

# PACS LANDSCAPE ASSESSMENT QUESTIONNAIRE FOR PPMVs- Tool 1

PACS LANDSCAPE ASSESSMENT QUESTIONNAIRE FOR PPMVs

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## INFORMED CONSENT

*My name is. I am working for the PACS project which is implemented by a consortium of Solina Center for International Development and Research (SCIDaR) and Society for Family Health (SFH). The project aims to improve access to business loans and quality commodities for patent and proprietary medicine vendors (PPMVs) and Community pharmacies(CPs).*

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## Confidentiality and Verbal Consent

*You have been selected to participate in this survey as a PPMV involved in the IntegratE project. This survey includes several questions about your business operations and thoughts about the PCN accreditation program and family planning and other PHC services. Please be assured that your responses are completely confidential. Your name or any identifying information will not be used in any reports or publications resulting from this survey. Your honest and open answers are crucial for us to understand and improve PPMV operations and services.*

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## Right to Withdraw:

*Participation in this survey is entirely voluntary. You have the right to withdraw from the survey at any time without any penalty or consequences. If you decide not to participate or to stop participating in the survey, it will not affect your relationship with the PACS project, SCIDaR, SFH, or any related parties.*

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## Consent:

*If you agree to participate, we will proceed with the interview. Your participation implies your consent to use your anonymous responses for the study. You do not need to sign anything; completing this questionnaire will be considered as your consent.*

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## Data Capture Consent:

*After signing, you will be asked to provide some information, including geo coordinates and photographs, as part of our data collection process.*

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# TOOL 1

## » STRUCTURED QUESTIONNAIRE FOR PPMVS - QUANTITATIVE DATA

**Name of Interviewer:**

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**INSTRUCTIONS:**

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1. The questionnaire should be administered to PPMVs

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2. Please pay attention to the instructions in bold

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**BACKGROUND**

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**Name of PPMV:**

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**State:**

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**LGA:**

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**Ward:**

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**Sex (M/F):**

Male

Female

**Age:**

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**Settlement**

- Urban
- Rural

**Geocoordinate:**

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latitude (x.y °)

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longitude (x.y °)

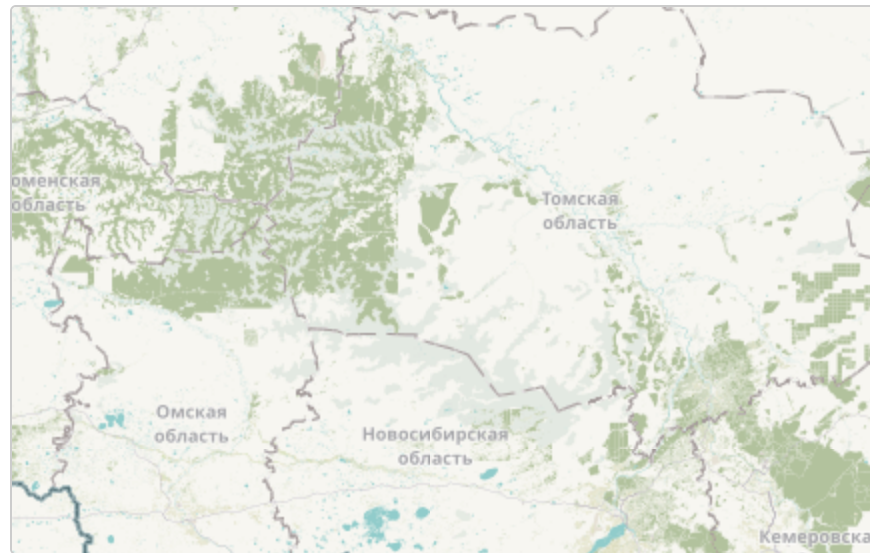
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altitude (m)

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accuracy (m)

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**Interview date:**

*Record the interview date*

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**Start Time**

*Record the time the interview started*

hh:mm

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## » Section 1: PPMV Background Information

Objective: Establish the background characteristics and personas of the PPMVs

*Note for the interviewer: To begin, we are going to ask you some background questions about yourself and business*

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### 1. What is your highest level of qualification?

- No education
- Completed primary
- Completed secondary
- Post-secondary (Diploma/HND/BSC)
- Health qualification
- Other

Please specify

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### What type of health qualification do you have?

- CHEW
- JCHEW
- CHO
- Midwife
- Nurse
- Pharmacy Technician

**2. What is your PCN tier accreditation level?**

- Tier 1
- Tier 2
- Tier 3
- In process

**3. How long has your business been operating?**

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years

**» Section 2: Regulatory Compliance**

Objective: Assessment of determinants of regulatory compliance among PPMVs' such as awareness, education, enforcement, resource access, peer and cultural influences

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**4. Are you registered by PCN?**

- Yes
- No
- In process

**5. Have you concluded the PCN accreditation process?**

- Yes
- No
- In process

**6. When was the last time you received training from IntegratE?**

- Please specify
- Not Sure

**Please specify**

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**7a. Have you renewed your PCN licence for the year? (request PCN licence certificate)**

- Yes
- No
- In process

**Please upload the renewed PCN license certificate (take picture of current year PCN license certificate)**

Click here to upload file. (< 10MB)

**7b. If not why?**

- Value
- Difficulty of process involved
- Cost
- Others

**Please specify**

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**8. What encourages you to renew your licence as at when due?( select all that apply)**

- Penalty tied to licensing status
- Increased client patronage
- Increased access to opportunities (Loans, credits etc)
- Others

Please specify

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**9. Which of these bodies are you registered with? (Select all that apply)**

- NAPPMED
- SMOH
- LGA
- CAC
- SMEDAN
- Others

Please specify

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**10. Do you report data from the services you render to anyone? (Select all that apply)**

- Government (NHMIS, Ministry of Health etc.)
- IntegratE
- Associations (ACPN, NAPPMED)
- No
- Others (please specify)

**Please show proof of data report submission(take picture of proof and upload)**

Click here to upload file. (< 10MB)

**11. When was the last time you reported data?**

- Last Month
- In the last six months
- Last year
- More than a year ago
- Others (please specify)

**Please specify**

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**12. What are the challenges you encounter with reporting data?**

- Cumbersome nature of the process :(Involves complex or time-consuming procedures)
- Capacity or training issues (Lack of adequate training or understanding of the process)
- Technical issue: (Problems with software, internet connectivity, or other technical barriers)
- Others (please specify)

**Please specify**

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**13. What encourages you to report data as at when due?**

- User-friendly reporting systems: (Easy to use and efficient data reporting tools or platforms)
- Incentive:(Rewards, recognition, or benefits received for timely reporting)
- Regulatory compliance: (Adherence to regulations or directives requiring timely data submission)
- Accountability: (Sense of responsibility or duty towards accurate and prompt reporting)
- Others

**Please specify**

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### » Section 3: Operational Health

Objective: Examining the PPMVs service delivery infrastructure, inventory management, and data collection practices

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#### 14. Do you keep financial records? (request for financial ledgers, etc)

- Yes
- No

Please upload your financial ledgers

Click here to upload file. (< 10MB)

#### 15. How do you keep financial records?

- Digital systems (Computer software, mobile app)
- Paper-based
- Both
- Others

Please specify

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#### 16. How many clients do you provide your services to monthly? (check from records)

- less than 10
- 11 to 50
- 51-100
- More than 100
- Not sure

**17. How many days in a week are you open**

- Daily
- Two days a week
- Three days a week
- Five days a week
- Six days a week
- once a week

**18. What is your average daily revenue? (Please refer to your financial ledgers or other relevant documents for accuracy if available)**

- <del>N1,000
- ~~N~~1,000 - ~~N~~5,000
- ~~N~~6,000 - ~~N~~10,000
- ~~N~~11,000 - ~~N~~20,000
- >~~N~~20,000
- Not sure

**19. Do you provide family planning services?**

- Yes
- No

**20. Which family planning services do you provide?**

Select all that apply

- Injectables
- Implants
- Condom
- Cycle bead
- Contraceptive pills
- Counselling
- Others

**Please specify**

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**21. Which other primary health care (PHC) services do you provide?**

- Malaria
- First aid
- Immunization
- Diarrheal disease management
- URTI Management
- Others

**Please specify**

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**22a. Which of these storage facilities do you have?**

- Fridge
- Storage cabinet
- Others

Please specify

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**22b. Do you monitor and ensure that medicines are stored at the correct temperature and conditions?**

*Observe temperature monitoring charts and equipments e.g thermometer*

- Yes
- No

**22bi. If yes, Please show proof (take picture of proof)**

Click here to upload file. (< 10MB)

**23. Where do you source your commodities?**

*Probe sources approved by NAFDAC & PCN*

- Open drug market
- Pharmaceutical sales rep
- Vendor managed inventory
- Community pharmacies
- Others

Please specify

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**24. How do you evaluate the quality of medicines when procuring them?**

- Product NAFDAC number
- Mobile authentication Service
- Visual inspection
- Others

Please specify

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**25. How do you keep track of your commodity/stock? (select all that apply)**

*Request stock-keeping records*

- Digital check
- Physical stock counting
- Bin card/Stock Card
- Notebook
- Others

**Please specify**

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**26. How many commodities do you have in stock?**

*Do a rough count, an estimate is required unless the PPMV has the correct figure*

- Less than 50
- 50-100
- 101-200
- 201-500
- More than 500
- Not sure

**27. What type of payment methods do your clients use?**

- Cash
- POS
- Bank transfer
- Others

**Please specify**

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**28. Do you have corporate bank account for your business?**

- Yes
- No

**29. Do you agree using a bank account has benefited your business operations?**

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**30. What challenges have you faced with banking for your business?**

*Select all that applies*

- High transaction fee
- Complex account procedures
- Security concerns related to online transactions
- Issues with customer support and responsiveness
- Others

**Please specify**

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**» Section 4: Readiness and Willingness for Interventions**

Objective: Gauge the level of PPMVs' openness to embracing new program interventions, including their capacity to adopt changes and the potential support they might need

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**31. Are you aware of any loan products targeted towards PPMV?**

*Please select your response and provide details if applicable*

- Yes
- No

**Please specify the name of the loan product and the providing institution, if known**

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**32. Which loans have you applied for? (select all that applies)**

- Working capital loans
- Equipment financing
- Equity financing
- Start-up
- No
- Others

**Please specify**

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**33a. What bank(s) have you applied to for the loan product(s) selected?**

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**33b. Did you successfully get the loan?**

- Yes
- No

**33c. If No, why? Please comment**

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**33d. What loans have you successfully gotten after applying? (select all that apply)**

- Working Capital
- Equipment Financing
- Startup
- Others (specify)

**Please specify**

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**34. What is the amount of loan collected**

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**35a. What was the interest rate on the loan collected**

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**35b. What was the service charge on the loan collected?**

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**36. Why did you apply for these loans?**

- To increase working capital
- To purchase or upgrade equipment
- To improve inventory stock
- Others

**Please specify**

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**37. How much will having access to Business loans improve your willingness to continue to participate in PCN's accreditation program?**

- Not likely
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

**38. Have you faced any challenges with Business loans that might deter you from participating? (select all that applies)**

- Interest on Loans
- High-interest rate
- Short repayment periods
- Collateral/Guarantor requirement
- Complex application process
- Others
- None

**Please specify**

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**39. What loans have you successfully gotten after applying? (select all that applies)**

- Working capital loans
- Equipment financing
- Start-up
- Others
- None

**Please specify**

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**40. What is your ideal loan amount?**

- Up to ₦300,000
- ₦300,001 - ₦500,000
- ₦500,001 - ₦1,000,000
- ₦1,000,001 - ₦2,000,000
- ₦2,000,001 - ₦5,000,000
- Over ₦5,000,000

**41. What vendor management inventory (VMIs) are you aware of?**

- mPharma
- Remedial Health
- Drugstoc
- Lifestores
- Shelflife
- None
- Others

Please specify

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**42. How much will having access to quality commodities improve your willingness to continue to participate in PCN's accreditation program?**

- Not likely
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

**43. What branding design/logo/other do you currently use?(select all that applies)**

- Green dot (Family planning)
- PCN accreditation logo
- Company own logo
- No branding used
- Others

**Please specify**

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**44. How much will branding improve your willingness to continue to participate in PCN's accreditation program?**

- Not likely
- Slightly likely
- Moderately likely
- Very likely
- Extremely likely

**45. Do you pay business tax?**

- Yes
- No

**46. Which entities do you pay your business tax to?**

- Federal government
- State government
- Local government
- Others

**47. When was the last time you paid business tax?**

- Last month
- In the last six months
- Last year
- More than a year ago
- Others (please specify)

**Please specify**

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**End Time**

*Record the time the interview ended*

hh:mm

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