

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"/> Lab result management |
| <input type="checkbox"/> Recall system | <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"/> Lab result management |
| <input type="checkbox"/> Recall system | <input type="checkbox"/> Other |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

6. Has your PEPFAR partner provided supportive orientation/training/mentoring on the changes in the new 2023 national adherence Standard Operating Procedures (SOPs)?

- Yes No Don't know Prefer not to answer

7. 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 8 and 9 if person answered "yes" to question 7.

8. 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

9. 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"/> Pharmacist assistant |
| <input type="checkbox"/> Lay counsellor | <input type="checkbox"/> Linkage officer | <input type="checkbox"/> Adherence club facilitator |
| <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 |

10. 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"/> Pharmacist assistant |
| <input type="text"/> Lay counsellor | <input type="text"/> Linkage officer | <input type="text"/> Adherence club facilitator |
| <input type="text"/> Data capturer | <input type="text"/> Security guard | <input type="text"/> Cleaner |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | |

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

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Twice a week |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Once every 2 weeks |
| <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 | |

12. 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 13 to 16 if person answered "yes" to question 12.

13. How many CHWs are based at this facility?

14. What roles do CHWs perform for the facility?

- | | |
|--|--|
| <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 | |

15. 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 question 16 if person answered "Yes" to question 15.

16. Do you consider the transport reliable?

- Yes No Don't know Prefer not to answer

17. 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

18. 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

19. What do you need more space for? 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 capturers |
| <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): |

20. 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 |

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

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

Only ask question 22 if person answered "yes" to question 21.

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

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

Only ask question 23 if person answered "yes" or "sometimes" to question 22.

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

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Only contact partners of the client who have no history of violence for HIV testing | | |
| <input type="checkbox"/> Do not contact partners of client for HIV testing | | |
| <input type="checkbox"/> Contact all partners for HIV testing | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask question 24 if person answered "other" to question 23.

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

Only ask question 25 if person answered "yes" or "sometimes" to question 22.

25. 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):

26. Are you giving stable PLHIV 12 month scripts for ARVs?

- Yes No Don't know Prefer not to answer

27. Are there facility pick-up points at the facility that you can decant stable PLHIV 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 questions 28 and 29 if person answered "yes" to question 27.

28. 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

29. Do PLHIV have to go anywhere other than the pick-up point when they come to collect their parcel e.g. registry or vitals etc.

- Yes No Don't know Prefer not to answer

30. Are there external pick-up points available near the facility that you can decant stable PLHIV 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 question 31 if person answered "yes" to question 30.

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

- ARV ATM Pelebox/locker with code sent to phone
- Private pharmacy (e.g. Clicks, Dischem) Community venue e.g. church/CBO office
- Post Office CCMDD Mobile van
- Sha'p Left Other Don't know
- Prefer not to answer

32. Do you have services specific to men?

- Yes No Don't know Prefer not to answer

Only ask question 33 if person answered "yes" to question 32.

33. If yes, please select from the provided list. Select all that apply.

- | | |
|--|---|
| <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 |

Only ask question 34 if person selected "male outreach services" in question 33.

34. 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): |

35. Do you have services specific to youth?

- Yes No Don't know Prefer not to answer

Only ask question 36 if person selected "yes" in question 35.

36. If yes, please select from the provided list. Select all that apply.

- | | |
|--|---|
| <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 counselling |
| <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 |

Only ask question 37 if person selected "youth outreach services" in question 36.

37. 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 |

38. 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"/> Trans* people | |
| <input type="checkbox"/> None | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask question 39 if person selected "Sex worker" in question 38.

39. What services do you provide specifically for sex workers? Select all that apply.

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

Only ask question 40 if person selected "Gay, bisexual, and other men who have sex with men" in question 38.

40. What services do you have specifically for gay, bisexual, and other men who have sex with men (GBMSM)? Select all that apply.

- 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 question 41 if person selected "People who use drugs" in question 38.

41. What services do you have specifically for people who use drugs (PWUD)? Select all that apply.

- Referral for 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 dependence 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 question 42 if person selected "Trans* people" in question 38.

42. What services do you have specific to trans* people? Select all that apply.

- Referral for hormone therapy
- Resources to take up referred services (e.g. taxi fare)
- Information on 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

43. Does your facility have the systems, tools and other support necessary for effective and timely tracing and recalling of PLHIV with abnormal blood results following a viral load test?

- Yes No Don't know Prefer not to answer

Only ask question 44 if person answered "no" in question 43.

44. If no, what additional support do you need?

- System for updating patient phone numbers at each visit
- Extra staffing
- Don't know
- Other (please specify)
- System for monitoring blood results
- A dedicated phone line
- Prefer not to answer

45. Does your facility need support to monitor people with advanced HIV (AHD) for the first 3 months after being diagnosed with AHD? (e.g. checking they are coming to their appointments/their blood results are actioned/they are on appropriate prophylaxis)

- Yes No Don't know Prefer not to answer

46. Is there TB LAM testing at this facility?

Yes No Don't know Prefer not to answer

Only ask question 47 if answered "yes" to question 46.

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

Yes No Don't know Prefer not to answer

48. Is there GeneXpert testing at this facility?

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

49. 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 50 if "We do not offer TB preventive therapy at this facility", "Don't know" or "Prefer not to answer" is selected for question 49

50. 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

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

Yes No Don't know Prefer not to answer

52. Is PrEP available at this facility?

Yes No Don't know Prefer not to answer

Only ask question 53 if person answered "Yes" to question 52.

53. Does the facility prioritise offering PrEP to any of the following populations? Select all that apply.

Adolescent girls and young women (AGYW) Pregnant and breastfeeding women

Gay, bisexual, and other men who have sex with men (GBMSM) Sex workers

People who use drugs Trans* people

Don't know Prefer not to answer

54. 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

55. What contraceptive options are available at the facility? Select all that apply.

- | | | |
|---|---|---|
| <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 |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other |

Only ask question 56 if selected "implant" in question 55

56. 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 57 if selected "IUD" in question 55

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

- Yes No Don't know Prefer not to answer

58. 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 59 & 60 if answered "yes, by referral" to question 58.

59. Where do you refer people for TOP services?

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

- | | | | |
|-----------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> 0–10kms | <input type="checkbox"/> 10–20kms | <input type="checkbox"/> 20–30kms | <input type="checkbox"/> 30–40kms |
| <input type="checkbox"/> 40–50kms | <input type="checkbox"/> More than 50kms | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

61. Does this facility provide lubricant for HIV prevention?

- Yes No Don't know Prefer not to answer

Only ask question 62 if answered "no" to question 61.

62. If no, why not?

63. 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 64 if answered "yes" to question 63.

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

- | | |
|--|---|
| <input type="checkbox"/> Not enough phones | <input type="checkbox"/> Not enough linkage officers |
| <input type="checkbox"/> No challenges | <input type="checkbox"/> Patients give wrong phone numbers or addresses |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify): | |

Only ask question 65 if answered "yes" to question 12.

65. 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 (please specify): |

66. What challenges does the facility face because of loadshedding? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> The filing room has no light so we cannot find files | <input type="checkbox"/> The pharmacy cannot dispense medicines without electricity |
| <input type="checkbox"/> Medicines and vaccines get spoilt without electricity | <input type="checkbox"/> The Pelebox stops working |
| <input type="checkbox"/> The ARV ATM stops working | <input type="checkbox"/> Data capturers are unable to work |
| <input type="checkbox"/> Can't access electronic data systems | <input type="checkbox"/> None |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other (please specify): | |

67. Is there a generator at the facility?

- | | | |
|--|--|---|
| <input type="checkbox"/> Yes – and it is working | <input type="checkbox"/> Yes – but it is not working | <input type="checkbox"/> Yes – but we have no fuel for it |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other (please specify): | | |

Only ask question 68 if answered "Yes – but it is not working" to question 67.

68. How long has it been not working?

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Less than a week | <input type="checkbox"/> 1–2 weeks | <input type="checkbox"/> 2–3 weeks |
| <input type="checkbox"/> 3 weeks to a month | <input type="checkbox"/> More than a month | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Prefer not to answer | | |

69. When do you expect it to be repaired?

Only ask question 70 and 71 if answered "Yes – but we have no fuel for it" to question 67.

70. How long have you been without fuel?

- Less than a week 1–2 weeks 2–3 weeks
 3 weeks to a month More than a month Don't know
 Prefer not to answer

71. When do you expect to get more fuel?

- Less than a week 1–2 weeks 2–3 weeks
 3 weeks to a month More than a month Don't know
 Prefer not to answer

72. Is there a clinic committee at the facility?

- Yes No Don't know Prefer not to answer

Only ask question 73 if answered "yes" to question 72.

73. How frequently does the clinic committee meet?

- Weekly Every two weeks Monthly
 Every two months Every three months Every six months
 Yearly Other Don't know
 Prefer not to answer

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

75. 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

76. 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