

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"/> PrEP services |
| <input type="checkbox"/> Cervical cancer testing + treatment | <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), unsatisfied (2) or neutral (3) in question 3

4. How could the implementing partner better support you?

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"/> PrEP services |
| <input type="checkbox"/> Cervical cancer testing + treatment | <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. Do you feel that staff have the resources and support to do their jobs well?

- Yes No Don't know Prefer not to answer

Only ask questions 12 if person answered "no" to question 11.

12. If no, what do you feel is missing?

13. 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 14 to 17 if person answered "yes" to question 13.

14. How many CHWs are based at this facility?

15. What roles do CHWs perform for the facility?

- Telephone follow-up of people late for ART scheduled appointments
- Tracing people late for ART scheduled appointments
- Follow-up of successful linkage to facility after testing or tracing
- Other Health Information (Family Planning, cervical cancer screening etc)
- Distributing pre-packed ART refills at a facility (facility pick-up point)
- Distributing pre-packed ART refills from a community collection point (external pick-up point)
- Defaulter Tracing
- Linkage / Peer Navigators
- Treatment Literacy
- TB Contact Tracing
- HIV testing in the community
- Index Testing in community
- HIV treatment literacy
- Home delivery of pre-packed ART refills
- TB Contact Tracing
- Don't know
- Other
- HIV Testing / Counselling
- Index Testing Counselling / Contact Tracing
- Adherence Clubs
- HIV Testing at the facility
- Index identified contacts tracing
- Navigation to facility from community
- Facilitating adherence clubs at facility
- Facilitating adherence clubs in community
- TB Sputum Collection in community
- Prefer not to answer

16. 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

17. 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

18. What do you need more space for? Select all that apply.

- Patients waiting space
- Laboratory space
- Adherence clubs
- Don't know
- Rooms for medical care
- Files
- Pharmacy
- Prefer not to answer
- Private HIV counselling or testing
- Data capturers
- Storage
- Other (please specify):

19. What is the standard for ARV refills at this facility for all clients (on ART for longer than 4 months and healthy/well) whether getting their ARVs through external or facility pick-up points, adherence clubs or at the clinic? (Please read the response options)

- 1 month supply (1MMD) 2 month supply (2MMD) 3 month supply (3MMD)
 6 month supply (6MMD) Don't know Prefer not to answer
 1 x 2 month supply / 1 x 4 month supply (1 x 2MMD, 1 x 4MMD)
 Other (please specify):

Only ask questions 20 if person answered "1MMD or 2MMD" to question 19.

20. Why are you only giving 1MMD or 2MMD as standard to all clients? Select all that apply

- We have not been told to give 3MMD or longer for external or facility pick-up points or clubs
 We have not been told to give 3MMD or longer for clinic clients
 There are stockouts and/or shortages of ARVs so we do not want to give out 3MMD or longer
 We have not had mentoring from the District Support Partner on how to give out 3MMD or longer for external or facility pick-up points or clubs
 We have not had mentoring from the District Support Partner on how to give out 3MMD or longer for clinic clients
 Other (please specify)

21. When can clients access HIV counselling or psychosocial support at your facility?

- Before an HIV test (pre-test) After an HIV positive result (post-test)
 All people living with HIV at any time Not offered
 Don't know Prefer not to answer

22. 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

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

23. 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

Only ask question 24 if person answered "yes" or "sometimes" to question 22.

24. 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 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 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 27 and 28 if person answered "yes" to question 26.

27. 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

28. 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

29. 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 30 if person answered "yes" to question 29.

30. 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

31. Do you have services specific to men?

- Yes No Don't know Prefer not to answer

Only ask question 32 if person answered "yes" to question 31.

32. 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"/> Outreach services for men | <input type="checkbox"/> Men only after-hours clinics |
| <input type="checkbox"/> Male nurses/counsellors/healthcare workers | <input type="checkbox"/> Men's clinic days |
| <input type="checkbox"/> Men's corners | <input type="checkbox"/> No — we do not have services specific to men |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask question 33 if person selected "male outreach services" in question 32.

33. If selected **outreach services for men**, 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): |

34. Do you have services specific to youth?

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

Only ask question 35 if person selected "yes" in question 34.

35. 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 friendly services for cervical cancer screening | |
| <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 36 if person selected "youth outreach services" in question 35.

36. 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 |

37. 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 38 if person selected "Sex worker" in question 37.

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

- | | |
|---|--|
| <input type="checkbox"/> Non barrier contraception (including the pill, IUD, implant, injection) | |
| <input type="checkbox"/> Post-Exposure Prophylaxis (PEP) | <input type="checkbox"/> Pre-Exposure Prophylaxis (PrEP) |
| <input type="checkbox"/> Lubricant | <input type="checkbox"/> Lubricant (but only upon request or limited amount) |
| <input type="checkbox"/> External condoms | <input type="checkbox"/> Internal condoms |
| <input type="checkbox"/> External condoms (but only upon request or limited amount) | |
| <input type="checkbox"/> Internal condoms (but only upon request or limited amount) | |
| <input type="checkbox"/> Sex worker focused repeat prescription collection strategies | |
| <input type="checkbox"/> Sex worker friendly hepatitis C vaccination, screening, diagnosis, and treatment | |
| <input type="checkbox"/> Sexual and reproductive health services | <input type="checkbox"/> Post violence services |
| <input type="checkbox"/> Sex worker friendly STI prevention, screening & treatment | <input type="checkbox"/> Sex worker friendly HIV testing and counselling |
| <input type="checkbox"/> Peer educators/navigators at the facility level | <input type="checkbox"/> Sex worker outreach services |
| <input type="checkbox"/> Sex worker friendly HIV care and treatment | <input type="checkbox"/> HIV support groups |
| <input type="checkbox"/> Sex worker friendly hepatitis B vaccination, screening, diagnosis, and treatment | |
| <input type="checkbox"/> Sex worker friendly cervical cancer screening | <input type="checkbox"/> Harm reduction services for sex workers who use drugs |
| <input type="checkbox"/> Psychosocial support | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Gender based violence services on site or by referral | <input type="checkbox"/> No — we do not have services specific to sex workers |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

Only ask question 39 if person selected "Gay, bisexual, and other men who have sex with men" in question 37.

39. 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
- GBMSM friendly HIV treatment and care
- GBMSM friendly hepatitis B vaccination, screening, diagnosis, and treatment
- 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)
- GBMSM friendly STI prevention, screening, & treatment
- Psychosocial support
- Mental health services
- Peer educators/navigators at the facility level
- Harm reduction services for GBMSM who use drugs
- Sexual health services
- GBMSM focused repeat prescription collection strategies
- GBMSM friendly hepatitis C screening, diagnosis, and treatment
- Post violence services
- 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 40 if person selected "People who use drugs" in question 37.

40. 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)
- Non barrier contraception (including the pill, IUD, implant, injection)
- 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 hepatitis B vaccination, screening, diagnosis, and treatment
- PWUD friendly STI prevention, screening, & treatment
- HIV support groups
- Drug dependence support groups
- Psychosocial support
- Mental health services
- Peer educators/navigators at the facility level
- PWUD friendly cervical cancer screening
- PWUD friendly prevention, diagnosis, and treatment of tuberculosis
- Sexual and reproductive health services
- PWUD focused repeat prescription collection strategies
- PWUD friendly hepatitis C screening, diagnosis, and treatment
- Post violence services
- No — we do not have services specific to people who use drugs
- Don't know
- Prefer not to answer

Only ask question 41 if person selected "referral for drug dependence initiation and treatment (e.g. methadone)" in question 40

41. Where do you refer people for drug dependence and treatment (e.g. methadone)?

Only ask question 42 if person selected "Trans people" in question 37.

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
- 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)
- Trans friendly HIV care and treatment
- Trans friendly hepatitis B vaccination, screening, diagnosis, and treatment
- HIV support groups
- Psychosocial support
- Mental health services
- Trans friendly Cervical cancer screening
- Gender-based violence services on site or by referral
- Transgender friendly STI prevention, screening & treatment
- Peer educators/navigators at the facility level
- Sexual and reproductive health services
- Trans focused repeat prescription collection strategies
- Trans friendly hepatitis C vaccination, screening, diagnosis, and treatment
- Post violence services
- No — we do not have services specific to transgender people
- Don't know Prefer not to answer

Only ask question 43 if person selected "referral for hormone therapy" in question 42

43. Where do you refer people for hormone therapy?

44. 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 45 if person answered "no" in question 44.

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

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

46. 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

47. Is there TB LAM testing at this facility?

Yes No Don't know Prefer not to answer

Only ask question 48 if answered "yes" to question 47.

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

Yes No Don't know Prefer not to answer

49. Is there GeneXpert testing at this facility?

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

50. 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 51 if "We do not offer TB preventive therapy at this facility", "Don't know" or "Prefer not to answer" is selected for question 50

51. 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
- 3RH = 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

52. Does your facility have the systems, tools and other support necessary for effective and timely tracing and recalling of people with positive TB sputum test results?

- Yes No Don't know Prefer not to answer

Only ask question 53 if person answered "No" to question 52.

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

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

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

- Yes No Don't know Prefer not to answer

55. Is PrEP available at this facility?

- Yes No Don't know Prefer not to answer

Only ask question 56 if person answered "Yes" to question 55.

56. 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
- HIV negative people in sero-discordant couples Don't know
- Prefer not to answer

57. 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

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

- External condoms Internal condoms Birth control pill
- Injection Implant IUD
- Don't know Prefer not to answer Other

Only ask question 59 if selected "implant" in question 58

59. 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 60 if selected "IUD" in question 58

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

- Yes No Don't know Prefer not to answer

61. 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 62 & 63 if answered "yes, by referral" to question 61.

62. Where do you refer people for TOP services?

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

- 0–10kms 10–20kms 20–30kms 30–40kms
 40–50kms More than 50kms Don't know Prefer not to answer

64. Does this facility provide lubricant for HIV prevention?

- Yes No Don't know Prefer not to answer

Only ask question 65 if answered "no" to question 64.

65. If no, why not?

- There is no supply of lubricants for HIV prevention
 There is a stockout and/or shortage of lubricants
 We have not been trained on the use of lubricants as part of an HIV prevention package
 We do not think lubricants are part of an HIV prevention package
 Other (please specify)
 Don't know
 Prefer not to answer

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

- The filing room has no light so we cannot find files The pharmacy cannot dispense medicines without electricity
 Medicines and vaccines get spoilt without electricity The Pelebox stops working
 The ARV ATM stops working Data capturers are unable to work
 Can't access electronic data systems None
 Don't know Prefer not to answer
 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?

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

71. When do you expect to get more 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 | | |

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

73. 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 | | |

74. In your opinion, is there anything we have not discussed that 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