Save the Children

COVID-19 Child Protection Case Management Guidance

INTRODUCTION

This internal case management guidance aims to provide initial support to child protection staff and partners to adapt their case management programming within the contagious environment of COVID-19. It adapts Steps to Protect, Save the Children's Common Approach on child protection case management, to take the particular characteristics and implications of COVID-19 into account during the **immediate preparedness** and **initial response** phases. Crises like this pandemic lead to an increase in violence, abuse, neglect and exploitation of children. Most violence and abuse happens within the family and in households. Social isolation due to quarantine and lock downs makes it even harder for children and families with protection concerns to reduce the violence or abuse and seek help. An increase in psychosocial distress within the family can lead to an increase in physical abuse and gender-based violence. Safe and appropriate care may not be available to a child when a caregiver becomes ill. Residential child care institutions may also discharge children without any planning or support package in an effort to combat the virus. Child protection case management is an essential service, and continued support for the most vulnerable children must be ensured through adapted measures and appropriate responses to new child protection risks and concerns generated by the pandemic.

What does this Guidance include?

Framed around the different components of a case management system, the guidance includes key considerations and hyperlinks to relevant supporting resources (guidance, tools, training materials, repositories etc.) that will support child protection teams to discuss and work on adaptations to existing case management practice. These will be updated as materials continue to be produced. It builds on Save the Children's Common Approach on case management, Steps to Protect, and responds to the Frequently Asked Questions that we have been receiving from the field. **More in depth guidance as well as online and peer to peer learning and capacity building is currently being developed.**

Share your COVID-19 case management questions, resources and good practices with us!

To keep our COVID-19 child protection case management FAQ and Child Protection Case Management Menu of Resources up to date and ensure that the more in depth guidance responds to your support needs, and builds on the great work that you are doing with your case management programming, we are inviting you:

- ✓ To **flag frequently asked questions** in relation to Save the Children's role to support the social service workforce during this infectious disease outbreak as well as the adaption of your case management programming to make it fit for purpose in light of COVID-19.
- ✓ To **share lessons learnt and good practices** in relation to case management under restrictive conditions prior to this pandemic (such as in Syria or in the Ebola response).
- ✓ To share **newly developed and/or contextualised guidance and tools for case management in times of COVID-19**.

Note: This guidance will continue to be updated as we continue to respond to COVID-19. As you develop tools and guidance for your context, please share this information with Caroline.Veldhuizen@rb.se and L.Murray@savethechildren.org.uk who will ensure that your contributions will feed into the FAQ and in depth guidance. We thank you for your support on this!

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Summary of key programmatic adaptations

When working within a contagious environment such as COVID-19, adaptations to child protection case management must have **both child protection and safety at the core**. This means that we must:

Appropriate staffing and capacity

Staff well-being: Communicate frequently with case workers and teams, providing regular updated information on COVID-19 and creating space to discuss wellbeing, including signs of stress and means of self-care. Provide or facilitate staff access to Personal Protection Equipment (PPE).
Coaching and supervision: Support remote one-to-one and group coaching and supervision.
Overall capacity of case management team: Assess the overall capacity of the case management team and review individual workloads accordingly.
Remote capacity building: Carry out remote training and mentoring on COVID-19, Infection Prevention Control (IPC) protocols and identifying child protection risks and vulnerabilities. Explore platforms to provide e-learning opportunities.

Financial resources

Consider budget for PPEs for case management staff and community volunteers, equipment for distance follow-up and mentoring (phones, credit, batteries, solar panel etc.) and access to the emergency case management fund.

Case management response

Review target group and caseload: Update your eligibility criteria to include specific risks due to COVID-19, based on your vulnerability and risk analysis. Review the current caseload to ensure case management response continues for those most at risk. Monitor internal capacity to respond to the additional caseload generated by COVID-19.
(Remote) case management support: Assess most commonly used and effective means of communication with case management staff. Depending on the availability of PPE and on the context, conduct face to face visits for high risk cases or those who are otherwise out of contact. For all other cases conduct remote case management. If no means of remote communication are available, community support, carried out safely, will be essential as well as advocacy to provide alternatives.
Specific vulnerable groups of children: Refer to the case management guidance for specific considerations in relation to unaccompanied children and children in alternative care, children who have experienced SGBV, children on the move, children in detention and children with disabilities.

Service mapping and referral pathways

Update service mapping and referral pathways with specific reference to alternative care, health services, community-based support services, cash assistance, wash kits, food and NFI.

Collaboration and coordination

Coordinate with the Government, child protection actors (through in-country CP/GBV coordination groups), community-based child protection groups and focal points as well as Heath, Education, Nutrition, WASH and EFSL staff on eg. joint messaging, advocacy and protection of children.

Information management

Review forms and Information Sharing and Data Protection Protocols and accelerate the roll-out of CPIMS+ where this is planned for or in place.

Advocacy

Advocate with governments, for sustaining and supporting the social service workforce (whether paid or unpaid, professional or volunteer) and humanitarian child protection staff as essential workers.

1. Overall considerations

Key considerations	*Preparedness*	*Initial response*
The **two major** considerations child protection teams need to keep in mind when adapting their case management programming for an infectious disease outbreak are: 1. The health, safety, and level of risk for the children and families they work with 2. The health, safety and level of risk for case workers partner staff and volunteers. .	x	
Inform communities of possible changes ahead. Be sure to communicate possible changes with families as well as communities, in order to maintain trust and help them strengthen their own protective mechanisms.	x	

2. Key principles for child protection case management[1]

Key considerations	*Preparedness*	*Initial response*
The **Best Interest of the Child** remains the primary guiding principle for case management actors. In light of COVID-19, this needs to be considered alongside two additional principles: ○ Best interest of the public health practices ○ Safety and health of the case worker and staff	x	x
Apply **Do No Harm** to the case management process, which includes following the Infection, Prevention and Control (IPC) measures listed below under 4.2.		x
Informed consent and participation in decision making: if required, explore alternatives to obtain informed consent or to collect views and participatory decision making remotely (WhatsApp, recorded phone calls…).		x
Maintain **confidentiality** and consider new risks given remote follow up or meeting high risk cases in open, well-ventilated spaces.		x

3. Awareness on COVID-19

Key considerations	*Preparedness*	*Initial response*
Awareness raising whilst following up on prioritized cases (see under 6.2 Review your caseload) is key to ensure relevant, accurate and accessible messages are repeated over time for the purpose of prevention and detection of COVID-19 as well as reducing rumors and stigma and mainstreaming psychosocial support in all our work with families. This awareness raising includes: ○ Information on how to prevent COVID-19, - frequent hand washing, physical distancing and the use of masks as recommended modes of transmission and risks of infection. ○ Information on how to recognize signs and symptoms of the disease. ○ Information on the importance of reporting without fearing any repercussions. ○ Dissemination of COVID-19 specific health referral pathways and hotline numbers. ○ Clear messages for caregivers regarding how to communicate to children regarding COVID-19 in		x

[1] In addition to those in the Steps to Protect Case Management Common Approach, these are particularly relevant to remember during the response.

a way that is accurate but does not cause undue stress.		
Identify sign language interpretation service for community messages or information videos used in awareness raising activities.	x	
Relevant resources:		
See section 2 Caregiver and Child-Friendly Awareness Raising & Risk Mitigation Materials in the CP AoR Resource Menu	CP AoR	

4. Appropriate staffing and capacity

4.1 Staff wellbeing

Key considerations	***Preparedness***	***Initial response***
Staff wellbeing is one of the primary considerations. Ensure that this is communicated to all relevant staff.	x	
While uncertainty and worry will arise amongst staff, supervisors, coordinators and specialists hold an important role in ensuring that staff are prepared and sensitized to avoid panic. Please see the WHO Mental Health Considerations for additional considerations. ○ Provide teams with regular, updated information only by verified sources and limit the amount of information shared to avoid overload (i.e. WHO and Save the Children). ○ Ensure the staff fully understand the information that is shared with them and are able to ask questions. ○ Ensure all team members have clear contact information on who to reach out to in case of necessity. ○ Create a buddy system with amongst team members to encourage supporting one another and raising concerns. ○ Ensure that staff understand the caseload and how to access information should a case worker or supervisor become ill or need to self-isolate. ○ Ensure a staff rotation system to ensure that staff are able take rest and dedicate time to their own home life situation.	x	x
Create regular space (in-person whilst using physical distancing guidance or remotely) during team and one-to-one sessions to discuss wellbeing, including signs of stress and means of self-care. Give staff the time to talk about their concerns, needs, and their ideas.		x
Recognise social isolation as a key driver of stress and ensure regular communication with staff who are isolated.		x
Work with your team to determine the best ways of keeping motivation and team cohesion remotely.		x
Share resources for managing stress and maintaining emotional wellbeing with staff. This can be sharing resources, eg. a simple self-care exercise per day, materials/links, or phone numbers for accessing psychological support etc.		x
Enable case workers to structure their time around additional caring responsibilities and to take time off for sickness.		x

4.2 Infection, Prevention and Control (IPC) guidelines for case workers

Key considerations	***Preparedness***	***Initial Response***

Ensure or advocate for personal protection equipment for caseworkers (and interpreters if relevant) adapted to the caseload needs assessed (see under 5. Financial resources).	x	x
As protection material is provided, ensure caseworkers are trained on the correct use of those.	x	x
If not enough or appropriate Personal Protective Equipment (EPP) in the context of COVID-19 is provided to safely conduct visits to beneficiaries, remote support alternatives should be defined and followed. Ensure staff and beneficiaries are **not put at further risk** by our intervention.		x
Case workers MUST: • Use hand sanitizer, maintain physical distancing and follow national guidance e.g. wearing masks. • Wash/sanitize their hands frequently - before, during and after any home visit. • If "thermoflash" thermometers are accessible, it may be appropriate to use them to check temperatures of those accessing services or conducting home visits.[2] • Where still appropriate, follow and promote physical distancing (safe distance of 2m, or follow National guidance) and if possible, conduct visits outside in a wide-open, well ventilated space rather than inside. Please consider with technical advisors which types of cases could be managed in this way without risking confidentiality. • Not leave their home if they are sick. They should inform their supervisor who should determine another case worker to support the children and families in their care. • Seek medical attention if they have a fever, cough and difficulty breathing. If it is confirmed that they have COVID -19, all members of their household should remain in quarantine for at least 14 days to protect themselves, their family and community.		x

4.3 Coaching and Supervision

Key considerations	**Preparedness**	**Initial Response**
Identify approaches to supporting remote one-to-one and group coaching and supervision, for example by phone (see guidance on remote phone follow up under 6.3), skype, WhatsApp, Teams etc. Provide the tools, training and coaching to support peer-to-peer supervision for case workers working in the same location.	x	
Ensure that case workers are able to communicate with supervisors on an on-going basis and at least once a day.		x
Refer to the Global Case Management Taskforce Case Management Coaching and Supervision Training Package and adapt relevant material to support remote supervision.	x	
Relevant resources:		
CPCM COVID-19 Supervisor Checklist	Plan International	

4.4 Overall capacity of your case management team

Key considerations	***Preparedness***	***Initial Response***

[2] 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

Assess and define the overall capacity of the case management team, taking in to account reduced hours and the potential for periods of illness and bereavement.		x
Prioritise and reduce caseloads accordingly and ensure that a second caseworker is identified to take on case management in the event of the inability to work.		
Consider placement of appropriate social welfare staff at hospitals to identify and better protect children separated from family members due to treatment or sudden population movement.	x	x

4.5 Remote capacity building

Key considerations	**Preparedness**	**Initial Response**
Train case management staff (including community volunteers) on COVID-19: basic facts including symptoms, modes of transmission, so that they can combat myths that may stigmatize children and their families.	x	
Train case management staff on the IPC measures to ensure 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.	x	
Whenever PPEs are available for case management staff, it is essential to accompany distribution with training on how to use them - see WHO guidance for masks use.	x	
Train case management staff to identify protection risks that can arise in infectious disease outbreaks such as domestic violence, neglect, and on disability inclusion in a COVID-19 response.	x	
Train case workers on transiting to remote support approaches (fie how to talk to children by phone, how to provide online service provision, how to use new technologies and manage hotlines, how to maintain data protection remotely, how to seek supervisor support on critical case etc.).	x	
Explore platforms to provide e-learning opportunities during isolation and teleworking and provide case management staff with the means of accessing this.	x	
Relevant resources		
Save the Children COVID-19 Learning Pathway on Kaya Connect: Online course containing: 1) Online technical capacity strengthening, covering a number of topics such as Public Health, Child Protection, and Gender and Equality; 2) Online soft skills and remote working capacity strengthening; and 3) A library of key downloadable resources, including resilience support and remote working guides (English)	Save the Children, Humanitarian Leadership Academy	

5. Financial resources

Key considerations	***Preparedness***	***Initial Response***
When drafting or revising your budget consider:	x	x

• Personal Protection Equipment for essential visits (at minimum hand sanitizer, facemask and gloves, thermoflash for each case worker, considering 1 mask and pair of gloves per visit). • Equipment for distance follow-up and counselling (phones, credit, batteries, solar panel etc.). • If no means of remote communication are available: equipment for community members providing support to children and their families to contact the case worker (phones, credit etc.). • Transport as alternative to public transport. • Interpreters if relevant. • Appropriate devices (smartphones and tablets) and internet connection (if available) when online platforms such as skype, teams, zoom or gotomeeting is being used. • Access to the emergency case management fund and additional costs should services/markets be limited/inaccessible.		
If markets and services are still functional: supporting rapid disbursement of unconditional cash grants to most vulnerable affected households with low income through case management.	x	x
Consider access for case workers to an emergency case management fund, in particular if they can't access the office. This need is likely to increase as services become more overwhelmed/restricted for children and their families.	x	x

6. Case management response

6.1 Redefining your target group

Key considerations	**Preparedness**	**Initial Response**
Update your eligibility criteria to include specific risks due to COVID-19, based on your vulnerability and risk analysis. See Guidance Note and Technical note for guidance.		x
As part of your **caseload generated by COVID-19** consider (please contextualize): • **Directly generated cases**: children and families' increased distress, family separation and isolated children without appropriate care (alone at home due to caregivers' disease, children in observation or treatment centers), orphan children (death of parents/caregiver due to the disease), child survivors of the disease and potential rejection in family or community • **Indirect generated cases**: domestic violence, SGBV, child labour, enhanced risks for: children or caregivers with disabilities and/or chronic illnesses, children on the move, children in the street, children in detention.	x	
Ensure case management staff and social workers and community mobilisers understand the implication of COVID-19 on children with disabilities and children with parents or caregivers with disabilities and the heightened risk of neglect, abandonment, abuse and violence.	x	x
Relevant resources:		
Guidance Note: Protection of Children During Infectious Disease Outbreaks (page 18 and 19): see 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) Infection diseases that require quarantine and isolation	Alliance for Child Protection in Humanitarian Action	

Technical Note: Protection of Children during the Coronavirus Pandemic (v.1): see overview of risks presented by COVID-19 and related control measures and causes of risks	Alliance for Child Protection in Humanitarian Action

6.2 Review your case load

Key considerations	***Preparedness***	***Initial Response***
Current caseload *– Total or partial impossibility to follow up cases normally (home visits, face to face meetings…) due to Infection Prevention and Control (IPC) requirements. Continuous support to prioritized cases must be ensured.*		
Review the existing caseload to ensure risk level attribution is appropriate and **select most at risk cases and essential support that must continue.** This includes home visits aimed at reducing significant harm.	x	x
Supervisors should review all cases with the case worker in a 1 on 1 meeting, starting with high risk cases, using the following questions to guide discussion: ○ What is the likelihood of the situation of the child deteriorating? ○ What is the severity of the situation of the child deteriorating? ○ What mitigation measures can be put in place? • Consider phone communication • Consider visits by community members but consider their safety in relation to COVID-19, ensure they have PPEs etc. • Consider safety planning for the child and/or caregiver ○ Consider what resources and preparedness measures are needed (i.e. phone credit, ensuring the child/family has the phone number etc.)	x	x
Medium and low risk cases should be reviewed and distant follow up considered, ensuring caseworkers' availability in case of need (contact), phone follow up if required, and explore community safe support and follow-up options.		x
Depending on the context, **consider closure or temporary closure (stand by) of low risk cases not requiring regular follow up**.		x
New caseload generated by COVID-19 *– Considering CP risks and concerns that can be directly or indirectly generated by the health emergency; child protection teams should get ready for new identification and referrals in case of need*		
Assess internal capacity to respond to new cases generated by COVID-19 (intake capacity, remote follow up capacity and means, personal protection material…).	x	
For new high-risk cases, priority should be given to: ○ Children in alternative care, including children who are separated from their caregivers, including those who would be transferred to medical facilities or alternative care ○ Children at high risk of violence - including those experiencing or at-risk of SGBV ○ Children with high risk mental health issues ○ Children in households affected by restrictions on movement or lack of access to services ○ Unaccompanied migrant and displaced children (particularly those in poorly-resourced, crowded camps & settlements, and irregular migrant children, who may go 'under the radar' of service providers)		x

○ Children with disabilities, chronic illnesses, child who have contracted the disease, who may be more vulnerable to severe forms of the disease as well as those stigmatized/rejected by their families and/or communities ○ Children whose main caregiver is at high risk due to underlying medical issues, age or disability		

6.3 Means of (remote) communication, follow up and support

Key considerations	***Preparedness***	***Initial Response***
Explore telecommunications feasibility in the context, building on means that people are already using and feel comfortable with. Consider digital tools and online platforms such as WhatsApp, skype, teams, zoom and gotomeeting.	x	
If there is enough and appropriate PPE available and the context allows, conduct essential face to face visits for high risk cases or those that cannot otherwise be contacted. Ensure that all mitigation measures are in place.		X
For all other cases, including if there is no PPE available, conduct remote follow up: phone (if smartphones and internet are available, consider videoconference) as well as exploring family and community support options as much as possible.		x
For all prioritized case, maintain regular contact with the primary caregiver of the child to be updated on any significant changes or new risk factors affecting the child. Additional support over the phone could be provided by parenting program facilitators or PSS facilities as required.		x
In all communication with children and their families, remain cognizant of the appropriate language. Ensure refugee, migrant and displaced families can understand all verbal and written forms of communication, and that revised forms of communication do not presume internet access is available to all.		x
If no means of remote communication are available, community support will be essential as well as advocacy to provide alternatives. Be creative, but always make decisions based on the key principles of case management and the safety of community members.		x
Community follow up of cases could include by an extended family member, neighbor, etc. and should consider financial/ logistical issues (e.g. phone credit). Any community follow up should respect safety from COVID-19 as well as confidentiality.	x	x
Check out the table listed in the interagency Child Protection Case Management Guidance during COVID-19 from Lebanon for suggestions for frequency and face to face and remote methods of communication and follow up.	x	
Relevant resources:		
Child Protection Case Management Guidance for Remote Phone Follow-up	CP AoR Lebanon	

6.4 Case management process

Key considerations	***Preparedness***	***Initial Response***
The steps in the case management process remain unchanged, but the approach and modalities for each step can be reviewed to be more flexible and adapted.	x	
Provide knowledge to families, caregivers, and children on how to prevent the spread of COVID-19, ensure that knowledge and resources are accessible to children and/or parents with disabilities.	x	x

Document all interactions with the child and family through the regular case management process. This will help keep a record of what was shared and allowed for someone to take over the case if the case worker is unable.		x
Communicate critical services with caseload and high-risk families and children, reassure that although services may change, they will have contact with the case worker and kept up to date on services.		x
The child and family need to know how to contact the case worker in the event of an emergency.		x
Develop links with community health workers or hospitals to establish a surveillance system for at risk households or children (children who loose family members or caregivers, families in poverty, where SGBV is a concern).	x	
Coordinate with organizations targeting parents of children with disabilities and organizations of persons with disabilities to identify children with disabilities and share advice on making a contingency plan if the primary caregiver should fall ill. The plan should include naming a substitute caregiver (who knows the child if possible), details and instructions about care, personal assistance and possible special food or behavioral management and use of assistive devices so that an alternative caregiver will know what to do.		x
Where remote support is impossible, develop a case plan either with someone within the community that could monitor the child and family (with their permission) or conducting visits, using PPEs and physical distancing		x
Support the child and family to consider those in their wider family or community that may be able to assist should someone in the family become ill or show symptoms of the virus		x

7. PSS through case workers

Key considerations	***Preparedness***	***Initial Response***
Ensure the case workers have received minimum package training including remote PFA and communication with children (see materials under relevant resources).	x	
Ensure case workers are prepared to share tips which will help caregivers reduce the stress and anxiety of them and their children in light of COVID-19, disability inclusive messages on positive parenting and activities for children during isolation.		x
Relevant resources		
Remote Psychological First Aid during COVID-19	IFRC	
Coping with stress during COVID-19 (for caregivers and families)	WHO	
Helping children cope with stress during COVID-19 (for children) - NOTE: Save the Children does not recommend using those materials without adaptation to bring them in line with the PwV Common Approach	WHO	
COVID Storybook for Children	IASC	
Tips for parents and caregivers during COVID-19 School Closures: Supporting children's wellbeing and learning	MHPSS collaborative and Save the Children	
Psychological First Aid Training Manual for Child Practitioners – See sessions 7 and 8 on communication with children and session 9 on communication with caregivers	Save the Children	
Child protection guidelines for the provision of remote psychosocial support to caregivers	Lebanon CP AoR	
Caring for Child Survivors Training Materials: Module 17 Psychosocial interventions (can be adapt to phone)	IRC and UNICEF	
Caring for Child Survivors Training Materials: Modules 6-9 on communication with children	IRC and UNICEF	

See section 4 Activities for children during isolation/quarantine in the CP AoR Resource Menu	CP AoR

8. Specific vulnerable groups of children

8.1 Family separation and alternative care

Key considerations	Preparedness	Initial Response
Recognise that there will be more of a need for alternative care as caregivers may become ill or die or child becomes at risk due to increased violence in the home.	x	
Work to identify and train potential foster families.	x	
Health workers should refer a child for case management as soon as a caregiver becomes ill when it appears that appropriate care may be needed.		x
Caregivers must be trained on how to protect themselves from the child during incubation period. Please consult with medical professionals as to whether children will need interim care for the incubation period.	x	
For care-givers in a high risk category from a health perspective, discuss sensitively and where possible potential alternative carers.		
If interim care centres are used, they should only be temporary and used for a limited set amount of time. All residential care centres should meet minimum standards, eg. integrate with WASH services and key messaging on staying safe during COVID-19, appropriate staff-to-child ratios at all times, ensure that if a child falls ill they can be separated from other children (while staff with appropriate protective measures in place continue to visit and tend to the child). Please see the ACE Toolkit and the Interim Care Centres – Additional Considerations guidance for more information.	x	x
Work with government, council of persons with disabilities (national government structure) and organisations of persons with disabilities to understand the impact of COVID-19 on care homes, institutions, residential schools (special, rehab, deaf and blind schools), day centres, kinship care etc.	x	
Relevant resources		
The Protection Children during the COVID 19: Children in Alternative Care – Key approach to response	Alliance for Child Protection in Humanitarian Action	
COVID 19 Alternative Care Technical Note	Save the Children	
Alternative Care in Emergencies (ACE) Toolkit	Interagency WG on UASC	
Guidance for CP Case workers: Social Distancing Messages and Explanations for Caregivers and Children	Lebanon CP AoR	
Guidance for CP Case workers: How Caregivers can Support Children during covid-19	Lebanon CP AoR	
Interim Care Centres: COVID-19 Considerations (link when available)	Save the Children	
Consult the interagency COVID-19 alternative care guidance for more information on considerations on alternative care (link will be added when finalised)	Save the Children	

8.2 SGBV

Key considerations	Preparedness	Initial Response
Continued mobile support (continued home visits)		

See staff wellbeing section on preparing case workers with IPC and case worker cash fund, phones, sim, phone credit appropriate batteries, access to internet options etc.	x	
Updating referral pathways to reflect current availability of services. ○ Update service provider contact list and service provisions (can set up a Whatsapp to share info on service provision, not to discuss cases). ○ Check if health clinics still have the capacity to support survivors in COVID-19. ○ Update referral pathways based on the following questions (and advocate where services are needed): • Are MHPSS services are being offered remotely or can be integrated into existing services. See the Caring for Child Survivors of Sexual Abuse section on PSS interventions. • Are there PPE materials, hand washing stations or other protocols in place to protect care workers? • Are safe houses and alternative care functioning? Are there any changes to admissions criteria? Take necessary precautions if these are not. • Are Safe Spaces still operational and adhering to strict safety protocols? ○ Consider cash transfers in light of the ability to still access incoming generating activities. ○ Update children and families of any changes to service provision.	x	
Ensure continued access to cash programming and preparations for after the COVID-19 peak.	x	x
Remote support (where face to face is no longer an option, except for lifesaving case management)		
Update your SGBV safety mapping/planning: ○ Is there some place safe to stay for the child that is not with the abuser? • If not, are there any steps the case worker can take to help minimize harm at home? • Provide the child with phone numbers of caseworkers, hotline, or other support providers that they can keep safely. If this is not possible work with the child to determine how the child will be able to alert a trusted adult of a problem. • If the child has a phone, he/she could store referral numbers under a code name, or print tiny cards that can easily be hidden. ○ Together with the child, brainstorm ways that he or she could safely call for help and access support. ○ Explore ways that a child can plan with their neighbors or a trusted adult to signal that they need support. ○ With the permission of the child, train the child's trusted adult how to contact additional services. ○ Ensure continued safe storage of sensitive documentation. ○	x	
Mentoring of staff/communities on new ways of working remotely		
Mentor staff on how to communicate with children who have experienced SGBV by phone or other remote technology.	x	
Mentor caregivers/new caregivers on how to support children who have experienced SGBV through online methods/by phone and develop a clear and regular communication plan with children and families.		x
Relevant resources		
How to Support Survivors of Gender-Based Violence When a GBV Actor Is Not Available in Your Area: A Step-by-Step Pocket Guide for Humanitarian Practitioners	IASC	
Dos and Don'ts for responding to children's disclosure of sexual and gender-based violence	Adapted from IRC CCS guidelines	

Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery	IRC
COVID 19 – how to include marginalized and vulnerable people in risk communication and community engagement	Regional Risk Communication and Community Engagement Working Group
SGBV Skill Building Application	IRC
GBV Case Management and the COVID-19 pandemic	GBV AoR Helpdesk
Guidance note on SGBV service provision during the time of COVID-19 developed by different country-level GBV AoRs (Lebanon, Iraq, Libya, Mozambique, South Sudan, Sudan, Mozambique, …)	Country-level GBV AoRs
Case Management, GBVIMS/GBVIMS+ and the COVID-19 pandemic	GBVIMS Global Team

8.3 Children on the move

Key considerations	Preparedness	Initial Response
As you review your case load (See section 6.2), be aware of the heightened vulnerability of some migrant and displaced children and prioritise appropriately. Unaccompanied migrant & displaced children, those living in crowded poorly resourced camp settings, trafficked children and those living on the streets, will be amongst the most vulnerable children at this time.	x	x
Be particularly aware of **undocumented/irregular migrant** children who may be extremely vulnerable at this time. Lack of documentation may impede access to health care and other services. Additionally, such children may have increased fear of seeking support from authorities. Ensure communities and case workers know how to identify these children and include them in your assessments for case management support.	x	x
Map stakeholders and analyse current case management services provided to vulnerable migrant and displaced children. Ensure they are included in referral pathways to maintain continuity of support to M&D children and adaptation where necessary.	x	
Ensure all staff (case workers, state agents, social workers) working in asylum reception/transit/drop-in centres know of and actively promote the child protection referral pathways, and how to refer to health care and safeguarding services, as and when required.	x	
Remain cognizant of language barriers in the dissemination of Covid-19 messaging among displaced and migrant population and ensure translations are available.	x	x
Because of both the potential for non-nationals to be left out of planning and service provision, and the usual restrictions on access to services for asylum seekers and irregular migrants, advocating on behalf of migrant and displaced children is likely to become a significant part of any case management response. Please refer to SC's operational guidance and UNHCR's key protection messages below for key advocacy considerations.	x	x
Work with authorities (safely/remotely/at a distance) to ensure that family tracing and reunification services continue – even when this requires cross border movement. Equally, work with relevant authorities to ensure that children awaiting voluntary repatriation and resettlement departures, that might have been put on hold, continue to receive assistance.	x	x
Use safe opportunities to raise awareness of health practitioners to ensure they understand/identify signs of trafficking and can detect potential cases. (See Guidance on COVID-19 and Anti-trafficking listed below).	x	x

Relevant resources	
COVID-19: Operational Guidance for Migrant and Displaced Children	Save the Children
The Covid-19 Crisis: Key Protection Messages	UNHCR
Risk Communication and Community Engagement (RCCE) COVID-19	UNHCR
COVID-19 Pandemic Trafficking in Persons[3] considerations in internal displacement contexts	Global Protection Cluster
Response Operations in Camps and Camp-like Settings on Scaling-up COVID-19	IASC
Guidance for cash-based transfers in the context of the COVID-19 outbreak	World Food Programme
Displaced Children and Emerging Technologies	Save the Children

8.4 Children in detention

Key considerations	Preparedness	Initial Response
Children may be deprived of their liberty when accused or convicted of criminal activity, because of their immigration status, or for security reasons. Some population groups such as migrants and ethnic minorities are at increased risk of deprivation of liberty as part of public health containment measures.	x	x
A clear distinction needs to be made between public health-related restriction of movement and deprivation of liberty. Children should never be detained as a public health measure.	x	x
Measures that restrict the movement of specific groups for the purpose of managing risks to public health – such as quarantine - must be proportionate, time-bound and subject to careful monitoring.	x	x
Work with law enforcement, immigration, border management and other relevant agencies to ensure that measures that restrict the movement of children, including migrant and displaced children, should be legal, exceptional and should take the best interest of the child into account as a primary consideration.	x	x
For children who have been deprived of their liberty, we are calling for an immediate release for those who can safely return to their families and communities, a moratorium on new admissions of children to detention facilities and an extension of measures to protect the continued health and well-being of children who remain in detention.	x	x
Work with Public Authorities to promote child sensitive standards in measures to reduce COVID-19 and other child protection risks while children are under restricted movement or deprived of their liberty.	x	x
Advocate for the same standard of health care for children deprived of their liberty as is available in the community, regardless of citizenship, nationality or migration status. This should include a medical examination upon admission, and adapted medical care and treatment including mental health care whenever necessary.	x	x
Promote and provide solutions for the use of non-custodial alternatives to detention, such as alternative family based or community care.	x	x
Relevant Resources:		

[3] A trafficked person is recruited, transported, transferred, harboured or received, through deception, coercion, physical or psychological threats, or the abuse of their position of vulnerability, for exploitation. Exploitation has various forms including forced labour, begging, organ removal, sexual exploitation, or forced marriage. Trafficking does not require a person to be moved across a border. Almost 60% of trafficked persons are exploited within their own country.

COVID-19 and Children deprived of their liberty: provides some key steps for case workers supporting children deprived of their liberty as well as those released from detention	Save the Children
Technical Note: COVID-19 and Children Deprived of their Liberty	Alliance for Child Protection in Humanitarian Action

8.5 Children with disabilities

Key considerations	Preparedness	Initial Response
Raise awareness amongst case workers and community mobilisers on the implication and exacerbated risks of COVID-19 on children with disabilities and children with caregivers with disabilities.	x	
Pay specific attention as children with disabilities might have less access to complain about abuse. Ensure means of communication are accessible to all children including the informed consent.		x
Reach out to organizations of persons with disabilities, including parent/caregiver associations to gather information on the situation for children with disabilities, including those in residential care and institutions and find ways to collaborate.	x	x
Map care homes, institutions, residential schools (special, rehab, deaf and blind schools), day centers, kinship care and coordinate with government, faith based organisations and CSOs to identify changes and risks related to reduced operations and closure.	x	
Case workers can use images depicting mood, routines and abuse to show over smart phones or tablets if there are children and caregivers who do not use verbal language and through nodding, making sounds and pointing can communicate.		x
If caregivers need to be moved into quarantine, plans must be made to ensure continued support for children with disabilities who need care and support in high priority to **avoid institutionalisation**. Plans should include details and instruction about personal assistance/care, assistive devices and feeding, behavior management to avoid harm during continued support or placement		x
Supervisors to understand adapted communication and accessibility in case adaptations need to be done for remote coaching and supervision (say normally done through voice calls) to work for persons with disabilities (deaf, blind, hard of hearing, intellectual disability)		x
Be aware of deaf association in the locality to get support communicating through sign language with children and caregivers who are deaf (see below repository).	x	

Relevant resources	
10 things you should know about COVID-19 and persons with disabilities	SC Disability Inclusion TWG
COVID-19 Advice for families of children with disabilities	Contact
Repository of resources on disability inclusion and COVID-19	International Disability and Development Consortium Inclusive Health Task Group (IDDC IHTG)
Directory of examples of organizations of persons with disabilities	SC Disability Inclusion TWG
Directory of WASLI accredited Sign Language Interpretation Providers	SC Disability Inclusion TWG
Repository of resources on disability inclusion and COVID-19	International Disability Alliance

9. Service mapping and referral pathways

Key considerations	Preparedness	Initial Response
Update **service mappings** with specific child protection services that may be in greater demand during COVID-19 (health care, alternative care, community-based support services, cash assistance, wash kits, food and NFI...). Ensure key COVID-19 service provider contacts are updated and disseminate changes from program manager to case worker to children, families and communities.	x	x
Update **existing referral pathways** at local and national level, where relevant in collaboration with community focal points. Include including notes on services (health, wash, nutrition, protection etc.) that might close/reduce due to the pandemic and change in context.	x	x
As isolation units, quarantine units and field treatment centers expand/develop internal SOPS, ensure practical linkages where/how health care staff (at triage, contact tracers and surveillance staff) refer identified unaccompanied children.		x
Referrals for COVID-19 cases has 2 directions: ○ Child protection actors ⇒ Health actors, this means **CP actors need to be up to date on the adapted Health Pathways** in the event that a COVID-19 case is suspected in a household. ***Note:*** *consult the Child Protection Working Group Coordinator for the most up to date information on the Health Referral Pathways for each relevant target group.* ○ Health actors ⇒ child protection actors, this means that child protection actors need to actively inform health providers in the country in the event that a caregiver or child is admitted for COVID-19. This means **that referral pathways need to be updated on a weekly basis** indicating number of social workers who are active per agency. *Note: Also continue to follow regular referrals done as part of the standard case management process.*		x

10. Collaboration and coordination

10.1 Interagency coordination

Key considerations	Preparedness	Initial Response
Coordinate with the Government and ensure compliance with Government restrictions on movement and travel, while advocating to ensure essential lifesaving services still reach those girls and boys most at-risk of violence, abuse, exploitation, and neglect in light of COVID-19.	x	x
Develop and implement methods for remote case management with child protection actors (through in-country CP/GBV coordination groups), to include safety considerations in relation to appropriate online technologies, review of referral pathways and Protocols, update contact lists and communication trees to include neighborhood focal points etc.	x	x
Coordinate with health actors how child protection staff can respond safely, and in an appropriate and timely manner to child protection issues and risks generated by COVID-19 (ideally CPCM services to be integrated into health response).	x	x
Coordinate through in-country child protection and GBV coordination groups (as appropriate) to support joint advocacy (see priorities under 12. Advocacy).	x	x

Coordinate with Heath, Education, Nutrition, WASH and EFSL staff to create joint messaging for children, caregivers and families.	x	x
Train/mentor Health, Education, Nutrition, WASH and EFSL staff on COVID-19-related child protection risks and adapted identify-cation and referrals pathways that will function at a distance in the event of school closures, quarantine, lockdown etc.	x	x

10.2 Community engagement

Key considerations	Preparedness	Initial Response
Work closely with existing community-based child protection groups and focal points that already have the trust of the community. Ensure that they have accurate and relevant information about COVID-19, so that they can identify and refer children and combat myths that stigmatization of children and families.	X	
Ensure 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 they need to continue to provide support.	x	x
Clarify the roles of respective community groups and focal points to support children (awareness raising, basic monitoring of child protection risks, follow up and support to cases, home visits etc. as defined). Always take into consideration safety and confidentiality, for children, families and the community focal points.	X	
Liaise with organizations of persons with disabilities to identify, support and deliver messages, items and support to families with disabilities.	x	

11. Information management

Key considerations	Preparedness	Initial Response
Forms:		
Update your case registration and initial assessment form to: ○ Include fields to record 'critical medical conditions' for the child or caregiver. ○ Take into account children / caregivers in quarantine where appropriate.	x	
Review and adapt the interagency referral form and ensure health sector and staff are informed about it. Nevertheless, if there is no referral system in place, facilitate and simplify rapid referrals from health staff (caseworkers filling the referral form for each case to keep track)	x	
Simplify forms if information is to be collected by telephone or by identified and trained community members.	x	
Ensure that only necessary and relevant information is requested and recorded.		x
Verify and ensure continued safe storage of sensitive documentation in all field/activity sites.		
Information Sharing:		
Review the referral and information sharing process between child protection and health actors, agree key information on children to be shared and update the referral form accordingly.	x	
Ensure that child protection and health actors are updated and informed about the referral process.	x	
Software:		

Accelerate the roll-out of CPIMS+ where this is planned for or in place.	x	
Data protection:		
Treat medical information about a child or family member as sensitive data and apply the highest standards of data protection.		x
Avoid using identifiable information or discussing sensitive issues if gathering information by phone or other means with limited data security.	x	

12. Advocacy

Key considerations	**Preparedness**	**Initial Response**
Promote national and community-based child protection systems to provide a comprehensive, sustainable and coordinated solution to protect all children in all settings, with specific measures being introduced related to COVID-19.	x	x
Advocate with governments, for sustaining and supporting the social service workforce (whether paid or unpaid, professional or volunteer) and humanitarian child protection staff as essential workers.	x	
Advocate for child protection to be budgeted for, and for caseworkers and social workers, to be provided with PPE and training on risk mitigation. Governments, international and local responders should work together to ensure that care and protection for children is mainstreamed in all sectoral interventions.	x	x
Advocate for child protection to be budgeted for, and for caseworkers to be provided with PPE and training on risk mitigation. Governments, international and local responders should work together to ensure that care and protection for children is mainstreamed in all sectoral interventions.	x	
Advocate with governments for safe training of health, education and social service staff on COVID-19 related child protection risks, including on the prevention of sexual exploitation and abuse and how to safely report concerns.		
Advocate for strategies to be identified and implemented to ensure the social service workforce is able to continue following up with the most vulnerable, high risk cases despite COVID 19.	x	x
For specific advocacy messages to Governments or other specifically on alternative care provision, please see: Technical Note: Protecting Children in COVID 19: Children in Alternative Care (link when available)	x	x
Relevant resources		
SC COVID-19 Policy and Advocacy Key Messages	SC COVID-19 advocacy group	
Protecting a generation from COVID-19. An Agenda for Action from Save the Children	SC COVID-19 advocacy group	