CASE MANAGEMENT PREPAREDNESS AND RESPONSE TO COVID 19 RAPID CONTINGENCY CONSIDERATIONS		
CM dimension	**Changing Scenario**	**Guidance**
Case Management response (objectives, mandate, target groups and types of cases)	**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 must be ensured and prioritized.	All case management teams to review their existing caseloads to ensure risk level attribution is appropriate and select most at risk cases and essential tasks that must continue. Follow up strategies and means must be adapted by CM teams to ensure the most vulnerable continue receiving follow up and support, depending on the level of priority and nature of protection concerns: See Tdh CP CM personal interactions flow chart and case management social distancing interagency guidance • **Maintain CM support for all high-risk cases:** - If enough and appropriate protection material is available, or if possible to conduct personal follow up keeping social distance and IPC measures, and if context allows: Face to face visits whenever possible for the most delicate cases. - If no protection available, or total restriction in context, transition to remote follow up: phone (if smartphones and internet are available, videoconference or phone possibilities should prevail) as well as exploring family and community support safe options as much as possible - if no means of remote communication are available, community support will be essential as well as advocacy to provide alternatives. • Medium and low risk cases should be reviewed and follow up needs prioritized, ensuring caseworkers' availability in case of need (contact), phone follow up if required, and explore community safe support and follow-up options.
	New caseload generated from COVID 19: considering CP risks and concerns that can be directly or indirectly generated by the health emergency, CM agencies should get ready for new identification and referrals in case of need.	**Potential CP CM caseload generated by COVID-19 (see table 2 below for more detailed information)** • **Directly generated caseload**: patients 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 due to the disease), child survivors of the disease and potential rejection in family or community • **Indirectly generated caseload**: domestic violence, SGBV, child labour, enhanced risks for children or caregivers with disabilities and/or chronic illnesses, enhanced risks for children on the move, children in the street, children in detention... • **COVID 19 high risk cases:** Priority should be given to children who are separated from their caregivers, including those in observation centers, treatment centers, or alternative care; children in households affected by restrictions on movement or lack of access to services; children with disabilities, chronic illnesses, child victims and survivors of the disease, who may be rejected by their families; and children with family or household members who have contracted the disease.

		Assess internal capacity to respond to new cases generated by COVID-19 (intake capacity, remote follow up capacity and means, personal protection material…) **Liaise with health sector (and heath care field staff) and communities to identify vulnerable cases generated by COVID 19** (patients and/or families) requiring individual follow-up and referral to other services (basic needs, alternative care, shelter, social protection, adapted burial and funeral services…) – see table 2 for types of cases, risks and suggested actions.
Case Management Process	**Case management steps, principles and procedures**	• If conducting home visits**, explain** all preventive and protection measures that you apply to child/family to avoid negative perceptions and clarify that those protect you and them (why you wear mask or gloves if you wear it, why you wash your hands if you do…) • **Principles and steps remained unchanged**, nevertheless the **approach and modalities for each step can be reviewed** for a more flexible and adapted process: - Registration and assessment: review relevant and essential information to be collected - Case plan: stick to essential but dignified (respecting CM principles) case management actions - Follow-up and review: priorization for cases to be regularly followed up and means adapted to the context (protection equipment for follow up in person, devices for remote follow up) - Case closure: depending on the context, consider closure or temporary closure (stand by) of low risk cases not requiring regular follow up (see prioritization considerations in CM response above) • **Urgent action procedures** should be reviewed and adapted to COVID 19 context to include specific CP risks related to the epidemic. • **Informed consent and participation in decision making:** if required, explore alternatives to obtain informed consent or to collect views and participatory decision making remotely (whatsap, recorded phone calls…)
Strengthening the CP system	**Support and collaboration with formal system**	**Support to establish the link between health and social services** at the national and sub-national level, to: • Deploy a specific **child protection case management** response for COVID 19 generated child protection risks and concerns, identifying and delivering protection services for children left without a care provider, due to the hospitalization or death of the parent or care provider. • Coordinate with and support the provision of **social protection services** for economically vulnerable households affected by COVID 19
Collaboration & Coordination	**Service mapping & referral Pathways:** As the situation evolves accessibility and service provision may change, additionally, new health and WASH services could be established	Review existing referral pathways and service mapping at **local and national level**: • Monitor the establishment of new **health/WASH facilities and services** and update referral pathways as required. • Identify which **services** may be impacted if **access to affected communities** is limited (including health, WASH and protection etc). • Update service mapping and **update specific CP services** that may be more demanded during COVID 19 (health care, alternative care, community-based support services, cash assistance, wash kits, food and NFI...)

		• **Monitor the changes to services and inform** the case management staff, CP community focal point/s and community where possible.
	Community collaboration & engagement: as the situation evolves, CP actors' access to communities, camps or households might be limited or restricted. A coordinated strategy with communities is crucial to ensure continued support, where safe and possible to do so.	• Share updated information (referral pathways and services mapping) with community members • Identify possible impacts due to the change in scenario (e.g. where CP actor access is limited) which may be experienced at the site level. • Review all locations where case management services exist and identify existing community-based support services or focal points or if possible, safe and necessary, identify new focal points[1]. • If new focal points are identified, and you have time, ensure these focal points are trained on the basics of child protection principles, identification and referral. • Brief the focal points on the content of this guidance (types of cases and CP risks), so they are aware of possible scenarios and their roles and responsibilities to support children. • Suggested community roles where safe and possible to do so: follow up and support to cases in need; ensure basic protection monitoring of child protection issues in a given geographic location, map out basic Child Protection services available at community level; ensure referrals to existing structures and services • In relation to referrals, there may be a need for the focal point to support the identification for **solution for children who have been separated from their primary caregiver** due to their caregiver being admitted to treatment if CP actors are unable to access.
	Interagency coordination: A coordinated response is crucial to ensure protocols and referral pathways harmonized, as well as joint advocacy and coverage of previous and new CP caseload	• Coordinate with other case management actors (through CMTF or other coordination forums) to distribute potential new caseload by locations and expertise, as well as adapt referral pathways, protocols, and resources. • Joint coordination among CP and health actors is paramount to respond appropriately and timely to CP issues and risks generated by COVID 19 (ideally CPCM services to be integrated into health response) • Coordinate (through Case Management Working Group/Task Force and/or Child Protection WG/Sub-Cluster) to support the advocacy if access to services is constrained.
Appropriate staffing and capacity	**Staff care:** ensuring that staff feels as much safe as possible (physical and emotional safety) is paramount to maintain	• Regularly update information and establish channels of communication to fight rumors and ensure staff is appropriately informed (caseworkers, interpreters, assistants…) • Facilitate space for peer support and information exchange (remotely or in person-if allowed in context and respecting IPC measures) • Ensure or advocate for personal protection equipment for caseworkers (and interpreters if relevant) adapted to the caseload needs assessed (see CM response above and sufficient resources below)

[1] These focal points could include: Religious or Traditional Community Leaders, Mothers and Fathers (community members), Teachers/lecturers/educators/social workers, Lawyers and physicians, Volunteers working in the CFS or Community Welfare Volunteer, Youth representatives, Members of CBOs (Community Based Organizations); women groups, etc.

	essential services for beneficiaries	• If protection material is provided, ensure caseworkers are trained on the correct use of those. • If no appropriate protection materials are provided to safely conduct visits to high risk cases, remote support alternatives should be defined. Always ensure staff and beneficiaries are not put at further risk by our intervention.
	Capacity building, coaching and supervision (depending on the context, CM team might have time to prepare materials before restriction of movement or accessibility. In other cases, sudden lock down will need rapid adaptation of approaches)	• Explore appropriate means for **remote coaching and supervision** as well as for **information exchange among caseworkers and peer support**: online and digital tools and platforms (skype, whatsapp, Viber, teams…) or phone calls. (Please visit covid.childhub.org) • Refer to the Global Case Management Taskforce Case Management supervision and coaching package. Materials are not adapted to remote supervision but can serve as inspiration to be adapted. • If discussing cases online/via phone, staff and supervisors should be clear that identifying information should not be shared. • Explore platforms to provide **e-learning opportunities** during isolation and teleworking • **Train health teams** on CP risks (through content of this guidance) and referral pathways
Sufficient resources	**Logistic & financial resources:** Alternative approaches to maintain case management support in a safe way will require budget and logistical reorientation and planning for specific tools and materials.	**Digital tools and phone calls** to replace home visits and physical follow up when needed, as well as to provide the opportunity to maintain bonds and links of children and families affected by hospitalization or isolation (For high risk cases videoconferences should prevail over phone calls when possible) **Online platforms and tools** can also be used to share key messages and daily exercises to manage distress tips, but also must be considered for case management teams' supervision and coaching. **Required budget for CM activities:** • Personal Protection Equipment must be considered for caseworkers as frontline staff whenever their work is considered essential and their movement is allowed in country (masks, gloves, hand sanitizer for each caseworker in appropriate quantity). • Consider the appropriate quantity of materials that might be required for CM staff (new mask and pair of gloves for each contact with beneficiaries or each home-visit) • Whenever PPE is available for CM staff, it is essential to accompany distribution with training on how to use them (see WHO guidance for masks use: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks) **Required budget and logistics for alternative approaches and devices when follow up in person is not possible:** • Digital tools such as WhatsApp, skype, teams, zoom, gotomeeting, houseparty… and any online platform, will require budget for appropriate devices (smartphones and tablets) and internet connection where possible. Phone and credit must be always considered and will prevail when internet access is not possible.

		• Depending on the context, if there is time to prepare before confinement or restriction of movement and access to beneficiaries, consider buying and providing means of communication to high risk cases to ensure remote follow up. The market and community could be affected by disruption of services, **the livelihood vulnerabilities will increase** as well as the poverty of community and specially of the most vulnerable, the following activities in child protection case management should be taken in consideration: • 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 • If markets and services are disrupted, and families isolated, child protection case management teams should **update services mapping** and **ensure basic needs coverage** (wash, food and NFI) through direct safe household distribution or referrals (for the specific WASH kits distribution, see WASH section above).
Information Management	CP case management forms and data protection	• Regarding the case management forms, ensure only the necessary and relevant information to be recorded. • 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) • Protecting data privacy is crucial in the context of an epidemic. Breaches may lead to protectoion risks such as stigma, social rejection, isolation...
Monitoring, Evaluation, Accountability and Learning		• For monitoring purposes, it might be useful to separate CP data analysis and trends of new caseload generated since the beginning of the epidemic in country. • Ensure as much as possible to compile all positive alternatives found, methods and approaches developed or bad practices, so as to keep track and learn about after the epidemic.