#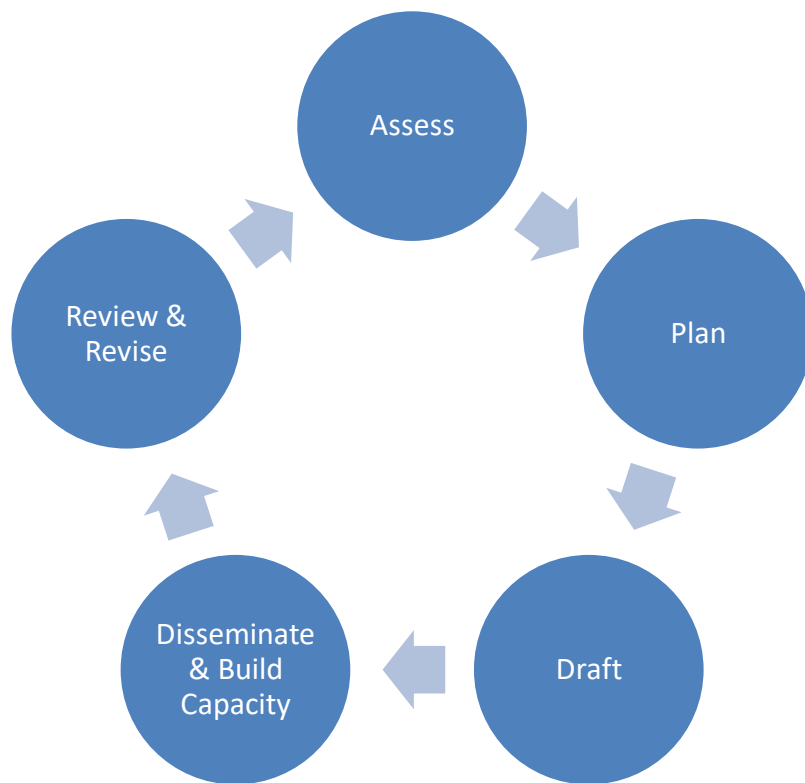 A Five-Step Guide to Developing Inter-Agency Standard Operating Procedures for Child Protection Case Management in Humanitarian Settings

Assess

Plan

Draft

Disseminate & Build Capacity

Review & Revise

March 2019

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Background

According to the former global Child Protection Working Group, Inter-Agency Guidelines for Case Management and Child Protection (2014), child protection case management (CPCM) is defined as *"a way of organising and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic and timely manner, through direct support and/or referrals, and in accordance with a project or programme's objectives."* CPCM systems help children and families to access support not only from child protection organisations, but from multi-sector service providers.

Inter-agency Standard Operating Procedures (SOPs) guide CPCM programming in humanitarian settings by enabling service providers to harmonise and standardise services and approaches for children and families. Many achievements have been made in rolling-out SOPs in different contexts, however in the absence of inter-agency guidance on how to develop SOPs, the scope and quality of SOPs vary – thus affecting its application.

Therefore, the Global Case Management Task Force under the Alliance for Child Protection in Humanitarian Action produced this guidance document, in recognition of a need for practical guidance on how to develop inter-agency SOPs. The aim of this guide is to encourage a structured approach to developing SOPs for CPCM in humanitarian settings so that those procedures are sufficiently:

- Comprehensive;
- Contextualised;
- Up-to-date;
- User-friendly; and
- Well-coordinated.

Scope

This guidance is designed for use in humanitarian settings (including protracted crises), although it could be adapted to development settings as well. Similarly, this guide aims to promote and standardise an inter-agency approach to developing SOPs for CPCM, but it could be adapted for contexts where single actors are providing CPCM to complement or support the work of the functioning national authorities.

This guidance is to be used together with the Template Inter-Agency Child Protection Case Management Standard Operating Procedures.

In contexts with existing inter-agency SOPs for CPCM, this guidance and the Template Inter-Agency Child Protection Case Management Standard Operating Procedures can be used to review and revise (if and where necessary) the existing one.

The target audience for this guide is those involved in or interested in developing inter-agency SOPs for CPCM in humanitarian settings. The five step guide is addressed to the person or persons responsible for drafting those inter-agency SOPs in general, and the SOP focal point in particular (see the section on 'roles and responsibilities when developing inter-agency SOPs' below).

Why Develop Inter-Agency SOPs?

When multiple organisations are providing CPCM to children and families in humanitarian settings, it is crucial to develop a coordinated approach that meets minimum standards as outlined in the Inter-Agency Guidelines for Case Management and Child Protection (2014). The way to do this is through a shared set of information and procedures, known as inter-agency SOPs for CPCM. The aim of inter-agency SOPs for CPCM is to guide organisations working in a specific geographic area – whether the area is at the country, district, or local community level – to provide CPCM through a standardised, harmonised approach.

Standardisation helps staff and organisations to understand and to meet minimum standards, even during staff turnover and when new agencies and services are established. Therefore, inter-agency SOPs help to promote accountability to children and families.

Harmonisation promotes equity of service and helps organisations to take a joint approach to responding to child protection concerns within their geographic area of coverage, which enables coordination, collaboration, and complementarity. Harmonisation facilitates information sharing (according to an agreed upon information sharing protocol) for safe referrals, transfers, family tracing and reunification, analysis, and reporting.

Thus, inter-agency SOPs for CPCM are essential to comply with Standard 1 of the CPWG, 2012, Minimum Standards for Child Protection in Humanitarian Action: *"Relevant and responsible authorities, humanitarian agencies, civil society organisations and representatives of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely response."*

Through elaborating the procedures for case management, the inter-agency SOPs should support bringing case management tools together into one comprehensive system. Other key inter-agency CPCM tools and guidance that may be annexed to the SOPs include:
- Case Management Forms
- Eligibility Criteria and Flow Chart for CPCM

- Prioritisation Matrix for cases deemed eligible for CPCM
- Urgent Action Referral Card
- Service Mapping
- Multi-sector Referral Pathways (including reference to GBV and MHPSS services)
- Data Protection Impact Assessment (DPIA)
- Data Protection Protocols
- Information Sharing Protocols
- Monitoring and Evaluation Tools
- Core Competencies for CPCM
- Sample Job Descriptions
- Capacity Building Plan
- Guidelines for Specific Cases (i.e. unaccompanied and separated children, child survivors of sexual abuse, child labour, child marriage, physical abuse, CAAFAG, etc.)

Roles and Responsibilities when Developing Inter-Agency SOPs

In humanitarian settings, as well as other contexts in which United Nations (UN) and non-governmental organisations (NGOs) are working in CPCM, national authorities are responsible for child protection services and should be at the forefront of the inter-agency SOP development process from the start (where possible and appropriate). NGOs and international organisations have a responsibility to support national authorities and to avoid duplicating existing systems.

The intention is that, as a country moves in to a post-emergency recovery or development phase, external support to case management services will be phased-out and case management systems and procedures will be integrated in to the national child welfare system. Therefore, inter-agency SOPs for CPCM should include an exit strategy to eventually phase-out external support.

Key roles and responsibilities in the SOP development process include:

Country-level Child Protection Coordination Group

- The country-level Child Protection Coordination Group is responsible for initiating and regularly providing support to the inter-agency SOP development (or review and revision) process, e.g. by encouraging all participating authorities and agencies to contribute and by ensuring engagement and coordination with sub-national coordination groups where relevant.
- Depending on the context, the country-level Child Protection Coordination Group may be the government authority responsible for child protection; the country-level Child Protection Area of Responsibility, Child Protection Sub-Cluster; country-level Case Management Task Force or Working Group; or (in refugee and non-cluster settings) other child protection coordination structures.
- Before starting to develop the inter-agency SOPs, the Child Protection Coordination Group should coordinate with other relevant sectoral coordination mechanisms to discuss interlinkages. This is particularly the case for the Sexual and Gender-based Violence (S/GBV) coordination mechanism, and the Health, Education and Mental Health and Psychosocial Support (MHPSS) coordination mechanisms.

SOP Focal Point

- The Child Protection Coordination Group should discuss with case management authorities (i.e. national ministries/authorities responsible for CPCM) and agencies to identify a focal point person to take on the role of inter-agency SOP Focal Point.
- The SOP Focal Point must be a CPCM specialist who has the technical expertise and advanced inter-personal and coordination skills necessary to coordinate the SOP development process.
- The role of the SOP Focal Point is not necessarily to write the content of the SOPs, but rather to coordinate contributions from focal points within participating authorities and agencies and then compile and edit those contributions.
- It is strongly recommended that the SOP Focal Point also coordinates the process of developing the inter-agency information sharing protocol (ISP), as well as coordinating/harmonising other key inter-agency CPCM tools and guidance .
- It might be necessary to request external assistance or hire an inter-agency consultant to undertake this work. In this event, it is important to establish who will be responsible for coordinating the review and revision (as well as the dissemination and capacity-building) of the SOPs beyond the end of the consultancy.

CPCM Focal point within each participating authority and agency

- The focal point within each authority or agency should be a child protection technical specialist with ideally a specific technical expertise on case management. Typically, the national child protection lead or national child protection case management lead for that authority or agency is best placed to take on this role.
- The focal point should ideally be in a position to make decisions on behalf of the organisation regarding what process to follow and which tools to use for CPCM.
- The focal point within each participating authority and agency is responsible for contributing to all stages of the SOP development process, which requires that authority or agency to guarantee that the focal point will be able to dedicate time to the process of developing the inter-agency SOPs.
- Participating authorities and agencies should typically include government or local authorities, UN agencies, national and international NGOs, and community-based organisations providing CPCM services at national and sub-national levels.

Senior management endorsement and sign-off

- A senior representative of each organisation should be prepared to formally endorse the final document. However, it is important to note that inter-agency SOPs should be active and actioned whilst endorsement is being finalised, in order not to delay provision of guidance or provision of services.
- Early on in the SOP development or revision process, the focal points within each participating authority and agency should sensitise the senior management at their organisation on the purpose and value of the SOPs.

Other authorities and agencies

- Other authorities and agencies include those stakeholders who do not provide direct CPCM services, but who do have a crucial role to play in the case management system by providing services to children eligible for CPCM in order to help address their specific needs and promote their wellbeing (e.g. police, judicial officials, immigration officials, healthcare providers, NGOs from other sectors such as MHPSS or education).
- The Child Protection Coordination Group and SOP Focal Point should engage with or ideally include focal points from these authorities and agencies in the development process of the SOPs.
- The Child Protection Coordination Group and SOP Focal Point should also engage with or ideally include focal points from authorities and agencies that do not provide full case management services, but who provide services to support a certain element or elements of CPCM, such as identification and referrals or family tracing and reunification.

Core Components of Inter-agency SOPs

The suggested components for inter-agency SOPs for CPCM are outlined below. Those components that are considered a minimum requirement for inter-agency SOPs for CPCM (e.g. in sudden and/or rapid onset emergencies) are highlighted and underlined in *italic:*

1. Notes regarding the existing Case Management System in context
2. *(Brief Overview of) Context Analysis*
3. *Objective and Scope*
4. Dissemination, Review and Revision Notes
5. Definitions of Key Terms
6. Guiding Principles
7. *Roles and Responsibilities of Key Stakeholders, including agreements/coordination with GBV and MHPSS actors*
8. *Eligibility Criteria and Flow Chart for CPCM*
9. *Prioritisation Guidelines and Matrix for cases deemed eligible for CPCM*
10. *Procedure for Cases needing Immediate Action and an Urgent Action Referral Card*
11. *Case Management Process*
    - *Identification and Registration, including informed assent/consent*
    - *Assessment*
    - *Case planning*
    - *Implementing the case plan*
    - *Follow up and review*
    - *Case closure*
12. *Multi-sector Service Mapping and Referral Pathways (including reference to GBV and MHPSS services)*
13. Caseworker and Case Management Supervisor Roles and Responsibilities
14. Staff Ratios and Suggested Staffing Structures
15. Case Management Core Competencies
16. Capacity Building Assessment and Plan
17. *Signatures of participating authorities and agencies, including endorsement date and version number.*
18. Annexes, such as: Case Management Forms, Data Protection Impact Assessment (DPIA), Data Protection Protocols, Information Sharing Protocols, Monitoring and Evaluation Tools, Sample Job Descriptions, Guidelines for Specific Cases (i.e. UASC, survivors of sexual abuse, child labour, child marriage, physical abuse, CAFAAG, etc.)

The Template Inter-Agency Child Protection Case Management SOPs can be used as a starting point for development of the SOPs.

Five-Step Process for Developing Inter-agency SOPs for CPCM

This guide focuses on the process of developing the SOPs, rather than what the content of the SOPs should be. As a supplement to this guide, the global Case Management Task Force has developed the Template Inter-Agency Child Protection Case Management SOPs. By following the below steps and using the Template SOPs as a starting point, the SOP Focal Point can coordinate the process for developing/reviewing the inter-agency SOPs for CPCM.

Inter-agency SOPs for CPCM should be 'living' documents that are regularly and systematically reviewed and revised to reflect the humanitarian situation. With that in mind, the following guidance outlines the five key steps to developing the inter-agency SOPs: assess, plan, draft, disseminate & build capacity, review & revise.

In humanitarian settings, inter-agency SOPs should be reviewed every six months at minimum. In addition, unforeseen developments (e.g. a change in the operating context) can result in the need for change in the practical implementation of some procedures at an earlier stage. During sudden and/or rapid onset emergencies, the same steps outlined below apply. However, they apply to the minimum components as outlined under 'core components of inter-agency SOPs' and should be implemented through a lens of feasibility, appropriateness, and pragmatism and should never delay provision of services to children in need. Once the minimum components are agreed upon, the other components of the inter-agency SOPs can be added over time according to the process outlined below.

Step 1: Assess

The assessment step is the time to define the need for and objective of the SOPs. The rationale for providing CPCM services – and thereby the rationale for CPCM SOPs – is that there are child protection threats and violations, as well as vulnerabilities specific to the context that require a contextualised and individualised response.

First, start the assessment step by reviewing and analysing primary and secondary data on the specific child protection threats, violations and vulnerabilities in the context. The SOPs must be contextualised to reflect and respond to those specific threats, violations and vulnerabilities.

- Primary data includes information from inter-agency and agency-specific assessment reports, such as child protection data from a multi-sector initial rapid assessment, the [Child Protection Rapid Assessment,](#) or analysis of data from the child protection (case management) information management system operating in-context.
- Secondary data includes pre-existing research and documentation, such as an analysis of the CPCM system in-context, a recent [Child Protection Desk Review](#), on-going [Secondary Data Reviews,](#) or recent service and referral pathway mappings.

Second, determine who is providing or interested to provide CPCM and should therefore be involved in developing the inter-agency SOPs for CPCM. The analysis of service mappings and referral pathways can be used to inform which stakeholders should be involved in developing the SOPs. If information is missing on certain issues or locations, then this needs to be highlighted to the Child Protection Coordination Group to address.

Third, check whether there are any existing inter-agency or agency-specific SOPs or practical guidance, as well as other relevant existing CPCM tools and guidance (e.g. information sharing protocols, referral pathways, and prioritisation guides). If there are, the process should not start from scratch, but rather should build from those existing documents to encourage harmonisation and consistency. The document(s) should be reviewed and the parts that remain relevant should be identified and updated to reflect: the evolving humanitarian context; emerging threats and violations of child rights; children's vulnerabilities; the available services and support in-context, and the agreed upon standard operating procedures for CPCM. In addition to over-arching SOPs, contextualised inter-agency SOPs or guidance on a specific theme or topic may also be existent, such as SOPs for S/GBV case management, and guidance on unaccompanied and separated children and children in detention. If this is the case, alignment with the SOPs for CPCM must be ensured. This may require engaging with or ideally involving a focal point from the relevant coordination mechanisms (where existent) into the development process of the SOPs for CPCM (as outlined under 'roles and responsibilities when developing inter-agency SOPs'). This process should ensure that ways of working between the sectors are agreed upon and that sector-specific documents are harmonised. Other relevant SOPs or guidance may also be annexed to the SOPs for CPCM.

Next, ensure that caseworkers and supervisors from participating authorities and agencies are consulted. Seek out their opinions and feedback so that the SOPs are based on their frontline experience and knowledge of working with children in-context. Caseworker and supervisor participation through consultation is a critical minimum standard to ensure that the SOPs are relevant, accessible, and accepted.

Lastly, with your analysis of primary data, secondary data, stakeholders, existing SOPs and/or practical guidance and other relevant CPCM tools, and consultation with caseworkers and supervisors, the last step is to produce a first draft context analysis. The context analysis should include information on both:

1. The prevalence and nature of specific child protection threats, violations and vulnerabilities in the humanitarian context that require a response. Where possible, this should also include analysis of the social, economic, political and other causes of those risks;
2. The national or local child protection case management system including analysis of applicable laws and policies and a mapping of key stakeholders (including coordination mechanisms) and links between formal and informal child protection systems. Where possible, this should also include information on existing capacities and human and financial resources, as well as key gaps or weaknesses in the case management system and practices – including the extent to which children who are discriminated against are able to access services and any other access and security constraints etc. For this, the CPCM Quality Assessment Framework which has been developed by the Global Case Management Task Force can be used.

Step 2: Plan

All relevant stakeholders (see section on 'roles and responsibilities when developing inter-agency SOPs') must be involved in planning the inter-agency SOPs for CPCM development/review process from the outset. While the SOP Focal Point and leading agencies may need to push the process forward, the SOP development/review process must be an inter-agency team effort in terms of consultation and contribution. Continued consultations with and contributions from the focal points from each participating authority and agency are essential for the SOPs to be accepted and operationalised at an inter-agency level.

The planning step is also the time to ensure that participating authorities and agencies understand the time commitment and contributions that will be required of them during the SOP development (or revision) process. The SOPs should not be written alone; the focal points from participating authorities and agencies should be asked to contribute content.

To initiate the planning process, first organise a planning workshop. Invite focal points from each participating authority and agency. The aim of the planning workshop is to agree on the different elements that will need to be included in the SOPs and a work plan (with actions needed to be taken, timeframes, responsible parties, etc.) for the development/review process of the SOPs for CPCM. Consensus will need to be reached on:
- (If applicable), the extent to which existing SOPs are functioning and appropriate;
- Roles and responsibilities for developing the SOPs, including outlining who will be drafting which sections;
- The time commitments and inputs that will be needed from participating focal points;
- Commitments from focal points to assist with dissemination of and inter-agency capacity building on the final SOPs;
- Financial commitments for trainings, printing, and any translation required;
- Key next steps and timeframes for developing the SOPs; and
- The request for endorsement and sign-off from senior representatives from each participating authority and agency.

If the SOPs will cover a large geographic area, then either:

- Ask the focal points from participating authorities and agencies to obtain feedback from their respective organisations at the field level, prior to and following the planning workshop; or
- Organise workshops at the sub-national level to feed in to a national workshop.

In order to maintain momentum and encourage 'ownership' of the process of developing the SOPs, ensure that the minutes from the planning workshop are disseminated to all participating authorities and agencies. Focal points at the national and sub-national level (where applicable) should also be given the opportunity to respond with any amendments, concerns, or other feedback.

Step 3: Draft

The drafting step promotes a sense of shared ownership through meaningful inputs, feedback, and inter-agency collaboration amongst participating authorities and agencies. This is the time to bring together shared knowledge on current needs and vulnerabilities and best practices in responding to those needs.

Adapt and contextualise the Template Inter-Agency Child Protection Case Management SOPs by deciding which sections to include and to focus on. Refer back to the minimum components of the SOPs (in sudden and/or rapid onset emergencies) and agreements made within the planning workshop.

The SOP Focal Point should maintain regular links with the focal points of participating authorities and agencies to ensure that proposed procedures align with the Inter-Agency Guidelines for Case Management and Child Protection (2014), guiding principles and local laws. It is important that the people responsible for drafting the SOPs understand that it must be written in a concise and easy-to-read format, noting that those who actually implement the procedures may have different levels of language proficiency.

Once all sections have been drafted, compile them into a single document, cross-referencing related sections, and checking for accuracy and consistency. Ideally, the SOPs should be no longer than thirty pages, excluding annexes (this may be longer for development contexts, but no more than sixty pages). It should be ensured that the SOPs are formatted in a tidy and consistent manner (font, spacing, language). This should include making sure there is a header on each page, which includes a version number and date, so that the distinction between past and future SOPs is clear. Similarly, annexes should be clearly labelled with the annex number and a reference to the SOP date and version number so as to avoid confusion.

Once all sections have been compiled into a single document and the above notes have been taken into account, it is recommended to hold a second workshop with the focal points from each participating authority and agency to present the SOPs and request the focal points to take the SOPs and ensure that the document is endorsed and signed-off by a senior representative. During the SOPs presentation workshop, the following should be presented at a minimum:

- The purpose and history of the SOPs;
- The process undertaken to produce the proposed draft;
- The minimum requirement components of the SOPs (see section on 'core components of inter-agency SOPs')
- A request to focal points of participating authorities and agencies to review the draft and seek formal endorsement from senior management; and
- To agree a timeframe for endorsement.

The draft SOPs should be signed off by all participating authorities and agencies. It is recommended that while signatures are collected that the process of disseminating and building capacity on the SOPs continues to avoid delays.

Step 4: Disseminate & Build Capacity

After the SOPs presentation workshop, the SOPs should be translated in to applicable languages and disseminated systematically within all areas of operation and amongst all participating authorities and agencies with the support of the Child Protection Coordination Group, agencies, and other service providers.

Emailing the SOPs to focal points is the bare minimum in terms of dissemination. Consideration should be given to how to reach participating authorities and agencies that do not frequently use email, for example by delivering hard copies. In general, it is recommended to print hard copies of the SOPs for every-day use by case management teams.

It is advisable to also format and print out the eligibility criteria and flow chart, prioritisation matrix, urgent action referral card, referral pathways and key case management steps (flow chart) for use as posters on office walls or for caseworkers to carry with them as a quick reference guide.

As well as dissemination, systematic capacity building, supervision and ongoing support is needed to ensure the SOPs are well understood and operationalised. Ideally inter-agency trainings open to all participating authorities and agencies are preferable, so that end-users have the same understanding

regarding the application of the SOPs and so that case management teams come together to share experiences.

Focal points within participating authorities and agencies must ensure that relevant staff and volunteers within their organisation familiarise themselves with and adhere to the content of the final document. This may require additional training sessions and coaching.

During the trainings, caseworkers and supervisors should be encouraged to feedback on the SOPs and each participating authority and agency should have a process to continue gathering feedback whilst the SOPs are in use. Feedback should be shared with the SOP Focal Point and can then be incorporated in to future review and revision rounds.

Step 5: Review & Revise

In humanitarian settings, inter-agency SOPs for CPCM should be reviewed every six months, or sooner if a sudden change in context or a new child protection assessment results in a need to alter or add to procedures. This timeframe is because, in emergencies, child protection threats, violations and vulnerabilities change – often quite rapidly – and SOPs are only useful if they reflect the current situation. Therefore, the SOPs must remain a 'living' document that reflects up-to-date needs and vulnerabilities. This can be achieved through regular revision to address issues arising, to make improvements, and to update procedures according to the evolving humanitarian context. It is recommended that the Child Protection Coordination Group in-country considers including review of the inter-agency SOPs as a task within their workplan or terms of reference.

Other case management tools, protocols and guidance that may be annexed to the SOPs should be revised as and when necessary without waiting for a formal review process. For example, services available in humanitarian crises change rapidly and it is critical that the service mapping is a living document, continually updated across all sectors, in order to remain relevant and effective as a case management tool. Referral pathways should also be updated to reflect available services. It might be easier to provide a link to online service mappings and referral pathways rather than frequently updating the annexes.

In terms of revising the main SOPs, the SOP Focal Point should call a review meeting with the focal points in participating authorities and agencies every six months or if the answer to any of these questions is 'yes':

- Is the SOP not achieving its stated objectives?
- Since the last review, have there been any changes to the operational environment or significant new information about child protection threats, violations and vulnerabilities that may impact on eligibility and prioritisation of cases?
- Have any of the procedures proven unworkable or not appropriate in the current context?

Every six months or if the answer to one of those questions is yes, the revision process should be initiated, which can be done quickly and simply. Regular revision of existing SOPs should, as a minimum, include:
- Consultation with caseworkers and their supervisors to gather feedback on use of the SOPs, gaps in guidance, and their recommended changes;
- Updated minimum requirement components of the SOPs (see section on 'core components of inter-agency SOPs'); and
- Updated annexes.

Once changes have been made, the revised draft should be presented to the focal points of all participating authorities and agencies . The new version, with the new version number and date in the header should then be systematically disseminated and included in trainings, as per Step 4 above.