

ADHERENCE CLUB MEMBER SURVEY

Name of facility:	
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 duty bearers and hold them accountable to fix them. I have a few questions that normally take about 5 minutes to answer. You can also skip any questions or stop the conversation at any time. Would you be willing to answer a few questions about the services at this facility?

1. What is the date and time that you are conducting this survey?

1. Has the adherence club been suspended due to COVID-19?

- Yes
 No
 Don't know
 Prefer not to answer

2. Does the adherence club make it quicker for you to collect HIV medicines than waiting at the facility?

- Yes
 No
 Sometimes
 Don't know
 Prefer not to answer

3. Does the adherence club provide information at each meeting about different topics related to HIV, HIV treatment, and why it is important to take your medicines as prescribed?

- Yes
 No
 Sometimes
 Only at the first meeting
 Don't know
 Prefer not to answer

4. What information did your adherence club provide in the last 3 months? DO NOT read options, check the boxes for all topics they mention

- Different medicine options such as new drugs (e.g. dolutegravir)
 Side effects of medicines
 Why patients should adhere to their ARVs
 No information provided
 Prefer not to answer
 Other information (please specify what other information you were provided)

5. How long do the adherence club meetings last for?

Less than 30 minutes 30 minutes to 1 hour 1 hour to 2 hours More than 2 hours

Don't know Prefer not to answer

6. How often does the club meet?

Every 2 months Every 3 months Every 6 months Don't know

Prefer not to answer Other (*please specify*):

7. Do you get peer support from people living with HIV in your club?

Yes No Don't know Prefer not to answer

8. What clinical services are offered at an adherence club meeting?

Referral for mental health services or psycho-social support

ARV collection Basic clinical check up

No clinical services Don't know

Prefer not to answer Other (*please specify*):

9. On a scale of 1 to 5, how satisfied are you with the adherence club? If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED.

1 2 3 4 5

Don't know Prefer not to answer

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

Yes — the clubs have been suspended Yes — the clubs meet for a shorter time

Yes — the clubs are just a pick up point Yes — other

No — the clubs are functioning the same Don't know

Prefer not to answer

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

11. Where are you collecting your 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. In your opinion, what would make the adherence club better?