



**CHIVA SOUTH AFRICA**  
MENTORING. PARTNERING. SAVING LIVES.

## AYFS Quality Improvement Team



**CHIVA SOUTH AFRICA**  
MENTORING. PARTNERING. SAVING LIVES.

Name of the facility: \_\_\_\_\_

Operations Manager: \_\_\_\_\_ Contact Number: \_\_\_\_\_

AYFS Champion: \_\_\_\_\_

Contact number: \_\_\_\_\_

Team members (From the facility/clinic, community, Partners and others)

Name and Surname	Designation/Position	Contact Numbers	Signature

How often the team will meet? \_\_\_\_\_

Where will the team meet? \_\_\_\_\_

How are we going to communicate with each other? \_\_\_\_\_

Operations Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_