

A Protocol for Rapid Situational Analysis of the HIV and AIDS Commodity Supply Chain in Seven Target West African Countries

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to Pharmaceuticals and Services

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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Systems for Improved Access to Pharmaceuticals and Services
Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Telephone: 703.524.6575
Fax: 703.524.7898
E-mail: siaps@msh.org
Website: www.siapsprogram.org

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ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ART	antiretroviral treatment
ARV	antiretroviral
CMS	central medical stores
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
MOH	Ministry of Health
NACP	National AIDS Control Program
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOP	standard operating procedure
TOR	terms of reference
USAID	US Agency for International Development
WA	West Africa

BACKGROUND

Globally, Sub-Saharan Africa remains most severely affected by HIV, accounting for 69 percent of the people living with HIV worldwide.¹ Barriers to accessing health services remain a major constraint, particularly to marginalized populations, mostly because of weak health systems. With more international commitment for the HIV and AIDS response, funding support has become more evident, and countries in the region have begun demonstrating ownership and increased commitment to the HIV response by directly funding HIV programs and instituting boards and policies to guide program administration. Several of the established National AIDS Control Programs (NACPs) are Principal Recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Several countries in the region are progressing toward universal access to treatment.

Over the last six months, alerts of stock-outs of life-saving drugs for antiretroviral treatment (ART) and treating opportunistic infections have emerged from a number of countries in West Africa (WA). For example, eight countries in the region not only have reported stock-outs of critical drugs, but also have generally demonstrated a lack of capacity to identify and address underlying causes or to generate accurate and reliable data for decision making (current stock available, projection of needs). As in many countries, the root causes might include, but are not limited to, poor coordination among partners, paucity of pharmaceutical management data for quantification (forecasting and supply planning), poor inventory management and storage practices existing at pharmaceutical warehouses and dispensing points, and inadequate training and supervision of dispensary staff in health facilities.

In the face of these multiple stock-out alerts, several uncoordinated response mechanisms to address stock-out crises have been used, especially at country level. The main mechanisms solicited in the recent past are the Emergency Commodity Fund of the President's Emergency Plan for AIDS Relief, the Global Fund Voluntary Procurement Pool, coordinated procurement planning, UNITAID, Grant Management Solutions, and exchanges between countries. However, these are all short-term solutions that do not address the need for more a proactive and in-depth analysis of the root causes and implementation of effective long-term solutions.

To address these recurrent pharmaceutical supply management issues and provide effective long-term solutions, the US Agency for International Development's West Africa office (USAID/WA) requested that the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program to provide support to a number of target countries in the WA region.

¹ WHO/HIV/AIDS. <http://www.who.int/gho/hiv/en/>. Accessed December 12, 2013.

PURPOSE

As part of project startup, SIAPS will conduct a situational analysis to gain an understanding of the current capacity for HIV and AIDS commodities management and supply. The situational analysis will also assess the readiness of the HIV and AIDS commodities information management systems to provide the information necessary for routine monitoring of HIV and AIDS product availability in the region. Specifically, in each target country, the situational analysis will—

- Identify key stakeholders involved in the management of ART commodities and their respective roles
- Identify the adopted standard treatment guidelines and the registered antiretroviral (ARV) products
- Determine sources and levels of funding for ARVs in each of the target countries
- Assess quantification, procurement, and distribution mechanisms used for ARVs (including coordination)
- Assess the data elements related to ARV commodity management collected at each level of the health system
- Assess the information flow and reporting for ARV commodity management across the different levels of the health system

The findings from the situational analysis will inform the development of appropriate interventions that will bridge the gaps and serve as a basis for establishing a regional coordination mechanism for HIV/AIDS commodities management.

METHODOLOGY

The situational analysis will target seven countries: Benin, Burkina Faso, Cameroon, Guinea, Mauritania, Niger, and Togo.

The information to be collected will focus on the data elements presented in table 1. Data will be collected using the following methods—

- Review of key documents, including pharmaceutical policies, guidelines and protocols for ARV management, assessments, and reports.
- Key informant interviews, including staff from national level (e.g., NACPs, pharmaceutical services, central medical stores [CMS], and regulatory sectors), regional/provincial level, and health facilities (clinicians, pharmacists, and dispensers). Interviews will be conducted using standardized questionnaires. Both closed and open-ended questions will be used to collect the data (see annexes 1–4).

A convenient sample of two hospitals or clinics (one at the national level and one at the regional or district level) involved in managing ARVs will be selected for interviews.

SIAPS staff based at the WA regional offices will travel to Togo and Burkina Faso to collect the data. They will also conduct phone interviews to collect data from Niger and Mauritania. Data from Benin, Cameroon, and Guinea will be collected by the staff members in the local offices. All staff involved in collecting the data will be oriented on the tools.

With support from SIAPS headquarters, data will be cleaned, organized, and analyzed using Microsoft Excel. Support will also be provided in the production of technical reports. The findings will be shared with all the stakeholders involved in managing HIV and AIDS commodities in the region.

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Table 1. Elements and Questions for Data Collection

Elements	Questions	Comments
1. Stakeholder mapping (data sources: NACPs, pharmaceutical services, CMS)		
Stakeholders	<ul style="list-style-type: none"> List all stakeholders involved in the procurement, management, and use of HIV commodities. 	Include their roles and responsibilities.
Coordination	<ul style="list-style-type: none"> List all the working groups or committees on HIV commodity management that the NACP is involved in. Have stakeholders implemented any standardized systems and procedures in medicine management? What challenges are being encountered by the committee or working group in accomplishing its objectives? 	<ul style="list-style-type: none"> For each committee or working group, indicate organizer/chairperson, source of funding, terms of reference (TORs), frequency of meetings, number of meetings held in the past six months, and ask to see a copy of minutes and TORs, if any. List and ask to see a copy of written standardized systems and procedures.
Gap analysis	<ul style="list-style-type: none"> Have you done a gap analysis for HIV and AIDS program needs? 	If yes, list at least three critical needs.
Challenges	<ul style="list-style-type: none"> What are the challenges in accessing HIV and AIDS funding? 	Example: delays in funding disbursement.
2. Selection of ARVs (data sources: NACPs, Department of Pharmacy, Drug Regulatory Authority)		
Treatment guidelines	<ul style="list-style-type: none"> Is there an updated version of the HIV and AIDS treatment protocol? When did you last update the protocol (year)? Does a committee review and revise the treatment protocol? What is the current CD4 cut-off point for starting ART? What is the first-line ART regimen? What is the second-line ART regimen? 	<ul style="list-style-type: none"> Revision may include the whole protocol or a circular. Ask to see the current version of the treatment protocol. List the review committee members and their roles, and ask to see a copy of their TORs.
Registration	<ul style="list-style-type: none"> List ARVs that are registered and unregistered in the country. On average, how long does it take to register a new product? 	
3. Quantification and procurement of ARVs (data sources: NACP, CMS)		
Quantification	<ul style="list-style-type: none"> How and at what levels is quantification conducted? 	Include who, when, methods, software used, and data sources.
<ul style="list-style-type: none"> process coordination challenges 	<ul style="list-style-type: none"> Is there a national quantification committee? 	List members and frequency of meetings, and ask to see a copy of their TORs and minutes of the meetings.
	<ul style="list-style-type: none"> When was a national quantification last conducted? 	Ask to see a report of the national quantification.

Methodology

Elements	Questions	Comments
	<ul style="list-style-type: none"> How often is the ARV commodity forecast updated? How are discrepancies in quantification resolved? What challenges have been encountered in the quantification process? 	Limit to three.
Procurement	<ul style="list-style-type: none"> What government agency is responsible for procurement of ARVs? Does a committee oversee the procurement process? Is there a written procurement plan for ARVs? On average, how many planned procurements are scheduled per year? How many emergency procurements occurred in the past year? Do you review the ARV pipeline? In the past year, how many ARV shipments were complete and received on time? What is the average number of days between arrival at port and port clearance for both registered and unregistered products? Briefly describe the challenges your country encounters in the procurement of ARV commodities. 	<p>For committee, list members and frequency of meetings, and ask to see a copy of their TORs and minutes of their meeting.</p> <p>If yes, request a copy (check if it includes a budget).</p> <p>Include the lead time for each commodity.</p> <p>If yes, how frequently? When was the last review?</p> <p>List top three.</p>
3. Storage, distribution, and inventory management (data source: CMS facility)		
Storage	<ul style="list-style-type: none"> Are there written standard operating procedures (SOPs) for storage and handling of ARVs? Are there cold chain requirements for ARVs? 	If yes, request a copy.
Distribution	<ul style="list-style-type: none"> Are there written SOPs for distribution of commodities? Is there a detailed distribution plan? What are the number and distribution of Ministry of Health (MOH) and non-MOH facilities? How many facilities received ARV orders on time and in full within the last six months? What is the average number of days between ordering and receiving ARVs? How often do you receive supplies? 	<ul style="list-style-type: none"> If yes, request a copy. If there is distribution plan, ask if it is adhered to; a detailed distribution plan should include the distribution strategy and partners' responsibilities. MOH facilities may include hospitals, health facilities, pharmacies, and depots or warehouses.

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Elements	Questions	Comments
Inventory management	<ul style="list-style-type: none"> Do you have written procedures for inventory management? 	<ul style="list-style-type: none"> If yes, request a copy.
	<ul style="list-style-type: none"> Does the program conduct an annual physical inventory of all ARVs? 	<ul style="list-style-type: none"> If yes, request a report.
	<ul style="list-style-type: none"> Are maximum and minimum stock levels established (for each commodity)? Are stock levels for full supply of ARVs reviewed periodically? How many months of stock are available for each ARV commodity at this time? 	
	<ul style="list-style-type: none"> Have stock-outs occurred for any ARV commodity in the last six months? What proportion of facilities have reported stock-outs in the last six months? What factors contributed to the stock-outs? Are procedures established for placing emergency orders? How many emergency orders for ARVs were placed in the last six months? 	<ul style="list-style-type: none"> If stock-outs occurred, report the average duration (days) of stock-out for each commodity.
4. Use (data source: NACP facility)		
Prescribing and use	<ul style="list-style-type: none"> What is the total number of active patients on ART? What is your monthly rate of new patients on ARVs? Provide the number of patients by age and regimen. What is the projected estimate for total patients on ARV for the next 12 months? 	
5. Information system (data source: NACP health facility)		
Information flow	<ul style="list-style-type: none"> Describe the flow of information to and from the central level. 	<ul style="list-style-type: none"> Include information about forms used, frequency of reporting, and who is responsible.
<ul style="list-style-type: none"> coordination challenges 	<ul style="list-style-type: none"> Is the information system computerized? Are clear standards and guidelines available for data collection and reporting procedures? Are instructions available for data collection and reporting procedures? Does a schedule exist for report preparation, data transmission, and feedback reporting? 	<ul style="list-style-type: none"> What levels are automated and manual? See if the tools are harmonized. If yes, list members, roles, and responsibilities.

Methodology

Elements	Questions	Comments
	<ul style="list-style-type: none">• Are feedback reports provided routinely to data providers to inform them of program performance?• What proportion of reports is received on time?• Is a report generated by the system used for management decisions?• Does a committee exist for management of information related to ARV commodities?	If yes, request a copy.
	<ul style="list-style-type: none">• What are the challenges affecting the use of information for decision making?	

ACTIVITIES, TIMELINES, AND DELIVERABLES

Planned deliverables for this activity include overall and country-specific technical reports. A detailed plan of activities is presented in table 2.

Table 2. Activities and Timeline

Activity	November 2013		December 2013		January 2014		February 2014		March 2014		
	11	25	9	23	6	20	3	17	3	17	31
Develop situational analysis protocol and data collection tools	←————→										
Contact countries in preparation for the situational analysis					←———→						
Data collection in Burkina Faso and Togo						←———→					
Data collection in Benin, Guinea, Mauritania, and Niger							←————→				
Data analysis							←————→				
Technical report writing									←————→		

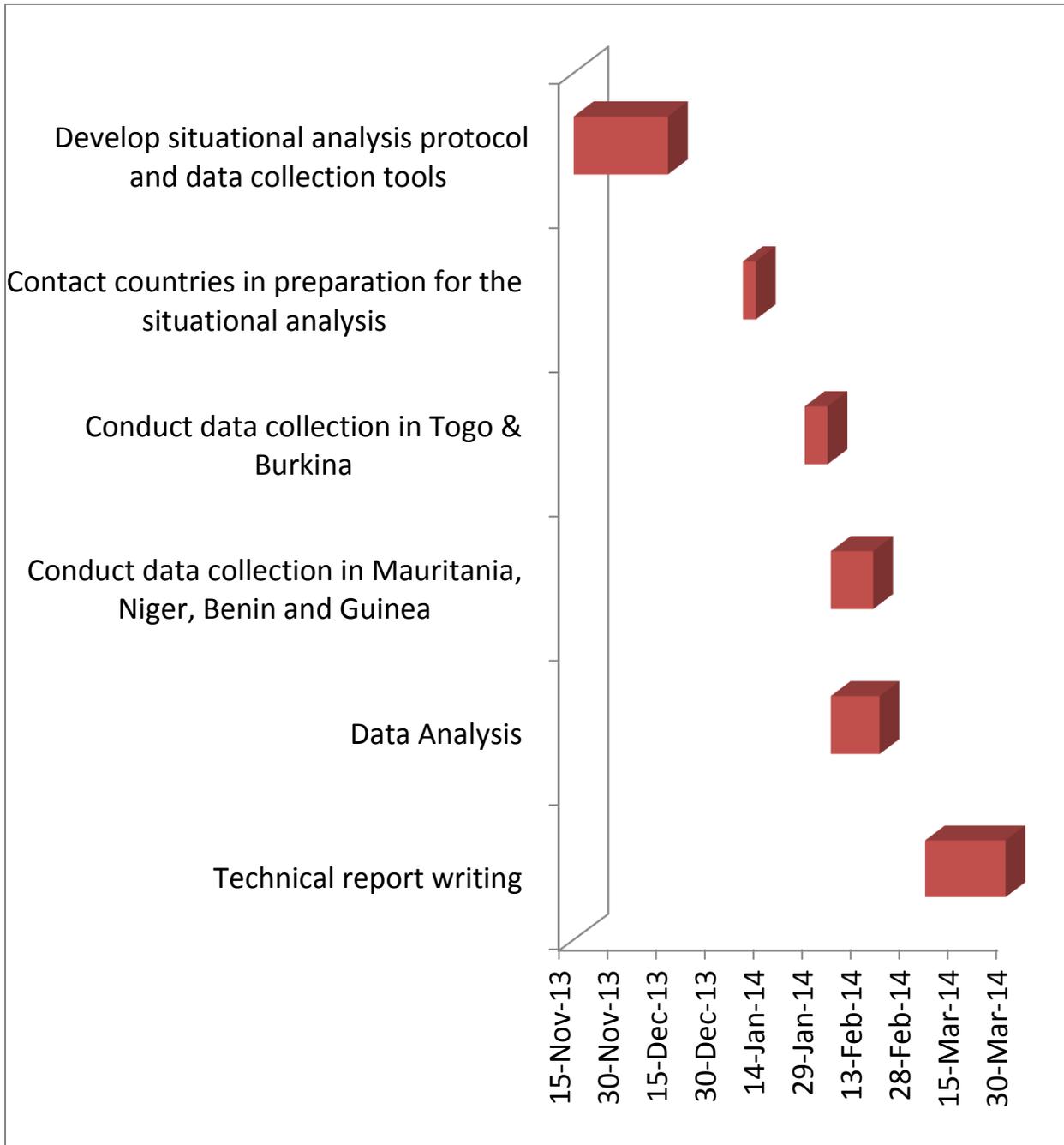


Figure 1. Activities and timelines

ANNEX 1. PHARMACY DEPARTMENT AND CMS QUESTIONNAIRE

Name of Interviewer: _____ Date of Interview: ___/___/20__

Country: _____ Institution: _____

Names, designations, and email addresses of interviewees:

(1) _____

(2) _____

(3) _____

(4) _____

Instructions

This questionnaire is intended for individuals in the pharmacy department and the central medical stores. Where possible, representatives from CMS and pharmacy department should sit in the same meeting to respond to the questionnaire. If not possible, then a separate questionnaire should be completed for each department. This questionnaire should take about 45 minutes to 1 hour to complete.

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2. Are you involved with any working groups or committees on HIV commodity management? (*Check applicable response*)

(1) Yes

(2) No

If yes, please describe the committee or working group in the table below.

Name of the committee	Functions of the committee	Organizer (e.g., NACP, etc.)	Does the committee have TORs? (Yes or No)	Frequency of meetings (e.g., quarterly)	Number of meetings held in the past 12 months	Meeting minutes seen (Yes or No)	Challenges encountered

NB: Use a separate sheet of paper to include additional committees and or information.

3. Have you done a gap analysis for HIV and AIDS program needs? *(Check applicable response)*

(1) Yes

(2) No

If yes, list the most critical (top 3) needs in the table below.

Identified need (e.g., inadequate funds for procurement of ARVs)	Identified funding gap (e.g., estimated at USD 250,000/annum)

4. What are challenges encountered in accessing HIV and AIDS funding?

Quantification and Procurement of ARVs

7. Briefly describe the quantification process (using the following table).

List the office(s) responsible for quantification of ARVs (e.g., CMS, department of pharmaceutical services, NACP, etc.).	
Is quantification a coordinated process involving all stakeholders or based on ad hoc requests (ad hoc requests such as Global Fund grant quantifications for specific grants and not a comprehensive national quantification of ARV needs)? (A comprehensive quantification involves key players in the provision of HIV and AIDS services and considers the needs at a national level for a period of 1–3 years, irrespective of the source of funding, but describes the sources of funding, assumptions used, and funding gap identified.)	
Is a copy of the last quantification report available to confirm whether it is an ad hoc or comprehensive quantification?	
What is the role of health facilities and districts in ARV quantification?	
What are the sources of data used in quantification of ARVs?	
What is the frequency of quantification?	
What software is used in the quantification of ARVs and at what levels?	
Which ARV quantification methodology do you use?	

8. Is a national-level committee or working group responsible for quantification of ARVs? (*Check applicable response*)

(1) Yes → How many members? _____

(2) No

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If yes, please provide details of the membership in the table below.

Membership (e.g., clinicians, donors, national program managers, etc.)	Organization (e.g., national referral hospital, CDC, USAID, UNAIDS, etc.)	Roles and responsibilities (Coordination, technical support, funding, etc.)

NB: Use a separate sheet of paper to include additional members.

9. Does the quantification committee have TORs? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

10. How many quantification-related meetings were held in the last 12 months? _____

11. Date of the last national quantification exercise (month and year) _____

12. In the last year, how often was the ARV commodity forecast updated? _____

13. What discrepancies happen in the quantification of ARVs?

How are the discrepancies resolved?

14. What challenges have been encountered in quantifying HIV and AIDS commodities? (*List 3*)

15. What government department is responsible for the procurement of ARVs?

16. Does a committee oversee the procurement of ARVs? (*Check applicable response*)

(1) Yes → How many members ? _____

(2) No

If yes, please provide details of the membership in the table below.

Members (e.g., chief pharmacists, etc.)	Organization	Roles and responsibilities

NB: Use a separate sheet of paper to include additional members.

17. Does the procurement committee have TORs? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

18. How many procurement-related meetings were held in the last 12 months? _____

19. Date of the last meeting (month and year) _____

20. Do you have a procurement plan for ARVs? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

If yes, does the procurement plan include a budget (or a financial plan)?

(1) Yes → Seen Not Seen? _____

(2) No

21. On average, how many procurements are scheduled per year? _____

22. How many planned procurements occurred in the past 12 months last year? _____

23. How many emergency procurements occurred in the past 12 months? _____

24. For list of tracer ARVs (or a list of 10 selected ARVs), what is the average lead time for procurement?

ARV	Procurement agency	Lead time

NB: Use a separate sheet of paper to list more products.

25. Do you review the ARV pipeline? *(Check applicable response)*

(1) Yes

(2) No

If yes, how often? _____ Date of last review _____

Is the report available? *(Ask to see the report)*

(1) Yes → Seen Not Seen? _____

(2) No

26. In the past year, how many shipments of ARVs have been received completely and on time (according to the delivery schedule)? _____

(Obtain copy of delivery schedule for ARV shipments)

Storage, Distribution, and Inventory Management

30. Have there been any specific additional agreements or arrangements to cover the storage and distribution challenges or costs to manage donor-supplied ARVs that are being distributed through the national/CMS system? *(Check applicable response)*

(1) Yes

(2) No

If yes, what are the arrangements?

31. Do you have written Standard Operating Procedures (SOPs) for storage and distribution of ARVs? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

32. Are there cold chain requirements for ARVs? *(Check applicable response)*

(1) Yes

(2) No

33. Do you have an ARV distribution plan? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

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34. A. Using the following table, indicate the number and distribution of government facilities handling ARVs

	Number	Distribution frequency (e.g., quarterly, monthly, etc.)	Number receiving ARV orders in full*	Number receiving ARV orders on time*
Provincial/regional level depots				
Provincial/regional level hospitals				
District level hospitals				
Health center level				
Dispensaries/outreach pharmacies				

*Refers to the last distribution

B. Using the following table, indicate the number and distribution of nongovernment facilities handling ARVs

	Number	Distribution frequency (e.g., quarterly, monthly etc.)	Number receiving ARV orders in full*	Number receiving ARV orders on time*
Provincial/regional/state depots				
Provincial/regional/state hospitals				
District hospitals				
Health facilities				
Pharmacies				

*Refers to the last distribution

35. Do you have written procedures for inventory management? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

36. Is there a policy or plan for management of soon to expire or already expired medicines? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

37. Does the NACP or the MOH conduct an annual physical inventory of all ARVs? *(Check applicable response)*

(1) Yes, Date of the last exercise _____

(2) No

38. Are maximum and minimum stock levels established (for each commodity)? *(Check applicable response)*

(1) Yes

(2) No

If yes, what are the set minimum and maximum stock levels for ARVs (months of stock)

Minimum level _____

Maximum level _____

39. Are stock levels for full supply of ARVs reviewed periodically? *(Check applicable response)*

(1) Yes

(2) No

If yes, how often? _____

Date of last review (month, year) _____

40. How many ART sites reported a stock-out of ARVs in the past 6 months? _____

41. What is the total number of ART facilities in your country? _____

42. What factors contributed to the stock-outs?

43. Are procedures established for placing emergency orders? *(Check applicable response)*

(1) Yes

(2) No

44. How many emergency orders for ARVs were placed in the past 6 months? _____

Information System

45. Is a management information system established for ARVs? *(Check applicable response)*

(1) Yes

(2) No

What are the key data elements of the information collected and compiled by the system? *(Describe the flow of information)*

46. Is the information system computerized? *(Check applicable response)*

(1) Yes, what levels are computerized?

(2) No, what levels are paper based?

If computerized, what electronic tools are used?

47. Are report forms standardized (all facilities use the same forms in the same format)? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

48. Are instructions available for data collection and reporting procedures? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

Are feedback reports provided routinely to the units collecting the data? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

Does a schedule exist for report preparation, data transmission, and feedback reporting? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

If yes, what is the schedule for each of the following?

Report preparation _____

Data transmission _____

Feedback reporting _____

49. What percentage of facilities reports information on time? (on or before the dateline) _____

50. Is the report generated by the system used for management decisions? *(Check applicable response)*

(1) Yes

(2) No

If yes, who are the key users of data on commodity management?

51. Does a committee exist for management of information related to ARVs? *(Check applicable response)*

(1) Yes → How many members? _____

(2) No

If yes, please provide details of the membership in the table below.

Members (e.g., monitoring and evaluation officers, clinicians, etc.)	Organization	Roles and responsibilities

NB: Use a separate sheet of paper to include additional members.

52. Does the committee have TORs? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

What is the frequency of meetings in a year? _____

53. Date of the last meeting _____

54. What are the challenges affecting the use of information for decision making?

ANNEX 2. NATIONAL AIDS CONTROL PROGRAM QUESTIONNAIRE

Name of Interviewer: _____ Date of Interview: __/__/20__

Country: _____ Institution: _____

Names, designations, and email addresses of interviewees:

(1) _____

(2) _____

(3) _____

(4) _____

Instructions

This questionnaire is intended for the National Aids Control Program. This questionnaire should take about 30 to 45 minutes to complete.

If yes, please describe below.

3. Are you involved with any working groups or committees in HIV commodities management? (*Check applicable response*)

(1) Yes

(2) No

If yes, please describe in the table below.

Name of the committee	Functions of the committee	Organizer (e.g., NACP, etc.)	Does the committee have TORs? (Yes or No)	Frequency of meetings (e.g., quarterly)	Number of meetings held in the past 12 months	Meeting minutes seen (Yes or No)	Challenges encountered

NB: Use a separate sheet of paper to include additional committees and or information.

4. Have you done a gap analysis for HIV/AIDS program needs? *(Check applicable response)*

(1) Yes

(2) No

If yes, list the most critical (top 3) needs in the table below.

Identified need (e.g., inadequate funds for procurement of ARVs)	Identified funding gap (e.g., estimated at USD 250,000/annum)

5. What are challenges encountered in accessing HIV and AIDS funding?

Selection of ARVs

6. Is an updated version of the HIV and AIDS treatment protocol available? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

If yes, please indicate the date of the most recent revision _____ (Month and year) (The update may be by a guideline or a circular.)

7. Is a national-level committee or working group responsible for reviewing and revising the ART protocol? *(Check applicable response)*

(1) Yes

(2) No

If yes, please provide details of the membership in the table below.

Membership (e.g., clinicians, donors, national program managers, etc.)	Organization (e.g., national referral hospital, CDC, USAID, UNAIDS, etc.)	Roles and responsibilities (Coordination, technical support, funding, etc.)

NB: Use a separate sheet of paper to include additional members.

8. Does the ART protocol revision committee have TORs? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

9. What is the frequency of ART protocol review meetings in a year? _____

10. Date of the last meeting _____

11. What is the current CD4 count cut-off point for starting ART? _____

12. List the current HIV and AIDS treatment regimens in the country.

First-line ART regimen (generic names)	Second-line ART regimen (generic names)

Quantification and Procurement

13. Briefly describe the quantification process (using the following table).

List the office(s) responsible for quantification of ARVs (e.g., CMS, department of pharmaceutical services, NACP, etc.).	
Is quantification a coordinated process involving all stakeholders or based on ad hoc requests (ad hoc request like Global Fund grant quantifications for specific grants and not a comprehensive national quantification of ARV needs)? (A comprehensive quantification involves key players in the provision of HIV and AIDS services and considers the needs at a national level for a period of 1 -3 years, irrespective of the source of funding, but describes the sources of funding, assumptions used, and funding gap identified.)	
Is a copy of the last quantification report available to confirm whether it is an ad hoc or comprehensive quantification?	
What is the role of health facilities and districts in quantification of ARVs?	
What are the sources of data used in quantification of ARVs?	
What is the frequency of quantification?	
What software is used in the quantification of ARVs and at what level?	
Which ARV quantification methodology do you use?	

14. Is a national-level committee or working group responsible for quantification of ARVs? (*Check applicable response*)

(1) Yes → How many members? _____

(2) No

If yes, please provide details of the membership in the table below.

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Members (e.g., monitoring and evaluation officers, clinicians, etc.)	Organization	Roles and responsibilities

NB: Use a separate sheet of paper to include additional members.

15. Does the quantification committee have TORs? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

16. How many quantification-related meetings were held in the last 12 months? _____

17. Date of the last national quantification exercise _____

18. In the last year, how often was the ARV commodity forecast updated? _____

19. What discrepancies happen in the quantification of ARVs?

How are the discrepancies resolved?

20. What challenges have been encountered in quantifying HIV/AIDS commodities? (*List 3*)

21. Briefly (in a sentence) describe the challenges your country encounters in the procurement of ARV commodities.

Storage, Distribution, and Inventory Management

22. Have there been any specific additional agreements or arrangements to cover the storage and distribution challenges or costs to manage donor-supplied ARVs that are being distributed through the national/CMS system? (*Check applicable response*)

(1) Yes

(2) No

If yes, what are the arrangements?

23. Do you have an ARV distribution plan? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

24. Does the NACP or the MOH conduct an annual physical inventory of all ARVs? *(Check applicable response)*

(1) Yes Date of the last exercise _____

(2) No

25. How many ART sites reported a stock-out of ARVs in the past 6 months? _____

26. What is the total number of ART facilities in your country? _____

27. What is the number of stock-outs reported in the past 6 months? _____

28. What factors contributed to the stock-outs?

ARV Use

29. Program uptake

Total number of active patients on ART	
Number of adult patients on first-line regimen	
Number of adult patients on second-line regimen	
Number of pediatric patients on first-line regimen	
Number of pediatric patients on second-line regimen	
Monthly number of new patients started on ART	
Number of post exposure prophylaxis cases	
Number of women on prevention of mother-to-child transmission therapy	
Projected estimate for total patients on ARV for the next 12 months (by December 2014)	

Information System

30. Is a management information system established for ARVs? *(Check applicable response)*

(1) Yes

What are the key data elements of the information collected and compiled by the system? *(Describe the flow of information)*

(2) No

31. Is the information system computerized? *(Check applicable response)*

(1) Yes, what levels are computerized?

(2) No, what levels are paper based?

If computerized, what electronic tools are used?

32. Are report forms standardized (all facilities use the same forms in the same format)? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

33. Are instructions available for data collection and reporting procedures? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

Are feedback reports provided routinely to the units collecting the data? *(Check applicable response)*

(1) Yes

(2) No

34. Does a schedule exist for report preparation, data transmission, and feedback reporting? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

If yes, what is the schedule for each of the following?

Report preparation _____

Data transmission _____

Feedback reporting _____

35. What percentage of facilities report information on time? on or before the deadline) _____

36. Is the report generated by the system used for management decisions? *(Check applicable response)*

(1) Yes

(2) No

If yes, who are the key users of data on commodity management?

37. Does a committee exist for management of information related to ARVs? *(Check applicable response)*

(1) Yes → How many members? _____

(2) No

If yes, please provide details of the membership in the table below.

Members (e.g., monitoring and evaluation officers, clinicians, etc.)	Organization	Roles and responsibilities

NB: Use a separate sheet of paper to include additional members.

38. Does the committee have TORs? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

39. What is the frequency of meetings in a year? _____

40. Date of the last meeting _____

41. What are the challenges affecting the use of information for decision making?

ANNEX 3.PROVINCIAL/REGIONAL/DISTRICT-LEVEL QUESTIONNAIRE

Name of Interviewer: _____ Date of Interview: ___/___/20__

Country: _____ Institution: _____

Names, designations, and email addresses of interviewees:

(1) _____

(2) _____

(3) _____

(4) _____

Instructions

This questionnaire is intended for the National Aids Control Program at the provincial/regional/district level (depending on the country context). This questionnaire should take about 15 to 30 minutes to complete.

Information System

1. Is a management information system established for ARVs? *(Check applicable response)*

(1) Yes

What are the key data elements of the information collected and compiled by the system? *(Describe the flow of information)*

(2) No

2. Is the information system computerized? *(Check applicable response)*

(1) Yes, what levels are computerized?

(2) No, what levels are paper based?

If computerized, what electronic tools are used?

3. Are report forms standardized (all facilities use the same forms in the same format)? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

4. Are instructions available for data collection and reporting procedures? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

5. Are feedback reports provided routinely to the units collecting the data? *(Check applicable response)*

(1) Yes

(2) No

6. Does a schedule exist for report preparation, data transmission, and feedback reporting? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

If yes, what is the schedule for each of the following?

Report preparation _____

Data transmission _____

Feedback reporting _____

7. What percentage of facilities report information on time? (on or before the deadline) _____

8. Is the report generated by the system used for management decisions? *(Check applicable response)*

(1) Yes

(2) No

ANNEX 4. HEALTH FACILITY QUESTIONNAIRE

Name of Interviewer: _____ Date of Interview: ___/___/20__

Country: _____ Institution: _____

Names, designations, and email addresses of interviewees:

(1) _____

(2) _____

(3) _____

(4) _____

Instructions

This questionnaire is designed for the clinicians and pharmacists responsible for the ART program at the facility level. Where possible, these interviewees can sit in the same meeting to respond to the questionnaire. This questionnaire should take about 30 to 45 minutes to complete.

Selection of ARVs

1. Is an updated version of the HIV and AIDS treatment protocol available? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(Date of the last version of the treatment protocol) ____ month ____ year

(2) No

2. What is the current CD4 cut-off point for starting ART? _____

3. List the current treatment regimens in the country

First-line ART regimen (generic names)	Second-line ART regimen (generic names)

Storage, Distribution, and Inventory Management

4. Do you have written Standard Operating Procedures for storage of ARVs? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

5. Are there cold chain requirements for ARVs? *(Check applicable response)*

(1) Yes

(2) No

6. In the past 12 months how many orders containing ARVs did you make? _____

7. Date the last order was received _____

8. What percentage of the last order was received in full?

Number of ordered items _____

Number of items received _____

Number of items received (completely) as ordered _____

9. Average number of days between ordering and receiving ARVs

10. Do you have written procedures for inventory management? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

Do you conduct an annual physical inventory of all ARVs?

(1) Yes, Date of the last exercise Month _____ Year _____

(2) No

11. Are maximum and minimum stock levels established (for each ARV commodity)? *(Check applicable response)*

(1) Yes

(2) No

ARV Use

16. Program uptake

Total number of active patients on ART	
Number of adult patients on first-line regimen	
Number of adult patients on second-line regimen	
Number of pediatric patients on first-line regimen	
Number of pediatric patients on second-line regimen	
Number of new patients started on ART monthly	
Number of post exposure prophylaxis cases	
Number of women on prevention of mother-to-child transmission therapy	
Projected estimate for total patients on ARV for the next 12 months (by December 2014)	

Information System

17. Is an ARV management information system established? *(Check applicable response)*

(1) Yes

(2) No

18. Are monthly or quarterly ART reports available? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

19. Are instructions available for data collection and reporting procedures *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

20. Do you routinely receive feedback reports? *(Check applicable response)*

(1) Yes

(2) No

21. Does a schedule exist for report preparation, data transmission, and feedback reporting? *(Check applicable response)*

(1) Yes → Seen Not Seen? _____

(2) No

If yes, what is the schedule for each of the following?

Report preparation _____

Data transmission _____

Feedback reporting _____

Additional Comments:
