



USAID/Uganda Civil Society Strengthening Activity (CSSA) Data Collection Form

Indicator 2.2: Number of follow up meetings with the PDM committees.			
Activity Date: _____			
Activity Description		Venue	
		District	
		Region	

ID	Meeting objective	Date	Parish	Sub-county	District	Contact person	Tel contact
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____