



GOVERNMENT OF TANZANIA  
MINISTRY OF HEALTH AND SOCIAL WELFARE  
Department of Social Welfare

# National Program for Most Vulnerable Children Revised Data Collection Tools

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These revised data collection tools were developed with support from [MEASURE Evaluation–Tanzania](#).

## How to fill in the MVC and Household registration form

MVC registration form has 3 parts: Preliminary information section, Care giver and household Information and Children information.

*Note: All sections with no answers or not applicable, please put dash (-)*

| <b>Data Element</b>                      | <b>Filling instructions</b>   |
|--|---|
| Region                                   | Record name of the region where MVC is currently residing   |
| Council                                  | Record name of the council where MVC is currently residing  |
| Ward                                     | Record name of the ward where MVC is currently residing   |
| Village/Mtaa                             | Record name of the Village/Mtaa MVC is currently residing<br><br><b>For those in the rural areas should record village name and for those in the urban areas record Mtaa name.</b>  |
| Name of Case worker/Volunteer            | Record the name of Case worker/ volunteer who completed the form.<br><br>Case worker/community volunteer is a male or female centered and willing to do voluntary work in their community, and they are able to identify and connect with resources that can help to link MVC with needed services and support. |
| Mobile number                            | Record the mobile number of the Caseworker/Volunteer completing the form  |
| Affiliation                              | Record the partner organization to which the Case worker/Volunteer is affiliated/working with. Eg. Pact-Kizazi kipya, JSI-CHSSP, WAMATA etc.<br><br>Affiliation consists of (CBOs/FBOs) e.t.c   |
| Date of registration                     | Record the day/ month and year the child was registered into the program.<br><br><b>For Example: 22/02/2017</b>   |
| <b>1: Household Information</b>          |   |
| Item A: Primary caregiver Unique ID. No. | This is unique identification number, this number will be generated from the system, A caseworker/volunteer will be given such numbers  |

|  |   |
|--|---|
| Item B: Name of Primary caregiver              | Record the three names of Household head<br><b>For Example: Gloria Charles Masiaga</b>  |
| Item C. Sex                                    | Record the sex of the household head, M if is for male F if is for female   |
| Item D: Year of birth                          | Record year of birth of the head of the household: <b>For Example 1971</b>  |
| Item E: Age                                    | Record the age of the Household head. For example <b>57</b> .<br><b>Note: Write the number only and not the words. E.g. 57 and not 57 years</b>   |
| Item F: Types of MVC household                 | Check[√] appropriate box representing type of MVC household from the provided codes   |
| Item G: Primary caregiver employment status    | Check[√] appropriate box of the code representing Household head employment status from the provided list of codes  |
| Item H: Household has a health insurance card? | Check [√] under code number 1, if household has health insurance card.<br>Check[√] under code number 2 if household is not having health insurance card<br><b>Note: Make sure you have seen the health insurance card</b> |
| Item I: Primary caregiver Vulnerability        | Check [√] appropriate box in relation to the head of household vulnerability from the provided list of codes.   |
| <b>2. Child Information</b>                    |   |
| Item J: Child unique ID No.                    | This is unique identification number.<br>This number will be generated from the system, A caseworker/volunteer will be given such numbers   |
| Item K: Name of child                          | Record three names of the child.<br><b>For Example Bernard Fimbocheza Mbelwa.</b>   |
| Item L: Sex                                    | Record the sex of the head of the household, F if is for female and M stands for male   |

|  |   |
|--|---|
| Item M: Date of birth-                   | <p>Record the day/month and year the child was born</p> <p><b>For example. 1/2/2007</b></p> <p><b>Please note:</b> If the date of birth of a child is not known please use the 1<sup>st</sup> date of the month.</p> <p>If the date and month of birth is not known, please write the 1st date of July, followed by year of birth of the child.</p> <p><b>For example :1/7/2013</b></p> |
| Item N: Age                              | <p>Record the age of the child. <b>For example 7.</b></p> <p><b>Note: Write the number only and not the words. E.g. 7 and not 7 years</b></p>   |
| Item O: Birth certificate No.            | <p>Record the birth certificate number as indicated in the birth registration form.</p> <p><b>Note: Where a child has no birth certificate leave a blank and you will fill in after getting it.</b></p>   |
| Item P: Type of Vulnerability            | <p>Check [<input type="checkbox"/>] in the appropriate box in relation to child vulnerability from the provided codes.</p> <p><b>Note: A child can fall in more than one type of vulnerability</b></p>  |
| Item Q: If disabled, Types of disability | <p>If under item <b>O is recorded disabled</b> , complete item P by Checking[<input type="checkbox"/>] the appropriate box of the type of disability from the provided codes</p> <p><b>Note: A child can fall in more than one type of disability</b></p> <p>If child is not disabled continue to item R.</p>   |
| Item R: Child in School                  | <p>Check[<input type="checkbox"/>] under code number 1, if a child is in school; Check[<input type="checkbox"/>] under code number 2 if a child is not in school</p>  |
| Item S: Level of School                  | <p>Check [<input type="checkbox"/>] in appropriate number of the code from the provided codes.</p> <p><b>Example if a child is in primary school Check[<input type="checkbox"/>] in code 3</b></p>  |
| Item T: Standard/Form                    | <p>Write appropriate child's standard or form in the provided codes. <b>For Example. if a child is in standard three write number 3 in the box</b></p>  |

|                                 |   |
|---------------------------------|---|
|                                 | <p><b>under code 1 and if a child is in in form four write number 4 in the box under code 2</b></p> <p><b>Please note: Standard is for those in primary school and form for those in secondary school</b></p> |
| Item U: Child primary caregiver | Check [√] in appropriate box of the code representing child primary caregiver   |
| Item V: Case opened             | <p>Check [√] under code number 1, if case was opened and</p> <p>Check [√] under code number 2 if case was not opened.</p>   |
| <b>Approved by</b>              | This part should be filled in by the VEO/MEO of the respective areas after reading and being satisfied with the information filled in.  |

**Instructions:** This form should be completed by caseworker/volunteer on a monthly basis. One copy of completed form should be submitted to VEO on 5th of every month, one to WEO on 7th of every month and one copy to district social welfare officer by 10th of every month. By 15th of every month, data should be entered into the DHS2 by DSWO. The space for remarks is to be used for reporting narratives- challenges, constraints and recommendations.

**Form No 1: Most Vulnerable Children and Household Registration Form**

Region: \_\_\_\_\_ Council: \_\_\_\_\_ Ward: \_\_\_\_\_ Village/Mtaa: \_\_\_\_\_  
 Name of Caseworker/Volunteer: \_\_\_\_\_ Mobile phone No.: \_\_\_\_\_ Institution: \_\_\_\_\_ Date of registration: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd) (mm) (yyyy)

**1. Household Information**

| SN | [A]<br>Primary caregiver unique ID No. | [B]<br>Name of primary caregiver (first, middle & surname) | [C]<br>Sex (M/F) | [D]<br>Year of birth | [E]<br>Age(yrs) | [F]<br>Types of MVC household |                 |                   | [G]<br>Primary caregiver employment status |               |                  | [H]<br>Household has a health insurance card |       | [I]<br>Primary caregiver vulnerability |                    |                    |           |  |
|----|--|--|------------------|----------------------|-----------------|-------------------------------|-----------------|-------------------|--|---------------|------------------|--|-------|--|--------------------|--------------------|-----------|--|
|    |  |  |                  |                      |                 | 1. Child headed               | 2. Adult headed | 3. Elderly headed | 1. Employed                                | 2. Unemployed | 3. Self employed | 1. Yes                                       | 2. No | 1. Disabled                            | 2. Living with HIV | 3. Chronically ill | 4. Others |  |
|    |  |  |                  |                      |                 | 1                             | 2               | 3                 | 1  | 2             | 3                | 1  | 2     | 1                                      | 2                  | 3                  | 4         |  |
| 1  |  |  |                  |                      |                 |                               |                 |                   |  |               |                  |  |       |  |                    |                    |           |  |

**2. Child Information**

| SN | [J]<br>Child unique ID No. | [K]<br>Name of child (first, middle & surname) | [L]<br>Sex (M/F) | [M]<br>Date of birth (dd/mm/yy) | [N]<br>Age (yrs) | [O]<br>Birth certificate No. | [P]<br>Type of vulnerability | [Q]<br>If disabled, type of disability | [R]<br>Child in school | [S]<br>Level of school (check only one option) | [T]<br>Standard/ Form (write in one option) | [U]<br>Child primary caregiver |                       |               |                      |                   |                       |           |                  |                  |                     |           | [V]<br>Case opened |   |  |
|----|----------------------------|--|------------------|---------------------------------|------------------|------------------------------|------------------------------|--|------------------------|--|---|--------------------------------|-----------------------|---------------|----------------------|-------------------|-----------------------|-----------|------------------|------------------|---------------------|-----------|--------------------|---|--|
|    |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   | 1. Father/Mother               | 2. Grandfather/Mother | 3. Aunt/Uncle | 4. Stepfather/Mother | 5. Sister/Brother | 6. Institutional care | 7. Cousin | 8. Family friend | 9. Foster parent | 10. Adoptive parent | 11. Other | 1                  | 2 |  |
|    |                            |  |                  |                                 |                  |                              | 1                            | 2                                      | 3                      | 4  | 5   | 6                              | 7                     | 8             | 9                    | 10                | 11                    | 1         | 2                |                  |                     |           |                    |   |  |
| 1  |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |
| 2  |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |
| 3  |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |
| 4  |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |
| 5  |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |
| 6  |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |
| 7  |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |
| 8  |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |
| 9  |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |
| 10 |                            |  |                  |                                 |                  |                              |                              |  |                        |  |   |                                |                       |               |                      |                   |                       |           |                  |                  |                     |           |                    |   |  |

Remarks: \_\_\_\_\_

Approved by: \_\_\_\_\_ Position: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How to fill in MVC monthly service tracking form**

This form has three sections; Preliminary details section, Caregiver and Household services provided section and Child services provided section.

**Acronyms**

MUAC - Mid - Upper Arm Circumference

ECD - Early Childhood Development (This include Baby care- Crèches, Day Care Centre (formal)Community day care centers – (informal)

PSS - Psychosocial Care and Support

CCD - Care for Child Development

| Data Item  | Instructions   |                             |         |         |  |  |        |         |         |         |         |               |                   |  |  |  |
|--|--|-----------------------------|---------|---------|--|--|--------|---------|---------|---------|---------|---------------|-------------------|--|--|--|
| <b>Preliminary details of the caseworker/volunteer</b> |  |                             |         |         |  |  |        |         |         |         |         |               |                   |  |  |  |
| Region   | Record the name of the region where MVC is residing  |                             |         |         |  |  |        |         |         |         |         |               |                   |  |  |  |
| Council  | Record the name of the council where MVC is residing   |                             |         |         |  |  |        |         |         |         |         |               |                   |  |  |  |
| Ward   | Record the ward where MVC is currently residing  |                             |         |         |  |  |        |         |         |         |         |               |                   |  |  |  |
| Village/Mtaa   | Record the name of the Village or Mtaa MVC is residing<br><br><b>For those in rural areas should record village name and for those in the urban areas record Mtaa name</b>   |                             |         |         |  |  |        |         |         |         |         |               |                   |  |  |  |
| Date of visits   | <p>Write the correct date in the respective column each time you visit the household in the particular month.</p> <table border="1" data-bbox="505 1591 1424 1801"> <tr> <td colspan="5" data-bbox="505 1591 1424 1661">Date of visit (dd /mm / yy)</td> </tr> <tr> <td data-bbox="505 1661 732 1730">Visits</td> <td data-bbox="732 1661 911 1730">Visit 1</td> <td data-bbox="911 1661 1073 1730">Visit 2</td> <td data-bbox="1073 1661 1252 1730">Visit 3</td> <td data-bbox="1252 1661 1424 1730">Visit 4</td> </tr> <tr> <td data-bbox="505 1730 732 1801">Date of visit</td> <td data-bbox="732 1730 911 1801"><b>22/02/2017</b></td> <td data-bbox="911 1730 1073 1801"></td> <td data-bbox="1073 1730 1252 1801"></td> <td data-bbox="1252 1730 1424 1801"></td> </tr> </table> <p><b>For example :Date of the first visit is : 22/02/2017</b></p> | Date of visit (dd /mm / yy) |         |         |  |  | Visits | Visit 1 | Visit 2 | Visit 3 | Visit 4 | Date of visit | <b>22/02/2017</b> |  |  |  |
| Date of visit (dd /mm / yy)                            |  |                             |         |         |  |  |        |         |         |         |         |               |                   |  |  |  |
| Visits   | Visit 1  | Visit 2                     | Visit 3 | Visit 4 |  |  |        |         |         |         |         |               |                   |  |  |  |
| Date of visit  | <b>22/02/2017</b>  |                             |         |         |  |  |        |         |         |         |         |               |                   |  |  |  |



|                              |   |
|------------------------------|---|
| Name of Caseworker/Volunteer | Write a name in full of the person filling in this form. Write three namesurname<br><b>For example James Frank Chilwa</b><br><br><ul style="list-style-type: none"> <li>Case worker/community volunteer is a male or female centered in their community and willing to do voluntary work. They are able to identify and connect with resources that can help to link MVC with needed services and support.</li> </ul> |
| Mobile phone Number          | Record the mobile phone number of the caseworker/volunteer filling in this form, if there is no phone number just put dash  |
| Affiliation                  | Record the partner organization to which the Case worker/Volunteer is affiliated/working with. <b>Eg. PACT-Kizazi kipya, JSI-CHSS, etc.</b><br><br><b>(Affiliation consists of CBOs/FBOs )</b>  |
| Reporting Month              | Record the month and year the form was completed  |

**Table 1: Services provided to household in the reporting month**

|                                       |  |
|---------------------------------------|--|
| Item A:<br>Caregiver Unique ID No.    | Record Caregiver Unique ID number.<br><br>This is unique identification number, this number will be generated from the system, A caseworker/volunteer will be given such numbers |
| Item B: Name of the Primary Caregiver | Record 3 names of a caregiver i.e. (First name, middle name and surname<br><b>For example Joyce Jacob Mruma</b>  |
| Item C: Year of birth                 | Record only the year the caregiver was born, <b>For example 1957</b>   |
| Item D: Age                           | Record the age of the primary caregiver. For example <b>57</b> .<br><br><b>Note: Write the number only and not the words. E.g. 57 and not 57 years</b>                           |
| Item E: Sex                           | Record sex of a caregiver in the provided space, write “ <b>M</b> ” for male and “ <b>F</b> ” for Female   |
| Item F: Parenting                     | <b>This information is to be filled for a caregiver with children of less than 5 years old.</b><br><br>Check[√] in the appropriate box representing the service given            |

|  |   |
|--|---|
| Item G: Nutritional Status Assessment (MUAC)   | Measure the caregiver with MUAC tape and Check [√] in the appropriate box representing the correct nutritional status<br><br><b>Note: Choose one answer only.</b>   |
| Item H: Food and Nutrition   | Check[√] in the appropriate box   |
| Item I: Health Care  | Check[√] in the appropriate box   |
| Item J: Household Economic Strengthening   | Check[√] in the appropriate box   |
| Item K: Number of Caregivers Referrals<br><br>K1. Type of referral<br><br>K2. Support provided to care giver referrals | Count and record the total number of referrals given on that particular month to the caregivers from the referral form. Record the total number of referrals made under each mentioned service and fill in the correct box provided.<br><br>Check[√] in the appropriate box type support given on that particular month to the caregivers when going for any type of referral as mentioned. |
| Item L: Shelter & Hygiene  | Check[√] in the appropriate box   |
| <b>Table 2: Child Service Provided</b>   |   |
| Item M: Child Unique ID No.  | Record child Unique ID number.<br><br>This is unique identification number, this number will be generated from the system, A caseworker/volunteer will be given such numbers  |
| Item N: Name of Child  | Record 3 names of a child i.e. (First name, middle name and surname)<br><br><b>For example Halima Musa Abdala.</b>  |
| Item O: Date of birth  | Record the day/month and year the child was born<br><br><b>For example. 10/9/2009</b>   |

|  |  |
|--|--|
|  | <p><b>Please note:</b> If the date of birth of a child is not known please use the <b>1<sup>st</sup> date of the month.</b></p> <p>If the date and month of birth is not known, please write the 1st date of July, followed by year of birth of the child. <b>For example :1/7/2013</b></p>  |
| Item P: Age  | <p>Record the age of the child For example 7.</p> <p><b>Note: Write the number only and not the words. E.g. 7 and not 7 years</b></p>  |
| Item Q: Sex  | <p>Record sex of a child in the provided space, write ‘M’ for male and ‘F’ for Female</p>  |
| Item R: Education and Vocational Training              | <p>Check[√] in appropriate box if the listed services are applicable and the child has received it</p> <p><b>Note: Under code number 2, check [√] only if a child missed school for 3 or more days</b></p>   |
| Item S: ECD & Psychosocial Support                     | <p>Check[√] in the appropriate box</p>   |
| Item T: MVC <5 years received all required vaccination | <p>For children Check[√] under code number 1, if a child has received all required vaccination according to her/his age</p> <p>Check[√] under code number 2 if a child has not received all required vaccination according to her/his age</p>  |
| Item U: Nutritional Status Assessment(MUAC)            | <p>Measure the child with MUAC tape and Check [√] in the appropriate box representing the correct nutritional status</p> <p><b>Note: Choose one answer only.</b></p>   |
| Item V: Health Care                                    | <p>Check[√] in the appropriate box</p>   |
| Item W: Child Protection                               | <p>Check [√] in the appropriate box if the child has received child protection services.</p> <p><b>Emergency care and support service</b> - Could be providing emergency food, shelter, escorting the child/child’s family to access services from health, police, or other facilities. Actions that are not authorized for the Case Worker/volunteer to carry out should also be clarified. These could be deciding on whether it is a case of CP concern or not, placement of children in emergency care prior to SWO involvement etc.</p> |

|  |   |
|--|---|
|  | <p><b>Child linked with MVCC member/Protection Committee members</b> – under the new NPA. This should be the case where the Case Worker/volunteer thinks it is easy for the member to support the child to access services (such as awareness creation and linkages with SWO).</p> <p><b>General child protection awareness creation</b>– as primary role of protection committees.</p>   |
| <p>Item X: Number of Child Referrals</p> <p>X1:</p> <p>X2:</p> | <p>Count the number of referrals given on that particular month to the child from the referral form. Record the total number of referrals made under each mentioned service and fill in the correct box provided.</p> <p>Count and record the total number of referrals given on that particular month to the child from the referral form. Record the total number of referrals made under each mentioned service and fill in the correct box provided.</p> <p>Check [√] in the appropriate box type support given on that particular month to the child when going for any type of referral as mentioned.</p> |
| <p>Item Y: Status in Program</p>                               | <p>Check[√] in the appropriate box</p> <p><b>Active</b>- Means a child is still in the program</p> <p><b>Graduated</b> – If a child is 18+, situation improved etc.</p> <p><b>Transferred</b> – If a child is transferred into another community or program.</p> <p><b>Exited without graduation</b> - If a child is out of program due to various reasons such as death or drop out.</p> <p><b>Died</b> - If a child has passed away</p>   |

Instructions: This form should be completed by caseworker/volunteer on a monthly basis. One copy of completed form should be submitted to VEO on 5th of every month, one to WEO on 7th of every month and one copy to district social welfare officer by 10th of every month. By 15th of every month, data should be entered into the DHS2 by DSWD. The space for remarks is to be used for reporting narratives- challenges, constraints and recommendations.

**Form No. 2: Most Vulnerable Children Monthly Service Tracking Form**

| Date of visits (dd mm yy) |         |         |         |         |
|---------------------------|---------|---------|---------|---------|
| Visits                    | visit 1 | Visit 2 | Visit 3 | visit 4 |
| Date of visit             |         |         |         |         |

Region: \_\_\_\_\_ Council: \_\_\_\_\_ Ward: \_\_\_\_\_ Village/Mtaa: \_\_\_\_\_  
 Name of Caseworker/Volunteer: \_\_\_\_\_ Mobile phone No.: \_\_\_\_\_ Institution: \_\_\_\_\_ Reporting Month/Year: \_\_\_\_\_ / \_\_\_\_\_  
 (mm) (yyyy)

**1. Services Provided to Household in the Reporting Month**

| SN | [A]<br>Caregiver unique ID No. | [B]<br>Name of primary caregiver (first, middle & surname) | [C]<br>Year of birth | [D]<br>Age (yrs) | [E]<br>Sex (M/F) | [F]<br>Parenting<br><small>(for caregivers with children of &lt;5 years old)</small>  | [G]<br>Nutritional status assessment (MUAC)                               | [H]<br>Food and nutrition   | [I]<br>Health care   | [J]<br>Household economic strengthening  | [K]<br>Caregivers referrals   |  | [L]<br>Shelter & hygiene   |   |   |   |   |   |   |   |   |   |   |
|----|--------------------------------|--|----------------------|------------------|------------------|---|---|---|--|--|---|--|--|---|---|---|---|---|---|---|---|---|---|
|    |                                |  |                      |                  |                  | 1. Received Care for Child Development (CCD) education during a CHW home visit<br>2. Received ECD education at children's corners in HF<br>3. Caregiver linked to community parenting groups<br>4. Received parenting messages<br>5. Received infant and young child feeding counseling | 1. Severe malnutrition<br>2. Moderate malnutrition<br>3. Not malnourished | 1. Caregiver received nutrition counseling<br>2. Household linked to external food support & nutritional supplements<br>3. Other services | 1. Received HIV risk assessment<br>2. Received HIV prevention counseling services<br>3. Received disclosure support<br>4. Linked to an HIV support group<br>5. Received ART adherence counseling<br>6. Supported to join CHF/TIKA<br>7. Caregiver received support for GBV | 1. Primary caregiver is an active SLG member<br>2. Household linked to temporary consumption<br>3. Household linked to cash transfer eg TASAF<br>4. Linked to entrepreneurship trainings<br>5. Primary caregiver supported to establish income generating activity (IGA)<br>6. Household linked to market<br>7. Household supported to prepare succession<br>8. Primary caregiver linked to agricultural extension support | K1. Type of referral<br>1. Health-related services<br>2. Nutrition<br>3. Education<br>4. Child protection<br>5. Psycho social support<br>6. Economic strengthening<br>7. Others | K2. Support provided to caregiver referrals<br>1. Accompanied to a service<br>2. Assisted with transport | 1. Household linked to house renovation support<br>2. Household linked to house construction support<br>3. Received water, sanitation and hygiene (WASH) education<br>4. Household received clothing support |   |   |   |   |   |   |   |   |   |   |
|    |                                |  |                      |                  |                  | 1   | 2   | 3   | 4  | 5  | 1   | 2  | 3  | 4 | 5 | 6 | 7 | 1 | 2 | 1 | 2 | 3 | 4 |
| 1  |                                |  |                      |                  |                  |   |   |   |  |  |   |  |  |   |   |   |   |   |   |   |   |   |   |

**2. Child Services Provided in the Reporting Month**

| SN | [M]<br>Child Unique ID No. | [N]<br>Name of Child (first, middle & surname) | [O]<br>Date of Birth (dd/mm/yy) | [P]<br>Age | [Q]<br>Sex (M/F) | [R]<br>Education and vocational training  | [S]<br>ECD & psychosocial support   | [T]<br>MUV<5 years received all required vaccination | [U]<br>Nutritional Status Assessment (MUAC)                               | [V]<br>Health care   | [W]<br>Child protection  | [X]<br>Child referrals  | [Y]<br>Status in program  |  |   |   |   |   |   |  |  |  |
|----|----------------------------|--|---------------------------------|------------|------------------|---|---|--|---|--|--|---|---|--|---|---|---|---|---|--|--|--|
|    |                            |  |                                 |            |                  | 1. Child is enrolled in school<br>2. Child missed school for three or more days in a month without valid grounds<br>3. Child linked to education support<br>4. Child supported to attend vocational training<br>5. Child received business start-up kit<br>6. Child linked to mainstream education program (MEMKWA) | 1. Child (<5 years) attended ECD centre<br>2. Child attended children's clubs<br>3. Child attended teen clubs | 1. Yes<br>2. No                                      | 1. Severe malnutrition<br>2. Moderate malnutrition<br>3. Not malnourished | 1. Child supported to join CHF/TIKA<br>2. Child received HIV prevention counselling services<br>3. Child received disclosure support<br>4. Child linked to HIV support group<br>5. Child received ART adherence counseling<br>6. Child received HIV risk assessment<br>7. Child provided with HIV prevention education | 1. Child supported to get birth certificate<br>2. Child provided with emergency care and support services<br>3. Child linked with social welfare office<br>4. Child linked with MVCC/Child protection team<br>5. Provided with general child protection awareness creation | Type of referral<br>1. Health-related services<br>2. Nutrition<br>3. Education<br>4. Child protection<br>5. Psycho social support<br>6. Economic strengthening<br>7. Others | Support provided to child on referrals<br>1. Accompanied to a service<br>2. Assisted with transport | 1. Active<br>2. Graduated<br>3. Transferred<br>4. Exited without graduation<br>5. Died |   |   |   |   |   |  |  |  |
|    |                            |  |                                 |            |                  | 1   | 2   | 3  | 4   | 5  | 6  | 7   | 1   | 2  | 1 | 2 | 3 | 4 | 5 |  |  |  |
| 1  |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |
| 2  |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |
| 3  |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |
| 4  |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |
| 5  |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |
| 6  |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |
| 7  |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |
| 8  |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |
| 9  |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |
| 10 |                            |  |                                 |            |                  |   |   |  |   |  |  |   |   |  |   |   |   |   |   |  |  |  |

Remarks: \_\_\_\_\_

Approved by: \_\_\_\_\_ Position: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How to fill in the Most Vulnerable Children monthly summary report form**

On a monthly basis MVCC, caseworker/volunteer in collaboration with implementing organization is required to summarize information from the MVC's registration forms, monthly service tracking forms and referral form to produce monthly summary report.

**Note: All sections with no answer or not applicable, please put zero (0)**

| <b>Item</b>   | <b>Completion Instructions</b>   | <b>Data Source</b> |
|---|--|--------------------|
| Region  | Record the name of a region where the MVC is residing  |                    |
| Council   | Record the name of the council where the MVC is residing   |                    |
| Ward  | Record the ward where MVC is currently residing  |                    |
| Village/Mtaa  | Record the name of the Village or Mtaa where the MVC is residing<br><br><b>For those in rural areas should record village name and for those in the urban areas record Mtaa name.</b>  |                    |
| Name of Caseworker/Volunteer                          | Write a name in full (not initials) of the person filling in this form. (First name, middle name and surname)<br><br><b>For example James Frank Chilwa</b><br><br>Case worker/community volunteer is a male or female centered in their community and willing to do voluntary work. They are able to identify and connect with resources that can help to link MVC with needed services and support. |                    |
| Mobile phone Number                                   | Record the phone number of the caseworker/volunteer filling in this form   |                    |
| Institution   | Record the partner organization to which the Case worker/Volunteer is affiliated/working with. <b>E.g. PACT-Kizazi Kipya, JSI-CHSS, etc.</b><br><br>Affiliation consists of <b>MVCC/ CBOs/FBOs )</b>   |                    |
| Reporting month                                       | Record the month and year the form was completed   |                    |
|   |  |                    |
| <b>Page 1: Monthly summary report from form No. 1</b> |  |                    |



Page 2: Monthly summary report from form No. 2

Table C: 1. Services Provided to Household in the Reporting Month

| Age & sex category | [F] Parenting<br>(for caregivers with children of <5 years old) |   |   |   |   | [G] Nutritional status assessment (MUAC) |   |   | [H] Food and nutrition |   |   | [I] Health care |   |   |   |   | [J] Household economic strengthening |   |   |   |   | [K] Caregivers referrals |   |   |   |   | [L] Shelter & hygiene |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|--|---|---|------------------------|---|---|-----------------|---|---|---|---|--------------------------------------|---|---|---|---|--------------------------|---|---|---|---|-----------------------|---|---|---|---|---|---|---|---|---|---|---|
|                    | 1   | 2 | 3 | 4 | 5 | 1  | 2 | 3 | 1                      | 2 | 3 | 1               | 2 | 3 | 4 | 5 | 6                                    | 7 | 1 | 2 | 3 | 4                        | 5 | 6 | 7 | 8 | 1                     | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 1 | 2 | 3 | 4 |
| 0-17               |   |   |   |   |   |  |   |   |                        |   |   |                 |   |   |   |   |                                      |   |   |   |   |                          |   |   |   |   |                       |   |   |   |   |   |   |   |   |   |   |   |
| 18-25              |   |   |   |   |   |  |   |   |                        |   |   |                 |   |   |   |   |                                      |   |   |   |   |                          |   |   |   |   |                       |   |   |   |   |   |   |   |   |   |   |   |
| 26-59              |   |   |   |   |   |  |   |   |                        |   |   |                 |   |   |   |   |                                      |   |   |   |   |                          |   |   |   |   |                       |   |   |   |   |   |   |   |   |   |   |   |
| 60+                |   |   |   |   |   |  |   |   |                        |   |   |                 |   |   |   |   |                                      |   |   |   |   |                          |   |   |   |   |                       |   |   |   |   |   |   |   |   |   |   |   |
| Total              |   |   |   |   |   |  |   |   |                        |   |   |                 |   |   |   |   |                                      |   |   |   |   |                          |   |   |   |   |                       |   |   |   |   |   |   |   |   |   |   |   |

Table D: 2. Child Services Provided in the Reporting Month

| Age category | [P] Education and vocational training |   |   |   |   | [Q] ECD & psychosocial support |   |   | [R] MVC-5 years received all required vaccination |   | [S] Nutritional Status Assessment (MUAC) |   |   |   |   | [T] Health care |   |   |   |   | [U] Child protection |   |   |   |   | [V] Child referrals |   |   |   |   | [W] Status in program |   |   |   |   |   |   |
|--------------|---------------------------------------|---|---|---|---|--------------------------------|---|---|---|---|--|---|---|---|---|-----------------|---|---|---|---|----------------------|---|---|---|---|---------------------|---|---|---|---|-----------------------|---|---|---|---|---|---|
|              | 1                                     | 2 | 3 | 4 | 5 | 1                              | 2 | 3 | 1   | 2 | 1  | 2 | 3 | 4 | 5 | 6               | 7 | 1 | 2 | 3 | 4                    | 5 | 6 | 7 | 1 | 2                   | 3 | 4 | 5 | 6 | 7                     | 8 | 1 | 2 | 3 | 4 | 5 |
| 0-17         |                                       |   |   |   |   |                                |   |   |   |   |  |   |   |   |   |                 |   |   |   |   |                      |   |   |   |   |                     |   |   |   |   |                       |   |   |   |   |   |   |
| 18-25        |                                       |   |   |   |   |                                |   |   |   |   |  |   |   |   |   |                 |   |   |   |   |                      |   |   |   |   |                     |   |   |   |   |                       |   |   |   |   |   |   |
| 26-59        |                                       |   |   |   |   |                                |   |   |   |   |  |   |   |   |   |                 |   |   |   |   |                      |   |   |   |   |                     |   |   |   |   |                       |   |   |   |   |   |   |
| 60+          |                                       |   |   |   |   |                                |   |   |   |   |  |   |   |   |   |                 |   |   |   |   |                      |   |   |   |   |                     |   |   |   |   |                       |   |   |   |   |   |   |
| Total        |                                       |   |   |   |   |                                |   |   |   |   |  |   |   |   |   |                 |   |   |   |   |                      |   |   |   |   |                     |   |   |   |   |                       |   |   |   |   |   |   |

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_



### How to fill in MVC referral form

Referral form has 3 parts: **Initial details, list of services & referral sites, and feedback section**

| Data Item   | Instructions   |
|---|--|
| <b>Section A: Initial Details of the provider, location, client information</b> |  |
| <b>Entire section to be completed by the referring provider</b>                 |  |
| Name of person referring  | Record the name of service provider referring MVC<br><br>-Service providers consists of (caseworker/Parasocial worker/Social welfare officer )   |
| Position  | Record the position of the referring provider  |
| Institution   | Record the institution to which the referring provider is affiliated/working with.<br><b>Eg. Jitambue Lembuka, St. John Hus etc)</b><br><br>Affiliation consists of <b>CBOs/FBOs )</b>   |
| Signature   | Referring provider's signature   |
| Phone number  | Record the phone number of the referring provider, if he/she is not having the form write a phone number of the close person that will be easily contacted   |
| Council   | Record the council where the MVC is currently residing   |
| Ward  | Record the ward where MVC is currently residing  |
| Village/Mtaa  | Record the Village/Mtaa MVC is currently receiving services.<br><br>For those in the rural areas should record village and for those who are in the urban area- record Mtaa  |
| Name of a person referred   | Record 3 names of the person being referred (i.e. First name, middle name and surname)<br><br><b>For example Juma Hemedi Habibu.</b><br><br><i>Note: If the referral is for the caregiver to receive services, record the name of the caregiver. If referral is for the child to receive services, record the name of the child and the name of the caregiver below the name of the child.</i> |
| Unique ID No.   | This is a unique identification number for the person being referred. This number is not existing yet, provider is not supposed to fill anything here until further notice.  |

|                                       |  |
|---------------------------------------|--|
|                                       | <b>Note: Make sure you write the Unique ID No. of the person referred (if it is of the child or the caregiver.)</b>  |
| Date referral made                    | Fill exact date, month and the year when the referral was made<br><br><b>For example. 20/01/2017</b>   |
| Service provided before referral      | Record the service provided to client before receiving the referral. Write general categories of services provided such as HBC, nutrition, MVC etc.  |
|                                       |  |
| Referred to (name of organization)    | The name of the place (facility/organization) where the client is being referred to.<br><br><b>Note: A client may be referred to more than one site depending on his/her needs. If the client is being referred to more than one place, he should get two separate referral forms. Because the receiving provider has to fill the feedback slip.</b> |
| Physical address of the referral site | Write the physical address of the (facility/organization) a person is being referred to.<br><br><b>For example: Mwai Kibaki road at Mikocheni</b>  |

**Section B: List of services, and service provision sites**

**Entire section to be completed by the referring provider**

|                        |   |
|------------------------|---|
| List of Services       | Tick in the box for the specific service to which clients is being referred.<br><br><b>Note: You can tick more than one box if all services ticked can be provided by a single provider at the receiving site</b> (example: a child that needs deworming and immunizations). In such a case, a single form is enough.<br><br>If the client needs to see different providers (example they need nutrition counseling and HIV testing) then the client should get 2 referral forms. |
| Service Provision Site | Tick in the box for the type of referring site to which client is referred according to the service needed.   |
| Other service          | Fill in services not captured in the list of services providing as much detail as possible  |

**Section C: Referral Feedback**

**Entire section to be filled out by receiving provider (person who provided the services the client was referred for)**

|                                   |  |
|-----------------------------------|--|
| Date of referral service provided | Receiving provider will record the date when the referral service was provided   |
| Name of the child/caregiver       | Fill in the name of the person referred for the service  |
| Service provided                  | Record the code(s) of service(s) provided to client from <b>section B</b> . If more than one service provided enter all codes. Write in the service, if there are no codes that match. |
| Service completed yes/no          | Circle <b>YES</b> if the service is completed and <b>NO</b> if the service is not completed  |
| Follow up needed                  | Circle <b>YES</b> if follow up is needed and <b>NO</b> if the follow up is not needed. Write the kind of follow up needed. If space is not enough, write under comments.               |
| Follow up date                    | Record the date for follow up. If there is no need for follow up don't record anything   |
| Name of the provider              | Record the name of the person who provided the referral service  |
| Name of the site                  | Record the name of the site where the client received the services   |
| Designation                       | Record the position of the person who provided the service   |
| Mobile number                     | Record the mobile number of the provider   |
| Signature                         | Capture down the signature of the person filling the feedback section  |
| Remarks                           | Write major issues, challenges encountered   |

| <b>Table A: Household information</b>                    |   |  |
|--|---|--|
| <b>[F] Types of MVC Household</b>                        | <ul style="list-style-type: none"> <li>- Look at the column F '<b>Types of MVC of Household</b>' from the MVC registration form.</li> <li>- Count the total number of MVC of Households by type. Categorize the data by Age and Sex ( Male or Female)</li> </ul>  | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>[G] Primary caregiver employment status</b>           | <ul style="list-style-type: none"> <li>- Look at the column G '<b>Primary caregiver employment status</b>' from the MVC registration form.</li> <li>- Count and record the total number of Households by their employment status. Categorize the data by Age and Sex ( Male or Female)</li> </ul>                       | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>[H] Primary caregiver has a health insurance card</b> | <ul style="list-style-type: none"> <li>- Look at the column H '<b>Primary caregiver has a health insurance card</b>' from the MVC registration form.</li> <li>- Count and record the total number of Households with or without health insurance cards. Categorize the data by Age and Sex ( Male or Female)</li> </ul> | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>[I] Primary caregiver Vulnerability</b>               | <ul style="list-style-type: none"> <li>- Look at the column I '<b>Primary caregiver Vulnerability</b>' from the MVC registration form.</li> <li>- Count and record total number of '<b>Head of Household Vulnerability</b>' and disaggregate according to provided options. If none record "0"</li> </ul>               | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>Table B. Child information</b>                        |   |  |
| <b>[O] MVC with Birth Certificate</b>                    | <ul style="list-style-type: none"> <li>- Look at the column O '<b>MVC with Birth Certificate</b>' from the MVC registration form.</li> <li>- Count and record the total number of MVC with birth certificates. Categorize the data by Age and Sex ( Male or Female)</li> </ul>  | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>[P] Type of Vulnerability</b>                         | <ul style="list-style-type: none"> <li>- Look at the column Q '<b>Type of Vulnerability</b>' from the MVC registration form.</li> <li>- Count and record total number of MVC by their types of vulnerability and disaggregate according to provided options.</li> </ul>   | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>[Q] If disabled, type of disability</b>               | <ul style="list-style-type: none"> <li>- Look at the column R '<b>Type of Disability</b>' from the MVC registration form.</li> <li>- Count and record total number of MVC by their types of disability and categorize the data by Age and Sex ( Male or Female)</li> </ul>  | MVC House hold registration form<br><b>(Form number 1)</b> |

|   |  |  |
|---|--|--|
| <b>[R] Child in School</b>  | <ul style="list-style-type: none"> <li>- Look at the column S '<b>Child in School</b>' from the MVC registration form.</li> <li>- Count and record the total number of MVC in school. Categorize the data by Age and Sex ( Male or Female)</li> </ul>  | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>[S] Level of School</b>  | <ul style="list-style-type: none"> <li>- Look at the column T '<b>Level of School</b>' from the MVC registration form.</li> <li>- Count and record total number of MVC by the level of school and categorize the data by Age and Sex ( Male or Female)</li> </ul>  | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>[T] Standard/ Form</b>   | <ul style="list-style-type: none"> <li>- Look at the column U '<b>Standard/Form</b>' from the MVC registration form.</li> <li>- Count and record total number of MVC by standard/form and categorize the data by Age and Sex ( Male or Female)</li> </ul>  | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>[U] Child Primary Caregiver</b>  | <ul style="list-style-type: none"> <li>- Look at the column V '<b>Child Primary Caregiver</b>' from the MVC registration form.</li> <li>- Count and record total number of MVC by their type of primary caregiver and categorize the data by Age and Sex ( Male or Female)</li> </ul>  | MVC House hold registration form<br><b>(Form number 1)</b> |
| <b>[V] Case Opened</b>  | <ul style="list-style-type: none"> <li>- Look at the column W '<b>Case Opened</b>' from the MVC registration form.</li> <li>- Count and record the total number of MVC cases opened. Categorize the data by Age and Sex ( Male or Female)</li> </ul>   | MVC House hold registration form<br><b>(Form number 1)</b> |
| <p><b>Page 2: Monthly summary report from form No. 2</b><br/> <b>Table C. Services provided to household in the reporting month</b></p> |  |  |
| <b>[F] Parenting (for caregivers with children of &lt;5 years old)</b>  | <ul style="list-style-type: none"> <li>- Look at the column F '<b>Parenting (for caregivers with children &lt;5 years old)</b>' from the MVC Service Delivery Tracking Form.</li> <li>- Count and record total number of households with children &lt;5 by type of parenting service provided to the children and disaggregate according to provided options.</li> </ul> | Service Delivery Tracking Form<br><b>(Form number 2)</b>   |
| <b>[G] Nutritional Status Assessment (MUAC)</b>   | <ul style="list-style-type: none"> <li>- Look at the column G '<b>Nutritional Status Assessment (MUAC)</b>' from the MVC Service Delivery Tracking Form</li> </ul>   | Service Delivery Tracking Form<br><b>(Form number 2)</b>   |

|  |   |  |
|--|---|--|
|  | - Count and record total number of households by their nutritional status assessment (MUAC) and categorize the data by Age and Sex ( Male or Female).   |  |
| <b>[H] Food and Nutrition</b>                                  | - Look at the column H ' <b>Food and Nutrition</b> 'from the MVC Service Delivery Tracking Form<br>- Count and record total number of households by food and nutrition services received. categorize the data by Age and Sex ( Male or Female)                            | Service Delivery Tracking Form<br><b>(Form number 2)</b> |
| <b>[I] Health Care</b>   | - Look at the column I ' <b>Health Care</b> 'from the MVC Service Delivery Tracking Form<br>- Count and record total number of households by type of healthcare services received. categorize the data by Age and Sex ( Male or Female)                                   | Service Delivery Tracking Form<br><b>(Form number 2)</b> |
| <b>[J] Household Economic Strengthening</b>                    | - Look at the column J ' <b>Household Economic Strengthening</b> 'from the MVC Service Delivery Tracking Form<br>- Count and record total number of households by type of economic strengthening services received. Categorize the data by Age and Sex ( Male or Female). | Service Delivery Tracking Form<br><b>(Form number 2)</b> |
| <b>[K] Caregivers Referrals</b><br><b>K1: Type of referral</b> | Look at the column K ' <b>Caregivers Referrals</b> 'from the MVC Service Delivery Tracking Form<br>Count and record total number of referrals given to caregivers by type of referral services received. categorize the data by Age and Sex ( Male or Female)             | Service Delivery Tracking Form<br><b>(Form number 2)</b> |
| <b>K2: Support provided to care giver referrals</b>            | Count and record total number of support provided to caregivers when going for referrals. Categorize the data by Age and Sex ( Male or Female)  |  |
| <b>[L] Shelter &amp; Hygiene</b>                               | - Look at the column L ' <b>Shelter &amp; Hygiene</b> 'from the MVC Service Delivery Tracking Form<br>- Count and record total number of households by type of shelter and hygiene services received. categorize the data by Age and Sex ( Male or Female)                | Service Delivery Tracking Form<br><b>(Form number 2)</b> |
| <b>Table D. Child services provided in the reporting month</b> |   |  |
|  |   |  |

|   |  |  |
|---|--|--|
| <b>[R] Education and Vocational Training</b>                | <ul style="list-style-type: none"> <li>- Look at the column P '<b>Education and Vocational Training</b> 'from the MVC Service Delivery Tracking Form</li> <li>- Count and record total number of MVC by type of education and vocational training services received. Categorize the data by Age and Sex ( Male or Female)</li> </ul> | MVC monthly service tracking form ( <b>Form number 2</b> ) |
| <b>[S] ECD &amp; Psychosocial Support</b>                   | <ul style="list-style-type: none"> <li>- Look at the column Q '<b>ECD &amp; Psychosocial Support</b> 'from the MVC Service Delivery Tracking Form</li> <li>- Count and record total number of MVC by type of ECD and psychosocial support services received. Categorize the data by Age and Sex ( Male or Female)</li> </ul>         | MVC monthly service tracking form ( <b>Form number 2</b> ) |
| <b>[T] MVC&lt;5 years received all required vaccination</b> | <ul style="list-style-type: none"> <li>- Look at the column Q '<b>MVC&lt;5 years received all required vaccination</b> 'from the MVC Service Delivery Tracking Form</li> <li>- Count and record total number of MVC&lt;5 years received all required vaccination. Categorize the data by Age and Sex ( Male or Female)</li> </ul>    | MVC monthly service tracking form ( <b>Form number 2</b> ) |
| <b>[U] Nutritional Status Assessment (MUAC)</b>             | <ul style="list-style-type: none"> <li>- Look at the column S '<b>Nutritional Status Assessment (MUAC)</b> 'from the MVC Service Delivery Tracking Form</li> <li>- Count and record total number of MVC by their nutritional status assessment (MUAC) and categorize the data by Age and Sex ( Male or Female).</li> </ul>           | MVC monthly service tracking form ( <b>Form number 2</b> ) |
| <b>[V] Health Care</b>                                      | <ul style="list-style-type: none"> <li>- Look at the column T '<b>Health Care</b> 'from the MVC Service Delivery Tracking Form</li> <li>- Count and record total number of MVC by type of healthcare services received. Categorize the data by Age and Sex ( Male or Female)</li> </ul>  | MVC monthly service tracking form ( <b>Form number 2</b> ) |
| <b>[W] Child Protection</b>                                 | <ul style="list-style-type: none"> <li>- Look at the column U '<b>Child Protection</b> 'from the MVC Service Delivery Tracking Form</li> <li>- Count and record total number of MVC by type of child protection services received. Categorize the data by Age and Sex ( Male or Female)</li> </ul>                                   | MVC monthly service tracking form ( <b>Form number 2</b> ) |
| <b>[X] Child Referrals</b>                                  | <ul style="list-style-type: none"> <li>- Look at the column <b>Child Referral</b> 'from the MVC Service Delivery Tracking Form</li> </ul>  | MVC monthly service tracking                               |

|  |   |  |
|--|---|--|
| <p><b><i>XI: Type of referrals</i></b></p> | <p>- Count and record total number of referrals given to MVC by type of referral services received. categorize the data by Age and Sex ( Male or Female)</p> <p>Count and record total number of support provided to MVC when referred to any type of referral services. Categorize the data by Age and Sex ( Male or Female)</p> | <p>form (<b><i>Form number 2</i></b>)</p>                              |
| <p><b><i>[Y] Status in Program</i></b></p> | <p>- Look at the column W '<b>Status in Program</b>' from the MVC Service Delivery Tracking Form</p> <p>- Count and record total number of MVC by their status in program. Categorize the data by Age and Sex ( Male or Female)</p>   | <p>MVC monthly service tracking form (<b><i>Form number 2</i></b>)</p> |



Instructions: This form should be completed by service providers when Referring MVC. Referring Provider should fill all parts A and B. Part C should be filled by service provider receiving the referral

### Form No 6: MVC Referral

**SECTION A: INITIAL DETAILS**

Name of person referring: \_\_\_\_\_ Position: \_\_\_\_\_ Institution: \_\_\_\_\_ Signature: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Council: \_\_\_\_\_ Ward: \_\_\_\_\_ Village/Mtaa: \_\_\_\_\_

Name of a child/caregiver: \_\_\_\_\_ Unique ID No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Date referral made (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Service provided before referral: \_\_\_\_\_

Physical address of the referral site: \_\_\_\_\_ Referred to (name of organization): \_\_\_\_\_

**SECTION B: LIST OF SERVICES AND SERVICES PROVISION SITES**

| List of Services  | Service Provision Site  |
|---|---|
| <p><b>Health</b></p> <p><b>HIV related services</b></p> <input type="checkbox"/> 101. HIV counselling and testing<br><input type="checkbox"/> 102. HIV care and treatment<br><input type="checkbox"/> 103. ART adherence education<br><input type="checkbox"/> 104. HIV prevention education<br><input type="checkbox"/> 105. HIV disclosure support<br><input type="checkbox"/> 106. TB/HIV screening<br><input type="checkbox"/> 107. PMTCT services<br><input type="checkbox"/> 108. STI treatment services<br><input type="checkbox"/> 109. Opportunistic infections treatment (OIs)<br><input type="checkbox"/> 110. Home Based Care Services (HBC)<br><input type="checkbox"/> 111. Post Exposure Prophylaxis (PEP) <p><b>RCH Services</b></p> <input type="checkbox"/> 112. Antenatal care services (ANC)<br><input type="checkbox"/> 113. Labour and delivery<br><input type="checkbox"/> 114. Postnatal services<br><input type="checkbox"/> 115. Family Planning (FP)<br><input type="checkbox"/> 116. Immunization<br><input type="checkbox"/> 117. Integrated management of childhood illness (IMCI)<br><input type="checkbox"/> 118. Early Childhood development<br><input type="checkbox"/> 119. Deworming <p><b>Other health services</b></p> <input type="checkbox"/> 120. Malaria prevention<br><input type="checkbox"/> 121. Diarrhoea treatment<br><input type="checkbox"/> 122. Mental Health services<br><input type="checkbox"/> 123. Non Communicable Diseases (NDC) | <input type="checkbox"/> 101. Health facility<br><input type="checkbox"/> 102. VCT centers<br><input type="checkbox"/> 103. Drop - in centers<br><input type="checkbox"/> 104. CTC centers<br><input type="checkbox"/> 105. RCH clinics<br><input type="checkbox"/> 106. Maternity home/Labour and delivery centers<br><input type="checkbox"/> 107. Immunization sites<br><input type="checkbox"/> 108. Youth group/ teen clubs/children clubs<br><input type="checkbox"/> 109. Community health workers, CBOs/FBOs<br><input type="checkbox"/> 110. ECD Centers   |
| <p><b>Nutrition</b></p> <input type="checkbox"/> 201. Nutrition status assessment, counselling and support<br><input type="checkbox"/> 202. General food support<br><input type="checkbox"/> 203. Supplemental feeding services<br><input type="checkbox"/> 204. Therapeutic feeding services   | <p><b>Nutrition</b></p> <input type="checkbox"/> 201. Districts nutrition officer<br><input type="checkbox"/> 202. CSOs, FBOs and CBOs<br><input type="checkbox"/> 203. Agricultural extension officer<br><input type="checkbox"/> 204. Health facility<br><input type="checkbox"/> 205. Village and ward executive office<br><input type="checkbox"/> 206. Health officer  |
| <p><b>Education</b></p> <input type="checkbox"/> 301. Early Childhood development<br><input type="checkbox"/> 302. Education subsidies for children<br><input type="checkbox"/> 303. Life skills education  | <p><b>Education</b></p> <input type="checkbox"/> 301. ECD Centers<br><input type="checkbox"/> 302. School<br><input type="checkbox"/> 303. Vocational training centers<br><input type="checkbox"/> 304. Youth Groups/Teen clubs/Children clubs<br><input type="checkbox"/> 305. Peer education groups   |
| <p><b>Child Protection</b></p> <input type="checkbox"/> 401. Birth registration /Certificate<br><input type="checkbox"/> 402. Support for street children<br><input type="checkbox"/> 403. Support for exploited children<br><input type="checkbox"/> 404. Legal Aid and other support<br><input type="checkbox"/> 405. Child protection case investigation and Response services<br><input type="checkbox"/> 406. Parenting education<br><input type="checkbox"/> 407. General child protection education<br><input type="checkbox"/> 408. Temporary Shelter<br><input type="checkbox"/> 409. Emergency Care and Support   | <p><b>Child Protection</b></p> <input type="checkbox"/> 401. Legal Aid Center/Provider<br><input type="checkbox"/> 402. School<br><input type="checkbox"/> 403. DAS/District council<br><input type="checkbox"/> 404. Health facility/RCH<br><input type="checkbox"/> 405. Police station/Gender and children desk<br><input type="checkbox"/> 406. Village/WEO office<br><input type="checkbox"/> 407. CSOs/FBOs<br><input type="checkbox"/> 408. Fit person/foster parent<br><input type="checkbox"/> 409. District social welfare<br><input type="checkbox"/> 410. Institutional care<br><input type="checkbox"/> 411. Community development officer<br><input type="checkbox"/> 412. Parenting groups<br><input type="checkbox"/> 413. MVCC/Child protection team<br><input type="checkbox"/> 414. Vocational Training/Collage<br><input type="checkbox"/> 415. Income Generating Group |
| <p><b>Psychosocial care and support</b></p> <input type="checkbox"/> 501. Counselling<br><input type="checkbox"/> 502. Social participation<br><input type="checkbox"/> 503. Child welfare education<br><input type="checkbox"/> 504. Cultural and Spiritual support services<br><input type="checkbox"/> 505. Alcohol and Drug Abuse Support   | <p><b>Psychosocial care and support</b></p> <input type="checkbox"/> 501. Social welfare office<br><input type="checkbox"/> 502. Counselling center<br><input type="checkbox"/> 503. Health center<br><input type="checkbox"/> 504. Children clubs/Peer groups<br><input type="checkbox"/> 505. School<br><input type="checkbox"/> 506. Religious institutions  |
| <p><b>Economic Strengthening</b></p> <input type="checkbox"/> 601. Cash Transfers (TASAF)/Saving and Lending Support<br><input type="checkbox"/> 602. IGA, small business/enterprise support<br><input type="checkbox"/> 603. Vocation skills support<br><input type="checkbox"/> 604. Agricultural and extension service support<br><input type="checkbox"/> 700. Others, please specify _____   | <p><b>Economic Strengthening</b></p> <input type="checkbox"/> 601. TASAF/CBO/FBO/NGO/Private For Profit companies<br><input type="checkbox"/> 602. Saving and lending groups<br><input type="checkbox"/> 603. VETA/FDC/UTC<br><input type="checkbox"/> 604. Extension officer E.g Agricultural officer<br><input type="checkbox"/> 700. Others , Specify _____  |

**SECTION C: FEEDBACK ON SERVICE PROVIDED ( This section to be filled by service provider who received the referral; and the slip to be returned to the referring provider)**

Date of referral service provided (dd/mm/yyyy): \_\_\_\_\_ Name of a person referred: \_\_\_\_\_  
 Service Provided: \_\_\_\_\_ Service completed as required: Yes  No   
 Follow-up needed: Yes /No  Follow-up date(dd/mm/yyyy): \_\_\_\_\_

Name of the referral site: \_\_\_\_\_ Name of the receiving provider : \_\_\_\_\_  
 Designation: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_



**GOVERNMENT OF TANZANIA**  
**MINISTRY OF HEALTH AND SOCIAL WELFARE**  
**Department of Social Welfare**