

# CHIVA South Africa

## HEALTHCARE WORKER BASELINE INTERVIEW 2017



(Adapted from *Global Standards for Quality Health-care Services for Adolescents 2015, WHO/UNAIDS*)

### Note to Participants:

For us to best support you over the coming year, we need to understand your current levels of practice, knowledge and confidence in providing quality healthcare to adolescents in your community.

To do this, we would like you to complete this questionnaire. It will help us to plan our mentoring and in-service training sessions for you and your colleagues, and will guide us on your main areas of learning or development needs.

The information that you provide us will remain confidential to our team, but we would like your permission to record your name so that we may approach you again later in the year to repeat this questionnaire. All questionnaire results will be anonymised for all analysis and reporting.

If you have any questions regarding this survey, please feel free to contact any of us.

Many thanks

**JULIET HOUGHTON**  
COUNTRY DIRECTOR: CHIVA SOUTH AFRICA

### SECTION 1: CONSENT

I, \_\_\_\_\_, do hereby consent to take part in this questionnaire. I understand that all the information I provide will be treated confidentially and that any analysis and reporting will be anonymised to protect my identity. I understand that by completing this questionnaire, I am assisting CHIVA South Africa to identify my learning and development needs, and to plan training and mentoring interventions to assist in improving these.

	YES	NO
1. Do we have your permission to continue with this questionnaire?	1	2

Signed (Participant): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (CHIVA South Africa): \_\_\_\_\_ Date: \_\_\_\_\_

Office use: Participant Name \_\_\_\_\_ Facility Name: \_\_\_\_\_

**SECTION 2: DELIVERING ADOLESCENT AND YOUTH FRIENDLY SERVICES**

1	How long have you worked at this clinic?	Years/Months	Job title?	
---	--	--------------	------------	--

2	Has your OM discussed your job description and your roles and responsibilities with you?	YES	1
		NO	0

3 When an adolescent client comes to your clinic, do you provide services for any of the following?						
		Information	Counselling	Management	Referral	Comments
a	Normal growth and pubertal development					
b	Delayed puberty					
c	Precocious puberty					
d	Mental health and mental health problems					
e	Nutrition, including anaemia					
f	Physical activity					
g	Adolescent-specific immunisation					
h	Menstrual hygiene and health					
i	<b>Family planning and contraception:</b>					
	Oral contraceptive pill					
	IUDs					
	Condoms					
	Emergency contraceptive pills					
	Implants					
	Injectable contraceptives					
	Dual protection					
j	Safe TOP and post-TOP care					
k	<b>Pregnancy:</b>					
	Antenatal care					
	Infant feeding choices					
	Emergency preparedness					
	Delivery					
	Post-natal care					
	PMTCT/EMTCT					
	<b>HIV:</b>					
	PrEP					
	PEP					
	HTS (HIV Testing Services)					
	Wellness management					
	ART					
	Adherence					
	Disclosure					
	Blood results					
	Emergency management					
	Support strategies/groups					
	VMMC					
n	<b>TB:</b>					
	Diagnosis					
	Treatment					

	INH prophylaxis HIV/TB coinfection					
o	Sexual violence					
p	Family violence					
q	Bullying/school violence					
r	Substance use and substance disorders					
s	Injuries/minor ailments					
t	Chronic conditions					

4 Do you have/use the following SOPs or Guidelines?						
		YES	NO	NOT AWARE	USE	Comments
a	National Core Standards					
b	Ideal Clinic					
c	AYFS Standards/Toolkit					
d	Contraception and Family Planning					
e	STI Management					
f	HIV Management					
g	PMTCT/EMTCT					
h	Privacy and confidentiality					
i	Rights and responsibilities					
j	Informed consent					
k	HTS (HIV Testing Services)					
l	VMMC					

5 Have you received any in-service/training/attended workshops on any of the following?					
		YES	NO	IF YES, YEAR	Comments
a	National core standards				
b	Ideal Clinic				
c	AYFS Standards				
d	Contraception and Family Planning				
e	STI Management				
f	HIV Management				
g	PMTCT/EMTCT				
h	Privacy and confidentiality				
i	Health education				
j	Communication skills				
k	Termination of pregnancy				
i	Legal rights of adolescents				
j	Adolescent healthcare				
k	Data collection/analysis				
l	Informed consent				
m	HTS (HIV Testing Services)				
n	VMMC				

### SECTION 3: SELF ASSESSMENT

<b>Please rate how confident you feel when talking with and caring for adolescents about:-</b>	Very Confident	Quite Confident	Average	A Little Confident	Not Confident	No Answer
Normal growth and pubertal development?	1	2	3	4	5	99
Delayed or precocious puberty?	1	2	3	4	5	99
Mental health and mental health problems	1	2	3	4	5	99
Nutrition, including anaemia	1	2	3	4	5	99
Physical activity	1	2	3	4	5	99
Adolescent-specific immunisation	1	2	3	4	5	99
Menstrual hygiene and health	1	2	3	4	5	99
Sexual violence	1	2	3	4	5	99
Family violence	1	2	3	4	5	99
Bullying/school violence	1	2	3	4	5	99
Substance use and substance disorders	1	2	3	4	5	99
Injuries/minor ailments	1	2	3	4	5	99
Chronic conditions	1	2	3	4	5	99
<b>Family planning and contraception:</b>	1	2	3	4	5	99
Oral contraceptive pill	1	2	3	4	5	99
IUDs	1	2	3	4	5	99
Condoms	1	2	3	4	5	99
Emergency contraceptive pills	1	2	3	4	5	99
Implants	1	2	3	4	5	99
Injectable contraceptives	1	2	3	4	5	99
Dual protection	1	2	3	4	5	99
Safe TOP and post-TOP care	1	2	3	4	5	99
<b>Pregnancy:</b>	1	2	3	4	5	99
Antenatal care	1	2	3	4	5	99
Infant feeding choices	1	2	3	4	5	99
Emergency preparedness	1	2	3	4	5	99
Delivery	1	2	3	4	5	99
Post-natal care	1	2	3	4	5	99
PMTCT/EMTCT	1	2	3	4	5	99
<b>HIV:</b>	1	2	3	4	5	99
PrEP	1	2	3	4	5	99

PEP	1	2	3	4	5	99
HTS (HIV Testing Services)	1	2	3	4	5	99
Wellness management	1	2	3	4	5	99
ART	1	2	3	4	5	99
Adherence	1	2	3	4	5	99
Disclosure	1	2	3	4	5	99
Blood results	1	2	3	4	5	99
Support strategies/groups	1	2	3	4	5	99
VMMC	1	2	3	4	5	99
<b>TB:</b>						
Diagnosis	1	2	3	4	5	99
Treatment	1	2	3	4	5	99
INH prophylaxis	1	2	3	4	5	99
HIV/TB coinfection	1	2	3	4	5	99

**Thank you very much for completing this questionnaire. We really appreciate it and look forward to working with you.**