

## Guidance note on remote CP Case Management (CM) – Cox's Bazar, Bangladesh

Revised July 2021

Humanitarian agencies consider remote Child Protection (CP) Case Management (CM) during infectious disease outbreak like COVID-19 pandemic. A considerable amount of preparation, planning and adaptation needed for a qualitative remote CM services to deal with various child protection issues. Following measures and steps are suggested as a guidance when supporting children remotely, either by phone, text or through CM Volunteers. Please refer the Technical Note on CP CM during COVID-19 in CXB [\[link\]](#) and inter-agency [Technical Guidance](#) on child protection during the COVID-19 pandemic and as a reference<sup>1</sup>.

It is important to recognize by both CP staff and the community itself that children experience increased child protection risks during emergencies like COVID-19 pandemic. Moreover, measures used to prevent and control the spread of the virus can expose children to protection risks. Both CM staff and volunteers including the community need to be aware that the children and their families can negatively be impacted by isolation and quarantine measures.

The present guidance note is intended for Case Managers to effectively carry out remote case management in different scenarios of the COVID-19 context

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### 1. Scenario 1: Remote Case Management where **some access is permitted by case workers** but Case Management volunteers are present in the camp and undertake case management for medium to low risk cases

- a) For **high risk cases**, these should be primarily managed by case workers with expertise in case management and who have received adequate training. Case Management volunteers may do minimal follow up as required but primary case management will be undertaken by limited presence of case workers
- b) For medium and low risk cases, trained case management volunteers undertake a significant portion of the case management process with continued and systematic guidance by case workers in Cox's Bazar:
  - Case workers should initially introduce the case management volunteer to the child and family (where appropriate)
  - If the child/caregiver is reachable by phone, schedule frequent calls by the case worker is advisable (at least twice a week or as per the needs).
  - Verify that safety and security conditions are in place to ensure the child is not at further risk, while asking the child's consent or assent to proceed with the phone call.
  - In instances where you feel that the child sounds uncomfortable do not continue and ask the child if they are able to contact you when she/he is available through a missed-call, text message, or any other means that she/he feels comfortable.
  - Case worker should call the parent/caregiver or the person your agency has been working with as part of the case management process. This should ideally be a safe adult who was already engaged in the CM process prior to the COVID-19 outbreak.
  - Consider women and adolescent girls may not be able to speak privately in their present environment.
  - All case management principles should be followed, particularly '**Do No Harm**', '**Privacy**' and '**Confidentiality**'. (ensuring that child/families able to speak away from other adults if needed; as well as Volunteers communicate with Caseworkers about cases appropriately, not using speakers or speaking within the earshot of others)
  - Case Management volunteer should continue follow up of the child and report details of this

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<sup>1</sup> <https://alliancecpha.org/en/series-of-child-protection-materials/protection-children-during-covid-19-pandemic>

- follow up via phone to relevant case worker for information management
- Case management volunteer should seek support and guidance from case worker via phone in case of new developments or any other questions
- Case worker should be readily available at all times to support case management volunteer

### Specific considerations

- Case Management volunteer and case workers should understand ALL steps of the case management process and principles
- Case Management Volunteer should know about the family attachment with the child, daily activities, how children are passing their time during strict lockdown.
- Case Management volunteer should know some indoor games ideas and share with the children, by which they can engage themselves in the household. These will be fruitful for the wellbeing of the child
- Case Management volunteer should keep up to date on rules and regulations related to COVID-19 restrictions through information from CPFP and CiC. Where in doubt, case management volunteer should seek advice from CPSS (through case worker)
- Case management volunteers can identify and train some potential adolescent boys and girls for support where this is safe and where the child consents to such support
- Roles and responsibilities of community level child protection mechanisms (such as CBCPCs) can play a crucial role in addressing child protection risks for children

### In all cases, both case workers and case management volunteer should:

- Get regular updates on the health and well-being status of all the children and caregivers in the household;
- Provide information on prevention, signs and symptoms of COVID-19 in a child-friendly way;
- Track case plan actions providing and;
- Know the referral pathways and support children to access referrals for all services outlined in the case plan inform about health referral pathway and emergency numbers;

### When working with the services of a CM Volunteer remotely:

- a. Volunteers should be aware of and need to take **precautionary self-protection measures** (hand sanitizing, social distancing, and asking screening questions).
- b. **Volunteers** need to **coordinate with Caseworkers** and be familiar about agreed alternative case plan and actions for supporting the child remotely.
- c. **Volunteers** agree to notify Caseworkers if a child is in imminent danger or in emergency.
- d. CM actors preferably should **work with CM Volunteers who** already **received basic CP/CM and child safeguarding trainings**.
- e. Schedule a suitable time with volunteer on when you can have a **daily debrief** so that they know when to expect a call as they may have other duties to attend to.
- f. CM actors should make a plan for communicating with CM volunteers who may not have phones. This may be through support of the CPFPs or PERU teams as needed
- g. Case management volunteers should regularly communicate with CPFP and CiC to ensure up to date (daily) **referral pathways** in the current context
- h. Volunteers need to keep update on camp wise CiC instructions and always ready to follow the roles.
- i. In all cases the community plays a central role but case workers and case management volunteers must know the unique situation of the child and the extent to which community mechanisms play a protective role and in which case they may cause harm to the child (i.e. supportive of child marriage)

### Role and responsibilities of case management community volunteers

- Identify new child protection cases and immediately notify case worker
- Follow up on a regular basis with medium to low risk child protection cases
- Ensure case plan is updated with children and family members/caregivers<sup>2</sup>
- Ensure daily communication and updates with case worker via phone
- Ensure timely referrals for children to appropriate services
- Document (even in notebook) all progress for the child's case

<sup>2</sup> Note that where caregiver or family is perpetrator or contributing to the concern then only update case plan with child

### Child Protection Case Workers' Responsibilities:

- If case workers are working from home, they need to secure a safe confidential room/place to do the counseling respecting the child's privacy.
- If there is an emergency related to a high-risk case and a child is in imminent danger the case worker should reach out to their Child Protection case management supervisor and ensure case is handled by case worker not volunteer.
- CP case workers are responsible to regularly check the online service mapping to identify updated services available for the child and family.
- In the event that the CP Case worker cannot identify a service the focal point in the field - the CMWG coordinator or CP/GBV focal point can provide additional support to identify the relevant service
- Support development of contingency plan in case caregiver falls ill and temporary separation is needed
- Support caregivers and/or build capacity of volunteers around emotional wellbeing of children, talking to children about COVID-19, mitigating childhood stress, parenting, continuing education and meaningful activities at home.
- Identify a focal person in the community that a child and/or caregiver could contact if any emergency arose and guide them on what information to share with the focal person.
- Keep up to date information on child's case (remotely or directly) for CPIMS+ in line with case management principles and steps
- Ensure regular communication with the case management volunteer to ensure continuity of care for children Speak to the case management volunteer regularly to get information on case implementation and upload this data to CPIMS+

### Role of the community level child protection mechanisms

- Community based child protection mechanisms should be engaged to identify child protection risks and have contact details of case management volunteers
- Community level child protection mechanisms should be engaged to have identified safety precautions including:
  - Identified community member to mediate and support in PSS for child and caregivers
  - Alternative community-level care arrangements for range of scenarios (caregiver hospitalized, caregiver abusive, caregiver unable to care for child, caregiver absent for other reason)
  - Identified community member to monitor and mediate in case of domestic disputes in the home
  - Identified community member to intervene to prevent child marriage
  - Identified community member to intervene with family to prevent or stop child labour
  - Identified community member to provide other support as needed in absence of humanitarian actors on the ground
  - Identified community member to liaise closely with CPFPP for referrals to support remote case management by volunteers

## 2. Scenario planning where no humanitarian access is allowed by Case Workers

**Before relying solely on Case management volunteers, Case Workers should take all steps to attempt to enter the camps to provide direct case management service. Only when this is completely denied, should this scenario be applied.**

*Note all above apply but additional measures to be taken in this scenario*

- Agencies should have prepositioned, trained Case Management volunteers
- Ensure Case Management volunteers have access to phones
- Where they do not have access to telephone directly, request use of the CPFPP phone for urgent cases
- Case Management Volunteers should have a checklist<sup>3</sup> to ensure
  1. Steps of case management are followed and documented (even in notebook)
  2. Principles of case management are known to volunteer
  3. Confidentiality and risks associated with lack of privacy are outlined
  4. Location where case management can take place

<sup>3</sup> Collaborate with other sectors to ensure volunteers have checklist

## 5. Services provided by other sectors for referral

### Other considerations

- Daily phone calls with Case Worker in Cox's Bazar are arranged and Case worker provide instructions for next steps (CPFP may assist for high risk)
- Referral pathways are clear to the volunteer (this may be through CPFP where unclear)
- Telephone support to the case management volunteer should be provided at dedicated time per day by case worker
- Where possible, the case worker should speak to the child directly
- Case workers ensure case plans, follow up visits, and protection risks are documented in Cox's Bazar and uploaded to CPIMS+

Where urgent life-threatening child protection concerns are identified by the case management volunteer, Case Worker should contact CPSS to request permission to enter and respond directly with the support of ISCG and explanation why this is exceptional

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**Caring for staff and prioritizing their well-being** is the foundation of any other action. This includes:

- creating space to ask staff about their concerns, their needs, and their ideas for moving forward;
- working towards to reduce risk as well as *perception* of risk;
- sharing resources for managing stress and maintaining emotional wellbeing; this can be documents with links to resources, sharing one simple self-care exercise per day via text/WhatsApp group, phone numbers for accessing psychological support, etc.;
- checking in regularly by phone or WhatsApp as a form of emotional support (different from supervision).
- Arrange periodic training/refreshers for both caseworker and volunteers.
- Agencies are responsible for ensuring well-being of the case workers and case workers are responsible for ensuring physical and emotional well-being of volunteers

For more information or if additional support is required, please contact information or specific queries, contact Krissie Hayes at [krhayes@unicef.org](mailto:krhayes@unicef.org) or Romena Akter [Romena.Akter@plan-international.org](mailto:Romena.Akter@plan-international.org) (Co-leads of the Case Management Technical Working Group)