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|  | **PROJECT REPORTING FORM**  *This report is to inform on the progress of the implementation of CCDRR projects and is to be completed by project/monitoring and evaluation officers every 6 months* | NAB Project № *[completed by NAB]* |
| GIP code/Project №  *[obtain from DSPPAC]* |
| Cost Centre/Activity №  *[obtain from Dept.]* |
| Donor/DSPPAC file № *[obtain from DSPPAC]* |

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| 1. **Project Title:** | | |
| 1. **Project approval date:**   \_ \_/\_ \_/\_ \_ | 1. **% of project completed at:**   \_ \_/\_ \_/\_ \_  \_\_\_\_\_\_% | |
| 1. **Implementing entity / organisation**: | 1. **Executing agency/lead government agency**: | |
| 1. **Location:** *[e.g. village, island, province, and GPS coordinates if available]* | 1. **Duration:**   Years ………… months …………  From ………… to ………… | |
| 1. **Initial project budget approved by MBC or financing agreement (VT):**   \_\_\_\_\_\_\_\_\_\_\_\_ | 1. **Funding sources (VT):**   Donor loan: ………… Donor grant: ………… Vanuatu Government: …………  Aid in kind: …………  Loans: …………  Other, e.g. community: …………  GCF funding amount: ………… | |
| 1. **Budget committed (VT) as at:**   \_ \_/\_ \_/\_ \_  \_\_\_\_\_\_\_\_\_\_\_\_\_  % of budget committed: \_\_\_\_\_\_% | 1. **Budget committed (VT):**   Donor loan: ………… Donor grant: ………… Vanuatu Government: …………  Aid in kind: …………  Loans: …………  Other, e.g. community: …………  GCF funding amount: ………… | |
| 1. **Total expenses (VT) liquidated at:**   \_ \_/\_ \_/\_ \_  \_\_\_\_\_\_\_\_\_\_\_\_\_  % of budget spent: \_\_\_\_\_\_% | 1. **Expensed liquidated (VT):**   Donor loan: ………… Donor grant: ………… Vanuatu Government: …………  Aid in kind: …………  Loans: …………  Other, e.g. community: …………  GCF funding amount: ………… | |
| 1. **Current status and outputs delivered:** *[Explain the progress to date, current activities, to what degree have the project activities been implemented and to what degree have the outputs been achieved so far? Is each output indicator on track to meet its target? Is the project likely to achieve its objective compared to the baseline scenario? Also refer to the logical framework. For GCF projects please refer to the GCF Investment Framework, Results Management Framework and Performance Management Framework.]* | | |
| 1. **Delays, issues, challenges, and opportunities for growth:** *[Explain if the project experienced any delay/s, why and what caused the delay/s, and any factors that affected/or are likely to affect the smooth implementation of the project as well as any success stories. Also refer to the risk assessment tool.]* | | |
| 1. **What strategies are in place to address and/or mitigate these challenges?** *[Also refer to the risk assessment tool]* | | |
| 1. **Environmental and social performance:** *[Describe how the project has performed in regard to environmental and social safeguards]* | | |
| 1. **Gender and social inclusion performance:** *[Describe how the project has performed in regard to gender and social inclusion]* | | |
| 1. **Name of officer completing this form:** | | 1. **Date form is completed on:**   \_ \_/\_ \_/\_ \_ |
| 1. **Implementing entity/organisation**: 2. **Name of project manager** *[If different from above]:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. **Executing agency / lead government agency**: 2. **Name of responsible officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**History of the document**

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| **Version** | **Date** | **Nature of revision** |
| 1.0 | NAB Meeting 9 February 2018 | Initial endorsement |