



GOVERNMENT OF SINDH
SINDH CHILD PROTECTION AUTHORITY
SOCIAL WELFARE DEPARTMENT
Social Welfare Training Institute, ST-04, Gulshan e Iqbal
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Karachi, dated the 24th April, 2025

NOTIFICATION

No.DG/SCPA/SWD/CP-CMRS)/2025/1036 In exercise of the powers conferred to this office under Sindh Child Protection Authority Act 2011 (Amended), the Sindh Child Protection Authority (SCPA) hereby notifies the Technical Package of the **Child Protection Case Management and Referral System (CP-CMRS)** jointly developed by the Sindh Child Protection Authority, Social Welfare Department & UNICEF for management & documentation of cases in **Child Protection Units (CPUs)** in all 30 districts across Sindh.

2 The CP-CMRS has been developed with a wide-ranging consultation between UNICEF, Sindh Child Protection Authority and all the stakeholders to ensure a standardized, integrated, and efficient approach towards management of the cases. Any changes in the documents will be made after joint review of SCPA, SWD & UNICEF as and when required and will be notified to all the concerned, accordingly.

(MOAZZAM ALI MARRI)
DIRECTOR GENERAL
Sindh Child Protection Authority

No.DG/SCPA/SWD/CP-CMRS)/2025/1036

Karachi Dated: 24-04-2025

A Copy is forwarded for information and necessary action to:

1. Director (Operations), Sindh Child Protection Authority, GoS, Karachi.
2. Mehwish Maria, Child Protection Officer-UNICEF, Sindh
3. PS to Secretary, Social Welfare Department, Government of Sindh Karachi
4. Child Protection Officers (All), SCPA, GoS, Karachi.
5. Office File



CHILD PROTECTION CASE MANGEMENT AND REFERRAL SYSTEM IN SINDH

Case Management Handbook Forms

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1. Case Registration & Initial Assessment Form

Case ID	Reported Date	District	CPO	
	(dd/mm/yyyy)			
Is this the re-opening of a previously closed case (If Y, use previous case ID)			<input type="checkbox"/> Y	<input type="checkbox"/> N

PART A : ELIGIBILITY FOR CASE MANAGEMENT

ELIBIGILITY STEP 1: Child's Status

Is the victim a child under 18 years of age? Y N (STOP. Victim is not eligible)

ELIBIGILITY STEP 2: REPORTED PROTECTION CONCERN (Check all that apply)

<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Psychological Violence (including Cyber Crime)	<input type="checkbox"/> Neglect / Negligent Treatment
<input type="checkbox"/> Economic exploitation	<input type="checkbox"/> Sexual abuse / violence / exploitation	<input type="checkbox"/> Cultural harmful practice
<input type="checkbox"/> Other (please specify): _____ (Such as: missing child, kidnapped child, runaway child, unaccompanied, separated)		

PART B : REGISTRATION

BASIC INFORMATION

Child's Name		Child's Age	
Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG	Child's Date of Birth	(dd/mm/yyyy)
Child's marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Status of child when found	<input type="checkbox"/> Separated <input type="checkbox"/> Unaccompanied <input type="checkbox"/> Not applicable		
<input type="checkbox"/> Child is a refugee (please check if applicable)	<input type="checkbox"/> Does the child have a Birth Certificate?		
<input type="checkbox"/> Does this child belong to a religious minority?	<input type="checkbox"/> Does the child belong to an ethnic minority?		
<input type="checkbox"/> Is this case reported as CPIE?			
Does the child have any disability?	<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Intellectual Impairment <input type="checkbox"/> Invisible Impairments		<input type="checkbox"/> Mental Impairment <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Not Applicable
Child's Address (Add District, Tehsil and Union Council)			

PARENT/GUARDIAN'S INFORMATION

	Name	Contact Number	CNIC / Any Other Identification
Father			
Mother			
Guardian			
Beneficiary of social protection programs?		<input type="checkbox"/> BISP <input type="checkbox"/> Ehsaas <input type="checkbox"/> Other (specify)_____	

ALLEGED PERPETRATOR'S DETAILS

Alleged Perpetrator's Name:		Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG
Address (if perpetrator is teacher then add school address.)		Age	
Relationship with Child	<input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Grandmother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Guardian <input type="checkbox"/> Child's Father <input type="checkbox"/> Child's Neighbour <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Teacher <input type="checkbox"/> Child's Grandfather <input type="checkbox"/> Other (Specify _____)		
Contact Number			
Does the alleged perpetrator live in the same Premises as the child?	<input type="checkbox"/> Y	<input type="checkbox"/> N	

PART C: INITIAL ASSESSMENT

Interview with the Child

Date of Interview		Person accompanying child	
Relationship of person accompanying child		Child's description of protection concern experience <i>(Please add details about the findings, protection concerns reported by the child, and any information indicating if the child is at risk).</i>	
<input type="checkbox"/> Child's Brother <input type="checkbox"/> Child's Sister <input type="checkbox"/> Child's Father <input type="checkbox"/> Child's Mother <input type="checkbox"/> Child's Grandfather	<input type="checkbox"/> Child's Grandmother <input type="checkbox"/> Child's Guardian <input type="checkbox"/> Child's Neighbour <input type="checkbox"/> Child's Teacher <input type="checkbox"/> Other (Specify _____)		

Information about other adults living in the same home as the child (excluding parents/guardians)

Names	Age	Sex	Relationship to Child		
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother	<input type="checkbox"/> Guardian <input type="checkbox"/> Neighbour <input type="checkbox"/> Teacher <input type="checkbox"/> Other(_____)
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother	<input type="checkbox"/> Guardian <input type="checkbox"/> Neighbour <input type="checkbox"/> Teacher <input type="checkbox"/> Other(_____)
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Father	<input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother	<input type="checkbox"/> Guardian <input type="checkbox"/> Neighbour <input type="checkbox"/> Teacher <input type="checkbox"/> Other(_____)

Note: Use Extra Sheet if needed

Information about other children living in the same home				
Names	Age	Sex	Is this child at risk of VENA ¹ ?	
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG	<input type="checkbox"/> Y	<input type="checkbox"/> N
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> TG	<input type="checkbox"/> Y	<input type="checkbox"/> N
Parents'/Guardians' Attitudes Toward Child and current Protection Concerns				
<input type="checkbox"/> Do the parents/guardians believe the child protection concern happened?		<input type="checkbox"/> Do they have transportation or other support?		
<input type="checkbox"/> Do the parents/guardians blame the child for what has happened?		<input type="checkbox"/> Are they willing to engage in a Child Care Plan?		
Does this case qualify for a comprehensive assessment?			<input type="checkbox"/> Y	<input type="checkbox"/> N
NATURE OF CASE				
<input type="checkbox"/> SIGNIFICANT HARM CASE		<input type="checkbox"/> REGULAR CASE		<input type="checkbox"/> NOT ELIGIBLE
Is Emergency Custody Order required? Note: In a Significant Harm Case, it is necessary to separate the child from the perpetrating caregiver as an urgent safety measure.		<input type="checkbox"/> Y After completing the initial assessment, use PART A of Child Care Plan to determine suitable alternative care placement.		<input type="checkbox"/> N
DECLARATION and CONCLUSION from Initial Assessment (to be signed by the CPO)				
I certify that the above reported facts and findings are true to the best of my knowledge. Based on the above findings, I conclude that the above-named child IS _____ or IS NOT _____ in need of child protection services. If the child is in need of such services, the Comprehensive Assessment shall commence immediately and be completed within 10 days of this report, that is, by _____ (due date for Comprehensive Assessment).				
Name and Signature			Date and time Initial Assessment completed	

¹ Violence, Exploitation, Neglect, Abuse, Harmful Practices



2. Comprehensive Assessment Form

Case ID

PART-A : COMPREHENSIVE ASSESSMENT REPORT	
Child's Strengths and Resources:	
Strength	Supporting Notes
PHYSICAL <input type="checkbox"/> Strong <input type="checkbox"/> Weak	
EMOTIONAL <input type="checkbox"/> Strong <input type="checkbox"/> Weak	
SOCIAL <input type="checkbox"/> Strong <input type="checkbox"/> Weak	
MENTAL (Cognitive) <input type="checkbox"/> Strong <input type="checkbox"/> Weak	
OTHER : _____ <input type="checkbox"/> Strong <input type="checkbox"/> Weak	
Information Obtained from Other Sources	
Person Interviewed (check all that apply)	Detail of relevant Information
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	
<input type="checkbox"/> Teacher <input type="checkbox"/> Religion Teacher (Qari)	
<input type="checkbox"/> Neighbour <input type="checkbox"/> Others:	
ASSESSMENT OF FAMILY'S STRENGTHS	
Capacity to protect the Child	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
Capacity to provide nurturing relationship	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
Capacity to support child with daily routines	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
Willingness and capacity to engage in child's rehabilitation	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
Other _____	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
Who is the child most attached to?	Who is most motivated and able to help the child? How so?
SUMMARY OF FINDINGS OF COMPREHENSIVE ASSESSMENT (Based on the assessment of the child, family, and reviewing information provided by the external sources listed above, the child)	
<input type="checkbox"/> Is at imminent risk of VENA ²	<input type="checkbox"/> Is currently experiencing VENA ² <input type="checkbox"/> Has experienced VENA ²
DECLARATION	I certify that the above reported facts and findings are true to the best of my knowledge. The Emergency Custody Order is attached with this form.
Name	Signature

² Violence, Exploitation, Neglect, Abuse, Harmful Practice



3. 'Child Care Plan'

Case ID		<input type="checkbox"/> Interim Plan	<input type="checkbox"/> Full Plan
PART A: ALTERNATIVE CARE PLACEMENT			
Proposed Alternative Placement			
<input type="checkbox"/> Person Name		<input type="checkbox"/> Organization Name	
Contact		Contact	
Relationship to Child			
<i>This person has the capacity to provide the following:</i>		<i>This Organization has the capacity to provide the following:</i>	
<input type="checkbox"/> Protection, wellbeing and safety of child <input type="checkbox"/> Child's physical and emotional needs, including disability accommodations, attachment and psychosocial needs <input type="checkbox"/> Harmony with Religious and cultural views of the child <input type="checkbox"/> Educational needs of child, including language requirements of child		<input type="checkbox"/> Protection, wellbeing and safety of child <input type="checkbox"/> Child's physical and emotional needs, including disability accommodations, attachment and psychosocial needs <input type="checkbox"/> Harmony with Religious and cultural views of the child <input type="checkbox"/> Educational needs of child, including language requirements of child	
What is the child's feeling and opinion about this placement?			
Is this care placement willing and able to facilitate the child's right to continuing contact and return to the family (if determined in his or her best interest)?			<input type="checkbox"/> Y <input type="checkbox"/> N
BEST INTEREST STATEMENT Based on the evaluation of alternative care placement options, the CPO concludes that the child's best interest lies in placement with: _____			
PART B: CHILD CARE PLAN			
Case Goals (Please add case goals by applying SNAP: Safety and survival need, Nurturing relationships, Age-, gender-, and ability-appropriate activities, Psycho-social rehabilitation) If child requires alternative care placement, please use Part A of this form to assess placement options.			
Case Goals:		Referred to (FP/Department)	
1.			
2.			
3.			
<input type="checkbox"/> PARENTAL CONSENT (If child less than 15)		<input type="checkbox"/> CHILD ASSENT (If child older than 15)	
Name :		Signature and Thumb Impression	
DECLARATION OF CPO I confirm that this Child Care Plan has been developed with the participation of the child and his/her family/guardian..			
Name & Signature		Date	



4. Referral Form

Case ID		Child's Name	
Child's Sex		Date of Birth	
Parent/Guardian Name		Contact number / Address	
Protection Concern	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Psychological Violence (including Cyber Crime) <input type="checkbox"/> Economic exploitation		<input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Neglect / Negligent Treatment <input type="checkbox"/> Sexual Abuse / Violence

Your department's/agency's _____ (add department/agency name), service(s) is / are requested by the District Child Protection Unit as the child needs protection services. Type of service requested is:

Please contact me for additional information you may require. I look forward to following up with you regularly as the case progresses.

Sincerely,

(CPO's Name & Signature)

District Child Protection Unit

Date _____

Phone Number: _____

Email Address: _____

Note: Original copy of the letter for referred department / service provider

✂ (Cut here) -----

For DCPU RECORD

Case ID		Child's Name	
Case Referred to (Name of Focal Point and Department)		Date Referred on	
Detail of Referral Services Requested			

✂ (Cut here) -----

For CHILD'S FAMILY RECORD

Case ID		Child's Name	
Case Referred to (Name of Focal Point and Department)		Date Referred on	
Detail of Referral Services Requested			



5. Response Letter

Ref No: _____

Date : _____

SUBJECT: UPDATE ON THE REFERRED CHILD PROTECTION CASE

Dear _____,

Thank you very much for referring the child protection case to our department/agency. With regards to the

Case ID	Child's Name	Protection Concern

Department has provided the following referral services:

Services Provided	Date of Services provided	Reason (if Services not provided)

Sincerely,

Name:

Designation (Child Protection Focal Point):

Department Name:

Address:

Phone Number:



6. Follow-Up Letter

Ref No: _____

Date : _____

SUBJECT: FOLLOW-UP ON THE REFERRED CHILD PROTECTION CASE

Dear _____,

The department is requested to provide an update regarding the referred child protection case.

Case ID		Date Case Referred	
Child's Name		Protection Concern	

Our goal is to ensure the safety and well-being of all children in Sindh. You are kindly requested to expedite the delivery of child protection services requested by District Child Protection Unit.

Sincerely,

Name:

Designation:

DCPU Address:

Phone Number:



7. Case Review³, Closure and Transfer

Date of Case Review:		Child's Name		Case ID	
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Case Decision		Rationale for case decision	Notes
<input type="checkbox"/> Case Remains Open		<input type="checkbox"/> Child Care Plan in Process <input type="checkbox"/> Needs updated assessment	
<input type="checkbox"/> Case Closed		<input type="checkbox"/> Child Care Plan Achieved <input type="checkbox"/> Death of the child <input type="checkbox"/> Reunification/Reintegration ⁴ of unaccompanied child achieved <input type="checkbox"/> Reunification/Reintegration of separated child achieved <input type="checkbox"/> Other (Specify _____)	
<input type="checkbox"/> Transfer Case	District:		<input type="checkbox"/> Reached Adulthood <input type="checkbox"/> Child's District/Province Changed
	Province:		
Parental/Guardian consent for case decision			
Signature / thumb impression: _____			
Declaration of CPO:			
<i>I confirm that the case review has been completed with the child and child's family/guardian.</i>			
Signature: _____			

³ The CPO will complete this form with the child and his/her caregiver. See SOPs for further details.

⁴ See SOPs on case closure for further details on reunification and reintegration of unaccompanied or separated children.



8. Case Conference Meeting Minutes Template

Date case conference held: _____

Note: The Case Conference may be organized between multiple collaborative line departments to discuss and render opinions on individual cases and to make binding decisions on critical cases. A case conference may be held at any stage of the child protection case management process.

Case ID	Decisions taken	Responsible Department (add name of the focal point)	Timeline

People in Attendance	Department Name	Signature