

YNAFGM STRENGTHENING MONITORING. EVALUATION AND LEARNING OUTCOME PROJECT

Activity Reporting Form (ARF)

Instruction: Use this form to document Programme Activities (Training, Meetings, Community dialogues, etc.).

Name of Organisation	
Supporting partner(s): If any	

State	LGA	Community	Type of Participants:	Date:

SECTION A: NARRATIVE											
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1	TYPE OF ACTIVITY: <i>(Meeting, Training, etc.)</i>												
2	RESULT AREA	RESULT INDICATOR <i>(Please select, from the Results Framework, the indicator/number that the activity will address)</i>											
	<i>Output 1:</i>												
	<i>Output 2:</i>												
	<i>Output 3:</i>												
	<i>Output 4:</i>												
	<i>Output 5:</i>												
3	TITLE OF ACTIVITY:												
4	VENUE:												
5	DURATION: <i>(*If the activity is for 1 day, state: time & ended but if)</i>	DATE STARTED:				DATE ENDED:							
		TIME STARTED:				TIME ENDED:							
6	TOTAL NUMBER OF INDIVIDUALS REACHED (AGE & SEX) <i>(summarize the information from the Attendance Sheet and Attach a copy).</i>	0-14yrs		15-24yrs		25-34Yrs		35yrs & Above		Total			
		M	F	M	F	M	F	M	F	M	F		
7	OBJECTIVES:	<ol style="list-style-type: none"> 1. 2. 3. 											
8	TOPICS/ISSUES DISCUSSED: <i>(Attach the agenda, if any)</i>	KEY ISSUES/QUESTIONS RAISED BY PARTICIPANTS:				RESOLUTIONS/CONCLUSIONS REACHED:							
	<ol style="list-style-type: none"> 1. 2. 3. 	<ol style="list-style-type: none"> 1. 2. 3. 				<ol style="list-style-type: none"> 1. 2. 3. 							
9	WERE THE OBJECTIVES MET? <i>Please briefly explain how:</i>												
10	SUCCESS STORIES <i>(Do you have story that describes what, when, why, where, and how a project has had a positive impact on an individual's life?)</i>	<ol style="list-style-type: none"> 1. 2. 											
11	LESSONS LEARNED: <i>(What did you learn from carrying out this activity that will improve a similar activity or prevent a mistake made during this activity?)</i>	<ol style="list-style-type: none"> 1. 2. 											
12	CHALLENGES: <i>(Mention any factor that constrained you in carrying out the activities. If you overcame it; please state how you did it)</i>	<ol style="list-style-type: none"> 1. 2. 											

13	OPPORTUNITIES: <i>(Mention any existing service delivery platform or upcoming event that can be leveraged upon to implement activities, and how to proceed)</i>	1. 2.			
14	RECOMMENDATIONS: <i>(Based on the outcome of this activity, please advise YNAFGM on what may be done to ensure better results in future activities.)</i>	1. 2.			
15	SPECIFIC FOLLOW-UP ACTION NEEDED: 1. 2. 3.	SUGGESTED ACTION STEPS 1. 2. 3.	RESPONSIBLE PERSON(S) 1. 2. 3.		
SECTION B: ATTESTATION					
16	CONTACT	Name(s)	Organization/Address	Phone	Email
17	DETAILS OF THE FACILITATORS:	1 2			
18	REPORTING OFFICER <i>(Name, Title Phone, Email):</i>				
19	COMMENTS BY SUPERVISOR <i>(on actions to be taken)</i>				
20	SUPERVISOR <i>(Name, Title Phone, Email):</i>				
SECTION C: ATTACHMENTS					
21	ITEMS DISTRIBUTED TO PARTICIPANTS DURING THE ACTIVITY <i>(educational materials, etc.):</i>	S/No.	Description	Qty.	
			Total		
22	ITEMS COLLECTED FROM THE PARTICIPANTS DURING THE ACTIVITY, IF ANY <i>(E.g. action plan, pledge):</i>	S/No.	Description	Qty.	
			Total		
APPENDIX: (Attach the following... 1. Pictures <i>(attach and caption "action" pictures depicting the activity)</i> 2. Any other Means of Verification (MOV) – <i>(action plan, communiqué, etc.)</i>					