



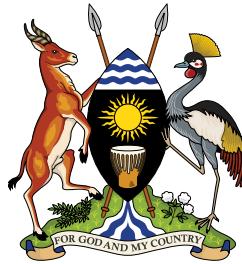
GOVERNMENT OF UGANDA

**Ministry of Gender, Labour
and Social Development**

**CASE MANAGEMENT TOOLS
FOR CHILD PROGRAMMING
IN UGANDA**

.....
2019

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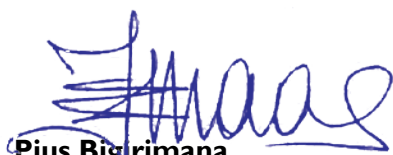
Following over one year of partner consultations together with a participatory review of case management guidance and tools as stipulated under the National orphans and vulnerable children (OVC) Management Information System (MIS), I am pleased to present this harmonized case management toolkit, which includes two documents: Case Management Standard Operating Procedures for Child Programming in Uganda, and Case Management Tools for Child Programming in Uganda. This toolkit builds on Ugandan experience and lessons identifying, enrolling, supporting, and graduating vulnerable children and families out of program support. It serves to replace existing set of tools for OVC programming. This tool kit will be used alongside the National Handbook for Probation and Social Welfare Officers and the Case Management Handbook for Child Protection, which are both in the process of being updated to reflect this new guidance.

This toolkit reflects the Ministry of Gender, Labour and Social Development'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 approaches and tools to ensure that partners, 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. In this way, case management is a vital tool which helps bring to life the social protection goals contained in the Social Development Sector Plan, SDSP 2015/16-2019/20, namely the objective of enhancing the resilience of vulnerable persons for inclusive growth, while also strengthening protection for vulnerable children and families.

It builds on proven, well-known tools with small adaptations to ensure that partners are using the respective case management tools at the right time, with the right people, to coordinate the delivery of the right services to strengthen social protection.

I wish to acknowledge the invaluable contribution of our development partners, institutions and different individuals who participated in the harmonization of the case management toolkit. While MGLSD took the lead in this process, without the generous technical, financial and material support from key stakeholders, the finalized toolkit would not have been possible.

I hope that this harmonized case management package will facilitate and support greater effectiveness, efficiency, and accountability in our support to empower communities.



Pius Bigirimana

Permanent Secretary

Ministry of Gender, Labour and Social Development

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APX	Approximate
ART	Antiretroviral Therapy
CDO	Community Development Officer
CFPU	Child and Family Protection Unit (of Police)
CHEW	Community Health Extension Worker
CM	Case Management
CRS	Catholic Relief Services
CSO	Civil Society Organisation
DPSWO	District Probation and Social Welfare Officer
HH	Household
HIV	Human Immunodeficiency Virus
HVAT	Household Vulnerability Assessment Tool
HVPT	Household Vulnerability Prioritisation Tool
IP	Implementing Partner
LC	Local Council
M&E	Monitoring and Evaluation
MGLSD	Ministry of Gender, Labour and Social Development
MOU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
NIN	National Identification Number
NSPPI	National Strategic Programme Plan of Interventions
OVC	Orphans and Vulnerable Children
OVCNIS	Orphans and Vulnerable Children Management Information System
PEPFAR	United States President's Emergency Plan for AIDS Relief
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
SIMS	Site Improvement Monitoring System
SOCY	Sustainable Outcomes for Children and Youth (SOCY)
SOPs	Standard Operating Procedures
UNCRC	United Nations Convention on the Rights of the Child – 1989
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
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 within the context of orphan and vulnerable children (OVC) programming is understood as the premature termination of support to a child and/ or household due to circumstances beyond the control of the programme. Attrition occurs when the child and/ or household requests to no longer participate in the given OVC programme, the 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 sectors 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: In the context of OVC programming, case management is the process of identifying, assessing, planning, referring and tracking referrals, and monitoring the delivery of services in a timely, context-sensitive, individualised, and family-centred manner to achieve a specific goal (e.g., child protection and well-being). It is a collaborative process to identify individuals 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 to outline step-by-step actions that will be taken to meet the goals of the household and the programme. 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 all members of a household have achieved both the goals of the OVC programme, as outlined in the graduation benchmarks, and the goals identified by the household and outlined in the case plan.

CASE WORKER: Case Workers are individuals working at the frontline 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 labour 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 marginalised 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 all members of a household have achieved both the goals of the OVC programme, 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.

INSPIRE STRATEGY: Standing for Implementation and enforcement of laws, Norms and values, Safe environments, Parent and caregiver support, Income and economic strengthening, Response and support services, and Education and life skills, the INSPIRE strategy was developed by the World Health Organization to end violence against children.

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 recognised 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.

SOCIAL PROTECTION: Social protection is a set of public policies, programmes, and systems that help poor and vulnerable individuals and households reduce their economic and social vulnerabilities, improve their ability to cope with risks and shocks, and enhance their human rights and social and economic status.

TRANSFER: Transfer is the process of supporting the movement of a child and/or household from active participation in a given programme 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.



Ministry of Gender, Labour and Social Development

Pre-Identification and Registration Tool [OVCMIS FORM 005] (to be filled in duplicate)

This form should be filled before the Household Vulnerability Prioritization Tool (HVPT) is used.

WHO FACILITATES: Village leaders with the support of project staff will facilitate the pre-identification process. The community-level workers such as para-social workers, VHTs, Local Council members, community resource personnel and Local Government staff who have been trained to administer the tool can also be directly engaged in OVC identification process.

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

NOTE: Please note that all households (HH) on the list should have at least one child 0–17 years.

Community members present (para-social worker, VHTs, religious or local leader, LC member, and/or project staff):

1.	Full name of the HH head:		
2.	HH has children 6–17 years not currently enrolled in or irregularly attending school.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	HH has a person living with a severe disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Child <input type="checkbox"/> Adult
4.	HH has a member who has been very sick for at least 6 months or chronically ill during the past 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Child <input type="checkbox"/> Adult
5.	HH has children at-risk of abuse or maltreatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	HH has children at risk of HIV infection.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	HH shelter is structurally unsafe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.	HH lacks easy access to basic needs like food, water, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	HH is child-headed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	HH cares for an orphan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.	HH is under the care of an elderly person.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	HH has children in contact with the law.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13.	HH has children in conflict with the law.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Name of chairperson: _____ Title: _____

Phone number: _____ Signature: _____

2. Name of member: _____ Title: _____

Phone number: _____ Signature: _____

3. Name of member: _____ Title: _____

Phone number: _____ Signature: _____

4. Verified by Name (CDO): _____ Phone number: _____

Date: _____ Signature: _____



Ministry of Gender, Labour and Social Development

Household Vulnerability Prioritization Tool (HVPT)[OVCMIS FORM 006]

HOUSEHOLD NUMBER (OFFICIAL USE ONLY): _____

UGANDA HOUSEHOLD VULNERABILITY PRIORITIZATION TOOL

The Uganda Household Vulnerability Prioritization Tool (HVPT) is intended to assist OVC service providers in prioritizing households for OVC programmes/support. This tool should be applied to all households listed by Case Workers, para- social workers, Village Health Teams (VHTs), religious or local leaders, or other project staff under the guidance of Local Council I (LC.I) and verified by the Community Development Officer (CDO) using the criteria of the Pre-Identification and Registration Tool (OVCMIS FORM 005) or community mapping. It can also be applied to households coming from referrals.

For further information on how to administer this tool and prioritise households, refer to the MGLSD guidelines for OVC identification, prioritization, monitoring, and graduation (2015).

INSTRUCTIONS FOR PERSON(S) ADMINISTERING THE HVPT:

Please complete the following steps:

1. Start the interview by greeting and introducing yourself, the name of the OVC project, partners (e.g., MGLSD, MOH), and the purpose of the assessment. Say, *“We are asking people questions to assess vulnerability across a number of areas. This exercise asks for sensitive information on household finances, food, school enrollment, health and HIV status, psychosocial well-being, and child protection. It should take 15–20 minutes to complete.”*
2. Ask for permission to conduct the assessment. Ensure that the interviewee is clear that the assessment will not result in enrollment and services for the household. Say, *“Participation in this exercise does not guarantee enrollment in the project, but enables the project to identify and prioritise vulnerable households for support.”*
3. State that information shared is confidential and will only be used by Government or project staff for determining enrollment of the household and/or needed referral(s).
4. After completing the HVPT, check that all questions have been answered and correct any errors in documentation. Note on the form if a referral is needed. In the case of severe issues (e.g., a child in danger or who has experienced a child protection issue, such as severe physical or sexual abuse), the situation should be reported immediately to the appropriate authorities (e.g., a local organization; a local council; in the case of child protection, a legal entity; or the toll-free national child helpline, SAUTI – 116).
5. Return completed HVPT to designated officers (e.g., civil society organization (CSO) staff or Community Development Officers (CDOs) in areas where they are directly carrying out the activity) for household prioritization. Note that people who directly administer the tool should **not** make decisions about enrollment.

INSTRUCTIONS FOR EMERGENCY ACTION

If any of the following conditions are identified within the assessed household, refer for immediate assistance within 24 hours:

- Child abuse: Escort child and caregiver to a child Case Worker based at a local police station or hospital.
- Child is seriously ill and without access to treatment: Escort the child and caregiver to nearest health facility and alert the local CDO.
- Child is visibly malnourished: Escort the child and caregiver to nearest health facility and alert the local CDO.
- Submit the completed HVPT to the CDO/project officer within one week.

BACKGROUND INFORMATION: Please complete items A through J.

A.	Name of the implementing partner	
B.	Name of OVC service provider	
C.	District	
D.	Sub-County/Division/Town Council	
E.	Parish/Ward	
F.	Village/Cell/Zone	
G.	Household Number (given by the project/CDO)	
H.	Number of people aged 18 years and above currently living in household	Male _____ Female _____
I.	Total number of children below 18 years of age currently living in household	Male _____ Female _____
J.	Name, NIN, Unique Identifier, and Phone Number of interviewee (HH head or primary caregiver)	Name _____ NIN/Unique identifier _____ Phone number _____

OTHER INFORMATION:

K.	Name of person administering:	Title: _____ Interview Date: _____ Phone Number: _____
----	-------------------------------	--

INSTRUCTIONS:

Please administer the next section to the household (HH) head or his/her designee. Ask each question and circle the appropriate response option. If there is a situation where a referral is needed, put an “x” for “needs referral”. Upon completion, return the form to the assigned programme officer where household prioritization will occur. After programme officers determine households for assessment, household enrolment and case planning will begin at the household level. See meaning of child abuse in SOPs.

PRIORITY AREAS		Response	Needs Referral (insert “x”)
ECONOMIC STABILITY AND SECURITY			
1.	Is this a child-headed household? (The HH head is under 18.)	Yes No	
2.	In the last 6 months, has there been at least one member of the household who has consistently had formal or informal employment or is self-employed or has a business or is engaged in an economically productive activity?	Yes No	
3.	The last time there was an unexpected, urgent household expense (e.g., emergency medical expense or house repair), was someone in the household able to pay for that expense?	Yes No Not Applicable	
4.	Does the HH head, spouse, or caregiver have any form of severe disability (e.g., hearing, speech, physical, mental, visual, genetic deficiencies (albinism)) that prevents him/her from engaging in economically productive activities?	Yes No	

Vulnerable if 1 or 4 is “yes” or if 2 or 3 is “no”, then circle “yes”		Yes No	
SURVIVAL AND HEALTH			
5.	Has the household eaten at least 2 meals a day, every day, for the last month?	Yes No	
6.	In the last month, did any child in the household go a whole day without eating anything because there wasn’t enough to eat? <i>(In case of visibly malnourished child, check yes and refer)</i>	Yes No	
7.	Can household members fetch water for domestic use within half an hour?	Yes No	
8.	Does the household have stable shelter that is adequate, safe, and dry? <i>(Please observe)</i>	Yes No	
9.	Is there anyone in the household who is HIV+? <i>(If you already know the status, then check “Yes.” Indicate the number of adults and/or children.)</i> Adults: _____ Children: _____	Yes No Don’t Know	
10.	Does the caregiver know the HIV status of everyone in the household? <i>(Skip if don’t know status of anyone in the household.)</i>	Yes No	If No administer the risk assessment tool and refer
Vulnerable if 5, 7, 8, or 10 is “no”, or if 6 or 9 is “yes”, then circle “yes”.		Yes No	
EDUCATION AND DEVELOPMENT			
11.	Are there any children aged 6–17 years in this household who are not enrolled in school?	Yes No Not Applicable	
12.	Are there any children aged 6–17 years in this household who are enrolled in school and have missed school for about 30 days in the last school term?	Yes No Not Applicable	
13.	Are there any children in this household who are withdrawn or consistently sad, unhappy, or depressed, and not able to participate in daily activities including playing with friends and family?	Yes No	
Vulnerable if 11, 12, or 13 is “yes”, then circle “yes”.		Yes No	
CARE AND PROTECTION			
14.	In the past 6 months (since: _____), has any child in the household had the following happen to him/her, in or outside of the household? <i>(If any item is ticked, circle “Yes.”)</i> <i>(Note: If you see an obvious issue of abuse or you already know about it, then you may check type of issue and circle “Yes” in the response column.)</i> <input type="checkbox"/> Physical abuse that causes body harm <input type="checkbox"/> Child marriage or teenage mother/ father <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual abuse	Yes No	
15.	Is there an orphan in this household?	Yes No	
16.	Is there any child in this household who: 1) has not been registered at birth or 2) does not have a birth certificate or National Identification card	Yes No	
Vulnerable if 14, 15, or 16 is “yes”, then circle “yes”.		Yes No	
TOTAL SCORE: Yes=1; No=0; Not Applicable=0; Don’t know=0- Not necessary= 0			



Ministry of Gender, Labour and Social Development

Household Vulnerability Assessment Tool (HVAT) for Caregivers [OVCMIS FORM 007A]

The Household Vulnerability Assessment Tool (HVAT) is for assessment of households (HHs) selected through the vulnerability prioritization process. The tool that was revised in 2018 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 be only used with HHs identified and prioritized using the Household Vulnerability Prioritization Tool (HVPT), and it should only be administered to HHs who will be supported. The tool should be applied at assessment, at the end of 12 months, at the end of a support programme, 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 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 HH. Fill in all required information on the members of the HH, the required contact details, and the HH number as indicated on the Household Vulnerability Prioritization Tool (HVPT). 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. 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

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

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 I: ECONOMIC STABILITY AND SECURITY						
I.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	

I.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	

I.3 Are you a member of a savings group or association?		
OPTION	No	Yes
SCORE	1	0

I.4 How much have you saved in the last three months? (expressed in Uganda Shillings)					
OPTION	Nothing	Less than 50,000	50,000 - 150,000	150,000 - 300,000	300,000 and above
SCORE	4	3	2	1	0

I.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	

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

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, motorcycle, 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		

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		
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 supplemented with given in return for work	Homegrown	
SCORE	4	3	2	1	0	
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	
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		

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			
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 1 or 2	If Yes to 3	If Yes to 4 or 5	If Yes to 6	Yes		
SCORE	4	3	2	1	0		
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		
2.7 Does the HH have a person with a disability?							
OPTION	Yes			No			
SCORE	1			0			
2.8 Does any person in the HH have a long - term illness?							
OPTION	Yes			No			
SCORE	1			0			
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			
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 members status	Knows status of All		
SCORE	4	3	2	1	0		
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		

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	
SCORE	4	3	2	1	0	

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/NA	NB: If eligible and not tested, refer for Viral load test
SCORE	4	3	2	1	0	

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/NA	
SCORE	4	3	2	1	0	

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	

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	

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	

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	

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	

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	

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	

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	

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	

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		
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): _____



Ministry of Gender, Labour and Social Development

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 in the households selected through the vulnerability prioritization process. 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 identified and prioritised using the Household Vulnerability Prioritization Tool (HVPT), and it should only be administered to adolescents who will be supported. The tool should be applied at enrolment, at the end of 12 months, at the end of a support programme, 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 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 as indicated on the Household

Vulnerability Prioritization Tool (HVPT). For each of the vulnerability categories, enter Yes (Y), No (N), or Not Applicable (NA). For sex, indicate Male (M) or Female (F). For immunisation and birth registration, check immunisation 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 1. 1st 2. 2nd 3. 3rd 4. 4th 5. Other, please specify _____	Marital Status of HH Head 1. Single 2. Married/ Cohabiting 3. Widowed 4. Separated/ Divorced		Age of HH Head:

SECTION II: ASSESSMENT

ADOLESCENTS' ASSESSMENT						
PRIORITY AREA 1: ECONOMIC STABILITY AND SECURITY					SCORE	
1.1 Are you engaged in any economic activity that contributes to your well-being and that of the HH? Yes/No						
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 response is Yes	If any age and in or out of school and the response is No	
SCORE	4	3	2	1	0	
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		
1.3 Are you a member of a savings group or association?						
OPTION	No			Yes		
SCORE	1			0		
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	
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		
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		
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		
2.4 Do you know your HIV status? Note: For adolescents with unknown HIV status, Refer for HTS						
OPTION	No			Yes		
SCORE	1			0		

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

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

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

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

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

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	

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

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 0	
SCORE	4	3	2	1		
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	

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	

4.3 What would you do if you experienced or became a victim of abuse or violence?

OPTION	Nothing/ negotiate with offender/revenge	Talk to neighbour/ 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	

4.4 In the past 6 months, have any following happened to you in or outside the HH? Indicate Yes/No.

						Yes	No
Note: If you see an obvious issue of abuse or you already know about it, then indicate yes.							
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		

4.5 Have you 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 or 5's	If any of 4 or 5	If all are No		
SCORE	4	3	2	0		
CARE AND PROTECTION TOTAL						

SUMMARY SCORE PER PRIORITY AREAS

PRIORITY AREAS	Maximum Possible Score (A)	Adolescent 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	13				
2. Survival and Health	15				
3. Education and Development	09				
4. Care and Protection	14				
HH TOTAL SCORE	51				
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): _____



Ministry of Gender, Labour and Social Development

Household Enrollment Form [OVCMIS FORM 008]

INSTRUCTIONS:

WHAT: Enrollment is the process of registering children and households that are eligible for and want to participate in the OVC programme.

WHO FACILITATES: Case Workers facilitate with the support of a Case Manager in collaboration with the sub-county CDO and / or the PSWO.

WHO PARTICIPATES: All members of a household participate, and a community leader, if possible, acts as a witness.

HOW:

The Case Worker should:

1. Visit, with the community leader, the households the Case Manager has assigned to him/her. During this first visit, the Case Worker should:
 - Introduce him/herself to all members of the household, including the children (*Note: See Step 2: Additional guidance – Communicating with Children and Caregivers and Discussing Sensitive Topics*).
 - Introduce the OVC programme.
 - Explain what it means to participate in CM and work towards case plan achievement (*Note: See Additional guidance – Explaining Case Management and Case Plan Achievement to Families*).
 - Ask the members of the household if they want to participate in the programme.
 - Build rapport⁶ (*Note: See CM Step 1 “Ways to Build Rapport” text box*).
2. Complete a Household Enrollment Form for the household if the children and their caregivers want to participate in the programme. Where possible, a community leader should witness the members of the household agreeing to participate in the programme.

The Case Worker/Case Manager/PSWO/CDO should:

1. Document the enrolled child(ren)'s and household's information in relevant registers according to governmental or organizational policies.
2. Establish a family case file that will be stored in a secure location. (*Note: See Step 1: Additional guidance – Data Protection Protocols*).
3. Assign the members of the household unique identifiers according to governmental or organizational protocols.



Ministry of Gender, Labour and Social Development

Household Enrollment Form [OVCMIS FORM 008]

A. Name of the Implementing Partner	
B. Name of OVC Service Provider	
C. District	
D. Sub-County/Division/Town Council	
E. Parish/Ward	
F. Village/Cell/Zone and GPS location	
G. Household Number (given by the project/CDO)	
H. Number of people aged 18 years and above currently living in Household	Male_____ Female_____
I. Total of children below 18 years of age currently living in Household	Male_____ Female_____
J. Name, NIN, Unique Identifier, Phone Number, Signature of HH Head or Primary Caregiver	Name: NIN/Unique identifier: Phone number: Signature:
K. Name of Project Case Worker	Title: Date: Phone Number: Signature: Stamp:
L. Name of PSWO/CDO/Parish Chief	Title: Date: Phone Number: Signature: Stamp:
M. Details of Case Worker Administering the Tool:	Title: Date: Phone Number: Signature: Stamp:



Ministry of Gender, Labour and Social Development
Child Care and Protection Case Record Form [OVCMIS FORM 004A]

Child care and protection case record book: Explanation of column headings

- 1. Case reference number:** This refers to the Case number that the Case Manager or the Probation and Social Welfare Officer/Community Development Officer or any other authorized person chooses to give to a case for the purpose of identifying it. It should be serially determined and could also reflect the year when the case was handled e.g. 2012/001 (which means case number one in the year 2012 e.t.c)
- 2. Date:** This refers to the date when the case was reported to the agency or Officer that is providing assistance. It also refers to the date when the client returned to the office for support in case the client makes several visits, different dates should be recorded but the same case reference number should be recorded at all times.
- 3. Name of child/client:** This refers to the name of the person who is a victim of a rights violation or who is deprived and for whom assistance is being sought.
- 4. Age:** This refers to the age of the Client for whom assistance is being sought.
- 5. Sex:** State whether the person for whom the assistance is sought is a male (M) or a female (F)
- 6. Village/parish/Sub County:** Please name the Village, Parish and Sub County where the person for whom assistance is sought resides.
- 7. Name of Caregiver/Parent:** This refers to the name of the person who is looking after the Client for whom assistance is being sought.
- 8. Details of the case including perpetrators form of rights violated and other case details as reported plus assessed needs:** Here all the details of the case should be recorded as narrated by the reporting person. The assisting officer should also assess the real needs of the person who needs assistance and record them in this column. Information about circumstances a person may be living in, perpetrators etc. should be recorded here.
- 9. Details of action taken:** The person handling the case should show the specific course of action that have been undertaken to address the case. This should include whether the case is concluded or not and why.



Ministry of Gender, Labour and Social Development
Child Care and Protection Case Record Form [OVCMIS FORM 004A]

Case Reference Number	Date	Name of Child/Client	Age	Sex (M/F)	Village/Parish/ Sub County	Name of Caregiver/ Parent	Details of the case including perpetrators form of rights violated and other case details as reported plus assessed needs	Details of action taken: In addition include whether the case is concluded or not and why.
1	2	3	4	5	6	7	8	9



Ministry of Gender, Labour and Social Development

Integrated OVC Service Register [OVCMIS FORM 004B]

Name of OVC Service Provider Institution/Organization:	
District(s) of Operation:	
Start Date:	Closing Date:
OVC Regn. No. from:	To Regn. No. :
Book Volume No.	

INSTRUCTIONS: The objective for the using the integrated OVC service register in child programing is to register all OVC and document services the children and their households received during the specific reporting period. A single copy of the register will be in use to promote confidentiality and it shall be kept at the service provision facility offices. The head of the Service Provider Organization/Institution will be responsible to ensure safe custody of the register away from unauthorized persons.

The procedure for the use of the integrated OVC service register includes the following:

- i. Write the name of OVC service provider, Institution/ Organization, district of operation, date the register is opened, and date the register is closed on the front cover of the Integrated OVC Register.
- ii. Before entering OVC data in the OVC Integrated Register make sure that information is captured in activity reports, beneficiary lists, enrolment cards and other primary records.
- iii. Indicate the date when the child was registered and the period when s/he started receiving services.
- iv. Much as some children do not have national identification numbers (IDs), service providers are required to issue unique IDs for the children they offer a service. Thus, ensure that the OVC unique identification number captured in the Integrated OVC Register is similar to the OVC number which was captured in the **HOUSEHOLD ENROLMENT FORM (OVCMIS 008)** during the enrolment exercise.
- v. In case the child is under the care of another Caregiver different from the Parent /Guardian recorded in the **HOUSEHOLD ENROLMENT FORM (OVCMIS 008)**, record the names of the current Caregiver in this Register.
- vi. Because the information recorded in this register is sensitive and confidential it's important that this Register is kept in a secure place and strictly accessed by authorized persons only.
- vii. Use data captured in the activity reports, beneficiary distribution forms and other related OVC documents to identify services provided to the OVC during the period under review and then use this data to complete the services provided sections.

DESCRIPTION OF COLUMNS

Fill in all relevant columns during registration of the OVC into the OVC program (columns 1-10), whenever the OVC is provided services fill the services provided column under the respective services and quarter while for the OVC exiting the OVC program fill the exit column under the respective exit year. These columns should be completed as described in the column descriptions below;

(1) DATE OF REGISTRATION:

Enter the date when the child is enrolled into OVC programme (Day/Month/Year) as indicated in the Child Enrolment and Monitoring Card.

(2) OVC UNIQUE IDENTITY (ID) NUMBER/HOUSEHOLD NUMBER/NIN:

In the upper row enter the **NIN** or unique identification number of the OVC, the MGLSD recommends that the unique OVC ID should specify 4 digit child number, two digits for the month of registration and four digits for year of registration for example 0000/MM/YYYY but if the organization has its own unique way of allocating OVC ID numbers, then they should use theirs.

In the lower row enter the Household Number/ID as entered in OVCMIS FORM 008: HOUSEHOLD ENROLMENT FORM

(3) NAME OF THE CHILD:

Enter the surname and the first name of the child in full as indicated on the HOUSEHOLD ENROLMENT FORM (OVCMIS 008).

(4) CHILD'S AGE, CHILD'S DATE OF BIRTH AND CHILD'S SEX (M\F):

In the upper row, enter the child's age in complete years if the child is 1 year or greater than 1 year and, write the child's age in month if the child is less than 1 year.

In the Middle row enter the date of birth of the child (Date/Month/Year) as indicated on the birth registration certificate, immunization card or as reported by caregiver

In the last row enter the sex of the child as M for Male and F for Female.

(5) CAREGIVER:

Enter the caregiver's surname and first name in full, his/her age in complete years and the code for the option that best describes his/her relationship with the child for example Father, Mother, Uncle, Aunt, Grandparent, Brother or Sister.

(6) RESIDENCE OF OVC:

Enter the District, Sub-county, Parish/Ward and Village/LC I Cell/Zone where the child currently stays.

(7) VULNERABILITY/REFERRAL STATUS:

In this column enter the code representing the type of vulnerability in the upper row as indicated in the Child Enrolment and Monitoring Card ((1) Orphan (2) Disabled (3) Abused (4) In contact /conflict with law (5) HIV+ (6) In child headed family (7) Living on Street (8) Out of School (9) Poverty stricken (10) Under elderly/disabled care giver (11) HIV Exposed Infants (12) Pregnant adolescents (13) Child of HIV positive care giver (14) Other),

In the second row enter the status of child's vulnerability level as critically, moderately or slightly vulnerable as recorded during enrollment into the OVC program.

In the third/last row enter the name of the Organisation where the OVC was referred from in case the OVC was referred from another OVC Service Provider Organisation to this Organisation. Data on the referral status can be obtained from the OVC Service and Referral Form or any other related referral document.

(8) CHILD'S HIV STATUS:

Enter the code for the child's HIV status, "1" if child is HIV Positive, "2" if the child is HIV Negative and "3" if the child's status is not known.

(9) SERVICE(S) REQUIRED:

In this column enter the respective unique PA number representing the services required by the child **I-Economic Stability and Security** (Economic strengthening), **II-Survival and Health** (Food and Nutrition, Health/Water/Shelter, HTS Status, HIV Care Status and HIV Prevention), **III-Education and Development**

(Education support), and **IV-Care and Protection** (Psychosocial Support -PSS, Legal and child protection, Violence Against Children-VAC, Gender Based Violence -GBV, Disability), these should be the services required to positively change the vulnerability status of the child.

SERVICES PROVIDED SECTION

This format requires that a service provider indicates the services provided to a child until exit. Please indicate the current year in the upper row of the page in the register where there is YEAR, this should also be done in the follow-on years on the next 2 pages of the register. Under column 1, indicate the OVC NIN or Unique ID, the current age of the OVC, the house Hold number/ID and the current vulnerability level of the OVC.

Document at the end of each quarter, the services provided to each OVC using the codes provided at the bottom of this register (the information on services provided to OVC within the respective quarter can be obtained from the House Hold Home visit form and/or other OVC related source documents used for capturing services provided to the OVC for example OVC activity reports, distribution lists etc.)

NOTE:

1. For OVC referred to other Service Providers for specific services, please use the referral codes under the respective PAs and also indicate the Organization were the OVC has been referred to.
2. For the OVC exiting a program within any quarter of current year, exit details are captured in the last column "EXIT" under the respective year. Details captured on exit include: 1-Date of exit, 2-Reason of exit (use the codes for reasons for exit at the bottom of the register) and services provided on exit.
3. For services provided during exit, use the respective unique PA number representing the services provided to the child during exit e.g. I-Economic Stability and Security, II-Survival and Health, III-Education and Development, and IV-Care and Protection, these should be the services required to positively change the vulnerability status of the child.



Ministry of Gender, Labour and Social Development
Integrated OVC Service Register [OVCMIS FORM 004B]

NAME OF OVC SERVICE PROVIDER: _____ DISTRICT OF OPERATION: _____

REGISTRATION										
(1)	(2)	(3)	(4)		(5)	(6)	(7)	(8)	(9)	(10)
Date of Registration	OVC's Unique Identity(ID) No. / NIN Household Number/ID	Name of the Child (OVC)	Child's Age		Care-giver	Residence of Child (OVC)	Vulnerability/Referral Status	Currently Schooling (Yes/No)	Child's HIV Status	Service(s) Required
			Child's Date of Birth	Child's Sex (M/F)						
Day/Month/Year	OVC's Unique Identity(ID) No. / NIN Household Number/ID	Surname First Name	Age Date of Birth	Child's Sex (M/F)	Age Relationship with the child	Parish/Ward Village/LC /Cell / Zone	Level Referring Orgn.	Yes/No	Code	
Day/Month/Year	OVC's Unique Identity(ID) No. / NIN Household Number/ID	Surname First Name	Age Date of Birth	Child's Sex (M/F)	Age Relationship with the child	Parish/Ward Village/LC /Cell / Zone	Level Referring Orgn.	Yes/No	Code	
Day/Month/Year	OVC's Unique Identity(ID) No. / NIN Household Number/ID	Surname First Name	Age Date of Birth	Child's Sex (M/F)	Age Relationship with the child	Parish/Ward Village/LC /Cell / Zone	Level Referring Orgn.	Yes/No	Code	

Child's HIV Status (1) Positive (2) Negative (3) Unknown

Service(s) Required: I-Economic Stability and Security (Economic strengthening), **II-Survival and Health** (Food and Nutrition, Health/Water/Shelter, HTS Status, HIV Care Status and HIV Prevention),

III-Education and Development (Education support), and **IV-Care and Protection** (PSS, Legal and child protection, Violence Against Children-VAC)

Vulnerable Types (1) Orphan (2) Disabled (3) Abused (4) In contact with law / Conflict(5) HIV+ (6) In child headed family (7) Living on Street (8) Out of School (9) Poverty stricken (10) Under elderly/disabled care giver

(11) HIV Exposed Infants (12) Pregnant adolescents (13) Child of HIV positive care giver (14) Other

Level of vulnerability (1) Critically (2) Moderately (3) Slightly

Relationship with the child (1) Father (2) Mother (3) Uncle (4) Aunt (5) Grandparent (6) Brother (7) Sister (8) Other

NAME OF OVC SERVICE PROVIDER: _____ DISTRICT OF OPERATION: _____

SERVICES PROVIDED (USE CODES AT BOTTOM OF THE PAGE)

YEAR: _____		YEAR: _____		YEAR: _____		YEAR: _____		YEAR: _____					
OVC ID	OVC-AGE	Jan - Mar Quarter	Apr - Jun Quarter	Jul - Sept Quarter	Oct - Dec Quarter	Exit	OVC ID	OVC-AGE	Jan - Mar Quarter	Apr - Jun Quarter	Jul - Sept Quarter	Oct - Dec Quarter	Exit
	HH No./ID					HH No./ID							
	Vuln. Level					Vuln. Level							
OVC ID	OVC-AGE	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	Date of Exit	OVC ID	OVC-AGE	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	Date of Exit
	HH No./ID	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	Reason for Exit	HH No./ID		SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	Reason for Exit
	Vuln. Level	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	Services Provided on exit	Vuln. Level		EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	Services Provided on exit
	CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION		CARE AND PROTECTION		CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION	
OVC ID	OVC-AGE	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	Date of Exit	OVC ID	OVC-AGE	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	ECONOMIC STABILITY AND SECURITY	Date of Exit
	HH No./ID	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	Reason for Exit	HH No./ID		SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	SURVIVAL AND HEALTH	Reason for Exit
	Vuln. Level	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	Services Provided on exit	Vuln. Level		EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	EDUCATION AND DEVELOPMENT	Services Provided on exit
	CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION		CARE AND PROTECTION		CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION	CARE AND PROTECTION	

I-ECONOMIC STABILITY AND SECURITY

1a. VSLA/SILC

1b. IGA

1c. Business skills

1d. Apprenticeship/vocational skills

1e. Start kit/Capital/Cash Transfers

1f. Referral ES Services

II-SURVIVAL AND HEALTH

2- FOOD SECURITY AND NUTRITION:

2a. Agricultural and farming inputs

2b. Agric advisory service

2c. Nutrition education/counseling

2d. Food supplements assistant

2e. Referral FSN services

3- HEALTH, WATER, SANITATION & SHELTER:

3a. Assisted to access safe water

3b. Provided with shelter

3c. Supported to access health care services

3d. OVC supported to access HIV Services

3e. Health Information Services

3f. Provided with Insecticide Treated Net

3g. Referred for HWSS Services

7- HTS STATUS:

7a1. Known HIV Positive

7a2. Known HIV Negative

7a3. Unknown/inconclusive

7b. HIV Risk Assessment done

7c. Child at HIV Risk

7d1. Caregiver refused to disclose

7d2. HIV Results Not Yet Out

7d3. Still Convincing Caregiver to take child for HIV Test

7d4. Other Specify

7e1. Linked for HST

7f1. Newly Tested HIV Positive

7g1. Newly Tested HIV Negative

8- HIV CARE STATUS:

8a. HIV Positive Linked to HIV Care

8b. HIV Positive Initiated on ART

8c. HIV Positive Currently on ART

8d1. Conducted a Viral Load Test and didn't receive results suppressed

8d2. Conducted Viral Load Test. Received Results and viality vially suppressed

8d3. Conducted Viral Load Test. Received Results and not vially suppressed

8d4. Didn't conduct a viral load Test

8e. Referred for IAC

8f. Referred for HIV Services

9- HIV PREVENTION:

9a. Provided GMTCT Services

9b. Provided PEP

9c. Provided YMMC/SMC

9d. Provided PEP

9e. Provided Condoms

9f. Provided with Self-awareness Knowledge

9g. Referral for HIV Prevention Services

IV-CARE AND PROTECTION:

5. PSYCHOSOCIAL SUPPORT:

5a. Counseling service

5b. Palliative care for HIV positive

5c. Assistive devices for the disabled

5d. Provided with basic needs

5e. Will and memory book writing

5f. Recreation activities

5g. Referral for psychosocial support services

6- PROTECTION:

6a. Legal support for GBV victims

6b. Child re-integrated with family

6c. Participation in community sensitization on child protection

6d. Adoption

6e. Withdrawn from child labour

6f. Assisted to handle Child abuse or neglect case

IV-CARE AND PROTECTION:

5. PSYCHOSOCIAL SUPPORT:

5a. Counseling service

5b. Palliative care for HIV positive

5c. Assistive devices for the disabled

5d. Provided with basic needs

5e. Will and memory book writing

5f. Recreation activities

5g. Referral for psychosocial support services

6- PROTECTION:

6a. Legal support for GBV victims

6b. Child re-integrated with family

6c. Participation in community sensitization on child protection

6d. Adoption

6e. Withdrawn from child labour

6f. Assisted to handle Child abuse or neglect case

REASONS FOR EXIT:

T = Transferred

D = Died

N = No Longer Vulnerable (Graduated)

L = Lost to Follow-up (Not Seen for 6 Months)

R = Reduced Funding

P = Program/Project Winding-up

S = No Service Provided

CHILD'S ID/AGE/HH ID/VULN. LEVEL:

Record Child's ID

Record Child's Age

Record House Hold Number/ID

Record child's Vulnerability Level (Every Beginning of the Year)



MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT
Case Planning with Caregivers (18+ years), Children (8-11 years)
and Adolescents (12-17 years) [OVCMIS FORM 012A]

INSTRUCTIONS: Please use the information gathered from the Household Vulnerability Assessment Tools/Adolescent Vulnerability Assessment Tools and the Uganda Case Plan Achievement Benchmarks/Indicators for OVC Programming to help complete this form. Fill separate forms for Caregivers, Children and Adolescents.

PLEASE NOTE THAT THE CASE PLAN FORM STAYS WITH THE PROJECT SOCIAL WORKER/CASE MANAGER/WARDEN OF THE CHILD CARE INSTITUTION/PSWO (in the case of an unaccompanied child, child in contact with the law, or VAC) and is not left at the household. It may include confidential information that the child or adult does not want to share with the rest of the family. Adolescents (Boys and girls) aged 12–17 should respond to the questions themselves with consent if necessary from their caregivers. **DO NOT LEAVE THE CASE PLAN WITH THE CAREGIVER. OR ANYONE IN THE HOUSEHOLD.**

A. Name of the implementing partner	
B. Name of OVC service provider	
C. District	
D. Sub-County/Division/Town Council	
E. Parish/Ward	
F. Village/Cell/Zone	
G. Household Number (given by the project/CDO)	
H. Number of people aged 18 years and above currently living in household	Male_____ Female_____
I. Total number of children below 18 years of age currently living in household	Male_____ Female_____
J. Name, NIN, Unique Identifier, phone number HH head or primary caregiver.	Name: NIN/Unique identifier: Phone number:
K. Name of person administering	Title: Date: Phone Number:

PRIORITY AREAS: ECONOMIC STABILITY AND SECURITY

- 2a. Cash Transfer
- 2b. Saving and internal lending community (SILC), Savings and Loans Association (VSLA) group
- 2c. Food support
- 2d. Income Generating Activity
- 2e. Business skills training
- 2f. Vocational training/Apprenticeship
- 2g. Startup kits/Capital
- 2h. Microfinance and Credit Farming Inputs
- 2i. Agriculture Advisory Services
- 2k. Others (Specify)

PRIORITY AREA: CARE AND PROTECTION

- 3a. Positive Parenting training
- 3b. Psychosocial support
- 3c. Birth Registration services
- 3d. Legal support services
- 3e. Shelter and hygiene
- 3f. Family reintegration
- 3g. Life skills training
- 3h. Withdrawal from child labour
- 3i. Assistance with handling child abuse and neglect
- 3j. Obtaining clothing and bedding
- 3k. Adoption Services
- 3l. Foster Care Services
- 3m. Independent Living
- 3n. Spiritual Support
- 3o. Positive Parenting
- 3p. Substance Abuse Rehabilitation
- 3q. Others (specify)

PRIORITY AREA: EDUCATION AND DEVELOPMENT

- 4a. School fees bursary
- 4b. School meals
- 4c. Scholastic Materials
- 4d. Enrollment to school
- 4e. Enrollment to vocational /apprenticeship
- 4f. School Uniform
- 4g. Education support
- 4h. ECD Services
- 4i. Support for special needs education
- 4j. Others (specify)

REFERRALS: List all services to be provided by the institution _____

Name of Caregiver, Child or Adolescent referred	NIN/Unique Identifier	Service required	Organization / Institution to be contacted	Agency contact details

CONSENTED/ASSENTED BY: _____ DATE: _____

PLEASE COPY ON THE SEPARATE SUMMARY FORM, THE SUMMARY OF THE KEY PRIORITY ACTIONS TO SHARE WITH THE CAREGIVER, CHILD OR ADOLESCENT. DO NOT INCLUDE ANY CONFIDENTIAL INFORMATION THAT THE CAREGIVER, CHILD OR ADOLESCENT DOES NOT WANT TO SHARE WITH OTHER



Ministry of Gender, Labour and Social Development

Summary of Key Priority Actions to Share with the Household/Adolescent (OVCMIS FORM 012B)

THIS FORM SHOULD BE LEFT WITH THE CAREGIVER / ADOLESCENT

Date:							
Household Number / Unique Identifier/NIN of the Caregiver / Child /Adolescent:				Case Worker's name/contact information:			
Case Worker/Case Manager/Probation and Social Welfare Officer(PSWO)/ child care institution warden name and contact information:							
Tick the appropriate Category: Care Giver/ Child/ Adolescent Goals	PRIORITY AREA	PRIORITY ACTIONS (Use codes)	GOAL FOR COMPLETION OF CASE PLAN:				Implementation status: 1= Completed 2= On going 3=Not done
			Qtr 1	Qtr 2	Qtr 3	Qtr 4	



Ministry of Gender, Labour and Social Development

Guidelines For Completing Service Provision and Referral Form [OVCMIS FORM 009]

Referral Form Section	Instructions/Guidance
General	<ul style="list-style-type: none"> a) The form should be filled by the responsible case worker for all referrals made. b) The form should be filled in triplicate. The first copy should remain in the booklet, the second copy should be attached to the report/case file, and the third copy should be attached to the agency's quarterly report to the District Probation and Social Welfare Officer (DPSWO). c) Sections 1-4 should be filled by the agency referring the child. d) Section 5 should be filled by the agency to which the child has been referred and returned by the agency or the child/person accompanying the child to the agency that referred the child. e) The feedback section of the form is perforated so that it can be torn and returned to the agency that referred the child. f) If there is any additional information that needs to be provided when completing this form, but there is insufficient space on the form, please complete and attach separate sheets. g) For any help in completing this form, please contact the Community Development Officer (CDO) or DPSWO or call 116.
1. Details of the agency referring the child	<ul style="list-style-type: none"> h) Name of the agency: Please state the full name of the organization/department/institution that is making the referral. Whenever relevant, the abbreviated name should be indicated in brackets. i) Title: This should be the title of the person making the referral. j) Stamp: The form should be endorsed with the official stamp of the institution/department.
2. Details of the case reported for which referral is being made	<ul style="list-style-type: none"> k) Name: Please provide the full name of the child you are referring, including any middle names and nicknames. l) Age: Age should be written in completed years (e.g., 2). Ask for the date of birth to verify the child's age. Please enter the approximate age if it is not known. The word APX should be written in brackets thereafter e.g., 6 (APX). m) Sex: Please indicate whether the child you are referring is male (M) or female (F). n) Unique Identifier: The first agency that receives a child with a new case should allocate a unique identifier to the child. All the other referral agencies that provide service(s) to the child should use the same unique identifier issued by the first service provider. o) Case Number: Each service provider should allocate a unique case number for each case received. The coding system may vary from one agency to another. Use of nongovernmental, community-based, and faith-based organization registration numbers is encouraged. p) The nature of the case: Specify as much as possible, such as attempted defilement. q) Date of occurrence: Dates should be written in this order: DD/MM/YYYY, e.g., 05/06/2014. r) Other risks/vulnerabilities/special needs: Based on the case assessment, what other real or perceived risks/vulnerabilities/special needs does the child have that the referral agency should be aware of or address? These could include a speech impairment, being an orphan, the child staying with the alleged perpetrator, etc. s) The person accompanying the child: This is the person who moves with the child to the agency. He/she may or may not be the parent or guardian of the child. t) Relationship to the child: He/she could be a parent, guardian, neighbour, community member, nongovernmental organization member, local council (LC) official, etc. u) Name of Caregiver: This should be the person having parental responsibility for the child at the time the alleged violation occurred. v) In urban areas, use Cell for Village; Ward for Parish; and Division for Sub-County. These should reflect the child's residential location prior to the alleged violation.
3. Services to the child	<ul style="list-style-type: none"> w) Services: Mention the specific services the child has received from the referring agency and or other service providers or those that you are seeking from the referral agency. Instead of listing the OVC priority areas, list the specific services provided in the OVC Service Register, e.g., provide income generating activities, food assistance, support to access medical examination, medical care/treatment, counselling, etc. x) Documents supporting referral that are enclosed: y) Informed assent/consent: Prior to referral, discuss the referral process, and the reason(s) for and outcomes of the referral with the parent or child. The child should assent and/or the person accompanying the child should consent to the referral by signing. z) Where necessary, attach copies of the completed assessment forms/reports for the child.
4. Details of the agency to which the child is being referred	<ul style="list-style-type: none"> aa) No additional instructions required
5. Feedback to the agency from which the child was referred	<ul style="list-style-type: none"> ab) The feedback section should be filled by all agencies referred to even when they decide to make further referrals. ac) Date of arrival at the referral point: refers to the first time the service provider meets the client. ad) When an agency is making a further referral, it should fill a fresh Service Referral Form from their booklet.

Developed by the Ministry of Gender, Labour and Social Development with funding support from UNICEF and USG-funded development partners including CRS/4Children, MEEP, and METS.



Ministry of Gender, Labour and Social Development

Service Provision and Referral Form [OVCMIS FORM 009]

Serial No. _____

REFERRAL FORM FOR CHILDREN IN NEED OF ADDITIONAL SERVICES (REVISED MAY 2019)

1. DETAILS OF THE AGENCY REFERRING THE CHILD

Name of the agency: _____

Location: _____

Agency phone number: _____ E-mail: _____

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

Name of the child: _____ Age: _____ Sex: _____ NIN/unique identifier: _____

District: _____ Sub-County/Division/Town Council: _____

Parish/Ward: _____ Village/Cell/Zone: _____

Nature of the case reported and/or referred: _____

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

Has the case been reported to the Uganda Child Helpline (116)? Yes/No. If yes provide 116 case number.....

Name of the person accompanying the child: _____ Phone number: _____

Residence: _____ E-mail: _____ Relationship to child: _____

Name of the caregiver: _____ NIN: _____

Phone number: _____ District: _____

Sub-County/Division/Town Council: _____

Parish/Ward: _____ Village/Cell/Zone: _____

3. SERVICES TO THE CHILD

Service(s) provided before referral: _____

Reason for referral: _____

Documents supporting referral that are enclosed: _____

Informed Assent / Consent: Signature: _____

Name: _____

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 _____



Ministry of Gender, Labour and Social Development

Case Conference Form [OVCMIS FORM 013]

INSTRUCTIONS:

WHAT: A case conference is a formal, planned, and typically multidisciplinary meeting 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. Case conferencing brings together service providers from different backgrounds and sectors that, through their expertise and experience, can understand and discuss a problem from a range of perspectives and identify unique solutions that are tailored to the individual case.

This inter-agency 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. Case conferences can take place any time throughout the CM process from assessment to case planning to monitoring to case closure. Cases may range from abuse, neglect, exploitation, child custody, reintegration, VAC, GBV, school enrollment, vocational/apprenticeship placement and withdrawal from labour.

WHO FACILITATES: The senior PSWO, CDO, can call a case conference on behalf of multiple stakeholders involved in child programming in their area of jurisdiction. Upon receiving complex, difficult or delayed cases requiring urgent or emergency multi-sectoral response.

WHO PARTICIPATES: An inter-agency or multisectoral team is assembled to provide input and develop a case plan as a team. Representatives from each organization/group of the multisectoral team should attend to ensure that each person is aware of who is responsible for following through on which action and/or referral. Everyone in attendance should sign a Confidentiality Agreement Form (figure 2 on following page), which can also be found in the additional guidance in the SOPs on data protection protocols. Before a senior PSWO/CDO calls a case conference, they should familiarize themselves with the case and determine if it is appropriate for the child or caregiver to attend the conference.

HOW:

- In preparation for the case conference, the senior PSWO/CDO in collaboration with the Parish Chiefs / Case Managers and Case Workers should arrange a time and place for the case conference and review the case file(s) prior to the conference
- At the case conference, everyone attending should sign the Confidentiality Agreement Form upon arrival. No confidential information should be shared until everyone has signed.
- The Parish Chief / Case Manager or Case Worker should present the details of the case (or cases) for discussion.
- After discussions, the case conference members should agree on actions to be undertaken, by whom, and by when.
- The PSWO/CDO should keep minutes of the meeting, including decisions and assignments made, as well as follow-up actions to be taken **after the case conference**.
- The Case Worker should summarize the proceedings of the case conference using the Case Conference Form
- The PSWO/CDO should send the minutes summarized in the Case Conference Form to the attendees for use in follow-up.
- The PSWO/CDO should plan a follow-up case conference to assess progress towards agreed-upon actions.

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.



Ministry of Gender, Labour and Social Development

Case Conference Form [OVCMIS FORM 013]

NOTE: No client names should appear in case conference proceedings (minutes). Planned actions to be updated into individual case plans by Case Worker. Use additional paper if necessary.

Date: _____ District: _____ Venue: _____

Number of participants: _____ Name and title of conference chairperson: _____

Name of agency, name of agency representative, position, and contact information in attendance: _____

Child's Unique Identifier/NIN	Household Head NIN / HH ID No.	Age	Sex	Nature of Case Risk(s)/Need(s)	Place of case origin (Sub-County/ Division, Parish/Ward, Village/Zone/Cell)	Case summary (not more than 100 words)	Agreed-upon planned actions	Responsible person	Timeline (less than 12 months)	Quarterly Action taken: 1=More support, 2= Resettled 3= Referred 4= Closed

Signed by chairperson: Name _____ Title: _____

Signature _____

Reviewed by Community Development Officer (CDO)/Probation and Social Welfare Officer (PSWO)/District CDO:

Name _____ Title: _____

Signature _____



Ministry of Gender, Labour and Social Development
On-going Monitoring Tool for OVC Households [OVCMIS FORM 014A]

INSTRUCTIONS: The On-going monitoring tool should be applied in-between the application of 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.

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. SURVIVAL 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: _____



**Ministry of Gender, Labour and Social Development
OVC Household Home Visit Form(OVCMIS FORM 14B)**

District:	Sub-county / Division / Town Council:	Parish / Ward:	Village / Zone / Cell:	Date of visit: DD / MM / YYYY
Household Code:	Name of the person talked to:			
Reason for the Visit: <input type="checkbox"/> Regular monthly visit <input type="checkbox"/> Follow up <input type="checkbox"/> Mobilization of specific activities <input type="checkbox"/> Emergency				
Household status: Active <input type="checkbox"/> Graduated <input type="checkbox"/> Relocated to another village <input type="checkbox"/> Exited at will <input type="checkbox"/> Lost to follow up <input type="checkbox"/>	Transferred to: NAME OF ORGANISATION			

For each House Hold member record the services provided during this follow up/visit received either at home, school, health facility, JLOS Institution or community since last visit and or community since last visit and collect the appropriate indicator data: Indicate (Y) where a beneficiary has accessed a service or else put an (N) for no service. Record N/A when question is not applicable to beneficiary. For the HTS Section use codes provided below (link with the Community-Health Facility Linkage Officer to verify information recorded or get additional information)

Household income last month (UGX):		Average number of meals per day in the previous month: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Not everyday													
BASIC INFORMATION															
No.	Beneficiary Name	Member code	Age [Years]	Sex [M/F]	Is Beneficiary Active? (Y/N)	I. ECONOMIC STABILITY AND SECURITY				II. SURVIVAL AND HEALTH					
						1a. VSLA/SILC/Other Saving Groups (Y/N/NA)	1b. IGA (Y/N/NA)	1c. Business skills (Y/N/NA)	1d. Apprenticeship/vocational skills (Y/N/NA)	1e. Start kit /Capital (Y/N/NA)	1f. Referral HES Services (Y/N/NA) 2a. Agricultural and farming inputs (Y/N/NA)	2b. Agric advisory service (Y/N/NA)	2c. Nutrition education/counseling (Y/N/NA)	2d. Food/supplements assistant(Y/N/NA)	2e. Referral FSN services (Y/N/NA)
1															
2															
3															
4															
5															
6															
7															
8															

OVC follow up conducted by _____ Title _____ Tel: _____

Date for follow up visit DD / MM / YYYY

Home Visit Tool (Version 3: 20-03-2019)

II. SURVIVAL AND HEALTH																					
No.	Health, Water, Sanitation & shelter					HIV Testing Services (HTS) Status					HIV Preventions										
	3a. Assisted to access safe water	3b. Provided with shelter	3c. Supported to access health care services	3d. OVC supported to access HIV Services	3e. Health Information Services	3f. Provided with Insecticide Treated Net	3g. Referred for HWSS Services	7a. HIV status (Use HIV Status Codes)	7b. If Unknown, HIV risk assessment done (Y/N/NA if adult)	7c. Child at HIV risk (Y/N/NA if Adult)	7d. Unknown status due to other reasons specify (Use Codes)	7e. If at risk linked to HTS (Y/N/NA if not at risk)	7f. Tested for HIV (Y/Date Tested)/N/NA)	7g. New HIV Test Result (Use HIV Status Codes)	9a. Provided eMTCT Services	9b. Provided PrEP	9c. Provided VMMC/SMC	9d. Provided PEP	9e. Provided Condoms	9f. Provided with Self-awareness Knowledge	9g. Referral for HIV Prevention Services
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					

Codes for HIV Status: +ve: HIV Positive, -ve: HIV Negative, U: Unknown/inconclusive

Codes for Unknown Status due to Other Reasons: 1a: Caregiver refused to disclose, 1b: HIV Results Not Yet Out, 1c: Still Convincing Caregiver to take child for HIV Test, 1d: Other Specify

IV-CARE AND PROTECTION		No.	1.	2.	3.	4.	5.	6.	7.	8.
Violence Against Children / alternative Care										
GBV	10a. Provided Legal Support for GBV									
	10b. Provide GBV Counselling									
	10c. Withdrawn from GBV affected Household									
	10d. Provided with basic needs									
	10e. Provided Perlatives									
	10f. Recreation activities									
	10g. Referral for psychosocial support services									
	10h. Withdrawn from labour									
IV-CARE AND PROTECTION	10i. Reintegrated with biological family / relative									
	10j. Adopted									
	10k. Foster Care									
	10l. Social Enquiry Conducted									



Ministry of Gender, Labour and Social Development
Quarterly Report [OVCMIS FORM 100]

- Objective:** Reports quarterly numbers of OVC and OVC households provided services
- Timing:** Due 15th October; 15th January; 15th April; 15th July
- Responsibility:** Parish Chief / Case Manager Organization/ Institution Manager

Procedure:

I. All OVC Service Provider Organisation/Institution must compile and submit the OVCMIS Quarterly Report (OVCMIS Form 100). The Report consists of 8 sections as follows;

- Section 1:** Shows a summary of economic strengthening support provided to OVC, this includes; IGA's (piglets, goats, seeds etc.), special microfinance credit, market linkages among others.
- Section 2:** Gives a summary of OVC and OVC households supported to access safe water, health services and shelter. It Summarizes the agricultural and nutritional support provided to OVC and OVC households.
- Section 3:** Summarizes the education support provided to OVC, this support includes; School fees and other scholastic materials (pens, books, uniform etc.). I also summarizes psychosocial and basic care support provided to OVC within the quarter. Psychosocial support includes counseling, recreation activities for OVC, will and memory book writing while basic care support includes clothing and beddings, assistive devices for disabled and palliative care for HIV+ children
- Section 4:** Gives a summary of protection and legal aid provided to OVC.

Note: Birth registration is the official recording of a child's birth by the government. It establishes the existence of the child under law and provides the foundation for safeguarding many of the child's rights and to be registered at birth without any discrimination. Birth registration is central to ensuring that children are counted and have access to basic services such as health, social security and education. It is central to protecting them from child labour, being arrested and treated as adults in the justice system, forcible conscription in armed forces, child marriage, trafficking and sexual exploitation. A birth certificate is proof of birth. Improved birth registration records contribute to statistical data that are crucial for planning, decision making and monitoring actions and policies aimed at protecting children.

Section 5: Summarizes the number of OVC supported with 3 or more CPAs, referred for other services, of HIV+ children supported, number of staff trained in OVC programming e.g. training in psychosocial support services, M&E, Child protection, proposal writing, coordination and referral etc. This section also reports the number of community volunteers trained, these volunteers include paralegals, child protection committees, child rights advocates, child mediators etc.

This section is also used to summarize data on the total number of OVC served in the quarter, OVC newly enrolled in the quarter, number graduated in the quarter, number of sensitization activities/ events conducted, number of households assessed in the quarter, number considered for support and OVC identified in the households considered for support.

Section 6: This section is used to summarize data on HIV Testing Services (HTS) provided to OVC in the quarter i.e. OVC referred for HTS, OVC Tested for HIV, OVC Tested HIV+, OVC linked to HIV Care & Treatment etc....

Section 7: This section is used to summarize data on the OVC HIV Status e.g. OVC Reported HIV Negative Status, OVC who report HIV Positive Status, OVC with Unknown HIV status, HIV+ OVC currently on ART Treatment etc..on ART Treatment etc.



Ministry of Gender, Labour and Social Development
Quarterly Report [OVCMIS FORM 100]

DISTRICT:**NAME OF OVC SERVICE PROVIDER:**.....

REPORTING PERIOD: FY 20...../20..... Q1 (Jul-Sep) Q2 (Oct-Dec) Q3 (Jan-Mar) Q4 (Apr-Jun)

PA	Name of Sub county:										
	Activity	M	F	M	F	M	F	M	F	M	F
I: ESS	# of OVC HHs who received economic strengthening support										
	# Of OVC supported to attain voc./apprentice skills										
	# of OVC provided with toolkits/start-up kits										
II: SH	# of OVC HHs that received agricultural/farm input										
	# of OVC HHs provided with food										
	# of OVC provided with Nutritional support										
	# of OVC HHs that received agric. advisory services										
	# of OVC HHs supported to access safe water										
	# of OVC supported to receive health services										
	# of OVC provided with Insecticide Treated Nets										
III: E&D	# of OVC HHs provided with shelter										
	# of OVC supported to access education										
IV: C&P	# OVC provided with Psychosocial Support.										
	# OVC provided with basic care										
	# of OVC re-integrated with their families										
	# of OVC removed from child labour										
	# of OVC assisted to register births										
	# of child abuse & neglect cases handled										
	# of OVC Provided Legal Support for GBV										
	# of OVC Provide GBV Counselling										
	# of OVC Withdrawn from GBV affected Household										
5.	# of OVC supported with 3 or more PAs:										
	# of OVC referred for other services:										
	# of HIV+ children supported:										
	# of staff trained in OVC programming										
	# of community volunteers trained										
	# of Sensitization Activities/Events Conducted										
	# of Households Assessed this quarter										
	# of Households considered for Support this quarter										
	# of OVC Identified in Households considered for Support this quarter										

PA	Name of Sub county:									
	Activity		M	F	M	F	M	F	M	F
6.	# of Beneficiaries Served this quarter:	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 – 14 Years								
		15 – 17 Years								
		18 – 24 Years								
		25+ Years								
	# of Beneficiaries who graduated this quarter:	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 – 14 Years								
		15 – 17 Years								
		18 – 24 Years								
		25+ Years								
	# of Newly Enrolled Beneficiaries Served this quarter	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 – 14 Years								
		15 – 17 Years								
		18 – 24 Years								
		25+ Years								
	# Referred for HIV Testing Services this quarter	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 – 14 Years								
		15 – 17 Years								
	# Tested for HIV in this quarter	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 – 14 Years								
		15 – 17 Years								
	# Tested HIV+ in this quarter	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 – 14 Years								
		15 – 17 Years								
	# Tested HIV+ and linked to HIV Care & Treatment in this quarter	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 – 14 Years								
		15 – 17 Years								
	# Tested HIV+ and Initiated on ART in this quarter	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 – 14 Years								
		15 – 17 Years								

PA	Name of Sub county:									
	Activity		M	F	M	F	M	F	M	F
7.	# Reported HIV Negative	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 - 14 Years								
		15 - 17 Years								
	# of OVC whose HIV status is unknown as the HIV test was not required based on an HIV Risk Assessment	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 - 14 Years								
		15 - 17 Years								
	# of OVC whose HIV status is unknown due to other reasons	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 - 14 Years								
		15 - 17 Years								
	# Reported HIV Positive	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 - 14 Years								
		15 - 17 Years								
	# of OVC currently on ART this quarter	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 - 14 Years								
		15 - 17 Years								
	# of OVC currently on ART that conducted viral load test within the previous 12 months	Under 1 Year								
		1 - 4 Years								
		5 - 9 Years								
		10 - 14 Years								
		15 - 17 Years								
	# of OVC currently on ART that conducted a viral load test within the previous 12 months and have a known viral load test result	Under 1 Year								
		1 - 4 Years								
5 - 9 Years										
10 - 14 Years										
15 - 17 Years										
# of OVC currently on ART that conducted a viral load test within the previous 12 months with a known viral load test result that are virally suppressed	Under 1 Year									
	1 - 4 Years									
	5 - 9 Years									
	10 - 14 Years									
	15 - 17 Years									
# of OVC Provided eMTCT Services	10 - 14 Years									
	15 - 17 Years									
# of OVC Provided PrEP	10 - 14 Years									
	15 - 17 Years									
# of OVC Provided VMMC/SMC	Under 1 Year									
	1 - 4 Years									
	5 - 9 Years									
	10 - 14 Years									
	15 - 17 Years									
# of OVC Provided with Self-awareness Knowledge	10 - 14 Years									
	15 - 17 Years									

Compiled by: Name: _____ Title: _____

Tel: _____ Signature: _____

Verified by: Name: _____ Title: _____

Tel: _____ Signature: _____

----- (District Community Development Office use only) -----

Date Received		
Received by 15 th after end of quarter	Yes	No
Checked by (Name & Telephone)		
Date Entered in OVC MIS		
Data Entered by (Name & Telephone)		



Ministry of Gender, Labour and Social Development
Case Transfer Plan (OVCMIS FORM 016)

WHAT: Transfer is the process of supporting the movement of a child and/or household from active participation in a given OVC programme to another source of CM support. Transfer is appropriate when a child is on the verge of aging out of a programme or a household moves outside the OVC programme’s catchment area before interventions recommended in the case plan have been implemented. Also, transfer may be appropriate if the OVC programme is relocated to a different area, closed, or its scope and funding are reduced before the members of the household have achieved their case plan goals.

WHO FACILITATES: The Case Worker together with the PSWO, CDO, or Case Manager facilitate.

WHO PARTICIPATES: All members of the household and other service providers deemed appropriate participate.

HOW:

The Case Worker should:

I. Develop a Case Transfer Plan:

- Identify additional ongoing household needs and resources. The Case Worker together with the Case Worker/ Case Manager may identify the child and household’s specific needs, strengths, and assets by reviewing their assessments and case plan. From this review, the Case Worker should compile a list of children and households that require ongoing support and a general description of the type of support required.
- Identify sources of support or other support organizations. The Case Worker and the PSWO/CDO/Case Worker/ Case Manager should utilise existing networks of service providers or those identified through service mappings to identify appropriate service providers to which the case may be transferred.
- The PSWO/CDO/Case Worker/Case Manager and/or the IP representative should develop an MOU with alternate/new service providers that are able and willing to accept transferred cases. The MOU should outline details such as which cases will be transferred, how the transfer will take place, and the services that will be provided.

Services to be provided or referral made

Priority Area: Survival and Health

- Ia. HIV Testing
- Ib. Antiretroviral Therapy
- Ic. Viral Load Testing
- Id. PMTCT/ANC/PNC
- Ie. HIV Disclosure and counselling
- If. HIV peer support group
- Ig. Adolescent health counselling
- Ih. Epilepsy Treatment
- Ii. Mental health Treatment
- Ij. Disability treatment
- Ik. Sickle Cell treatment
- Il. Nutrition and education supplements
- Im. Health Information services
- In. Agricultural and farming inputs
- Io. Agric - Advisory services
- Ip. Referral for food assistance
- Iq. Other health services for chronic diseases
- Ir. Immunization
- Is. Antenatal Care / Postnatal Care
- It. WASH Services

Priority Areas: Economic Stability and Security

- 2a. Cash Transfer
- 2b. Saving and internal lending

- community (SILC), Savings and Loans Association (VSLA) group
- 2c. Food support
- 2d. Income Generating Activity
- 2e. Business skills training
- 2f. Vocational training/Apprenticeship
- 2g. Startup kits/Capital
- 2h. Microfinance and Credit
- 2i. Farming Inputs
- 2j. Agriculture Advisory Services
- 2k. Others (Specify)

Priority Area: Care and Protection

- 3a. Positive Parenting training
- 3b. Counselling
- 3c. Psychosocial support
- 3d. Health Services
- 3e. Birth Registration services
- 3f. Legal support services
- 3g. Shelter and hygiene
- 3h. Family reintegration
- 3i. Foster/Adoptive care
- 3j. Life skills training
- 3k. Withdrawal from child labour
- 3l. Assistance with handling child abuse and neglect
- 3m. Assistance with registering birth

- 3n. Obtaining clothing and bedding
- 3o. Adoption Services
- 3p. Foster Care Services
- 3q. Independent Living
- 3r. Spiritual Support
- 3s. Positive Parenting
- 3t. Substance Abuse Rehabilitation
- 3u. Withdrawn from child labour
- 3v. Clothing and Bedding
- 3w. Others (specify)

Priority Area: Education and Development

- 4a. School fees bursary
- 4b. School meals
- 4c. Scholastic Materials
- 4d. Enrollment to school
- 4e. Enrollment to vocational /apprenticeship
- 4f. School Uniform
- 4g. Education support
- 4h. Psychosocial support
- 4i. Counselling services
- 4j. ECD Services
- 4k. Support for special needs education
- 4l. Others (specify)

• Plan the transfer with all members of the household. The Case Worker and/or PSWO/CDO/Case Worker/ Case Manager should explain the transfer process to the household, describe the services that will be provided by the new service provider, and describe any final assistance that the current OVC programme will provide. The members of the household should also be given the option to accept new services or exit the programme without transfer. In this situation, the case should be closed.

• Conduct a final case plan review. The Case Worker should meet with all members of the household one final time to review their achievements and respond to any concerns or other feelings associated with exiting the given OVC programme.

2. Implement the Case Transfer Plan: • Introduce the family to the new service provider and review the household members' case plan and family folder with the new Case Worker. The OVC programme should formally transfer copies of the family folders in a confidential and organized manner. The original copy of the family folder should stay at the transferring organization to have a record of the service it provided.

• Follow up. The PSWO/CDO/Case Worker/Case Manager should follow up with and support the new service provider to ensure that the child and household can achieve their goals and become more resilient. Follow-up can take place in the form of regular calls. The time and frequency of the follow-up should be established and documented on the Case Transfer Plan before the household is transferred.

3. The Case Worker/Case Manager should always inform necessary government officials or community leaders of the transfer.

Name of household (HH) head or unaccompanied child (including nickname): _____

HH head or unaccompanied child's NIN/unique identifier: -----# of children in the HH: _____

Address of HH head / Unaccompanied Child: ----- Phone No. -----

Planned date of transfer-----

Reason for transfer:

N=Not meeting the program selection criteria

P = Program/Project Winding-up/closure

R=Reduced funding/scaling down of the program

S = services required are not provided by the project

A=Close out of the program

Organization transferring the case: -----

Case Manager transferring the case: Name: ----- Phone number: ----- E-mail: -----

Government Dept/Organization receiving the transfer:

Address of receiving Government Dept./ organization:

Case Manager receiving the case: Name: -----Phone No: -----E-mail:.....

Household's and or child's strengths and assets:_____

Ongoing household's and child's needs (including any emerging critical needs) _____

All services provided by transferring programme (**Use codes overleaf**):-----

Services that will be provided by the new organization (**Use codes overleaf**):-----

Signature or thumb print of HH head / Unaccompanied Child: -----

Signature of case manager transferring case: -----Official stamp: -----

Date of next follow-up: -----

Signature of receiving Case Manager:-----Official stamp:-----



Ministry of Gender, Labour and Social Development

Case Closure Checklist (OVCMIS FORM 017)

INSTRUCTIONS:

WHAT: A Case closure or closure of a case file is an administrative process that occurs when a child and household are no longer receiving CM or OVC programming support. Case closure occurs after case plan achievement, transfer, or attrition.

WHO FACILITATES: The PSWO, CDO or Case Manager and the Case Worker facilitates the case closure process.

HOW:

Together, the PSWO/CDO/Case Manager and the Case Worker should:

1. Review the family folder containing the results of the final Graduation Checklist and other documents, including the household members' completed Household Vulnerability Assessment Tool (or the Household Vulnerability Assessment Tool for Adolescents Aged 10–17, in the case of adolescents), case plan, and Case Plan Achievement Readiness Assessment Tool 14.
2. Discuss input from other service providers about the household's readiness to graduate.
3. Confirm the decision to graduate the household.
4. Discuss how to inform all actors at the community level of the case plan achievement/graduation of the household. These actors may include social welfare officers, health care professionals, teachers, and others.
5. Identify and formally introduce the graduating family to a family that graduated within the previous year to provide mentorship and a positive example to follow. This mentorship is intended to ease the household's postgraduation transition.
6. Use the Case Closure Checklist to ensure that the household's contact information has been recorded and that the household has information regarding whom to contact in case of emergency.
7. Ensure that Government and IP databases have recorded the case plan achievement/graduation of the household, if applicable.
8. After these steps have been completed, the Case Worker/Case Manager should close the case.
9. Secure the closed files in the Government and IP offices in a locked cabinet.
10. Send a list of households that "graduated" (i.e., successfully reached case plan achievement) to relevant government officials every six months.
11. Safely dispose of the closed files after the number of years required by law.



Ministry of Gender, Labour and Social Development
Case Closure Checklist (OVCMIS FORM 017)

1. Date of case closure: _____
2. Reason for case closure (circle): Case Plan Achievement Transfer Attrition
3. Date household exited from the OVC 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 |
| Informed necessary service providers of graduation. | Yes/No |
| Graduation recorded in database of civil service organization (CSO) and Government. | Yes/No |
| Files stored in a safe place (locked cabinet). | Yes/No |

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 |
| 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: _____

Official stamp and contact details of case closure organization: _____

Official stamp of Government staff: _____



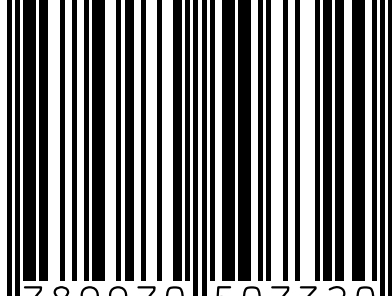
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