



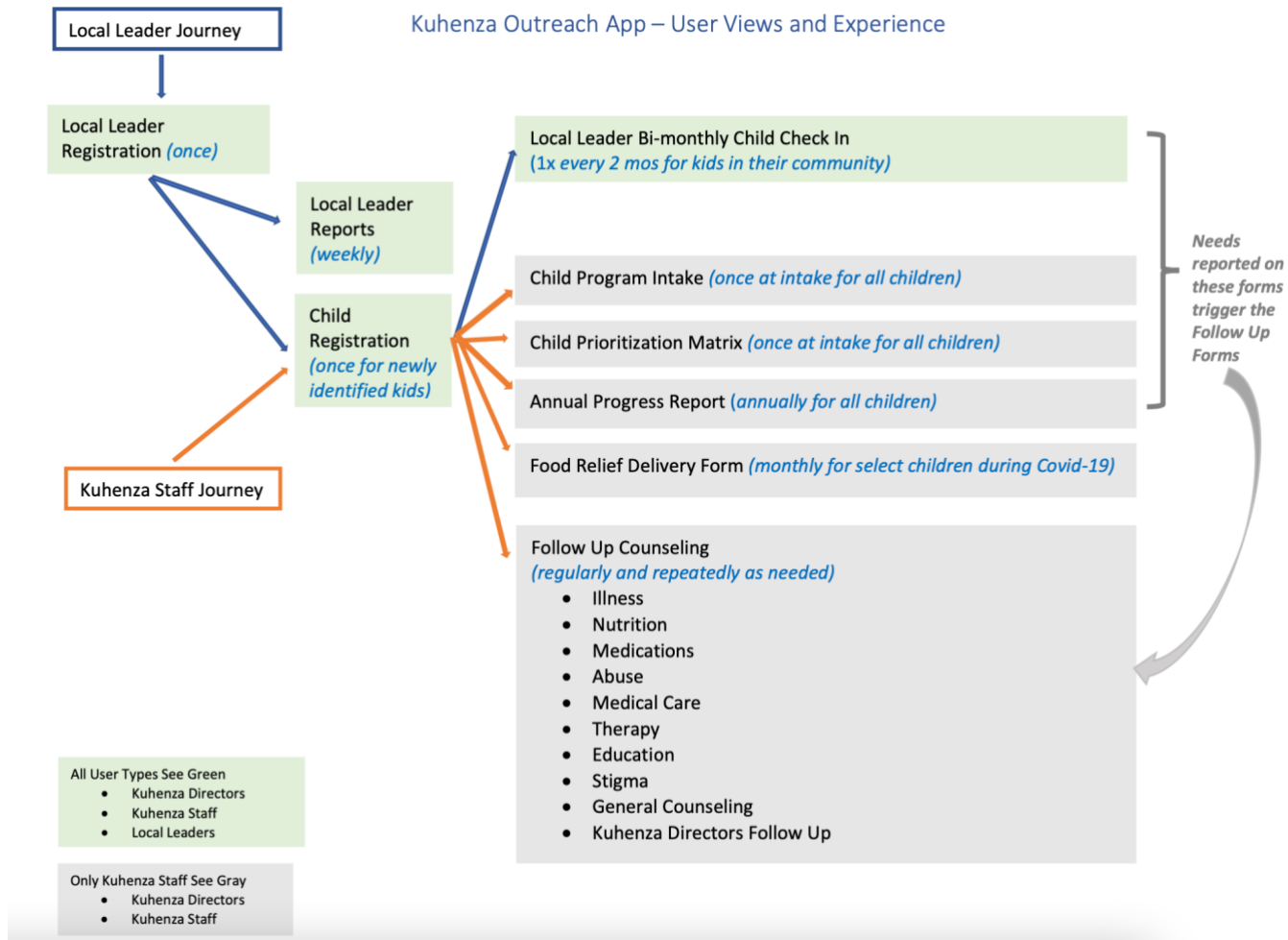
Child Case Management Mobile Application Sample Content Screens



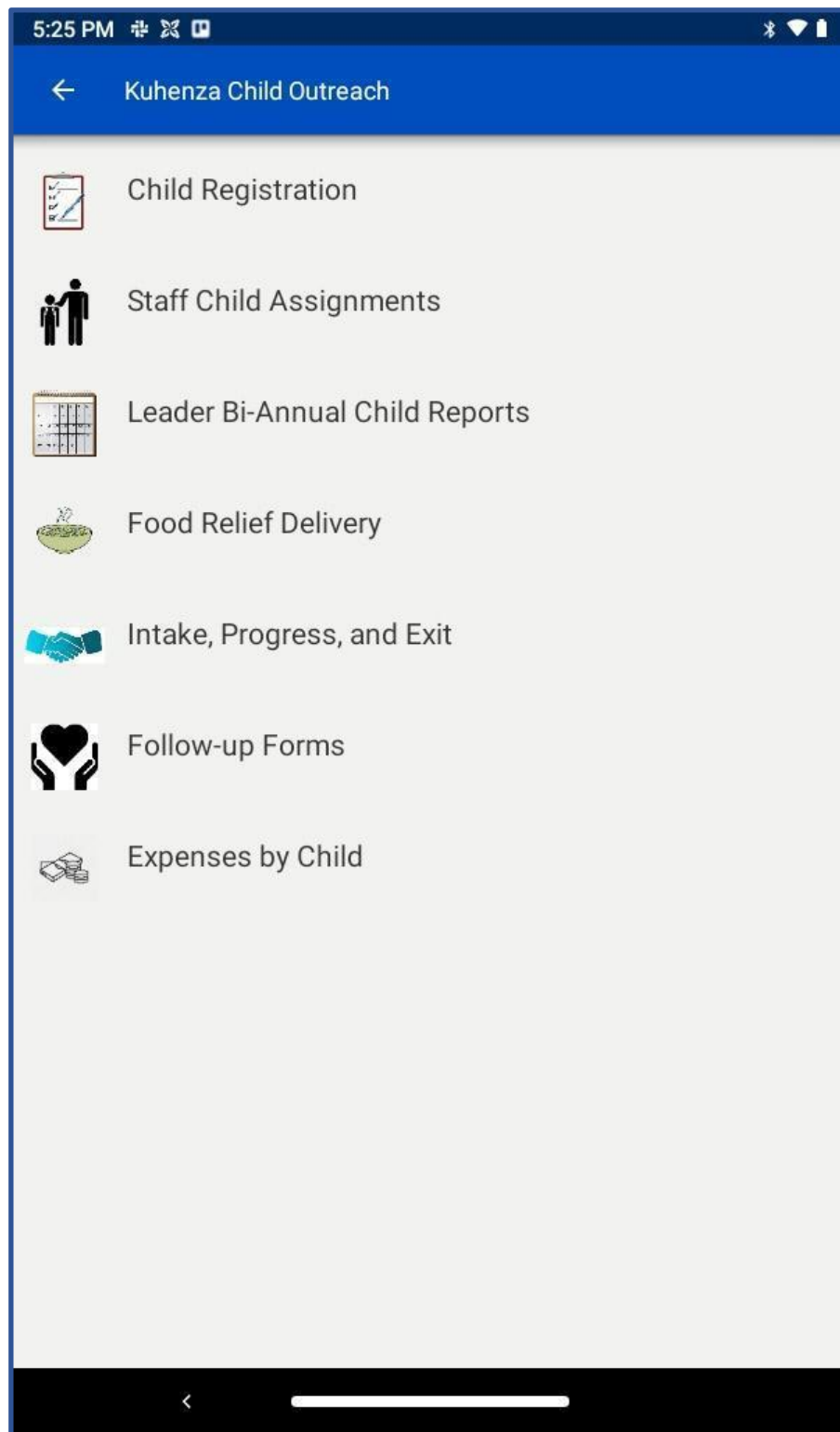
Table of Contents

<i>App User Journey Flow Chart</i>	1
<i>7 Modules</i>	2
Module 1 – Child Registration	3
Module 2 - Staff / Child Assignment	7
Module 3 - Leader Bi-Annual Child Reports	8
Module 4 - Food Relief Delivery	12
Module 5 - Intake, Progress, and Exit Forms	13
Program Intake Form	14
Annual Progress Report	18
Exit Form	22
Close Case Form	26
Module 6 - Follow Up Counseling Form	28
Abuse Follow Up Form	32
Illness Follow Up Form	35
Medication Follow Up Form	37
Nutrition Follow Up Form	39
Stigma Follow Up Form	41
Therapy Follow Up Form	43
Medical Follow Up Form	45
Medical Counseling can be “Emergency” (i.e. due immediately)	45
Education Follow Up Form	47
Module 7 - All-Purpose Counseling Form	49
Module 8 - Expenses by Child	52

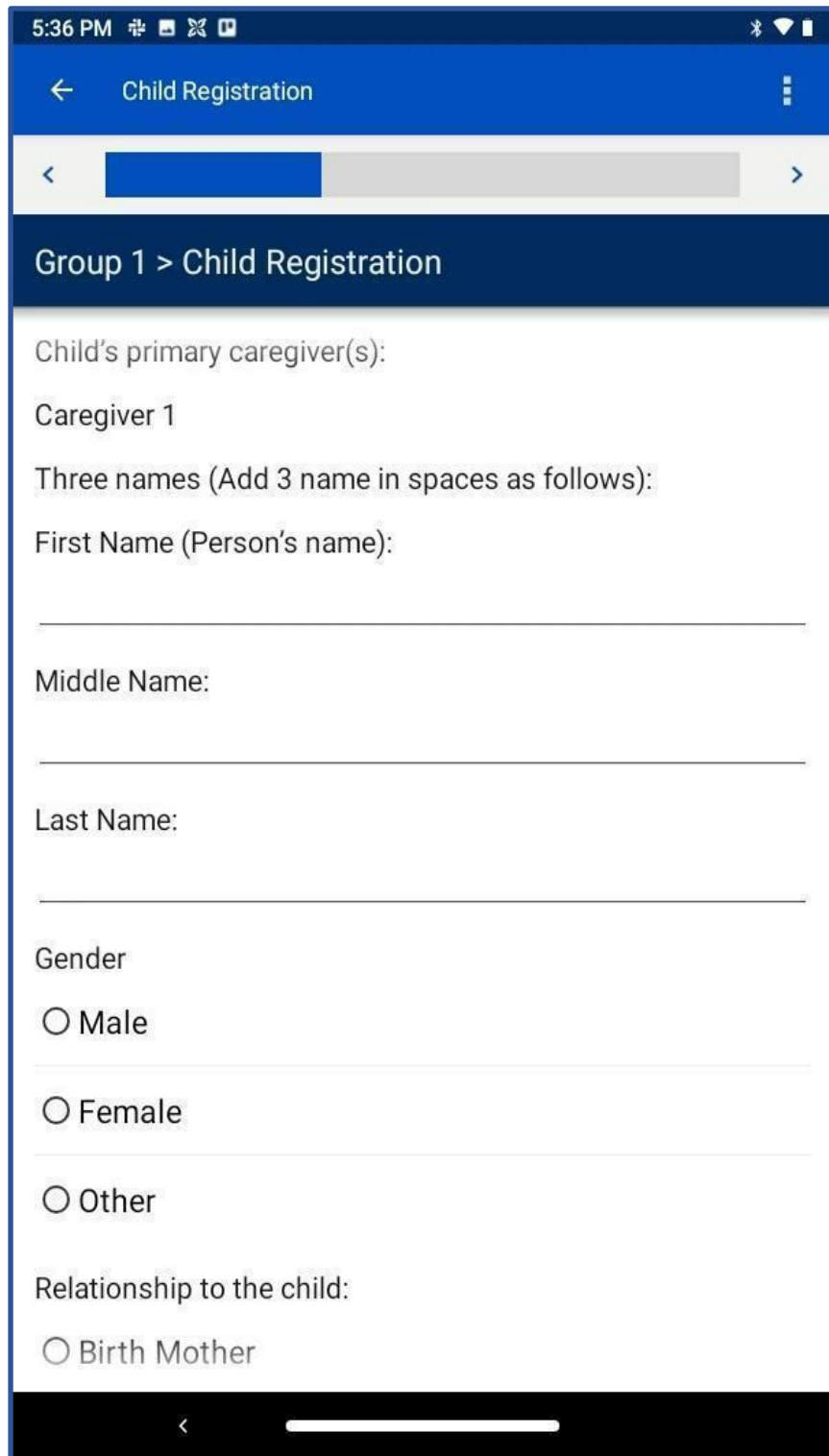
App User Journey Flow Chart



7 Modules



Module 1 – Child Registration

A screenshot of a mobile application interface for child registration. The top status bar shows the time as 5:36 PM and various icons. The app's header is blue with a back arrow and the text "Child Registration". Below the header is a light blue bar with a blue selection box and a right arrow. The main content area has a dark blue header with the text "Group 1 > Child Registration". The form contains several sections: "Child's primary caregiver(s):" with "Caregiver 1" listed; "Three names (Add 3 name in spaces as follows):" with sub-sections for "First Name (Person's name):", "Middle Name:", and "Last Name:", each followed by a text input field; "Gender" with three radio button options: "Male", "Female", and "Other"; and "Relationship to the child:" with one radio button option: "Birth Mother". The bottom of the screen shows a black navigation bar with a back arrow and a white home indicator bar.

5:36 PM

Child Registration

Group 1 > Child Registration

Phone number:
Required

Caregiver 2

Three names (Add 3 name in spaces as follows):

First Name (Person's name):

Middle Name (Father's name):

Last Name (Grandfather's name):

Gender:

☐ Male

☐ Female

☐ Other

5:37 PM

Child Registration

Group 1 > Child Registration

Local Leader

Three names (Add 3 name in spaces as follows)

First Name (Person's name):

Middle Name

Last Name:

What are your Leader Type(s) and Job Title(s)? *(tick all the apply)*

☐ Parent

☐ Pastor

☐ Chief

☐ Government Representative

☐ Village Elder

5:38 PM

Child Registration

< >

Group 2 > Child's Information

Child's Gender:

☐ Male

☐ Female

☐ Other

Child's Age:

What is known about the child's date of birth?

☐ The date of birth is known

☐ Only the month and year are known

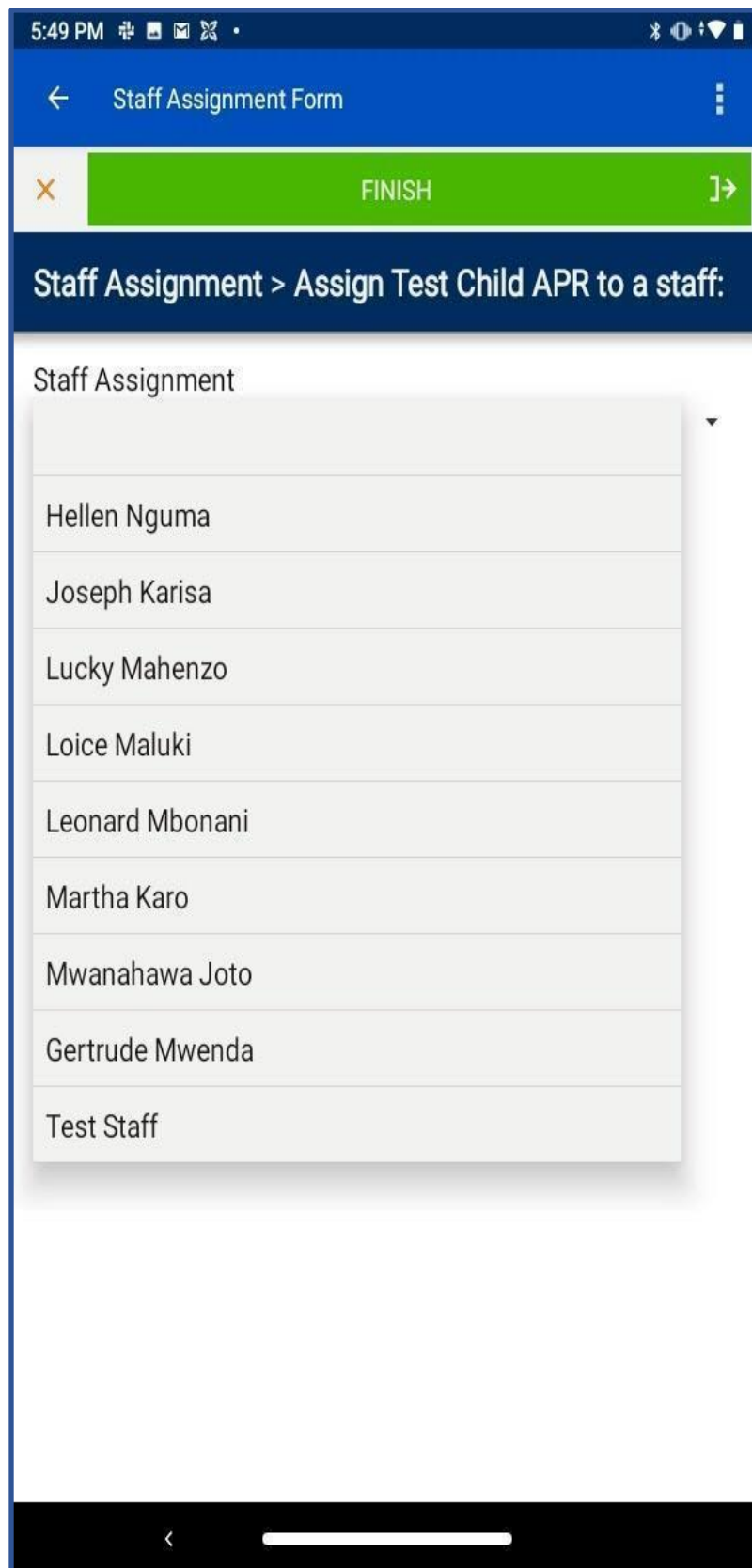
☐ Only the year is known

☐ The child's age can only be estimated

Which ward does the child live in? *(their family home not their school)*

Sublocation:

Module 2 - Staff / Child Assignment

A screenshot of a mobile application interface for a "Staff Assignment Form". The top status bar shows the time as 5:49 PM and various system icons. The app's header is blue with a back arrow, the title "Staff Assignment Form", and a menu icon. Below the header is a green bar with a close icon (X), the word "FINISH", and a next icon (]→). The main content area has a dark blue header with the text "Staff Assignment > Assign Test Child APR to a staff:". Below this is a section titled "Staff Assignment" which contains a list of staff names in a light gray box. The names are: Hellen Nguma, Joseph Karisa, Lucky Mahenzo, Loice Maluki, Leonard Mbonani, Martha Karo, Mwanahawa Joto, Gertrude Mwenda, and Test Staff. At the bottom of the screen is a black navigation bar with a back arrow and a home indicator.

12:05 AM

Local Leader Bi-Annual Child Check In

Before the Interview > Before The Interview

Before the Interview

Date of Interview

Apr	06	2020
May	07	2021
Jun	08	2022

Are you at the child's home?

☐ Yes

☐ No

Add other details regarding how to find the child's home here:

12:06 AM

Local Leader Bi-Annual Child Check In

Services > Services

Services

Explain to the family that Kuhenza provides a number of services including the following (tick off each item as you review it)

- ☐ Counseling
- ☐ Service Referrals (for assessment, medical care and education)
- ☐ Connections to Parent Support Groups
- ☐ Tuition Support through Sources such as Ward Bursaries
- ☐ Medical Support through Sources such as National Health Insurance
- ☐ Home Visits

12:07 AM

Local Leader Bi-Annual Child Check In

Medical Care > Medical Care

Does the child **have** any assistive devices?

☐ Yes

☐ No

Does the child **need** any assistive devices?

☐ Yes

☐ No

Immunizations

Can the respondent show you an immunization card for the child?

☐ Yes

☐ No

need clinical medical followup
false

Birth Certificate and Health Cards

Do you need help accessing the following for this child?

Module 4 - Food Relief Delivery

5:56 PM

Food Relief Delivery

X

Food Relief Delivery > Food Relief Delivery

Date of delivery:

Mar 04 2020

Apr 05 2021

May 06 2022

Are you at the child's home?

☐ Yes

☐ No

Ask the family these questions and record their answers.

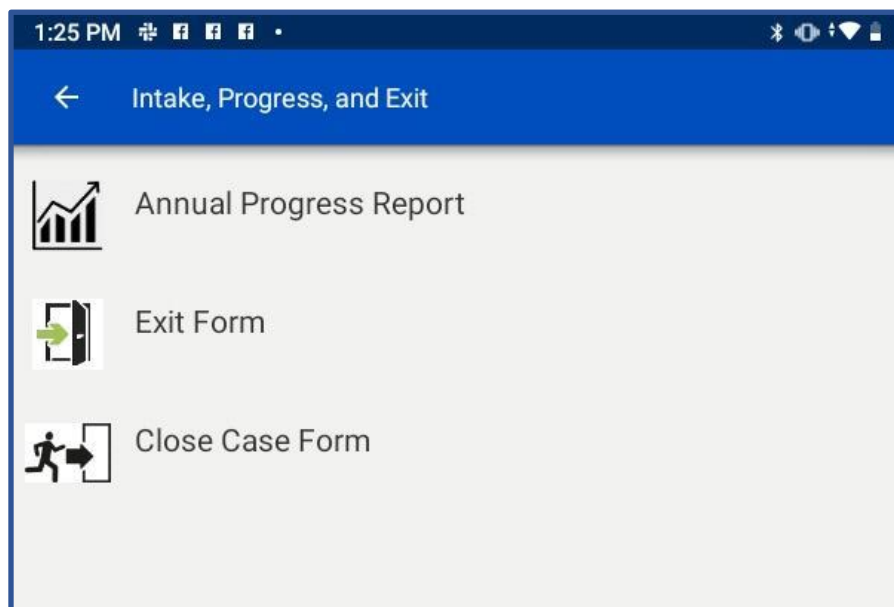
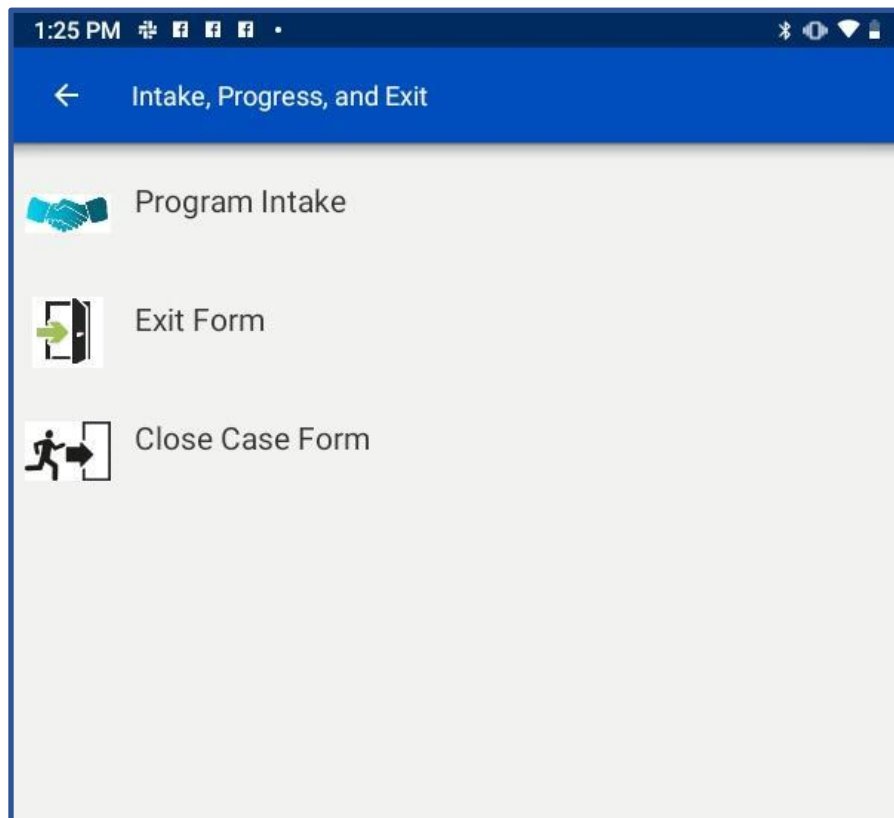
How many family members are going to eat the food we have provided your family?

How was the family's harvest this year?

☐ Good

☐ Average

Module 5 - Intake, Progress, and Exit Forms



Program Intake Form

1:26 PM

Program Intake

Child Prioritization Matrix > Prioritization Score

Poverty

Caretakers *(only select one)*

☐ Child is being cared for 100% of the time in an institution (orphanage or special school)

☐ Single mom (or mother is one of many wives)

☐ Single dad

☐ Both parents care for child

☐ Other family member taking care of the child

☐ Child who is being cared for by someone who is not a family member

Occupation of the Primary Wage Earners *(Select 1 or 2 depending if both parents work)*

☐ None (Peasant Farmer)

☐ Short term jobs (making charcoal, small carpentry projects, etc.)

1:26 PM

Program Intake

< >

Child Prioritization Matrix > Prioritization Score

Health

Child's Health *(select as many as apply)*

☐ Needs emergency surgery

☐ Needs non-emergency surgery

☐ Needs medicine daily

☐ Needs regular doctor's visits

☐ Needs regular therapy

Has or needs assistive devices (includes
☐ wheelchairs, crutches, prosthetics, hearing aids,
canes, etc.)

☐ Child's health needs cost more than 25% of the
family's income

Independence in Activities of Daily Living *(only select one)*

☐ Can feed, bathe, toilet and move on their own
without assistance

1:26 PM [status icons]

← Program Intake [menu icon]

< [progress bar] >

Child Prioritization Matrix > Prioritization Score

Education

Specialized Education *(select as many that apply)*

☐ Needs no assistance with learning

☐ Needs to be in a deaf or blind classroom

☐ Has learning challenges requiring specialized education

Special Accommodation *(select as many that apply)*

☐ Needs no physical assistance

☐ Needs school to be physically accessible

☐ Needs physical assistance to attend school

Child's age *(select only one)*

☐ Child is 18 or over

☐ Child is under 18

Stigma

< [home indicator]

1:26 PM

Program Intake

Child Prioritization Matrix > Program Recommendations

- poverty score: 0
- health score: 0
- education score: 0
- stigma score: 0

The child's total score is: 0.

Comments:

Date you completed this survey:

Apr	06	2020
May	07	2021
Jun	08	2022



Annual Progress Report

5:59 PM [Icons]

← Annual Progress Report [Menu]

< [Progress Bar] >

Test Child APR > Beginning the Interview > Beginning the Interview

Respondent 1:

Type all of the respondent's names below:

First Name (Person's name):
Required

Middle Name:
Required

Last Name:
Required

Date of the interview with Respondent 1

Mar	04	2020
Apr	05	2021
May	06	2022

← [Home Bar]

6:01 PM

← Annual Progress Report

< >

Test Child APR > Classroom Type

Classroom Type

Can the child be in a regular classroom?

☐ Yes

☐ No

6:02 PM

← Annual Progress Report

< >

Test Child APR > Medications

Medications

Does the child take any medications?

☐ Yes

☐ No

<

6:02 PM

Annual Progress Report

Test Child APR > Medications

Do the medications need to be refilled now or in the future?

☒ Yes

☐ No

☐ I don't know

Clear

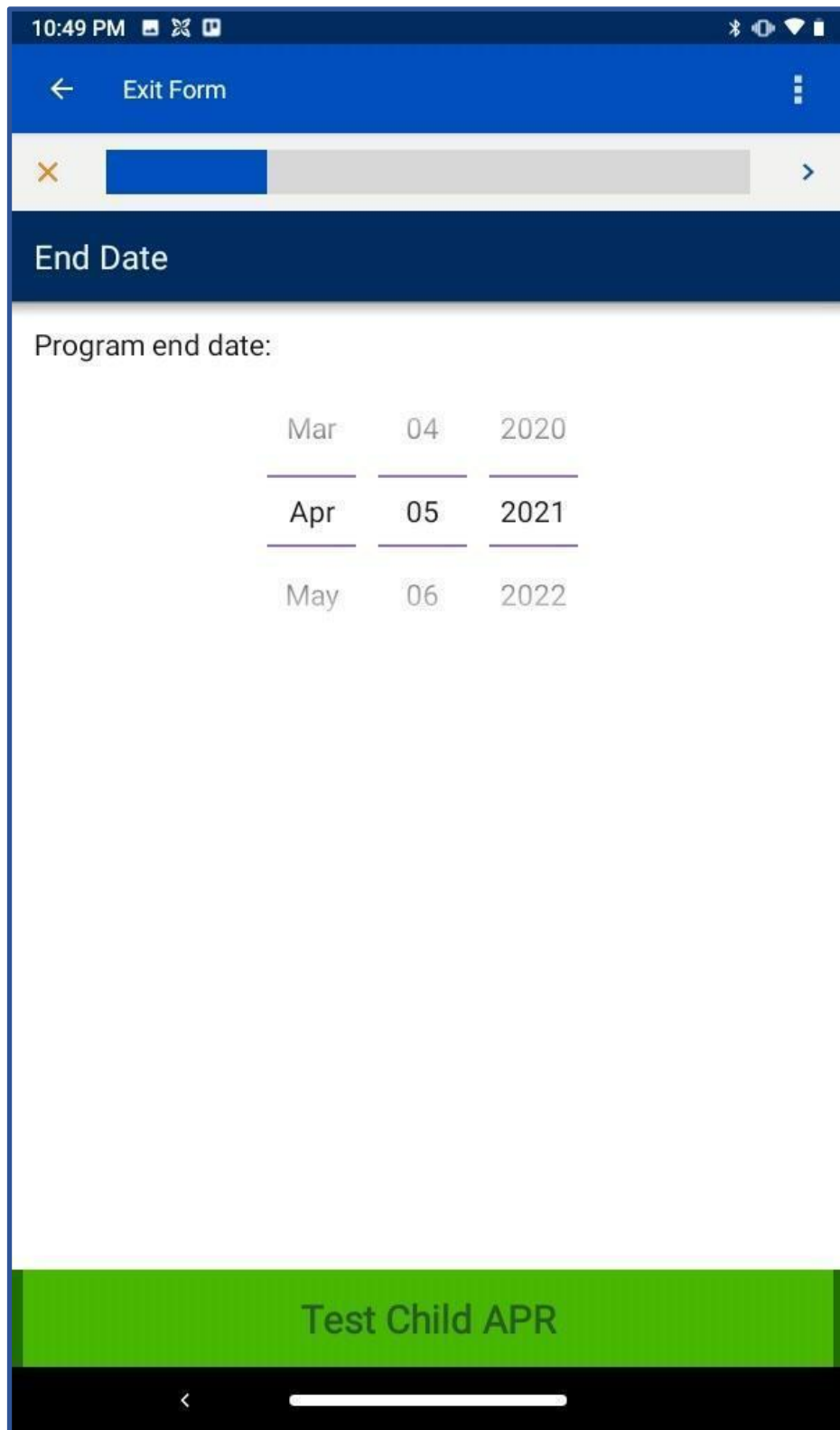
If yes, when will your current medications run out? Give your best estimate of a date.

Mar	04	2020
Apr	05	2021
May	06	2022

Please advise the family that they need to consult a service provider to ask whether the medications need to be refilled and, if so, **when** they should be refilled. Advise them using the [Kilifi Service Referral Guide](#).

Name of the health facility or service provider they will contact:

Exit Form

A screenshot of a mobile application interface for an "Exit Form". The top status bar shows the time as 10:49 PM and various icons. Below the status bar is a blue header with a back arrow, the title "Exit Form", and a menu icon. Underneath is a search bar with a blue background and a magnifying glass icon. The main content area has a dark blue header with the text "End Date". Below this, the text "Program end date:" is followed by a date picker. The date picker shows three options: "Mar 04 2020", "Apr 05 2021", and "May 06 2022". At the bottom of the screen is a green button labeled "Test Child APR". The very bottom of the screen shows a black navigation bar with a back arrow and a white horizontal line.

10:49 PM

← Exit Form

< >

Group 0 > Reason for Exiting the Program

Reason for Exiting the Program *(please select all that apply)*

☐ The child was lost to follow up

☐ The child passed away

☐ The child left school

☐ The parent or caregiver removed child from the program

Test Child APR

<

10:49 PM

Exit Form

Group 0 > Reason for Exiting the Program

Reason for Exiting the Program *(please select all that apply)*

☒ The child was lost to follow up

☐ The child passed away

☐ The child left school

☐ The parent or caregiver removed child from the program

The child was lost to follow up

Date of last contact with the child or family:

Mar	04	2020
Apr	05	2021
May	06	2022

Efforts made to contact the child or family:

Test Child APR

10:50 PM [status icons]

← Exit Form [menu icon]

< [progress bar] >

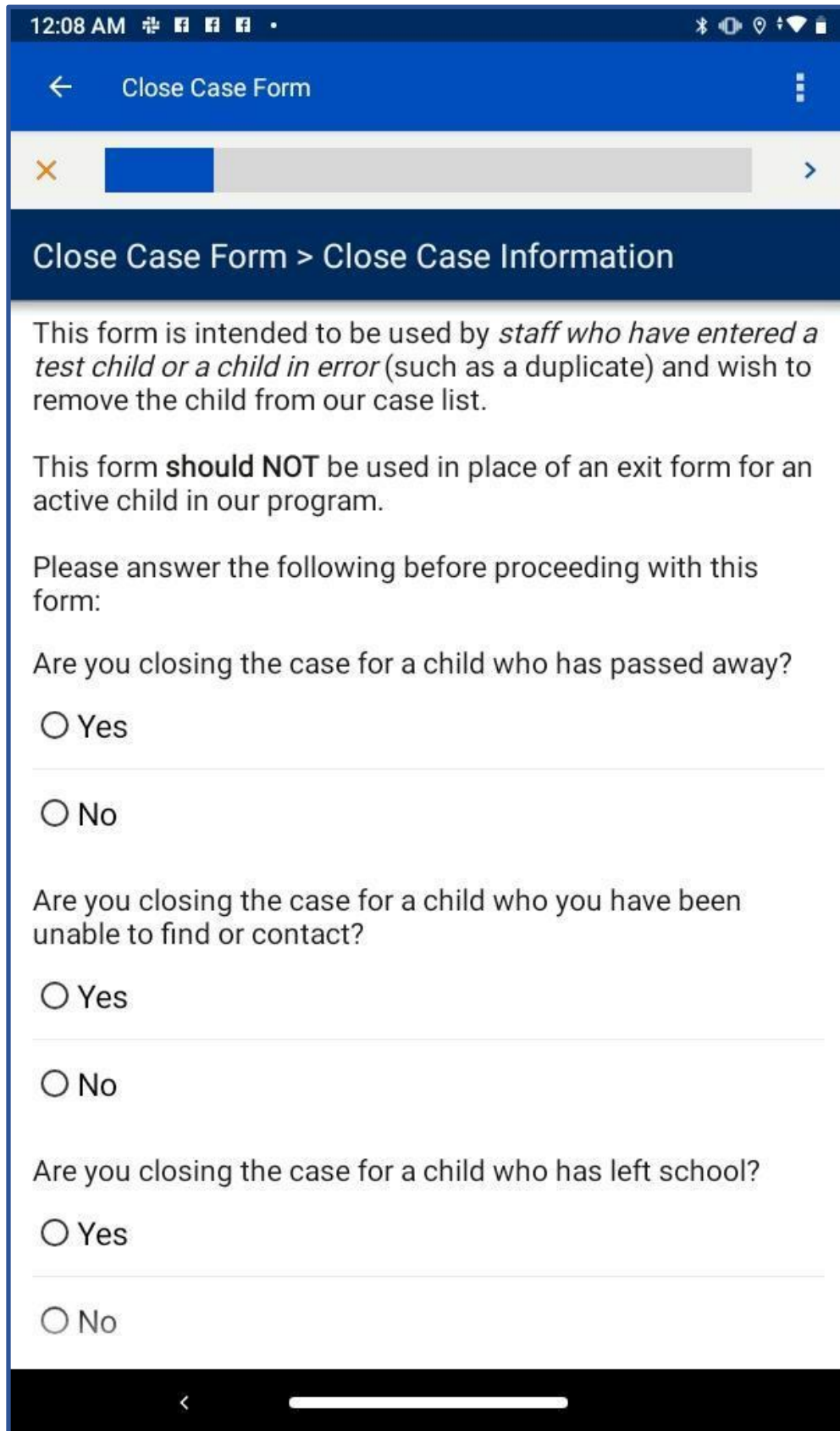
Group 1 > Kuhenza's follow up plan

Please describe Kuhenza's follow up plan with this child and his or her family:

Test Child APR

< [home indicator]

Close Case Form

A screenshot of a mobile application interface for a "Close Case Form". The top status bar shows the time as 12:08 AM and various icons. The app's header is blue with a back arrow, the title "Close Case Form", and a menu icon. Below the header is a search bar with a blue placeholder and a magnifying glass icon. The main content area has a dark blue header with the text "Close Case Form > Close Case Information". The body contains three paragraphs of text: the first explains the form's purpose for removing children from the case list; the second states it should not be used as an exit form; the third asks the user to answer the following questions before proceeding. There are three questions, each with "Yes" and "No" radio button options. The bottom of the screen shows a black navigation bar with a white back arrow and a white home indicator bar.

12:08 AM

← Close Case Form

×

Close Case Form > Close Case Information

This form is intended to be used by *staff who have entered a test child or a child in error* (such as a duplicate) and wish to remove the child from our case list.

This form **should NOT** be used in place of an exit form for an active child in our program.

Please answer the following before proceeding with this form:

Are you closing the case for a child who has passed away?

☐ Yes

☐ No

Are you closing the case for a child who you have been unable to find or contact?

☐ Yes

☐ No

Are you closing the case for a child who has left school?

☐ Yes

☐ No

12:08 AM

← Close Case Form

< FINISH]>

When you press FINISH this child will be removed completely from the app.


You will no longer be able to see the child's name or details in the case list or any of the modules.


Module 6 - Follow Up Counseling Form

10:52 PM

Follow-up Forms

Continue

	Child Details	Next Follow Up Due
Name of the child	Test Child APR	
Child's sex	non binary	
Child's age	12	
Child's Disability	Epilepsy Intellectual delays	
Area(s) impacted by disability	Difficulty walking or unable to walk Slow learner	
Primary Caregiver Name	Fuona Rizzatz	
Primary Caregiver Gender	Female	
Primary Caregiver Relationship to the child	Step Mother	
Primary Caregiver Phone number	 123657489046	

7:21 AM     •

Bluetooth   

← Follow-up Forms

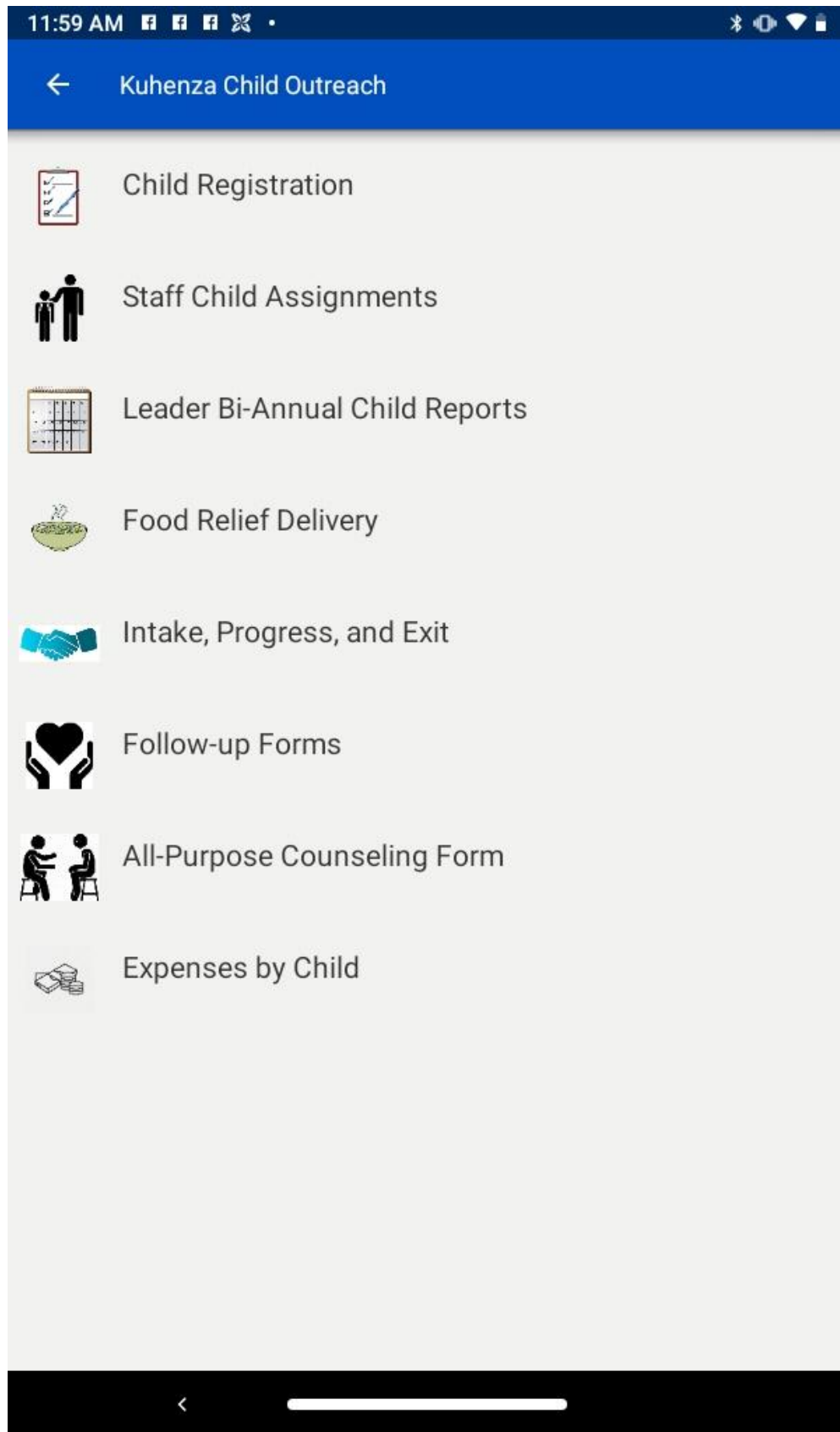
Continue >

Child Details Next Follow Up Due

Abuse Emergency	1
Illness Emergency	-79
Nutrition Emergency	-18
Medication	1
Medical	6
Therapy	26
Stigma	-61
Education	6

<







Abuse Follow Up Form

Abuse Counseling can be “Emergency” (i.e. due immediately)

10:53 PM

Abuse Follow Up

Abuse Prevention and Care > Abuse report

Abuse Prevention and Care

Please carefully read over all of the details related to past counseling on this topic before you contact this family.

Please complete this questionnaire by interviewing the mother, father or the person who is caring for the child on a daily basis..

Remember, there is no right or wrong answer. Encourage the respondent to answer each question to the best of their ability. If they do not know the answer, make notes of what they do know.

Then tell the respondent:

- Your name
- Your connection to Kuhenza for the Children

Type **all** of the respondent's names below:

First Name (Person's name):
Required

Middle Name:
Required

Test Child APR

10:55 PM

Abuse Follow Up

< >

Abuse Prevention and Care > Abuse report

Regardless of their plans to go or not go to the facility, if they have not yet gone, explain the following and tick off each item as you do:

- ☐ Encourage them to go to the health facility
- ☐ Explain that they should not take this health issue for granted
- ☐ Explain that this could be a life-threatening condition
- ☐ Explain that this person could become very sick or even pass away if they don't get timely care

Then, if they still seem reluctant to take the child to a health facility, explain the following and tick off each item as you do:

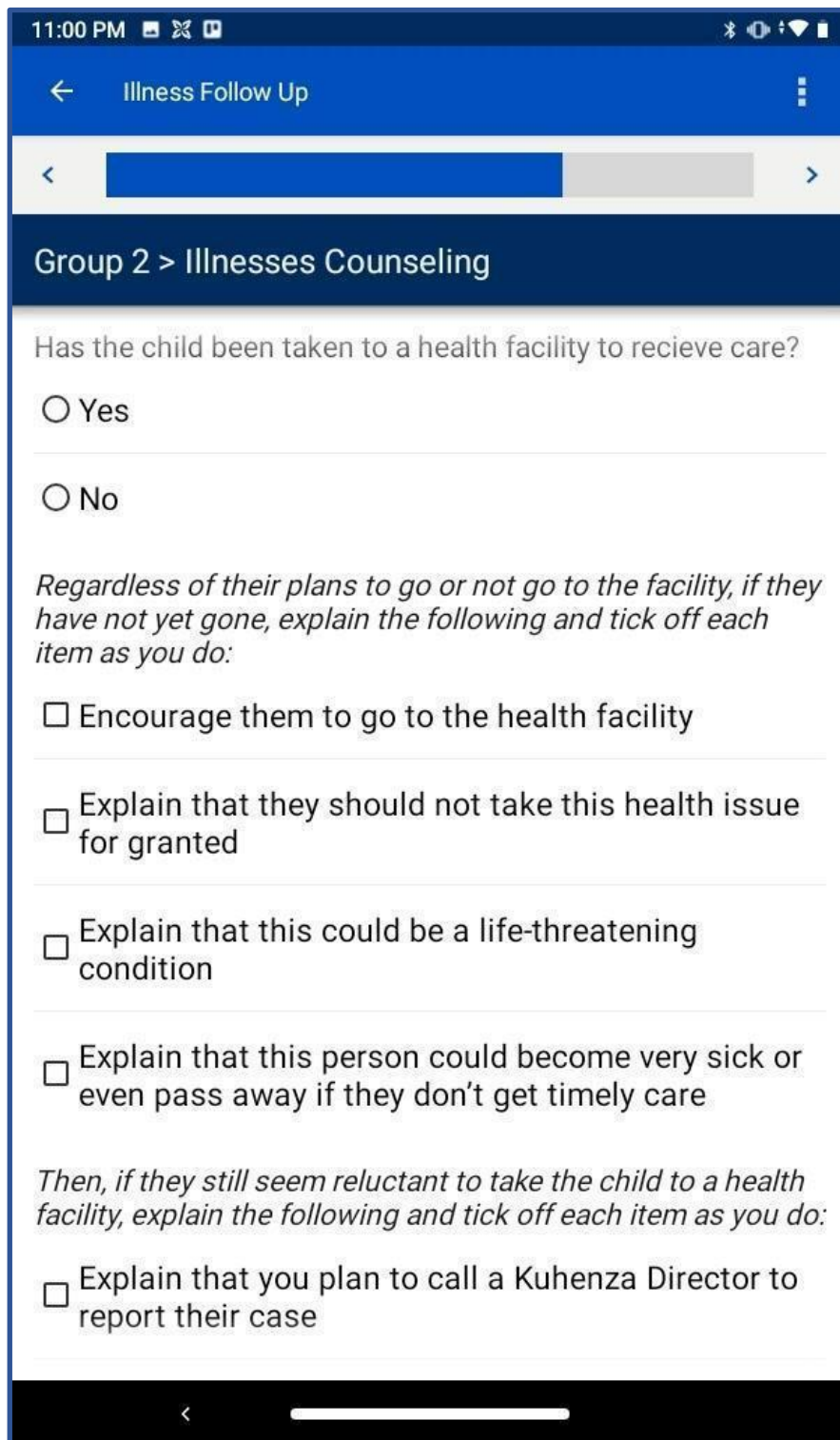
- ☐ Explain that you plan to call a chief, assistant chief, village elder or the local Child Protection to report their case
- ☐ Explain that you are required by Kuhenza to do this

Test Child APR

<

Illness Follow Up Form

Illness Counseling can be "Emergency" (i.e. due immediately)

A screenshot of a mobile application interface for an "Illness Follow Up" form. The status bar at the top shows the time as 11:00 PM and various icons. The app's header is blue with a back arrow, the title "Illness Follow Up", and a menu icon. Below the header is a blue bar with a left arrow, a text input field, and a right arrow. The main content area has a dark blue header with the text "Group 2 > Illnesses Counseling". The first question is "Has the child been taken to a health facility to recieve care?" with radio button options for "Yes" and "No". Below this is a paragraph of text: "Regardless of their plans to go or not go to the facility, if they have not yet gone, explain the following and tick off each item as you do:". This is followed by four checkbox items: "Encourage them to go to the health facility", "Explain that they should not take this health issue for granted", "Explain that this could be a life-threatening condition", and "Explain that this person could become very sick or even pass away if they don't get timely care". Another paragraph of text follows: "Then, if they still seem reluctant to take the child to a health facility, explain the following and tick off each item as you do:". This is followed by one checkbox item: "Explain that you plan to call a Kuhenza Director to report their case". The bottom of the screen shows a black navigation bar with a back arrow and a home indicator.

11:02 PM

Illness Follow Up

Group 2 > Illnesses Counseling

Regardless of their plans to go or not go to the facility, if they have not yet gone, explain the following and tick off each item as you do:

- ☐ Encourage them to go to the health facility
- ☐ Explain that they should not take this health issue for granted
- ☐ Explain that this could be a life-threatening condition
- ☐ Explain that this person could become very sick or even pass away if they don't get timely care

Then, if they still seem reluctant to take the child to a health facility, explain the following and tick off each item as you do:

- ☐ Explain that you plan to call a Kuhenza Director to report their case
- ☐ Explain that you are required by Kuhenza to do this
- ☐ Reassure them you are taking this step to help ensure the child remains health



Medication Follow Up Form

Medication Counseling can be “Emergency” (i.e. due immediately)

7:23 AM

←

Medication Follow Up

⋮

<

>

Conclusion > Conclusion

Ask if the family has any questions and provide answers and further counseling as needed.

Notes to the director:

Other Medication Notes:

7:24 AM

←

Medication Follow Up

⋮

<

FINISH

]→

Concluding the Counseling Session > Concluding the Counseling Session

After the call or visit, fill these details *(please do not read these to the family)*:

Do you feel this is an emergency situation where the child needs immediate care?

☐ Yes

☐ No

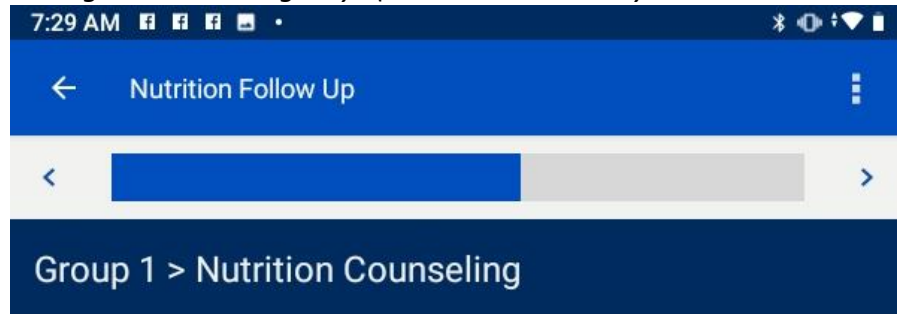
Ask the respondent: "According to the conversation that we've had, do you have anything additional to share?" Then write what they say here:

What would you like the next person who counsels this family to know about your counseling session? Please mention any important advice or referrals you've made and any further follow up that is needed to support the family and their child with a disability.

<

Nutrition Follow Up Form

Nutrition Counseling can be “Emergency” (i.e. due immediately)



The screenshot shows the top portion of a mobile application. At the top, a status bar displays the time as 7:29 AM and various icons. Below this is a blue header bar with a back arrow on the left, the text "Nutrition Follow Up" in the center, and a menu icon on the right. Underneath the header is a light gray bar with a blue progress indicator. The main content area has a dark blue header with the text "Group 1 > Nutrition Counseling".

Counseling: Listen to their answer and then explain to the family that they should feed the child three times, equally spaced meals. Then tick off each of the items below as you explain the ideal feeding times:

☐ A morning meal around 7:00 or 8:00 a.m.

☐ A mid-day meal around 1:00 p.m.

☐ An evening meal around 6:00 or 7:00 p.m. (the child may be too tired to eat the late meal with the family)

What kinds of foods do you feed the child?

Counseling: Listen to their answer and then ensure they understand the following. Tick the items below off as you explain each one.

☐ The child needs to eat green vegetables and fruits for vitamins

☐ The child needs to eat protein to keep their body and immune system strong



A black navigation bar at the bottom of the screen with a white back arrow on the left and a white horizontal line in the center.

7:29 AM

← Nutrition Follow Up

< >

Group 1 > Nutrition Counseling

Did you counsel the family about what to do if the child starts choking?

☐ Yes

☐ No

☐ Not Applicable

Did you address the family's need for financial support to access food for their child?

☐ Yes

☐ No






Final Counseling: If the child is in our food relief program, tell the family that Kuhenza makes random, unannounced visits to families to confirm that their child is benefiting from the food and / or cash transfers we are providing.





Does the family seem reluctant to feed the child?

☐ Yes

☐ No

7:30 AM

←

Stigma Counseling Follow Up

⋮

<

FINISH

]→

Stigma Counseling

Then explain that there are legal penalties such as fines and jail time for people (even parents) who deny these rights to children with disabilities. Did you explain this? You can refer to the [Kenya Disability Law Guide Summary](#) for additional information.

☐ Yes

☐ No

Then answer any questions they may have. You can refer to the Kenya Disability Law Guide Summary for additional information.

Now answer the following question on your own. Don't ask the family.

Concluding the Counseling Session

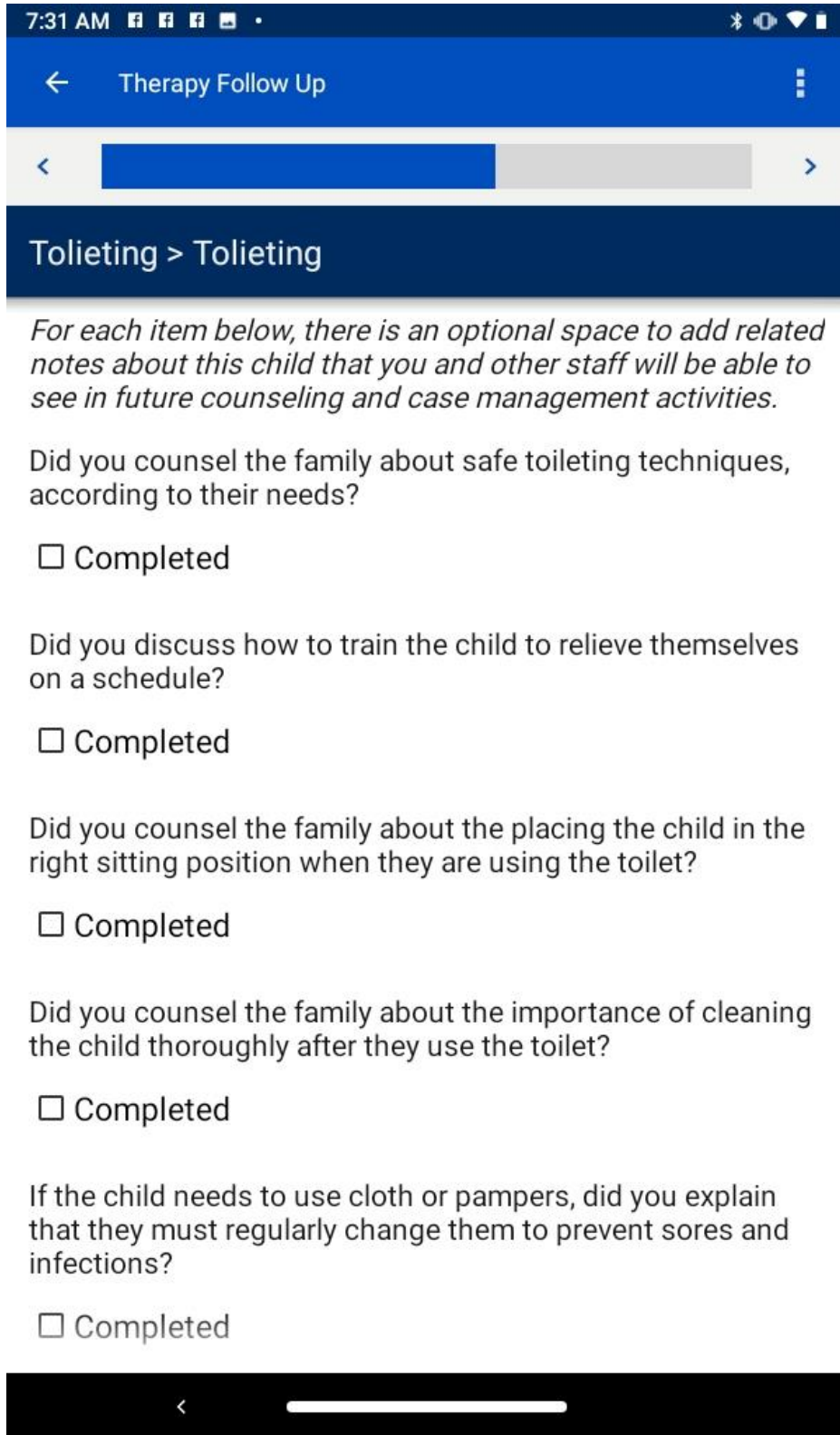
Is there anything else you want to share about this family in relation to stigma and the child's rights? If so, please write it here.

In your opinion, does the family need further counseling and support regarding stigma and discrimination against their child?

NOTE: If you have referred the family to services, please

<

Therapy Follow Up Form

The image is a screenshot of a mobile application interface. At the top, a status bar shows the time as 7:31 AM and various icons. Below this is a blue header bar with a back arrow and the text "Therapy Follow Up". Underneath the header is a light gray bar with a blue progress indicator. The main content area has a dark blue header with the text "Toileting > Toileting". Below this, there is a paragraph of italicized text: "For each item below, there is an optional space to add related notes about this child that you and other staff will be able to see in future counseling and case management activities." This is followed by four questions, each with a checkbox and the word "Completed":
1. "Did you counsel the family about safe toileting techniques, according to their needs?"
2. "Did you discuss how to train the child to relieve themselves on a schedule?"
3. "Did you counsel the family about the placing the child in the right sitting position when they are using the toilet?"
4. "Did you counsel the family about the importance of cleaning the child thoroughly after they use the toilet?"
The final question is: "If the child needs to use cloth or pampers, did you explain that they must regularly change them to prevent sores and infections?"
At the bottom of the screen is a black bar with a white back arrow and a white horizontal line.

7:32 AM

← Therapy Follow Up

< >

Conclusion > Conclusion

How frequently would you like them to do the exercises with the child that you have taught them today?

☐ Once daily

☐ Twice daily

☐ Three times daily

☐ Weekly

☐ As needed

☐ Other

What is the expected duration of these exercises each time they do them?

Ask if the family has any questions and provide answers and further counseling as needed.

<



Medical Follow Up Form

Medical Counseling can be “Emergency” (i.e. due immediately)

7:33 AM

← Medical Care Follow Up

< >

Assistive Devices > Assistive Devices

Does your child still **need** an assistive device?

☐ Yes

☐ No

Do your child's assistive devices still need **repairs**?

☐ Yes

☐ No

Then help the family to think about where they can go for repairs in their community. For hearing aid repairs – Ask the child's teacher to try to fix them and if they cannot, refer the family to the Mombasa Assessment and Resource Center.

Does your child have assistive devices that **do not require repairs** that they are **not using**?

☐ Yes

☐ No

7:33 AM

Medical Care Follow Up

Medical Services > Medical Services

Does your child still need to have a **hearing test**?

☐ No

☐ Yes

Is your child still feeling ill?

☐ No

☐ Yes

Then, if they still seem reluctant to take helping the child access care, explain the following and tick off each item as you do:





☐ Explain that you plan to call a Kuhenza Director to report their case.





☐ Explain that you are required by Kuhenza to do this


☐ Reassure them you are taking this step to help ensure the child remains healthy

☐ Explain that the Kuhenza Director may call them to assess the child's health care


7:34 AM









Education Follow Up







Concluding the Counseling Session > Concluding the Counseling Session

After the call or visit, fill these details *(please do not read these to the family)*:

If you have referred the family to services you should follow up with them within a month to ensure they have accessed those services.

In your opinion, does this family need further education counseling?

☒ Yes

☐ No

If yes, by what date would you like to provide the next education counseling to this family?

☐ Within 3 days










☐ Within 5 days

☐ Within a week (7 days)

☐ Within 2 weeks (14 days)

Module 7 - All-Purpose Counseling Form

The screenshot shows a mobile application interface. At the top, a status bar displays the time as 12:00 PM and various system icons. Below this is a blue header bar with a back arrow icon and the text "All-Purpose Counseling Form". The main content area is light gray and contains a small icon of two people sitting on chairs, followed by the text "All-Purpose Counseling Form". At the bottom, there is a black navigation bar with a white back arrow icon and a white horizontal line.

12:00 PM     •     

← All-Purpose Counseling Form ⋮

✕ >

Location

Where is the interview taking place?

☐ Kuhenza office

☐ Child's home

☐ Other

Discussion

What topics did you discuss in the counseling session?

☐ Education

☐ Medical Care


☐ Therapy

☐ Medications

☐ Illness

☐ Abuse

☐ Nutrition

< 

4:47 PM

All-Purpose Counseling Form

✕ [Redacted] >

☒ Therapy

☐ Medications

☐ Illness

☐ Abuse

☐ Nutrition

☐ Stigma

Therapy:
Describe what was discussed:

Therapy:
Describe next steps:

Therapy:
Does the child need further counseling?

☐ Yes

☐ No

Module 8 - Expenses by Child

11:05 PM

Expenses by Child Form

✕ FINISH]→

**** Test Child APR ****

Child's name: **Test Child APR**

Name of person completing this form: **Shea Mathews**

Expense Type:
tick all that apply

☒ Education

☐ Medications

☒ Assistive Devices

☐ Pampers

☒ Food

☐ Donor of health facility visits

☒ Surgery

☐ Transportation

☐ Toiletries for boarding school

☐ Uniform for boarding school

11:05 PM

Expenses by Child Form

X
FINISH
]→

**** Test Child APR ****

Education

Date the expense was paid:

Mar

04

2020

Apr

05

2021

May

06

2022

Amount paid in KSH:

Assistive Devices

Date the expense was paid:

Mar

04

2020

Apr

05

2021

May

06

2022

Amount paid in KSH:

11:05 PM

Expenses by Child Form

X
FINISH
]→

**** Test Child APR ****

Assistive Devices

Date the expense was paid:

Mar	04	2020
Apr	05	2021
May	06	2022

Amount paid in KSH:

Food

Date the expense was paid:

Mar	04	2020
Apr	05	2021
May	06	2022

Amount paid in KSH:
