

# FACILITY MANAGER SURVEY

Facility name:

Name of person monitoring:

Hi, my name is \_\_\_\_\_, I'm working with the Ritshidze project to help monitor patient care in health facilities across South Africa [OR STATE NAME OF PROVINCE OR DISTRICT]. The purpose of the Ritshidze project is to find out if patients face any challenges in accessing health services so that we can raise these challenges with you and other duty bearers in order to fix them. I have a few questions that normally take about 30 minutes to answer. You can also skip any questions you would like to or stop the conversation at any time. Would you be willing to answer a few questions about the services at this facility?

1. What is the date and time that you are conducting this survey?

2a. Today, is the clinic currently closed due to the COVID-crisis?

Yes  No

2b. If the clinic is closed, why?

2c. If the clinic is closed, when will it re-open?

2d. If the clinic is closed, are people being given information as to where they can access alternative services?

Yes  No  Don't know  Prefer not to answer

3a. Are any of the services, which you usually offer, not available because of the COVID-19 crisis?

Yes  No  Don't know  Prefer not to answer

*Only ask if person answered "yes" to question 3a.*

3b. Which of the following services are you not offering because of the COVID-19 crisis? (Please select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Counselling before switching people living with HIV to TLD (dolutegravir based) | <input type="checkbox"/> Gender based violence support or referral |
| <input type="checkbox"/> Condoms and/or lubricant  | <input type="checkbox"/> HIV counselling                           |
| <input type="checkbox"/> Contraceptives  | <input type="checkbox"/> HIV testing                               |
| <input type="checkbox"/> PrEP  | <input type="checkbox"/> HIV treatment                             |
| <input type="checkbox"/> Adherence clubs   | <input type="checkbox"/> Viral load testing                        |
| <input type="checkbox"/> STI screening, testing & treatment  | <input type="checkbox"/> TB testing                                |
|  | <input type="checkbox"/> Other (please specify):                   |

**4. In the past three months, have you had any of the following issues at your clinic because of the COVID-19 crisis? (Please select all that apply)**

- We are experiencing more stockouts or shortages of medicines than usual
- We are experiencing more shortages of personal protective equipment for staff than usual
- We can only serve patients at the gate—patients do not enter the facility
- We have more restricted hours of operation than usual
- We can serve less patients than usual
- We have higher patient wait times than usual
- We are operating with fewer staff than usual
- The clinic has been completely closed
- None
- Other (please specify):

**5. What does the PEPFAR implementing partner do? Select all that apply**

- |   |  |
|---|--|
| <input type="checkbox"/> Provide clinical staff               | <input type="checkbox"/> Provide additional space (like temporary buildings) |
| <input type="checkbox"/> Provide medical supplies / equipment | <input type="checkbox"/> Mentoring / on job training                         |
| <input type="checkbox"/> HIV testing + counseling             | <input type="checkbox"/> Index testing                                       |
| <input type="checkbox"/> ART initiation / ART dispensing      | <input type="checkbox"/> Viral load testing                                  |
| <input type="checkbox"/> Linkage officers                     | <input type="checkbox"/> Peer navigators                                     |
| <input type="checkbox"/> Community healthcare workers         | <input type="checkbox"/> Outreach services                                   |
| <input type="checkbox"/> Adherence clubs                      | <input type="checkbox"/> Adherence counselling                               |
| <input type="checkbox"/> Capture data                         | <input type="checkbox"/> Filing / administration                             |
| <input type="checkbox"/> TB screening + testing               | <input type="checkbox"/> TB care   |
| <input type="checkbox"/> TB contact tracing                   | <input type="checkbox"/> Social workers                                      |
| <input type="checkbox"/> Mental health services               | <input type="checkbox"/> Youth services                                      |
| <input type="checkbox"/> Key populations services             | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Don't know                           | <input type="checkbox"/> Prefer not to answer                                |

**6. On a scale of 1 to 5, how do you feel about the support you get from the implementing partner? If 1 is very unsatisfied and 5 is very satisfied**

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

*Only ask question 7 if selected unsatisfied (1) or unsatisfied (2) in question 6*

**7. Why are you unsatisfied with the support from the implementing partner?**

**8. What additional support would you like from the implementing partner?**

- |   |  |
|---|--|
| <input type="checkbox"/> Provide clinical staff               | <input type="checkbox"/> Provide additional space (like temporary buildings) |
| <input type="checkbox"/> Provide medical supplies / equipment | <input type="checkbox"/> Mentoring / on job training                         |
| <input type="checkbox"/> HIV testing + counseling             | <input type="checkbox"/> Index testing                                       |
| <input type="checkbox"/> ART initiation / ART dispensing      | <input type="checkbox"/> Viral load testing                                  |
| <input type="checkbox"/> Linkage officers                     | <input type="checkbox"/> Peer navigators                                     |
| <input type="checkbox"/> Community healthcare workers         | <input type="checkbox"/> Outreach services                                   |
| <input type="checkbox"/> Adherence clubs                      | <input type="checkbox"/> Adherence counselling                               |
| <input type="checkbox"/> Capture data                         | <input type="checkbox"/> Filing / administration                             |
| <input type="checkbox"/> TB screening + testing               | <input type="checkbox"/> TB care   |
| <input type="checkbox"/> TB contact tracing                   | <input type="checkbox"/> Social workers                                      |
| <input type="checkbox"/> Mental health services               | <input type="checkbox"/> Youth services                                      |
| <input type="checkbox"/> Key populations services             | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Don't know                           | <input type="checkbox"/> Prefer not to answer                                |

**9. Do you think there are enough clinical and non-clinical staff at the facility?**

- Yes       No       Don't know       Prefer not to answer

**10. Why do you think that there are not enough clinical and/or non clinical staff**

- There are not enough
- There are one or more vacancies
- One or more staff members are away on study leave or other trainings
- One or more staff members are on sick leave
- Other
- Prefer not to answer

**11. Please tick which cadre is understaffed (Don't read the whole list)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Doctor                      | <input type="checkbox"/> Professional nurse | <input type="checkbox"/> Enrolled nurse       |
| <input type="checkbox"/> Enrolled nurse assistant    | <input type="checkbox"/> Pharmacist         | <input type="checkbox"/> Assistant pharmacist |
| <input type="checkbox"/> Lab technician              | <input type="checkbox"/> Lay counselors     | <input type="checkbox"/> Linkage officers     |
| <input type="checkbox"/> Adherence club facilitators | <input type="checkbox"/> Data capturer      | <input type="checkbox"/> Security guard       |
| <input type="checkbox"/> Cleaner                     | <input type="checkbox"/> General assistant  | <input type="checkbox"/> Don't know           |
| <input type="checkbox"/> Prefer not to answer        |   |   |

**12. Do you have any vacancies in the following cadres? Please place the number of vacancies in each box.**

- |  |   |   |
|--|---|---|
| <input type="text"/> Doctor                      | <input type="text"/> Professional nurse | <input type="text"/> Enrolled nurse           |
| <input type="text"/> Enrolled nurse assistant    | <input type="text"/> Pharmacist         | <input type="text"/> Assistant pharmacist     |
| <input type="text"/> Lab technician              | <input type="text"/> Lay counselors     | <input type="text"/> Linkage officers         |
| <input type="text"/> Adherence club facilitators | <input type="text"/> Data capturer      | <input type="text"/> Security guard           |
| <input type="text"/> Cleaners                    | <input type="checkbox"/> Don't know     | <input type="checkbox"/> Prefer not to answer |

<p><b>13. How many consultation rooms are there in the clinic?</b></p>
<p><b>14. Are all the consultation rooms are in use?</b></p> <p> <input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> Don't know                      <input type="checkbox"/> Prefer not to answer </p>
<p><b>15. In the past 3 months, how often did a doctor come to the clinic?</b></p> <p> <input type="checkbox"/> Daily    <input type="checkbox"/> Twice a week  <input type="checkbox"/> Once a week    <input type="checkbox"/> Once a fortnight  <input type="checkbox"/> Once a month    <input type="checkbox"/> Once every 3 months  <input type="checkbox"/> Never    <input type="checkbox"/> Prefer not to answer  <input type="checkbox"/> Don't know </p>
<p><b>16. Are there community healthcare workers at this facility?</b> <i>(Community healthcare workers could include health workers in Ward based outreach teams, school based outreach teams, CCGs etc)</i></p> <p> <input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> Don't know                      <input type="checkbox"/> Prefer not to answer </p>
<p><i>Only ask questions 17 to 22 if person answered "yes" to question 16.</i></p>
<p><b>17. How many CHWs are based at this facility?</b></p>
<p><b>18. What roles do CHWs perform for the facility?</b></p> <p> <input type="checkbox"/> Defaulter Tracing    <input type="checkbox"/> HIV Testing / Counselling  <input type="checkbox"/> Linkage / Peer Navigators    <input type="checkbox"/> Index Testing Counselling / Contact Tracing  <input type="checkbox"/> Treatment Literacy    <input type="checkbox"/> Adherence Clubs  <input type="checkbox"/> TB Contact Tracing    <input type="checkbox"/> Other Health Information (Family Planning, etc)  <input type="checkbox"/> Don't know    <input type="checkbox"/> Prefer not to answer  <input type="checkbox"/> Other </p>
<p><b>19. Who supervises the community health care workers?</b> <i>(Tick all that apply)</i></p> <p> <input type="checkbox"/> Department of Health/Government                      <input type="checkbox"/> PEPFAR Implementing partner  <input type="checkbox"/> Don't know    <input type="checkbox"/> Prefer not to answer  <input type="checkbox"/> Other <i>(please specify):</i> </p>
<p><b>20. How many supervisors of community health workers are there?</b></p>
<p><b>21. Do the community health workers have access to transport to work in the field?</b></p> <p> <input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> Don't know                      <input type="checkbox"/> Prefer not to answer </p>
<p><b>22. Do you consider the transport reliable?</b></p> <p> <input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> Don't know                      <input type="checkbox"/> Prefer not to answer </p>



Only ask if person answered "yes" to question 28.

**31. If a client has experienced violence from a partner, do you offer them any additional services or referrals for services?**

- Yes, we provide support at the facility (i.e. counseling, PEP services etc.)
- Yes we refer clients for services at another location       Do not have violence services here or to refer clients
- Don't know       Prefer not to answer
- Other (please specify what other services you offer them):

**32. Can you describe the protocol when someone misses a clinic visit to collect ARVs? Check boxes that apply and provide a detailed explanation of the process if outside of this.**

- Schedule a visit from a community healthcare worker or tracer
- Send client a SMS reminder       Call the client to remind them
- Don't know       Prefer not to answer       Other

**33. Are you giving stable patients 12 month scripts for ARVs?**

- Yes       No       Don't know       Prefer not to answer

**34. Are there internal pick up points at the facility that you can decant stable patients to for ARV collection? (e.g. CCMDD parcel collection room, pharmacy, fast lane, fast track, Sha'p Left, ARV ATM, Pelebox/locker with code sent to patient's phone)**

- Yes       No       Don't know       Prefer not to answer

Only ask if person answered "yes" to question 34.

**35. Please select all internal pick up points available at the facility:**

- CCMDD parcel collection room       Pelebox/locker with code sent to phone
- Fast track       Sha'p Left       ARV ATM
- Fast lane       Other       Don't know
- Prefer not to answer

**36. Are there external pick up points available near the facility that you can decant stable patients to for ARV collection? (e.g. CCMDD at a pharmacy like Clicks, Dischem, Post Office, or a community venue, Mobile Van, Sha'p Left container, ARV ATM, Pelebox/locker with code sent to patient's phone)**

- Yes       No       Don't know       Prefer not to answer

Only ask if person answered "yes" to question 36.

**37. Please select all the external pick up points near the facility that you can decant stable patients to:**

- ARV ATM       Pelebox/locker with code sent to phone
- CCMDD       Mobile van       Sha'p Left
- Other       Don't know       Prefer not to answer

**38. Do you have services specific to men? If yes, please select from the provided list.**

- Voluntary male medical circumcision (at facility or referral)       Access to lubricant
- Male outreach services (outside facility setting)       Male only after-hours clinics
- Male nurses/counsellors/healthcare workers       No — we do not have services specific to men
- Men's corners       Male clinic days
- Don't know       Prefer not to answer

**39. If selected male outreach services, please specify where you conduct male outreach services:**

- Unemployment spots (places where people wait to be picked up for piece work)
- Outside sporting events (e.g. soccer matches)
- Near taverns
- Malls
- Taxi ranks
- Don't know
- Prefer not to answer
- Other (please specify):

**40. Do you have services specific to youth? If yes, please select from the provided list.**

- Information packages for adolescent sexual and reproductive health services
- Youth outreach services
- Youth friendly HIV testing and counseling
- Access to PrEP
- Access to contraception
- Youth friendly STI testing & treatment
- Youth happy hour
- Youth adherence clubs
- Youth champions
- Youth zones
- No — we do not have services specific to youth
- Don't know
- Prefer not to answer

**41. If selected youth outreach services, please specify where you conduct youth outreach services:**

- Schools
- Youth centers
- Halls
- Community events
- Other

**42. Does your facility have specific services for any of the following populations? Select all that apply.**

- Sex workers
- Men who have sex with men
- People who use drugs
- Transgender people
- Don't know
- Prefer not to answer

*Only ask if person selected "Sex worker" in question 42.*

**43. What services do you provide specifically for sex workers?**

- Non barrier contraception (including the pill, IUD, implant, injection)
- Information packages for sexual and reproductive health services
- Treatment or support services for sex workers who use drugs
- Post-Exposure Prophylaxis (PEP)
- Pre-Exposure Prophylaxis (PrEP)
- Lubricant (but only upon request or limited amount)
- Lubricant
- Male condoms (but only upon request or limited amount)
- Male condoms
- Female condoms (but only upon request or limited amount)
- Female condoms
- Sex worker friendly STI prevention, testing & treatment
- Sex worker outreach services
- Sex worker friendly HIV testing and counseling
- HIV care and treatment
- Peer educators/navigators at the facility
- HIV support groups
- Psycho-social support
- Mental health services
- Gender-based violence services on site or by referral
- Cervical cancer screening
- No — we do not have specific services for sex workers
- Don't know
- Other (please specify):

Only ask if person selected "Men who have sex with men" in question 42.

**44. What services do you have specifically for men who have sex with men (MSM)?**

- |   |   |
|---|---|
| <input type="checkbox"/> MSM outreach services                                  | <input type="checkbox"/> MSM friendly HIV testing and counseling          |
| <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP)                        | <input type="checkbox"/> Post-Exposure Prophylaxis (PEP)                  |
| <input type="checkbox"/> Lubricant (but only upon request or limited amount)    | <input type="checkbox"/> Lubricant  |
| <input type="checkbox"/> Male condoms (but only upon request or limited amount) | <input type="checkbox"/> Male condoms                                     |
| <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"/> No — we do not have specific services for MSM          | <input type="checkbox"/> Don't know                                       |
| <input type="checkbox"/> Prefer not to answer                                   | <input type="checkbox"/> Other (please specify):                          |

Only ask if person selected "People who use drugs" in question 42.

**45. What services do you have specifically for people who use drugs (PWUD)?**

- |  |  |
|--|--|
| <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"/> 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"/> 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 (but only upon request or limited amount)                           | <input type="checkbox"/> Lubricant   |
| <input type="checkbox"/> Male condoms (but only upon request or limited amount)                        | <input type="checkbox"/> Male condoms  |
| <input type="checkbox"/> Female condoms (but only upon request or limited amount)                      | <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"/> No — we do not have specific services for people who use drugs                |  |
| <input type="checkbox"/> Don't know  | <input type="checkbox"/> Prefer not to answer                                    |
| <input type="checkbox"/> Other (please specify):   |  |

Only ask if person selected "Transgender people" in question 42.

**46. What services do you have specific to transgender people?**

- 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)
- 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)
- HIV care and treatment
- Psycho-social support
- Hormone therapy
- Gender-based violence services on site or by referral
- Peer educators/navigators at the facility
- No — we do not have specific services for transgender people
- Don't know
- Other (please specify)
- Trans friendly HIV testing and counseling
- Post-Exposure Prophylaxis (PEP)
- Lubricant
- Male condoms
- Female condoms
- HIV support groups
- Mental health services
- Cervical cancer screening
- Trans friendly STI prevention, testing & treatment
- Prefer not to answer

**47. Is there TB LAM testing at this facility?**

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

Only ask questions 48 if answered "yes" to question 47.

**48. Have staff been trained in the past 12 months on TB LAM testing?**

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

**49. Is there GeneXpert testing at this facility?**

- Yes, onsite
- Yes, offsite
- No
- Don't know
- Prefer not to answer

**50. Who gets TB preventive therapy at this clinic? (Either IPT or 3HP; select all that apply)**

- People living with HIV who do not have TB
- Children living with people who have TB (household contacts)
- Adults living with people who have TB (household contacts)
- Don't know
- Prefer not to answer
- Other (please specify):

**51. Which TPT regimens do you offer?**

- 3HP = 12 weeks of isoniazid and rifapentine taken together once a week
- 1HP = one month of isoniazid and rifapentine taken together once a day
- 3HR = three months of isoniazid and rifampicin taken together once a day
- 4R = four months of daily rifampicin
- IPT = isoniazid taken daily for six, nine, 12, or up to 36 months
- Don't know  Prefer not to answer

**52. Do you provide MDR TB treatment at your facility?**

- Yes  No  Don't know  Prefer not to answer

**53. Is PrEP offered at this facility?**

- Yes  No  Don't know  Prefer not to answer

**54. What patients are offered PrEP? Select all that apply**

- Adolescent girls/young women  All women  Men who have sex with men
- Sex workers  People who inject drugs  Anyone who is sexually active
- Don't know  Prefer not to answer  Other (please specify):

**55. Does the facility offer forensic services when someone has been sexually abused?**

- Yes, on site  Yes, by referral  No  Don't know  Prefer not to answer

**56. What contraceptive options are available at the facility? Tick all that apply**

- Condoms (male/external)  Female/internal condoms  Birth control pill
- Injection  Implant  IUD
- Don't know  Prefer not to answer  Other

*Only ask question 57 if selected implant in question 56*

**57. Do you have staff trained and available on site for implant insertion & removal?**

- Yes  No  Don't know  Prefer not to answer

*Only ask question 58 if selected IUD in question 56*

**58. Do you have staff trained and available on site for IUD insertion & removal?**

- Yes  No  Don't know  Prefer not to answer

**59. Do you think the linkage officers are effectively finding people who are lost to follow up?**

- Yes  No  Don't know  Prefer not to answer

**60. What are the major challenges for linkage officers to finding people who are lost to follow up?**

- Not enough phones  Not enough linkage officers
- No challenges  Patients give wrong phone numbers or addresses
- Prefer not to answer  Don't know
- Other (please specify):

**61. What are the major challenges for CHWs/CCGs in bringing people back into care?**

- |  |   |
|--|---|
| <input type="checkbox"/> Not enough phones                       | <input type="checkbox"/> No CHWs                          |
| <input type="checkbox"/> Not enough CHWs                         | <input type="checkbox"/> No transport                     |
| <input type="checkbox"/> Patients give wrong number or addresses | <input type="checkbox"/> Safety issues                    |
| <input type="checkbox"/> No challenges                           | <input type="checkbox"/> Don't know                       |
| <input type="checkbox"/> Prefer not to answer                    | <input type="checkbox"/> Other ( <i>please specify</i> ): |

**62. Is there a clinic committee at the facility?**

- Yes       No       Don't know       Prefer not to answer

*Only ask question 63 if answered "yes" to question 62.*

**63. How often does the clinic committee meet?**

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

**65. Now I have a few questions about medicine supply at this facility. Is there a pharmacist or pharmacist assistant that I could talk to about this? If not can I ask you? (Required)**

- Facility manager will answer questions       Someone else will answer questions

**66. Now I have a few questions about adherence clubs at this facility. Are you the best person to talk to about this? Or is there someone else here today (such as the adherence club facilitator) that I might be able to talk to? (Required)**

- Facility manger will answer questions       Someone else will answer questions
- This facility does not have adherence clubs