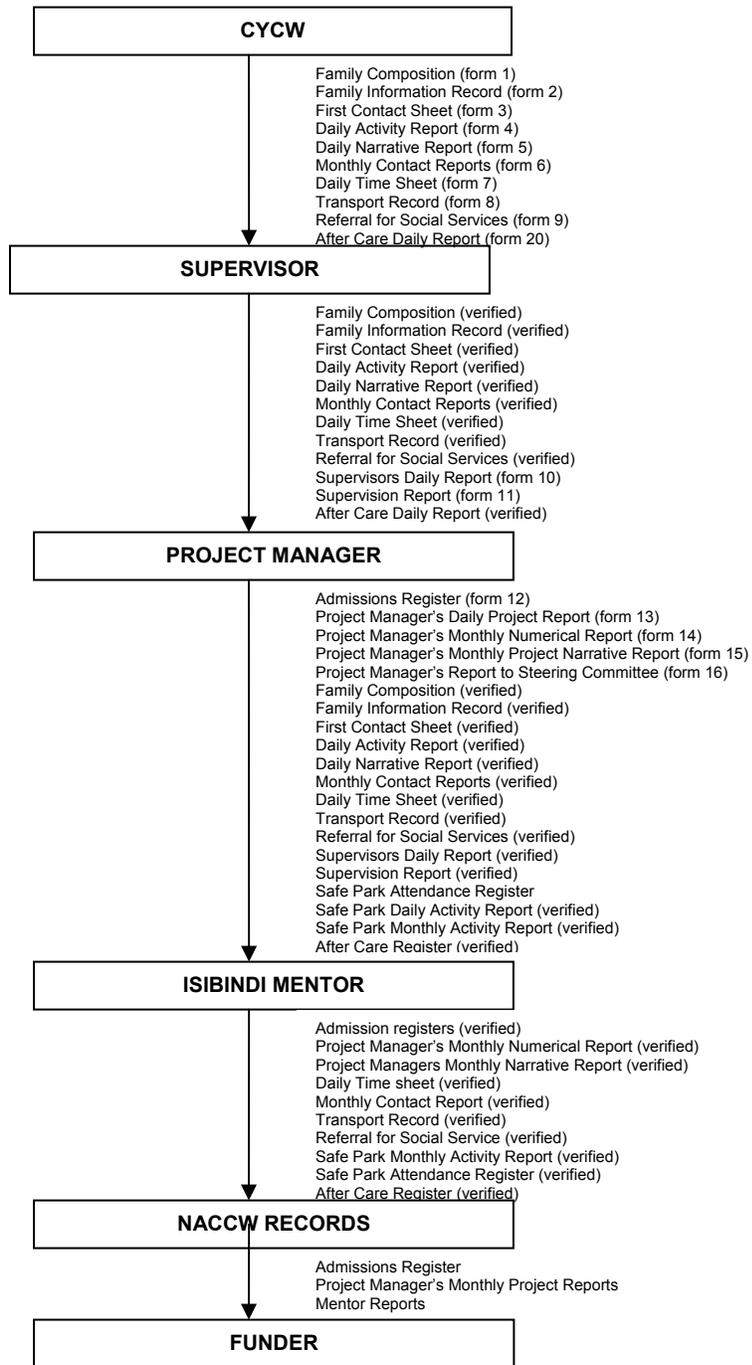


PROCESS FOR CAPTURING SERVICE PROVISION DATA TO FAMILIES



Family Composition



ISIBINDI
CREATING CIRCLES OF CARE

Site Name: _____

NO	Surname	Name	D.O.B	D.O.I
1				
2				
3				
4				
5				
6				
7				
8				

Parents	Name and Surname	D.O.B	ID No.	Whereabouts
Father				
Mother				
Marital status				

Guardian / Caregiver	Name and Surname	D.O.B	ID No.	Whereabouts

Signed CYCW: _____ Signed Supervisor: _____ Signed PM: _____

Date: _____ Date: _____ Date: _____

Family Information



Site Name: _____

Date: _____

Family Name: _____

1. Details and History of family:

Number of children under 18 years _____

Mother

Surname: _____ Name: _____

ID no.: _____

If deceased the cause _____ Date of death: _____

Is there a death certificate? Yes No Income: _____

Other important facts: _____

Father

Surname: _____ Name: _____

ID no.: _____

If deceased the cause _____ Date of death: _____

Is there a death certificate? Yes No Income: _____

Other important facts: _____

2. Details of head of household:

Surname: _____ Name: _____

ID no.: _____ Date of birth: _____

Income from own _____ Total household income _____

3. Details of other adults

(specify name, age relationship to children &/or head of household, who is the guardian):

3.1. Other relatives in the household:

3.1.1 Surname: _____ Name _____

Relationship to family _____ Age _____

3.1.2 Surname: _____ Name _____

Relationship to family _____ Age _____

3.1.3 Surname: _____ Name _____

Relationship to family _____ Age _____

3.1.4 Surname: _____ Name _____

Relationship to family _____ Age _____

4. General relevant information

First Contact Sheet



ISIBINDI
CREATING CIRCLES OF CARE

Site Name: _____

Family name: _____

CCYCW: _____ Date: _____

Person/s contacted (name, surname, age): _____

Name of child 1: _____ Age: _____

Name of child 2: _____ Age: _____

Name of child 3: _____ Age: _____

Name of child 4: _____ Age: _____

Name of child 5: _____ Age: _____

Name of child 6: _____ Age: _____

Details of parent /guardian: _____

Brief history: _____

Signed CYCW: _____ Signed Supervisor: _____

Date: _____ Date: _____

Signed PM: _____ Signed Mentor: _____

Date: _____ Date: _____

DAILY ACTIVITY REPORT



ISIBINDI
CREATING CIRCLES OF CARE

Site : _____

Month and year : _____

CYCW : _____

Surname : _____

Gender : _____

First Name : _____

Age : _____

Activity		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
NNutritional Support	Grow food garden																																	
	Secure food parcels																																	
	Other																																	
Psychological support	Home visit																																	
	Primary care tasks																																	
	Developmental assessment																																	
	Life space counseling																																	
	Prep- family conferencing																																	
	Family conferencing																																	
	Teaching life skills																																	
	Developmental programs																																	
	Play/recreation																																	
	Memory boxes																																	
Educational Support	School admissions																																	
	School visit																																	
	Homework supervision																																	
Economic Support	Resources accessed																																	
	Documents sought																																	
	Grant applications																																	
	Grants received																																	
Health Care	Access ARV																																	
	Compliance support (ARV)																																	
	Hospital or clinic visit																																	
	Health care education																																	
Referrals	Social worker																																	
	Health worker																																	
	Specialized services																																	

MONTHLY SUMMARY

MONTHLY SUMMARY	Y	N
Nutritional support		
<ul style="list-style-type: none"> • Providing food gardens 		
<ul style="list-style-type: none"> • Food parcel 		
Psychological Support		
<ul style="list-style-type: none"> • Memory boxes 		
<ul style="list-style-type: none"> • Family conferences 		
Education support		
<ul style="list-style-type: none"> • Registered at school 		
Economic support		
<ul style="list-style-type: none"> • Grant received 		
Health Care		
<ul style="list-style-type: none"> • Secured ARV's 		

Daily Narrative Report



Site Name: _____

File number: _____ Family name: _____

CCYCW: _____ Date: _____

Contacted (person(s): _____

Where (school, home, etc): _____

Content of Contact:

1. Describe activities undertaken:

2. Other important observations:

3. Plan of Action:

4. Relationships:

5. Allocation of responsibilities:

Signed CYCW: _____ Signed Supervisor: _____

Date: _____ Date: _____

Signed PM: _____ Signed Mentor: _____

Date: _____ Date: _____

Supervision Report



Site Name: _____

Date: _____

Name of the supervisor: _____

Name of the supervisee: _____

Agenda

1. _____

2. _____

3. _____

4. _____

5. _____

Summary of supervision

Signed Supervisor: _____ Signed PM: _____

Date: _____ Date: _____

Signed Mentor: _____

Date: _____

ADMISSIONS REGISTER



ISIBINDI
CREATING CIRCLES OF CARE

Site: _____

Month: _____

No.	SURNAME	NAME OF CHILD/ CHILDREN	M	F	AGE	D.O.B	D.O.I	D.O.T	SCHOOL	GRADE	NAME OF PARENT/CARE GIVER	WORKER	GRANTS	
													Pending	Secured

Project Managers' Daily Report



ISIBINDI
CREATING CIRCLES OF CARE

Site : _____
 Date : _____
 Project Manager : _____

	SUPERVISION			ADMINISTRATION						MEETINGS						PROJECT MANAGER	
	On line supervision	Consultative supervision	Group supervision	Verifying reports	Supervision reports	Other reports	Admission registers	Statistics	Letters or correspondence	Team meetings	Team leaders meetings	Meetings with Isibindi Mentor	Consultative meetings	External meetings or discussions	Preparation for meetings	Admin coordination	Contact with NACCW
CYCW																	

SIGNED PROJECT MANAGER: _____
 DATE : _____

SIGNED MENTOR: _____
 DATE : _____

SIGNED PROJECT COORDINATOR: _____
 DATE : _____

Project Manager's Monthly Numerical Report



Site Name: _____

Month and Year _____

Under 18 Girls

MONTHLY SUMMARY	NUMBER
Nutritional support	
<ul style="list-style-type: none"> • Providing food gardens 	
<ul style="list-style-type: none"> • Food parcel 	
Psychological Support	
<ul style="list-style-type: none"> • Memory boxes 	
<ul style="list-style-type: none"> • Family conferences 	
Education support	
<ul style="list-style-type: none"> • Registered at school 	
Economic support	
<ul style="list-style-type: none"> • Grant received 	
Health Care	
<ul style="list-style-type: none"> • Secured ARV's 	

Under 18 Boys

MONTHLY SUMMARY	NUMBER
Nutritional support	
<ul style="list-style-type: none"> • Providing food gardens 	
<ul style="list-style-type: none"> • Food parcel 	
Psychological Support	
<ul style="list-style-type: none"> • Memory boxes 	
<ul style="list-style-type: none"> • Family conferences 	
Education support	
<ul style="list-style-type: none"> • Registered at school 	
Economic support	
<ul style="list-style-type: none"> • Grant received 	
Health Care	
<ul style="list-style-type: none"> • Secured ARV's 	

Over 18 Girls

Over 18 Boys

MONTHLY SUMMARY	NUMBER
Nutritional support	
• Providing food gardens	
• Food parcel	
Psychological Support	
• Memory boxes	
• Family conferences	
Education support	
• Registered at school	
Economic support	
• Grant received	
Health Care	
• Secured ARV's	

MONTHLY SUMMARY	NUMBER
Nutritional support	
• Providing food gardens	
• Food parcel	
Psychological Support	
• Memory boxes	
• Family conferences	
Education support	
• Registered at school	
Economic support	
• Grant received	
Health Care	
• Secured ARV's	

Signed PM: _____

Signed Mentor: _____

Date: _____

Date: _____

Signed PC: _____

Date: _____

Monthly Project Manager's Narrative Report



Site Name: _____

Narrative Report: _____

Month and Year: _____

Team Functioning:

Administration

Quality of Service Delivery:

Accessing Resources and Networking:

Advocacy

Other Activities:

Other Concerns:

Other Highlights:

Plan of Action:

This Month's Case Study

Family Name: _____

Ages of Children: _____



Family Situation Before Intervention:

Child and Youth Care Services Offered:

Impact of Services:

Future Plans:

Date: _____ Signed: _____

Project Co-ordinator

Date: _____ Signed: _____

Mentor

Challenges

Other Issues:

Date: _____ Signed: _____

Project Manager

Date: _____ Signed: _____

Project Co-ordinator

SAFE PARK DAILY ACTIVITY REPORT



ISIBINDI
CREATING CIRCLES OF CARE

Site : _____

Month and year : _____

CYCW : _____

Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
Playing games	Hide & seek																																	
	Hula hoops																																	
	Tug of war																																	
	Maskitane																																	
	Shumpu																																	
	3 tins																																	
	Puca																																	
	Donkey																																	
	Stones																																	
	Driving tires																																	
	Dolly house																																	
	Other																																	
Organised sports fixtures	Soccer																																	
	Volleyball																																	
	Cricket																																	
	Basketball																																	
	Baseball																																	
	Hockey																																	
	Netball																																	
	Rugby																																	
Other																																		
Board games	Chess																																	
	Labalaba																																	
	Snake & ladder																																	
	Ludo																																	
	Monopoly																																	
	Cards																																	
	Ncuva																																	
	Scrabble																																	
	Puzzles																																	
	Other																																	
Arts and crafts	Drama																																	
	Painting																																	
	Beadwork																																	
	Drawing																																	
	Clay work																																	
	Making toys																																	
	Other																																	

Activity		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
Group discussions	Debates on youth issues																																		
	HIV/AIDS																																		
	Drugs																																		
	Teenage pregnancy																																		
	Sex & sexuality																																		
	Children's rights																																		
	Grief work																																		
	Hygiene																																		
	Other																																		
Environmental issues	Clean up of Safe park																																		
	Gardening																																		
	Other																																		
Special events/Days	Human rights																																		
	Holiday programs																																		
	Women's day																																		
	Freedom day																																		
	World AIDS day																																		
	Youth day																																		
	Child protection week																																		
	Other																																		
Other	Home work supervision																																		

Signed Safe Park Co-ordinator: _____

Date: _____

Signed Project Manager: _____

Date: _____

Signed Mentor: _____

Date: _____

Monthly Safe Park Narrative Report



ISIBINDI
CREATING CIRCLES OF CARE

Site name: _____

Date: _____

CCYCW: _____

1. DESCRIBE ACTIVITIES UNDERTAKEN:

Playing games:

Organised sports fixtures:

Board games:

Arts/Crafts:

Group discussions:

Environmental issues:

Special events/days:

Home work supervision:

2. OTHER IMPORTANT OBSERVATIONS

3. PLAN OF ACTION

Signed Safe Park
Co-ordinator: _____

Signed Project
Manager: _____

Date: _____

Date: _____

Signed Mentor: _____

Date: _____

AFTER CARE DAILY REPORT



ISIBINDI
CREATING CIRCLES OF CARE

Site : _____ Month & year: _____ CYCW: _____

Surname : _____ First Name: _____ Gender: _____ Age: _____

Activity	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
NNutritional Support	Grow food garden																															
	Secure food parcels																															
	Other																															
Psychological support	Home visit																															
	Primary care tasks																															
	Developmental assessment																															
	Life space counseling																															
	Prep- family conferencing																															
	Family conferencing																															
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	Compliance support (ARV)																															
	Hospital or clinic visit																															
	Health care education																															
Referrals	Social worker																															
	Health worker																															
	Specialized services																															

NB:

1. This report refers to children in aftercare i.e. services that have been terminated
2. For the PEPFAR sites, only record children serviced before October 2005 that have not been carried over into the new reporting period (Oct 05 – Sept 06)
3. Please note that at least three different services need to be provided (ticked)
4. Please complete a daily narrative report for all children under 18yrs who have received aftercare services

