

COMMUNITY OUTREACH PROGRAM

DATE OF EVENT: _____ TIME: _____

TYPE OF EVENT: _____

PLACE/ADDRESS OF THE EVENT _____

SPONSOR OF THE EVENT: _____

CONTACT PERSON: _____ TELEPHONE: _____

NAME OF THE PARTICIPANTS(S) _____

ARRIVAL TIME: _____ DEPARTURE TIME: _____

AUDIENCE SIZE _____ GENDER: FEMALE _____ MALE _____

Female and male anatomy of reproductive

Teenage pregnancy issues including abstinence

Access to Family Planning Services &

Prevention of sexually transmitted infections

Overview of different Types of Contraceptive Male services

Review & demonstration on how to use condoms

Others

DISTRIBUTED: Record the number of brochures and incentives given

Brochures: _____

Condoms _____ Foams _____ Pencils _____

Water mugs _____ Others: _____

AGENCY CONTACTS: _____
