

REFLECTION FORM

(to be used on every monitoring visit)

1. What date does this reflection refer to? DD/MM/YYYY														
2. What time did your data collection START on that day?														
3. What time did your data collection END on that day?														
4. Did something get better? Is there something that improved following a Ritshidze intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No														
5. Which area was there an improvement? (select all that apply) <table><tr><td><input type="checkbox"/> Facility staff</td><td><input type="checkbox"/> Facility hours and waiting times</td></tr><tr><td><input type="checkbox"/> Clinic Conditions</td><td><input type="checkbox"/> Access to Medicines and Shortages/Stockouts</td></tr><tr><td><input type="checkbox"/> ARV Collection and Access</td><td><input type="checkbox"/> Adherence Clubs</td></tr><tr><td><input type="checkbox"/> Access to Viral Load Testing / Information</td><td><input type="checkbox"/> Confidentiality and Privacy</td></tr><tr><td><input type="checkbox"/> Psycho-Social Support for PLHIV</td><td><input type="checkbox"/> PrEP and DTG-Related Contraceptive Access</td></tr><tr><td><input type="checkbox"/> COVID-19 Disruptions</td><td><input type="checkbox"/> TB Infection Control</td></tr><tr><td><input type="checkbox"/> Other</td><td></td></tr></table>	<input type="checkbox"/> Facility staff	<input type="checkbox"/> Facility hours and waiting times	<input type="checkbox"/> Clinic Conditions	<input type="checkbox"/> Access to Medicines and Shortages/Stockouts	<input type="checkbox"/> ARV Collection and Access	<input type="checkbox"/> Adherence Clubs	<input type="checkbox"/> Access to Viral Load Testing / Information	<input type="checkbox"/> Confidentiality and Privacy	<input type="checkbox"/> Psycho-Social Support for PLHIV	<input type="checkbox"/> PrEP and DTG-Related Contraceptive Access	<input type="checkbox"/> COVID-19 Disruptions	<input type="checkbox"/> TB Infection Control	<input type="checkbox"/> Other	
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6. Please write exactly what got better? Give as much detail as possible.														

7. What was your intervention? Give as much detail as possible.

8. Did you have to do advocacy in order to get a rapid solution at the clinic today?

Yes No

9. What was the challenge that needed an urgent intervention?

Unresolved stockout and/or shortage of medicine, vaccine, contraceptive

More than 4 PLHIV report receiving less than 1 month of ARVs at last refill — confirmation with the Facility Manager or Pharmacist that the reason for limited refill lengths is due to short supply of ARVs in the facility

A clinic that is physically unsafe for patients to be in (e.g. roof falling in)

A person with an emergency health need is not being attended to or treated

People's rights being violated

10. Who did you raise it with? (select all that apply)

Facility Manager District DoH Provincial DoH

11. Did it get resolved?

Yes Partially No Don't know

12. Did you have to do any other advocacy in order to get another rapid solution at the clinic today? (required)

Yes No

13. What was the challenge that needed an urgent intervention?

Unresolved stockout and/or shortage of medicine, vaccine, contraceptive

More than 4 PLHIV report receiving less than 1 month of ARVs at last refill — confirmation with the Facility Manager or Pharmacist that the reason for limited refill lengths is due to short supply of ARVs in the facility

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14. Who did you raise it with? (select all that apply)

Facility Manager District DoH Provincial DoH

15. Did it get resolved?

Yes Partially No Don't know

16. Please take 5 minutes and reflect what where the most important things that happened during data collection on that day. Write down the key things you learned and common things you heard.