South Africa PrEP Facility Assessment Tool

# Background

In June 2016, South Africa began a phased rollout of oral PrEP, focusing initially on sites that primarily serve key populations (KPs) and later expanding into university clinics and public sites, with a focus on adolescent girls and young women (AGYW). Early sites for oral PrEP delivery were selected based on their readiness to deliver PrEP. Site readiness was determined using a **facility assessment tool***,* which gathered information on a number of factors including services provided, data management systems, and healthcare worker capacity (e.g. ART-trained nurses). This assessment aimed to ensure that early oral PrEP sites were well suited to efficiently and effectively identify, initiate, and support continued use of oral PrEP. As South Africa expands oral PrEP delivery to a growing number of sites and focus populations, this tool will continue to be adapted to meet the needs of various clinic types. **This facility assessment tool can be used as a reference material for national governments and implementers looking to select oral PrEP delivery sites based on readiness and should be adapted to fit local needs and context.**

# PrEP Facility Assessment Tool

Please complete the following survey based on the latest information available for your facility. Should you have any questions or additional comments/information, please contact Person X (email 1) or Person Y (email 2). Please complete this form as soon as possible.

# General Information

Description (optional; long answer text)

Please provide the name of your facility. (short answer text)

Please provide your facility address. (short answer text)

What are the hours of operation including outreach services? If you offer extended clinic hours, please list the day sand time they are offered. (long answer text)

Please provide the name, phone number and email address of the point-of-contact person at your facility. (long answer text)

# Core Criteria

Description (optional; long answer text)

Do you have a signed MOU with the provincial or municipal DoH? (checkboxes)

* Yes
* In Process
* No
* Other (short answer text)

If you have an MOU signed with your provincial or municipal DoH, can you please tick all the services covered in your agreement: (check boxes)

* PHC
* HIV Prevention
* HIV treatment
* Sexual reproductive health
* Contraception
* STI screening and treatment
* PEP
* Laboratory Services
* Other (short answer text)

Are you currently initiating ART at your facility? (check boxes)

* Yes
* No
* Other (short answer text)

Does your facility have at least one NIMART trained nurse?

* Yes
* No
* Other (short answer text)

Does your facility have a pharmacist or at least one nurse with a dispensing license? (check boxes)

* Pharmacist
* Nurse with dispensing license
* Both
* Other (short answer text)

Is your facility approved to receive and store pharmaceuticals on site including ARVs? (check boxes)

* Yes
* No
* Other (short answer text)

Is your drug storage safe and secure and compliant with regulatory standards? (check boxes)

* Yes
* No
* Other (short answer text)

# Services

Description (optional; long answer text)

Please confirm what services are currently offered at your facility. (check boxes)

* HTS (HCT)
* On-site ART provision
* STI testing and treatment
* Counseling
* Treatment adherence/support
* Opportunistic infection management
* TB testing and treatment
* Condoms
* PEP
* Emergency services – gender based violence
* Emergency services – rape
* Family planning
* Other (short answer text)

Please list all of the family planning services offered at your facility. (check boxes)

* Nur Isterate injections
* Depo Provera injections
* Implanon
* Oral contraceptives
* Condoms
* N/A
* Other (short answer text)

Please describe any other services offered at your facility. (long answer text)

# Human Resources

Description (optional; long answer text)

# Clinical Team

Description (optional; long answer text)

What is the total team size? (short answer text)

What is the total number of lay counselors? (short answer text)

# Clinical Team - Nurses

Description (optional; long answer text)

What is the total number of professional nurses? (short answer text)

What is the total number of NIMART trained and certified nurses? (short answer text)

What is the total number of nurses with a valid dispensing license? (short answer text)

# Outreach Team

Description (optional; long answer text)

What is the total number of peer educators? (short answer text)

What is the total number of peer educator supervisors/facilitators? (short answer text)

# Administrative Staff

Description (optional; long answer text)

Please indicate the administrative staff that is present at your facility: (check boxes)

* Site Manager/Supervisor
* Data/M&E Managers
* Data capturers
* Other (short answer text)

# Other Staff

Description (optional; long answer text)

Please describe other staff, including total numbers, at your facility. (long answer text)

# Patient Information

Description (optional; long answer text)

# Patient Information - General

Description (optional; long answer text)

How many clients do you see in a month? (short answer text)

On average, how many of your clients each month are new clients? (short answer text)

How many HTS do you provide in a month? (short answer text)

How many new clients do you initiate on ART in a month (short answer text)

How many clients are currently remaining on ART? (short answer text)

# Patient Information – Documentation and Reordering Systems

Description (optional; long answer text)

Do you have a paper-based or electronic recording system for maintaining individual client records? (check boxes)

* Paper-based
* Electronic
* Other (short answer text)

Please describe your system in detail. (long answer text)

Please describe how you manage client confidentiality. (long answer text)

Do you have a unique identification system for each client seen? (multiple choice)

* Yes
* No
* Other (short answer text)

If you have a unique identification system for each client seen, please describe. (long answer text)

Is your documentation compliant with legal requirements? (multiple choice)

* Yes
* No
* Other (short answer text)

Please list the services or procedures where your clients have to provide consent before being offered the service/procedure? (long answer text)

If clients have to formally consent for any service and/or procedure, please describe the process followed and how this is documented. (long answer text)

# Patient Information – Referral Systems

Description (optional; long answer text)

Do you need to refer patients to other facilities for ART or PEP? (multiple choice)

* Yes
* No
* Other (short answer text)

If so, where do you need to refer patients for ART or PEP? (long answer text)

How do you confirm a referral has been successful? (long answer text)

# Adherence

Description (optional; long answer text)

Do you have treatment adherence support services in place? (multiple choice)

* Yes
* No
* Other (short answer text)

What adherence services do you have in place? (check boxes)

* Counselling support
* Peer support groups
* SMS notifications
* Other (short answer text)

# Drugs

Description (optional; long answer text)

Are your drugs kept in a centralized store room at the facility? (multiple choice)

* Yes
* No
* Other (short answer text)

Are your drugs kept in a locked steel cabinet in the dispensing nurse’s consulting room? (multiple choice)

* Yes
* No
* Other (short answer text)

Do you have a stock control system? (multiple choice)

* Yes
* No
* Other (short answer text)

Do you have temperature control in your drug storage space? (multiple choice)

* Yes
* No
* Other (short answer text)

Do you keep extra stock of drugs on site to prevent drug shortages? (multiple choice)

* Yes
* No
* Other (short answer text)

Do you have a person responsible for managing the drug stock? (multiple choice)

* Yes
* No
* Other (short answer text)

Provide a list of drugs that are kept at your facility. (long answer text)

Who supplies you with medical supplies (syringes, needles, cotton swabs, sterile equipment, etc.)? (long answer text)

If you keep ARVs on site, who supplies you with these? (check boxes)

* NDoH
* Donation
* Local depot
* Order directly from supplier
* Other (short answer text)

# Laboratory Services

Description (optional; long answer text)

Do you have access to laboratory services or provide laboratory services on site? (multiple choice)

* Access to labs through provincial or municipal DoH (i.e., NHLS)
* Provide directly on site
* Both
* Other (short answer text)

List laboratory tests currently performed at your facility. (long answer text)

# Data Management

Description (optional; long answer text)

What are your monthly reporting requirements? Who do you report to? (long answer text)

Describe your system and flow of data to NDoH, donors, and others. (long answer text)

Do you have direct access to TIER.Net and/or DHIS? (multiple choice)

* TIER.Net access
* DHIS access
* Both
* Neither
* Other (short answer text)

# Funding

Description (optional; long answer text)

Who funds your facility (long answer text)

What is the duration of your funding? (multiple choice)

* <6 months
* 6 months to 1 year
* 1 to 2 years
* 2 to 3 years
* >3 years

What does the funding support? (check boxes)

* Programmes (including logistics and services offered)
* Staffing
* Commodities (including drugs)
* Other (short answer text)

Describe any funding gaps currently experienced. (long answer text)

Do you have any plans to secure future funding? (multiple choice)

* No plans as funding is secured for >1-2 years
* No plans for future funding, as facility not in a prioritized district
* Funding proposals submitted and awaiting response (please provide detail in next question)
* Funding proposal approved awaiting grant (please provide detail in next question)
* Other (short answer text)

Please provide detail on future funding (e.g., if funding proposal is approved, who is funding and when is funding expected?) (long answer text)

# Service Delivery

Description (optional; long answer text)

Describe how demand for services amongst your target population is created for 1) facility based services and 2) outreach services: (long answer text)

Describe any mentoring or clinical support systems in place for NIMART nurses. (long answer text)

If outreach services are provided how often is each service point visited by the outreach team? (multiple choice)

* Daily
* Weekly
* Monthly
* Quarterly
* N/A
* Other (short answer text)

How often are mobile services available? (multiple choice)

* Daily
* Weekly
* Monthly
* Quarterly
* Other (short answer text)

Please describe any other items relevant to your service delivery. (long answer text)

# Information, Education, and Communication (IEC) Materials

Description (optional; long answer text)

Does your facility have any IEC materials developed? (multiple choice)

* Yes
* No
* Other (short answer text)

If you have IEC materials developed, what is the target population? (short answer text)

If you have IEC materials developed, please describe them and share with Person X and person Y. (long answer text)