

# MSM SURVEY

Name of community monitor:	Date of survey:
Province:	District:

**INFORMED CONSENT:** Hi, my name is \_\_\_\_\_, I'm working with the Ritshidze project to help monitor patient care in health facilities across South Africa. 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 15 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. Please select the participants gender:**

- Cisgender man                       Transgender man                       Non-binary person  
 Other gender identity                       Prefer not to answer

**2. How old are you?**

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

**\*\*Note:** This question will determine future survey questions. Please refer back to participant answer.

**3a. Where do you go for your health services? Select all that apply**

- Public health facility (e.g. clinic or community healthcare centre)  
 Drop-in centre                       Mobile clinic                       Private doctor  
 Don't know                       Prefer not to answer                       I do not get health services anywhere

Only answer questions 3b-3c if answered "I do not get health services anywhere" in question 3a

**3b. What are the main reasons you do not get health services anywhere? Select all that apply**

- I do not want to get health services because of COVID-19  
 The staff are not friendly                       The staff do not respect my privacy  
 I do not feel safe                       Fear of people finding out that I am MSM  
 It is too far away                       It costs too much to get there  
 The services take too long                       It is not open when I want to go  
 I cannot get the services I want                       The staff refused to give me services  
 I don't need any health services                       Don't know  
 Prefer not to answer                       Other (please specify)

**3c. If other, please specify:**

Only answer questions 3d-3h if did NOT select "drop-in centre" in question 3a

**3d. What are the main reasons why you don't access services at the drop-in centre? Select all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> I am not aware of a drop-in center that serves MSM | <input type="checkbox"/> The staff are not friendly                           |
| <input type="checkbox"/> The staff do not respect my privacy                | <input type="checkbox"/> Fear of disclosure of my sexuality                   |
| <input type="checkbox"/> I do not feel safe at the drop-in centre           | <input type="checkbox"/> The drop-in centre is too far away                   |
| <input type="checkbox"/> It costs too much to get to the drop-in centre     | <input type="checkbox"/> The services at the drop-in centre take too long     |
| <input type="checkbox"/> The drop-in centre is not open when I want to go   | <input type="checkbox"/> The drop-in centre doesn't offer the services I want |
| <input type="checkbox"/> The staff refused to give me services              | <input type="checkbox"/> Prefer not to answer                                 |
| <input type="checkbox"/> Don't know   | <input type="checkbox"/> Other (please specify)                               |

**3e. If other, please specify:**

**3f. What services do you want at the drop-in centre?**

(Only answer if selected "The drop-in centre doesn't offer the services I want" to question 3d)

- |  |   |
|--|---|
| <input type="checkbox"/> MSM outreach services                               | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP)                  |
| <input type="checkbox"/> Post-Exposure Prophylaxis (PEP)                     | <input type="checkbox"/> Lubricant  |
| <input type="checkbox"/> Male condoms  | <input type="checkbox"/> MSM friendly HIV testing and counseling          |
| <input type="checkbox"/> HIV care and treatment                              | <input type="checkbox"/> HIV support groups                               |
| <input type="checkbox"/> Psycho-social support                               | <input type="checkbox"/> Mental health services                           |
| <input type="checkbox"/> Information packages for sexual health services     | <input type="checkbox"/> MSM friendly STI prevention, testing & treatment |
| <input type="checkbox"/> Treatment or support services for MSM who use drugs | <input type="checkbox"/> Peer educators/navigators                        |
| <input type="checkbox"/> General health services                             | <input type="checkbox"/> Access to other chronic medication               |
| <input type="checkbox"/> Access to TB treatment, care and support            | <input type="checkbox"/> Other (please specify)                           |

**3g. If other, please specify:**

**3h. What would help you to use a drop-in centre?**

Only answer questions 4a-4e if did NOT select "Public health facility (e.g. clinic or community healthcare centre)" in question 3a

**4a. Why don't you access services at the facility? Select all that apply**

- |  |   |
|--|---|
| <input type="checkbox"/> The staff are not friendly                        | <input type="checkbox"/> The staff do not respect my privacy            |
| <input type="checkbox"/> I do not feel safe at the facility                | <input type="checkbox"/> The facility is too far away                   |
| <input type="checkbox"/> It costs too much to get to the facility          | <input type="checkbox"/> The services at the facility take too long     |
| <input type="checkbox"/> The facility is not open when I want to go        | <input type="checkbox"/> The facility doesn't offer the services I want |
| <input type="checkbox"/> Fear that people will find out about my sexuality | <input type="checkbox"/> The staff refused to give me services          |
| <input type="checkbox"/> Prefer not to answer                              | <input type="checkbox"/> Don't know                                     |
| <input type="checkbox"/> Other (please specify)                            |   |

**4b. If other, please specify:**

**4c. What services do you want at the facility?**

(Only answer if selected "The facility doesn't offer the services I want" to question 4a)

- |  |   |
|--|---|
| <input type="checkbox"/> MSM outreach services                               | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP)                  |
| <input type="checkbox"/> Post-Exposure Prophylaxis (PEP)                     | <input type="checkbox"/> Lubricant  |
| <input type="checkbox"/> Male condoms  | <input type="checkbox"/> MSM friendly HIV testing and counseling          |
| <input type="checkbox"/> HIV care and treatment                              | <input type="checkbox"/> HIV support groups                               |
| <input type="checkbox"/> Psycho-social support                               | <input type="checkbox"/> Mental health services                           |
| <input type="checkbox"/> Information packages for sexual health services     | <input type="checkbox"/> MSM friendly STI prevention, testing & treatment |
| <input type="checkbox"/> Treatment or support services for MSM who use drugs | <input type="checkbox"/> Peer educators/navigators                        |
| <input type="checkbox"/> Other (please specify)                              |   |

**4d. If other, please specify:**

4e. What would help you to use a public health facility?

## PUBLIC HEALTHCARE USERS

These questions are for anyone who selected "Public health facility (e.g. clinic or community healthcare centre)" in question 3

5. What facility do you use? (Note: the questions below should be answered about the facility that the participant selects)

5b. Do the staff at the facility know that you are MSM?

- Yes       No       Don't know       Prefer not to answer

Only ask question 5c if participant answered "yes" to question 5b

5c. Did the staff treat you differently after they found out you were a MSM?

- Yes, they treated me worse after finding out (ex: were rude, mean, etc.)  
 Yes, they offered me services specific to MSM  
 The staff always knew I was a MSM       No, they treated me the same  
 Don't know       Prefer not to answer

Only ask question 5d if participant answered "no" to question 5b

5d. Do you think the staff would treat you worse if they found out you were a MSM?

- Yes       No       Don't know       Prefer not to answer

6. How long have you used this facility?

- Less than 2 years       More than 2 years

Only ask question 6b-6c if participant answered "less than two years" to question 6a

6b. Why have you only used this facility for less than two years? (select all that apply)

- I transferred because I recently moved from another place  
 I transferred because this facility is closer to my home  
 I transferred because I was not happy using my previous facility  
 I transferred because this facility has all the services I need  
 Prefer not to answer       Don't know       Other (please specify)

6c. Please specify any other reason(s) why you have only just started using this facility:

7. Are the staff at this facility friendly and professional towards MSM?

- Always       Sometimes       Never       Don't know       Prefer not to answer

*Only ask question 7b if participant answered "sometimes" or "never" to question 7a*

7b. Which staff are not always friendly and professional towards MSM? (Select all that apply)

- Clinical staff (nurses, doctors, pharmacists etc.)       Lay staff (counsellors, linkage officers etc.)  
 Security staff       Non clinical staff (cleaners, admin staff, file clerks etc.)  
 Don't know       Prefer not to answer

8. On a scale of 1 to 5, how comfortable do you feel using this facility?

*(If 1 is VERY UNCOMFORTABLE and 5 is VERY COMFORTABLE)*

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

8b. If you feel uncomfortable or very uncomfortable, please specify the reason(s) why:

9. How safe do you feel using the facility? (Safe and protected from verbal or physical abuse, verbal or physical harassment, risk of arrest etc.) *(If 1 is VERY UNSAFE and 5 is VERY SAFE)*

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

9b. If you feel unsafe or very unsafe, please specify the reason(s) why:

10. Do you think that this facility respects people's confidentiality and privacy?

- Yes       No       Don't know       Prefer not to answer

Only ask question 10b-10c if participant answered "no" to question 10a

**10b. If no, please specify the reason(s) why not (select all that apply):**

- Staff disclose the status of people living with HIV in the waiting area
- Staff disclose people's sexuality in the waiting area
- More than one person is being consulted or counselled in the same room
- People living with HIV are separated from other patients
- Security guards check patients' medicines when they are leaving the facility
- Healthcare workers call other staff into the consultation room to share my medical issues
- Prefer not to answer
- Don't know
- Other (please specify)

**10c. Please specify any other privacy violations at the facility:**

**11. Which of the following health services are available at the facility for MSM? Select all that apply (please explain these services if the participant is unaware of what they are).**

- MSM outreach services
- Post-Exposure Prophylaxis (PEP)
- Lubricant (but only upon request or limited amount)
- Male condoms (but only upon request or limited amount)
- HIV care and treatment
- Psycho-social support
- Information packages for sexual health services
- Treatment or support services for MSM who use drugs
- Other (please specify)
- Pre-Exposure Prophylaxis (PrEP)
- Lubricant
- Male condoms
- MSM friendly HIV testing and counseling
- HIV support groups
- Mental health services
- MSM friendly STI prevention, testing & treatment
- Peer educators/navigators at the facility

**11b. Please specify other health services available:**

**12. Have you ever been offered PrEP at the facility?**

- Yes
- No
- No — because I am living with HIV
- Don't know
- Prefer not to answer

**13. Have you ever gotten PrEP at the facility?**

- |   |  |
|---|--|
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No, because I did not want PrEP           |
| <input type="checkbox"/> No, I wanted PrEP but was not considered eligible          | <input type="checkbox"/> No, I wanted PrEP but it wasn't available |
| <input type="checkbox"/> No, I wanted PrEP but did not get it for some other reason | <input type="checkbox"/> Don't know                                |
| <input type="checkbox"/> Prefer not to answer                                       |  |

*Only ask question 13b-13c if participant answered "yes" to question 13a*

**13b. How satisfied were you with PrEP services at the facility? If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED.**

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

**13c. If you feel unsatisfied or very unsatisfied, please specify the reason(s) why:**

**14. How satisfied are you with the health services for MSM at the facility?**

*(If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED)*

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

**14b. If you feel unsatisfied or very unsatisfied, please specify the reason why:**

**15. Are there other health services you wish were available for MSM at the facility? (Please select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> MSM outreach services                               | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP)                  |
| <input type="checkbox"/> Post-Exposure Prophylaxis (PEP)                     | <input type="checkbox"/> Lubricant  |
| <input type="checkbox"/> Male condoms  | <input type="checkbox"/> MSM friendly HIV testing and counseling          |
| <input type="checkbox"/> HIV care and treatment                              | <input type="checkbox"/> HIV support groups                               |
| <input type="checkbox"/> Psycho-social support                               | <input type="checkbox"/> Mental health services                           |
| <input type="checkbox"/> Information packages for sexual health services     | <input type="checkbox"/> MSM friendly STI prevention, testing & treatment |
| <input type="checkbox"/> Treatment or support services for MSM who use drugs | <input type="checkbox"/> Peer educators/navigators at the facility        |
| <input type="checkbox"/> Other <i>(please specify)</i>                       |   |

15b. If other, please specify:

16. In the last year, have you been refused access to services at this facility because you are MSM?

- Yes       No       Don't know       Prefer not to answer

17. How could the facility improve services for MSM?

## DROP-IN CENTRE USERS

These questions are for anyone who selected "Drop-in Centres" in question 3

18. What drop-in centre do you use?

*(Note: the questions below should be answered about the drop-in centre that the participant selects)*

19. How long have you used this drop-in centre?

- Less than 2 years       More than 2 years

*Only ask question 19b-19c if participant answered "less than two years" to question 19a*

19b. Why have you only used this drop-in centre for less than two years? *(select all that apply)*

- I transferred because I recently moved from another place  
 I transferred because this drop-in centre is closer to my home  
 I transferred because I was not happy using my previous facility  
 I transferred because this drop-in centre has all the services I need  
 Prefer not to answer       Don't know       Other *(please specify)*

19c. Please specify other reasons why you have only just started using this drop-in centre:

20. Are the staff at the drop-in centre friendly and professional towards MSM?

- Always     Sometimes     Never     Don't know     Prefer not to answer

21. On a scale of 1 to 5, how comfortable do you feel using this drop-in centre?  
If 1 is VERY UNCOMFORTABLE and 5 is VERY COMFORTABLE.

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

21b. If you feel uncomfortable or very uncomfortable, please specify the reason(s) why:

22. How safe do you feel using the drop-in centre? (Safe and protected from verbal or physical abuse, verbal or physical harassment, risk of arrest etc.) (If 1 is VERY UNSAFE and 5 is VERY SAFE)

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

22b. If you feel unsafe or very unsafe, please specify the reason(s) why:

23. Do you think that this drop-in centre respects people's confidentiality and privacy?

- Yes     No     Don't know     Prefer not to answer

Only ask question 23b-23c if participant answered "no" to question 23a

23b. If no, please specify the reason why not.

- Staff disclose the status of people living with HIV in the waiting area  
 Staff disclose people's sexuality in the waiting area  
 More than one person is being consulted or counselled in the same room  
 People living with HIV are separated from other people  
 Security guards check patients' medicines when they are leaving the drop-in centre  
 Healthcare workers call other staff into the consultation room to share my medical issues  
 Prefer not to answer     Don't know     Other (please specify)

23c. Please specify any other privacy violations at the drop-in centre:

24. Which of the following health services are available at the drop-in centre for MSM? Select all that apply (please explain these services if the participant is unaware of what they are).

- |  |  |
|--|--|
| <input type="checkbox"/> Male condoms (but only upon request or in a limited amount) | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP)                     |
| <input type="checkbox"/> MSM outreach services                                       | <input type="checkbox"/> Lubricant   |
| <input type="checkbox"/> Post-Exposure Prophylaxis (PEP)                             | <input type="checkbox"/> Male condoms  |
| <input type="checkbox"/> Lubricant (but only upon request or in a limited amount)    | <input type="checkbox"/> HIV care and treatment                              |
| <input type="checkbox"/> MSM friendly HIV testing and counseling                     | <input type="checkbox"/> Psycho-social support                               |
| <input type="checkbox"/> HIV support groups  | <input type="checkbox"/> Information packages for sexual health services     |
| <input type="checkbox"/> Mental health services                                      | <input type="checkbox"/> Treatment or support services for MSM who use drugs |
| <input type="checkbox"/> MSM friendly STI prevention, testing & treatment            | <input type="checkbox"/> General health services                             |
| <input type="checkbox"/> Peer educators/navigators at the facility                   | <input type="checkbox"/> Other chronic medication                            |
| <input type="checkbox"/> Prevention, diagnosis, and treatment of tuberculosis (TB)   |  |
| <input type="checkbox"/> Other (please specify)                                      |  |

24b. Please specify other health services available:

25. Have you ever been offered PrEP at the drop-in centre?

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Yes        | <input type="checkbox"/> No                   | <input type="checkbox"/> No — because I am living with HIV |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |  |

26. Have you ever gotten PrEP at the drop-in centre?

- |   |  |
|---|--|
| <input type="checkbox"/> Yes  | <input type="checkbox"/> No, because I did not want PrEP           |
| <input type="checkbox"/> No, I wanted PrEP but was not considered eligible          | <input type="checkbox"/> No, I wanted PrEP but it wasn't available |
| <input type="checkbox"/> No, I wanted PrEP but did not get it for some other reason | <input type="checkbox"/> Don't know                                |
| <input type="checkbox"/> Prefer not to answer                                       |  |

Only ask question 26b-26c if participant answered "yes" to question 26a

26b. How satisfied were you with PrEP services at the drop-in centre? (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 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|---|

26c. If you feel unsatisfied or very unsatisfied, please specify the reason(s) why:

27. How satisfied are you with the health services for MSM at the drop-in centre? (If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED)

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

27b. If you feel unsatisfied or very unsatisfied, please specify the reason why:

28. Are there other health services you wish were available for MSM at the drop-in centre? (Please select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> MSM outreach services                                     | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP)                  |
| <input type="checkbox"/> Post-Exposure Prophylaxis (PEP)                           | <input type="checkbox"/> Lubricant  |
| <input type="checkbox"/> Male condoms  | <input type="checkbox"/> MSM friendly HIV testing and counseling          |
| <input type="checkbox"/> HIV care and treatment                                    | <input type="checkbox"/> HIV support groups                               |
| <input type="checkbox"/> Psycho-social support                                     | <input type="checkbox"/> Mental health services                           |
| <input type="checkbox"/> Information packages for sexual health services           | <input type="checkbox"/> MSM friendly STI prevention, testing & treatment |
| <input type="checkbox"/> Treatment or support services for MSM who use drugs       | <input type="checkbox"/> Peer educators/navigators at the facility        |
| <input type="checkbox"/> General health services                                   | <input type="checkbox"/> Other chronic medication                         |
| <input type="checkbox"/> Prevention, diagnosis, and treatment of tuberculosis (TB) | <input type="checkbox"/> Other (please specify)                           |

28b. If other, please specify:

29. How could the drop-in centre improve services for MSM?

## MOBILE CLINIC USERS

These questions are for anyone who selected "Mobile clinic" in question 3

30. What mobile clinic do you use?

(Note: the questions below should be answered about the mobile clinic that the participant selects)

31. How long have you used this mobile clinic?

Less than 2 years

More than 2 years

Only ask question 31b-31c if participant answered "less than two years" to question 31a

31b. Why have you only used this mobile clinic for less than two years? (select all that apply)

I transferred because I recently moved from another place

I transferred because this mobile clinic is closer to my home

I transferred because I was not happy using my previous facility

I transferred because this mobile clinic has all the services I need

Prefer not to answer

Don't know

Other (please specify)

31c. Please specify other reasons why you have only just started using this mobile clinic:

**32. Are the staff at the mobile clinic friendly and professional towards MSM?**

- Always       Sometimes       Never       Don't know       Prefer not to answer

**33. On a scale of 1 to 5, how comfortable do you feel using this mobile clinic?**

*(If 1 is VERY UNCOMFORTABLE and 5 is VERY COMFORTABLE)*

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

**33b. If you feel uncomfortable or very uncomfortable, please specify the reason(s) why:**

**34. How safe do you feel using the mobile clinic? (Safe and protected from verbal or physical abuse, verbal or physical harassment, risk of arrest etc.) (If 1 is VERY UNSAFE and 5 is VERY SAFE)**

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

**34b. If you feel unsafe or very unsafe, please specify the reason(s) why:**

**35. Do you think that this mobile clinic respects people's confidentiality and privacy?**

- Yes       No       Don't know       Prefer not to answer

*Only ask question 35b-35c if participant answered "no" to question 35a*

**35b. If no, please specify the reason why not.**

- Staff disclose the status of people living with HIV in the mobile clinic  
 Staff disclose people's sexuality in the mobile clinic  
 Staff disclose if people are transgender in the mobile clinic  
 Healthcare workers call other staff into the consultation room to share my medical issues  
 Prefer not to answer       Don't know       Other (please specify)

**35c. Please specify any other privacy violations at the mobile clinic:**

**36. Which of the following health services are available at the mobile clinic for MSM?**

Select all that apply (please explain these services if the participant is unaware of what they are).

- |  |  |
|--|--|
| <input type="checkbox"/> Male condoms (but only upon request or in a limited amount) | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP)                     |
| <input type="checkbox"/> MSM outreach services                                       | <input type="checkbox"/> Lubricant   |
| <input type="checkbox"/> Post-Exposure Prophylaxis (PEP)                             | <input type="checkbox"/> Male condoms  |
| <input type="checkbox"/> Lubricant (but only upon request or in a limited amount)    | <input type="checkbox"/> HIV care and treatment                              |
| <input type="checkbox"/> MSM friendly HIV testing and counseling                     | <input type="checkbox"/> Psycho-social support                               |
| <input type="checkbox"/> HIV support groups  | <input type="checkbox"/> Information packages for sexual health services     |
| <input type="checkbox"/> Mental health services                                      | <input type="checkbox"/> Treatment or support services for MSM who use drugs |
| <input type="checkbox"/> MSM friendly STI prevention, testing & treatment            | <input type="checkbox"/> General health services                             |
| <input type="checkbox"/> Peer educators/navigators at the facility                   | <input type="checkbox"/> Other chronic medication                            |
| <input type="checkbox"/> Prevention, diagnosis, and treatment of tuberculosis (TB)   |  |
| <input type="checkbox"/> Other (please specify)                                      |  |

**36b. Please specify other health services available:**

**37. Have you ever been offered PrEP at the mobile clinic?**

- Yes       No       No — because I am living with HIV  
 Don't know       Prefer not to answer

**38. Have you ever gotten PrEP at the mobile clinic?**

- Yes       No, because I did not want PrEP  
 No, I wanted PrEP but was not considered eligible       No, I wanted PrEP but it wasn't available  
 No, I wanted PrEP but did not get it for some other reason       Don't know  
 Prefer not to answer

Only ask question 38b-38c if participant answered "yes" to question 38a

**38b. How satisfied were you with PrEP services at the mobile clinic? (If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED)**

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

**38c. If you feel unsatisfied or very unsatisfied, please specify the reason(s) why:**

**39. How satisfied are you with the health services for MSM at the mobile clinic?**

*(If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED)*

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

**39b. If you feel unsatisfied or very unsatisfied, please specify the reason why:**

**40. Are there other health services you wish were available for MSM at the mobile clinic? (Please select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> MSM outreach services                                     | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP)                  |
| <input type="checkbox"/> Post-Exposure Prophylaxis (PEP)                           | <input type="checkbox"/> Lubricant  |
| <input type="checkbox"/> Male condoms  | <input type="checkbox"/> MSM friendly HIV testing and counseling          |
| <input type="checkbox"/> HIV care and treatment                                    | <input type="checkbox"/> HIV support groups                               |
| <input type="checkbox"/> Psycho-social support                                     | <input type="checkbox"/> Mental health services                           |
| <input type="checkbox"/> Information packages for sexual health services           | <input type="checkbox"/> MSM friendly STI prevention, testing & treatment |
| <input type="checkbox"/> Treatment or support services for MSM who use drugs       | <input type="checkbox"/> Peer educators/navigators at the facility        |
| <input type="checkbox"/> General health services                                   | <input type="checkbox"/> Other chronic medication                         |
| <input type="checkbox"/> Prevention, diagnosis, and treatment of tuberculosis (TB) | <input type="checkbox"/> Other <i>(please specify)</i>                    |

**40b. If other, please specify:**

**41. How could the mobile clinic improve services for MSM?**

## ALL PARTICIPANTS

42. Is there anything else you would like to tell us?

43. Would you be willing to do an individual interview to tell us more about your experience?

Yes

No

44. Do you identify as any of these other groups?

Sex worker

Transgender person

Person who uses drugs

*If yes, ask the participant if they would be willing to answer questions related to being part of another key population group.*

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