité a eu lieu?
 - d. Est-ce que l'activité a aidé?
 - e. Y a-t-il eu des défis associés à cette activité?

Mise en œuvre des Interventions de Soutient (IS): Lancement national

93. Y a-t-il eu un lancement national? *Si oui, demandez:*
- a. Quand a eu lieu le lancement?
 - b. En quoi a consisté le lancement?
 - c. Qui a été impliqué?
 - d. Quelle a été la source de financement?
 - e. Y a-t-il eu des défis?
 - f. Quel impact pensez-vous que cela a eu?
94. Y a-t-il eu un lancement sub-national? *Si oui, demandez:*
- a. Quand a été le lancement?
 - b. En quoi a consisté le lancement?
 - c. Qui a été impliqué?
 - d. Quelle a été la source de financement?
 - e. Y a-t-il eu des défis?
 - f. Quel impact pensez-vous que cela a eu?

Mise en œuvre des Interventions de Soutient (IS): Activités de IEC*/CCC**

*IEC: Information – Education – Communication

**BCC: Communication pour le Changement de Comportement

95. Nous comprenons que les activités suivantes de IEC/CCC ont été menées en relation à l'AMFm [*listez celles dont vous êtes au courant et quand elles ont eu lieu*]? Est-ce que j'ai une liste complète de toutes les activités que ont été menées depuis [la date de la signature du contrat AMFm jusqu'à la date de la fin de la collecte des données de 'l'enquête points de vente ']? Si non, complétez les tableaux pour toutes les activités d'IEC/CCC supplémentaires. Ajoutez plus de tableaux si nécessaires.
96. Y a-t-il eu des retards? *Si oui, demandez:*
- a. Quelles ont été les causes des retards?
 - b. Comment cela a affecté le lancement?
97. Comment pensez-vous que la campagne d'IEC s'est déroulée?

98. Quels sont les messages clés? Quels messages sont les plus efficaces? Quels sont ceux qui sont le moins efficaces? Pourquoi?
99. Quel moyen de communication a le mieux marché? Pourquoi?
100. Quels groupes ont été touchés? Comment le savez-vous? Quelle preuve avez-vous sur l'impact/la portée?
101. Y a-t-il eu des défis liés aux activités IEC/CCC? *Si oui, demandez:*
- Quels sont les principaux défis? Y a-t-il eu des défis spécifiques aux zones urbaines? Aux zones rurales? À des types particuliers de points de vente?
Pour chaque problème/ défis, demandez:
 - Quand cela s'est-il passé?
 - Quelle était l'ampleur (durée et la gravité) du problème?
 - Quelque chose a-t-il été fait pour atténuer ou résoudre le problème?
102. Y a-t-il eu des conséquences imprévues (perverse) des activités d'IEC/BCC?
103. Le secteur privé a-t-il effectué des activités de promotion / marketing sur les médicaments de l'AMFm?

Mise en œuvre des Interventions de Soutien: Formation

104. Nous comprenons que les activités de formation suivantes ont été menées en relation avec l'AMFm [*listez celles dont vous êtes au courant et quand elles ont eu lieu*]? Ai-je bien noté toutes les activités que ont été menées depuis la date de la signature du contrat AMFm jusqu'à la date de la fin de la collecte des données 'de l'enquête points de vente']? Pour les fournisseurs publics et privés? Si non, remplissez un tableau pour chaque activité de formation additionnelle. Joignez tous les tableaux complétés au questionnaire.
105. De quelle nature était la formation (nombre de jours, sujets abordés, etc.)? Est-ce que la formation était en rapport direct avec l'AMFm, ou avec le diagnostic et le traitement du paludisme?
106. Y a-t-il eu des retards? Si oui, demandez:
- Quelles étaient les causes des retards?
 - Comment cela a affecté le lancement des activités de formation?
107. Comment pensez-vous que la formation s'est déroulée? Comment le savez-vous? Quelles preuve y a-t-il sur l'impact/la couverture? Quels aspects ont été les plus efficaces? Les moins efficaces? Pourquoi?
108. Y a-t-il eu des défis liés à la formation? Si oui, demandez:
- Quels sont les principaux défis? Y a-t-il eu des défis spécifiques aux zones urbaines? Aux zones rurales? À des types particuliers de points de vente?
Pour chaque problèmes/ défis, demandez:

- b. Quand cela s'est-il passé?
- c. Quelle était l'ampleur (durée et la gravité) du problème?
- d. Est-ce quelque chose a été fait pour atténuer ou résoudre le problème?

Mise en œuvre des Interventions de Soutien: Interventions Règlementaires

109. Le statut réglementaire¹⁶ des CTA a-t-il changé récemment? *Si oui, demandez:*
- a. Quand est-ce que les changements réglementaires ont eu lieu?
 - b. Qu'est ce qui a été fait pour implémenter les changements réglementaires?
110. Quel est l'impact du statut réglementaire des CTA sur la disponibilité, le prix et la part de marché des CTA?
111. Quel est le statut réglementaire des monothérapies à base d'artémisinine et les monothérapies sans artémisinine?
112. A-t-il changé récemment? *Si oui, demandez:*
- a. Quand est-ce que les changements réglementaires ont eu lieu?
 - b. Qu'est ce qui a été fait pour implémenter les changements réglementaires?
113. Quel est l'impact du statut réglementaire des monothérapies sur la disponibilité, le prix et la part de marché des CTA?
114. Quels types de points de vente sont autorisés à vendre les CTAs?
115. Cela a-t-il changé récemment? *Si oui, demandez:*
- a. Quand est-ce que les changements réglementaires ont eu lieu?
 - b. Qu'est ce qui a été fait pour implémenter les changements réglementaires?
116. Quel est l'impact de ces changements sur la disponibilité, le prix et la part de marché des CTA?
117. Y a-t-il eu d'autres interventions réglementaires ou des changements de politique implémentés depuis [la date de la signature du contrat AMFm jusqu'à la date de la fin de la collecte des données 'de l'enquête points de vente'] et qui sont pertinentes à l'AMFm? *Si oui* remplissez un tableau pour chaque activité de renforcement de réglementation additionnelle. Joignez tous les tableaux complétés au questionnaire.
- 118.
- a. Pouvez-vous décrire les interventions réglementaires/les changements de politique?
 - b. Qu'est ce qui a été fait pour les implémenter?
 - c. Quand est ce que la mise en œuvre a commencé?
 - d. Comment s'est déroulée la mise en œuvre?

¹⁶ Prescription or OTC.

119. Y a-t-il eu des défis liés au changement de la réglementation? Si oui, demandez:
- Quels sont les principaux défis? Y a-t-il eu des défis spécifiques aux zones urbaines? Aux zones rurales? À des types particuliers de points de vente?
Pour chaque problèmes/défis, demandez:
 - Quand cela s'est-il passé?
 - Quelle était l'ampleur (durée et la gravité) du problème?
 - Est-ce quelque chose a été fait pour atténuer ou résoudre le problème?

Mise en œuvre des Interventions de Soutien: Fixation des prix (sera demandé dans tous les pays AMFm, même s'ils n'appliquent pas les prix au détail recommandés ou les prix maximum)

120. Y a-t-il des prix maximum ou des prix au détail recommandés pour les produits subventionnés de l'AMFm dans ce pays?

121. *S'il y a des prix recommandés ou des prix maximum au détail, demandez:*
Quelles activités ont été mises en place pour s'assurer que les prix recommandés ou les prix maximum de détail sont respectés? *Pour chaque activité, demandez:*
- Qu'est ce qui a été fait?
 - Qui a été impliqué?
 - Quand est ce que l'activité a eu lieu?
 - Est-ce que l'activité a aidé?
 - Y a-t-il eu des défis associés à cette activité?

122. Y a-t-il eu des défis liés aux prix des CTA subventionnées? Si oui, demandez:
- Quels sont les principaux défis? Y a-t-il eu des défis spécifiques aux zones urbaines? Zones rurales?
Pour chaque problème/défi, demandez:
 - Quand cela s'est-il passé?
 - Quelle était l'ampleur (durée et la gravité) du problème?
 - Est-ce quelque chose a été fait pour atténuer ou résoudre le problème?

123. *S'il y a des prix recommandés ou des prix maximum au détail, demandez:*
Pensez-vous que les prix maximum ou les prix recommandés au détail sont respectés? Pourquoi ou pourquoi pas? Y a-t-il des différences entre les zones urbaines et les zones rurales?

Pour les répondants du secteur privé:

124. Comment fixez-vous vos prix des CTA subventionnées de l'AMFm? Est-ce différent des autres médicaments antipaludéens? Pourquoi ou pourquoi pas?

Mise en œuvre des Interventions de Soutien: Diagnostics (TDRs et diagnostic microscopique)

125. Nous comprenons que les activités suivantes, liées à l'amélioration de l'accessibilité et à la qualité de tests de diagnostic, ont été menées [*listez celles dont vous êtes au courant et quand elles ont eu lieu*]? Est-ce que j'ai une liste complète de toutes les activités qui ont été menées depuis [la date de la signature du contrat AMFm jusqu'à la date de la fin de la collecte des données 'de l'enquête points de vente'] et qui sont pertinentes à l'AMFm? Si non, complétez un tableau pour toutes les autres activités additionnelles. Ajoutez des tableaux supplémentaires si nécessaire.
126. Que pensez-vous du déroulement des activités liées diagnostic du paludisme? Comment le savez-vous? Quels aspects ont été les plus efficaces? Les moins efficaces? Pourquoi?
127. Quelle preuve y a-t-il sur le taux de couverture? Dans le secteur public? Dans le secteur privé?
128. Quel est l'impact des activités liées au diagnostic du paludisme sur la disponibilité, le prix et la part de marché des CTA?
129. Y a-t-il eu des défis liés à l'amélioration de l'accessibilité et à la qualité du diagnostic du paludisme. Si oui, demandez:
- a. Quels sont les principaux défis? Y a-t-il eu des défis spécifiques aux zones urbaines? Zones rurales?
Pour chaque problème/défi, demandez:
 - b. Quand cela s'est-il passé?
 - c. Quelle était l'ampleur (durée et la gravité) du problème?
 - d. Est-ce quelque chose a été fait pour atténuer ou résoudre le problème?

Mise en œuvre des Interventions de Soutien: Pharmacovigilance

130. Nous comprenons que les activités suivantes de pharmacovigilance ont été menées [*listez celles dont vous êtes au courant et quand elles ont eu lieu*]? Est-ce que j'ai une liste complète de toutes les activités qui ont été menées depuis la date de la signature du contrat AMFm jusqu'à la date de la fin de la collecte des données 'de l'enquête points de vente'] et qui sont pertinentes à l'AMFm? Si non, complétez un tableau pour toutes les autres activités de formation supplémentaires. Ajoutez des tableaux supplémentaires si nécessaire.
131. Que pensez-vous du déroulement des activités liées à la pharmacovigilance? Comment le savez-vous? Quels aspects ont été les plus efficaces? Les moins efficaces? Pourquoi?
132. Y a-t-il eu des défis liés à la pharmacovigilance. Si oui, demandez:
- a. Quels sont les principaux défis? Y a-t-il eu des défis spécifiques aux zones urbaines? Zones rurales?
Pour chaque problème/défi, demandez:
 - b. Quand cela s'est-il passé?
 - c. Quelle était l'ampleur (durée et la gravité) du problème?

d. Est-ce quelque chose a été fait pour atténuer ou résoudre le problème?

133. Y a t'il eu des inquiétudes concernant la sécurité ou l'efficacité des médicaments subventionnés de l'AMFm?

134. Y a-t-il eu des inquiétudes concernant la contrefaçon des médicaments subventionnés de l'AMFm?

Mise en œuvre des Interventions de Soutien: atteindre les populations pauvres et vulnérables.

135. Nous comprenons que les activités suivantes ont été menées pour aider les populations pauvres et vulnérables à avoir accès aux CTAs [*listez celles dont vous êtes au courant et quand elles ont eu lieu*]? Est-ce que j'ai une liste complète de tous les activités que ont été menées depuis la date de la signature du contrat AMFm jusqu'à la date de la fin de la collecte des données 'de l'enquête points de vente'] et qui sont pertinentes à l'AMFm? Si non, complétez un tableau pour toutes les autres activités supplémentaires. Ajoutez des tableaux supplémentaires si nécessaire.

136. Que pensez-vous du déroulement de ces activités? Comment le savez-vous? Quels aspects ont été les plus efficaces? Les moins efficaces? Pourquoi?

137. Y a-t-il eu des défis liés aux efforts pour atteindre les populations pauvres et vulnérables. Si oui, demandez:

- a. Quels sont les principaux défis? Y a-t-il eu des défis spécifiques aux zones urbaines? Zones rurales?
Pour chaque problème/défi, demandez:
- b. Quand cela s'est-il passé?
- c. Quelle était l'ampleur (durée et la gravité) du problème?
- d. Est-ce quelque chose a été fait pour atténuer ou résoudre le problème?

Mise en œuvre des Interventions de Soutien: d'autres Interventions de Soutien?

138. Y a-t-il eu d'autres activités ou des interventions de support depuis [la date de la signature du contrat AMFm jusqu'à la date de la fin de la collecte des données 'l'enquête points de vente'] et qui sont pertinentes à l'AMFm? Si oui, complétez un tableau pour toutes les autres activités supplémentaires. *Ajoutez des tableaux supplémentaires si nécessaire.*

139. *Pour chaque activité, demandez:*

- a. Qu'est ce qui a été fait?
- b. Qui a été impliqué?
- c. Quand est-ce que l'activité a eu lieu?

d. Est-ce que l'activité a aidé?

140. Que pensez-vous du déroulement de ces activités? Comment le savez-vous? Quels aspects ont été les plus efficaces? Les moins efficaces? Pourquoi?

141. Y a-t-il eu des défis liés à ces autres activités. Si oui, demandez:

a. Quels sont les principaux défis? Y a-t-il eu des défis spécifiques aux zones urbaines? Zones rurales?

Pour chaque problème/défi, demandez:

b. Quand cela s'est-il passé?

c. Quelle était l'ampleur (durée et la gravité) du problème?

d. Est-ce quelque chose a été fait pour atténuer ou résoudre le problème?

Mise en œuvre des Interventions de Soutien: Etudes de recherche

142. Y a-t-il eu des activités ou interventions menées dans le cadre d'études pilotes ou d'études d'interventions?

Pour chaque projet d'étude demandez:

a. Qu'est ce qui a été fait?

b. Qui a été impliqué?

c. De quelle taille était le projet d'étude? Où a-t-il eu lieu?

d. Les résultats sont-ils disponibles?

Dernières questions sur l'AMFm

143. Dans l'ensemble, selon vous quel est l'impact de l'AMFm sur le prix et la disponibilité des CTA dans ce pays? Quel est l'impact sur prix et de la disponibilité des autres médicaments antipaludéens?

144. Comment est-ce que les acteurs principaux de la chaîne d'approvisionnement des médicaments antipaludéens (les fabricants, les importateurs, les grossistes, les points de ventes, etc.) ont réagi par rapport à l'AMFm?

145. Y a-t-il des acteurs qui ont réagi négativement à l'AMFm? Si oui, comment¹⁷?

Pour les répondants du secteur privé:

146. Quel a été l'impact de l'AMFm sur vos affaires?

Pour les répondants des autres secteurs:

147. Quel a été l'impact de l'AMFm sur votre organisation?

¹⁷ Ajoutez cadres additionnelles si est nécessaire.

Pour tous les répondants:

148. Y a-t-il autre chose que vous souhaitez nous dire à propos de votre expérience avec l' AMFm?

Partie 2: Collecte des données de contexte

Pour chaque question, complétez une rangée de tableau pour chaque évènement décrit par le répondant.

Nous souhaitons vous poser des questions sur les autres facteurs, hormis l'AMFm, qui auraient pu affecter le poids du paludisme, le comportement de recherche de traitement antipaludéen et/ ou l'approvisionnement de traitement antipaludéen depuis [la date de la signature du contrat AMFm jusqu'à la date de la fin de la collecte des données 'de l'enquête points de vente']:

13. Y a-t-il eu d'autres interventions importantes de lutte contre le paludisme qui ont été mises en œuvre? (ex. campagne de lancement de MII, changement lié au moyen de diagnostic, pulvérisation intra-domiciliaire, etc.) Par le gouvernement? Par des institutions religieuses ou des ONG? Par le secteur privé?
14. A part des antipaludéens achetés par l'AMFm, y a-t-il d'autres achats importants de CTAs pour le secteur public, ou pour le secteur privé à but non lucratif?
15. Y a-t-il eu des interventions importantes de contrôle du paludisme qui ont été arrêtées ou bien interrompues?
16. Y a-t-il eu des changements relatifs aux fonds reçus de sources internationales? de sources nationales?
17. Y a-t-il eu des problèmes en lien avec le paludisme qui ont été récemment mis en évidence par les médias? (ex. Préoccupation sur la sécurité ou l'efficacité d'un médicament)
18. Y a-t-il eu des changements dans la mise à disposition de médicaments antipaludéens dans les établissements publics de santé? (ex. changements dans les antipaludiques stockés, rupture de stock importante, ou fin de rupture de stocks)
19. Y a-t-il eu des changements importants dans le fonctionnement du système de santé gouvernemental (ex. modification des frais d'utilisateurs des services de santé, introduction de nouveaux types de travailleurs de la santé, ouverture de nouveaux établissements, etc.)
20. Y a-t-il eu des changements importants dans la conception de la mise en application de loi pharmaceutique? (ex. changement du statut de prescription de certains médicaments antipaludéens, interdiction de certains produits, sanctions sur les points de ventes illégaux, les types de points de ventes que peuvent vendre CTAs, etc.)
21. Y a-t-il eu des événements climatiques qui auraient pu affecter le fardeau du paludisme ou le traitement du paludisme? (ex. inondations, sécheresses, etc.)
22. Y a-t-il eu des changements économiques importants qui auraient pu affecter le fardeau du paludisme ou le traitement du paludisme? (ex. Forte inflation, augmentation du chômage, changement des prix des denrées alimentaires de base, changement majeur dans le taux de change, etc.).
23. Y a-t-il eu des événements politiques importants qui auraient pu affecter le fardeau du paludisme ou le traitement du paludisme? (ex, élections, troubles).

24. Pensez-vous à d'autres événements qui auraient pu affecter le fardeau du paludisme, la recherche de traitement antipaludiques ou l'approvisionnement de traitement antipaludéen?

Impact probable sur la disponibilité, prix, part de marché et utilisation de CTAs	Localisation Géographique	Dates	Description des événements	Évènement

Partie 3: Impôts et Tarifs: Donnés de contexte

Il n'est pas nécessaire de poser ces questions à tous les répondants:

- a. Veuillez décrire les taxes principales que doivent payer les acteurs à chaque niveau de la chaîne d'approvisionnement des médicaments antipaludéens?
- b. Le statut fiscal des médicaments antipaludéens est différent-t-il de celui des autres médicaments? Comment?
- c. Veuillez décrire les taxes principales qui doivent être payées par les acteurs à chaque niveau de la chaîne d'approvisionnement des TDRs?

Partie 4: Identification des autres répondants:

Nous posons ces questions à un large nombre d'informateurs clés, incluant *[liste de personne déjà identifiées]*. Y a-t-il quelqu'un d'autre à qui vous pensez qui serait important d'interroger?

1	
Nom	
Nom du poste	
Organisation	

2	
Nom	
Nom du poste	
Organisation	

3	
Nom	
Nom du poste	
Organisation	

FIN

Quantification of Supporting Interventions

Outil de collecte de données sur les interventions de soutien - Récipiendaire principal du financement de l'AMFm

Introduction

La Facilité de Médicaments Antipaludiques à des Prix Abordables (the Affordable Medicines Facility – malaria (AMFm) abritée par le Fonds Mondial de lutte contre le SIDA, la Tuberculose et le Paludisme a été créé pour améliorer l'accès aux Combinaisons Thérapeutiques à base d'Artémisinine (CTA). L'AMFm est un mécanisme de financement incluant trois composantes. (1) la réduction de prix grâce à des négociations avec les fabricants des CTA, (2) une subvention acheteur par un co-paiement au sommet de la chaîne d'approvisionnement mondiale par l'AMFm au nom des acheteurs éligibles du public, privé à but lucratif et privés non-lucratif, et (3) les interventions de soutien visant à promouvoir une utilisation appropriée des CTA. Des exemples de ces «interventions de soutien» comprennent la formation des prestataires et la sensibilisation des communautés afin de promouvoir l'utilisation des CTA. L'AMFm est actuellement testé dans une première phase qui comprend huit projets pilotes dans sept pays: Ghana, Kenya, Madagascar, Niger, Nigeria, République Unie de Tanzanie (continentale et Zanzibar) et Ouganda.

L'évaluation indépendante fait partie du cadre de suivi et évaluation multi-facettes élaboré pour la phase 1 de l'Affordable Medicines Facility - malaria (AMFm). Il a pour but d'évaluer si, et dans quel degré, la Phase 1 AMFm a atteint ses objectifs. Les résultats de l'évaluation indépendante seront résumés dans un rapport qui sera examiné par le Conseil d'administration du Fonds Mondial à la fin de la phase 1. Les quatre principaux objectifs du de l'AMFm sont: (i) Améliorer l'accessibilité financière aux CTA, (ii) Améliorer la disponibilité des CTA, (iii) Améliorer l'utilisation des CTA, y compris parmi les groupes vulnérables, et (iv) à «évincer» les autres antipaludéens oraux en améliorant la part de marché des CTA. L'évaluation indépendante de la Phase 1 de l'AMFm a été commissionnée pour répondre au besoin de preuves sur lesquelles fonder la décision finale du conseil d'administration du Fonds Mondial. A travers un appel d'offre compétitive, le Fonds Mondial a contracté ICF International et la «London School of Hygiene and Tropical Medicine (LSHTM)» pour mener l'évaluation indépendante dans tous les pays opérationnels¹⁸ de la phase 1.

Cette fiche a été conçue pour fournir des informations à l'équipe de l'évaluation indépendante sur les interventions de soutien qui ont été mises en œuvre dans le cadre de l'AMFm. Elle vous a été envoyée pour remplissage. L'équipe de Clinton Health Access initiative (CHAI) est disposée à apporter son soutien pour le recueil des informations nécessaires pour le remplissage de la fiche- Prière de les contacter si nécessaire.

¹⁸ En mars 2011, le Comité ad hoc de l'AMFm a décidé d'exclure le Cambodge de l'évaluation en raison de manque de CTA éligibles pour la subvention.

Prière d'envoyer la fiche remplie, dans un délai de deux semaines après réception, par courriel au:

Dr. Kara Hanson, London School of Hygiene and Tropical Medicine Kara.hanson@lshtm.ac.uk,
Phone: +44 20 7927 2267, avec copie au Dr. Fred Arnold, ICF International farnold@icfi.com,
phone: 301-572-0938

Questions

Cette fiche recueille des informations quantitatives sur le processus de mise en œuvre des interventions de soutien dans votre pays. Elle doit être remplie par le récipiendaire principal (RP), avec le soutien de personne ressource de CHAI avant la visite pour l'étude de cas-pays.

Identification de la personne remplissant la fiche

Nom	
Fonction	
Institution	
Pays	

Nombre d'importateurs pharmaceutiques enregistrés

Privé à but non lucratif	
Privé à but lucrative	
Public/gouvernemental	
Date:	
Source:	
Note:	

Formation

Prière de remplir les tableaux pour toutes les formations de prestataires pertinentes dans le cadre de l'AMFm qui ont eu lieu depuis la signature de l'accord de la subvention. Ces formations doivent avoir été financées par le Fonds Mondial soit spécifiquement dans le cadre de l'AMFm ou à travers des rounds de financement précédents.

Notez qu'il est prévu des tableaux que pour un maximum de 6 activités de formation. Vous pouvez ajouter ou supprimer des tableaux si nécessaire.

Formation 1	
Titre de la formation	
Type de prestataires formés	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre de personnes formées	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Formation 2	
Titre de la formation	
Type de prestataires formés	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre de personnes formées	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Formation 3	
Titre de la formation	
Type de prestataires formés	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre de personnes formées	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Formation 4	
Titre de la formation	
Type de prestataires formés	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre de personnes formées	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Formation 5	
Titre de la formation	
Type de prestataires formés	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre de personnes formées	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Formation 5	
Titre de la formation	
Type de prestataires formés	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre de personnes formées	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

ICE/CCC

Prière de remplir les tableaux pour toutes les activités de ICE/CCC dans le cadre de l'AMFm qui ont eu lieu depuis la signature de l'accord de la subvention. Ces activités de ICE/CCC doivent avoir été financées par le Fonds Mondial soit spécifiquement dans le cadre de l'AMFm ou à travers des rounds de financement précédents.

Noter qu'il est prévu des tableaux uniquement que pour un maximum de 6 activités de ICE/CCC. Vous pouvez ajouter ou supprimer des tableaux si nécessaire.

Activité 1	
Nom de l'activité	
Nature/description de l'activité (par exemple: Affichage, radio, tv, animation dans la rue, t-shirts, etc)	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre (par exemple. de spots publicitaire ou d'article de promotion)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 2	
Nom de l'activité	
Nature/description de l'activité (par exemple: Affichage, radio, tv, animation dans la rue, t-shirts, etc)	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre (par exemple. de spots publicitaire ou d'article de promotion)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 3	
Nom de l'activité	
Nature/description de l'activité (par exemple: Affichage, radio, tv, animation dans la rue, t-shirts, etc)	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre (par exemple. de spots publicitaire ou d'article de promotion)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 4	
Nom de l'activité	
Nature/description de l'activité (par exemple: Affichage, radio, tv, animation dans la rue, t-shirts, etc)	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre (par exemple. de spots publicitaire ou d'article de promotion)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 5	
Nom de l'activité	
Nature/description de l'activité (par exemple: Affichage, radio, tv, animation dans la rue, t-shirts, etc)	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre (par exemple. de spots publicitaire ou d'article de promotion)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 6	
Nom de l'activité	
Nature/description de l'activité (par exemple: Affichage, radio, tv, animation dans la rue, t-shirts, etc)	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Nombre (par exemple. de spots publicitaire ou d'article de promotion)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Diagnostic

Prière de remplir les tableaux pour toutes les activités relatives à l'amélioration de l'accès au diagnostic (TDRs, microscopie) dans le cadre de l'AMFm qui ont eu lieu depuis la signature de l'accord de la subvention. Ces activités doivent avoir été financées par le Fonds Mondial soit spécifiquement dans le cadre de l'AMFm ou à travers des rounds de financement précédents.

Notez qu'il est prévu des tableaux uniquement que pour un maximum de 6 activités relatives à l'amélioration de l'accès au diagnostic. Vous pouvez ajouter ou supprimer des tableaux si nécessaire.

Activité 1	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	
Source de financement	

Activité 2	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	
Source de financement	

Activité 3	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	
Source de financement	

Activité 4	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	
Source de financement	

Activité 5	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	
Source de financement	

Activité 6	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	
Source de financement	

Pharmacovigilance

Prière de remplir les tableaux pour toutes les activités de pharmacovigilance dans le cadre de l'AMFm qui ont eu lieu depuis la signature de l'accord de la subvention. Ces activités de pharmacovigilance doivent être financées par le Fonds Mondial soit spécifiquement dans le cadre de l'AMFm ou à travers des rounds de financement précédents.

Notez qu'il est prévu des tableaux que pour un maximum de 6 activités de pharmacovigilance. Vous pouvez ajouter ou supprimer des tableaux si nécessaire.

Activité 1	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 2	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 3	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 4	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 5	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 6	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activités de renforcement des textes de régulation pharmaceutique

Prière de remplir les tableaux pour toutes les activités de renforcement des textes de régulation pharmaceutique dans le cadre de l'AMFm qui ont eu lieu depuis la signature de l'accord de subvention. Ces activités doivent avoir été financées par le Fonds Mondial soit spécifiquement dans le cadre de l'AMFm ou à travers des rounds de financement précédents.

Noter qu'il est prévu des tableaux que pour un maximum de 6 activités de renforcement des textes de régulation pharmaceutique. Vous pouvez ajouter ou supprimer des tableaux si nécessaire.

Activité 1	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 2	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 3	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 3	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 4	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 5	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 6	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Atteindre les groupes vulnérables

Prière de remplir les tableaux pour toutes les activités pour améliorer de l'accès aux CTA par les groupes vulnérables, dans le cadre de l'AMFm, qui ont eu lieu depuis la signature de l'accord de la subvention. Ces activités doivent avoir été financées par le Fonds Mondial soit spécifiquement dans le cadre de l'AMFm ou à travers des rounds de financement précédents.

Noter qu'il est prévu des tableaux que pour un maximum de 6 activités pour améliorer l'accès aux CTA par les groupes vulnérables. Vous pouvez ajouter ou supprimer des tableaux si nécessaire.

Activité 1	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 2	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 3	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 4	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 5	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 6	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Autres activités de soutien

Prière de remplir les tableaux pour toutes autres activités de soutien, dans le cadre de l'AMFm, qui ont eu lieu depuis la signature de l'accord de la subvention. Ces activités doivent avoir été financées par le Fonds Mondial soit spécifiquement dans le cadre de l'AMFm ou à travers des rounds de financement précédents.

Noter qu'il est prévu des tableaux que pour un maximum de 6 toutes autres activités de soutien. Vous pouvez ajouter ou supprimer des tableaux si nécessaire.

Activité 1	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 2	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 3	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 4	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 5	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 6	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Information sur les CTA

- c. Pouvez-vous nous fournir la liste des CTA enregistrés et leurs statuts d'enregistrement (par exemple POM/OTC) ainsi la date à laquelle la liste a été publiée?
- d. Nous avons obtenu du site web du Fonds Mondial la liste suivante des commandes de CTA subventionnés pour votre pays (Fichier joint). Pourriez vous confirmer que ces données sont à jour et correctes dans la colonne indiquée? Si non, prière de faire les corrections et indiquez les cellules dans lesquelles les corrections ont été faites.

Information d'autres interventions de soutien en relation avec l'AMFm

Au cours de la visite pour l'étude de cas, le consultant voudrait s'entretenir avec les personnes impliquées dans la mise en œuvre des interventions de soutien en relation avec l'AMFm financées par d'autres sources autre que le Fonds Mondial.

Avez-vous connaissance d'autres interventions de soutien en relation avec l'AMFm qui ne sont pas financées par le Fonds Mondial?

Oui

Non

Si oui, Prière de lister ces activités dans les tableaux ci-dessous. Si vous n'aviez pas toutes les informations, laisser les lignes vierges.

Activité 1	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 2	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 3	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 4	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 5	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Activité 6	
Nom de l'activité	
Nature/description de l'activité	
Groupe cible	
Message principal	
Secteur (Privé lucratif, privé non lucratif, publique)	
Echelle géographique (Si, sous-nationale, indiquer les localités)	
Date de début	
Date de fin	
Personne ou institution de contact	

Merci pour votre temps

Appendix M: Methodological approach for defining remote areas

M.1 Defining Remote Areas: Conceptual Approach

Note: This approach was agreed upon after discussion with Dr. Abdisalan Noor from KEMRI - Wellcome Trust Kenya who has previously done similar work for Kenya.

A composite index has been used to define remote areas. Remoteness was defined as lack of access to public, social and commercial services that are considered the norm in cities, towns and main centers of trade, collectively referred to as service centers. Remoteness is a function of distance (Euclidian distance corrected for terrain and the road network) from population settlements to service centers. Service centers are classified by population size, a proxy for the concentration of services, to account for the varying level of influence exerted by service centers of different sizes on the remoteness index. At a minimum, therefore, the computation of remoteness requires information on the location of population settlements, services centers and the transport system that links the origin (client areas) and destination (service centers). It should be pointed out that the method used for defining remoteness in this study is one of many possible methodologies, but the method described below was chosen for the Independent Evaluation because of its appropriateness and feasibility.

M.2 Method

The method used was adapted from the one used to compute the Accessibility-Remoteness Index of Australia. The remoteness index was computed as follows:

1. Service centers were classified into three main categories of decreasing population sizes:
 - A) Cities, Municipalities and District Headquarters
 - B) Towns and Divisional Headquarters
 - C) Market and Trading Centers
2. Road distances, as opposed to straight-line distances, to service centers were computed for all client areas.
3. The average distances to any category of services center from all client areas was calculated. Then, for each client area, the distance to any category of service center was divided by the average distance to that category. The result is a distance surface of ratio to mean. For example, if client area A has a ratio to mean distance of 2 to a category A service center, this implies that it is twice as far from a category A service center as the average client area.
4. This ratio for each client area was capped at a value of 0.5. For example, if the distance of a client area from a category A service center is ≥ 0.5 times the average distance of all client areas to their nearest category A service center, then

the ratio would be 0.5. This was done to reduce the influence of large distances to larger but fewer service centers on the overall index. The cap of 0.5 ratio to mean represents approximately 50 kilometers to Category A service centers, 30 km to Category B service centers and 15 km to Category C service centers.

5. For each client area, the ratios relating to each of the three categories of service centers (A, B and C) was summed to give a total index value of 0.0-1.5, resulting in a continuous index of remoteness.
6. The continuous surface was classified into four categories as follows:
 - Highly Accessible (<0.5)
 - Accessible (0.5 - <0.75)
 - Remote (0.75 - <1)
 - Very Remote (1.0–1.5)
7. Areas with no malaria (zero transmission based on an in-country malaria control definition) were excluded before the remoteness index was computed.

Appendix N: Exit interview questionnaire – English

**Global Fund AMFm Phase 1 Independent Evaluation - Additional
Studies**

EXIT INTERVIEWS

Individual interviews at outlets selling medicines

1-Background information

1.1 Interviewers

Name		Code:	I__I__I
Date of visit:	I__I__I.I__I__I.2012	Begin time of interview:	I__I__I h I__I__I mn
		End time of interview:	I__I__I h I__I__I mn

1.2 Identification of the outlet

Name of the outlet:	<input type="text"/>
Location of the outlet (place):	<input type="text"/>

1.3 Identification of participant

Country code:	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
Cluster number:									
Outlet number:									
Participant number:									

2. Respondents

No.	Questions	Answers
1	Hello. Could I speak to you for a minute? My name is <i>[Administer Informed Consent statement here before going any further]</i> <i>[Record each refusal, and continue with each person who accepts to participate]</i>	Yes.....1 No.....2 (Stop interview)
2	Sex	Male.....1 Female.....2
3	Year of birth	19__/__/
4	What did you come here to do today? <i>[If more than one reason given, circle the code for the first reason mentioned]</i>	See the pharmacist.....1 See the doctor/ medical personnel...2 Get treatment3 Get medicine.....4 (go to #6) Get malaria treatment.....5 (go to #24) Other.....6
5	<i>[If answer is 1 or 2 or 3 or 6]</i> Did you also get medicine?	Yes.....1 No.....2 (go to #9)
6	So you also got medicine. Were you able to get the medicine you wanted?	Yes.....1 No.....2
7	What medicine did you get? <i>[Record all medicines mentioned]</i> <i>[If respondent refused to name medicine, write:</i> <i>“Refused” in blank]</i>	_____ _____ _____ None.....00 (go to #9)

8	CHECK 7: ANY MEDICINE MENTIONED IS AN ANTIMALARIAL?	Yes.....1 (go to #27 and record any anti-malarials in the first column of the table, #27) No.....2
9	Have you ever taken drugs to treat malaria?	Yes.....1 No.....2 (go to #14) Don't remember....3 (go to #14)
10	What kind of drugs did you take most recently? [Circle only one answer]	Fansidar.....1 Chloroquine.....2 Amodiaquine.....3 Quinine.....4 Artesunate.....5 Other.....6 Don't know.....7 AL/Coartem.....8 ASAQ/Winthrop9 Artefan10 Other ACT.....11
11	Did you choose the drug yourself or was the drug prescribed or given to you?	Chose drug myself.....1 Prescribed/given.....2 Don't know/remember.....3
12	How long ago was that?	Less than 1 month.....1 1-2 months.....2 3 months or longer.....3 Don't know.....4

13	<p>Why did you use that drug? <i>[Record all mentioned]</i></p>	<p>It is freeA It is cheap.....B It is strong.....C It is effective.....D Pharmacist recommended.....E Doctor/health personne Recommended.....F I've used it before.....G Friend/relative recommend.....H Only one availableI Leftover medicine.....J Other.....K</p>
14	<p>Think now about all the kinds of drugs to treat malaria that are available in your area. Can you please name them? <i>[Circle the code for each drug named, and ask: "Any others?"]</i> <i>[Circle all mentioned]</i></p>	<p>Fansidar.....A Chloroquine.....B Amodiaquine.....C Quinine.....D Artesunate.....E AL/Coartem.....F ASAQ/WinthropG ArtefanH Other ACT.....I Other.....J Other.....K Don't know.....L</p>
15	<p>Have you ever heard of the new drugs for treating malaria called ACTs?</p>	<p>Yes.....1 No.....2 (go to #18)</p>

16	<p>Where did you see or hear about ACTs most recently?</p> <p>[Circle only one answer]</p>	<p>Television.....1</p> <p>Radio2</p> <p>Billboard.....3</p> <p>Newspaper/magazine.....4</p> <p>Poster.....5</p> <p>Internet.....6</p> <p>Health centre/clinic.....7</p> <p>Pharmacy.....8</p> <p>Family/friends.....9</p> <p>Public event.....10</p> <p>Other.....11</p> <p>Don't remember12</p>
17	<p>How long ago was that?</p>	<p>Less than 1 month.....1</p> <p>1-2 months.....2</p> <p>3 months or longer.....3</p> <p>Don't know.....4</p>
18	<p>[Show enlargement of logo]</p> <p>Have you seen this logo anywhere?</p>	<p>Yes.....1</p> <p>No.....2 (go to #21)</p>
19	<p>Where have you seen it?</p> <p>[Circle the code for each place named and ask: "Any other place?"]</p> <p>[Record all mentioned]</p>	<p>Television.....A</p> <p>Billboard.....B</p> <p>Newspaper/magazine.....C</p> <p>Poster.....D</p> <p>Internet.....E</p> <p>Health centre/clinic.....F</p> <p>Pharmacy.....G</p> <p>On anti-malarial drugs.....H</p> <p>Public events.....I</p> <p>Other _____ J</p> <p>_____ K</p> <p>(specify)</p>

20	Have you ever seen the logo in this shop/pharmacy or facility?	Yes.....1 No.....2 Not sure.....3
21	What do you think this logo means? <i>[If response is “don’t know”, ask “What does the logo bring to mind or make you think of?”]</i> <i>[Record all mentioned]</i>	Malaria medicine.....A Good quality malaria medicine.....B ACTs.....C Good quality ACTs.....D Reasonably priced malaria medicine.....E Strong medicine.....F Herbal medicineG Don’t know.....H Other _____ I _____ J <i>(specify)</i>
22	What medicines has this logo displayed on them? <i>[Circle the code for each drug named, and ask: “Any others?”]</i> <i>[Record all mentioned]</i>	Medicine to treat malaria.....A Fansidar.....B Chloroquine.....C Amodiaquine.....D Quinine.....E ArtesunateF AL/Coartem.....G ASAQ Winthrop.....H ArtefanI Other ACT.....J Don’t know.....K Other.. _____ L _____ M <i>(Specify)</i>
23	Do you have any questions for me? <i>[Thank the respondent answering the questions and end interview]</i>	Yes1 No2

[For those who came to get malaria treatment (see #4)]

24	So you came to get malaria treatment. Were you able to get what you wanted?	Yes.....1 No.....2
25	What medicine did you <i>want</i> to get?	_____
26	What medicine did you get?	_____

<p>Record anti-malarials from #8 & 26.</p> <p>27. So you got X and Y. <i>(Anything else?) [Ask to see the medicines listed below.]</i></p>	28. How many pills/tubes/units did you get?	29. How much did it cost? <i>If there is more than one medicine, and the cost of each medicine is not known, record the total cost of all medicines here:</i> TOTAL COST =	30. Why did you choose the particular antimalarial medicine that you got? <i>[See codes below table. Record all that apply]</i>	31. Is this drug for yourself, for another adult, or for a child? 1 = Self 2 = Other adult 3 = Child	
	a) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	b) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	c) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
	d) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
<p><u>CODES FOR #30</u></p> <p>A. It is free B. It is cheap C. It is strong D. It is effective E. Pharmacist recommended it F. Doctor/health personnel recommended it G. I've used it before H. Friend/relative recommended it I. Radio/TV J. Other, specify _____</p>			<p><u>CODES FOR #31</u></p> <p>1. Myself 2. Another adult 3. Child</p>		

Fill in the table below for each anti-malarial mentioned above. If the information is missing from the package, write **Unknown**.

31A Form of the med. (write code in row)	31B Brand name	31C Manufacturer	31D Country of manufacture
a) <input type="checkbox"/>			
b) <input type="checkbox"/>			
c) <input type="checkbox"/>			
d) <input type="checkbox"/>			

Codes for #31A

Pills/tablets	1	Suppositories	4	Tubes	7
Capsules	2	Injectables	5	Other	8
Sachets/powders	3	Syrups	6		

(Thank you for your patience. We want to get things right. We have just a few more questions).

32	<p>Why did you come here to get medicine rather than going somewhere else?</p> <p><i>[Record all mentioned]</i></p>	<p>Medicine is freeA</p> <p>Cheaper.....B</p> <p>Nearer.....C</p> <p>Better service.....D</p> <p>They have what I want.....E</p> <p>I like the pharmacist.....F</p> <p>Friend/relative works here.....G</p> <p>Doctor sent me here.....H</p> <p>Don't know.....I</p> <p>Other.....J</p>
----	--	---

33	<p>Think now about all the kinds of drugs to treat malaria that are available in your area. Can you please name them?</p> <p>(Circle the code for each one named, and ask: “Any others?”)</p> <p><i>[these will be country-specific]</i></p>	<p>Fansidar/SP.....A</p> <p>Chloroquine.....B</p> <p>Amodiaquine.....C</p> <p>Quinine.....D</p> <p>Artesunate.....E</p> <p>AL/Coartem.....F</p> <p>ASAQ/WinthropG</p> <p>ArtefanH</p> <p>Other ACT.....I</p> <p>Other.....J</p> <p>Other.....K</p> <p>Don’t know.....L</p>
34	<p>Have you ever heard of the new drugs for treating malaria called ACTs?</p>	<p>Yes.....1</p> <p>No.....2 (go to #37)</p>
35	<p>Where did you hear about ACTs most recently?</p> <p><i>(Circle only one code)</i></p>	<p>Television.....1</p> <p>Radio2</p> <p>Billboard.....3</p> <p>Newspaper/magazine.....4</p> <p>Poster.....5</p> <p>Internet.....6</p> <p>Health centre/clinic.....7</p> <p>Pharmacy.....8</p> <p>Family/friends.....9</p> <p>Public event.....10</p> <p>Other.....11</p> <p>Don’t remember12</p>
36	<p>How long ago was that?</p>	<p>Less than 1 month.....1</p> <p>1-2 months.....2</p> <p>3 months or longer.....3</p> <p>Don’t know4</p>

37	<p>(Show enlargement of logo)</p> <p>Have you seen this logo anywhere?</p>	<p>Yes.....1</p> <p>No.....2 (go to #43)</p>
38	<p>Where have you seen it?</p> <p>Any other place?</p> <p><i>[Record all mentioned]</i></p>	<p>Television.....A</p> <p>Billboard.....B</p> <p>Newspaper/magazine.....C</p> <p>Poster.....D</p> <p>Internet.....E</p> <p>Health centre/clinic.....F</p> <p>Pharmacy.....G</p> <p>On antimalarial drugs.....H</p> <p>Public event.....I</p> <p>Other.....J</p> <p>_____K</p>
39	<p>Have you ever seen the logo in this shop/pharmacy or facility?</p>	<p>Yes.....1</p> <p>No.....2</p>
40	<p>What do you think this logo means?</p> <p><i>[If response is “don’t know,” ask “What does the logo bring to mind or make you think of?”]</i></p> <p><i>[Record all mentioned]</i></p>	<p>Malaria medicine.....A</p> <p>Good quality malaria medicine.....B</p> <p>ACTs.....C</p> <p>Good quality ACTs.....D</p> <p>Reasonably priced malaria medicine..E</p> <p>Strong medicine.....F</p> <p>Herbal medicineG</p> <p>Don’t know.....H</p> <p>Other _____I</p> <p>_____J</p> <p><i>(specify)</i></p>

41	<p>What medicines has this logo displayed on them?</p> <p><i>[Record all mentioned]</i></p>	<p>Medicine to treat malaria.....A Fansidar.....B Chloroquine.....C Amodiaquine.....D Quinine.....E ArtesunateF AL/Coartem.....G ASAQ/Winthrop.....H ArtefanI Other ACT.....J Don't know.....K <p style="text-align: right;">(skip to #43)</p> Other.....L _____M</p>
42	<p>How popular do you think this medicine, or these medicines, has or have become in your area?</p>	<p>Very popular.....1 Somewhat popular.....2 Not popular.....3 Don't know.....4</p>
43	<p>Do you have any questions for me?</p> <p><i>[Thank the respondent answering the questions and end interview]</i></p>	<p>Yes.....1 No2</p>

[Enumerator: Write any comments you might have about the process of interviewing]

Thank You for your time!!

Appendix O: Exit interview Questionnaire – French

Entrevues des Points de Vente Évaluation de l'AMF-m Phase 1

Entrevues individuelles

1 - Information de Base

1.1 Enquêteurs

Nom	Code:
<input type="text"/>	I _ I _ I

Date de visite:	I _ I _ I . I _ I _ I . 2012	Heure du début de l'entrevue:	I _ I _ I h I _ I _ I mn
		Heure de la fin de l'entrevue:	I _ I _ I h I _ I _ I mn
		Durée en minutes	I _ I _ I mn

1.2 Identification du point de vente

Nom du point de vente	<input type="text"/>
Adresse de l'unité de service	<input type="text"/>

1.3 Identification du participant

Code du pays:	<table border="1"><tr><td></td><td>4</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>		4						
		4							
Numéro de grappe:									
Numéro du point de vente:									
Numéro du participant:									

No.	Questions	Réponses
1	Bonjour. Je voudrais parler avec vous pour un instant. Je m'appelle [Présentez le formulaire de consentement volontaire et éclairé ici] [Notez chaque cas de refus, et continuez avec le questionnaire avec ceux qui acceptant de participer.]	Oui.....1 Non.....2 (Arrêtez l'entrevue)
2	Sexe	1 Homme 2 Femme
3	Année de naissance	19__/_
4	Qu'est-ce que vous êtes venu faire ici aujourd'hui? [Encerclez la première raison mentionnée si on vous donne plus d'une raison]	Voir le pharmacien1 Voir le médecin/personnel médical.....2 Trouver un traitement3 Obtenir des médicaments4 (allez à #6) Obtenir un traitement pour le paludisme5 (allez à #24) Autre.....6
5	[Si la réponse à #2 est 1 ou 2 ou 3 ou 6] Est-ce que vous avez aussi reçu des médicaments?	Oui.....1 Non.....2 (allez à #9)
6	Avez-vous trouvé ce que vous cherchiez?	Oui.....1 Non.....2
7	Quel sont les médicaments que vous avez reçu? [Ecrire tout médicament cité] [Si l'enquêté ne veut pas donner le nom du médicament, écrivez « Refusé » sur la ligne]	<hr/> <hr/> <hr/> Rien.....00 (allez à #9)
8	[Vérifier les réponses à #7 pour voir	Oui.....1

	<i>si des anti-paludiques sont cités]</i>	[Allez à #27 et inscrire dans la première colonne du tableau les noms de tout anti-paludique qui soit mentionné.] Non.....2
9	Est-ce que vous avez déjà pris des anti-paludiques pour traiter le paludisme?	Oui1 Non2 (allez à #14) Je ne sais pas..... 3 (allez à #14)
10	Quel médicament avez-vous pris la dernière fois?	Fansidar.....1 Chloroquine.....2 Amodiaquine.....3 Quinine.....4 Artésunate.....5 Autre.....6 Ne sait pas7 AL/Coartem.....8 ASAQ/Winthrop9 [QAACT spécifique au pays].....10 Other ACT.....11
11	Est-ce que vous avez choisi le médicament vous-même, ou quelqu'un vous l'a prescrit ou donné?	Je l'ai choisi moi-même.....1 On me l'a prescrit/donné.....2 Ne sait pas.....3
12	C'était il y a combien de temps?	Il y a moins d'un mois1 1-2 mois.....2 3 mois ou plus.....3 Ne sait pas.....4

13	<p>Pourquoi avez-vous pris ce médicament et pas un autre? <i>[Notez toute raison donnée]</i></p>	<p>Il st gratuitA Il est bon marché.....B Il est fort.....C Il est efficace.....D Recommandé par le pharmacien.....E Recommandé par le médecin ou personnel de la santé.....F Je l'ai déjà pris avant.....G Ami/parent recommandéH Le seul disponibleI Trouvé dans le placardJ Autre.....K</p>
14	<p>Si vous plaît, citez tous les médicaments antipaludiques qui sont disponibles dans votre région. <i>[Marques le code pour chaque médicament cité; puis demandez: des autres?]</i></p>	<p>Fansidar.....A Chloroquine.....B Amodiaquine.....C Quinine.....D Artésunate.....E AL/Coartem.....F ASAQ/WinthropG [QAACT spécifique au pays.....H Other ACT.....I</p> <hr/> <p>Autre.....J Autre.....K Ne sait pas.....L</p>
15	<p>Est-ce que vous avez déjà entendu parler de nouveaux médicaments anti-paludiques qui s'appellent CTA?</p>	<p>Oui.....1 Non.....2 (allez à #18)</p>

16	C'était où que vous avez entendu parler ou vu une annonce tout récemment?	Télévision.....1 Radio.....2 Pancarte.....3 Journal/magazine.....4 Affiche.....5 Internet.....6 Centre de santé.....7 Pharmacie8 Famille/amis.....9 Événement publique.....10 Autre.....11 Je ne me souviens pas.....12
17	Il y a combien de temps?	Il y a moins d'un mois.....1 1-2 mois.....2 3 mois ou plus.....3 Ne sait pas.....4
18	[Montrez le logo AMF-m agrandi] Avez-vous déjà vu ce logo quelque part?	Oui.....1 Non.....2 (allez à #21)
19	Où l'avez-vous vu? [Marquez le code pour chaque réponse donnée: puis demandez:] D'autres endroits aussi?	Télévision.....A Pancarte.....B Journal/magazine.....C Affiche.....D Internet.....E Centre de santé.....F Pharmacie.....G Sur des anti-paludiques.....H Événement publique.....I Autre.....J Autre.....K

20	Est-ce que vous avez déjà vu ce logo dans cet établissement?	Oui.....1 Non.....2 Je ne sais pas3
21	Selon vous, que signifie ce logo? C'est-à-dire, quand vous voyez le logo maintenant, à quoi vous pensez? Autre chose? [Si l'enquête dit: Je ne sais pas, demandez: Quand vous voyez le logo, à quoi vous pensez? [Marquez toutes les réponses données]	Anti-paludique.....A Anti-paludique de bonne qualité...B CTA.....C CTA de bonne qualité.....D Anti-paludiques Bon marchéE Médicament fortF Plantes médicinalesG Ne sait pasH Autre.....I AutreJ
22	Quels sont les médicaments sur lesquels est mis ce logo? [Marquez toutes les réponses données]	Un anti-paludiqueA Fansidar.....B ChloroquineC AmodiaquineD QuinineE ArtésunateF AL/Coartem.....G ASAQ/Winthrop.....H [QAACT spécifique au pays].....I Other ACT.....J Je ne sais pas.....K Autre.....L Autre.....M
23	Est-ce que vous avez des questions à me poser? [Remercier l'enquête et terminer la conversation]	Oui.....1 (allez-y) Non.....2

[Pour ceux qui ont reçu un anti-paludique dans le point de vente]

24	Donc vous êtes venu pour obtenir un anti-paludique. Est-ce que vous avez reçu ce que vous cherchiez?	Oui.....1 (allez à #25) Non.....2
25	Quel est le médicament que vous vouliez avoir?	_____ _____
26	Quel médicament avez-vous reçu?	_____ _____

Enregistrer les anti-paludiques de #8 et #26. 27. Donc vous avez reçu ____ (et ____). Demandez: Un autre anti-paludique? Montrez-moi le médicament, SVP.	28. Combien de comprimés/capsules/unités avez-vous reçus?	29. Combien vous avez payé en tout? <i>[Si l'enquête a reçu plusieurs médicaments, et le prix de chacun n'est pas connu, écrivez la somme au total des médicaments ici en bas.]</i> Prix total _____	30. Pourquoi vous avez choisi le médicament que vous avez reçu et pas un autre? <i>[Voir les codes ci-dessus (#28), et marquez chaque raison donnée en bas]</i>	31. Qui est-ce qui va prendre le médicament? Vous-même, un autre adulte, ou un enfant? 1 = Moi-même 2 = Autre adulte 3 = Enfant 4 = Ne sait pas
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CODES pour #30

CODES pour #31

- | | | |
|------------|--|-------------------------|
| | A Il est gratuit | 1. Moi-même |
| | B Bon marché | 2. Un autre |
| adulte | C Il est fort | 3. Enfant |
| | D Il est efficace | |
| | E Recommandé par le pharmacien | |
| santé | F Recommandé par le médecin/personnel de la | |
| radio/télé | G Je l'ai déjà pris | I Publicité à la |
| Autre_____ | H Famille/ami l'a recommandé | J |

Remplissez le tableau ci-dessous selon les anti-paludiques cites en #27 (a,b,c,d).
Si l'information n'est pas lisible/visible sur la boite/paquet/sachet, écrivez
Inconnu dans l'espace.

31A Forme du médicament. (écrivez le code dans la boite)	31B Nom de la marque	31C Fabricant	31D Pays d'origine (fabrication)
a) <input type="checkbox"/>			
b) <input type="checkbox"/>			
c) <input type="checkbox"/>			
d) <input type="checkbox"/>			

Codes pour #31A

Comprimés/pilules	1	Suppositoires	4	Ampoules	7
Capsules	2	Injectables	5	Autres	8
Sachets/poudres	3	Sirops	6		

Merci de votre patience. Nous ne voulons pas nous tromper. Nous avons encore quelques questions, pas beaucoup.

32	<p>Pourquoi êtes-vous venu ici pour chercher des médicaments au lieu d'aller ailleurs?</p> <p><i>[Marquez toutes les réponses données]</i></p>	<p>Médicament est gratuit.....A</p> <p>Prix sont bas.....B</p> <p>Plus proche.....C</p> <p>Meilleur service.....D</p> <p>Ils vendent ce que je cherche.....E</p> <p>J'aime le pharmacien.....F</p> <p>Famille/ami travaille ici.....G</p> <p>Médecin m'a envoyé ici.....H</p> <p>Ne sait pas.....I</p> <p>Autre.....J</p>
33	<p>Si vous plaît, citez tous les médicaments antipaludiques qui sont disponibles dans votre région.</p> <p><i>[Marques le code pour chaque médicament cité; puis demandez: des autres?]</i></p>	<p>Fansidar.....A</p> <p>Chloroquine.....B</p> <p>Amodiaquine.....C</p> <p>Quinine.....D</p> <p>Artésunate.....E</p> <p>AL/Coartem.....F</p> <p>ASAQ/Winthrop.....G</p> <p>[QAACT spécifique au pays].....H</p> <p>Other ACT.....I</p>

		Autre.....J Autre.....K Ne sait pasL
34	Est-ce que vous avez déjà entendu parler des médicaments anti-paludiques qui s'appellent CTA?	Oui.....1 Non.....2 (allez à #37)

35	C'était où que vous avez entendu parler ou vu une annonce tout récemment?	Télévision.....1 Radio2 Pancarte3 Journal/magazine.....4 Affiche.....5 Internet.....6 Centre de santé.....7 Pharmacie.....8 Famille/amis.....9 Événement publique.....10 Autre.....11 Ne se rappelle pas12
36	Il y a combien de temps?	Il y a moins d'un mois.....1 1-2 mois.....2 3 mois ou plus.....3 Ne sait pas.....4
37	[Montrez le logo AMF-m agrandi] Avez-vous déjà vu ce logo quelque part?	Oui.....1 Non.....2 (allez à #40)
38	Où vous l'avez vu? [Marquez toute réponse donnée]	Télévision.....A Pancarte.....B Journal/magazine.....C Affiche.....D Internet.....E Centre de santé.....F Pharmacie.....G Sur des anti-paludiques.....H Événement publique.....I Autre.....J AutreK

39	Est-ce que vous l'avez vu dans cet établissement?	Oui.....1 Non.....2
40	Que signifie ce logo? C'est-à-dire, quand vous voyez le logo maintenant, à quoi vous pensez? Autre chose? [Si l'enquêté dit: Je ne sais pas, demandez:] Quand vous voyez le logo, à quoi vous pensez? [Marquez toutes les réponses données]	Anti-paludique.....A Anti-paludique de bonne qualité.....B CTA.....C CTA de bonne qualité.....D Anti-paludiques bon marchéE Médicament fortF Plantes médicinales.....G Ne sait pas.....H Autre.....I AutreJ
41	Quels sont les médicaments sur lesquels est mis ce logo?	Un anti-paludique.....A Fansidar.....B Chloroquine.....C Amodiaquine.....D Quinine.....E Artésunate.....F AL/Coartem.....G ASAQ/WinthropH [QAACT spécifique au pays].....I Other ACT.....J Je ne sais pasK Autre.....L Autre.....M

42	A votre avis, est-ce que ce médicament est très apprécié dans votre quartier ou pas tellement?	Très apprécié.....1 Moyennement apprécié2 Très peu apprécié.....3 Ne sait pas4
43	Est-ce que vous avez des questions à me poser? Quand vous avez répondu aux questions posées, remerciez la personne vivement de son attention et participation.	Oui1 Non2

Merci beaucoup de votre attention!

Enquêteur: Notez dans la boîte des éléments ou des événements qui ont pu avoir un impact sur la conversation.

Appendix P: Focus group discussion guide for the logo study – English

Global Fund AMF-m Phase 1 Independent Evaluation

FOCUS GROUP DISCUSSIONS

Moderator's Guide

P.1 Introduction

(After making sure everyone is comfortably seated in a circle and thanking all for coming)

We have brought you all together to talk about the ways to treat malaria in this region, malaria in children and in adults. I am the moderator and will guide the discussion, but I hope that you can mostly speak to each other rather than just to me. That is, this will be a group discussion and not a question and answer interview. Some of you talk quite easily in a group, while others may hesitate. We hope that you can all participate, that you can all have your say. We have about two hours to talk about a number of topics, but our discussion will be oriented mostly to malaria: getting malaria and finding ways to treat malaria when you get sick.

Do any of you have a question or a comment or suggestion before we begin our discussion?

1. So our first topic is: **Treatment of malaria**. We want to discuss what people do these days to treat malaria, how you select a treatment and what treatments work the best for you. We want to hear your thoughts on the subject please.

OK. We have heard a lot about how to treat malaria, where you buy medicines, and what works best for adults and for children. Anyone have anything else to add?
Could someone please summarize the main points that were made?

2. So let's talk now a little about the different types of ACTs that are available in pharmacies and other stores. Which ones do you folks like the best? Which ones are the cheapest? The most effective? How different are they?

We will wind up our discussion with a third topic

3. So let's move on to a third topic, one that is related to the first one. Has anyone seen this design before? We call it a logo. What ideas or images does it bring to mind? What does it mean to you?

P.2 Issues to raise during the discussion

1. Treatment of malaria

- Various treatment familiar to them
- Costs of antimalarials in the area
- The selection of a treatment
- The most effective drugs to use
- The least expensive drugs available
- The most expensive drugs available
- Distinction between drugs for children and drugs for adults
- Relative availability of the best drugs

2. Types of ACTs

- Different types of ACTs
- What do the various types of ACT drugs cost?
- How long have they been available in this area?
- Reasons for preference for a type of ACT

3. The logo: visibility and significance

- Places they have seen the logo
- Mental associations with the logo
- Places the logo should be displayed
- Usefulness of the logo to them

Appendix Q: Focus group discussion guide for the logo study – French

Évaluation indépendante du Fonds Mondial pour des médicaments antipaludéens à des prix abordables Phase 1 [AMFm]

Groupes de discussion dirigée, un guide pour l'animateur/animatrice

Q.1 Introduction

S'assurer que tous les participants sont confortablement assis en cercle et leur souhaiter la bienvenue avant d'annoncer les thèmes de la discussion.

Nous vous avons réunis pour parler des symptômes du paludisme et comment vous soigner cette maladie chez vous, les soins pour les enfants et les adultes. En tant qu'animateur/animatrice, je vais orienter la discussion, mais j'espère que vous allez parler entre vous. Autrement dit, ceci n'est pas une entrevue avec questions et réponses, mais une discussion en groupe. Il y en a parmi vous qui sont à l'aise pour parler en public et d'autres qui sont plus réticents. Notre tâche est d'assurer que tous puissent s'exprimer à leur guise.

Nous avons environ deux heures pour discuter des thèmes concernant la lutte contre le paludisme. Avant de commencer, est-ce que vous avez des questions ou des suggestions?

1. Notre premier thème concerne les symptômes et les traitements du paludisme. Nous voulons discuter comment les gens reconnaissent les symptômes du paludisme, comment ils choisissent un traitement, et ce qu'ils font pour soigner les cas du paludisme. Quels traitements marchent le mieux selon vous?
2. Maintenant nous allons passer à un autre sujet. Quels sont les types de médicaments ACT/CTA que vous trouvez en pharmacie ou d'autres magasins? Les ACT sont de nouveaux médicaments pour traiter le paludisme. Lesquels sont préférés? Lesquels sont moins chers? Les plus efficaces? Citer les différences que les gens perçoivent.
3. Très bien. Il y a un dessin qui va avec les ACT/CTA à Madagascar. Vous avez peut-être vu ce dessin, cette image, un logo, sur le paquet du médicament antipaludique ACT/CTA. Où vous l'avez déjà vu? Est-ce que vous avez déjà vu ce dessin sur un paquet de médicament antipaludique? Quelles idées ou images évoque ce logo? A quoi cela sert un tel logo?

Q.2 Sujets à aborder

1. Traitement du paludisme

- Connaissance du paludisme
- Traitements antipaludiques connus parmi les participants
- Traitements préférés
- Le choix des traitements
- Coût des antipaludiques
- Médicaments antipaludiques disponibles les plus efficaces
- Médicaments antipaludiques disponibles les moins chers et les plus chers
- Distinction entre les antipaludiques pour les enfants et pour les adultes

2. Types de ACT

- Types de ACT
- Les qualités des ACT disponibles
- Combien coûtent les ACT différents
- Depuis combien de temps sont-ils disponibles dans votre région?
- Préférences et raisons d'un type de ACT par rapport à un autre

3. Visibilité et signifiante du logo

- Les endroits où les participants ont vu le logo
- Associations ou images qui vont avec le logo
- Perceptions de comment des gens de leur communauté voient le logo
- Les endroits où on devrait mettre le logo
- Utilité du logo

Appendix R: Narrative report of the Consultative Forum

R.1 Background

The Independent Evaluation team organized a Consultative Forum to present and discuss the preliminary results of the Independent Evaluation to ensure that the final report is informed by the body of knowledge from key institutions, thought leaders and practitioners. The forum took place on June 27-28, 2012, at the Tribe Hotel in Nairobi, Kenya, and was organized in plenary and country breakout sessions (see Section R.6.1 for a detailed agenda). During the plenary sessions, the IE team presented preliminary results, and country sessions were set up for in-depth discussion of country-specific results. To facilitate participation in the discussions of the French speaking participants, simultaneous translation (French-English-French) was provided during the plenary sessions.

The Consultative Forum was advisory in nature. The IE team had the responsibility to document the major issues discussed and decide how to handle each of these major points in the final AMFm Phase 1 Independent Evaluation Report. This narrative report of the forum includes a list of key issues raised and how the IE team addressed them.

R.2 Specific objectives

- To present the preliminary results of the Independent Evaluation and receive feedback from stakeholders and experts in order to inform the final report
- To have an in-depth discussion with country representatives in order to further understand country-specific contexts and inform the final interpretation of the results.

R.3 Participants

Participants included the Independent Evaluation team (ICF and LSHTM), the Data Contributors (PSI, DNDi, CRDH, and IHI), senior NMCP officials and persons with a solid understanding of the AMFm program from the study countries, co-chairs of the Roll Back Malaria Harmonization Working Group's AMFm Workstream, designated experts, and the Global Fund. A complete list of participants is provided in Section R.6.2.

R.4 Feedback from country breakout session

The country breakout sessions included in-depth discussions of country-specific results. Eight groups were formed, one for each pilot. In addition, a ninth group was formed to discuss cross-country issues. To facilitate the discussion, the groups were provided with a set of questions:

- What do you think about the interpretation of this country's experience with AMFm given in **Section 8 of the report**? Is there anything you think should be corrected/added/improved?
- What do you think about the "implementation process and context" summary for this country (**Section 4 of the report**)? Is there anything you think should be corrected/added/improved?

Each group presented a summary of their discussion in a plenary session the next day

R.4.1 Ghana - Presented by John Amuasi

The group focused on the possible reasons that the country did not achieve Benchmarks 2 and 6. With respect to Benchmark 2, the price of SP is low because it is locally manufactured and tax exempt. There was currency depreciation at the time of the data collection and since the drugs are ordered in USD and sold in Cedis, this may affect the metrics. With respect to Benchmark 6, although there is an import ban on monotherapies, they still exist on the shelves. Regarding the implementation, the delays in the release of funds should be anticipated and prepared for to streamline processes, there should be contracts between manufacturers and FLBs, and households surveys should be conducted specifically for AMFm. It will be interesting to see how the results compare with other household surveys. It was recommended that levers should be based on real data, there is a need for longer periods of monitoring, subsidies should be extended to RDTs and there should be a transfer of technological support to local manufacturers to help meet the requirements of the Global Fund so demand can be met in Ghana.

R.4.2 Kenya - Presented by Dorothy Memusi

The group started by asking the IE team to give all due credit to AMFm as there is no other explanation as to how Kenya was able to achieve its benchmarks. Beginning from the questions from the previous day as to why the response from the first line buyer was so strong, the group attributed this to the price differential which was substantial and the previous link of the first line buyer to the manufacturers. On the accuracy of Section 8 of the report, the group felt that it is good; however, the language should be more emphatic in giving credence to AMFm without compromising scientific validity. The group thinks that no other factors could have been responsible for the success; therefore, AMFm has been successful in Kenya as critical benchmarks have been met. As for lessons learned, the private sector can be used as a mechanism to increase access. AMFm also demonstrated that public-private partnership can work. The group felt that there should have been better coordination between messages and product availability and a steady stream of products to keep prices in check. The training for the private sector should have used a model that recognizes the nature of business in that sector. Regarding funding arrangements, the team suggested that AMFm should be independent of the host grant, which has problems in itself.

R.4.3 Madagascar - Presented by Benja Randriamanalina

The group did not discuss the IE report since it is in English. The discussions focused on the issues raised the previous day (factors that could have affected the results of AMFm in the country). Madagascar had previous funding from PSI, Global Fund Round 4, and the World Bank before the implementation of AMFm. When AMFm was introduced, the first line buyers wanted to know how much they would gain; they had a fear of placing orders, but this was solved. The country experienced some challenges with the changing leadership in the Ministry of Health (there have been four health ministers since the inception of AMFm), which affected the placing of orders and led to a lack of sensitization at the public level. There are plans to expand BCC campaigns and increase the availability of ACTs. Chloroquine is still the most popular medicine, but the Ministry of Health has put a law in place to ban its use. There is hope that there will be an increased demand for ACTs with the introduction of 34,000 CHWs who will work with both the public and private sectors. Question to the Global Fund: What is the next step for AMFm? Will there be a Phase 2?

R.4.4 Niger - Presented by Hamma Soumana

The report addressed the availability and choice of outlets where ACTs are sold. On prices, the report should mention that chloroquine is still the most sold antimalarial and that regulatory laws are needed to fix this problem. In practice, there is no public/private partnership in Niger. The report showed that implementation of AMFm was not systematic at all levels and that Niger did not meet the market share benchmark. Although the surveys followed the period of high transmission of malaria, QAACT market share is measured in relation to other antimalarials so a low market share is reflective of weak performance. The report also showed that there is sluggishness in the private sector: A few sectors are being engaged, but communications are not linked. Sensitization campaigns started, but stopped because of a lack of funds. Suppliers were not convinced about the reduced price. There were plans for a campaign to support the new price. The AMFm culture of linking with the private and public sector is new in the country. On pharmacovigilance, AMFm helped to initiate awareness of the need for pharmacovigilance, even though in practice it was not possible to implement the pharmacovigilance activities which had been budgeted for. There is also a need to train non-formal vendors. In term of lessons learned, the country needs to consolidate on communication, media campaigns and links between the private and public sector.

R.4.5 Nigeria - Presented by Daniel Ayuk

The ACTwatch data were used as the baseline for Nigeria and there were extensive discussions on the data. Issues discussed included the need to also look at ACTs that are not QAACTs but are nationally approved. This is necessary to give a better overview of the impact of AMFm in the country. On market share, the increasing availability of AMTs in the public sector could be explained by the fact that AMTs served as a stop-gap when the efficacy of chloroquine and SP was reduced and ACTs were not yet available. Artemisinin monotherapy is now banned, but it will take time to reduce its availability. The increase in availability of SP is due to the fact that SP is still being used for Intermittent Preventive Treatment (IPT) in pregnant women. Regarding the supporting interventions (SIs), the lag between arrival of commodities and the implementation of the SIs is related to the cautious disbursement of funds by the Global Fund and the increased emphasis on process rather than targets. The suspension of one of the principal recipients (Yakubu Gowon Centre) had a substantial effect on the implementation of AMFm.

It was recommended that first line buyers should enter into contractual agreements with second line buyers for more effective oversight. To keep the price low, care should be taken to assure a continuous supply or availability, which ultimately affects costs. More advocacy programs and capacity building of health care providers are needed to reduce the availability and use of AMTs.

R.4.6 Tanzania mainland - Presented by Rebecca Thompson

The private sector did quite well and met Benchmark 1. The public sector dropped the ball. Why were so few drugs ordered by the public sector? There was a delay in ordering drugs and long awaited deliveries arrived late, likely due to a change in the funding system. The National Malaria Control Program (NMCP) would like more support from the Global Fund. There was suggestion that AMFm might have been more favorable to the private sector. Answers to these questions are needed in the report. In the public sector, there is a need for a buffer stock of copaid ACTs to allow sufficient proper stock within the distribution network that might prevent delays in distribution within countries. There is a feeling that stockouts in the public sector remain an issue.

R.4.7 Uganda - Presented by Julius Njogu

The IE report was generally accepted. The price of QAACTs decreased from USD 4.40 to 1.26, which was a substantial change given that supporting interventions were not in place. Regarding the market share, the evidence is weak concerning an increase in the share of QAACTs and clarity is needed from the IE team. The report stated that USD 28.6 million was budgeted for SIs and that money was disbursed in November, but it does not indicate when the first disbursement was available to Uganda. The group felt

that the BCC/IEC campaigns were not adequately presented in the report. Despite challenges in implementation and meeting the success metrics, the team thought that the data did not adequately represent the current status in Uganda.

R.4.8 Zanzibar - Presented by Shija Joseph Shija

In general, the group thinks the report is accurate; however, the report should stress the fact that despite the short implementation period, Zanzibar met all the success metrics. This success is attributable to a conducive environment with strong coordination between ZMCP (public sector) and the first line buyers, the streamlined AMFm drug distribution mechanism in the private sector (FLBs had 15 distribution sites, which facilitated the distribution), involvement of the Zanzibar Food and Drug Board, an effective communication campaign and strong regulatory measures.

Some challenges were experienced, including the lack of a proper justification of the quantification approach for the private sector and the resulting refusal of the Global Fund to approve further supplies of ACTs. Zanzibar was refused a supply of 47,000 treatment doses of Alu (artemether-lumefantrine), on the basis of the fact that malaria prevalence is very low, yet the Alu was intended for people who could not tolerate ASAQ.

Lessons learned:

- The importance of a good supporting and regulatory environment for the success of the AMFm program
- The importance of strong collaboration with the private sector and other institutions such as the Zanzibar Food and Drug Board (ZFDB) and Central Medical Store
- The need for the introduction and scale-up of RDTs in the private sector
- The phase-out of ACTs from drug shops and the introduction of new strategies to ensure that only confirmed cases of malaria are treated with ACTs

R.4.9 Cross-cutting issues - Presented by Megumi Gordon

1) What lessons can we learn from experiences across countries?

- a. Key factors that facilitate AMFm outcomes
 - b. Key factors that hinder AMFm outcomes
- **First:** When you look at the countries along a continuum of more successful to less successful, an explanatory theme seems to be the implementation time period (that is, the duration of the effective implementation period, meaning the availability of drugs in country and IEC-BCC programs at scale).
 - Two key factors that relate to the duration of the implementation are:

- A country's experience with the Global Fund host grant, with the OIG being a major disruptive factor (for example, the OIG audit in Nigeria and Niger and Uganda's late start)
- The in-country procurement process
- **Second:** Recommended retail price: How was the RRP set, how does the RRP compare with the most popular, non-QAACT alternative, and how was the RRP communicated?
 - It should be noted that the RRP was higher than the price of the most popular AM in Ghana
 - It is important to know how the RRP was promoted (e.g., in Uganda)
- **Third:** Efficiency of the private sector market:
 - The structure of the market (Where are antimalarials are sold in the greatest volume?)
 - Competition at the top and bottom of the chain
 - The number of levels in the chain
 - The cost of doing business
- **Fourth:** Regulatory environment, which encompasses regulatory policies and enforcement:
 - Are drugs allowed to be sold in the segments of the private sector where the greatest volumes of antimalarials are sold?
- **Two lessons for comment/exploration:** We understand that AMFm was not designed to affect public sector procurement processes. However, we understand that in some countries, the public sector would procure ACTs from the private sector at lower levels. So a question is, in those countries where this cross-purchasing happened, did we see greater availability in the public sector as a result of affordable QAACTs in the private sector chain?
- AMTs
 - AMTs don't appear to be a problem in every country; where it is a problem, cheap QAACTs help undercut the AMT market but need regulation too (when looking at the experience of Zanzibar in comparison with Ghana and Nigeria)
 - If we want to displace AMTs and non-artemisinin therapies, we would need higher volumes of QAACTS, and thus more funding for a copay

2) Are data presented in ways to document cross-country experiences?

- a. In general, there should be a visual representation of the timeline for effective implementation (drugs & IEC-BCC at scale; show where demand-shaping levers were not in place). Also, look at demand levers when reviewing remote area studies for Ghana and Kenya
- b. Modify the benchmarks based on the timeline – scale to the period
- c. A simple summary scorecard with more subtlety
- d. Availability
 - i. By benchmark
 - ii. By sub-sector and where it was authorized
- e. Prices:
 - i. Benchmark
 - ii. How they have come down
 - iii. How prices match the RRP
- f. Market share:
 - i. Split the overall market share and show change in the private for-profit sector
 - ii. Need to clarify where there are changes in the public sector
 - iii. Has the overall pie grown, or are we seeing changes within the pie?
 - iv. What amount of change was the sample powered to detect? If less than 10%, then revisit the color coding, and potentially just show the absolute change
- g. Use: Will there be an opportunity for countries to give feedback?
- h. Volume: Compare volumes of copaid ACTs vs. the number of malaria cases in the appropriate time period; source: World Malaria Report
- i. Definition of stockout (Of those with stock in the last 4 weeks, who had a stockout in the last 7 days?)

R.5 Summary of key issues and the Independent Evaluation team response

Table R.1 summarizes the key issues raised by participants and the responses of the IE team. The issues are grouped into five main categories: analysis of outlet survey data and benchmarks, interpretation of outlet survey data, household survey data, context/process and report issues.

Table R.1: Summary of issues and suggestions raised at the Consultative Forum and the Independent Evaluation team response	
Issue/Suggestion	Response/Action
Analysis of outlet survey data and benchmarks	
<p>Conduct further analysis on crowding out of antimalarial sales volumes.</p> <p>Key market share indicators currently in the report show relative market share. They cannot be used to determine whether increased QAACT market share is ‘crowding out’ other types of antimalarial treatments.</p>	<p>The IE team agrees that it would be informative to examine whether sales volumes of other antimalarials have been replaced by QAACTs.</p> <p>The IE team agreed to examine the feasibility of analyzing crowding out by sector (but not overall) and by urban and rural location, for those countries where there was a significant increase in the market share of QAACTs (i.e., not in Madagascar or Niger). Further investigation following the Stakeholder Forum revealed some differences between baseline and endline in the response rates on the sales volume variables for a number of countries, making it inappropriate to use these numbers to estimate total market size. It was therefore agreed not to include this additional analysis in the final version of the report.</p>
<p>Ensure that benchmarks are interpreted in light of timing and context, and scale benchmarks for each country to reflect the differing durations of implementation</p>	<p>The IE team agrees that the benchmarks were intended to be interpreted together in light of implementation and context. Further emphasis of this in the report will be accomplished by:</p> <ul style="list-style-type: none"> • Checking that the methods section ensures that the context and process are taken into consideration when interpreting the achievement of the success metrics • Adding information on the start of IEC/BCC to the table showing the length of implementation • Adding a point to the key findings on the relationship between the length of implementation and the achievement of the success metrics • Adding a point to the key findings on the relationship between the strength of implementation and the achievement of the success metrics <p>Benchmarks will not be scaled in light of the duration of implementation, as we do not expect progress toward the achievement of the benchmarks to be linear.</p>
<p>Conduct a sensitivity analysis on the thresholds for the success metrics</p>	<p>This is outside of the scope of the Independent Evaluation, but it is something that could be considered for future papers.</p>

Table R.1: Cont.	
Issue/Suggestion	Response/Action
The success metrics are currently calculated at the national level. Examine the success metrics in urban and rural locations.	<p>Benchmarks were set at the national level, so the IE team does not feel that it would be appropriate to examine them in urban and rural locations.</p> <p>A section on ‘Further Results’ will be added to the balanced scorecard where results in urban and rural locations will be discussed.</p>
Revisit the presentation of the balanced scorecard to include further results and traffic-light color coding of the success metrics.	<p>The following revisions will be made to the balanced scorecard:</p> <ul style="list-style-type: none"> • Add traffic light coloring for the total row for each benchmark • Remove ‘alternative’ success metrics for price • Replace data on grant signature and arrival of first drugs with duration of implementation <p>Add panel for further results, include more information on results in urban and rural locations</p>
<p>In Tanzania and Uganda, the estimate for the increase in market share of QAACTs is greater than 10%. However, the <i>p</i>-value is greater than 0.05.</p> <p>The sample size for the outlet surveys was powered to detect a 20 percentage point increase in availability, so the sample size might not have sufficient power to detect a 10 percentage point increase in market share.</p> <p>Determine whether the sample size is sufficient to detect a 10 percentage point increase in Tanzania and Uganda.</p>	<p>The IE team will determine what difference the sample is powered to detect in market share for Tanzania and Uganda.</p>
Provide additional information on the structure of the market for antimalarial medicines	<p>The following tables will be added to the report:</p> <ul style="list-style-type: none"> • The breakdown of outlet types in private for-profit outlets stocking antimalarials • Two additional market share tables showing additional information on private for-profit outlets <p>Outlets per capita by outlet type</p>

Table R.1: Cont.	
Issue/Suggestion	Response/Action
For the purpose of the evaluation, quality-assured ACTs are defined as those ACTs that meet the Global Fund's quality assurance policy. This excludes many ACTs that are nationally registered. Conduct additional analysis of key indicators in terms of nationally registered ACTs.	Additional analysis of nationally registered ACTs is outside of the scope of the evaluation. For ACTwatch countries (Nigeria, Madagascar, Uganda), key indicators are calculated for nationally registered ACTs in the country reports.
Interpretation of outlet survey data	
Measure affordability by comparing the cost per AETDs to some measure of affordability (e.g., minimum wage or the price of a particular good).	This will not be included. The main focus of the evaluation is change in price from baseline to endline and relative price of QAACTs with comparator antimalarials. In addition, there is no standard method for how to calculate affordability, and there are issues related to how affordability should be interpreted.
Highlight that differences in the composition of costs, especially taxes, could explain differences in prices for different antimalarial categories	Ensure that information on taxes on antimalarials is discussed in the case study summary, and update Sections 4 and 8 as necessary.
In most AMFm pilots, antimalarial medicines are provided free of charge in public health facilities. However, there are other costs associated with seeking treatment in public health facilities, such as registration or consultation fees. Mention this in the report.	The IE will add text to the pricing section of the report that explains that prices are for drugs only and do not reflect the full cost of seeking treatment.
Mention that non-artemisinin therapies and non-oral artemisinin monotherapies have legitimate uses, so the objective should not be to completely crowd out sales of these antimalarial categories	The IE will add text to the section on market share.
Mention that the indicator for stockouts used in the IE report covers a shorter recall period than standard definitions	The IE will add text to the availability section.
Qualify the interpretation of the recognition of the AMFm logo, because a significant minority of people said that they recognized the AMFm logo at baseline.	The IE will add text to the knowledge section.

Table R.1: Cont.	
Issue/Suggestion	Response/Action
Provide additional details on what the outlet categories mean in each country and whether they are legally permitted to stock ACTs	A table providing details on the specific types of outlets found in each category will be added.
Clarify that the 'most popular' antimalarial is the most popular antimalarial that is not a quality-assured ACT	The titles for Tables 2.3.9-2.3.11, the scorecard, the executive summary and related text will be changed to "most popular antimalarial that is not a QAACT"
Provide more details on the contribution of CHWs to market share.	The following sentence will be added to the section on market share: "According to the results, CHWs make a negligible contribution to market share.", after confirming with each country that this is correct.
Household survey data	
Investigate whether the 2011 DHS for Uganda is an appropriate endline survey.	The IE calculated the number of months from the date copaid ACTs arrived in Uganda to the midpoint of data collection to see if the survey can be used as an endline survey and found that the 2011 DHS would not qualify as an appropriate endline survey.
Add information on use of diagnostics	The IE will add a table on coverage of any diagnostic test for children under 5 with fever
Add information on source of treatment	The sequence of questions asked in DHS/MIS surveys does not allow the determination of what percentage of treatment was obtained from individual sources. The question on where treatment was sought is a multiple response question, so treatment for the child may have been sought from the public and private sectors. We also don't know the order in which treatment was sought. The question on what medication was given is also a multiple response question and there is no connection between each medicine given and the source of the medicine.
Context/process	
The numbers of treatments delivered are presented per capita. However, in some countries only part of the population is at risk of malaria. Modify this indicator to present the number of treatments delivered per person at risk of malaria.	According to the 2011 World Malaria Report, the total population at risk of malaria is the same as the total population in all of the AMFm pilots except Kenya. For Kenya, the number of treatments delivered will be presented per person at risk of malaria. For the other countries, the wording will be the number of treatments delivered per person at risk of malaria.
Interpret the total deliveries of copaid ACTs in light of the period over which they were delivered	In Sections 4 and 8 where the quantity of copaid ACTs are delivered, we will present the window (i.e., the number of months) over which those deliveries took place.
For Nigeria, ensure that the prior ACT subsidy program is mentioned in the case study summary.	Sections 4 and 8 will be updated to mention the existing ACT subsidy program, as appropriate

Table R.1: Cont.	
Issue/Suggestion	Response/Action
Update Sections 4 and 8 for feedback provided for each country	Sections 4 and 8 will be updated to incorporate feedback provided by country stakeholders.
Provide details on the number of first line buyers that have registered versus those that placed orders	This was likely already provided for most countries. The case study summary for each country will be checked to ensure that it specifies the number of first line buyers registered per country and the number that placed orders.
Where relevant, link characteristics of the health care system to the results. Specific contexts where this was thought to be relevant were: -The health insurance scheme in Ghana -The dominance of general retailers and itinerant vendors in Madagascar and Niger	The implementation of AMFm in the context of Ghana's National Health Insurance Scheme was already discussed in the report, so no further updates will be made. The implications of the high number of general retailers and itinerant vendors for the results in Madagascar and Niger will be discussed in the key findings section.
Report issues	
Create an overall timeline of AMFm implementation	The slide in the presentation by the Global Fund will be adapted and added to the report.
Insert overall conclusions	A section on key findings will be added to the report
Compose a short summary of the report for policy makers	A 4-page summary will be added to the report – this will include a 1-page description of AMFm and the Independent Evaluation, a 1-page table of the success metrics, and the key findings
Add additional graphics into the body of the report	Some additional graphics from the presentations will be added to the executive summary where necessary.
n/a = Not applicable	

R.6 Agenda and List of Participants

R.6.1 Detailed agenda of the Consultative Forum

Time	Topic	Presenter/Facilitator
Tuesday, June 26, 2012		
Arrival of participants		
Wednesday, June 27, 2012		
9h00-10h00	<i>Plenary Session 1 – Introduction</i> <i>Chair: Yazoume Ye</i> <i>Rapporteur: Tolu Dawodu</i>	
	Welcome remarks	Fred Arnold
	Introduction of participants	Kara Hanson
	Presentation of the workshop objectives and expected outputs	Fred Arnold
	Overview of the AMFm program concept	Global Fund
	Independent Evaluation methodology and benchmarks of success <i>Discussion</i>	ICF International Yazoume Ye
10h00-10h30	Health break	
10h30-13h00	<i>Plenary Session 2 - Presentation of the Independent Evaluation - Methods and results</i> <i>Chair: Fred Arnold</i> <i>Rapporteurs: Barbara Willey and Kara Hanson</i>	
	Description of the outlet survey samples Evaluation question on availability <i>Discussion</i>	LSHTM Catherine Goodman
	Evaluation question on affordability <i>Discussion</i>	LSHTM Barbara Willey
	Evaluation question on market share <i>Discussion</i>	LSHTM Sarah Tougher
	Evaluation question on use <i>Discussion</i>	ICF International Fred Arnold
13h00-14h00	Lunch break	
14h00-16h00	<i>Plenary Session 3 - Presentation of the Independent Evaluation results - success metrics</i> <i>Chair: Catherine Goodman</i> <i>Rapporteur: Sarah Tougher</i>	
	Assessment of country achievements against the success metrics – The results will be discussed in light of the country case studies, including assessment of implementation processes, supporting interventions and contextual factors <i>Discussion</i>	LSHTM Kara Hanson
16h00-16h15	Health break	
16h15-17h30	<i>Plenary Session 4 – Presentation of the Independent Evaluation results – additional studies</i>	

<i>Chair: Kara Hanson</i> <i>Rapporteur: Catherine Goodman</i>	
AMFm logo and awareness study – Qualitative and quantitative results <i>Discussion</i>	ICF International Yazoume Ye
Thursday, June 28, 2012	
8h30-10h30 <i>Country breakout session – in-depth discussion of country-specific results</i> <i>IE members will be assigned to a country. Other participants not from a pilot country will decide which group to join.</i> <i>Before the session, the group should decide on a chair and rapporteur</i>	
Ghana - <i>Discussion will also include additional studies</i>	DNDi
Kenya - <i>Discussion will also include additional studies</i>	PSI (ACTwatch)
Madagascar - <i>Discussion will also include additional studies</i> <i>IE member assigned: Barbara Willey</i>	PSI (ACTwatch)
Niger <i>IE member assigned: Kara Hanson</i>	CRDH
Nigeria - <i>Discussion will also include additional studies</i> <i>IE member assigned: Fred Arnold</i>	PSI (ACTwatch)
Tanzania mainland <i>IE member assigned: Catherine Goodman</i>	IHI
Uganda <i>IE member assigned: Sarah Tougher</i>	PSI (ACTwatch)
Zanzibar <i>IE member assigned: Yazoume Ye</i>	PSI (ACTwatch)
10h00-10h30 Health break	
10h30-13h00 <i>Plenary Session 5 – Feedback and wrap-up</i> <i>Chair: Fred Arnold</i> <i>Rapporteur: Tolu Dawodu</i>	
Brief feedback on country discussions <i>Each facilitator will be allowed 10 minutes to give a summary of the group discussion.</i>	ICF International Fred Arnold
Wrap-up, way forward	ICF International Fred Arnold
Closing remarks	Fred Arnold
13h00 <i>End of the meeting</i>	
13h00-14h00 Lunch break	

R.6.2 List of participants

Institutions	Participants	Email address
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