

PATIENT SURVEY

Facility name:

Name of person monitoring:

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 10 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?

2. Please select the participants gender to the best of your ability

Female Male Transgender Don't know

3. How old are you?

Under 18 years old 18-25 years old
 Over 25 years old Don't know/ prefer not to answer

4. In the past three months, have you avoided or delayed coming into the clinic because of the COVID-19 crisis?

Yes No Don't know Prefer not to answer

5a. In the past three months, have you had any of the following issues getting healthcare because of the COVID-19 crisis? (Please select all that apply)

- I couldn't get transportation to the clinic when I needed it
- The clinic wasn't open when I needed it
- The clinic didn't have the medicine that I needed
- The queue at the clinic was longer than usual
- There were less staff working than usual
- The clinic was not providing the service I needed
- There is no physical distancing at the clinic putting me at risk of getting COVID-19
- There is no access to soap and water at the clinic
- There is no access to hand sanitiser at the clinic
- None
- Other (please specify):

5b. If the clinic is not providing the service you need, which of the following services are you not getting because of the COVID-19 crisis?

- | | |
|--|---|
| <input type="checkbox"/> Condoms and/or lubricant | <input type="checkbox"/> HIV counselling |
| <input type="checkbox"/> Counselling when you switched to TLD | <input type="checkbox"/> HIV testing |
| <input type="checkbox"/> PrEP | <input type="checkbox"/> PEP |
| <input type="checkbox"/> HIV treatment | <input type="checkbox"/> Adherence clubs |
| <input type="checkbox"/> Viral load testing | <input type="checkbox"/> TB testing |
| <input type="checkbox"/> Contraceptives | <input type="checkbox"/> STI screening, testing & treatment |
| <input type="checkbox"/> Gender based violence support and/or referral | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other (please specify): | |

6. What time does the facility open on weekdays (Monday - Friday)?

- Open 24 hours a day, 7 days a week 5am 6am 7am 8am 9am
 Don't know Prefer not to answer Other (please specify):

Please skip questions 7 to 9 if the clinic is open 24 hours a day, 7 days a week.

7. What time does the facility open on Saturday?

- 5am 6am 7am 8am 9am 10am 11am
 This facility is not open on Saturdays Don't know Prefer not to answer
 Other (please specify):

8. Do you think this facility is open for enough hours to meet patient's needs?

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

9. Do you think extended (more open) hours at the facility would make it easier for patients to access services?

- Yes No Don't know Prefer not to answer

Please skip questions 10 to 11 if the clinic is not open 24 hours a day.

10. Are there certain services which are not available after hours? (from around 4pm to 6am)

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

11. Which services are not available after hours?

- | | |
|--|---|
| <input type="checkbox"/> Condoms and/or lubricant | <input type="checkbox"/> Counselling when you switched to TLD |
| <input type="checkbox"/> PrEP | <input type="checkbox"/> HIV Treatment |
| <input type="checkbox"/> Viral load testing | <input type="checkbox"/> Contraceptives |
| <input type="checkbox"/> HIV counselling | <input type="checkbox"/> HIV testing |
| <input type="checkbox"/> PEP | <input type="checkbox"/> Adherence clubs |
| <input type="checkbox"/> TB testing | <input type="checkbox"/> STI screening, testing & treatment |
| <input type="checkbox"/> Gender based violence support and/or referral | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to answer |

12. About what time does the earliest person starts queuing at the facility in the morning? (It is ok to estimate)

13. Do you arrive before the facility is open?
 Yes No Don't know Prefer not to answer

Please skip question 14 if the person answered "no" to question 13.

14. On a scale of 1-5 how safe do you feel while you wait for the clinic to open? If 1 is UNSAFE and 5 is SAFE
 1 2 3 4 5 Don't know Prefer not to answer

15. What time do you normally arrive at the facility?

16. What time do you normally leave the facility?

17. What time does the facility usually stop seeing patients? (It is ok to estimate)

18. When you come to the facility are there enough staff to meet the needs of patients?
 Always Sometimes Never Don't know Prefer not to answer

19. Are the facility staff friendly and professional?
 Yes Sometimes No Don't know Prefer not to answer

20. Do you consider the waiting time at this facility to be long?
 Yes No Don't know Prefer not to answer

Please skip question 21 if person answered "no" to question 20.

21. Why do you think the waiting time at this facility is long? (Please select all that apply)

It takes too long to find files, the filing system is messy, files are lost

There is not enough staff Staff take long breaks (for tea, lunch etc.)

The clinic opens late Staff are not working or working slowly

Don't know Prefer not to answer

Other (please specify):

22. Is there an appointment system at the facility?
 Yes No Don't know Prefer not to answer

23. Is the appointment system functional?
 Yes No Don't know Prefer not to answer

24. Which contraceptives have you tried to access at this facility?

- | | | |
|--|--|---|
| <input type="checkbox"/> Condoms (male/external) | <input type="checkbox"/> Female/internal condoms | <input type="checkbox"/> Birth control pill |
| <input type="checkbox"/> Injection | <input type="checkbox"/> Implant | <input type="checkbox"/> IUD |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other |
| <input type="checkbox"/> None | | |

25. Were you able to get the contraception you wanted?

- Yes No Don't know Prefer not to answer

26. If no, why were you unable to get the contraception you wanted?

- They told me that I could not have it because I am a sex worker
- They told me that I could not have it because I am a person who uses drugs
- They told me my first choice was not available
- They told me I had to come back
- They told me I was too young
- They told me there was a stockout / shortage
- They told me there were no pregnancy tests available
- Other Don't know Prefer not to answer

27. In the last three months have you or anyone you know left the facility without the medicines, contraceptives, vaccines, or tests you needed because of a stockout or short supply?

- Yes No Don't know Prefer not to answer

Please skip questions 28 – 32 if person answered "no" to question 27.

28. Which medicines, contraceptives, vaccines, or tests had a stockout or shortage? (Please select all that apply)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> HIV medicine | <input type="checkbox"/> PrEP | <input type="checkbox"/> TB medicine |
| <input type="checkbox"/> Contraceptives | <input type="checkbox"/> Pregnancy Test | <input type="checkbox"/> Vaccines |
| <input type="checkbox"/> Bandages (or other dry stock) | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify): | | |

29. If you know, please specify the HIV medication that experienced a shortage

- 1st line fixed dose combination or FDC (efavirenz based regimen). Also known as Atripla, Tribuss, Atrioza or Adumen
- 1st line fixed dose combination or FDC (dolutegravir based regimen). Also known as Ranega, Acriptega, Dovimil, Emdoiten, Lanograv, Luvigen, Odystra, or Telado.
- Dumiva (abacavir 600MG, lamivudine 300MG)
- | | | |
|---|--|---|
| <input type="checkbox"/> Lamivudine (3TC) | <input type="checkbox"/> Emtricitabine (FTC) | <input type="checkbox"/> Abacavir (ABC) |
| <input type="checkbox"/> Zidovudine (AZT) | <input type="checkbox"/> Lopinavir/ritonavir (LPV/r) | <input type="checkbox"/> Atazanavir/ritonavir ATV/r |
| <input type="checkbox"/> Dolutegravir (DTG) | <input type="checkbox"/> Neviripine (NVP) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | |

30. If you know, please specify the TB medication that experienced a shortage

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Rifabutin | <input type="checkbox"/> Rimactazid | <input type="checkbox"/> Ethambutol |
| <input type="checkbox"/> Levofloxacin | <input type="checkbox"/> Moxifloxacin | <input type="checkbox"/> Bedaquiline |
| <input type="checkbox"/> Linezolid | <input type="checkbox"/> Clofazimine | <input type="checkbox"/> Cycloserine |
| <input type="checkbox"/> Streptomycin/Amikacin | <input type="checkbox"/> Pyrazinamide | <input type="checkbox"/> Delamanid |
| <input type="checkbox"/> Ethionamide | <input type="checkbox"/> Para-aminosalicylic acid | <input type="checkbox"/> Other |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | |

31. If you know, please specify which contraception experienced a shortage

- | | | |
|--|--|--|
| <input type="checkbox"/> Condoms (male/external) | <input type="checkbox"/> Female/internal condoms | <input type="checkbox"/> Birth control pill |
| <input type="checkbox"/> Injection | <input type="checkbox"/> Implant | <input type="checkbox"/> IUD (interuterine device) |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other |

32. Is this stockout or shortage of medicine, vaccines, contraception, or tests occurring today?

- Yes No Don't know Prefer not to answer

PLEASE READ: "Are you aware of a service in South Africa which allows patients to report medicine stockouts or shortages? Can I give you some information about how to report stockouts if you ever experience them in the future?"

To report medicine stockouts and shortages: Send a Please Call Me, SMS, or Phone 084 855 7867. Or send an email to: report@stockouts.org

33. On a scale of 1-5 how clean is this facility? If 1 is VERY UNCLEAN and 5 is VERY CLEAN:

- 1 2 3 4 5
- Don't know Prefer not to answer

34. Are people in the facility waiting area asked if they have TB symptoms (like coughing, night sweats, fever, recent weight loss) by a facility staff member?

- Yes Only sometimes No Don't know Prefer not to answer

35. Are people who are coughing in the waiting room separated from those who are not?

- Yes Only sometimes No Don't know Prefer not to answer

36. Have you, or anyone you know, faced the following challenge in accessing healthcare:

- Been refused access to services in the facility for not having an identity document
- Been denied access to services for not being able to pay for services
- Been refused access to services without a transfer letter from another clinic
- Been refused access to services because of being a sex worker
- Been refused access to services because of being part of the LGBTQIA+ community (lesbian, gay, bisexual, transgender, queer, intersex, asexual +)
- Been refused access to services because of using drugs
- Been refused access to services for not being South African
- No Other Don't know Prefer not to answer

Answer question 37 only if the person selected they or the person they know is part of the LGBTQIA+ community.

37. How do you, or the person you know, identify?

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Gay | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Queer | <input type="checkbox"/> Intersex |
| <input type="checkbox"/> Asexual / aromantic | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Other | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Answer questions 38 to 41 only if the person is under 25 years of age.

38. Do you think this facility does a good job serving young people?

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

Answer question 39 if person answered "no" to question 38.

39. If no, please explain:

40. Are the staff friendly and respectful towards young people specifically?

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

Answer question 41 if person answered "no" to question 40.

41. If no, please explain:

42. Are there services designed for young people specifically?

- Information packages for adolescent sexual and reproductive health services
 Youth outreach services Youth friendly HIV testing and counseling
 Access to PrEP Access to contraception
 Youth friendly STI testing & treatment Youth happy hour
 Youth adherence clubs Youth champions
 Don't know Prefer not to answer

43. Do you know how to contact the clinic committee if you have a complaint or issue at the facility?

- Yes No Don't know Prefer not to answer

44. In your opinion, what would make this facility better?

45. Thank you so much for your time. The next set of questions are for people living with HIV specifically. If that applies to you, can I continue with these questions?

- Yes No (does not apply, or unwilling to continue)

If no, thank participant again for their time and ask if they have any questions.

If yes, move onto the PLHIV section of the patient survey on the next page.

IMPORTANT: all the following questions are only for people living with HIV.

46. Where do you collect your ARVs?

- 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)
- At an adherence club (in the facility or in the community)
- 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

Answer questions 47 to 49 only if the person collects at an internal pick up point.

47. Please select which internal pick up points you use:

- | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> CCMDD parcel collection room | <input type="checkbox"/> Fast track | <input type="checkbox"/> Sha'p Left | <input type="checkbox"/> ARV ATM |
| <input type="checkbox"/> Pelebox/locker with code sent to phone | <input type="checkbox"/> Fast lane | <input type="checkbox"/> Other | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Prefer not to answer | | | |

48. Does the internal pick up point make it quicker to collect your ARVs than waiting at the facility?

- | | | | |
|------------------------------|-----------------------------|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|-------------------------------------|---|

49. On a scale of 1 to 5, how satisfied are you with the internal pick up point you use?
If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED.

- | | | | | |
|-------------------------------------|---|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | | | |

Answer questions 50 to 52 only if the person collects at an external pick up point.

50. If you use an external pick up point, please select which you use:

- | | | | |
|---|-------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> CCMDD | <input type="checkbox"/> Mobile van | <input type="checkbox"/> Sha'p Left | <input type="checkbox"/> ARV ATM |
| <input type="checkbox"/> Pelebox/locker with code sent to phone | <input type="checkbox"/> Other | <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Prefer not to answer | | | |

51. Does the external pick up point make it quicker to collect your ARVs than waiting at the facility?

- | | | | |
|------------------------------|-----------------------------|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|-------------------------------------|---|

52. On a scale of 1 to 5, how satisfied are you with the external pick up point you use? If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED.

- | | | | | |
|-------------------------------------|---|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | | | |

53. When were you initiated on ART?

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than 6 months ago | <input type="checkbox"/> 6 months to a year ago | <input type="checkbox"/> Over a year ago |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | |

54. At your last ARV refill how long were you given HIV medicine for?

- | | | | |
|---|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 week | <input type="checkbox"/> 2 weeks | <input type="checkbox"/> 3 weeks | <input type="checkbox"/> 1 month |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Prefer not to answer | | | |

Answer questions 55 and 56 only if the person collects at the facility.

55. If you miss a facility visit to collect your ARVs which of the following happens? (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Get an SMS | <input type="checkbox"/> Get a phone call |
| <input type="checkbox"/> A health worker comes to your house | <input type="checkbox"/> You are not contacted by the clinic |
| <input type="checkbox"/> Don't know/ never missed a visit | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other (please specify): | |

56. If you miss a facility visit to collect ARVs, then you return next time to collect them, which of the following happens: *(Please select all that apply)*

- The staff are welcoming and friendly even though you missed last visit
- The staff shout at you for missing a visit
- The staff counsel you on adherence
- The staff ask why you missed visits
- The staff send you to the back of the queue
- Don't know/ never missed a visit
- Prefer not to answer
- Other *(Please specify what happens when you return to pick up your ARVs):*

57. Have you been offered TB preventive therapy (TPT) in the last year? *(These are medicines that prevent TB infection)*

- Yes No Don't know Prefer not to answer

58. If you have taken TPT do you remember how long you took it for?

- 1 month 3 months 4 months 9 months 12 months
 1+ years Other Don't know Prefer not to answer

Only ask question 59 if person has not already said they get their medication from a club.

59. Are you aware of an adherence club at the facility or in the community where you can meet with other people living with HIV and pick up your medicines?

- Yes No Don't know Prefer not to answer

60. If you could collect your ARVs closer to home, would you like to?

- Yes No Don't know Prefer not to answer
 No — because I already collect my ARVs close to home

61. Do you know your viral load (this is how much HIV virus is in your blood)?

- Yes No Don't know Prefer not to answer

62. Have you had a viral load test in the past year? This is a blood test to see how much HIV virus is circulating in your blood?

- Yes No Don't know Prefer not to answer

63. Did a health care provider explain what the results of this test means to you?

- Yes No Don't know Prefer not to answer

64. Do you agree with the following statement: Undetectable viral load means the treatment is working well

- Yes No Don't know Prefer not to answer

65. Do you agree with the following statement: Undetectable viral load means a person is not infectious.

- Yes No Don't know Prefer not to answer

66. Are you on a dolutegravir (DTG) based regimen or have you been offered to switch to a DTG based regimen? (Also known as Ranega or Acriptega, Dovimil, Emdoiten, Lanograv, Luvigen, Odystra, or Telado).

- Yes No Don't know Prefer not to answer

67. Were you given a choice between taking DTG or another treatment regimen?

No, the healthcare worker chose for me

No, because there was only one treatment option available

Yes, the healthcare worker explained my options and I chose which treatment to take

I don't know which treatment I am taking

Don't know Prefer not to answer

68. Were the potential side effects of DTG ever explained to you?

Yes No Don't know Prefer not to answer

69. Were the benefits of DTG ever explained to you?

Yes No Don't know Prefer not to answer

70. Are the healthcare workers monitoring your weight since you started DTG?

Yes No Don't know Prefer not to answer

71. Has a healthcare worker ever asked you for the names and contact information of your partners and children so that they can test them for HIV?

Yes No Don't know Prefer not to answer

Only answer questions 72 to 74 if the person said the healthcare worker has asked for the names and contact information of their sexual partners or children.

72. Did the healthcare worker ask you if any of the partners you gave the names of had ever hurt you, threatened to hurt you, or forced you to do something sexually before?

Yes No Don't know Prefer not to answer

73. Did the healthcare worker tell you that you could say no or refuse to give the names of your partners or children for HIV testing?

Yes No Don't know Prefer not to answer

74. Did the healthcare worker give you any information on gender-based violence services that are available either in the facility or by referral?

Yes No Don't know Prefer not to answer

75. Do you think that this facility keep people's HIV status confidential and private?

Yes No Don't know Prefer not to answer

76. If no, please specify the reason why not.

Staff are disclosing the status of people living with HIV in waiting area

More than one person is being consulted or counselled in the same room

People living with HIV are separated from other chronic patients

Security guards check patients' medicines when they are leaving the facility

Don't know Prefer not to answer Other privacy violation (*please specify*)

77. Is psycho-social counseling available for people living with HIV here?

Yes No Don't know Prefer not to answer

78. Please specify what psycho-social support is available: (Please select all that apply)

- Individualised counselling for any person living with HIV (no matter how long they have been on treatment)
- HIV pre-test counselling
- HIV post-test counselling
- Peer led patient navigators
- Referrals to social worker and other services
- Referral to optional support groups
- Food parcels
- Prefer not to answer
- Don't know
- Other

79. In your opinion, what would make this facility better specifically for people living with HIV?

REMEMBER: If someone said they use an adherence club to collect ARVs, make sure you ask them the adherence club member questions now.