Interview Guide for Pharmacy Staff

Title of Research Study: Increasing early access to SRHR through rights-based user-centred approaches at the community level.

FACILITY IDENTIFICATION		
PHARMACY UNIQUE IDENTIFICATION	[____|____|____|____|____|____|____]	
PHARMACY NAME	_____	
SUB-COUNTY	_____	
PHARMACY LOCATION	01=URBAN CENTRE/TOWN 02=PERI-URBAN/ESTATE 03=RURAL	[____|____]

INTERVIEW OUTCOMES	
INTERVIEW DATE	[____|____/____|____/____|____|____|____]
INTERVIEW RESULT*	[____|____]
LANGUAGE(S) USED TO CONDUCT INTERVIEW**	[____|____] [____|____] [____|____]
INTERVIEWER'S CODE	[____|____]
INTERVIEWER'S NAME	_____
*01=COMPLETED; 02=PARTIALLY COMPLETED; 03=REFUSED; 04=OTHER (SPECIFY)_____	
**01=ENGLISH; 02=KISWAHILI; 03=LOCAL LANGUAGE (SPECIFY)_____; 04=OTHER (SPECIFY)_____	

	SUPERVISOR	EDITED BY	ENTERED BY
NAME	_____	_____	_____
DATE	_____	_____	_____

TIME INTERVIEW STARTED: [___|___:___|___]
[RECORD TIME IN 24-HOUR CLOCK]

SECTION 1: BACKGROUND CHARACTERISTICS I'll start by asking you a little bit about yourself				
NO.	QUESTION	RESPONSE OPTIONS	CODES	SKIP
Q100	Sex of respondent	Male	0	
		Female	1	
Q101	How old are you now? [AGE IN COMPLETED YEARS]	Age (years)	[___|___]	
		Don't know	98	
Q102	What is the highest level of schooling you attended?	Never attended school	0	
		Primary incomplete	1	
		Primary complete	2	
		Secondary incomplete	3	
		Secondary complete	4	
		College/university incomplete	5	
		College/university complete	6	
Q103	Please tell me the kind of professional training you have received	Pharmacist	1	
		Pharmaceutical technologist	2	
		Pharmacy technician	3	
		Other (specify) _____	88	
Q104	How long have you worked as a professional in your area of expertise? [RECORD IN MONTHS OR YEARS AS APPROPRIATE]	Months	[___|___]	
		Years	[___|___]	
Q105	What is your job position in this pharmacy?	Owner	1	
		Manager/in-charge	2	
		Employee	3	
		Other (specify) _____	88	
Q106	How many days in a week is this pharmacy open for business?	Number of times	[___|___]	
Q107	In a typical working day, what are the pharmacy's opening and closing hours? [RECORD TIME IN 24-HOUR CLOCK]	Opening hours	[____:____]	
		Closing hours	[____:____]	
		Open 24 hours	995	
Q108	How many of the following people work at this pharmacy? [READ OUT OPTIONS AND INDICATE THE NUMBER MENTIONED BY RESPONDENT]	Pharmacists/chemists	[___|___]	
		Pharmaceutical technologists	[___|___]	
		Pharmacy technicians	[___|___]	
		Nurses/clinicians	[___|___]	
		Non-professional staff	[___|___]	
SECTION 2: IN-SERVICE TRAINING AND SKILLS DEVELOPMENT Now I would like to ask you about in-service training and skills development				
Q200	Have you received any in-service training on sexual and reproductive	Yes	1	

	health and rights (SRHR) issues in the last one year? **[CLARIFY THAT TRAINING COULD INCLUDE A ONE-TO-ONE DISCUSSION OR A GROUP TRAINING EVENT]**	No	0		**Go to Q202**
Q201	Did any of the trainings you attended in the last one year cover the following areas? **[READ OUT OPTIONS AND SELECT '1' FOR 'YES' TO ALL THAT APPLY; OTHERWISE SELECT '0']**		**Yes**	**No**	
		a) Dispensing/administration of SRHR services and products including MA drugs	1	0	
		b) Counselling clients seeking SRHR services and products including proper use of MA drugs	1	0	
		c) Provision of family planning methods to clients seeking SRHR services and MA drugs	1	0	
		d) Counselling clients seeking SRHR services and MA drugs on family planning	1	0	
		e) Service provision to adolescent girls seeking SRHR services including MA drugs	1	0	
		f) Service provision to adolescent girls seeking family planning services	1	0	
		g) Values clarification and attitude transformation (VCAT)	1	0	
		h) Legal and policy environment for provision of SRHR services and MA drugs	1	0	
		i) Business skills/sales promotion/record-keeping/reporting of service statistics	1	0	
Q202	a) Do you know the correct dosage of MA drugs?		1	0	
	b) Are you are able to explain how pregnancy termination or MA drugs work?		1	0	
	SECTION 3: SERVICE PROVISION PRACTICES Now I would like to ask you about service provision practices at this pharmacy				
Q300	Do you provide online pharmacy services to some of your clients?		Yes	1	
			No	0	
Q301	What SRHR services do you provide to clients who ask for pregnancy termination? **[DO <u>NOT</u> READ OPTIONS. SELECT '1' FOR 'YES' TO ALL THAT APPLY AND PROBE BY ASKING 'ANY OTHER?'; OTHERWISE SELECT '0']**		**Yes**	**No**	
		a) No services	1	0	
		b) Information and counselling on pregnancy termination	1	0	
		c) Dispensing of drugs for pregnancy termination	1	0	
		d) Referring clients to health facility	1	0	
		e) Referring clients to another pharmacy	1	0	
		f) Refer to CHV for follow-up	1	0	
		g) Give information on surgical methods of abortion	1	0	
		h) Other (specify) _____	1	0	

Q302	What kind of screening do you conduct on clients before giving them MA drugs? **[DO NOT READ OPTIONS. SELECT '1' FOR 'YES' TO ALL THAT APPLY AND PROBE BY ASKING 'ANY OTHER?'; OTHERWISE SELECT '0']**		**Yes**	**No**	
		a) I do not screen clients	1	0	
		b) Ask for prescription from medical practitioner	1	0	
		c) Ask for reasons for wanting to terminate pregnancy	1	0	
		d) Ask for proof of permission from third parties	1	0	
		e) Ask about gestation age of pregnancy/last menstrual period	1	0	
		f) Ask about medical history of client	1	0	
		g) Ask them to conduct pregnancy test	1	0	
		h) Conduct abdominal examination/ palpation	1	0	
		i) Ask about client's background (age, marital, and socio-economic status)	1	0	
		i) Other (specify) _____	1	0	
Q303	What type of SRHR information and advice do you give clients who come to you seeking pregnancy termination? **[DO NOT READ OPTIONS. SELECT '1' FOR 'YES' TO ALL THAT APPLY AND PROBE BY ASKING 'ANY OTHER?'; OTHERWISE SELECT '0']**		**Yes**	**No**	
		a) When and how to use MA drugs	1	0	
		b) Side-effects of the medication	1	0	
		c) How to know whether the process is successful	1	0	
		d) Complications that may arise	1	0	
		e) Risk of failure	1	0	
		f) When and where to seek help	1	0	
		g) Post-abortion family planning	1	0	
		h) Other (specify) _____	1	0	
Q304	Which SRHR products do you provide to clients seeking pregnancy termination? **[DO NOT READ OPTIONS. IF BRAND NAME IS MENTIONED, CLARIFY IF IT IS MISOPROSTOL ONLY OR COMBI-PACK]**		**Yes**	**No**	
		a) Misoprostol only	1	0	
		b) Mifepristone only	1	0	
		c) Combination of misoprostol and mifepristone (combi-pack or medabon)	1	0	
		d) Other medications (specify) (Brufen, etc) _____	1	0	
Q305	For how much do you sell the pregnancy termination medications? **[INDICATE '9999' IF PHARMACY DOES NOT SELL MEDICATION BASED ON RESPONSES IN Q308]**		Cost of medication (KSH)		
		a) Misoprostol only	[_____]		
		b) Mifepristone only	[_____]		
		c) Combination of misoprostol and mifepristone (combi-pack or medabon)	[_____]		
		d) Other medications (specify) (Brufen, etc)	[_____]		
Q306	Have there been instances when some of the clients seeking methods for pregnancy termination at this pharmacy have not been provided with information and services?	Yes	1		**Go to Q307**
		No	0		
		Don't remember	98		

Q307	For what reasons were they not provided with the information and services? **[DO NOT READ OPTIONS. SELECT '1' FOR 'YES' TO ALL THAT APPLY AND PROBE BY ASKING 'ANY OTHER?'; OTHERWISE SELECT '0']**		**Yes**	**No**	
		a) Lack of prescription from a medical practitioner	1	0	
		b) Client's health status was not conducive	1	0	
		c) Gestational age was not appropriate	1	0	
		d) Lack of permission from third parties	1	0	
		e) Client could not afford to pay for services	1	0	
		f) Pharmacy experienced stock-out of medications	1	0	
		g) Pharmacy lacked appropriate equipment	1	0	
		h) There was no trained provider to offer the information and services	1	0	
		i) Provider's religious/ moral beliefs could not allow	1	0	
		j) Other (specify) _____	1	0	
Q308	Do you provide family planning methods to clients who obtain medications for terminating pregnancy from this pharmacy?	Yes	1		Go to Q309
		No	0		
Q309	If YES, which family planning methods do you provide to your clients? **[DO NOT READ OPTIONS. SELECT '1' FOR 'YES' TO ALL THAT APPLY AND PROBE BY ASKING 'ANY OTHER?'; OTHERWISE SELECT '0']**		**Yes**	**No**	
		a) Pills	1	0	
		b) Male condom	1	0	
		c) Female condom	1	0	
		d) IUCD/Coil	1	0	
		e) Implants/Norplant/Jadelle	1	0	
		f) Injectables	1	0	
		g) Male sterilization/Vasectomy	1	0	
		h) Female sterilization/BTL	1	0	
		i) Morning after/emergency pill	1	0	
		j) Other (specify) _____	1	0	
Q310	Do you advise clients who obtain SRHR products including pregnancy termination drugs from this pharmacy to come back for follow-up?	Yes	1		Go to Q311
		No	0		
Q311	If YES, for the last client you remember who came back for follow-up, what did you do? **[DO NOT READ OPTIONS. SELECT '1' FOR 'YES' TO ALL THAT APPLY AND PROBE BY ASKING 'ANY OTHER?'; OTHERWISE SELECT '0']**		**Yes**	**No**	
		a) Provided counselling/gave verbal reassurance	1	0	
		b) Provided medications to manage pain/complications	1	0	
		c) Referred to a health facility	1	0	
		d) Referred to another pharmacy	1	0	
		e) Referred to CHV/midwife/counsellor	1	0	
		f) Referred to religious counsellor	1	0	
		g) Other (specify) _____	1	0	

SECTION 4: EXPERIENCES WITH PROJECT SRHR INTERVENTIONS Now I would like to ask you about your links to other service providers and sources of information in your locality					
Q400	Do you have any links to a CHV or CHVs who refer women and girls for services to this pharmacy?	Yes	1		
		No	0		
Q401	Do you give any form of compensation for the CHVs for the number of clients they refer?	Yes	1		Go to Q402
		No	0		
Q402	If YES, what form of compensation do you provide to community health volunteers/peer counsellors who refer clients to the pharmacy? **[DO NOT READ OPTIONS. SELECT '1' FOR 'YES' TO ALL THAT APPLY AND PROBE BY ASKING 'ANY OTHER?'; OTHERWISE SELECT '0']**		**Yes**	**No**	
		a) Commission on sales	1	0	
		b) Discount on medications	1	0	
		c) Discount on health products	1	0	
		d) Other (specify) _____	1	0	
Q403	Are you satisfied with the online platform of SRHR services provision to your clients?	Yes	1		Go to 404
		No	0		Go to 405
Q404	If SATISFIED, kindly give reasons for satisfaction				
Q405	If NOT SATISFIED, kindly give reasons for non-satisfaction				

SECTION 5: ATTITUDES AND BELIEFS I would like to ask you about your opinions regarding specific services					
Q500	Do you often, sometimes or never …? **[READ OUT STATEMENTS AND INDICATE APPROPRIATE RESPONSE]**	**Often**	**Sometimes**	**Never**	
	a) Feel worried whenever an adolescent girl asks for SRHR services and products including method to terminate pregnancy?	1	2	3	
	b) Feel worried whenever an adult woman asks for SRHR services and products including method to terminate pregnancy?	1	2	3	
	c) Feel worried whenever an adolescent boy asks for SRHR services and products including method to terminate pregnancy?	1	2	3	
	d) Feel worried whenever an adult man asks for SRHR services and products including method to terminate pregnancy?	1	2	3	
	e) Feel worried whenever an adolescent girl asks for a method of preventing pregnancy?	1	2	3	
	f) Feel worried whenever an adult woman asks for a method of preventing pregnancy?	1	2	3	
	g) Feel worried whenever an adolescent boy asks for a method of preventing pregnancy?	1	2	3	
	h) Feel worried whenever an adult man asks for a method of preventing pregnancy?	1	2	3	

Q501	Do you often, sometimes or never …? [READ OUT STATEMENTS AND INDICATE APPROPRIATE RESPONSE]	Often	Sometimes	Never	
	a) Feel worried about telling other people that you stock and dispense medications for terminating pregnancy?	1	2	3	
	b) Feel bothered that people in your neighbourhood may know that you stock and dispense medications for terminating pregnancy?	1	2	3	
	c) Feel afraid that you could put yourself or your loved ones at risk if people know that you stock and dispense medications for terminating pregnancy?	1	2	3	
	d) Feel proud that you stock and provide medications for terminating pregnancy?	1	2	3	
	e) Feel connected to others who stock and provide medications for terminating pregnancy?	1	2	3	
	f) Feel that you are making an important contribution to society by stocking and dispensing medications for terminating pregnancy?	1	2	3	
	g) Feel that it is important to share with people you work with information on how to dispense medications for terminating pregnancy?	1	2	3	

TIME INTERVIEW ENDED: [___|___:___|___]
[RECORD TIME IN 24-HOUR CLOCK]

PLEASE REMEMBER TO THANK THE RESPONDENT