

Narrative reporting – Midterm

Reporting period:

For financial reporting please use the specific financial template.

1.1 Title of project			
1.2 Project number (8 digits)			
1.3 Area of implementation (country, region, district, town)			
1.4 Approved Project Period	From	To	Number of months
1.5 Applying organization			

1. Approved changes

During the project so far, has there been any changes that Läkarmissionen has approved?

If yes: When and what?

2. Context and Risk Analysis

Has the context changed since the context analysis in the application?

If yes, in what way?

Has the risks changed since the risk analysis in the application?

If yes, in what way?

3. Challenges in meeting the project objective (s)

Do you see any challenges in meeting the objectives?

If yes: Which are the challenges? How have you planned to mitigate the effects of the challenges?

6. Relations between the actors

What are the problems/misunderstandings/ difference of opinion between the different actors that influence the implementation of the project? How have you handled it and how will this affect the implementation of the project?

7. System of implementation

Has your system for monitoring worked according to plan?

Will you be able to report in a good way?

8. Follow up on earlier comments and recommendations of Läkarmissionen

For comments and recommendations see assessments, travel reports, etc.

State the comments and recommendations from Läkarmissionen and where it comes from	Describe how you have handled it

9. A story from the project

Please share a real life story from the project that will help our donors to understand and feel involved in the project. Try to focus on an individual who has benefitted from the project and describe the change it has brought to their life, how did the individual perceive their life before the project and how is it now?

Please provide name and if possible photos: preferably a close-up of the face, sized at least 1 megapixel. If available, please add a photo before the project begun and after. Please let us know if the person's real name should not be used or if there are other limitations in how we may use this material for public information.

Signatory

Authorized representatives from the organization are to sign the report.

Date:

Name:

Title:
