

OBSERVATION SURVEY

Facility name:

Name of person monitoring:

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

2. Is this facility open 24 hours/day?

Yes

No

3. If not 24 hours, what time is the facility meant to OPEN on weekdays (Monday - Friday)
(Please record the posted hours of operation for the facility)

4. If not 24 hours, what time is the facility meant to CLOSE on weekdays (Monday - Friday)
(Please record the posted hours of operation for the facility)

5. Is the facility open on Saturday?

Yes

No

Only ask questions 6 and 7 if open on Saturday

6. If not 24 hours, what time is the facility meant to OPEN on Saturday
(Please record the posted hours of operation for the facility)

7. If not 24 hours, what time is the facility meant to CLOSE on Saturday
(Please record the posted hours of operation for the facility)

8. Do you see a health promoter or marshal helping patients to get to where they need to go?

Yes

No

9. Are condoms and lubricant available at the clinic? (tick all that apply)

Lubricant

External condoms

Internal condoms

Lubricant (but only upon request)

External condoms (but only upon request)

Internal condoms (but only upon request)

<p>10. Is there enough room in the waiting area for everyone?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Are the windows in the facility open?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. What is the condition of the building?</p> <p><input type="checkbox"/> Good condition <input type="checkbox"/> Bad condition</p>
<p>13. What is in bad condition? (Please select all that apply)</p> <p><input type="checkbox"/> No light / or lights not working in some areas of the facility</p> <p><input type="checkbox"/> Broken furniture <input type="checkbox"/> Broken windows or doors</p> <p><input type="checkbox"/> Broken or cracked roof, walls or floor <input type="checkbox"/> Old building needs renovation</p> <p><input type="checkbox"/> No running water at the facility <input type="checkbox"/> Rubbish piles</p> <p><input type="checkbox"/> Other (please specify):</p> <p><i>Please take a photo of any bad building conditions.</i></p>
<p>14. Are there toilets in the facility?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. What is the condition of the toilet? (Bad condition includes: no soap, no water, no toilet paper, no light, dirty, blocked, broken, out of order).</p> <p><input type="checkbox"/> Good condition <input type="checkbox"/> Bad condition</p>
<p>16. Please specify what is in bad condition (Select all that apply)</p> <p><input type="checkbox"/> No soap <input type="checkbox"/> No water at all <input type="checkbox"/> No toilet paper <input type="checkbox"/> No light <input type="checkbox"/> Dirty</p> <p><input type="checkbox"/> Blocked <input type="checkbox"/> Broken <input type="checkbox"/> Out of order <input type="checkbox"/> No running water</p> <p><i>Please take a photo of any bad toilet conditions.</i></p>
<p>17. What is the condition of the filing system?</p> <p><input type="checkbox"/> Good condition <input type="checkbox"/> Bad condition</p>
<p>18. What is in bad condition? (Please select all that apply)</p> <p><input type="checkbox"/> Files are stored where patients can access them <input type="checkbox"/> The space where files are stored is too small</p> <p><input type="checkbox"/> The filing system is messy <input type="checkbox"/> Files are lost, missing or misplaced</p> <p><input type="checkbox"/> There are too few people looking for files <input type="checkbox"/> Other</p> <p><i>Please take a photo of any bad filing system conditions.</i></p>
<p>19. Who is responsible for the filing system?</p> <p><input type="checkbox"/> There is just one person in charge of the filing system who gives out & collects back files</p> <p><input type="checkbox"/> There are multiple people in charge of the filing system who gives out & collects back files.</p> <p><input type="checkbox"/> Staff get their own files and return their own files</p> <p><input type="checkbox"/> Other</p>

20. What posters (if any) are visible on the wall? (Please check all that apply)

- TB infection control poster telling people to cover their mouth if coughing or sneezing
- The Batho Pele principles
- The members of the clinic committee
- The complaint procedures
- Where to go to access different services around the facility
- No visible posters
- Other (please specify):

21. Are masks still required to enter the facility?

- Yes
- No

22. Are patients still screened for COVID-19 symptoms before entering the facility?

- Yes
- No

23. Is there complaints box?

- Yes
- Yes, but no pen or paper to write
- No

24. Is the complaints box locked?

- Yes
- Yes, but box is not visible/easily accessible
- No

25. Other observations?