



CLINIC PROFILE

CHIVA SOUTH AFRICA
MENTORING. PARTNERING. SAVING LIVES.

DEMOGRAPHIC INFORMATION			
Clinic Name:		Sub-District:	
Physical Address:		Postal Address:	
Tel Number:		Fax Number:	
Facility Manager:		Local Municipality:	
Ward(s) Served:		Year Clinic was built:	
Operational Hours:			

CLINIC INFRASTRUCTURE			
Type of structure or building?		No of consultation rooms:	
Is there a Reception area?		Is there a waiting area?	
Is there a Weighing room?		Is there a staff/tea room?	
Is there a Pharmacy?		Is there a counselling room?	
Is there a Chill Room?		Is there an Emergency room?	
Is there a Kitchen?		Is there a Treatment room?	
No of Staff toilets/type:		No of Patient toilets/type:	
No of beds?		Do you have running water?	
Do you have electricity?		Disabled access?	

STAFFING	TOTAL	COMMENTS
Total Number of Doctors?		
Total number Professional Nurses?		
Number of Enrolled Nurses?		
Number of Enrolled Nursing Assistants?		
Number of Counsellors?		
Number of Data Capturers?		
Number of Administrators?		
Number of Community Health Workers?		
Number of LoveLife GroundBreakers?		
Number of Cleaners?		
Number of Security Guards?		
Any other staff?		

PROFILE OF ADOLESCENT AND YOUTH SERVICES/CHALLENGES AND PROGRESS

What are the main challenges facing adolescents and youth in your community?

Please record in your (Catchment Area)

Number of Females age:10 - 14 years = _____
15 -19 years = _____
20- 24 years = _____

Number of Males age : 10 – 14 years = _____
15 – 19 years= _____
20 – 24 years= _____

Have you taken any steps to improve services to adolescents and youth already?

Any additional comments, suggestions or requests to be recorded here

Compiled by: _____

Designation: _____

Signature: _____

Date:
