



## Pastors' Weekly Reporting Form

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| <b>Pastor name:</b>   | <b>Church Name and Location:</b> |
| <b>Dates of week:</b><br>Monday_____ - Friday_____ Month:_____ Year:_____   | <b>Phone Number:</b>             |
| <ul style="list-style-type: none"> <li>Please complete this form every week to help us understand the number of individuals with disabilities who are being impacted by the work of Kuhenza. <b>You can use space on back of form if you need it.</b></li> <li>Every month please return all weekly tracking forms to Kuhenza Office, along Malindi Road, near Oilibya, Gede.</li> <li>Alternatively please send a high quality picture of this form your community leader contact or a Kuhenza staff member</li> <li>Please do not hesitate to contact us if you require any further assistance</li> </ul> |                                  |

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|---|----------------------------|---------------------|----------------------------|
| 1) How many group speeches did you give about disability care, rights and inclusion this week?<br><br><i>Total number:</i> _____  | A) Location of each speech | B) Number of people | C) Gathering Type          |
| 2) How many individuals who do not have disabilities did you speak to about disability care, rights and inclusion this week?<br><br><i>Total number:</i> _____  | A) Names of persons        |                     | B) Type / title of persons |
| 3) How many people impacted by disability did you counsel this week? <i>(please include both the number of people with disabilities and their caregivers or family members)</i><br><br><i>Total number:</i> _____ | A) Names of persons        |                     | B) Type / title of persons |
| 4) How many children with disabilities did you refer to a school this week?<br><br><i>Total number:</i> _____   | A) Child names             | B) School names     | C) Did they attend?        |



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|--|----------------------------|--------------------------|----------------------------|
| <p>5) How many children with disabilities did you refer to a medical care facility this week?</p> <p><i>Total number:</i> _____</p>            | <p>A) Child names</p>      | <p>B) Facility names</p> | <p>C) Did they attend?</p> |
| <p>6) How many families of disabled children did you refer to parent support groups this week?</p> <p><i>Total number:</i> _____</p>           | <p>A) Names of persons</p> |                          | <p>B) Did they attend?</p> |
| <p>7) How many people impacted by disability did you invite to your church for the first time this week?</p> <p><i>Total number:</i> _____</p> | <p>A) Names of persons</p> |                          | <p>B) Did they attend?</p> |
| <p>8) How many people did you invite to join the Church Disability Ministry this week?</p> <p><i>Total number:</i> _____</p>                   | <p>A) Names of persons</p> |                          | <p>B) Did they join?</p>   |

Additional Comments

Challenges you faced or situations that prevented you from taking action:

Follow up from previous weeks referrals/counselling/support groups etc.:

Are there any individuals who require additional assistance from Kuzenza? (Please describe and provide contact details):