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| **INFORMATION ON THE CENTER** |  |
| Country: |  |
| City: |  |
| Name of the center / school /shelter or hostel: |  |
| Postal address (if possible, or an address suitable for receiving post): |  |
| Congregation: |  |
| When was the center opened? |  |
| In which year was the Distance Support Project activated in your center? |  |
| **INFORMATION ON THE PERSON IN CHARGE OF THE CENTER AND THE PROJECT** |  |
| Name of the person in charge of the center: |  |
| E-mail address of the person in charge of the center: |  |
| Phone number of the person in charge of the center (better if reachable via Whatsapp): |  |
| Name of the person in charge of the Project in the center: |  |
| E-mail address of the person in charge of the Project in the center: |  |
| Phone number of the person in charge of the Project in the center (better if reachable via Whatsapp): |  |
| Name of the person in charge of accounting of the Project: |  |
| E-mail address of the person in charge of accounting of the Project: |  |
| Phone number of the person in charge of accounting of the Project (better if reachable via Whatsapp): |  |
| Who is responsible for issuing and controlling the payments? |  |
|  |  |
| **STRUCTURE OF THE CENTER** |  |
| How is the center structured? ( no. classrooms / garden / labs / kitchen / refectory / bathrooms / bedrooms if hostel etc) |  |
| Is there electricity? |  |
| Is there a generator? |  |
| Is there drinkable water? |  |
| Describe extra expenses or actions for procuring/purchasing water and electricity |  |
| Are the bathrooms and toilet installations in the center adequate or are there structural problems or possible improvements? |  |
| What are the issues? |  |
| Is there wi-fi in the center?  |  |
| If not, how do you connect to the internet? |  |
| Do you have computers or laptops? |  |
| How many computers do you have? |  |
| Is the structure (walls, floors, windows) adequate? |  |
| If not, what are the problems? |  |
| Does the structure comply with legal requirements? |  |
| If not, what are the problems? |  |
| Do you have a medical post or infirmary? |  |
| Describe your medical post |  |
| Do you have a car or a transport vehicle at your disposal? |  |
| If not, how do you manage travel? |  |
| Have there been any changes in the center? (for example: renovation of facilities, change of superiors/managers, etc.) |  |
| If yes, which ones? |  |
| Are you planning any changes in the future? ( for example: renovation of facilities, change of superiors/managers, etc.) |  |
| If yes, which ones? |  |
| **ACTIVITY OF THE CENTER** |  |
| Type of center: (hostel / school / school + hostel / school tutoring center) |  |
| How many people work at the center: |  |
| How many children attend the center (please, take into account the number of all children, not just the ones in the Project): |  |
| Up to which age do the children attend the center? |  |
| Up to which grade do the children attend the center? |  |
| Do you manage to keep providing them assistance even after that age/class? |  |
| If yes, until when? how? |  |
| How often do the children attend the center? |  |
| What kind of care/assistance do you provide to the children? |  |
| Describe the activities conducted by the center with/for the children: |  |
| Are you planning to start new activities? (Yes, No) |  |
| If yes, which ones? |  |
| How often do you provide food to the children? |  |
| How do you support families? is it possible to estimate the number of people who benefit from the Project (family members)? |  |
| How often do you visit the families? |  |
| Do you offer tutoring? (Yes, No) |  |
| How often do you offer tutoring? |  |
| Are there children who have left or are leaving the Project? (Yes, No) |  |
| Name of the children leaving the Project with motivation |  |
| Are there any students who would like to continue their studies? (Yes, No) |  |
| Name of the students wishing to continue their studies: |  |
| Do you have a request for assistance that you would like to share with us? |  |
| **CHALLENGE/PROBLEM/GOAL ANALYSIS** |  |
| What are the main challenges you face in your daily work? |  |
| What are the main weaknesses of the center? Are they structural or are they related to the lack of material, furniture or objects? |  |
| What are your strategies to attend to these needs? |  |
| Whate are the main center's sources of funding? And who funds what? |  |
| How are the funds from the Project employed? |  |
| What percentage of the Project's donations cover the centre's total expenses? |  |
| What criteria do you use to select the children you support in general? |  |
| What criteria do you use to select the children you subscribe to the Project? |  |
| What are the main monitoring activities you conduct to evaluate children's competence development? |  |
| Which contacts do you maintain, if any, with the youngsters leaving the Project? Are you able to evaluate how many of them continue their studies or get a job? |  |
| What are the main achievements over the past year? |  |
| What do you think about the future of your center? |  |
| **SOCIO-ECONOMIC CONTEXT** |  |
| Has the local socioeconomic context changed recently? (Yes, No) |  |
| If yes, how? |  |
| **TASKS REQUESTED** |  |
| Are the tasks to be carried out during the year clear to you? ) |  |
| Were the new tools provided to update us about the center and the children helpful? |  |
| Do you have any ideas/advice for us? |  |
| How do you prefer to be contacted? (Whatsapp, Email, Telegram, Other) |  |
| Other |  |
| **SCHOOL YEAR AND MORE INFO** |  |
| Start of the 2023/2024 school year: |  |
| End of the 2023/2024 school year: |  |
| Tell us more about the center, the children, the community, or anything else you would like to add |  |