

**SHORT**

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

Yes       No       Don't know       Prefer not to answer

3. 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		

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

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

5. 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"/> 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

**6. How many consultation rooms are there in the clinic?**

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**7. Are all the consultation rooms in use?**

Yes       No       Don't know       Prefer not to answer

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**8. 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 2 months  
 Once every 3 months       Never       Prefer not to answer  
 Don't know

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**9. 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

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*Please skip question 10 if person answered "no" to question 9.*

**10. What roles do CHWs perform for the facility?**

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

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**11. 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

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**12. 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

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*Only ask if person answered "yes" to question 12.*

**13. 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

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*Only ask if person answered "yes or sometimes" to question 13.*

**14. 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 14.

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

Only ask if person answered "yes or sometimes" to question 15.

**16. 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):

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

- Yes       No       Don't know

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

- Not enough phones       Not enough linkage officers
- Patients give wrong phone numbers or addresses       Don't know
- Prefer not to answer       Other (please specify):

Please skip question 19 if person answered "no", "don't know" or "prefer not" to question 18.

**19. 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):

**20. 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"/> None  | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Prefer not to answer                                  | <input type="checkbox"/> Other (please specify):                                    |

**21. 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 questions 22 and 23 if the Facility Manager answered "Yes – but it is not working" to question 21*

**22. 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 |  |                                     |

**23. When do you expect it to be repaired?**

*Only ask questions 24 and 25 if the Facility Manager answered "Yes – but we have no fuel for it" to question 21*

**24. How long have you been without fuel?**

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

**25. When do you expect to get more fuel?**

**26. Is there a clinic committee at the 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 27 if answered "yes" to question 26.

**27. How frequently does the clinic committee meet?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Weekly               | <input type="checkbox"/> Every two weeks    | <input type="checkbox"/> Monthly          |
| <input type="checkbox"/> Every two months     | <input type="checkbox"/> Every three months | <input type="checkbox"/> Every six months |
| <input type="checkbox"/> Yearly               | <input type="checkbox"/> Other              | <input type="checkbox"/> Don't know       |
| <input type="checkbox"/> Prefer not to answer |   |   |

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

**29. 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)**

- |   |   |
|---|---|
| <input type="checkbox"/> Facility manager will answer questions | <input type="checkbox"/> Someone else will answer questions |
|---|---|

**30. 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)**

- |  |   |
|--|---|
| <input type="checkbox"/> Facility manger will answer questions       | <input type="checkbox"/> Someone else will answer questions |
| <input type="checkbox"/> This facility does not have adherence clubs |   |