

ADHERENCE CLUB FACILITATOR SURVEY

Facility name:	
Name of person monitoring:	

INFORMED CONSENT: Hi, my name is _____, I'm working with the Ritshidze project to help monitor patient care in health facilities across South Africa [OR STATE NAME OF PROVINCE OR DISTRICT]. The purpose of the Ritshidze project is to find out if patients face any challenges in accessing health services so that we can raise these challenges with you and other duty bearers in order to fix them. I have a few questions that normally take about 10 minutes to answer. You can also skip any questions you would like to or stop the conversation at any time. Would you be willing to answer a few questions about the services at this facility?

- Please enter the date on which you conducted this survey:
- How many adherence clubs are based at the facility?
- How many adherence clubs are there based in the community?
- How often do the clubs meet?

<input type="checkbox"/> Every 2 months	<input type="checkbox"/> Every 3 months	<input type="checkbox"/> Every 6 months	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Don't know	<input type="checkbox"/> Other (<i>please specify</i>)		
- How long do the adherence club meetings last?

<input type="checkbox"/> Less than 30 minutes	<input type="checkbox"/> 30 minutes to 1 hour	<input type="checkbox"/> 1 hour to 2 hours	<input type="checkbox"/> More than 2 hours
<input type="checkbox"/> Don't know	<input type="checkbox"/> Prefer not to answer		
- What topics were covered in the adherence clubs in the last three months? **DO NOT** read options, check boxes for all topics they mention and check «none» if they do not mention any of the options listed below.

<input type="checkbox"/> Different medicine options, such as new drugs (ex. Dolutegravir)	
<input type="checkbox"/> Why patients should adhere to their ARVs	<input type="checkbox"/> Side effects of medicines
<input type="checkbox"/> None	<input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other (<i>please specify</i>)
- How many adherence club facilitators are there?

8. How many nurses are assigned to support adherence clubs?

9. What clinical services are offered at an adherence club meeting? Do NOT read options, check boxes for all services they mention

- Referral for mental health services or psycho-social support
- Basic clinical check up
- ARV collection
- Prefer not to answer
- None
- Don't know
- Other (please specify)

10. Have there been any changes in the clubs since the onset of COVID-19?

- Yes — the clubs have been suspended
- Yes — the clubs are just a pick up point
- No — the clubs are functioning the same
- Prefer not to answer
- Yes — the clubs meet for a shorter time
- Yes — other
- Don't know

Only ask question 11 if answered "Yes — the clubs have been suspended" to question 10.

11. Where are people collecting ARVs now?

- From an internal pick up point at the clinic (CCMDD parcel collection room, pharmacy, fast lane, fast track, Sha'p Left, ARV ATM, Pelebox/locker with code sent to phone)
- From an external pick up point (CCMDD at pharmacy e.g. clicks or dischem or independent pharmacist, community venue e.g. church/library/other, from a mobile van, Sha'p Left, ARV ATM, Pelebox/locker with code sent to phone, Post office)
- At the facility (from the pharmacy after review by nurse/doctor, or from nurse/doctor after review)
- Other
- Don't know
- Prefer not to answer

12. Thank participant for their time and ask if they have any questions.