

# PrEP RING READINESS ASSESSMENT

## Pharmacy readiness tool

GENERAL INTERVIEW INFORMATION	
1	Name of assessor:
2	Date:
3	Province/region/ district/state/county:
4	Name of pharmacy:
5	Global positioning system (GPS) coordinates:
6	Pharmacy address:
7	Interviewee contact information
	Name:
	Email:
	Phone number:

# PrEP RING READINESS ASSESSMENT

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### READINESS CRITERIA

#	Question	Response / Code		Comments
<b>SECTION 1. GENERAL INFORMATION</b>				
1.1	Would you like to participate in this assessment? <i>If NO, STOP the interview and thank the person for their time.</i>	Yes	1	
		No	0	
1.2	What is your professional designation?	Pharmacist	1	
		Pharmacy technician	2	
		Pharmacy assistant	3	
		Other (specify)	4	
1.3	What is your role at this pharmacy?	Director/owner	1	
		Superintendent/manager	2	
		Pharmacist	3	
		Part-time pharmacist	4	
		Pharmacy technician	5	
		Other (specify)	6	

<b>SECTION 2. PHARMACY OPERATIONS</b>				
2.1	Is the pharmacy managed by a pharmacist?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
2.2	How many people of each staff type work here?	Full-time pharmacists [a]:		
		Part-time pharmacists [b]:		
		Full-time pharmacy technicians [c]:		
		Part-time pharmacy technicians [d]:		
		Pharmacy assistants [e]:		
		Counselors/nurses [f]:		
		Other clinical staff [g]:		

#	Question	Response / Code			Comments
2.3	Which days of the week is the pharmacy open?		Yes	No	
		Monday [a]	1	0	
		Tuesday [b]	1	0	
		Wednesday [c]	1	0	
		Thursday [d]	1	0	
		Friday [e]	1	0	
		Saturday [f]	1	0	
Sunday [g]	1	0			
2.4	Does the pharmacy have a computer?		Yes	1	
			No	0	
			Don't know	8	
			No response	9	
2.5	Does the pharmacy have internet access?		Yes	1	
			No	0	
			Don't know	8	
			No response	9	
2.6	Does the pharmacy have a valid license for the year ____? <i>If NO, skip to Q2.8.</i>		Yes	1	
			No	0	
			Don't know	8	
			No response	9	
2.7	What is the expiration date of the license?	/	/		
		DD	/	MM	
2.8	Does the pharmacist in charge (e.g., superintendent or pharmaceutical technologist) have a valid and current practice license? <i>If NO, skip to Q2.10.</i>		Yes	1	
			No	0	
			Don't know	8	
			No response	9	
2.9	What is the expiration date of the license?	/	/		
		DD	/	MM	
2.10	About how many people are served in the pharmacy each day?				

#	Question	Response / Code		Comments
<b>SECTION 3. PHYSICAL ENVIRONMENT</b>				
3.1	Does the pharmacy have designated areas for filling prescriptions and dispensing drugs?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
3.2	Does the pharmacy have a private area for counseling clients?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
3.3	May I take a photo of the counseling area? This photo will document the physical environment available for client counseling. <i>[Assessor, please ensure that no individuals are visible in the photos.]</i>	Yes	1	
		No	0	
3.4	Does the pharmacy have security measures to guard against burglary (e.g., secure windows and doors, locked storage spaces)?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	

#	Requirement	Yes / No		Comments
<b>SECTION 4. VISUAL INSPECTION GUIDE — [When assessing pharmacies for adequate infrastructure, use visual inspection to ensure that the following minimum requirements are in place.]</b>				
4.1	Social distancing guidelines or other guidelines that align with national precautions for COVID-19 are visible to clients.	Y	N	
4.2	Private area that ensures audio and visual privacy for providing counseling/addressing patient concerns.	Y	N	
4.3a	Storage area is clean, organized, and products are kept off the floor.	Y	N	
4.3b	May I take a photo of the storage area? This photo will document the physical environment available for storage of the PrEP ring. <i>[Assessor, please ensure that no individuals are visible in the photos.]</i>	Y	N	

#	Requirement	Yes / No	Comments
4.4	Drug storage space is cool and commodities are not exposed to direct heat and high humidity.	Y N	
4.5	Reliable electricity/backup system, global system for mobile communication (GSM) network, and internet access are available (essential for electronic systems used for reporting and timely sharing of information).	Y N	

#	Requirement	Response / Code	Comments
<b>SECTION 5. COMMODITY MANAGEMENT AND SUPPLY CHAIN</b>			
5.1	Does the pharmacy currently receive any commodities from the public sector supply chain? <i>[IF NO, SKIP TO Q 5.3.]</i>	Yes	1
		No	0
		Don't know	8
		No response	9
5.2	Does the pharmacy have experience using country-specific logistics management information system forms to order and report on commodity consumption?	Yes	1
		No	0
		Don't know	8
		No response	9
5.3	There could be additional reporting requirements should this pharmacy agree to distribute the PrEP ring at a price subsidized by a donor or the government of [Country name].  How much time would you be willing to commit to additional logistics reporting per month?	Maximum 5 min	1
		Maximum 15 min	2
		Maximum 30 min	3
		More than 30 min	4
		No response	9
5.4	Does the pharmacy have additional storage space to store the PrEP ring? (The packaging is not bulky, and rings may be packaged for one- or three-month supply.)	Yes	1
		No	0
		Don't know	8
		No response	9
5.5	What type of dispensing system is used?	Manual	1
		Electronic	0
		Don't know	8
		No response	9
5.6	If electronic, what electronic dispensing system does the pharmacy use?		

#	Requirement	Response / Code		Comments
5.7	If manual, what logistics forms are used to manage health products?	Stock cards	1	
		Daily register	2	
		Other	3	
5.8	Does the pharmacy have procedures for identifying and disposing of expired pharmaceuticals? If yes, please describe.	Yes	1	
		No	0	
		Don't know	8	
		No response	9	

#	Question	Response / Code		Comments
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### SECTION 6. QUALITY ASSURANCE AND REPORTING SYSTEMS

6.1	How often does the pharmacy receive supervision? If "other," please specify.	Real-time/onsite	1	
		Daily	2	
		Weekly	3	
		Monthly	4	
		Other	5	
		Never	6	
		Don't know	8	
		No response	9	
6.2	Who provides supervision? If "other," please specify.	Pharmacy Manager	1	
		Owner	2	
		Other	3	
		Don't know	8	
		No response	9	
6.3	Does the Ministry of Health (MOH) supervise the pharmacy for any health services? <i>If NO, skip to Q6.6.</i>	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
6.4	If "yes," what services? If "other," please specify which services.	FP	1	
		HIV	2	
		Malaria	3	
		Other	4	
		Don't know	8	

#	Question	Response / Code		Comments
6.5	How often does the pharmacy receive supportive supervision from the MOH?	Daily	1	
		Weekly	2	
		Monthly	3	
		Never	4	
		Don't know	8	
		No response	9	
6.6	Does the pharmacy currently report records of patients reporting adverse drug reactions to HIV-related drugs or commodities (e.g., HIV self-test kits) to the _____? <i>If YES, skip to Q6.8.</i>	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
6.7	If no, would you be willing to report records of adverse drug reactions to the _____? [Insert country-specific agency/institution.]	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
6.8	Is the pharmacy currently reporting into the MOH Health Management Information System (HMIS)? If yes, what services are being reported?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
6.9	Has the pharmacy been trained on reporting into MOH required HMIS systems?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
6.10	What amount of time would you be willing to commit each week to complete and submit reports on the number of clients receiving the PrEP ring?	5 min	1	
		10 min	2	
		30 min	3	
		More than 30 min	4	
		None	5	
		Don't know	8	
		No response	9	

#	Question	Response / Code		Comments
<b>SECTION 7. PHARMACY SERVICES</b>				
7.1	Have pharmacy staff been sensitized on national HIV prevention guidelines within the last 12 months?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.2	Does the pharmacy provide HIV self-testing kits?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.3	Is there a referral system for the pharmacy to refer clients to health facilities for additional HIV services? If yes, please describe.	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.4	Does the pharmacy have a system for individual client tracking that maintains client confidentiality? If yes, please describe.	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.5	Does the pharmacy have a system for confidentially reminding clients of refill/resupply needs or other follow-up needs? If yes, please describe.	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.6	Does the pharmacy use point-of-sale promotional materials for any pharmaceutical/medical products?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.7	How does the pharmacy promote new products? Please describe. <i>[Assessor to probe if the pharmacy links with other donors/implementing partners to promote HIV products.]</i>	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.8	With the understanding that counseling for the PrEP ring may require a minimum of 30 minutes per client, is this acceptable?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	

#	Question	Response / Code		Comments
7.9	Does the pharmacy have a policy or guidelines on youth-friendly provision of care?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.10	Does the pharmacy have staff trained to provide equitable, confidential, and nonjudgmental services to young people?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.11	Has the pharmacy identified a focal person for youth-friendly services?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.12	Does the pharmacy have a process for identifying and implementing services for young people, such as a social media platform?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.13	Are staff trained to refer clients for gender-based violence (GBV) services?	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
7.14	Is there a referral system for the pharmacy to refer clients for GBV services? If yes, please describe how the pharmacy refers clients to GBV services.	Yes	1	
		No	0	
		Don't know	8	
		No response	9	

#	Question	Response / Code		Comments
<b>SECTION 8. SERVICE FEES</b> — [Depending on pharmacy ownership, these questions may be more applicable to owners/managers of pharmacy chains than individual pharmacists.]				
8.1	If the PrEP ring is provided free of charge, would the client be asked to pay anything for initiating ring use (e.g., a service fee)? Note: Initiating the client on the PrEP ring may require additional time to introduce the product to the client. <i>[If NO, skip to Q8.3.]</i>	Yes	1	
		No	0	
		Don't know	8	
		No response	9	

#	Question	Response / Code		Comments
8.2	If yes, how much? <i>[Indicate amount. If there is no specific amount, a min./max. range may also be provided.]</i>			
8.3	If the PrEP ring is provided free of charge at your pharmacy for resupply, would the client be asked to pay anything for ring resupply? <i>[Note: Resupply may still require counseling to answer questions, but the product will already be known to the client.]</i>	Yes	1	
		No	0	
		Don't know	8	
		No response	9	
8.4	If yes, how much? <i>[Indicate amount. If there is no specific amount, a min./max. range may also be provided.]</i>			

#	Question	Response / Code		Comments
<b>SECTION 9. CONCLUSION</b>				
9.1	Do you have any additional questions or feedback for me?	Yes	1	
		No	0	
		No response	9	