

Quality Assurance/Quality Improvement Framework and Standard Operating Procedures for HIV Prevention among Street Youth and Children

Apex Quality Manual • Enhance SAMARTH: Salaam Baalak Trust Project • February 2011



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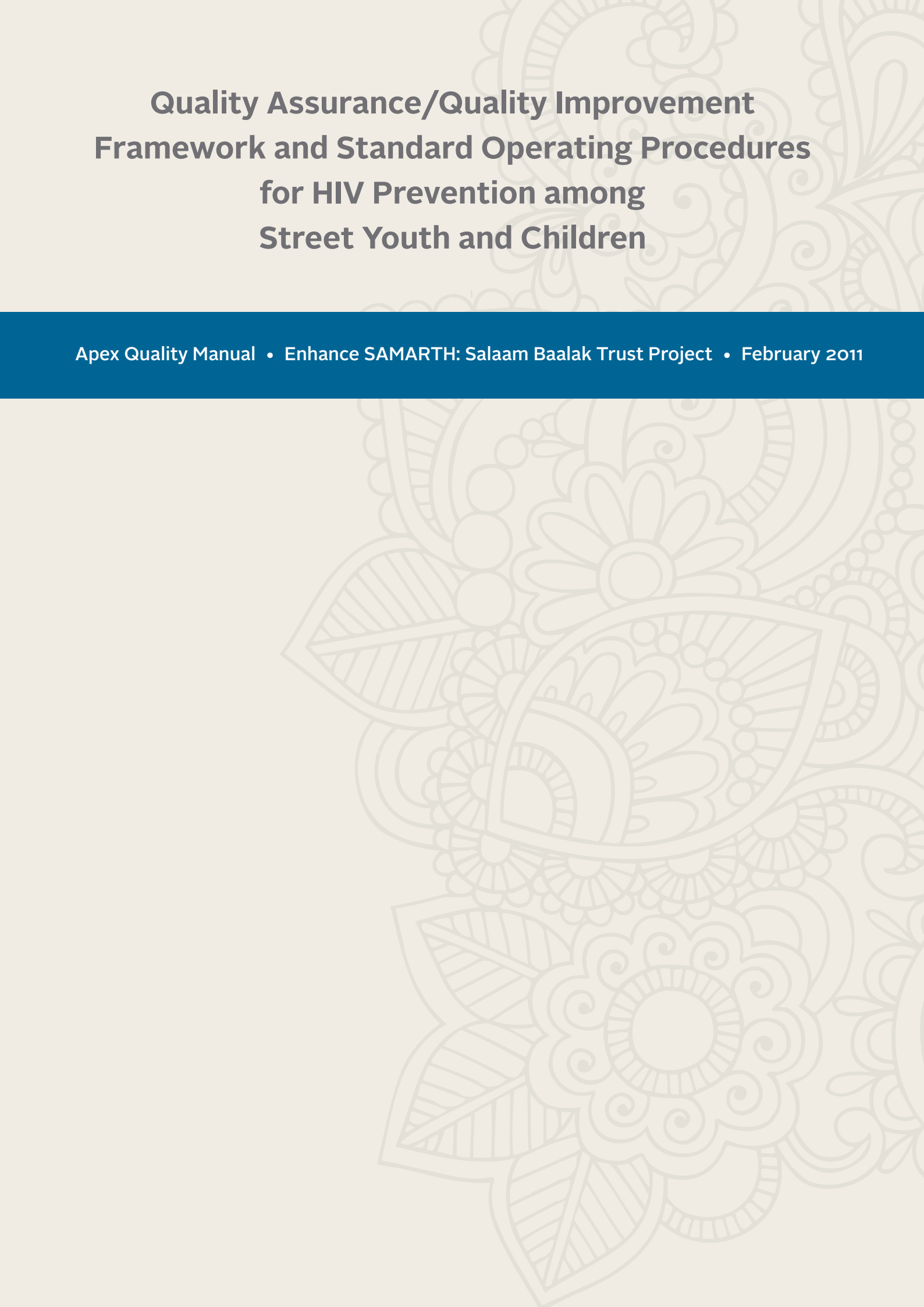


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**Apex Quality Manual:
Quality Assurance/Quality Improvement Framework and
Standard Operating Procedures for HIV Prevention among
Street Youth and Children**

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This manual is an innovative effort to measure the quality of HIV prevention services among street children, runaway children, adolescents, and young adults. It has two parts. The first provides a general overview and detailed description of the standard operating procedures (SOPs). The second explains the checklists and describes the interdepartmental teams for internal assessments. An appendix with checklists for the staff members who are responsible for implementing the SOPs follows.

This manual was created under the aegis of Salaam Baalak Trust (SBT), a nongovernmental organization based in New Delhi. SBT is dedicated to the care and protection of neglected and highly vulnerable street and runaway children.

Technical support was provided by FHI, an international nongovernmental organization whose mission is to improve the lives of the world's most vulnerable people using a scientific, evidence-based approach.

This work was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the United States President's Emergency Plan for AIDS Relief (PEPFAR), the largest global program on HIV/AIDS. PEPFAR's goal is to treat at least 3 million people, prevent 12 million new infections, and care for 12 million people, including 5 million orphans and vulnerable children, by 2013. Financial assistance was provided to FHI by USAID under the terms of Cooperative Agreement # 386-A-0006-00161-00. The contents are the responsibility of FHI and do not necessarily reflect the views of USAID or the United States Government.

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The United States Agency for International Development (USAID) in India is committed to supporting the National AIDS Control Organization (NACO) in strengthening the infrastructure, systems, and human resources of the National AIDS Control Program, Phase III (NACP III).

The SAMARTH Project, supported by USAID and implemented by FHI, is mandated to improve the life of street-children, who are the most vulnerable population to sexually transmitted infections, including HIV/AIDS. This vulnerability is due to the very characteristic of their being at the developmental stage, without support and information, and often being exposed to exploitation early in life, including exposure to risk-inducing substance abuse. Supporting vulnerable and street children through the SAMARTH Project is a part of the President's Emergency Plan for AIDS Relief (PEPFAR)-supported projects.

As the scale of operations continues to expand in India to promote HIV prevention, care, support and treatment programs, improving quality in the delivery of products and services at the district, state, and national levels is emerging as a priority. A robust Quality Assurance and Quality Improvement (QA/QI) system, implemented systematically and monitored periodically, will make a significant contribution toward improving the quality of health products, processes and people-based outcomes in the long run. This example of Standard Operating Procedures and Checklists, developed by FHI in partnership with the Salaam Baalak Trust, should prove useful for bringing in sustained quality of care for street children.

I congratulate all the staff and management of Salaam Baalak Trust of Delhi and FHI for their efforts in developing this QA/QI manual for street child programming.

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Preface

In the third phase of the National AIDS Control Program (NACP-III), the government of India is improving the efficiency and effectiveness of the national response to HIV and AIDS for greater impact and better health outcomes. The emerging priority under the national program is to optimize the scale and resources with a sharper focus on quality of services.

Under the USAID-funded “Strengthening Abilities to Manage and Respond Effectively to HIV/AIDS” (SAMARTH) project, FHI is extending technical assistance (TA) to governmental and nongovernmental partners to strengthen the response to HIV/AIDS at the national, state, and district levels. One of the core areas of TA is quality assurance and quality improvement (QA/QI) in child programming.

FHI, in partnership with the Salaam Baalak Trust (SBT) of Delhi, has developed innovative standard operating procedures (SOPs) and checklists for measuring the quality of HIV prevention services among street children. The SOPs cover key areas of services for children, such as health, psychosocial assistance, education, vocational training, and rehabilitation. These SOPs are widely applicable in different program settings. They can provide useful direction to both governmental and nongovernmental agencies in programming for vulnerable children and adolescents in India.



Dr. Bitra George
Country Director
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Acronyms

AB	abstinence and being faithful
AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CBO	community-based organization
CBSE	Central Board for Secondary Education
CYFS	child and youth-friendly services
DIS	drop-in shelter
FBO	faith-based organization
GIPA	greater involvement of people with HIV/AIDS
GO	government organization
HIV	human immunodeficiency virus
IA	implementing agency
ICT	integrated counseling and testing
IEC	information, education, and communication
IEP	individual education plan
IQ	intelligence quotient
LS	learning site
LSE	life skills education
M&E	monitoring and evaluation
MH	mental health
MP	management plan
MHP	mental health program
MIS	management information system
NACO	National AIDS Control Organization
NFE	nonformal education
NGOs	nongovernment organizations
NOS	National Open School

PE	peer educator
PEPFAR	President's Emergency Plan for AIDS Relief
PM	project management
PIF	performance indicator forms
PPTCT	prevention of parent-to-child transmission
QA/QI	quality assurance/quality improvement
RH	reproductive health
RMFR	recipients monthly financial report
SAMARTH	Strengthening Abilities to Manage and Respond Effectively to HIV/AIDS
SBC	strategic behavior communication
SBT	Salaam Baalak Trust
SDC	skill development center
SGMs	small group meetings
SHO	station head officer
SOPs	standard operating procedures
STIs	sexually transmitted infections
TB	tuberculosis
TOT	training of trainers
USAID	United States Agency for International Development
USG	United States Government
VCT	voluntary counseling and testing
WHO	World Health Organization

Quality Assurance/Quality Improvement Framework and Standard Operating Procedures for HIV Prevention among Street Youth and Children

Overview and Standard Operating Procedures



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HIV Prevention among Street Youth and Children: Framework and Strategies

I. Introduction

This part of the document outlines the strategies and activities that are carried out by the implementing agency, Salaam Baalak Trust (SBT), and New Delhi (under the *Demonstration Project on HIV Prevention among Street Youth and Children in Delhi* with support from FHI). These strategies and activities are designed to reduce the risk behavior of street youth and children in Delhi and thereby reduce their vulnerability to HIV infection. *Street children* are defined as persons between the ages of five and seventeen who meet one of the following criteria:

- Children on the streets. This includes children with families, where the families might be residing in close-by communities or in remote towns or villages.
- Children of the streets. This includes runaway children and orphans, without parents or families.¹

Vulnerable youth and children are defined as street youth and children who are at high risk of HIV infection as a result of early involvement in sexual activities and substance abuse and drug use; exposure to sexual abuse and exploitation on the streets; and lack of information, protection, and guidance.

Salaam Baalak Trust

Salaam Baalak Trust has been working with street youth and children since 1988. SBT has discovered that a large proportion of street youth and children come from the most populous and poorly developed states—such as Bihar and UP—and that most of these youth and children ran away from home because of family discord. SBT has conducted a number of studies that have indicated the vulnerability of these boys and girls to STIs and HIV.

A 1996 study among 100 street youth and children at the New Delhi Station revealed that 86 percent of the older boys between the ages 14 and 20 were sexually active, but they had no knowledge of proper condom use and had never used a condom. Only 25 percent of the boys even knew about condoms. Another community assessment in 2001 with 500 street children revealed that older children frequented sex workers, and quite a few of them indulged in substance use. Despite their high risk behavior and the high vulnerability associated with it, street children are not able to perceive their risk of HIV infection because of its low visibility among peers.

Salaam Baalak Trust provides educational, medical, nutritional, recreational, vocational, and psychosocial support services to street youth and children through its various centers, which include five outreach contact points and four shelter homes. The contact points are set up in busy locations, such as railway stations and bus terminals, where youth and children congregate after leaving their various cities, towns, and villages. The locations for the contact points established by SBT are the Government Railway Police (GRP) Station (at platform number 1), the New Delhi Railway Station (at platform number 12), and two centers (Akansha and Prerna) by the New Delhi railway reservation complex and the Hanuman Mandir (temple). In 2007, SBT set up two new contact points, one at the Old Delhi Railway Station and one at the PVR Saket cinema hall, because of the large number of street children around these locations. Salaam Baalak Trust also set up three shelter homes for boys:

- Aasra at Paharganj, which is a short-stay home for children between the ages of 5 and 12, most of whom are referred by the Central Welfare Board (CWC) after being rescued by the childline

¹ Juvenile Justice Act or JJ Act of India, 1986, amended in 2000.

- Apna Ghar, at Multani Dhanda, for boys between the ages of 12 and 18
- The Skill Development Center (SDC) at Ram Nagar, a shelter and drop-in-shelter (DIS), for boys between the ages of 12 and 18 who are interested in undertaking specialized vocational training or an advanced level of formal schooling

Salaam Baalak Trust established Aarushi in Gurgaon, Haryana, as a separate shelter home for girls between the ages of two and eighteen.

USAID/FHI SAMARTH (Strengthening Abilities to Manage and Respond Effectively to HIV/AIDS)

With funding support from USAID under the IMPACT project, FHI provided financial and technical assistance to SBT from August 1999 to September 2006 for implementing a project to provide HIV prevention services to street youth and children. FHI has extended program and technical assistance to SBT for the period from October 2006 to June 2011 under the USAID/FHI SAMARTH project for HIV prevention among street youth and children in Delhi. The goal of this project is to “improve the effectiveness of the response of the government and civil society for evidence-based HIV policy and programs in India.” The two new contact points at Old Delhi Station and PVR Saket (mentioned-above) were set up by SBT under the USAID/FHI SAMARTH project.

II. Quality Assurance/Quality Improvement (QA/QI) Framework

The QA/QI Framework for the Program Implementation Initiative was launched by FHI to support its goal of implementing high-quality programs and to respond to the need for more dynamic, decentralized structures. Instituting effective QA/QI systems will help achieve efficient, cost-effective program results and ensure that FHI meets its standards and contractual obligations.

Quality Assurance (QA) is a means of establishing standards—for example, clinical protocols and guidelines, program and administrative standard operating procedures (SOPs)—and consistently using them as a basis for assessing performance. Results from QA monitoring lead to—the quality improvement process.

Quality Improvement (QI) is a means of establishing and using a client-focused, problem-solving approach to test and implement solutions to problems that affect quality. Establishing an effective QA/QI system involves the following:

- Developing and disseminating approved standards of quality
- Ensuring that staff members at each level of program operation are empowered and enabled to carry out their QA/QI responsibilities at a prescribed level of performance
- Setting up efficient administrative and management systems to support these operations

Activities and processes at each operating level must undergo periodic and, ideally, continuous quality assessment and improvement.²

QA/QI Framework: Version 1

One of the key components of the project mandated FHI to extend technical assistance to SBT for developing the Quality Assurance/Quality Improvement Framework for reducing HIV vulnerability and risk behavior of street and working youth and children in Delhi. This QA/QI Framework includes SOPs for each of the project’s activities as well as checklists for monitoring the quality

² Quality Assurance/Quality Improvement for Program Implementation: Operations Manual; FHI; June 2006.

of each procedure. FHI initiated the development of the SOPs and checklists in 2007. It was an intensive participatory process for which FHI hired an external consultant and involved the project staff of SBT under the USAID/FHI SAMARTH project. Version 1 of the SOPs was adopted by SBT in February 2008, after an intensive, three-day training to train the SBT project staff members on how to implement the activities according to the SOPs.

Based on Version 1 of the SOPs, checklists were developed to serve as quality service monitoring tools. After adopting Version 1 of the SOPs, FHI engaged an external consultant to undertake a baseline checklist audit using Version 1 of the checklists. This was followed by a monthly internal checklist audit by SBT through interdepartmental teams that were formed from within SBT.

QA/QI Framework: Version 2

Through an external consultant, FHI undertook a midterm assessment in April 2009 that included the following:

- An external audit of quality standards based on SBT's implementation of SOPs for six months
- A review of internal monthly audits and assessment findings and reports by SBT interdepartmental teams over a period of six months (October 2008 – March 2009)
- A review of feedback on Version 1 of the SOPs and checklists

Version 1 of the SOPs and its checklists were successfully field- and pilot-tested through various built-in processes, such as the following:

- A baseline assessment (external by FHI)
- Implementation of each project activity according to the SOPs developed, from the time the SOPs were adopted to the midterm assessment
- Internal monthly checklist audits undertaken by the interdepartmental teams
- Midterm assessment (external by FHI)

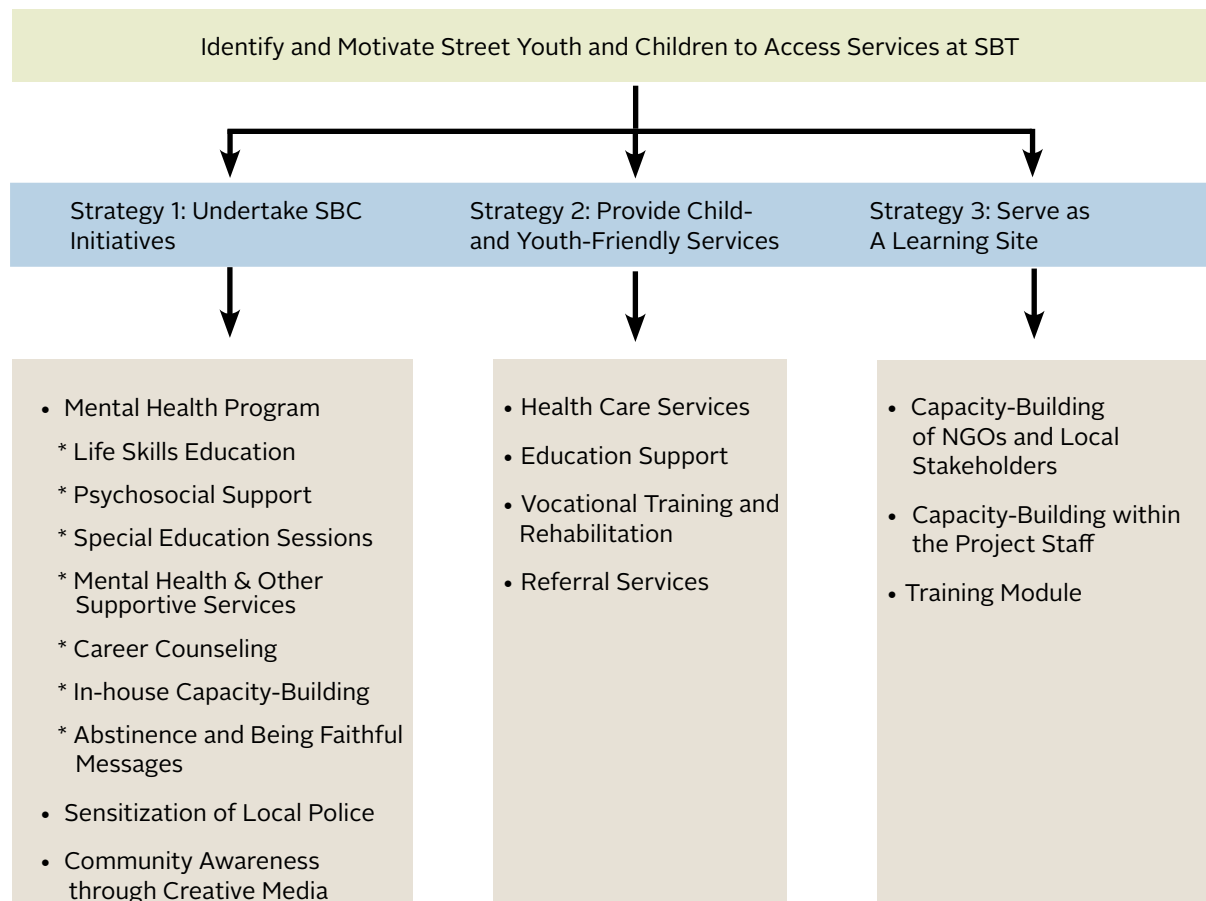
Version 1 of the SOPs and its checklists were reviewed and revised based on the outcome of the midterm assessment and feedback that was provided by SBT core project staff. In May 2009, SBT adopted the revised Version 1 as Version 2. Version 2 of the QA/QI Framework is the final version.

III. List of Standard Operating Procedures

Strategy 1: Undertake strategic behavior communication (SBC) initiatives to reduce risk behaviors of street youth and children and create a supportive environment.	
1.1	SOP: Mental Health (MH) Program: <ul style="list-style-type: none"> 1.1.1 SOP SBT/SBC/MH: Life Skills Education 1.1.2 SOP SBT/SBC/MH: Psychosocial Support Services: Informal Counseling Sessions 1.1.3 SOP SBT/SBC/MH: Mental Health and other Supportive Services for Youth and Children with Special Needs 1.1.4 SOP SBT/SBC/MH: Special Education Sessions for Learning Disabilities and Difficulties 1.1.5 SOP SBT/SBC/MH: Career Counseling 1.1.6 SOP SBT/SBC/MH: In-house Capacity Building 1.1.7 SOP SBT/SBC/MH: Sessions on AB Messages
1.2	SOP SBT/SBC: Sensitization of Local Police on MH Needs and Behavior of Street and Working Children
1.3	SOP SBT/SBC: Community Awareness through Use of Creative Media
Strategy 2: Provide child- and youth-friendly services (YFS) to address basic needs of street and working children.	
2.1	SOP SBT/YFS: Health Care Services
2.2	SOP SBT/YFS: Education Support
2.3	SOP SBT/YFS: Vocational Training and Rehabilitation
2.4	SOP SBT/YFS: Referral Services
Strategy 3: Serve as learning site to build capacity.	
3.1	Build Capacities of Other NGOs and Local Stakeholders
3.2	Capacity Building within the Project Staff
3.3	Training Module
Project Management (PM)	
4.1	SOP SBT/PM: Project Management: Planning, Implementation, Documentation, Monitoring, and Evaluation

IV. Goal, Strategies, and Activities

The goal of the QA/QI framework and SOPs is to reduce the risk behavior of street and working youth and children in Delhi and thereby reduce their vulnerability to HIV. The flow chart below outlines the strategies and activities that will help identify and motivate street children to access services at SBT in an effort to achieve this goal.



Identifying and Motivating Street Youth and Children to Access SBT Services

The outreach contact points are the starting point for identifying street youth and children and assessing their needs. The contact points offer drop-in facilities and services such as non-formal education, health checkups and treatment, recreation, life skills education, and counseling. Counseling addresses their immediate needs and concerns, and motivates and prepares them to either return to their families or stay at the SBT shelter home for long-term access to care and support services.

A rapid assessment survey is essential to setting up a contact point and initiating outreach activity. Because of the low attention span of street youth and children, the survey format should be brief, containing no more than 20 questions that are designed to solicit the following information:

- Socioeconomic and educational background
- Details about their families
- Key concerns and needs (immediate and long-term)
- Vulnerability to HIV and substance use

Identify key informants among the street youth and children who will identify other children and assist in conducting the survey and filling out the forms. Provide nutritional supplements to all street youth and children who assist in completing the survey forms. This information should be used to identify (1) strategic locations at which to establish the contact points, and (2) key areas of intervention that respond to the needs and concerns of the street youth and children. The surveys also serve as an opportunity for the organizations' staff to get to know the youth and children on the streets, who go on to become allies in the project by reaching out to other children and stakeholders in the project area.

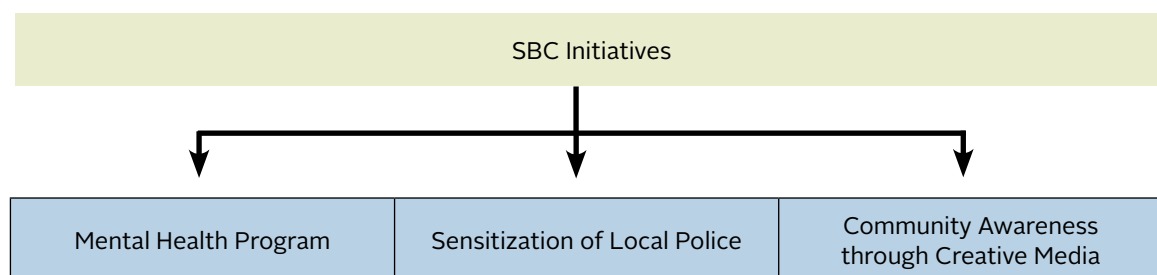
SBT performed this assessment when they set up the two new contact points at the beginning of the project. This assessment should be repeated periodically (for example, annually) for the purpose of modifying the structure, nature, or direction of the interventions, and identifying new beneficiaries for the project.

Registering Youth and Children at the Contact Points

Register each youth or child at the respective contact point where he or she has been identified. After registration, encourage registered youth and children to seek shelter and other services that are offered at the shelter homes run by IA. However, if a child does not wish to join the shelter home, continue to provide services at the respective contact point itself. One essential service that should be provided to each youth and child soon after registration at the contact point is a one-on-one session on AB messages for reducing the risk of HIV infection.

Strategy 1: Undertake strategic behavior communication (SBC) initiatives to reduce risk behaviors of street youth and children and create a supportive environment.

The strategic behavior communication (SBC) initiatives are programs and services designed to raise awareness, sensitize communities, and provide supportive services to street youth and children in order to reduce their vulnerability and risk to STIs and HIV infection. Various activities are carried out with street youth and children at contact points and shelter homes to equip them with knowledge



and skills for integrating safe and protective practices into their behaviors, such as delaying sexual activities, being faithful to one partner, and avoiding substance use. Interventions are also planned for sensitizing police and overall communities including various vendors in and around the project areas (railway stations, bus stops, and cinema halls), school-going children, and other NGOs in order to create an enabling environment and reinforce positive and healthy lifestyles among street youth and children.

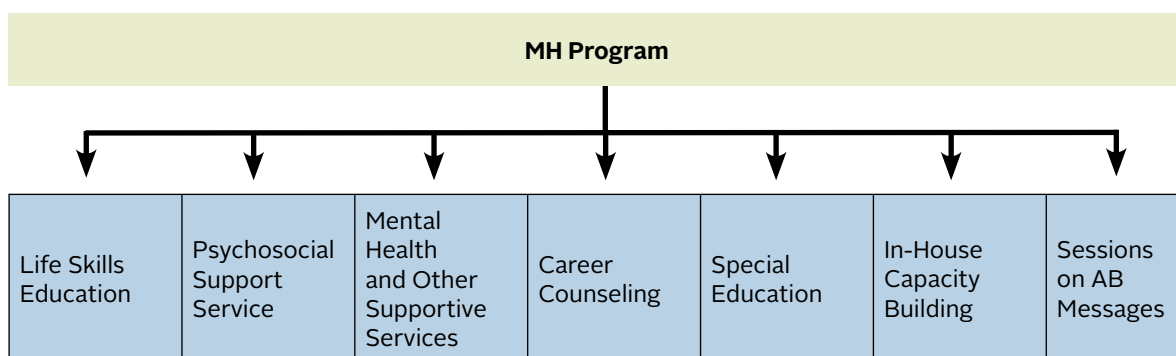
1.1 Mental Health Program

The prevalence rate of mental health (MH) problems in children and adolescents is much higher than other age groups. It has also been noted that the mental health problems of street youth and children

are greater than others in the same age group. There is an acute need to address these problems and concerns, especially by organizations providing care and support services to this group. If unaddressed, these problems interfere with the children's functioning in other activities and spheres of life including education, vocation, social integration, and rehabilitation.

The MH Program (MHP) at SBT was initiated in February 2003 by the senior consultant and child psychiatrist to promote and enhance positive MH among youth and children at SBT. The program activities are designed to enhance the overall well-being of youth and children, address their psychosocial and MH needs, and strengthen their coping skills and resilience, thereby reducing their risk behavior and vulnerability to HIV and STIs. The MH Program team responsible for these services is comprised of the following members:

- A senior consultant and child psychiatrist, associated with SBT on a part-time basis
- An LSE coordinator and psychologist, full-time with SBT
- Two clinical psychologists, one part-time and the other exclusively for the girls' shelter
- Two counselors (also referred to as counseling psychologists), associated with SBT on a full-time basis, with designated days for each contact point and shelter home



1.1.1 Life Skills Education (LSE) Messages

The World Health Organization (WHO) defines life skills as “the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and changes of everyday life.” Life skills education (LSE) promotes mental well-being and helps youth and children maintain healthy behaviors, make informed choices, and avoid high-risk behaviors that could have adverse outcomes such as HIV and STIs. Specifically, LSE sessions help youth to become more aware of sex and sexuality, teach them how to prevent HIV, and equip them with the skills to negotiate difficult decisions.

Based on the USAID/FHI Life Skills Education Toolkit, develop an annual curriculum for LSE and arrange for regular fortnightly sessions facilitated by trained staff for all youth and children between the ages of eight and eighteen at each contact point and shelter home. The current LSE Toolkit that USAID/FHI has developed includes components that address the following topics:

- Communication
- Negotiation
- Growing up and body changes
- Sex and sexuality

- Reproductive health problems including HIV and STIs
- Substance use
- Gender
- Relationships
- Decision making
- Critical thinking
- Goal orientation
- Coping with emotions
- Problem solving
- Motivation

Children for the LSE sessions should be grouped according to age, sex, comprehension level, and previous exposure to LSE sessions. Youth and children who have been through one level of LSE sessions can continue the sessions, but with a different and more advanced set of activities and methodology. Ensure that the methodology for facilitating the LSE sessions is participatory and interactive. Youth- and child-friendly tools and materials, such as reflective exercises, board games, flash cards, storytelling, and role-playing should be used. Constant evaluation and feedback sessions must be built into the LSE curriculum to evaluate and assess the impact of these sessions on street youth and children. Besides LSE, the LSE coordinator together with the mental health social workers will also conduct separate sessions on AB messages to reinforce learning from LSE integrated with the skill developments for abstinence and being faithful.

Periodic staff training, both in-house and with the help of an external resource person should be provided. Technical inputs from FHI and project staff members who are facilitating LSE sessions with street youth and children should be included. This will ensure that the staff members are updated regularly regarding the key issues related to LSE and HIV, and are equipped with new methods to conduct the sessions and sustain the interest of the participants. In addition, to further disseminate the LSE messages, train field assistants on LSE curriculum, including themes and methods, and encourage them to discuss these issues with youth and children at outreach points.

1.1.2 Psychosocial Support Services

Psychosocial support services should be provided through individual supportive sessions (counseling) with trained counselors for youth and children at all the centers, including contact points, drop-in centers, and shelter homes. The counseling sessions must focus on the core needs and concerns of youth and children such as issues related to growing up and body changes, myths and misconceptions about RH, sex and sexuality, prevention of and treatment for reproductive-tract infections, STIs and HIV, and substance abuse. Additionally, all new children need to be counseled for repatriation back to their families. Similarly, the counselor and the social worker together must provide HIV counseling to all youth referred to Voluntary Counseling and Testing (VCT) centers based on the USAID/FHI Protocol for Child Counseling on HIV Testing, Disclosure, and Support.

Specific counseling needs should be identified through various services at the centers such as LSE sessions, educational and vocational sessions, and other group activities with youth and children. Besides therapeutic interventions, the counselors must also be trained to use age-appropriate tools and language and to address the concerns of youth and children in creative ways, such as play, dance, and

art therapies, which prove to be effective in facilitating disclosures and recovery. Counselors should be trained in HIV/AIDS counseling with the USAID/FHI Protocol. With respect to mental trauma and signs of severe psychological difficulties or disorders—such as in the case of physical or sexual abuse, suicidal tendencies, or disruptive or extremely hyperactive behavior—make referrals to the designated psychologist of the respective center. The counselor must follow up these cases with the help of a mental health social worker, as per the prescription and advice from the psychologist and psychiatrist.

1.1.3 Mental Health and Other Supportive Services for Youth and Children with Special Needs

Street youth and children who encounter more complex and difficult circumstances such as physical or sexual abuse, trauma, and addiction require specialized MH intervention, which could mean therapy and, in some cases, medication by a psychologist and a psychiatrist. Street youth and children who demonstrate symptoms that create problems in their overall functioning (for example, lack of attention in studies, sad and depressed demeanor, suicidal thoughts or attempts, aggressive behavior, sleep disturbances, and disturbances in appetite without any physical or biological reason consistently) for 15 days or more need to be referred to specialized MH and supportive services. However, each center's staff, especially the counselor and MH social worker, needs to be trained in identifying these signs and symptoms in order to facilitate timely referrals.

Based on the referral form presented, the psychologist must conduct a comprehensive mental assessment and develop a management plan (MP) in consultation with the psychiatrist to indicate a therapeutic treatment plan for each youth and child. Each concerned staff member should follow the MP according to assigned duties and provide feedback. The exclusively dedicated, female psychologist (for which there is a provision) at the girl's shelter needs to play a greater role in directly identifying and addressing the special MH needs of the girls, particularly in the areas of RH, sex, and sexuality, with a focus on negative sexualizing resulting from sexual abuse, harassment, and self-defense.

The process of identifying symptoms, referring, and providing specialized MH services needs to be the same for all the centers, including contact points and shelter homes, to maintain as much uniformity and consistency as possible in services. Because of the mobility and transience of the youth and children, individual MPs should emphasize short-term and immediate steps.

1.1.4 Career Counseling

The MH team at SBT undertook this initiative in response to the expressed need to help youth choose the right stream and vocation, to reduce their drop-out rate from a particular vocation, and to strengthen job placements for them in coordination with other vocational and placement agencies. The process involves both group orientation sessions and individual sessions with those youth and children who display specific issues, such as repeated shifts in choosing their vocational training courses or lack of interest and motivation. Various psychological tests should be conducted individually with each child in small groups of eight to twelve to evaluate IQ, aptitude, interest, and personality, and to determine an appropriate course of study for these youth and children.

The psychological tests should be carefully selected to suit the socioeconomic background, language, and comprehension level and context of the target population. Trained psychologists should conduct the tests, and vocational training instructors in the career-counseling program should be available to facilitate referrals and adequate follow-up. The counseling program at SBT has been initiated at Apna Ghar shelter with youth and children between 12 and 18 years of age. Counseling needs to be extended to other centers as well with the same age group, in particular at Aarushi, the shelter home for girls.

1.1.5 Special Education for Learning Disabilities and Difficulties

SBT started the Special Education Program as a preventive program to help meet the needs of youth and children. While conducting assessments of those referred for specialized MH services, the MH team recognized the learning difficulties faced by many youth and children, such as learning, writing, and retention. These difficulties could be attributed to lack of interest, gaps in education (as most of them are drop-outs from school), a socioeconomic background where families do not emphasize the significance of education, and short memory and concentration span.

The MH team must therefore work collaboratively with the education program to identify and address these learning difficulties in a timely and efficient manner. It is also important to note, however, that special education is a specialized field. Members of the MH team and education coordinator need to be adequately trained to be able to identify, plan, and execute effective intervention strategies for the learning difficulties that these children might face. Ongoing capacity-building of teachers and education coordinator is necessary to help them identify and refer children with learning difficulties to the counselors. Similarly, the counselors need to be skilled in dealing with these difficulties. Children should receive individual support and counseling, but they should be grouped with other children with similar learning difficulties at each center and assigned to center teachers for ongoing intervention and follow-up.

1.1.6 In-House Capacity Building

It is essential to create an environment sensitive to MH issues within the organization by changing attitudes, ensuring early identification of MH issues in youth and children, and enhancing the staff's capacity to deal with children's MH. It is of utmost importance to identify issues, facilitate referrals, and follow up on them. Members of the MH team need to conduct periodic and ongoing awareness and sensitization workshops and sessions with all staff members, including social workers, MH workers, center coordinators and program coordinators, such as the education coordinators and vocational training instructors. According to the MH team members at SBT who have been conducting in-house workshops with the staff members since the inception of the MHP, "these workshops have helped MH workers and other staff to become more sensitive and equipped to identify children with MH issues at an early stage. This has also helped in bringing the attitudinal change towards deviant behaviors and overall dealing with the children." An organization should rotate its team of mental health workers to involve as many staff members as possible in the program. The rotation will ensure a timely and efficient execution of various activities and tasks under the MHP, make the entire organization MH-friendly, and lead to long-term sustainability of the program.

1.1.7 Sessions on AB Messages

According to the guidelines provided by the President's Emergency Plan for AIDS Relief (PEPFAR), sessions on AB messages need to be conducted regularly (on a daily basis) with each youth and child. The goal of these sessions is to reduce the risk of STIs and HIV infection by promoting abstinence, healthy norms, and healthy behavior patterns among youth and children. These sessions might also help identify youth and children at risk of HIV infection and provide an opportunity to address their risk and other vulnerability factors.

1.2 Sensitization of Local Police on Mental Health Needs and Behaviors of Street and Working Children

The youth and children on the streets are in the most vulnerable position and often get harassed and exploited physically, sexually, emotionally, and financially by various people, including the police. Sensitizing the police about the needs, behavior, and vulnerabilities of street and working children is important to securing their support for the project. Sensitization can be done through various

campaigns and events, such as stage shows and street theater. The most effective way, however, is to organize small group discussions and one-on-one interactions with various officials of the local police stations, including the station head officer (SHO), inspectors, sub-inspectors, and constables. The local traffic police of the area must also be included in these sensitization programs and meetings.

Females on the streets often are reported as “invisible or hidden groups” because of the rampant harassment and exploitation they suffer. These events and sessions should emphasize the specific vulnerabilities of females and encourage the police to handle them with sensitivity and even to reach out to them. Involve the street youth and field assistants (peer educators) in conducting and assessing the impact of these sensitization events and interactions with the police.

1.3 Community Awareness through Use of Creative Media

Use creative media to further prevent harassment, exploitation, and stigmatization of street youth and children; to sensitize communities, including school children and other local NGOs; and to create an enabling environment. One way to do this is to organize rallies, street plays, and puppet shows on issues related to street youth and children. Special or significant days such as Children’s Day and World AIDS Day can be good occasions to organize events to raise awareness on the significance of these days and to relay messages on HIV prevention, reduction of vulnerability and stigma, and promoting the rights of children. Additionally, at least one awareness program, such as a theme-based puppet show or street theater play, should be organized every month to convey messages on HIV/AIDS issues, HIV-related stigma and discrimination, and AB messages. These programs should involve the street youth and children around the project areas, including the New Delhi Railway Station area in Central Delhi, and Old Delhi Railway Station. IEC material should also be developed and disseminated on key themes during these events. This activity serves as a sensitization and advocacy tool about issues that affect street youth and children.

Strategy 2: Provide child- and youth-friendly services to address basic needs of street and working children.

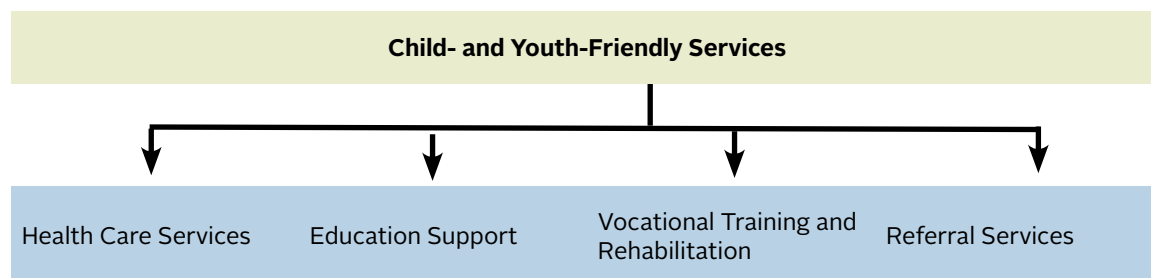
The services and activities outlined below (except health care) might not lead directly to HIV prevention, but the overall goal of reducing HIV vulnerability and risk behavior of street and working youth and children can be achieved only by providing avenues and services for holistic growth and all-around development. The lack of vision, information, direction, protection, and guidance on the streets contributes to the increase in their vulnerability and risk behaviors. The contact points and shelter homes provide street children and youth with much needed protection, supervision, and guidance. Child- and youth-friendly services such as education support, health care, vocational training, and rehabilitation, ensure the balanced growth and development of these children.

2.1 Health Care Services

Provide health care services through an in-house doctor and pediatrician for all the centers, a separate female doctor for the girls’ shelter home, and a medical social worker in each center. The doctor (or pediatrician) should visit each center on a designated day and time. Each new youth and child should have a thorough medical examination within 48 hours of arrival at the center. Routine medical checkups for each child should be done on a monthly basis. Medical social workers together with the field assistants at each center are responsible for the following:

- First-aid services
- Timely referrals of sick children to the in-house doctor or hospital
- Treatment compliance and follow-up according to doctors’ advice and prescriptions

During the outreach activities, social workers must provide first-aid services to street youth and children and establish a health post around the project area, close to the contact points, for children who do not access the contact point services.



At present, SBT operates a health post at New Delhi Railway Station daily between 10am and 2pm, which is visited by many street children who usually do not visit the contact points. This health post provides an opportunity for the doctor and social workers to reach out to and ensure long-term stay and support by joining stay-homes and by accessing regular services and support from other centers which will be beneficial for all especially girls, who otherwise are invisible or hidden. The doctors and medical social workers should actively identify and address the links between STIs, HIV, and TB; notify partners in cases of STIs; refer children with STIs and children exhibiting risk behavior, including drug use, to VCT; and provide nutritional supplements to children during outreach activities and other sessions at the contact points—namely, LSE and education.

2.2 Education Support

Education is the window to opportunity and the key to development. It is important to attempt to channel every child into mainstream education. However, these attempts must take into consideration the fact that street children have different educational backgrounds, ranging from illiteracy to some level of primary and secondary education. Education support should include the following:

- For older illiterate children, provide basic literacy skills through non-formal education (NFE).
- For those with some literacy, coach and prepare them to be mainstreamed into formal education or enrolled into the National Open School (NOS).
- Offer bridge courses to children with some years of schooling and encourage them to rejoin the formal school system or to complete their education through NOS based on their level of performance and interest.
- Make arrangements for remedial education and summer programs or coaching for children entering a formal system of education.

As a large number of children are opting for enrollment in NOS, it becomes imperative to match up levels of formal education; develop and follow a curriculum for various education streams; and offer courses such as NFE, NOS, and remedial education. It is advisable to acquire a certification from relevant boards. Similarly, teachers should develop and use innovative teaching and learning methods in educational and support sessions and classes to make learning enjoyable to youth and to sustain their interest in their studies. Additionally as mentioned earlier, the education program should work collaboratively with the MH team to devise and conduct aptitude tests to ensure that courses fit individuals' needs, and to provide support and counseling to children with learning difficulties.

2.3 Vocational Training and Rehabilitation

Youth and children older than 14 years should be registered in various basic and advanced skill building and vocational courses offered by SBT, such as computers, and in other agencies providing courses in tailoring, painting, electric wiring, computer, catering, motor mechanics, motor winding, photography, puppetry, and so forth. Establish links with other institutes and NGOs in the vicinity to make such courses available to youth and children. Assess their skills, aptitude, and interest through aptitude tests conducted by the trained psychologist from within the MH team. Linkages and partnerships must be established in order to facilitate job placements for youth after successful completion of the vocational course. To ensure rehabilitation of these youth and help them settle into their new mainstream environment outside the shelter, provide money for rent and sustenance for a period of three months.

2.4 Referral Services

Through referrals, organize specialized services for youth and children who need treatment for TB, STIs, de-addiction, or detoxification; and those who face physical or mental challenges. Establish links to local government hospitals, clinics, primary health care centers, private practitioners, and NGOs. Make referrals as necessary. Similarly, as mentioned earlier, counselors and social workers together must provide HIV counseling to all youth referred to VCT centers based on the USAID/FHI Protocol for Child Counseling on HIV Testing, Disclosure, and Support. Regular follow-up with the referred individuals to ensure compliance with the treatment and monitor progress must be assured.

Strategy 3: Serve as a learning site to build capacity.

3.1 Capacity Building of Other NGOs, Local Stakeholders, and the Project Staff

In order to ensure successful implementation of all the activities outlined above, it is essential to conduct ongoing capacity-building training for the project staff to enhance their understanding of the project's key issues and to strengthen their skills for effective delivery of services.

SBT's project on HIV prevention among street youth and children in Delhi is a demonstration project of FHI. One of the strategies of the project is to develop it as a learning site for other agencies, including NGOs, community-based organizations (CBOs), faith-based organization (FBOs), USG partners, donors, government representatives, and other stakeholders. Identifying and conducting capacity-building trainings for these organizations on a regular basis is an essential component of the project. These trainings should be based on the SBT objectives and interventions for preventing HIV among vulnerable youth and reducing their vulnerability.

It would be useful to develop a 10-day training module outlining a training plan, curriculum, participatory methodologies, and field visits, with the help of an external consultant and technical inputs from FHI. The training module can be used to train the core facilitators and project staff, who will then become trainers and further facilitate capacity-building training workshops for other agencies; and to train other agencies. It is essential to document and disseminate the lessons learned and best practices in partnership with other agencies such as the Solidarity and Action Against the HIV Infection in India (SAATHII), who have expertise in the same area.

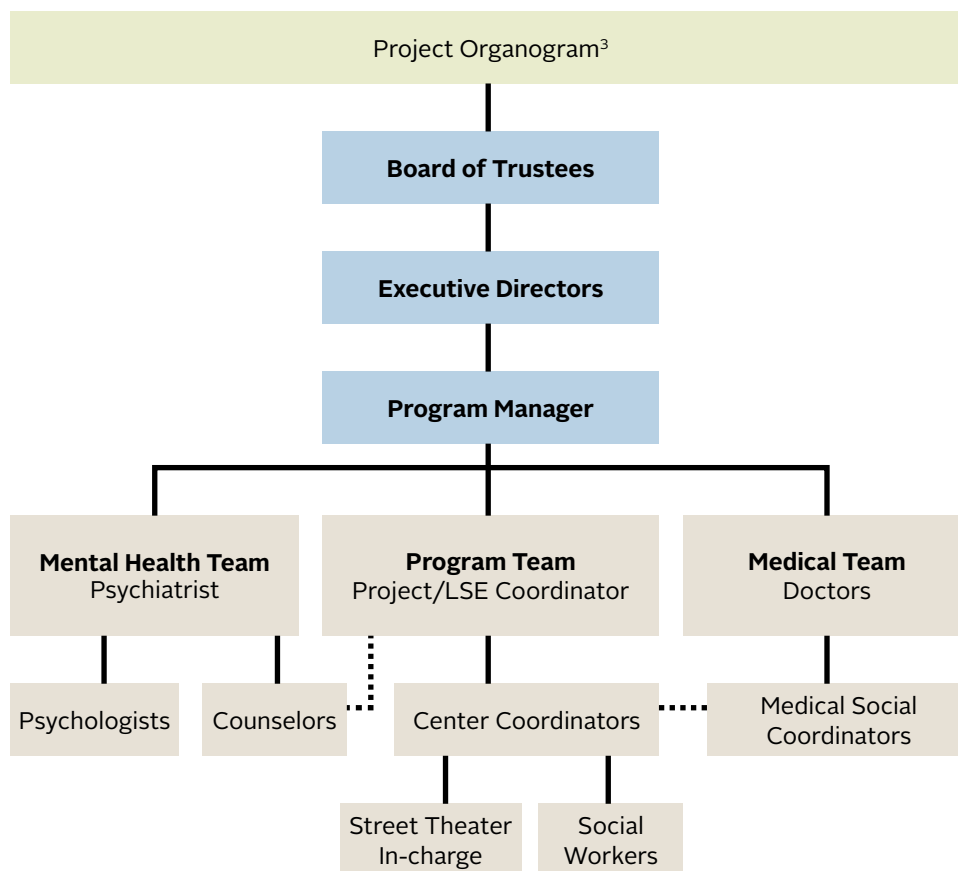
Additionally, each staff member must be sensitized and supported in maintaining a high level of confidentiality through coding, securing registers and other sources of leakage of name and addresses, particularly for adolescents and children who are undergoing counseling and who have been referred for HIV testing.

V. Linkages and Partnerships

Although SBT carries out many activities for the prevention of HIV among street youth and children in their project areas, it is not possible for one implementing agency in isolation to provide all the required services. Partnering and linking with other stakeholders at various levels is beneficial for ensuring holistic and sustainable services. Established links should include, but not be limited to, the various stakeholders listed below:

- Other agencies including NGOs and GOs in the vicinity and beyond that focus on similar or related interventions
- Government health care facilities, including primary health centers and VCT/ICT centers, for referrals to health care services and HIV counseling and testing (CT)
- Formal, regular schools for ensuring the admissions of youth and children
- Vocational training institutes and NGOs in the vicinity of the project area for expanding the options of vocational training for youth and children beyond the courses offered by the implementing agency
- Links and partnerships for apprenticeships and placements after the vocational training

VI. Project Staff: Roles and Responsibilities



³ Changes are made to the organogram (indicated in the proposal) based on the actual implementation and positioning of staff.

The SOPs must be adhered to in accordance with the specific roles and activities of the responsible person(s). In addition roles and responsibilities and staff checklists have been developed to help project staff members assess their performances according to their roles and duties assigned in each SOP. Some of the project staff members have dual areas of responsibility—for example, the project coordinator also serves as the LSE coordinator, and the counselors act as LSE facilitators. The overall roles and responsibilities of project staff members are described below. See the appendix for detailed staff checklists.

Board of Trustees

The board of trustees includes influential civil society members from various streams of professions—lawyers, film makers, corporate office executives, and others, who contribute to building and shaping the vision, mission, and philosophy of the work of SBT. The role of the board of trustees is to:

- Provide overall strategic vision and guidance to the organization
- Build public relations and advocate to influence policy around street youth at the local and national level
- Assess the financial health of the organization and contribute by mobilizing and building resources
- Monitor the performance of the organization across various projects and guide the project management teams for improved quality and results
- Build relationships with donors, government, and other civil society partners

Executive Director

The executive director is responsible for the overall management of the project. The role of the executive director is to:

- Provide leadership, technical and programmatic oversight, and strategic direction to the project team
- Provide inputs on implementing the project activities in consultation with the program manager
- Provide feedback to the board of trustees and senior management team about the progress of project activities
- Oversee disbursement of funds for the smooth execution of project activities and ensure adherence to financial management systems and processes including timely audits
- Ensure adherence to contractual requirements of the donors, including timely programmatic and financial reporting
- Ensure adherence to the QA/QI framework within the organization and ensure the technical quality of the activities
- Facilitate site visits for key stakeholders

Accountant

The role of the accountant is to:

- Maintain the financial system and books of accounts according to FHI's requirements
- Prepare monthly financial reports
- Ensure financial accountability of all project activities

Program Manager

The responsibilities of this person fall into three categories:

Project Management and Coordination

The role of the PM in this capacity is to:

- Ensure implementation of the project according to the time line
- Provide day-to-day management and supervisory support to the project
- Ensure capacity-building training of the staff according to the project plan

Strengthening Links and Networks

The role of the PM in this capacity is to:

- Sensitize key stakeholders and liaison with other agencies that are working with street children
- Develop links with the government departments, NGOs, schools, and other stakeholders

Reporting, Monitoring, and Evaluation

The role of the PM in this capacity is to:

- Facilitate the monitoring process by holding periodic review meetings with the project staff and field assistants
- Prepare and submit monthly reports to the executive director
- Monitor and ensure appropriate financial use according to the budget
- Implement the QA/QI system within the project and monitor practice of SOPs
- Monitor project filing

Program Implementation Team

Project/LSE Coordinator

The LSE coordinator reports directly to the program manager as mentioned above, and acts as the overall coordinator of the project. The LSE coordinator assists the program manager in overall supervision and monitoring of the project activities. The specific tasks of the LSE coordinator are to:

- Plan, manage, and coordinate the sessions on AB messages
- Support MH social workers and counselors in implementing sessions on AB messages
- Prepare reports and maintain information related to LSE and sessions on AB messages
- Monitor the project MIS for accurate data management and reporting in consultation with the program manager with support from the MIS officer

Center Coordinators

Each shelter home is managed by a full-time center coordinator whose primary responsibilities are as follows:

- Provide overall management and coordination of the center activities—including infrastructure, staff, day-to-day activities, and plans for youth and children

- Oversee arrangements for visitors to the center
- Supervise the work of the volunteers for the center
- Coordinate with external agencies for building linkages for services for children
- Document and report center activities to the project coordinator

Street Theater Coordinator

The role of the street theater coordinator is to:

- Develop theme-based scripts for street plays and puppet shows in consultation with street youth and children
- Prepare street youth and children for performing shows and train them in theatrical skills
- Facilitate the staging of street theaters and puppet shows for creating awareness within the community and among stakeholders
- Train project staff in the use of creative media

Social Workers

The social workers are assigned responsibilities in various areas:

- LSE and AB sessions—Their role in this capacity is to conduct sessions on AB messages and assist in conducting sessions on LSE with youth and children
- Education for Education Support Program—Their role in this capacity is to:
 - Develop and plan curricula for various education streams and courses that are available at SBT
 - Work with the teachers to provide formal and nonformal education to youth and children
 - Maintain education records and files of each youth and child
 - Ensure assessment of each child and refer children with learning difficulties to the counselors with the help of the MH worker
- Health care—Their role in this capacity is to:
 - Provide first-aid services to youth and children in need with assistance from the field assistant
 - Refer youth and children to the in-house doctor
 - Refer and accompany sick children to the hospital on an as-needed basis
 - Follow up for treatment compliance as per doctors' advice and prescriptions
- Outreach for contact points—Their role in this capacity is to:
 - Identify and address the needs of new children entering the project areas
 - Motivate new children to access services at the respective SBT centers
 - Assist in conducting sensitization sessions with the police and other community events together with the center or contact point coordinator and field assistants

Night Supervisors

Their role in this capacity is to provide night-time support, protection, and essential services, as required, to youth and children at shelter homes.

Mental Health (MH) Team

The team comprises many individuals who perform a variety of duties to support the children's mental health. These individuals and their roles are listed below.

Psychiatrist

The psychiatrist is associated on a part-time basis and his/her services are assigned to all the centers at SBT. His or her role is to:

- Provide MH assessments and treatments
- Identify and assess the special needs of youth and children who require specialized MH services and psychosocial support
- Provide treatment and counseling to youth and children, especially to enable them to overcome traumatic experiences and mental stress
- Build capacity
- Conduct capacity-building workshops for key project staff on MH issues
- Supervise and monitor activities
- Supervise the psychologists and counselors
- Document and report activities

Psychologists

The psychologists are also associated on a part-time basis, but they provide more time than the psychiatrist (25 percent time contribution under the project). Similarly, the contribution of the psychologist at the girls' shelter is more than that of the psychologist providing services to other centers—80 percent and 40 percent, respectively. The specific tasks undertaken by them are to:

- Conduct MH assessments and prepare a management plan for youth and children who have been referred with specific MH needs
- Provide therapeutic counseling to youth and children
- Assist in documentation and reporting
- Assist the LSE coordinator in developing a training curriculum for LSE
- Assist in implementing the LSE program

Counselors

Counselors provide psychosocial support in a number of ways. Their role is to:

- Counsel youth and children in shelters and contact points
- Address psychosocial needs of abused and traumatized children and assist psychologists to develop and follow the MP for those referred for specific MH services

- Refer children with special needs to the psychologist or psychiatrist and assist in conducting MH assessments and developing MPs
- Discuss and follow coping strategies for children who are undergoing specialized counseling with the MH team
- Develop strategies and provide counseling to help children deal with learning difficulties
- Maintain documentation and records
- Assist in conducting LSE sessions with youth and children
- Assist in conducting sessions on AB messages

Doctor

The role of the doctor is to:

- Attend on-call emergencies related to the medical/health needs of the children
- Conduct monthly physical check-ups of the children
- Make medical referrals and follow up for diagnostics and treatment
- Provide technical support and guidance to the Medical Social Coordinators
- Maintain individual case files of children
- Orient medical social coordinators annually on medical updates

Medical Social Coordinators

The role of the medical social coordinator is to:

- Facilitate monthly visits by the doctor at the center for general health check-ups
- Follow up on the prescribed medication for children at the centers
- Follow up on the external referrals for medical and diagnostic services
- Undertake sessions on health and hygiene for children at the centers
- Maintain and check stock register for drugs and medical equipment
- Distribute drugs to children as prescribed by the doctor
- Report monthly on the health program of SBT

VII. Monitoring and Evaluation

Project activities must be monitored closely—on a daily, monthly, and quarterly basis—to ensure the quality, effectiveness, and long-term success of each intervention. SBT ensures monitoring and evaluation of project activities according to the monitoring and evaluation framework, including definitions, a data quality audit, and the checklist toolkit developed by FHI. Under the supervision of the project director, the program manager prepares the annual implementation plan. The program manager conducts monitoring field visits and periodic meetings with the staff to ensure that activities are being implemented and services are being documented on a monthly, quarterly, and yearly basis based on the primary, secondary, and tertiary sources as defined by FHI. FHI trains the project staff on recording and maintaining a variety of information, in the forms of the following:

- Daily diaries for each staff member
- Registration formats, tracking sheets, services registers
- Daily reporting formats and compilation sheets

Based on these primary and secondary sources, the monitoring and evaluation team ensures monthly data collation based on the monthly process indicator form (PIF), which is verified, signed, and submitted to FHI with the recipient's financial report by the project director. The project director is responsible for submitting the quarterly narrative progress reports to FHI. Finally, FHI monitors the project activities through the monthly and quarterly reports of SBT, periodic meetings with the project staff, and site visits. Constant technical support and capacity-building trainings are also organized by FHI to bridge the gaps and ensure quality improvement.

In addition, as mentioned earlier, QA/QI process and staff checklists have been developed to monitor the quality of services and adherence to the SOPs. Checklists are audited internally once every three months by interdepartmental teams at SBT, and externally once every six months by FHI.

VIII. Steps for Putting the SOPs into Operation

The organization needs to develop an environment that supports the quality assurance as per the SOPs for each activity. The QA/QI conceptual framework suggests that the quality of implementation of the activities depends on performance at all levels of the organization (implementing agency).⁴ The organization must have adequately trained staff members who can implement the SOPs, regular opportunities to build the capacity of staff members, appropriately equipped facilities, systematic and organized financial and administrative systems, and regular supportive supervision and monitoring.

Step 1. Assign Responsibility

The first step towards implementing the SOPs is to designate staff members to assume primary responsibility for regularly promoting and monitoring quality as an integral part of the project's activities. These staff members should include the following:

- A project director to assume overall responsibility for QA/QI activities within the organization
- A program manager to act as a point person in the organization to oversee adherence to SOPs for each activity
- Other project staff members to assure implementation of the activities according to the SOPs, including adherence to the roles and responsibilities assigned to them with respect to each activity (See staff checklists for details.)

The first version of the SOPs and checklists recommended the formation of an external QA/QI committee to periodically review and assess the performance of each staff member and the quality of activities, as per the SOPs; and an internal QA/QI committee to audit the implementation of the activities on a monthly basis, as per the SOPs. The external committee would include the executive director of SBT, a representative from FHI, and an external evaluator or resource person (who could be considered from other demonstration projects of FHI). The interdepartmental teams would be formed from within the management and project staff of SBT. The internal committee was formed, and the designated teams (pairs) made checklist audits every month for a period of six months (October 2008–March 2009).

⁴Quality Assurance/Quality Improvement for Program Implementation: Operations Manual; FHI; June 2006.

Step 2. Build Capacity on QA/QI Framework

An orientation and training workshop is essential to build the capacity of the project team. The workshop helps the team to implement the SOPs, assess and monitor quality based on the QA/QI framework (including the SOPs for each activity), and to take appropriate measures to improve the performance and achieve standards. The challenges and limitations that may hinder the adherence to SOPs by the organization's staff can be explored and addressed through this training.

After the SOPs were developed, a three-day training was conducted with the project staff, which ended with the adoption of the SOPs (Version 1) by SBT in February 2008.

Step 3. Bridge the Gaps in Current Activities

The following project support must be provided to an organization in order to ensure successful implementation of the activities according to the SOPs:

- A review of the roles and responsibilities of the staff members as per the SOPs and sub-agreement
- Toolkits and training modules, with a focus on the project's goals and objectives:
 - In-house capacity-building by the MH team on MHP, including special education for learning difficulties
 - Sensitizing police
 - Capacity-building training workshops for other partners/NGOs (as part of the mandate for SBT to serve as a learning site)
 - A training manual on special health education for children with learning difficulties
- Training sessions:
 - Capacity-building trainings for the concerned project staff based on the toolkits
 - Capacity-building trainings for the counselor on HIV/AIDS counseling for adolescents and adults based on USAID/FHI Protocol for Child Counseling on HIV Testing, Disclosure, and Support

The midterm assessment revealed that SBT has not yet developed most of the relevant training manuals, and the in-house trainings need to be standardized for each activity (as per SOP) and each center of SBT. The module for capacity-building training workshops for other partners/NGOs is in process, but it needs to be finalized. Training workshops based on the toolkit must begin soon. Most of the steps are being followed according to the SOPs, but uniformity and consistency in various centers (contact points and shelters) needs to be enhanced. (See midterm assessment checklists findings for detailed feedback on areas of improvement and recommendations on action steps to be taken.)

Step 4. Periodically Review, Assess, and Monitor the SOPs

- **First level of assessment:** Following the capacity-building training on Version 1 of the SOPs, interdepartmental teams were formed. Each month, they reviewed the implementation of each activity as per the SOPs with the help of Version 1 of the checklists.
- **Action planning:** The outcome of the midterm assessment indicates that the project teams and respective staff members should develop action plans to bridge the gaps, including a plan to clearly define staff roles and responsibilities with respect to each activity. The action plans, when complete, need to be reported to FHI. Version 2 of the SOPs, which are presented in this document, would form the basis for further implementation of activities.

■ **Periodic assessment and monitoring:**

- **Internal review:** A structured review of each activity should be performed quarterly by the interdepartmental teams based on Version 2 of the checklists. The teams should use Version 2 of the SOPs to assess the degree of adherence and level of quality and to identify the problem areas, gaps, and challenges. The findings of the assessment and the subsequent action plans must be reported to FHI to seek technical support in quality-related issues and challenges.
- **External QA/QI review:** FHI should conduct structured reviews of each activity every six months to assess the quality and level of adherence to the SOPs. This review should identify problem areas, gaps, and challenges. The findings of the assessment must be shared with SBT to ensure improvement in activities, with technical support from FHI.

■ **Periodic review of SOPs:** The SOPs can be reviewed and modified, if required, based on any change in nature or direction of the activities. However, it is recommended that organizations adhere to Version 2 for at least a year before any further revisions or modifications are made. If any major changes in the project activities take place, FHI can evaluate and review them during the six-month audit.

■ **Data quality audit:** This may be carried out by FHI on a quarterly basis.

IX. Details of Standard Operating Procedures

Strategy 1: Undertake strategic behavior communication (SBC) initiatives to reduce risk behaviors of street youth and children and create a supportive environment.

1.1 SOP: Mental Health (MH) Program
1.1.1 SOP SBT/SBC/MH: Life Skills Education (LSE)
Prepared by: SBT Staff and Consultant
Reviewed by: SBT, FHI, and USAID
Date adopted: May 25, 2009

A. Purpose

- To raise awareness among street youth and children about HIV, STIs, sex, and sexuality
- To empower street youth and children with skills to prevent HIV, negotiate difficult decisions, practice abstinence, and delay sexual debut

B. Responsible Persons

- Program Manager
- LSE Coordinator
- Psychologist
- LSE Facilitators
- Counselors and Social Workers

C. Materials and Equipment

- USAID/FHI LSE Toolkit
- LSE curriculum
- Materials for the activities selected for each LSE session from the LSE Toolkit

D. Procedures

See the steps on the following pages.

Step 1: Orientation and Capacity Building

Part	Procedure	Responsible person
a.	<p>Conduct an orientation and refresher training for the LSE team (LSE coordinator, psychologist, counselors, social workers) once a year through a two-day workshop on content and facilitation skills for LSE, as indicated below:</p> <ul style="list-style-type: none"> • Need-based training for LSE team based on list of needs, problems, and key challenges faced during the year (prepared by the team and shared with FHI) • Orientation and refresher training for new LSE staff, if any 	Program manager with the help of an external resource person and technical assistance from FHI
b.	<p>Ongoing capacity-building of the LSE facilitators (psychologist, counselors and social workers) through:</p> <ul style="list-style-type: none"> • One-day, in-house orientation session on LSE topics and methodology based on the USAID/FHI LSE Toolkit (before they begin facilitating LSE sessions with adolescents and children). This orientation session must also reiterate the following: <ul style="list-style-type: none"> • Significance of LSE for youth and children at SBT • Approach and process of LSE • Expected outcome of the LSE program vis-à-vis youth and children • Organize periodic in-house capacity-building sessions for the LSE facilitators, at least every three months, at least two hours in duration to: <ul style="list-style-type: none"> • Review areas and topics of discomfort and concerns, if any • Upgrade team's knowledge and skills and train them in new techniques and methodologies for LSE • Share experiences, feedback, and conduct mock sessions • Include other staff such as field assistants in these LSE orientation and capacity-building sessions—they can be instrumental in reiterating and reinforcing the messages back in their respective contact points and shelter homes and in monitoring the impact of these sessions on youth and children. 	LSE coordinator
c.	Record the proceedings of the trainings sessions	Counselors/social workers

Step 2: Identification and Grouping of Youth and Children for LSE

Part	Procedure	Responsible person
a.	Include all youth and children between the ages of 8 and 17 in LSE sessions at each shelter.	LSE coordinator with assistance from center coordinator
b.	<p>Form small groups of youth and children, about 12-15 in each group, based on following criteria:</p> <ul style="list-style-type: none"> • Age: <ul style="list-style-type: none"> • Between the ages of 8 and 11 • Between the ages of 12 and 14 • Between the ages of 15 and 17 • Comprehension level and previous exposure to LSE sessions • Availability of youth and children at the shelter due to involvement in other activities outside the respective shelter, such as school or vocational courses 	LSE coordinator

Step 3: Finalizing and Planning the LSE Curriculum and Sessions

Part	Procedure	Responsible person
a.	<p>Conduct needs assessment to prioritize the topics and plan the sequence of the LSE sessions based on the needs of youth and children:</p> <ul style="list-style-type: none"> • Conduct a 3-P (Problems, Plans, Priorities) Matrix exercise, Bridge Model, and Planning Grid (as per the USAID/FHI LSE Toolkit) with youth and children, which helps the facilitators identify their primary needs as well as the intensity, frequency, and importance of these needs. • Share and discuss these needs with the center coordinator and gather their inputs. • Refine assessment of needs through ongoing observations by the facilitators, co-facilitators, center coordinators, and other staff members in different settings and situations (for example, educational classes, vocational classes, other group sessions, and day-to-day functioning and interactions at the shelter homes). 	LSE facilitators
b.	<p>Work with the LSE facilitators to prepare a quarterly curriculum for the LSE sessions based on:</p> <ul style="list-style-type: none"> • LSE modules (from USAID/FHI Toolkit) • Outcome of the needs assessment for each group (as per the grouping indicated in step 1b) • Four sessions (45 to 60 minutes each) every month at each shelter home <p>At the end of each quarter, repeat parts b and c to prepare the curriculum for the next quarter.</p>	Program manager with the help of an external resource person and technical assistance from FHI

c.	<p>Organize a monthly meeting of the LSE facilitators on a designated day of the first week of each month to:</p> <ul style="list-style-type: none"> ● Decide (and designate) the dates for the two LSE sessions for the respective month in each shelter home ● Brainstorm and select the topics and issues for the sessions based on the curriculum developed or re-prioritize the topics based on the specific needs observed by the facilitators and other staff ● Plan and prepare the activity from the USAID/FHI LSE Toolkit to be conducted on a specific topic selected 	Counselors/social workers
d.	<p>Ensure prior preparation for each LSE session, as required, based on the activity to be conducted. For example, collect picture cuttings from magazines and books; collect materials such as crayons, colors, pencils, and flip charts.</p>	LSE facilitators

Step 4: Facilitating the LSE Sessions

Part	Procedure	Responsible person
a.	Arrange a separate, quiet room for facilitating the LSE session.	LSE facilitators
b.	Ask children to sit in a circle, on a mattress, or on a mat on the floor.	
c.	Take attendance of the children in the attendance register.	
d.	Create a nonthreatening, friendly environment for children to open up.	
e.	<p>Facilitate the session, maintaining the following general sequence:</p> <p>Review ground rules.</p> <p>Review the messages from the previous LSE session and address any queries or concerns.</p> <p>Explain the general outline of the current session.</p> <p>Conduct the activity selected for the day based on the participatory and interactive methodology specified in the LSE module.</p> <p>Facilitate discussion on the topic selected ensuring maximum participation from all the youth and children in the group.</p> <p>Close the session with a brief evaluation of the session that focuses on the following general questions:</p> <ul style="list-style-type: none"> ● What exactly did you learn or achieve during the session? ● What did you like and dislike about the session? ● How would you apply this learning to your life? <p>At the end of the session, give each adolescent and child a “learning with life” activity to practice in real-life situations.</p> <p>Finally, urge them to discuss the content and learning of the session with their peers while maintaining confidentiality regarding things of a personal nature that were disclosed or shared, during the session.</p>	LSE facilitators
f.	Record the proceedings of each LSE session.	LSE facilitators

Step 5: Follow-up and Monitoring

Part	Procedure	Responsible person
a.	Follow up through the ongoing LSE sessions—review the previous session in every LSE session.	LSE facilitators
b.	Develop, administer, and collect the pre- and post-questionnaires that each youth and child fills out at the beginning and end of each quarter, based on the quarterly curriculum developed.	
c.	Analyze the responses to the questionnaires at the end of each quarter and record the outcomes and analyses in the LSE meeting register.	
d.	Undertake monthly follow-up and monitoring of the youth and children through: <ul style="list-style-type: none"> • Feedback of staff at respective shelters • Interactions with youth and children at the shelter and in other settings such as group sessions and other counseling situations 	
e.	Organize monthly supervisory meetings with the staff, which can be combined with the monthly planning meeting (step 3d) to: <ul style="list-style-type: none"> • Share experiences among the LSE facilitators • Gather feedback from LSE facilitators about the performance of youth and children in the LSE sessions and its impact • Address problems • Review the LSE facilitators' performances and provide feedback to them • Design new activities as required (different from the activities provided in USAID/FHI LSE toolkit) Record minutes of these monthly monitoring meetings, including the new activities designed.	LSE coordinator
f.	Supervise LSE facilitators and the LSE coordinator one-on-one and in groups once every quarter.	Program manager

Documents and Records

Records	Location	Responsibility	Purposes
LSE sessions register	Respective shelters	LSE facilitators	To maintain lists of all youth and children in the LSE sessions, to record their attendance, and to record the planning and proceedings of each LSE session
Staff training register	SBT Head Office where LSE coordinator is based	LSE coordinator	To record proceedings of each training and capacity-building session or workshop with the LSE facilitators
Curriculum for the LSE session	SBT Head Office where LSE coordinator is based	Psychologists and counselors	Planning of the LSE sessions to be conducted within each quarter

1.1.2 SOP SBT/SBC/MH:	Psychosocial Support Services: Informal Counseling Sessions
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- To address the counseling needs of youth and children in the shelter and contact points
- To provide private and confidential space to youth and children to articulate and share their specific concerns
- To provide HIV/AIDS counseling to youth engaging in high-risk behavior

B. Responsible Persons

- Executive director
- Psychiatrist
- Program manager
- Counselor
- Psychologist
- Medical social workers

C. Materials and Equipment

- USAID/FHI Protocol for Child Counseling on HIV Testing, Disclosure and Support, and NACO Counseling Manual
- Age-appropriate counseling tools, including play and art therapy materials such as toys, games, chart-papers, and colors

D. Key Steps

See the steps on the following pages.

Step 1: Capacity-Building Training of the Staff

Part	Procedure	Responsible person
a.	<p>Organize a capacity-building training, once a year, for the counselors and other relevant staff members on the key issues that the Informal supportive counseling sessions will focus on, as indicated below:</p> <ul style="list-style-type: none"> ● Conduct a needs-based training for existing counselors and social workers that will cover such topics as: <ul style="list-style-type: none"> • Enhancing specific counseling skills • Improving group-counseling facilitation skills • Issue-based training to strengthen understanding of relevant issues related to HIV/STI and other vulnerability and risk causing factors for street children • Supportive pre-test and post-test HIV counseling based on the USAID/FHI Counseling Protocol • Other problems and key challenges faced by counselors and social workers ● Review and prepare a list of these needs on a periodic basis through monthly supervision meetings and other in-house capacity-building sessions that are undertaken throughout the year. ● Conduct orientation and refresher training for newly recruited counselors, if any, based on the Training Assessment Form they filled out at the time of joining. Refresher training should focus on the following: <ul style="list-style-type: none"> • Relevant issues related to HIV/STI and other vulnerability and risk factors for street children • Individual and group counseling skills related to the target beneficiaries (street and working children) and their vulnerability factors • Attitude and beliefs about target beneficiaries (street and working children) and their vulnerability factors • Other issues as relevant to the target beneficiaries (street and working children) and the organization (SBT) 	Executive director with assistance from the Psychologist and technical assistance from FHI
b.	<p>Conduct ongoing, capacity-building of counselors through</p> <ul style="list-style-type: none"> ● In-house sessions.⁵ ● Individual supervision of each counselor, once a week on a designated day to discuss session design of each individual and group counseling session and the progress of each session and case undertaken by the counselor 	Psychologist
c.	Conduct ongoing, quarterly training for social workers and newly recruited counselors, if any, on supportive pre-test and post-test HIV counseling based on the USAID/FHI Counseling Protocol.	Counselors with support from the psychologist (based on training received on it by FHI)
d.	Record proceedings of the capacity-building trainings in the staff training register, and record minutes of each individual supervision session with every counselor.	Counselor

⁵ For details, refer to SOP 1.1.6 SBT/SBC/MH: In-House Capacity-Building Session.

Step 2: Preparation, Identification, and Referrals

Part	Procedure	Responsible person
a.	<p>Designate three days in a week for counselors to visit each shelter and one or two days to visit each contact point (as required) for providing counseling to youth and children on various day-to-day issues, including:</p> <ul style="list-style-type: none"> ● Scholastic and academic problems ● Relationship issues and other concerns ● Issues related to love and affection ● Information about sexual issues ● Myths and misconceptions on STIs, STD, HIV, and sex and sexuality ● Vulnerability to STIs and HIV ● Career issues and concerns about future plans ● Discipline-related issues ● Repatriation back to their families ● Other issues as expressed by youth and children themselves ● Supportive pre-test and post-test counseling with adolescents and adults identified to be engaging in high-risk behaviors 	Counselor in consultation with the MH team and center coordinator
b.	<p>Provide individual supportive counseling to each youth or child who:</p> <ul style="list-style-type: none"> ● Approaches the counselor or psychologist directly with any of the above concerns or problems ● Is referred by the coordinator or any of the shelter or contact point staff or medical social worker ● Consistently exhibits problems in various sessions, such as, LSE, counseling sessions, or other group activities, at the contact points or shelters 	Counselor
c.	Obtain consent from each youth and child who has been referred or identified for counseling prior to starting supportive counseling sessions.	

Step 3: Facilitating the Informal Supportive Counseling Sessions

Part	Procedure	Responsible person
a.	At each contact point and shelter, ensure a separate, private, and peaceful room for the counseling session.	Counselor
b.	<p>Facilitate each counseling session (40 to 50 minutes each) covering about four or five children on each visit, and maintain the following general sequence:</p> <ul style="list-style-type: none"> ● Create a non-threatening and child-friendly environment to help the youth and children relax and open up. ● Listen to each youth or child patiently and carefully. ● Help the child or youth to articulate a concrete problem or concern. ● Use age-appropriate tools and language in the session. ● Use creative ways to facilitate disclosure and discussions, such as art, dance, and play therapy. ● At the end of the session, ask the child or youth to define the outcome of the session. ● Close the session by addressing key dilemmas and concerns and establishing the date for the next counseling session. 	Counselor
c.	<p>Follow these general recommendations with respect to specific concerns or problems of youth and children:</p> <ul style="list-style-type: none"> ● Academic problems <ul style="list-style-type: none"> • Help the youth or child to identify, articulate, and understand the reason and nature of his or her problem. • Clarify all doubts and confusion. • Help him or her to prepare and follow a schedule or time-table, as applicable. • Provide innovative and varied learning tips to the youth or child with the help of memory games and exercise for enhancing interest, memory, and recall. • Follow up with the teacher and suggest innovative and different ways of teaching to generate and sustain interest. • Refer youth or children who continue to show learning and academic difficulties to the psychologist for a detailed assessment to determine if a specific learning disorder is the problem. 	Counselor

	<ul style="list-style-type: none"> ● Relationship issues <ul style="list-style-type: none"> • Take steps to enhance the child's or youth's communication skills, such as listening, expressing one's thoughts and feelings coherently, and being sensitive to the needs and interests of others. • Help youth and children to evaluate their expectations from others and encourage them to have realistic expectations. • Help youth and children become aware of their own issues and problems they are having with others, as well as the problems others might be having with them. Use different and innovative ways, such as role-reversal technique (where the client has to play the role of the person with whom he or she is facing a problem. • Guide them in reviewing and defining their behavior patterns and finding ways of relating positively with others. ● Career issues and confusion about future plans <ul style="list-style-type: none"> • Provide information about various vocational options that are available. • Help the youth and children to ascertain their interests and abilities for a particular profession. • Provide complete information about how they can prepare for the particular profession of their interest. • Undertake career counseling and psychological assessments, as required.⁶ ● Sexual issues <ul style="list-style-type: none"> • Encourage youth to disclose their concerns and ask questions. • Clarify their doubts and confusion. • Provide them with knowledge appropriate for their age and level of information and understanding. ● Other discipline-related issues <ul style="list-style-type: none"> • Reinforce positive behavior. • Provide negative reinforcement, such as withdrawing certain services or incentives, for adverse or negative behavior patterns. • Assign duties and responsibilities to the youth or child. • Help them devise ways to accomplish their goals with respect to the assigned duties and responsibilities. 	Counselor
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⁶ For details, refer to 1.1.5 SOP SBT/SBC/MH: Career Counseling.

	<ul style="list-style-type: none"> • Vulnerability to HIV and STIs: Follow guidelines provided in USAID/FHI Protocol for Child Counseling on HIV Testing, Disclosure, and Support; and the NACO Counseling Manual while considering the following broad directives: <ul style="list-style-type: none"> • Help them to define risk-behaviors that they are involved in and devise ways of avoiding high-risk situations. • Provide assertiveness training. • Reinforce knowledge and messages about HIV and STIs, and safe sex. • Undertake a risk assessment and, if required, refer individual to a VCT center, but ensure that supportive pre-test and post-test counseling is available. 	Counselor
d.	<p>Create a positive therapeutic climate in all sessions:</p> <ul style="list-style-type: none"> • Listen carefully to the child's message and respond accurately to the meaning behind the message. • Develop trust with the child. • Develop empathy by responding sensitively and accurately to the child's feelings and experience as if they were your own. • Be nonjudgmental. • Be genuine, honest, and direct in your communication. • Have positive regard and respect for each youth or child you are counseling. • Paraphrase the child's message to ensure you have understood it. 	Counselor
e.	<p>Screen youth and children for possible long-term therapy and refer individuals to the psychologist/psychiatrist of SBT in the following cases:</p> <ul style="list-style-type: none"> • The concerns are more frequent and persist for a period of 15 days or more. • Informal supportive sessions are not sufficient to deal with the problems of the youth or child. • The child has severe or chronic mental health difficulties, such as hyperactive behavior, destructive-behavior patterns, suicidal tendencies, and sexual dysfunctions. <p>When a youth or child is referred, discuss and follow coping strategies for him or her while undergoing specialized, therapeutic treatment or counseling as advised by the psychologists or psychiatrist.</p>	Counselor
f.	<p>Ensure confidentiality of each individual counseled or referred.</p>	Counselor and other concerned staff

g.	<p>Terminate or agree to terminate the individual supportive counseling session when both the counselor and counselee agree to the following:</p> <ul style="list-style-type: none"> ● The specific need or problem that was being addressed has been solved. ● A better level of functioning and performance has been achieved. <p>(Issues might be resolved in one session, whereas in other cases, more sessions are required because of the child's need.)</p>	Counselor
h.	<p>After termination, ensure weekly follow-up and monitoring of children who were counseled. This should occur during weekly visits of the counselor to the contact points and shelter of the youth and children who were counseled and include feedback from the coordinator and other staff of the respective contact point/shelter, as well as direct interactions and feedback from the concerned youth or child. Reduce visits to once a fortnight and then once a month, depending on the nature and requirement of each case.</p>	Counselor
i.	<p>Record the proceedings of each session (including termination and follow-up) according to the reporting format. Include documentation of the following:</p> <ul style="list-style-type: none"> ● Concerns, problems, areas of discomfort, and challenges faced ● Standardized solutions worked out, if any ● Changes observed in the target audience ● Specific cases and success stories 	Counselor

Step 4: Conduct Supportive Group Sessions

Part	Procedure	Responsible person
a.	<p>Form small groups of about seven to ten youth and children at each center, according to age and issues:</p> <ul style="list-style-type: none"> • Divide according to similar age groups in order to ensure age specific issues and methodology. • Group children according to the issues that need to be discussed, such as information about sexual issues. 	Counselor
b.	<p>Establish support groups of individuals with common issues, concerns, and experiences, such as (but not limited to):</p> <ul style="list-style-type: none"> • Substance use • HIV risk • Similar behavioral or emotional difficulties • Issues relating to body and sexuality, including sexual abuse 	Counselor
c.	<p>Conduct a supportive group session (40 to 45 minutes) once a fortnight or month, as required, at every center.</p>	Counselor
d.	<p>Arrange a separate peaceful place for the session.</p>	Counselor
e.	<p>Facilitate the session maintaining the following broad sequence:</p> <ul style="list-style-type: none"> • Take attendance of the participants in the group sessions. • Reiterate ground rules. • Review the messages from the previous session and address any queries or concerns. • Create a nonthreatening friendly environment for participants to open up. • Explain the broad outline of the current session. • Conduct the activity selected for the day, including art or dance therapy, based on the topic selected and need identified. • Use age-appropriate tools and language in the sessions. • Facilitate discussion on the topic selected ensuring maximum participation of all individuals in the group. • At the end of the session, ask the participants to define the concrete outcome of the session for them. • Close the session by informing the date of the next counseling session. 	Counselor
f.	<p>Urge each participant to ensure confidentiality of the group sessions and any information disclosed in the sessions.</p>	Counselor
g.	<p>Through other activities such as LSE and with the help of other center staff, ensure follow-up and reinforcement of solutions that were decided upon during the group counseling sessions.</p>	Counselor

h.	<p>Record the proceedings of each supportive group session in the Group Session Register. Include documentation of:</p> <ul style="list-style-type: none"> ● Concerns, problems, areas of discomfort, and challenges faced ● Standardized solutions worked out, if any ● Changes observed in the target audience ● Specific cases and success stories 	Counselor
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Step 5: Follow-up, Monitoring, and Supervision

Part	Procedure	Responsible person
a.	Conduct monthly supervision and monitoring through MH core group meetings held on a designated day every month. Review the sessions that were conducted, both individual and group, and the follow-up by the counselor.	Psychiatrist, with support from the psychologist
b.	Conduct weekly monitoring through individual supervision.	Psychologist
c.	Ensure that the psychiatrist (head of the MHP team) and other MH team members have a review meeting with the trustees in the weekly trustee meetings.	Program manager
d.	<p>Supervise the counseling sessions and assess their impact on the children by visiting each center once a week:</p> <ul style="list-style-type: none"> ● Observe the sessions that the counselor undertakes. ● Conduct a one-on-one interaction with the counselor and obtain feedback from him or her. ● Help the counselor design the sessions and monitor the progress of the sessions. ● Co-facilitate a few sessions with the counselor to enhance learning. ● Obtain feedback from children through one-on-one interactions with them. ● Obtain feedback from the center staff. 	Psychologist

Documents and Records

Records	Location	Responsibility	Purposes
Psychosocial register	SBT head office	Counselor	To register each child attending the individual counseling session for the first time
Daily diary	Maintained by the counselor	Counselor	To record proceedings of each activity undertaken by the counselor on a daily basis
Counseling register/file for each child	Respective contact point or shelter	Counselor	To document proceedings of each counseling session with the child, including the changes that were observed
Staff training register	SBT head office	Counselor	To record the proceedings of each training with the staff
Group session register	SBT head office	Counselor	To record the proceedings of each supportive group
<p><i>Note: After a counseling session has been terminated, the counseling register/file of each child should be compiled and filed at the SBT head office (where the MH team is based) for any future reference.</i></p>			

1.1.3 SOP SBT/SBC/MH:	Mental Health and Other Supportive Services for Youth and Children with Special Needs
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

To identify and address the special MH needs of the street youth and children who encounter more complex and difficult circumstances.

B. Responsible Persons

- MH team psychiatrist
- Center coordinator
- Program manager
- Psychologist (and trained counselors, if any)
- Counselor

C. Materials and Equipment

- Psychological tests (IQ, personality, and aptitude), as required

D. Procedures

See the steps on the following pages.

Step 2: Mental Health Assessment

Part	Procedure	Responsible person
a.	<p>Conduct a mental health assessment (MHA) of the referred youth or child within a week of the day that the referral is made (or as early as possible in the case of a crisis), with the help of an MHA format, which is completed based on:</p> <ul style="list-style-type: none"> ● A referral form provided by the counselor ● Impressions and a statement of the problem as shared by the counselor or concerned staff ● A clinical interview with the child at the respective shelter that follows this basic format: <ul style="list-style-type: none"> • Take the child to a private and comfortable room, or to the designated counseling room if there is one, at the respective shelter. • Ask the youth or child about his or her background (as per the MSA format)—for example, family background, education, reasons for leaving home, and duration of stay at shelter. • Determine the exact nature of the problem, how it arose, its emotional effect on the youth/child, and its impact on his or her daily life functions—education, social life, and interaction with others. • Finish the interview, which should last about 45 minutes, by seeking consent of the youth or child for an ongoing counseling session with the psychologist. Provide the date and time for the first counseling session, and inform him or her that the counseling will be an ongoing process. 	Psychologist/trained counselor
b.	<p>Continue to gather information for the MHA for about a week:</p> <ul style="list-style-type: none"> ● Observe the youth or child in natural settings, such as the classroom, LSE sessions, and other group sessions. ● Review reports from the counselor and other concerned staff about the observations of the day-to-day behavior of the youth/child at the shelter by other shelter staff including social workers and teachers, who report these to the MH worker. ● Interact with teachers, friends, and other acquaintances of the youth/child to gather more information about his or her behavior. ● Collect information from previous documents and records of the youth or child, such as medical reports, school performance reports, and mark-sheets. ● Conduct psychological tests on the child—IQ, personality, aptitude, and special learning disabilities. ● Observe thought patterns and behavior of the child to assess risks for suicidal tendencies, destructive behavior towards self or others, and risks of HIV and other STIs. ● Assess risk factors and stimulants in the child's environment. 	Center coordinator/ concerned staff
c.	<p>Indicate these risks in the MHA form and share them with other staff members at the shelter, in particular with respect to the suicidal and destructive behavior.</p>	Psychologist/trained counselor

Step 3: Diagnosis and Management Plan

Part	Procedure	Responsible person
a.	<p>Establish a diagnosis for the youth/child:</p> <ul style="list-style-type: none"> • On the basis of the MHA and collected information, match the symptoms with the criteria of the Diagnostic Statistical Manual for Categorization of Mental Disorder (DSM) developed by the American Psychiatric Association and International Classification of Diseases (ICD) 10, developed by WHO, to arrive at a specific diagnosis of the problem, which could include: <ul style="list-style-type: none"> • Depression • Attention deficit disorder • Hyperactivity disorder • Bipolar disorder • Post-traumatic stress disorder • Substance abuse • Sexual dysfunctions • Other diagnosis, as applicable <p>Discuss the MHA and diagnosis for each youth and child in the core group meeting of the MH team.</p>	Psychologist/trained counselor in consultation with the psychiatrist
b.	<p>Prepare a comprehensive management plan (MP) for each youth and child according to the diagnosis and consisting of the following:</p> <ul style="list-style-type: none"> • A treatment plan, which should include any medication that the psychiatrist prescribes • A therapeutic plan, which should specify the nature and form of therapy, such as Cognitive Behavioral Therapy or Supportive Behavior Therapy, as required • An activity plan, which should specify the activities that the child can be involved in based on his or her interests and hobbies. • The role of each staff member at the shelter in the day-to-day activities 	Psychologist/trained counselor in consultation with the psychiatrist

	<p>Call a joint meeting with the respective shelter home staff member—for example, the coordinator, social worker (including medical social worker and MH worker), teachers, and night supervisors—within a week of MHA:</p> <ul style="list-style-type: none"> • Share the MP with all them. • Assign specific responsibilities to them according to the requirements of the MP. • Alert them to the risks, especially in cases where the child/youth has suicidal and destructive tendencies. <p>While sharing the MP with the staff of the shelter:</p> <ul style="list-style-type: none"> • Obtain the consent of the concerned youth or child. • Explain the purpose of the MP. In cases of risk perception, information may be revealed to the shelter staff without the knowledge of the concerned youth or child to ensure his or her safety. • Ensure confidentiality and share only relevant information with respect to the roles of each staff member. <p>Record staff members' suggestions and remarks concerning the MP on the MP feedback form.</p>	<p>Psychologist/trained counselor</p>
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Step 4: Ongoing Therapy and Treatment, Follow-Up, and Termination

Part	Procedure	Responsible person
a.	<p>According to the MP, conduct individual therapeutic sessions (30 to 45 minutes each) at least once a week or more often, according to the need of the youth or child and severity of the problem.</p> <p>Follow the basic guidelines below with respect to some of the specific concerns or problems of youth and children:</p> <ul style="list-style-type: none"> ● Lack of interest or participation in any of the group activities: <ul style="list-style-type: none"> • Clarify the reason for lack of interest and try to resolve the problem together, if possible. • Conduct a detailed assessment (same as in MH referral cases⁷) based on the signs and symptoms if there is no particular reason for the lack of interest and participation. • Try to determine the interests of the child and engage him or her in activities that reflect these interests in individual counseling sessions and gradually in group sessions. ● Aggressive or destructive behavior: <ul style="list-style-type: none"> • Use relaxation and meditation techniques. • Attempt to distract the child's attention from the issue that creates aggression, such as counting backward during spurts of aggression. ● Vulnerability to suicide: <ul style="list-style-type: none"> • Provide information of risk to all staff members. • Remove all the things from his or her surroundings that can create risk. • Undertake immediate risk assessment (as per MH referral and support services) and refer findings to the psychiatrist, as required. <p>Ensure a positive therapeutic climate in all sessions.⁸</p> <p>Paraphrase the problems or concerns as expressed by the youth/child. This ensures that the staff member understands the issue and helps the child to better understand it, too.</p> <p>Discuss the need for medication (if any is required) and obtain consent for discussing the problem with the psychiatrist for whatever medication might be needed.</p> <p>Use age- and language-appropriate tools, such as games and puzzles, as required.</p> <p>Give an appropriate task to the youth/child to do before the next session.</p>	<p>Psychiatrist, with support from the psychologist</p> <p>Program manager</p>

⁷ For details, refer to 1.1.3 SOP SBT/SBC/MH: Mental Health and Other Supportive Services for Youth and Children with Special Needs.

⁸ For details, see 1.1.2 SOP SBT/SBC/MH: Psychosocial Support Services: Informal Counseling Sessions.

b.	Prescribe medication, as required.	Psychiatrist
c.	Supervise treatment and ensure compliance on a daily basis.	Counselor with assistance from social workers
d.	Ensure implementation of the MP by the concerned shelter staff as per their roles assigned in the plan.	Psychologist/trained counselor
e.	<p>Conduct a follow-up meeting every week or fortnight, as required, with the concerned shelter staff members who have been assigned specific responsibilities (refer to step 3b):</p> <ul style="list-style-type: none"> • Gather feedback on the progress and improvement in youth's/child's condition. • Exchange information on the areas of improvement, difficulties, and challenges. • Plan further modifications, as required, in consultation with the staff members. 	Psychologist/trained counselor
f.	Gradually, start spacing out individual therapeutic sessions from once a week to once every fortnight, to once a month, according to the need and improvement in each youth/child.	Psychologist/trained counselor
	<p>Stop the medication upon advice from the psychiatrist.</p> <p>Terminate the therapeutic sessions when (1) the youth/child shows sustained improvement, such as reduced signs and symptoms of the problem diagnosed, for at least one month; and (2) when both the consulting psychologists and the concerned youth/child agree on the improvement and agree to terminate the sessions.</p> <p>Call a joint meeting with the respective shelter staff members:</p> <ul style="list-style-type: none"> • Inform them about the termination procedure and decision. • Obtain their feedback and suggestions. • Alert them about the possibilities of a relapse, especially in cases of substance abuse and depression. • Remind them to continue their assigned responsibilities as required by the MP and ensure referrals back to the counseling psychologist immediately if the signs and symptoms are observed again. 	Psychologist/trained counselor
g.	In case of a relapse, repeat the same process as outlined in steps 1 to 4.	Psychologist/trained counselor

Step 5: Monitoring and Evaluation

Part	Procedure	Responsible person
a.	Review the sessions and follow-up that was conducted by each counselor in the MH core group meeting on a designated day every month.	Psychiatrist, with support from the psychologist
b.	Undertake peer supervision once a week on a designated day, by evaluating a case presented by a counselor and addressing the concerns, challenges, and problems the counselor faced.	Program manager
c.	Meet with each counselor once a week on a designated day to discuss the design of each of his or her sessions and the progress of each session that the counselor has undertaken.	Psychologist
d.	Visit each center once a week: <ul style="list-style-type: none"> ● Observe the sessions being undertaken by the counselor. ● Conduct one-on-one interaction with and obtain feedback from the counselor. ● Help the counselor design the sessions and monitor their progress. ● Co-facilitate a few sessions with the counselor. ● Obtain feedback from children through one-on-one interaction to evaluate the impact the sessions are having on them. ● Obtain feedback from the center staff members. 	Psychologist

Documents and Records

Records	Location	Responsibility	Purposes
Referral form	Respective shelter home	Coordinator	To refer the youth and children to the psychologists
MH assessment form	Respective shelter home	Psychologist	To record the information and details regarding MHA and to arrive at a diagnosis
Management plan	Respective shelter home	Psychologist	To decide upon and record the therapeutic treatment plan for each youth/child
Sessions record in individual child's file	Respective shelter home	Psychologist	To record the proceedings and progress of each session
Feedback form (updated every fortnight)	Respective shelter home	Psychologist	To register the progress and difficulties in implementing the MP
Termination form	Central MH Room at the SBT Head Office	Psychologist	To record the termination process

Note: All the documents mentioned above are moved from the respective shelters to the Central MH Room at the SBT Head Office for compilation in a permanent file for each individual after termination of the sessions.

1.1.4 SOP SBT/SBC/MH:	Special Education Sessions for Learning Disabilities and Difficulties
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

To assist youth and children with learning disabilities and difficulties in the educational field.

B. Responsible Persons

- Executive director
- Psychiatrist
- Psychologist
- Program manager
- Special educator or counselors:.
- Teachers

C. Materials and Equipment

- A training toolkit and manual on special education for children and youth with learning difficulties
- Interactive and participatory training tools

D. Procedures

See the steps on the following pages.

Step 1: Orientation and Capacity Building of the Staff

Part	Procedure	Responsible person
a.	Engage a trained special educator (in the interim, a counselor trained in special education can conduct the activities).	Executive director
b.	<p>Adapt available material, manuals, and documents on special education for learning difficulties to develop a manual or guidelines. The manual or guidelines should address various forms of learning difficulties, such as:</p> <ul style="list-style-type: none"> • Writing problems, including dyslexia • Problems with reading and pronouncing words • Problems with memorizing spellings • Difficulties in identifying and understanding words <p>Take assistance from an external agency or resource person with expertise in the subject to develop the manual and toolkit.</p>	Special educator/ counselor (trained adequately in special education and learning difficulties) with assistance from the MH team and technical assistance from FHI
c.	<p>Organize a two-to-three-day orientation and training workshop at the beginning of each year to identify and address special learning difficulties among youth and children. This event should include members from the MH team, counselors, education coordinator, and teachers.</p> <ul style="list-style-type: none"> • Designate a date and time for the training workshop and inform the concerned staff accordingly. • Obtain assistance from an external agency or resource person with expertise in the subject to conduct the training. 	Special educator or counselor
d.	<p>Organize ongoing, three- to four-hour capacity-building sessions with the concerned staff once every quarter in order to:</p> <ul style="list-style-type: none"> • Strengthen their capacities and skills to identify and address special learning difficulties of youth and children • Review their performance and identify areas for improvement 	Special educator or counselor
e.	Organize an orientation workshop on special education for the entire project staff (social workers, teachers, and center coordinators) as part of the in-house capacity-building sessions. ⁹	Special educator or counselor
f.	Record proceedings of the training workshops.	Counselors

⁹ For details, refer to SOP 1.1.6 SBT/SBC/MH: In-House Capacity-Building.

Step 3: Conducting Special Education Sessions with Youth and Children

Part	Procedure	Responsible person
a.	<p>Conduct individual sessions (30 to 40 minutes each) with each youth and child at least once a week (or as often as is required) according to the IEP. Address specific difficulty of the child, while ensuring learning at all levels, such as speaking, writing, and reading.</p> <ul style="list-style-type: none"> ● During each session, give each youth or child an activity (home-work) to be practiced between sessions, with assistance and monitoring from the respective teacher. ● Ask the youth or child to maintain a separate, written record (a notebook), for these practice activities. ● In each session, give feedback to the youth or child and discuss his or her progress. ● Record feedback with respect to the progress and areas of concern in the youth's or child's notebook for the benefit of the teacher and respective child. Teachers should use the same notebook to provide notes about the child's progress and their observations for the counselor's reference. <p>Obtain feedback on youth's or child's improvement from the concerned staff at the respective centers, including the education coordinator and teachers.</p> <p>Terminate the session when the respective teacher(s), counselor, and youth or child agree that a satisfactory level of improvement with respect to the learning difficulty has been achieved.</p> <p>Assign responsibility to the concerned staff for follow-up and supervision, according to the IEP.</p>	Special educator/ counselor
b.	<p>Working with the teachers, conduct group sessions with youth and children in each center who are older than six and have special learning issues. Group children according to the following criteria:</p> <ul style="list-style-type: none"> ● Nature of problem: Group those with similar problems together. ● Age: Group those of the same age together. <p>To reinforce and strengthen learning from the individual sessions, facilitate group sessions (30 to 40 minutes each) with each group (according to criteria mentioned above), at least once or twice a week (depending upon the need).</p> <p>Terminate group sessions when youth or children in the group show a level of improvement that correlates with the improvement in the individual sessions and the feedback from the concerned staff, or change the grouping to include new children with learning difficulties.</p>	Special educator/ counselor with assistance from teachers

c.	<p>Document the proceedings of the individual and group sessions, including the following details:</p> <ul style="list-style-type: none"> • Names (and attendance) of children • Activity carried out and tools used (such as games, puzzles, and exercises) • Emerging problems and concerns • Standardized solutions, if any • Case studies and success stories, if any 	Respective counselor/ special educator/teacher
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Step 4: Supervision and Follow-up

Part	Procedure	Responsible person
a.	<p>After termination and for three to six months, follow up and monitor every child that has been counseled for learning difficulties, as required:</p> <ul style="list-style-type: none"> • Obtain feedback from the concerned staff, including the education coordinator and teachers of the respective contact point/shelter. • Review their roles and responsibilities as indicated in the MP. • Interact with the child and get feedback from him or her. <p>Gradually reduce follow-up to once a fortnight, and then to once a month, depending on the nature and requirement of each child/youth.</p> <p>Follow-up should be conducted through visits to the shelter.</p>	Special educator or counselor
b.	<p>Supervise the teachers on an ongoing basis as indicated below:</p> <ul style="list-style-type: none"> • Observe and review group and individual sessions in each center at least once a month. • Help plan lessons and carry out activities as per the IEP during visits to each center. • Monitor progress and problems faced by teachers in each center at least once a fortnight or a month, as required. 	Special educator
c.	<p>During the first week of every month, on a designated day, conduct an MH team review and core group meeting to review the individual and group sessions that have been conducted by the counselor.</p>	Psychiatrist, with support from the psychologist
d.	<p>Once every month, conduct a meeting with the teachers and special educator or counselor to review and assess the progress in youth and children undergoing sessions for learning issues and difficulties.</p>	Education coordinator
e.	<p>Conduct a monthly review and monitoring meeting with the special educator or counselor and education coordinator to assess the special education activity and the children's progress.</p>	Coordinator
f.	<p>Report the progress in the education program to the program manager on a monthly basis.</p>	Coordinator
g.	<p>Conduct a quarterly review and monitoring meeting with the special educator or counselor and education coordinator to assess the special education activity and the children's progress.</p>	Program manager

Documents and Records

Records	Location	Responsibility	Purposes
Referral form	Respective shelter homes	Special educator or counselor	To refer the youth and children to the counselor
Assessment form	Respective shelter homes	Psychologist	To record the information and details regarding assessment with respect to the special learning disability or difficulty of each child
Individual education plan	Respective shelter homes	Psychologist	To decide upon and record the treatment plan for each youth/child
Sessions record in individual child's file	Respective shelter homes	Psychologist	To record the proceedings and progress of each individual and group session
Sessions record	Respective shelter homes	Psychologist	To register the progress and difficulties in implementing the MP
Termination form	Central MH Room at the SBT Head Office	Psychologist	To record the termination process
<p><i>Note: All the documents mentioned above are moved from the respective shelters to the Central MH Room at the SBT head office for compilation in a permanent file for each individual after termination of the sessions.</i></p>			
Practice notebooks	Respective shelter homes	Special educator or counselor	<ul style="list-style-type: none"> • Practice activity for each youth or child • For teacher and counselor to record notes, feedback, and progress of youth or child

1.1.5 SOP SBT/SBC/MH:	Career Counseling
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- Improve decision making by youth in choosing the right career path and vocation
- Reduce drop-out rate from a particular vocation
- Strengthen job placements and liaison with other agencies

B. Responsible Person

- Executive director
- Program manager
- Psychologist
- Counselor
- Center vocational training coordinator

C. Materials and Equipment

Lists, handouts, and pamphlets describing various vocational options and courses that are available to youth in and around the project area

D. Procedures

See the steps on the following pages.

Step 1: Capacity-Building Training of the Staff

Part	Procedure	Responsible person
a.	With the help of an external resource person or agency, organize capacity-building training for concerned staff members (such as psychologists, counselors, vocational training instructors) before the beginning of each academic year on career counseling, including psychological testing and other such tests that might be available.	Program manager with support from the executive director
b.	Prepare guidelines on career counseling based on the training received.	Counselor with the technical assistance from external resource person
c.	Organize quarterly, half-day to one-day capacity-building training sessions for the concerned staff members on identifying and addressing key career-related concerns and on psychological testing and assessment.	Program manager with support from the executive director
d.	Make arrangements for key staff members to visit other agencies and psychological institutes, once every six months, to enhance their knowledge and skills.	Program manager with support from the executive director
e.	Record the proceedings of the staff training in the staff training register.	Vocational training coordinator/counselor

Step 2: Group and Individual Career Counseling Sessions

Part	Procedure	Responsible person
a.	Include all eligible youth and children from shelter homes and contact points between the ages of 14 and 17, who have opted for vocational training ¹⁰ in the Career Counseling Program.	Counselor with support from the center vocational training coordinator
b.	Conduct orientation sessions with children, in groups of five to 10 each, or on a one-on-one basis, as required, ¹¹ to explain various vocational options and courses that are available to them. ¹²	Counselor with support from the center vocational training coordinator
c.	Select and conduct psychological tests (such as IQ, aptitude, interest, and personality tests) that are most suited to the target population with respect to the age, socioeconomic background and language. Test the children in groups of eight to 10 each to ascertain and help them understand the vocational courses that best correspond to their aptitudes and interests. Prepare individual profiles of each child based on the results of the various psychological tests.	Psychologist or trained counselor
d.	Conduct a one-on-one career counseling session with each child and youth to share the results of his or her tests and help him or her select the appropriate vocational course based on aptitude and interests.	
e.	Share the individual profiles that show the vocational course chosen by the youth with the vocational training coordinator at the center.	
f.	Enroll the youth in the vocational courses that they selected, if appropriate.	
g.	Conduct individual sessions with those children who demonstrate problems, for example: <ul style="list-style-type: none"> ● Difficulty in deciding upon or committing to a vocational training course ● Lack of interest and motivation ● Lack of concentration and short attention span Refer the child to the psychologist or psychiatrist if any specific MH concern or issue emerges that is interfering with the child's ability to cope with the vocational choices and courses. ¹³	Counselor

¹⁰ For details, see SOP 2.3 SBT/YFS: Vocational Training and Rehabilitation.

¹¹ One-on-one orientation session can be done if there is only one new child registered at a center, while a group orientation session can be done with more than one child registered.

¹² For details, refer to the SOP 2.3 SBT/YFS: Vocational Training and Rehabilitation.

¹³ For details, refer to the SOP 1.1.3 SBT/SBC/MH: Mental Health and Other Supportive Services for Youth and Children.

Step 3: Supervision and Follow-up

Part	Procedure	Responsible person
a.	Organize regular meetings once a fortnight or month, according to need, with the center vocational training coordinators: <ul style="list-style-type: none"> ● Provide feedback about each child with respect to career counseling and planning based on the individual counseling sessions and psychological testing. ● Explore and suggest the best suited vocational choice for each child. 	Counselor with the help of the psychologist
b.	Follow up to ascertain the interest and performance of each child in his or her chosen vocational course: <ul style="list-style-type: none"> ● Meet with each youth, one-on-one, once a week initially and then gradually reduce to once a fortnight or month (as required). ● Gather feedback from the centers' vocational training coordinators and vocational training instructors during visits to the respective centers. 	Counselor
c.	Meet with the MH program coordinator and center vocational training coordinator once a quarter to assess and review the career counseling program.	Program manager

Documents and Records

Records	Location	Responsibility	Purposes
Test protocols (all psychological test forms completed by each child)	MHP office in SBT head office	Counselor	To maintain a file of each child's test results
Individual case file including (a) an individual profile of each child, containing test interpretations; and (b) a summary report of each child	MHP office in SBT head office	Counselor	To record the information and details regarding assessment with respect to the special learning disability or difficulty of each child
Sessions report	MHP office in SBT head office	Counselor	(a) Individual Profile: To consolidate results and analyses of all psychological tests conducted with the child; (b) Summary Report: To maintain summaries of all interventions with the child including psychological tests, individual sessions, and the suggested vocational course
Sessions report in individual child's file	MHP office in SBT head office	Counselor	To record of every session undertaken with each child
Staff training register	MHP office in SBT head office	Counselor	To record the proceedings of the staff training in the staff training register

1.1.6 SOP SBT/SBC/MH:	In-House Capacity Building
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- To sensitize and raise awareness on the MH needs and concerns of youth and children among SBT staff members
- To bring about attitudinal and systematic changes among the SBT staff
- To ensure early identification of the MH issues and needs of youth and children in contact points and shelter homes
- To enhance the capacity of SBT staff members to deal with MH issues of youth and children

B. Responsible Person(s)

MH team (psychologists, LSE coordinator, counselors) under supervision of the psychiatrist or counselor)

C. Materials and Equipment

- Training toolkit and manual
- Interactive and participatory training tools

D. Procedures

See the steps on the following pages.

Step 1: Training and Capacity Building

Part	Procedure	Responsible person
a.	<p>Prepare a training toolkit and manual for conducting in-house capacity-building sessions and workshops with the staff focusing on key themes and topics with clear methodology. Topics should include:</p> <ul style="list-style-type: none"> ● Identification of the specific MH needs of youth and children¹⁴ ● Crisis management ● Communication and counseling skills ● Mental health assessments ● Behavioral and conduct problems ● Adolescent issues ● Disorders related to substance abuse ● Specific learning difficulties and other educational difficulties ● Depressive disorders ● Anxiety disorders ● Burn-out and ways to deal with it ● Rapport and relationship-building ● Motivational counseling ● Parenting ● Time management 	Counselor with guidance from psychologist and psychiatrist
b.	Organize ongoing, quarterly training sessions for the MH team. The sessions should last about a half-day or one day and cover key issues and facilitation skills for conducting in-house capacity-building sessions with other SBT staff members.	MHP coordinator
c.	Record the proceedings of the staff training in the staff training register.	Counselor

¹⁴ For details, refer to the SOP 1.1.3 SBT/SBC/MH: Mental Health and Other Supportive Services for Youth and Children.

Step 2: Needs Assessment and Planning the In-House Capacity-Building Sessions

Part	Procedure	Responsible person
a.	<p>Needs assessment: In order to plan the in-house capacity-building sessions based on specific needs of the staff members and specific gaps in their knowledge, conduct the following needs assessments with the entire SBT staff:</p> <ul style="list-style-type: none"> • Pre-test questionnaires, to be filled out by each staff member at the beginning of each year • Post-test questionnaires, to be filled out by each staff member at the end of each year, after all the training sessions for the year are completed • Interactions with the staff of each center in small groups 	MHP coordinator with help from the counselors
b.	<p>Annual planning: Based on the results of the needs assessment, prepare an annual training curriculum for the in-house capacity-building sessions.</p>	Psychiatrist with assistance from the MH team
c.	<p>Monthly planning: Conduct monthly MH team meetings (held on a designated day):</p> <ul style="list-style-type: none"> • Decide on the topic for the sessions during the month based on the curriculum prepared. • Decide on a date and venue (from among various shelter homes) for the sessions to be conducted in the respective month. • Prepare a training calendar for the month (a session in each shelter at least once a month; and one joint session for staff of all contact points at least once a month). • Choose the facilitator (counselor, psychologists, or psychiatrist) for the session. 	Psychiatrist with assistance from the MH team
d.	<p>Circulate the training calendar to all the centers soon after the planning meeting.</p>	Counselor

Step 3: Conducting the In-House Capacity-Building Sessions and Staff Support

Part	Procedure	Responsible person
a.	Conduct a half-day capacity-building session as was decided in the monthly planning meeting and based on the toolkit developed for the same.	Facilitator from among the MH team—psychiatrist, psychologist, or counselor
b.	<p>Conduct the sessions based on the following guidelines:</p> <ul style="list-style-type: none"> • Create a peaceful and non-threatening environment in which all members can participate openly. • Ensure that the workshops are interactive, enabling staff members to share and discuss cases from their respective centers and their impressions and experiences about the selected topic. • Use a variety of interactive and participatory tools and techniques in the workshops, such as: <ul style="list-style-type: none"> • Learning through role-playing • Sharing and discussing case studies • Reflective exercises • Group work • Presentations and interactions • At the end of each session, select the date, venue, time, and topic for the next capacity-building session. 	
c.	At the end of each session, request each participant to fill out a feedback form.	
d.	<p>Record the proceedings of each capacity-building session in the in-house workshop register, including:</p> <ul style="list-style-type: none"> • Activities, e.g., games, activities, and exercises, and any tools used in them • Emerging problems and concerns • Standardized solutions, if any • Changes observed in the staff as a result of the ongoing sessions • Analysis of the participants' feedback forms 	Counselor
e.	<p>Ensure staff support by visiting each center quarterly (or earlier as required) to address concerns and queries and to gather feedback through one-on-one and group meetings with the center staff as necessary.</p> <p>Document the minutes of these visits in the in-house capacity-building register.</p>	<p>Psychiatrist</p> <p>Center counselor</p>

Step 4: Supervision and Follow-up

Part	Procedure	Responsible person
a.	<p>Recap the previous workshop at the beginning of every monthly workshop.</p> <p>Review observations by counselors and psychologists during their visits to the centers to oversee the application of the concepts learned during the workshops.</p> <p>Through informal interactions, gather feedback from youth and children at the centers about the changes perceived in the staff in their dealings with children.</p>	Facilitator of the workshop or MH team representative
b.	<p>Review the capacity-building workshops and facilitators:</p> <ul style="list-style-type: none"> • Share feedback from the MH team. • Discuss any problems, challenges, improvements, and modifications regarding each capacity-building session at the monthly meeting of the MH team. 	Psychiatrist with MH team including psychologist, psychiatrist, and counselors
c.	<p>Share the results of the capacity-building sessions:</p> <ul style="list-style-type: none"> • Present findings to the program manager, executive director, and trustees once a quarter at the MH team meeting, and document the minutes in the Trustee Meeting Register. • Present findings to MH team and SBT trustees once a year and document the proceedings in the Open House Meeting Register. 	
d.	Review the post-test forms filled out by staff at the end of six months; and discuss, review, and modify (if required) the plan for in-house capacity-building workshops.	Facilitator of the workshop or MH team representative
e.	Review the in-house capacity-building sessions with the MHP coordinator (or person in charge of in-house capacity-building workshops) once every two months to provide feedback of the entire project staff on these workshops and gather inputs about the progress of these sessions. Report the feedback to the program manager.	Coordinator

Documents and Records

Records	Location	Responsibility	Purposes
Staff training register	MHP office in SBT head office	Counselor	To record the proceedings of the MH team quarterly training sessions
Attendance sheet of the participants	Respective shelter and contact points (attached to Staff Workshop Register)	Center coordinator	To ensure attendance of all the staff members
Staff in-house workshops register	MHP office in SBT head office	Counselor	To record the proceedings of each in-house capacity-building workshop
Pre- and post-training questionnaires	MHP office in SBT head office	Counselor	To assess the needs of the SBT staff
Feedback forms	MHP office in SBT head office	Counselor	To record written feedback of each staff after every in-house session
Trustee meeting register	MHP office at the SBT head office	Counselor	To record minutes of meetings with the trustees
Open-house meeting register	MHP office at the SBT head office	Counselor	To document the proceedings of the open-house meeting

1.1.7 SOP SBT/SBC/MH:	Sessions on AB Messages
Prepared By: SBT Staff and Consultant	
Reviewed By: SBT, FHI, and USAID	
Date Adopted: May 25, 2009	

A. Purpose

- To promote abstinence and healthy norms and behavior patterns among youth and children to reduce their risk of STIs and HIV infection
- To identify youth and children at risk of HIV infection and address the risk and other vulnerability factors

B. Responsible Persons

- Program manager
- Psychiatrist
- LSE coordinator
- Social worker

C. Materials and Equipment

- Toolkit or manual, or both, on AB messages
- Age-appropriate tools and materials for the selected activities for each session on AB

D. Procedures

See the steps on the following pages

Step 1: Orientation and Capacity Building

Part	Procedure	Responsible person
a.	<p>Develop and collate a manual or toolkit, or both, on facilitating sessions that focus on the following key (AB) messages:</p> <ul style="list-style-type: none"> • Abstinence: <ul style="list-style-type: none"> • Abstinence from sexual activity • Skills for practicing abstinence • Abstinence for eliminating the risk of HIV transmission among unmarried individuals • Delay of sexual debut until marriage for unmarried individuals • Social and community norms supporting the delay of sex until marriage • Being faithful <ul style="list-style-type: none"> • Elimination of casual sexual partnerships • Skills for sustaining marital fidelity • Mutual faithfulness with an uninfected partner among individuals in long-term sexual partnerships • HIV counseling and testing with partner for those that do not know their HIV status • Social and community norms that support refraining from sex outside marriage and reducing number of partners • Beyond AB: targeting behaviors that increase risk to HIV transmission 	Social worker with help of LSE coordinator, and technical assistance from FHI
b.	Conduct an orientation and refresher training for the social workers (facilitators) once a year through a two-day workshop on content and facilitation skills for AB messages.	Program manager with the help of an external resource person and technical assistance from FHI
c.	<p>Conduct ongoing capacity-building of the concerned staff (social workers):</p> <ul style="list-style-type: none"> • Organize one-day, in-house orientation sessions with staff members on the AB approach before they begin facilitating sessions with youth and children. • Organize two-hour, in-house capacity-building sessions for the facilitators, at least once every three months: <ul style="list-style-type: none"> • Review areas and topics of discomfort and concern, if any. • Upgrade staff's knowledge and skills and train them in new techniques and methodologies for AB sessions. • Share experiences and feedback, and conduct mock sessions. 	LSE coordinator
d.	Record the proceedings of the staff capacity-building training and sessions in the staff training register.	Social workers

Step 2: Grouping of Youth and Children for Sessions

Part	Procedure	Responsible person
a.	<p>Provide AB messages at each contact point and shelter to all youth and children between the ages of 10 and 17.</p> <p>Provide AB messages to children between the ages of seven and 10, as required, based on their risk assessment and sexual encounters, if any.</p>	Social workers and center coordinator
b.	<p>Provide specific AB messages to youth and children, based on:</p> <ul style="list-style-type: none"> • Age: <ul style="list-style-type: none"> • Between 10 and 13 years • Between 14 and 17 years • Gender: Specific messages for girls and boys, respectively, based on their experiences and vulnerability factors • Risk assessment: Within each age and gender group, provide messages according to risk assessment to HIV, which is done through: <ul style="list-style-type: none"> • Individual counseling sessions • Observations in LSE sessions and other activities at the shelters and contact points • Observations and referrals by shelter and contact point staff including coordinators, social workers, and night supervisors 	

Step 3: Finalizing the Session Plans and Conducting Sessions

Part	Procedure	Responsible person
a.	Organize a meeting of the facilitators in the first week of each month, on a designated day, to review the messages that were conveyed in the previous month and their impact on youth and children; and to plan for the current month's messages that will be conveyed (based on the toolkit).	LSE coordinator with social workers
b.	Conduct one-on-one sessions on AB messages with each child soon after registering him or her at the respective contact point or shelter according to need.	Social workers
c.	Conduct group sessions on AB messages once every fortnight, with 10 to 12 registered children, in each center and contact point.	Social workers
d.	Facilitate the sessions: <ul style="list-style-type: none"> ● Reiterate the messages from the previous session and address any queries or concerns. ● Convey the messages as planned and designed based on the participatory and interactive methodology. ● At the end of the session, ask the youth or child to define the concrete learning and outcome of the session for him or her and how he or she would apply this learning. 	Social workers
e.	Repeat the one-on-one session on AB messages with each youth or child at the respective contact point or shelter, at least once a month, as need is perceived.	Social workers
f.	Record proceedings of each session on AB messages including details of the following: <ul style="list-style-type: none"> ● Activities such as games, activities, exercises, and tools used, if any ● Specific content of messages ● Emerging problems and concerns ● Standardized solutions, if any ● Changes observed in the youth and children as a result of the ongoing sessions with them 	Social workers

Step 4: Follow-up and Monitoring

Part	Procedure	Responsible person
a.	Follow up through ongoing sessions: Summarize the previous session in every AB messages session.	Social workers
b.	Follow up and monitor youth and children (fortnightly) through: <ul style="list-style-type: none"> Feedback of staff of respective shelters and contact points Interactions with youth and children at the contact points, shelter, and other settings such as group sessions and other counseling situations 	Psychiatrist with MH team including psychologist, psychiatrist and counselors
c.	Organize monthly supervisory meetings with the facilitators, which can be held in conjunction with the monthly planning meeting (step 3b): <ul style="list-style-type: none"> Gather feedback from the facilitators regarding the performance of youth and children in the sessions and their impact. Review and provide feedback to the facilitators about their performance, challenges, and problems faced by them. 	Center coordinator
d.	Supervise facilitators individually and in groups every two months.	Center coordinator
e.	Supervise facilitators and coordinators individually and in groups every six months.	Program manager

Documents and Records

Records	Location	Responsibility	Purposes
AB message register	Respective contact points and shelters	Facilitators	To record attendance and proceedings of each one-on-one and group session carried out with youth and children
Staff training register	SBT head office where the coordinator is based, in the MHP office	Social worker with supervision from the LSE coordinator	To record proceedings of each training and capacity-building session or workshops with the facilitators and staff
Daily diary	With respective staff	Each staff facilitating AB messages	To record the number of children to whom the AB messages given on a daily basis

1.2 SOP SBT/SBC:	Sensitization of Local Police on MH Needs and Behaviors of Street and Working Children
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- The purpose of this step is to (1) sensitize local police officials located near the railway station to the needs and behavior of street youth and children and to secure their support for the project; and (2) stop the exploitation and harassment of street youth and children by the police.

B. Responsible Person

- Coordinator
- Contact point coordinator
- Social workers
- Program manager and MH team representatives

C. Materials and Equipment

- Training tools and materials as required

D. Procedures

See the steps on the following pages.

Step 1: Developing Training Materials and Planning the Police Training

Part	Procedure	Responsible person
a.	<p>Develop and collate training materials for facilitating police-sensitization training:</p> <ul style="list-style-type: none"> ● Explore available manuals, toolkits, and training materials on police sensitization. ● Adapt existing materials and manuals to develop a toolkit to support sensitization sessions with a focus on the project's goals and objectives. The toolkit should address the following: <ul style="list-style-type: none"> • Vulnerability of street youth and children • MH needs and behaviors of street youth and children • HIV and STI prevention • Rights of the children • Substance abuse among street youth and children and its prevention • Physical and sexual abuse and harassments of street youth and children and its prevention • Medical and other needs of street and youth children including the need for protection and security • The role of the police in providing protection to street and youth and children and supporting the project ● Create Power Point presentations. ● Develop pre- and post-test forms and an evaluation form. 	Program manager with technical assistance from FHI
b.	<p>Plan the training with the police at the beginning of the year with participation of the contact point coordinator, social workers, and MH team representatives. Plans should include the following:</p> <ul style="list-style-type: none"> ● The number of training workshops required in a year: one training workshop in a year, covering 30 police officers, ensuring a good mix from every batch and rank of police officers from the project area, based on the activities and methodology as per the training materials developed ● Tentative dates and venue for the training ● Topics and methods for capacity-building training workshops, a broad agenda and potential resource persons from within SBT (and external as required) ● Levels and ranks of police officers to be included in the training ● Other details as necessary 	Program manager with support from coordinator

Step 2: Building Partnerships and Selecting Participants

Part	Procedure	Responsible person
a.	<p>Contact the deputy commissioner of police (DCP), Central Delhi; and the station head officer (SHO) of local police station, if required, to establish a relationship and to obtain permission for sensitization sessions and meetings with all the police officers of the station, including inspectors, sub-inspectors, constables, and other officials.</p> <p>Obtain, if possible, written permission from the DCP (which would be valid even when the DCP or SHO gets transferred).</p>	Coordinator
b.	Obtain and prepare a list of police officers nominated for the training after receiving the permission from the DCP.	Coordinator
c.	<p>Establish contact with the nominated police officers to ensure their presence for the training:</p> <ul style="list-style-type: none"> ● Meet the nominated police officers and invite them personally as required. ● Send an invitation letter stating the date, time, venue, topics, and duration of the training. ● Send reminders a few days before the training. 	Coordinator
d.	<p>Schedule a sharing and planning meeting with the executive director and program manager (and other concerned staff):</p> <ul style="list-style-type: none"> ● Share the list of participants and decide dates and venue for the training. ● Finalize the agenda for the training based on the materials developed. ● Select the facilitators for each session from among the staff (project manager, psychiatrist, and other senior staff). 	Coordinator

Step 3: Conducting the Sensitization Training Workshop with Police Officers

Part	Procedure	Responsible person
a.	<p>During the week prior to the training workshop, conduct a meeting with the executive director, coordinator, and other key facilitators and staff members:</p> <ul style="list-style-type: none"> ● Review and finalize the agenda, methodology, and facilitators. ● Review the final list of participants. ● Review the logistics and other preparation for the training. 	Program manager
b.	<p>Ensure that the training venue has all required supplies, e.g., stationary, training materials, and equipment, and that all other arrangements, including meals, have been made.</p> <p>Facilitate the training workshop based on the prepared agenda, methodology, and training materials.</p> <p>Have participants complete the pre- and post-test forms at the training, if and where possible.</p> <p>Have participants complete the evaluation form at the end of each training to obtain feedback.</p>	<p>Coordinator</p> <p>Program manager with assistance from the coordinator</p>
c.	Record proceedings of the training workshop in the SBT Training Register and include an analysis of the responses of the police officers to the evaluation form.	Facilitators for each session, finalized by the program manager

Step 4: Conducting Regular Meetings and Follow-up of the Training with the Police

Part	Procedure	Responsible person
a.	<p>Plan meetings with police in the area to ensure ongoing networking, sensitization, and follow-up of the training conducted:</p> <ul style="list-style-type: none"> Plan meetings (one-on-one, in pairs, or small groups) with the police at least once in a month (or more often), as per their availability and convenience, to reinforce the messages from the training workshop and other day-to-day concerns of street youth and children. Assign responsibilities to social workers and center coordinators to undertake these meeting, according to their availability, but at least once every fortnight. 	Coordinator
b.	<p>Conduct regular interactive meetings with police, both males and females, covering at least four or five officers every month, with the following objectives:</p> <ul style="list-style-type: none"> Assess their level of understanding and attitudes towards street youth and children, and issues from the training. Facilitate discussion and provide information to address any gaps in understanding or lack of sensitivity. Discuss the role of the police and seek their commitment (verbal and informal), whenever possible, to support the street youth and children and the project. Discuss any other issues and concerns as necessary for street children in the area. 	Contact point coordinator and respective contact point social workers
c.	Document proceedings of each meeting with the police and record them in the police sensitization register and daily diary.	Respective facilitators or staff conducting meetings
d.	Invite the police officers to community events conducted in the local area for further sensitization and awareness raising.	Coordinator

Step 5: Follow-up and Monitoring

Part	Procedure	Responsible person
a.	<p>In the first week of each month, organize a review meeting with the concerned staff members to:</p> <ul style="list-style-type: none"> • Obtain feedback about the meetings carried out with the police during the month focusing on: <ul style="list-style-type: none"> • Flow of the meetings • Significance of the theme and topic covered • Skills of the facilitators and staff conducting these meetings and areas for improvement • Determine changes in attitude and behavior of the police. • Review their performance and any problems faced and make recommendations accordingly. 	Coordinator
b.	Once every two months, initiate interaction with the local police or SHO to gather feedback and assess changes in attitudes and behavior.	Coordinator
c.	Once every six months, initiate interaction with the concerned project staff and the local police or SHO to gather feedback and assess changes in attitudes and behavior.	Program manager

Documents and Records

Records	Location	Responsibility	Purposes
Registration sheet	SBT head office	Coordinator	To record the proceedings of the training workshop, including the names and ranks of police officers who attended
SBT training register and photographs of the training	SBT head office	Coordinator	Evaluation of the training conducted
Evaluation form for training workshops	SBT head office	Coordinator or facilitator	To record the number of children to whom the AB messages given on a daily basis
Police sensitization register and daily diary	Respective contact points	Contact point coordinator	To record details of each meeting carried out with police on a daily basis
Complete updated list of all police stations and police officers in the project areas	Store compiled list at the SBT head office for the respective contact points	Coordinator Contact point coordinator	To ensure a complete list of police stations and police officers with whom interventions are being undertaken

1.3 SOP SBT/SBC:	Community Awareness through Creative Media
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- To create awareness among the general public on issues related to street youth and children and to create an enabling environment for them
- To develop and conduct theme-based street plays and puppet shows as an empowerment tool for the street youth and children and a sensitization tool for school-going children and NGOs about issues that affect street youth and children

B. Responsible Persons

- Theater coordinator
- Street play director
- Project manager

C. Materials and Equipment

- Puppets, props, costumes, musical instruments, and other audio-visual equipment as required for shows

D. Procedures

See the steps on the following pages.

Step 1: Capacity Building of the Staff and Development of Training Guidelines

Part	Procedure	Responsible person
a.	Organize extensive capacity-building training sessions (seven to ten days each) for the project team (street play director, other adolescents, and field assistants) at the beginning of each year (before any events take place) on theater, puppetry, script writing, and other creative ways to raise awareness about key issues of the project.	Coordinator with technical assistance from the project manager, FHI, and external resource person or theater artist
b.	Document the proceedings of the capacity-building training in the staff training register.	Theater coordinator
c.	Based on the training received, develop training guidelines for preparing and conducting community awareness through use of creative media (for example, street plays and puppet show). Integrate key issues to be raised for the benefit of the concerned staff, project team members, and other stakeholders.	Street play director with support from the theater coordinator

Step 2: Planning the Plays

Part	Procedure	Responsible person
a.	<p>Hold an annual planning meeting with key staff (coordinator, theater coordinator, street play director, and social workers (trustees can also be involved, especially for the annual play planning) to discuss and make decisions about the following:</p> <ul style="list-style-type: none"> ● Frequency plays (monthly and annual): <ul style="list-style-type: none"> • Number of and timing of monthly plays to be performed in a year, for example, one every month • Tentative date for the annual play for NGOs in Delhi and children in schools on any general burning community or social issue of relevance to the target group • One play every year for general public to commemorate the World AIDS Day • Annual play ● Venues for plays: <ul style="list-style-type: none"> • Around the project areas, in particular around the New Delhi station areas, Old Delhi Station, bus terminal, and Saket cinema hall (where a new contact point has been established by SBT under the project), and for schools and NGOs in Delhi ● Content of Plays: <ul style="list-style-type: none"> • Monthly plays: stories with themes on stigma and discrimination (S&D) and AB messages ● Annual plays: core theme or topics for the annual plays from among the topics mentioned below, based on the priority of the issue to be covered with respect to street youth and children and the target audience: <ul style="list-style-type: none"> • Vulnerabilities of street youth and children • Rights of children • HIV and its prevention, including messages on abstinence, delaying sexual debut and being faithful (AB messages) • HIV-related stigma and discrimination ● Format of creative media: street shows, puppet shows, and in-door stage shows based on the location and target audience for each show; and process for preparing the monthly plays ● Possible external resource person for the annual play of the year 	Program manager
b.	<p>Hold quarterly planning meetings for the monthly shows:</p> <ul style="list-style-type: none"> • Make plans for the shows in the upcoming quarter. • Prepare a quarterly community events calendar to announce the monthly plays. • Assess their level of understanding and attitudes towards street youth and children, and issues from the training. 	Theater coordinator

c.	<p>With the staff (including the coordinator and social workers), choose the following for the play of the month:</p> <ul style="list-style-type: none"> • Theme (out of the two themes indicated in step 2a) • Venue, location, date (if it cannot be done as per the training calendar prepared), time, and target audience for the show 	Theater coordinator
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Step 3: Preparation and Execution of the Monthly Plays

Part	Procedure	Responsible person
a.	<p>Select children to perform in the play:</p> <p>Make a short list of children from all centers and contact points who are interested in participating in the play. Select from the following:</p> <ul style="list-style-type: none"> • Recommendations of the coordinators of each contact point and shelter home • Observations of children in the contact point and shelter homes <p>Make the final selection of children for the play through an auditioning process, screening for acting skills, voice modulation, and other performance skills.</p>	Theater coordinator with assistance from the social worker
b.	<p>Educate the youth and children that were selected as cast members, if required, on the issues and themes selected for the play to encourage their involvement in script development:</p> <ul style="list-style-type: none"> • Urge them to gather additional information on the issue through informal research, e.g., researching incidences and case studies, and gathering vital data. • Share and exchange the information collated. 	Theater coordinator with assistance from the social worker
c.	<p>Develop the story line and two scripts with the street play director, selected adolescents, and other core staff, on two themes decided for the monthly plays. Follow the general process indicated below:</p> <ul style="list-style-type: none"> • Focusing on the selected theme, ask each child to share one idea, which could be related to what they know or feel about the issue, or a core message they wish to convey through the play. • After the children have shared their idea, help them to interconnect them. • Help the children through a brainstorming process to prioritize their ideas and arrange them in a sequence to create a story line. • Discuss the story line and help the children to make necessary modifications to finalize the story. • Add vital information, such as factual information and data, to the story to support the core theme or issue, such as modes of HIV transmission and its prevention. 	Street play director

d.	Discuss and decide on the format of the show, i.e., street play, puppet show, or another format.	Street play director
e.	<p>For a street play, develop a script with characters and dialogue as indicated below:</p> <ul style="list-style-type: none"> ● Help children review each scene of the play and ask them to develop characters. ● Ask children to give individual identity to the characters and to choose the characters they would like to play. ● Help them to select and decide on characters to avoid overlaps and disagreements. ● Help the children to develop dialogues for their characters and to make necessary modifications to the dialogues, without losing vital information on the core issue. ● Write the final script, including all scenes and dialogue for each character. ● Discuss and decide on costumes, set, props, and other materials and equipment; and make timely arrangement for obtaining or creating them. 	Street play director
f.	<p>For a puppet show:</p> <p>Follow all of the steps in 3e for creating a street play, and in addition, work with the children to develop puppets for each character.</p>	Street play director
g.	<p>Rehearse the play:</p> <ul style="list-style-type: none"> ● Conduct physical exercises and voice modulation exercises with youth and children participating in the play. ● Teach youth and children various stage techniques for the play, such as interacting with the audience, covering the stage, maintaining the space provided for the play, concentrating, and controlling and enhancing the voice. ● Make youth and children rehearse scenes one by one, a number of times, and make suggestions for improvement. 	Street play director
h.	<p>Field test the production and improvisation:</p> <ul style="list-style-type: none"> ● Invite children, senior staff, and a few program experts to watch the play during the rehearsal stage in order to: <ul style="list-style-type: none"> • Gather feedback • Discuss the strengths and weaknesses of the play • Seek suggestions for its improvement ● Make changes to the play for final performance. 	Street play director
i.	Run through the entire play a number of times, including a final rehearsal the day prior to the final performance.	Street play director

j.	<p>Perform the play at the designated date, time, and venue every month as per the planning meetings (Step 2).</p> <p>Distribute IEC material on HIV/AIDS and other issues relevant to street children at the venue at the end of each show.</p> <p>After the performance, hold discussions on the core issues raised through the play with the audience to enhance awareness and increase sensitivity.</p>	Theater coordinator with assistance from the street play director and social workers
k.	Alternatively, the street play director may use the process, techniques, and methodology learned during the capacity-building training (Step 1a) to develop a play. In that case, record the process in the training guideline (as indicated in Step 1c).	
l.	Perform the same play and script developed on both the themes throughout the year on a monthly basis at various venues for various stakeholders.	

Step 4: Preparation and Execution of the Annual Play

Part	Procedure	Responsible person
a.	Finalize the date of the annual play at least five or six months prior to the annual play, based on the annual planning done (step 2).	Executive director with support from the trustees
b.	Select and invite an external resource person to prepare the annual play, at least three to five months (or more as required) prior to the final date of the performance of the play.	Contact point coordinator and respective contact point social workers
c.	Make arrangements for all logistics, props, and costumes. Conduct rehearsals of the play as per the instructions of the external resource person, ensuring the integration of theme(s) to be addressed (see Step 2) for raising awareness.	
d.	<p>Send out invitations to the key stakeholders, NGOs, media, and other affiliates for the annual play at least a month prior to the date of the annual play.</p> <p>Send timely reminders of the play's date to key stakeholders and other relevant parties to encourage participation.</p>	Theater coordinator
e.	<p>Make final preparations for the presentation of the play:</p> <ul style="list-style-type: none"> ● Delegate duties among core staff. ● Check on all requirements and logistics at the venue. ● Arrange transportation for the children and staff to the venue as required. 	
f.	Perform the play.	
g.	Maintain a record of the annual play, including scripts, head count of participants (approximate), photographs, and other relevant details.	

Step 5: Follow-up and Monitoring of the Plays

Part	Procedure	Responsible person
a.	<p>After each show, assess its effectiveness and impact on the target audience:</p> <ul style="list-style-type: none"> • Soon after the show, raise a few key questions based on the play and invite discussion. • With the help of field assistants and social workers, facilitate small group and one-on-one interactions with the target audience close to the railway stations, bus stops, and cinema halls where the monthly plays are conducted (where possible). 	Street play director
b.	<p>Review plays monthly. A meeting with the play team, including the street play director, can be combined with the monthly planning meeting:</p> <ul style="list-style-type: none"> • Review the plays with respect to the performance, messages conveyed, effectiveness, and impact on target audience. • Suggest and discuss areas for improvement for future presentations of the plays. • Involve the coordinator in these meetings, at least once every three months, and involve the program manager in these meetings at least once every six months. 	Theater coordinator
c.	<p>Develop a beneficiary evaluation form and distribute it to the audience (target group) at the end of each show to gather their feedback on the show its impact on them.</p>	Theater coordinator with help from field assistants
d.	<p>For the annual plays, organize a review meeting after the play, including trustees, the executive director, the program manager, and other project staff, to discuss plans for continuity in messages with the respective target audience through other community events and monthly plays.</p>	Program manager
e.	<p>While developing or performing the play (monthly or annual), if any concern or personal issue of any child emerges as a result of identifying with any character of the play or the impact of the play, refer the child to the MH worker or counselor.</p>	Theater coordinator

Documents and Records

Records	Location	Responsibility	Purposes
Event register	SBT head office	Street play director/theater coordinator	To maintain a list of each show performed and all information relevant to the presentation—such as dates, venues, and proceedings of each play
Script of the plays	SBT head office	Street play director	To ensure attendance of all the staff members
Beneficiary evaluation forms (whenever possible)	SBT head office	Social worker or theater coordinator	To record the proceedings of each in-house capacity-building workshop
Staff training register	SBT head office	Street play director	To assess the needs of the SBT staff

Strategy 2: Provide child- and youth-friendly services (YFS) to address basic needs of street and working children.

2.1 SOP SBT/YFS:	Health Care Services
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- To ensure medical examination of every new youth and child at each contact point, shelter, and drop-in-center
- To arrange for a monthly examination of each child at each center
- To arrange for first-aid kits, diagnostic tests, and hospitalization for sick children

B. Responsible Persons

- Executive director
- Program manager
- Social worker
- Medical coordinator
- Medical social worker
- In-house doctor

C. Materials and Equipment

- First-aid kits at each center

D. Procedures

See the steps on the following pages.

Step 1: Appointment of Staff and Capacity-Building Training

Part	Procedure	Responsible person
a.	<p>Appoint doctors for each center (contact point, shelter, and drop-in center), on a part-time basis, as specified below:</p> <ul style="list-style-type: none"> ● One in-house, male doctor (pediatrician) to visit each contact point and drop-in-center (Arman) once a week, and visit each shelter twice a month ● One female doctor to visit the girl's shelter (Aarushi) once a week ● One doctor for the Health Post, daily from 10 am until 2:00 pm (Monday to Friday) <p>Appoint an overall medical coordinator, and a medical social worker at each center to assist the doctor and to look after the day-to-day medical needs of each youth and child (social workers within the organization can be trained to take on this role).</p>	Executive director with assistance from the program manager
b.	Organize capacity-building training for the project staff (doctor, medical coordinator, and medical social workers) at the beginning of each year to enhance their knowledge and skills.	Program manager with technical assistance from FHI
c.	Organize ongoing capacity-building sessions (two to three hours each) for the project staff to review their performance and delivery of services and to suggest improvements. Enlist the aid of external resource persons, medical officers, or both, for these quarterly sessions.	Coordinator
d.	Record the proceedings of each staff capacity-building training and session in the staff training register.	Medical coordinator

Step 2: Medical Investigation and Vaccination of Every New Child at Each Center

Part	Procedure	Responsible person
a.	<p>On the day of arrival at the center, every new youth and child should be individually screened for the following:</p> <ul style="list-style-type: none"> • Any physical cuts, wounds, or disease(s) • Risk of STIs and HIV infection • Symptoms of STIs and any other reproductive or sexual problem <p>Provide first-aid if required.</p> <p>Fill out the screening form and refer the child to the in-house medical doctor within 48 hours of the child's arrival.</p>	Medical social workers
b.	<p>On the day that the screening form is provided by the medical social worker, conduct a medical examination of each child and youth at the respective center based on a medical form, which includes the following:</p> <ul style="list-style-type: none"> • A medical history based on open-ended questions to ascertain the following: <ul style="list-style-type: none"> • Presenting problems, signs, and symptoms, if any • Previous history of illness and treatment, if any • Drug allergies • Sexual history • Family history (if the child can recall it and is comfortable talking about it) • A behavioral risk assessment for ascertaining STIs and HIV risks and the need for referral to VCT center • A physical examination: <ul style="list-style-type: none"> • Measure the child's height, weight, and body mass index, and plot them on the WHO growth monitoring charts. • Check vitals, including pulse rate and blood pressure. • Check skin for jaundice and other health problems. <p><i>Note: Assure the child that all the information provided by him or her will be used to arrive at a diagnosis and will be kept confidential.</i></p>	Doctor with assistance from the medical coordinators
c.	<p>Conduct systemic lab tests (such as RS, CVS, CNS, and PA), including screening of hemoglobin, stool, urine, sputum, TLC, DLC, and CSR), a chest x-ray, and other investigations as required, within seven to fifteen days of the child's arrival at the center.</p>	Medical social worker
d.	<p>Vaccinate every child at each center for tetanus (upon arrival, as required), and every six months thereafter); and vaccinate children staying for a longer duration for hepatitis B to ensure a full course of the vaccination.</p>	Medical coordinator

Step 3: Routine Examination at Each Center

Part	Procedure	Responsible person
a.	<p>Supervise and monitor every child on a daily basis:</p> <ul style="list-style-type: none"> • Look for physical cuts, wounds, or symptoms of illness or disease, including STIs, HIV, or any other reproductive or sexual problem. • Assess risk to STIs and HIV. • Provide first-aid if required. • Refer the child to the in-house medical doctor on the designated day of the doctor's visit to the respective center, or to the doctor on-call for more urgent cases. • Take the child to the nearby local hospital in case of an emergency, and inform the in-house doctor and executive director about it. 	Medical social worker
b.	<p>Every month, undertake a routine examination of each child (during the first week of every month), including:</p> <ul style="list-style-type: none"> • A physical examination (as mentioned in Step 1c). Record or plot the readings on the WHO growth monitoring charts. • A behavioral risk assessment for ascertaining STIs and HIV risks, or the need for referral to VCT center. 	Medical coordinator
c.	<p>Once every six months, undertake:</p> <ul style="list-style-type: none"> • A systemic, clinical examination of every youth and child • Other investigations, as required based on the outcome of systemic and lab investigations • Routine eye and dental examinations 	In-house doctor
d.	On an annual basis, or as required, undertake a chest x-ray.	Medical coordinator
e.	<p>Undertake group sessions at each shelter once a month focusing on any of the following issues:</p> <ul style="list-style-type: none"> • Health and hygiene • STIs, its association with HIV, and its prevention, with an emphasis on safe sex practices, when applicable • Nutritious diet • Harmful effects of substance use, including alcohol <p>Undertake group sessions at each contact point once a week.</p> <p>Record proceedings of each group session in the group sessions/meeting register.</p>	<p>Medical social worker with support from the medical coordinator</p> <p>Medical social worker with help from the field assistants</p> <p>Medical social worker</p>

Step 4: Treatment, Therapy and Follow-up

Part	Procedure	Responsible person
a.	<p>Begin treatment and therapy within a week of a child’s arrival at the center or as soon as the test reports are available for each child:</p> <ul style="list-style-type: none"> ● Provide treatment based on the medical examination and diagnosis. ● Refer to a specialized doctor, such as a gynecologist or dermatologist, as necessary. <p><i>Note: USAID funds are not be used for the purchase of drugs or medicines.</i></p> <ul style="list-style-type: none"> ● Hospitalize children, as required and arrange for an attendant to stay with the child during the hospital stay. ● Undertake basic counseling, as required, focusing on following aspects: <ul style="list-style-type: none"> • Health and hygiene • STIs, their association with HIV, and their prevention (emphasis on safe sex practices, when applicable) • Nutritious diet • Harmful effects of substance use, including alcohol • Repatriation or convincing children at the contact points to move to the SBT shelter home ● Refer youth and children to the center counselor, as required. ● Refer youth and children who present problems related to health care to the center counselor by filling out the referral form. ● In case of STI treatment, follow “Syndromic Approach,” which includes the following: <ul style="list-style-type: none"> • Assessing the presenting signs and symptoms to arrive at a syndromic diagnosis. • Preparing a clinical flow chart based on the diagnosis indicating the treatment plan and medication required • Counseling for its prevention, including AB messages and safe sexual practices • Notifying and treating partners • Referring youth and children who do not respond to treatment to the local hospital for further investigation and management • Ensuring completion of the course of treatment 	<p>In-house doctor</p> <p>In-house doctor with support from the medical coordinator</p> <p>Medical coordinator</p> <p>Medical social worker</p> <p>In-house doctor</p> <p>In-house doctor with support from the medical social worker and counselor</p> <p>Social worker</p>

	<ul style="list-style-type: none"> • Refer youth/children who present the following signs of risks to HIV to the VCT centers, as required:¹⁵ <ul style="list-style-type: none"> • Signs and symptoms of STIs • Behavior patterns indicating unprotected sexual exposure • Intravenous drug use • Sexual abuse and exploitation <p>Provide condoms free of cost at the health post and each contact point to promote safe sexual practice.</p> <p><i>Note: USAID funds not to be used for purchase of condoms.</i></p> <p>In the case of children with communicable diseases such as chicken pox, separate them from other children—either by hospitalization or in another room, as required—until he or she recovers.</p>	Medical coordinator
b.	<p>Provide a special nutritious diet or additional dietary supplements to each weak child or those undergoing treatment based on their medical test reports and doctors' prescriptions, for example:</p> <ul style="list-style-type: none"> • Give bananas, sugarcane, papaya, curd, and rice to patients with jaundice. • Give bananas, daliya, kichidi, an oral rehydration solution, and tea to children with diarrhea. • Give milk, eggs, cottage cheese, juice, or biscuits, as indicated. 	Medical social worker in consultation with the center coordinator
c.	<p>Ensure clinical follow-up of children undergoing treatment:</p> <ul style="list-style-type: none"> • Ensure daily supervision and treatment compliance on a daily basis and report progress and any problems to the in-house doctor. • Assess progress during every routine visit to the center (as per step 1a), and terminate treatment, as required, based on the routine investigation and assessment. 	In-house doctor

¹⁵ For details regarding referrals, including referral to VCT centers, see SOP 2.4 SBT/YFS: Referral Services.

Step 5: Monitoring and Evaluation

Part	Procedure	Responsible person
a.	Organize quarterly meetings with the doctor and medical social worker to assess and review health care services. Prepare minutes of these meetings and circulate the same to all the centers.	Medical coordinator
b.	Interact periodically (at least once a quarter) with the concerned project staff to assess and review the health care services at each center.	Program manager

Documents and Records

Records	Location	Responsibility	Purposes
Screening form	Respective centers	Medical social worker	To record information based on screening of each new child and youth
Registration register	Respective centers	Center coordinator	To register all the new youth and children provided with medical treatment
Medical stock and first-aid register	Respective centers	Social worker	To record details of each child and youth who is provided with first-aid with details of the treatment provided; and record of medical stock used
Medical book of each child	Respective shelter	Medical social worker	To record and file each assessment and prescription provided by the doctor
Medical case file of each child	Respective shelter	Medical social worker	To record and file all medical reports and examinations done with the child together with the receipts of each test done
OPD register	Respective centers	In-house doctor	To record and file each child's OPD details such as illness, medicines provided, and stock used, with name of each child and dates of examination and treatment
Medical examination form	Respective centers	In-house doctor	To record results of medical examination of every new child (to be attached medical book of each youth and child)

Medical referral register	Respective centers	Medical coordinator	To record names of all children referred for medical services
Group sessions/ meeting register	Respective centers	Medical social worker	To record each meeting conducted at each center with youth and children every month
Staff training register	SBT head office	Medical coordinator	To record the proceedings of each staff capacity-building training and sessions
Meeting minutes	SBT head office	Medical coordinator	To record quarterly meetings among the medical staff for circulation to all the centers for information and their reference
WHO growth monitoring chart	Respective centers	Doctor or medical coordinator	To plot and monitor the growth of each child and youth

2.2 SOP SBT/YFS:	Education Support
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- To ensure overall well-being and development of street youth and children
- To motivate drop-out street youth and children to continue their education

B. Responsible Persons

- Executive director
- Program manager
- Contact point coordinator
- Education coordinator
- Teachers
- Counselors

C. Materials and Equipment

- Education material such as course curriculum, books, stationery, and uniforms

D. Procedures

See the steps on the following pages.

Step 1: Capacity-Building Training of the Staff

Part	Procedure	Responsible person
a.	Engage an external consultant to undertake an assessment of the concerned staff (education coordinator and teachers) at the beginning of each year, and to identify their training needs based on the assessment.	Program manager with support from the executive director
b.	Prepare a training calendar and design based on the outcome of the assessment together with the consultant.	
c.	Organize capacity-building training(s) according to the training calendar and design with the help of the external consultant or resource agency.	
d.	Observe teachers in education classes after their capacity-building training, and provide follow-up training if necessary for improvement.	Education coordinator
e.	Provide additional training as need arises.	

Step 2: Assessment and Enrollment in Education Streams

Part	Procedure	Responsible person
a.	<p>Develop an assessment form to undertake assessment of every new youth and child who comes to the SBT center (contact point or shelter) within seven to ten days of his or her arrival. The assessment should be through one-on-one interaction, over four to five days, and should focus on the following general aspects:</p> <ul style="list-style-type: none"> ● Education assessment: <p>For all youth and children (with or without previous education):</p> <ul style="list-style-type: none"> • Anticipated length of stay: long-term (child is interested in staying with SBT), or short term (child plans to return to his or her family or has other plans to leave soon) • Level of education • Learning aptitude <p>For all youth and children with some previous education, conduct educational tests based on previous classes attended:</p> <ul style="list-style-type: none"> • A, B, and C Level (A- class 3, B- class 5 and C- class 8) • Secondary Level – class 10 • Higher Secondary Level – class 12 ● Psychological assessment: <p>Learning difficulties and disabilities, if any</p> <p>Psychological or emotional concerns and disturbances</p> 	Education coordinator with help from the counselor, teachers, & respective center (contact point/shelter) in-charge
b.	<p>Enroll every child in one of the following, suitable education streams, based on the outcome of the assessment:</p> <ul style="list-style-type: none"> ● Nonformal education (NFE): Children who have never attended formal schools ● Depending on the assessment of education level, enroll in one of the following education programs: <ul style="list-style-type: none"> • Bridge course (to cover up the gap in education in case of drop-out from previous class or level) • National Open School (NOS) • Regular, formal school: Admit the child to a regular, formal school if he or she expresses interest in staying for a longer period of time and there is time for admission to a formal school (between March and April every year) 	Education coordinator with assistance from each center coordinator

Step 3: Planning the Syllabus and Conducting Education Sessions

Part	Procedure	Responsible person
a.	<p>Planning the syllabus for each education stream at SBT:</p> <p><u>Level 1:</u></p> <p>Basic level of education: basic education for all youth and children at SBT centers, irrespective of the place of stay (contact point or shelter), prior level of education, and length of stay at SBT. Sessions include:</p> <ul style="list-style-type: none"> ● General information ● Reading, writing, and recitation ● Health and hygiene ● Social skills ● Moral values ● Basic mathematics and money management ● Child rights ● Computer literacy <p><u>Level 2:</u></p> <ul style="list-style-type: none"> ● Knowledge of Hindi and English ● Word formation ● Book reading with simple words and sentences ● Construction of simple sentences ● Counting (from 1 to 100) ● Basic mathematics (addition, subtraction, multiplication, and division) ● Recognition of fruits, vegetables, flowers, animals, days, and months with names, both Hindi and English ● Knowledge about body parts with names ● Color identification ● Information about primary health and hygiene ● Moral education ● Relationships (you and your neighbor) ● Names of community people based on occupation ● Money management: reinforcement of content from level 1 and advancing to next level ● Computer literacy: reinforcement of skills learned in level 1 and advancing to next level ● Child rights and duties 	Education coordinator with assistance from teachers

	<p><u>Level 3:</u></p> <ul style="list-style-type: none"> ● Recognition or knowledge of letters and words in Hindi and English ● Word formation, with combined letters in Hindi and English ● Construction of simple and compound sentences in Hindi ● Writing and reading skills in both Hindi and English ● Simple grammar, antonyms, and synonyms ● Concept of numbers: natural, whole numbers, odd numbers, and even numbers ● Advanced level of mathematics, including algebra, geometry, concept of percentage, profit, loss, and simple interest ● Health, hygiene and cleanliness (of body and surroundings) ● Relationships, family, and occupation ● Religions and festivals ● Means of transport and communication ● Social institutions ● Domestic animals and birds ● Common diseases (names, causes, and means of prevention) ● Common information regarding country, states, environment, games, and sports ● Coping skills <p>NOS: Follow the SCERT Syllabus</p> <p>Regular schooling: Conduct remedial education classes for school-going children based on the syllabus in the school.</p>	
b.	Review and update the curriculum at the beginning of each academic year, as needed.	Education coordinator in consultation with teachers
c.	<p>Conduct educational sessions with youth and children at each center, according to the syllabus for each stream:</p> <ul style="list-style-type: none"> ● NFE and NOS: Conduct classes every morning between 10 am and 12 noon ● Remedial education for children attending formal school: everyday between 3 pm and 5 pm (to accommodate children who attend school in the morning) 	Teachers

d.	At each SBT center, organize and conduct a summer program for all youth and children who do not go back home during summer vacations, including the following educational sessions: <ul style="list-style-type: none"> • Remedial education sessions for school-going children • NFE and NOS review sessions for concerned youth and children • Other extra-curricular activities such as dance, arts, theater, music, and sports 	Education coordinator together with teachers
e.	Excursion trip: Organize a local, sight-seeing day trip—for example, to a museum or book exhibition—once a quarter for all youth and children in each contact point and shelter. Organize a quarterly meeting of all center (contact point and shelter) coordinators to coordinate and decide the date for the day trip for each center, in order to ensure that all centers do not plan a trip on the same day.	Program manager or coordinator with assistance from contact point coordinator

Step 4: Periodic Monitoring and Evaluation Assessment

Part	Procedure	Responsible person
a.	Check notebooks of each youth and child daily.	Teacher
b.	Conduct periodic examinations (fortnightly, monthly, quarterly, half-yearly, and annually).	Teacher
c.	Follow up and monitor youth and children each week who are attending different educational sessions: <ul style="list-style-type: none"> • Conduct informal review in the classes or sessions. • Gather feedback from the staff at each center about their observations and impressions. 	Teacher
d.	<ul style="list-style-type: none"> • Each month, monitor class performances of teachers and then meet with them individually and in a group to review performances. • Obtain observations and feedback from staff at each center. • Talk with randomly selected youth and children in each SBT center to obtain feedback. 	Education coordinator
e.	Undertake periodic assessment of each youth and child: <ul style="list-style-type: none"> • Monitor each child's performance on a daily, weekly, and monthly basis. • Evaluate annual results. • Interact with each child, one-to-one, to ascertain their level of performance, interest, and motivation in education. • Have a psychologist conduct periodic aptitude and psychological tests with each child at each center. 	Education coordinator together with counselors and psychologist

f.	<p>Based on the assessment of performance of youth and children, promote them to the next stream of education according to the parameters below:</p> <ul style="list-style-type: none"> • NOS: Enroll each youth and child into NOS or regular schooling who has completed all three levels of NFE successfully. • Formal schools: Attempt to enroll each youth and child into formal school system after successful completion of the respective NOS level (refer step 1b). • Higher education: Consider enrollment in university or further studies based on the interest and aptitude of the child, and following parameters: <ul style="list-style-type: none"> • Graduation/courses through correspondence: for those who attain the marks or percentage criteria of the correspondence course opted for • Regular college: for those with minimum 60 percent of marks at higher secondary level 	Education coordinator
g.	Ensure regular coaching to prepare for examination and counseling, including career counseling ¹⁶ for youth and children.	Education coordinator
h.	Provide special education counseling for youth and children with special learning disabilities. ¹⁷	Counselor and psychologist
i.	Once every two months, initiate interaction with the concerned project staff to review the education program and performance of youth and children.	Coordinator
j.	Once every two months, initiate interaction with five children, randomly selected from various centers, to review their performance and improvement in education classes and to obtain feedback about the education program. Share findings with the education coordinator.	Coordinator
k.	Once every six months, initiate interaction with the concerned project staff to obtain feedback and review the education program in all centers.	Program manager

¹⁶ For details, refer to SOP 1.1.5 SBT/SBC/MH: Career Counseling.

¹⁷ For details, refer to SOP 1.1.4 SBT/SBC/MH: Sessions for Learning Disabilities and Difficulties.

Documents and Records

Records	Location	Responsibility	Purposes
Registration register	Respective center (contact point/shelter)	Teacher, verified by the education coordinator	To register all the new children enrolled in different education programs and streams
Attendance register	Respective center (contact point/shelter)	Teacher	To record attendance of each child in the education sessions
NOS data entry form	Apna Ghar (where the education coordinator is based)	Education coordinator	To register each child enrolled with NOS and results of each child
Formal school data entry form	Apna Ghar	Education coordinator	To register each child enrolled with formal schools together and results of each child
Progress card of each youth or child in formal schools	Respective center (contact point/shelter)	Teacher and respective center in-charge	To report child's progress in his or her school
Education curriculum/ syllabus for each stream	Apna Ghar	Education coordinator	To maintain a record of the entire syllabus of each education stream
Assessment forms	Respective center (contact point/shelter)	Education coordinator	To undertake entry-level assessment of every new child arriving at a contact point or shelter
Mark sheets of every youth and child	Respective centers	Teachers	To record marks of every youth and child

2.3 SOP SBT/YFS:	Vocational Training and Rehabilitation
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- To provide vocational training opportunities and facilitate placements of youth for ensuring their rehabilitation and long-term stability

B. Responsible Persons

- Center vocational training coordinator
- Counselor
- Project coordinator
- Program manager
- Psychologists

C. Materials and Equipment

Relevant equipment for vocational courses that are offered at the skill development center, such as computers

D. Procedures

See the steps on the following pages.

Step 1: Orientation and Screening of Adolescents for Vocational Courses

Part	Procedure	Responsible person
a.	<p>Enroll all eligible and interested youth, both boys and girls, between the ages of 14 and 17 into vocational courses. Vocational courses are open to the following:</p> <ul style="list-style-type: none"> • Adolescents at shelter and contact points who have dropped out of school and are not interested in pursuing further formal education, but wish to pursue a vocational course • Adolescents who are enrolled in an education stream and want to pursue a vocational course, too 	Center vocational training coordinator
b.	<p>Conduct orientation sessions with children in small groups of five to ten each, or individually, as required, on various basic and advanced skill-building and vocational courses that are available to them, such as:</p> <ul style="list-style-type: none"> • The in-house computer course that is offered within the skill development center and shelter home for boys and girls, respectively • Other courses that are available to them at other institutes, or NGOs, such as plumbing, painting, tailoring, dress designing, electric wiring, carpentry, motor mechanic, beauty culture, hair cutting, photography, puppetry, theater, dance, and cooking, among others <p>Continue to explore and expand links for other unconventional and wider vocational options for girls and boys according to their interests and suitability.</p>	<p>Center vocational training coordinator with assistance from the counselor</p> <p>Center vocational training coordinator with support and guidance from the project coordinator</p>
c.	Screen and motivate adolescents for vocational training courses through career counseling and psychological testing. ¹⁸	Psychologists and counselor

¹⁸ See SOP 1.1.5 SBT/SBC/MH: Career Counseling for detailed procedures.

Step 2: Enrollment in the Vocational Courses and Follow-up

Part	Procedure	Responsible person
a.	<p>Within a month (or sooner), enroll all eligible and interested girls and boys in the vocational courses that they selected, assuming that the courses are suited to their interests, skills, aptitudes, and education levels (as should be determined through psychological testing and counseling).</p> <p><i>Note: All the expenses for the vocational courses are borne by the implementing agency.</i></p>	Center vocational training coordinator
b.	Attempt to register between 30 and 40 newly trained youth and adolescents per year.	Center vocational training coordinator
c.	<p>Conduct the computer course offered by the IA (YWCA) according to the schedule and syllabus designed on a daily basis.</p> <p>Ensure that the content and format of the courses offered by external agencies and institutions adhere to the content and syllabus shared with SBT.</p>	<p>Vocational Training Instructor</p> <p>Center vocational training coordinator</p>
Follow-up		
d.	<p>Ascertain the interest and performance of each child in the vocational courses he or she selected:</p> <ul style="list-style-type: none"> • Hold one-on-one interactions once a week initially and gradually reduce to once a fortnight or month (as required) with each adolescent. • Obtain feedback from the vocational training instructors (within and outside the agency) once a week initially, and gradually reduce to once a fortnight or month (as required). 	Center vocational training coordinator
e.	Identify and refer the child to the psychologist or psychiatrist if any specific MH concern or issue emerges that interferes with the child's ability to cope with the vocational choices and courses. Fill out and submit a referral form for each adolescent you refer.	Center vocational training coordinator with assistance from the vocational instructors
Completion of the Course		
f.	Provide certificates to the adolescents who successfully complete the computer course (six months basic course) offered by the implementing agency.	Center vocational training coordinator
g.	Ensure adolescents receive certificates or diplomas for courses they attend outside the agency, as applicable.	
h.	File the certificate or diploma of each child in their records maintained at the respective centers and shelters.	

Step 3: Facilitate Job Placements and Rehabilitation of Youth and Adolescents

Part	Procedure	Responsible person
a.	<p>Develop links and networks with relevant organizations, institutions, corporations, and export houses to facilitate job placements for youth, both boys and girls.</p> <p>Note: All the expenses for the vocational courses are borne by the implementing agency.</p> <p>Develop an ongoing system for identifying and networking with new and established allies for facilitating placements for all, or at least 80 percent of the adolescents being trained under the vocational training program. Explore and share information about jobs and placement options with help from the following:</p> <ul style="list-style-type: none"> ● Management and trustees of the IA ● Older youth who have been placed in various settings ● Continuous follow-up with agencies and companies where SBT youth are already placed ● Information from newspaper and job related Web sites ● Social workers and other SBT staff who share job information with the center coordinator or management and trustees at the regular trustee meetings 	Center vocational training coordinator
b.	<p>Rehabilitation plan for working youth outside Delhi:</p> <p>Provide the following material and support for a period of 40 days or until youth receives first pay:</p> <ul style="list-style-type: none"> ● Material: Mattress; bed sheet; one pair of new clothes; top sheet and blanket; plate, bowl, and spoons; single gas burner; LPG gas cylinder (small); cooker (1.5 liter); bucket and mug; pots and pans ● Room rent of between Rs.700 and Rs.800 per month (inclusive of electricity and water) ● Food allowance of Rs. 600 per month ● Conveyance allowance of Rs.500 per month ● Children rehabilitated outside Delhi need to repay at Rs.500 after two months of rehabilitation. Defaulters, they will not be entitled to any further support from SBT of any kind. 	Coordinator

	<p>Rehabilitation plan for youth rehabilitated within Delhi:</p> <ul style="list-style-type: none"> Youth can continue to stay in the shelter or center for a period of three months. Within these three months, IA will pay for any conveyance or outside food after youth receives first pay. Every youth needs to save 40 percent of his or her salary with the coordinator or accounts officer so that the savings can be used to facilitate his or her rehabilitation, where possible. <p>For rehabilitated children, IA will provide the following:</p> <ul style="list-style-type: none"> Full medical support Fifty percent of education support Fifty percent of further advanced training (either course fees or training materials) Youth undergoing training and rehabilitated with support from the IA, will be entitled to only @Rs.500/- for material during the training period 	
c.	Maintain contact with the youth placed in different work settings for six months to a year, on a weekly basis, and gradually reduce contact to once a month, then once a quarter.	Center vocational training coordinator with assistance from the social worker
d.	Obtain feedback about their performance from the employers on a periodic basis, once a month initially, and gradually reduce to once a quarter or every six months.	
e.	Keep the Center vocational training coordinator informed about the feedback and observations made through interactions with the youth at work settings and with their employers.	
f.	Document cases and success stories of adolescents trained and placed in vocations of their choice.	Social worker with support from the center vocational training coordinator
g.	Monitor the progress of the vocational program through interactions with the vocational instructors, coordinators, and children at least once a month.	Coordinator
h.	Organize a meeting with center vocational training coordinators to assess and review the vocational training program once every quarter.	Program manager

Documents and Records

Records	Location	Responsibility	Purposes
Vocational training register	Respective shelters and centers	Teacher, verified by the education coordinator	To register all the new children enrolled in different education programs and streams
Attendance register	Skill Development Center for boys Girls shelter home for girls	Vocational training Instructor	To maintain a list and mark attendance of all the adolescents enrolled in the computer course offered by the implementing agency
Documentation register	Skill Development Center for boys Girls shelter home for girls	Center vocational training coordinator	To document cases and success stories of adolescents trained and placed in vocations of their choice
Diplomas or certificates of youth and adolescents	Respective shelters	Shelter coordinators	To maintain a record of courses completed by adolescents
List of all the agencies or organizations identified for vocational training	Skill Development Center for boys Girls shelter home for girls (to be also available at the SBT head office)	Center vocational training coordinator	To maintain a record of all the vocational options available to youth and adolescents—to be periodically updated
List of all the agencies, organizations, and companies identified for job placements			To maintain record of all the job placement options available to youth—to be periodically updated
List of accommodation options for working youth			To maintain record of all the accommodation options available—to be periodically updated

2.4 SOP SBT/YFS:	Referral Services
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- To ensure that youth and children who need treatment for TB, STIs, and substance de-addiction and detoxification have access to services
- To arrange for specialized services for the differently-abled and mentally challenged children
- To strengthen links and facilitate referrals to VCT centers

B. Responsible Persons

- Counselors
- Psychologists
- Medical social workers

C. Materials and Equipment

USAID/FHI Protocol for Child Counseling on HIV Testing, Disclosure, and Support

D. Procedures

See the steps on the following pages.

Step 1: Identification of Services for Referrals

Part	Procedure	Responsible person
a.	<p>Identify and make a list of various services that are available in and around the centers (contact point and shelters) such as:</p> <ul style="list-style-type: none"> ● Government hospitals including: <ul style="list-style-type: none"> • General hospitals • Child health centers and departments • Reproductive and sexual health services • STI treatment facilities and services • HIV treatment facilities and services ● Local government health facilities, including the Primary Health Care Center in the project area ● Local private practitioners ● VCT center, ART center, and ICT centers ● Substance de-addiction and detoxification centers ● Specialized services for differently-abled and mentally challenged children, both government and private ● Other shelter and care homes ● DOTS centers ● Other NGOs and CBOs with similar activities and objectives and helpline numbers <p>Include all contact details for these services.</p>	<p>Medical social workers with assistance from the field assistants (peer educators)¹⁹</p>
b.	<p>Make two or three visits a month to each identified location that is offering services or medical care:</p> <ul style="list-style-type: none"> ● Determine the exact location, complete contact details, and names of key contact person, including the chief medical functionaries and counselors (especially at VCT or ICT centers and substance de-addiction centers). ● Seek information about various facilities and services available, with designated, if any, days and time for each relevant service. ● Gather information about the cost of each service; subsidies available, if any; and government schemes, specific to the street youth and children. 	

¹⁹ At SBT, peer educators are integrated within the project as field assistants. For details, refer to the SOP on Peer Education.

c.	<p>Interact with key authorities and functionaries mentioned below to strengthen partnerships. Begin with 20- to 30-minute meetings at least two or three times a week and gradually reduce to once a fortnight, then once a month:</p> <ul style="list-style-type: none"> • Chief medical functionaries and officers at both government and private hospitals and care centers • Medical practitioners, doctors, psychologists, and psychiatrists who offer relevant specialized services including: <ul style="list-style-type: none"> • Treatment for TB, STIs, and substance detoxification and de-addiction • Specialists in services for differently-abled and mentally-challenged children <p>In encounters with the above-mentioned key authorities and medical functionaries, highlight the following:</p> <ul style="list-style-type: none"> • Key objectives and activities of the organization, project, and socio-economic background of the target population • Purpose of the visit and need for establishing links • Assistance required with respect to the specific services and facilities available corresponding to the goal and objectives of the project, and needs of the street youth and children 	Psychologists and counselor
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Step 2: Facilitating Referrals

Part	Procedure	Responsible person
a.	<p>Identify youth and children in need of specialized services (as mentioned in Step 1):</p> <ul style="list-style-type: none"> ● Observe and interact one-on-one with youth and children at each center. ● Gather information from other project staff such as the center coordinator, the night supervisor, field assistants, and teachers. ● Obtain referrals by counselors and psychologists, based on their interactions and observations in LSE sessions and supportive counseling sessions. ● Obtain referrals by the in-house doctors. ● Be open to direct approaches by youth and children needing these services. 	Medical social workers
b.	<p>Motivate the identified youth and children to access these services, especially in cases of STIs, substance abuse, and HIV testing.</p>	Social worker or counselor
c.	<p>Refer the youth and children for appropriate service or care, according to their needs:</p> <ul style="list-style-type: none"> ● Complete the referral form for each youth or child being referred. ● Assign responsibility to a social worker or any peer from the respective center for accompanying the youth or child to the respective care center. ● Collect the referral form from the medical social worker and accompany the referred youth or child for appropriate service according to the referral made. <p>Refer youth to VCT Center for HIV testing:</p> <ul style="list-style-type: none"> ● Prior to HIV testing at the VCT center, ensure supportive pre-and post-test counseling, according to the USAID/FHI Protocol for Child Counseling on HIV Testing, Disclosure, and Support: <ul style="list-style-type: none"> • Supportive pre-test counseling two to three days prior to the HIV testing • Supportive post-test counseling soon after the test results are made available ● Prepare the supportive pre- and post-HIV counseling form and fill out the same for each individual that is counseled and referred. ● Ensure that the routine pre-and post-test counseling is carried out by the counselors at the VCT center as well. <p>Ensure that project staff and accompanying field assistants maintain a high level of confidentiality for those referred for STI and HIV testing, and for individuals who test positive to these tests.</p>	<p>Medical social workers</p> <p>Social workers or peer with assigned responsibility</p> <p>Social worker or counselor</p> <p>Medical social workers and accompanying field assistant</p> <p>Medical social worker</p>

Step 3: Follow-up and Monitoring

Part	Procedure	Responsible person
a.	<p>Follow-up regularly:</p> <ul style="list-style-type: none"> ● Follow up daily with the concerned youth or child for treatment compliance. ● Gather information from staff including center-coordinator and counselor about the progress of each youth or child referred. ● Discuss the individual cases with medical practitioners and other service providers or practitioners to assess the progress, or lack thereof at least once a month initially or more frequently if the nature of problem and referral warrant. 	Medical social worker of respective center
b.	Each field assistant and medical social worker should maintain a daily diary for recording details of each referral they facilitate.	Medical social worker – under supervision from the respective center in-charge
c.	<p>On a monthly basis, review by coordinator of the daily diary that the medical social workers maintain.</p> <p>In the monthly referral register, record the number of all the referrals made during the month, based on the information compiled from the monthly diaries.</p> <p>Monthly meeting:</p> <ul style="list-style-type: none"> ● Conduct a monthly meeting with each center staff including the center in-charge, medical social workers, other social workers, and counselor to gather their feedback, review performance, and understand the obstacles they face, if any. ● Involve the program manager in the monthly meetings, at least once every quarter. 	Medical social worker

Documents and Records

Records	Location	Responsibility	Purposes
Referral form	Respective centers	Medical social worker	To record information about each referral made
Referral register	Health post	Medical Coordinator	To record the number of all the referrals made during the month, based on the information compiled from the daily diaries
Daily diary	Individually with medical social worker	Field Assistants and Medical Social Worker - Verification by the center in-charge (coordinator):	To record details of each activity carried out by them on a daily basis, with reference to the referrals made and their follow-up
Supportive pre- and post-HIV counseling form	Respective centers	Counselor or social workers	To record details of each individual who has been given supportive pre and post HIV counseling

Strategy 3: Serve as a learning site to build capacity.

3.1 SOP SBT/LS:	Serve as a Learning Site: Build Capacities of Other NGOs and Local Stakeholders
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- To enhance capacities and skills of other Delhi-based NGOs, community-based organizations (CBOs), and faith-based organizations (FBOs) that are needed to prevent HIV among street youth and children
- To expand the resource pool of organizations that have the commitment and skills to prevent HIV among street youth and children

B. Responsible Persons

- Program manager
- LSE coordinator, social worker, and counselor
- Project manager

C. Materials and Equipment

Training plan, curriculum, module, training materials for activities according to the module

D. Procedures

See the steps on the following pages.

Step 1: Developing Training Module and Training of Trainers

Part	Procedure	Responsible person
a.	<p>Engage a consultant for about ten days to develop training modules and a curriculum for a capacity-building training workshop (based on the suggestions and ideas that emerged from the planning meeting), interspersed with participatory methodologies with games and reflected exercises. The toolkit should focus on core concerns of street youth and children, such as:</p> <ul style="list-style-type: none"> • Topics and issues for training including: <ul style="list-style-type: none"> • HIV prevention among youth (boys and girls), including AB messages • STIs and their links with HIV • TB and its linkages with HIV • Sex and sexuality, including aspects of the body, puberty, and sexual and other risky behaviors such as substance abuse and related vulnerabilities to HIV and STIs • Lack of medical and health-seeking behaviors including reproductive and sexual health services and its links with HIV infection • Testing and treatment aspects • Care and support for infected person and other persons affected • Rights of children • Various forms of interventions and strategies that are required to address HIV prevention among youth and children and reduce their vulnerability (based on SBT project): <ul style="list-style-type: none"> • Strategic behavior communication (SBC) initiatives • Youth- and child-friendly services • QA/QI mechanisms and procedures • Follow-up mechanism (one day or two half-day sessions or workshops) after four to six months of the extensive ten-day training workshop for strengthening knowledge and skills developed, and for providing a platform for sharing and addressing any challenges or obstacles being faced by organizations in the field 	Program manager, an external resource person, and a technical assistant from FHI
b.	<p>Training of Trainers (ToT): Conduct a training-of-trainers workshop based on the training toolkit developed for the core staff or trainers (LSE coordinator, counselors, and social workers) in order to equip them with training, communication, and facilitation skills; and to prepare them to facilitate the capacity-building trainings with other organizations.</p>	
c.	<p>Record proceedings of the ToT in the staff meeting/training register.</p>	LSE coordinator, verified and finalized by program manager

Step 2: Planning and Selection of Organizations and Participants

Part	Procedure	Responsible person
a.	<p>Conduct a planning meeting with the project staff:</p> <ul style="list-style-type: none"> Brainstorm on the topics and methodology of capacity-building training workshops. Gather suggestions on various NGOs, CBOs, GOs, and USG partners to be included in the capacity-building workshops. Decide upon number of trainings to be conducted in a year (at least overall organize 15 workshops during the project period). Generate ideas on possible venue, dates, and other logistics related to the workshops. 	Program manager
b.	<p>Identify NGOs, CBOs, GOs, and USG partners for training through:</p> <ul style="list-style-type: none"> Individual contacts and interactions with known NGOs and CBOs in and around the project area Other partner NGOs and affiliates or networks of the supporting agency providing technical and financial support (FHI) Web and internet search Assistance from social workers and field assistants in collating information about various organizations in and around the project area 	Project manager with assistance from the LSE coordinator
c.	<p>Make a list of organizations (as elaborate as possible, with at least 10-15 organizations identified per year) with complete contact details and indication of their project areas and key issues and services provided by them.</p>	
d.	<p>Schedule a sharing and planning meeting with the executive director and concerned staff:</p> <ul style="list-style-type: none"> Share the list of organizations and decide dates and venues for the training. Finalize the agenda for the capacity-building training based on the training module developed. Identify the facilitators for each session from among the staff (project manager, LSE coordinator, counselor, and social workers). 	
e.	<p>Prepare invitation letters and invite nominations for the training:</p> <ul style="list-style-type: none"> Prepare an invitation letter with a concept note (highlighting the background, context, and objectives of the training) and the agenda of the training. Send the invitation letters, at least three to four weeks prior to the training, to organizations for the capacity-building workshop, inviting nominations for at least two (or more) participants from each organization, preferably a male and a female representative. 	

e.	<p>Prepare invitation letters and invite nominations for the training:</p> <ul style="list-style-type: none"> ● Prepare an invitation letter with a concept note (highlighting the background, context, and objectives of the training) and the agenda of the training. ● Send the invitation letters, at least three to four weeks prior to the training, to organizations for the capacity-building workshop, inviting nominations for at least two (or more) participants from each organization, preferably a male and a female representative. ● Send a nomination form and basic questionnaire for assessing the level of understanding and specific needs of the participating organizations. This can be prepared and mailed with the invitation letter. The participating organizations must send back the nomination form together with the questionnaire to the implementing agency (SBT) at least one week (or ten days prior to the training program). ● Make phone calls to follow up with organizations. Be sure they received, filled out, and returned nominations for the training. ● An alternative to the above step is to establish close contact with a few organizations during each year of the project and train seven or eight core staff members of each of these organizations, thereby ensuring institutional capacity-building. 	Project manager
f.	Select about 25 participants for one training workshop and ensure a good gender mix.	

Step 3: Conducting the Capacity-Building Training Workshop

Part	Procedure	Responsible person
a.	<p>Conduct a meeting with the executive director, LSE coordinator, and other key facilitators to make final preparations within the week prior to the capacity-building training workshop:</p> <ul style="list-style-type: none"> ● Analyze responses to the questionnaires that were received from the participating organizations. ● Review the agenda, methodology, and facilitation; and conduct mock sessions, if required, for ensuring effective facilitation during the training workshop. 	Program manager
b.	Make logistical arrangements—stationary, training material, equipment, meals, and so forth—at the training venue.	Program manager with support from social workers
c.	<p>Facilitate the capacity-building training workshops:</p> <ul style="list-style-type: none"> ● Follow the agenda, the prepared methodology, and the training toolkit. ● Obtain assistance from FHI or external resource person, if required. (This is recommended for the first capacity-building training workshop.) <p>Develop pre- and post- test evaluation forms for each training to assess the impact of the training.</p> <p>Evaluation form: At the end of each training, have each participant fill out an evaluation form to obtain feedback.</p> <p>Record proceedings of the capacity-building training workshop in the training register.</p>	<p>Program manager and facilitators for each session</p> <p>Facilitators</p> <p>Facilitators for each session, finalized by the program manager</p>

Step 4: Debriefing and Follow-up

Part	Procedure	Responsible person
a.	At the end of the first day of the training, hold a debriefing meeting with the staff and facilitators to review the proceedings of the day and prepare for the next day of the training.	Program manager
b.	<p>Follow-up training workshops and sessions:</p> <ul style="list-style-type: none"> Organize and conduct follow-up sessions within four to six months of the two-day capacity-building training workshop training with the participants, as per the training toolkit. Facilitate monitoring and supervisory meetings with the participating organization, once every quarter for ongoing institutional capacity-building (if agreeable to the organization as well). 	Program manager with support from social workers
c.	<p>Conduct ongoing planning and supervision meetings at least once in a quarter with the staff:</p> <ul style="list-style-type: none"> Strengthen their capacities and facilitation skills. Evaluate and monitor the capacity-building training, staff involvement, and planning for the future capacity-building training workshop with other organizations. 	
d.	<p>Record the proceedings:</p> <ul style="list-style-type: none"> In the training register, record the proceedings of each follow-up session with participants and participating organizations. In the staff meeting/training register, record the minutes of each staff supervision and monitoring meeting. 	Program manager with assistance from the facilitators

Documents and Records

Records	Location	Responsibility	Purposes
Registration forms	SBT head office	Program coordinator	To register each participant in the capacity-building training workshop
List of the identified organizations	SBT head office	Program manager	To record complete details of Delhi-based NGOs/CBOs/GOs USG partners for identifying participants for each training, which will be expanded every year
Training register	SBT head office	Designated facilitator, verified by the program manager	To record proceedings of each training workshop and follow-up sessions with organizations, including assessment based on the pre- and post-test forms and evaluation forms
Pre- and post-test forms and evaluation forms (filed out together with the report of each training)	SBT head office	Designated facilitator	To assess and evaluate the sessions by the target group for each training conducted
Staff meeting/training register	SBT head office	Designated facilitator, verified by the program manager	To record proceedings of the ToT; and planning, supervisions and monitoring meetings with the staff and core facilitators

Project Management

4.1 SOP SBT/PM:	Project Management: Planning, Implementation, Documentation, Monitoring, and Evaluation
Prepared by: SBT Staff and Consultant	
Reviewed by: SBT, FHI, and USAID	
Date adopted: May 25, 2009	

A. Purpose

- To ensure smooth implementation and management of the project

B. Responsible Persons

- Executive director
- Program manager

C. Materials and Equipment

None

D. Procedures

See the steps on the following pages.

Step 1: Capacity Building and Training of the Project Staff

Part	Procedure	Responsible person
a.	Organize a two-day training workshop at the beginning of the project, for the entire program staff on strategic and technical areas of the project including MIS and using data for improving programs. Organize training for finance and accounts staff on financial management.	Executive director with technical assistance from FHI
b.	Ensure training of the staff on QA/QI and SOPs for each activity with refresher training and orientation on the SOPs that are developed at the beginning of each year, as required.	Executive director with technical assistance from FHI
c.	Organize orientation and training for the new recruits and staff on QA/QI Framework and SOPs developed (after completion of three months in the organization from the date of joining).	Program manager
d.	Organize capacity-building trainings for the concerned project staff, as indicated in the SOPs for each activity.	Project manager, with technical assistance from FHI
e.	Organize exposure visits of the staff to other organizations to facilitate learning.	Program manager
f.	Organize exposure visits of other organizations/ demonstration projects of FHI to SBT to facilitate exchange of information and learning.	Program manager
g.	Ensure proceedings of all trainings are recorded.	Program manager with assistance from the coordinator

Step 2: Activity Planning and Tracking

Part	Procedure	Responsible person
a.	<p>At the beginning of the project, organize an in-house meeting with the project staff:</p> <ul style="list-style-type: none"> Share the sub-agreement, goal, strategies, and activities under USAID/FHI SAMARTH project. Discuss the requirements under the project with respect to the overall targets, achievements, outputs, outcomes, and specific responsibilities of each project staff member. 	Executive director together with the program manager
b.	Ensure weekly, fortnightly, or monthly project staff planning meetings (about one hour each) in each center on a designated day, according to the SOP on each activity.	Program manager/ coordinator
c.	Organize weekly trustee meetings (every Saturday) to discuss each project activity of SBT including relevant aspects under FHI project.	Program manager
d.	Organize an open-house meeting in the last week of every month on a designated day and time (last Saturday of every month) involving trustees, the executive director (ED), program manager, and SBT staff to share and review progress on a selected project activity. Select a new activity or activities of one particular center for sharing and discussion each month.	Executive director

Step 3: Implementation of the Activities

Part	Procedure	Responsible person
a.	Ensure implementation of each activity as planned, with adherence to the SOPs. ²⁰	Program manager with assistance from coordinator
b.	Supervise and support the project staff in carrying out their roles as assigned to them, ²¹ and ensure coordination of day-to-day activities.	
c.	Organize a recreational and educational trip for youth and children: one out-station (out of Delhi) trip annually, for seven to ten days. Plan the dates and exact duration of the trip during the annual project planning meeting.	

²⁰ See SOPs developed for each activity under the project.

²¹ See Apex Manual for roles and responsibilities of each staff; and refer to specific responsibilities vis-à-vis each activity in the SOPs developed.

Step 4: Financial Management—Preparation and Submission of RFMR

Part	Procedure	Responsible person
a.	Handle and monitor disbursement of funds for project activities on a monthly basis.	Executive director with assistance from the program manager
b.	Ensure submission of all bills and receipts against project expenses by each center coordinator and submit statement of expenses. Maintain financial system and books of accounts as per FHI's requirements.	Accountant
c.	Prepare the detailed expense and Recipient's Monthly Financial Report (RFMR) and submit it to the executive director for verification. Review and submit the RMFRs to FHI by the 10th day of every month.	Accountant Executive director

Step 5: Monitoring and Evaluation

Part	Procedure	Responsible person
a.	Conduct monthly visits to each center to oversee the management of the centers.	Coordinator
b.	Conduct quarterly visits to each center to oversee the management of the centers.	Program manager
c.	Develop a beneficiary evaluation form for evaluating each service being provided to youth and children.	Program manager with inputs from all concerned staff members
d.	Get the beneficiary evaluation form filled out by the beneficiaries on a quarterly basis, through interdepartmental checklist audit teams, ²² as indicated below: <ul style="list-style-type: none"> At each contact point, the checklist audit team gets the form filled out by five randomly selected children during their quarterly checklist audit visit. At each shelter, the checklist audit team gets the form filled out by ten randomly selected children during their quarterly checklist audit visit (ensure selection of different children during each quarter). 	Program manager
e.	Hold periodic review meetings (weekly, monthly, quarterly, half-yearly, and annually) with the project staff—separately at each center on a weekly basis, and together with all staff members at least once a month—as indicated in respective activity SOP.	Program manager and coordinator (as per the respective activity SOP)
f.	Prepare and submit the monthly PIFs and quarterly progress reports to the executive director. Review and submit the monthly program reports to FHI in the first week of each month.	Executive director

²² See the list of team members in the appendixes.

g.	<p>Ensure overall monitoring, including:</p> <ul style="list-style-type: none"> ● The project MIS for accurate data management and reporting ● Appropriate financial utilization against the budget ● Practice and implementation of activities as per SOPs ● Maintaining project filing with assistance from the administrative assistant ● Appraisal of each SBT staff member at the end of each year through an appraisal form 	Program manager with assistance from M&E in-charge and under supervision of the Executive director
h.	Ensure checklist audit by interdepartmental teams every quarter. ²³	Executive director with support from the EC members
i.	Collate the problems, areas of discomfort, dilemmas, cases, success stories, and incidences that staff members documented regarding their activities on an annual basis, for facilitating learning within the organization and for further dissemination.	Program manager
j.	Ensure documentation of all the activities as per their respective SOPs.	Program manager with assistance from the coordinator
k.	<p>Facilitate greater visibility of the demonstration project:</p> <ul style="list-style-type: none"> ● Widely disseminate the learning, experiences and success stories periodically (as indicated in step 5i above). ● Share project activities, learning, and experiences at various meetings, conferences, and seminars attended by the staff, including the executive director. 	Executive director with support from the program manager

²³ For details, see Checklists.

Documents and Records

Records	Location	Responsibility	Purposes
PIFs	SBT head office	Program manager, verified by the executive director	To ensure monthly data collation (for submission to FHI)
Weekly, monthly and quarterly progress reports	SBT head office	Program manager, verified by the executive director	To ensure reporting of the progress of project activities (for submission to FHI)
RMFR	SBT head office	Prepared by accounts assistant and reviewed and submitted to FHI by the executive director	To ensure monthly financial reporting (for submission to FHI)
Action plan, developed based on the quarterly checklist audit	SBT head office	Prepared by respective teams and reviewed and submitted to FHI by the executive director or program manager	To improve adherence to SOPs as per the areas of improvement emerging through checklist audit
A Beneficiary Evaluation Form	SBT head office	Coordinator with inputs from all concerned staff members	To evaluate services provided to the youth and adolescents at each center
Documentation of experiences and learning and challenges faced	SBT head office	Project manager	To facilitate learning within the organization and for further dissemination

Quality Assurance/Quality Improvement Framework and Standard Operating Procedures for HIV Prevention among Street Youth and Children

Checklists



Apex Quality Manual • Enhance SAMARTH: Salaam Baalak Trust Project • February 2011



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Standard Operating Procedures (SOPs) have been developed for each project activity of SBT within the Quality Assurance/Quality Improvement (QA/QI) framework of USAID/FHI with a goal of implementing high-quality programs to address the prevention of HIV among street youth and children in New Delhi. The QA/QI Framework Checklists have been prepared to assess and evaluate the implementation of each activity according to the SOPs and are therefore based on each step as indicated in the SOP.

Version 2 of the SOPs was developed based on the effective implementation and pilot testing of Version 1 (for details see the Apex Manual). These Checklists (Version 2) are based on the steps for each activity defined in Version 2 of the SOPs. The members of the assessment team(s) should thoroughly review the Apex Manual and SOPs (Version 2) to ensure an in-depth understanding of the SOPs prior to using these checklists.

I. Assessment through the QA/QI Framework Checklists

These checklists should be completed as part of the overall SOP assessment, which should be conducted at two levels:

- An internal evaluation by SBT interdepartmental teams every quarter
- An external evaluation by FHI every six months

The interdepartmental teams and external evaluator should provide feedback on the assessments to the focal person for each respective program—for example, a program coordinator, such as the LSE Coordinator, or the center-in-charge, as applicable. The focal person should share this feedback with the rest of the program team, and work with them to develop action plans for improvements. The action plans and the summary of scores from the assessment team should be shared with FHI by Chelsea after every internal checklist audit.

II. Methodology

Method refers to the overall process that was followed to assess the implementation of the activity for each step as defined in the SOPs. The method includes the following activities:

Observation (O): The members of the assessment team observe the activity that is being implemented, such as facilitation of the LSE session or a group counseling session. The core program staff would have to give permission and then be notified ahead of time of any observations. In addition, the confidentiality of the individual(s) involved (such as in counseling sessions) should not be compromised.

Records Review (R): The implementation of some of the steps could be assessed by reviewing relevant records, such as the training and meeting registers, registration sheets, attendance registers, and beneficiary evaluation forms. In this case, the records that are reviewed for assessment should be indicated in the remarks section of the checklists.

Staff Interviews (SI): This method of assessment is based on interviews and interaction with staff members who are responsible for implementing the respective activity. The responsible person for each activity is indicated in the Apex Manual and in the SOPs themselves (on the cover page or page 1 of each SOP and alongside each step of the SOPs). These can be used as a guide to decide which staff members should be interviewed to assess the implementation of the activity according to the SOPs. If this method is used for assessment, the staff members that were interviewed should be indicated in the remarks section of the checklists.

Management Interviews (MI): This method of assessment is based on the interviews and interaction with the project management staff, including the project director and project coordinator.

Beneficiary Interviews (BI): This method of assessment is based on the interviews and interaction with the key beneficiaries of each project activity. This can be done by interacting with the beneficiaries (key target group) within each center and community. If this method is used, indicate the key beneficiaries that were interviewed and the number of people interviewed in the remarks section of the checklists. But the names of the interviewee(s) should be coded or changed to maintain anonymity. We recommend using this method at least once in a quarter to ensure feedback from the beneficiaries on a regular basis.

We recommend using at least two methods for assessing each step.

III. Rationale for Scoring

Not applicable (N/A) This would include:

- **Any step that might not be relevant with respect to the assessment period.** For example, capacity building training (which is supposed to be conducted once a year) might have been done during the first month or quarter of the assessment cycle/period. In the second month or quarter of the assessment period, this would no longer be applicable for assessment because it has already been conducted and assessed during the first assessment period.
- **Need-based activities.** For example, ensuring hospitalization of children would not be applicable if no child required hospitalization. If a step was considered to be necessary—for example, a child did need to be hospitalized—assessment of that step would be carried out according to the scoring pattern indicated for meeting or failure to meet the standards.
- **Any activity that might not have been executed during the assessment period, but is scheduled to be conducted within the specified duration indicated in the SOPs.** For example, ongoing capacity building of the staff on LSE should be conducted once every two months. The ongoing capacity-building session for the month of January and February might have been scheduled for February. Therefore, in the assessment during the month of January, N/A can be indicated for this activity, because it would be completed within the duration specified for execution of the same. But if it is not conducted in the month of February, the score for this activity would be 0 (i.e., failure to meet the standard).

Failure to reach the minimum standard (MS) = Score 0 if the standard has not been met—for example, the activity has not been executed according to the SOP.

Yes, partially met minimum standard = Score 1 if the step has been partially followed—for example, some part of the it has been followed, but not performed completely as indicated in the SOP.

Yes, minimum standard met = Score 2 when the standard has been met—for example, the step was completely executed according to the SOP.

The scoring rationale (N/A, 0, 1, or 2) should be explained in the Observation/Rationale for the Score/Remarks column.

IV. Categorization of the Checklist

The checklists have been divided in three general categories:

- Training and capacity building
- Process (execution of each activity)
- Monitoring and evaluation

The checklists would provide an overall score that indicates the number of minimum standards that have been met or the failure to reach the standards. It would also provide a score for each of the categories mentioned above, highlighting the stronger and weaker areas in the overall implementation of the activities according to the SOPs. This would highlight weak areas that need an action plan for improvements.

V. Outcome of the Assessment

Scores: A score sheet has been provided at the end of each checklist. On the score sheet, the assessment team(s) should record the scores for all three categories—training and capacity building, process, and monitoring and evaluation—along with their overall remarks and suggestions. Following the score sheet is a matrix for planning follow-up actions based on the scoring and suggestions provided by the assessment team. This matrix should be completed by the appropriate program or activity staff members.

Final Assessment: A final assessment summary sheet has also been provided at the end of the checklists that would indicate at a glance the overall achievement (or failure) of the activities according to the SOPs with the follow-up steps that are required to improve the activity.

Note: This document covers only the QA/QI Framework Checklists. Staff checklists have also been developed that would enable the staff and management to assess the implementation of each activity by the respective staff according to their roles and responsibilities as they have been defined in the SOPs (see Appendix 1 of the Apex Manual for the staff checklists).

QA/QI Checklist			
1.1.1 SOP SBT/SBC/MH: Life Skills Education (LSE)			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Training and Capacity Building

1.	Orientation and Capacity-Building Training	Method ²⁴	Score ²⁵	Observation/Rationale/Remarks
1.1	An orientation and refresher training workshop for the LSE team (LSE coordinator, psychologist, counselors, and social workers) was conducted for the current year (should be conducted once every year) to accommodate: <ul style="list-style-type: none"> New staff, if any Need-based training for LSE team addressing problems, concerns, or challenges faced, as indicated in the SOP 	O/R/SI/MI/BI		
1.2	A one-day, in-house orientation session for the LSE facilitators (psychologist, counselors, and social workers) was conducted by the LSE Coordinator (should be conducted before starting LSE sessions).	O/R/SI/MI/BI		
1.3	An ongoing, in-house capacity building session for the LSE facilitators was conducted during this assessment period (should be conducted by the LSE Coordinator at least once in three months, and should be two hours each in duration).	O/R/SI/MI/BI		
1.4	Other staff members, such as social workers, were included in these LSE orientation and capacity-building sessions.	O/R/SI/MI/BI		

²⁴ O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods that you used for assessment in the Method column.

²⁵ NA = not applicable (N/A); O = Failure to reach Minimum Standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

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Total Score Required: 8

B. Process

			Method	Score	Observation/Rationale/Remarks
2.	Identifying and Grouping Youth and Children for LSE				
2.1	All youth and children between the ages of eight and seventeen at each shelter were included for the LSE sessions.		O/R/SI/MI/BI		
2.2	Youth and children in each shelter were divided into small groups according to the grouping criteria for LSE sessions. (The score for 2.2 combines the scores for 2.2.1 and 2.2.2, so please score them first, and then enter the total score for 2.2.)		O/R/SI/MI/BI		
2.2.1	The comprehension level and previous exposure of youth and children to LSE sessions was assessed while they were being grouped.		O/R/SI/MI/BI		
2.2.2	Availability of youth and children at the shelter as a result of involvement in other activities outside the respective shelter.		O/R/SI/MI/BI		
	Total Score Required: 4				

			Method	Score	Observation/Rationale/Remarks
3.	Finalizing and Planning the LSE Curriculum and Sessions				
3.1	A needs assessment was conducted (should be done every quarter to plan the curriculum for the LSE sessions) according to the following key steps. (The score for 3.1 combines the scores for 3.1.1 – 3.1.3, so please score them first, and then enter the total score for 3.1.)		O/R/SI/MI/BI		
3.1.1	The 3-P Matrix and Bridge Model was administered.		O/R/SI/MI/BI		
3.1.2	Inputs from the center coordinator and other staff members of each shelter were obtained.		O/R/SI/MI/BI		
3.1.3	Observations by facilitators, co-facilitators, the center coordinator, and other staff members in different settings and situations were obtained.		O/R/SI/MI/BI		

Note: If any other process was followed for needs assessment, indicate that process in the Remarks section.

3.2	Curricula for the LSE sessions were developed during the assessment period (should be developed on a quarterly basis).		O/R/SI/MI/BI		
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3.3	Days of the month for the two LSE sessions at each shelter were designated.	O/R/SI/MI/BI		
3.4	A monthly planning meeting of the LSE facilitators was organized. (The score for 3.4 combines the scores for 3.4.1 – 3.4.3, so please score them first, and then enter the total score for 3.4.)	O/R/SI/MI/BI		
3.4.1	A planning meeting was conducted in the first week of each month.	O/R/SI/MI/BI		
3.4.2	Topics and issues for the sessions were brainstormed and selected during the meeting.	O/R/SI/MI/BI		
3.4.3	Activities from the LSE Toolkit were planned and prepared in the meeting.	O/R/SI/MI/BI		
	Total Score Required: 8			
4.	Facilitating the LSE Sessions	Method	Score	Observation/Rationale/Remarks
4.1	Two LSE sessions (about 40 to 45 minutes each) were conducted in a month (one every fortnight) with each group at the shelter. (Any variations in frequency or duration of the sessions should be indicated with explanations in the Remarks column.)	O/R/SI/MI/BI		
4.2	Each LSE session was conducted in a separate and peaceful room, without any disturbance or distraction.	O/R/SI/MI/BI		
4.3	In each LSE session, the following procedures were generally followed. (Indicate any variations in the Remarks section.) (The score for 4.3 combines the scores for 4.3.1 – 4.3.15, so please score them first, and then enter the total score for 4.3.)	O/R/SI/MI/BI		
4.3.1	Children were seated in a circle on a mattress or mat placed on the floor.	O/R/SI/MI/BI		
4.3.2	Attendance of the children was recorded in the attendance register.	O/R/SI/MI/BI		
4.3.3	A non-threatening, friendly environment was created to encourage children to open up.	O/R/SI/MI/BI		
4.3.4	Ground rules were reiterated in every session.	O/R/SI/MI/BI		
4.3.5	The messages from the previous LSE session were reviewed, and any queries, concerns, or dilemmas were addressed.	O/R/SI/MI/BI		
4.3.6	The broad outline and agenda of the current session was explained.	O/R/SI/MI/BI		

4.3.7	The activity selected for the day was conducted according to the plan. Appropriate tools and training materials were used. (Specify training tools and materials used in each session in the Remarks section.)	O/R/SI/MI/BI		
4.3.8	Maximum participation from all the children during the session was encouraged.	O/R/SI/MI/BI		
4.3.9	Efforts were made to ensure that all children understood the content of the session.	O/R/SI/MI/BI		
4.3.10	At the end of the session, each youth and child was asked to define concrete outcomes of the session for him or herself.	O/R/SI/MI/BI		
4.3.11	At the end of the session, each youth and child was asked to share what he or she liked or disliked about the session.	O/R/SI/MI/BI		
4.3.12	Before closing the session, each youth and child was given an activity for <i>learning with life</i> to practice in real-life situations.	O/R/SI/MI/BI		
4.3.13	The session was closed by informing participants of the date of the next LSE session for the respective month.	O/R/SI/MI/BI		
4.3.14	The facilitator seemed comfortable and well prepared for the session.	O/R/SI/MI/BI		
4.3.15	The facilitator was able to handle difficult or distracted children, if any. ²⁶	O/R/SI/MI/BI		
	Total Score Required: 6			

5.	Documentation and Records	Method	Score	Observation/Rationale/Remarks
5.1	The LSE Meeting Register was maintained according to 5.1.1 -5.1.3. (The score for 5.1 combines the scores for 5.1.1 – 5.1.3, so please score them first, and then enter the total score for 5.1.)	O/R/SI/MI/BI		
5.1.1	A list of all youth and children in the LSE sessions with attendance marked for each child.	O/R/SI/MI/BI		
5.1.2	Planning and proceedings of each LSE session were recorded.	O/R/SI/MI/BI		
5.1.3	The pre- and post-questionnaires that were filled out by each child or youth at the end of each quarter were analyzed.	O/R/SI/MI/BI		
5.2	Curriculum for the LSE session was prepared and documented during the assessment period (half yearly curriculum to be prepared).	O/R/SI/MI/BI		
5.3	The proceedings of each training and capacity building session or workshop with the LSE staff (coordinator and facilitators) were recorded in the staff training and monitoring register.	O/R/SI/MI/BI		

²⁶ Mark as N/A if no distracted/difficult children in the session.

5.4	Minutes of the monthly monitoring meetings with the LSE staff were recorded.	O/R/SI/MI/BI		
	Total Score Required: 8			

C. Monitoring and Evaluation

6.	Follow-up and Monitoring of Sessions and Staff	Method	Score	Observation/Rationale/Remarks
Assessment of LSE sessions that were conducted and their impact on the target group				
6.1	A review of the previous session was conducted in every LSE session.	O/R/SI/MI/BI		
6.2	Monthly follow-up and monitoring of the youth and children attending the LSE session was carried out through the activities in 6.2.1 and 6.2.2. (The score for 6.2 combines the scores for 6.2.1 and 6.2.2, so please score them first, and then enter the total score for 6.2.)	O/R/SI/MI/BI		
6.2.1	Feedback and observations from staff members of the respective shelter were obtained.	O/R/SI/MI/BI		
6.2.2	Youth and children at the shelter and in other settings such as group sessions and other counseling situations received interactions.	O/R/SI/MI/BI		
6.3	The pre- and post-questionnaires were filled out by each youth/child at the beginning and end of each quarter based on the quarterly curriculum.	O/R/SI/MI/BI		
Evaluation and supervision of LSE Staff				
6.4	The LSE coordinator organized monthly supervisory meetings (which can be combined with the monthly planning meeting with the LSE staff) for the purposes defined in 6.4.1 – 6.4.5. (The score for 6.4 combines the scores for 6.4.1 – 6.4.5, so please score them first, and then enter the total score for 6.4.)	O/R/SI/MI/BI		
6.4.1	Facilitated experience-sharing among the LSE facilitators.	O/R/SI/MI/BI		
6.4.2	Obtained feedback from the LSE facilitators about the performance of the youth and children in the LSE sessions and the sessions' impact on them.	O/R/SI/MI/BI		
6.4.3	Reviewed the LSE facilitators' performances and provided feedback to them.	O/R/SI/MI/BI		
6.4.4	Ensured problem solving, if and as required.	O/R/SI/MI/BI		
6.4.5	Designed new activities as required (different from the activities provided in USAID/FHI LSE Toolkit).	O/R/SI/MI/BI		

6.5	One-on-one supervision of the LSE facilitators and LSE coordinator was carried out during the assessment period (once in a quarter) by the program manager.	O/R/SI/MI/BI		
6.6	Group supervision of the LSE facilitators and coordinator was carried out during the assessment period (once in a quarter) by the program manager.	O/R/SI/MI/BI		
	Total Score Required: 12			

Score Sheet (SBT/SBC/MH/1.1.1: Life Skills Education)

Center Name:

To be filled out by the assessment team

Category	Total MS to be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met		Total MS Partially Met (1 point for each MS partially met)			Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS Met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)			
A	4	8									
B	13	26									
C	6	12									
TOTAL	23	46									

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/SBC/MH/1.1.1: Life Skills Education (LSE)		Resources/Support needed	Responsible person(s)	Expected completion date
Score:	MS met: _____ MS not met: _____			
Follow-up actions required:				

QA/QI Checklist			
1.1.2 SOP SBT/SBC/MH: Psychosocial Support Services – Informal Counseling Sessions			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Training and Capacity Building

1.	Capacity-Building Training of the Staff	Method ²⁷	Score ²⁸	Observation/Rationale/Remarks
1.1	Capacity building training (including 1.1.1 and 1.1.2) was organized for the indicated staff (counselors and social workers) during the assessment period (should be done annually). (The score for 1.1 combines the scores for 1.1.1 and 1.1.2, so please score them first, and then enter the total score for 1.1.)	O/R/SI/MI/BI		
1.1.1	A list of unmet needs was prepared through need assessment exercises over the year as indicated in the SOP.	O/R/SI/MI/BI		
1.1.2	Supportive pre-test and post-test HIV counseling was based on the USAID/FHI Counseling Protocol.	O/R/SI/MI/BI		
1.2	Orientation and refresher training for newly recruited counselors (if any ²⁹) were organized based on the needs assessment as indicated in 1.2.1 and 1.2.2. (The score for 1.2 combines the scores for 1.2.1 and 1.2.2, so please score them first, and then enter the total score for 1.2.)	O/R/SI/MI/BI		

²⁷: O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

²⁸: NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

²⁹: Mark as not applicable if no new counselors were recruited at the time of assessment..

1.2.1	A Training Assessment Form was developed.	O/R/SI/MI/BI		
1.2.2	Each new recruit filled out the Training Assessment Form at the time of joining.	O/R/SI/MI/BI		
1.3	Ongoing capacity building of the indicated staff was ensured through 1.3.1 and 1.3.2. (The score for 1.3 combines the scores for 1.3.1 and 1.3.2, so please score them first, and then enter the total score for 1.3.)	O/R/SI/MI/BI		
1.3.1	In-house capacity-building sessions. ³⁰	O/R/SI/MI/BI		
1.3.2	Individual supervision of each counselor, once a week on a designated day.	O/R/SI/MI/BI		
1.4	Trained counselors conducted quarterly training for social workers (and newly recruited counselors, if any) on supportive pre-test and post-test HIV counseling based on the USAID/FHI Counseling Protocol.	O/R/SI/MI/BI		
	Total Score Required: 8			

B. Process

	Preparation, Counseling and Referrals	Method	Score	Observation/Rationale/Remarks
2.1	Days were designated for counselors to visit assigned shelters (thrice a week) and each contact point (once or twice a week as needed) to provide individual supportive counseling.	O/R/SI/MI/BI		
2.2	Supportive counseling was provided to each child who was either referred by Center staff, who approached the counselor, or who was observed by the counselor during LSE sessions.	O/R/SI/MI/BI		
2.3	Consent was granted by the child before starting supportive counseling sessions.	O/R/SI/MI/BI		
	Total Score Required: 6			

³⁰ Correlate with the checklist for SOP 1.1.6 SBT/SBC/MH: In-house Capacity Building Sessions.

3.	Facilitating and Terminating the Informal Individual Supportive Counseling Sessions	Method	Score	Observation/Rationale/Remarks
3.1	A peaceful room was provided at each contact point and shelter for the counseling sessions.	O/R/SI/MI/BI		
3.2	Each 40- to 50-minute counseling session was facilitated according to specifications in 3.2.1 – 3.2.3. (The score for 3.2 combines the scores for 3.2.1 – 3.2.3, so please score them first, and then enter the total score for 3.2.)	O/R/SI/MI/BI		
3.2.1	A nonthreatening environment was ensured to help the child open up and enable him or her to articulate concrete problems.	O/R/SI/MI/BI		
3.2.2	Age-appropriate tools and language were used in supportive counseling sessions along with creative ways of facilitating disclosure.	O/R/SI/MI/BI		
3.2.3	At the end of the session, the child was asked to define concrete outcomes, key concerns were addressed, and the child was informed about the date of the next counseling session.	O/R/SI/MI/BI		
3.3	A positive and therapeutic climate was provided in each session by following the basic principles of counseling displayed in 3.3.1 – 3.3.7. (The score for 3.3 combines the scores for 3.3.1 – 3.3.7, so please score them first, and then enter the total score for 3.3.)	O/R/SI/MI/BI		
3.3.1	Counselor listened carefully to the child's message and responded accurately to the meaning behind the message that has been referred.	O/R/SI/MI/BI		
3.3.2	Counselor developed trust with each child.	O/R/SI/MI/BI		
3.3.3	Counselor developed empathy by responding sensitively and accurately to the child's feelings and experience as if they were his own.	O/R/SI/MI/BI		
3.3.4	Counselor maintained a nonjudgmental approach with the child.	O/R/SI/MI/BI		
3.3.5	Counselor was honest and direct in communication.	O/R/SI/MI/BI		
3.3.6	Counselor demonstrated positive regard and respect for each youth/child being counseled.	O/R/SI/MI/BI		
3.3.7	Counselor paraphrased the child's statements to ensure understanding.	O/R/SI/MI/BI		

3.4	Any youth/child seeking information about sexual issues was provided with age-appropriate information and was helped to clarify doubts.	O/R/SI/MI/BI		
3.5	Risk assessment was undertaken on a regular basis for every youth/child to ensure supportive counseling regarding risk of HIV and STI.	O/R/SI/MI/BI		
3.6	Youth/children were referred to the VCT center if any risk of HIV or STI was perceived.	O/R/SI/MI/BI		
3.7	Guidelines provided in the USAID/FHI Protocol for Child Counseling on HIV Testing, Disclosure and Support, and the NACO Counseling Manual were followed for supportive counseling on HIV.	O/R/SI/MI/BI		
3.8	Through informal supportive sessions, children with special mental health needs were identified for long-term, therapeutic work.	O/R/SI/MI/BI		
3.9	Every effort was made to ensure the confidentiality of each individual counseled or referred.	O/R/SI/MI/BI		
3.10	Supportive sessions were mutually terminated when the problem or concern was resolved.	O/R/SI/MI/BI		
3.11	Upon termination, follow-up (weekly, fortnightly, or monthly, as appropriate) was ensured through feedback from staff and direct interactions with the concerned child/youth.	O/R/SI/MI/BI		
	Total Score Required: 22			

4.	Conducting Supportive Group Sessions	Method	Score	Observation/Rationale/Remarks
4.1	Small groups of about seven to ten children each were formed at each center for supportive group sessions, according to the specified criteria of age and needs of the youth/children.	O/R/SI/MI/BI		
4.2	Support groups of individuals with common issues, concerns, and experiences were established. (In the Remarks column, indicate how many support groups were formed and the nature of each during the assessment period.)	O/R/SI/MI/BI		

4.3	A supportive group session of 40 to 45 minutes was conducted once every fortnight or month as required, at every center.	O/R/SI/MI/BI		
4.4	Group counseling sessions were conducted in a separate and peaceful place.	O/R/SI/MI/BI		
4.5	Facilitated sessions maintained the format detailed in 4.5.1-4.5.10. (The score for 4.5 combines the scores for 4.5.1 – 4.5.10, so please score them first, and then enter the total score for 4.5.)	O/R/SI/MI/BI		
4.5.1	Facilitator marked attendance of the participants at the beginning of the sessions.	O/R/SI/MI/BI		
4.5.2	Facilitator reiterated ground rules.	O/R/SI/MI/BI		
4.5.3	Facilitator reviewed the messages from the previous session and addressed any queries or concerns.	O/R/SI/MI/BI		
4.5.4	Facilitator created a nonthreatening and friendly environment for participants to open up.	O/R/SI/MI/BI		
4.5.5	Facilitator prepared the session agenda and explained the broad outline of the current session to the participants.	O/R/SI/MI/BI		
4.5.6	Facilitator conducted the activity selected for the day, including art or dance therapy, based on the topic selected and need identified (based on the counseling manual/guideline).	O/R/SI/MI/BI		
4.5.7	Facilitator used age-appropriate tools and language in the sessions.	O/R/SI/MI/BI		
4.5.8	Facilitator led a discussion on the selected topic and encouraged participation of all individuals in the group.	O/R/SI/MI/BI		
4.5.9	At the end of the session, facilitator asked the participants to define the concrete outcome of the session for them.	O/R/SI/MI/BI		
4.5.10	Facilitator closed the session by announcing the date of the next counseling session.	O/R/SI/MI/BI		
4.6	Each participant was urged to ensure confidentiality of the group sessions conducted and disclosure of information, if any.	O/R/SI/MI/BI		
4.7	Follow-up and reinforcement of issues covered in group sessions were ensured through other activities such as LSE and by other project staff.	O/R/SI/MI/BI		
	Total Score Required: 14			

5.	Documentation and Records	Method	Score	Observation/Rationale/ Remarks
5.1	Proceedings of capacity-building training with staff members was recorded in the Staff Training Register.	O/R/SI/MI/BI		
5.2	Reporting format was developed for each child being counseled and referred.	O/R/SI/MI/BI		
5.3	Proceedings of each session with each youth and child were recorded in the Counseling Register according to the reporting format.	O/R/SI/MI/BI		
5.4	Details of each adolescent and child referred was recorded in the Counseling/Referral Register according to the reporting format.	O/R/SI/MI/BI		
5.5	A Psychosocial Register was maintained to register each child attending the individual counseling session for the first time.	O/R/SI/MI/BI		
5.6	A daily diary was maintained by each counselor, including a record of personal dilemmas and concerns.	O/R/SI/MI/BI		
5.7	After termination, a counseling register/file of each child was compiled and filed at the SBT head office (where the MH team is based) for future reference.	O/R/SI/MI/BI		
5.8	Proceedings of each supportive group session were recorded in the Group Session Register.	O/R/SI/MI/BI		
	Total Score Required: 16			

C. Monitoring and Evaluation

6.	Follow-up, Monitoring, and Evaluation	Method	Score	Observation/Rationale/ Remarks
6.1	The psychologist supervised the counseling sessions and evaluated their impact on children by visiting each center once a week, according to the parameters indicated in the SOP.	O/R/SI/MI/BI		
6.2	A review of the sessions that were conducted (both individual and group) and the follow-up that was undertaken by the counselor was conducted in the MH team monthly core group meetings, which was held on a designated day (first Wednesday of every month).	O/R/SI/MI/BI		
6.3	A review meeting was held by the trustees and program manager with the psychiatrist (head of MHP) and other team members in the weekly trustee meetings.	O/R/SI/MI/BI		
	Total Score Required: 6			

Score Sheet (SBT/SBC/MH/1.1.2: Psychosocial Support Services: Informal Counseling Sessions)

Center Name: _____

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met (0 for each MS not met)		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	4	8								
B	29	58								
C	3	6								
TOTAL	36	72								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/SBC/MH/1.1.2: Psychosocial Support Services: Informal Counseling Sessions	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: Follow-up actions required:	MS not met:		

QA/QI Checklist			
1.1.3 SOP SBT/SBC/MH: Mental Health and Other Supportive Services for Youth and Children with Special Needs			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Training and Capacity Building

1.	Capacity-Building Training of the Staff	Method ³¹	Score ³²	Observation/Rationale/Remarks
1.1	Ongoing capacity building of key MH staff was ensured through in-house capacity building sessions ³³ and core group meetings.	O/R/SI/MI/BI		
Total Score Required: 2				

B. Process

2.	Identification and Referrals	Method	Score	Observation/Rationale/Remarks
2.1	Attempts were made to identify youth and children with special mental health needs through 2.1.1 and 2.1.2. (The score for 2.1 combines the scores for 2.1.1 and 2.1.2, so please score them first, and then enter the total score for 2.1.)	O/R/SI/MI/BI		

³¹: O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

³²: NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

³³: Correlate with the checklist SOP 1.1.6 SBT/SBC/MH: In-house Capacity Building Sessions.

2.1.1	Observations of behavior such as lack of attention or distraction, sadness and depression, sleep disturbances, and other related issues	O/R/SI/MI/BI			
2.1.2	LSE sessions, group sessions, and informal supportive sessions	O/R/SI/MI/BI			
2.2	Youth and children who were identified with special needs were referred to the in-house counselor by the Center coordinator or other appropriate staff member who observes the child.	O/R/SI/MI/BI			
2.3	A referral form was filled out by the Center coordinator or other appropriate staff member to refer children to the counselor.	O/R/SI/MI/BI			
2.4	The counselor took a referral form and met with the in-house psychologist and shared the problem and impressions about the youth or child referred.	O/R/SI/MI/BI			
	Total Score Required: 8				
3.					
3.1	Mental Health Assessment The psychologist or trained counselor conducted a mental health assessment (MHA) of the referred youth or child within a week of the day the referral was made (or as early as possible in case of a crisis) with the help of the MHA format, which is filled out based on 3.1.1 – 3.1.3. (The score for 3.1 combines the scores for 3.1.1 – 3.1.3, so please score them first, and then enter the total score for 3.1.)	O/R/SI/MI/BI			
3.1.1	The referral form	O/R/SI/MI/BI			
3.1.2	Impression and problems as shared by the referring staff member(s)	O/R/SI/MI/BI			
3.1.3	The clinical interview (about 45 minutes) with the child at the respective shelter home	O/R/SI/MI/BI			
3.2	At the end of the clinical interview, consent of the youth/child was obtained for ongoing counseling sessions in order to find solutions.	O/R/SI/MI/BI			

3.3	The psychologist or trained counselor continued to gather information about the concerned youth/child for about a week to complete the MHA based on the criteria defined in 3.3.1 – 3.3.6. (The score for 3.3 combines the scores for 3.3.1 – 3.3.6, so please score them first, and then enter the total score for 3.3.)	O/R/SI/MI/BI		
3.3.1	Observations of the youth/child in his or her natural setting, such as a classroom or education session, LSE session, and other sessions	O/R/SI/MI/BI		
3.3.2	Reports received from the counselor or other concerned staff based on their observations	O/R/SI/MI/BI		
3.3.3	Direct interaction with youth/child's teacher, friends, and others around him or her	O/R/SI/MI/BI		
3.3.4	Information collected from previous documents and records of the youth/child, such as medical reports and school performance	O/R/SI/MI/BI		
3.3.5	Psychological testing and assessment	O/R/SI/MI/BI		
3.3.6	Risk assessment	O/R/SI/MI/BI		
	Total Score Required: 6			

4.	Diagnosis and Management Plan	Method	Score	Observation/Rationale/Remarks
4.1	Diagnosis was ensured according to 4.1.1 – 4.1.3. (The score for 4.1 combines the scores for 4.1.1 – 4.1.3, so please score them first, and then enter the total score for 4.1.)	O/R/SI/MI/BI		
4.1.1	A diagnosis for the youth/child was established on the basis of the MHA and collected information.	O/R/SI/MI/BI		
4.1.2	The symptoms were matched with the criteria of DSM/ICD10 to arrive at a specific diagnosis of the problem.	O/R/SI/MI/BI		

4.1.3	The MHA and diagnosis for each youth/child was discussed regularly in core group meetings of the MH team for further assessment and diagnosis.	O/R/SI/MI/BI		
4.2	A comprehensive MP was prepared for each youth/child according to the diagnosis and included 4.2.1 – 4.2.4. (The score for 4.2 combines the scores for 4.2.1 – 4.2.4, so please score them first, and then enter the total score for 4.2.)	O/R/SI/MI/BI		
4.2.1	A treatment plan including medication if required	O/R/SI/MI/BI		
4.2.2	A therapeutic plan, specifying the nature and form of therapy required (such as cognitive behavior therapy or other as appropriate)	O/R/SI/MI/BI		
4.2.3	An activity plan, indicating activities that the child can be involved in based on his or her interests (such as candle making or other indoor or outdoor activities)	O/R/SI/MI/BI		
4.2.4	Role of each staff of the shelter to ensure appropriate intervention in day-to-day activities specified in the plan	O/R/SI/MI/BI		
4.3	A joint meeting with the respective shelter home staff members was called within a week of the MHA and preparation of the MP, in which 4.3.1 – 4.3.3 took place. (The score for 4.3 combines the scores for 4.3.1 – 4.3.3, so please score them first, and then enter the total score for 4.3.)	O/R/SI/MI/BI		
4.3.1	The MP was shared with all the staff members.	O/R/SI/MI/BI		
4.3.2	Specific responsibilities according to the requirements of the MP were assigned to each staff member.	O/R/SI/MI/BI		
4.3.3	Staff alerted the youth/child about the risks, especially in cases with suicidal and destructive tendencies.	O/R/SI/MI/BI		
4.4	The MP is explained to the youth/child and his or her consent is obtained to share the MP with the shelter staff. (This does not apply for clients with risk perception such as suicidal tendencies.)	O/R/SI/MI/BI		

4.5	Every effort was made to ensure the confidentiality of each youth/child while sharing the MP with staff members—only relevant information with respect to the roles of each staff member was revealed.	O/R/SI/MI/BI		
4.6	Suggestions and discussions with the staff were recorded on the MP in the feedback form.	O/R/SI/MI/BI		
	Total Score Required: 12			
5.	Ongoing Therapy and Treatment, Follow-up, and Termination	Method	Score	Observation/Rationale/Remarks
5.1	Therapy and treatment was carried out according to the MP developed.	O/R/SI/MI/BI		
5.2	Regular individual therapeutic sessions of about 30 to 45 minutes each were conducted at least once a week or more with each identified youth/child according to the need of the youth/child and severity of the problem.	O/R/SI/MI/BI		
5.3	The steps/tips in 5.3.1 – 5.3.6 (and indicated in the SOPs) were followed with respect to some of the specific concerns/problems of youth and children. (The score for 5.3 combines the scores for 5.3.1 – 5.3.6, so please score them first, and then enter the total score for 5.3.)	O/R/SI/MI/BI		
5.3.1	Ensured a positive therapeutic climate	O/R/SI/MI/BI		
5.3.2	Attempted to understand the problem/concern of the child and enabled the youth/child to understand it as well	O/R/SI/MI/BI		
5.3.3	In case of vulnerability to suicide: <ul style="list-style-type: none"> • Provided information of associated risks to concerned center staff • Ensured removal of all the things from his/her surroundings which could create risk • Undertook immediate risk assessment and referred the youth/child to the psychiatrist, as required 	O/R/SI/MI/BI		

5.3.4	Discussed the need for medication if required and obtained consent for discussing the problem with the psychiatrist for appropriate medication as per need.	O/R/SI/MI/BI		
5.3.5	Used age- and language-appropriate tools such as games and puzzles as required	O/R/SI/MI/BI		
5.3.6	Gave an appropriate task as required to the youth/child to do before coming to the next session	O/R/SI/MI/BI		
5.4	Medication was prescribed if and as required.	O/R/SI/MI/BI		
5.5	The counselor, with assistance from social workers, supervised and ensured compliance to the treatment on a daily basis.	O/R/SI/MI/BI		
5.6	The psychologist and counselors ensured the implementation of the MP by the indicated shelter staff members according to their assigned roles.	O/R/SI/MI/BI		
5.7	The psychologist or trained counselor conducted follow-up meetings as indicated in 5.7.1 – 5.7.4. (The score for 5.7 combines the scores for 5.7.1 – 5.7.4, so please score them first, and then enter the total score for 5.7.)	O/R/SI/MI/BI		
5.7.1	A follow-up meeting was conducted every week or fortnight, as required, with the indicated shelter staff member.	O/R/SI/MI/BI		
5.7.2	Feedback on the progress and improvement in youth/child's condition was obtained.	O/R/SI/MI/BI		
5.7.3	Information on areas of improvement, difficulties, and challenges was exchanged.	O/R/SI/MI/BI		
5.7.4	Further modification to the MP, as required, was planned in consultation with the staff.	O/R/SI/MI/BI		
5.8	Individual therapeutic sessions were spaced out gradually from once a week, to once every fortnight, to once a month, according to need.	O/R/SI/MI/BI		

Termination						
5.9	Medication was terminated upon advice from the psychiatrist.	O/R/SI/MI/BI				
5.10	Therapeutic sessions were terminated upon observing sustained improvement in the youth/child for at least one month.	O/R/SI/MI/BI				
5.11	Both the psychologists or trained counselor and the concerned youth/child agreed upon the improvement in condition and jointly planned to terminate the session.	O/R/SI/MI/BI				
5.12	A joint meeting with the respective shelter staff was called by the psychologist or trained counselor, where the actions described in 5.12.1 – 5.12.4 took place. (The score for 5.12 combines the scores for 5.12.1 – 5.12.4, so please score them first, and then enter the total score for 5.12.)	O/R/SI/MI/BI				
5.12.1	Staff members were informed about the termination procedure and decision to terminate the sessions.	O/R/SI/MI/BI				
5.12.2	Staff members' feedback and suggestions were obtained.	O/R/SI/MI/BI				
5.12.3	Staff members were alerted about the possibilities of relapse, especially in cases of substance abuse and depression.	O/R/SI/MI/BI				
5.12.4	Staff members were reminded to continue the responsibilities assigned to each of them according to the MP and to refer the child back to the counselor as soon as the sign and symptoms were observed again.	O/R/SI/MI/BI				
5.13	In case of a relapse, the same process was followed again ³⁴ (indicate the number of individuals with relapses and possible reasons for the relapses during the assessment period).	O/R/SI/MI/BI				
	Total Score Required: 26					

³⁴. Mark N/A if there was no relapse during the assessment period.

6.	Documentation and Records	Method	Score	Observation/Rationale/ Remarks
6.1	Proceedings of capacity-building training were recorded in Staff Training Register.	O/R/SI/MI/BI		
6.2	The referral form was prepared and maintained for each child to refer the youth and children with MH needs to the psychologists.	O/R/SI/MI/BI		
6.3	An MH assessment form was maintained for each child/youth that was referred.	O/R/SI/MI/BI		
6.4	A management plan was prepared and filed for each child/youth.	O/R/SI/MI/BI		
6.5	Proceedings and progress of each session were recorded in the individual child's file.	O/R/SI/MI/BI		
6.6	The feedback form was updated every fortnight by the psychologist to register the progress and difficulties in implementing the MP.	O/R/SI/MI/BI		
6.7	A termination form was prepared and maintained for each child/youth to record the termination process.	O/R/SI/MI/BI		
6.8	After termination, a counseling register and file of each child was compiled and filed at the SBT head office (where the MH team is based) for any future reference.	O/R/SI/MI/BI		
	Total Score Required: 16			

C. Monitoring and Evaluation

7.	Identification and Referrals	Method	Score	Observation/Rationale/Remarks
7.1	Monthly supervision and monitoring was undertaken in MH core group meetings to review the sessions that were conducted, and follow-up was undertaken by each counselor.	O/R/SI/MI/BI		
7.2	Peer supervision was undertaken, once a week on a designated day.	O/R/SI/MI/BI		
7.3	Individual supervision of each counselor was undertaken once a week.	O/R/SI/MI/BI		
7.4	A psychologist supervised the sessions and their impact on the children by visiting each center once a week, as indicated in the SOP.	O/R/SI/MI/BI		
	Total Score Required: 8			

Score Sheet (SBT/SBC/MH/1.1.3: Mental Health and other Supportive Services for Youth and Children with Special Needs)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met		Total MS Partially Met (1 point for each MS partially met)			Number of NAS:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)			
A	1	2									
B	34	68									
C	4	8									
TOTAL	39	78									

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/SBC/MH/1.1.3: Mental Health and other Supportive Services for Youth and Children with Special Needs	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			

QA/QI Checklist	
1.1.4 SOP SBT/SBC/MH: Special Education Sessions for Learning Disabilities and Difficulties	
Assessment by:	Center Name:
Assessment Number:	Date of Assessment:

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Training and Capacity Building

1.	Orientation and Capacity-Building Training	Method ³⁵	Score ³⁶	Observation/Rationale/Remarks
1.1	A trained special educator or counselor trained in special education was engaged.	O/R/SI/MI/BI		
1.2	A manual or guidelines, or both, on special education were developed.	O/R/SI/MI/BI		
1.3	A one-day training workshop was organized during the assessment period (once a year) to orient concerned staff members (including members from the MH team, counselors, education coordinator, and teachers). (If an external resource person or agency was invited to facilitate the training, provide details in the Remarks column.)	O/R/SI/MI/BI		
1.4	Ongoing capacity-building sessions were organized with indicated staff members (special education team) during the assessment period (once every quarter).	O/R/SI/MI/BI		
1.5	An orientation workshop was organized on special education for the entire project staff (social workers, teachers, center coordinators) as part of the in-house capacity-building sessions.	O/R/SI/MI/BI		
Total Score Required: 10				

³⁵ O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

³⁶ NA =Not Applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

B. Process

2.	Identification, Referral, and Assessment	Method	Score	Observation/Rationale/ Remarks
2.1	Children/youth demonstrating any kind of learning difficulties in the educational classes were identified by the teachers. (In the Remarks column, indicate how many children/youth were identified during the assessment period.)	O/R/SI/MI/BI		
2.2	A referral form was developed to refer children/youth with learning difficulties to the assigned counselor including a checklist of learning disabilities.	O/R/SI/MI/BI		
2.3	Teachers referred the children/youth with learning difficulties to the assigned counselor by completing the referral form.	O/R/SI/MI/BI		
2.4	An assessment of the learning disability was conducted by the counselor using details in the referral form, reviewing class notebooks, and obtaining feedback from teachers and other staff.	O/R/SI/MI/BI		
2.5	Age-appropriate tools such as games and puzzles were used for assessment of learning difficulties in youth/children.	O/R/SI/MI/BI		
2.6	Further assessment was done through conducting interviews with the child/youth on a weekly basis (two or three sessions of about 30 to 40 minutes each).	O/R/SI/MI/BI		
2.7	An Individual Education Plan (IEP) was prepared specifying roles and responsibilities of the MH team member and other concerned staff (including counselors and education staff).	O/R/SI/MI/BI		
	Total Score Required: 14			

3.	Conducting Special Education Sessions	Method	Score	Observation/Rationale/ Remarks
Individual Sessions:				
3.1	Individual sessions with each youth/child with learning difficulties were conducted at least once a week, as per the IEP.	O/R/SI/MI/BI		
3.2	An activity (home work) was given to the child by the counselor to practice in between individual sessions.	O/R/SI/MI/BI		

3.3	Teachers assisted the children/youth with the activity given to them by the counselor.	O/R/SI/MI/BI		
3.4	Children were asked to maintain separate notebooks for practice sessions and activities given to them.	O/R/SI/MI/BI		
3.5	Feedback and progress was discussed with each concerned child/youth by the counselor in each individual session.	O/R/SI/MI/BI		
3.6	Feedback about children's progress was exchanged between teacher and counselor by recording it in the children's notebooks.	O/R/SI/MI/BI		
Terminating Individual Sessions:				
3.7	Feedback regarding the counseled child's improvement was gathered by the counselor from the teachers and other staff members at the respective centers.	O/R/SI/MI/BI		
3.8	A session was mutually terminated when a level of improvement was felt by all concerned: child/youth, counselor, education coordinator, and other respective teachers and staff members. (In the Remarks column, indicate the number of children/youth whose sessions were terminated.)	O/R/SI/MI/BI		
3.9	Indicated staff members were assigned responsibility for follow-up and supervision, as per the IEP.	O/R/SI/MI/BI		
Group Sessions:				
3.10	Groups were formed based on the nature of the problem and the age of the child. The counselors and teachers helped. All children had to be above six years of age.	O/R/SI/MI/BI		
3.11	Group sessions of about 30 to 40 minutes in duration were facilitated with each group at least once or twice a week. (Note the average duration and frequency of the sessions that were conducted during the assessment period in the Remarks column.)	O/R/SI/MI/BI		
3.12	Group sessions were terminated when improvement was noticed in youth/children that coincided with the progress noticed in individual sessions and feedback received from concerned staff or when grouping changed to include new children with learning difficulties. (In the Remarks column, note how many children/youth were removed from the group sessions and how many new children were added to the group sessions during the assessment period.)	O/R/SI/MI/BI		
Total Score Required: 24				

4.	Documentation and Records	Method	Score	Observation/Rationale/ Remarks
4.1	A referral form was maintained for each youth/child that was referred.	O/R/SI/MI/BI		
4.2	Details regarding assessment of learning difficulty of each child/youth were recorded on the assessment form.	O/R/SI/MI/BI		
4.3	An IEP was prepared and maintained for each child.	O/R/SI/MI/BI		
4.4	<p>A session record for each session was maintained, including the following details:</p> <ul style="list-style-type: none"> • Activities carried out and tools used (such as games, puzzles, and exercises) • Emerging problems and concerns • Standardized solutions, if any • Case studies/success stories, if any <p><i>(The score will be partial if all the above aspects are not recorded.)</i></p>	O/R/SI/MI/BI		
4.5	<p>A session record for each group session was maintained, including the following details:</p> <ul style="list-style-type: none"> • Names and attendance of children • Activity carried out and tools used (such as games, puzzles, exercises) • Emerging problems and concerns • Standardized solutions, if any • Case studies/success stories, if any <p><i>(The score will be partial if all the above aspects are not recorded.)</i></p>	O/R/SI/MI/BI		
4.6	Termination details of sessions and process for each child/youth were recorded and maintained in the termination form.	O/R/SI/MI/BI		
4.7	Practice notebooks for each child/youth were maintained and feedback about the progress was noted by teachers and counselor.	O/R/SI/MI/BI		
4.8	After termination, a counseling register (file) for each child was compiled and filed at the SBT head office (where the MH team is based) for any future reference.	O/R/SI/MI/BI		
4.9	Proceedings of each capacity-building training/session with the staff were recorded in staff training register.			
	Total Score Required: 18			

C. Monitoring and Evaluation

5.	Follow-up, Supervision, and Evaluation	Method	Score	Observation/Rationale/ Remarks
5.1	Weekly follow-up and monitoring of terminated cases were conducted through 5.1.1 – 5.1.3. (The score for 5.1 combines the scores for 5.1.1 – 5.1.3, so please score them first, and then enter the total score for 5.1.)	O/R/SI/MI/BI		
5.1.1	Feedback from the concerned staff	O/R/SI/MI/BI		
5.1.2	Review of the roles and responsibilities that were assigned to the staff	O/R/SI/MI/BI		
5.1.3	Direct interactions with the concerned youth/child	O/R/SI/MI/BI		
5.2	A special educator supervised the teachers on an ongoing basis as indicated in 5.2.1 – 5.2.6. (The score for 5.2 combines the scores for 5.2.1 – 5.2.3, so please score them first, and then enter the total score for 5.2.)	O/R/SI/MI/BI		
5.2.1	Observed and reviewed group and individual sessions taken by teachers in each center, at least once a month	O/R/SI/MI/BI		
5.2.2	Assisted teachers in planning lessons and carrying out activities as per IEP during visit to each center, once a month or as required	O/R/SI/MI/BI		
5.2.3	Monitored progress and problems faced by teachers in each center at least once a fortnight or a month, as required	O/R/SI/MI/BI		
5.3	Review of individual sessions, group sessions, and follow-up was conducted by the counselor and concerned staff undertaken in the MH team meeting held every month.	O/R/SI/MI/BI		
5.4	A review meeting with the teachers and special educator/counselor was conducted by the education coordinator once every month, to assess the progress in youth and children undergoing sessions for learning issues/difficulties.	O/R/SI/MI/BI		
5.5	A monthly review and monitoring meeting with the special educator/counselor and education coordinator was conducted by the education coordinator to assess the special education activity and progress in children. Education coordinator reported progress to the program manager.	O/R/SI/MI/BI		
5.6	A quarterly review and monitoring meeting with the special educator/counselor and education coordinator was conducted by the program manager to assess the special education activity and progress in children.	O/R/SI/MI/BI		
	Total Score Required: 12			

Score Sheet (SBT/SBC/MH/1.1.4: Special Education Sessions for Learning Disabilities and Difficulties)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met (0 for each MS not met)		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	5	10								
B	28	56								
C	6	12								
TOTAL	39	78								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/SBC/MH/1.1.4: Special Education Sessions for Learning Disabilities and Difficulties		Resources/Support needed	Responsible person(s)	Expected completion date
Score:	MS met: MS not met:			
Follow-up actions required:				

QA/QI Checklist			
1.1.5 SOP SBT/SBC/MH: Career Counseling			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Training and Capacity Building

1.	Capacity-Building Training of the Staff	Method ³⁷	Score ³⁸	Observation/Rationale/Remarks
1.1	Training was conducted for the indicated staff (psychologist, counselor, vocational training instructors) during the annual assessment period on career counseling aspects including psychological testing and different forms for testing were available.	O/R/SI/MI/BI		
1.2	Guidelines on career counseling based on the training received were prepared.	O/R/SI/MI/BI		
1.3	Ongoing capacity building training sessions for the concerned staff were conducted during the assessment period (once every quarter) on identifying and addressing key career related concerns psychological testing, and assessment.	O/R/SI/MI/BI		
1.4	Exposure visits of the key staff were organized during the assessment period (recommended once every six-months) for enhancing knowledge and skills of the concerned staff.	O/R/SI/MI/BI		
	Total Score Required: 8			

³⁷O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column above.

³⁸NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = Yes, partially met minimum standard; 2 = Yes, minimum standard met.

B. Process

2.	Group and Individual Career Counseling sessions	Method	Score	Observation/Rationale/ Remarks
2.1	All eligible youth and adolescents between the ages of 14 and 17 were included in the Career Counseling Program.	O/R/SI/MI/BI		
2.2	Orientation sessions on various vocational options and courses available were conducted with all children in small groups (five to ten) or on a one-to-one basis. (Indicate in the Remarks section if group sessions or one-on-one orientation sessions were done with reasons.)	O/R/SI/MI/BI		
2.3	The psychologist or counselor conducted psychological tests with all eligible youth and adolescents and prepared individual profiles of each child based on the testing and their interests.	O/R/SI/MI/BI		
2.4	The psychologist or counselor undertook one-on-one career counseling sessions with all youth to share results of psychological tests they undertook and help them select the appropriate vocational course based on their aptitude and interests.	O/R/SI/MI/BI		
2.5	The psychologist or counselor shared the individual profiles prepared with the permission of the youth on the vocational course chosen with the center vocational training coordinator.	O/R/SI/MI/BI		
2.6	Youth were enrolled in the vocational course selected by the center vocational training coordinator on the basis of suitability.	O/R/SI/MI/BI		
2.7	The counselor conducted individual sessions with children for specific mental health issues or referred them to the in-house psychologist or consulting psychiatrist, as required. ³⁹ (Indicate the number of such children/youth handled and the nature of their problem in the Remarks column.)	O/R/SI/MI/BI		
	Total Score Required: 14			

³⁹ Mark as N/A if need for this was not felt during the assessment period.

3.	Documentation and Records	Method	Score	Observation/Rationale/Remarks
3.1	Proceedings of capacity building training/sessions with the staff were recorded in Staff Training Register.	O/R/SI/MI/BI		
3.2	Test protocols were filled out and maintained for each youth/child.	O/R/SI/MI/BI		
3.3	An individual profile of each child (test interpretations) was prepared and filed for each youth/child.	O/R/SI/MI/BI		
3.4	A summary report of each youth/child was prepared and filed.	O/R/SI/MI/BI		
3.5	An individual report or session record of each career counseling session was maintained and filed.	O/R/SI/MI/BI		
	Total Score Required: 10			

C. Monitoring and Evaluation

4.	Supervision, Evaluation, and Monitoring	Method	Score	Observation/Rationale/Remarks
4.1	The counselor organized regular meetings with the Center vocational training coordinator on a fortnightly or monthly basis, as required, to exchange information and review vocational options for children.	O/R/SI/MI/BI		
4.2	Periodic one-on-one interactions with each child were carried out by the counselor once a week initially and gradually reducing to once a fortnight or month, as required. (In remarks column, indicate the duration and frequency of these interactions with each child during the assessment period.)	O/R/SI/MI/BI		
4.3	The counselor gathered feedback from the Center vocational training coordinator and vocational training instructors during visits to the respective centers.	O/R/SI/MI/BI		
4.4	The program manager conducted monitoring and review meetings with the MH program coordinator and the Center vocational training coordinator during the assessment period (to be done once a quarter).	O/R/SI/MI/BI		
	Total Score Required: 8			

Score Sheet (SBT/SBC/MH/1.1.5: Career Counseling)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met		Total MS Partially Met (1 point for each MS partially met)			Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)			
A	4	8									
B	12	24									
C	4	8									
TOTAL	20	40									

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/SBC/MH/1.1.5: Career Counseling		Resources/Support needed	Responsible person(s)	Expected completion date
Score:	MS met:			
	MS not met:			
Follow-up actions required:				

QA/QI Checklist			
1.1.6 SOP SBT/SBC/MH: In-house Capacity Building			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Training and Capacity Building

1.	Capacity-Building Training of the Staff	Method ⁴⁰	Score ⁴¹	Observation/Rationale/Remarks
1.1	A toolkit or manual was prepared for conducting in-house capacity-building sessions/workshops based on the themes that were outlined.	O/R/SI/MI/BI		
1.2	Ongoing capacity-building training sessions were conducted for the MH team members during the assessment period (once every quarter) on key issues and facilitation skills for conducting in-house capacity-building sessions with other SBT staff.	O/R/SI/MI/BI		
Total Score Required: 4				

⁴⁰ O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

⁴¹ NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, minimum standard partially met; 2 = yes, minimum standard met.

B. Process

	Planning the In-House Capacity-Building Sessions	Method	Score	Observation/Rationale/ Remarks
2.				
2.1	The needs of the staff were assessed for the current year (to be done annually) through the following: (The score for 2.1 combines the scores for 2.1.1 – 2.1.3, so please score them first, and then provide a score for 2.1 accordingly.)	O/R/SI/MI/BI		
2.1.1	Pre-test questionnaires (at the beginning of the year)	O/R/SI/MI/BI		
2.1.2	Post-test questionnaires (at the end of the year)	O/R/SI/MI/BI		
2.1.3	Interactions with center staff in small groups	O/R/SI/MI/BI		
2.2	Monthly planning meetings of MH team were organized, and decisions about date, time, venue, topic, and facilitator for the sessions were made.	O/R/SI/MI/BI		
2.3	The training calendar prepared for the respective month was circulated to all the centers soon after the planning meeting.	O/R/SI/MI/BI		
	Total Score Required: 6			
	Conducting the In-house Capacity-Building Sessions	Method	Score	Observation/Rationale/ Remarks
3.				
3.1	Capacity-building workshops conducted with the staff of every shelter home/ center every fortnight during the assessment period as per the training calendar (any variation in the frequency or duration of these workshops to be indicated in the remarks column)	O/R/SI/MI/BI		
3.2	The workshops are conducted based on the toolkit developed on the In-house Capacity Building Workshops (any variation to be specified in the remarks column)	O/R/SI/MI/BI		
3.3	Conducted the sessions based on the following broad sequence (The score for 3.3 combines the scores for 3.3.1 – 3.3.4, so please score them first, and then provide a score for 3.3 accordingly.)	O/R/SI/MI/BI		
3.3.1	Created a peaceful and non-threatening environment for all members to participate openly	O/R/SI/MI/BI		

3.3.2	Ensured that the workshops were interactive, enabling participants to share and discuss cases from their respective centers and their impressions/experiences about the topic selected	O/R/SI/MI/BI		
3.3.3	Used different interactive and participatory tools and techniques in the workshops as specified in the SOP (and based on the toolkit)	O/R/SI/MI/BI		
3.3.4	At the end of each workshop, decided date, venue, time, and topic for the next capacity-building workshop together with the participants	O/R/SI/MI/BI		
3.4	At the end of each session, feedback was obtained from each participant.	O/R/SI/MI/BI		
3.5	Psychiatrist provided staff support by visiting each center to address concerns/queries through one-on-one interactions and/or group meetings with the staff (recommended at least once every quarter or earlier as required).	O/R/SI/MI/BI		
	Total Score Required: 10			

4.	Documentation and Records	Method	Score	Observation/Rationale/Remarks
4.1	The proceedings of the staff training were recorded in the Staff Training Register.	O/R/SI/MI/BI		
4.2	Details of the proceedings of each in-house capacity-building workshop/session were recorded in the Staff In-House Workshops Register: <ul style="list-style-type: none"> • Activity carried out and tools used, if any (such as games, activities, exercises) • Emerging problems and concerns • Standardized solutions, if any • Changes observed in the staff as a result of the ongoing sessions with them • Analysis of the feedback of the participants provided in the feedback form (The score will be partial if all the above details are not recorded.) 	O/R/SI/MI/BI		
4.3	Attendance sheets of the participants at each workshop were maintained and filed together with the proceedings in the Staff In-House Workshops Register.	O/R/SI/MI/BI		
4.4	Pre-test questionnaires were completed and filed.	O/R/SI/MI/BI		

4.5	Post-test questionnaires were completed and filed.	O/R/SI/MI/BI		
4.6	Feedback forms at the end of each session were completed and filed.	O/R/SI/MI/BI		
4.7	The minutes of the psychiatrists' visits/interactions for staff support were documented in the In-House Capacity Building Register.	O/R/SI/MI/BI		
4.8	The minutes of the staff meeting with trustees were documented in the Trustee Meeting Register (quarterly).	O/R/SI/MI/BI		
4.9	The proceedings of the open house meeting were documented in the Open House Meeting Register (once a year).	O/R/SI/MI/BI		
	Total Score Required: 18			

C. Monitoring and Evaluation

5.	Follow-up and Monitoring of Sessions and Staff	Method	Score	Observation/Rationale/Remarks
5.1	Sessions were reviewed, supervised, and followed up on to include 5.1.1 – 5.1.3: (The score for 5.1 combines the scores for 5.1.1 – 5.1.3, so please score them first, and then enter the total score for 5.1.)	O/R/SI/MI/BI		
5.1.1	A recap of the previous session at the beginning of every in-house capacity-building workshop	O/R/SI/MI/BI		
5.1.2	Observations of the counselors/psychologist, during their visits to the centers to oversee the application of learning from the sessions	O/R/SI/MI/BI		
5.1.3	Feedback from youth and children through informal interactions at the centers about the changes observed in the staff	O/R/SI/MI/BI		
5.2	Facilitators were reviewed. (The score for 5.2 combines the scores for 5.2.1 and 5.2.2, so please score them first, and then enter the total score for 5.2.)	O/R/SI/MI/BI		
5.2.1	Feedback was exchanged among facilitators and MH team members.	O/R/SI/MI/BI		
5.2.2	Each capacity building session, its problems, and challenges, was discussed, at the monthly meeting of the MH team and feedback for improvement/ modifications was suggested as required.	O/R/SI/MI/BI		

5.3	Briefing, discussion, and feedback with SBT staff, management, and trustees were ensured during the assessment period through 5.3.1 and 5.3.2. (The score for 5.3 combines the scores for 5.3.1 and 5.3.2, so please score them first, and then enter the total score for 5.3.)	O/R/SI/MI/BI		
5.3.1	MH team met with the program manager, executive director, and trustees (once every quarter).	O/R/SI/MI/BI		
5.3.2	Staff open-house meeting included the SBT trustees with MH team (once a year).	O/R/SI/MI/BI		
5.4	Midterm assessment was conducted based on a review of post-test forms at the end of six months and the plan for in-house capacity-building workshops was accordingly discussed, reviewed, and modified (if required).	O/R/SI/MI/BI		
5.5	The coordinator reviewed the in-house capacity building sessions with the MHP coordinator (or in-charge of in-house capacity building workshops) once in two months according to the SOP and reported the progress to the program manager.	O/R/SI/MI/BI		
	Total Score Required: 10			

Score Sheet (SBT/SBC/MH/1.1.6: In-house Capacity-Building Sessions)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met		Total MS Partially Met (1 point for each MS partially met)			Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)			
A	2	4									
B	17	34									
C	5	10									
TOTAL	24	48									

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/SBC/MH/1.1.6: In-House Capacity Building Sessions	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			

QA/QI Checklist			
1.1.7 SOP SBT/SBC/MH: Sessions on AB Messages			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHL.

A. Training and Capacity Building

1.	Orientation and Capacity Building	Method ⁴²	Score ⁴³	Observation/Rationale/Remarks
1.1	A manual/toolkit was developed and collated for facilitating sessions on AB messages.	O/R/SI/MI/BI		
1.2	Orientation and refresher training for the facilitators (social workers) was conducted during the assessment period (recommended once a year).	O/R/SI/MI/BI		
1.3.	Before beginning the facilitating sessions, a one-day, in-house orientation on how to approach AB messages was organized.	O/R/SI/MI/BI		
1.4	In-house capacity-building sessions were organized during the assessment period (to be done on a quarterly basis) for indicated staff focusing on reviewing concerns, upgrading knowledge, and sharing experiences.	O/R/SI/MI/BI		
Total Score Required: 8				

⁴² O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column above.

⁴³ NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

B. Process

	Grouping of Youth and Children	Method	Score	Observation/Rationale/ Remarks
2.				
2.1	All youth and children between the ages of 10 and 17 were provided AB messages at each contact point and shelter home.	O/R/SI/MI/BI		
2.2	Based on their risk assessment and sexual encounter, children between the ages of 7 and 10 were provided AB messages (as per need). ⁴⁴	O/R/SI/MI/BI		
2.3	Specific AB messages were provided to youth and children based on their age, gender, and assessed risk.	O/R/SI/MI/BI		
	Total Score Required: 6			
3.	Planning and Conducting Sessions on AB Messages			
3.1	A monthly planning meeting was organized to plan for upcoming sessions based on the toolkit developed and collated for AB messages.	O/R/SI/MI/BI		
3.2	As soon as each child was registered at the contact point and shelter, a one-on-one session on AB messages was conducted.	O/R/SI/MI/BI		
3.3	Group sessions on AB messages were conducted once every fortnight, covering about 10 to 12 registered children in each center and contact point.	O/R/SI/MI/BI		
3.4	Each session was facilitated according to 3.4.1 – 3.4.4. (The score for 3.4 combines the scores for 3.4.1 – 3.4.4, so please score them first, and then enter the total score for 3.4.)	O/R/SI/MI/BI		
3.4.1	The messages from the previous session were reiterated and any queries or concerns were addressed.	O/R/SI/MI/BI		
3.4.2	The messages as planned and designed based on the participatory and interactive methodology were conveyed.	O/R/SI/MI/BI		
3.4.3	At the end of the session, youth/child was asked to define the concrete learning and outcome of the session for himself or herself.	O/R/SI/MI/BI		

⁴⁴ Mark as N/A if the need for this was not felt during the assessment period.

3.4.4	Each child was asked how he or she was applying this learning in their daily life with concrete examples from real-life situations.	O/R/SI/MI/BI			
3.5	One-on-one sessions on AB messages were repeated with each youth/child at the respective contact point or shelter, at least once a month, as per the need.	O/R/SI/MI/BI			
Total Score Required: 10					
4. Documentation and Records					
4.1	<p>Proceedings of each session, including the names of the youth and children covered, were recorded in the AB Messages Register. Details of the proceedings included the following:</p> <ul style="list-style-type: none"> • Activity carried out and tools used, if any (such as games, activities, and exercises) • Specific message conveyed • Emerging problems and concerns • Standardized solutions, if any • Changes observed in youth/children as a result of the ongoing sessions with them <p>(The score will be partial if all of the above are not recorded.)</p>	O/R/SI/MI/BI			Observation/Rationale/Remarks
4.2	Proceedings of each training/capacity-building session or workshops with the facilitators and staff was recorded in the Staff Training Register.	O/R/SI/MI/BI			
4.3	A daily diary was maintained by each staff member facilitating sessions on AB messages.	O/R/SI/MI/BI			
Total Score Required: 6					

C. Monitoring and Evaluation

5.1	Follow-up of previous session was done in each ongoing session.	O/R/SI/MI/BI		
5.2	Fortnightly follow-up and monitoring of the youth and children were ensured. (The score for 5.2 combines the scores for 5.2.1 and 5.2.2, so please score them first, and then enter the total score for 5.2.)	O/R/SI/MI/BI		
5.2.1	Feedback from staff of respective shelters and contact points	O/R/SI/MI/BI		
5.2.2	Interactions with youth and children at the contact points/shelter and in other settings (group sessions and other counseling situations)	O/R/SI/MI/BI		
5.3	A monthly monitoring meeting was carried out by each center coordinator with the facilitators. (The score for 5.3 combines the scores for 5.3.1 and 5.3.2, so please score them first, and then enter the total score for 5.3.)	O/R/SI/MI/BI		
5.3.1	Feedback about the performance of youth and children in the sessions and its impact on them was obtained.	O/R/SI/MI/BI		
5.3.2	Performances, challenges, and problems faced by the facilitators were reviewed, and feedback was provided for improvement.	O/R/SI/MI/BI		
5.4	One-on-one and group supervision of the facilitators was carried out by the coordinator during the assessment period (to be done once in two months).	O/R/SI/MI/BI		
5.5	One-on-one and group supervision of the facilitators was carried out by the program manager during the assessment period (half-yearly).	O/R/SI/MI/BI		
	Total Score Required: 10			

Score Sheet (SBT/SBC/MH/1.1.7: Sessions on AB Messages)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met (0 for each MS not met)		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	4	8								
B	11	22								
C	5	10								
TOTAL	20	40								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/SBC/MH/1.1.7: Sessions on AB Messages		Resources/Support needed	Responsible person(s)	Expected completion date
Score:	MS met: MS not met:			
Follow-up actions required:				

QA/QI Checklist			
1.2 SOP SBT/SBC: Sensitization of Local Police on MH Needs and Behaviors of Street and Working Children			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Training and Capacity Building

1.	Developing Toolkit and Capacity Building of the Staff	Method ⁴⁵	Score ⁴⁶	Observation/Rationale/Remarks
1.1	Manuals, toolkits, and other training materials on police sensitization that focused on the objectives and issues of the project were developed or collated.	O/R/SI/MI/BI		
Total Score Required: 8				

B. Process

2.	Planning, Building Partnerships, and Selecting Participants for the Police Sensitization Training	Method	Score	Observation/Rationale/Remarks
2.1	Annual planning for the police sensitization training was undertaken at the beginning of the year to plan the training with the police as indicated.	O/R/SI/MI/BI		
2.2	DCP (and/or SHO, as required) of the area or local police station was contacted to establish a relationship and seek permission for sensitization sessions with all the police officers of the station.	O/R/SI/MI/BI		

⁴⁵ O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

⁴⁶ NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

2.3	Permission to conduct sensitization meetings was sought in writing from the DCP.	O/R/SI/MI/BI		
2.4	A list of police officers who were nominated for the training was prepared after receiving permission from the DCP.	O/R/SI/MI/BI		
2.5	Contact was established with the nominated police officers and reminders were sent to them to ensure their presence for the training as indicated in the SOP and as required.	O/R/SI/MI/BI		
2.6	A sharing and planning meeting including the executive director, program manager, and other concerned staff was conducted and the actions expressed in 2.6.1 – 2.6.4 were taken. (The score for 2.6 combines the scores for 2.6.1 – 2.6.4, so please score them first, and then enter the total score for 2.6.)	O/R/SI/MI/BI		
2.6.1	The list of participants was shared and finalized.	O/R/SI/MI/BI		
2.6.2	Final dates and venue for the training were decided.	O/R/SI/MI/BI		
2.6.3	The agenda for the training was finalized based on the training materials.	O/R/SI/MI/BI		
2.6.4	The facilitators for each session were selected from among the staff (project manager, psychiatrist, and other senior staff).	O/R/SI/MI/BI		
	Total Score Required: 12			

3.	Conducting the Police Sensitization Training Workshop with Police Officers	Method	Score	Observation/Rationale/ Remarks
3.1	Final preparations were made and meetings were held within the week prior to the training workshop as indicated to finalize the agenda, methodology, facilitations, and other logistics.	O/R/SI/MI/BI		
3.2	Proper logistics were arranged, including stationary, training material and equipment, and meals at the training venue.	O/R/SI/MI/BI		
3.3	The training workshop was conducted according to the agenda, methodology, and training materials.	O/R/SI/MI/BI		

3.4	Ensured that the pre- and post-test forms were filled out at the training, if possible.	O/R/SI/MI/BI			
3.5	Developed an evaluation form and ensured that it was filled out by all participants at the end of each training to obtain their feedback on the training.	O/R/SI/MI/BI			
	Total Score Required: 10				
5.	Documents and Records	Method	Score	Observation/Rationale/Remarks	
5.1	The proceedings of the training workshop with the police officers were recorded in the SBT Training Register and included the following: <ul style="list-style-type: none"> Analyses of the responses of the police officers on the evaluation form Other details, such as the names and ranks of police officers who attended the training 	O/R/SI/MI/BI			
5.2	All new police officers who attend the police training workshop were registered on a registration sheet.	O/R/SI/MI/BI			
5.3	The evaluation forms for the training workshops were filed for further use and reference.	O/R/SI/MI/BI			
5.4	Photographs of the training workshop were filed and made available.	O/R/SI/MI/BI			
5.5	The proceedings of each meeting (one-on-one and group) in the community with the police, were recorded in the Police Sensitization Register.	O/R/SI/MI/BI			
5.6	Daily dairies were maintained by each indicated staff.	O/R/SI/MI/BI			
5.7	A complete and updated list of all the police stations and police officers in the project areas was maintained and filed.	O/R/SI/MI/BI			
	Total Score Required: 14				

C. Monitoring and Evaluation

6.	Follow-up, Monitoring, and Evaluation	Method	Score	Observation/Rationale/ Remarks
6.1	A monthly review and feedback meeting was held by the coordinator with the appropriate staff members, for the purposes given in 6.1.1 – 6.1.3. (The score for 6.1 combines the scores for 6.1.1 – 6.1.3, so please score them first, and then enter the total score for 6.1.)	O/R/SI/MI/BI		
6.1.1	Feedback was obtained regarding the meetings carried out with the police during the month as indicated.	O/R/SI/MI/BI		
6.1.2	Changes in attitude and behavior of the police were assessed.	O/R/SI/MI/BI		
6.1.3	Their performance and the problems they faced were reviewed and modifications and recommendations were suggested.	O/R/SI/MI/BI		
6.2	The coordinator initiated interaction with the local police, SHO, or both, once every two months to gather their feedback and assess changes in their attitude and behavior.	O/R/SI/MI/BI		
6.3	The program manager initiated interaction with the concerned project staff members and the local police, SHO, or both, once every six months to gather their feedback and assess changes in their attitude and behavior.	O/R/SI/MI/BI		
	Total Score Required: 6			

Score Sheet (SBT/SBC/1.2: Sensitization of Local Police on MH Needs and Behaviors of Street and Working Children)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS Met)	MS Met		MS Not Met (0 for each MS not met)		Total MS Partially Met (1 point for each MS partially Met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS Met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	1	2								
B	21	42								
C	3	6								
TOTAL	25	50								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/SBC/1.2: Sensitization of Local Police on MH Needs and Behaviors of Street and Working Children	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			

QA/QI Checklist			
1.3 SOP SBT/SBC: Community Awareness through Use of Creative Media			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			
<p>Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.</p>			

A. Training and Capacity Building

1.	Capacity-Building Training of the Staff	Method ⁴⁷	Score ⁴⁸	Observation/Rationale/Remarks
1.1	Extensive capacity-building training of the indicated project team (street play director and other youth and field assistants) was organized at the beginning of each year (before the events of the respective year are conducted) on creative ways of raising awareness—for example, theater, puppetry, and script writing—of the key issues of the project.	O/R/SI/MI/BI		
1.2	Based on the training received, training guidelines were developed on preparing for and conducting community awareness through the use of creative media—street plays and puppet shows as indicated.	O/R/SI/MI/BI		
	Total Score Required: 4			

⁴⁷ O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

⁴⁸ NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

B. Process

2.	Planning the Plays	Method	Score	Observation/Rationale/ Remarks
2.1	An annual planning meeting was organized with key staff members to discuss and decide modalities of monthly and annual plays	O/R/SI/MI/BI		
2.2	A quarterly community events calendar was prepared for monthly plays during a quarterly planning.	O/R/SI/MI/BI		
2.3	A monthly planning meeting for the play of the month was conducted to finalize the preparations and logistics as indicated.	O/R/SI/MI/BI		
	Total Score Required: 6			

3.	Preparations and Execution of the Monthly Plays	Method	Score	Observation/Rationale/ Remarks
3.1	Youth/Children were selected for the monthly play from various centers according to the process indicated in the SOP.	O/R/SI/MI/BI		
3.2	Attempts were made to build and strengthen the knowledge of youth and children, if required, on the issues and themes that were selected for the play—for example, S&D and AB messages—to facilitate their involvement in script development.	O/R/SI/MI/BI		
3.3	The story line and scripts for a play were developed with maximum involvement and participation of the adolescents who were selected for the play.	O/R/SI/MI/BI		
3.4	The format of the show—for example, street play or puppet show—was discussed and decided with the involvement and participation of the children who were selected for the play.	O/R/SI/MI/BI		
3.5	Adequate rehearsing of the play by the youth involved in the play was ensured.	O/R/SI/MI/BI		
3.6	The play was field tested, with improvisations, to finalize the script.	O/R/SI/MI/BI		

3.7	A run through of the entire play was performed a number of times as required (at least twice), including a final run through a day prior to the final performance.	O/R/SI/MI/BI		
3.8	The final play was performed at the designated date, time, and venue every month, according to the planning meetings (annual, monthly, and quarterly).	O/R/SI/MI/BI		
3.9	IEC material on HIV/AIDS and other issues relevant to street children were distributed at the venue at the end of each show.	O/R/SI/MI/BI		
3.10	The core issues raised through the play were discussed with the audience after the performance to ensure greater awareness raising and sensitization.	O/R/SI/MI/BI		
	Total Score Required: 20			

		Method	Score	Observation/Rationale/ Remarks
4.	Preparation and Execution of the Annual Play			
4.1	The date of the annual play was finalized at least five to six months prior to the annual play, based on the annual planning.	O/R/SI/MI/BI		
4.2	An external resource person was selected and invited to prepare the annual play, at least three to five months (or more as required) prior to the performance date of the play.	O/R/SI/MI/BI		
4.3	Preparations for props, and costumes, and other logistics were made and rehearsals of the play were arranged per the instructions of the external resource person.	O/R/SI/MI/BI		
4.4	Themes to be addressed through the annual play were integrated in the design and content for the show according to the resource person (external artist).	O/R/SI/MI/BI		
4.5	Participation by the key stakeholders, NGOs, media, and other affiliates for the annual play was maximized by sending invitations (at least one month prior to the show) and reminders to them for the play.	O/R/SI/MI/BI		
4.6	Final preparations for the production of the play and the requirements at the venue were handled as indicated.	O/R/SI/MI/BI		
4.7	Play was performed as planned on the final day of annual play.	O/R/SI/MI/BI		
	Total Score Required: 14			

5.	Documents and Records	Method	Score	Observation/Rationale/Remarks
5.1	An Event Register was maintained with details, including a list of each play performed with the date and venue of the show and proceedings of each play.	O/R/SI/MI/BI		
5.2	Two scripts of the monthly plays, one on stigma and discrimination and a second on AB messages, were prepared and filed.	O/R/SI/MI/BI		
5.3	A beneficiary evaluation form was filled out (wherever possible) and filed with the Event Register.	O/R/SI/MI/BI		
5.4	The proceedings of each staff training that was organized for or attended by staff was recorded in the Staff Training Register.	O/R/SI/MI/BI		
	Total Score Required: 8			

C. Monitoring and Evaluation

6.	Follow-up, Monitoring, and Impact Assessment	Method	Score	Observation/Rationale/Remarks
	Follow-up and Evaluation of the Monthly Play:			
6.1	After each show or play, its effectiveness and impact on the target audience was assessed through 6.1.1 and 6.1.2. (The score for 6.1 combines the scores for 6.1.1 and 6.1.2, so please score them first, and then enter the total score for 6.1.)	O/R/SI/MI/BI		
6.1.1	Raising and discussing a few key questions and concerns based on the play, soon after the show, especially at the annual shows	O/R/SI/MI/BI		
6.1.2	Small group and one-on-one interactions with the target audience and stakeholders with the help of field assistants and social workers around the location of the play	O/R/SI/MI/BI		
6.2	Monthly supervision and monitoring of the monthly-play team was conducted by the theater coordinator through monthly review meetings.	O/R/SI/MI/BI		
6.3	The coordinator was involved in these monthly review meetings during the assessment period (to be done quarterly).	O/R/SI/MI/BI		
6.4	The program manager was involved in these monthly review meetings during the assessment period (to be held once in six months at least).	O/R/SI/MI/BI		

6.5	A beneficiary evaluation form was developed by the program manager and filled out by the target group (audience at the community events) at the end of each monthly show, when possible. (In Remarks column, indicate how many events it was possible to get the form filled out for.)	O/R/SI/MI/BI		
	Follow-up and Evaluation of the Annual Play:			
6.6	A de-briefing and review of the annual play was conducted by the trustees, executive director, program manager, and other staff members after the show.	O/R/SI/MI/BI		
6.7	While developing and/or performing in the play (monthly and/or annual), if any concern or personal issue of any youth/child emerges as a result of identification with any character of the play or the impact of the play, he or she was referred to the MH worker or counselor.	O/R/SI/MI/BI		
	Total Score Required: 14			

Score Sheet (SBT/SBC/1.3: Community Awareness through Use of Creative Media)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met (0 for each MS not met)		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	2	4								
B	24	48								
C	7	14								
TOTAL	27	66								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/SBC/1.3: Community Awareness through Use of Creative Media	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: Follow-up actions required:	MS not met:		

QA/QI Checklist			
2.1 SOP SBT/YFS: Health Care Services			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			
<p>Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.</p>			

A. Training and Capacity Building

1.	Appointment of Staff and Capacity-Building Training	Method ⁴⁹	Score ⁵⁰	Observation/Rationale/ Remarks
1.1	Doctors were appointed for each center (contact point, shelter, and drop-in shelter), on a part-time basis, as described in 1.1.1 – 1.1.3. (The score for 1.1 combines the scores for 1.1.1 – 1.1.3, so please score them first, and then enter the total score for 1.1.)	O/R/SI/MI/BI		
1.1.1	One in-house doctor/pediatrician (male), to visit each contact point and drop-in-center (Arman) once a week, and each shelter twice a month	O/R/SI/MI/BI		
1.1.2	One doctor (female) for the girls's shelter (Arushi), to visit once a week	O/R/SI/MI/BI		
1.1.3	One doctor for the Health Post, to be on site daily between 10 am and 2 pm.	O/R/SI/MI/BI		
1.2	An overall medical coordinator and a medical social worker were appointed at each center to assist the doctor and to look after day-to-day medical needs of each youth and child.	O/R/SI/MI/BI		

⁴⁹. O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column above.

⁵⁰. NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

1.3	Capacity-building training of the concerned project staff (doctor, medical coordinator, and medical social workers) was organized during the assessment period (at the beginning year) to enhance their knowledge and skills.	O/R/SI/MI/BI		
1.4	Ongoing capacity-building sessions for the concerned project staff were organized during the assessment period (to be done once every quarter) to ensure improvement in their performance and delivery of services. (In the Remarks column, indicate if any external resource persons/medical officers were invited for these ongoing sessions.)	O/R/SI/MI/BI		
	Total Score Required: 8			

B. Process

2.	Medical Investigation of Every New Child at Each Center	Method	Score	Observation/Rationale/ Remarks
2.1	Every new child was screened on the day when he or she arrived at the center or contact point, through a one-on-one interaction that included screening for 2.1.1 – 2.1.3. (The score for 2.1 combines the scores for 2.1.1 – 2.1.3, so please score them first, and then enter the total score for 2.1.)	O/R/SI/MI/BI		
2.1.1	Any physical cuts, wounds, or disease(s)	O/R/SI/MI/BI		
2.1.2	Symptoms of STIs and any other reproductive or sexual problem	O/R/SI/MI/BI		
2.1.3	At risk for STI and HIV infection	O/R/SI/MI/BI		
2.2	First aid ⁵¹ was provided if required.	O/R/SI/MI/BI		
2.3	A screening form was filled out for every new child at the center.	O/R/SI/MI/BI		
2.4	Every new child was referred to the in-house medical doctor with a filled out screening form within 48 hours of arrival.	O/R/SI/MI/BI		

⁵¹ Mark as N/A if need for this was not felt.

2.5	A medical examination of each child/youth at the respective center was conducted on the day the screening form was provided to the doctor, based on a medical form that includes 2.5.1 – 2.5.3. (The score for 2.5 combines the scores for 2.5.1 – 2.5.3, so please score them first, and then enter the total score for 2.5.)	O/R/SI/MI/BI		
2.5.1	A medical history, including sexual history and family history (if the child recalls and is comfortable talking about it)	O/R/SI/MI/BI		
2.5.2	Behavioral risk assessment for ascertaining STIs and HIV risks and need for referral to VCT center	O/R/SI/MI/BI		
2.5.3	Physical examination (height, weight, and body mass index; skin; and other vitals)	O/R/SI/MI/BI		
2.6	Systemic and other investigations as required were ensured within a week to 15 days of arrival of the youth/child at the center.	O/R/SI/MI/BI		
2.7	Children received vaccinations according to 2.7.1 – 2.7.3 at each center. (The score for 2.7 combines the scores for 2.7.1 – 2.7.3, so please score them first, and then enter the total score for 2.7.)	O/R/SI/MI/BI		
2.7.1	Tetanus vaccination for every child upon arrival done, as required	O/R/SI/MI/BI		
2.7.2	Tetanus vaccination for every child, repeated every six months for older children	O/R/SI/MI/BI		
2.7.3	Hepatitis B vaccination for children staying for a longer duration to ensure a full course of vaccination	O/R/SI/MI/BI		
	Total Score Required: 14			

	Routine Examination at Each Center	Method	Score	Observation/Rationale/Remarks
3.1	Every youth/child was supervised and monitored on a routine basis to assess for problems according to 3.1.1 – 3.1.4 (The score for 3.1 combines the scores for 3.1.1 – 3.1.4, so please score them first, and then enter the total score for 3.1.)	O/R/SI/MI/BI		
3.1.1	Physical cuts, wounds, or disease	O/R/SI/MI/BI		
3.1.2	Any illness or disease	O/R/SI/MI/BI		

3.1.3	Risk to STI and HIV infection and symptoms of STIs and any other reproductive or sexual problem	O/R/SI/MI/BI		
3.1.4	Need for first aid	O/R/SI/MI/BI		
3.2	If a non-urgent medical attention is required, children were referred to the in-house medical doctor on a designated day of the visit to the respective center or on-call. ⁵²	O/R/SI/MI/BI		
3.3	When urgent care was indicated, the child was taken to the nearby local hospital and the in-house doctor and executive director were informed. ⁵³	O/R/SI/MI/BI		
3.4	The in-house medical doctor undertook routine monthly examination of each child in the first week of every month, including the assessments in 3.4.1 – 3.4.3. (The score for 3.4 combines the scores for 3.4.1 – 3.4.3, so please score them first, and then enter the total score for 3.4.)	O/R/SI/MI/BI		
3.4.1	Physical examination	O/R/SI/MI/BI		
3.4.2	Behavioral risk assessment	O/R/SI/MI/BI		
3.4.3	STIs and HIV risks and need for referral to VCT center	O/R/SI/MI/BI		
3.5	Monthly group sessions were conducted by the medical social worker during the assessment period as indicated in 3.5.1 and 3.5.2. (The score for 3.5 combines the scores for 3.5.1 and 3.5.2, so please score them first, and then enter the total score for 3.5.)	O/R/SI/MI/BI		
3.5.1	Group sessions were conducted at each shelter once a month (in the Remarks column, indicate number and themes of such sessions taken during the assessment period).	O/R/SI/MI/BI		
3.5.2	Group sessions were conducted at each contact point once a week (in the Remarks column, indicate number and themes of such sessions taken during the assessment period).	O/R/SI/MI/BI		

⁵² Mark N/A if need for this was not felt.

⁵³ Mark N/A if need for this was not felt.

3.6	Examinations as indicated in 3.6.1 – 3.6.3 were conducted on a half-yearly basis. The score for 3.6 combines the scores for 3.6.1 – 3.6.3, so please score them first, and then enter the total score for 3.6.)	O/R/SI/MI/BI		
3.6.1	Systemic, clinical examination of every youth and child	O/R/SI/MI/BI		
3.6.2	Other investigations including chest x-ray, as required based on the outcome of systemic and lab investigations ⁵⁴	O/R/SI/MI/BI		
3.6.3	Routine eye and dental examination	O/R/SI/MI/BI		
	Total Score Required: 12			

4.	Treatment, Therapy, and Follow-up	Method	Score	Observation/Rationale/Remarks
4.1	Every child/youth was provided with appropriate and timely treatment based on the medical examination and diagnosis.	O/R/SI/MI/BI		
4.2	Referrals to a specialized doctor—such as gynecologists, dermatologist, or other as per the need—were made.	O/R/SI/MI/BI		
4.3	Children were taken to hospital if required and an attendant was assigned to stay with the child during the hospital stay.	O/R/SI/MI/BI		
4.4	The medical social worker undertook basic counseling on health and medical issues and referred youth and children to the center counselor as required. (In the Remarks section, indicate how many children were referred to the counselor during the assessment period with reasons.)	O/R/SI/MI/BI		
4.5	Youth and children presenting problems related to health care were referred to the center counselor, as required by filling out the referral form.	O/R/SI/MI/BI		
4.6	In case of STI treatment, the Syndromic Approach to treatment was followed, as indicated in the SOP, including partner notification, treatment, and referring youth/children to the local hospital for further investigation, treatment, and management.	O/R/SI/MI/BI		

⁵⁴ Mark N/A if it was not required.

4.7	Youth/children who presented risks to HIV were referred to the VCT centers, as required. ⁵⁵ (In the Remarks column, indicate the number of children who were referred during the assessment period with reason for risk assessment.)	O/R/SI/MI/BI		
4.8	Free-of-cost condoms were provided at the health post and each contact point to promote safe sexual practice. ⁵⁶	O/R/SI/MI/BI		
4.9	Special nutritious diets were provided to each weak child or those undergoing treatment based on their medical test reports and doctors' prescriptions.	O/R/SI/MI/BI		
4.10	Clinical follow-up of children undergoing treatment was ensured as detailed in 4.10.1 and 4.10.2. (The score for 4.10 combines the scores for 4.10.1 and 4.10.2, so please score them first, and then enter the total score for 4.10.)	O/R/SI/MI/BI		
4.10.1	Daily supervision and treatment compliance were ensured by the medical social worker on a daily basis, and progress and problems were reported to the in-house doctor.	O/R/SI/MI/BI		
4.10.2	Medical doctor reviewed progress during every routine visit to the center and terminated treatment, as required based on the routine investigation and assessment.	O/R/SI/MI/BI		
	Total Score Required: 20			

5.	Documents and Records	Method	Score	Observation/Rationale/Remarks
5.1	Proceedings of the capacity-building workshop with the staff were recorded in the staff training register.	O/R/SI/MI/BI		
5.2	A screening form for each child was maintained and filed with medical records.	O/R/SI/MI/BI		
5.3	All the new children who were provided with medical treatment were registered in the registration register.	O/R/SI/MI/BI		
5.4	Names of children who were provided with first aid were recorded in the Medical stock and first-aid register with details of the treatment that was provided and record of medical stock that was used.	O/R/SI/MI/BI		

⁵⁵ Correlate with the checklist on Referral Services, which include referrals to VCT centercenters.

⁵⁶ USAID funds will not be used for purchase of condoms.

5.5	The medical book of every youth and child was maintained at respective shelter.	O/R/SI/MI/BI		
5.6	The medical case file of each youth and child was maintained at the respective shelter.	O/R/SI/MI/BI		
5.7	Each youths and child's OPD details were recorded and filed in the OPD Register.	O/R/SI/MI/BI		
5.8	A medical examination form was maintained and filed for each youth and child.	O/R/SI/MI/BI		
5.9	A record of all youth and children who were referred for medical services was maintained in the Medical Referral Register.	O/R/SI/MI/BI		
5.10	Proceedings of the monthly sessions with the youth and children were recorded in the Group Sessions/Meeting Register.	O/R/SI/MI/BI		
5.11	Minutes of the quarterly meetings among the medical staff were prepared and circulated to all the centers for information and their reference during the assessment period.	O/R/SI/MI/BI		
5.12	A WHO Growth Monitoring Chart was maintained for each youth and child with height, weight, and body mass index readings plot.	O/R/SI/MI/BI		
	Total Score Required: 24	O/R/SI/MI/BI		

C. Monitoring and Evaluation

6.	Monitoring and Evaluation	Method	Score	Observation/Rationale/ Remarks
6.1	The medical coordinator organized quarterly meetings together with the doctor and medical social worker to assess and review the health care services.	O/R/SI/MI/BI		
6.2	Minutes of these quarterly meetings were prepared and circulated to all the centers for information and their reference.	O/R/SI/MI/BI		
6.3	The project manager interacted with the concerned staff to assess and review the health care services at each center during the assessment period (to be done at least once a quarter).	O/R/SI/MI/BI		
	Total Score Required: 6			

SCORE SHEET (SBT/YFS/2.1: Health Care Services)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	4	8								
B	36	72								
C	3	6								
TOTAL	43	86								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/YFS/2.1: Health Care Services		Resources/Support needed	Responsible person(s)	Expected completion date
Score:	MS met: MS not met:			
Follow-up actions required:				

QA/QI Checklist			
2.2 SOP SBT/YFS: Education Support			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			
<p>Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.</p>			

A. Training and Capacity Building

1.	Capacity Building of Teachers	Method ⁵⁷	Score ⁵⁸	Observation/Rationale/Remarks
1.1	Assessment of teachers through an external consultant was carried out during the assessment period (to be done once a year).	O/R/SI/MI/BI		
1.2	The training calendar and design for the year was prepared based on the assessment outcome.	O/R/SI/MI/BI		
1.3	Training was provided to the teachers during the assessment period as per the training calendar.	O/R/SI/MI/BI		
1.4	Follow-up of the training was ensured as required based on the assessment and observation of application of the learning from the capacity building training by teachers in education classes and emerging needs or areas of improvement.	O/R/SI/MI/BI		
	Total Score Required: 8	O/R/SI/MI/BI		

⁵⁷: O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

⁵⁸: NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

B. Process

2.	Assessment and Enrollment in Education Streams	Method	Score	Observation/Rationale/ Remarks
2.1	An assessment form was developed to assess the following aspects of every new youth/child as indicated in 2.1.1 – 2.1.5. (The score for 2.1 combines the scores for 2.1.1 – 2.1.5, so please score them first, and then enter the total score for 2.1.)	O/R/SI/MI/BI		
2.1.1	Previous level of education of the child	O/R/SI/MI/BI		
2.1.2	Length of time child has been or will be associated with SBT	O/R/SI/MI/BI		
2.1.3	Level of learning aptitude	O/R/SI/MI/BI		
2.1.4	Disabilities or learning difficulties, if any	O/R/SI/MI/BI		
2.1.5	Psychological or emotional concerns or disturbances, if any	O/R/SI/MI/BI		
2.2	With the help of the assessment form and one-on-one interaction, entry-level assessment was undertaken for every new child within five to seven days of arriving at the contact point or shelter.	O/R/SI/MI/BI		
2.3	Based on the outcome of the assessment, every child was enrolled in an appropriate education session or stream according to the defined criteria in the SOP.	O/R/SI/MI/BI		
	Total Score Required: 6			

3.	Planning the Syllabus and Conducting Education Classes	Method	Score	Observation/Rationale/ Remarks
3.1	A curriculum for basic level of education for all youth and children was prepared.	O/R/SI/MI/BI		
3.2	A curriculum for three levels of Nonformal Education (NFE) was prepared following the SCERT syllabus.	O/R/SI/MI/BI		
3.3	A basic level of education was provided to all youth and children at SBT centers according to the defined criteria and syllabus.	O/R/SI/MI/BI		

3.4	Youth and children were provided NFE based on the established levels and curriculum.	O/R/SI/MI/BI		
3.5	Remedial education classes for school-going children were conducted based on the syllabus followed by the school.	O/R/SI/MI/BI		
3.6	Education sessions and classes were conducted at each shelter or contact point with youth and children, according to the scheduled timings.	O/R/SI/MI/BI		
3.7	A summer program was organized for all youth and children at each SBT center who did not return home during summer vacations, including activities described in 3.7.1 – 3.7.3 (The score for 3.7 combines the scores for 3.7.1 – 3.7.3, so please score them first, and then enter the total score for 3.7.)	O/R/SI/MI/BI		
3.7.1	Remedial education sessions for school-going youth and children	O/R/SI/MI/BI		
3.7.2	Review and recap of NFE and NOS classes for indicated youth and children	O/R/SI/MI/BI		
3.7.3	Extra-curricular activities such as dance, arts, theater, music, and sports	O/R/SI/MI/BI		
3.8	The curriculum was reviewed and updated at least once a year, as needed, at the beginning of each academic year.	O/R/SI/MI/BI		
3.9	A one-day, local excursion or educational trip was organized for all youth and children at each SBT center during the assessment period (to be organized once a quarter on a designated day).	O/R/SI/MI/BI		
3.10	A planning meeting of coordinators was held to decide the designated days for the one-day, local excursion for their respective centers.	O/R/SI/MI/BI		
	Total Score Required: 20			

4.	Documents and Records	Method	Score	Observation/Rationale/ Remarks
4.1	All the new children enrolled in different education programs and streams in a respective center (contact point or shelter) were registered according to the prescribed registration format.	O/R/SI/MI/BI		
4.2	Attendance registers to mark attendance were maintained by the teachers.	O/R/SI/MI/BI		
4.3	An NOS data entry form was maintained at Apna Ghar for children and youth attending NOS.	O/R/SI/MI/BI		
4.4	A formal school data entry form was maintained at Apna Ghar for children and youth attending formal or regular schools.	O/R/SI/MI/BI		
4.5	A progress card of each child in formal schools was maintained at respective center (contact point or shelter).	O/R/SI/MI/BI		
4.6	An education curriculum and syllabus for each stream was maintained at Apna Ghar.	O/R/SI/MI/BI		
4.7	Assessment forms and mark sheets of each child were maintained at respective centers.	O/R/SI/MI/BI		
	Total Score Required: 14			

C. Monitoring and Evaluation

5.	Periodic Monitoring, Evaluation, and Assessment	Method	Score	Observation/Rationale/ Remarks
5.1	Notebooks of each student were checked daily by the teachers.	O/R/SI/MI/BI		
5.2	Monthly examinations and tests were conducted by the teachers during the assessment period.	O/R/SI/MI/BI		
5.3	Quarterly examination and tests were conducted by the teachers during the assessment period.	O/R/SI/MI/BI		

5.4	Half-yearly examinations and tests were conducted by the teachers during the assessment period.	O/R/SI/MI/BI		
5.5	An annual examination was conducted by the teachers during the assessment period.	O/R/SI/MI/BI		
5.6	Weekly follow-up and review was conducted by teachers, through methods specified in 5.6.1 and 5.6.2. (The score for 5.6 combines the scores for 5.6.1 and 5.6.2, so please score them first, and then enter the total score for 5.6.)	O/R/SI/MI/BI		
5.6.1	Informal review in the classes to monitor the performance of each youth and child	O/R/SI/MI/BI		
5.6.2	Feedback from other staff about children and youth at each center	O/R/SI/MI/BI		
5.7	The education coordinator reviewed the performance and the classes that were conducted by the teachers through activities specified in 5.7.1 – 5.7.4. (The score for 5.7 combines the scores for 5.7.1 – 5.7.4, so please score them first, and then enter the total score for 5.7.)	O/R/SI/MI/BI		
5.7.1	Monthly joint meetings with teachers	O/R/SI/MI/BI		
5.7.2	One-on-one meetings with each teacher	O/R/SI/MI/BI		
5.7.3	Observations and feedback from other staff about the performance of children at each center	O/R/SI/MI/BI		
5.7.4	Interactions with five randomly selected youth and children at each SBT Center on a monthly basis	O/R/SI/MI/BI		
5.8	The education coordinator together with counselors and psychologist undertook a periodic assessment of each child based on activities specified in 5.8.1 – 5.8.4. (The score for 5.8 combines the scores for 5.8.1 – 5.8.4, so please score them first, and then enter the total score for 5.8.)	O/R/SI/MI/BI		
5.8.1	Daily, weekly, and monthly monitoring of each child's performance	O/R/SI/MI/BI		
5.8.2	Annual results	O/R/SI/MI/BI		
5.8.3	One-on-one interactions with each child to ascertain their level of performance, interest, and motivation in education	O/R/SI/MI/BI		

5.8.4	Periodic aptitude and psychological tests	O/R/SI/MI/BI		
5.9	Youth and children were promoted to the next level or stream of education according to an assessment of their performance and the defined parameters. (In the Remarks section, indicate the number of children who were promoted and level of education to which they were promoted during the assessment period.)	O/R/SI/MI/BI		
5.10	The education coordinator ensured regular coaching for examination and counseling, including career counseling ⁵⁹ for youth and children.	O/R/SI/MI/BI		
5.11	The counselor and psychologist ensured special education counseling ⁶⁰ specifically for youth and children with special learning disabilities.	O/R/SI/MI/BI		
5.12	The coordinator initiated interactions with the indicated project staff to review the education program and performance of youth and children during the assessment as required (to be done once in two months), and shared the outcome with the education coordinator.	O/R/SI/MI/BI		
5.13	The coordinator initiated interaction with five children randomly selected from various centers to review their performance and improvement in education classes and obtain their feedback about the education program during the assessment (to be done once in two months).	O/R/SI/MI/BI		
5.14	The project manager initiated interaction with the indicated project staff to obtain their feedback and review the education program in all centers during the assessment (to be done once in six months).	O/R/SI/MI/BI		
	Total Score Required: 28			

⁵⁹ Correlate with checklist on career counseling.

⁶⁰ Correlate with checklist on special education.

Score Sheet (SBT/YFS/2.2: Education Support)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	4	8								
B	20	40								
C	14	28								
TOTAL	38	76								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/YFS/2.2: Education Support		Resources/Support needed	Responsible person(s)	Expected completion date
Score:	MS met: MS not met:			
Follow-up actions required:				

QA/QI Checklist

2.3 SOP SBT/YFS: Vocational Training and Rehabilitation

Assessment by:	Date of Assessment:	Center Name:
Assessment Number:	<p>Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.</p>	

A. Training and Capacity Building

This component is not applicable to this SOP; assessment is therefore based on two components: Process and Monitoring and Evaluation

B. Process

1.	Orientation and Screening of Adolescents for Vocational Courses	Method ⁶¹	Score ⁶²	Observation/Rationale/Remarks
1.1	All eligible and interested adolescents, both boys and girls, between the ages of 14 and 17 were enrolled in skill and vocational courses as defined.	O/R/SI/MI/BI		
1.2	Orientation sessions with children in small groups of five to ten, or through one-on-one interactions were conducted on various basic and advanced skill-building and vocational options or courses available to them.	O/R/SI/MI/BI		
1.3	Adolescents were screened and motivated for vocational training courses through career counseling including psychological testing. ⁶³	O/R/SI/MI/BI		

⁶¹ O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

⁶² NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

⁶³ Correlate with the checklist for SOP SBT/SBC/MH: Career Counseling.

	Total Score Required: 6	O/R/SI/MI/BI	Score	Observation/Rationale/Remarks
2.	Enrolment in the Vocational Courses	Method		
2.1	All eligible and interested adolescents (girls and boys) were enrolled in the selected vocational course within a month of selecting a course based on psychological testing and subsequent career counseling.	O/R/SI/MI/BI		
2.2	About 30 to 40 new youth and adolescents (the annual target) were enrolled and trained in selected vocational course during the current assessment year (annual target).	O/R/SI/MI/BI		
2.3	Computer courses offered by the IA were conducted regularly (daily classes) as per the schedule and syllabus.	O/R/SI/MI/BI		
2.4	The courses offered by external agencies and institutions were being covered as per the information, content, and syllabus shared by them.	O/R/SI/MI/BI		
2.5	If any specific MH concern or issue emerged that interfered with the youth's ability to cope with the vocational choices and courses, ⁶⁴ the child was referred to the psychologist or psychiatrist by filling out a referral form for that youth.	O/R/SI/MI/BI		
2.6	Certificates were provided to the adolescents who successfully completed a computer course (six-month basic course) offered by the implementing agency.	O/R/SI/MI/BI		
2.7	Youth received certificates or diplomas for courses they attended outside the agency, as applicable.	O/R/SI/MI/BI		
2.8	The certificate or diploma of each child was filed in their records and maintained at the respective centers or shelters.	O/R/SI/MI/BI		
2.9	Links for other unconventional and wider vocational options for girls and boys were explored and expanded based on their appeal and suitability.	O/R/SI/MI/BI		
	Total Score Required: 18			

⁶⁴ Mark as NA if the need for this was not felt during the assessment period.

3.	Facilitate Placements and Rehabilitation of Youths and Adolescents	Method	Score	Observation/Rationale/ Remarks
3.1	Links and networks were developed with relevant organizations, institutions, corporations, and export houses to facilitate placements of youth, both boys and girls.	O/R/SI/MI/BI		
3.2	An ongoing system of identifying and networking with new allies for facilitating placements was developed as defined in the SOP.	O/R/SI/MI/BI		
3.3	Placements of youths and adolescents were facilitated through the links and network. ⁶⁵ (In the Remarks column, indicate how many youths and adolescents were placed during the assessment period.)	O/R/SI/MI/BI		
3.4	Youths working outside Delhi were supported with the assistance described in 3.4.1 and 3.4.2, according to the Rehabilitation Plan. (The score for 3.4 combines the scores for 3.4.1 and 3.4.2, so please score them first, and then enter the total score for 3.4.)	O/R/SI/MI/BI		
3.4.1	Basic material and support were provided for housing (as specified in the SOP) for as long as 40 days or until procurement of first salary.	O/R/SI/MI/BI		
3.4.2	Room rent, electricity, water, food, and a conveyance allowance (as indicated in SOP) were provided per month.	O/R/SI/MI/BI		
3.5	Youths and adolescents working in Delhi were supported as described in 3.5.1 and 3.5.2, according to the Rehabilitation Plan. (The score for 3.5 combines the scores for 3.5.1 and 3.5.2, so please score them first, and then enter the total score for 3.5.)	O/R/SI/MI/BI		
3.5.1	Youths and adolescents were allowed to continue to stay for a period of three months in the shelter/center.	O/R/SI/MI/BI		
3.5.2	Within these three months, IA did not bear any cost pertaining to conveyance and outside food after they got their first salary.	O/R/SI/MI/BI		
	Total Score Required: 10			

⁶⁵ Mark as N/A if this is not relevant for assessment period 2.

4.	Documents and Records	Method	Score	Observation/Rationale/ Remarks
4.1	Registration sheets of all the new youths and adolescents were maintained at the respective shelters or centers by the vocational training coordinator.	O/R/SI/MI/BI		
4.2	An Attendance Register for each course was maintained at the respective skill development center for boys and the shelter home for girls.	O/R/SI/MI/BI		
4.3	Cases and success stories of youths and adolescents who were trained and placed in vocations of their choice were documented and changes were observed in the Documentation Register.	O/R/SI/MI/BI		
4.4	Diplomas or certificates were issued to maintain a record of the courses completed by the youths and adolescents.	O/R/SI/MI/BI		
4.5	A list of all the agencies and organizations that were identified for vocational training were documented to maintain a record of all the vocational options available to youths and adolescents. The list has been expanded on a regular basis.	O/R/SI/MI/BI		
4.6	A list of all the agencies, organizations, and companies that have been identified for job placements was maintained to record all the job placement options available to youth. This list has been expanded on a regular basis.	O/R/SI/MI/BI		
4.7	A list of accommodation options for working youths and adolescents was maintained to record all the accommodation options available to them. This list has been expanded on a regular basis.	O/R/SI/MI/BI		
	Total Score Required: 14			

C. Monitoring and Evaluation

5.	Follow-up and Monitoring	Method	Score	Observation/Rationale/ Remarks
5.1	The interest and performance of each child attending the selected vocational course ascertained by the means described in 5.1.1 and 5.1.2. (The score for 5.1 combines the scores for 5.1.1 and 5.1.2, so please score them first, and then enter the total score for 5.1.)	O/R/SI/MI/BI		
5.1.1	Periodic one-on-one interactions were held with each youth and adolescent during the assessment period (once a week initially and gradually reducing to once a fortnight or month as required).	O/R/SI/MI/BI		
5.1.2	Feedback was obtained from the vocational training instructors (within and outside the agency) and MH workers during the assessment period (once a week initially and gradually reducing to once a fortnight or month as required).	O/R/SI/MI/BI		
5.2	Contact with the youth or adolescent placed in different work settings during the assessment period was maintained (to be done for up to six months to a year, on a weekly basis and gradually reducing it to once a month to once a quarter).	O/R/SI/MI/BI		
5.3	Feedback was obtained regarding the performance of the placed youth or adolescent from their employers during the assessment period (to be done once a month initially, gradually reducing it to once a quarter or half yearly basis).	O/R/SI/MI/BI		
5.4	The coordinator monitored the progress of the vocational program through interactions with the vocational instructors, coordinators, and youths and adolescents, at least once a month.	O/R/SI/MI/BI		
5.5	The program manager organized a monitoring and review meeting with center vocational training coordinators to assess and review the vocational training program once every quarter.	O/R/SI/MI/BI		
Total Score Required: 10				

Score Sheet (SBT/YFS/2.3: Vocational Training and Rehabilitation)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	N/A	N/A								
B	24	48								
C	5	10								
TOTAL	29	58								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/YFS/2.3: Vocational Training and Rehabilitation	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: Follow-up actions required:	MS not met:		

QA/QI Checklist			
2.4 SOP SBT/YFS: Referral Services			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Training and Capacity Building

This component is not applicable to this SOP; assessment is therefore based on two components: Process and Monitoring and Evaluation

B. Process

1.	Identification of Services for Referrals	Method ⁶⁶	Score ⁶⁷	Observation/Rationale/Remarks
1.1	Various centers and services available in and around the centers (as indicated in the SOP) were identified and a list of them was prepared with contact details.	O/R/SI/MI/BI		
1.2	Each identified service and medical care facility identified was visited at least two or three times a month.	O/R/SI/MI/BI		
1.3	Contact was established and interactions with key persons were initiated (as indicated in the SOP) at the identified medical care facilities and service providers during the assessment period (to be done at least two or three times a week, gradually reducing to once a fortnight to once a month for about 20-30 minutes duration).	O/R/SI/MI/BI		
Total Score Required: 6		O/R/SI/MI/BI		

⁶⁶ O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

⁶⁷ NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

2.	Enrollment in the Vocational Courses	Method	Score	Observation/Rationale/ Remarks
2.1	Youth and children in need of specialized services were identified during the assessment period as indicated in the SOP.	O/R/SI/MI/BI		
2.2	Identified youth and children were encouraged to access the services for which they were referred. Their consent was sought for the services.	O/R/SI/MI/BI		
2.3	Youth and children were referred to appropriate service practitioners during the assessment period as needed. (In the Remarks section, indicate the number of referrals made during the assessment period and reasons for each.)	O/R/SI/MI/BI		
2.4	A referral form was completed for each youth and child referred.	O/R/SI/MI/BI		
2.5	Responsibility was assigned to a social worker or any peer from the respective center to accompany the youth or child to the respective care center or hospital.	O/R/SI/MI/BI		
2.6	A social worker or appropriate individual was assigned to accompany the referred youth or child for service as per the referral made with the referral form filled out.	O/R/SI/MI/BI		
2.7	Youth and children who were referred to the VCT Center for HIV testing were handled according to 2.7.1. and 2.7.2 (The score for 2.7 combines the scores for 2.7.1 and 2.7.2, so please score them first, and then enter the total score for 2.7.)	O/R/SI/MI/BI		
2.7.1	Pre- and post-test supportive counseling was undertaken and consent for the counseling was ensured. (In the Remarks section, indicate the number of referrals made to the VCT centers during the assessment period.)	O/R/SI/MI/BI		
2.7.2	Prepared the supportive pre- and post-HIV counseling form and filled it out for each individual counseled and referred.	O/R/SI/MI/BI		
2.8	Consent of the concerned individuals was obtained and confidentiality was ensured for those referred for STIs, HIV testing, and PLHIV.	O/R/SI/MI/BI		
	Total Score Required: 16			

3.	Documents and Records	Method	Score	Observation/Rationale/ Remarks
3.1	A referral form was developed and completed for each youth and child being referred.	O/R/SI/MI/BI		
3.2	A daily diary was maintained by each concerned staff (medical social workers) to record the details of each activity carried out by them on a daily basis, with reference to the referrals made and their follow-up.	O/R/SI/MI/BI		
3.3	The number of all the referrals made during the month was recorded in the Referral Register based on the information compiled from the daily diaries.	O/R/SI/MI/BI		
3.4	A supportive pre- and post-HIV counseling form was maintained for each individual.	O/R/SI/MI/BI		
	Total Score Required: 8			

C. Monitoring and Evaluation

4.	Follow-up and Monitoring	Method	Score	Observation/Rationale/ Remarks
4.1	Ongoing follow-up and monitoring was ensured by the medical social worker of the respective center through the activities detailed in 4.1.1 – 4.1.3. (The score for 4.1 combines the scores for 4.1.1 – 4.1.3, so please score them first, and then enter the total score for 4.1.)	O/R/SI/MI/BI		
4.1.1	Daily follow-up with the concerned youth or child for treatment compliance	O/R/SI/MI/BI		
4.1.2	Information obtained from staff including center-coordinator and counselor about the progress of each referred youth and child	O/R/SI/MI/BI		
4.1.3	Individual case discussions (at least once a month initially or more frequently as required by the nature of problem and the referral made) with medical practitioners and other service providers and practitioners	O/R/SI/MI/BI		

4.2	Monthly monitoring was ensured by the program coordinator through the activities detailed in 4.2.1 and 4.2.2. (The score for 4.2 combines the scores for 4.2.1 and 4.2.2, so please score them first, and then enter the total score for 4.2.)	O/R/SI/MI/BI		
4.2.1	Review of the daily diaries maintained by the medical social workers	O/R/SI/MI/BI		
4.2.2	A monthly review meeting with each center staff including the center in-charge, medical social workers, other social workers, and the counselor to gather their feedback, review performances, and discuss any obstacles faced	O/R/SI/MI/BI		
4.3	The program manager was involved in the monthly meetings during the assessment period (to be done at least once every quarter).	O/R/SI/MI/BI		
	Total Score Required: 6			

Score Sheet (SBT/YFS/2.4: Referral Services)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met (0 for each MS not met)		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	N/A	N/A								
B	15	30								
C	3	6								
TOTAL	18	36								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/YFS/2.4: Referral Services		Resources/Support needed	Responsible person(s)	Expected completion date
Score:	MS met: MS not met:			
Follow-up actions required:				

QA/QI Checklist			
3.1 SOP SBT/LS: Serve as a Learning Site: Build Capacities of other NGOs and Local Stakeholders			
Assessment by:	Date of Assessment:	Center Name:	
Assessment Number:			

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Training and Capacity Building

1.	Developing Training Manual and Training of Trainers	Method ⁶⁸	Score ⁶⁹	Observation/Rationale/Remarks
1.1	A training toolkit was developed for a ten-day, capacity-building training workshop, including participatory methodologies, a follow-up mechanism, issues, and processes.	O/R/SI/MI/BI		
1.2	Training of trainers was conducted for the core staff/trainers based on the training toolkit (to be completed before starting the capacity-building workshops with other stakeholders).	O/R/SI/MI/BI		
Total Score Required: 4				

B. Process

2.	Identification of Organizations and Selection of Participants	Method	Score	Observation/Rationale/Remarks

⁶⁸ O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

⁶⁹ NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

2.1	Annual planning for the Police Sensitization Training was undertaken at the beginning of the year to plan the training with the police as indicated.	O/R/SI/MI/BI		
2.2	NGOs, CBOs, GOs, and USG partners were identified for training and a list of organizations was prepared.	O/R/SI/MI/BI		
2.3	A sharing and planning meeting was conducted with the executive director and indicated staff members to share the list of organizations, decide dates and venues for the trainings, finalize the agenda for the trainings, and to identify the facilitators for each session from among the indicated staff members.	O/R/SI/MI/BI		
2.4	A letter was prepared and sent at least three to four weeks prior to the training to invite organizations to nominate individuals for the capacity-building workshop.	O/R/SI/MI/BI		
2.5	A nomination form and basic questionnaire for assessing the level of understanding and specific needs of the participating organizations were prepared and mailed with the invitation letter.	O/R/SI/MI/BI		
2.6	Follow-up phone calls were made to the organizations from whom nominations for the training were requested.	O/R/SI/MI/BI		
2.7	About 25 participants (male and female) for one training workshop were selected.	O/R/SI/MI/BI		
	Total Score Required: 14			

		Method	Score	Observation/Rationale/ Remarks
3.	Conducting the Capacity Building Training Workshop			
3.1	Final preparations as indicated in 3.1.1 and 3.1.2 were made within the week prior to the capacity-building training workshop. (The score for 3.1 combines the scores for 3.1.1 and 3.1.2, so please score them first, and then enter the total score for 3.1.)	O/R/SI/MI/BI		
3.1.1	A meeting was conducted with the executive director, LSE coordinator, and other key facilitators to analyze the responses to the questionnaires that were received from participants and to review the agenda, methodology, and facilitation.	O/R/SI/MI/BI		

3.1.2	Proper logistics arrangements were made for stationary, training material and equipment, meals, and anything else needed to conduct the training.	O/R/SI/MI/BI		
3.2	The training workshop was facilitated according to the agenda and methodology prepared.	O/R/SI/MI/BI		
3.3	Post-test and pre-test forms were developed for each training and filled out by the participants to assess the impact of the training.	O/R/SI/MI/BI		
3.4	An evaluation form was filled out by each participant at the end of the workshop to obtain their feedback on the training.	O/R/SI/MI/BI		
	Total Score Required: 8			

4.	Documents and Records	Method	Score	Observation/Rationale/ Remarks
4.1	A list of the identified organizations was prepared and filed.	O/R/SI/MI/BI		
4.2	Each participant in the capacity-building training workshop was registered according to the registration form.	O/R/SI/MI/BI		
4.3	Proceedings of the ToT and each staff supervision and monitoring meeting with concerned staff was recorded in the Staff Meeting or Training Register.	O/R/SI/MI/BI		
4.4	Pre- and post-test forms and evaluation forms were filed with the report of each training.	O/R/SI/MI/BI		
4.5	Proceedings of the follow-up workshop or session with participants were recorded in the Training Register.	O/R/SI/MI/BI		
4.6	Proceedings of the capacity-building training workshop with stakeholders were recorded in the Training Register.	O/R/SI/MI/BI		

	Total Score Required: 12				

C. Monitoring and Evaluation

	Follow up, Monitoring, and Evaluation	Method	Score	Observation/Rationale/ Remarks
5.1	At the end of the first day of the training workshop with stakeholders, a debriefing meeting of core facilitators and indicated staff members was held to review the proceedings of the day and prepare for the next day of the training.	O/R/SI/MI/BI		
5.2	A follow-up was conducted with the participants within four to six months of the two-day, capacity-building training workshop training, according to the toolkit.	O/R/SI/MI/BI		
5.3	Ongoing planning and supervision meetings were organized with the core staff at least once in a quarter for reviewing and strengthening skills.	O/R/SI/MI/BI		
	Total Score Required: 6			

Score Sheet (SBT/LS/3.1: Serve as a Learning Site: Build Capacities of other NGOs and Local Stakeholders)

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	2	4								
B	20	40								
C	3	6								
TOTAL	25	50								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/LS/3.1: Serve as a Learning Site: Build Capacities of other NGOs and Local Stakeholders		Resources/Support needed	Responsible person(s)	Expected completion date
Score:	MS met: MS not met:			
Follow-up actions required:				

QA/QI Checklist	
4.1 SOP SBT/PM: Project Management: Planning, Implementation, Documentation, Monitoring, and Evaluation	
Assessment by:	Center Name:
Assessment Number:	Date of Assessment:

Note: This checklist should be completed as part of the overall SOP assessment, which includes a quarterly internal QA/QI team (interdepartmental within SBT) assessment and an external half-yearly assessment by FHI.

A. Capacity Building Training

1.	Capacity-Building Training of the Project Staff	Method ⁷⁰	Score ⁷¹	Observation/Rationale/Remarks
1.1	A two-day training workshop was organized for the entire program staff on strategic and technical areas of the project, including MIS, and using data for improving programs (to be done annually, at the beginning of the year).	O/R/SI/MI/BI		
1.2	SOPs were developed and staff was trained on QA/QI and the SOPs for each activity with refresher trainings and orientations at the beginning of each year, as required.	O/R/SI/MI/BI		
1.3	An orientation and training for the new recruits and staff members on the QA/QI Framework and SOPs was developed after completion of three months in the organization from the date of joining. ⁷²	O/R/SI/MI/BI		
1.4	Capacity building trainings for the concerned project staff, as indicated in the SOPs for each activity were organized. ⁷³	O/R/SI/MI/BI		

⁷⁰ O = observation; R = records review; SI = staff interview; MI = management interview; BI = beneficiary interview. Use at least two methods for assessing each step. Tick the methods used for assessment in the Method column.

⁷¹ NA = not applicable (N/A); O = failure to reach the minimum standard (MS); 1 = yes, partially met minimum standard; 2 = yes, minimum standard met.

⁷² Mark as N/A if no new staff members have been recruited.

⁷³ Correlate with checklist on each activity under the project.

1.5	Exposure visits of the staff to other organizations were organized to facilitate learning (In the Remarks column, indicate the number of and details for such visits that were organized during the assessment period.)	O/R/SI/MI/BI		
1.6	Exposure visits to other organizations and demonstration projects of FHI to SBT were organized to facilitate exchange of information and learning. (In the Remarks column, indicate the number of and details for such visits that were organized during the assessment period.)	O/R/SI/MI/BI		
	Total Score Required: 12			

B. Process

	Activity Planning and Tracking	Method	Score	Observation/Rationale/ Remarks
2.1	An in-house meeting with the project staff was organized (to be done at the beginning of the project) to share the sub-agreement, goal, strategies, activities, and requirement under the USAID/FHI SAMARTH project, including the specific responsibilities of each project staff member.	O/R/SI/MI/BI		
2.2	Weekly, fortnightly, and monthly planning meetings were conducted with project staff members as indicated in the SOP in each Center for planning and sharing progress during the assessment period.	O/R/SI/MI/BI		
2.3	Weekly trustee meetings were held during the assessment period to discuss each project activity, including relevant aspects under the FHI project, with project staff members.	O/R/SI/MI/BI		
2.4	An open-house meeting was carried out during the assessment period (to be done in the last week of every month) involving trustees, the executive director (ED), program manager, and the staff to share and review progress on a selected project activity. (In the Remarks column, indicate the project activity that was discussed in the monthly open house meeting and the relevant FHI project components that were discussed.)	O/R/SI/MI/BI		
	Total Score Required: 8			

	Implementation of the Activities	Method	Score	Observation/Rationale/ Remarks
3.				
3.1	Each activity was conducted as planned and adhered to the SOPs. ⁷⁴	O/R/SI/MI/BI		
3.2	The project staff was supervised to ensure they carried out their assigned roles; day-to-day activities were supervised to ensure proper coordination and regularity.	O/R/SI/MI/BI		
3.3	A seven- to ten-day excursion trip (recreational and educational) was organized for youth and children (out of Delhi), on an annual basis.	O/R/SI/MI/BI		
	Total Score Required: 6			

	Financial Management; Preparation and Submission of RFMR	Method	Score	Observation/Rationale/ Remarks
4.				
4.1	Disbursement of funds for project activities was monitored on a monthly basis.	O/R/SI/MI/BI		
4.2	All bills and receipts against project expenses were submitted in a timely manner by each Center coordinator.	O/R/SI/MI/BI		
4.3	Financial system and books of accounts were maintained as per FHI's requirements.	O/R/SI/MI/BI		
4.4	Detailed expenses and RFMR were prepared, reviewed (by ED), and submitted to FHI by the 10th day of every month.	O/R/SI/MI/BI		
	Total Score Required: 8			

	Documents and Records	Method	Score	Observation/Rationale/ Remarks
5.				
5.1	A quarterly beneficiary evaluation form for evaluating services was developed, maintained, and filed.	O/R/SI/MI/BI		
5.2	PIFs were maintained and submitted to FHI.	O/R/SI/MI/BI		

⁷⁴ See SOPs developed for each activity under the project.

5.3	Monthly and quarterly progress reports were prepared and submitted to FHI.	O/R/SI/MI/BI		
5.4	RMFRs were maintained and submitted to FHI.	O/R/SI/MI/BI		
5.5	Experiences, learning, and challenges faced were documented and filed.	O/R/SI/MI/BI		
5.6	An appraisal form was completed and maintained for each staff member (at the end of year).	O/R/SI/MI/BI		
5.7	An action plan based on the quarterly checklist audit was developed and submitted to FHI (every quarter).	O/R/SI/MI/BI		
	Total Score Required: 14			

C. Monitoring and Evaluation

6.	Monitoring and Evaluation	Method	Score	Observation/Rationale/Remarks
6.1	The coordinator conducted or ensured that monthly visits were made to each center to oversee running of the centers.	O/R/SI/MI/BI		
6.2	The program manager conducted or ensured that quarterly visits were made to each center to oversee running of the centers.	O/R/SI/MI/BI		
6.3	A beneficiary evaluation form was developed for evaluating each service that was being provided to adolescents and children.	O/R/SI/MI/BI		
6.4	The beneficiary evaluation form was filled out by the beneficiaries, on a quarterly basis, through interdepartmental checklist audit teams, ⁷⁵ as indicated in 6.4.1 and 6.4.2. (The score for 6.4 combines the scores for 6.4.1 and 6.4.2, so please score them first, and then enter the total score for 6.4.)	O/R/SI/MI/BI		
6.4.1	At each contact point, the checklist audit team had the form filled out by five randomly selected children during their quarterly checklist audit visit.	O/R/SI/MI/BI		
6.4.2	At each shelter, the checklist audit team had the form filled out by ten randomly selected children during their quarterly checklist audit visit (ensured selection of different children during each quarter).	O/R/SI/MI/BI		

⁷⁵ See Appendix 2 for a list of interdepartmental team members.

6.5	Periodic review meetings were held with the project staff during the assessment period (separately at each center on a weekly basis, and together with all staff members at least once a month).	O/R/SI/MI/BI		
6.6	Monthly PIFs and monthly and quarterly progress reports were reviewed by the ED and submitted to FHI during the assessment as per the requirement.	O/R/SI/MI/BI		
6.7	Project MIS for accurate data management and reporting was maintained.	O/R/SI/MI/BI		
6.8	Appropriate financial utilization against the budget was ensured.	O/R/SI/MI/BI		
6.9	The implementation and practice of activities as per SOPs were monitored.	O/R/SI/MI/BI		
6.10	Project filing was maintained with the help of the administrative assistant.	O/R/SI/MI/BI		
6.11	Overall documentation and reporting, as per the SOP on each activity, was conducted and monitored periodically.	O/R/SI/MI/BI		
6.12	A checklist audit by interdepartmental teams was conducted every quarter.	O/R/SI/MI/BI		
6.13	An appraisal form was completed for each SBT staff member during the assessment period (to be done at the end of the year).	O/R/SI/MI/BI		
6.14	Experiences, learning, and challenges faced were documented and disseminated to various partners and stakeholders during the assessment period (to be done on an annual basis).	O/R/SI/MI/BI		
6.15	Greater visibility of the demonstration project was facilitated through the following: <ul style="list-style-type: none"> ● Widely disseminating the learning, experiences, and success stories periodically ● Widely disseminating the learning, experiences, and success stories periodically ● Sharing project activities, learning, and experiences at various meetings, conferences, and seminars that were attended by staff members, including the executive director ● Other ways and avenues (list in the Remarks section, if any) 	O/R/SI/MI/BI		
Total Score Required: 30				

Score Sheet 4.1 SOP SBT/PM: Project Management: Planning, Implementation, Documentation, Monitoring, and Evaluation

Center Name:

To be filled out by the assessment team

Category	Total MS to Be Met	Total Score Required (2 points for each MS met)	MS Met		MS Not Met (0 for each MS not met)		Total MS Partially Met (1 point for each MS partially met)		Number of NAs:	Total Score Received (i+ii+iii)
			No. of MS met	Score (i)	No. of MS not met	Score (ii)	No.	Score (iii)		
A	6	12								
B	18	36								
C	15	30								
TOTAL	39	78								

Overall Remarks and Suggestions

To be completed by the staff member or team designated for the activity, based on the assessment scores and suggestions from the assessment team

SOP SBT/PM/4.1: Project Management: Planning, Implementation, Documentation, Monitoring, and Evaluation	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			

Final Score Sheet													
S.No	SOP	Total Score			Category								
		TR	TM	%	A (Training)			B (Process)			C (M&E)		
					TR	TM	%	TR	TM	%	TR	TM	%
1.1.1	LSE	46			8			26			12		
1.1.2	Psychosocial Support Services: Informal Counseling Sessions	72			8			58			6		
1.1.3	MH and Other Services for Special Needs	78			2			68			8		
1.1.4	Special Education	78			10			56			12		
1.1.5	Career Counseling	40			8			24			8		
1.1.6	In-house Capacity-Building	48			4			34			10		
1.1.7	Sessions on AB Messages	40			8			22			10		
1.2	Sensitization of Local Police	50			2			42			6		
1.3	Community Awareness through Use of Creative Media	66			4			48			14		
2.1	Health Care Services	86			8			72			6		
2.2	Education Support	76			8			40			28		

SBT Final Assessment Summary Sheet

Checklists

Facility Name: Strategic Behavior Communication

Assessment Team:

Date of Assessment:

Center Name:

Assessment Number:

SOP SBT/SBC/MH/1.1.1: Life Skills Education (LSE)

Score: MS met: MS not met:

Follow-up actions required:

Resources/Support needed

Responsible person(s)

Expected completion date

SOP SBT/SBC/MH/1.1.2: Psychosocial Support Services: Informal Counseling Sessions

Score: MS met: MS not met:

Follow-up actions required:

Resources/Support needed

Responsible person(s)

Expected completion date

SOP SBT/SBC/MH/1.1.3: Mental Health and Other Supportive Services for Youth and Children with Special Needs	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			
SOP SBT/SBC/MH/1.1.4: Special Education Sessions for Learning Disabilities and Difficulties	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			
SOP SBT/SBC/MH/1.1.5: Career Counseling	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			
SOP SBT/SBC/MH/1.1.6: In-house Capacity-Building	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			

SOP SBT/SBC/MH/1.1.7: Sessions on AB Messages	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			
SOP SBT/SBC/1.2: Sensitization of Local Police Score: MS met: MS not met: Follow-up actions required:	Resources/Support needed	Responsible person(s)	Expected completion date
SOP SBT/SBC/1.3: Community Awareness through Use of Creative Media Score: MS met: MS not met: Follow-up actions required:	Resources/Support needed	Responsible person(s)	Expected completion date
Facility Name: Youth-Friendly Services			
Assessment Team: Date of Assessment: Center Name: Assessment Number:			

SOP SBT/YFS/2.1: Health Care Services	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			
SOP SBT/YFS/2.2: Education Support	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			
SOP SBT/YFS/2.3: Vocational Training and Rehabilitation	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			
SOP SBT/YFS/2.4: Referral Services	Resources/Support needed	Responsible person(s)	Expected completion date
Score: MS met: MS not met: Follow-up actions required:			

Facility Name: Youth-Friendly Services			
Assessment Team:			
Date of Assessment:			
Center Name:			
Assessment Number:			
SOP SBT/LS/3.1: Serve as a Learning Site: Build Capacity of Other NGOs and Local Stakeholders			Expected completion date
Score: MS met: MS not met:			
Follow-up actions required:			
Facility Name: Project Management: Planning, Implementation, Documentation, Monitoring, and Evaluation			
Assessment Team:			
Date of Assessment:			
Center Name:			
Assessment Number:			
SOP SBT/PM/4.1: Project Management: Planning, Implementation, Documentation, Monitoring, and Evaluation			Expected completion date
Score: MS met: MS not met:			
Follow-up actions required:			

Quality Assurance/Quality Improvement Framework and Standard Operating Procedures for HIV Prevention among Street Youth and Children

Appendixes



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Appendix 1: SBT Staff Checklists

1.1 LSE Coordinator

Note: This checklist needs to be assessed by the LSE coordinator on a monthly basis, by the program manager on a quarterly basis, and by FHI on a half-yearly basis.

I. Life Skills Education (LSE)

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
		Ensure and supervise the facilitators in conducting LSE sessions every fortnight.	Organize a meeting of the LSE facilitators in the first week of each month on a designated day to decide the dates for the LSE brainstorming session and selection of the topics. Plan and prepare the activity.	Organize periodic in-house capacity-building sessions for the LSE facilitators, at least once every three months for at least two hours.	Ensure that all youth and children between the ages of 8 and 17 at each shelter are enrolled in LSE sessions.	Conduct a one-day, in-house session on LSE topics and methodology for the capacity building of the LSE facilitators.
			Organize monthly supervisory meetings with the staff for obtaining feedback and for reviewing and providing feedback to the LSE facilitators. Ensure that the LSE facilitators follow up with and monitor the youth and children monthly.	Organize a one-on-one and a group supervision of LSE facilitators, once every quarter. With the LSE facilitators, prepare a quarterly curriculum for the LSE sessions. Ensure that the LSE facilitators develop and get the pre- and post-questionnaires filled out by each youth and child at the beginning and end of each quarter.		Annual planning meeting: With the LSE facilitators, identify key themes and topics for the LSE sessions for the year based on the LSE toolkit.

II. Sessions on AB Messages

			Organize a monthly planning session or meeting at the beginning of each month.	Ensure ongoing capacity building through in-house capacity-building sessions.	With the social workers, prepare a curriculum/broad agenda for six months to one year for the AB messages sessions.	Assist or supervise the development of a manual or toolkit on facilitating sessions on AB messages.
						Organize capacity building training once a year for the concerned staff.

III. Serve as a Learning Site: Build Capacities of Other NGOs and Local Stakeholders

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
			Facilitate the training workshop as per the agenda and methodology prepared.		Identify NGOs, CBOs, GOs, and USG partners for training with assistance from social workers.	Attend the training-of-trainers workshop with other core staff and trainers and record the proceedings.
			Record proceedings of each session facilitated.		Make a list of organization and assist in selecting participants.	
					Schedule a sharing and planning meeting.	

SBT Staff Checklist
1.2 Mental Health Program Team
1.2.1 Counselor

This checklist needs to be assessed by each counselor on a monthly basis, by the program manager on a quarterly basis, and by FHI on a half-yearly basis.

I. Life Skills Education (LSE)

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
	Ensure follow-up of LSE sessions through weekly visits to the centers.	Prepare for the session prior to each LSE session. Facilitate one LSE session every fortnight.	Attend monthly planning meeting in the first week of each month to plan the two LSE sessions of the month.	Attend periodic in-house capacity building sessions at least once in two months.	Conduct needs assessment with other LSE facilitators.	Attend orientation training with the LSE coordinator and other facilitators.
		Record proceedings of both the sessions in the LSE meeting register.	Attended monthly supervisory meetings with the LSE coordinator.		Prepare a curriculum for six months based on needs assessments.	Attend a one-day, in-house orientation, before starting the LSE sessions.
		Follow-up and monitor adolescents and children attending the LSE sessions.	Documented the process and outcome of these monthly monitoring (in the training and monitoring register).			Attend the annual planning meeting on LSE.
			One-on-one and group supervision held with the project coordinator.			

II. Psychosocial Support through Informal Counseling Sessions

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Visit the designated center for individual and group counseling.	Undertake weekly follow-up of counseling clients and terminated cases.		Attend periodic in-house capacity building sessions once every quarter (as per capacity building SOP).			Attend capacity building training with other core staff members.
Provide counseling to each identified/referred youth or child.			Record proceedings of the capacity-building training in the Staff Training Register.			Record proceedings of the capacity building training in the Staff Training Register.
Obtain consent from each youth/child referred or identified for counseling prior to starting counseling sessions.			Review and follow-up to be undertaken in the MH team review meeting.			Develop a reporting format for each child being counseled and referred.
Record proceedings of each session with each adolescent and child in the counseling register as per the reporting format.						
Record details of each youth and child referred in the counseling/referral register as per the reporting format. Maintain daily diary.						

III. Mental Health and Other Supportive Services for Youth and Children with Special Needs

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Observe children in informal supportive sessions.	Meet psychologist to take supervision about the referred child (weekly or as required).	Observe children in LSE sessions and ensure appropriate referrals.	Observe children in group sessions and ensure appropriate referrals.			
Supervise and ensure compliance to treatment.		Attend peer-supervision session.				
Ensure preparation and implementation of the MP.						

IV. Special Education Sessions for Learning Disabilities and Difficulties

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
	Conduct assessment of LD/SLD and prepare an IEP.	Conduct group sessions on learning issues.		Organize ongoing sessions with indicated staff members.		With help from special educator/expert, work on development of a training toolkit, manual, or both.
	Conduct individual sessions with each child and youth.			Record proceedings of the sessions.		Organize an orientation and training workshop.
	Ensure follow-up of child or youth counseled for LD					Record proceedings of the training workshop on the training register.
	Record assessment in assessment form and maintain record of treatment and termination.					Assist education coordinator in developing an assessment form.

V. Career Counseling

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Ensure follow-up with children as required (weekly, fortnightly, or monthly).	Conduct individual sessions with the youth or child and refer to the psychologist for assessment and other issues, as required.	Conduct orientation sessions with children.	Conduct individual counseling sessions with children with problems or difficulties.	Organize ongoing capacity-building training sessions.		Attend capacity-building training with other indicated staff.
		Organize meetings with center coordinator and vocational coordinator.		Assist vocational coordinator in recording proceedings of sessions		Assist vocational coordinator in recording the proceedings of the training Assist vocational coordinator in recording the proceedings of the training

VI. In-house Capacity Building

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
		Provide support to education coordinator to undertake periodic assessment of each child	Attend monthly the MH team meeting.	Attend ongoing capacity-building training sessions.		Prepare a training toolkit, manual, or both under guidance from psychiatrist.

				Circulate the training calendar to all the centers after the planning meeting.	Record the proceedings of each capacity-building session.		Hold a staff, open-house meeting, including SBT trustee director and MH team once a year.
				Conduct capacity-building sessions with supervision from psychologists or the psychiatrist.			Assist in needs assessment of the staff.
				Record proceeding of each capacity-building session in In-house workshop.			Prepare an annual training curriculum.

VII. Serve as a Learning Site: Build Capacities of other NGOs and local Stakeholders

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
			Facilitate sessions as required.	Attend capacity building sessions.		
			Conduct a briefing and discussion on each CBS including problems and challenges faced and improvements.			

SBT Staff Checklist	
1.2 MHP Team	
1.2.2 Psychologist	

This checklist needs to be assessed by a psychologist on a monthly basis, by the program manager on a quarterly basis, and by FHI on a half-yearly basis.

I. Life Skills Education (LSE)

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
		Assist in facilitating LSE sessions, as required.	Participate and supervise in conducting monthly planning meetings.	Attend ongoing capacity building with the LSE facilitators.		Attend orientation and refresher training with the LSE team.
					Assist the LSE facilitators in preparing a quarterly curriculum.	Assist and support LSE coordinator in conducting annual planning meeting.

II. Psychosocial Support through Informal Counseling Sessions

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
			Review the informal counseling sessions taken by the counselors in MH team meetings.			Attend capacity-building training with other core staff members.

III. Mental Health and Other Services

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Conduct regular individual therapeutic sessions with each youth and child at least once a week, as required.	Identify youth and children with special mental health needs through various sessions and interactions with youth and children.	Conduct a mental health assessment of the referred child or youth with the help of an MHA format within a week of the referral (monthly or earlier as required).	Establish a diagnosis and prepare MP for the youth or child with support and supervision from the psychiatrist.		Terminate sessions as required.	
	Ensure implementation of the MP by the concerned shelter staff with support from counselors.	Conduct a peer supervision session for all counselors.	Call a joint meeting with the respective shelter home staff within a week of MHA.			
	Ensure follow-up as indicated.	Conduct one-to-one supervision (if required).	Record the suggestions and discussions with the staff on the MP in the feedback form.			

IV. Career Counseling

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
		Supervise and guide counselors in organizing regular meetings (once a week or fortnight as required) with the center vocational training coordinator.	Conduct psychological testing as indicated (monthly or as required).			
			Undertake or assist center coordinator in career counseling based on psychological assessment as required.			

V. In-house Capacity Building Sessions

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
			Review the capacity building workshops in monthly meetings with the MH team.	Conduct half-day, capacity-building workshop or supervise the team in facilitating sessions.		Guide and supervise the team in preparing the training manual with the psychiatrist.

VII. Serve as a Learning Site: Build Capacities of other NGOs and local Stakeholders

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
			Facilitate sessions as required.	Attend capacity building sessions.		
			Conduct a briefing and discussion on each CBS including problems and challenges faced and improvements.			

SBT Staff Checklist

1.2 MHP Team

1.2.3 Psychiatrist

This checklist needs to be assessed by the psychiatrist on a monthly basis, by the program manager on a quarterly basis, and by FHI on a half-yearly basis.

I. Mental Health Assessment and Treatment

	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Daily	Discuss the MHA and diagnosis for each youth and child in the core group meeting (weekly or as required).		Prescribe medication as required.	Attend ongoing capacity building with the LSE facilitators.		Attend orientation and refresher training with the LSE team.
	Supervise the psychologist in preparing a management plan according to the established diagnosis.					

II. Capacity Building

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
			In the MH team meeting, assist the MH team to decide a date, venue, facilitator, and topic for the sessions in the respective month.	Conduct a half-day, capacity-building workshop or supervise the team in facilitating sessions.		Guide and supervise the team in preparing the training manual.
			Ensure that the MH team has informed the staff member of shelters and contact points about the sessions in the respective month as per the planning.	Ensure staff support by visiting each center at least once every quarter (or earlier as required) to address concerns and queries and obtain feedback through one-on-one interactions and/or group meetings with the center staff as needed.		

III. Supervision and Monitoring

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
	Review the sessions (training and counseling) conducted and follow-up undertaken by the counselor.		Review the capacity-building workshops in monthly meetings through feedback, briefings, and discussions.	Share and discuss the MH program at the MH team meeting with the program manager, executive director, and the trustees once a quarter.		Share and discuss the MH program at the staff open-house meeting once a year.

SBT Staff Checklist

1.3 Social Workers

This checklist needs to be assessed by the respective social workers on a monthly basis, the program manager on a quarterly basis, and by FHI on a half-yearly basis.

I. Social Workers: LSE and AB Messages

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Provide AB messages in groups and individually to all youth and children.	Provide and repeat AB messages to all youth and children in groups or individually at each shelter home and contact point.	Conduct the assigned LSE sessions and ensure prior preparation for each LSE session, as required.	Ensure grouping of youth and children for AB messages (monthly or as required).	Attend periodic in-house, capacity-building sessions on LSE and AB messages.	Working with LSE coordinator, prepare a curriculum for six months to one year for sessions on AB messages.	Develop a manual or toolkit, or both, on facilitating sessions on AB messages with guidance from the LSE coordinator.
Ensure follow-up of AB messages through ongoing sessions.		Ensure fortnightly follow-up and monitoring of sessions on AB messages.	Ensure monthly planning together with the LSE coordinator: for sessions on both LSE sessions and AB messages.	Record the proceeding of the sessions.		Attend orientation and refresher trainings on LSE and AB messages.
	Review the previous AB messages session.	Ensure follow-up through the ongoing LSE sessions.	Ensure monthly follow-up of sessions as required. Ensure monthly monitoring through center coordinators as required for AB messages.	Assist the LSE coordinator in identifying and grouping youth and children for LSE sessions (center coordinator).		Record the proceedings of the trainings sessions with counselors. Assist in annual planning and needs assessment.

II. Education Coordinator for Education Support Program and Special Education Program

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Ensure formal and nonformal education including open school through teachers.	Maintain education records and files, as required (also for the special education program).	Ensure weekly and fortnightly monitoring and checking of children by teachers.	Ensure assessment and refer children with learning difficulties to a counselor.	Organize one-day, local sight-seeing trip, once a quarter.		Develop an assessment form to perform an assessment of every new youth and child.
Perform an assessment of every new youth and child as per the assessment form.			Undertake monthly monitoring with each teacher and youth or child.			Enroll each youth and child in an adequate education session or stream.
Ensure daily monitoring and checking by teachers.			Undertake a periodic assessment of each youth and child based on daily, weekly, and monthly monitoring of their performances.			Plan the syllabus of education according to the level.
			Conduct monthly meetings at each center with the teachers and special educator or counselor once a month to review and assess the progress in youth and children undergoing sessions for learning issues or difficulties.			Organize and conduct a summer program for each youth and child at SBT who does not go back home during the summer. Promote or upgrade the education level of each youth and child.
						Organize an excursion trip for children.

III. Medical Coordinator

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Conduct a medical examination of each child and youth at the respective center on the day the screening form is provided by the medical social worker.	Provide basic counseling on health issues as required.		Undertake a routine monthly examination of each youth and child in the first week (as per doctor visit) of every month.	Attend ongoing capacity building sessions and record the proceedings.	Ensure vaccination of each youth and child at each center.	Attend capacity-building training with other concerned project staff and record proceedings of the training.
Ensure documentation and records, as required.	Ensure treatment, therapy, and follow-up of each youth and child under medical care, as required.		Support or assist medical social workers in conducting group sessions at each center on health issues.	Organize review meetings with doctors and medical social workers.	Ensure routine eye and dental examination through camps.	
	Discuss medical cases with doctor and coordinators, EC, and trustees. Distribute medicine as required by each shelter and contact points.		Maintain medicine stock register.	Prepare minutes of meetings and circulate to all the shelter homes and contact points.		

IV a. Medical Social Worker for Health Care

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Screening of every youth and child at the time when he or she arrives at the center. Screen for any physical cuts, wounds, sexual problems, and HIV infections.	Refer youth and children presenting health-related problems to the center counselor by filling out the referral form (weekly or as required).	Undertake medical examination of new children and youth.	Undertake group sessions on STI, HIV, health and hygiene, safe sex, and other health issues, including alcohol and drug use.	Attend ongoing capacity building sessions.		Attend capacity-building training with other concerned project staff.
Fill out the referral form within 48 hours of his or her arrival.			Record proceedings of these group sessions.			Ensure medical examinations of older children (yearly or more often, if required).
Provide special nutrition to each weak child as per the doctor's prescription.						
Ensure clinical follow-up of youth and children undergoing treatment.						

IV b. Medical Social Workers - Psychosocial Support Services and Mental Health Services

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Supervise and ensure children's compliance to treatment on a daily basis (as required).	Facilitate referrals of youth and children to the counselor (weekly or as required).		Attend in-house capacity-building sessions.			With the counselors, attend capacity-building training once a year.

V. Social Workers: Outreach Workers for Contact Points and Police Sensitization Programs

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Interact individually, one-on-one, with police officers of the local police station.	Motivate new youth and children to access services at the respective centers.	Conduct regular interactive sessions and meetings with police according to the monthly planning.	Conduct planning meetings with police officers and record the proceedings of each meeting.	Attend ongoing, capacity-building sessions on police sensitization.	With contact point coordinator, build a partnership with the police (half yearly or earlier as required).	Attend two-day training workshop on police sensitization.
Identify and address the needs of the new youth and children.		Record proceedings of each session or meeting.	Arrange for police training as scheduled, including materials and meals at the training venue.	Record the proceedings of sessions with contact point coordinators.		Record the proceedings of the training with contact point coordinators.
Motivate new youth and children to access services at the respective centers.						
Provide first-aid services to street youth and children as required.						

VI. Night Supervisor

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Provide protection and essential services (medical, education, and meals) in the shelter homes.	Ensure one-on-one interaction with youth and children.		Attend meeting with shelter home coordinator, staff, and counselor and report concerns, progress, and tasks.			
Maintain night report in register.	Attend meetings with trustees.					

VII. Center Vocational Training Coordinator: Vocational Support and Career Counseling

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Ensure that computer courses and classes are conducted by the vocational training instructor.	Conduct orientation sessions with youth and children in small groups with assistance from the counselor.	Continue to explore and expand links for other unconventional and wider vocational options for girls and boys (fortnightly/monthly). This is an ongoing process.	Ensure inclusion of all eligible youth from shelter homes and contact points in the career counseling program.	Attend ongoing capacity-building sessions with other staff members.	Provide certificates to the adolescents who completed the six-month computer course.	Attend capacity-building training on career counseling with other staff.

Maintain documentation and records as required.	Ensure that the courses offered by external agencies adhere to the information, content, and syllabus.	Ensure fortnightly follow-up as required.	Ensure conduct of individual and group counseling sessions (monthly or as required). Identify and refer the child to the psychologist or psychiatrist if any specific MH concern or issue emerges (monthly or when required).	Record the proceedings of the sessions.	Record the proceedings of the training together with counselor. Facilitate job placements and rehabilitation of youth and adolescents, as required.
	Ensure weekly follow-up as required.				

VIII: Theater Coordinator (Street-Play Director)

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
	Ensure practice and rehearsals before staging of the street play, as required.	While developing or performing the play, if any concern or personal issue emerges, refer the youth/child to the MH worker or counselor, as required.	Ensure monthly planning and preparations for the play, as required.			Attend extensive capacity-building training with other concerned project members (social workers). Record proceedings of the training.
	Ensure preparations for the play as required.		Ensure performance of the play as planned. Distribute IEC materials at the play with help from social workers.			Develop training guidelines based on the training received, with support from the social workers.

<p>Ensure annual planning for plays. For the annual play, ensure a review meeting after the play.</p>	<p>Ensure selection of children and themes for the annual play with help from social workers.</p>
<p>Develop a beneficiary feedback form and get it filled out by the target group when possible at the end of each event, with the help of social workers.</p>	

SBT Staff Checklist	
1.4 Program Manager	

This checklist needs to be assessed by each program manager on a monthly basis, by the executive director on a quarterly basis, and by FHI on a half-yearly basis.

I. Project Management and Coordination

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Ensure execution of each activity as planned with adherence to the SOPs.	Oversee the running of the centers through weekly visit to each center. Ensure feedback and inputs from trustees through weekly (and/or monthly) meetings.		Visit each center for monitoring and evaluation.	With help from project coordinator and social workers get the beneficiary feedback form filled out by each youth and child at each center at the end of each quarter.	Collate cases, success stories, and other staff documentation on a half-yearly or annual basis, for facilitating learning within the organization and for further dissemination.	At the beginning of the project, organize a project sharing and planning meeting with support from the ED.
Supervise and support the project staff.	Organize weekly trustee meetings (every Saturday).		Organize project review and sharing meetings (weekly, fortnightly, or monthly as indicated in SOP for each activity).			Ensure development of SOPs and training of the staff on QA/ GI and SOPs for each activity.
Ensure daily dairies are maintained by the staff, as required.	Assist the ED in financial management and monitor the disbursement of funds.		Ensure overall project monitoring, including project management information system (MIS), reporting, and documentation.			

			Ensure monthly planning meeting of the respective project and activity staff as per the SOP.	Prepare quarterly progress reports.	Ensure development of a beneficiary feedback form for evaluating each service being provided to adolescents and children.
			Finalize monthly PIF and narrative reports; and ensure submission and verification by the ED.	Hold quarterly review meetings with each project staff for one-on-one and group supervision, as per the SOPs.	Compile data and make a yearly presentation.
			Organize an open-house meeting in the last week of every month with support from the ED.		
			Ensure project documentation and records are kept as required.		Ensure annual planning meetings are held, as per the SOPs.

II. Build Capacity of other NGOs and Police Sensitization

Daily	Weekly	Fortnightly	Monthly	Quarterly	Half-Yearly	Annually
Ensure application of learning through trainings in the staff's day-to-day work.				Ensure ongoing capacity building, training, and planning meetings with project staff as per SOP.	Conduct sessions in police sensitization training workshops, as required.	Organize capacity building trainings for the concerned project staff, as indicated in the SOPs for each activity.
						Organize exposure visits for the staff.
						Organize exposure visits of other organizations and demonstration projects of FHI to SBT.
						Ensure arrangement of toolkits and manuals, as per the SOP for each activity.

SBT Staff Checklist
1.5 Executive Director

This checklist needs to be assessed by the executive director on a monthly basis and by FHI on a half-yearly basis.

I. Project Management and Coordination

Frequency	Monthly	Quarterly	Half-Yearly	Annually
Daily Guide, support, and supervise the PM to ensure overall execution and monitoring of each activity as planned, with adherence to the SOPs, including reporting and documentation.	Weekly Oversee the running of the centers through weekly visit to each center. Ensure feedback and inputs from trustees through weekly (and/or monthly) meetings.	Fortnightly	Monthly Organize an open-house meeting (last week of each month), with the program manager's support. Handle and monitor disbursement of funds for project activities on a monthly basis with program manager's assistance.	Annually Organize a two-day training workshop at the beginning of the project for the entire program staff on strategic and technical aspects of the project.
Provide leadership, technical and programmatic oversight, and strategic direction to the project team.				Ensure development of SOPs and training of the staff on QA/QI and SOPs for each activity.

Appendix 2: List of SBT QA/QI Committee Representatives and Interdepartmental Teams ⁷⁶		
S. No.	Activity	Monitoring Team
I	Internal QA/QI Committee Representatives:	Executive Council of SBT, including: 1. Ms. Heenu Singh, Executive Director 2. Mr. P. N. Mishra, Program Manager 3. Mr. A.K Tiwari, Center Coordinator
II	Interdepartmental Teams:	
1.	SOP SBT/SBC/MH/1.1.1: Life Skills Education	Mr. Pramod Singh and Mr. Sanjay Dubey
2.	SOP SBT/SBC/MH/1.1.7: Facilitating Sessions on AB Messages	
3.	SOP SBT/SBC/MH/1.1.2: Psychosocial Support through Counseling: Informal Supportive Sessions	Mr. Praveen Jha and Mr. Kanti Nath Mishra
4.	SOP SBT/SBC/MH/1.1.3: Mental Health and other Supportive Services for Youth and Children with Special Needs	
5.	SOP SBT/SBC/MH/1.1.4: Special Education Sessions for Learning Disabilities and Difficulties	Ms. Samar and Mr. Santosh Thakur
6.	SOP SBT/SBC/MH/1.1.5: Career Counseling	
7.	SOP SBT/SBC/1.3: Sensitization of Local Police on MH Needs and Behavior of Street and Working Children	Mr. Varun Pathak and Mr. Manoj Singh

⁷⁶ This list has been revised after the midterm assessment (in May 2009). It is recommended to keep this list as is for at least a year, but any changes made should be shared with FHI.

8.	SOP SBT/SBC/1.4: Community Awareness through Use of Creative Media	Mr. Varun Pathak and Mr. Manoj Singh
9.	SOP SBT/YFS/2.1: Health Care Services	Ms. Malti Raghav and Mr. Santosh Gupta
10.	SOP SBT/YFS/2.2: Education Support	Ms. Meenakshi Manchanda and Ms. Jyoti Bisht
11.	SOP SBT/YFS/2.3: Vocational Training and Rehabilitation	Mr. Shyam Singh and Mr. Chhedi Ray
12.	SOP SBT/YFS/2.4: Referral Services	Mr. Moinnudin Mandal and Ms. Nazneen Abbasi
13.	SOP SBT/LS/3.1: Building Capacity of other NGOs and Local Stakeholders	Ms. Shanta Nag
14.	SOP SBT/SBC/MH/1.1.6: In-house Capacity-Building Sessions	Mr. Shesadeb Bhoi and Mr. Santosh Gupta
15.	SOP SBT/PM/4.1: Project Management: Planning, Implementation, Documentation, Monitoring, and Evaluation	Mr. Kanti Nath Mishra and Mr. S.K. Jha

