



COLLABORATIVE GROUP ACTIVITY REPORT

Name of VHT/staff/stakeholder _____ ID _____ District _____
 Sub county _____ Parish: _____ Activity Date __/__/_____
 Name of HC/Church/Mosque/LC/Village/School: _____
 Target group (Tick):

- In-school youths Out-of-school youths Low parity women Couples dialogue Female Group
 CFLE Parents People with disability Mothers/fathers union First-time mothers
 Men's Group (CDs, VSLA, Farming etc) Other

Activity Topic/theme and description:

#	NAME OF PARTICIPANT	SEX	AGE	# DAYS	SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Areas/topics of discussion (Notes on what was discussed during the activity)
Information given/agreed steps/actions taken (If misconceptions, activity facilitator explains)
Key issues/Conclusion:

Total clients reached and linked to services by age group, sex, and type of service

#	Youths reached	10 – 14 Years	15 – 19 Years	20 – 24 Years	25+ Years	Total
sex	Male					
	Female					
Method/service received	Pregnancy prevention counselling/information					
	Comprehensive family planning information					
	FP referral					
	Depo IM					
	Depo Sayana Press					
	Oral contraceptives					
	Condoms					
	Implants					
	IUD					
	Emergency contraceptives					
	LAM					
	Standard days method					
		Total				

Coordinated by _____ Designation _____ Signature _____
 Contact number _____ Date: _____