



# POST-TRAINING WORKBOOK:

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*DOCUMENTATION VS.  
REALITY –  
A 10-MINUTE ACTIVITY*





# Activity Title: "Documentation vs. Reality" – Bridging the Gap in CSO Reporting

## Learning Objective:

To help participants identify and critically reflect on the gap between ideal documentation practices and the common challenges they may face within their own organizations. The aim is to develop practical solutions to improve documentation quality, consistency & usability.

## Activity Breakdown

### Step 1: Prepare – Present the Case Study (1 minute) – NGO HopeSpring

HopeSpring, a small health-focused CSO based in Kwara State, recently submitted a final project report to a donor for a 6-month maternal health project. The report reads as follows:

## CASE STUDY (Attempt 1)

### HopeSpring Foundation

#### Final Project Report

**Project Title:** Safe Mothers, Safe Communities

**Duration:** January – June 2025

**Donor:** Global Health Impact Fund (GHIF)

#### Project Activities

We conducted training in rural areas, which was very successful. Many women came and participated. Our team also did health outreach and gave supplies. We also had workshops for nurses and midwives on clean delivery.

“The program was very impactful.” – Community Volunteer

Our volunteers helped out a lot during the activities and some clinics were supported. We faced a lot of challenges, but we managed. Also, there were some delays with





## **Budget**

Total Budget: ₦12,000,000

Spent: ₦11,750,000

## **Project Outcomes**

Many women attended the sessions. Mothers were more aware of safe health practices.

## **Challenges & Lessons Learned**

We had issues with transportation and logistics.

Some community members did not attend.

We learned that it is important to engage stakeholders early.

## **Next Steps**

We want to do more of this work. We also want to work with more partners.

## **Attachments:**

None





## **Step 2: Group Task – Spot the Gaps & Recommend Fixes (5 minutes)**

### **Instructions for Participants (in pairs or small groups):**

1. Read the case study.
2. Note that the donor rejected the report so identify all the major issues with HopeSpring's documentation.
3. Suggest realistic improvements that CSOs like HopeSpring could make.
4. Use the space below to write your observations.

### **Worksheet Section**

#### **A. What is wrong with HopeSpring's documentation?**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

#### **B. What should they do differently next time?**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_





### Step 3: Debrief and Discussion (3 minutes)

Facilitator should prompt discussion using questions like:

1. What stood out to you about this case?
2. Have you experienced similar issues in your organization?
3. What are some **practical tools or templates** your organization could adopt to improve consistency?
4. How can documentation responsibilities be shared better across teams?

## CASE STUDY (Attempt 2)

### HopeSpring Foundation

#### Final Project Report

**Project Title:** Safe Mothers, Safe Communities

**Duration:** January 1 – June 30, 2025

**Donor:** Global Health Impact Fund (GHIF)

**Project Location:** Ifelodun LGA, Kwara State

#### Project Summary

The Safe Mothers, Safe Communities project aimed to improve maternal health outcomes in rural communities through community education, health outreach, and capacity building for frontline health workers.

#### Key Achievements:

- **14 community health education sessions** held across **7 wards**, reaching **1,123 women of reproductive age**
- **3 midwife training workshops** conducted for **38 frontline healthcare workers**
- Distribution of **250 clean birth kits** to expectant mothers
- **Mobile antenatal clinics** reached **197 pregnant women** with health services

#### Monitoring & Evaluation Highlights

- Pre- and post-training assessments showed a 42% increase in knowledge of safe delivery practices among participants.
- 89% of participants reported improved confidence in accessing local health services.

*"Before this training, I didn't know I could get help so close to home. Now, I've even encouraged my sister-in-law to register for antenatal care."*

— Fatimah B., program participant





| Budget Summary       |            |            |          |
|----------------------|------------|------------|----------|
| Category             | Budget     | Budget (N) | Variance |
| Training & Workshops | 4,500,000  | 4,300,000  | -200,000 |
| Outreach Services    | 3,000,000  | 3,050,000  | 50,000   |
| Logistics & Supplies | 3,500,000  | 3,200,000  | -300,000 |
| Monitoring & Admin   | 1,000,000  | 1,200,000  | 200,000  |
| Total                | 12,000,000 | 11,750,000 | -250,000 |

**Full financial report with receipts attached (Annex A).**

### Challenges & Lessons Learned

- Logistical delays during rainy season affected outreach to two hard-to-reach communities.
- Lesson: Future projects should schedule rural outreach in dry season and budget for motorcycle transport.
- Low initial turnout in some communities was addressed by involving local women leaders in mobilization.
- Lesson: Early community engagement improves participation and trust.

### Next Steps

- Expand partnership with local Primary Health Care Centers to sustain mobile clinics.
- Submit proposal to GHIF for a follow-up project focusing on neonatal care.

### Annexes

- Annex A: Financial Report
- Annex B: Photo Highlights
- Annex C: M&E Survey Summary
- Annex D: Training Attendance Sheets



## Key Improvements Compared to the Flawed Version:

| Issue in Flawed Version          | How It Was Fixed in This Version              |
|----------------------------------|-----------------------------------------------|
| Vague language (“many women”)    | Specific numbers provided throughout          |
| No evidence or quotes            | Participant quote and M&E data included       |
| Inconsistent formatting          | Clear headings and organized sections         |
| Weak financial info              | Budget breakdown table with variance          |
| No mention of challenges/lessons | Detailed and realistic lesson learned section |
| No attachments                   | Annexes listed with supporting documentation  |
| Poor structure                   | Logical, donor-friendly report layout         |

- Use a projector to show a “bad” sample vs. an improved version.
- Provide templates for good documentation practices after the activity.

However, the donor rejected the report, citing the following issues:

- No clear summary of project outcomes
- Inconsistent formatting throughout the document (some sections in tables, others in unstructured paragraphs)
- No photos, quotes, or evidence from beneficiaries
- Missing financial breakdown (only total figures provided)
- Incomplete section on challenges and lessons learned

The program officer mentioned that they were under pressure and had to “copy and paste” from different team members’ inputs without time for review or standardization.





**Intended Issues in This Sample Report:**

**1. Unclear Project Outcomes**

- No specific data (e.g., number of women trained, health indicators improved).

**2. Inconsistent Formatting**

- Paragraphs mixed with random quote formatting; headings vary in clarity.

**3. Weak Financial Transparency**

- No breakdown of budget categories; only total budget and spent figure shown.

**4. Lack of Supporting Evidence**

- No photos, charts, attendance lists, or workshop summaries.

**5. Generic and Vague Language**

- Phrases like “many women,” “very successful,” and “some challenges” are unquantified.

**6. Incomplete Lessons Learned Section**

- Minimal detail on challenges or concrete learning for future projects.

**7. No Attachments or Supporting Documentation**

- Reports should include at least a summary table, M&E data, or photo evidence.
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