



Youth Friendly Services: Service Agreement

To: CHIVA South Africa
From: _____(Operational Manger)
Date:
Re: Youth Friendly Services: Service Agreement
Cc: District AYFS co-ordinator, Provincial: Monica Jama

The importance of delivering services that are tailored to the needs of young people has been recognised as a top priority by _____ Clinic and we welcome your assistance and mentoring to support our Youth Friendly Services (YFS) initiative. Your expertise will undoubtedly promote our programmes' overall success that is so important to _____ Clinic.

To ensure that we are all in agreement about deliverables and timelines, this document summarises the outcomes of our meetings with the district.

The support of CHIVA SA will help us to implement AYFS in our facility by identifying performance gaps and assisting with developments to close these.

Desired performance: To be recognised as AYFS Implementers

Actual performance: The AYFS is not actively functional

Specific gaps:

1. There is no supporting tools needed for implementation of AYFS
2. There is high teenage pregnancy
3. There are no platform where youth is able to voice out their opinions/views.
4. There is no English and Zulu IEC materials specifically aimed at adolescents and youth

As CHIVA SA, the intervention will be considered successful to the extent that its changes the performance from the current to our desired level.

The dates for monthly support visits will be provided in advance, along with planned activities. Action plans developed between the facility and CHIVA SA will be supported telephonically between facility visits.

Services/items to be provided by the clinic to support CHIVA SA:-

1. To welcome and support CHIVA SA Team
2. To lead the collaboration between the clinic team and CHIVA SA
3. To cascade information to other team members and other stakeholders
4. To delegate roles and responsibilities to members of the clinic team
5. Liaise/partner with other government departments/community stakeholders

We expect that CHIVA SA will render support according to their AYFS Model, to empower our clinic team with knowledge and skills through technical support, mentoring and provision of AYFS tools.

Facility Signature: _____ Designation _____ Date: _____

CHIVA SA Signature: _____ Designation: _____ Date: _____