

# 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. If not 24 hours, what time is the facility meant to OPEN on weekdays (Monday – Friday) <i>(Please record the posted hours of operation for the facility)</i>
4. If not 24 hours, what time is the facility meant to CLOSE on weekdays (Monday – Friday) <i>(Please record the posted hours of operation for the facility)</i>
5. Is the facility open on Saturday? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Only ask questions 6 and 7 if open on Saturday</b>
6. If not 24 hours, what time is the facility meant to OPEN on Saturday <i>(Please record the posted hours of operation for the facility)</i>
7. If not 24 hours, what time is the facility meant to CLOSE on Saturday <i>(Please record the posted hours of operation for the facility)</i>
8. Are external condoms available at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> Yes — but only upon request <input type="checkbox"/> No
9. Are internal condoms available at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> Yes — but only upon request <input type="checkbox"/> No

**10. Are lubricants available at the facility?**

- Yes                       Yes — but only upon request                       No

**Only ask question 11 if there are external condoms**

**11. Where are the external condoms located? Select all that apply**

- In a private space where people cannot see you collecting them or how much you take  
 By reception                       In the main waiting area                       In the consultation room  
 In the toilets                       Other

**Only ask question 12 if there are internal condoms**

**12. Where are the internal condoms located? Select all that apply**

- In a private space where people cannot see you collecting them or how much you take  
 By reception                       In the main waiting area                       In the consultation room  
 In the toilets                       Other

**Only ask question 13 if there are lubricants**

**13. Where are the lubricants located?**

- In a private space where people cannot see you collecting them or how much you take  
 By reception                       In the main waiting area                       In the consultation room  
 In the toilets                       Other

**14. Is there enough room in the waiting area for everyone?**

- Yes                       No

**15. How many windows are open in the facility**

- None                       Less than half                       More than half                       All

**16. What is the condition of the building?**

- Good condition                       Bad condition

**17. What is in bad condition? (Please select all that apply)**

- No light / or lights not working in some areas of the facility  
 Broken furniture                       Broken windows or doors  
 Broken or cracked roof, walls or floor                       Old building needs renovation  
 No running water at the facility                       Rubbish piles  
 Other (please specify):

**18. 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).*

- Good condition                       Bad condition                       No toilets

**19. Please specify what is in bad condition (Select all that apply)**

- No soap       No water at all       No toilet paper       No light  
 Dirty       Blocked       Broken       Out of order  
 No running water       There are only non-flushing / pit toilets

**20. What is the condition of the filing system?**

- Good condition       Bad condition

**21. What is in bad condition? (Please select all that apply)**

- Files are stored where patients can access them       The space where files are stored is too small  
 The filing system is messy       Files are lost, missing or misplaced  
 There are too few people looking for files       Other

**22. Who is responsible for the filing system?**

- There is just one person in charge of the filing system who gives out & collects back files  
 There are multiple people in charge of the filing system who give out & collect back files  
 Staff get their own files and return their own files  
 Other

**23. 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  
 Posters showing services or information for key populations specifically? (e.g. LGBTQIA+ communities, people who use drugs, sex workers are specifically shown or mentioned in the poster)  
 Posters showing services or information for young people specifically? (e.g. young people are specifically shown or mentioned in the poster)  
 The members of the clinic committee       The complaint procedures  
 No visible posters       Posters showing cervical cancer / HPV services  
 Posters showing mental health services       Posters about voluntary medical male circumcision (VMMC)  
 Posters about PrEP       Other (please specify):

**Only ask question 24 if there are one or more posters specific to key populations**

**24. What services or information is being shown in the poster for key populations?**

- Harm reduction services for people who use drugs (e.g. methadone, new needles, naloxone, drug dependence support groups)  
 Gender affirming care services for trans and gender diverse people (e.g. hormone therapy)  
 PrEP       Condoms/lubricants  
 Sexual and reproductive health       Other (please specify):

Only ask question 25 if there are one or more posters specific to youth

**25. What services or information is being shown in the poster for youth?**

- |  |   |
|--|---|
| <input type="checkbox"/> HIV prevention (including PrEP) | <input type="checkbox"/> Sexual and reproductive health |
| <input type="checkbox"/> Youth happy hour                | <input type="checkbox"/> Youth champions                |
| <input type="checkbox"/> Youth zones                     | <input type="checkbox"/> Other (please specify):        |

**26. Are people being turned away from the facility for not wearing a mask?**

- Yes — patients are told to leave until they return with a mask
- Yes — but patients are provided with masks
- No

**27. Is there a complaints box?**

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

**28. Is the complaints box locked?**

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

**29. Any other observations not already covered in the survey?**