



**THE ALLIANCE**  
FOR CHILD PROTECTION  
IN HUMANITARIAN ACTION

TECHNICAL NOTE: ADAPTATION OF  
CHILD PROTECTION CASE MANAGEMENT  
TO THE COVID-19 PANDEMIC - VERSION 2

# COVID-19 CHILD PROTECTION CASE MANAGEMENT GUIDANCE<sup>1</sup>

## INTRODUCTION

Child Protection Case Management (CP CM) is part of the essential services that cannot be stopped suddenly, but which requires adaptation to the new emergency.<sup>2</sup> This includes the Best Interest Procedure (BIP) in refugee settings.<sup>3</sup> With many schools and childcare facilities closed, increased caregiver stress, and crowded living spaces where families are confined, children are at heightened risk of abuse, neglect, and exploitation. In addition, children may experience the death of their caregiver or may be separated from their families for multiple reasons, including public health containment measures associated with COVID-19. As these risks are often hidden and out of sight within communities, it can become even more difficult to identify vulnerable children without visits or other forms of follow-up by caseworkers due to new COVID-19-related restrictions. Thus, continued support for the most urgent cases within the existing caseload must be available through adapted measures, along with appropriate

responses for new child protection risks and concerns generated by the pandemic.

This document builds on existing response action from several countries and case management task force agencies. It provides considerations for adapting CP CM interventions to the COVID-19 pandemic and to better understand the important role of case management in the emergency. The table below makes suggestions for contingency plans and adapted actions for each of the eight dimensions of case management.<sup>4</sup> It describes priority actions to consider in order to continue supporting the most vulnerable cases and to respond to new cases generated during the outbreak. Even if current access is not significantly impacted in your context, it is important that case management agencies plan in advance for the potential of extremely limited access to children and families as a result of COVID-19.

*This guidance was developed by the [Case Management Task Force](#) of the Alliance for Child Protection in Humanitarian Action and is an annex to the [Technical note on the protection of children during the COVID-19 pandemic \(v.2\)](#).*

---

<sup>1</sup> Suggested citation: The Alliance for Child Protection in Humanitarian Action, COVID-19 Child Protection Case Management Guidance, June 2020

<sup>2</sup> Standard 18 (Case Management) in [Minimum Standards for Child Protection in Humanitarian Standards](#) (2<sup>nd</sup> Edition, 2019) The Alliance for Child Protection in Humanitarian Action.

<sup>3</sup> [Best Interests Procedure \(BIP\)](#) which is part of the broader refugee protection case management system.

<sup>4</sup> Based on [Child Protection Case Management Quality Assessment Framework](#) global guidance (2019), Case Management Task Force, The Alliance for Child Protection in Humanitarian Action.

## CASE MANAGEMENT RESPONSE: KEY ACTIONS

Adjust case prioritization criteria to the COVID-19 situation and government policy in country. Assign risk levels to current and new child protection cases. For refugee settings, prioritization criteria should consider children for whom the Best Interest Determination (BID) process is required.

### Current Caseload

Conduct a review of the current caseload and assign new risk levels based on the COVID-19 situation. Give priority to high-risk cases. See [The CP CM personal interactions flow chart](#), [Lebanon sample case management social distancing interagency guidance](#), and [IRC remote case management decision tree](#)

#### For all cases

Supervisors should review and prioritize all open cases with the caseworker in a 1-on-1 meeting. This meeting can occur remotely if ‘stay at home’ order is in place or in-person if the meeting is in the preparedness stage. Start with high risk cases, using the following questions to guide the re-prioritization discussion:

- What is the current situation of the child? Have there been any minor or major changes that affect the child and/or their caregivers as a result of the pandemic?
- What is the likelihood that the child’s safety and wellbeing will worsen due to the current crisis? (Determine specific risks and document, if possible.)
- What type of support does the child require and how will caseworker and child safety be considered for each action prioritized? (Document in case plan, if possible.)

The delivery of case management services may need to be modified depending on the crisis level in your context. The following adaptations should be considered:

- Continue face-to-face meetings only if safe and appropriate. If a face to face meeting is planned, make available [personal protective equipment \(PPE\)](#) and call in advance to determine if the child, caregiver, or any member of the household is experiencing COVID-19 symptoms or believes they have been exposed to the virus. If the caseworker cannot visit the home, establish an alternative safe place to meet, preferably outside or in a well-ventilated space.
- Use phone communication if accessible to the child and/or caregiver, both as a supplement and as an alternative to visits.

## Case Management Response: Key Actions, cont.

<p><b>For all cases, cont.</b></p>	<ul style="list-style-type: none"> <li>• Work with trusted community members, volunteers, or child protection committee members to provide follow-up only if safe and relevant.</li> <li>• Create or update safety plans for the child and/or caregiver and/or trusted adult.</li> <li>• Determine what resources are needed to implement adaptations proposed (i.e. phone credit, psychosocial support (PSS) materials, movement permits, referral service pocket cards, etc.).</li> <li>• Allocate a back-up caseworker to cover cases so that if the primary caseworker falls ill or is not able to continue providing services, the back-up caseworker is prepared to support.</li> </ul> <p>If case management services are modified during COVID-19, document the adapted service delivery modality and include it as an annex to the case management standard operating procedures (SOPs).</p>
<p><b>For high risk cases</b></p>	<p>Maintain case management support for all high-risk cases. Depending on staff safety and the availability of PPE, conduct face-to-face visits with the most urgent/life threatening cases. If governments place restrictions on movement, case management teams and country leadership may need to <a href="#">advocate with authorities</a> for permission to safely access high risk cases or identify who within the government or another child protection agency can provide immediate support.</p> <hr/> <p>Consider introducing the back-up caseworker to the child and/or trusted adult in case there is a need to handover high-risk cases temporarily while the primary caseworker recovers from being sick, needs to go on leave to care for someone sick, or cannot continue to provide case management services due to COVID-19 restrictions (this could include no privacy if working from home, no mobility, etc.). Decisions will need to be made by the supervisor and caseworker around how the back-up caseworker can safely access case information during the coverage period.</p>
<p><b>For medium and low risk cases</b></p>	<p>Medium and low risk cases should be reviewed and prioritized based on assessed needs; caseworkers' availability and contact information should be shared with the child and/or caregiver and/or trusted adult. Provide phone follow-up if required and explore community safe support options.</p>

## Case Management Response: Key Actions, cont.

### New Caseload

Adapt case management criteria that considers:

- **Family/child directly impacted by COVID-19:** children and families' increased distress, loss of livelihood, family separation and children isolated without appropriate care (alone at home due to caregivers' illness, children in observation or treatment centers), orphan children (death of parents/caregiver due to the illness), child survivors of the illness and potential rejection in family or community.
- **Family/child indirectly impacted by COVID-19:** domestic violence, sexual and gender-based violence, child marriage and adolescent pregnancy, trafficking, and enhanced risks for: children or caregivers with disabilities and/or chronic illnesses, [child labor](#), [children on the move](#), [children living on the street or in residential care facilities](#), [children associated with armed forces or armed groups](#), and [children deprived of their liberty](#) (e.g. in detention).

Establish [clear protocols](#) that are specific to the COVID-19 situation in each operational location for identification and intake of new cases (review and update the protocols regularly). It is important to consider how confidentiality will be maintained if new modalities are used for case identification and intake.

### *Relevant resources for case management response*

- **The Alliance for Child Protection in Humanitarian Action Guidance Note: Protection of Children During Infectious Disease Outbreaks** (page 18 and 19): [Summary and guidance regarding \(additional\) protection risks that can arise in infectious disease outbreaks based on 1\) infectious diseases that do not require quarantine and isolation and 2\) infectious diseases that require quarantine and isolation](#)
- **CP Alliance Technical Note: Protection of Children during the Coronavirus Pandemic (v.2):** [Overview of risks presented by COVID-19 and related control measures and causes of risks](#)
- **CP Alliance Technical Note COVID 19:** [protecting children from violence, abuse, neglect in the home](#)
- **Save the Children Child Protection:** [COVID Guidance Children Deprived of their Liberty](#)
- **International Federation of Social Workers:** [Ethical decision making in COVID-19](#)
- **Girls not Brides COVID-19 and Child, Early, and Forced Marriage:** [An agenda for action](#)
- **Plan CP and SGBV:** [Preparedness guidance](#) and [case management preparedness checklists](#)
- **Watchlist:** [Factsheet on the impacts of COVID-19 on children in armed conflict](#)
- **Maestral International:** [Guidelines for virtual monitoring of children, their families and residential care facilities during the COVID-19 pandemic](#)



## CASE MANAGEMENT PROCESS: KEY ACTIONS

The steps in the case management process remain unchanged, but the approach and modalities for each step should be reviewed to be more flexible and adapted according to the context and location.

In all interactions with children/caregivers/trusted adults, caseworkers and supervisors should:

- Inquire about the health of the household prior to or at the beginning of the interaction. If anyone is unwell, support referral to a health service provider.
- Communicate critical services and any changes to case management arrangements, reassuring clients that they will have contact with the case worker and be kept up to date.
- Promote age, ability, and gender-sensitive key messages related to personal hygiene, safety, social/physical distancing, etc. with children and families.
- Promote the mental health and psychosocial wellbeing of children and caregivers (see relevant resources below).
- Provide [parenting key messages](#) and [tips](#) that focus on stress reduction, child development, social and emotional learning, safety, how to access services, etc.
- Inform children and families about what they can expect next and how you will communicate.
- Develop or update safety plans with the child, including who and how to contact someone they trust if they are being harmed.
- Document all interactions with the child/caregiver/trusted adult when safe and appropriate to do so (see information management below).
- Ensure that children and caregivers know how to contact the caseworker in the event of an emergency.

## Case Management Process: Key Actions, cont.

### *Relevant resources for case management process*

- **IFRC Psychosocial Centre:** [remote psychological first aid during COVID-19](#)
- **Save the Children** [psychological first aid training manual for child practitioners](#): includes sessions 7 and 8 on communication with children and session 9 on communication with caregivers
- **UNICEF MHPSS** (April 2020): [COVID-19 operational guidance for implementation and adaptation of MHPSS activities](#)
- **R2HC Delivering Psychological Treatment to Children via Phone:** [guidance document sets out basic principles for the delivery of psychological therapy to children via telephone](#)
- **Save the Children:** [10 things you should know about COVID-19 and persons with disabilities](#)
- **International Disability Alliance** (March 2020): [towards a disability inclusive COVID 19 response](#)
- **UNICEF Not Just Hotlines and Mobile Phones:** [gender-based violence service provision during COVID-19](#)
- **Child Helpline International (not COVID-19 specific):** [training module for child helpline counsellors](#)
- **CP AOR Child Protection Resource Menu COVID:** [section #6 child protection case management adapted to COVID 19](#)
- **Child and Adolescent Survivor Initiative COVID 19 Guidance Note:** [key considerations and practical guidance](#)
- **Maestral International:** [case management considerations for children at risk of separation, including recently reunified children, during COVID-19 pandemic](#)

## STRENGTHENING THE CHILD PROTECTION SYSTEM: KEY ACTIONS

Strengthen the link between health and social services at the national, sub-national, and community levels to promote a child protection case management response for [COVID 19 generated child protection risks and concerns](#), specifically for identifying and delivering protection services for children at risk of separation from caregivers due to the hospitalization or death of the caregiver or care provider.

- Coordinate with and support the provision of social protection services for economically vulnerable households affected by COVID-19. This could include the provision of emergency cash and voucher assistance through case management services until the cases can be covered by the social protection system (see CVA section below).
- For refugee and asylum-seeking children, advocate for access to social protection services regardless of their status in the country.

Advocate for case management services to be considered essential and a vital part of the COVID-19 response; caseworkers as part of the social service workforce should be supported to continue following up with the most vulnerable, high risk cases despite COVID 19.

[Advocate with governments](#) to sustain and support the social service workforce and humanitarian child protection staff – whether paid or unpaid, professional or volunteer – as essential workers.

Advocate for an increase in social service workforce social welfare staff at hospitals and medical centers to identify and better protect children separated from primary caregivers, children that have experienced abuse or neglect, and children without appropriate care.

[Advocate with governments and other agencies for child protection to be budgeted for](#) and for caseworkers to be provided with PPE and training on risk mitigation.

Advocate with governments to include training on COVID-19 child protection risks for health, education, and social service staff, including the [prevention of sexual exploitation and abuse and how to safely report concerns](#).



Strengthening the Child Protection System: Key Actions, cont.

*Relevant resources for strengthening the child protection system*

- CP Alliance Children and Alternative Care: [immediate response measures](#)
- CP AOR Advocacy resources: [coordinating the protection of children](#) during the COVID 19 response

## COLLABORATION AND COORDINATION: KEY ACTIONS

<b>Service mapping and referral pathways</b>	Update <a href="#">multi-sector service mapping</a> , including updates on adapted child protection services and other services that may be more in demand during COVID-19 (healthcare, alternative care, community-based support services, cash assistance, WASH, nutrition, GBV, legal services, NFI's, etc.).
	Update existing referral pathways at local and national levels, where relevant, in collaboration with community focal points and local organizations/agencies. Include notes on services (health, WASH, nutrition, protection, etc.) that might close, reduce, or be changed due to the pandemic.
	As isolation units, quarantine units, and field treatment centers are established or expanded, develop internal SOPs and referral protocols to ensure health care staff (triage, contact tracers, and surveillance staff) are trained to safely identify and refer children at risk of or that have experienced violence, abuse, exploitation, and/or neglect. Reference <a href="#">CPMS Pillar 4: Working Across Sectors</a> for additional guidance.
	<p>Referrals for COVID-19 cases have 2 directions:</p> <ul style="list-style-type: none"> <li>• <b>Child protection actors</b> ➡ <b>Health actors:</b> child protection actors need to be updated on the adapted health referral pathways in the event that a COVID-19 case is suspected in a household. <i>Note: consult the Child Protection Working Group Coordinator for the most up-to-date information on the health referral pathways.</i></li> <li>• <b>Health actors</b> ➡ <b>Child protection actors:</b> Health actors should inform child protection actors when they come into contact with a child that they suspect has experienced violence, abuse, neglect, exploitation, and/or family separation or loss. Referral pathways need to be updated on a weekly basis indicating number of caseworkers who are active per agency and contact details for referrals.</li> </ul>
	Coordinate with Health, Education, Nutrition, WASH, and GBV sectors to support the dissemination of CP key messages for children and caregivers. Child protection key messages should not only focus on COVID-19 but also include CP risk mitigation.
	Train Health, Education, Nutrition, and WASH staff on COVID-19-related child protection risks and adapted safe identification and referral pathways

## Collaboration and Coordination: Key Actions, cont.

<b>Community collaboration and engagement</b>	<p>Work closely with existing community-based child protection groups and focal points who already have the trust of the community to identify and refer new cases. If new focal points are identified due to the current COVID-19 situation, ensure they are trained on the basics of child protection safeguarding and <a href="#">core principles</a> along with safe identification and referral.</p>
	<p>Ensure that community groups and focal points have accurate information about the related risks that COVID-19 can pose for girls and boys, including basic facts such as symptoms and modes of transmission, so they can identify and safely refer children and <a href="#">combat myths that stigmatize children diagnosed with COVID 19</a>.</p>
	<p>Share updated information (referral pathways and services mapping) with community members, ensuring referral pathways are easily understandable (e.g. using simple, clear language and pictures and translated in all relevant languages).</p>
	<p>Clarify the roles of respective community groups and focal points to support children (e.g. awareness raising, basic monitoring of child protection risks, follow up and support to cases, home visits, etc.).  <i>Note: There may be a need for focal points to identify and provide <a href="#">basic support to children who have been separated from their primary caregiver</a> due to their caregiver being admitted to treatment.</i></p>
	<p>Ensure community-based groups/focal points have agreed upon communication channels and know how to contact a case worker and/or case management team.</p>
	<p>Ensure Infection, Prevention, and Control (IPC) protocols are in place in all field/activity locations. Ensure that caseworkers and community-based staff/volunteers have access to hand-washing stations, hand sanitizer, and all the materials outlined in the national health policy (e.g. gloves, masks, etc.) they need to continue to provide support.</p>

**Collaboration and Coordination: Key Actions, cont.**

**Interagency coordination**

- Coordinate with other case management actors (through the Case Management Task Force (CMTF) or other CP coordination group) to distribute potential new caseloads by locations and expertise, as well as to adapt referral pathways, protocols, and resources.
- Coordinate with authorities and ensure cooperation with restrictions on movement and travel, while also advocating to ensure services still reach children most at-risk of violence, abuse, exploitation, and neglect.
- Coordinate with government bodies and humanitarian country teams to understand the scope and scale of the impact of COVID-19.
- Coordinate with health actors to respond appropriately and timely to child protection issues and risks generated by COVID-19 (ideally Child Protection Case Management (CPCM) services should be integrated into health response).
- Coordinate – through Case Management Working Group/Task Force and/or child protection coordination group, if they exist in country – to support joint advocacy. Involve or collaborate with the GBV coordination group as appropriate.
- In refugee settings where national BIPs are not functional or weak, identify BID panel members who can safely and confidentially participate in BID panel meetings remotely.

***Relevant resources for collaboration and coordination***

- CPMS Standard 17: [Community-Level Approaches](#)
- COVID-19 Child Protection Community-Level Task Force: [working with communities to keep children safe](#)

## STAFFING AND CAPACITY: KEY ACTIONS

<b>Staff well-being</b>	Prioritize the <a href="#">health, safety, mental health and psychosocial wellbeing</a> of the case management team.
	Ensure that self-care and staff care strategies are promoted, facilitated, and prioritized for caseworkers. See the <a href="#">WHO Mental Health Considerations</a> & <a href="#">UNICEF MHPSS Operational Guidelines for COVID-19</a> for additional considerations. <ul style="list-style-type: none"> <li>• Provide teams with regular, updated information only by verified sources, such as WHO, and limit the amount of information shared to avoid overload.</li> <li>• Ensure caseworkers fully understand the information that is shared with them and are able to ask questions.</li> <li>• Reinforce or create an emergency communication system (such as a phone tree) and ensure that all team members understand communication channels.</li> <li>• Ensure all team members have clear contact information on who to reach out to, if necessary.</li> <li>• Create a buddy system amongst team members (in addition to regular supervision) to encourage supporting one another and raising concerns.</li> <li>• Establish a plan for the case management team on how to access information should a caseworker or supervisor become ill or need to self-isolate.</li> <li>• Ensure a staff rotation system to ensure that staff are able to rest and dedicate time to their own home life situations.</li> </ul>
	Work with case management teams to determine the best ways of maintaining motivation and team cohesion remotely.
	Share resources for managing stress and maintaining emotional wellbeing with staff (i.e. a simple self-care exercise per day, materials/links, or phone numbers for accessing psychological support, etc.).
	Enable caseworkers to structure their time around additional caring responsibilities and to take time off for sickness.

## Staffing and Capacity: Key Actions, cont.

### Infection, Prevention and Control (IPC)

Ensure or advocate for PPE (see sufficient resources section below) for caseworkers and interpreters, if relevant.

If PPE materials are provided, ensure caseworkers are trained on the correct use of the equipment.

If not enough or appropriate protection materials are provided to safely conduct client visits, remote support alternatives should be defined. Ensure staff and clients are **not put at further risk** by the intervention.

All caseworkers MUST:

- Be equipped with hand sanitizer and follow national guidance (e.g. wearing a mask).
- Wash/sanitize their hands frequently before, during, and after any home or community visit.
- If “thermoflash” thermometers are accessible and considered appropriate to use, check temperatures of those accessing services or conducting home visits.<sup>5</sup>
- Follow and promote social distancing (safe distance of 2m, or per National guidance) and, if possible, conduct visits outside in a wide-open, safe, well-ventilated space rather than inside. With technical advisors/specialists, consider which types of cases could be managed in this way without compromising confidentiality.
- Stay at home if they are sick or someone in their household is sick. They should inform their supervisor who should determine another caseworker to support the children and families in their care.
- Seek medical attention if they have a fever, cough, and difficulty breathing.

---

<sup>5</sup> Consult with health programmes about whether this protocol is suggested in your context. Note that the use of thermoflash can be scary to those who have never seen them before, and particularly to children. It might be necessary, therefore, to conduct some awareness-raising and communication about thermoflash so that people know what to expect and are not scared



## Staffing and Capacity: Key Actions, cont.

### Supervision and coaching

Identify approaches to support remote individual supervision and case management meetings, for example by phone ([see remote supervision guidance](#) and [checklist](#)), Skype, WhatsApp, Microsoft Teams, etc. Provide the tools, training, and coaching to support peer-to-peer supervision for caseworkers working in the same location.

Assess the data security of the chosen method and ensure that all staff know how to avoid using identifiable information or discussing sensitive issues when talking about cases by phone or other means with limited data security.

Ensure that caseworkers are able to communicate with supervisors on an on-going basis and at least once a day.

Refer to the Global Case Management Task Force [Case Management Coaching and Supervision Training Package](#) and adapt relevant material to support remote supervision.

Create regular space (in-person or remotely) during case management meetings and individual supervision to discuss wellbeing, including signs of stress and means of self-care. Give caseworkers the time to talk about their concerns, needs, and their ideas.

## Staffing and Capacity: Key Actions, cont.

### Capacity Building

Train case management staff (including community volunteers) on COVID-19 basic facts – including symptoms, modes of transmission, and infection control – so that they can combat myths that may stigmatize children and their families.

Train case management staff on the IPC measures to safeguard their own safety. Also train them on how to explain the measures to children and their families, why they are taking them, and why children and their families should, too.

Whenever PPEs are available for case management staff, it is essential to accompany distribution with [training on how to use them](#).

Train case management staff to identify protection risks that can arise in infectious disease outbreaks – such as domestic violence and neglect – and on disability inclusion in a COVID-19 response.

Train case management staff on alternative case management modalities and when these modalities should be triggered.

Train case workers on transitioning to remote support approaches (i.e. how to talk to children by phone, how to maintain confidentiality/data protection remotely, safeguarding issues, how to seek supervisor support on critical case, how to manage a hotline).

Train BID panel members on remote panel deliberations, adapting decision-making to the context, and ensuring enhanced confidentiality.

Explore platforms to provide e-learning opportunities during isolation and teleworking (e.g. online courses and virtual small group trainings using videos and facilitated discussion to brainstorm solutions for current challenges).

## SUFFICIENT RESOURCES: KEY ACTIONS

Consider the following items (according to context):

- PPE for essential visits as per WHO guidance and national mandates.
- Equipment for distance follow-up and counselling (phones, credit, batteries, solar panel, etc.)
- Transport (if public transport is no longer available and/or not safe to take)
- Interpreters (if relevant)
- Appropriate devices (smartphones, computers, tablets) and internet connection (if available) when online platforms such as Skype, Teams, Zoom or GoToMeeting are being used

Cash and Voucher Assistance (CVA): If markets and services are still functional, support rapid disbursement of unconditional cash grants to the most vulnerable affected households through case management. Coordinate with the Cash Task Force in country to ensure a market assessment has been conducted and that CVA is a safe, viable option to meet basic household needs. Give priority to caregivers of children that have lost their livelihood due to the COVID-19 situation and consider transferring unrestricted cash and/or vouchers equal to the minimum expenditure basket covering household needs. Unrestricted, unconditional cash is preferred; however, in certain cases, conditions or restrictions may be placed on the CVA that are in the best interest of the child. For CVA to support unaccompanied or separated children, consider delivery through foster families.

WASH/NFI/Nutrition/Shelter: If markets and services are disrupted and families are isolated, child protection case management teams should update service mapping and coordinate with sector-specific actors to ensure basic needs coverage at household-level (WASH, shelter, food, and NFI). If referrals are not working and the identified household cannot receive timely, essential support from sector-specific actor, caseworker should assess critical needs and consider direct delivery modalities.

*Note: Child protection caseworkers should not be providing baby formula to families, unless trained to do so. This action could cause harm to children or disrupt country-level supply chains. Coordinate with nutrition professionals for any baby formula requests.*

Consider access for caseworkers to an emergency case management fund, in particular if they cannot access the office. This need is likely to increase as services become overwhelmed/restricted for children and their families.

## Sufficient Resources: Key Actions, cont.

### *Relevant resources for sufficient resources*

- **World Food Programme:** [COVID 19 Cash-based transfers guidance](#)
- **COVID-19 Pandemic Cash and Voucher Assistance:** [tip sheet for protection considerations](#)
- **Global Protection Cluster:** [child protection and cash-based interventions tip-sheet](#)
- **Save the Children:** [integrated CVA and Child Protection during COVID 19](#)

## INFORMATION MANAGEMENT: KEY ACTIONS

### Documentation

- Ensure case registration and initial assessment forms include 'critical medical conditions' or 'quarantine for the child or caregiver' (if Primero/CPIMS+ is used, ensure to adjust dropdown menu and forms accordingly).
- Review and adapt the interagency referral form and ensure health sector staff are informed about it. If there is no referral system in place, facilitate and simplify rapid child protection referrals from health staff.
- Simplify forms if information is to be collected by telephone or by identified and trained community members.
- Verify and ensure continued safe storage of sensitive documentation in all field/activity sites.
- Record information on asylum-seeking children and refugee children who are not registered in the national asylum system or proGres<sup>6</sup>, and refer the child for registration.

### Information sharing

- Review the referral and information sharing process between child protection and health actors, agree on key information to be shared, and update the referral form accordingly.
- Verify and ensure continued safe storage of sensitive documentation in all field/activity sites (including using a digital information management system for case management such as Primero/CPIMS+).
- Establish clear and confidential communication channels for continued documentation of cases and track trends in child protection concerns during the COVID-19 outbreak.
- Share updated information about referral processes with child protection and health actors.

### Data protection

- Treat medical information about a child or family member as sensitive data and apply the highest standards of data protection.
- Avoid using identifiable information or discussing sensitive issues if gathering information by phone or other means with limited data security.
- Revise Data Protection Agreement to include modalities of working from home for case workers and supervisors.

---

<sup>6</sup> proGres is the refugee case management documentation tool used by UNHCR and governments in some countries to register and manage cases related to refugees and asylum seekers

Information Management: Key Actions, cont.

*Relevant resources for information management*

- Interagency CPIMS+ Steering Committee: [COVID-19 CPIMS+ response guidance note](#)
- IRC Violence Prevention and Response Unit (April 2020): [Information Management for Case Management COVID-19](#)



## MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING: KEY ACTIONS

For monitoring purposes, separate CP data analysis and trends of new caseload generated during the COVID-19 pandemic to inform programming and advocate for changing child protection needs as a result of the crisis.

Ensure, as much as possible, to document and compile all case management adaptations and approaches developed, as well as unhelpful or harmful practices to feed into learning after the pandemic.