Facility Manager Survey

1. Did you complete an informed consent form for this participant?
   1. Yes
   2. No

2. Please complete an informed consent form for this participant and restart the survey

3. Consented

1. What time does this facility open and close?
   1. 8 AM to 2 PM
   2. 8 AM to 4 PM
   3. 10 AM to 4 PM
   4. Other
   5. Don't know

2. Please specify what time this facility open and closes

3. Does this facility open and close on time?
   1. Yes
   2. No
   3. Sometimes
   4. Don't know
   5. Prefer not to answer

4. Do you think this facility is open for enough hours to meet service user's needs?
   1. Yes
   2. No
   3. Sometimes
   4. Don't know
   5. Prefer not to answer

5. Do you think extended (more open) hours at the facility would make it easier for service users to access services?
   1. Yes
   2. No
   3. Sometimes
   4. Don't know
   5. Prefer not to answer

6. Do you think the waiting time at this facility is too long?
   1. Yes
   2. No
   3. Sometimes
   4. Don't know
   5. Prefer not to answer

7. Why do you think the waiting time at this facility is too long? (Please select all that apply)
   1. It takes too long to find files, the filing system is messy, files are lost
   2. There is not enough staff
   3. The clinic opens late
   4. Number of service users coming too high
   5. Other
   6. Don't know
   7. Prefer not to answer

8. Please specify why you think the waiting time at this facility is too long?

9. Is there an appointment system at the facility?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

10. Is the appointment system functional?
    1. Yes
    2. No
    3. Sometimes
    4. Don't know
    5. Prefer not to answer

11. Do you think there are enough clinical and non-clinical staff at the facility?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

12. Why do you think that there are not enough clinical and/or non-clinical staff? Check all that apply
    1. There are not enough positions
    2. There are one or more vacancies
    3. One or more staff members are away on study leave or other trainings
    4. One or more staff members are on sick leave
    5. Other
    6. Don't know
    7. Prefer not to answer

13. Please tick which type of staff is understaffed (Don't read the whole list)
    1. Doctor
    2. Nurse
    3. Pharmacist
    4. Assistant pharmacist
    5. Lay counsellors
    6. Linkage officers
    7. Data entry officer
    8. Security guard
    9. General assistant
    10. Cleaner
    11. Don't know
    12. Prefer not to answer

14. Are there community healthcare workers at this facility?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

15. How many community healthcare workers are based at this facility?

16. What roles do community healthcare workers perform for the facility?
    1. Lost to follow up tracing
    2. Linkage/Peer Navigators
    3. Treatment Literacy
    4. TB Contact Tracing
    5. HIV Testing / Counselling
    6. Index Testing Counselling
    7. Support Clubs
    8. Other Health Information (Family Planning, etc)
    9. Other
    10. Don't know
    11. Prefer not to answer

17. Who supervises the community health care workers? (Tick all that apply)
    1. Department of Health/Government
    2. NGO
    3. Hospital
    4. Other (please specify)
    5. Don't know
    6. Prefer not to answer

18. Please specify who supervises community health care workers

19. How many supervisors of community health workers are there?

20. Do the community health workers have access to transport to work in the field?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

21. On a scale of 1-5 how clean is this facility? If 1 is VERY UNCLEAN and 5 is VERY CLEAN:
    1. 1 (very unclean)
    2. 2
    3. 3
    4. 4
    5. 5 (very clean)
    6. Don't know
    7. Prefer not to answer

22. 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?
    1. Yes
    2. No
    3. Sometimes
    4. Don't know
    5. Prefer not to answer

23. Are people who are coughing in the waiting room separated from those who are not?
    1. Yes
    2. No
    3. Sometimes
    4. Don't know
    5. Prefer not to answer

24. Are people who are coughing in the waiting room given a mask?
    1. Yes
    2. No
    3. Sometimes
    4. Don't know
    5. Prefer not to answer

25. Are there separate rooms for counselling of service users?
    1. Yes
    2. No
    3. Sometimes
    4. Don't know
    5. Prefer not to answer

26. Are there separate room for dispensing the medicine to service users?
    1. Yes
    2. No
    3. Sometimes
    4. Don't know
    5. Prefer not to answer

27. Is there enough space in the facility to meet service user's needs? This refers to total space, space to see service users, waiting rooms, counselling space, medicine space, filing cabinets, etc.
    1. Yes enough space
    2. No, we require something additional
    3. Don't know
    4. Prefer not to answer

28. What do you need more space for? (Please select all that apply)
    1. Service users waiting space
    2. Rooms for medical care
    3. Private HIV counselling
    4. Files
    5. Storage
    6. Data entry officers
    7. Other please specify
    8. Don't know
    9. Prefer not to answer

29. Please specify what you need more space for

30. Have you ever closed or partially closed your clinic outside of scheduled hours?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

31. During times when the clinic was closed or partially closed were you able to communicate to service users about what to do?
    1. Yes — we posted a sign referring people to another clinic
    2. Yes — we posted a sign with a date we would re-open
    3. Yes — we called or sent an SMS to service users with appointments to refer them to another clinic

4. Yes — we called or sent an SMS to service users with appointments with a date we would re-open
5. No communication
6. Other (please specify)
7. Don't know
8. Prefer not to answer

32. Please specify what else you did to communicate with service users while the facility was closed

33. Who assisted a person undergoing testing in your facility?
    1. Self walk-in
    2. Peer groups
    3. NGO
    4. Doctor
    5. Family members
    6. Routine medical check up
    7. Don't know
    8. Prefer not to answer

34. Do you explain what the results of this test means to service users?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

35. Have you heard about index testing?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

36. Do healthcare providers inform service users who test positive about the need to undergo HIV and HBV testing for their spouse and children?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

37. How often are HIV and HBV tests available at your facility?
    1. Always
    2. Most of the time
    3. Sometimes
    4. Never
    5. Don't know
    6. Prefer not to answer

38. During times when testing is not available, what were the reasons? Select all that apply
    1. Non availability of test kits/RDT
    2. Non availability of test reagents
    3. Machine breakdown
    4. Non availability of staff
    5. Processes in the facility took long time and sample collection time got over
    6. Don't know
    7. Prefer not to answer

39. When can care recipients access counselling at your facility?
    1. Before the test
    2. After a positive result (post-test)
    3. All people at any time
    4. Not offered
    5. Don't know
    6. Prefer not to answer

40. In the last three months has a service user left the facility without the medicines they need because of a stockout or short supply?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

41. What were the reasons service users didn't get the medicines they needed?
    1. Stock-out of medicines
    2. Stock-shortage of medicines
    3. Non availability of staff
    4. Don't know
    5. Prefer not to answer

42. In the last three months, were people provided with less than a month of antiretroviral medicine?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

43. In the last three months, were people provided with less than a month of DAA medicine?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

44. In the last three months, were people provided with less than a month of HBV antiviral medicine?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

45. If you know of any stock shortage in the facility, please specify the medication that experienced a shortage:
    1. TLD (Tenofovir Disoproxil Fumarate/Lamivudine/Dolutegravir)
    2. TLE (Tenofovir Disoproxil Fumarate/Lamivudine/Efavirenz)
    3. ALD (Abacavir/Lamivudine/Dolutegravir)
    4. Abacavir/ Lamivudine
    5. Lopinavir/ ritonavir (LPV/r)
    6. Atazanavir/ ritonavir
    7. Abacavir 300mg
    8. Dolutegravir 50mg
    9. Abacavir 30/ Lamivudine 10 (pediatric)
    10. Nevirapine (for PMTCT)

11.   Anti TB medicine
12.   Fluconazole
13.   Co-trimoxazole
14.   Amphotericin B
15.   Sofosbuvir/Daclatasvir
16.   Sofosbuvir/Velpatasvir
17.   Ribavirin
18.   Tenofovir 300mg
19.   Entecavir 0.5mg
20.   Entecavir 1mg
21.   Tenofovir alafenamide 25mg
22.   Don't know of any
23.   Prefer not to answer

46.   Is there a suggestion box at this facility?
  1.   Yes
  2.   No
  3.   Don't know
  4.   Prefer not to answer

47.   Do you think having a suggestion box at this facility would be helpful?
  1.   Yes
  2.   No
  3.   Don't know
  4.   Prefer not to answer

48.   Thank the participant for their time and ask if they have any questions for you