

CHIVA South Africa

SUPPORT 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 knowledge and needs in helping your clinic to provide quality healthcare to adolescents and youth 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/Supervisor discussed your job description and your roles and responsibilities with you?	YES	1	NO	0
3	Does your clinic provide services to adolescents/youth?	YES	1	NO	0
4	Do adolescents/ youth come to your clinic?	YES	1	NO	0
5	If yes, what services do you think adolescents/youth are coming to your clinic for? (list them)				
6	Do you take part in clinic meetings?	YES	1	NO	0
7	Are adolescents/youth discussed at these meetings?	YES	1	NO	0
8	What things do you think may make it hard for adolescents/youth to come to your clinic?				
9	What things do you think may make it easier for adolescents/youth to come to your clinic?				
10	Do you think it is OK to tell a parent/caregiver that their adolescent/youth was at the clinic?	YES	1	NO	0
	Can you explain why?				

FOR SECURITY STAFF ONLY					
Do adolescents/youth come to your clinic during the school day?	YES	1	NO	0	DON'T KNOW 99
Do you let them into the clinic?	YES	1	NO	0	SOMETIMES 99
Can you explain why?					
Do they require a note from school to attend the clinic?	YES	1	NO	0	DON'T KNOW 99
Do they need to be accompanied (e.g. parent or school prefect) to attend?	YES	1	NO	0	DON'T KNOW 99
Do you ask them what services they have attended for?	YES	1	NO	0	SOMETIMES 99
Can you explain why?					
Is your clinic open at times that are convenient for adolescents/youth?	YES	1	NO	0	DON'T KNOW 99

FOR RECEPTION STAFF ONLY					
Do adolescents/youth come to your clinic during the school day?	YES	1	NO	0	DON'T KNOW 99
Do you let them into the clinic?	YES	1	NO	0	SOMETIMES 99
Can you explain why?					
Do you ask them what services they have attended for?	YES	1	NO	0	SOMETIMES 99
Can you explain why?					
Can adolescents/youth have a consultation without an appointment?	YES	1	NO	0	DON'T KNOW 99
Can you explain why?					
Do they require a note from school to attend the clinic?	YES	1	NO	0	DON'T KNOW 99
Do they need to be accompanied (e.g. parent or school prefect) to attend?	YES	1	NO	0	DON'T KNOW 99
Is your clinic open at times that are convenient for adolescents/youth?	YES	1	NO	0	DON'T KNOW 99
Does your clinic have a system to see adolescents/youth quickly?	YES	1	NO	0	DON'T KNOW 99

FOR HOUSEKEEPING STAFF ONLY (E.G. CLEANERS, GROUNDS MAINTENANCE)					
Do adolescents/youth come to your clinic during the school day?	YES	1	NO	0	DON'T KNOW 99
Are they let into the clinic?	YES	1	NO	0	SOMETIMES 99
Can you explain why?					
Do you ask them what services they have attended for?	YES	1	NO	0	SOMETIMES 99
Can you explain why?					
Is your clinic open at times that are convenient for adolescents/youth?	YES	1	NO	0	DON'T KNOW 99

FOR ALL SUPPORT STAFF					
11	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				
d	Contraception and Family Planning				
e	STI Management				
f	HIV Management				
g	PMTCT/EMTCT				
h	Privacy and confidentiality				
i	Health education				
j	Communicating with adolescents				
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				

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