**Report ASIA PACIFIC**

**PROJECT REPORT TEMPLATE**

*This project report template has been designed with the purpose of ensuring that the right information and the right quality of information needed by WAGGGS and FAPW is reported in standard and qualitative manner. This template focuses on the project’s implementation process, outcomes and impacts. All project-implementing MOs must submit the report in this format within 2 months after the completion of the project. Please send it to Chelsea Teodoro, Regional Administrator for Asia Pacific Region, at* *Chelsea.Teodoro@wagggs.org**. Please also put in cc Grace Tam, Head of Asia Pacific Region,* *Grace.Tam@wagggs.org**, and Rupa Gautam, Relationship Manager for Asia Pacific Region,* *Rupa.Gautam@wagggs.org**.*

**1. GENERAL INFORMATION**

|  |  |
| --- | --- |
| **1.1** Name of Project: |  |
|  |
| **1.2** Type of Project:  | [ ]  3L [ ]  Reach Out[ ]  FAPW Membership Incentive Project[ ]  Others (Please specify): |
|  |
| **1.3** Description of the Project |  |
|  |
| **1.4** Project Implemented by:  | Name: Position:  |
|  |
| **1.5** Total Duration of the Project:  |  |
|  |
| **1.6** Reporting Period: |  |
|  |
| **1.7** Budget of Project: |  |
|  |
| **1.8** Number of Participants: |  |
|  |
| **1.9** Summary of the Project: |  |

**1.10 Attainment of Objectives** *(This section will monitor which among your objectives you have and have not met. If applicable, please attach photos with duly filled and signed consent forms shared by WAGGGS)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Did you attain this?** | **If yes, how? What activities under the project did you use to attain this?**  | **If not, what were the challenges you faced?**  |
| 1.) |  |  |  |
| 2.)  |  |  |  |
| 3.) |  |  |  |
| 4.) |  |  |  |
| 5.) |  |  |  |

**2. RESULTS**

**2.1 Beneficiaries Summary Details**

a.) Direct Beneficiaries

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Beneficiary** | **Targeted Reach** | **Actual Reach** | **Reason for Deviation** |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

b.) Indirect Beneficiaries

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Beneficiary** | **Targeted Reach** | **Actual Reach** | **Reason for Deviation** |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

**2.2 Impacts on Membership and Growth:**  *(This section will monitor the effects of the project on your Member Organization’s Membership and Growth. If applicable, please attach photos with duly filled and signed consent forms shared by WAGGGS)*

What effects did the project have on your Member Organization’s Membership? What indicators did you use to measure these effects?

|  |
| --- |
|  |

**2.3 Case Stories and Survey of Beneficiaries** *(Please attach photos with duly filled and signed consent forms shared by WAGGGS). The entire section is to be filled by a beneficiary.*

***a.) Case Stories***

|  |  |
| --- | --- |
| Name of Beneficiary:  |  |

|  |  |
| --- | --- |
| Position in the Organization:  |  |

 Story *(What were the impacts of this project to you/ your organization?)*:

|  |
| --- |
|  |

***b.) Survey of Girl Guiding/ Girl Scouting Experience***

WAGGGS aims to know whether it is able to deliver a R.E.A.L. (Relevant, Exciting, Accessible, and Learner-Led) Girl Guiding/ Girl Scouting experience through its projects.

*R-elevant*

Did the project explore topics that matter to young people today?

|  |  |
| --- | --- |
| YES/NO | How?  |
|  |  |

 Did it feel relevant to your life? Did it use tools that you are interested in?

|  |  |
| --- | --- |
| YES/NO | How?  |
|  |  |

*E-xciting*

Were the activities innovative, fun, engaging and challenging?

|  |  |
| --- | --- |
| YES/NO | How?  |
|  |  |

Did it encourage you to take risks?

|  |  |
| --- | --- |
| YES/NO | How?  |
|  |  |

*Accessible*

Did you feel welcomed, empowered, valued and, safe to express your identity coming from any background to take part in the activities of the project?

|  |  |
| --- | --- |
| YES/NO | How?  |
|  |  |

Did you encounter any barriers or constraints that have given you difficulties and/or prevented you from taking part in the project?

|  |  |
| --- | --- |
| YES/NO | How?  |
|  |  |

*Learner-Led*

Were you able to take the lead in your own learning?

|  |  |
| --- | --- |
| YES/NO | How?  |
|  |  |

Do you feel like you have contributed much in the delivery of this project?

|  |  |
| --- | --- |
| YES/NO | How?  |
|  |  |

**2.4 Do you have, articles and stories about your project that was published in media?** *(Please attach photos with duly filled and signed consent forms shared by WAGGGS, and links to any articles and/or photos of news clippings.)*

|  |
| --- |
| Links: |

**3. MONITORING AND EVALUATION OUTCOMES**

*(This section of the report needs to be filled up and submitted to WAGGGS every quarter for project 3L and other projects that have one year as a duration. For Project Reach Out, it needs to be submitted every 6 months. Please replace Quarter 1-4 with “1st Half of Year 1, 2nd Half of Year 1, 1st Half of Year 2 and 2nd Half of Year 2”)*

**3.1 Financial Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time Frame** | **Allocated budget for this Period** | **Actual Expenses in this Period** | **% of Budget Utilization** | **Reason for deviation** |
| Quarter 1 |  |  |  |  |
| Quarter 2 |  |  |  |  |
| Quarter 3 |  |  |  |  |
| Quarter 4 |  |  |  |  |

*Note: Detailed budget expenses filled in Annex 1 should be submitted along with this report*

**3.2 Challenges and Steps Taken to Address the Challenges during the Implementation**

|  |  |  |
| --- | --- | --- |
| Time Frame | Challenges | Steps Taken to Address Challenges |
| Quarter 1 |  |  |
| Quarter 2 |  |  |
| Quarter 3 |  |  |
| Quarter 4 |  |  |

**3.3 Learnings and Observations**

|  |  |  |
| --- | --- | --- |
| **Time****Frame** | **Aspects** | **Learnings/ Observations** |
| Quarter 1 | Journey of Young Women |  |
| Membership Growth |  |
| Implementation |  |
| Quarter 2 | Journey of Young Women |  |
| Membership Growth |  |
| Implementation |  |
| Quarter 3 | Journey of Young Women |  |
| Membership Growth |  |
| Implementation |  |
| Quarter 4 | Journey of Young Women |  |
|  | Membership Growth |  |
|  | Implementation |  |

**3.4 Sustainability Plan**

*(Please state to us how you aim to make the project sustainable.)*

|  |
| --- |
|  |

**3.5 Feedback and Suggestions**

|  |  |
| --- | --- |
| What feedback did you receive from beneficiaries? |  |

|  |  |
| --- | --- |
| What are the suggestions/ feedback you wish to give to WAGGGS?  |  |

**4. PERSON SUBMITTING THE REPORT**

|  |  |
| --- | --- |
| **4.1.** Name and Signature of Person Writing and Submitting this Application:  |  |

|  |  |
| --- | --- |
| **4.2.** Position in the Organization:  |  |

|  |  |
| --- | --- |
| **4.3.** Contact details:  | E-mail address: Mobile phone:  |

|  |  |
| --- | --- |
| **4.4.** Date submitted:  |  |

**5. PRIVACY NOTICE**

*Privacy Notice: WAGGGS will use the information regarding the contacts of the MOs that you provided in accordance with applicable data protection laws to keep track of the leadership of the MO and main contact points. WAGGGS is registered as a data controller with the UK Information Commissioner’s Office under registration number Z092177. For further information about how we use personal information see our Privacy Policy – available at* [*www.wagggs.org/en/privacy-cookies/*](https://mail.wagggs.org/owa/redir.aspx?C=uvDzUhlenJCkOB2N7WvtCZS1M7hqvF4jVhjKqY0bVK28kssM15XWCA..&URL=http%3a%2f%2fwww.wagggs.org%2fen%2fprivacy-cookies%2f)*.*