DEPARTMENT OF YOUTH, GENDER, SPORTS & SOCIAL SERVICES

DATA COLLECTION TOOL FOR EXISTING GROUPS IN THE COUNTY

Date:………………………   Name of enumerator:………………………........................

Name of group: ………………………………… Category: (Tick) 1.**Women Group,** 2. **Youth Group, 3.SHG, 4. CBO, 5. Welfare Association, 6. PWD** (If PWD, kindly attach a list of members indicating the type of disability e.g. Physical, Visual) 7. Other (specify) …………………………………...

Sub County:…………………………….Ward: …………………….Sub-ward……………………

Location…………... Cluster ....

Date Registered: …………………………………..Certificate Reg. No:…………………………….....................

Current Membership: Number of Members …………..(**Please attach list of members & Telephone number**)

Group Activities (Tick below) and provide a brief description
1. Table banking ( )………………………………………………………………
2. Livestock keeping ( ) …………………………………………………………….
3. Crop farming ( )……………………………………………………………..
4. Entrepreneurial ( )…………………………………………………………
5. Social welfare (   ).…………………………………………………………
6. Any Other (specify) …………………………………………………………………………

Have you benefited from any National Government support 1. Yes ( ) 2. No ( ). If yes, tick appropriately (**1. Uwezo( ), 2. Youth fund ( )3. Other (specify)………………...**) How has the support helped you as a group?...

Have you benefited from any County Government support 1. Yes ( ) 2. No ( ). If yes, tick appropriately **1. Tetheka Fund ( ),2. Tent & Chairs ( ), 3. Water Tank ( ). 4 Other (specify) ……………….** If yes, how has the support helped you as a group?...
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How often do you have meetings (1. **Weekly ( ), 2. Monthly ( ), 3. Annually ( ) ,4. Other (specify) …………** and **Where**?.
……………………………………………………………………………………………

Which is your preferred meeting day (**eg Every last Tuesday of the Month**)

……………………………………………………………………………………………..

Has your group attended any training? *Tick* 1. Yes ( ) 2. No ( ) If Yes, fill the table below **When** and **Who** conducted the training? And, **Where** was the training conducted and for **How** long?

No.	When (training date)	Who (Facilitators)	Where (Venue)	How long (Duration of the training)	Topics Covered
1.					
2.					
3.					
4.					
5.					

Has your group utilized skills/knowledge acquired during the training? *Tick* 1. Yes ( ) 2. No ( ). If No, **Why**? *(state reason)*
………
And if Yes **How**? *(explain)*..

Any challenges the group is facing? 1. Yes ( ) 2. No ( )   If yes, list the challenges and possible solutions……………………………………………………………………………

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Recommendation (If any)…………………………………………………………………………………..
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