**FORM 1: ANNUAL WORK PLAN FORMAT**

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| **ADA PREVENTION ANNUAL WORK PLAN** | | | | | | | | | |
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| **Name of the Institution:** | | | | | | | | | |
| **Parent Ministry:** | | | | | **Number of staff in the Institution:** | | | | |
|  | | | | | **Number of students in the Institution:** | | | | |
| **CATEGORY OF INSTITUTION (MINISTRY, STATE DEPARTMENT, COMMISSION, PUBLIC UNIVERSITY, TERTIARY INSTITUTION, STATE CORPORATION, COUNTY GOVERNMENT OR ANY OTHER)** | | | | | | | | | |
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| List of activities for ADA prevention | | QUARTERLY TARGETS IN PERCENTAGE (%) TOWARDS ACHIEVING THE AGREED TARGETS | | | | | | | Activity Performance Indicator (s) |
| **Q1** | **Q2** | | | **Q3** | **Q4** | **Total** |
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| **Quarterly totals** | |  |  | | |  |  |  |  |
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| **Contact Person** | **Telephone Number** | | | **Email Address** | | | | | |
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**FORM 2: QUARTERLY/ANNUAL REPORTING TEMPLATE**

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| **ADA PREVENTION QUARTERLY REPORTING TEMPLATE** | | | | | | | | | | | | | | |
| **Name of Institution:** | | | | | | | | | | | | | | |
| **Parent Ministry** | | | | | | | | **REPORTING PERIOD** | | | | | | |
|  | | | | | | | |  | | | | | | |
| **CATEGORY OF INSTITUTION (MINISTRY, STATE DEPARTMENT, COMMISSION, PUBLIC UNIVERSITY, TERTIARY INSTITUTION, STATE CORPORATION, COUNTY GOVERNMENT OR ANY OTHER)** | | | | | | | | | | | | | | |
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| **Annual ADA Prevention activities** | **Progress during the quarter/reporting period (provide notes)** | | **Indicator(s) of quarter achievement** | | **Performance for the quarter in**  **(%)** | | **Target for the quarter (%)** | | **Variance for the quarter**  **(%)** | **Cumulative achievement to date** | **Annual activity target in (%)** | **Variance from annual target**  **(%)** | | **Comments on any variance, challenges or learnings** |
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| **Quarterly totals** | | | | |  | |  | |  |  |  |  | |  |
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| **I certify that this report submitted to NACADA is accurate** | | | | | | | | | | | | | | |
| **Name of reporter** | | **Designation** | | **Tel. No** | | **Email address** | | | | | | | **Date.** | |
|  | |  | |  | |  | | | | | | |  | |

***NB: Quarterly ADA control committee minutes should be annexed to the report.***

**INSTRUCTIONS FOR COMPLETING REPORTS**

* 1. **ANNUAL WORK PLAN FORMAT**
     1. **Name of Institution:** The Name of the reporting institution
     2. **Parent Ministry:** The ministry that the reporting institution comes under
     3. **Number of staff in the Institution:** Total number of staff of the reporting entity
     4. **Number of students in the Institution:** Total number of students enrolled where applicable
     5. **Category of institution:** Public sector institution are categorized as (Ministries, State Department, Public University, Tertiary Institution, Commission, Independent Offices, State Corporation, County Government or any other) categorize the reporting institution as appropriate
     6. **List of activities for ADA prevention indicator**: List the activities for prevention of alcohol and drug abuse as they are in the work plan.
     7. **Annual ADA Prevention Activities Quarterly targets**: Each of the activities for ADA prevention has been assigned a percentage for the financial year. It is expected that the ADA control committee meet and set its own quarterly targets towards achieving the agreed target for contract period. The target should be a percentage.
     8. **Activity Performance Indicator(s):** This denotes the evidence that will be the resultant of achievement of the performance target.
     9. **Name and contact:** The name and contact details of the institutions ADA Control Committee Head:
  2. **QUARTERLY/ANNUAL REPORTING TEMPLATE**
     1. **Name of Institution:** As in work plan
     2. **Parent Ministry:** As in work plan
     3. **Reporting Period:** The previous quarter during which work plan activities were carried out
     4. **Category of institution:** As in work plan
     5. **Annual ADA Prevention activities:** As captured in the work plan
     6. **Progress during the reporting period:** Institutions are expected to progressively provide brief notes on the progress towards achieving respective targets. This is to support quarterly monitoring of performance.
     7. **Indicator(s) of quarter achievement:** This denotes the evidence available to support the reported progress during the quarter/reporting period.
     8. **Performance for the quarter**: This is a self–assessment of the progressive trend as a percentage of the target.
     9. **Target for the quarter:** The projected target for the quarter of each of the activities. This is referenced in the annual work plan.
     10. **Variance for the quarter:** Computed as a percentage value of performance with reference to the target for the quarter.
     11. **Annual activity target**: As in work plan
     12. **Cumulative achievement to date**: Progress percentage of achievement of the target at the reporting date.
     13. **Variance from annual target:** Computed as a percentage value of reported cumulative performance with reference to the cumulative target for the previous quarters.

1. **GENERAL INFORMATION**

All ADA training and sensitization needs are supported by NACADA and requests should be submitted to **training@nacada.go.ke**. Annual work-plans and quarterly reports should be submitted on the Authority’s website **www.nacada.go.ke.**