

# Clinic Quality Assessment

Assessor name	*
Clinic name	*
Clinic type	
<input type="radio"/> Public	
<input type="radio"/> Private	
<input type="radio"/> NGO/FBO	
Assessment date	*
Rate each item (0–2). Keep evidence notes brief and non-identifying.	
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)