

Tool for Mapping Institutions: Assessment of Health Training Institutions for Suitability to Carry Out the Institutionalized ADS Sellers' Training

BACKGROUND INFORMATION

1. Name of district
2. Name of facility.....
3. Ownership
 - A. Private
 - B. Government
 - C. Private, not-for-profit
4. Ministry of Education registration/license number
5. Name of interviewee
- Contact information
- Mobile phone
- E-mail
6. Position/title of interviewee
 - A. Principal
 - B. Deputy principal
 - C. Other (please specify).....
7. How long have you worked with this institution?
 - A. Less than 1 year
 - B. 1–5 years
 - C. 6–10 years
 - D. More than 10 years
8. How long has the institution been operating?
 - A. Less than 2 years
 - B. 2–5 years
 - C. 6–10 years
 - D. More than 5 years

TRAINING PROGRAMMES

9. Do you offer the following programmes; are they accredited?

Programme	Offered Yes (Y) No (N)	Accredited Yes (Y) No (Y)	Level Degree (1) Diploma (2) Certificate (3)	Total no. of students per programme
Nursing and midwifery				
Pharmacy				
Medicine				
Laboratory technology				
Others				

10. Is medicine management integrated in any of your curricula?

- A. Yes (request to look at a copy of the curriculum)
- B. No

11. Do you offer any other short courses besides the main courses in no. 9 above?

- A. Yes
- B. No

12. If yes in no. 11 above, please provide the details as per the table below.

Course	Duration	Award/qualification	(Cost /=)	Sponsorship
1.				
2.				
3.				
4.				

13. As an institution, do you review your curriculum?

- A. Yes
- B. No (go to no. 15)

14. If yes in no. 13 above, how often do you review your curriculum?

- A. Every 3 (three) years
- B. Every 5 (five) years
- C. Others (please specify).....

15. Have you personally participated in curriculum development?

Yes

No

HUMAN RESOURCES AND INFRASTRUCTURE

16. Teaching staff

Programme	Level Degree (1) Diploma (2) Certificate (3)	Qualification	Number
Nursing and midwifery		Post-graduate	
Pharmacy		Bachelors	
Medicine		Diploma	
Laboratory technology		Certificate	
Others			

Do you have the following facilities at your institution?

Facilities present			If facility is present, score 1–5 according to adequacy.
Library	Y	N	
Lecture rooms	Y	N	
Boarding facilities	Y	N	
Training hospital	Y	N	
Computer facilities	Y	N	
Internet connection	Y	N	

KNOWLEDGE OF THE ADS PROGRAMME AND WILLINGNESS TO TRAIN ADS
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17. Would the institution be willing to participate in the training accredited drug shop sellers?

A. Yes (proceed to the next questions)

B. No

Please explain your response

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18. What type/mode of short course would you like to run?

A. Residential

B. Distance

C. Others, please

specify.....

19. How many students can you handle per training?

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20. How much would such courses cost?

Course	Duration	Estimated (Cost /=)
1. Residential	4 weeks	
2. Distance	2:2 weeks	

21. How often can you run this programme in a year?

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22. What additional resources/support would you require to carry out the training?

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