

LONG

FACILITY MANAGER SURVEY

Facility name:

Name of person monitoring:

Hi, my name is _____, I'm working with Ritshidze to help monitor patient care in health facilities across South Africa [OR STATE NAME OF PROVINCE OR DISTRICT]. The purpose of Ritshidze is to find out if public healthcare users 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 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?

2. 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 + counselling | <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 |

3. 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 4 if selected very unsatisfied (1) or unsatisfied (2) in question 3

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

5. 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 + counselling | <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. Do you think there are enough clinical and non-clinical staff at the facility?

- Yes No Don't know Prefer not to answer

Please skip question 7 and 8 if person answered "yes" to question 6.

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

- There are not enough positions
 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

8. 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"/> Lay counsellors | <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 |

9. 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 counsellors | <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 |

10. How many consultation rooms are there in the clinic?

11. Are all the consultation rooms in use?

Yes No Don't know Prefer not to answer

12. In the past 3 months, how often did a doctor come to the clinic?

Daily Twice a week
 Once a week Once every 2 weeks
 Once a month Once every 3 months
 Never Prefer not to answer
 Don't know

13. Are there community healthcare workers at this facility? *(Community healthcare workers could include health workers in Ward based outreach teams, school based outreach teams, CCGs etc)*

Yes No Don't know Prefer not to answer

Only ask questions 14 to 19 if person answered "yes" to question 13.

14. How many CHWs are based at this facility?

15. What roles do CHWs perform for the facility?

Defaulter Tracing HIV Testing / Counselling
 Linkage / Peer Navigators Index Testing Counselling / Contact Tracing
 Treatment Literacy Adherence Clubs
 TB Contact Tracing Other Health Information (Family Planning, etc)
 Don't know Prefer not to answer
 Other

16. Who supervises the community health care workers? *(Tick all that apply)*

Department of Health/Government PEPFAR Implementing partner
 Don't know Prefer not to answer
 Other *(please specify):*

17. How many supervisors of community health workers are there?

18. Do the community health workers have access to transport to work in the field?

Yes No Don't know Prefer not to answer

Only ask this question if person answered "Yes" to question 18.

19. Do you consider the transport reliable?

Yes No Don't know Prefer not to answer

20. Is there someone responsible for managing the filing system?

- No — staff get their own files and return their own files
 Yes — there is one person in charge of the filing system who gives out & collects back files
 Yes — there are several people working in the filing room who give out & collect back files
 Other Don't know Prefer not to answer

21. Is there enough space in the facility to meet patient needs? This refers to total space, space to see patients, waiting rooms etc.

- Yes, enough space No, we require something additional
 Don't know Prefer not to answer

22. What do you need more space for? (Please select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Patients waiting space | <input type="checkbox"/> Rooms for medical care | <input type="checkbox"/> Private HIV counselling or testing |
| <input type="checkbox"/> Laboratory space | <input type="checkbox"/> Files | <input type="checkbox"/> Data captureers |
| <input type="checkbox"/> Adherence clubs | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other (please specify): |

23. When can clients access HIV counselling or psycho-social support at your facility?

- | | |
|---|---|
| <input type="checkbox"/> Before an HIV test | <input type="checkbox"/> After an HIV positive result (post-test) |
| <input type="checkbox"/> All people living with HIV at any time | <input type="checkbox"/> Not offered |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

24. Do you do index testing of HIV positive client's partners and children at this facility?

- Yes No Don't know Prefer not to answer

Only ask if person answered "yes" to question 24.

25. As part of index testing do you ask clients if they have experienced any violence from their partners?

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

Only ask if person answered "yes" or "sometimes" to question 25.

26. If a client has experienced violence from one or more of their partners what do you do with the contact information of their partners?

- Only contact partners of the client who have no history of violence for HIV testing
 Do not contact partners of client for HIV testing
 Contact all partners for HIV testing
 Other Don't know Prefer not to answer

Only ask if person answered "other" to question 26.

27. Please describe what you do during index testing if a client tells you they have a violent partner.

Only ask if person answered "yes" or "sometimes" to question 25.

28. 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. counselling, 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):

29. 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

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

- Yes No Don't know Prefer not to answer

31. Are there facility 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 31.

32. Please select all facility 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

33. 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 33.

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

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> ARV ATM | <input type="checkbox"/> Pelebox/locker with code sent to phone | |
| <input type="checkbox"/> CCMDD | <input type="checkbox"/> Mobile van | <input type="checkbox"/> Sha'p Left |
| <input type="checkbox"/> Other | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

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

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

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

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

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

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

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

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> Schools | <input type="checkbox"/> Youth centres | |
| <input type="checkbox"/> Halls | <input type="checkbox"/> Community events | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Sex workers | <input type="checkbox"/> Gay, bisexual and other men who have sex with men | |
| <input type="checkbox"/> People who use drugs | <input type="checkbox"/> Transgender people | |
| <input type="checkbox"/> None | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask if person selected "Sex worker" in question 39.

40. What services do you provide specifically for sex workers?

- | | |
|--|--|
| <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"/> Post-Exposure Prophylaxis (PEP) | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP) |
| <input type="checkbox"/> Lubricant | <input type="checkbox"/> Lubricant (but only upon request or limited amount) |
| <input type="checkbox"/> External condoms | <input type="checkbox"/> External condoms (but only upon request or limited amount) |
| <input type="checkbox"/> Internal condoms | <input type="checkbox"/> Internal condoms (but only upon request or limited amount) |
| <input type="checkbox"/> Sex worker friendly STI prevention, testing & treatment | <input type="checkbox"/> Sex worker friendly HIV testing and counselling |
| <input type="checkbox"/> Peer educators/navigators at the facility level | <input type="checkbox"/> Sex worker outreach services |
| <input type="checkbox"/> HIV care and treatment | <input type="checkbox"/> HIV support groups |
| <input type="checkbox"/> Sex worker friendly cervical cancer screening | <input type="checkbox"/> Treatment or support services for sex workers who use drugs |
| <input type="checkbox"/> Psycho-social support | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Gender based violence services on site or by referral | <input type="checkbox"/> No — we do not have services specific to sex workers |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask if person selected "Gay, bisexual, and other men who have sex with men" in question 39.

41. What services do you have specifically for gay, bisexual, and other men who have sex with men (GBMSM)?

- GBMSM outreach services
- GBMSM friendly HIV testing and counselling
- HIV treatment and care
- HIV support groups
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- Lubricant
- Lubricant (but only upon request or limited amount)
- External condoms
- External condoms (but only upon request or limited amount)
- Information packages for GBMSM sexual health services
- GBMSM friendly STI prevention testing & treatment
- Psycho-social support
- Mental health services
- Peer educators/navigators at the facility level
- Treatment or support services for GBMSM who use drugs
- No — we do not have services specific to gay, bisexual, and other men who have sex with men
- Don't know
- Prefer not to answer

Only ask if person selected "People who use drugs" in question 39.

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

- On site drug dependence initiation and treatment (e.g methadone)
- Referral drug dependence initiation and treatment (e.g methadone)
- 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
- Outreach services for people who use drugs
- On site drug-dependence counselling and support
- Referral for drug-dependence counselling and support
- Risk reduction information
- Resources to take up referred services (e.g. taxi fare)
- Wound and abscess care
- Unused needles, syringes, or other injecting equipment
- Overdose management and treatment (e.g. naloxone)
- Post-Exposure Prophylaxis (PEP)
- Pre-Exposure Prophylaxis (PrEP)
- Lubricant
- Lubricant (but only upon request or limited amount)
- External condoms
- External condoms (but only upon request or limited amount)
- Internal condoms
- Internal condoms (but only upon request or limited amount)
- Gender-based violence services on site or by referral
- PWUD friendly HIV testing and counselling
- PWUD friendly HIV care and treatment
- PWUD friendly STI prevention testing & treatment
- HIV support groups
- Drug dependance support groups
- Psycho-social support
- Mental health services
- Peer educators/navigators at the facility level
- PWUD friendly cervical cancer screening
- PWUD friendly prevention, diagnosis, and treatment of tuberculosis
- No — we do not have services specific to people who use drugs
- Don't know
- Prefer not to answer

Only ask if person selected "Transgender people" in question 39.

43. What services do you have specific to transgender people?

- Hormone therapy
- Information packages for transgender sexual and reproductive health services
- Non barrier contraception (including the pill, IUD, implant, injection)
- Treatment or support services for transgender people who use drugs
- Transgender outreach services
- Transgender friendly HIV testing and counselling
- Pre-exposure prophylaxis (PrEP)
- Post-Exposure Prophylaxis (PEP)
- Lubricant
- Lubricant (but only upon request or limited amount)
- External condoms
- External condoms (but only upon request or limited amount)
- Internal condoms
- Internal condoms (but only upon request or limited amount)
- HIV care and treatment
- HIV support groups
- Psycho-social support
- Mental health services
- Cervical cancer screening
- Gender-based violence services on site or by referral
- Transgender friendly STI testing & treatment
- Peer educators/navigators at the facility level
- No — we do not have services specific to transgender people
- Don't know Prefer not to answer

44. Is there TB LAM testing at this facility?

- Yes No Don't know Prefer not to answer

Only ask question 45 if answered "yes" to question 44.

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

- Yes No Don't know Prefer not to answer

46. Is there GeneXpert testing at this facility?

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

47. 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)
- We do not offer TB preventive therapy at this facility
- Don't know Prefer not to answer Other (please specify):

Please skip question 48 if "We do not offer TB preventive therapy at this facility," "Don't know" or "Prefer not to answer" is selected for question 47

48. 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

49. Do you provide MDR TB treatment at your facility?

- Yes No Don't know Prefer not to answer

50. Is PrEP offered at this facility?

- Yes No Don't know Prefer not to answer

Only ask question 51 if person answered "Yes" to question 50.

51. What patients are offered PrEP? Select all that apply

- Adolescent girls/young women All women
- Gay, bisexual, and other men who have sex with men Sex workers
- People who use drugs Anyone who is sexually active
- Trans* people Don't know
- Prefer not to answer Other (please specify):

52. 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

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

- External condoms Internal condoms Birth control pill
- Injection Implant IUD
- Don't know Prefer not to answer Other

Only ask question 54 if selected implant in question 53

54. 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 55 if selected IUD in question 53

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

- Yes No Don't know Prefer not to answer

56. Does this facility provide TOP services for service users?

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

Only ask questions 57 & 58 if answered "yes, by referral" to question 56.

57. Where do you refer people for TOP services?

58. How far is the TOP provider that you refer people to?

- 0-10kms 10-20kms 20-30kms 30-40kms
 40-50kms More than 50kms Don't know Prefer not to answer

59. Do you think the linkage officers are effectively finding people who have interrupted treatment?

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

Only ask question 60 if answered "yes" to question 59.

60. What are the major challenges for linkage officers to finding people who have interrupted treatment?

- 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):

Only ask question 61 if answered "yes" to question 13.

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

- Not enough phones No CHWs
 Not enough CHWs No transport
 Patients give wrong number or addresses Safety issues
 No challenges Don't know
 Prefer not to answer Other (please specify):

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. Was this clinic impacted by flooding in the last three months?

- Yes No Don't know Prefer not to answer

Only ask question 65 if answered "yes" to question 63. If "no" go to question 78.

65. Was the clinic faced with any of the following issues because of the floods? (Please select all that apply)

- The facility was completely closed for one or more days
- The facility was partially closed for one or more days
- The facility infrastructure was damaged
- The contents of the facility have been damaged (like furniture, commodities, files etc.)
- Staff were unable to get to work so we were operating with fewer staff than usual
- We had more restricted hours of operation than usual

Only ask question 66 if the Facility Manager answered "the facility was completely closed for one or more days" or "the facility was partially closed for one or more days" to question 65.

66. If the clinic was closed or partially closed at any point, were you able to communicate to patients about what to do?

- Yes — we posted a sign referring people to another clinic
- Yes — we posted a sign with a date we would re-open
- Yes — we called or sent an SMS to patients with appointments to refer them to another clinic
- Yes — we called or sent an SMS to patients with appointments with a date we would re-open
- Don't know Prefer not to answer Other (please specify):

Only ask question 67, if the Facility Manager answered "the facility infrastructure was damaged" to question 65.

67. What part of the facility infrastructure has been damaged? (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Walls | <input type="checkbox"/> Floors |
| <input type="checkbox"/> Electrical system | <input type="checkbox"/> Water system |
| <input type="checkbox"/> Areas outside the facility | <input type="checkbox"/> Other (please specify): |

Only ask question 68 if the Facility Manager answered "the contents of the facility have been damaged" to question 65.

68. What contents of the facility have been damaged? (Please select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Patient files | <input type="checkbox"/> Medicines and/other health commodities |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Other (please specify): |

Only ask questions 69 and 70 if the Facility Manager answered "patient files" to question 68.

69. What are the implications for those patients? (free response)

70. What needs to be done to stop patient files from being damaged in the future? (free response)

Only ask question 71 if the Facility Manager answered "the facility infrastructure was damaged" and/or "the facility infrastructure was damaged" to question 65.

71. Has the damage been fixed?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask question 72 if the Facility Manager answered "no" to question 71

72. Has the facility been provided with any official guidance from the Department of Health on when the damages will be fixed or how the damages can be managed?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask question 73 if the Facility Manager answered "yes" to question 72.

73. What is the guidance? (free response)

74. Have short term measures (that will take place within the next 1-2 months) been put in place to mitigate against the next flood?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask question 75 if the Facility Manager answered "yes" to question 74.

75. What are the measures? (free response)

76. Has the Department of Health communicated any medium to long term plans (plans beyond the next 2 months) for the facility to adapt to extreme weather conditions?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask question 77 if the Facility Manager answered "yes" to question 75

77. What are the plans? (free response)

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

79. 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

80. 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 Manager will answer questions

Someone else will answer questions

This facility does not have adherence clubs