

**Meeting Targets and Maintaining
Epidemic Control (EPIC) Project**

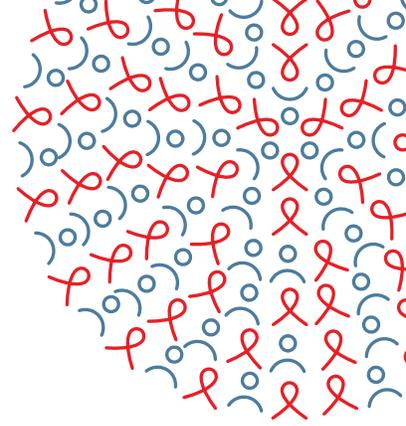
COOPERATIVE AGREEMENT NO.
7200AA19CA00002

EpiC Decentralized Drug Distribution Assessment Tools

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INTRODUCTION

Globally, many health facilities and clinics providing antiretroviral (ART) services to clients with HIV are overburdened by the very large number of patients receiving treatment. These high client loads result in increased workloads, longer client waiting times, and considerable decreases in client/provider interaction time.

Effective and sustainable delivery of ART to a growing number of people living with HIV (PLHIV) accessing treatment requires innovative approaches that will make services more convenient for patients while reducing the burden on health systems. One such innovative approach to ART provision includes transitioning clinically stable clients currently receiving ART in public facilities to obtain their refills from private sector providers. Three decentralized drug distribution (DDD) models for providing ART through the private sector—including community pharmacies, private hospitals, and automated dispensing models—are being tried in several countries, with promising results.

Using private pharmacies and other private outlets to refill antiretrovirals (ARVs) will decrease client load at ART facilities, reduce client waiting times, and improve client/provider interactions, medication adherence, and client retention and satisfaction. The drugs will remain free to clients, although clients may need to pay a small administrative fee for these services. Additionally, in the current context of COVID-19, private pharmacies and automated dispensing models could be safer for patients than health care facilities.

Experiences from countries that have implemented DDD models show that buy-in from multiple stakeholders is one of the most important factors for successful introduction and implementation of community-based differentiated treatment models, including DDD through the private sector, because it helps generate awareness and ownership of the intervention. The engagement should address the interests of each of the various stakeholders and align with the interests of the patients. For example:

- Engaging the Ministry of Health at all levels ensures that necessary supportive policies and guidelines are in place and that necessary changes to the supply chain and monitoring/evaluation systems are made.
- Engaging PLHIV and civil society ensures that the model selected is acceptable to them and that their concerns (e.g., service fees) are addressed.
- Engaging private sector providers helps to address their motivation and incentives, and offers justification for their involvement in the provision of care.
- Engaging with public sector health care providers when planning for DDD of ART is equally important since they must accept and actively participate in the referral of their patients to the private sector.

PURPOSE OF THE TOOLS

An essential step in this engagement should include assessments and interviews with each cadre of stakeholder in order to identify which DDD models are most appropriate in a particular setting and what supports are needed. FHI 360, through the EpiC project, has created a compendium of DDD readiness assessment and stakeholder engagement tools, which can be adapted to individual country contexts. The purpose of this compendium is to provide user-friendly tools to countries and partners considering introduction and/or scale-up of the DDD models for providing ART through the private sector.

This compendium includes (1) a hub facility survey, (2) a private pharmacy assessment, (3) a key stakeholder interview guide, and (4) a client interview guide. EpiC considers these the fundamental tools needed to determine needed inputs and supports, as well as client and stakeholder priorities and concerns (see Table 1). Each of these tools can be used as a baseline assessment prior to implementation of DDD or once rollout has begun, to identify perspectives on where there are gaps or needs, as well as best practices.

Other essential activities include mapping exercises to determine where DDD models should be prioritized. Additional guidance on mapping and implementation of a DDD model can be found in EpiC's [Decentralized Distribution of ART through the Private Sector: A Strategic Guide for Scale-Up](#).

Table 1. Purpose of each assessment tool

| Purpose | Stakeholder interview guide | Facility survey | Pharmacy assessment | Client survey |
|--|-----------------------------|-----------------|---------------------|---------------|
| To document the process that was or will be used for developing national DDD material | x | | | |
| To document the process that has been or will be used for planning the rollout of DDD services | x | | | |
| To document the process that has been or will be used to identify the eligible PLHIV | x | | | |
| To document the process that has been or will be used to map the DDD locations | x | | | |
| To document the process that has been or will be used for offering DDD services | | | x | |
| To document the burden of ART provision on facilities and identify priority hub facilities | | x | | |
| To document the process that has been or will be used to document DDD services | x | | x | |
| To document the process that has been or will be used for obtaining and reporting on the use of ARVs for DDD | | | x | |
| To document the process that has been or will be used for receiving DDD services | | | | x |
| To document perspectives from users about DDD services (enablers and barriers) | | | | x |
| To document the key successes, challenges, and solutions to rolling out DDD services (for DDD services that have already been implemented) | x | x | x | |
| To document the current gaps to meet the second and third 95 goals through the facilities and/or DDD model | x | x | x | |
| To document the DDD vision in terms of rolling out or scaling up the model | x | | | |

PARTICIPANT SELECTION

Table 2 describes the participant selection criteria.

Table 2. Participant selection criteria

| Participants | Selection Criteria |
|--------------------------------------|---|
| Stakeholders | <ul style="list-style-type: none"> • Representatives from the Ministry of Health (decentralized service delivery focal person and/or DDD focal person) • Representatives from each care-and-treatment partner engaged in implementation of DDD services • Representatives from each community partner engaged in implementation of DDD services • Representatives from partners supporting the national strategic information system • PLHIV association representatives |
| Facility in-charges | <ul style="list-style-type: none"> • Must manage a hub facility for DDD in an implementation site |
| Pharmacists/ private clinic staff | <ul style="list-style-type: none"> • Pharmacists or private clinic staff planned to be engaged in rolling out DDD services |
| Clients | <ul style="list-style-type: none"> • Representatives of clients expected to participate in DDD, such as all targeted age groups and other demographics, as relevant, including key populations; men, women, and transgender people; and both clinically stable and newly enrolled clients, such as expert clients and support group members |

TOOLS

TOOLS

Hub Facility Survey

Step 1. General Information

| # | Question | Response | Code |
|----|-----------------------|--|----------------------------------|
| 1. | Date | [__]/[__ __]/[__ __ __] DD / MMM / YYYY | |
| 2. | Interviewer name | _____ _____ _____ | 1 2 3 |
| 3. | Country | _____ | |
| 4. | Province/region/state | _____ _____ _____ | 1 2 3 |
| 5. | District | _____ | |
| 6. | Facility name | _____ | |
| 7. | Facility level | _____ _____ _____ | Primary Secondary Tertiary |

Step 2. Introduce the Study

READ to the facility in-charge/ART coordinator: Experience from the field has shown that many antiretroviral treatment (ART) facilities are overburdened by the very large number of clients receiving treatment. These high client loads result in increased workloads, longer client waiting times, and considerable decreases in client/provider interaction time. [Insert partner or project here] intends to pilot the refill of antiretroviral (ARV) drugs in private pharmacies to address these factors. In so doing, we hope to reduce client load and waiting times at ART facilities, while improving client/provider interaction time, medication adherence, client retention, and client satisfaction. The drugs will remain free to clients, but clients may need to pay a small administrative fee at private pharmacies for these services, depending on the country context.

Before piloting this program, we are conducting an assessment of the services and infrastructure at selected pharmacies and hospitals to identify gaps and how to fill them. We will use the information obtained from this exercise to determine where and how to implement ARV distribution through community pharmacies. The data we obtain will not be shared with people outside of this project until we have removed identifiable information, such as your name, the name of your facility, how long you have been working here, and your title. Based on this survey's results and an analysis of where ART client populations live, we will suggest to the government a list of pharmacies where ART provision should occur. At that time, the names and locations of the relevant hub and private pharmacies and other data elements will be shared to enable implementation. You are encouraged to complete the survey; however, it is voluntary. If you begin the survey, you are free to stop it at any point or you may refuse to answer any question.

Do you have any questions/concerns at this point?

| # | Question | Response | Code | |
|----|--------------------------------|----------|------|---|
| 8. | Would you like to participate? | Yes | 1 | →STOP the interview and thank the person for their time |
| | | No | 0 | |

Step 3. Facility ART Client Load and Staffing

| # | Question | Response | Code |
|-----|---|---|--|
| 9. | How many days a week do you offer HIV services at this facility? | | [_ _ _] days a week |
| 10. | What services are provided to ART clients at this facility? | Dispensing | Yes: 1, No: 0 |
| | | Counseling/psychosocial support | Yes: 1, No: 0 |
| | | Clinical care, including viral load testing | Yes: 1, No: 0 |
| 11. | How many trained pharmacy technicians are involved in HIV service provision at this facility? | | Full-time pharmacists [a]: [____] Part-time pharmacists [b]: [____] |
| 12. | What type of documentation system is used in this facility for pharmaceutical service provision? Is it paper-based, electronic, or a mixture of both? | Paper only | 1 |
| | | Electronic only | 2 |
| | | Paper and electronic | 3 |
| | | No response | 9 |
| 13. | What type of documentation system is used in this facility for ARV drug logistics? Is it paper-based, electronic, or a mixture of both? | Paper only | 1 |
| | | Electronic only | 2 |
| | | Paper and electronic | 3 |
| | | No response | 9 |
| 14. | What was the TX_CURRENT for this facility at the end of the last month? | | [_ _ _ _] <i>Enter 9999 if no response.</i> |
| 15. | Of those on treatment during the last month, how many had ever had a viral load test? | | [_ _ _ _] <i>Enter 9999 if no response.</i> |

| # | Question | Response | Code |
|-----|--|---|----------------------------|
| 16. | Of those on treatment over the last month, how many were considered stable? | [_ _ _] <i>Enter 9999 if no response.</i> | |
| 17. | How many ART clients receive care through decentralized service delivery models, e.g., community adherence groups? | [_ _ _] <i>Enter 9999 if no response.</i> | |
| 18. | During the last 2 weeks, how many clients received a supply of ARVs (refill or new) at this facility? | [_ _ _] <i>Enter 9999 if no response.</i> | |
| 19. | During the last 2 weeks, how many days did the facility provide ARVs? | [_ _ _] <i>Enter 9999 if no response.</i> | |
| 20. | In the last 2 weeks, approximately how many clients received a supply of ARVs (refill or new) per day? | [_ _ _] <i>Enter 9999 if no response.</i> | |
| 21. | On average, how many minutes does the pharmacist/ pharmacy technician/"nurse dispenser" spend per client? | [_ _ _] <i>Enter 9999 if no response.</i> | |
| 22. | How often do pharmacists at this facility have sufficient time to provide high-quality care to clients? | Always Most of the time Sometimes Rarely Never No response | 1 2 3 4 5 9 |
| 23. | Does this facility require additional staff to support all client needs? | Yes No Unsure No response | 1 0 8 9 |
| 24. | Would you be willing to devolve some of your clients to private pharmacies to receive their ARV refills? | Yes No Unsure No response | 1 0 8 9 |
| 25. | Would you be willing to allow pharmacists working in private pharmacies to support the management of your ARVs? | Yes No Unsure No response | 1 0 8 9 |
| 26. | Why or why not? | _____ _____ _____ | |

Pharmacy Assessment

Step 1. General Information

Date: _____

Country: _____

Province/region/state: _____

District: _____

Name of pharmacy: _____

GPS coordinates: _____

Pharmacy address: _____

Step 2. Introduce the Study

READ to the pharmacist: In order to determine which private pharmacies have the capacity to dispense ARVs, [insert partner or project here], in collaboration with local governments, is conducting a rapid assessment of the services and infrastructure at selected pharmacies to identify gaps and how to fill them. We will use the information obtained from this exercise to determine where and how to implement ARV distribution through private pharmacies and any capacity gaps that can be addressed. The data we obtain will not be shared with people outside of this project until we have removed identifiable information, such as the name of your pharmacy, how long you have been working here, your name, and your title. Based on this survey's results and an analysis of where ART client populations live, we will suggest a list of private pharmacies where ART provision should occur. At that time, the names and locations of those pharmacies and other data elements will be shared to enable implementation. You are encouraged to complete the survey; however, it is voluntary. If you begin the survey, you are free to stop it at any point or you may refuse to answer any question.

SECTION 1: Personal Characteristics

| # | Question | Response | Code | |
|----|--------------------------------|-----------|--------|---|
| 1. | Would you like to participate? | Yes No | 1 0 | →STOP the interview and thank the person for their time |

| # | Question | Response | Code |
|----|---|---|---------------------------------|
| 2. | What is your professional designation? | Pharmacist Pharmacy technician Pharmacy assistant Pharmacy agent Other (specify) | 1 2 3 4 5 |
| 3. | How long have you been practicing in this role? | < 1 year 1–5 years 6–10 years 11–15 years 16–20 years > 20 years No response | 1 2 3 4 5 6 9 |
| 4. | What is your job title at this pharmacy? | Director/owner Superintendent/manager Pharmacist Part-time pharmacist Pharmacy technician Other (specify: _____) | 1 2 3 4 5 6 |
| 5. | How long have you been working at this pharmacy? | < 1 year 1–5 years 6–10 years 11–15 years 16–20 years > 20 years No response | 1 2 3 4 5 6 9 |
| 6. | Have you been trained in pharmaceutical care for HIV? | Yes No Don't know No response | 1 0 8 9 |
| 7. | Do you have a copy of the current national guidelines for ART and opportunistic infections treatment in [country name]? | Yes No Don't know No response | 1 2 3 9 |

SECTION 2: ARV Decentralization

| # | Question | Response | Code | |
|-----|---|----------------------------------|----------|---------|
| 8. | Does this pharmacy provide ARVs? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 9. | If ARVs, cotrimoxazole, and isoniazid were provided to this pharmacy free of charge, would this pharmacy provide refills to people living with HIV? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 10. | With the understanding that each ARV client will require at least 30 minutes of the pharmacist's time, about how many additional clients could receive refills here each day? | [_ _] | | |
| 11. | Proper documentation of ARV refill provision will take about 15 minutes of the 30 minutes per client seen. Would providers at this pharmacy be willing to meet the documentation requirements of such services? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 12. | If ARVs were provided to this pharmacy free of charge, would clients be asked to pay anything to refill ARVs here? (IF NO, SKIP TO Q15) | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 13. | What is the minimum payment clients would need to pay each time they receive ARV refill services here? | [_ _ _ _] | | |
| 14. | If the person living with HIV were financially constrained, would this pharmacy provide ARV refill services at no cost to him/her? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 15. | Have you attended ART dispensation training or any other related training? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 16. | Provision of ARVs requires knowledge of ARV drugs, as well as side effects, when to make referrals, awareness of stigma, and documentation. If ARVs were to be available at this pharmacy, in which areas would you like additional training: | ARV side effects [a] | Yes 1 | No 0 |
| | | ARV referrals [b] | 1 | 0 |
| | | ARV and adherence counseling [c] | 1 | 0 |
| | | ARV documentation [d] | 1 | 0 |
| | | Stigma related to HIV [e] | 1 | 0 |

SECTION 3: Facility Operations

| # | Question | Response | Code | |
|-----|---|--|-----------------------------------|----------------------------------|
| 17. | Is this pharmacy owned by a pharmacist? | Yes No Don't know No response | 1 0 8 9 | |
| 18. | How many of each staff type work here? | Full-time pharmacists [a]: [__ __] Part-time pharmacists [b]: [__ __] Full-time pharmacy technicians [c]: [__ __] Part-time pharmacy technicians [d]: [__ __] Counselors/nurses [e]: [__ __] Other staff who distribute medicines or counsel clients [f]: [__ __] | | |
| 19. | Which days of the week is this pharmacy open? | Monday [a] Tuesday [b] Wednesday [c] Thursday [d] Friday [e] Saturday [f] Sunday [g] | Yes 1 1 1 1 1 1 | No 0 0 0 0 0 0 |
| 20. | What are the opening and closing times from Monday to Friday ? | Opening time [a]: [__ __ : __ __] Closing time [b]: [__ __ : __ __] | | |
| 21. | What are the opening and closing times on the weekend? | Opening time Saturday [a]: [__ __ : __ __] Closing time Saturday [b]: [__ __ : __ __] Opening time Sunday [c]: [__ __ : __ __] Closing time Sunday [d]: [__ __ : __ __] | | |
| 22. | Would you be willing to provide ARV refills outside of your current hours of operation? | Yes No Don't know No response | 1 0 8 9 | |
| 23. | Does the pharmacy have a computer? | Yes No Don't know No response | 1 0 8 9 | |
| 24. | Does the pharmacy have Internet access? | Yes No Don't know No response | 1 0 8 9 | |

| # | Question | Response | Code |
|-----|--|--|------------------|
| 25. | Does the pharmacy have an electronic dispensing system? | Yes No Don't know No response | 1 0 8 9 |
| 26. | What electronic dispensing system does the pharmacy have? | _____ | |
| 27. | Does the pharmacy have a valid trading license for the year 2020? (IF NO, SKIP TO Q29) | Yes No Don't know No response | 1 0 8 9 |
| 28. | What is the expiration date for the license? | [__] / [___] / [____] DD / MMM / YYYY | |
| 29. | Does the pharmacist in charge have a valid and current certificate of practice/ registration? (IF NO, SKIP TO Q31) | Yes No Don't know No response | 1 0 8 9 |
| 30. | What is the expiration date for the certificate? | [__] / [___] / [____] DD / MMM / YYYY | |
| 31. | About how many people are served in this pharmacy each day? | [____] | |

For the automated dispensing models, assess for these infrastructural requirements:

| # | Question | Yes/No |
|-----|---|--------|
| 32. | Does the pharmacy have a reliable electronic medical record system that will be able to link with the facility records to allow for automated dispensing? | |
| 33. | Does the pharmacy have a reliable last-mile system to ensure timely replenishment of inventories? | |
| 34. | Does the pharmacy have systems for client notification, reminders, and provision of information in case of queries on medicine use? | |
| 35. | Does the pharmacy have a reliable electricity/backup system, GSM network, and Internet access, which are essential for automated dispensing models and any models where electronic data collection is introduced? | |
| 36. | Does the pharmacy have, where applicable, a call center to respond to patient concerns during automated dispensing? | |

SECTION 4. Physical Environment

| # | Question | Response | Code | Comment |
|-------------|--|--------------------|------|---------|
| 37. | Does the pharmacy have designated areas for filling prescriptions and dispensing drugs? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 38. | Does the pharmacy have a private area for counseling clients? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 39. | Does the pharmacy have a valid trading license for the year 2020? (IF NO, SKIP TO Q29) | [_ _ _] | | |
| 39b. | <i>[Interviewer] Take a photo of the waiting area.</i> | | | |
| 40. | Is a handwashing facility with running water available for the pharmacist to wash their hands? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 41. | Is a handwashing facility with running water available for clients to wash their hands? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 42. | Does the pharmacy have security measures to guard against burglary (e.g., secure windows, doors, locked storage spaces)? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 43. | Does the pharmacy have adequate storage space if ARVs, CTZ, and INH were to be sent from the government? | Yes | 1 | |
| | | No | 0 | |
| | | Don't know | 8 | |
| | | No response | 9 | |
| 43b. | <i>[Interviewer] Take a photo of the storage area for medicines.</i> | | | |
| 44. | How are drugs stored in this pharmacy? | Alphabetical order | 1 | |
| | | Therapeutic group | 2 | |
| | | Other | 3 | |
| | | No response | 9 | |

When assessing community pharmacies for adequate infrastructure, ensure that the following minimum requirements are in place, using visual inspection:

| # | Visual Inspection Guide | Yes/No |
|-----|---|--------|
| 45. | Sufficient space to accommodate increase in patient traffic | |
| 46. | Space that ensures audio and visual privacy in order to provide counseling/address patient concerns | |
| 47. | Drug storage space that meets requirements (with temperature not exceeding 30 C, not exposed to direct heat and high humidity, adequate shelving, availability of locking cabinets) | |
| 48. | Adequate space and/or electronic infrastructure for managing and storing patient records and registers | |
| 49. | Reliable electricity/or backup system, GSM network, and Internet access, which are essential for electronic systems used for reporting and timely sharing of information | |
| 50. | Security measures to guard against break-ins/burglary (secure windows, doors, locked storage spaces) | |

SECTION 5. Dispensing Activities and Documentation

| # | Question | Response | Code | Skip | Comment |
|-----|--|---------------------------|------|------|---------|
| 51. | Is a pharmacist typically available to supervise dispensing? | Yes | 1 | | |
| | | No | 0 | | |
| | | Don't know | 8 | | |
| | | No response | 9 | | |
| 52. | Does the pharmacy retain and file filled prescriptions? | Yes | 1 | | |
| | | No | 0 | | |
| | | Don't know | 8 | | |
| | | No response | 9 | | |
| 53. | Do you keep a record of adverse drug reactions to previously dispensed medication? | Paper only | 1 | →END | |
| | | Electronic only | 2 | | |
| | | Both paper and electronic | 3 | | |
| | | Don't know | 9 | →END | |
| 54. | How are patient records/ registers stored? | Yes | 1 | | |
| | | No | 0 | | |
| | | Don't know | 8 | | |
| | | No response | 9 | | |

Key Stakeholder Interview Guide on Decentralized Drug Distribution (DDD)

READ to the key stakeholder: Experience from the field has shown that many antiretroviral therapy (ART) facilities are overburdened by the very large number of clients receiving treatment. These high client loads result in increased workloads, longer client waiting times, and considerable decreases in client/provider interaction time. [Insert partner or project here] intends to pilot the refill of antiretroviral (ARV) drugs in private pharmacies to address these factors. In so doing, we hope to reduce client load and waiting times at ART facilities, while improving client/provider interaction time, medication adherence, client retention, and client satisfaction. The drugs will remain free to clients, but clients may need to pay a small administrative fee at private pharmacies for these services.

Before piloting this program, we are conducting interviews with key stakeholders to gain their input and insight on the status of decentralized drug distribution (DDD) in the country, needed supports, and concerns. We will use the information obtained from this exercise to determine where and how to implement ARV distribution through community pharmacies. The data we obtain will not be shared with people outside of this project until we have removed identifiable information, such as your name and your title. Based on this interview's results and an analysis of where ART client populations live, we will suggest to the government a list of pharmacies where ART provision should occur. You are encouraged to complete the interview; however, it is voluntary. If you begin the interview, you are free to stop it at any point or you may refuse to answer any question.

Do you have any questions/concerns at this point?

| Question | Response | Code | |
|--------------------------------|----------|------|---|
| Would you like to participate? | Yes | 1 | →STOP the interview and thank the person for their time |
| | No | 0 | |

| # | General Information | |
|----|---------------------------|--|
| 1. | Date (dd/mm/yyyy) | |
| 2. | District and region/state | |
| 3. | Country | |
| 4. | Interviewer name | |
| 5. | Position/job title | |
| 6. | Participant organization | |

| # | Question | Answer by Respondent | Remarks by Interviewer |
|---|--|----------------------|------------------------|
| 7. | Has this country developed DDD national materials and/or rolled out DDD? | | |
| 8. | If developed, please describe the process that was used for developing DDD national materials and list each material that was developed. | | |
| 9. | Please describe the key enablers needed (in your opinion) to introduce DDD in the country. | | |
| 10. | Please describe the key enablers needed (in your opinion) to develop DDD national materials. | | |
| 11. | Please list which stakeholders have been/should be engaged in the DDD discussion and development of DDD materials. | | |
| 12. | Please share your opinion about the current status of DDD materials development and rollout. | | |
| Planning for Rollout of DDD Services | | | |
| 13. | Please describe the process that was/will be used to plan the rollout of DDD services at national and regional levels. | | |
| 14. | Do you think involving the private sector (e.g., pharmacies, private clinics) is a good idea? Or if the private sector is already involved in DDD, are they doing a good job? | | |
| 15. | Please list what stakeholders were/should be engaged in DDD planning at national, regional, and site levels. Were there stakeholders who did not participate but should have been engaged? | | |
| Identification of Eligible PLHIV | | | |
| 16. | Have client eligibility criteria for DDD been set? If so, please describe the process that was used. | | |
| 17. | Please describe the process to identify PLHIV eligible for DDD at the site level, and the strengths and weaknesses of the process. | | |

| # | Question | Answer by Respondent | Remarks by Interviewer |
|-----|---|----------------------|------------------------|
| | Selection of DDD Locations | | |
| 18. | Has mapping been conducted to select the DDD locations? If so, please describe the process that was used. | | |
| 19. | Are there other methods to identify potential DDD locations that have been/ will be used? Please describe the process to identify the DDD locations, and the strengths and weaknesses of the process. | | |
| | Documentation of DDD Services | | |
| 20. | Please describe the process that will be/ is used to document DDD services at the facility and point-of-service levels? | | |
| 21. | If developed in your country, please share your opinion about the strengths and weaknesses of the DDD monitoring and evaluation system. In your opinion, does it address all steps of the service delivery cascade? How could it be improved? | | |
| | Successes, Challenges, and Solutions When Rolling out DDD Services [SKIP THIS SECTION IF DDD HAS NOT YET BEEN ROLLED OUT IN THE COUNTRY] | | |
| 22. | Please share your opinion on the key successes when rolling out DDD services (2–3 maximum). | | |
| 23. | Please share your opinion on the key challenges when rolling out DDD services (2–3 maximum). | | |
| 24. | Please share your opinion on the key solutions when rolling out DDD services (2–3 maximum) | | |
| | 95 Goals through the DDD Model | | |
| 25. | How can the DDD model be improved to better meet the third 95 goal? | | |
| | DDD Scale-up | | |
| 26. | Please share your vision on if, when, and how the DDD model should be scaled up. | | |

Client Interview Guide

Step 1. General Information

| # | Question | Response | Code |
|----|---|---|------|
| 1. | Interviewer name | | |
| 2. | Country | | |
| 3. | Province/region/state | | |
| 4. | District | | |
| 5. | Participant ID | [_] - [_ _] - [_ _] Interviewer Province Consecutive # | |
| 6. | Number of phone call attempts before reaching the participant | [_ _] | |

Step 2. Call the Participant

Verify that you have the correct person on the phone before continuing.

READ: Hello. My name is [interviewer name], and I work for [organization name]. I received your name and phone number from your support group. I am calling today to ask if you would like to participate in a survey about antiretroviral (ARV) pickup in private pharmacies. We are working with the [country] government to understand if ARV clients would like to pick up their ARVs at private pharmacies. We would like to know what you think of this idea.

You may decide if you would like to participate or not. If you decide to participate, you may still skip any question. We will not share your name or identifying information with anyone. We will share only the opinions you provide.

| Question | Response | Code | Skip |
|--------------------------------|----------|------|------|
| Would you like to participate? | Yes | 1 | |
| | No | 0 | |

Step 3. Begin the Interview

| # | Question | Response | Code | Skip |
|-----|---|--|---------------------------------|------|
| 7. | Are you a member of an ARV pickup group? | Yes No No response | 1 0 9 | |
| 8. | How long does it usually take you to travel from home to the place where you currently pick up ARVs? | < 15 minutes 15–29 minutes 30–59 minutes 1–2 hours 2–3 hours > 3 hours No response | 1 2 3 4 5 6 9 | |
| 9. | How long do you usually wait at the place where you currently pick up ARVs (from the time you arrive to the time you get your ARVs)? | < 15 minutes 15–29 minutes 30–59 minutes 1–2 hours 2–3 hours > 3 hours No response | 1 2 3 4 5 6 9 | |
| 10. | Now let's talk about private pharmacies. By this I mean pharmacies that are not connected to a health facility. Have you ever been to a private pharmacy? | Yes No No response | 1 0 9 | →Q15 |
| 11. | How long does it take you to travel from your house to the private pharmacy you use? | < 15 minutes 15–29 minutes 30–59 minutes 1–2 hours 2–3 hours > 3 hours No response | 1 2 3 4 5 6 9 | |
| 12. | How often do you go to a private pharmacy? | Every week Every 2 weeks Once a month Less frequently No response | 1 2 3 4 9 | |
| 13. | Why do you go to private pharmacies? Probe: What do you like about private pharmacies? Probe: What else? | <hr/> <hr/> <hr/> <hr/> <hr/> | | |

| # | Question | Response | Code | Skip |
|-----|--|---|------------------|------|
| 14. | What don't you like about private pharmacies? Probe: <i>What else?</i> | _____ _____ _____ _____ | | |
| 15. | Let's talk about ARV pickup. In general, what do you think about the idea of picking up your ARVs at a private pharmacy? Read responses. | I like the idea I do not like the idea I am not sure No response | 1 2 3 9 | →Q17 |
| 16. | Why would you like to pick up ARVs at a private pharmacy? Probe: <i>Any other reasons?</i> | _____ _____ _____ _____ | | |
| 17. | What concerns would you have about picking up your ARVs at a private pharmacy? Probe: <i>Any other concerns?</i> | _____ _____ _____ _____ | | |
| 18. | Are you concerned about privacy at your current pickup location? | Yes/sometimes No No response | 1 0 9 | |
| 19. | Do you feel that receiving ARVs at a private pharmacy would be more private, less private, or about the same level of privacy as your current pickup location? Read responses. | More private Less private About the same No response | 1 2 3 9 | |
| 20. | Please explain your response. Probe: <i>Why do you feel it would be more private (or, depending on answer, less private, or about the same)?</i> | _____ _____ _____ _____ | | |
| 21. | Are you treated well at the place where you currently pick up ARVs? Probe: <i>Why do you feel you are treated well? Not well?</i> | Yes No/sometimes No response | 1 0 9 | |
| 22. | In a private pharmacy, do you think you would be treated better, worse, or about the same as in the place you currently pick up ARVs? Read responses. | Better Worse About the same No response | 1 2 3 9 | |

| # | Question | Response | Code | Skip |
|-----|---|---|------|------|
| 23. | <p>Please explain your response.</p> <p>Probe: <i>Why do you feel you would be treated well? Not well?</i></p> | <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| 24. | <p>Now I would like to talk about how distribution of ARVs might work in private pharmacies. You would be able to pick up your ARVs and receive counseling on side effects, but you would still have to go to the health facility for scheduled lab tests (such as CD4 or viral load tests), or if you are having side effects that may require treatment. What do you think about this?</p> <p>Probe: <i>Would having to go to the pharmacy for pickup AND the health facility for tests make it easier or more difficult for you? Why?</i></p> | <hr/> | | |
| 25. | <p>Let's talk about payments at private pharmacies. How would having to pay to pick up your ARVs affect your decision to use a private pharmacy instead of a public health facility?</p> <p>Probe: <i>Would you use a private pharmacy to pick up ARVs if you had to pay? Why or why not?</i></p> | <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| 26. | <p>What concerns would you have about picking up your ARVs at a private pharmacy?</p> <p>Probe: <i>Any other concerns?</i></p> | <hr/> | | |

Read: I am going to read a list of things that might be important in your decision to pick up ARVs at a private pharmacy. For each one, I would like to know if it is very important, important, or not important to you. **Circle the response.**

| # | | Very Important | Important | Not Important | No Response |
|-----|--|----------------|-----------|---------------|-------------|
| 27. | Distance to my house | 1 | 2 | 3 | 9 |
| 28. | Pharmacy hours of business | 1 | 2 | 3 | 9 |
| 29. | Cost | 1 | 2 | 3 | 9 |
| 30. | Counseling offered | 1 | 2 | 3 | 9 |
| 31. | Nutrition assistance offered | 1 | 2 | 3 | 9 |
| 32. | Lab tests obtained at the same place as ARV pickup | 1 | 2 | 3 | 9 |
| 33. | Privacy | 1 | 2 | 3 | 9 |
| 34. | Psychosocial support offered | 1 | 2 | 3 | 9 |
| 35. | Staff attitude/competence | 1 | 2 | 3 | 9 |
| 36. | Waiting time/speed of service | 1 | 2 | 3 | 9 |

| # | Question | Response | Code | Skip |
|-----|--|--|------|------|
| 37. | Which of these factors is the <u>most</u> important for you? Read responses. | Distance to my house | 1 | |
| | | Cost | 2 | |
| | | Counseling offered | 3 | |
| | | Nutrition assistance offered | 4 | |
| | | Lab tests obtained at the same place as ARV pickup | 5 | |
| | | Privacy | 6 | |
| | | Psychosocial support offered | 7 | |
| | | Staff attitude/competence | 8 | |
| | | Waiting time/speed of service | 9 | |
| | | No response | 99 | |
| 38. | This is my last question. What is your level of interest in picking up ARVs at private pharmacies? | Very interested | 1 | |
| | | A little interested | 2 | |
| | | Not interested | 3 | |
| | | No response | 9 | |
| 39. | Do not read, just indicate: Sex of the respondent | Male | 1 | |
| | | Female | 0 | |
| | | Unsure | 8 | |
| | | No response | 9 | |

