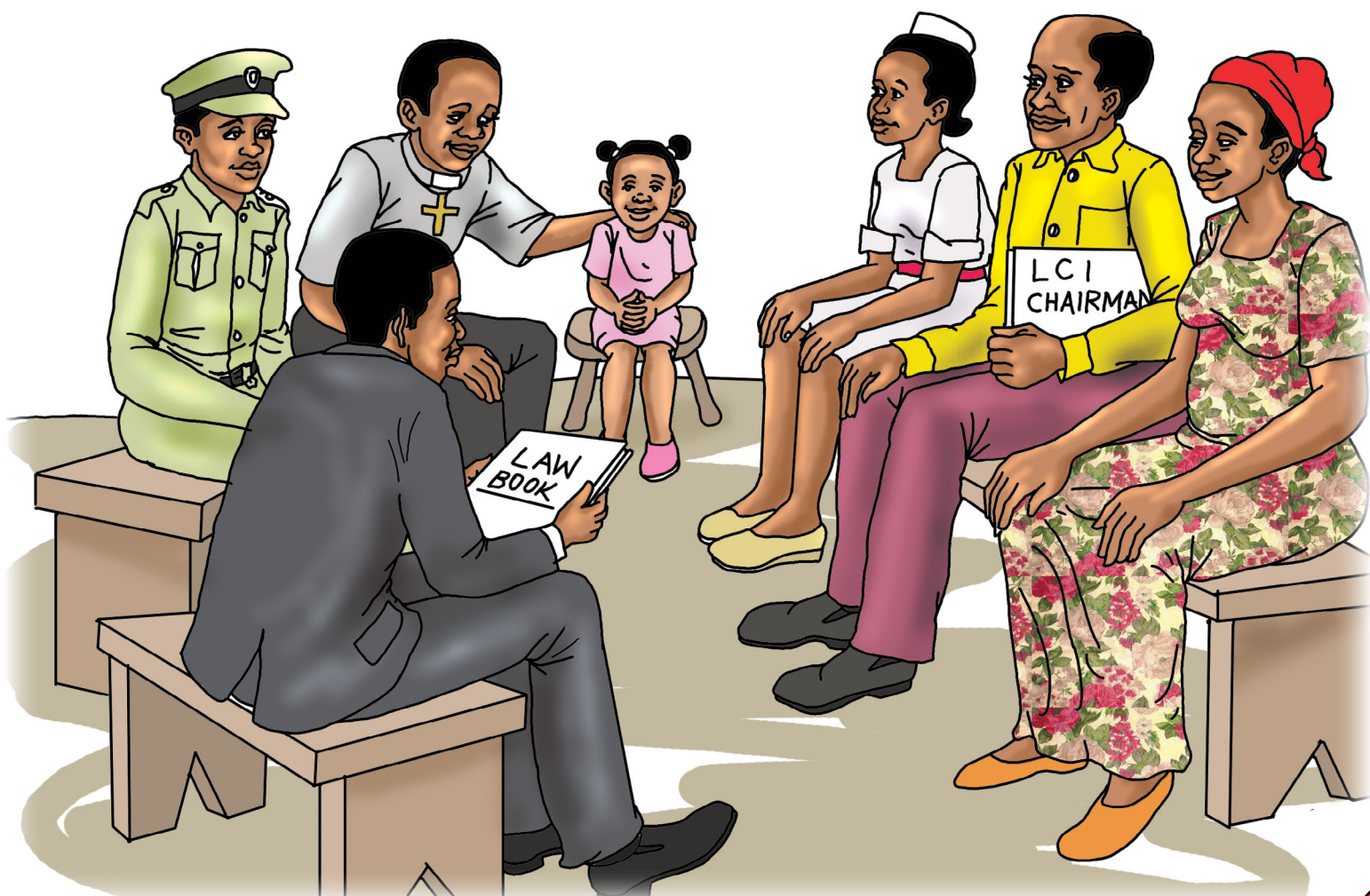




Ministry of Gender, Labour
and Social Development

A HANDBOOK FOR CASE MANAGEMENT IN CHILD PROTECTION

A Resource Guide for Multi-sectoral Case Management Agencies in Uganda



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Table of Contents

Foreword	iii
Acknowledgements	iv
Abbreviations	v
Glossary	vi
Chapter One	1
Introduction to the Handbook and Case Management in Uganda	2
1.1 Purpose and Scope of the Handbook	2
1.2 Intended Users of the Handbook	3
1.3 The Child Protection Case Management Context in Uganda	4
Chapter Two	
The legal framework for child protection in Uganda	6
2.1 The protection rights of children in Uganda	7
2.2 Categorization of Child Protection Cases	9
2.3 Roles of key duty bearers in child protection case management	24
A. Statutory duty bearers	25
B. Other formal institutions	28
C. Non-formal/Community Based Actors:	29
Chapter Three	
Principles, ethics and, good practices and risks in Child Protection Case Management	31
3.1 Principles in case management	32
3.2 Risks associated with Case work interventions	37
Chapter Four	
Pathways in Child Protection Case Management	39
4.1 The generic case management pathway for child protection cases	40
4.2 Specific pathways for managing various child protection issues	48
4.3 Pathway for managing cases at the community level	63
Chapter Five	
Information Management, Monitoring and Evaluation in Case Management	65
5.1 Information Management in Child Protection Casework	66
5.2 Monitoring and Evaluating Case Management	69
References	72
Appendix 1: Roles of statutory duty bearers in managing child protection issues	73
Appendix 2: Sample Case Management tools	78
List of Participants at the Technical Committee review meetings	99
Participants At The National Validation Of The Case Management Handbook	100

Foreword

Government of Uganda has prioritized strengthening of the national child protection systems to prevent and respond to child abuse and exploitation. In 2014, under the leadership of the Ministry of Gender, Labour and Social Development the government launched the Uganda Child Helpline as a 24 hour toll free telephone facility with short code 116, to promote reporting and response to child abuse. The launch of the Uganda Child Helpline coupled with other initiatives introduced by government and development partners has contributed to an increase in the number of child abuse cases reported to the various duty bearers. It is in this regard that the need strengthen case management in child protection to ensure timely and quality services was conceived.

The development of this Case Management Handbook is therefore timely as it will enable the government, civil society stakeholders and development partners to standardize child protection case management. The Handbook provides easy to read information on case management and takes the practitioner through the various stages of case management from case identification to case closure. I am confident that this resource will be valuable to both Case workers and supervisors at community and institutional levels.

On behalf of the Ministry, I urge all child protection actors across sectors to make this Handbook their first reference point in managing cases of child abuse, neglect and exploitation.

For God and My Country,

Wilson Muruli Mukasa (MP)
Minister of Gender, Labour and Social Development

Acknowledgements

This Handbook is a culmination of multiple child protection stakeholder consultations across the country. The Ministry of Gender, Labour and Social Development greatly appreciates Uganda Child Rights NGO Network (UCRNN), UNICEF Uganda Office and Save the Children for the technical and financial support towards developing this Handbook. In a special way, I thank the National Child Protection Working Group (NCPWG), constituted of representatives from various government institutions and civil society organisations for providing technical guidance and reviewing the Handbook.

Particular recognition goes to the inter-ministerial collaboration and support received from colleagues from the Ministry of Internal Affairs (Uganda Police Force); Ministry of Health (Child Health Division); Ministry of Education, Science, Technology and Sports; Ministry of Gender, Labour and Social Development (Family Unit and Youth and Children Department) and the National Council for Children and a host of civil society.

The Ministry is grateful to Uganda Child Rights NGO Network for initiating and coordinating this effort. The ANPPCAN and Bantwana community case management model that was useful and enriched this handbook. Lastly, I acknowledge the technical expertise of Deogratias Yiga and Simon Enamu of Development Links Consult who led the development of this Handbook.

I have no doubt that this Handbook is an important resource that will help to standardise practice in child protection case management in Uganda.

Pius Bigirimana

Permanent Secretary

Ministry of Gender, Labour and Social Development

Abbreviations

ACDO	Assistant Community Development Officer
ACRWC	African Charter on the Rights and Welfare of the Child
CBO	Community Based Organization
CDO	Community Development Officer
CFPU	Child and Family Protection Unit
CIID	Criminal Investigations and Intelligence Directorate
CSO(s)	Civil Society Organisation(s)
DPP	Director of Public Prosecution
FBO	Faith Based Organisation
FCC	Family and Children's Court
IDP	Internally Displaced Person
JLOS	Justice Law and Order Sector
LC	Local Council
MGLSD	Ministry of Gender, Labour and Social Development
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoIA	Ministry of Internal Affairs
MOJCA	Ministry of Justice and Constitutional Affairs
NCC	National Council for Children
OVC	Orphans and vulnerable Children
PSWO	Probation and Social Welfare Officer
PWD	Person with Disability
RSA	Resident State Attorney
UDHS	Uganda Demographic and Health Survey
UPF	Uganda Police Force
UCRNN	Uganda Child Rights NGO Network
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
UBOS	Uganda Bureau of Statistics
URSB	Uganda Registration Services Bureau
VHT	Village Health Team
VCCM	Village Child Case Management

Glossary

- Case Management:** A way of organising and carrying out work to address an individual child's [and their families] needs in an appropriate, systematic and timely manner, through direct support and or referral (Global Protection Cluster, 2014).
- Caseworker:** Is the worker employed by a government or non-profit agency or another organisation with the primary responsibility for assuring that a child receives appropriate services starting from case identification to case closure.
- Case manager/supervisor:** Is the worker employed by a government or non-profit agency or any other organisation to provide oversight over the services of the agency Caseworkers.
- Case Referral:** This is the process of formally requesting for services for a child or their family from another agency through an established procedure and/or form.
- Case Transfer:** This is the formal handover of a case from one agency to another for effective management.
- Child Protection:** The prevention of and response to abuse, neglect, exploitation, and violence against children.
- Child Protection System:** A set of laws, policies, regulations and services in all social sectors (especially social welfare, education, health, security and justice) that prevent and respond to abuse, neglect, exploitation, and violence against children.
- Custody:** The legal and practical relationship between a parent / guardian and his or her child. This can include; the right of the parent to make decisions in the best interest of the child, the parent's duty to care for the child and the right to visit the child.
- Client:** A child to whom child protection case management services are offered
- Child survivor:** A child that has suffered violation of their protection right

Duty Bearers:	Individuals or institutions responsible for the progressive realisation of children’s right. Duty bearers acquire duties through designation, position or election. They include the family, the community and national as well as local government
Informed consent:	This is the voluntary agreement of an individual who has the legal capacity to give consent. Parents are typically responsible for giving consent for their children to receive services.
Informed assent:	It is the expressed willingness of a child to participate in services. For younger children who are by definition are too young to give informed consent, but who are old enough to understand and agree to participate in services, the child’s “informed assent” is sought.
Statutory Actor:	Institutions and individuals with a statutory mandate for child care and protection
Non Statutory Actor:	Other stakeholders with a complimentary child protection role to those mandated by law to care for and protect children.
Offender:	A person who violates children’s rights.

Chapter One

Introduction to the Handbook and Case Management in Uganda

It provides the purpose, scope and target group of the Handbook as well as the context of child protection case management in Uganda.

1.1 Purpose and Scope of the Handbook

Case management in child protection is a shared mandate of agencies in the sectors of social welfare, health, security and justice, and involves actions taken by both statutory agencies as well as non-formal/community actors. Given the many sectors and actors involved, this Handbook was developed to provide a harmonized framework of agreed *principles, steps and considerations* for the effective management of child protection cases. The Handbook provides guidance on the management of child protection cases based on the relevant national child protection laws and policies while referencing sector specific and unit level relevant operational guidelines.

The Handbook complements existing child protection case management guidelines by consolidating the procedural guidance provided in various legal frameworks and sector specific manuals. The Handbook is informed by and supports the following guidelines:

Figure 1: Guidelines informing the Scope of the Handbook

- ◆ The Children (Approved Homes) Rules, GoU 2013
- ◆ National Referral Pathway for Prevention and Response to Gender Based Violence Cases in Uganda, MGLSD 2013
- ◆ Service Quality standards for Orphans and Other Vulnerable Children – Guidelines for Program Implementers, MGLSD 2009
- ◆ JLOS Chain-Linked Committees Operating Guidelines, 2013.
- ◆ National Guidelines for Referral of Orphans and Other Vulnerable Children to services, MGLSD 2012.
- ◆ Justice for Children Integrated Workflow, JLOS
- ◆ Reporting, Tracking, Referral and Response Guidelines on violence against children in schools, MoES, 2014
- ◆ Uganda Clinical Guidelines: National Guidelines for Management of Common Conditions, MoH, 2012.

The content of the Handbook was also informed by the experiences of representatives of various case management agencies who were consulted during its development. The Handbook focuses on the management of eleven (11) categories of child protection cases.

The Handbook is divided into Five Chapters:

- Chapter One: Introduction: It provides the purpose, scope and target group of the Handbook as well as the context of child protection case management in Uganda.
- Chapter Two: Covers the legal framework for child protection and specifically explains children's protection rights, child protection cases, and the roles of duty bearers.

- Chapter Three: This covers the principles, ethics, good practices and risks in child protection case management.
- Chapter Four: This chapter explores the different pathways/routes for managing specific child protection cases.
- Chapter Five: Provides an elaboration of information management, monitoring and evaluation in child protection case management.

1.2 Intended Users of the Handbook

The primary target groups are individuals and supervisors in formal and non-formal agencies that provide services to children that have suffered or are likely to suffer various forms of abuse and violence or who are in conflict with the law. These include;

- ◆ Uganda Child Helpline
- ◆ Probation and Social Welfare Unit in Local Governments and Kampala Capital City Authority
- ◆ Uganda Police - Child and Family Protection Unit (CFPU) and Criminal Investigations and Intelligence Directorate (CIID)
- ◆ Directorate of Public Prosecutions and the relevant district offices
- ◆ Family and Children Courts (FCC)
- ◆ Magistrate Courts (Grade I and II)
- ◆ Health facilities
- ◆ Schools
- ◆ Non-government Organizations
- ◆ Community Development Office in the Local Governments
- ◆ Local Councils (LCs)
- ◆ Registered Children and Babies Homes
- ◆ Community and Faith Based Organizations
- ◆ Private sector enterprises
- ◆ Cultural institutions
- ◆ Members of voluntary community based child protection structures, such as Child Protection Committees, para-social workers, paralegals, and FIT persons.

The Handbook is a self-study guide for persons with prior training and practice experience in child protection case management. Besides studying this Handbook, persons without prior experience in case management require further training in case management. It is for this reason that a complementary Training Manual was prepared to guide the training of child protection workers in child protection case management.

1.3 The Child Protection Case Management Context in Uganda

1.3.1 The focus of case management in child protection

In this Handbook, child protection refers to the prevention of and response to abuse, neglect, exploitation, and violence against children (Adapted from the Report on the Status of the Child Protection System in Uganda, MGLSD 2013). This Handbook guides response to abuse and violence against children and the secondary prevention of abuse and violence against children i.e. the identification of a risk factor or problem and taking the necessary actions to eliminate the risk factors and the potential problem. It does not focus on primary prevention, i.e. removing the cause or preventing the development of risk factors associated with abuse and violence against children.

1.3.2. Child vulnerability and abuse in Uganda

In 2009, Uganda's projected population was 30.7 million, 57% of whom were children. More than 96% of children in Uganda were vulnerable; with 8% (1.4 million) critically vulnerable, 43% (7.4 million) moderately vulnerable and 45% (7.7 million) generally vulnerable (Kalibala and Elson, cited in MGLSD and UNICEF, 2015). Such high levels of vulnerability calls for effective secondary prevention and response services because these children are predisposed to abuse, violence and exploitation.

Abuse, neglect, violence and exploitation of children are widespread, although the actual prevalence and trends is difficult to estimate because of limited data. However, the statistics below give an indicative picture on the various child protection violations.

63% of children have been whipped or caned within their communities (Yiga, 2012)	75% of children in secondary school have experienced caning (MoES, 2012)
54 children died as a result of aggravated domestic violence in 2013 (UPF, 2014)	9,598 children were defiled in 2013 and 8,076 children in 2012 (UPF, 2014).
399 children were trafficked internally in 2013 (UPF 2014)	40% of Uganda's working population are children aged 5-15 years (UBOS, 2014)
11,519 children were survivors of neglect in 2013 (UPF 2014)	2,240 juvenile offences were processed by Uganda Police Force in 2013 (UPF 2014)

The high levels of child abuse and exploitation calls for an effective case management system that meets the welfare needs of survivors and ensures their access to justice, in accordance with the law.

1.3.3 Recent initiatives to strengthen child protection case management in Uganda

The Government of Uganda ratified the United Nations Convention on the Rights of the Child (UNCRC in 1989) and the African Charter on the Rights and Welfare of the Child (ACRWC-2004), both of which commit the Government to provide services to children at risk and those who have suffered abuse, violence and exploitation. Several interventions

that include the management of child protection cases have been implemented by the

government and CSOs. In 2014, the MGLSD launched the Uganda Child Helpline (116) as a 24 hour toll free telephone service with a short code 116 to strengthen reporting and response to child protection cases. With Development Partners, such as Plan International Uganda and UNICEF- Uganda have supported the construction, refurbishment and the equipping of the National Call Centre in Kampala and District Action Centres. The District Action Centres are meant to ensure effective management of child protection cases referred from the National Call Centre.

In 2014, a collaboration framework involving the MGLSD, Save the Children International (SCI) Uganda and Plan International Uganda supported the revision of the OVC Referral Form, the preparation of Guidelines for completing the Referral Form and updating of the Inventory of Orphans and Vulnerable Children (OVC) Service Providers. These tools have improved the referral system, which is critical in ensuring access to services by child survivors of abuse and exploitation.

Civil Society Organizations (NGOs and Faith Based Organizations) have also implemented several interventions with a package on child protection case management. Besides the actual child protection services delivered, such initiatives have offered lessons on promising practices in child protection case management for wider application in the country. These include emerging models, such as Plan International Uganda's Community Based Child Protection Model and Bantwana's Community Case Management Model.

1.3.4 The rationale for the Handbook

Despite the commendable services offered by various child protection agencies in Uganda, the timeliness and quality of services remains a challenge. While some sectors and agencies have developed own child protection case management guides, the lack of a comprehensive and standardised case management reference point has posed the following challenges to child protection actors

- ◆ Limited understanding of the roles of various actors in the case management process.
- ◆ Inadequate understanding of the pathways for managing various child protection cases.
- ◆ Inadequate knowledge of the case management principles, ethics and good practices.
- ◆ Limited appreciation of the relevance of community level child protection case management.
- ◆ Underdeveloped monitoring and evaluation practices in child protection case management.

The Handbook will contribute to addressing the above challenges in child protection case management and serve as a national guideline for child protection case management.

Chapter two

The legal framework for child protection in Uganda

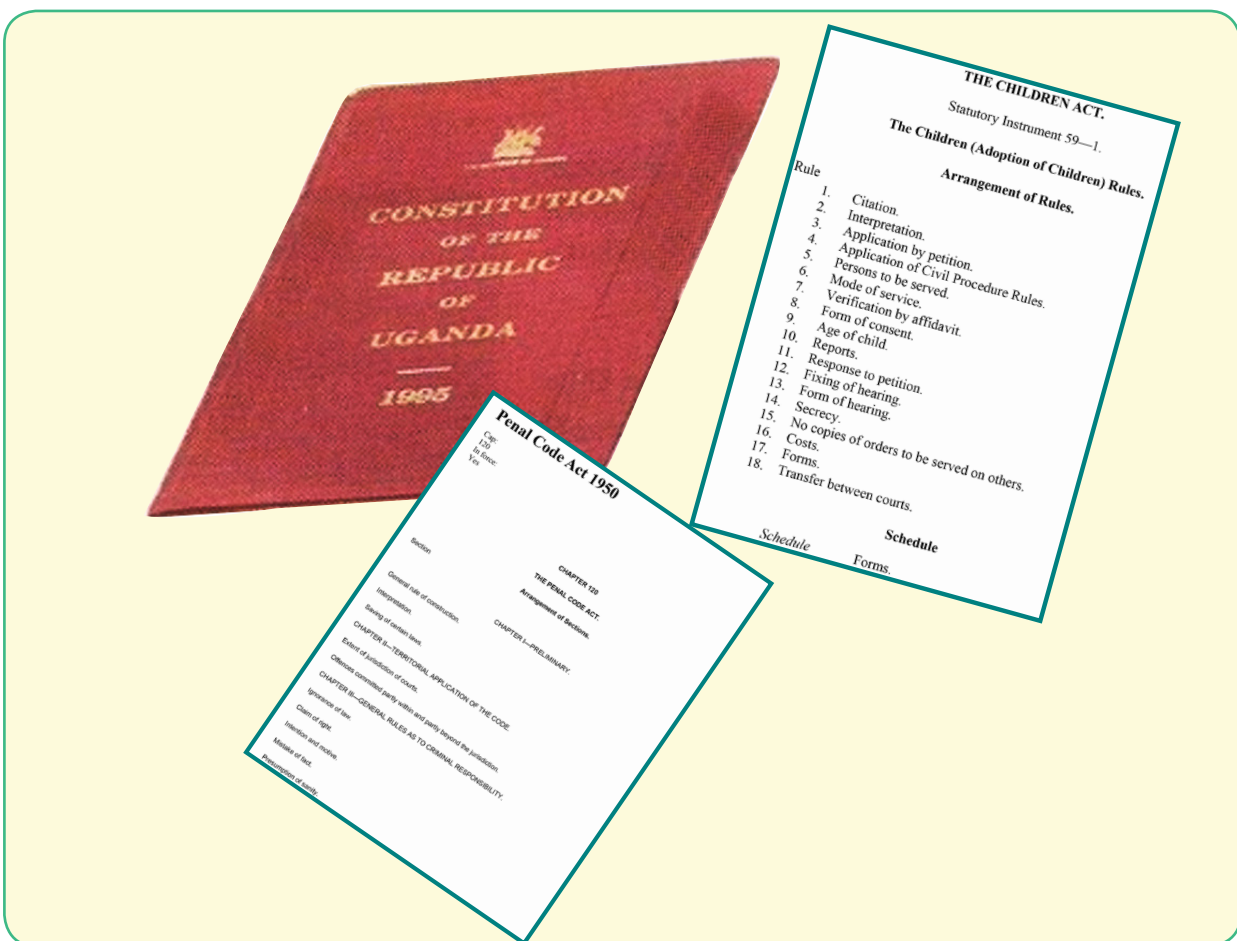
Covers the legal framework for child protection and specifically explains children's protection rights, child protection cases, and the roles of duty bearers.

This chapter covers the protection rights of children in Uganda, the existing violations of these rights and the roles of various duty bearers in fulfilling protection rights. The provisions are derived from the key national legal documents on child rights in Uganda, including the 1995 Constitution of the Republic of Uganda, the Children Act (Cap 59), the Penal Code Act (Cap 120) and other laws mentioned in Appendix 1 of this Handbook. Child protection case management as proposed in this Handbook is based on domestic national legislation because the ratified international human rights instruments are not automatically enforceable unless domesticated through national legislation.

The Children Act is the major legal instrument that puts into effect the Constitutional provisions on child protection in line with the **United Nations Convention on the Rights of the Child (UNCRC)** and the **African Charter on the Rights and Welfare of the African Child (ACRWC)**.

2.1 The protection rights of children in Uganda

There are three main laws on child protection in Uganda. The Constitution of the Republic of Uganda 1995 is the parent law for all other laws in Uganda. The other two important laws are the Children Act (Cap 59) and the Penal Code Act (Cap 120).



2.1.1. The Constitution of the Republic of Uganda 1995

Article. 34 of the Constitution provides for the following specific rights of children:

- ◆ The right to know and be cared for by their parents or other caregivers.
- ◆ The right to basic education, which should be provided by the Government and the parents of the child.
- ◆ The right not to be denied medical treatment or any other social or economic benefits.
- ◆ The right to be protected from all forms of exploitation.
- ◆ The right of children below 16 years of age not to be employed or involved in work that is harmful to their health or that prevents them from attending school.
- ◆ The right of a child offender (a child in conflict with the law) not to be detained with adults.
- ◆ The right for orphans and other vulnerable children to be specially protected by the laws of Uganda.

2.1.2 The Children Act (Cap 59, Laws of Uganda)

The rights of children as provided in the Act include:

- i. The right to
 - (a) education and guidance;
 - (b) immunisation;
 - (c) adequate diet;
 - (d) clothing;
 - (e) shelter
 - (f) medical attention.
- ii. The right to live with his or her parents or guardians or the best substitute caregivers.
- iii. The right of children to be protected by their parents and caregivers from mistreatment.
- iv. The right to be protected from social or customary practices that are harmful to the child's health.
- v. The right not to be employed or engaged in any activity that may be harmful to his or her health, education or mental, physical or moral development.
- vi. The right of children with disabilities:
 - (a) to be assessed as early as possible as to the extent and nature of their disabilities;

- (b) to be offered appropriate treatment and affordable facilities for their rehabilitation
- c) To be provided with equal opportunities to education
- vii. The right of children in conflict with the law:
 - a. To have legal representation;
 - b. Not to be detained or denied their personal freedoms, except as a last resort;
 - c. Not to be remanded for more than six months (in a case punishable by death) and three months (in case of any other offence);
 - d. To be separated from adults whilst in custody;
 - e. Not to be subject to corporal punishment while in detention
 - f. To be under the care of a female officer if the child offender is female;
 - g. Not to be exposed to the use of words such as “sentence” and “conviction” while under trial;
 - h. To respect for their privacy during legal proceedings;
 - i. To be subject to child-sensitive procedures of trial while in the High Court;.
 - j. Not to be charged for the offence of begging in a public place or being a rogue (a dishonest person) and vagabond (a person who wanders from place to place without a home or a job).

2.1.3 The Penal Code Act – Cap 120 (as amended)

The protection rights of children in the Penal Code Act include:

- a. Not to be taken away or detained against their will with the intention of: marrying them or having sexual intercourse with them or causing them to marry or to have sex with another person.
- b. Not to be taken out of the custody of any of their parents or a person in charge of them.
- c. Not to be unlawfully or assaulted.
- d. Not to be defiled
- e. If under 14 years, not to be deserted (left without the means of support) by a parent or guardian or a person in charge (who has the ability to maintain the child)
- f. If of tender years, not to be neglected by not being provided sufficient food, clothes, beddings and other necessities.
- g. If below 14 years, not to be stolen i.e. removed from a parent, guardian or anyone in lawful custody of the child.

2.2 Categorization of Child Protection Cases

Based on a review of the key legal documents on children in Uganda as well as consultations with child protection actors, the key child protection cases that require case management are classified into 11 major categories, namely:

- ◆ Physical violence against children
- ◆ Sexual violence against children
- ◆ Emotional and psychological violence against children
- ◆ Child trafficking

- ◆ Child labour
- ◆ Denial of basic needs and services
- ◆ Inadequate parental care
- ◆ Denial of property inheritance rights
- ◆ Denial of the right to life



- ◆ Harmful traditional and religious practices against children
- ◆ Protection of children in the justice system

In this Handbook, abuse and violence mean the same thing. The violations are further described in the subsections below.

Category 1: Physical violence against Children

The intentional use of force against a child that results in or has the potential to result in physical injury or death. Examples include hitting, kicking, punching, beating, stabbing, biting, pushing, shoving, throwing, pulling, dragging, dropping, shaking, strangling/chocking, smothering, burning, scalding and poisoning. Physical torture results into marks on the child's body in the form of injuries, bruises, fire burns, bite marks and swellings.

Legal reference

- ◆ MGLSD-NSPPI-II
- ◆ The Uganda Constitution 1995 Art. 24
- ◆ The Prevention and Prohibition of Torture Act, 2012

Types of physical violence against children

1 (a) Physical torture

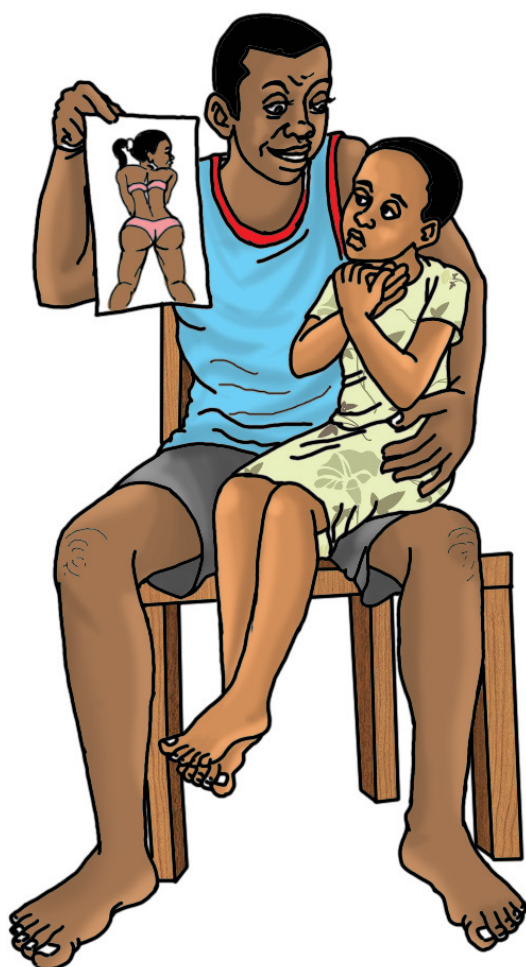
The intentional use of force against a child (that is, not aimed as a disciplinary measure) and results in or has the potential to result in physical injury or death.

Legal reference: The Prevention and Prohibition of Torture Act, 2012 (S. 2)

1 (b) Corporal punishment

Any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Corporal punishment can also be non-physical, involving punishment which belittles, humiliates, denigrates, threatens, scares or ridicules children. Corporal punishment is usually inflicted by a person with authority over a child.

Uganda has no specific law on corporal punishment of children in any setting. Corporal punishment as a sentence of Court was ruled unconstitutional and is prohibited in the Children Act.



Legal reference

- ◆ The UN Convention on the Rights of the Child
- ◆ American Academy of Child and Adolescent Psychology (2014)
- ◆ Supreme Court ruling (Kyamanywa v. Uganda, Criminal appeal No. 16, 1999)
- ◆ The Children Act, Cap 59. (S. 94)

Category 2: Sexual violence against children (Child Sexual Abuse)

Sexual abuse refers to any inappropriate, coerced or forced sexual activity, touching, exploitation, misconduct or sexual assault [verbal sexual harassment] involving a child. Sexual violence experienced by children includes being touched, given unwanted attention, being exposed to adults having sex or being sexual, being forced to touch adults in sexual ways, or being forced to have sex.

Legal reference

- ◆ MGLSD-UNICEF (2012): Violence against Children: A decade of research and practice 2002-2012
- ◆ Bantwana Initiative (2010) - Child Rights and Protection Resource
- ◆ The Prevention and Prohibition of Torture Act (Second Schedule, S. 1)
- ◆ The Domestic Violence Act, 2010 (S. 2)
- ◆ Children Act, Cap 59 (S. 5).

Types of sexual violence against children

2 (a) Child pornography

The production, participating in the production, trafficking, publishing, and broadcasting images of children with the primary purpose of causing sexual excitement and online child sexual abuse. This includes carrying out any of the above activities online. It also includes abetting any of the above mentioned acts.

Legal reference:

- ◆ Computer Misuse Act, 2011 (S. 28);
- ◆ Anti-Pornography Act, 2014 (S. 14).

2 (b) Defilement

Defilement is a sexual act with a person who is below the 18 years with or without their consent. A sexual act involves penetration of the vagina, mouth or anus, however slight, of any person by a sexual organ or the unlawful use of any object or organ by a person on another person's sexual organ (penis or vagina). The offence of defilement takes care of both boys and girls and of oral sex.

The offence of defilement is split into two; simple defilement and aggravated defilement. Simple defilement is as per the definition above; while aggravated defilement refers to a sexual act in which:

- ◆ The child is below 14 years of age
- ◆ The defiler is HIV positive
- ◆ The defiler is in a position of authority over the child, such as a father, uncle, and teacher
- ◆ The child has a disability
- ◆ Where the defiler is a serial offender- already has a defilement conviction.

Attempts to commit the above sexual acts are also treated as offences.

Legal reference: Penal Code Amendment Act [Sec's. 129, 30,131,132,134, 140, 144

2 (c) Child-to-child sex

Sexual acts where both the survivor and the offender are under the age of 18 years.

Legal reference:

- ◆ Penal Code Act [s. 129A] (1&2);
- ◆ Children Act, Cap 59 (Part V and X); S. 88.

2 (d) Unnatural sex with a child

Occurs when penetration of a sexual organ occurs anywhere else other than a woman's vagina. Based on the 2007 amendment of the Penal Code Act, unnatural sex involving a child is one of the forms of defilement.

Legal reference: Penal Code Act [S. 145 & 146]

Category 3: Emotional and psychological violence against children

It refers to overt [open] or covert [hidden] behavior that conveys to a child that he/ she is worthless, flawed, unloved, unwanted, endangered or of value only in meeting another's needs. It includes blaming, belittling, degrading, intimidating, terrorizing, isolating, restraining, confining, corrupting, exploiting, spurning, withholding affection, belittling the child's capabilities, qualities and desires, or otherwise behaving in a manner that is harmful, potentially harmful or insensitive to the child's developmental needs.

Legal reference

- ◆ The Penal Code Act, (S. 244, 248)
- ◆ MGLSD-UNICEF (2012)
- ◆ Violence against Children: A decade of research and practice 2002-2012,
- ◆ Naker Dipak (2005) - Violence against Children
- ◆ The Domestic Violence Act, 2010 (S. 2)
- ◆ Children Act, Cap 59 (S. 5).

Types of emotional violence against children

3 (a) Indecent assault

Any intended act that involves unlawful physical contact or force applied to the body of a child and which has the intended effect of reducing the dignity of that child. The assault and circumstances accompanying it, must be capable of being considered by right minded persons as indecent.

Legal reference: The Penal Code Act [S. 128, 89]

3 (b) Bullying

Unwanted aggressive behaviour among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. The forms of bullying include the use of derogatory names, teasing, and denial of food.

However, there is no specific legal framework for bullying neither is the definition clear in

Uganda, making it challenging to bring the offenders to book. Bullying is covered under the different provisions on physical and psychological/emotional violence.

Legal reference

- ◆ stop bullying.gov
- ◆ Raising Voices, www.unicef.org/violance study
- ◆ Domestic Violence Act, 2010 (S. 2.
- ◆ The Constitution of Uganda, 1995 (Art. 17)

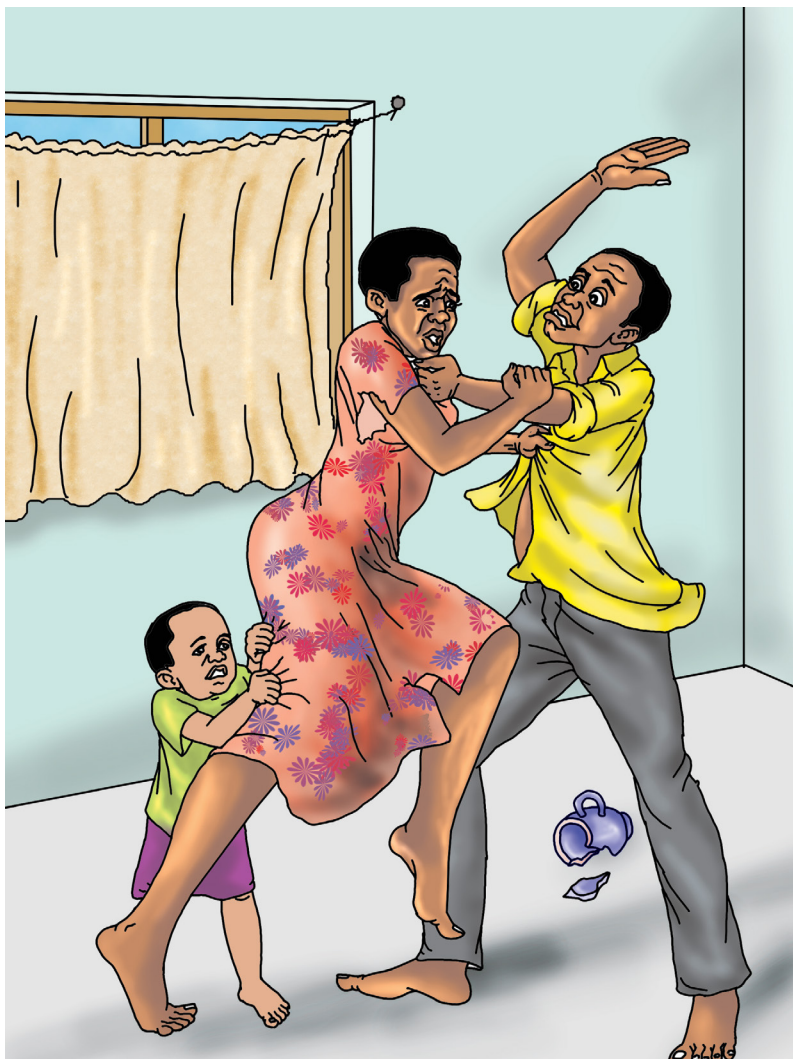
3 (c) Confinement of a child as a punishment

Deliberately locking a child in a room as a punishment for their actions.

Legal reference: Penal Code Act (S. 248)

3 (d) Witnessing domestic violence

Domestic violence is the physical, psychological or emotional abuse that occurs in or



around the home between family or household members. Violence between adults or other members of the household can have negative effects on child development.

Legal reference

- ◆ Domestic Violence Act, 2010 [S. 2].
- ◆ Bantwana Initiative (2010) - Child Rights and Protection Resource-

Category 4: Child trafficking

The recruitment, movement and eventual exploitation of children. The forms of exploitation may include one or a combination of the following; sexual abuse, forced marriages, child marriages, forced labour, harmful child labour, being used in armed conflict, being used as street beggars, being used in illegal activities, debt bondage, slavery, human sacrifice, removal of organs and sex tourism (Some of these forms of exploitation are defined under child labour and sexual violence).

Legal reference

- ◆ The Prevention of Trafficking in Persons Act (2009), [S.3]
- ◆ Penal Code Act, (as shown in the sub-categories below)
- ◆ The Employment Act, 2006 (S.3)

Types of trafficking in children

4 (a) Illicit and fraudulent adoptions

The attainment of parental rights over a child through a deceptive [false] adoption process.

Legal reference: The Children Act, Cap 59 (Part VII)

4 (b) Child stealing

The illegal removal of a child from their parents or legal care takers without the parents/ care taker's approval.

Legal reference: The Penal Code Act [s. 159]

4 (c) Child kidnap

Involves enticing a child under fourteen years of age if a male, or under sixteen years of age if a female, or any child with a mental health problem out of the custody of the lawful guardian without the consent of the guardian.

Legal reference: The Penal Code Act [s. 240].

4 (d) Child abduction

Involves the use of force or any deceitful means to move a child to another place.

Legal reference: The Penal Code Act [s. 241].

4 (e) The use of children in armed conflict

The use of children as soldiers or to carry goods or marrying them to members of the fighting group.

Legal reference: MGLSD-OVC NSPPI II.

4 (f) Child sacrifice

The transfer of a child from their home area with the intention to kill them to fulfill own ritual requirements or to remove the child's body parts for economic gain.



Legal reference: The Prevention of Trafficking in Persons Act (2009), S. 3]3

4 (g) The use of a child in illegal activities or to commit offences

The practice of an adult involving a child in activities that are not permitted under the law, such as smuggling of goods, drug trafficking, house breaking, and robbery.

Legal reference: The Prevention of Trafficking in Persons Act (2009), [S.3]3

4 (h) Abduction with the intention of marriage

Taking a child away from their parent or caregiver with the intention of marrying them or having them married.

Legal reference: The Penal Code Act [s.126]

Category 5: Child labour

Involving a child in work that is mentally, physically, socially and or morally harmful to children. It also includes work that prevents children from attending school.



Legal reference: The Employment Act 2006 [s. 6, 7, & 8)]; MGLSD-NSPPI-II.

Types of child labour

5 (a) Hazardous work

Work which by its nature or the circumstances under which it is performed negatively affects the health, education, or mental, physical or moral development of a child. It includes involvement in paid domestic work, commercial agriculture, and commercial sexual exploitation.

Legal reference: MGLSD-NSPPI II; Children Act, Cap 59 (S. 9)

5 (b) Worst forms of child labour

Work which by its nature or the circumstances in which it is carried out is likely to harm the health, safety or morals of children. It includes commercial sexual exploitation [procurement and offering a child for prostitution and pornography], illicit activities, paid domestic work, involvement in commercial agriculture [tea and sugarcane plantations], the informal sector, armed conflict and any other work that interferes with school attendance.

Legal reference

- ◆ MGLSD-National Child Labour Policy (2006)
- ◆ MGLSD-National Action Plan on Elimination of the Worst Forms Of Child Labour in Uganda, 2012 (S. 1.5)

Category 6: Denial of the right to basic needs and services

Children whose right to access the basic needs of life and essential social services are withheld by an adult caretaker. These include failure to provide food, decent clothing, shelter, essential medical care, birth registration, and primary education, among others.

Legal reference

- ◆ The Uganda Constitution, Art. 34[3]; The Children Act [s.5, 6]
- ◆ Education Act [s.4,.5];
- ◆ The Births and Deaths Registration Act – Chapter 309 [s.7]



Types of denial of basic services

6 (a) Child Neglect

Child neglect is any situation where parents or guardians purposely do not provide basic needs [food, clothing, medical care, shelter, education, etc.] or adequate physical and emotional care for a child. It may also involve the refusal of or delay in seeking care; inadequate supervision, abandonment, expulsion from home or refusal to allow a runaway child to return home.

Legal reference

- ◆ The Penal Code Act (S.157)
- ◆ The Children Act (S.5)
- ◆ MGLSD-NSPPI II.
- ◆ Bantwana Initiative (2010) - Child Rights and Protection Resource

6 (b) Child desertion

A situation where a parent or guardian who has the ability to maintain the child leaves him or her without the means of support.

Legal reference: The Penal Code Act [s.156]

Category 7: Inadequate parental care

Children that lack adult supervision in a home care setting and whose condition requires arrangement for alternative temporary family care placement.



Legal reference: The Children Act [s.13-18; s.19;s.21;s.23-25;s.31; s.38-39;s.43; s.45-47; s.57;s.58[2]; s.59.

Types of children without adequate parental care

7 (a) Children in street situations

Children who live on the streets or spend most of their day on the streets trying to find means of survival. These children are usually inadequately protected, supervised, or directed by responsible adults. They are considered critically vulnerable.

Legal reference: United Nations, cited in Panter-Brick, 2002; MGLSD OVC NSPPI II.

7 (b) Internally displaced children

Children who are forced by circumstances in their environment to relocate from their homes to seek temporary shelter elsewhere, but have not crossed an internationally recognized State border. This could be as a result of war [conflict situations], natural calamities, and disease outbreaks. Displaced children sometimes move on their own [unaccompanied] or are separated from their parents or guardians and are exposed to many risks in the new environment due to lack of adult supervision.

Legal reference: National IDP Policy 2004 (P.X).

7 (c) Refugee children

Children who are forced by the fear of persecution, or not having a nationality or are out of their usual residence or due to external aggression, occupation, foreign domination or events seriously disturbing public order have been granted refugee status in Uganda.

Legal reference: The Refugees Act, 2006 (S.4)

7 (d) Separated, missing and unaccompanied children

Children reported as missing and when traced are lacking an adult caretaker.

Legal reference: The Children Act, Cap 59 (Form 2).

7 (e) Children in abusive institutional care

Children who are in institutional care without Court care orders or who are in residential care institutions that do not meet the statutory rules and regulations on the provision of substitute family care for a child for the time spent in a residential institution.

Legal reference: The Children [Approved Homes] Rules, 2013.

Category 8: Denial of property inheritance rights

A situation in which children whose parents died intestate (without a will declaring how their property should be distributed) are



denied the right to property from the deceased parents' estate or a situation where a parent or guardian leaves a will but the administrator fails to honour the will. This is a form of economic violence against children.

Legal reference: The Succession Act (S. 10, 26, 27, 28, 29)

Category 9: Denial or threatening children's right to life

Any action that causes or is likely to lead to the death of a child.

Legal reference. The Penal Code Act [s.211]; [s.212]

Specific violations of the right to life

9 (a) Abortion

The act of ending the life of an unborn fetus. Legal reference: The Penal Code Act (S.212); The constitution of Uganda, 1995 Art. 22(2)

9 (b) Infanticide

An act where a woman by any intentional act or omission causes the death of her child under the age of one year, but was disturbed by the circumstances of the child's birth.

Legal reference: The Penal Code Act (S.213)

9 (c) Murder

A deliberate act that leads to the death of a child. Attempted murder involves any act or omission with intent to unlawfully cause the death of a child or endanger their life.

Legal reference: The Penal Code Act (S. 188, 204)

9 (d) Aiding suicide

Helping or encouraging a child to kill himself or herself.

Legal reference: The Penal Code Act (S.209)

Category 10: Harmful traditional and religious practices

Widely accepted norms and practices of cultural and religious institutions which have intentional and unintentional negative consequences on the lives of children.

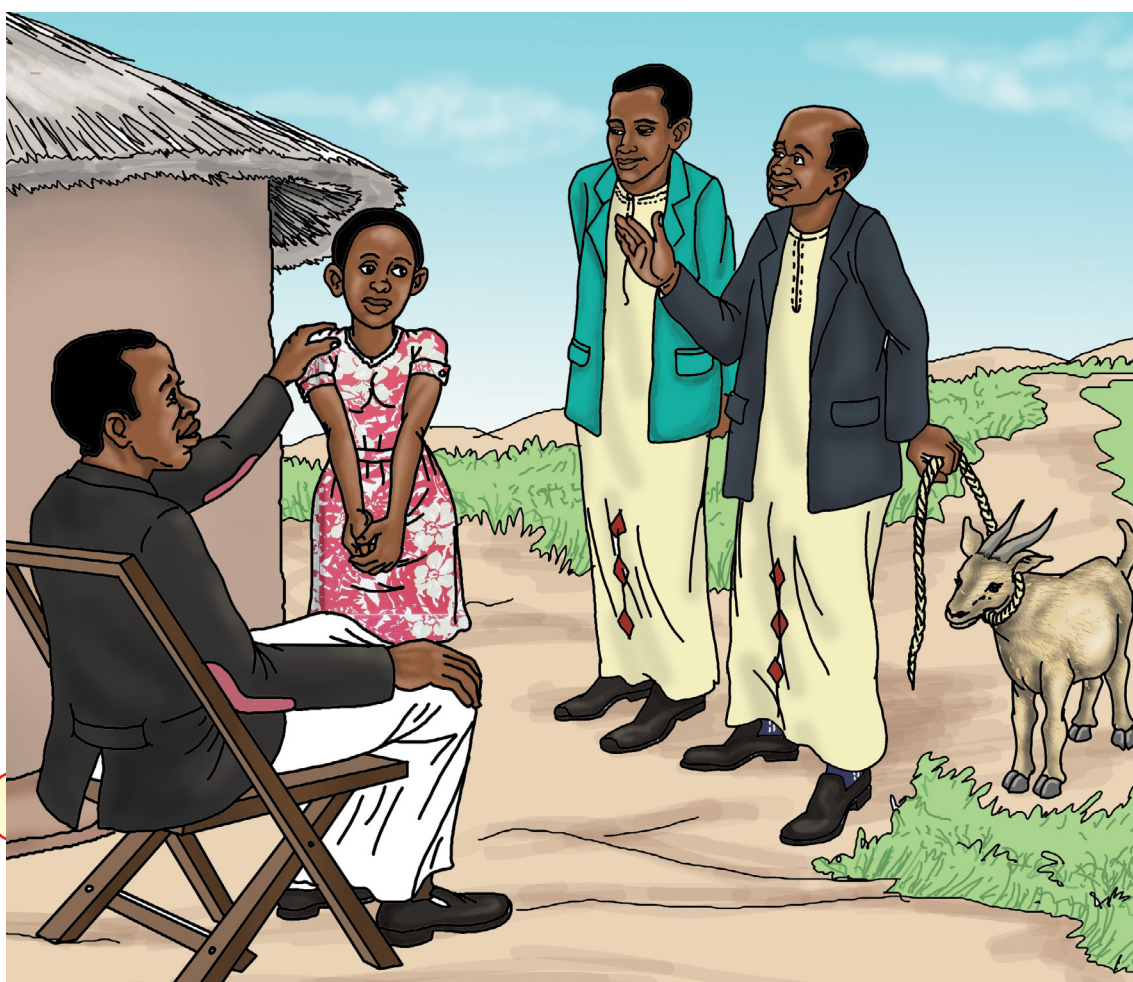
Examples of harmful traditional and religious practices

10 (a) Female Genital Mutilation

FGM refers to all procedures involving partial or total removal of the external part of the female sexual organ for non- medical reasons. The offence of FGM is split into two; simple FGM and aggravated FGM. Simple FGM is as per the definition above; while aggravated FGM occurs when the offender is a parent, guardian or person having authority or control over the survivor.

10 (b) Early/forced child marriage

Early marriage is a social concept that refers to both formal and informal unions in which a girl/boy below 18 years lives with a partner. Early marriage is the practice of a child – a person below the age of 18 years- marrying with or without their consent. Forced marriage is a marriage conducted without the valid consent of one or both parties and is a marriage in which coercion whether physical or emotional is a factor.



In legal terms, there is no offence called early or forced marriage. The offences for which perpetrators can be charged are: defilement, child to child sex, procuring or abetting defilement or abduction with the intention of marriage. These are already explained under sexual abuse (category 2) and child trafficking (category 4) above.

Category 11: Children in contact with the law

Children in contact with the law as offenders, survivors of violence, as witnesses in the case handling process, or as indirect participants in a justice process. These are children who need care and protection as a result of being in potentially or actually harmful situations and require interventions to eliminate or mitigate the harmful situations.

Legal reference: The Uganda Constitution 1995; The Children Act [s.19].

Types of children in contact with the law

11 (a) Accused Juveniles

Child offenders who are suspected to have committed offences - major or minor offences. Minor offences such as petty theft can be handled and discharged by the police or the family and children Courts. Some of the major offences handled by the magistrate or the high Court include offences punishable by death and any offence for which a child is jointly charged with a person over eighteen years of age.

Legal reference: The Children Act [S.89, 90, S.91, S.94, S.99, S.100, S.101, S.102, S.103, S.104, S. 105, S.106]

11 (b) Child survivors of violence & child witnesses

Children who come in contact with the justice system as survivors of violence or as providers of testimonies during a trial of a case in the justice process. This includes all children who suffer violations of juvenile justice standards when they come into contact with the justice system through any means. This category includes; accused juveniles, child survivors of violence, child witnesses, children born to mothers in detention (police and prison cells), and children brought to police/prisons upon the mother's arrest or imprisonment and children in detention within the justice system (remand homes). The potential violations include delayed trial, detention with adults, substandard conditions in detention facilities, inadequate child - friendly procedures in Courts, denial of legal representation, harassment by officers, etc.

Legal reference

- ◆ The Children Act [S.59, 60];
- ◆ The Prisons Act, 2006
- ◆ FHRI, 2013;
- ◆ MGLSD 2013;
- ◆ UHRC, 2012

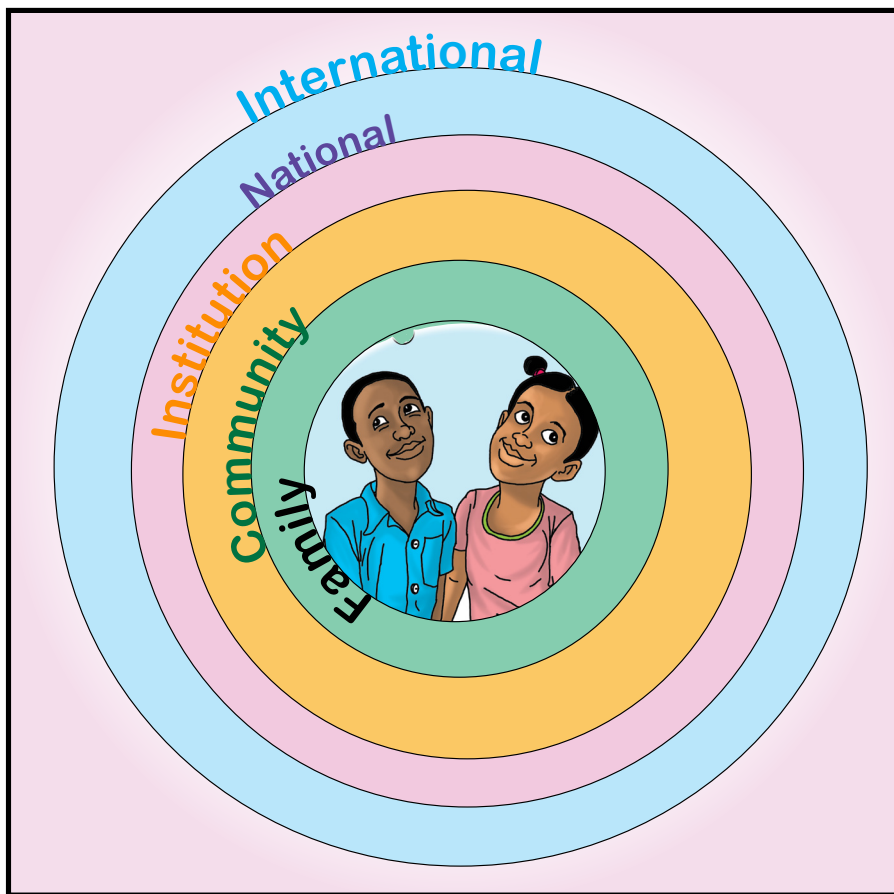
2.3 Roles of key duty bearers in child protection case management

Various duty bearers are involved in the child protection case management process, as explained later in the generic case management steps and the specific pathways. The roles are complementary and build on one another's actions. In broad terms, every community member who comes into contact with a child in need of care and protection has a duty to report. The law provides that,

Any member of the community who has evidence that a child's rights are being infringed or that a parent, a guardian or any person having custody of a child is able to but refuses or neglects to provide the child with adequate food, shelter, clothing, medical care or education shall report the matter to the local government council of the area (The Children Act, Cap 59 [S.11]).

Every member of the community has a duty to report an offence of trafficking to the police or any other office. A person who knows that an offence of trafficking is being planned or has been committed and fails to report it to the authorities, is punishable with a fine or six months imprisonment (The Prevention of Trafficking in Persons Act, 2010 [S.10]).

Child Protection rings of responsibility



Besides case identification and reporting, which is a shared mandate, various State agencies (institutions) and Non-State actors play specific roles, some of which are clearly mentioned in the relevant laws. There are three broad categories of duty bearers in child protection case management, namely:

A Statutory duty bearers

These include institutions and officers whose mandate in child protection case management is clearly defined in the Ugandan laws. These are the Local Councils, Police, Probation and Social Welfare Officers, Health workers, Resident State Attorneys (RSAs) as well as the Family and Children Courts. The roles of these duty bearers are defined both in the national laws and the standard operating procedures for linkages and referrals by actors in the provision of comprehensive quality services to orphans and other vulnerable children. Although the roles of each duty bearer in the management of specific child protection cases are listed in Appendix 1, their general roles are listed below:

2.3.1 The District Probation and Social Welfare Officer

The Probation and Social welfare Act 1974 provides for Probation and Social welfare officers (PSWOs) as the primary civil servant to handle matters affecting children. The current staffing structure provides for one PSWO in each district. The roles include:

- a. Undertake social inquiries about children who are at risk of harm and prepare the relevant social inquiry reports
- b. Ensure that juveniles on remand and in rehabilitation centres are safe from harm
- c. Assess risks, develop case management plans, and provide interventions that reduce the risk of child-related offenders committing other offences.
- d. Jointly assess serious child protection violations (child sexual or physical abuse or extreme neglect) with other institutions such as police, health facilities, schools and non-governmental organisations (NGOs)
- e. Prepare and support child-survivors, witnesses and their families (those not involved in the abuse) during legal proceedings.
- f. Attend all child protection Court proceedings under their jurisdiction and where possible ensure that children get free legal representation.
- g. Monitor, support and link children at risk of abuse and their families to other essential services.
- h. Initiate care proceedings in the Children's Court for children without parental care
- i. Supervise residential child care institutions (babies and children's homes)
- j. Facilitate arrangements for children who are leaving residential care, including those in remand homes.
- k. Trace and resettle children who are separated from their families/adult care givers.

2.3.2 Uganda Police Force

The Uganda Police Force (UPF) was established under the 1995 Constitution of The Republic of Uganda and the Police Act 2006 (as amended). The UPF has the mandate

to maintain law and order. The roles of the UPF in case management include:

- a. Identify children at risk of harm.
- b. Register cases of child abuse and neglect.
- c. Undertake joint investigations with other agencies on cases that may be subject to criminal charges, such as child sexual abuse and serious physical abuse, as defined in the Penal Code Act.
- d. Collect and store forensic evidence.
- e. Prefer criminal charges and carry out criminal proceedings against perpetrators of violence
- f. Safeguard and refer children in conflict with the law for appropriate assistance.
- g. Ensure that children who are accused of criminal offences are handled in a child friendly manner and where it involves minor offences, such cases diverted from the formal justice system.
- h. Provide a copy of the charge sheet of children in conflict with the law to the Probation Officer in a timely manner.
- i. Provide counseling to child survivors of abuse and neglect.

2.3.3 Local Councils/Local Council Courts

Local Councils get their mandate from the Local Government Act (1997), the Children Act (2000), Local Council Courts Act (2006) and the Local Council Courts Regulations (2006). The roles of Local Councils include:

- a. Identify and refer children at risk of harm
- b. Ensure that vulnerable children within their jurisdiction are supported and protected.
- c. Handle cases of civil or criminal nature involving children, but over which they have authority to handle in accordance with the law. These include affray, common assault, actual bodily harm, simple theft, being idle and disorderly, criminal trespass, malicious damage to property.
- d. Manage and provide rulings in disputes between parents or other people with parental responsibility for children on matters of child care and protection.

2.3.4 Family and Children's Courts

FCC is a special court established by the Children Act (Cap, 59) to handle cases affecting children. It is different from the other courts because its procedures are meant to protect children and their families. The roles of FCC are:

- a. Hear and determine applications for child care orders
- b. Hear and pass orders on all child protection cases. This includes all civil and criminal offenses committed by children, excluding criminal offences punishable by death or for which a child is jointly charged with an adult.
- c. Ensure that the best interests of children is taken into consideration in the Court proceedings and orders, and that children have the fullest opportunity to be heard

and to participate in the proceedings.

- d. Identify children at risk of harm in any proceedings before the Court.

2.3.5 Magistrates Courts/ High Court

- a. Hear criminal proceedings on child protection cases within its mandate
- b. Hear appeals against the decisions of the FCC (Magistrates Court) and of the Magistrates Court (High Court).

2.3.6 Health workers

- a. Identify and report children seeking health services suspected of being at risk of harm or have already suffered abuse.
- b. Take a full history and medical examination of child survivors of violence to gather forensic evidence.
- c. Provide medical treatment for child survivors of violence-injuries, sexually transmitted infections (post-exposure prophylaxis), and pregnancy (emergency contraceptives).
- d. Provide crisis and ongoing counseling to child survivors of violence.
- e. Testify in Court in support of medical evidence presented in Court when summoned as a witness.

2.3.7 Labour Officers

The mandate of Labour Officers is provided in the Employment Act, 2006, Their roles include:

- a. Identify and act upon reports of child labour
- b. Register cases of child Labour
- c. In case of completion of cases, determine compensation to the child by the employer.
- d. Ensure withdrawal of the child from labour where applicable.

B. Other formal institutions

These are institutions established in line with the existing laws, but without a specific legal mandate in child protection case management. However, the case management related actions of the officers in these institutions are regulated by the statutory laws and agency specific policies. These include CSOs, schools, and the media houses.

2.3.8 Non -governmental organisations

NGOs are established and regulated in accordance with the NGO Registration Act (1989, amended 2006), the NGO Registration Regulations 2009 and the NGO Policy 2010. Their roles in case management include:

- a. Provide logistical support to government departments to effectively execute their child protection mandate,

- b. Provide shelter for children at risk while the process of tracing their parents/ guardians is on-going,
- c. Pay for medical costs for cases requiring medical examination and treatment.
- d. As well as trace families of separated and unaccompanied children and reintegrate them with their families

2.3.9 Chief Administrative Officers

Convene district level meetings to plan for child protection services as well as review progress being made through the District OVC Committees.

2.3.10 Teachers

Teachers take on parental care over children while at school. They identify and report cases of children who are suspected of being at risk of harm or who are experiencing harm. They refer child abuse survivors for the requisite support services.

2.3.11 Registered Babies and Children's Homes

They are established and regulated in accordance with the Children (Approved Home) Rules 2013. They provide emergency care for abandoned children while tracing of families is on-going. They also provide custody to children whose parents and relatives have not been successfully traced.

2.3.12 Media houses

The print, electronic and social media informs the public about separated/unaccompanied ("lost and found") children and report child protection violations.

C. Non-formal/community based actors:

These are individuals and groups that are not registered organisations and without a specific legal mandate in child protection case management but voluntarily offer to support children in need of care and protection. These community based actors include:

- ◆ Committees or groups of trained community volunteers such as Para social workers, child protection committees, Village Health Teams, FIT Persons). While most of the trained volunteers exist across the country, they are not uniformly distributed across the districts.
- ◆ Cultural institutions
- ◆ Religious institutions
- ◆ Opinion leaders
- ◆ Self Help Groups

If well-coordinated, representatives of the above volunteers in each village can constitute a voluntary Village Child Case Management (VCCM) Team.

The authority is vested to them by the community. There are no clear legal provisions on the roles of community level actors in case management beyond the identification, reporting and informal follow-up of cases. However, some CSOs such as Bantwana and Plan International in Uganda have piloted community case management, with some success as the community based actors have handled a number of cases and referred other cases to the statutory actors. While community case workers are suitable because of their physical proximity to children, the range of cases that they can handle to their conclusion are yet to be clearly identified, yet their role should in no way conflict with the existing child protection laws. The experience from Bantwana and Plan International Uganda suggests two categories:

1. Child survivors of abuse that pose less harm now and in the near future and for which community level remedies may be sufficient.

These include:

- ◆ Children separated from their families (in need of alternative care)
- ◆ Children not accessing basic needs and services (food, shelter, clothing, education, health etc.) including children with special needs
- ◆ Child labourers, other than those in hazardous work or worst forms of child labour.
- ◆ Children at risk of exposure to pornography
- ◆ Children bullied by peers
- ◆ Confined children
- ◆ Children exposed to domestic violence.

The roles of the non-formal / community based actors include:

- a. Identify and where possible document the case and report to local councils or sub county CDOs.
 - b. Assess the child client’s needs and plan the next course of action
 - c. Provide assistance to the client e.g. counseling child and caregiver, providing temporary shelter and food based on client needs and volunteers capacity to provide within their means.
 - d. Link / refer the child to the necessary services e.g. health care, school, rehabilitation, skilling
 - e. Monitor the child’s recovery progress
2. Offenses committed by children that can be handled through family counseling and mediation. These could potentially include most of the cases over which village local councils/courts have jurisdiction.

The community case workers can resolve these cases by:

- ◆ Asking the offender to apologise to the survivor;
- ◆ Counselling of the offender and the survivor,

- ◆ Sentencing the offender to community service;
- ◆ Subjecting the offender to a fine;
- ◆ Asking the offender to compensate the complainant;
- ◆ Asking the two parties to reconcile;
- ◆ Asking the offender to make a declaration;

CHAPTER THREE

Principles, ethics and, good practices and risks in Child Protection Case Management

This covers the principles, ethics, good practices and risks in child protection case management.

3.1 Principles in case management

The principles, ethics and good practices presented below are universally applicable in all types of casework with children. All Caseworkers in child protection are therefore encouraged to practice them as they shape their behaviour and interaction with the child client. Adherence to the ethical standards ensures the integrity of Caseworkers given the vulnerability of child clients and therefore the wide power differences between the Caseworkers and the client. Caseworkers must always maintain professional boundaries and carefully address any conflict of interest that may arise in their line of duty. In the Ugandan context, ethics in case management are especially important given the numerous dilemmas that Caseworkers meet in the provision of formal child protection services. Some of these include; slow or non-responsiveness by government agencies to the cases referred; poor documentation and storage of information on cases handled by actors along the referral pathway; lack of resources to maintain children in need of alternative shelter, and attempts by offenders and perpetrators to offer gifts and bribes to Caseworkers.

Caseworkers and child protection agencies must act with integrity, and avoid the abuse of power or the trust of the child or their family. Caseworkers must not ask for or accept favours, payments or gifts in exchange for the service provided to their clients, unless it is part of the organization's policy (such as cost-sharing). Where conflict of interest arises, it must be declared and steps should be taken to address them. An example of a conflict of interest might be a situation in which a Caseworker and an offender are relatives or attend the same religious group. This could bias the Caseworker as a result of the existing relationship with the offender.

Besides relying on the individual Caseworker's conscience in guiding decisions on what is right and in the best interest of the child-client, a code of conduct drawn from the principles enlisted in this Handbook and other resource materials are an important tool that agencies providing child protection case management services should have. These can be part of the organization's child protection policy.

Figure 3: Core principles and ethics and good practices in case management

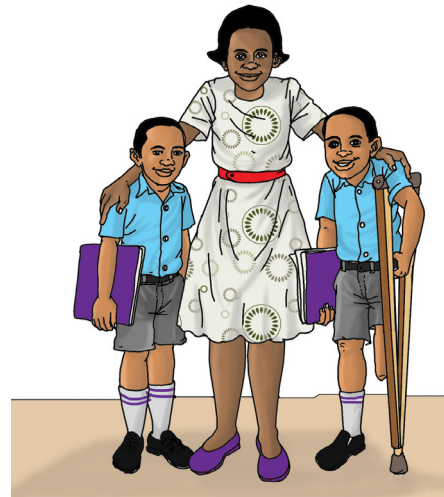
(Adapted from Inter Agency Guidelines for child protection and Case Management, 2014)

- ◆ Do no harm
- ◆ Prioritise Best Interests of the Child
- ◆ Ensure Non-discrimination
- ◆ Seek informed Consent and or Assent
- ◆ Respect Confidentiality
- ◆ Ensure Accountability
- ◆ Value the essence of Time
- ◆ Recognise government as the primary duty bearer

Illustrated Case Management Principles



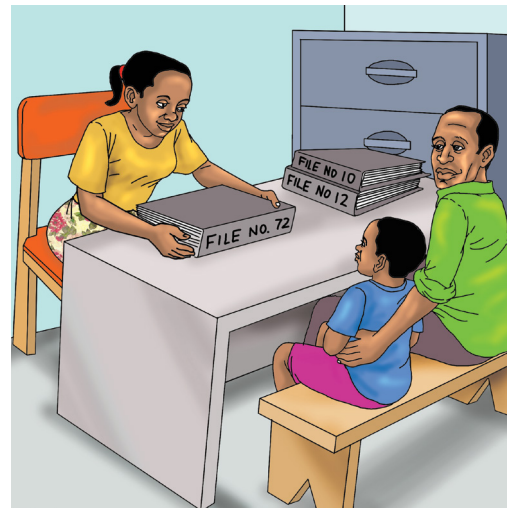
a. Do no harm (e.g children should not be detained with adults).



b. Non-discrimination (Treat all children fairly.)



c. Timely action to save a child's life (Treat children's concerns as emergencies)



d. Confidentiality (Only share children's information with those who must know.)



e. Informed consent/assent (Get a child's permission to be helped after getting the parent's permission)

3.1.1 Do No Harm

Do No harm is one of the core child protection principles which requires Caseworkers to ensure that their decisions and actions do not result into intended and unintended physical or emotional harm to children. Such harm could result from malicious actions on children accused of committing certain offences. The principle demands that all interventions at each step of the case management process must minimize the negative effects on child clients and their families while maximizing, to the greatest extent possible, the benefits. Whereas the *Do No Harm* Principle is provided for in the Children Act, it is not adequately applied by case management agencies who often focus on the volume of supplies (counseling and material benefits, referrals) to children in need of protection. It is important that Caseworkers embrace the *Do No Harm principle* as one of the bare minimum reference points in case management.

3.1.2. Prioritise Best Interest of the Child

The “best interest” principle in case management with children if well applied reduces the risks that could harm clients in the course of service provision. The principle of “best interest of the child” involves a consideration of a child’s physical and emotional safety (their well-being) as well as their right to participate in decisions that affect their wellbeing. Article 3 of the UNCRC provides that, the ***best interests of the child should be the basis for all decisions and actions taken.***

The principle should therefore inform the way case management agencies interact with children and their families. Child protection Caseworkers must constantly evaluate the risks and resources of the child and their environment as well as the positive and negative consequences of proposed actions and discuss these with the child and their caregivers before making decisions. Often in child protection, there is no one “ideal” solution, but rather a series of more or less acceptable choices that must be balanced with a child’s best interest. The least harmful course of action should be the one jointly agreed upon for implementation.

3.1.3 Practice Non-discrimination

Adhering to the non-discrimination principle means ensuring that children are not discriminated against (treated differently or denied services) because of their individual characteristics or a group they belong to (such as sex, age, socio-economic background, race, religion, ethnicity, disability or gender identity). Children in need of protection services should receive assistance from qualified Caseworkers that are trained, and have respectful, and non-discriminatory values. Such values enable Caseworkers to establish cordial relationships with all child clients, treating them with compassion, empathy and care.

Recognising that case management targets children that are harmed or at risk of being harmed, Caseworkers must actively work to be non-judgmental and avoid negative language in their work.

3.1.4 Seek informed Consent and or Assent

Client consent is essential in case management as it depicts the Caseworker's respect for the client's dignity, irrespective of their current state. Informed consent of a client is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choices to participate in a service. Whereas children by national law cannot make independent binding decisions, it is important for them to assent (a child's consent). Informed assent is sought where younger children who are by nature or law too young to give informed consent, but old enough to understand and agree to participate in services. In case management practice, it is however recommended that even for very young children (those under five years old) efforts should be made to get their acceptance in a language appropriate to their age.

In all circumstances, consent/assent should be sought from parents/children prior to providing services. Adequate information (potential benefits and risks) pertaining to the case and the actions/decisions to be taken should be explained so that the client understands the implications of the next course of action. The Caseworker should explain information that will be collected and how it will be used, in the context of confidentiality and its limits. A written consent of the client is recommended. Literate clients may read and sign the consent form while the content of the consent/assent form should be read to illiterate clients in a language they understand well and they may thereafter endorse with a thumbprint.

Informed assent is particularly important in some situations where informed consent may not be possible or may be refused, and yet intervention may still be necessary to protect the child. For example, if a 13-year-old girl is being sexually abused by her father, she may not want to report the case to police for fear of hostility from him or the family. This does not mean that a Caseworker who is handling this issue should ignore this case. Where consent is not given, and where the Caseworker is convinced that the action is in the best interest of the child, the reasons for this should be explained and the participation of the child and non-offending family members continually encouraged.

3.1.5 Respect Confidentiality

Confidentiality is important in securing the client's confidence in case management. Confidentiality is linked to sharing information on a "need-to-know basis". The term "need to-know" describes the limiting of information that is considered sensitive, and sharing it only with specific individuals who require the information in order to protect the child. Any sensitive and personal identifying information collected on children should only be shared on a need-to-know basis with as few individuals as possible. Respecting confidentiality requires Caseworkers to protect information gathered about clients and to ensure it is accessible only with a client's explicit permission.

Caseworkers should collect, keep, share and store information on individual child cases

in a safe way and according to agreed-upon data protection procedures. Caseworkers should not reveal children's names or any identifying information to anyone not directly involved in the care of the child. This means taking special care in securing case files and documents and avoiding informal conversations with colleagues who may be naturally curious and interested in the work.

It is important for Caseworkers to note that confidentiality is limited when Caseworkers identify safety concerns and reach out to other service providers for additional services, such as medical examination by healthcare workers, or where they are required by law to report crimes. Caseworkers should consult their supervisors and work together to take decisions in such cases where confidentiality needs to be broken, in the best interest of the child.

3.1.6. Ensure Accountability

Accountability is a core aspect in case management as it indirectly serves as an internal evaluation of the quality of services provided by a Caseworker. Accountability refers to being held responsible for one's actions and for the results of those actions. Caseworkers and their employers are accountable to the child, their family, the community and the State. Accountability mechanisms must provide child clients and their families with routine opportunities to give feedback on the services they have received. This is self-initiated accountability that requires high level personal discipline and ethics on the part of the Caseworker and agencies involved in casework.

In addition to complying with organisational level codes of conduct, Caseworkers and agencies involved in case management must comply with the national quality standards as defined in various legal, policy and operational frameworks. The National Toolkit for Assessing and Improving the Quality of Interventions for OVC by MGLSD, is one such framework that requires Caseworkers to seek client's feedback on the services provided.

3.1.7 Ensure Timely action

Timely action in case management is important in securing the child's safety, saving their life and ensuring justice. For instance, a child who has been defiled has to be examined and have Post-Exposure Prophylaxis administered within 72 hours from the time the violation happened to prevent HIV infection. Overall, time should be valued even for those cases where there is no defined timeframe so that life is saved and children are protected from further harm.

3.1.8 Recognise Government as the primary duty bearer for child protection

The Government, represented by the various institutions listed in Chapter two of this Handbook, has the primary mandate for the provision of case management services in Uganda. Therefore Non-State agencies should support the government in fulfilling its

obligations, and explore ways to strengthen service provision by the government. The role of the government becomes more critical in child protection cases requiring action by Statutory agencies as presented in Chapter Two.

The success of both government and non-governmental case management interventions depend significantly on the level of cooperation and linkages with community-based (informal) mechanisms, notably Child Protection Committees, para-social workers and traditional justice systems. These are important structures for Caseworkers to collaborate with in both the development and implementation of child client's case management plans as this reduces gaps and any suspicions that could arise between the Caseworker and the community in which the child is based. It also opens the community to further empowerment by the Caseworker on child protection and the legal implications of child protection violations. The role of community based child protection mechanisms in case management are further defined in Chapter 4 (case management pathways).

3.2 Risks associated with Case work interventions

While we have provided guidance on the assessment of risks that children face as a result of abuse in Chapter 4 (under case management steps), it is important for a Caseworker to be aware of risks that child clients may face as a result of case management interventions and plan for the minimisation of such risks.

In consideration that agencies involved in casework are mandated to “Do No Harm”, it is important that the Caseworker, child client and the child's family clearly understand the potential risks associated with case management before embarking on the implementation of a case plan. Below are three major universal risks in case management (irrespective of context) that Caseworkers have to guard against as outlined in the Global Protection Cluster Inter Agency Guidelines for Case Management and Child Protection, 2014.

3.2.1 Collecting information on individual children's cases can place those children at risk

Depending on the sensitivity of the information and its relevance to the management of the case, the Caseworker should decide on what information to collect and what to leave out. The Caseworker should develop a plan for mitigating the risks that children and their families could face if confidentiality is broken or the information collected is seized or stolen. In situations where the Caseworker's employer-agency has data protection and sharing protocols, the Caseworker should refer to these as they develop the mitigation plan in case of information seizure.

3.2.2 Consequences of providing individualised case management

This risk is prone to occur, particularly in areas where referral services are nonexistent. As Caseworkers register and document the client's details, this draws increased attention

to particular individual children or groups of children targeted by Caseworkers, and can increase protection risks for such children. In other instances, case management services can also create a 'pull factor' leading, for example, to increased child delinquency, where there is a perception that children may have access to better care and services if they fall into the category of children in need of alternative care, provided by particular agencies. For example, the rapid growth in the number of babies and children's homes in Uganda is perceived to have increased the demand for alternative care from children and families who do not meet the standard admission criteria. Such factors must be considered by agencies involved in case management and mitigated against by the Caseworker in accordance with the 'Do No Harm' principle.

3.2.3. Risks to Caseworkers in the line of duty

Caseworkers in the line of duty face several risks from the communities as well as from other child protection service providers. For example, they may be harmed while conducting assessment and follow-up visits in the communities. The senior management of case management agencies, including governments, should provide safety and security training for Caseworkers and ensure that safety and security policies as well as complaint management procedures are in place. These could include ensuring staff members do not go on home visits unaccompanied, establishing check-in policies, and other procedures that reduce risk to Caseworkers' safety while on duty. Cultural sensitivity and awareness of any existing tensions in the area of operation should also be emphasised in the Caseworkers' training as it contributes to acceptance within communities and the overall safety and neutrality of the Caseworkers and their employer organisation. In addition to safe working practices, the Caseworker has to practice self-care as they can burn out in the course of handling cases that heavily draw on the Caseworker's emotional involvement.

Chapter Four

Pathways in Child Protection Case Management

This chapter explores the different pathways/routes for managing specific child protection cases.

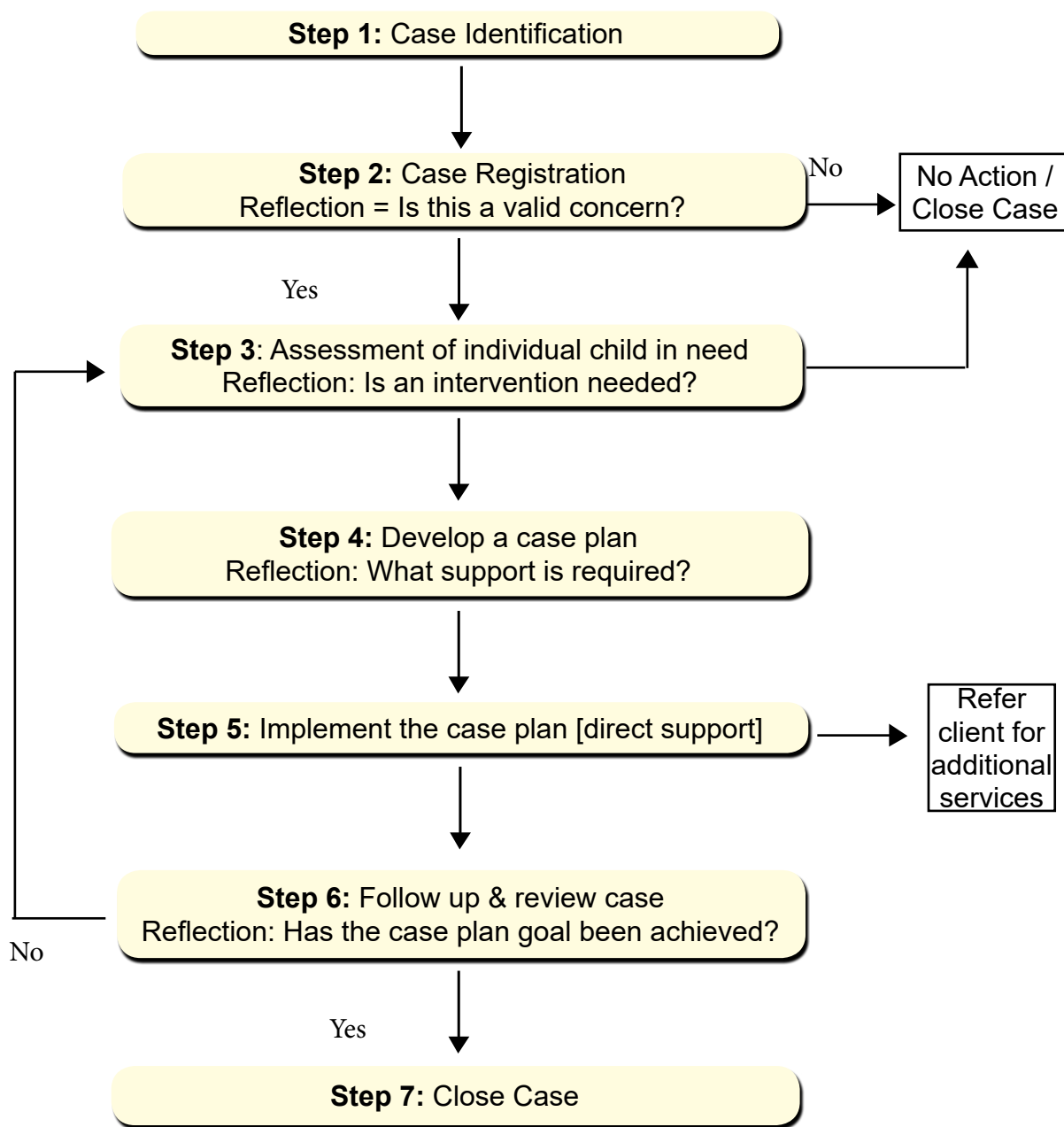
4.1 The generic case management pathway for child protection cases

Although case management is not a linear process, there are standard case management procedures applied globally, which can be adapted to different contexts. This Handbook presents standard case management procedures that Caseworkers across different sectors can apply, while referencing the relevant laws, and sector specific procedures. The pathways also emphasise the welfare of the child survivor as justice is being pursued. In this chapter, the pathways consider the roles of both the non-formal (community based) actors and the formal structures.

Caseworkers should ensure that the case management process takes into account gender and disability specific concerns. For instance, in as much as possible a female child client should be interviewed by a female Caseworker, and where temporary shelter for such a child is required, they should be put under the care of a female adult as a precaution against further abuse. Children with disability require special support to communicate with Caseworkers. For example, the deaf and dumb require a sign language interpreter, while a child with mental illness requires services of a psychiatrist in order to recall and identify perpetrators.

Case management follows a cycle of steps from the identification of child protection needs to case closure. Whilst not always the same for every child, effective case management has a seven step process as illustrated in Figure 4 below.

Figure 4: Steps in Case Management



Case management pathways are not a straight step process. Each of the seven steps are interlinked and may at some time require a return to an earlier stage. Therefore, Caseworkers should constantly analyse the situation of child clients and their families; and flexibly use the case management steps as a guide to organise their work. It is also important to note that in our context, there are institutions with a Statutory mandate to undertake specific steps in the management of different child protection issues. As already noted in section 2.3, it is important for Caseworkers with a secondary mandate¹ for case management to link and work closely with Statutory institutions to ensure timeliness and quality of case management in accordance with the legal procedures.

¹ Secondary mandate in this Handbook refers to those duty bearers with an indirect role

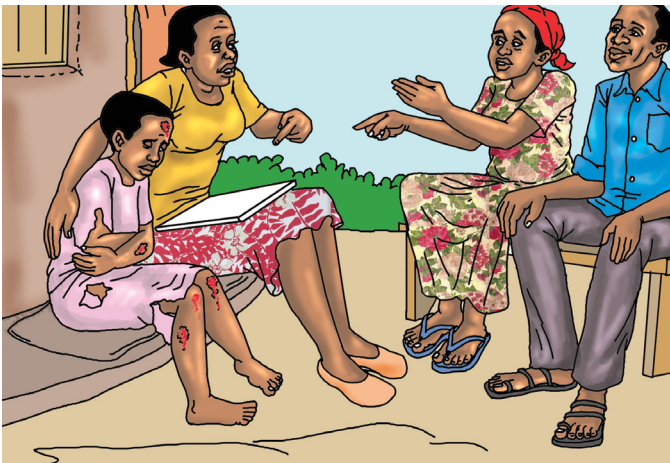
Steps in Case Management



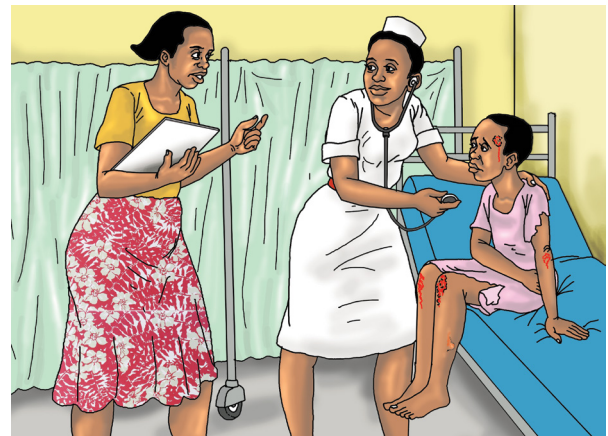
Case Identification:
(Inquire into possible violation.)



Registration of case: (Caseworker takes notes from the survivors in the presence of family members)



Case planning: Caseworker outlines priority case handling procedures and explains this to the parents



Case assessment: Caseworker explains case to a female nurse with survivor in hospital.



Monitoring victim: A Caseworker visits the survivor at a health facility or home



Last Monitoring: Caseworker visits victim at home and victim looks okay

4.1.1 Step 1: Identifying children in need of case management services

Child protection cases can be identified through reports made to different authorities from children, family and community members (right holders and children's co-claimants). However, the Children Act does not criminalise the failure to report a case of child abuse or neglect. This as well as several factors undermine reporting of violations by children and their families. Consequently, there is a need for deliberate effort by all child protection duty bearers to proactively identify children in need of protection services and refer them to appropriate service providers. Civil Society Organizations (notably NGOs and FBOs) field officers in child protection and other sector programmes for instance might identify a child in the course of their regular activities. Other potential identification points for children in need of protection services are schools (by teachers), health facilities (by health workers) and community (by Local councils, community based organizations, community volunteers - child protection committees, para social workers, VHTs, and FIT persons)

Irrespective of the manner in which a child in need of protection has been identified, case management agencies must have a clearly outlined vulnerability criteria to guide the identification process. A sample tool for assessing a child at risk is provided in Appendix 2 (Tool 2) of this Handbook. This sample tool should be used along with the national OVC vulnerability index tool² to ensure that all key issues are captured.

Gender, disability and environment dimensions are key in identifying children at risk of abuse. The child's living environment (house and neighbourhood), the sex of care giver, attitudes of household members about child protection of children and the current relationships are some of key factors to consider when analyzing children's protection concerns.

Children at risk of harm or suffering abuse, exploitation, neglect and violence present with varied signs. It is the duty of an adult that comes into contact with a child to observe such signs and to take an interest in establishing more information from the child (if old enough) or people around the child, on the child's situation. Some of the signs of abuse are provided in Table 2 below.

² This Tool can be accessed from <http://ovcmis.mglsd.go.ug/UgandaOVCVulnerabilityToolFINAL.pdf>

Table 2: Signs of abuse by category

Category of abuse	Signs
Physical abuse:	Injuries, bruises, marks and wounds.
Emotional and Psychological abuse	Aggressiveness, low confidence, low esteem, loneliness, fear of others, use of drugs and alcohol, change in behavior; display of attention seeking behavior, low performance and learning problems, delayed mental or emotional development, excessive feelings and display of anxiety, delayed speech or sudden speech disorder, fear of new situations, inappropriate emotional responses to painful situations, passive response, disappearance from school or home, and suicidal tendencies
Sexual abuse	Injuries, bruises, marks and wounds and any of the above signs of emotional or psychological abuse.

4.1.2 Step 2: Case Registration

Case registration includes initial intake and collection of personal and family data when a child meets the vulnerability or risk criteria and the child or their family gives informed consent/assent to the support services. Tool 1 (a) (presented in Appendix 2) provides critical information to capture at registration. A simpler version of the same Tool is provided as Tool 1 (b) for community based case management actors. The information collected at the case registration stage include:

- ◆ The child’s personal details, including name, sex, age, and case management history
- ◆ The child’s current care arrangements
- ◆ The protection concerns
- ◆ The child’s wishes
- ◆ The Caregiver’s opinion
- ◆ Priorities for immediate action

4.1.3 Step 3: Case Assessment

Upon registration for case management support, the next step is to undertake a systematic assessment of the child’s situation. The assessment should consider two aspects; the vulnerabilities (risks and harm factors) as well as the strengths of the child and the family (protective influences and resilience). It is important that the assessment is organised into the initial and comprehensive assessment phases.

Initial assessment is aimed at identifying the immediate risk areas to inform priority rescue actions.

Comprehensive assessment is an in-depth assessment meant to give the Caseworker a holistic understanding of the child’s situation, generate information to guide the development of a case plan and identify aspects that can be used to inform the Caseworker’s decisions on the nature of other service providers that can intervene in the child’s situation to address the specific concerns.

Table 2: Categorization of Risk Assessment Results by Level of Harm

Level 1:	Level 2:	Level 3:	Level 4:
<p>Child significantly harmed- urgent response and frequent follow up required</p> <p>[Recommended response within 24 hours & bi-weekly follow up]</p>	<p>Child harmed- response and follow up required</p> <p>[Recommended response within 3 days and weekly follow up]</p>	<p>Child at Risk of Harm – Monitoring required</p> <p>[Recommended response within 7 days and follow up fortnightly or monthly]</p>	<p>Child no longer at risk: no further monitoring required, close case</p> <p>[consider external monitoring with new referral to a child protection agency]</p>

The risk assessment guide (Tool 2) in Appendix 2, is a key tool in assessing risks facing a child in need of protection services.

4.1.4 Step 4: Case planning

Planning for case management is critical to ensure positive outcomes. The accountability principle discussed earlier in subsection 3.1 can only be upheld if the planning of a client’s case is done well and in time, including capturing the views of the child client and their caregiver (if not part of the offenders).

A case plan lists the needs identified in the assessment and sets a strategy for addressing them through direct service provision and referral.

Elements of a case plan include:

- ◆ Specific, measurable, time-bound case objectives
- ◆ Specific actions agreed upon to address the key child protection concerns, the responsibility persons(s) and date for the results.

A case plan should be revised if a child’s situation or needs changes. To monitor children’s circumstances or changes taking place as a result of case management interventions, the caseworker has to be in constant contact with the child and the child’s family. A sample case plan Guide is in Appendix 2 (Tool 3) of this Handbook. In countries where case management is highly developed, development of case plans for complex cases involves holding a multi-disciplinary and inter-agency case conference. In our context,

joint case planning and or review meetings for complex cases are possible if the focal agency in case identification calls upon other service providers in the same catchment area. Child protection agencies may utilise the quarterly district level meetings (such as the District OVC Committee) to discuss case planning for complex issues (without violating confidentiality and anonymity principles).

It is important for Caseworkers to note that depending on the nature of the child protection issue at hand, case planning for cases of a criminal nature such as murder, and defilement must be done under the leadership of institutions with a Statutory mandate for child protection. These include the Police (Child and Family Protection Unit, Sexual Gender Based Violence Unit, Criminal Intelligence and Investigations Department); and the Probation and Social Welfare Officer.

The list of service providers can be accessed from the MGLSD's online inventory of child/OVC actors at www.mglsd.go.ug/ovcmis. While an online inventory exists, it is important that a Caseworker has on file a hard copy of the inventory for their district(s) of operation for day to day quick reference.

4.1.5 Step 5: Implement the Case Plan

Implementing the case plan involves the provision of direct services and referral to other agencies/service providers, deemed as appropriate. A Caseworker is responsible for coordinating all of these services for the client. The Caseworker should document progress, and ensure that the objectives in the case plan are being met. Effective implementation of case plans is dependent on well supervised, experienced, trained, and where possible, qualified social workers who have the time and resources to carry out their work. Human resource capacity is therefore a core issue for agencies offering child protection services.

In this respect, agencies involved in case management can leverage the services of consulting firms in child protection or the National Association of Social Workers in Uganda (NASWU) to mentor their Caseworkers in basic social work practice with child clients and their immediate families. In the event of case referral, Caseworkers should use the Referral Form (Tool 7) in Appendix Two of this Handbook.

4.1.6 Step 6: Follow up and review

There is a need for a deliberate monitoring and review of case management to determine if success is being registered. A Caseworker has to conduct follow ups and periodic review of the progress of the case management process with a focus on:

- ◆ Checking whether a child and his/her family are receiving appropriate services.
- ◆ Monitoring the child's situation and identifying any changes in a child's or family circumstances that might necessitate a review and change of the case plan.

- ◆ Whether any risk factors have increased and if so then implement urgent remedial actions.
- ◆ Keep a record of the changes observed along the implementation path to guide decision making on the next course of action.
- ◆ Inclusion of follow-up actions in the case plan.

The frequency of follow up actions will depend on the situation of the child, their specific needs and the risk level. The Caseworker has to generate a case follow up plan and document observations on each follow up visit to track the progress being made in reference to the case plan.

Case review is a reflection on how the implementation of the plan is progressing, whether objectives outlined in the case plan are being met, if plan remains relevant, and how to make adjustments to the plan, if necessary. Caseworkers must keep the client and their immediate family involved in monitoring progress and making decisions during case implementation. A case follow-up form (Tool 4) to guide Caseworkers is provided in the Appendix.

4.1.7 Step 7: Case Closure

Closure of cases is the last, yet very important phase as it determines how casework efforts over a given period of time are eventually concluded. Case closure refers to the point at which case management ends. Case closure should be well planned within the case plan and well known by the client in advance that at an appropriate time, the services of a Caseworker will come to an end.

Case closure can be a result of several reasons:

- ◆ The child protection issue is resolved as per the case plan
- ◆ When the child client attains adult status
- ◆ When the child client dies or loses interest in the case.
- ◆ The case management agency transfers the child client to another organisation for instance;
 - The child has moved to a location outside the Caseworker's agency catchment area
 - A Caseworker or an agency is no longer best placed to manage the child's case, especially in complex cases.
 - The client has made a request for a transfer

The transfer of a case indicates that the full responsibility for coordination of the case plan, follow up and monitoring of the child, is being handed over to another agency or department. This is different from case referral, where these responsibilities remain with the original Caseworker. The Caseworker should use the Transfer Form (Tool 6) in the Appendix.

Cases should not be closed immediately after the plan has been concluded, but after a set period of time during which several monitoring visits take place to ensure the child's sustained well-being. Case closure does not mean that all documentation should be erased as cases can be re-opened at any time whenever new information becomes available or the child's situation changes.

4.2. Specific pathways for managing various child protection issues

The specific pathways presented here address the different child protection violations and the attendant roles of various child protection agencies. The pathways focus primarily on the well-being of the child survivor throughout the case management process. The offender will only be mentioned in the context of processes leading to their prosecution for the offence against a child survivor. The proposed case management pathway starts from the point of case registration with the understanding that the different cases are identified at similar points and by similar actors already described in the generic case management pathway above. The proposed case management path defines key actions required of both statutory and non-statutory actors at each stage of the case management path.

4.2.1 Case management path for physical violence against children

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	Any of the Statutory actors as listed in 2.3 should register a case they identify or a case reported to them.	Any non-statutory actors as listed in 2.3 to obtain basic information about a child client & report violation to village Local council or the police.
Step 3: Case Assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i>	<ul style="list-style-type: none"> ▶ Village LC official or PSWO: interview the child and assess the level of harm and refer to police for serious injuries ▶ Police: interview the child and assess the level of harm and refer to a health facility for serious injuries ▶ Health facility: If received from police, carry out medical examination. If a facility is the first point of contact, examine the injured child and refer to police when serious injuries are detected. 	<ul style="list-style-type: none"> ▶ Share assessment tools and participate in case assessment with the LC. ▶ Where need be, links with a Village Health Team member to take child survivor for medical assessment & treatment.

<p>Step 4: Develop a case plan</p>	<ul style="list-style-type: none"> ▶ Village LC official draws a plan on case mediation (where minor injuries are suffered by the child) ▶ PSWO undertakes a social inquiry & generates case plan ▶ Police notifies PSWO of the case; and investigates the case. ▶ Police sends a copy of the case plan to the State Attorney for investigation guidance 	<ul style="list-style-type: none"> ▶ Seek information on the next steps and on that basis develop own case follow up plan.
<p>Step 5: Implement case plan [direct support & Referral]</p>	<ul style="list-style-type: none"> ▶ Village LC official, Police, Health worker, LC Court to hear the case (mediate, arbitrate) ▶ Health worker – treat the child survivor and refer to other medical specialist services, based on need ▶ Police: arrest the suspected perpetrator if sufficient evidence exists and submit a case file to the DPP/ RSA. ▶ Health facility to offer treatment, counseling and any other social support identified as necessary for the child's healing. ▶ DPP/RSA prefers charges against the perpetrator in Court ▶ Court hears the case and makes a judgment 	<p>If in a children's institution ,Teacher/School Nurse to offer first aid and counsel the child survivor Head teacher/Warden of children's home takes disciplinary measures against the perpetrator. If the perpetrator is a child, administer alternatives to corporal punishment & counsel the child. Other case worker - Follow up statutory actors for updates on the case; and provide social welfare support to child client during the process as deemed necessary.</p>
<p>Step 6: Follow up & review of the case <i>(Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to the child survivor)</i></p>	<ul style="list-style-type: none"> ▶ LC I, Health worker, PSWO – monitor the child's recovery process, notes changes and determines next course of action. 	<p>Monitor the child's recovery process and share progress reports with the CDO/PSWO.</p>
<p>Step 7: Close Case</p>	<ul style="list-style-type: none"> ▶ Village LC official, Health facility, PSWO: Closure to be implemented after follow up visits to the child and family one year after case completion reveal progressive emotional stability ▶ Police: To put aside the case file on the advice of the DPP/RSA 	<p>Closes file after follow up visits to the child and family for one year shows progressive emotional stability.</p>

4.2.2 Case management path on sexual violence against children

In using this pathway, reference should also be made to the national referral pathway for prevention and response to gender based violence cases in Uganda, justice for children probation workflow and the trafficking in persons survivors' case management procedures.

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	Any of the actors as listed in 2.3 should register a case identified or a case reported to them and immediately notify Police. If it is a case of child pornography, the case may also be reported to Court,	Any non-statutory actors as listed in 2.3 to obtain basic information about a child client & report the case to the police or PSWO.
Step 3: Case Assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i>	<ul style="list-style-type: none"> ▶ Police – provide temporary shelter for child survivor & refer for medical examination ▶ Health worker – examine the survivor (within 72 hours after sexual abuse) ▶ PSWO undertakes a social inquiry. 	<ul style="list-style-type: none"> ▶ Support the child assessment process at Police by advocating for case management by either CFPU or SGBV units of Police; and that the child gets medical examination within 24 hours from the time of abuse
Step 4: Develop case plan	<ul style="list-style-type: none"> ▶ Police and PSWO draw a joint case plan 	<ul style="list-style-type: none"> ▶ Follow up on case progress through the PSWO or police to inform own case plan

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
<p>Step 5: <i>Implement case plan [direct support & Referral]</i></p>	<ul style="list-style-type: none"> ▶ Health worker examines survivor and if it confirms that the abuse involved penetrative sex, with Caregiver consent administer Post Exposure Prophylaxis (PEP) within 72 hours from time of abuse to deter HIV Infection; and provide any other treatment as deemed fit and issue a medical report. ▶ PSWO – psychosocial support to child survivor and family. PSWO counsels the child and parent, explains to the child survivor and parent the required legal steps and seeks the parents’ consent / child’s assent to legal procedure. PSWO also prepares the child survivor and caregiver for Court. Attends Court sessions; secures free legal aid support for the child, and advises the child survivor and caregiver on the next steps. ▶ Health worker examines survivor and if it confirms that the abuse involved penetrative sex, with Caregiver consent administer Post Exposure Prophylaxis (PEP) within 72 hours from time of abuse to deter HIV Infection; and provide any other treatment as deemed fit and issue a medical report. ▶ Health worker examines survivor and if it confirms that the abuse involved penetrative sex, with Caregiver consent administer Post Exposure Prophylaxis (PEP) within 72 hours from time of abuse to deter HIV Infection; and provide any other treatment as deemed fit and issue a medical report. ▶ PSWO – psychosocial support to child survivor and family. PSWO counsels the child and parent, explains to the child survivor and parent the required legal steps and seeks the parents’ consent / child’s assent to legal procedure. 	<ul style="list-style-type: none"> ▶ Secure free legal aid support for the child; and counsel child to child sex offenders.

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
	<p>PSWO also prepares the child survivor and caregiver for Court. Attends Court sessions; secures free legal aid support for the child, and advises the child survivor and caregiver on the next steps.</p> <ul style="list-style-type: none"> ▶ Police, with the guidance of the Prosecutor, investigates the case and presents overall evidence to the DPP/RSA. Arrests and detains the suspect & presents them in Court. ▶ DPP/RSA takes the case to Court, if there is sufficient evidence. ▶ Court hears the case & makes a ruling ▶ If the offence is child to child sex, ▶ PSWO/Police, with the support of adolescent sexual reproductive Health professionals counsels both child offenders ▶ PSWO/Police refers child to child sex offenders for other relevant rehabilitation services, based on the need. 	
<p>Step 6: Follow up & Review case (Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to the child survivor)</p>	<ul style="list-style-type: none"> ▶ PSWO to assess child survivor's recovery progress. 	<ul style="list-style-type: none"> ▶ Make visits to the child's home/ institution to assess the child's coping mechanism; and provide the necessary social welfare support to the child and family
<p>Step 7: Close Case</p>	<ul style="list-style-type: none"> ▶ Police puts away the file on the advice of the DPP/RSA ▶ Health worker closes the case when the child survivor is fully recovered ▶ Court closes the case in the absence of an appeal against its ruling ▶ PSWO closes the case when the child has fully recovered in all aspects. 	<ul style="list-style-type: none"> ▶ Closes file after follow up visits to the child and family a year after case completion reveals progressive emotional stability.

4.2.3 Case management path for emotional and psychological violence against children

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
<p>Step 2: Case Registration</p>	<p>Any of the actors as listed in 2.3 should register a case they identify or a case reported to them.</p>	<p>Any non-statutory actors as listed in 2.3 to obtain basic information about a child client & report violation to Village Local council or CDO or PSWO.</p>

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 3: Case assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i>	<ul style="list-style-type: none"> ▶ Interview the child if he/she is old enough to speak ▶ Local Council official visits the child's home to assess the situation ▶ PSWO undertakes a social inquiry ▶ Police interviews the child, if he/she is old enough 	<ul style="list-style-type: none"> ▶ Jointly develop child assessment tool with other actors involved and or support assessment process in any way possible based on need.
Step 4: Develop case plan	<ul style="list-style-type: none"> ▶ Village LC official meeting convened to develop a case plan ▶ PSWO/Police develops a case plan 	<ul style="list-style-type: none"> ▶ If abuse is in children institution, Head of School or approved babies home Warden to convene a team from within the institution to develop a case plan ▶ Follow up with institution or LC or PSWO to get knowledge on the next steps planned; and use that information to develop own case follow up plan.
Step 5: Implement case plan [direct support & Referral]	<ul style="list-style-type: none"> ▶ Village Local Council Court convened to hear the case ▶ Local council court refer the case to police if the offender does not show up or oblige to the defined disciplinary measures 	<ul style="list-style-type: none"> ▶ School or approved babies/ children's home disciplines the offender ▶ School, babies/children's home refer the case to police if the offender does not show up or oblige to the defined disciplinary measures
	<ul style="list-style-type: none"> ▶ Police to summon the offender and hold a reprimand and counseling session and notify them about a warrant of arrest if they do not show up at police within a specified time frame. ▶ A reprimand and counseling session held for offender and offender commits to non-repetition of the offence in writing. 	<ul style="list-style-type: none"> ▶ School or approved children's home arranges for specialized counseling for the child survivor & monitor recovery progress ▶ Other actors to provide counseling to the child and family and ensure that the child is safe from the offender.
Step 6: Follow up & Review case <i>(Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to the child survivor)</i>	<ul style="list-style-type: none"> ▶ Local Council monitors the child's recovery progress ▶ If the child is not coping well emotionally, refer the case to PSWO or nearest health unit for professional counseling. 	<ul style="list-style-type: none"> ▶ Visit the child's family or Residential Child Care Institution to assess the coping mechanism and provides a report to the CDO/PSWO. ▶ Notify a Village Health Team member to link the child survivor to nearest Health Service Unit for professional management of post-traumatic stress disorder, if noted

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 7: Close Case	<ul style="list-style-type: none"> ▶ PSWO closes the case when the child is psychologically stable 	<ul style="list-style-type: none"> ▶ Closes file after follow up visits to the child and family a year after case completion reveals progressive emotional stability

4.2.4 Case management path for Child Trafficking

The case management path for child trafficking is based on the Prevention of Trafficking in Persons Act 7 of 2010.

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	Any of the actors as listed in 2.3 should register a case identified or a case reported to them and immediately notify Police.	Any non-statutory actors as listed in 2.3 to gather more information & if there is evidence of a trafficking case, register the case & refer it to nearest police post/station.
Step 3: Case Assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i>	<ul style="list-style-type: none"> ▶ Police: Carry out investigations. CFPU extracts oral statement from the child survivor; undertakes investigations, including interviewing the child's parents/ family and compiles an evidence report. ▶ Police informs the PSWO about the case. ▶ PSWO: Prepare a social inquiry report and provide counseling to the child. 	<ul style="list-style-type: none"> ▶ Support the PSWO on their social inquiry mission ▶ Purposively identify social welfare concerns and or counsel the child's & the child's family, if the family was not involved in the trafficking.
Step 4: Develop case plan	<ul style="list-style-type: none"> ▶ On the basis of the evidence generated – Police and PSWO draw the case plan (Joint plan). ▶ Police, if evidence is sufficient - draw a case plan after briefing the complainant on legal procedures, arrest the suspect and submit the case file to DPP/ RSA. ▶ PSWO draws a case plan on how to provide legal guidance to the child's caregiver, seeks their consent / assent to pursue legal action, prepares them for Court and ensure the child's safety from the trafficker or the trafficker's sympathizers. 	<ul style="list-style-type: none"> ▶ Follow up with Police – CFPU or PSWO to check on the progress of the case within the justice system and use it as basis for development of own case follow up plan.

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 5: Implement case plan [direct support & Referral]	<ul style="list-style-type: none"> ▶ Police: Seek a search & production order from Court for arresting the suspect; arrest and detain suspected trafficker(s); carry out further investigations, present evidence to the DPP/ RSA; present the suspect in Court ▶ PSWO: Link with the State Prosecutor to harmonize legal information; brief the child/family on legal processes; attend Court sessions; counsel the child survivor and family; educate the family to support the child survivor; and link the child survivor to other services, based on the need. ▶ Court: hears the case and passes judgment, which may include compensation to child in case the trafficker is found guilty. 	<ul style="list-style-type: none"> ▶ Support CDO/PWSO in counseling the child/family and identify other service providers where the child should be linked based on needs identified.
Step 6: Follow up & Review case <i>(Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to the child survivor)</i>	<ul style="list-style-type: none"> ▶ PSWO: make follow up visits to the family to assess the child survivor's safety and coping progress. ▶ If PSWO identifies new risks, he/she develops a new plan on how to address these in liaison with local authorities [LC] & other agencies in the area. 	<ul style="list-style-type: none"> ▶ Visit the family along with the PSWO & draw a new case plan, if needed.
Step 7: Close Case	<ul style="list-style-type: none"> ▶ Police: closes (puts away the file) when the DPP/ RSA concludes the case process at Court. ▶ Court: closes file in the absence of appeals to a higher Court. ▶ PSWO: closes the file after one year when assessment of the child shows progressive coping and integration within the family. 	<ul style="list-style-type: none"> ▶ Closes file after follow up visits to the child and family a year after case completion reveals progressive emotional stability

4.2.5 Case management Path for Child Labour

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	Any of the actors as listed in 2.3 should register a case identified or a case reported to them and immediately notify Police Or District Labour Officer.	Any non-statutory actors listed in 2.3 to gather more information & if there is evidence of child labour, register the case and refer to LC 1, District Labour Officer or police.

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
<p>Step 3: Case Assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i></p>	<ul style="list-style-type: none"> ▶ LC 1: conduct interviews with the child to establish more facts ▶ PSWO and Labour Officer: Jointly or independently conduct interviews with the child to establish more facts ▶ Police: investigate the case by interviewing the child about their labour circumstances. 	<ul style="list-style-type: none"> ▶ Accompany LC 1 official or District labour Officer on fact finding mission e.g. providing the necessary assessment tools and supporting in interviewing the child; and any other people willing to provide information related to the child's employment conditions.
<p>Step 4: Develop a case plan</p>	<ul style="list-style-type: none"> ▶ LC official: develop a case plan to manage the case within the LC Court. ▶ Police: Develop a case plan on investigation to gather sufficient evidence on the case. 	<ul style="list-style-type: none"> ▶ Establish LC or Police case management plan details and use this information to draw own case plan
<p>Step 5: Implement the case plan [direct support & Referral]</p>	<ul style="list-style-type: none"> ▶ LC Official: withdraw the child; hear the case as a Village LC Court and pass judgment. If Court decisions are ignored by the employer, report the case to the nearest police post. ▶ Police: If there is sufficient evidence, draw a charge sheet and issue a warrant of arrest to the child's employer requiring them to report themselves to police within 24 hours from the date of notice; notify the district labour office to intervene; notify the PSWO to provide the child and child's family psycho-social support; arrest and detain the suspected employer. If not resolved at the Police, submit the Case file to DPP/ RSA; if sanctioned, produce the suspect in Court. ▶ District Labour Officer. Convene a meeting to discuss the withdrawal of the child from labour. Participants at meeting to include the child's parents, LC I secretary for children affairs, PSWO, police, and the employer of the child. If the child has suffered harm, the employer should be tasked to meet the medical bills. The labour officer should determine the compensation to be made by the employer to the child.. 	<ul style="list-style-type: none"> ▶ Attend LC Court/Arbitration sessions to ensure the best interest of the child is respected. ▶ Seek information from CDO/ PSWO / or Police on case progress through the Justice system and the child's needs through the legal processes ▶ Provide or link child to other agencies for social welfare support e.g. medical examination and treatment of injuries. ▶ Generate follow up plan with input from the child client and child's family.
	<ul style="list-style-type: none"> ▶ PSWO: undertake a social inquiry; support the child to access medical assessment and treatment for body harm/ injury suffered in the course of work; Link the child to other organizations for other services. ▶ Court: hears the case and makes a judgment 	

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 6: Follow up & Review case <i>(Caseworker determines if the case has been successfully handled or not, making the necessary referral links for other support services to the child survivor)</i>	<ul style="list-style-type: none"> ▶ LC I: ensure that the child is returned to their home safely and re-enrolled in school / vocational training ▶ PSWO: visit the child's home or notifies PSWO in the child's locality to follow up 	<ul style="list-style-type: none"> ▶ Identify and link the child to other essential services existent in the area; ▶ Counsel the child's family to support the child in all aspects. Follow up the child and family and share any new concerns with the CDO/PSWO.
Step 7: Close Case	<ul style="list-style-type: none"> ▶ Police puts away the file upon advice from the DPP/RSA ▶ Court: closes the file when there are no appeals on its ruling ▶ PSWO closes the file when progressive coping mechanisms are identified by the child survivor. 	<ul style="list-style-type: none"> ▶ Closes file after follow up visits to the child and family a year after case completion reveals progressive family life at home and school

4.2.6 Case management path for Children without adequate parental care

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	Any of the actors as listed in 2.3 should register a case identified or a case reported to them and immediately notify Police Or District PSWO	Any non-statutory actors as listed in 2.3 to obtain basic information on a child lacking adequate parental care, register case and refer to LC I or CDO /PSWO or Police.
Step 3: Case Assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i>	<ul style="list-style-type: none"> ▶ LC I gathers more information on the circumstances of the child ▶ Police investigates the case ▶ PSWO undertakes a social inquiry 	<ul style="list-style-type: none"> ▶ Support additional information gathering on the child's situation in any possible way.

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 4: Develop case plan	<ul style="list-style-type: none"> ▶ PSWO & Police develop a case plan & secure temporary caregiver for the child from the nearest community 	<ul style="list-style-type: none"> ▶ Establish the next steps of the PSWO/police and develop own case plan
Step 5: Implement case plan <i>[direct support & Referral]</i>	<ul style="list-style-type: none"> ▶ PSWO initiates proceedings at Family and Children's Court (FCC) & compiles a child care plan, in consultation with Police – CFPU. ▶ PSWO liaises with the local community or settlement (in case of IDPs/refugees) for temporary care for the child ▶ Court determines the child's care order ▶ PSWO / Police place the child in alternative care 	<ul style="list-style-type: none"> ▶ Support PSWO in locating appropriate family in the community to provide temporary care for the child; and where possible contribute to the child's basic needs while in temporary custody
	<ul style="list-style-type: none"> ▶ Approved babies/ children's home assumes parental responsibility for the child ▶ Where applicable, PSWO traces the child's family and reintegrates the child; or where application for foster care or adoption have been made in Courts of law, advise Court accordingly. ▶ Court – Decide on the application for foster care, guardianship, or adoption 	
Step 6: Follow up & Review case <i>(Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to the child survivor)</i>	<ul style="list-style-type: none"> ▶ PSWO visits the child's family/care institution and assess the coping levels 	<ul style="list-style-type: none"> ▶ Seek update from the PSWO on the child's placement process in Court; visit children's home to establish the child's wellbeing; and follow up with PSWO to establish progress on child removal from institutional care into family care.
Step 7: Close Case	<ul style="list-style-type: none"> ▶ Court closes file, in case of no appeal. ▶ PSWO – closes the case when the child is reunified with his/her family and shows stability or coping well in a foster/adoptive home 	<ul style="list-style-type: none"> ▶ Closes file after follow up visits to the child and family a year after case completion reveals complete physical and emotional recovery

4.2.7 Case management path for children denied access to basic needs and services

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	Any of the actors as listed in 2.3 should register a case identified or a case reported to them and immediately notify Police Or District PSWO	Any non-statutory actors listed in 2.3 to obtain basic information on a child denied basic needs and services, register case and refer to LC I or CDO /PSWO or Police.
Step 3: Case Assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i>	<ul style="list-style-type: none"> ▶ The first contact actor (s) should gather more facts about the case registered as basis for determining next course of action. 	<ul style="list-style-type: none"> ▶ Support the statutory agencies to carry out assessment
Step 4: Develop case plan	<ul style="list-style-type: none"> ▶ Any of the actors above develops a plan to discuss the child's care plan with the parent or caregiver ▶ PSWO/Police-Develop a legal redress plan if the level of harm is significant 	<ul style="list-style-type: none"> ▶ Develop a plan for case follow up at the family/institutional level to assess action taken by statutory actors and the parents' implementation of the agreed actions.
Step 5: Implement case plan [direct support & Referral]	<ul style="list-style-type: none"> ▶ Any of the actors above holds discussions with the child's parent or caregiver and sign a care plan (for minor issues) ▶ If significant harm is noted, PSWO undertakes a social inquiry ▶ Health worker – Counsel/treat child survivor ▶ Police – investigates case and submit the file to the DPP/RSA. Arrest and detains the suspect. ▶ DPP/RSA files a case in Court ▶ PSWO – attend Court sessions ▶ Court – hears the case and makes a ruling 	<ul style="list-style-type: none"> ▶ Visit the family and the child; hold independent interviews with each and identify new areas requiring support.
Step 6: Follow up & Review case <i>(Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to the child survivor)</i>	<ul style="list-style-type: none"> ▶ PSWO monitors the child's recovery 	<ul style="list-style-type: none"> ▶ Support PSWO / CDO to monitor the child's recovery
Step 7: Close Case	<ul style="list-style-type: none"> ▶ Court – no appeal on case ruling ▶ PSWO – Child survivor coping well 	<ul style="list-style-type: none"> ▶ Follow up visits to the child survivor after one year shows full recovery

Case management Path for children denied property inheritance rights

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	<ul style="list-style-type: none"> ▶ Any of the actors as listed in 2.3 should register a case identified or a case reported to them and immediately notify Police Or District PSWO 	<ul style="list-style-type: none"> ▶ Any non-statutory actors listed in 2.3 to obtain basic information on a child denied property inheritance rights, register case and refer to LC I or CDO /PSWO or Police.
Step 3: Case Assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i>	<ul style="list-style-type: none"> ▶ Any of the first contact actor(s) gathers more information on the administration of the estate 	<ul style="list-style-type: none"> ▶ Support statutory actor(s) on establishing facts about the case
Step 4: Develop a case plan	<ul style="list-style-type: none"> ▶ Any of the above actors draws a plan on how to support the claimant 	<ul style="list-style-type: none"> ▶ Follow up with LC or CDO or PSWO to establish the agreed action points for the family to implement and draw own case plan.
Step 5: Implement case plan [direct support & Referral]	<ul style="list-style-type: none"> ▶ LC 1 convenes LC Court to discuss the estate property issues with family members and the estate administrator. If the family/estate administrator fails to turn up, LC refers the case to CDO or PSWO. ▶ PSWO intervenes and if they fail, then a referral is made to the Chief Administrative Officer (district level representative of the Administrator General) ▶ District Chief Administrative Officer intervenes and if they fail, refer the matter to the Administrator General's office. 	<ul style="list-style-type: none"> ▶ Undertake visits to the child's family to establish if the family environment is safe for the child
Step 6: Follow up & Review case (Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to the child)	<ul style="list-style-type: none"> ▶ LC I, CDO/ PSWO monitor the child's benefit from the estate in line with the agreed resolutions with the estate administrators. 	<ul style="list-style-type: none"> ▶ Share observations from the family visit with LC, CDO or PSWO
Step 7: Close Case	<ul style="list-style-type: none"> ▶ PSWO to close file once both parties adhere to the agreed settlement. 	<ul style="list-style-type: none"> ▶ The case is closed when follow up visits to the family after one year shows full compliance with the agreed settlement

4.2.8. Case management path for children denied the right to life

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	Any of the actors as listed in 2.3 should register a case identified or a case reported to them and immediately notify Police.	Any non-statutory actors as listed in 2.3 to gather basic information & if there is evidence of a child denied the right to life, register the case & refer it to nearest police post/station.
Step 3: Case Assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i>	<ul style="list-style-type: none"> ▶ Police CIID investigates the case ▶ Health worker – undertakes postmortem (fatal cases) or medical examination (non-fatal cases). ▶ PSWO – undertakes a social inquiry (in case of a child suspect) 	<ul style="list-style-type: none"> ▶ In case the suspect is a minor (child), support the PSWO in undertaking a social inquiry
Step 4: Develop a case plan	<ul style="list-style-type: none"> ▶ Police CIID draws a full investigation plan 	<ul style="list-style-type: none"> ▶ Draw own case follow up plan
Step 5: Implement case plan [direct support & Referral]	<ul style="list-style-type: none"> ▶ Police – investigates the case and submits the file to the DPP/RSA. The police also arrests and detains the suspect. ▶ DPP/RSA files a case in Court ▶ Health worker – Counsels/treats the survivor ▶ Mental health worker examines suspect to assess their mental health conditions and provides a report to police ▶ PSWO – attends Court sessions involving a minor ▶ Court – hears the case & makes a judgment 	<ul style="list-style-type: none"> ▶ Seek update from the PSWO on the child’s rehabilitation progress while on remand
Step 6: Follow up & Review case <i>(Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to the child survivor)</i>	<ul style="list-style-type: none"> ▶ PSWO monitors the recovery of the child survivor or the child offender. 	<ul style="list-style-type: none"> ▶ Support the PSWO to monitor the child offender’s condition while on remand and to prepare the family to receive the child at a future date upon completion of remand period; support to monitor recovery of the survivor
Step 7: Close Case	<ul style="list-style-type: none"> ▶ Court – closes the case when there is no appeal on case ruling ▶ PSWO – closes the case when the child offender is reintegrated and stable in the family or the survivor is coping well 	<ul style="list-style-type: none"> ▶ Close the file after follow up visits to the child and family a year after reintegration with family shows complete physical and emotional recovery

4.2.8. Case management path for traditional and religious practices harmful to children

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	<p>Any of the actors as listed in 2.3 should register a case identified or a case reported to them and immediately notify Police Or District PSWO</p>	<p>Any non-statutory actors as listed in 2.3 to gather basic information & if there is evidence of a child faced with harmful traditional and religious practices: Report to LC I if the case is of a civil nature. Report criminal traditional and religious offences such as FGM directly to police.</p>
Step 3: Case Assessment <i>(The gender and disability needs of child clients as described in 4.1 should be taken care of by the different actors).</i>	<ul style="list-style-type: none"> ▶ Village LC gathers more information on the case ▶ Police refers the survivor for medical examination ▶ PSWO undertakes a social inquiry ▶ Police investigate the case 	<ul style="list-style-type: none"> ▶ Support the assessment of the child's situation by PSWO/Police.
Step 4: Develop a case plan	<ul style="list-style-type: none"> ▶ LC official draws a plan for an LC Court intervention ▶ Police and PSWO draw a joint case plan ▶ Health worker – draws a treatment plan 	<ul style="list-style-type: none"> ▶ Establish the proposed next steps of the PSWO or Police and develop own case follow up plan.
Step 5: Implement case plan [direct support & Referral]	<ul style="list-style-type: none"> ▶ LC Court convened to arbitrate ▶ Health worker –provide treatment and referral ▶ PSWO provides psychosocial support to child survivor & family; counsel's the child and parent, explains to the child survivor and parent all the required legal steps and seeks their consent / to legal action. PSWO to also prepare the child survivor and caregiver for Court, attend Court sessions; secure free legal aid support for the child, and advise the child survivor and caregiver on the next steps. ▶ Police –submit evidence to the DPP/RSA. Arrest and detain the suspect & present them in Court. ▶ DPP/RSA takes the case to Court ▶ Court - hears the case and makes a ruling 	<ul style="list-style-type: none"> ▶ Make follow ups through the PSWO and provide counseling and any other support as the PSWO may advise. ▶ Establish contact with other service providers to whom the child may be linked for additional services.

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 6: Follow up & Review case <i>(Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to child survivor)</i>	<ul style="list-style-type: none"> ▶ PSWO monitors the child's recovery ▶ Health worker – reviews the child's health condition 	<ul style="list-style-type: none"> ▶ Make follow up visits to the child's home to establish the child's recovery progress, their safety from repeated harm and the existing family support.
Step 7: Close Case	<ul style="list-style-type: none"> ▶ LC I, Health facility, PSWO closes the case when the child has fully recovered ▶ Police puts away the file on the advice of the DPP/RSA ▶ Court – closes the case when there is no appeal on its ruling 	<ul style="list-style-type: none"> ▶ Closes file after follow up visits to the child and family a year after case completion reveals complete physical and emotional recovery

4.2.11 Case management path for Children in contact with the law

The Justice for Children Integrated workflow developed by the Justice, Law and Order Sector (JLOS) should also be referenced while handling cases of children within the justice system.

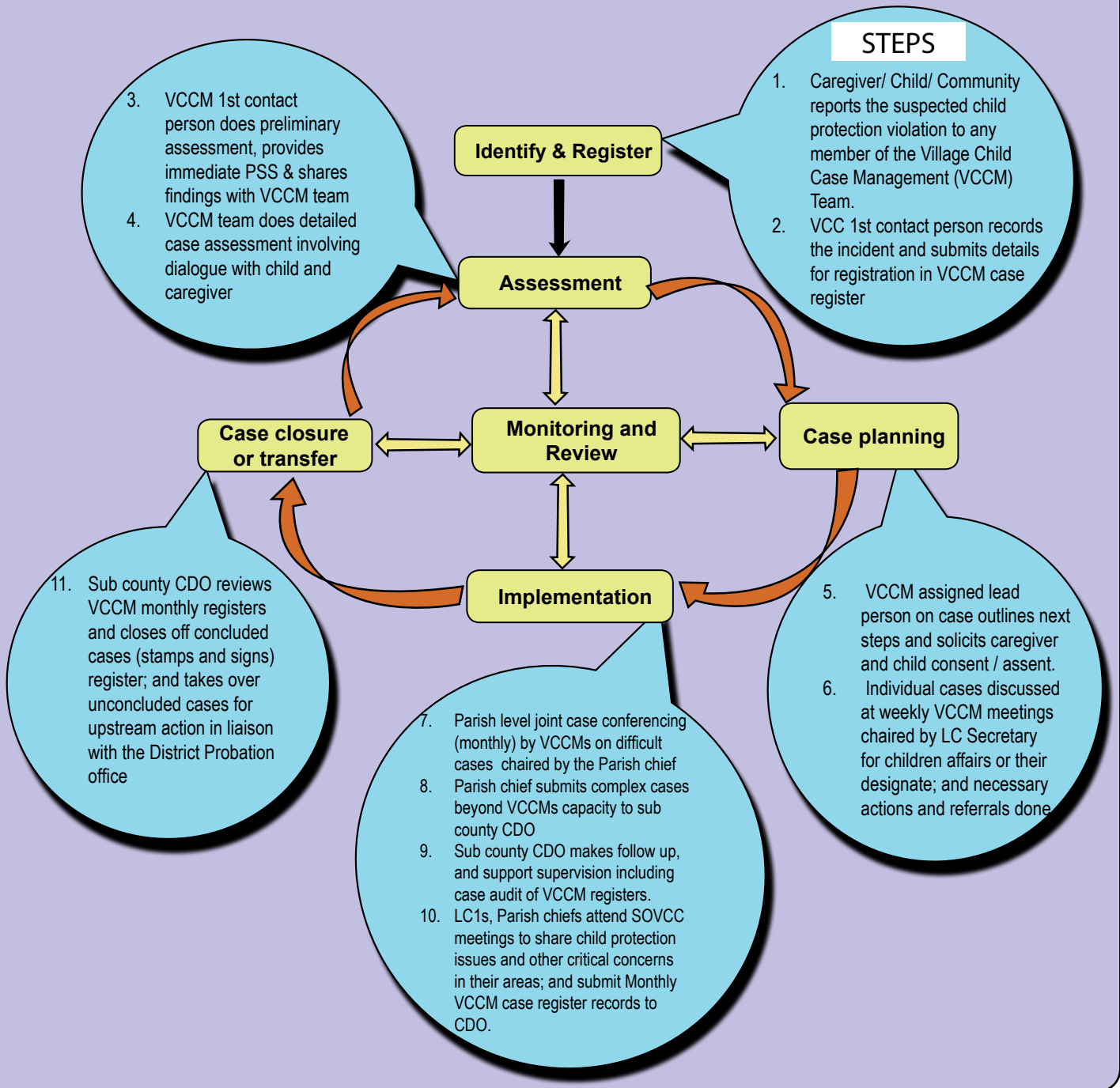
Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 2: Case Registration	<p>Any of the actors as listed in 2.3 should register a case identified or a case reported to them and immediately notify Police Or District PSWO</p>	<p>Any non-statutory actors as listed in 2.3 to gather basic information on children in contact with the law either as offenders, survivors or witnesses, register the case & report to LC, PSWO or the police, depending on the nature of the case</p>
Step 3: Case Assessment <i>(The Child friendly Justice system should be observed by all actors in addition to the gender and disability needs of child clients as described in 4.1).</i>	<ul style="list-style-type: none"> ▶ LC 1 gets more information on minor offences ▶ Police carries out investigations on minor offences such as fighting, causing bodily harm, theft, criminal trespass or damage of property and refers capital offences to the police ▶ Police refers back minor offences to the LC I or PSWO and proceeds to investigate capital offences ▶ CDO/PSWO undertakes a social inquiry on capital offences 	<ul style="list-style-type: none"> ▶ Support the PSWO on gathering information from community on circumstances leading to the child committing the offence.

Case management Step	Actions to be taken by Institutions with a Statutory Mandate	Actions to be taken by Non-Statutory Caseworkers
Step 4: Develop case plan	<ul style="list-style-type: none"> ▶ LC plans on how to resolve the case (for minor cases only) ▶ PSWO plans for the child's behavioral rehabilitation ▶ Police draws a case investigation plan 	<ul style="list-style-type: none"> ▶ Seek update from CDO or PSWO as a basis for the development of own case follow up plan
Step 5: Implement case plan [direct support Referral] &	<ul style="list-style-type: none"> ▶ Village LC Court sits to mediate the case (for minor cases only) ▶ PSWO –provide counseling and legal support ▶ Police – investigate case and submit file to Court. Ensure children are separated from adults while in detention and present child offender in Court within 48 hours. ▶ FCC gives a chance to the child to take pleas; then Court makes an order ▶ Remand home warden takes custody of the child if an offence is proved against them 	<ul style="list-style-type: none"> ▶ Identify counseling and behavioral rehabilitation service providers for the child and informs the CDO or PSWO.
Step 6: Follow up & Review case (Case worker determines if the case has been successfully handled or not, making the necessary referral links for other support services to child survivor)	<ul style="list-style-type: none"> ▶ PSWO monitors the child offenders undergoing rehabilitation 	<ul style="list-style-type: none"> ▶ Remand home warden maintains links with the child's family ▶ Other actors to follow up with CDO/PSWO to establish the Court's decision on the case; seek updates on the status of the child on remand and encourages the child's family to visit the child while undergoing rehabilitation.
Step7: Close Case	<ul style="list-style-type: none"> ▶ FCC endorses child's completion of the remand period ▶ PSWO closes the case when the child is released from remand and is reunited with his/her family and shows full recovery after a year of follow-up 	<ul style="list-style-type: none"> ▶ Close the file after follow up visits to the child and family a year after case completion reveals progressive emotional stability

4.3 Pathway for managing cases at the community level

While pathways for the management of specific child protection violations are provided in the previous section, this section explains the pathways for the management of child protection cases at the community level. The community level case management pathway (Figure 5) is an adaptation from Bantwana's Community Case Management model and it involves strengthening the coordination of community volunteers and government structures for effective identification and response to child protection cases.

Community Level Case Management Pathway



Chapter Five

Information Management, Monitoring and Evaluation in Case Management

Provides an elaboration of information management, monitoring and evaluation in child protection case management.

5.1 Information Management in Child Protection Casework

A comprehensive system for collecting, storing and sharing case management information is important in improving the overall effectiveness of case management services. The common information management processes in child protection agencies include documentation, record keeping, information technology systems management, and sharing of information with external stakeholders.



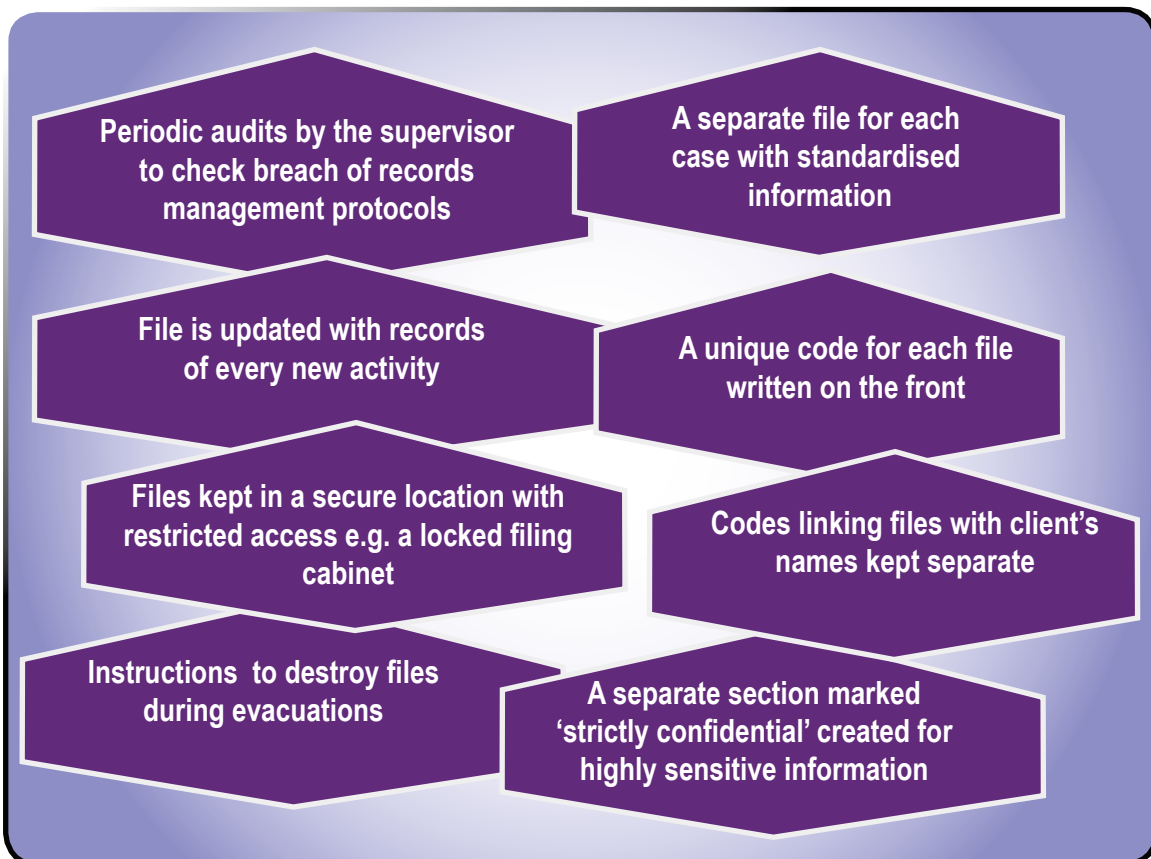
5.1.1 Case Documentation

Documentation is the process of collecting and storing information specific to individual child clients and their immediate families. Proper documentation facilitates effective and accountable case management services. Information collected both directly and indirectly from children and their families should be maintained by agencies. Caseworkers should write case notes and complete all the relevant case management tools (such as assessment forms) accurately.

Case notes should be based on facts and professional judgment rather than on personal bias; and should not contain language that is dismissive, judgmental, or offensive. Information collected about child client belongs to the children and therefore, they should have access to such information, as required.

5.1.2 Records management

Records should be kept in a manner that adheres to the relevant information access laws and case management ethics, including confidentiality and access on the basis of the “need to know”. Data protection procedures guide Caseworkers on what information should be collected, stored and used. At the very minimum, agencies must take the following actions:



5.1.3 Databases

As part of assessing the case management context as discussed in Chapter One, a Caseworker should explore existing case management databases within their own agency and at the district and national level. At the agency level, there could be registration databases (which serve the sole purpose of keeping the initial client's information) and case management databases (used for documenting and managing case-flow). The focus in this section is on documentation to help in the management of case-flow. Case management databases should:

- ◆ Enable timeframes for individual cases to be set and tracked throughout the implementation of case plans.
- ◆ Be harmonized through the use of standard forms to enable common statistics to be generated and to ease inter-agency referrals.

- ◆ Support caseload management through caseload review and allocation of cases to individual Caseworkers.
- ◆ Ease inter-agency referrals and enable common statistics to be generated through standardised forms

While electronic case management databases are recommended where there is likely to be a high volume of cases to cope with the amount of information, for instance at the Uganda Child Helpline National Call center, databases alone do not result in effective case management. Overall, what is critical is an established system for recording information, tracking cases and tasks. Therefore, where databases are lacking, data and tasks can also be recorded and tracked through good paper records and a simple spreadsheet.

5.1.4 Reporting and utilisation of case management information

At the organisational level, case management data should be periodically analysed and used to inform future case management services. District and sub-county level staff in Community Based Services Departments such as the CDOs can support casework agencies in data analysis given the capacity development support they received through programs such as – Lot Quality Assurance Sampling (LQAS) and SUNRISE training initiatives.

Quarterly reports of cases handled by case management agencies from the sub county level upwards can be uploaded to the National Orphans and Other Vulnerable Children Management Information System (OVC- MIS) through the District Probation and Social Welfare Officers or the Monitoring and Evaluation Officer at the OVC Unit of the MGLSD. The OVC MIS is a national database which aggregates all agency level data on services provided to vulnerable children and their families. The National OVC MIS is a web based system designed to monitor OVC service implementation, measure progress and evaluate performance to ensure effective implementation of the National OVC Policy (NOP) and the National Strategic Programme Plan of interventions (NSPPI) for OVC. The OVC MIS is freely available to public users via the MGLSD website www.mglsd.go.ug/ovcmis

5.1.5 Information sharing protocols

Given the inter-agency linkages required for successful case management, it is essential to develop information sharing protocols. Such protocols define casework information that should be shared, the timeframe, the actors that will exchange information, and how this information will be shared (verbally, electronically or through a paper system). Information sharing protocols should ensure the confidentiality of the child client at all times. A sample format is provided in Appendix 8.

5.2 Monitoring and Evaluating Case Management

Monitoring and evaluating cases handled in case management are key practices that contribute to the development of good practices in child protection case management.

This has to be done at two levels:

- a. Monitoring individual cases – Caseworker monitors individual cases and reviews results at some point to determine if the case procedure has been successful in relation to child client case. Guidance on monitoring individual client cases is provided within the specific pathways in 4.2
- b. Agency / Institutional level monitoring of case management processes. This section of the Handbook focuses on institutional level monitoring of case management.

Agencies / Institutions should monitor their general case management processes and evaluate the effectiveness of their case management approach, and make adjustments as needed. There are four key steps in monitoring and evaluating casework as summarised in Figure 6:

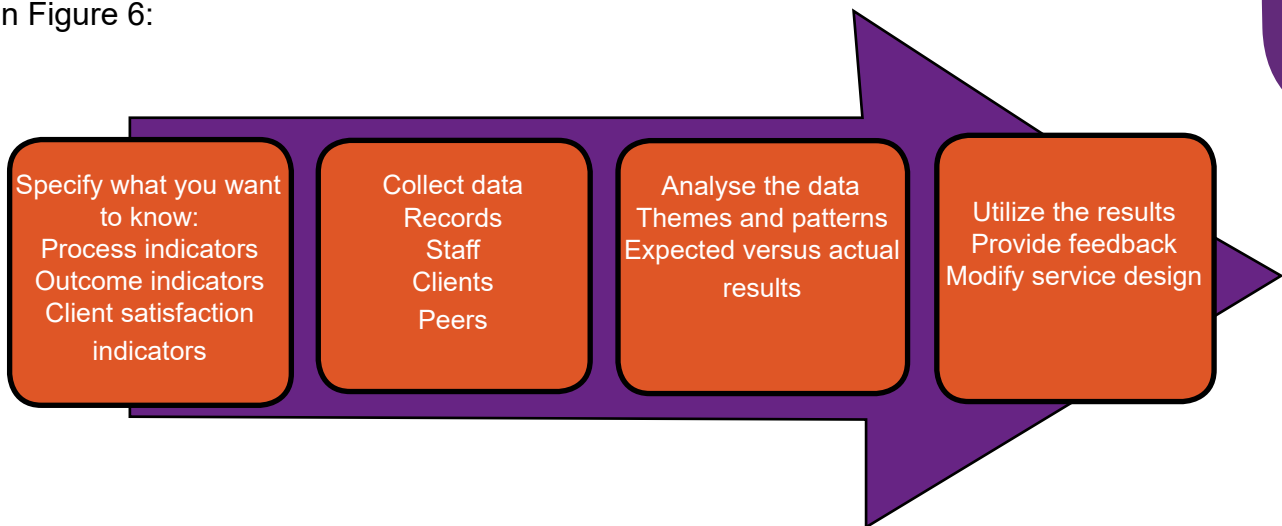


Figure 6: Steps in Monitoring and Evaluating Case work
5.2.1 Monitoring casework by formal agencies

There are several approaches which formal agencies can use to monitor casework. Two of the commonly used approaches are:

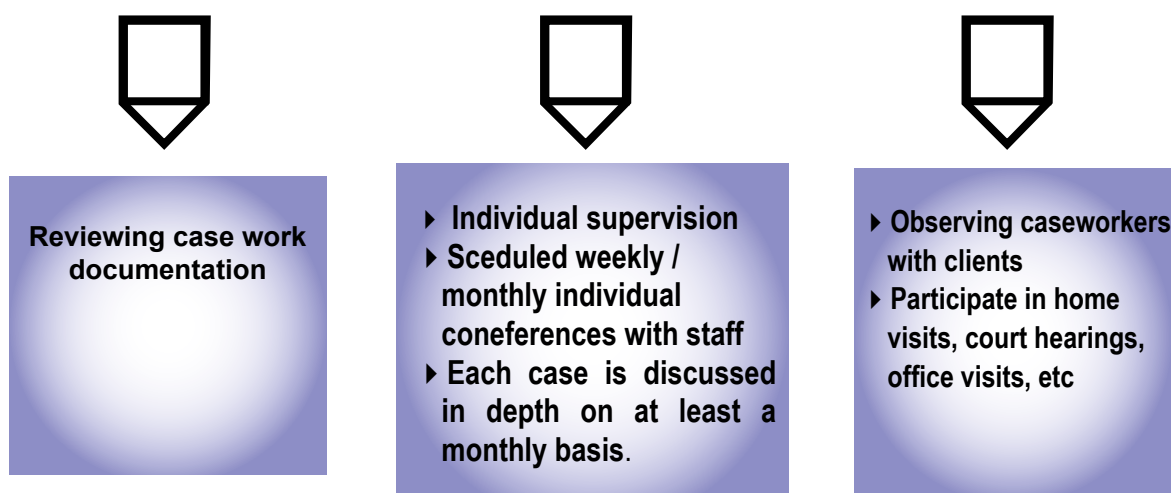
Structured Action Planning and Monitoring

Caseworkers should periodically (preferably monthly) develop their individual plan of action that links with the agency’s broader case management plan. The Caseworker must consult his/ her supervisor for consensus building on specific performance benchmarks/ indicators and data collection methods and the schedule for data collection, analysis and consideration for utilisation.

Supervisory Monitoring of Casework Practice

Since supervisors are ultimately responsible for ensuring the accomplishment of case management service outcomes, they must have systems in place to monitor practice. In this Handbook, three supervision methods are proposed as illustrated in Figure 7 below:

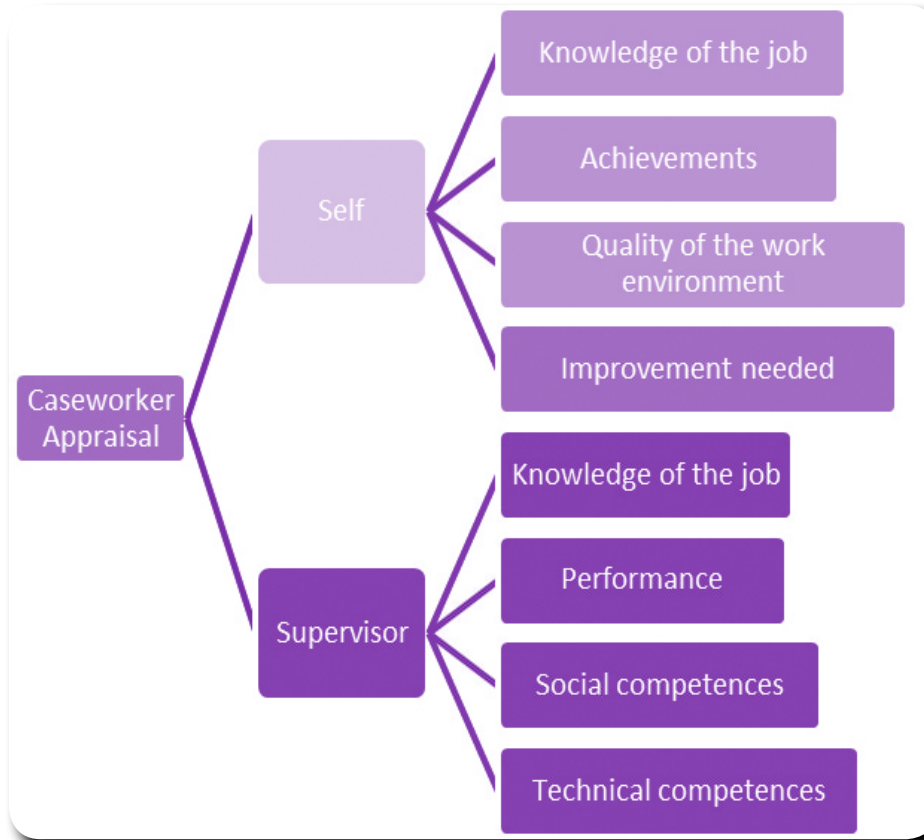
Figure 7: Proposed case work supervision methods



5.2.2 Casework evaluation in formal agencies

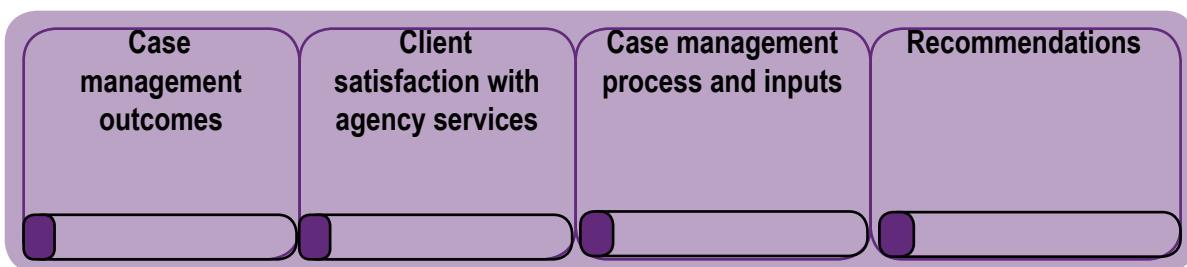
Casework evaluation should be undertaken at the level of the Caseworker and the agency. At the Caseworker level, evaluation can take the form of staff appraisal as is the practice in most professional organisations. Case management agencies should encourage self and supervisor appraisals and these should cover knowledge of the job, actual performance (outputs), the Caseworker's demonstration of technical and social casework competences and the work environment. The appraisal process ends with agreeing on the targets for the next period, the areas of improvement and the support to be provided by the agency. A sample Caseworker Appraisal Tool is provided in Appendix 2 (Tool 9).

Figure 8: Key Areas of focus during Case Worker Appraisal



Evaluation at the agency level should be done periodically; preferably annually by the agency internally or by an external firm /consultant. Feedback on agency services should be obtained from agency records, Caseworkers, case managers, clients and peer agencies. The evaluation should cover the four aspects below.

Figure 9: Areas of focus during agency level casework evaluation



Further information on agency level evaluation and a proposed tool for use by agencies is provided in Appendix Two (Tool 10).

5.2.3 Monitoring case work at the community level

Non-formal actors can carry out simple monitoring to capture the number and nature of cases handled. The tools developed for this purpose include the Village Case Register and the Parish level Case Management Summary Form.

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Appendix 1: Roles of statutory duty bearers in managing child protection issues

Child Protection issue	Duty bearer	Roles and remedies	Legislative reference
1. Child survivors of physical violence	LC Court	Hear domestic violence cases and where relevant offer remedies: caution; an apology to the survivor; counselling, community service; fine, compensation, reconciliation, declaration, restitution, attachment and sale, or any other order.	Domestic Violence Act 3, 2010 [s.6]
	Police	<ul style="list-style-type: none"> ▶ Assist the survivor by giving advice or shelter ▶ Support the survivor to access medical examination ▶ Provide legal advice to the survivor to either choose civil redress or institute a criminal case ▶ Investigate, settle or refer cases of violence against children to Court 	Domestic Violence Act 3, 2010 [s.7]; Prevention and Prohibition of Torture Act, 2012
	Medical practitioner	<ul style="list-style-type: none"> ▶ Provide medical assistance ▶ Accurately document the visit of the survivor ▶ Advise the survivor about the options under the law. ▶ In the case of a minor, the health workers must inform the parent or guardian ▶ To make himself or herself available to testify in Court, where necessary 	Domestic Violence Act, 3, 2010 [s.8]
2. Child survivors of sexual violence [abuse]	Police	<ul style="list-style-type: none"> ▶ Assist the survivor by giving advice or shelter ▶ Support the survivor to access medical examination ▶ Advise the survivor on legal redress procedures 	Domestic Violence Act 3, 2010 [s.7]
	Medical Practitioner	<ul style="list-style-type: none"> ▶ Provide medical assistance ▶ Accurately document the visit of the survivor ▶ Advise the survivor about the options under the law. ▶ In the case of a minor, the health workers must inform the parent or guardian ▶ To make himself or herself available to testify in Court, where necessary ▶ Examine the mental and physical health of children at risk before handing over to Foster parents- 	Domestic Violence Act 3, 2010 [s.8] Police Act Children Act, Sec 108 (2); 10, S. 42
	FCC	<ul style="list-style-type: none"> ▶ Review the evidence presented and refer the case to the High Court 	
	High Court	<ul style="list-style-type: none"> ▶ Hear the case in a child friendly environment – if the child attends a trial ▶ Make a ruling on the case 	
3. Child survivors of emotional and psychological violence	Probation and Social Welfare	<ul style="list-style-type: none"> ▶ In cases of indecent assault, no legal actions are taken if no other forms of abuse are involved, but counseling of all parties involved is necessary and home visits should be made 	Penal Code Act [s.128];
	Ministry of ICT	<ul style="list-style-type: none"> ▶ Censorship of information through the media and other IT Sources 	Computer Misuse Act 2011

Child Protection issue	Duty bearer	Roles and remedies	Legislative reference
4. Trafficked children	Community	<ul style="list-style-type: none"> ▶ Every member of the community has a duty to report an offence of trafficking to the police or any other office ▶ A person who knows that an offence of trafficking is being planned or has been committed and fails to report it to the authorities, is punished with a fine or six months imprisonment 	The Prevention of Trafficking in Persons Act 7 of 2010 [s.10]
	Government	<ul style="list-style-type: none"> ▶ Government has the responsibility of returning a survivor of trafficking to Uganda, unless it will harm the survivor. ▶ Where the survivor may be harmed on return to Uganda, the government will organise for the extension of the necessary permits to support the survivor. 	The Prevention of Trafficking in Persons Act 7 of 2010 [s.14]
	Court	<ul style="list-style-type: none"> ▶ Order a refund of money spent by the survivor or any other organisation which incurred expenses on behalf of the survivor 	The Prevention of Trafficking in Persons Act 7 of 2010 [S.15]
5. Children without adequate parental care	Labour Officer	<ul style="list-style-type: none"> ▶ Stop the employment of children between the age of 12-14 years; as well as children below 18 years in harmful, dangerous or unsuitable work [instruction to stop children above 12 years of age must be done in writing] 	The Employment Act 2006 [s.32]
	Family and Children Court	<ul style="list-style-type: none"> ▶ Hear and determine applications for care orders, interim care orders, adoption, and maintenance ▶ Issue a search and production order authorizing the PSWO to enter and search a premise and take to safety a child who is likely to suffer or is suffering significant harm. 	Children Act [s.13-21]; [s.36]; s.45 & 47 Adoption of children, family and children Court) Rules
	Probation and Social Welfare Officer	<ul style="list-style-type: none"> ▶ Enforce supervision orders ▶ Be a friend and supervisor to the child ▶ Advise the parents ▶ Plan the child's future ▶ Apply to Court for the removal or changes in the Protection and Supervision Order ▶ Together with the Warden of an approved home, place a child in the home under the care of Foster Parent(s) ▶ Supervise children under foster care ▶ Take children for admittance to approved children's homes ▶ Make a report to Court to inform adoption case decisions 	Children Act [s.23-25] Children Act [s.38-39] Children Act [s.43]; [s.46] Children Act [s.57]; [s.45 & 47]

Child Protection issue	Duty bearer	Roles and remedies	Legislative reference
	Police - Child and Family Protection Unit	<ul style="list-style-type: none"> ▶ Apply to Court for the removal or changes in the Protection and Supervision Order ▶ Take children for admittance to approved children's homes 	Children Act [s.38-39] Children Act [s.57]
	Warden of an approved home or a foster parent	<ul style="list-style-type: none"> ▶ Apply to District PSWO for child foster care ▶ Provide substitute family care for the child ▶ Ensure contact with parents, relatives and friends of the child ▶ Help to re-unite the child with his or her family. ▶ Inform the parents of the child's progress 	Children Act [s.31] Children Act [s.43] Second schedule to the Children Act Children Act [s.58[2] Children Act [58(2)
6. Children denied access to basic needs and services	LC I	▶ Hold a discussions with the child's parent or caregiver and sign a care plan (for minor issues)	The Uganda Constitution, Art. 34[3]; The Children Act [s.5, 6];
	Probation and Social Welfare	<ul style="list-style-type: none"> ▶ Summon and hold discussions with the child's parent or caregiver and sign a care plan (for minor issues) ▶ If significant harm is noted, notify the police and undertake a social inquiry ▶ Attend Court sessions and monitor the child's recovery process. 	
	Community	Report any abuse of rights or neglect to provide a child with adequate food, shelter, clothing, medical care or education, to the Local Government Council.	
	Police	Investigate the case and submit the file to DPP/RSA. Arrest and detain the suspect	
7. Children deprived of their right to life	Police	▶ Police CIID investigates the case	Children Act [s.11[1]
	Probation and Social Welfare	▶ Undertake a social inquiry (in case of a child suspect)	
	Health worker	▶ Undertake a postmortem (fatal cases) or medical examination (non-fatal cases).	
8. Child survivors of harmful traditional & religious practices	Community	▶ Report a person who intends to or has committed FGM to the police	The Prohibition of Female Genital Mutilation Act 2010 [s.6]

Child Protection issue	Duty bearer	Roles and remedies	Legislative reference
9. Children in contact with the law [either being the offenders, witnesses or survivors]			
9.1. Child Juveniles [Offenders]	LC Court	<p>Hear cases of offences committed by children, including:</p> <ul style="list-style-type: none"> ▶ Affray (fights, commotion) ▶ Being idle and disorderly ▶ Common assault ▶ Actual bodily harm ▶ Theft ▶ Criminal trespass ▶ Malicious damage to property <p>Local council Courts may give the following orders:</p> <ul style="list-style-type: none"> ▶ Reconciliation ▶ Compensation ▶ Community service ▶ Apology ▶ Caution ▶ Guidance order for a maximum period of 6 months 	<p>The provisions in the Children Act [s. 92] on LC Courts was repealed by the Local Council Courts Act 2006 and replaced with the provisions made in this section.</p> <p>Local Council Courts Regulations x, 2006 section 27(1,2 &3)</p> <p>Penal Code Act sec 167</p>
	Probation and Social Welfare Officer	<ul style="list-style-type: none"> ▶ Make an application to the FCC to intervene for the protection and welfare of a child whose life is at risk ▶ Provide a written welfare report containing observations and recommendations for action ▶ Make a home visit before writing the welfare report ▶ Conduct interviews with the parents and the child ▶ Inform the Secretary for Children's Affairs before enforcing a search and production order ▶ Remove a child believed to be at risk, or is likely to suffer significant harm from the caretaker and put the child under emergency protection ▶ Attend Court when children charged with offences are being presented 	<p>Children Act [s.19]</p> <p>Children Act [s. 20]</p> <p>Children Act [s.36]</p> <p>Children Act [s.37]</p>
	Police - Child and Family Protection Unit	<ul style="list-style-type: none"> ▶ Make an application to the FCC to intervene for the protection and welfare of a child whose life is at risk ▶ Remove a child under emergency protection ▶ May handle and conclude a case against a child, without going through the formal Court procedures 	<p>Children Act [s.19]</p> <p>Children Act [s.37]</p> <p>Children Act [s.89]</p>

Child Protection issue	Duty bearer	Roles and remedies	Legislative reference
	Family and Children Court	<ul style="list-style-type: none"> ▶ Make orders concerning children against whom an offence has been proved by the High Court ▶ Make an exclusion order stopping a person from having contact with a child for a period to be determined by the Court ▶ Make a remand order placing a child on remand ▶ Conduct parentage proceedings leading to a declaration of the child's parentage 	Children Act [s.13 -18] Children Act [s.34 -35] Children Act [s.91] Children Act [s.67-69]
	The High Court	<ul style="list-style-type: none"> ▶ Hear cases of Juveniles (perpetrators) charged with capital offences ▶ Hear cases of a child jointly charged with an adult, where the case falls under the jurisdiction of the High Court. ▶ Hear appeals against decisions of the Family and Children's Court 	Children Act [s.104]
9.2. Child survivors	Uganda Human Rights Commission	<ul style="list-style-type: none"> ▶ Investigate cases of violence against children ▶ Where applicable, refer cases relating to juveniles to the right duty bearers for further management 	The Constitution 1995
	Police	▶ Make an application to the FCC to intervene for the protection and welfare of a child whose life is at risk	Children Act [s.19]
	Probation and Social Welfare	▶ Make an application to the FCC to intervene for the protection and welfare of a child whose life is at risk	Children Act [s.19]

Appendix 2:

Sample Case Management Tools

Tool 1 (a): Assessment and Registration Form for Formal Agencies

Note: Prior to completing the form, explain to the child and immediate family member [if present] why the information is being collected, how it will be used and seek their consent.

Section 3: The child's personal details

- a. Registration ID (to be generated by the database):
- b. Previous case management ID (No.):
Name of Service Agency:
- c. Personal ID document (e.g. student ID details)
- d. The child's distinguishing physical characteristics if any (e.g. birthmarks of visible disabilities):
- e. Child's First name Second name.....
..... Other name
- f. Sex: Age: Birth date:/...../.....
- g. Nationality: District of Origin
- h. Sub county:
Village.....
- i. Ethnicity: Religion:

Section 2: Case management History

- a] Who referred the child?
- b] Has the child received case work services from elsewhere in the past 6 months?
- c] If yes, specify service agency and nature of services received?

Section 3: Data confidentiality

a] Does the child/caregiver agree to the public disclosure (on posters, radio, Internet, etc.) of his/her

- Name
- Photo
- Names of family members?

b] Does the child agree that the information collected can be shared with?

- family
- government authorities
- other child protection agencies

c] Specify what information should be withheld & reason for withholding it.

d] Additional information [state if permission was given by the child's immediate family member]

Signature of child: and/or (optionally)

Caregiver:

Section 4: Situation of the child

The child's development: observation of psychological, emotional, intellectual and social attitude also comprising difficulties (speech, communication, inattention, aggressiveness, lack of understanding and concentration, etc.)

.....
.....

The child's health and physical development: height, weight, disability, etc.

.....
.....

Integration into family and interactions with siblings, parents: observation of relationships (particular behavior with one or the other person, fear, shyness...)

.....

Integration into society: educational activities, recreational activities, observation from neighbors, etc.

.....
.....

Views / Wishes of the child regarding the situation:

.....
.....

Section 5: The child's family situation

Living Conditions & Economic / Employment Situation: (This should include housing, number of bedrooms, sanitation, electricity, water, size, furniture, food, sources of income, family income /resources)

.....

Support from Extended Family / Community:

.....

Views and opinions of Parents / Caregivers:

.....

Section 6: Current care arrangements

a. What are the child's current care arrangements?

- Stays with related caregiver
 - Stays with unrelated caregiver
 - Residential Care Centre
 - Child Headed Household
 - Lives with peers/other children
 - Independent Living Other (Please specify):
-
.....

- b. Name of agency providing or supporting care arrangement (if applicable):
-
- c. Current caregiver:
- First name: Second name:
- Third name: Relationship to the child:
- ID Type and No: Age:
- Contact details (telephone):
- When did this care arrangement start?:
- d. If the current address is temporary, where does the caregiver plan to relocate:
- District Sub county :
- Village:
- e. Is the caregiver willing to continue taking care of the child? If yes, for how long?:
-
- f. If not relative, does the caregiver know the family of the child?
- g. Write additional information that the caregiver may provide about the child and child's family:

Section 7: Main risk factors (at the level of the child, the family and the wider community) Risk level from 1 to 3:

Risk factor	Low level Risk	Medium level Risk	High level Risk
1.			
2.			
3.			

Section 8: Protection Concerns and related follow up action required

Tick all that apply

Sexually exploited	Trafficked/ Abducted	Street child	Defilement
Physically abused	Refugee/IDP	Has a disability	Child to child sex
Emotionally abused	Worst forms of child labour	Child mother	Neglected
Survivor of domestic violence	Child headed Household	School dropout	Deserted
Serious health issue	Arrested / Detained		Other [specify]

Enlist Priority protection factors (at the level of the child, the family and the wider community)

1.
2.
3.

Please provide more information where relevant

.....

Recommended follow up action/referral:

- a] on-going monitoring
- b] Urgent intervention
- c] If intervention required, by when [specify date]
- d] No further action required

Services required	To provide directly	To Refer [agency name]
Medical services		
Psychosocial support		
Legal redress		
Rehabilitation and reintegration		
Education		
Clothing		
Care arrangements review / change		
Refugee registration		
Food		
Other		

Name of Caseworker: Agency :

Information obtained from: (specify):

Tool 1(b) Case Registration and Assessment Form for Community Based Actors

Personal Information	
Name of Child	
Age	
Sex	
Caregiver names	
Relationship with care giver	
Caregiver telephone	
Zone & Village of residence	
Parish	
Sub county	
Nearest school	
Nearest Health facility	
Nearest Police Post	
Child in school or out of school	
Health condition of child	
Case Details	
What is the concern reported?	
Details of the offender	
Case History (when the violation happened and who has been involved in settlement of this case before)	
Preliminary Case Assessment	
What child protection right has been violated?	
Foreseen risk factors in the case	
Type of services required (outline both Welfare; Justice services)	
Is this a case within the mandate of the community to handle?	
Immediate Priority Actions required	
Further Case Assessment	
The Child's opinion / wishes	
Caregiver suggestions	
Jointly agreed next steps	

Tool 1 (c) Case Record – Village Case Register (Adapted from Bantwana’s Village Case Record Book)

Date	Serial No.	Name of the Household Head	Child's name	Allocated code no.	Age	Sex	Village/Zone	Type of case	Case summary	Services received/referral made	Follow-up required	Status (open or recommended for closure or closed by VCCM)

Tool 2: Risk Assessment Guide

Type of harm	Level 1 <i>Child Significantly harmed- urgent response and frequent follow up required [Recommended response within 24 hours & bi weekly follow up]</i>	Level 2 <i>Child harmed- response and follow up required [Recommended response within 3 days and weekly follow up]</i>	Level 3 <i>Child at Risk of Harm – Monitoring required [Recommended response within 7 days and follow up fortnightly to monthly]</i>	Level 4 <i>The child no longer at risk: no further monitoring required, close case [consider external monitoring with new referral to child protection agency]</i>
Violence (physical abuse)	Serious injury to the child The child attempted suicide	Excessive corporal punishment Threats to injure Dangerous and reckless behavior The child is self-harming	Threats to injure Non injurious, occasional corporal punishment	No violence: Present (factors causing the harm have been addressed or removed) The person causing harm no longer has contact with the child
Abuse (sexual and emotional abuse)	Any sexual contact between a child and an adult (where person causing harm has access to the child) Child is being persistently belittled, isolated, or humiliated by a significant caregiver	Child is promised to be married The child has been sexually violated in the past and not received any support Significant caregivers approach to the child is harmful (occasional belittling, isolation or humiliation)	Child is treated differently than other siblings and parent is negative towards the child	The child and family have received support and there are no sexual harm factors present Factors causing the emotional harm have been addressed (parent received support) Person causing harm no longer has contact with the child
Neglect	Serious injury or illness due to neglect (malnutrition with no apparent causal factors)	Lack of supervision Inadequate basic care The child is often left to look after themselves.	Caregivers are emotionally distant	The child's basic needs are being met by the caregiver

Tool 3: Case Planning Form

Reference Code:

Date Case Plan Agreed [Date/ month/ Year]: / /

Date of Case Plan Review [Date/ Month/ Year]: / /

Needed Action	Issue the Action Responds to	Responsibility	Due date [Date/ month/ Year]	Comments on progress made [include date]
Persons involved in preparing the Plan:				
Details of anyone who disagrees with parts of the plan and why:				
Reviewed and Approved by:				

Tool 4: Case Follow up Form

Client Reference code	Caseworker code		Date of Follow-up
Planning for Follow –up			
Type of follow up	Scheduled		Unplanned
Location of follow up	Child's home	Office	Other
Purpose /aim of follow up	Assessment	Monitoring	Support
Details of the follow up [including any comments on the above, especially purpose /aims]			
Names of all agencies and non-family members in attendance			
Names of all family participants [including children]			
Key discussion points			
Agreed points [including additional points noted/ progress made/ actions planned- to be updated in the case file]			
Comments on how well the meeting went			
Did you have an opportunity to speak to the child client individually? If yes, what was the outcome of your discussion?			
Next meeting		Date	
Type, location, purpose/ aim			

Tool 5: Case Closure Form

Reason for Case Closure <i>choose one option]</i>	<i>Tick</i>
The child has moved out of the agency's operational area	
The child has died	
The child and / or family no longer willing to participate	
All objectives agreed in the care plan have been met	
Not all objectives agreed in the care plan have been met, however, significant progress has been met	
External Verification – answer all	
The child has completed a well-being checklist and the checklist indicates that he / she has recovered	
The child's teacher / Neighbors confirm that the child has recovered	
Comments:	
Communication with the child and immediate family members – answer all	
The child and his / her family know who to contact in case of further problems and has the relevant contact details	
The child and his / her family have been informed that the case will be closed	
Agency accountability mechanisms – answer all	
Any ongoing concerns have been discussed by the Caseworker and the supervisor	
The social work supervisor and / or Manager has reviewed the case file and signed off on case closure	
Advocacy issues have been noted and addressed to relevant actors	
Comments	
Approved by :	

Tool 6: Case Transfer Form

Reasons for Case transfer		Reference Code	
Child moving to a new location	Need for specialist services that another agency is better placed to manage	Organisational reasons	Other
If child / family moving: <i>Address</i>			
<i>Contacts</i>			
Agency Details			
The agency receiving the case:		The agency transferring the case:	
Contact person at the agency:		Contact person at the agency:	
Agency address and contacts:		Agency address and contacts:	
Date of transfer [date/ month/ Year]			
Details of arrangements made to support the successful transfer of the case e.g. meetings between agency Caseworkers and points emphasized during the meeting; introduction meeting with Caseworkers; child and family; final follow up visit from transferring agency etc.			
Case file contents transferred		1.	
List documents –whether original or copy		2.	
		3.	
		4.	
		5.	
		6.	
Ensure case closure Form is completed on the final follow up meeting with the child and family			
Form completed by :			
Caseworker Code	Signature:	Date:	
Authorised by:			
Supervisor Code	Signature:	Date:	

Tool 7: Case Referral Form (Adopted from the MGLSD OVC Referral Form)



The Republic of Uganda

Serial No.

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT REFERRAL FORM FOR ORPHANS AND OTHER VULNERABLE CHILDREN (REVISED DECEMBER 2014)

1. DETAILS OF THE AGENCY REFERRING THE CHILD

Name of the agency.....
Location.....
Agency telephone..... E-mail.....
Name of the person referring the child: Title.....
Telephone: E-mail.....
Signature & Stamp:..... Date

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

Name of the child..... Age Sex..... ID No Case No.....
Village..... Parish S/County..... District

Nature of the case reported and / or referred:

.....

Name of the alleged perpetrator (if applicable)..... Relationship to the child.....
Date of occurrence:..... Other risks/vulnerabilities/special needs

.....

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

Name of the person accompanying the child..... Tel:.....
E-mail..... Relationship to the Child:.....
Name of the Parent / Guardian / Next of kin Tel:

Village..... Parish S/County..... District

3. SERVICES TO THE CHILD

Service(s) provided before referral.....
.....
Reason for referral.....
.....

Have you spoken to the child or their parent, or guardian about the referral? Yes/No. Explain the outcomes.....

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.....
Telephone E-mail

.....

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

Name of the agency.....
Name of the person providing feedback: Title.....
Telephone: E-mail..... Date

Signature & Stamp:..... ID No Case No.....
Service(s) provided by the referral agency.....
.....
Additional service(s) required / Any other critical information

.....

The Guidelines for Completing this Form appear on the back page. Serial No.

GUIDELINES FOR COMPLETING THE REFERRAL FORM

Section of the Referral Form	Instructions/Guidance
General	<ul style="list-style-type: none"> a) The Form should be filled by the responsible Case Worker for all referrals to be made. b) The Form should be filled in triplicate. One copy should remain in the booklet, the other is attached to the report/case file and the third copy is 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/accompanying person to the agency that referred the child. e) The feedback section of the Form is perforated so that it is torn and returned to the agency that referred the child. f) If there is any additional information you need to provide when completing this Form, but there is insufficient space provided on the Form, please complete and attach separate sheets. g) If you require help in completing this Form, please contact the DPSWO.
1. The Agency Referring	<ul style="list-style-type: none"> h) Name of the agency: Please state the full name of the organisation/department/institution that is making the referral. Wherever relevant, the abbreviated name should be indicated in brackets. i) Title: This should be the title of the role held by the person making a referral. j) Stamp: The Form should be endorsed with the official stamp of the institution/department.
2. Case Details	<ul style="list-style-type: none"> k) Name: Please provide the full name of the child you are referring, including any middle names. 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 there after e.g. 6 (APX) m) Sex: Please indicate whether the child you are referring is male or female. n) ID Number: The first agency that receives a child with a new case should allocate a unique Identification Number (ID) to the child. o) All the other referral agencies that provide service(s) to the child should use the same ID issued by the first service provider. p) Case Number: Each service provider can allocate a unique case number for each case received. The coding system may vary from one agency to another. q) The nature of the case: Specify as much as possible, such as attempted defilement. r) Date of occurrence: Dates should be written in this order: D/M/Y i.e., 05/06/2014. s) Other risks/vulnerability/special needs: Based on your case assessment, what other real or perceived risks/vulnerability/special needs does the child have that the referral agency should be aware of or address. These could include speech impairment, being an orphan, the child staying with the alleged perpetrator, etc. t) The person accompanying the child: This is the person who moves with the child to the agency. S/he may or may not be the parent or guardian of the child. u) Relationship to the child: They could be parents, guardians, neighbour, community member, NGO, LC official etc. v) Name of Parent / Guardian / Next of kin. This should be the person having parental responsibility for the child at the time the alleged violation occurred. w) In urban areas, replace the location as follows: Cell for Village; Ward for Parish; Division for Sub County. These should be the child's residential location prior to the alleged violation.
3. Services to the Child	<ul style="list-style-type: none"> x) Services: Mention the specific services the child has received from you and or other service providers or those that you are seeking from the referral agency. Instead of listing the OVC Core Program Areas (CPAs), list the specific services provided in the OVC Service Register, e.g. provide IGA, food assistance, support to access medical examination, medical care/treatment, counseling, etc. y) Yes/No: Circle the appropriate response. z) Assent/Consent: The child should assent and or the person accompanying the child should consent to the referral by signing. a) Where necessary, attach copies of the completed assessment Forms/reports for the child.
4.	The Agency that received a Referral: No additional instructions required
5. Feedback to the Agency that Referred	<ul style="list-style-type: none"> b) The Feedback section should be filled by all agencies referred to even when they decide to make further referral. c) When an agency is making a further referral, they should fill a fresh Referral Form from their Booklet.

Developed by the Ministry of Gender, Labour and Social Development with funding support from Save the Children International and Plan International and the technical support of the National Child Protection Working Group and Development Links Consult.

Tool 8: Inter- Agency MoU for Sharing Case Management Information

1. This Memorandum of Understanding (MoU) is made this day of Year between xxx organization and yyy organization. The purpose of this agreement is to enable information to be shared between the below-named organisations in support of the following objective(s):
 - [Objective]
 - [Objective]
2. This agreement fulfills the requirements of the following laws *[delete/add as appropriate]*:
 - a. *The Children Act, Cap 59*
 - b. *The Access to Information Act, 2005 (Sec. 26)*
 - c. *The Constitution of the Republic of Uganda 1995 (Art. 27)*
 - d. *The Penal Code Act, Cap 120*
 - e. *The Computer Misuse Act, 2011 (Sec.18)*
 - f. *Uganda Communications Act, 2013*
 - g. *Electronic Signatures Act, 2011 (Sec. 81)*
 - h. *Regulation of Interception of Communications Act, 2010.*
 - i. *The Local Government Act, Cap 243*
 - j. *The Patients' Charter 2009*
3. The information to be shared include:
 - a. **Item 1**
 - b. **Item 2**
4. The consent to share personal information has been obtained/ will be obtained through
 - a. Option 1
 - b. Option 1
5. Information will be transferred from one organization to another through:
 - a. Channel 1
 - b. Channel 2
6. The quality of the data to be shared will be ensured through
 - a. Strategy 1
 - b. Strategy 2
7. Partners to this agreement undertake that information shared under the agreement will only be used for the specific purpose for which it was shared, in line with this agreement. The originating organisation remains the primary information owner and record keeper for the information that is shared.
8. Information transferred shall always be encrypted or password protected files (whether this is by internet or memory sticks). Memory sticks (USBs) used to transfer information should be hand delivered by people directly responsible for the information and be password protected, and the file erased immediately after transfer (including from the recycle bin file of the computer).
9. All partners to this agreement must appoint Specific Points of Contact (SPOC). None of the organisations shall have independent access without permission from the responsible representative in the partner agency to access files of the common client (whether electronic file or paper file).

10. This Information Sharing Agreement will be reviewed months after its launch and thereafter. The person responsible for initiating this process is:.....

11., and as receivers of information covered under this Agreement will accept total liability for a breach of this Information Sharing Agreement should legal proceedings be served in relation to the breach.

VERSION RECORD

Version Number	Amendments Made	Authorisation

We the undersigned agree to the stated information sharing terms above.

Signed:

Title: XXX Organisation

Title: YYY Organisation

Tool 9: Caseworker Appraisal Form (For Caseworkers being appraised for the first time)

Name of AgencyName of Caseworker:

Job Title:..... Name of Immediate Supervisor:

Title of Immediate Supervisor:Period under review:

Section 1: Self-Assessment (To be filled in by the Caseworker being appraised)

1. In reference to your official job title and description, are your job tasks and responsibilities clear to you? If not, please highlight areas that need to be clarified or modified.
2. Given your tasks and responsibilities, what are your major achievements during the period under review?
3. In which areas of responsibility have you underperformed and why? How can your work challenges be addressed?
4. Please comment on the Agency's working environment in terms of either supporting or hindering your effective performance. Suggest ways of improving the working context/ environment.
5. Which Casework competencies do you think you need to develop further to improve enhance your performance? What other areas/aspects of your work do you think you need to improve to enhance your performance?
6. What support, if any, do you require to enhance your performance?
7. Any other comments /observations that you wish to make?

Section 2: Supervisor's Assessment (to be filled in by the Supervisor)

1. General comments on the adequacy of the Caseworker's self-assessment.
2. To what extent does the Caseworker understand his/her tasks and responsibilities and keep them in focus in his/ her work?
3. How best does the Caseworker listen to and express feelings and emotions in an appropriate way, know their signs of stress, and learn to manage stress to release tension and act effectively?

4. Does the Caseworker communicate effectively with children from diverse backgrounds and avoid stereotypical responses and shows an openness and interest in learning about other cultures?
5. Is the Caseworker able to examine difficult issues from different perspectives, gather relevant information and check assumptions against facts before making decisions?
6. Does the Caseworker apply the principles of negotiation aiming for a 'win'-win' outcome, present or propose alternative ways of doing things to others and deal with problems as they occur and support others in solving problems.
7. To what extent does the Caseworker adhere to Case management principles and ethics?
8. To what extent does the Caseworker document and store all the vital case management information?
9. Does the Caseworker monitor own work and seek to learn from their work and supervision sessions to be more effective?
10. To what extent does the Caseworker meet deadlines and how does the Caseworker manage and use his or her time?
11. To what extent is the Caseworker able to work with minimum supervision?
12. To what extent does the Caseworker to contribute to team development; respect others' opinions; promote their skills with joint action; give and receive constructive feedback?
13. To what extent does the Caseworker adhere to Agency policies, standards and procedures?
14. General comments on Caseworker's performance.

Section 3: Way Forward (To be filled in after discussions between the Caseworker and his/her supervisor).

1. Agreed job targets for the next period /year.
2. Agreed areas of improvement.
3. Agreed areas of support.
4. Others

Agreed on by: **Caseworker**

Immediate Supervisor:

Date:

Date:

Tool 10: Agency Case Management Evaluation Guide

This Guide can be used for both internal and external evaluations. It is not a direct data collection tool, but a framework to guide specific tools for data collection from agency records, Caseworkers, case managers, clients and peer agencies.

Section 1: Case Management Outcomes

Has the number of clients accessing case management services from the agency increased over time (e.g. past one year)? Is the agency meeting its client targets?

Yes	No
Possible reasons for either response	

What proportion of agency clients stay to the conclusion of their case plans?

Proportion	
Why are some clients unable to complete their case plans?	

To what extent has the case intervention restored the child's life to the status before or improved their life?

How responsive is the agency's services to clients' needs?

What other changes have occurred to the child and their family as a result of the case management services? E.g. increased awareness on child protection rights and agencies, etc.

Section 2: Client satisfaction with agency services

What services did clients receive from the agency? (Multiple responses)

Services received	Number of clients
i. Health	
ii. Counselling	
iii. Child tracing, reintegration and resettlement	
iv. Withdrawal from abusive environments	
v. Rehabilitation	
vi. Legal aid	
vii. Child fostering/adoption	
viii. Other support services for children in need of care and protection (e.g. temporary shelter, clothing, etc.)	
ix. Referral	
x. Other	

What proportion of the clients report being satisfied with the agency's services? All items

are scored using a four-point scale, which differs from item to item (e.g, Excellent to Poor, Very Satisfied to Quite Dissatisfied).

Element of service delivery	Number of clients			
	1	2	3	4
i. Receipt of the service sought				
ii. Timeliness of service				
iii. Quality of interaction with Caseworker/manager				
iv. Relevance of information collected from the client				
v. Relevance of information provided to the client				
vi. Relevance of information provided to the client				
vii. Adequacy of support during case transfer or referral				
viii. Safeguard of confidentiality and privacy				
ix. Adequacy of consultation by Caseworkers during case management process				
x. Being briefed about complaint handling procedures				
xi. Other				
xii. Overall client satisfaction				

Section 3: Case management process and inputs

To what extent do the case management services meet the agency's case management standards?

Case management step	Some considerations	Comments on current practice effectiveness
i. Case registration	<ul style="list-style-type: none"> • Timing • Skills of the Caseworker • The environment • The form/paperwork used • Any gaps or systems supports or issues • The perceived relevance of the information gathered. 	
ii. Case assessment		
iii. Case planning		
iv. Implementation of the case plan		
v. Case follow-up and review		
vi. Case closure		

Does the agency have adequate resources (quantity and quality) for case management?

Types of resources	Comments on current status
i. Human resources	
ii. Financial resources	
iii. Equipment, logistics and supplies	

Are the available resources being utilised optimally by the agency staff?

Are there any other operational constraints to the effectiveness of the agency's work like laws, and regulations

Section 4: Recommendations for effective case management practice

What changes are required to improve the effectiveness of the agency's work?

Tool 11: Parish level Case Summary Tool

District..... **Subcounty**.....

Parish **Month** **Year**

Category of case/ concern	No. of Cases registered			No of cases referred	No of cases closed	No of cases pending	Comments
	Female	Male	Total				
Physical abuse							
Sexual abuse							
Emotional abuse							
Child labour							
Child trafficking							
Inadequate parental care							
Denial of basis needs/ services							
Denial of right to life							
Harmful religious/ traditional practice							
Conflict with the law							

Report prepared by:

Parish chief: Name **Signature & stamp**

Date

Received and reviewed by Sub county CDO:

Signature& stamp **Date:**

PARTICIPANTS AT THE TECHNICAL COMMITTEE REVIEW MEETINGS

S/N	Name	Organisation
1	Atimango Margret	ANPPCAN
2	Kaboggoza James Ssembatya	Ministry of Gender Labour and Social Development
3	Patrick Menya	Ministry of Gender Labour and Social Development / Uganda Child Helpline
4	Jimmy Obbo Ivans	Ministry of Gender Labour and Social Development / Uganda Child Helpline
5	Jane Stella Ogwang	Ministry of Gender Labour and Social Development
6	Agnes Mutonyi Wasike	Ministry of Gender Labour and Social Development / Child Protection Working Group
7	Agnes Ssebowa	Ministry of Health
8	Dr. Jessica Nsungwa	Ministry of Health
9	Jane Judith Wembabazi	Ministry of Health
10	Angella Nakafeero	MOESTS
11	Tom Mulundu	National Council for Children
12	Hellen Grace Namulwana	Sunshine Urban Foundation
13	Mariam Akiror	Uganda Child Rights NGO Network
14	Nalubega Rose	UGANDA POLICE FORCE
15	Christine Alalo	UGANDA POLICE FORCE
16	Atuhaire Maureen	UGANDA POLICE FORCE
17	Moses Binoga	UGANDA POLICE FORCE
18	Marianna Garofalo	UNICEF
19	Sudha Murali	UNICEF
20	Carol Aloyo	UNICEF
21	Victoria Clancy	UNICEF
22	Harriet Komujuni	USAID-Assist

PARTICIPANTS AT THE NATIONAL VALIDATION OF THE CASE MANAGEMENT HANDBOOK THURSDAY, 15TH OCTOBER 2015: SILVER SPRINGS HOTEL

NO	NAME	INSTITUTION
1.	VIVIEN KIWANUKA	Child Advocacy Africa
2	FAITH KEMBABAZI	CRANE
3	HOPE LILLIAN	ACI
4	MIM FRIDAY	VIVA
5	NAGEEBA HASSAN	UMSC/REC
6	KAMWESIGYE NECKVILLEUS	WEI/Bantwana
7	JANE STELLA OGWANG	MGLSD
8	AGNES M. WASIKE	MGLSD
9	MENYA PATRICK	MGLSD/UCHL
10	MAGALL MORITZ	MGLSD
11	SUSAN ALLAN	CHILD i Foundation
12	GORDON TWESIGYE	CRS
13	RICHARD EKODEU	CRS
14	NAKIYIMBA HAGIRA	Cheshire Services Ug
15	NAMBEWO EDDIE	UWESO
16	ELIZABETH DDUNGU	Terres Des Hommes
17	JOANITTTER MUDIIMA	WEI/Bantwana
18	CHRISTINE KIIZA	WEI/Bantwana
19	SUSAN KAJURA	WEI Bantwana
20	FELISTER KEMIGISHA	Plan International
21	SUUBI ESTHER ELLA	UYDEL
22	SERAPHINE AWACANGO	ELECU
23	FAITH KUBWOOYO	CAA
24	BYAMUKAMA MICHAEL	REPSSI
25	NAKIMULI ROSEWELLS	HIAS
26	LUKENGE SOLOMON	ACI
27	LAMUNU BETTY	Lutheran World Federation
28	IRENE NAFUYO	NASWU
29	MARIAM AKIROR	Uganda Child Rights NGO Network



Ministry of Gender, Labour
and Social Development



Save the Children



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