Sense International India

QUARTERLY REPORTING FORMAT FOR PROJECT PARTNERS- 2021

Introduction

This is the three monthly reporting format for all project partners who receive funding and capacity building support from Sense International India. Please note that we will consolidate all the information provided in this format from all project partners for preparing a consolidated national report. The information will be used in monitoring progress, global planning, national and international communication and fundraising. If there is any clarification that you require on the format, please feel free to write to Rajesh Varghese / Kanu Priya at rajesh@senseintindia.org / kanupriya@senseintindia.org. The quarterly narrative report has to be submitted to Sense International India in the below found format only.

Section – 1

Name of the Organisation:

Reporting period:

Reported By:

Signature

Office Seal

Summary of the Report (Maximum in 75 Words, in points)

Section – 1 Identification - Plan Vs Achievement

Age group	New Identification Planned for the year	Target Achieved				
		Q1	Q2	Q3	Q4	Total
0 to 6 years						
6 to 18 years						
Above 18 years						

Total						

1(A) Provision of services in different set-up

Total number of Persons with deafblindness children and young adults receiving services	Direct or regular services *(receiving minimum 6 hrs of services in a week)*						Support services (only Counselling/ advice)	**Total (Please mention the names in excel sheet shared separately)**
	Age Range	Home Based	CBR	Centre Based	Any Other Way	Total		
Male	0 – 18 Yrs							
	18 Yrs and above							
Female	0 – 18 Yrs							
	18 Yrs and above							
Total	0 – 18 Yrs							
	18 Yrs and above							

1(B) Early Learning Years (0-6 Years) (**Please mention the names in excel sheet format shared separately**)

S.No	**No. of Children**	**No. of children in last quarter**		**New Identification**		**Dropout (if any)** Please mention their names in Annexure 2		**Total**	
		M	F	M	F	M	F	M	F

	Details of service users been shifted to 6-18 Age Group (Name & Gender)	*E.g. Deepak (M) shifted to 6-18 years age group*							
1.	**Significant achievements during the reporting quarter**	*Please mention only 5 major achievements from the project; for example, Started speech therapy, increased reachout of centre based programme, introduction of new therapy or service for the children, organised any assessment camps, new equipment and learning material used for the children, etc.* *Please DO NOT give child specific achievement*							
2.	**Baby Screening Programme**	**No. of babies assessed till last quarter**		**No. of babies assessed during the quarter**		**No. of babies included in EI**		**Total babies in EI from baby screening programme**	
		M	F	M	F	M	F	M	F
3.	**Learning and Challenges**	*Learnings (Any three)* *Learning of organization or project staff regarding EI during the reporting period.* *Challenges (Any Three)* *Challenges faced while implementing EI project activities during the reporting period.*							
4.	**Aanganwadi Programme**	**No. of children till last quarter**		**New enrollment**		**Dropout (if any)**		**Total**	
		M	F	M	F	M	F	M	F
5.	**Activities under Aanganwadi and follow up for enrollment**	*Activities (List out five major activities)* *Example: Anganwadi worker's training; meetings; support in enrollment, etc.* *Status of follow up* *Weekly / Monthly follow up and results of such follow ups.*							
6.	**No. of IEPs developed / reviewed in the quarter**	Existing IEP reviewed: New IEP developed:							

1(C) Education Years (6 – 18 Years) (Please mention names in excel sheet shared separately)

S.No.	No. of Children	No. of Children	New Identification	Dropout (if any) Please	Total

		in last quarter				mention their names in Annexure 2			
		M	F	M	F	M	F	M	F
	Details of service users been shifted to 18 & Above Age Group (Name & Gender)								
1.	**Major educational activities conducted**	*Mention major five activities; for example new activities or teaching methodologies used by the educators etc*							
2.	**No. of IEPs developed / reviewed in the quarter**	Existing IEP reviewed: New IEP developed:							
3.	**Learning and Challenges**	*Learning* *Learning of organization or project staff by implementing project activities during the reporting period.* *Challenges* *Challenges faced while implementing project activities*							
Inclusive Education Please mention names in Annexure-5									
	No. of students	**No. of students in last quarter**		**New Identification / Enrolment**		**Dropout (if any)**		**Total**	
		M	F	M	F	M	F	M	F
4.	**Govt. School**								
5.	**Pvt. School**								
6.	**Higher Education (Under-Graduation and above)**								
7.	**Significant achievements and follow-ups under Inclusive Education programme**	*Please mention any major three achievements and their follow-ups/ plan* Eg:Enrollment of children, significant achievements of meeting held with govt./ private school authorities/ education department and its output etc							

1(D) Vocational Training and Income Generation Activities (18 years and above)
(Please mention names in excel sheet shared separately)

S.No.	No. of Young Adults	No. of young adults till last quarter in Vocational Training		No. of young adults newly identified		Dropout, if any (Please mention their names in Annexure 2)		Total	
		M	F	M	F	M	F	M	F
		Sheltered Workshop		Income Generation Activities		Open Employment (Pvt)		Govt Employment	
		M	F	M	F	M	F	M	F
1.	**Activities under Vocational Training Programme**	*Please mention the types of trade chosen in vocational training programme along with the details of service users*							
2.	**Achievements and challenges under IGA**	*Achievements (Please mention any five only)* *Challenges (Please mention any five only)* *Challenges faced in vocational training, IGA support, follow ups, etc*							

Section 2: Capacity Building (Families, Siblings, Teachers, Medical/ Para-medical staff, NGOs, etc)

2(A) Please provide the information such as- topics covered; name of organisations they belonged to; number of participants (M/F break-up); date of training; name of faculty and any follow-up planned against trainings:

1.	**Training/ webinar/ online courses for Caregivers/ Family Members / Siblings during the quarter** **(**Include feedback of participants)	
2.	**Training/ webinars/ online courses attended by project staff during the quarter** **(**Include learning of project staff from the session also)	
3.	**Training or sensitisation for other NGO Professionals/ Anganwadi/ ASHA workers**	

4.	**Training for SMSA / Pvt School teachers on Inclusive Education**	
5.	**Training for Medical and Para-medical staff**	
6.	**1. Mentoring Support** **2. Onsite Training** **3. Project M&E**	Suggestions (Any Major Five) Follow up Actions

2(B) Outcome and impact of the training events

Training Event (Date and name of the event)	**Outcome**	**Impact**

Outcome:

1. *Number of children (M/F) with deafblindness identified/ referred by the trained/ sensitized participants.*
2. *Number of follow up meetings/ trainings conducted post event.*

Impact:

1. *Number of identified service users receiving regular services through project.*
2. *Number of NGOs initiating services for persons with deafblindness*
3. *Folluw up training request from participants for more sensitization*

Section 3 : Networks Development (Families, Teachers and Young adults with Deafblindness)

S.No	**No. of Network Members**	**Families (Prayaas)**		**Teachers (Abhi – Prerna)**		**Adult deafblind (Udaan)**	
		M	**F**	**M**	**F**	**M**	**F**
1.	**Till last quarter**						
2.	**Newly Joined**						
3.	**Dropout, if any *(Please mention the details in the Annexure- 6)***						
4.	**Local Networks meetings (Quarterly/monthly)**	Date of meeting: Number of participants (M/F break-up), Name of faculty/SII member present Meeting Outcome :					
5.	**Meetings / activities attended; other than local**	*Please mention the information such as* topics covered, number of participants (M/F break-up), date of training, name of faculty and action plan:					

6.	**Outings / picnics organised**	*Please mention the information* such as place visited, mode of transport, number of participants (M/F break-up seperately of parents, children & staff), date of outing,activities conducted if any, any impact, learnings, response from participants…..etc.

Section 4 : Schemes and Entitlements Benefits:

4(A) Through Govt. Sources

S.No.	Name of Schemes	Till last quarter		New Addition (Service users who availed govt. schemes/ entitlement in reporting quarter)		Total	
		M	F	M	F	M	F
1.	Disability Certificate						
2.	Disability Pension						
3.	Unemployment allowance						
4.	Travel Concession (Bus / Train)						
5.	MNREGA						
6.	Voter ID						
7.	Niramaya Health Insurance						
8.	Nutrition Support						
9.	Assistive Devices Hearing/Vision/Locomotor/ Communication etc						
10.	Linkages with Aadhaar cards						
11	Linkages with UDID card						
12.	Clinical Assessment					Please specify the assessment conducted	
13	Others (…….); please add rows if needed						

4(B) Support through SII

S.No.	Category of benefits	Till last quarter		New Addition		Total	
		M	F	M	F	M	F

1.	**Travel allowance to children/ mobile reimbursement to service users**						
2.	**Nutrition Support**						
3.	**Medical Support**						
4.	**Assistive Devices Hearing/Vision/Locomotor/ Communication etc**						
5.	**Clinical Assessment**					**Please specify the assessment conducted**	
6	**Others (…….); please add rows if needed**						

4(C) Support through any other sources:

Please add the category accordingly

S.No.	Source	Category of support	Till last quarter		New Addition		Total	
			M	F	M	F	M	F
1.								
2.								
3.								

Section 5 : Advocacy, Communication and Resource Mobilisation

1.	**Your efforts, achievement till now and plan in networking with other organisations in the state and region**	*Maximum five achievements*
2.	**Advocacy with the Government (Health/ Education / Social Welfare/ Disability Commissioner/ Skill Development or any other)**	*Maximum five*
3.	**Communication materials produced on awareness generation**	*Please write a small description on the same. Share with us a scan copy via email/Google Drive or the hard copy via post, along with the submission of report to SII*
4.	Resources mobilised locally or new grant applications made to sustain the project Example-	*Please mention major three successes*

	1. Use of community centre for holding meetings or local network meeting 2. Support received by community members/RWA members/ Religious organization in form of therapy equipments/ sensory toys/ educational material/ infrastructure development 3. Support from community members in form of room for free to start new centre and reach to more children	
5.	**Accomplishments/ awards received**	
6.	**Anti Bribery Policy & Anti Fraud Policy**	*Is the project team aware about the Anti Bribery Policy?* *Please mention if you have come across any issue.* *If no such issue, kindly mention 'No'*
7.	**Child and Vulnerable Adults Protection Policy**	*Please mention the support of this policy in the field of Advocacy,Communication.* *Is the project team aware about child and vulnerable adult policy?* *Who is the Child Protection Officer in your organisation?* *Was there any case of child abuse in your organisation? If yes, what was the action taken?* *If no such issue, kindly mention 'No'*

Section 6 : Impact and Planning:

1.	Significant change/improvement in any two of your deafblind service users during the reporting period. Please attach relevant photograph in JPEG format along with the report	

2.	Significant change/improvement in attitude of families/community during the reporting period. Please write one or two examples with their original quotations	
3.	Have you experienced any issues or events that have hindered the successful execution of your programme? If yes, how did you overcome the above problems? (for example, bus strikes, heavy rain, vacation period, illness of child, pandemic or family members etc.)	
4.	What are the lessons learnt in implementing the project activities?	Please share three major lessons
5.	What are your objectives and action plan for the next reporting period? Objectives: 1. 2. 3. 4.	Action Plan: 1. 2. 3. 4.
6.	Impact of advocacy and networking efforts Example: 4. Referrals from Govt. dept or networked NGOs. 5. Support received from Govt. Dept. in ensuring service users are able to avail schemes 6. Any notification from Govt. Dept that has positive impact such as notification regarding issuance of disability certificate mentioning deafblindness as disability 7. Efforts by Network group members	

Section 7. Network Organization Activities Please mention the details in Annexure 3

S.No.	Numbers	New Additions during reporting period			Cumulative Total	
		Age Group	Male	Female	Male	Female
1.	Children and Young Adults with deafblindness identified through partner organisations	0-6 years				
		6-18 years				
		18 years and above				
2.	Partners in the region/ State					
3.	Organisations sensitised					
4.	Organisations initiating work on deafblindness					

Section 8. Impact Analysis of activities

Enlist major group or individual educational activities (maximum five) that benefited children the most during this reporting period in home based, centre based or other settings (*pls. specify other settings*).

S.No.	Name of the child(ren)	Activity	Nature of setting	Impact/ Benefits
1.	*Example: Mast. Sujal*	*Pre braille activity*	*Centre based*	*Now he understands braille dots and shapes such as triangle and circle. He Also does counting from*

				1-10 using counting book

8(A) Impact activities: Language and communication (Maximum Three)

S.No.	Name of the child(ren)	Activity	Nature of setting	Impact/ Benefits
1.	*Example: Mast. Lucky*	*Receptive communication*	*Centre based*	*understand sentences of a short line and tries to do repetition of that sentence*

8(B) Impact activities: Motor activity (Maximum Three)

S.No.	Name of the child(ren)	Activity	Nature of setting	Impact/ Benefits
1.	*Example: Mast. Madan*	*Mobility*	*Centre based*	*Reaches the therapy unit from class room Independently by propelling the wheelchair*

8(C) Clinical & functional assessment conducted:

S.No.	Name of the Child	Area/s of assessment Clinical/Functional	Date of assessment	Assessed By (i.e. Paediatrician, Psychiatrist, PT, OT, ST, Audiologist etc.)	Recommendation and follow up actions taken.
1.	*Example: Ms. Anjani*	*Clinical*	*22/11/17*	*Orthopaedics, Neurologist*	*Continuation with same medicine*

Annexures

Recent photograph of the service user

Annexure - 1 : New service user enrollment form

ATTACH LATEST PHOTO OF THE SERVICE USER

Consent of Parents/Caregivers/Service User taken: Yes/No
(Please attach scanned copy of consent form)

This information will be added to SII database of persons with deafblindness , which aims to collect statistics relating to cause, prevalence etc.

Please complete one form for each new client.

S. No.

First Name:		**Family Name:**	**Surname:**
Date of Birth:	**Age:**	**Gender:**	
Religion (Optional):		**Postal Address:**	**City/Village:**
			State:
Father's name:		**Mother's Name:**	
Urban/Rural:		**Annual family income:**	

What kind of services is the person currently receiving (special schooling/home based services/ CBR/ Residential care/mainstream school/vocational training/support services):

Disability Profile	Congenital	Acquired
Totally Blind		
Totally Deaf		
Partially Sighted		
Partially Hearing		
Sensory issues		

Along with vision and hearing difficulties, does he/she have any other associated condition(s) like intellectual impairment, physical handicap, cerebral palsy, autism, communication difficulties etc. Please mention the details.	
Known cause(s) of disabilities:	
Any history of disability in the family:	
Programme enrolled in:	
Source of referral to programme: (like SMSA, NGOs, GOs, Parent of other service user, Medical professionals, Panchayat members, Individuals etc)**:**	
Introduced about Networks (Local / National), if yes registered with Prayaas or Local body	
Date when entered programme:	
Main Caregiver:	

2. **Details of Dropouts**

S.No	Name of the client	Date of Birth / Age	Gender	Reason for Dropout	Current status of the service user
1					
2					

3. **Coverage through Partners:**

S.No	Name of the client	Date of Birth/ Age	Gender	Name of the Partner

Annexure 4: Details of Staff

S. No.	Name of Staff	Designation	Working Since	Age/Gender	Full time/Part time/new addition

Annexure 5: Details of children with deafblindness/MSI who is availing education in an inclusive education setup through Samagra Shiksha/regular schools

S.No.	Name of the child	Date of Birth/age	Gender	Enrolled in SMSA /Regular School. Please mention the name of the school	Standard of student receiving education	The child is presently in SII programme (Yes/No)
Example: 1	*Kirthi*	*03-05-2003*	*Female*	*Regular School*	*9th*	*Yes*

Annexure 6: Dropout- Networks

S.No	Name of the member	Age	Gender	Type of Network belonged to *(Prayas, Abhi Prerna, Udaan)*	Reason for Dropout	Current status of the member
1						
2						

Annexure 7: Quotes/Testimonials from Parents/ Caregivers/ Service Users/ SMSA Educators/ Medical - Paramedical Professionals/ Govt. Official (Please mention Name, designation (if any) and Dept, in case of Govt. Official.)

Annexure 8: Stories of Hope

Please answer these questions in relation to one of the person with deafblindness. This information will be kept on file and may be used to write information/promotional materials about projects supported by Sense International India. Do not give information, which you wish to remain confidential.

Full Name:

Any other/special names:

Gender:

Date of Birth:

Mother's Name:

Father's Name:

Father's Occupation:

Mother's Occupation (If working):

Siblings - names and ages:

Postal Address:

With whom does s/he live?

Religion (Not important):

Disability (In detail):

Known Cause of Disability:

Age when disability was identified?

Programme that s/he is enrolled in:

When did s/he first join the programme?

How did the family come to know about the programme?

Behaviour/ Condition of the child:

Before joining the programme:

After joining the programme:

What have been his/her main achievements?

How does s/he communicate? Can she follow instructions given to her/him?

What are the child's favourite activities?

What does he/she not like to do?

What are the thoughts/impressions the educator has about the child?

What do the parents/caregivers have to say about the progress of the child?

(A quote is compulsory)

How are the parents/caregivers involved in the programme?

What aspirations do parents have for persons with deafblindness?

What aspirations does deafblind person have?

Have they had any good or bad experiences with other professionals to whom they took their child?

Name of key worker:

Qualification:

What were his/her goals for the previous 3 months? Action Plan for the next period.

What does the educator look forward to in the mid/ long term from her/ him?

Any other worker involved with the child along with / other than this worker?

Is there any person who has played a critical role in his/her progress who deserves a special mention?

Have the person with deafblindness or their family been supported in obtaining medical facilities for family members, social security schemes, BPL card, ration card, disability pension etc. (you may want to mention any other support activity which may not be directly part of deafblind project activity but provides comprehensive solution towards deafblind management/ family support system)

Kindly mention the clinical assessments performed when he/she joined the programme and the list of clinical assessments done in the last one year.

Please send good action picture of the case study in JPEG format

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