

# PATIENT 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 10 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. What is the date and time that you are conducting this survey?

2. Please select the participants gender

- Cisgender woman       Cisgender man       Transgender woman  
 Transgender man       Non binary person       Other gender identity  
 Prefer not to answer/Don't know

3. How old are you?

- Under 18 years old       18-25 years old  
 Over 25 years old       Don't know/ prefer not to answer

4. What time does the facility open on weekdays (Monday - Friday)?

- Open 24 hours a day, 7 days a week     5am     6am     7am     8am     9am  
 Don't know     Prefer not to answer     Other (please specify):

Please skip questions 5 to 7 if the clinic is open 24 hours a day, 7 days a week.

5. What time does the facility open on Saturday?

- 5am     6am     7am     8am     9am     10am     11am  
 This facility is not open on Saturdays     Don't know     Prefer not to answer  
 Other (please specify):

6. Do you think this facility is open for enough hours to meet patient's needs?

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

7. Do you think extended (more open) hours at the facility would make it easier for patients to access services?

- Yes     No     Don't know     Prefer not to answer

Please skip questions 8 and 9 if the clinic is not open 24 hours a day.

8. Are there certain services which are not available after hours? (from around 4pm to 6am)

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

9. Which services are not available after hours?

- |  |   |
|--|---|
| <input type="checkbox"/> Condoms and/or lubricant                      | <input type="checkbox"/> Counselling when you switched to TLD |
| <input type="checkbox"/> PrEP  | <input type="checkbox"/> HIV Treatment                        |
| <input type="checkbox"/> Viral load testing                            | <input type="checkbox"/> Contraceptives                       |
| <input type="checkbox"/> HIV counselling                               | <input type="checkbox"/> HIV testing                          |
| <input type="checkbox"/> PEP   | <input type="checkbox"/> Adherence clubs                      |
| <input type="checkbox"/> TB testing                                    | <input type="checkbox"/> STI screening, testing & treatment   |
| <input type="checkbox"/> Gender based violence support and/or referral |   |
| <input type="checkbox"/> Other   | <input type="checkbox"/> Prefer not to answer                 |

10. About what time does the earliest person starts queuing at the facility in the morning? (It is ok to estimate)

11. Do you arrive before the facility is open?

- Yes       No       Don't know       Prefer not to answer

Please skip question 12 if the person answered "no" to question 11.

12. On a scale of 1-5 how safe do you feel while you wait for the clinic to open? If 1 is VERY UNSAFE and 5 is VERY SAFE

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

13. What time did you arrive at the facility?

14. What time do you expect to leave the facility today?

15. What time does the facility usually stop seeing patients? (It is ok to estimate)

16. When you come to the facility are there enough staff to meet the needs of patients?

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

17. Are the facility staff friendly and professional?

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

18. Do you think the waiting time at this facility is long?

- Yes       No       Don't know       Prefer not to answer

Please skip question 19 if person answered "no" to question 20.

**19. Why do you think the waiting time at this facility is long? (Please select all that apply)**

- It takes too long to find files, the filing system is messy, files are lost
- There is not enough staff
- The clinic opens late
- Don't know
- Other (please specify):
- Staff take long breaks ( for tea, lunch etc.)
- Staff are not working or working slowly
- Prefer not to answer

**20. Is there an appointment system at the facility?**

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

**21. Is the appointment system functional?**

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

**22. Which contraceptives have you tried to access at this facility?**

- External condoms
- Implant
- Other
- Internal condoms
- IUD
- None
- Birth control pill
- Don't know
- Injection
- Prefer not to answer

Please skip question 23 if person answered "None" to question 22.

**23. Were you able to get the contraception you wanted?**

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

Only ask question 24 if person answered "no" to question 23.

**24. If no, why were you unable to get the contraception you wanted?**

- They told me that I could not have it because I am a sex worker
- They told me that I could not have it because I am a person who uses drugs
- They told me that I could not have it because I am part of the LGBTQIA+ community (lesbian, gay, bisexual, transgender, queer, intersex, asexual +)
- They told me my first choice was not available
- They told me I had to come back
- They told me I was too young
- They told me there was a stockout / shortage
- They told me there were no pregnancy tests available
- Other
- Don't know
- Prefer not to answer

**25. In the last three months have you or anyone you know left the facility without the medicines, contraceptives, vaccines, or tests you needed because of a stockout or short supply?**

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

Please skip questions 26 – 30 if person answered “no” to question 25.

**26. Which medicines, contraceptives, vaccines, or tests had a stockout or shortage? (Please select all that apply)**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> HIV medicine                  | <input type="checkbox"/> PrEP                 | <input type="checkbox"/> TB medicine |
| <input type="checkbox"/> Contraceptives                | <input type="checkbox"/> Pregnancy Test       | <input type="checkbox"/> Vaccines    |
| <input type="checkbox"/> Bandages (or other dry stock) | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Other (please specify):       |   |                                      |

**27. If you know, please specify the HIV medication that experienced a shortage**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1st line fixed dose combination or FDC (efavirenz based regimen). Also known as Atripla, Tribuss, Atrioza or Adumen   |  |   |
| <input type="checkbox"/> 1st line fixed dose combination or FDC (dolutegravir based regimen). Also known as Ranega, Acriptega, Dovimil, Emdoiten, Lanograv, Luvigen, Odystra, or Telado. |  |   |
| <input type="checkbox"/> Dumiva (abacavir 600MG, lamivudine 300MG)   |  |   |
| <input type="checkbox"/> Lamivudine (3TC)  | <input type="checkbox"/> Emtricitabine (FTC)         | <input type="checkbox"/> Abacavir (ABC)             |
| <input type="checkbox"/> Zidovudine (AZT)  | <input type="checkbox"/> Lopinavir/ritonavir (LPV/r) | <input type="checkbox"/> Atazanavir/ritonavir ATV/r |
| <input type="checkbox"/> Dolutegravir (DTG)  | <input type="checkbox"/> Neviripine (NVP)            | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Don't know  | <input type="checkbox"/> Prefer not to answer        |   |

**28. If you know, please specify the TB medication that experienced a shortage**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Rifafour              | <input type="checkbox"/> Rimactazid               | <input type="checkbox"/> Ethambutol  |
| <input type="checkbox"/> Levofloxacin          | <input type="checkbox"/> Moxifloxacin             | <input type="checkbox"/> Bedaquiline |
| <input type="checkbox"/> Linezolid             | <input type="checkbox"/> Clofazimine              | <input type="checkbox"/> Cycloserine |
| <input type="checkbox"/> Streptomycin/Amikacin | <input type="checkbox"/> Pyrazinamide             | <input type="checkbox"/> Delamanid   |
| <input type="checkbox"/> Ethionamide           | <input type="checkbox"/> Para-aminosalicylic acid | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Don't know            | <input type="checkbox"/> Prefer not to answer     |                                      |

**29. If you know, please specify which contraception experienced a shortage**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> External condoms | <input type="checkbox"/> Internal condoms     | <input type="checkbox"/> Birth control pill        |
| <input type="checkbox"/> Injection        | <input type="checkbox"/> Implant              | <input type="checkbox"/> IUD (intrauterine device) |
| <input type="checkbox"/> Don't know       | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other                     |

**30. Is this stockout or shortage of medicine, vaccines, contraception, or tests occurring today?**

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

**PLEASE READ: “Are you aware of a service in South Africa which allows patients to report medicine stockouts or shortages? Can I give you some information about how to report stockouts if you ever experience them in the future?”**

To report medicine stockouts and shortages: Send a Please Call Me, SMS, or Phone 084 855 7867. Or send an email to: [report@stockouts.org](mailto:report@stockouts.org)

**31. On a scale of 1-5 how clean is this facility? If 1 is VERY UNCLEAN and 5 is VERY CLEAN:**

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

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**32. Are people in the facility waiting area asked if they have TB symptoms (like coughing, night sweats, fever, recent weight loss) by a facility staff member?**

Yes                       Only sometimes                       No                       Don't know                       Prefer not to answer

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**33. Are people who are coughing in the waiting room separated from those who are not?**

Yes                       Only sometimes                       No                       Don't know                       Prefer not to answer

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**34. Are people who are coughing in the waiting room given a mask?**

Yes                       Only sometimes                       No                       Don't know                       Prefer not to answer

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**35. Have you, or anyone you know, faced the following challenge in accessing healthcare in the last three months:**

Been refused access to services in the facility for not having an identity document  
 Been denied access to services for not being able to pay for services  
 Been refused access to services without a transfer letter from another clinic  
 Been refused access to services because of being a sex worker  
 Been refused access to services because of being part of the LGBTQIA+ community (lesbian, gay, bisexual, transgender, queer, intersex, asexual +)  
 Been refused access to services because of using drugs  
 Been refused access to services for not being South African  
 No                       Other                       Don't know                       Prefer not to answer

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*Answer questions 36 to 40 only if the person is under 25 years of age.*

**36. Do you think this facility does a good job serving young people?**

Yes     Sometimes     No  
 Don't know     Prefer not to answer

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*Answer question 37 if person answered "no or sometimes" to question 36.*

**37. If no or sometimes, please explain:**

**38. Are the staff friendly and respectful towards young people specifically?**

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

*Answer question 39 if person answered "no or sometimes" to question 38.*

**39. If no or sometimes, please explain:**

**40. Are there services designed for young people specifically?**

- Information packages for adolescent sexual and reproductive health services  
 Youth outreach services  Youth friendly HIV testing and counselling  
 Access to PrEP  Access to contraception  
 Youth friendly STI testing & treatment  Youth happy hour  
 Youth adherence clubs  Youth champions  
 Don't know  Prefer not to answer

**41. Do you know how to contact the clinic committee if you have a complaint or issue at the facility?**

- Yes  No  Don't know  Prefer not to answer

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

43. Thank you so much for your time. The next set of questions are for people living with HIV specifically. If that applies to you, can I continue with these questions?

- Yes                       No (does not apply, or unwilling to continue)

*If no, thank participant again for their time and ask if they have any questions.*

*If yes, move onto the PLHIV section of the patient survey on the next page.*

**IMPORTANT: all the following questions are only for people living with HIV.**

44. Where do you collect your ARVs?

- From a facility pick-up point at the clinic (CCMDD parcel collection room, pharmacy, fast lane, fast track, Sha'p Left, ARV ATM, Pelebox/locker with code sent to phone)
- At an adherence club (in the facility or in the community)
- From an external pick-up point (CCMDD at pharmacy e.g. clicks or dischem or independent pharmacist, community venue e.g. church/library/other, from a mobile van, Sha'p Left, ARV ATM, Pelebox/locker with code sent to phone, Post office)
- At the facility (from the pharmacy after review by nurse/doctor, or from nurse/doctor after review)
- Other                                       Don't know                                       Prefer not to answer

Answer questions 45 to 47 only if the person collects at an facility pick-up point.

45. Please select which facility pick-up points you use:

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> CCMDDD parcel collection room          | <input type="checkbox"/> Fast track | <input type="checkbox"/> Sha'p Left | <input type="checkbox"/> ARV ATM    |
| <input type="checkbox"/> Pelebox/locker with code sent to phone | <input type="checkbox"/> Fast lane  | <input type="checkbox"/> Other      | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Prefer not to answer                   |                                     |                                     |                                     |

46. Does the facility pick-up point make it quicker to collect your ARVs than waiting at the facility?

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

47. On a scale of 1 to 5, how satisfied are you with the facility pick-up point you use? If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED.

- |                                     |   |                            |                            |                            |
|-------------------------------------|---|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1          | <input type="checkbox"/> 2                    | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |                            |                            |                            |

Answer questions 48 to 50 only if the person collects at an external pick-up point.

48. If you use an external pick-up point, please select which you use:

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

49. Does the external pick-up point make it quicker to collect your ARVs than waiting at the facility?

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

50. On a scale of 1 to 5, how satisfied are you with the external pick-up point you use? If 1 is VERY UNSATISFIED and 5 is VERY SATISFIED.

- |                                     |   |                            |                            |                            |
|-------------------------------------|---|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1          | <input type="checkbox"/> 2                    | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |                            |                            |                            |

51. How long has it been since you were diagnosed with HIV?

- |   |                                      |                                      |                                      |  |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Less than a year | <input type="checkbox"/> 1 - 2 years | <input type="checkbox"/> 2 - 3 years | <input type="checkbox"/> 3 - 4 years | <input type="checkbox"/> More than 4 years |
|---|--------------------------------------|--------------------------------------|--------------------------------------|--|

52. When were you initiated on ART?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Less than 6 months ago | <input type="checkbox"/> 6 months to a year ago | <input type="checkbox"/> Over a year ago |
| <input type="checkbox"/> Don't know             | <input type="checkbox"/> Prefer not to answer   |  |

53. At your last ARV refill how long were you given HIV medicine for?

- |                                   |                                   |                                     |   |                                   |
|-----------------------------------|-----------------------------------|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> 1 week   | <input type="checkbox"/> 2 weeks  | <input type="checkbox"/> 3 weeks    | <input type="checkbox"/> 1 month              | <input type="checkbox"/> 2 months |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |                                   |

Answer questions 54 and 55 only if the person collects at the facility.

54. If you miss a facility visit to collect your ARVs which of the following happens? (Please select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Get an SMS                          | <input type="checkbox"/> Get a phone call                    |
| <input type="checkbox"/> A health worker comes to your house | <input type="checkbox"/> You are not contacted by the clinic |
| <input type="checkbox"/> Don't know/ never missed a visit    | <input type="checkbox"/> Prefer not to answer                |
| <input type="checkbox"/> Other (please specify):             |  |



**55. If you miss a facility visit to collect ARVs, then you return next time to collect them, which of the following happens: (Please select all that apply)**

- The staff are welcoming and friendly even though you missed last visit
- The staff shout at you for missing a visit
- The staff counsel you on adherence
- The staff ask why you missed visits
- The staff send you to the back of the queue
- Don't know/ never missed a visit
- Prefer not to answer
- Other (Please specify what happens when you return to pick up your ARVs):

**56. Have you been offered TB preventive therapy (TPT) in the last year? (These are medicines that prevent TB infection)**

- Yes       No       Don't know       Prefer not to answer

*Please skip question 57 if person answered "no" to question 56.*

**57. If you have taken TPT do you remember how long you took it for?**

- 1 month       3 months       4 months       9 months       12 months  
 1+ years       Other       Don't know       Prefer not to answer

*Only ask question 58 if person has not already said they get their medication from a club.*

**58. Are you aware of an adherence club at the facility or in the community where you can meet with other people living with HIV and pick up your medicines?**

- Yes       No       Don't know       Prefer not to answer

**59. If you could collect your ARVs closer to home, would you like to?**

- Yes       No       Don't know       Prefer not to answer  
 No — because I already collect my ARVs close to home

**60. Do you know your viral load (this is how much HIV virus is in your blood)?**

- Yes       No       Don't know       Prefer not to answer

**61. Have you had a viral load test in the past year? This is a blood test to see how much HIV virus is circulating in your blood?**

- Yes       No       Don't know       Prefer not to answer

*Please skip question 62 if person answered "no" to question 61.*

**62. Did a healthcare provider explain what the results of this test means to you?**

- Yes       No       Don't know       Prefer not to answer

**63. Do you agree with the following statement: Undetectable viral load means the treatment is working well**

- Yes       No       Don't know       Prefer not to answer

**64. Do you agree with the following statement: Undetectable viral load means a person is not infectious**

- Yes       No       Don't know       Prefer not to answer

**65. For your HIV treatment, have you wanted to use a dolutegravir (DTG) based regimen? (Also known as Ranega or Acriptega, Dovimil, Emdoiten, Lanograv, Luvigen, Odystra, or Telado)**

- Yes       No       Don't know       Prefer not to answer

If "no" to question 65, ask

**66. Why do you not want to use a dolutegravir (DTG) based regimen? (Select all that apply)**

**IMPORTANT: DO NOT READ ALL RESPONSE OPTIONS**

- I've never heard of DTG before
- I don't want to switch HIV medications
- I've heard that DTG makes you sick
- I've heard that DTG makes you gain too much weight
- I've heard that DTG can cause birth defects if taken when pregnant
- Don't know                       Prefer not to answer                       Other (please specify):

**If they are not on a DTG based regimen you can provide treatment literacy information:**

- + Dolutegravir has fewer side effects than efavirenz – so it is even easier for people to take and for treatment to be effective. It is harder to get resistance to dolutegravir than to efavirenz. The new combination of ARVs also comes in a smaller pill.
- + Side effects are not common but can include mood changes and difficulty sleeping. Occasionally people might need to change to another ARV. Some people find it better to take dolutegravir in the morning than the evening.
- + Some people gain weight on dolutegravir. South African guidelines encourage everyone to eat a healthy diet and exercise.
- + The risk of neural tube defects is not any different on DTG compared to people who are on other ARVs. This is why the World Health Organisation recommends the DTG based ART regimen for first line HIV treatment for all adults regardless of reproductive potential.

If answered "yes" to question 65, please answer 67 & 68

**67. Are you on a dolutegravir (DTG) based regimen? (Also known as Ranega or Acruptega, Dovimil, Emdoiten, Lanograv, Luvigen, Odystra, or Telado).**

- Yes                       No                       Don't know                       Prefer not to answer

**68. Were you given a choice between taking DTG or another treatment regimen?**

- No, the healthcare worker chose for me
- No, because there was only one treatment option available
- Yes, the healthcare worker explained my options and I chose which treatment to take
- Don't know                       Prefer not to answer

Please skip question 69 & 70 if the person answered "no" to question 65.

**69. Were the potential side effects of DTG ever explained to you?**

- Yes                       No                       Don't know                       Prefer not to answer

**70. Are the healthcare workers monitoring your weight since you started DTG?**

- Yes                       No                       Don't know                       Prefer not to answer

**71. Has a healthcare worker ever asked you for the names and contact information of your partners and children so that they can test them for HIV?**

- Yes                       No                       Don't know                       Prefer not to answer

Only answer questions 72 to 74 if the person said the healthcare worker has asked for the names and contact information of their sexual partners or children.

**72. Did the healthcare worker ask you if any of the partners you gave the names of had ever hurt you, threatened to hurt you, or forced you to do something sexually before?**

- Yes                       No                       Don't know                       Prefer not to answer

**73. Did the healthcare worker tell you that you could say no or refuse to give the names of your partners or children for HIV testing?**

- Yes                       No                       Don't know                       Prefer not to answer

**74. Did the healthcare worker give you any information on gender-based violence services that are available either in the facility or by referral?**

- Yes                       No                       Don't know                       Prefer not to answer

**75. Since you were first diagnosed with HIV, have you ever tested for HIV again?**

- Yes       No       Don't know       Prefer not to answer

*Only ask if answered "yes" to question 75*

**76. What was the reason that you tested for HIV again?**

- I wanted to confirm my status  
 I wanted to see if I still have HIV  
 My patient file was missing and the healthcare worker needed to confirm my status  
 I transferred facilities for my ARVs and the healthcare worker needed to confirm my status  
 I felt pressured to test again in a group setting  
 A healthcare worker advised that I test again because of an exposure to HIV (as part of index testing)  
 Don't know       Prefer not to answer       Other (please specify):

**77. Do you think that this facility keep people's HIV status confidential and private?**

- Yes       No       Don't know       Prefer not to answer

**78. If no, please specify the reason why not.**

- Staff are disclosing the status of people living with HIV in waiting area  
 More than one person is being consulted or counselled in the same room  
 People living with HIV are separated from other chronic patients  
 Security guards check patients' medicines when they are leaving the facility  
 Don't know       Prefer not to answer       Other privacy violation (please specify)

*Answer only if person answered "More than one person is being consulted or counselled in the same room" in question 78*

**79. Why is more than one person being consulted or counselled in the same room? (Please select the answer describes the situation)**

- No private rooms in the facility       Not enough private rooms  
 Staff are not using the private rooms available       Prefer not to answer  
 Other (please specify):

**80. Is psycho-social support available for people living with HIV here?**

- Yes       No       Don't know       Prefer not to answer

*Please skip question 81 if person answered "no" to question 76.*

**81. Please specify what psycho-social support is available: (Please select all that apply)**

- Individualised counselling for any person living with HIV (no matter how long they have been on treatment)
- HIV pre-test counselling       HIV post-test counselling
- Peer led patient navigators       Referrals to social worker and other services
- Referral to optional support groups       Food parcels
- Prefer not to answer       Don't know       Other

**82. In your opinion, what would make this facility better specifically for people living with HIV?**

**REMEMBER:** If someone said they use an adherence club to collect ARVs, make sure you ask them the adherence club member questions now.