

# Clinic Quality Assessment

Assessor name	*
<hr/>	
Clinic name	*
<hr/>	
Clinic type	
<input type="radio"/> Public	
<input type="radio"/> Private	
<input type="radio"/> NGO/FBO	
Assessment date	*
<hr/>	
Rate each item (0–2). Keep evidence notes brief and non-identifying.	
<hr/>	
Private consultation space available	*
<input type="radio"/> 0 - Not met	
<input type="radio"/> 1 - Partially met	
<input type="radio"/> 2 - Fully met	
Youth-friendly services available	*
<input type="radio"/> 0 - Not met	
<input type="radio"/> 1 - Partially met	
<input type="radio"/> 2 - Fully met	
Non-discrimination practices observed	*
<input type="radio"/> 0 - Not met	
<input type="radio"/> 1 - Partially met	
<input type="radio"/> 2 - Fully met	

## Appointment/wait management in place

- ☐ 0 - Not met
- ☐ 1 - Partially met
- ☐ 2 - Fully met

## Referral system functional

\*

- ☐ 0 - Not met
- ☐ 1 - Partially met
- ☐ 2 - Fully met

## SGBV response readiness

- ☐ 0 - Not met
- ☐ 1 - Partially met
- ☐ 2 - Fully met

## Commodities available today

- ☐ FP methods available
- ☐ HIV test kits available
- ☐ PEP available
- ☐ Post-rape care supplies
- ☐ Condoms available
- ☐ Other

## Any stock-out affecting services?

\*

- ☐ Yes
- ☐ No

## Stock-out details (brief)

## Key findings (brief)