

Sample Form of Monitoring and Follow-up

Name of GN / Division	
Time and date of the meeting	
Name of Facilitator	
Name of Recorder	

1. Monitoring of the activities in the action plan

	Activity of the action plan	What was done in this month	Issue and its response, if any
	(Please copy and paste each activity of the action plan.)	(Please describe what was done in this month.)	(Please describe any challenges in implementing the activities. If any activities are delayed, please describe the specifics and the reasons for the delay. Also, please discuss and describe the responses to the challenges mentioned above.)
1			
2			
3			
4			

2. Other discussion topics

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3. Next meeting

Date:

Venue: