Child Case Management Mobile Application
Sample Content Screens
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7 Modules

- Child Registration
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- Leader Bi-Annual Child Reports
- Food Relief Delivery
- Intake, Progress, and Exit
- Follow-up Forms
- Expenses by Child
Module 1 – Child Registration

Child’s primary caregiver(s):
Caregiver 1

Three names (Add 3 name in spaces as follows):
First Name (Person’s name):

Middle Name:

Last Name:

Gender
☐ Male
☐ Female
☐ Other

Relationship to the child:
☐ Birth Mother
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
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
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

Staff Assignment Form

FINISH

Staff Assignment > Assign Test Child APR to a staff:

Staff Assignment

- Hellen Nguma
- Joseph Karisa
- Lucky Mahenzo
- Loice Maluki
- Leonard Mbonani
- Martha Karo
- Mwanahawa Joto
- Gertrude Mwenda
- Test Staff
Module 3 - Leader Bi-Annual Child Reports

Beginning the Interview

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

Avoid calling or visiting the family between mid-day and 2pm when they are likely to be busy.

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

If they don’t know, explain that Kuhenza is a non-profit organization, based in Gede, that has been helping children with disabilities and their families to access medical care, education and social inclusion for more than 20 years. Kuhenza’s founder and Director is Mr. Leonard Mbonani.

Type all of the respondent’s names below:

First Name (Person’s name):
Required

Jay
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:
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
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

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

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.)
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
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**
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
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
Test Child APR > Classroom Type

Classroom Type

Can the child be in a regular classroom?

- ☐ Yes
- ☐ No
Test Child APR > Medications

Medications

Does the child take any medications?

- Yes
- No
Test Child APR > Medications

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

- Yes
- No
- I don’t know

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

End Date

Program end date:

Mar 04 2020
Apr 05 2021
May 06 2022

Test Child APR
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
Group 0 > Reason for Exiting the Program

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

- [x] 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
Group 1 > Kuhenza’s follow up plan

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

<table>
<thead>
<tr>
<th><strong>Child Details</strong></th>
<th><strong>Next Follow Up Due</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of the child</strong></td>
<td>Test Child APR</td>
</tr>
<tr>
<td><strong>Child’s sex</strong></td>
<td>non binary</td>
</tr>
<tr>
<td><strong>Child’s age</strong></td>
<td>12</td>
</tr>
<tr>
<td><strong>Child’s Disability</strong></td>
<td>Epilepsy</td>
</tr>
<tr>
<td></td>
<td>Intellectual delays</td>
</tr>
<tr>
<td><strong>Area(s) impacted by disability</strong></td>
<td>Difficulty walking or unable to walk</td>
</tr>
<tr>
<td></td>
<td>Slow learner</td>
</tr>
<tr>
<td><strong>Primary Caregiver Name</strong></td>
<td>Fuona Rizzatz</td>
</tr>
<tr>
<td><strong>Primary Caregiver Gender</strong></td>
<td>Female</td>
</tr>
<tr>
<td><strong>Primary Caregiver Relationship to the child</strong></td>
<td>Step Mother</td>
</tr>
<tr>
<td><strong>Primary Caregiver Phone number</strong></td>
<td>123657489046</td>
</tr>
<tr>
<td>Child Details</td>
<td>Next Follow Up Due</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Abuse Emergency</td>
<td>1</td>
</tr>
<tr>
<td>Illness Emergency</td>
<td>-79</td>
</tr>
<tr>
<td>Nutrition Emergency</td>
<td>-18</td>
</tr>
<tr>
<td>Medication</td>
<td>1</td>
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<td>Medical</td>
<td>6</td>
</tr>
<tr>
<td>Therapy</td>
<td>26</td>
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<tr>
<td>Stigma</td>
<td>-61</td>
</tr>
<tr>
<td>Education</td>
<td>6</td>
</tr>
</tbody>
</table>
Kupenda's Children

Child Registration

Staff Child Assignments

Leader Bi-Annual Child Reports

Food Relief Delivery

Intake, Progress, and Exit

Follow-up Forms

All-Purpose Counseling Form

Expenses by Child
Abuse Follow Up Form

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

Has the child been taken to a health facility to receive care?

- Yes
- No

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
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 healthy
Medication Follow Up Form

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

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

Notes to the director:

Other Medication Notes:
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

---

**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
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
Stigma Follow Up Form

Then counsel the family based on what you have learned about the true causes and treatments for disabilities and the rights and values of children with disabilities in the Kuhenza training. Refer to the Disability Handbook.

Cerebral Palsy (CP)

Autism

Epilepsy

Hydrocephalus

All other disabilities

What are your child’s legal rights? (Tick off each item as they say it. Then review any items they may have missed.)

- Food

- Shelter

- Clothing
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

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.

Did you counsel the family about safe toileting techniques, according to their needs?

☐ Completed

Did you discuss how to train the child to relieve themselves on a schedule?

☐ Completed

Did you counsel the family about the placing the child in the right sitting position when they are using the toilet?

☐ Completed

Did you counsel the family about the importance of cleaning the child thoroughly after they use the toilet?

☐ Completed

If the child needs to use cloth or pampers, did you explain that they must regularly change them to prevent sores and infections?

☐ Completed
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)*

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
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
Education Follow Up Form

Has your child received an education assessment?

☐ Yes

☐ No

If no, why not?

Refer the family to an education assessment center for their child using the Kilifi Service Referral Guide.

Name of the assessment center they will contact:

Date they will contact the assessment center

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr</td>
<td>10</td>
<td>2020</td>
</tr>
<tr>
<td>May</td>
<td>11</td>
<td>2021</td>
</tr>
<tr>
<td>Jun</td>
<td>12</td>
<td>2022</td>
</tr>
</tbody>
</table>
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
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
All-Purpose Counseling Form

- 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

** 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

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:
** 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: