CASE MANAGEMENT TOOLS FOR CATHOLIC CARE FOR CHILDREN IN UGANDA

2020

Catholic Care for Children In Uganda

Association of Religious in Uganda
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Acknowledgments

The Catholic Care for Children in Uganda case management toolkit was developed in line with the Ministry of Gender, Labour and Social Development harmonized case management toolkit. This toolkit reflects CCCU's commitment to guide and coordinate the delivery of social care and support services for vulnerable children and families. It includes a set of standardized tools to ensure that all CCCU's partners, Child Care institutions, community programs working to empower vulnerable children and families, are guided by common steps, shared tools, and consistent indicators to monitor and measure reduced vulnerability and readiness for graduation.

This toolkit is to be used by social workers, case workers, CCI and community program administrators and all CCCU staff working with children.

Contents

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APX	Approximate
ART	Antiretroviral Therapy
ARU	Association of the Religious in Uganda
CCI	Child Care Institution
CCCU	Catholic Care for Children program in Uganda
CDO	Community Development Officer
CFPU	Child and Family Protection Unit (of Police)
CP	Community Program
CHEW	Community Health Extension Worker
CM	Case Management
CSO	Civil Society Organization
DPSWO	District Probation and Social Welfare Officer
HH	Household
HIV	Human Immunodeficiency Virus
HVAT	Household Vulnerability Assessment Tool
IP	Implementing Partner
MGLSD	Ministry of Gender, Labour and Social Development
MOU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
NIN	National Identification Number
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PSWO	Probation and Social Welfare Officer
SAGE	Social Assistance Grants for Empowerment
SILC	Savings and Internal Lending Communities
UNCRC	United Nations Convention on the Rights of the Child – 1989
UNICEF	United Nations Children's Fund
UWEP	Uganda Women Entrepreneurship Programme
VAC	Violence Against Children
VL	Viral Load
VSLA	Village Savings and Loan Association
WHO	World Health Organization
YLP	Youth Livelihood Programme

Glossary of Terms

ATTRITION: Attrition is the premature termination of support to a child and/ or household due to circumstances beyond the control of the CCI or community programme. Attrition occurs when the child and/ or household requests to leave the CCI or to no longer participate in the community programme, the Community programme is unable to locate the child and/or household, or the child dies.

CASE: A concern for any needs, abuses and absence of interventions that requires a single or multiple technical sector to coordinate their policies; their human, financial and material resources; and their programmes and services to deliver a variety of services to a single child or household and avoid gaps and overlaps.

CASE MANAGEMENT: case management is the process of identifying, assessing, planning, referring and tracking referrals, and monitoring the delivery of services in a timely, context-sensitive, individualized, and family-centered manner to achieve a specific goal (e.g., child protection and well-being). It is a collaborative process to identify children vulnerable to certain risks, assess their needs and strengths to ensure that their rights are being met, set goals in a participatory manner with the client, provide direct or referral services, follow up, evaluate progress, and close the case when the goals have been met.

CASE PLAN: A case plan is a document used by Case Workers/ social workers/CCI/community program administrators to outline step-by-step actions that will be taken to meet the goals of the individual child/household and the CCI or community program. The case plan also includes information such as who is responsible for each step and the timeline for when actions will take place.

CASE PLAN ACHIEVEMENT (ALSO REFERRED TO AS GRADUATION): Case plan achievement is recognized as the point when the child in the CCI is reunified with the family and when he or she and all members of a household have achieved both the goals of the CCI or Community program, as outlined in the graduation benchmarks, and the goals identified by the case worker/social worker with the household and outlined in the case plan. Graduation in the context of the community program happens when children have attained goals outlined in the child's case plan and they no longer need services from this community program.

CASE WORKER: Case Workers are individuals working in the Child Care Institution or the community level who are responsible for conducting direct case management actions with the child and/or household.

CHILD: A child is defined as any person under the age of 18 years, in accordance with the United Nations Convention on the Rights of the Child, Article 2 of the African Charter on the Rights and Welfare of the Child, and Article 257 (1) (c) of the 1995 Constitution of Uganda.

CHILD LABOUR: Child labor is work that deprives children of their childhood, their potential, and/or their dignity; is harmful to physical and mental development; and/or interferes with schooling.

CHILD PARTICIPATION: Child participation is the informed and willing involvement of all children, including the most marginalized and those of different ages and abilities, in any matter concerning them directly or indirectly, in accordance with Article 12 of the United Nations Convention on the Rights of the Child.

CHILD PROTECTION: Child protection measures are those taken to prevent and respond to all forms of abuse, neglect, exploitation of, and violence against children and their rights.

CHILD PROTECTION SYSTEM: Child protection systems seek to address the full spectrum of risks to child protection that children and their households can face and comprise the related set of laws, policies, regulations, and services across all social sectors, particularly social welfare, education, health, security, and justice.

CHILD RIGHTS: Child rights are the inherent, fundamental entitlements and freedoms of children, which they have merely by virtue of being human. Child rights are fully defined in the United Nations Convention on the Rights of the Child, the most widely ratified human rights treaty in history, to which Uganda is a signatory.

CHILDREN IN CONFLICT WITH THE LAW: Refers to children whose actions result in a criminal law being broken and hence are exposed to criminal justice process. They include children suspected or accused of committing an offence.

CHILDREN IN CONTACT WITH THE LAW: refers to child victims of various forms of abuse, neglect, violence and exploitations as well as children forced into crime and child witness. They include child victims, witnesses and children of incarcerated mothers.

COMMUNITY DEVELOPMENT OFFICER: Working at the sub-county level, the community development officer (CDO) is the government representative responsible for the planning, budgeting, monitoring, and implementation of development programmes at the community level, and is the primary linkage to social welfare services at the community level. CDOs are responsible for sensitizing the community to legislation on gender and child rights.

FAMILY: Family can be defined as a basic unit of existence consisting of one or more parents and their offspring and close relations, which provides a setting for social and economic interaction, as well as the transmission of values and protection. In the context of OVC programming, families may vary in constitution and include those that are headed by a child, an elderly caregiver, or a single parent, amongst others.

FOOD INSECURITY: Food insecurity is distinguished in two ways: chronic (a long-term or persistent inability to meet minimum food consumption requirements) and transitory (a short-term or temporary food deficit).

FOOD SECURITY: Food security is a situation where at all times, individuals, households, and communities have adequate and nutritious food for their well-being and healthy growth.

GRADUATION (ALSO REFERRED TO AS CASE PLAN ACHIEVEMENT): Graduation is recognized as the point when the reunified child and all members of a household have achieved both the goals of the CCI or community program, as outlined in the graduation benchmarks, and the goals identified by the household and outlined in the case plan. Graduation in OVC programming can be understood as the defined and measurable stage when households that are living with or affected by HIV/AIDS have reached a level of resiliency to meet the developmental needs of the children in their care. The concept of graduation relates to the capacity of the household to meet the goals identified in the case plan.

HOUSEHOLD: A household is a group of people who normally live and eat together in one spatial unit and share domestic functions and activities.

INFORMED ASSENT: Informed assent is the expressed willingness to participate in services or provide information. For younger children who are by definition too young to give informed consent, but who are old enough to understand and agree to participate in services or provide information, the child's informed assent is sought. Informed assent must be clearly documented by the person to whom the child has provided informed assent.

INFORMED CONSENT: Informed consent is the voluntary agreement of an individual who has the legal capacity to give permission. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered or information being requested and how this information will be used.

ORPHAN: An orphan is a child who has lost one or both parents.

PARENTS: Parents are defined as persons with parental authority or responsibility. Parenting refers to all the roles undertaken by parents, or others acting in loco parentis, in caring for, raising, and protecting children. Within OVC programming, the term "caregiver" is also commonly used to refer to those individuals caring for, raising, and protecting children.

PRIMARY CAREGIVER: A primary caregiver is the person recognized by the state as being responsible for the care and upbringing of a child.

PROBATION AND SOCIAL WELFARE OFFICER: The probation and social welfare officer (PSWO) is the legal representative for children and families in the justice system, responsible for domestic violence cases, children in conflict with the law, and child abuse cases reported within a district.

PSYCHOSOCIAL SUPPORT: Psychosocial support is assistance that helps individuals and communities heal the psychological wounds and rebuild social structures after an emergency or critical event. Psychosocial support can help people become active survivors rather than passive victims.

TRANSFER: Transfer is the process of supporting the movement of a child and/or household from active participation in a given CCI or community program to another source of case management support. Other sources of case management support may include government support, community support, or support provided by one programme but funded by another programme. Transfer could occur for various reasons including the child's age, the geographic scope of the programme providing services, or the ending of a programme that was previously providing services to a child or household.

UGANDA CASE PLAN ACHIEVEMENT BENCHMARKS/INDICATORS FOR OVC PROGRAMMING (ALSO KNOWN AS GRADUATION BENCHMARKS): These are indicators that reflect that a household has increased resiliency and is able to provide for basic needs, including the health and protection of the children in its care. These benchmarks/ indicators also capture critical elements that result in improved outcomes for children, including improved well- being. The indicators for OVC programmes are aligned to the four priority areas of the National Child Policy, which represent the holistic nature of OVC needs: survival and health; economic stability and security; care and protection; and education and development.

VIOLENCE AGAINST CHILDREN: Violence against children is any form of physical, emotional, or mental injury or abuse, neglect, maltreatment, or exploitation, including sexual abuse. It comprises the intentional use of physical force or power, threatened or actual, against an individual, which may result in or has a high likelihood of resulting in injury, death, psychological harm, mal development, or deprivation.

VULNERABILITY: Vulnerability is the state of being, or the likelihood of being, in a risky situation, where a person is likely to suffer significant physical, emotional, or mental harm, which may result in their human rights not being fulfilled.

VULNERABLE CHILD: A vulnerable child is one who is suffering from, or who is likely to suffer from, any form of abuse or deprivation and is therefore in need of care and protection.

STEP 1: **IDENTIFICATION**

NOTE: For the Pre-Identification and Household Prioritization Tool-Kindly refer to the MoGLSD Toolkit.

- CHILD INTAKE FORM (CCCU/CM/01)
- FAMILY TRACING FORM-SOPs
- FAMILY TRACING FORM (CCCU/CM/02)

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CHILD INTAKE FORM (CCCU/CM/01)

Or Initial Case Record

Instructions: To be completed for every child to be admitted/ enrolled to the Community Program or Child Care Institution. Filled by the case worker at the time of child identification or enrollment of the child. For abandoned children, information should be verified with eyewitness, police, probation and social welfare Officer or community Development Officer or the person who brings the child to the child care institution or community program. Missing information can be completed after tracing the family/relatives of the child for those with no known family or relatives.

CHILD PERSONAL INFORMATION		
Name of child		
Date of birth		
Gender		
Religion		
Level of education		
Disability status	1.Yes 2.No	
If yes above state type of disability (Physical, Visual, hearing, speech, intellectual)		
Name of the program or institution		
Date of admission		
Who referred the child to the institution? (Name, designation/relationship and contact details)		
Care order status	Not issued	
	Issued (issue date)	
	Expiry date	
Child's origin	District:	
	Sub-county:	
	Parish:	
	Village:	

CHILD'S CAREGIVER BEFORE SEPARATION	
Name:	
Relationship to child:	
Location (district, sub county, parish, village)	
Telephone number	
Unknown (if no known caregiver/parent please specify caregiving circumstances of the child before admission to the program)	
PARENTAL OR KINSHIP STATUS	
Lost both parents	
Both parents alive	
Only Mother living	
Only Father living	
Unknown parental status	
Other known relatives (name and relationship)	
Any known contact information for relatives:	

CIRCUMSTANCES OF ADMISSION (Tick where applicable)		
School/education access	Abuse at home	
Poverty/family vulnerability	Child exhibiting socially unacceptable behavior	
Domestic violence	Child-headed household	
HIV & AIDS	Migration (either child/ family)	
Special needs	Substance abuse by the caregiver	
Orphan-hood (mother/father/both died)	Severe/terminal or mental illness of the primary care-giver	
Sexually abused children	Imprisonment of the prima-ry caregiver	
Neglect	Disability of the primary caregiver	
Child abandonment	Other [specify]	
Child withdrawn from the street		
Child affected by War(refugees)		
Child victims of trafficking		

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FAMILY TRACING FORM (SOPs)

Tracing is the process of searching for family members or primary legal or customary caregivers of the child. The primary goal of tracing is to find family for the child. Tracing attends to opportunities that can help towards reestablishing contact or reuniting the separated child with their families in the child's best interest.

To recognize Government as the primary duty bearer for child protection, the tracing exercise should be jointly done or in close collaboration with the Probation and Social Welfare Officer (PSWO). In the event that the case worker did it alone, he/she **must** share her findings with the PSWO and the Police in time and discus the way forward together. The Social Worker has no legal power to take independent decisions.

Verification of the child and the adult

Verification takes place when the information of the child has been matched with that of the parents or adult caregiver. It is a very important quality control process that helps to avoid reunifying a child with a wrong family and preventing instances of child trafficking.

Child: the agency tracing the family compares the information given by the child or the information that was collected by police, PSWO and other eyewitnesses at the point where the child was abandoned and that given by the identified family or caregiver. If the two sources of information match, then the process of family counseling, assessment, case planning, and preparation for reunification starts.

Adult: the case worker tracing the family shows the adult a photo with two different children, their child and another child. They can also be shown a photo of their child amongst a group of children. If they select the right photo of their child then we know that it is the real parent or primary caregiver of the child.

Parent should also provide a valid identification card preferably the National Identification Number for the case worker to confirm their names. The Social Worker conducting the tracing should make a photo copy or take a picture of the identity card of the identified parent and attach it to the child's file back at the CCI.

Parent/ caregiver should also provide baptism card, birth certificate or child reports in their

possession to confirm that the child belongs to them.

In addition to the photo verification, the case worker **must** confirm the verification process through other means, such as asking the parents specific questions about their child/for example about child's date of birth, circumstances that led to missing child, child abandonment or child's admission to CCI . Efforts and actions taken by parents/ caregivers in looking for the child (look out for coherence in the story between caregiver, local authorities and eye witnesses.)

Note:

1. The risk with adults is that they may intentionally fail the questions to create an impression that the child is not theirs in fear of legal action or immediate reunification that may bring about the same challenges that led to the care giver/ parent abandoning the child.

2. It is important not to assume that successful tracing means reunification, but rather a starting point for family counseling, assessment, case planning, and preparation for reunification.

3. All abandoned children should be accompanied with the recommendation letter, care order from the PSWO and a police letter before being admitted to the CCI.

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FAMILY TRACING FORM (CCCU/CM/02)

Child's ID_____ Date: dd/mm/yyyy

Child's Sex: ---------- Child's Date of Birth: ---------- Child's Age: -------

Name of Case worker/social worker conducting the tracing: _____

Designation_____ Contact: _____

Other persons involved in the tracing

Name	**Designation**	**Contact Tell**
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____

1. Referral source (PSWO, LC1, Police etc...)

   _____

2. Who delivered the child to the CCI: _____?

   Name: _____ Contacts_____

   Relationship: _____ address i.e. District_____ county, _____

   Sub County_____, Village_____

3. Police report and reference number_____

   _____

4. Social background/circumstances leading to admission: _____

5. Date when child was delivered/received at the CCI_____

6. Date of first attempt at tracing_____

Area	Action	Date	Visiting person/Case worker	Findings as per the Visit
Site visitation	Visiting the place where the child was abandoned for more facts/details (This should be done as soon as possible, collect as much information as possible, take names and contacts of eye witnesses)			
PSWO engagement	Visiting the local probation officer			
	Visiting the PSWO of the of the child's district of origin			
Visiting local authorities: (engage leaders from both areas where the child was abandoned and the home village)	LC 1 chairman			
	Assistant LC1 chairman in charge of children			
	Community leaders such as clan leaders			
	Others local authorities (Specify)			
Tracing with local community-based institutions or organizations (This can be done either in the area where the child was abandoned or the home village depending on the observation of the case worker with advice from her area PSWO)	Schools (if the child is of school going age)			
	Health centers			
	Local Churches			
	Mosques			
	Others (Specify)			

Verification of the child and the adult

(At this stage you want to prove that the parent identified can describe some few features on the child or if any information given tallies with what is found on ground at visitation).

Stakeholders	Verification indicators	Yes/No/ loosely connected	Case workers observation, comments and Recommendations.
Child	Does the information that was given by the child tally with information given by the identified family or caregiver		
Police report & PSWO report	Does the information that was collected by police, PSWO and other eye witnesses at the point where the child was abandoned tally with the information given by the identified family or caregiver		
Adult (identified family or caregiver)	Can the identified family or caregiver identify his/her child in a photo with other children		
	Does caregiver have any identification card preferably National Identification card?		
	Does the caregiver/parent have any child records e.g. birth certificate, baptism card, child's report cards?		
	Can the identified family or caregiver answer specific questions about his/her child on date of birth, child's hobby, child's favorite food, circumstances that led to missing child or child abandonment		

I _____ (found parent or care giver) confirm that the information that I have provided above is nothing but the truth.

Signature/thumb print: _____ Date: dd/mm/yyyy

People that were involved in tracing

Name	Designation	Signature	Tel Contacts	Date

PSWO's verification

Name	District	Signature	Tel Contact	Date

Summary of findings from the tracing visit

Name: _____ Contacts_____

Date of birth: _____ Age:_____ Occupation:_____

Relationship: _____address i.e. District_____ county, _____

Sub County:_____,Village_____

General observations:

Caregiver's/parent's reaction about the visit and information about the child (Case worker should write brief observations from caregiver and household:

(Case workers' notes about the whole visit:

Way forward/Follow up Action:

Action 1: _____

Action 2:

_____

Action 3:

_____

Action 4

_____

Action 5

_____

Responsible person: _____

Designation/Tittle: _____

Date: dd/mm/yyyy

Date of next follow up visit (Ask caregiver which date will be convenient for them or inform care giver that you will call to discuss the next visitation date)

Date: dd/mm/yyyy

Reviewed by (name of supervisor e.g. CCI admin): _____

Designation/Tittle: _____

Date of review: dd/mm/yyyy

STEP 2: **ASSESSMENT**

- HOUSEHOLD VULNERABILITY ASSESSMENT TOOL (HVAT) FOR CAREGIVERS [OVCMIS FORM 007A]
- ADOLESCENT VULNERABILITY ASSESSMENT TOOL (AVAT) [OVCMIS FORM 007B]
- CHILD ASSESSMENT FORM (CCCU/CM/03)

HOUSEHOLD VULNERABILITY ASSESSMENT TOOL (HVAT) FOR CAREGIVERS [OVCMIS FORM 007A]

The Household Vulnerability Assessment Tool (HVAT) is for assessment of households (HHs) of all children in the Child Care Institution or the community program. It is filled at for enrollment and before reunification of children back to their families/relatives/ guardians. Households for children in the CCI that are planned for reunification. The tool is adopted from the MGLSD harmonized case management tools. The tool helps to target and obtain additional in- depth information about a HH's level of vulnerability and is used to monitor the progression of vulnerability. The tool should only be administered to HHs who will be supported by the CCI or community program. The tool should be applied at assessment before the child is enrolled in the CCI or community program, before and after reunification to assess whether the family is ready and household is safe to receive the child and to assess progress respectively.

It is recommended that the interviewer finds additional information and/or validates critical information from other sources, Community Development Officers, Probation and Social Welfare officer schools, health facilities, OVC service providers, community leaders, village health team members, and para-social workers

SECTION I: BACKGROUND INFORMATION

INSTRUCTION: Please provide background information for the HH. Fill in all required information on the members of the HH, the required contact details, and the HH number. For each of the vulnerability categories, enter Yes (Y), No (N), or Not Applicable (NA). For sex, indicate Male (M) or Female (F). For immunization and birth registration, check for immunization card and birth registration certificate. For date of birth, indicate the day, month, and year (dd/mm/yyyy). For HIV status, indicate unique codes if the use of positive (+), negative (-), or do not know (DK) could compromise confidentiality.

SECTION II: HOUSEHOLD ASSESSMENT

INSTRUCTION: Please administer this section to the head of the HH (child in the case of child-headed HHs). Ask each question and circle the appropriate response option. After circling the response, please write in the corresponding score in the far right-hand column (labelled "SCORE"). At the end of each programme area (PA), add the scores for all questions and write them down under the "PA TOTAL" row. Finally, add up all PA scores and enter them under "HH TOTAL SCORE"

SECTION I: **BACKGROUND INFORMATION**

<table>
<tr><td colspan="6">Date:</td></tr>
<tr><td>District:</td><td>Sub-County/Division/
Town Council</td><td colspan="2">Parish/Ward:</td><td colspan="2">Village/Zone/Cell:</td></tr>
<tr><td>Name/Tel Contact of HH Head:</td><td>Name/Tel Contact of Service</td><td colspan="4">Name/Tel Contact of Sub-County Community Development Officer (CDO)</td></tr>
<tr><td>HH Number:</td><td colspan="2">NIN of the HH head</td><td colspan="3">Age of HH Head:</td></tr>
<tr><td>Phase of Administration
1. 1st</td><td>2. 2nd</td><td>3. 3rd</td><td>4. 4th</td><td colspan="2">5. Other, please specify:</td></tr>
<tr><td colspan="2">Sex of HH Head 1. Male</td><td colspan="4">2. Female</td></tr>
<tr><td colspan="6">Marital Status of HH Head</td></tr>
<tr><td>1. Single</td><td>2. Married/Cohabiting</td><td>3. Widowed</td><td colspan="2">4. Separated/Divorced</td><td>5.NA (If child)</td></tr>
<tr><td colspan="2">Education Level of HH Head 1. None</td><td>2. Primary</td><td colspan="2">3. Secondary</td><td>4. Tertiary</td></tr>
<tr><td colspan="2" rowspan="8">Number of people in the HH</td><td colspan="2">Age group</td><td>Male</td><td>Female</td></tr>
<tr><td colspan="2">Under 1 year</td><td></td><td></td></tr>
<tr><td colspan="2">1–4 years</td><td></td><td></td></tr>
<tr><td colspan="2">5–9 years</td><td></td><td></td></tr>
<tr><td colspan="2">10–14 years</td><td></td><td></td></tr>
<tr><td colspan="2">15–17 years</td><td></td><td></td></tr>
<tr><td colspan="2">18–24 years</td><td></td><td></td></tr>
<tr><td colspan="2">25+ years</td><td></td><td></td></tr>
</table>

HOUSEHOLD SUMMARY INSTRUCTION (Use additional paper if necessary for HHs)

	Name of child	NIN	Sex (M/F)	Age	Date of birth (DD/MM/YY)	Out of school (Yes/No/NA)	Orphan (Yes/No)	Disabled (Yes/No)	Chronically ill (Yes/No)	Immunised (Yes/No/NA)	HIV status (+/-/Don't know (DK))	On HIV care/ART (Yes/No/NA)	*Child <5 years is malnourished	Has birth registration cert. (Yes/No)
1).														
2).														
3).														
4).														
5).														
6).														

*Note: Before filling this column, use a MUAC tape or bipedal edema test to confirm malnutrition status of each child.

SECTION II: **HOUSEHOLD ASSESSMENT**

HH ASSESSMENT						
PRIORITY AREA 1: ECONOMIC STABILITY AND SECURITY						
1.1 Who pays for most of the HH expenses?						
OPTION	Child (6–17 years)	Grandparent or Elderly Parent	Other Relative	Mother	Father	SCORE
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

1.2 What is the main source of HH income?										
OPTION	None	Remittances (Pension, Gratuity, Donations)	Casual Labour	Informal Job/ Employment	Peasant/ Farming	Petty Business/Boda-Boda	Formal Business	Commercial Farming	Formal Job/ Employment	
SCORE	4	3	2	2	2	1	0	0	0	
Reson For The Score/ Comment										

1.3 Are you a member of a savings group or association?			
OPTION	No	Yes	
SCORE	1	0	
Reson For The Score/ Comment			

1.4 How much have you saved in the last three months? (Expressed in Uganda Shillings)						
OPTION	Nothing	Less than 50000	50,000 - 150,000	150,000 - 300,000	300,000 and above	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

1.5 Do you or any HH member benefit from any of the following programs?	SCORE
1) Cash transfer; 2) Food support; 3) School Bursaries; 4) Youth Livelihood Program (YLP); 5) Uganda Women Entrepreneurship Programme (UWEP) 6); Social Assistance Grants for Empowerment (SAGE); 7) Disability grant; 8) Others (specify).....	

OPTION	If none	If any one	If any two	If any three	If any four or more	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

1.6 What is the current monthly HH income? (expressed in Uganda Shillings)						
OPTION	**Less than 50,000**	**50,000-100,000**	**100,000-150,000**	**150,000-200,000**	**Above 200,000**	
SCORE	**4**	**3**	**2**	**1**	**0**	
Reson For The Score/ Comment						

1.7 What kinds of material goods or assets do you have?	Yes	No
1) HH has an electronic gadget (Radio, Phone or TV)		
2) Any member of the HH has a functional means of transport (e.g. Bicycle, motor-cycle, boat)		
3) At least one member of the HH has vocational/apprenticeship/professional skills		
4) At least one member of the HH has formal employment, is self-employed, or has a business		
5) At least one member of the HH belongs to a savings group or association		
6) HH has domestic animals (e.g. cow(s), goat(s), sheep, chicken(s), pig(s))		
7) HH owns land		
8) HH has access to land for agriculture/hire		

OPTION	If yes to any two or less or NA	If yes to any three	If yes to any four	If yes to any five	If yes to any six or more	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

1.8 If the HH incurred any of the following expenses in the past 12 months, was it able to pay without using cash transfer, grant, scholarship, borrowing or without selling HH permanent assets like land or bicycle?	
1) Health-related expenses (Yes/No/NA)	
2) Education (school)-related expenses (Yes/No/NA)	
3) Food-related expenses (Yes/No/NA)	

OPTION	If all are No	If two are No	If one is No	If all are Yes/NA	
SCORE	4	3	2	0	

Reson For The Score/ Comment	
ECONOMIC STABILITY AND SECURITY TOTAL	

PRIORITY AREA 2: SURVIVAL AND HEALTH						
2.1 Over the past month [state the month], what has been the main source of food consumed by the members of your HH?						SCORE
OPTION	Donated	Given in return for work only	Bought from the market	Homegrown sup-plemented with given in return for work	Homegrown	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

2.2 What does the family usually eat (at least 3 times a week)?					
1). Energy foods: potatoes, bananas, oils, posho, millet, rice, maize, bread, cassava					
2). Body-building foods: beans, meat, soya, peas, milk, eggs, chicken, fish					
3). Protective and regulative foods: tomatoes, oranges, paw paw, mangoes, pineapples					
OPTION	None	One food group	Two food groups	All food groups	
SCORE	4	3	1	0	
Reson For The Score/ Comment					

2.3 How many meals does the HH have in a day?					
OPTION	Some days, no meal	One meal per day	Two meals per day	Three or more meals per day	
SCORE	4	3	1	0	
Reson For The Score/ Comment					

2.4 In the past month [state the month], has any member of the HH gone a whole day and night without eating anything at all due to lack of food?			
OPTION	Yes	No	
SCORE	1	0	
Reson For The Score/ Comment			

2.5 Do children in the HH have any of the following signs of malnutrition?
1) MUAC<2.5cm; 2) Bi-pedal Edema; 3) Emaciated, with dry skin; 4) Dry hair / Brown-coloured hair; 5) Looking very tired / Not playing; 6) Extremely thirsty.

OPTION	If Yes to 1or 2	If Yes to 3	If Yes to 4 or 5	If Yes to 6	Yes	
SCORE	4	3	2	1	0	
Reson For The Score/ Com-ment						

2.6 Do the following apply to this HH? [Observe for yourself where applicable]	Yes	No
1). HH harvests rain water or has access to safe water within 30 minutes (half an hour) for domestic use		
2). HH has access to a public health facility within 5 kilometers		
3). All HH members sleep under a mosquito net		
4). HH has a latrine/toilet facility used by the members of the HH		
5). HH has a handwashing facility		
6). HH has a separate house for a kitchen		

OPTION	If yes to two or less or none	If yes to any three	If yes to any four	If yes to any five	If yes to all six	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

2.7 Does the HH have a person with a disability?			
OPTION	Yes	No	
SCORE	1	0	
Reson For The Score/ Comment			

2.8 Does any person in the HH have a long - term illness?			
OPTION	Yes	No	
SCORE	1	0	
Reson For The Score/ Com-ment			

2.9 Have all children in need of health services for chronic illnesses and/or disability been referred for and are receiving the necessary treatment?	SCORE

OPTION	None of the chronically ill and/ or disabled children have been referred for and are receiving treatment	Less than 50% (less than half) of the chronically ill and/or disabled children have been referred for and are receiving treatment	50% or more (half or more than half) of the chronically ill and/ or disabled children have been referred for and are receiving treatment	All chronically ill and/or disabled children have been referred for and are receiving treatment/ NA	
SCORE	4	3	2	0	
Reson For The Score/ Comment					

2.10 Does the caregiver know the HIV status of all members in the HH in the last six months? Note: For all members including the caregiver with unknown HIV status, refer for HTS.						
OPTION	Knows None	Knows Less than 50% (less than half) of the members status	Knows 50% (half) of the members status	Knows more than 50% (more than half) of the mem-bers status	Knows status of All	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

2.11 Are all eligible HH members who are HIV+ and/or have tuberculosis on care or treatment? Yes/ No/NA (If Yes, request ART/Health card)						
OPTION	None of the eligible HH members are on care or treatment	Less than 50% (less than half) of the eligible HH members are on care or treatment	50% (half) of eligible HH members are on care or treatment	More than 50% (more than half) of eligible HH members are on care or treatment	All eligible HH members are on care or treatment/NA	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

2.12 Are all the HH members who are HIV+ adhering to treatment as prescribed?						
OPTION	None of the HIV+ members are adhering	Less than 50% (less than half) of HIV+ members are adhering	50% (half) of the HIV+ members are adhering	More than 50% (more than half) of the HIV+ members are adhering	All HIV+ adhering **N/A**	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

2.13 Have all the eligible HH members had a blood test called viral load (VL) in the last twelve (12) months?						
OPTION	None of the eligible HH members have done a VL test	Less than half (50%) of the eligible HH members have done a VL test	Half (50%) of eligible HH members have done a VL test	More than half (50%) of eligible HH members have done a VL test	All eligible HH members have done a VL test/**N/A**	NB: If eligible and not tested, refer for Viral load test
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

2.14 Is the viral load for all the HH members who are HIV+ suppressed?						
OPTION	None of the eligible HH members have a suppressed VL	Less than 50% (less than half) of the eligible HH members have a suppressed VL	50% (half of eligible HH members have a suppressed VL	More than 50% (more than half) of eligible HH members have a suppressed VL	All eligible HH members have a suppressed VL/**N/A**	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

2.15 Does the HH have a stable shelter that is adequate, safe, and dry? [Observe for yourself]						SCORE
OPTION	No stable shelter/ no adequate, safe, dry place to live	Shelter is not adequate, needs major repairs	Shelter needs some repairs but is fairly adequate	Shelter is fairly adequate, safe, and dry	Shelter is safe, adequate, and dry	
SCORE	4	3	2	1	0	

Reson For The Score/ Comment	
SURVIVAL AND HEALTH TOTAL	

PRIORITY AREA 3: EDUCATION AND DEVELOPMENT			
3.1 Are all the children aged 6–17 years in this HH enrolled in school, vocational training or apprenticeship [Score 0 if Not Applicable, i.e., the children are 1–5 years old]			
OPTION	No	Yes	
SCORE	1	0	
Reson For The Score/ Comment			

3.2 Have all the children aged 6–17 years in this HH attended school, vocational training or apprenticeship regularly (At least 4 days a week on average) in the past 12 months			
OPTION	No	Yes	
SCORE	1	0	
Reson For The Score/ Comment			

3.3 How many children aged 3-5 years in this HH are not enrolled in Pre-School or have missed Pre-School 3 or more times a week? [Score 0 if not applicable, i.e., the children are 0–2 years old]						
OPTION	All children are not enrolled or have missed school 3 or more times	Less than 50% (less than half) of children are enrolled or have not missed school 3 or more times	50% (half) of children are enrolled or have not missed school 3 or more times	More than 50% (more than half) of children are enrolled or have not missed school 3 or more times	All children are enrolled or have not missed school 3 or more times/ NA	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

3.4 Have the children/child successfully progressed from one level to another at school, vocational training or apprenticeship compared to last academic year?
Not applicable (No child/children were in school in the previous year) Yes No Reason(s) for not progressing (see codes below): _____ Use the following code(s) for the reason(s) why the child is not progressing at school: (1) Inability to pay school fees; (2) Inability to pay for school materials; (3) Sick/Fever; (4) Exhaustion; (5) Housework; (6) Fear of the school or other children at school; (7) Fear of the walk to school

	No				Yes & Not applicable
OPTION	If any 4 or more	If any 3	If any 2	If any 1	If Yes or NA
SCORE	4	3	2	1	0
Reson For The Score/ Comment					
EDUCATION AND DEVELOPMENT TOTAL					

PRIORITY AREA 4: CARE AND PROTECTION			SCORE
4.1 In the past 12 months, have all the children in this HH been under the care of and lived with the same adult primary Caregiver?			
OPTION	No	Yes	
SCORE	1	0	
Reson For The Score/ Comment			

4.2 In the past 6 months, are there any children in this HH who are withdrawn or consistently sad, unhappy, or depressed, and not able to participate in daily activities, including playing with friends and family?					
OPTION	All children	50% or more (half or more than half) of children	Less than 50% (less than half) of children	None	
SCORE	4	3	2	0	
Reson For The Score/ Comment					

4.3 What would you do if any of your children experienced or became a victim of child abuse or violence?				
OPTION	Nothing/ negotiate with offender/ revenge	Talk to neighbor/ family only	Report to: Local Council, Police, Probation And Social Welfare Officer (PSWO), Child Helpline – SAUTI 116, Court, Child Protection Committee, Community Development Officer (CDO), Human Rights Office, Civil Society Organization (CSO), Para-Social Worker, or Village Health Team	
SCORE	4	1	0	
Reson For The Score/ Comment				

4.4 In the past 6 months, has any child in the HH had the following happen to them, in or outside the HH? [Note: If you see an obvious issue of abuse or you already know about it, then indicate yes]. Indicate Yes / No	Yes	No
1) The child experienced physical abuse that caused body harm.		
2) A meal was withheld to punish the child.		
3) The child was involved in Child Labour.		
4) The child was sexually abused, defiled or forced to have sex.		
5) The child was stigmatized/discriminated against due to illness, disability, or other reasons.		
6) Abusive words/language were used against the child.		
7) The child has no birth certificate. - If child has no birth certificate select "Yes"		
8) The child was in contact/conflict with the law.		

OPTION	If any of 1, 4, or 5 are Yes	If any of 2, 3, or 6 are Yes	If any of 7 or 9 are Yes	If 8 is Yes	If all are No
SCORE	4	3	2	1	0
Reson For The Score/ Comment					

4.5. Has the care giver personally experienced any of these forms of sexual and gender-based violence in the past 6 months? Yes/ No	Yes	No
1. Sexual Violence		
2. Physical violence that caused body harm		
3. Emotional Violence		
4. Separation		
5. Economic Violence		

OPTION	If any 3 are Yes	If any 2 are Yes	If any 1 is Yes	If all are No		
SCORE	4	3	1	0		
Reson For The Score/ Comment						
CARE AND PROTECTION TOTAL						

SUMMARY SCORE PER PRIORITY AREAS

PRIORITY AREAS	Maximum Possible Score (A)	HH Performance Per PA			Priority areas (list all indicators that scored a 4 or 3, e.g., 1.2, 1.3, etc.)
		PA score (B)	Percent PA score (C) = B/A X 100	PA Rank	
1. Economic Stability and Security	29				
2. Survival and Health	51				

3. Education and Development	10				
4. Care and Protection	17				
HH TOTAL SCORE	107				
Average Percentage = Percent PA score (Total for C) divided by 4 Pas					

Can graduate: 0–24%, Slightly Vulnerable: 25–49%, Moderately Vulnerable: 50–74%, and Critically Vulnerable: 75–100%

Date of Assessment: _____

Assessor's Name:_____

Title: _____

Signature: _____

Contact: _____

Assessor's Observations (a requirement for all assessments):

_____

_____

_____

_____

_____

_____

ADOLESCENT VULNERABILITY ASSESSMENT TOOL (AVAT) [OVCMIS FORM 007B]

The Adolescent Vulnerability Assessment Tool (AVAT) for Adolescents Aged 12–17 years is for assessment of adolescents before they are enrolled in the CCI/community program and adolescent that the CCI plans to reunify/resettle back to their families. The tool is also used to measure progress of the reunified child in the family. The tool helps to target and obtain additional in-depth information about an adolescent's level of vulnerability and is used to monitor the progression of vulnerability. The tool should only be used with adolescents and it should only be administered to adolescents who will be supported by the CCI or community program. The tool should be applied at enrolment, at the end of 12 months, at the end of a support programme before reunification, and/or as it may be required. It is recommended that the interviewer finds additional information and/or validates critical information from other sources like Community Development Officers, Probation and Social Welfare Officers, schools, health facilities, OVC service providers, community leaders, village health team members, and para-social workers, among others.

SECTION I: BACKGROUND INFORMATION

INSTRUCTION: Please provide background information for the adolescent. Fill in all the required information on the members of the household (HH), the required contact details, and the HH number. For each of the vulnerability categories, enter Yes (Y), No (N), or Not Applicable (NA). For sex, indicate Male (M) or Female (F). For immunization and birth registration, check immunization card and birth registration certificate. While for date of birth, indicate the day, month, and year. For HIV status, indicate unique codes in case the use of positive (+), negative (-), or do not know (DK) could compromise confidentiality.

SECTION II: ADOLESCENT ASSESSMENT

INSTRUCTION: Please administer this section to the adolescent. Ask each question and circle the appropriate response option. After circling the response, please write in the corresponding score in the far right-hand column (labelled "SCORE"). At the end of each priority area (PA), add the scores for all questions and write them down under the "PA TOTAL" row. Finally, add up all PA scores and enter them under "ADOLESCENT TOTAL SCORE" and compute the average SCORE per PA as indicated on the table for computation of PA SCORE. Pay attention to scores per PA as a basis for support.

SECTION I: BACKGROUND INFORMATION

District:	Sub-County/ Division/ Town Council:		Village/Zone/Cell:
Date of Interview:	Name and Tel Contact of HH Head:		Name/Tel Contact of Sub-County Community Development Officer (CDO):
HH Number:			
Phase of Administration	Marital Status		Age of HH Head:
1. 1st	of HH Head:		
2. 2nd	1. Single		
3. 3rd	2. Married/ Cohabiting		
4. 4th	3. Widowed		
5. Other, please specify _____	4. Separated/ Divorced		

SECTION II: ASSESSMENT

ADOLESCENTS' ASSESSMENT

1.1 Are you engaged in any economic activity that contributes to your well-being and that of the HH? Yes/No						**SCORE**
OPTION	If below 16 years and out of school and the response is Yes	If 16 years and above and out of school and the response is Yes	If below 16 years and in school and the response is Yes	If 16 years and above and in school and the re-sponse is Yes	If any age and in or out of school and the response is No	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

1.2 Are you employed in any job that may be harmful to your:	
1). Physical health	
2). Education	
3). Mental health	

4). Moral development					
OPTION	If all of 1, 2, 3, and 4	If any of 1, 2, and 3	If only 4	If none/NA	
SCORE	4	3	2	0	
Reson For The Score/ Comment					

1.3 Are you a member of a savings group or association?			
OPTION	No	Yes	
SCORE	1	0	
Reson For The Score/ Comment			

1.4 Do you in any way benefit from the following programs?						
1). Cash Transfer	2). Food Support	3). School bursaries	4). Youth Livelihood Program	5). Uganda Women Entrepreneurship Programme (UWEP)	6). Social Assistance Grants for Empowerment (SAGE)	7). Disability Grant
OPTION	If none	If any except 4	If any two except 4	If any two or more except 4	If 4	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						
ECONOMIC STABILITY AND SECURITY TOTAL						

PRIORITY AREA 2: SURVIVAL AND HEALTH					**SCORE**
2.1 How many meals do you have in a day?					
OPTION	Some days, no meal	One meal	Two meals per day	Three or more meals per day	
SCORE	4	3	1	0	
Reson For The Score/ Comment					

2.2 In the past week, have you gone a whole day and night without eating anything at all due to lack of food?			
OPTION	Yes	No	
SCORE	1	0	
Reson For The Score/ Comment			

2.3 Have you been referred for health services for any chronic illnesses and/or disability that you might have and are you receiving treatment?					
OPTION	I have not been referred and I am not receiving any treatment	I have been referred but I am not receiving treatment	I have been referred and I am enrolled but I am not receiving treatment	I have been referred and I am receiving treatment/ NA	
SCORE	4	3	2	0	
Reson For The Score/ Comment					

2.4 Do you know your HIV status? Note: For adolescents with unknown HIV status, Refer for HTS			
OPTION	No	Yes	
SCORE	1	0	
Reson For The Score/ Comment			

2.5 Are you on antiretroviral therapy (ART) or tuberculosis treatment?			
OPTION	No	Yes/NA	
SCORE	1	0	
Reson For The Score/ Comment			

2.6 Have you had a blood test called viral load in the last 12 months?			
OPTION	No	Yes/NA	If No refer to ART clinic
SCORE	1	0	
Reson For The Score/ Comment			

2.7 Is your viral load suppressed? Request to see viral load card. Yes/NA			
OPTION	No	Yes/NA	
SCORE	1	0	
Reson For The Score/ Comment			

2.8 Can you tell me about how a young person of your age living in your community might become infected with HIV?			Yes	No
1. Early sex (starting sex young)				
2. Sex without a condom				
3. Sex with an older partner				
4. Being sexually abused or defiled				
5. Sex with multiple partners				
6. Sex for money or gifts (transactional sex, having a "sugar daddy")				
7. Sex with a partner who has multiple partners				
OPTION	If Yes to one or none	If Yes to at least two		
SCORE	1	0		
Reson For The Score/ Comment				

2.9 Can you tell me how a young person your age living in your community might help protect himself or herself from becoming infected with HIV?			**Yes**	**No**
1. Having one sexual partner				
2. Delaying sex or abstinence				
3. Having a sexual partner who is HIV negative				
4. Using a condom during sex				
5. Having a sexual partner who does not have other sexual partners				
6. Not having sex for money or gifts, or transactional sex				
OPTION	If No to all	If Yes to at least one		
SCORE	1	0		
Reson For The Score/ Comment				
SURVIVAL AND HEALTH TOTAL				

PRIORITY AREA 3: EDUCATION AND DEVELOPMENT					
3.1 Are you currently enrolled and attending school, vocational training, or an apprenticeship?					SCORE
OPTION	Not enrolled	Enrolled but not attending	Enrolled not regularly attending	Enrolled and regularly attending	
SCORE	4	3	2	0	
Reson For The Score/ Comment					

3.2 Have you attended school, vocational training, or an apprenticeship regularly (At least 4 days a week on average) in the past 12 months?			SCORE
OPTION	No	Yes	
SCORE	1	0	
Reson For The Score/ Comment			

3.3 Has the Adolescent successfully progressed from one level to another at school, vocational training or apprenticeship compared to last academic year?						
Not applicable (No Adolescent was in school in the previous year) Yes No Reason(s) for not progressing (see codes below): Use the following code(s) for the reason(s) why the Adolescent is not progressing at school, vocational training or apprenticeship: (1) Inability to pay school fees; (2) Inability to pay for school materials; (3) Sick/Fever; (4) Exhaustion; (5) Housework; (6) Fear of the school or other children at school; (7) Fear of the walk to school.						
No					Yes & Not applicable	
OPTION	If any 4 or more	If any 3	If any 2	If any 1	If Yes or NA	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						
EDUCATION AND DEVELOPMENT TOTAL						

PRIORITY 4: CARE AND PROTECTION			SCORE
4.1 In the past 12 months, have you been under the care of and lived with the same adult primary Caregiver?			
OPTION	No	Yes	
SCORE	1	0	
Reson For The Score/ Comment			

4.2 In the past 6 months have you been feeling withdrawn or consistently sad, unhappy, or depressed, and not able to participate in daily activities, including playing with friends and family?			
OPTION	Yes	No	
SCORE	1	0	
Reson For The Score/ Comment			

4.3 What would you do if any of you experienced or became a victim of abuse or violence?				
OPTION	Nothing/ negotiate with offender/ revenge	Talk to neighbor/ family only	Report to: Local Council, Police, Probation And Social Welfare Officer (PSWO), Child Helpline – SAUTI 116, Court, Child Protection Committee, Community Development Officer (CDO), Human Rights Office, Civil Society Organization (CSO), Para-Social Worker, or Village Health Team (VHT)	
SCORE	4	1	0	
Reson For The Score/ Comment				

4.4 In the past 6 months, have any of the following happen to you, in or outside the HH? Indicate Yes / No Note: If you see an obvious issue of abuse or you already know about it, then indicate yes.	Yes	No
1). I experienced physical abuse that caused body harm.		
2). I experienced family separation (ran away, was chased) or neglect.		
3). I was sexually abused, defiled, or forced to have sex.		
4). A meal was withheld to punish me.		
5). I was involved in child labour.		
6). I was stigmatised/discriminated against due to illness, disability, or for other reasons.		
7). Someone touched me in a bad way.		
8). Someone made inappropriate comments about my body.		
9). Anyone offered things to you in exchange for sex		
10). Abusive words/language were used against me.		
11). I have been in contact/conflict with the law.		
12). I have no birth certificate.		

OPTION	If any of 1, 2 or 3 are Yes	If any of 4, 5, 6, 7, 8 and 9 are Yes	If any of 10 or 11 are Yes	If only 12 is Yes	If all are No	
SCORE	4	3	2	1	0	
Reson For The Score/ Comment						

4.5. Has the care giver personally experienced any of these forms of sexual and gender-based violence? Indicate Yes/ No	Yes	No
1. Sexual Violence		
2. Physical violence that caused body harm		
3. Emotional Violence		
4. Separation of parents/caregivers		
5. Economic Violence		

OPTION	If 1, 2 and 3	If any of 1,2,3 and one of 4 and 5's	If any of 4 or 5	If all are No	
SCORE	4	3	1	0	
Reson For The Score/ Comment					
CARE AND PROTECTION TOTAL					

SUMMARY SCORE PER PRIORITY AREAS					
PRIORITY AREAS	Maximum Possible Score (A)	HH Performance Per PA			Priority areas (list all indicators that scored a 4 or 3, e.g., 1.2, 1.3, etc.)
		PA score (B)	Percent PA score (C) = B/A X 100	PA Rank	
1. Economic Stability and Security	29				
2. Survival and Health	51				
3. Education and Development	10				
4. Care and Protection	17				
HH TOTAL SCORE	**107**				
Average Percentage = Percent PA score (Total for C) divided by 4 Pas					

Can graduate: 0–24%, Slightly Vulnerable: 25–49%, Moderately Vulnerable: 50–74%, and Critically Vulnerable: 75–100%

Date of Assessment: _____
Assessor's Name:_____
Title: _____
Signature: _____
Contact: _____
Assessor's Observations (a requirement for all assessments):
_____
_____
_____
_____
_____

Catholic Care for Children in Uganda

CHILD ASSESSMENT FORM (CCCU/CM/03)

INSTRUCTIONS: To be filled at enrollment/admission of the child that has been brought to the child care institution or community program and before reunification of child to their family. This form is also applicable for already reunified children to assess progress at home. Information for assessment should be gathered from multiple sources in order to determine its integrity. Other possible additional sources of information include schools, health facility, OVC service providers, community leaders, village health team members, Para social workers, child's neighbors, the child, child's guardians, friends, PSWO, CDO. This form should be filled quarterly by the case worker. The purpose of this form is to assess the child's family (if known) to determine eligibility into the institution and whether conditions in the child's family are favorable for child reunification. This form is for children aged 0 to11years in the child care institution or Community Program.

WHO PARTICIPATES: This tool should be administered to the child's parent/guardian or caregiver in consultation with the child depending on the child's age and ability. The tool should be administered by CCI or community program social worker/case worker or administrator.

Back ground information about the child

Child's Name	
Child's ID	
Date of Birth	
Age	
Tribe	
Sex	
Religion	
Language spoken	
Current Education level	
Name of the Child Institution or Community Program	
Origin	District: Sub-county: Parish: Village:

Priority Area 1: Economic Stability and Security			
1	Is the child engaged in any economic activity that contributes to their wellbeing and that of the HH?	If below 11years and out of school and response is yes	4
		If 11 and above out of school and response is Yes	3
		If below 11 and in school and response is Yes	2
		If 11 years and above in school and the response is yes	1
		If any age and in or out of school and response is no	0
Reason for the score /comment			
2	Is the child employed in any job that might be harmful to their life	If all	4
	1. Physical health	If any of 1,2 and 3	3
	2. Education	If only 4	2
	3. Mental health	None or N/A	0
	4. Moral development		
Reason for the score /comment			
3	Does the child benefit from the following programs?	If none	4
	1. Cash Transfer		
	2. Food support	If any one	3
	3. School bursaries	If any two	2
	4. Disability	If any three	1
		If 4	0
Total score for Economic and stability			

Priority Area 2: Survival and Health			
4	How many meals does the child have in a day?	Sometimes no meal	4
		One meal per day	3
		Two meals per day	1
		Three or more meals	0
Reason for the score /comment			
5	In the past week has the child gone a whole day and night without eating any meal at all due to lack of food?	Yes	4
		No	0

6	What food does the child usually eat?	None	4
	1. Energy foods (potatoes, bananas, posho, yams, pumpkin)	One food group	3
	2. Body building foods (fish eggs, chicken, beans, meat, soya, peas)	Two food groups	1
	3. Protective and regulative foods (tomatoes, oranges, mangoes, pawpaw, pineapples	All food groups	0
Reason for the score /comment			
7	Does the child have any signs of malnutrition?	If yes to all the 7	4
	1. Brown coloured hair		
	2. Swollen face and legs		
	3. Emaciated with dry skin		
	4. Dry hair		
	5. Looking very tired	If yes to 5 or 6if yes to 4 or 3	3
	6. Not playing	If yes to 1 or 2	1
	7. Extremely thirsty	If none	0
Reason for the score /comment			
8	Does the child (for 0-5 years) have any developmental milestones delays? (physical, motor skills, speech, Sight, hearing)	Yes	1
		No	0
Reason for the score /comment			
9	If yes, which developmental delays does the child have?	If any 4 or more	4
	1. Physical		
	2. Motor skills	If any 3	3
	3. Speech	If any 2	2
	4. Hearing	If any 1	1
	5. Sight	If none/N/A	0
Reason for the score /comment			

10	Measure height and weight Height in feet(ft.) _____ Weight in kilograms (kgs)_____		
Reason for the score /comment			
11	Does the child have any impairment?	Yes	1
		No	0
Reason for the score /comment			
12	Does the child have any long-term illness?	Yes	1
		No	0
Reason for the score /comment			
13	Has the child been referred for health services for any chronic illnesses and or disability and are receiving treatment?	The child has not been referred and s not receiving any treatment	4
		The child has been referred but they are not receiving treatment	3
		The child was referred, is enrolled but not receiving any treatment	2
		Child was referred and is receiving treatment	0
Reason for the score /comment			
14	Does the caregiver know the HIV status of the child?	no	1
		yes/ N/A	0
Reason for the score /comment			
15	If the child is HIV + and or has tuberculosis, are they on antiretroviral therapy or treatment?	no	1
		yes/ N/A	0
Reason for the score /comment			
16	For (HIV+ children only) are they adhering to treatment prescribed?	no	1
		yes/ N/A	0
Reason for the score /comment			
17	For (HIV+ children only) Has the child ever done a blood test called Viral Load (VL)?	0	1
		yes/ N/A	0
Reason for the score /comment			

18	If yes above, is the viral load suppressed?	no	1
		yes/ N/A	0
Reason for the score /comment			
19	Does the child have stable shelter that is adequate, safe and dry? [observe for yourself]	No stable shelter/no adequate, safe, dry place to live	4
		Shelter is not adequate, needs major repairs	3
		Shelter needs some repairs but is fairly adequate	2
		Shelter is fairly adequate, safe and dry	1
		Shelter is safe, adequate and dry	0
Reason for the score /comment			
20	Is the child up to date on recommended immunizations?	Yes/n/a	0
		No	1
Reason for the score /comment			
21	Has the child fallen sick in the last two months?	Yes	1
		No	0
Reason for the score /comment			
Total score for Survival and Health			

22	Is the child (4-11yrs) currently enrolled and attending school or early childhood education services/kindergarten?	Yes	0
		No	1
Reason for the score /comment			
23	Has the child attended school, regularly (At least 4 days? a week on average) in the past 1 year?	Regular attendance	0
		Non regular attendance	2
		Not attending	4
Reason for the score /comment			
24	Has the child successfully progressed from one level to another at school, in last academic year?	Yes	0
		No	1

25	If no, reasons for not progressing	If any 4 or more	4
	1. Inability to pay school fees		
	2. Inability to pay for scholastic materials		
	3. Sick or fever		
	4. Exhaustion		
	5. House work	If any 3	3
	6. Fear of school or other children at school	If any 2	2
	7. Fear of the walk to school	If any 1	1
	8. Child labour	If yes/ N/A	0
Reason for the score /comment			
26	What is the class teacher's opinion about the child's education progress?		
Reason for the score /comment			
27	How is the child's behaviour in the classroom?		

Priority Area 3: Education and Development

Total Score for Education and Development			
28	In the past 12 months, has the child been under the care of and lived with the same adult primary Caregiver?	Yes	0
		No	1
Reason for the score /comment			
29	In the past 12 months, how often has this child felt so troubled that it was necessary to consult a spiritual, faith, or traditional healer, counsellor or health worker?	More than 5 times	4
		3 to 4 times	3
		Two times	2
		Once	1
		Never	0
Reason for the score /comment			

30	In the past 6 months, has the child been feeling consistently sad, unhappy and was not able to participate in daily activities, including playing with friends and family?	Most times	4
		Sometimes	3
		Once in a while	2
		Never	0
Reason for the score /comment			
31	What would the parents/guardians do if the child experienced or became a victim of abuse or violence?	Nothing/Negotiate with offender/revenge	4
		Tell my parent/ caregiver, friend or fellow child	1
		Report to LC, PSWO, Police, Child Helpline, SAUTI (116), report to court, CDO, Human Rights Office, Civil Society Organization (CSO), para social worker or village Health Team	0
Reason for the score /comment			
32	In the past 6 months, have any of the following happened to the child in or outside the home? Indicate Yes/No.	If yes to all of them	4
	Note: If you see an obvious issue of abuse or you already know about it, then indicate yes.		
	I. Experienced physical abuse that caused body harm (e.g. beating slapping, kicking, and burning.		
	II. The child was sexually abused, defiled, or forced to have sex		
	III. A meal was withheld to punish the child		
	IV. Child was involved in child labour.		
	V. Child was stigmatised/ discriminated against due to illness, disability, or for other reasons.	If yes to 5 or 6	3
	VI. Someone touched the child in a bad way.	If yes to 4 or 3	2
	VII. Someone made inappropriate comments about the child's body.	If yes to 1 or 2	1
	VIII. Emotional abuse (verbal insults, called bad names)	If None	0
Reason for the score /comment			

33	Has the child experienced any of these forms of sexual and Gender Based Violence?	If any 3 are Yes	4
	1. Sexual violence (Yes/No)		
	2. Physical Violence (Yes/No)		
	3. Emotional Violence (Yes/No)	If any 2 are Yes	3
	4. Separation (Yes/No)	If any 1 is Yes	2
	5. Economic Violence (Yes/No)	If all are No	0
Reason for the score /comment			
Total score for care and protection			

	Total score	Maximum possible score (A)	PA score (B)	Percent PA score (C) B/A*100	PA Rank
	Economic and stability	13			
	Education and development	9			
	Health and Survival	34			
	Care and protection	21			
	Emotional or psycho social well being	1			
	Total	78			
	Average percentage = Percent PA Score (total for C)/ divided by 4 PA				

Can graduate: 0–24%, Slightly Vulnerable: 25–49%, Moderately Vulnerable: 50–74%, and Critically Vulnerable: 75–100%

Date of Assessment: _____

Case worker's Name: _____

Title: _____

Signature: _____

Contact: _____

Assessor's Observations (a requirement for all assessments):

_____

_____

_____

_____

_____

STEP 3: **TO BE FOUND IN THE 2019 MOGLSD**

STEP 4: **CASE PLAN DEVELOPMENT AND UPDATING**

- CASE PLAN TOOL (CCCU/CM/04)

Catholic Care for Children in Uganda

CASE PLAN TOOL (CCCU/CM/04)

Instructions: This form is completed after conducting child and family assessments. Scores are added and areas that require intervention are identified and put on paper in form of goals. The plan outlines goals and actions to be taken by case worker jointly with the child and family respectively to mitigate identified risks and needs. It should be completed for both the child and family. This plan should be updated quarterly (at least every 3 months).

Case Number				
Date case plan form started				
Name of child/Name of Caregiver:				
Primary caregiver's Name and relationship to the child.				
People involved in the case plan	Name	Age	Gender	Relationship to the child

PRE/POST- REUNIFICATION GOALS (SMART goals developed by the family with support from the social worker to be achieved before and after reunification.					
Priority areas	Specific goal	Action points	Responsible person	Planned date of completion	Goal Completion status
Economic stability and security					
Survival and Health					
Education and Development					

Care and Protection					
Emotional wellbeing					
Action points that require Referrals					
Name of the beneficiary	Relationship to the child		Service required	Organization / to be contacted	Organization contact details

STEP 5: **SERVICE PROVISION AND REFERRAL**

- SERVICE PROVISION FORM FOR CHILDREN IN CCI AND COMMUNITY PROGRAMS (CCCU/CM/05)
- SERVICES PROVISION FORM FOR HOUSEHOLD (CCCU/CM/06)
- REFERRAL FORM FOR CHILDREN IN NEED OF ADDITIONAL SERVICES (CCCU/CM/07)
- ACTIVITY CHECKLIST FOR SERVICE PROVISION IN THE CCI AND COMMUNITY PROGRAM (CCCU/CM/08)
- TERMS OF REFERENCE FOR CASE CONFERENCING COMMITTEES
- CASE CONFERENCE FORM (CCCU/CM/09)
- CONFIDENTIALITY AGREEMENT (For Case Conferences)
- FAMILY BONDING TOOL (CCCU/CM/10)
- CASE MANAGEMENT POST RESETTLEMENT FOLLOW-UP TRACK TOOL (CCCU/CM/11)

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SERVICE PROVISION FORM FOR CHILDREN IN CCI AND COMMUNITY PROGRAMS (CCCU/CM/05)

Instructions: To be completed after filling the case plan. The case worker acts on the case plan by identifying and providing services need by an individual child. Service provided are indicated under a specific program area. Recommendations are also recorded. For children who need specialized care or children with unique needs.

	ECONOMIC STABILITY AND SECURITY	SURVIVAL AND HEALTH	EDUCATION DEVELOPMENT	CARE AND PROTECTION
	e.g. support with clothing, food and nutrition support, urgent medical care,	e.g. Immunization, physio-therapy	e.g. Day care, Early Childhood Development centres, school enrollment, attendance and retention, support towards independent living, vocational skills training, internship, apprenticeship and skills training	e.g. response to child abuse, child protection, Counselling, psychosocial support, child mentorship, recreation (drama, art, music, sports), faith-based programs like Sunday school, catechism, Muslim classes
Service Provided				

Reason for service provided	Details of action taken:	Date action was taken:	Recommendation/follow up actions	Date of case review:	Name of case manager	Signature of case manager

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SERVICE PROVISION FORM FOR HOUSEHOLD (CCCU/CM/06)

Instructions: To be completed after filling the case plan. The case worker acts on the case plan by identifying and providing services need by an individual Household. Service provided are indicated under a specific program area. Recommendations are also recorded.

	ECONOMIC STABILITY AND SECURITY	SURVIVAL AND HEALTH	EDUCATION DEVELOPMENT	CARE AND PROTECTION
	e.g. support with clothing, food and nutrition support, urgent medical care, family supported with IGA, linking family to existing community, Government, CSO programs and resources, support family in asset accumulation, skills training of parents, family conscientizing of available and accessible resources	e.g. Immunization, physio-therapy, promoting family sanitation and hygiene, enrolling family on support program for alcohol and drug misuse, rehabilitation, correction of disability	e.g. Day care, Early Childhood Development centres, school enrollment, attendance and retention, support towards independent living, vocational skills training, internship, apprenticeship and skills training	e.g. parenting training and classes, supporting family with decent housing and shelter, linking family to community child protection networks, response to child abuse, Counselling, psychosocial support, faith-based programs like church support, catechism, Muslim class, alternative care, kinship, foster care, adoption

Service Provided	Reason for service provided	Details of action taken:	Date action was taken:	Recommendation/ follow up actions	Date of case review:	Name of case manager	Signature of case manager

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REFERRAL FORM FOR CHILDREN IN NEED OF ADDITIONAL SERVICES (CCCU/CM/07)

Instructions: Because all programs and institutions do not have all the resources or expertise to provide services that a child and their household, a case worker can refer. This form is to be completed for all children and households that require services outside the child institution or program for example emergency health care, cash assistance from Government program, vocational training. Referrals should be monitored to be effective. Referral can happen at 4 levels at case level, community level, local and regional implementing partners or CSOs and at National or implementing Partner level.

1. DETAILS OF THE AGENCY REFERRING THE CHILD

Name of the Child Institution or program:_____Location: _____

Child Institution or Program phone number: _____

E-mail: _____

2. DETAILS OF THE CASE FOR WHICH REFERRAL IS BEING MADE

Name of the child: _____Age:_____ Sex: _____
unique identifier: _____ District: _____

Sub-County/Division/Town Council: _____ Parish/Ward: _____
Village/Cell/Zone: _____

Nature of the case referred: _____

Date of occurrence: Other risks/vulnerabilities/special needs: _____

Name of the person/case worker accompanying the child: _____
_____

Phone number: _____

Residence: _____

E-mail: _____

Relationship to child: _____

Name of the caregiver: _____

NIN: _____Phone number: _____
District:_____ SubCounty/Division/TownCouncil:_____Parish/Ward:_____ Village/Cell/Zone:_____

____

3. SERVICES TO THE CHILD

Service(s) provided before referral: ____

Reason for referral: ____

Documents enclosed supporting referral that are enclosed: ____________________

Child Assent: ____

Caregiver consent: ____

Name and Signature: ______________________________

4. DETAILS OF THE AGENCY TO WHICH THE CHILD IS BEING REFERRED

Name of the agency: ____________________ Location: __________________

Name of the contact person: _____________________ Phone number: __________

E-mail: _____________________________

Name of the Case Worker referring the child: ________________________________

Title:____

Phone number: ____________________ Email:____________________________

Signature & Stamp: ___________________ Date: ________________________

- - - - - - -- - - - - -- - - - - -- - - - - -- - - - - -- - - - - - -- - - - - - -- - - - - - -(This is a tear-off section) - - - -
-- - - - - -- - - - - -- - - - - -- - - - - -- - - - - -- - - - - - -- - - - - - -- - - - - - -- - - - - -- - - - --

5. FEEDBACK TO THE AGENCY FROM WHICH THE CHILD /FAMILY WAS REFERRED (To be torn off and returned to the agency from which the child was referred)

Name of person to whom services were provided:

NIN/Unique identifier: ________________________________Case No:_____________

Date of arrival at service point:____

Name of the agency: ____

Contact person: ____

Service(s) provided by the referral agency: ____________________________________

Additional service(s) required / Any other critical information or documents enclosed:_

____

Name of the person providing feedback:______________________Title:_ __________

Phone number: _____ E-mail: _____

Date: _____

Signature & Stamp: _____ Serial no: _____

Other relevant information to the referring agency: _____

_____

_____

_____

_____

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ACTIVITY CHECKLIST FOR SERVICE PROVISION IN THE CCI AND COMMUNITY PROGRAM (CCCU/CM/08)

This tool is to be filled for every child on a daily basis. It is a checklist of the services provided in the Child Care institution/community program. The purpose of this form is to identify irregularities in feeding and pay attention to individual needs of the child. The checklist is to be placed in the individual child's file and the case worker is to tick every day after activities like breakfast, lunch, play, rest, school and dinner. The case worker should write comments in case there are issues in the child's behavior or wellbeing that require attention and the planned course of action.

CHILD'S NAME: _____ CHILD ID: _____

Activities	Date	Breakfast	Play	School	Lunch	Diaper change	Nap/ Rest	Nap/rest Play	Dinner
Time		7.00pm	10-11am	11-12am	1-2pm		2 - 3pm	3 - 4pm	7-8pm
MON									
TUE									
WED									
THUR									
FRI									
SAT									
SUN									

Case worker's Comments /observational:

_____

_____

_____

_____

_____

Action needed to be taken:

_____

_____

_____

Date Action taken and follow up:

_____

_____

_____

Name of case worker/Social worker: _____ Signature:_____
Date:_____

Name of case manager/ Administrator: _____

Signature: _____Date: _____

Catholic Care for Children in Uganda

TERMS OF REFERENCE FOR CASE CONFERENCING COMMITTEES

INTRODUCTION

ARU's Catholic Care for Children in Uganda (CCCU) Program is supporting 44 childcare programs (including childcare institutions, rehabilitation centers and community-based child care programs) to adhere to the new standards set by the government of Uganda for running child care institutions and care for children outside of family care and more importantly to serve as models of excellence in child care in Uganda. As part of a range of standard operating procedures for childcare, the CCCU program requires that each CCI institutes Case Conference Committees to handle complex cases rather than leaving the decision to an individual case worker or their supervisor. Good case management practice acknowledges that some cases may be straightforward and therefore easily resolved, while other cases may be complex, thus, requiring multi-disciplinary teams to handle them in order to maximize the safety and welfare of children and their families. It is based on this that case conference committees are instituted as a best practice. Every childcare program under the CCCU starting with the 27 participating in the project of Pilot Transitioning from Traditional Residential Child Care Institutions to Family and Community-Based Care shall have a Case Conference Committee.

Definition and Purpose of the Case Conference

According to the Ministry of Gender, Labour and Social Development (2019)[1]:

A case conference in child programming is a formal, planned, and typically multidisciplinary meeting usually convened by PSWO/CDO involving service providers from a variety of fields involved in the care of a child and/or household, with the aim of reviewing service options across sectors and agencies and making decisions with the best interests of the child in mind.

In the context of the CCCU program, a case conference may not necessarily be convened by the PSWO/CDO but by the childcare program administrator. The PSWOs/CDOs will **Nonetheless Be Key Members Of The Case Conference Committee.**

The purpose of the case conferencing is to bring together multi-disciplinary, multi-sectoral,

1 Ministry of Gender, Labour and Social Development (2019). Case Management Standard Operating Procedures for Child Programming in Uganda

and inter-agency service providers to discuss and address a complex case or problem affecting a child and/or his/her family. The complex case could be undermining the safety and wellbeing of the child and/or family or could be an obstacle to achieving the case plan goals. The case conference team thus brings together "expertise and experience..., discuss a complex problem from a range of perspectives and identify unique solutions that are tailored to the individual case. This discussion is intended to help to clarify the child's and household's situation, gain agreement regarding the best way to proceed, and make needed adjustments to the case plan"[2].

Nature of cases to be handled by Case Conferencing Committees

Not all cases qualify for case conferencing. Only complex cases shall be considered for case conferencing. Otherwise, the case conference committee will be overwhelmed with cases that can actually be handled by the program social worker or even the para-social worker. Reserving only complex cases for the case conferencing committees allows them to commit time to such cases. The case worker in this case the program social worker may determine that the case is complex and thus refer it to the case conference committee.

Membership of the Case Conference Team

The standing Case Conference Committee will consist of the following members:

1. The Childcare Program Administrator
2. The Childcare Program Social Worker
3. Probation and Social Welfare Officer (PSWO)
4. Community Development Officer (CDO)
5. Officer in charge of Child and Family Protection Unit (CFPU) of police
6. Civil Society Organisation Representative
7. Para social worker

Depending on the nature of the case, other experts/professionals may be co-opted.

Positions and responsibilities

Chairperson

There will be a Chairperson for every Case conference Committee. The Chairperson will be responsible for determining the views and opinions of the Members of the Case Conference Committee, facilitating the decision-making process in developing an Intervention Plan, and ensuring a review of the agreed interventions and outcomes. He/she will also ensure the accuracy of the minutes and sign them. The chairperson can be selected from among the team members. This may be the PSWO or the CDO. Since the Program Administrator is the likely Convener of the case conference, he/she may not be the chair.

2 MoGLSD, 2019

Case Conference Secretary

The Case Conference Secretary will be a member of Staff of the childcare program, preferably the Social Worker. His/her role will include: notifying the Chairperson of the need for a case conference; sending out invitations for Case Conference meeting; recording the minutes; informing the PSWO/CDO of the agreed decision or intervention plan (where the PSWO/CDO has not been in attendance at the Case Conference).

Convener

There shall be a Convener of the Case Conference Meetings. This may be the Childcare Program Administrator. The Convener shall call for Case Conference meetings in consultation with the Committee chairperson. Unless the Convener doubles as the Committee Secretary, he/she will not be responsible for sending out invitations to Committee members for the coming meetings. The Convener will in consultation with the Committee Chairperson, Secretary and other members determine the venue of the Case Conference.

The convener shall call a case conference upon receiving complex, difficult or delayed cases requiring urgent or emergency multi-sectoral response.

Members

The rest of the Case Conference Committee members than the Chairperson, Secretary, and Convener will hold the positions of Case Conference Committee Members. These will bring their expertise and experience to cases handled at the Case Conference.

Quorum of Members

In order to hold a Case Conference, there must be a minimum of four members present and a maximum at the discretion of the Chairperson. Depending on the nature of the case, the Chairperson shall have the powers to invite particular experts to the case conference who may not necessarily be members of the Case Conference Committee. These other experts may be identified by the Chairperson or recommended by other members of the Committee.

The Childcare program Social Worker must attend the Case Conference.

Orientation of committee members on their roles

Prior to assumption of duty, orientation workshops or meetings shall be conducted. All members of the Case Conference Committee shall be required to attend the orientation workshop. The workshops may be held at the Program Offices or any other place as will be

communicated by the CCCU program team.

During the workshop/meeting, the Case Conference Teams will be guided through:

a) Meaning of and rationale for case conferencing
b) The background to the constitution/formation of the Case Conferencing Committee
c) The mandate of the Committee
d) The Positions, roles and responsibilities of Committee members
e) The nature of cases the Committee will be expected to handle
f) Issued with a copy of the Case Conferencing Terms of Reference
g) Any other relevant aspects.

Responsibility center

Whilst there will be various stakeholders constituting membership to the Case Conferencing Committee, the childcare program will be responsible for the case conference. It is acknowledged that the different childcare programs complement the mandate of the PSWO/CDO but nonetheless, the responsibility for case conferencing will not be borne by the PSWO/CDO but the respective childcare programs.

Every childcare program will have its own case conference committee.

Responsible person

Within each Childcare program, one staff (either the Administrator or Social Worker) or a designate will be the focal person primarily responsible for the operations of the Case Conferencing Committee.

Procedures for Convening a Case Conference

Before convening a Case Conference, the Convener will have consulted with the Committee chairperson and Secretary on the details of the particular cases being considered.

Where it is decided that there is a need for a Case Conference, the Convener, Committee Chairperson and Secretary will resolve that the Secretary dispatch invitations to the Case Conference Members. The invitations should be dispatched at least 4 days prior to the proposed meeting day but in case of emergency, committee members may be invited on short notice.

Preparation for the case conference

In line with the MoGLSD (2019) guidelines for case conferencing [3], the Childcare program Administrator and Social worker in preparation for the case conference shall be expected to do the following:

i. Arrange a time and place for the case conference when they feel that a case or multiple case would benefit from a conference. They should invite particularly individuals and stakeholders who are pertinent to the case(s).

    a. If necessary, the caregiver or child should be invited to attend the meeting. To determine this, the Social worker should familiarize him/herself with the case prior to calling the case conference. This helps him/her to appropriately determine if it is appropriate for the child or caregiver to attend the conference

ii. Review the case file(s) prior to the conference.

iii. Based on the information above, narrow down the issues to the main ones that should be discussed during the meeting. A copy/list of issues to be discussed should be availed to all Conference members (and other stakeholders pertinent to the cases) invited.

iv. The case worker should also bring the case file(s) to the case conference, respecting confidentiality and data protection protocols.

v. Only complex cases should be presented for case conferencing

At the case conference

a. Everyone attending should sign the Confidentiality Agreement Form upon arrival. No confidential information should be shared until everyone has signed.

b. The Convener of the case conference should welcome and introduce all participants.

c. The Convener/Chairperson should present the objectives of the case conference and agenda items, including the cases that will be presented for discussion.

d. The Childcare Program Social Worker who in this case is the Case worker should present the details of the case (or cases) for discussion. He/she should highlight the processes that took place (from identification, assessment, case plan development, to any referrals and monitoring visits conducted) and the challenging area(s) in which he/she requires input from the case conference participants. For cases brought to the conference after case planning, the Social worker should highlight the actions in the case plan and what has been done on those actions. The conversation should be respectful of clients and their privacy, and if other agencies are involved, as little information as is necessary for the point of discussion should be shared, and no more.

3 Ministry of Gender, Labour and Social Development (2019). Case Management Standard Operating Procedures for Child Programming in Uganda

e. The Conference participants should be allowed to share experiences in handling similar cases, while ensuring confidentiality. This sharing enriches the discussion and provides an opportunity for learning.

f. After discussions, the case conference members should agree on actions to be undertaken, by whom, and by when.

g. The Committee Secretary should keep minutes of the meeting, including decisions and assignments made, as well as follow-up actions to be taken.

1.1 After the case conference:

i. The Secretary (Program Social Worker) should summarize the proceedings of the case conference using the **Case Conference Form** and include it within the family's or child's case file.

i. Action steps, persons responsible, and a timeline for completing the action steps should be documented on the **Case Plan Form.**

i. The Secretary should send the minutes summarized in the **Case Conference Form** to the attendees for use in follow-up.

ii. The Social worker/Case worker should plan a follow-up case conference to assess progress towards agreed-upon actions.

iii. Where referrals have been recommended, the social worker/ case worker should make the necessary follow up.

Case Conference Minutes

The Case Conference Minutes will contain a record of the key points, decisions, and actions, rather than a verbatim account. The named persons responsible for the implementation of the Intervention Plan will be recorded, and the date of the Case Conference Review Meeting will also be recorded.

Case Conference Decision Making

Decisions regarding the appropriate interventions necessary to address the complex issue(s) will be made by Members of the Case Conference, based on their discussion, evidence-based knowledge and expertise, and will be included in an intervention plan. All decisions made shall be recorded in the Case Conference Minutes.

In the event of differences in opinion expressed by the Members regarding a course of action to address the problem/issue at hand, the Chairperson will have the responsibility to moderate and facilitate a workable solution that will be considered by the Members present to be in the best interest of the child.

Where a Member sustains a different opinion to that of the majority of Members present, and wishes to abstain from the final majority decision, then the decision of the majority

will be upheld by the Chairperson, and both the decision of the majority and the abstaining opinion will be recorded in the Case Conference Minutes. All decision should satisfy the do no harm and child's best interest principles.

Number of cases to be handled at every sitting

Given that the cases considered for case conferencing are often of a complex nature, they require a commitment of time. For purposes of effective case management, at every sitting, the case conference committee/team may not handle more than 5 cases.

Regularity of meetings

Case conferences can take place any time throughout the case management process from assessment to case planning to monitoring to case closure. It is however, recommended that case conference meetings shall be held at least once a month. This does not include emergency cases that require holding case conferences as immediate as possible.

Venue of case conference meetings

The Case Conferencing Committee shall always agree on the venue of the planned case conference. This may be at the Childcare program office, at the office of the PSWO, at the Office of the Sub-County Community Development Officer. The Convener in consultation with the Committee Chairperson and other members shall always determine the venue of the Case Conference. Consideration shall be given to maximization of chances for attendance by individuals/stakeholders who are pertinent to the case(s). For purposes of logistics such as photocopying, break tea and lunch as well as retrieving information relevant to the case that may not have been envisaged, holding the case conference meeting at the childcare program offices may be preferable.

Confidentiality

Confidentiality is a core value to the provision of services that are in the best interest of the child. Members of the Case Conference should be cognizant and sensitive to the privacy rights of the children and families being discussed at their meeting. However, there may be instances where information about the child's/family's case and/or the decisions reached by the Conference Committee may need to be disclosed where need arises to prevent potential serious, foreseeable, and imminent harm to the child and/or his/her family. To this effect, the general expectation that information remains confidential ceases to apply. In the circumstance, only information that is directly relevant to the safety and wellbeing of the child should be revealed.

As a standard, everyone in attendance of the case conference should sign a Confidentiality

Agreement Form

Access to Case Conference Minutes

Access to Case Conference records will be permitted to the Case Conference Committee members whether present or absent during the case conference. Non-Committee members that will have attended the case conference will have access to the case conference minutes. As and when the Case Conference Committee determines, persons considered appropriate may be granted access to the minutes. These may include CCCU program staff and partners.

Access to Case Conference Intervention Plan

For the purposes of providing effective support to the children and/or their families (the subject of the Case Conference) it is essential that Program staff and the staff members of other agencies involved in the change process are informed 'on-a-need-to-know-basis' of the Intervention Plan reached by the Case Conference Committee. This will be provided by the appropriate Case Conference Member, preferably the Program Social Worker.

Security of Case Conference Records

The Child care program shall uphold their legal responsibility to:

1. Protect the privacy rights of the children and/or their families;
2. Ensure that personal data in its possession is kept safe and secure.

Appropriate security measures shall be taken against unauthorized access to, or alteration, disclosure or destruction of the data/information held on all records, manual and electronic, including on Case Conference Records, and against their accidental loss or destruction.

Security of Electronic Records

Access to any sensitive personal data/information held on the childcare program computer systems that relates to activities of the Case Conference Committee should be restricted to authorized Staff only, and it should be password protected.

Security of Hard Copy Format of Case Conference Minutes

The manual hard copy format of the Case Conference Minutes will be held securely in the Case Conference filing cabinet at the program office. The filing cabinet should be kept under lock and key, and only accessed by the Program Administrator and Social Worker. This information should be released on request and on a 'need-to-know-basis' rather than 'desire-to-share basis'.

Case Conference Review Meeting

A Case Conference Review Meeting will be held within 30 working days of the initial Case Conference Meeting or as soon as possible thereafter. This meeting will be purposed to evaluate the implementation and effectiveness of the Intervention Plan and its outcomes. It is during the Case Conference Meeting that a provisional date for the Case Conference Review Meeting will be decided.

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CASE CONFERENCE FORM (CCCU/CM/09)

Instructions: To be completed at the meeting involving different service providers discussing different service options for the Child. The meeting is aimed at clarifying child's and household's situation, gaining agreement on the best way to proceed and make adjustments in case plan. Case conferences can take place any time throughout the case management processes. Case conferences can happen for highly at-risk cases like in instances of child abuse or for a child who has delayed in institution or program and for cases where tracing has been futile to discuss way forward with child safe guarding committee.

Case number	Nature of Case Risk (s)/Need(s)	Case summary (not more than 100 words)	Agreed-upon planned actions	Responsible person/ agency	Timeline (less than 12 months)

Name of case worker: .....

Date .....

Venue.....

Name of participants

No	Name	Age	Sex	Agency	Tittle/Position

Reviewed by:

Supervisor's Name .....

Date :.....

signature .....

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CONFIDENTIALITY AGREEMENT (for case conferences)

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF FAMILY AND CLIENT INFORMATION

I agree to treat as confidential all information about all children and their families that I learn during the performance of my duties as _____(official position /title) and member of the case conference. I understand that it is a violation of policy to disclose such information to anyone outside the case conference membership.

NAME OF MEMBER: _____

SIGNATURE OF MEMBER: _____

DATE: _____

It should be noted that while the above form is specifically about confidentiality of information received during case conferencing meetings, a similar approach can be used for all levels of data collection, sharing, and management.

Catholic Care for Children in Uganda

FAMILY BONDING TOOL (CCCU/CM/10)

To be filled during the bonding visit of caregiver to child in the CCI and after the child's bonding visit to the family. This form is filled when the child is ready for graduation/resettlement before they are taken back to their family. The aim of bonding is to create an attachment between the child and parents or caregivers and to familiarize the child with the new environment and family that they will be resettled in.

(Aimed creating bonding between the child and the family).

Note: 1) Family engagement plan MUST be clearly reflected in every Child's case plan, 2) the case worker must visit the child's family at least once in every three months; 3) encourage the parents to visit the child in the CCI at least once in every 3 months)

Name of person completing this form_____ Signature: _____

Name of CCI administrator.....Signature.....

Reviewed by the PSWO: _____ Signature: _____ Date: _____

Date of Visitation: _____ Date of last Visit: _____ Name of the household Head: _____ Household ID: _____ Name of the Child: _____ Child's ID: _____ More details such as age, date of birth, village parish etc... can be found on the child's initial case record in the child's file		
Nature of the visit	Child Visiting the Family Parent Visiting the Child in the CCI Others (Specify)_____	
Duration of Visit	From dd/mm/yy to dd/mm/yy (days) Hours visited:Start time------ End time:------	
	Domain	Case worker's Observations and comments about the bonding visit

Case workers findings/ observa-tions at the time of bonding	Social wellbeing: how does the child relate with the parents and other family members? Does the child play with other children in the household? Yes/No/NA Do the children and other household members care and look out for child's needs? Yes/No/NA	
	Physical wellbeing: how does the child look physically? Look out for traces of physical abuse such as bruises: Does the child look malnourished or has lost weight? Yes/No/NA	
	Emotional/Psychological wellbeing: Does the child look scared or humiliated or isolated/ignored? Is the child happy when they are with the caregiver? Yes/No/NA Does the child cry when it is time to say goodbye and refuses to be separated from caregiver? Yes/No/NA Is the caregiver affectionate with the child (e.g. carrying the child, holding the child in their laps, hugging, playing together)? Yes/No/NA	
	Cognitive/Mental: Look out for the child's learning skills, such as attention, memo-ry and thinking. Does the child ask the caregiver ques-tions? Yes/No/NA	
Follow up actions in line with bonding	_____ _____ _____ _____ _____ _____ Date of next Visit: _____ (Engage the family and the child in setting the date)	

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CASE MANAGEMENT POST RESETTLEMENT FOLLOW-UP TRACK TOOL (CCCU/CM/11)

This Form is to be used on the visitation made after the resettlement of a child/ children. This tool should be applied in between the application of the Child Assessment Form at 3 and 9 months. The tool is used to monitor progress of the case plan and come up with quick actions needed by the household and child care institution to move towards case closure. It must not take the place of the child assessment that is administered every 6 months. (Resettlement visits take a maximum of 3 years but can reduce as long as the child is comfortable and in good health)

<table>
<tr><td>Date when child was resettled: _____</td><td colspan="2">Factors that led to the resettlement: _____ _</td></tr>
<tr><td colspan="3">Type(s) of post-resettlement package(s) at the time of resettlement: _____ _____</td></tr>
<tr><td colspan="3">Name of Partner(s) attached to the child's/ Household's wellbeing at resettlement: _____ _____</td></tr>
<tr><td>Date of follow-up: _____</td><td colspan="2">Phase of administration of the form: (Write what is applicable) 1st/2nd/3rd/4th/5th etc. _____ _____</td></tr>
<tr><td>Name of Household Head: _____</td><td>Household's ID (refer to Child's file):__ _____</td><td>Contact of Household Head: _____</td></tr>
</table>

Name of child being visited: _____	Child's ID (refer to child's file): _____	Does the child have special needs? NO YES and if Yes, type(physical/mental/visual/hearing/ speech)? _____
Current residence; District: _____ Sub-county: _____ Parish: _____ Village: _____		
DETAILS ON HOUSEHOLD'S STATUS OBSERVATIONS & FINDINGS AT THE TIME OF FOLLOW-UP		
1. The general outlook, physical status of the Household: (Be more specific here. Comment on the physical condition of the house, the kitchen, latrine, sanitation and hygiene facilities and note on subsequent visits any changes you observe).		
2. Household economic status and source of income (look out for an IGA, business skills:	_____	
3. What is your main source of income?		
4. What are other sources of income?		
For questions below, circle the correct response	COMMENTS AND OBSERVATION (write case notes on progress of child/household in that specific activity)	
5. Household supported with business skill? Yes/No/NA		
6. Child in apprenticeship/vocational skills training? Yes/No/NA		
7. Household supported with IGA? Yes/No/ NA		
8. Is child involved in child labour? Yes/No/ NA		
General observations and additional comments under Economic stability and security		
9. Follow up action points		

SURVIVAL AND HEALTH Food and nutrition 10. How many meals does the child have in a day...	
11. Does the child have a balanced diet? (ask for the type of food consumed in the last 3 days) Yes/No/NA	
12. (a)Does child show signs of malnutrition? Yes/No/NA 13(a) Measure and record Child's Height in (inches)..... 12(b) Measure and record Child's weight in (kgs)	
Health Water Sanitation and Shelter 13. Does household have access to safe and clean water for home use? (Ask for household's water source) Yes/No/NA	
14. Does household boil water for drinking? Yes/No/NA	
15. Does household have decent shelter? Yes/No/NA	
16. Does the child sleep well? (Ask about where and with whom the child sleeps) Yes/No/NA	
17. Has the child fallen sick in the last one month? Yes/No/NA	
18. Has the child been admitted to hospital since the last visit? Yes/No/NA	
19. General comments on health of the child	

EDUCATION AND DEVELOPMENT 20. Is child receiving age appropriate education (kindergarten, primary, secondary and post-secondary)? Yes/No/NA	
21. Is child attending vocational skills training or apprenticeship? Yes/No/NA	
22. Has the child missed school more than 5 times last month? Yes/No/NA	(Please state reasons for absence at school)
23. Does the child have school fees? Yes/No/NA	
24. Does the child have school materials? Yes/No/NA	
25. Are there any concerns about the child's appropriate education? Yes/No/NA	
26. Record additional comments on child's education	
CARE AND PROTECTION 27. Is the child engaged in activities at home, community and at school including playing with friends and siblings? Yes/No/NA	
28. Is child free from any abuse? (Look out for scars on the skin and signs of sadness or withdraw of the child) Yes/No/NA	
29. Does the child know where to report in case of abuse? Yes/No/NA	
30. Has the household reported any form of child abuse to local authorities like LC, PSWO, and CFPU? Yes/No/NA	
31. Additional comments and observations on care and protection	

EMOTIONAL AND PSYCHOSOCIAL WELLBEING	
32. Is the child always happy all the time? Yes/No/NA	
33. Does the child relate well with siblings, children in the neighborhood and school? Yes/No/NA	
34. Does the child have friends? Yes/No/NA	
35. Are there times the primary caregiver has consulted a priest or health worker because they were worried about child's emotional wellbeing? Yes/No/NA	
36. Is the child constantly sad and withdrawn from others? Yes/No/NA	
37. Additional comments on child's emotional wellbeing.	
38. Follow up actions	
39. General Challenges and caregiver's concerns in post resettlement:	_____
40. List key milestones in child's life since resettlement.	
41. List any significant positive changes in child's life since resettlement.	
42. List any significant negative changes that have happened in child's life since resettlement.	
43. Summary of key issues/child protection concerns for follow up	_____
44. Issue 1	
45. Issue 2	
46. Issue 3	
47. Issue 4	
48. Issue 5	
49. Household's Further Actions to be taken before the next visit:	_____

50. Action point 1	
51. Action point 2	
52. Action point 3	
53. Action point 4	
54. Action point 5	
	Name(s) of responsible person(s)
	Date of follow up of action points
Extra services offered by CCI/ Staff?	_____
Date of Next Visitation:	_____

Anticipated closure date of post resettlement follow-up _____

NOTE: That date only applies if the child's and entire household's status is satisfactorily good and habitable/ sustainable basing on the four core program areas (Economically stable, Healthy and surviving, all children enrolled in school and full care and protection).

Details of the staff following up and filling in the form:

Name: _____

Date: _____

Designation: _____

Signature: _____

Checked by: Administrator/ Ass.Administrator:

Name: _____

Date: _____

Designation: _____

Signature: _____

STEP 6: **MONITORING**

- ON-GOING MONITORING TOOL FOR OVC HOUSEHOLDS [OVCMIS FORM 014A]
- CCI CASE MANAGEMENT MONITORING CARD (CCCU/CM/12)
- CHECK LIST VERIFICATION TOOL (CCCU/CM/13)

Catholic Care for Children in Uganda

ON-GOING MONITORING TOOL FOR OVC HOUSEHOLDS
[OVCMIS FORM 014A]

INSTRUCTIONS: The On-going monitoring tool should be applied in-between the application of the Household Vulnerability Assessment Tool (HVAT)at months 3 and 9. The tool is used to monitor progress against the case plans and identify quick actions which are needed by the household or project to support household move towards graduation. This tool MUST not take the place of the HVAT which is administered at Month 6 and 12. This tool is applicable to households of children aged 0 to 11 years and adolescents aged 12 to 17 years who have been resettled with their families. Community programs should use the tool to measure the wellbeing of the children under their care and identify potential risks of abuse to the child.

Primary caregiver/HH head/Unaccompanied child's name (including nickname):	
Caregiver's /Child 's NIN:	Caregiver's phone number: _____
Number of children in the household:	
Case Worker's name:	Case Worker's phone number: _____

PRIORITY AREA: 1. SURIVIVAL AND HEALTH	YES / NO OR OTHER	COMMENT
· All members of the household have been healthy in the past month		
· All members of HH know their HIV status		
· All HIV+ members of the household have demonstrated adherence to treatment regime, their viral load is suppressed, and suppression is documented.		
· HH nutrition status assessed and where necessary support was provided or case referred		
· HH Sanitation and hygiene meets the required standards		
2. ECONOMIC STABILITY AND SECURITY		
· The household continues to be able to plan for the priority needs of the child(ren).		
· The caregiver continues to engage with an individual or group for social and emotional support		
·All members of the household have been able to have regular meals twice a day in the last three months.		

· Members of the household continue to express a sense of well-being and stability and are feeling positive about exiting the project.	
3. CARE AND PROTECTION	
In the last three months, the child(ren) in the household have been engaged in activities in the home, school, or community, including playing with siblings or friends	
· There are no signs or concerns about violence in the household	
· When observing caregivers and children together, the communication and engagement between them is positive	
· For those linked to probation and social welfare, police or other justice services: The household continues to receive, on a regular basis, social protection or legal support services	
· Any abused member of the HH withdrawn from the form of abuse	
4. EDUCATION AND DEVELOPMENT	
· All the children 6-17 years old in the household have attended school or vocational training or apprenticeship training regularly since the last visit (i.e., no more than five absences per month) school.	
· There are no noted concerns about continued schooling, including secondary school, vocational training, or apprenticeship training.	

Household is progressing well (achieving case plan goals): Yes No

Case ready for closure: Yes No

Recommended action plan for the next month: _____
_____

Name and contact details of organizations/Government departments providing services: _

Signature of PSWO/CDO/Case Worker: _____
Date of visit: _____

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CCI CASE MANAGEMENT MONITORING CARD (CCCU/CM/12)

This is a summary of all children in the institution to understand the status of the CCI. The tool is not designed for individual child records. The tool should be kept in general records of the CCI. This monitoring card should be filled by the case worker every 6 months.

(Bi-annual: to be filled every 6 month)

CCI Name/Community Program: _____

Jan-June July-Dec Year: _____

No.		Number		
1	Total number of Children in the Child Care Institution/Community Program.	Sex	No	Children with disabilities
		M		
		F		
		Total		
Case Record:				
2	Total number of children with complete documented case records	Male:		
		Female:		
		Total:		
3	Number of new cases in the last 6 months	Male:		
		Female:		
		Total		
	Total number of cases successfully traced in the last 6 months	Male:		
		Female		
		Total		
	Total number of resettled children in the last 6 months	Male:		
		Female:		
		Total		
4	Total number of closed cases in the last 6 months	Male:		
		Female:		
		Total		

Reasons for admission in the CCI/ Community Program for the new cases:		Male	Female	Total
5	School/Education			
6	Household Poverty			
7	Domestic violence			
8	HIV & AIDS			
9	Special needs			
10	Orphan-hood (either mother/father died/both died)			
11	Sexually abused children			
12	Abusive family environment (Physical)			
13	Neglect			
14	Child abandonment			
15	Child withdrawn from the street			
16	Children affected by War (refugees)			
17	Child victims of trafficking			
18	Child exhibiting socially unacceptable behavior			
19	Child-headed household			
20	Migration (either child/family)			
21	Substance abuse by the primary caregiver			
22	Severe/Terminal or mental illness of the primary caregiver			
23	Imprisonment of the primary caregiver			
24	Disability of primary caregiver			
25	Others (Specify)			
	Critical actions for next 6 months example if: 1. Number /new cases have increased; we could take actions to strengthen our gate keeping. 2. If cases are not complete perhaps increased supervision of case workers etc. 3. The reasons for admission could also speak something to the way we are doing things as a CCI. If most of children admitted are for education, we could think of supporting children's education from their families Action1:..... Action 2..... Action 3..... Action 4.....			

Responsible person: _____

Date: _____

Compiled by: _____ Signature: _____Date: _____

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CHECK-LIST PER CHILD's FILE (CCCU/CM/13)

CHECK-LIST PER CHILD's FILE													
No.	Item(Tool/ Form/ Letter)	Tick if available, X if missing or NA (reviewed quarterly by the CCI Admin, PSWO and CCCU Staff at visitation)											
		CCI Admin				PSWO				CCCU Staff			
		Qr1	Qr2	Qr3	Qr4	Qr1	Qr2	Qr3	Qr4	Qr1	Qr2	Qr3	Qr4
1	PSWO's Recommendation Letter.												
2	LC 1 Letter.												
3	Police Report/ recommendation with reference number.												
4	Child Bio data/ Initial Case Record form(AHR-Schedule 3,Form:1)/ Child In-take Form												
5	Health Report for the first 24 hours of Admission to the CCI.												
6	OVCMIS FORM(s)_Vulnerability Assessment Tools (HVAT, Adolescents & Child).												
7	OVCMIS FORM 008_Enrolment Information												
8	Current and previous care orders.												
9	Child's photo(s) taken on entry and after every 3 years.												
10	Immunization card.												
11	Birth Certificate.												
12	Quarterly health report and any other health information.												
13	Child's Care/Case plan and Case Conference Information.												
14	Special Care plan for children with HIV/AIDs and other chronic diseases												
15	Academic Report card(s) for all school going children												
16	Visitation schedule for all children in Boarding section												
17	Child's Quarterly Progress Report(AHR-Schedule 3, Form 2)												
18	Family involvement/Bonding & Visitation Track Form (Shows when the CCI staff and child visited HH & when the family visits the CCI)												
19	Refugee Family Attestation form/ Card from the office of the prime minister, (for refugee children)												
20	Post resettlement follow-up and track forms (You may also use the Assessments and the Final Monitoring tool then document).												
21	Death Certificate (for the deceased Primary care-giver and child)												
22	Case closure information and exit plans												
NOTE: Attached is the Checklist Verification Form. (It should be attended to by the Admin, PSWO and CCCU Staff at each file Audit).													

YEAR: _____ CHILD'S ID: _____

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CHECK LIST VERIFICATION TOOL (CCCU/CM/14)

(This form is to be signed quarterly by the CCI Administrator, PSWO and CCCU Staff on Audit of every child's file. A summary of key issues needs to be highlighted and a recommendation for the next course of action to be taken by the Social Worker or any involved person provided on the form). The CCCU staff maintains a copy, one copy is stored in general child care institution records. The form is NOT stored on the individual child's file.

YEAR: _____

		Quarter 1 (January to March)	
Officer	Name, Date & Signature	Key issues and general observations from file audit	Comment and Recommendation by the person auditing the file
CCI ADMIN			
PSWO			
CCCU STAFF			
		Quarter 2 (April to June)	

CCI ADMIN			
PSWO			
CCCU STAFF			
		Quarter 3 (July to September)	
CCI ADMIN			
PSWO			
CCCU STAFF			
		Quarter 4 (October to December)	
CCI ADMIN			
PSWO			
CCCU STAFF			

STEP7: **CASE CLOSURE**

- CASE CLOSURE CHECKLIST (CCCU/CM/14)

Catholic Care for Children in Uganda

CASE CLOSURE CHECKLIST (CCCU/CM/15)

Instructions: This form is completed when the case plan has been implemented and it is time for the child to graduate from the project; or in case of transfer such as a child relocating to a different area; and in case of premature termination due to for example death of the child, household requesting to no longer participate in the program or circumstances beyond control of the child care institution or community program. The child and household need to be informed about graduation/case closure and the reason for closing the case.

1. Date of case closure: _____

2. Reason for case closure (circle): 1) Case Plan Achievement 2) Transfer 3) Attrition

3. Date household exited from the CCI /Community programme: _____

4. Name of the household (HH) head: _____

5. Address of HH head: _____

_____

6. NIN of the HH head: _____

7. Phone number of HH head: _____

Case Closure Checklist for Case Plan Achievement

Case files completed per the protocol.	Yes/No
Case worker has given phone number to household.	Yes/No
HH head has been linked to a family that already graduated.	Yes/No
Child informed about graduation and is happy about it.	Yes/No
Informed necessary service providers of graduation.	Yes/No
Graduation recorded in database of child care institution and community program.	Yes/No
Files stored in a safe place (locked cabinet).	Yes/No
HH provided with a resettlement package	Yes/No

List of resettlement items provided _____

Case Closure Checklist for Transfer

Care Transfer Form completed per the protocol.	Yes/No
Referring case manager established time and frequency for follow-up of receiving organization.	Yes/No
Child and HH have been informed of the transfer, the reason for it and they are okay with it.	Yes/No
Informed necessary service providers of care transfer.	Yes/No
Copy of family folder sent to receiving organization.	Yes/No
Files stored in a safe place (locked cabinet).	Yes/No

Case Closure Checklist for Attrition

Reason for attrition documented in family folder.	Yes/No
Files stored in a safe place (locked cabinet).	Yes/No

Case Manager Signature: _____

Date:_____

Contact details of case closure CCI/Community Program/ organization: _____
_____

Catholic Care for Children In Uganda

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