

PEOPLE WHO USE DRUGS 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 participant's gender:

- Cisgender woman
 Cisgender man
 Transgender woman
 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.*

3. 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 3

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 people will find out I use drugs
 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
 Prefer not to answer
 Don't know
 Other (please specify)

3c. If other, please specify:

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

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 people who use drugs | <input type="checkbox"/> The staff do not respect my privacy |
| <input type="checkbox"/> The staff are not friendly | <input type="checkbox"/> I do not feel safe at the drop-in centre |
| <input type="checkbox"/> Fear people will find out I use drugs | <input type="checkbox"/> It costs too much to get to the drop-in centre |
| <input type="checkbox"/> The drop-in centre is too far away | <input type="checkbox"/> The drop-in centre is not open when I want to go |
| <input type="checkbox"/> The services at the drop-in centre take too long | <input type="checkbox"/> I don't need any health services |
| <input type="checkbox"/> The drop-in centre doesn't offer the services I want | <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"/> Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV) | <input type="checkbox"/> On site drug-dependence counselling and support |
| <input type="checkbox"/> Non barrier contraception (including the pill, IUD, implant, injection) | <input type="checkbox"/> Resources to take up referred services (e.g. taxi fare) |
| <input type="checkbox"/> Information packages for sexual and reproductive health services | <input type="checkbox"/> Wound and abscess care |
| <input type="checkbox"/> On site drug dependence initiation and treatment (e.g methadone) | <input type="checkbox"/> Overdose management and treatment (e.g. naloxone) |
| <input type="checkbox"/> Referral drug dependence initiation and treatment (e.g methadone) | <input type="checkbox"/> Post-Exposure Prophylaxis (PEP) |
| <input type="checkbox"/> Outreach services for people who use drugs | <input type="checkbox"/> Male condoms |
| <input type="checkbox"/> Referral for drug-dependence counselling and support | <input type="checkbox"/> Gender-based violence services on site or by referral |
| <input type="checkbox"/> Risk reduction information | <input type="checkbox"/> HIV care and treatment |
| <input type="checkbox"/> Unused needles, syringes, or other injecting equipment | <input type="checkbox"/> Drug dependence support groups |
| <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP) | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Lubricant | <input type="checkbox"/> Cervical cancer screening |
| <input type="checkbox"/> Female condoms | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> PWUD friendly HIV testing and counseling | |
| <input type="checkbox"/> HIV support groups | |
| <input type="checkbox"/> Psycho-social support | |
| <input type="checkbox"/> PWUD friendly STI prevention, testing & treatment | |
| <input type="checkbox"/> Peer educators/navigators at the facility | |

3g. If other, please specify:

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

Only answer questions 4a-4f if did NOT select "Public health facility" in question 3

4. 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"/> Fear people will find out that I use drugs |
| <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"/> The staff refused to give me services |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other | |

4a. If other, please specify:

4b. What services do you want at the facility?

(If answered "The facility doesn't offer the services I want" to question 4a)

- | | |
|--|--|
| <input type="checkbox"/> Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV) | |
| <input type="checkbox"/> Non barrier contraception (including the pill, IUD, implant, injection) | |
| <input type="checkbox"/> Information packages for sexual and reproductive health services | |
| <input type="checkbox"/> On site drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Referral drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Outreach services for people who use drugs | <input type="checkbox"/> On site drug-dependence counselling and support |
| <input type="checkbox"/> Referral for drug-dependence counselling and support | <input type="checkbox"/> Resources to take up referred services (e.g. taxi fare) |
| <input type="checkbox"/> Risk reduction information | <input type="checkbox"/> Wound and abscess care |
| <input type="checkbox"/> Unused needles, syringes, or other injecting equipment | <input type="checkbox"/> Overdose management and treatment (e.g. naloxone) |
| <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"/> Female condoms | <input type="checkbox"/> Gender-based violence services on site or by referral |
| <input type="checkbox"/> PWUD friendly HIV testing and counseling | <input type="checkbox"/> HIV care and treatment |
| <input type="checkbox"/> HIV support groups | <input type="checkbox"/> Drug dependence support groups |
| <input type="checkbox"/> Psycho-social support | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> PWUD friendly STI prevention, testing & treatment | <input type="checkbox"/> Cervical cancer screening |
| <input type="checkbox"/> Peer educators/navigators at the facility | <input type="checkbox"/> Other <i>(please specify)</i> |

4c. If other, please specify:

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

PUBLIC HEALTHCARE USERS

These questions are for anyone who selected "Public Health Facility" 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 a person who uses drugs?

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 person who uses drugs?

Yes, they treated me worse after finding out (ex: were rude, mean, etc.)
 Yes, they offered me services specific to a person who uses drugs
 The staff always knew I was a person who uses drugs 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 person who uses drugs?

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 6

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

I transferred because I was not happy using my previous facility
 I transferred because I recently moved from another place I transferred because this facility is closer to my home
 I transferred because this facility has all the services I need Don't know
 Prefer not to answer 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 people who use drugs?

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

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

7b. Which staff are not always friendly and professional towards people who use drugs?

(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 10

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 if people use drugs 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
- Don't know
- Prefer not to answer
- 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 people who use drugs?

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

- Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV)
- Non barrier contraception (including the pill, IUD, implant, injection)
- Information packages for sexual and reproductive health services
- On site drug dependence initiation and treatment (e.g methadone)
- Referral drug dependence initiation and treatment (e.g methadone)
- Outreach services for people who use drugs
- Referral for drug-dependence counselling and support
- Risk reduction information
- Unused needles, syringes, or other injecting equipment
- Pre-Exposure Prophylaxis (PrEP)
- Lubricant
- Male condoms
- Female condoms
- Gender-based violence services on site or by referral
- HIV care and treatment
- Drug dependence support groups
- Mental health services
- Cervical cancer screening
- Other (please specify)
- On site drug-dependence counselling and support
- Resources to take up referred services (e.g. taxi fare)
- Wound and abscess care
- Overdose management and treatment (e.g. naloxone)
- Post-Exposure Prophylaxis (PEP)
- Lubricant (but only upon request or limited amount)
- Male condoms (but only upon request or limited amount)
- Female condoms (but only upon request or limited amount)
- PWUD friendly HIV testing and counseling
- HIV support groups
- Psycho-social support
- PWUD friendly STI prevention, testing & treatment
- Peer educators/navigators at the facility

11b. Please specify other health services available:

Only ask questions 11c-11e if selected "Male condoms", "Male condoms (but only upon request or limited amount)", "Female condoms", "Female condoms (but only upon request or limited amount)" and/or "Non barrier contraception" in question 11

11c. 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 IUD | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other | <input type="checkbox"/> None (skip to 11f) |

11d. Were you able to get the contraception you wanted?

- Yes No Don't know Prefer not to answer

11e. If no, why were you unable to get the contraception you wanted?

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

Only ask questions 11f-11g if the person answered "Unused needles, syringes, or other injecting equipment" in question 11

11f. Are you getting enough needles and syringes at the facility?

- Yes No Don't know Prefer not to answer

11g. If yes to Are the needles and syringes good quality at the facility?

- Yes No Don't know Prefer not to answer

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 13

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 people who use drugs 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 people who use drugs at the facility? (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV) | |
| <input type="checkbox"/> Non barrier contraception (including the pill, IUD, implant, injection) | |
| <input type="checkbox"/> Information packages for sexual and reproductive health services | |
| <input type="checkbox"/> On site drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Referral drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Outreach services for people who use drugs | <input type="checkbox"/> On site drug-dependence counselling and support |
| <input type="checkbox"/> Referral for drug-dependence counselling and support | <input type="checkbox"/> Resources to take up referred services (e.g. taxi fare) |
| <input type="checkbox"/> Risk reduction information | <input type="checkbox"/> Wound and abscess care |
| <input type="checkbox"/> Unused needles, syringes, or other injecting equipment | <input type="checkbox"/> Overdose management and treatment (e.g. naloxone) |
| <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"/> Female condoms | <input type="checkbox"/> Gender-based violence services on site or by referral |
| <input type="checkbox"/> PWUD friendly HIV testing and counseling | <input type="checkbox"/> HIV care and treatment |
| <input type="checkbox"/> HIV support groups | <input type="checkbox"/> Drug dependence support groups |
| <input type="checkbox"/> Psycho-social support | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> PWUD friendly STI prevention, testing & treatment | <input type="checkbox"/> Cervical cancer screening |
| <input type="checkbox"/> Peer educators/navigators at the facility | <input type="checkbox"/> Other (please specify) |

15b. If other, please specify:

16. In the last year, have you been refused access to services at this facility because you are a person who uses drugs?

Yes No Don't know Prefer not to answer

17. How could the facility improve services for people who use drugs?

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 19

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

19c. Please specify any other reason(s) why you have only just started using this drop-in centre:

20. Are the staff at the drop-in centre friendly and professional towards people who use drugs?

- 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 23

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

- Staff disclose the status of people living with HIV in the waiting area
- Staff disclose if people use drugs 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 drop-in centre
- Healthcare workers call other staff into the consultation room to share my medical issues
- Don't know
- Prefer not to answer
- 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 people who use drugs?
Select all that apply (please explain these services if the participant is unaware of what they are)**

- Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV)
- Information packages for sexual and reproductive health services
- Non barrier contraception (including the pill, IUD, implant, injection)
- On site drug dependence initiation and treatment (e.g methadone)
- Referral drug dependence initiation and treatment (e.g methadone)
- Outreach services for people who use drugs
- Referral for drug-dependence counselling and support
- Risk reduction information
- Unused needles, syringes, or other injecting equipment
- Pre-Exposure Prophylaxis (PrEP)
- Lubricant
- Male condoms
- Female condoms
- Gender-based violence services on site or by referral
- HIV care and treatment
- Drug dependence support groups
- Mental health services
- Cervical cancer screening
- Prevention, diagnosis, and treatment of tuberculosis (TB)
- Other chronic medication
- On site drug-dependence counselling and support
- Resources to take up referred services (e.g. taxi fare)
- Wound and abscess care
- Overdose management and treatment (e.g. naloxone)
- Post-Exposure Prophylaxis (PEP)
- Lubricant (but only upon request or limited amount)
- Male condoms (but only upon request or limited amount)
- Female condoms (but only upon request or limited amount)
- PWUD friendly HIV testing and counseling
- HIV support groups
- Psycho-social support
- PWUD friendly STI prevention, testing & treatment
- Peer educators/navigators at the facility
- General health services
- Other (please specify)

24b. Please specify other health services available:

Only ask question 24c-24d if participant answered "Unused needles, syringes, or other injecting equipment" to question 24

24c. Are you getting enough needles and syringes at the drop in centre?

Yes No Don't know Prefer not to answer

24d. Are the needles and syringes good quality at the drop in centre?

(Only answer if yes to 24c)

Yes No Don't know Prefer not to answer

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

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

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

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 26b-26c if participant answered "yes" to question 26

26b. How satisfied were you with PrEP services 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

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

27. How satisfied are you with the health services for people who use drugs 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(s) why:

28. Are there other health services you wish were available for people who use drugs at the drop-in centre?

(Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Information packages for sexual and reproductive health services | |
| <input type="checkbox"/> Non barrier contraception (including the pill, IUD, implant, injection) | |
| <input type="checkbox"/> Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV) | |
| <input type="checkbox"/> On site drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Referral drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Outreach services for people who use drugs | <input type="checkbox"/> On site drug-dependence counselling and support |
| <input type="checkbox"/> Referral for drug-dependence counselling and support | <input type="checkbox"/> Resources to take up referred services (e.g. taxi fare) |
| <input type="checkbox"/> Risk reduction information | <input type="checkbox"/> Wound and abscess care |
| <input type="checkbox"/> Unused needles, syringes, or other injecting equipment | <input type="checkbox"/> Overdose management and treatment (e.g. naloxone) |
| <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"/> Female condoms | <input type="checkbox"/> Gender-based violence services on site or by referral |
| <input type="checkbox"/> PWUD friendly HIV testing and counseling | <input type="checkbox"/> HIV care and treatment |
| <input type="checkbox"/> HIV support groups | <input type="checkbox"/> Drug dependence support groups |
| <input type="checkbox"/> Psycho-social support | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> PWUD friendly STI prevention, testing & treatment | <input type="checkbox"/> Cervical cancer screening |
| <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 people who use drugs?

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 34

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 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

Don't know

Prefer not to answer

Other (please specify)

31c. Please specify any other reason(s) why you have only just started using this mobile clinic:

32. Are the staff at the mobile clinic friendly and professional towards people who use drugs?

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 35

35b. If no, please specify the reason(s) why not.

- Staff disclose the status of people living with HIV in the mobile clinic
- Healthcare workers call other staff into the consultation room to share my medical issues
- Staff disclose if people use drugs in the mobile clinic Don't know
- Prefer not to answer 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 people who use drugs?
Select all that apply (please explain these services if the participant is unaware of what they are)**

- | | |
|--|---|
| <input type="checkbox"/> Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV) | |
| <input type="checkbox"/> Information packages for sexual and reproductive health services | |
| <input type="checkbox"/> Non barrier contraception (including the pill, IUD, implant, injection) | |
| <input type="checkbox"/> On site drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Referral drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Outreach services for people who use drugs | <input type="checkbox"/> On site drug-dependence counselling and support |
| <input type="checkbox"/> Referral for drug-dependence counselling and support | <input type="checkbox"/> Resources to take up referred services (e.g. taxi fare) |
| <input type="checkbox"/> Risk reduction information | <input type="checkbox"/> Wound and abscess care |
| <input type="checkbox"/> Unused needles, syringes, or other injecting equipment | <input type="checkbox"/> Overdose management and treatment (e.g. naloxone) |
| <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP) | <input type="checkbox"/> Post-Exposure Prophylaxis (PEP) |
| <input type="checkbox"/> Lubricant | <input type="checkbox"/> Lubricant (but only upon request or limited amount) |
| <input type="checkbox"/> Male condoms | <input type="checkbox"/> Male condoms (but only upon request or limited amount) |
| <input type="checkbox"/> Female condoms | <input type="checkbox"/> Female condoms (but only upon request or limited amount) |
| <input type="checkbox"/> Gender-based violence services on site or by referral | <input type="checkbox"/> PWUD friendly HIV testing and counseling |
| <input type="checkbox"/> HIV care and treatment | <input type="checkbox"/> HIV support groups |
| <input type="checkbox"/> Drug dependence support groups | <input type="checkbox"/> Psycho-social support |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> PWUD friendly STI prevention, testing & treatment |
| <input type="checkbox"/> Cervical cancer screening | <input type="checkbox"/> Peer educators/navigators at the facility |
| <input type="checkbox"/> Prevention, diagnosis, and treatment of tuberculosis (TB) | <input type="checkbox"/> General health services |
| <input type="checkbox"/> Other chronic medication | <input type="checkbox"/> Other (please specify) |

36b. Please specify other health services available:

Only ask question 36c-36d if participant answered "Unused needles, syringes, or other injecting equipment" to question 36

36c. Are you getting enough needles and syringes at the mobile clinic?

- Yes No Don't know Prefer not to answer

36d. Are the needles and syringes good quality at the mobile clinic?

(Only answer if yes to 36c)

- Yes No Don't know Prefer not to answer

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 38

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 people who use drugs 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(s) why:

40. Are there other health services you wish were available for people who use drugs at the mobile clinic?

Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Information packages for sexual and reproductive health services | |
| <input type="checkbox"/> Non barrier contraception (including the pill, IUD, implant, injection) | |
| <input type="checkbox"/> Vaccination, diagnosis, and treatment of viral hepatitis (including HBV, HCV) | |
| <input type="checkbox"/> On site drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Referral drug dependence initiation and treatment (e.g methadone) | |
| <input type="checkbox"/> Outreach services for people who use drugs | <input type="checkbox"/> On site drug-dependence counselling and support |
| <input type="checkbox"/> Referral for drug-dependence counselling and support | <input type="checkbox"/> Resources to take up referred services (e.g. taxi fare) |
| <input type="checkbox"/> Risk reduction information | <input type="checkbox"/> Wound and abscess care |
| <input type="checkbox"/> Unused needles, syringes, or other injecting equipment | <input type="checkbox"/> Overdose management and treatment (e.g. naloxone) |
| <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"/> Female condoms | <input type="checkbox"/> Gender-based violence services on site or by referral |
| <input type="checkbox"/> PWUD friendly HIV testing and counseling | <input type="checkbox"/> HIV care and treatment |
| <input type="checkbox"/> HIV support groups | <input type="checkbox"/> Drug dependence support groups |
| <input type="checkbox"/> Psycho-social support | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> PWUD friendly STI prevention, testing & treatment | <input type="checkbox"/> Cervical cancer screening |
| <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 people who use drugs?

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

Men who have sex with other men

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