

# MEDICINES SURVEY

Name of facility:

Name of person monitoring:

Hi, my name is \_\_\_\_\_, I'm working with the Ritshidze project to help monitor patient care in health facilities across South Africa [OR STATE NAME OF PROVINCE OR DISTRICT]. The purpose of the Ritshidze project is to find out if patients face any challenges in accessing health services so that we can raise these challenges with you and other duty bearers in order to fix them. I have a few questions that normally take about 5 minutes to answer. You can also skip any questions you would like to or stop the conversation at any time. Would you be willing to answer a few questions about the services at this facility?

1. What is the date and time that you are conducting this survey?

2. In the last three months have there been stockouts or shortages of any of the following: *(This is not a reflection on the facility, but will be used to help try to reduce stockout and shortages. Please read each option)*

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> HIV medicine                  | <input type="checkbox"/> PrEP                           | <input type="checkbox"/> TB medicine |
| <input type="checkbox"/> Contraceptives                | <input type="checkbox"/> Pregnancy Test                 | <input type="checkbox"/> Vaccines    |
| <input type="checkbox"/> Bandages (or other dry stock) | <input type="checkbox"/> None                           | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Prefer not to answer          | <input type="checkbox"/> Other <i>(please specify):</i> |                                      |

3. If you know, please specify the HIV medication that experienced a shortage:

- |  |  |
|--|--|
| <input type="checkbox"/> 1st line fixed dose combination or FDC (efavirenz based regimen). Also known as Atripla, Tribuss, Atrioza or Adumen.  |  |
| <input type="checkbox"/> 1st line fixed dose combination or FDC (dolutegravir based regimen). Also known as Ranega, Acriptega, Dovimil, Emdoiten, Lanograv, Luvigen, Odystra, or Telado. |  |
| <input type="checkbox"/> Dumiva (abacavir 600MG, lamivudine 300MG)   |  |
| <input type="checkbox"/> Lamivudine (3TC)  | <input type="checkbox"/> Atazanavir/ritonavir ATV/r  |
| <input type="checkbox"/> Emtricitabine (FTC)   | <input type="checkbox"/> Abacavir (ABC)              |
| <input type="checkbox"/> Zidovudine (AZT)  | <input type="checkbox"/> Lopinavir/ritonavir (LPV/r) |
| <input type="checkbox"/> Neviripine (NVP)  | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Don't know  | <input type="checkbox"/> Prefer not to answer        |

**4. If you know, please specify the TB medication that experienced a shortage**

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Rifabutin                | <input type="checkbox"/> Rimactazid   | <input type="checkbox"/> Ethambutol               |
| <input type="checkbox"/> Levofloxacin             | <input type="checkbox"/> Moxifloxacin | <input type="checkbox"/> Bedaquiline              |
| <input type="checkbox"/> Linezolid                | <input type="checkbox"/> Clofazimine  | <input type="checkbox"/> Cycloserine              |
| <input type="checkbox"/> Streptomycin or Amikacin | <input type="checkbox"/> Ethambutol   | <input type="checkbox"/> Pyrazinamide             |
| <input type="checkbox"/> Delamanid                | <input type="checkbox"/> Ethionamide  | <input type="checkbox"/> Para-aminosalicylic acid |
| <input type="checkbox"/> Other                    | <input type="checkbox"/> Don't know   | <input type="checkbox"/> Prefer not to answer     |

**5. Please specify which contraception experienced a shortage**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Condoms (male/external) | <input type="checkbox"/> Female/internal condoms | <input type="checkbox"/> Birth control pill               |
| <input type="checkbox"/> Injection               | <input type="checkbox"/> Implant                 | <input type="checkbox"/> IUD (intrauterine device)        |
| <input type="checkbox"/> Don't know              | <input type="checkbox"/> Prefer not to answer    | <input type="checkbox"/> Other ( <i>please specify</i> ): |

**6. In the past three months did any patient leave your facility without the medicine they needed due to a stockout or shortage?**

- |  |  |
|--|--|
| <input type="checkbox"/> Yes                                     | <input type="checkbox"/> No, because we gave them a short supply |
| <input type="checkbox"/> No, because we gave them an alternative | <input type="checkbox"/> Don't know                              |
| <input type="checkbox"/> Prefer not to answer                    |  |

**7. Has the stockout or shortage that you described been resolved? (If they responded yes to any of the stockout options)**

- |                              |                             |                                     |   |
|------------------------------|-----------------------------|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|-------------------------------------|---|

**8. Is this stockout or shortage still occurring today?**

- |                              |                             |                                     |   |
|------------------------------|-----------------------------|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|-------------------------------------|---|

**9. Who is responsible for managing stock at the facility?**

- |   |   |
|---|---|
| <input type="checkbox"/> Pharmacist               | <input type="checkbox"/> Pharmacist assistant |
| <input type="checkbox"/> Professional nurse       | <input type="checkbox"/> Enrolled nurse       |
| <input type="checkbox"/> Enrolled nurse assistant | <input type="checkbox"/> Cleaner              |
| <input type="checkbox"/> Other                    | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> Prefer not to answer     |   |