



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

Indicator 1.1: Number of individuals trained in management skills and advocacy to strengthen their CSO supported by CSSA assistance			
Activity Date: _____			
Activity Description			Venue
			District
			Region

SN	Name of Participant	Sex			Age (Tick appropriately)						PWDs		Organization/women group	Designation	Telephone/Email	Signature	
		Female	Male	Others	10-14	15-19	20-24	25-29	30-34	35+	Yes	No					
1																	
2																	
3																	
4																	
5																	

Implemented by: Name: _____ Signature: _____	Reviewed by: Name: _____ Signature: _____
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Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____



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

Indicator 1.2: Number of individuals that participate in advocacy initiatives undertaken by NAWAD with support from CSSA.			
Activity Date: _____			
Activity Description		Venue	
		District	
		Region	

SN	Name of Participant	Sex			Age (Tick appropriately)						PWDs		Organization/women group	Designation	Telephone/Email	Signature	
		Female	Male	Others	10-14	15-19	20-24	25-29	30-34	35+	Yes	No					
1																	
2																	
3																	
4																	
5																	

Implemented by: Name: _____ Signature: _____	Reviewed by: Name: _____ Signature: _____
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Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____



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

Indicator 1.3: Number of women's groups, trade and business associations receiving USAID/CSSA funds for citizens participation in development.			
Activity Date: _____			
Activity Description		Venue	
		District	
		Region	

SN	Name of the group/associations	Subcounty	District	Contact person	Tel contact
1					
2					
3					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____



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

Indicator 1.4: Number of advocacy messages posted on NAWAD's social media platforms.			
Activity Date:			
Activity Description		Venue	
		District	
		Region	

ID	Title of the advocacy message posted	Date posted	Media platform	Author/Person posted	Tel contact
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____



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

Indicator 1.5: Number of women smallholder farmers accessing loans from NAWAD's business enterprise			
Activity Date:			
Activity Description		Venue	
		District	
		Region	

SN	Name of the Farmer	Sex			Age (Tick appropriately)						PWDs		Women group	Designation	Loan amount taken	Telephone/Email	Signature	
		Female	Male	Others	10-14	15-19	20-24	25-29	30-34	35+	Yes	No						
1																		
2																		
3																		
4																		
5																		

Implemented by: Name: _____ Signature: _____	Reviewed by: Name: _____ Signature: _____
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Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____



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

Indicator 1.6: Number of NAWAD-supported activities designed to promote or strengthen the civic participation of women.			
Activity Date:			
Activity Description		Venue	
		District	
		Region	

SN	Name of activity	Activity Date	District	Sub-county	Number of people
1					
2					
3					
4					
5					
6					
7					

Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____



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

1.7 Indicator 1.7: Number of resources from the private sector			
Activity Date: _____			
Activity Description		Venue	
		District	
		Region	

SN	Name of Support Received	Type of support (in-kind/funds, firms/individual giving, etc.)	If Cash, please indicate amount in (USD/UGX)	Name of Private entity giving	District	Sub-county	Name of Contact Person	Tel/email contact
1								
2								
3								
4								
5								
6								

Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____



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

Indicator 2.1: Number of dialogues held.			
Activity Date:			
Activity Description		Venue	
		District	
		Region	

SN	Name of Participant	Sex			Age (Tick appropriately)						PWDs		Organization	Designation	Telephone/Email	Signature	
		Female	Male	Others	10-14	15-19	20-24	25-29	30-34	35+	Yes	No					
1																	
2																	
3																	
4																	
5																	

Implemented by: Name: _____ Signature: _____	Reviewed by: Name: _____ Signature: _____
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Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____



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: ____/____/____