

TRANSGENDER 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:

- 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

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

3e. If other, please specify:

3f. What services do you want at the drop-in centre that are not offered?

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

- | | |
|--|---|
| <input type="checkbox"/> Treatment or support services for transgender people who use drugs | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP) |
| <input type="checkbox"/> Non barrier contraception (including the pill, IUD, implant, injection) | <input type="checkbox"/> Lubricant |
| <input type="checkbox"/> Information packages for sexual and reproductive health services | <input type="checkbox"/> Female condoms |
| <input type="checkbox"/> Transgender outreach services | <input type="checkbox"/> HIV care and treatment |
| <input type="checkbox"/> Post-Exposure Prophylaxis (PEP) | <input type="checkbox"/> Psycho-social support |
| <input type="checkbox"/> Male condoms | <input type="checkbox"/> Hormone therapy |
| <input type="checkbox"/> Trans friendly HIV testing and counseling | <input type="checkbox"/> Trans friendly STI prevention, testing & treatment |
| <input type="checkbox"/> HIV support groups | <input type="checkbox"/> Peer educators/navigators at the facility |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Access to other chronic medication |
| <input type="checkbox"/> Gender-based violence services on site or by referral | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Cervical cancer screening | |
| <input type="checkbox"/> General health services | |
| <input type="checkbox"/> Prevention, diagnosis, and treatment of tuberculosis (TB) | |

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" in question 3

4a. Why don't you access services at the public health 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 that I am transgender | <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"/> Don't know |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other (please specify) |

4b. If other, please specify:

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

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

- | | |
|--|---|
| <input type="checkbox"/> Treatment or support services for transgender people who use drugs | |
| <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"/> Transgender 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"/> Female condoms |
| <input type="checkbox"/> Trans 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"/> Hormone therapy |
| <input type="checkbox"/> Gender-based violence services on site or by referral | <input type="checkbox"/> Trans 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) | |

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" 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 transgender?

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 transgender?

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

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 transgender people?

- 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 transgender people?

(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 people's sexuality in the waiting area
 Staff disclose if people are transgender 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 transgender people? Select all that apply (please explain these services if the participant is unaware of what they are).

- Non barrier contraception (including the pill, IUD, implant, injection)
 Information packages for sexual and reproductive health services
 Treatment or support services for transgender people who use drugs
 Transgender outreach services Pre-Exposure Prophylaxis (PrEP)
 Post-Exposure Prophylaxis (PEP) Lubricant
 Lubricant (but only upon request or limited amount) Male condoms
 Male condoms (but only upon request or limited amount) Female condoms
 Female condoms (but only upon request or limited amount) Trans friendly HIV testing and counseling
 HIV care and treatment HIV support groups
 Psycho-social support Mental health services
 Hormone therapy Gender-based violence services on site or by referral
 Trans friendly STI prevention, testing & treatment Cervical cancer screening
 Peer educators/navigators at the facility Other (please specify)

11b. Please specify other health services available:

Only ask questions 11c-11e if selected any option for "male condoms", "female condoms" and/or "non barrier contraception" in question 11

11c. Which contraceptives have you tried to access at this facility?

- | | | |
|--|--|---|
| <input type="checkbox"/> Male/external condoms | <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 (please specify) | <input type="checkbox"/> None (skip to 12) |

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 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"/> They told me I had to have an HIV test |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other (please specify) | |

Ask question 12 if the participant is a transgender woman or non-binary person only

12. Have you ever been told you need to use a Men's Corner or Men only clinic day?

- Yes No Don't know Prefer not to answer

13. 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

14. 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 14b-14c if participant answered "yes" to question 14

14b. 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

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

15. How satisfied are you with the health services for transgender people 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

15b. If you feel unsatisfied or very unsatisfied, please specify the reason(s) why:

16. Are there other health services you wish were available for transgender people at the facility?

(Please select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Treatment or support services for transgender people who use drugs | |
| <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"/> Transgender 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"/> Female condoms |
| <input type="checkbox"/> Trans 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"/> Hormone therapy |
| <input type="checkbox"/> Gender-based violence services on site or by referral | <input type="checkbox"/> Trans 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) | |

16b. If other, please specify:

17. In the last year, have you been refused access to services at this facility because you are a transgender person?

- Yes No Don't know Prefer not to answer

18. How could the facility improve services for transgender people?

DROP-IN CENTRE USERS

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

19. What drop-in centre do you use?

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

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

Less than 2 years

More than 2 years

Only ask question 20b-20c if participant answered "less than two years" to question 20

20b. 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)

20c. Please specify other reasons why you have only just started using this drop-in centre:

21. Are the staff at the drop-in centre friendly and professional towards transgender people?

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

22. 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

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

23. 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

23b. If you feel unsafe or very unsafe, please specify the reason why:

24. 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 24b-24c if participant answered "no" to question 24

24b. 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
 Staff disclose if people are transgender in the drop-in centre
 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)

24c. Please specify any other privacy violations at the drop-in centre:

25. Which of the following health services are available at the drop-in centre for transgender people?

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

- | | |
|--|--|
| <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"/> Treatment or support services for transgender people who use drugs | |
| <input type="checkbox"/> Transgender outreach services | <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 in a limited amount) | <input type="checkbox"/> Male condoms |
| <input type="checkbox"/> Male condoms (but only upon request or in a limited amount) | <input type="checkbox"/> Female condoms |
| <input type="checkbox"/> Female condoms (but only upon request or in a limited amount) | <input type="checkbox"/> Trans 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"/> Hormone therapy |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Gender-based violence services on site or by referral |
| <input type="checkbox"/> Trans 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) | |

25b. Please specify other health services available:

26. 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 | |

27. 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 27b-27c if participant answered "yes" to question 27

27b. 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

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

28. How satisfied are you with the health services for transgender people 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

28b. If you feel unsatisfied or very unsatisfied, please specify the reason why:

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

- | | |
|--|---|
| <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"/> Treatment or support services for transgender people who use drugs | |
| <input type="checkbox"/> Transgender 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"/> Female condoms |
| <input type="checkbox"/> Trans 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"/> Hormone therapy |
| <input type="checkbox"/> Gender-based violence services on site or by referral | <input type="checkbox"/> Trans 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) |

29b. If other, please specify:

30. How could the drop-in centre improve services for transgender people?

MOBILE CLINIC USERS

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

31. What mobile clinic do you use?

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

32. How long have you used this mobile clinic?

Less than 2 years

More than 2 years

Only ask question 32b-32c if participant answered "less than two years" to question 32

32b. 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

Don't know

Prefer not to answer

Other (please specify)

32c. Please specify other reasons why you have only just started using this mobile clinic:

33. Are the staff at the mobile clinic friendly and professional towards transgender people?

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

34. 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

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

35. 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

35b. If you feel unsafe or very unsafe, please specify the reason why:

36. 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 36b-36c if participant answered "no" to question 36

36b. 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
 Don't know Prefer not to answer Other (please specify)

36c. Please specify any other privacy violations at the mobile clinic:

37. Which of the following health services are available at the mobile clinic for transgender people?

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

- Non barrier contraception (including the pill, IUD, implant, injection)
- Information packages for sexual and reproductive health services
- Treatment or support services for transgender people who use drugs
- Transgender outreach services
- Post-Exposure Prophylaxis (PEP)
- Lubricant (but only upon request or in a limited amount)
- Male condoms (but only upon request or in a limited amount)
- Female condoms (but only upon request or in a limited amount)
- HIV care and treatment
- Psycho-social support
- Mental health services
- Trans friendly STI prevention, testing & treatment
- Peer educators/navigators at the facility
- Other chronic medication
- Other (please specify)
- Pre-Exposure Prophylaxis (PrEP)
- Lubricant
- Male condoms
- Female condoms
- Trans friendly HIV testing and counseling
- HIV support groups
- Hormone therapy
- Gender-based violence services on site or by referral
- Cervical cancer screening
- General health services
- Prevention, diagnosis, and treatment of tuberculosis (TB)

37b. Please specify other health services available:

38. 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

39. Have you ever gotten PrEP at the mobile clinic?

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

Only ask question 39b-39c if participant answered "yes" to question 39

39b. 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

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

40. How satisfied are you with the health services for transgender people 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

40b. If you feel unsatisfied or very unsatisfied, please specify the reason why:

41. Are there other health services you wish were available for transgender people at the mobile clinic?

(Please select all that apply)

- | | |
|--|--|
| <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"/> Treatment or support services for transgender people who use drugs | |
| <input type="checkbox"/> Transgender 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"/> Female condoms |
| <input type="checkbox"/> Trans friendly HIV testing and counseling | <input type="checkbox"/> HIV care and treatment |
| <input type="checkbox"/> HIV support groups | <input type="checkbox"/> Hormone therapy |
| <input type="checkbox"/> Psycho-social support | <input type="checkbox"/> Peer educators/navigators at the facility |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Gender-based violence services on site or by referral |
| <input type="checkbox"/> Trans friendly STI prevention, testing & treatment | <input type="checkbox"/> Cervical cancer screening |
| <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) |

41b. If other, please specify:

42. How could the mobile clinic improve services for transgender people?

ALL PARTICIPANTS

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

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

Yes

No

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

Sex worker

Person who uses drugs

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.