

PATIENT SURVEY

Facility name:

Name of person monitoring:

Hi, my name is (*say your name*), 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 participant's gender

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

3. How old are you?

- Under 18 18-24 25-34
 35-49 50+ Don't know
 Prefer not to answer

4. Did the facility open on time this morning?

- Yes No Don't know Prefer not to answer

5. 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

6. 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

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

8. Do you arrive before the facility is open?

- Yes No Don't know Prefer not to answer

Please skip question 9 if the person answered "no" to question 8.

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

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

10. What time did you arrive at the facility?

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

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

13. 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

14. Are the facility staff friendly?

Always Sometimes Never Don't know Prefer not to answer

15. On a scale of 1 to 5, how comfortable do you feel using this facility? *(If 1 is VERY UNCOMFORTABLE and 5 is VERY COMFORTABLE) By comfortable I mean that you feel at ease among the other patients and with the clinic staff and you believe you would be treated well.*

1 - Very uncomfortable 2 - Uncomfortable 3 - Neutral
 4 - Comfortable 5 - Very comfortable Don't know
 Prefer not to answer

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

Yes No Don't know Prefer not to answer

Please skip question 17 if person answered "no" to question 16.

17. 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 Staff take long breaks (for tea, lunch etc.)
 The clinic opens late Staff are not working or working slowly
 Don't know Prefer not to answer
 Other *(please specify):*

18. Is there an appointment system at the facility?

- Yes No Don't know Prefer not to answer

Only ask questions 19 to 21 if person answered "yes" to question 18.

19. Which of the following best describes the appointment system?

- You are given an appointment day You are given an appointment day and time
 Don't know Prefer not to answer
 Other (please specify):

20. Did you have an appointment for today?

- Yes No Don't know Prefer not to answer

21. Do you get appointment reminders before your appointment?

- Yes No Don't know Prefer not to answer

22. After registering, how long until you received your file?

- Less than 15 minutes 15–30 minutes 30–60 minutes
 60–120 minutes More than 120 minutes I have not yet registered
 Don't know Prefer not to answer

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

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

Please skip question 24 if person answered "None" to question 23.

24. Were you able to get the contraception you wanted?

- Yes No Don't know Prefer not to answer

Only ask question 25 if person answered "no" to question 24.

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

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

26. 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 27–31 if person answered "no" to question 26.

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

- HIV medicine PrEP TB medicine
- Contraceptives Pregnancy Test Vaccines
- Bandages (or other dry stock) Prefer not to answer Don't know
- Other (please specify):

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

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

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

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

30. 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 |

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

- Yes No Don't know 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

32. On a scale of 1–5 how clean is this facility? 1 is VERY UNCLEAN and 5 is VERY CLEAN:

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

33. 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

34. 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

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

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

36. 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

Answer questions 37 to 41 only if the person is under 25 years of age.

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

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

Answer question 38 if person answered "no or sometimes" to question 37.

38. If no or sometimes, why doesn't this facility do a good job serving young people? Please select all that apply:

- There are no youth services
 There are no youth peer navigators
 The staff are rude to young people
 I do not feel comfortable consulting with older nurses
 They do not prioritise attending to young people in school uniforms first
 Other (please specify)

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

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

Answer question 40 if person answered "no or sometimes" to question 39.

40. If no or sometimes, please explain:

41. Are there services designed for young people specifically?

- | | |
|--|---|
| <input type="checkbox"/> Information packages for adolescent sexual and reproductive health services | <input type="checkbox"/> Youth friendly HIV testing and counselling |
| <input type="checkbox"/> Youth outreach services | <input type="checkbox"/> Access to contraception |
| <input type="checkbox"/> Access to PrEP | <input type="checkbox"/> Youth happy hour |
| <input type="checkbox"/> Youth friendly STI testing & treatment | <input type="checkbox"/> Youth champions |
| <input type="checkbox"/> Youth adherence clubs | <input type="checkbox"/> HPV vaccination |
| <input type="checkbox"/> Youth zone | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Don't know | |

42. 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

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

44. 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.

45. 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

Only ask question 46 to 48 if the person answered "At the facility" in question 45.

46. Has the facility ever offered you an option to be in a facility pick-up point, external pick-up point, or adherence club?

- Yes No Don't know Prefer not to answer

47. Are there days that you are not permitted to collect ARVs at this facility?

- Yes No Don't know Prefer not to answer

48. If yes, which day are you not permitted to collect ARVs?

- Monday Tuesday
- Wednesday Thursday
- Friday Saturday (if open)

Answer questions 49 to 53 only if the person collects at an facility pick-up point.

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

- CCMDD parcel collection room Fast track Sha'p Left ARV ATM
- Pelebox/locker with code sent to phone Fast lane Other Don't know
- Prefer not to answer

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

- Yes No Don't know Prefer not to answer

51. When using the facility pick-up point, do you have to go to any other service point other than parcel collection (for example registry or folder collection)?

- Yes No Don't know Prefer not to answer

52. How long does it take you to collect your parcel?

- Less than 30 minutes 30-60 minutes 60-120 minutes
- More than 120 minutes Don't know Prefer not to answer

53. 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.

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

Answer questions 54 to 57 only if the person collects at an external pick-up point.

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

- | | |
|---|---|
| <input type="checkbox"/> Private pharmacy e.g. Clicks, Dischem | <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"/> Post Office |
| <input type="checkbox"/> Community venue e.g. church/CBO office | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to answer |

55. When you started using an external pick-up point, did you get a choice of more than one?

- Yes No Don't know Prefer not to answer

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

- Yes No Don't know Prefer not to answer

57. 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.

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

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

- Less than a year 1–2 years 2–3 years
 3–4 years More than 4 years

59. When were you initiated on ART?

- Less than 6 months ago 6 months to a year ago Over a year ago
 Don't know Prefer not to answer

Only ask question 60 if person answered "less than 6 months ago" in question 59.

60. Were you supported to make a treatment adherence plan (steps to help you to remember to take your treatment, for example when you travel)?

- Yes No Don't know Prefer not to answer

Only ask question 61 if person answered "yes" in question 60.

61. What were the elements of the treatment adherence plan that were discussed? (Select all that apply)

- Treatment education Adherence plan
 Adherence plan check-in meeting Don't know
 Prefer not to answer

62. At your last ARV refill how long were you given HIV medicine for? (This is how many pills you went home with)

- | | |
|-------------------------------------|---|
| <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"/> 4 months | <input type="checkbox"/> 6 months |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |

63. If you are late for an appointment at the facility or an ART refill collection at the facility or in the community, when you do return to the facility, which of the following happens: *(Please select all that apply)*

- The staff are welcoming and friendly even though you were late/missed the appointment date
- The staff shout at you for being late/missing the appointment date
- The staff counsel you on adherence
- The staff ask why you were late/missed your appointment date
- The staff send you to the back of the queue
- The staff ask how they can help make it easier for you in future
- The staff offer you a longer supply of ART to make it easier
- The staff tell you about ART refill collection points closer to home or work that you can access which may make it easier
- The staff give you a shorter supply of ART than what you usually get (e.g. 1 month instead of 2 months)
- The staff refuse to give you ART on the day you return and require you to return more than once to get your ART
- Don't know/ never missed a visit
- Prefer not to answer
- Other *(Please specify what happens when you return to pick up your ARVs):*

Only ask question 64 if person has not already said they get their medication from a club.

64. 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

65. 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

66. 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

67. 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 68 if person answered "no" to question 67.

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

- Yes No Don't know Prefer not to answer

69. 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

70. Do you agree with the following statement: *Undetectable viral load means a person cannot transmit HIV*

- Yes No Don't know Prefer not to answer

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

- Yes No
 I've never heard of DTG before Don't know
 Prefer not to answer

Only ask question 72 if person answered "no" to question 71

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

IMPORTANT: DO NOT READ ALL RESPONSE OPTIONS

- 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 71, please answer 73 & 74

73. 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

74. 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 75 & 76 if the person answered "no" to question 74.

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

- Yes No Don't know Prefer not to answer

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

- Yes No Don't know Prefer not to answer

77. Are you tested for TB every year?

- Yes No Don't know Prefer not to answer

78. 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 questions 79 and 80 if person answered "no" to question 78.

79. If you have taken TPT do you remember how long the full course was for? (The full course is how long you were meant to take the medicines for)

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

80. 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

81. 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 82 to 84 if the person said the healthcare worker has asked for the names and contact information of their sexual partners or children.

82. 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

83. 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

84. 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

85. 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 questions 86 and 87 if answered "yes" to question 85

86. How many times have you tested for HIV again after you were initially diagnosed?

- Once 2 to 3 times 4 to 9 times
 10 or more times Don't know Prefer not to answer

87. What was the reason that you tested for HIV again? (Select all that apply)

- I wanted to confirm my status
 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)
 I was testing because I was pregnant and/or because of antenatal services
 I was testing because of a new relationship/couples testing
 Just because / just for fun
 Don't know Prefer not to answer Other (please specify):

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

- Yes No Don't know Prefer not to answer

Only ask question 89 if answered "no" to question 88

89. 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 89

90. 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*):

91. Is psychosocial support available for people living with HIV here?

- Yes No Don't know Prefer not to answer

Please skip question 92 if person answered "no" to question 91.

92. Please specify what psychosocial 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 (please specify)

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