

Analytical Report – Review of Child Protection Case Management Data

November 2024

Acknowledgements

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Special thanks are due to the following individuals: Abid Hasan and Tarek Akkad (UNICEF Bangladesh); Kevin Kaguthi (UNICEF Kenya); Myriam Samya (UNICEF Lebanon); Kay Thi Tun and Biak Sung (UNICEF Myanmar); Aminu Sami (UNICEF Nigeria) and Tetiana Shutova and Ranjini Paskarasingam (UNICEF Ukraine), Laurent Chapuis (UNICEF Programme Group, Child Protection Team). Gratitude is also expressed to colleagues in these country operations and regional offices who supported this work.

The development of this document was made possible by funding support from the US Bureau of Population, Refugees, and Migration.

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I. EXECUTIVE SUMMARY

This Analytical Report presents the findings of child protection case management data extracted from the [Child Protection Information Management System \(CPIMS+\)](#) in six humanitarian settings: Bangladesh, Kenya, Lebanon, Myanmar, Nigeria, and Ukraine. Conducted by UNICEF with support from the US Bureau of Population, Refugees, and Migration, the study sought to better understand the profiles, vulnerabilities, and service trajectories of children receiving case management support, and to inform improvements in data systems and program delivery.

The research analysed quantitative case-level data on over 91,000 children registered in CPIMS+ between 2020 and 2023. Findings were statistically significant and offer the first multi-country snapshot of who is being supported by child protection case management in humanitarian contexts, including key trends around age, sex, risk level, displacement status, care arrangements, protection threats, service provision, and case duration.

Key findings include:

- **Age and Sex:** The average age of children receiving support was 11.5 years, with minimal variation across countries. Male children made up 56% of the caseload, though this varied by country, and 19% of children were identified as unaccompanied or separated.
- **Displacement:** In some contexts (e.g., Kenya, Bangladesh), case management exclusively served refugee children, while others supported mixed populations including internally displaced and host-community children.
- **Unaccompanied and Separated Children (UASC):** UASC represented 19% of the sample, with boys slightly overrepresented and an average age of 12. Their specific vulnerabilities during crises underline the need for tailored case management responses and cross-sectoral coordination.
- **Incidents:** The most common protection concerns were neglect (43%), child labour (18%), and violence (physical and psychological). Sex of the child and age-specific trends were identified—for instance, boys were more frequently exposed to child labour and recruitment risks, while girls faced greater exposure to sexual violence.
- **Services:** The most frequently accessed services were mental health and psychosocial support (25%), education (14%), and health services (12%). Variations existed in service availability and documentation across countries.
- **Care arrangements:** Most children (72%) remained in the care of their families.
- **Case trajectory:** On average, cases 5.5 months, though durations varied widely by country. Most closed cases cited positive outcomes, though data gaps and inconsistencies in closure documentation remain.

This analysis contributes to the broader evidence base for child protection case management work in humanitarian action and reinforces the critical role of digital systems in strengthening services for vulnerable children globally. The report underscores areas for improvement, including data consistency and standardization as well system interoperability. These insights have directly informed ongoing initiatives such as the [Inter-agency Child Protection Case Management Data Categorisation Guidance](#), the recently [revised Inter-agency Child Protection Case Management Forms](#), and the CPIMS+ dashboard development. It also highlights the utility of CPIMS+ in supporting evidence-based case management and sector-wide accountability.

II. BACKGROUND AND INTRODUCTION

Child protection case management is a core component of UNICEF Child Protection in Humanitarian Action (CPHA). It is an interagency priority under the [Child Protection Minimum Standards of the Alliance for CPHA \(the Alliance\)](#) as per Standard 18. The [CPIMS+](#) supports case management by providing those working in child protection case management with an information management system to guide, record, and organize their work.¹

The CPIMS+ supports case workers and their supervisors in managing individual case files of vulnerable children, helping them documentation of case plans, as well as referrals and overall progress tracking. It can also serve as a tool to collect data and therefore allow for the analysis of aggregate non-personal data to inform child protection case management work.

To strengthen and improve the existing child protection case management work in humanitarian settings as well as the CPIMS+, UNICEF carried out an analysis of existing data from the CPIMS+ system in six countries, namely Bangladesh (Cox Bazaar), Kenya (Dadaab refugee context), Lebanon, Myanmar, Nigeria, and Ukraine.

The analysis of CPIMS+ data, and synthesis of key findings, presented in this Analytical Report are thus designed to directly inform the implementation of child protection case management work, the CPIMS+ system, and its future iterations.

The analysis of the CPIMS+ data coincided with the effort to better categorize the characteristics of children, the incidents of the case, and the services children and caregivers receive in child protection case management. This work on [Inter-agency Child Protection Case Management Data Categorisation](#), led by UNICEF and UNHCR on behalf of the Alliance, aimed to lay the foundations for taxonomic interoperability, and define how to classify information collected during child protection case management by:

- organising it into agreed upon data categories and sub-categories
- linking each data element to a controlled, shared vocabulary.

This Analytical Report presents the main findings from the analysis of data drawn from the CPIMS+. It concludes with recommendations for improving child protection case management work and implementing the CPIMS+ system.

¹ The CPIMS+ Steering Committee (SC) promotes the CPIMS+ as a key tool for supporting case management. The CPIMS+ SC is led by UNICEF, Save the Children, the International Rescue Committee, Terre des Hommes, the Child Protection Area of Responsibility of the Global Protection Cluster, Plan International, and UNHCR.

III. RESEARCH DESIGN AND METHODS

Research Objectives

The key objective of the research was to gather an overall understanding of the profile of children receiving child protection case management and capture insights on the process itself. To achieve this objective, data and further knowledge were collected through:

- Key quantitative case management data points extracted from relevant data points in the CPIMS+.
- Consultative (qualitative) meetings with participating country office staff.²

The analysis relies on the quantitative data obtained.

The research was designed to be representative of child protection cases in the CPIMS+ system, through careful selection of the six participating countries: Bangladesh (Cox Bazaar), Kenya (Dadaab refugee complex), Lebanon, Myanmar, Nigeria, and Ukraine.³ A key aspect of this report is that as the findings are representative, they can be considered a statistically accurate snapshot of the cases in the CPIMS+ system for these six countries.

The data collection and analysis component began in December 2023 and continued through July 2024.

Country Selection

The participating country programs were chosen based on the following criteria:

1. The CPIMS+ system was in use in the country.
2. The country had clear humanitarian needs.
3. It needed to be inclusive also of countries had a large refugee population.

Geographic diversity meant that the findings were not representative of only one region.

Whether the country program chose to participate also relied upon country office interest and capacity. UNICEF contacted the country programs in advance to make them aware of the consultancy's goals and their interest in supporting it. Key interlocutors included UNICEF focal points in country, inter-agency child protection coordinators and relevant case management agencies in the country.

Sampling Frame

The research team collected data from the country offices for all cases recorded in the CPIMS+ system from January 1, 2020, until December 31, 2023. Both open and closed cases were included. Data from case files of **91,040** children was collected.

The sampling frame varied depending on the country (see Table 1). From this sampling frame, cases were then randomly selected, using a simple random sampling approach, from each country.

² Consultative meetings with the participating countries involved presentation of the initial findings and a round of feedback and input. These discussions were then used to inform the final version of this Report.

³ The findings are representative at a 95% confidence level and 8% margin of error.

Table 1: Cases extracted per country CPIMS+

Country	Cases extracted from January 2020-December 2023
Bangladesh	43,631
Kenya	8,226
Lebanon	3,914
Myanmar	5,014
Nigeria	24,497
Ukraine	5,758
TOTAL	91,040

Analysis Frame

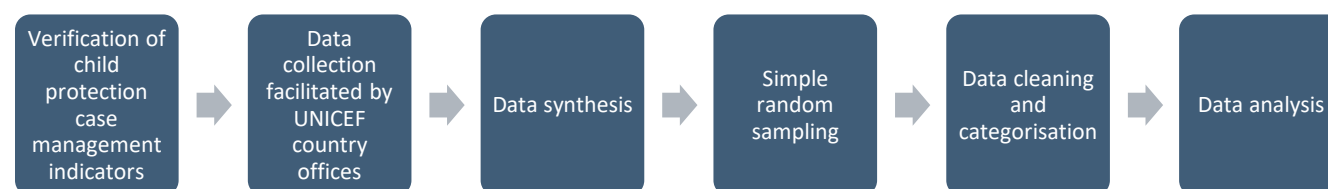
Indicators and related data points were selected by UNICEF Headquarter Staff leading this work in consultation with the Case Management Task Force of the Alliance. These indicators were chosen based on stakeholder interest and relevance to child protection case management. The list of indicators and data points is provided in Annex 1. Then, the originally chosen indicators were synthesized to align with the Inter-agency Child Protection Case Management Data Categorisation, which can be accessed [here](#).⁴

Ethical Considerations

Given the remote nature of this research and the nature of the CPIMS+ database, many ethical safeguards were built in. To align with data protection principles and related protocols, especially given the sensitive nature of case management data, no personally identifiable information was collected from the CPIMS+, and the non-identifiable information was collected only when consent/assent was given by the child that it could be shared for this purpose. Furthermore, all datasets collected from the country offices were password protected, in addition to the combined dataset and deposited in a secure folder.

Overview of Quantitative Approach

The quantitative data was the larger data set than the qualitative, and followed a six-step approach:

Figure 1: Quantitative Approach


Step 1: An initial key step was the **verification of child protection case management data points** based on the selected indicators. Given the difference in case management across countries, not all data points initially selected were able to be analysed as not all country offices collected all the relevant data points. The complexity of this process is a key finding from the research and is elaborated further in the implications section. The final list of indicators that influenced the data points collected is provided in Annex 1.

⁴ It is important to note that when the research was done, additional categories now in the final Child Protection Data Categorisation were not included: In the incidents list, child labour has now been further developed to be exploitation with three subcategories: economic exploitation, harmful or hazardous labour and sexual exploitation.

Step 2: Upon selection of the data points, UNICEF then worked with the country offices to facilitate **data extraction from the CPIMS+ system**.

Step 3: Upon receiving data from the country offices, the **data was synthesized**. This involved a complex process whereby the data was organized to be uniform across country contexts and for it to be able to be read and analysed through data analysis software, Stata. This included a preliminary data cleaning.

Step 4: Once data collection and synthesis were complete, cases from the six participating countries were **randomly selected** so that the findings are statistically significant. This was achieved at a 95% confidence level and 8% margin of error per country and collectively.⁵

While it was initially envisioned to purposively select cases on unaccompanied and separated children (UASC), enough cases were randomly selected to have indicative findings for such children.

Furthermore, given that some countries have more cases than others and thus these countries would be overrepresented in the random sample, each individual country was randomly sampled, and then the master file was created.

Step 5: Upon receiving the data from the country teams, it **was further cleaned and categorized in alignment with [Inter-agency Child Protection Case Management Data Categorisation](#)**.

Step 6: The **data analysis** was conducted through Stata on the available key indicators/data points.

IV. FINDINGS

The findings presented in this section are statistically significant at a 95% confidence level and 8% margin of error for the six countries involved in the research, as well as collectively. As such, these findings can be extrapolated to other contexts and thus have implications for child protection case management work globally and the use of the CPIMS+ system.

Representing the first time that case management data across locations using the CPIMS+ database has been robustly analysed, this research presented a unique opportunity to understand who the children are that are being supported through child protection case management. It also underscores the importance of the CPIMS+ system in doing so. The ability to input and record data and subsequently analyse this data makes the CPIMS+ system an essential tool for programmers and policymakers. It provides stakeholders and actors with accurate data to inform decision-making and actions.

The analysis of this data also revealed key points for improvement for the CPIMS+ system, which can aid regular analysis and facilitate evidence-based decision-making. However, these gaps underscore the importance and utility of the CPIMS+ system and its continued use.

Understanding the key characteristics of children receiving case management can allow for better use of financial and human resources, preparation for service referral, and an overall overview of who the children are that are being supported with this service. Furthermore, it can highlight emerging trends for vulnerable children in specific contexts (e.g., an increasing caseload of unaccompanied and separated children, or children engaged in child labour).

⁵ Note that the randomly selected cases for the analysis of services varied from all the rest as this analysis was completed after the initial sample.

1. Who are the Children receiving Child Protection Case Management in Humanitarian Settings?

A. Age

The data collected in the CPIMS+ revealed that the average age of children receiving case management support was 11.5 years. This consistent collection of age data across all participating countries highlights the critical role of age as a demographic indicator. Interestingly, the data showed minimal variation in average ages across countries. For instance, Ukraine recorded the youngest average age at 10.5 years, while Nigeria reported the oldest average age at 12.5 years. This narrow range suggests that middle childhood and early adolescence are common stages at which children enter the case management system, reflecting the developmental period when vulnerabilities may become more apparent or when external interventions are more frequently initiated.

Age plays a crucial role in determining the appropriate support and resources for children in case management systems, as it directly impacts their developmental needs. By analysing age data, child protection programs can better plan interventions tailored to specific age groups. This highlights the importance of equipping frontline caseworkers with age-sensitive training to address the unique challenges of different age groups, such as trauma management for toddlers, engaging adolescents in decision-making, or providing age-appropriate counselling. Additionally, age-disaggregated data helps identify gaps in service delivery, including for prevention, ensuring no child is overlooked and that interventions are inclusive. These insights underscore the value of using age as a guiding factor in designing and implementing child protection programs, leading to more effective, responsive, and well-resourced systems that can adapt to emerging trends and better support children at all stages of development.

Table 2: Average age by country

Country	Average age per Country
Bangladesh	11.5
Kenya	11.5
Lebanon	11.9
Myanmar	11.1
Nigeria	12.5
Ukraine	10.5
TOTAL	11.5

Table 3: Average age per age group bracket

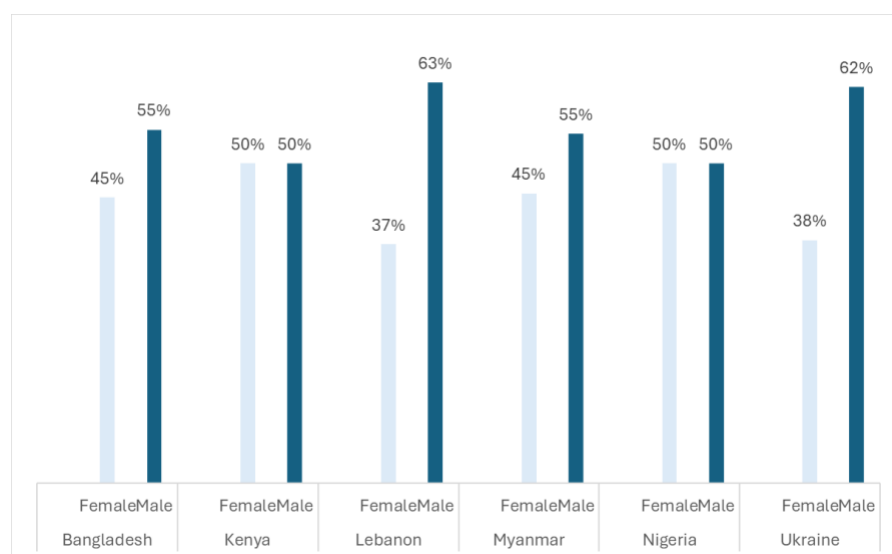
Country	% of children per age group
0-4 years	8%
5-9 years	26%
10-14 years	36%
15-17 years	22%
18 and older	8%

B. Sex⁶

Data from the CPIMS+ system across surveyed countries reveals a higher proportion of male children (56%) in case management than female children (44%). However, this trend is not uniform and varies significantly by country. For instance, male children made up 63% of the cases in Lebanon and 62% in Ukraine, while the distribution was more balanced in Kenya and Nigeria, where 50% of the cases involved male children. Interestingly, in Myanmar and Bangladesh, female children accounted for 55% of the cases.

Gender-sensitive approaches are essential in child protection case management, as they ensure that the distinct needs and vulnerabilities of children of different sex (gender identity) are adequately addressed. By analysing sex-disaggregated data, child protection programs can allocate resources more effectively, such as matching children with caseworkers of the same sex when culturally appropriate or ensuring equal access to services for both female and male children. This data also helps identify and address systemic inequities, ensuring all children receive the care they require. Disparities in the representation of female and male children in case management may stem from gendered societal norms or structural barriers that prevent female children from accessing services. For instance, male children may be more visible in public spaces or seen as at higher risk for certain forms of exploitation, while female children may receive specific services tailored to them such as gender-based violence (GBV) services outside of child protection case management, leading to underrepresentation of them in the data. Analysing these differences allows for more equitable care, ensuring both female and male children have equal access to services. By incorporating gender-sensitive strategies, case management systems can address these disparities, advocate for inclusive services, and equip frontline workers to respond to the unique needs of each sex. This approach strengthens the system's ability to deliver comprehensive, equitable care and safeguard the rights and well-being of all children.

Figure 2: Sex of children by country



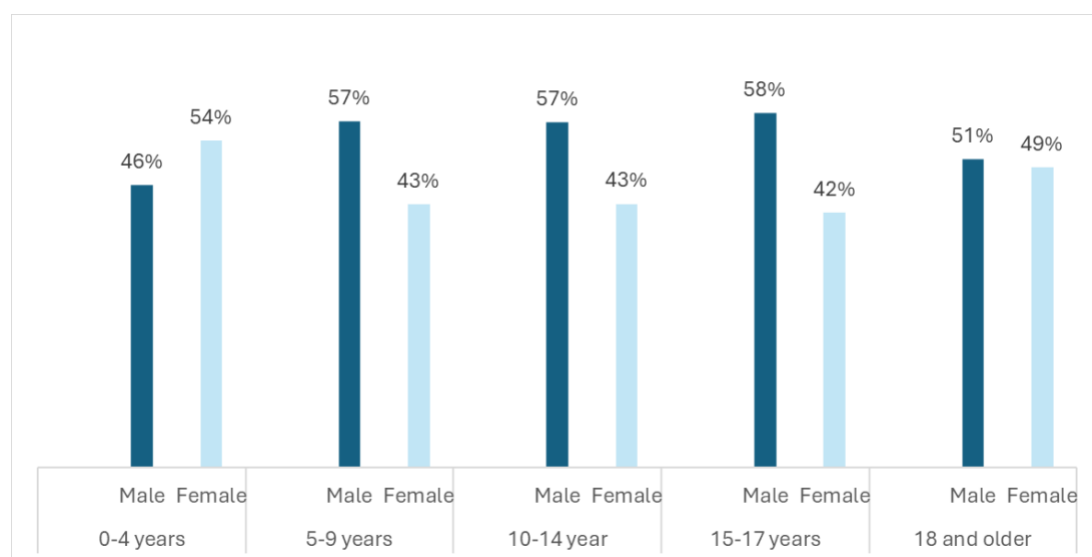
⁶ While the data presented on sex reflects country-level reporting practices which are typically limited to binary classifications (i.e., female/male), it is important to acknowledge existing gaps and limitations in documenting/reporting children who do not identify with either category. This is in line with the [revised Inter-agency Child Protection Case Management Forms](#) which now include the categories of "Non-binary" and "Other". The child protection sector has the potential for improvement in ensuring more inclusive and accurate data collection that better reflects the diverse identities of all children.

C. Age and Sex

The data indicates that older age groups tend to have a higher proportion of male children compared to younger age groups. This overrepresentation of male children becomes more pronounced as age increases, suggesting potential gender-specific referral patterns or vulnerabilities that influence how cases are identified and managed. Interestingly, the youngest age group—children aged 0 to 4 years—presents an exception to this trend. Within this cohort, female children were slightly higher in number than male children.

When analysing the intersection of age and sex in child protection case management data, notable trends emerge that provide insight into the demographic patterns of children accessing these services. These findings underscore the importance of examining data through multiple lenses, such as age and sex, to identify and address potential inequities. By integrating age- and sex-disaggregated data into program design, child protection systems can better understand the nuanced needs of distinct groups and adapt services accordingly. This approach not only ensures equitable care but also strengthens the ability to safeguard the rights and well-being of all children, regardless of their demographic characteristics.

Figure 3: Age and sex and breakdown



D. Displacement status

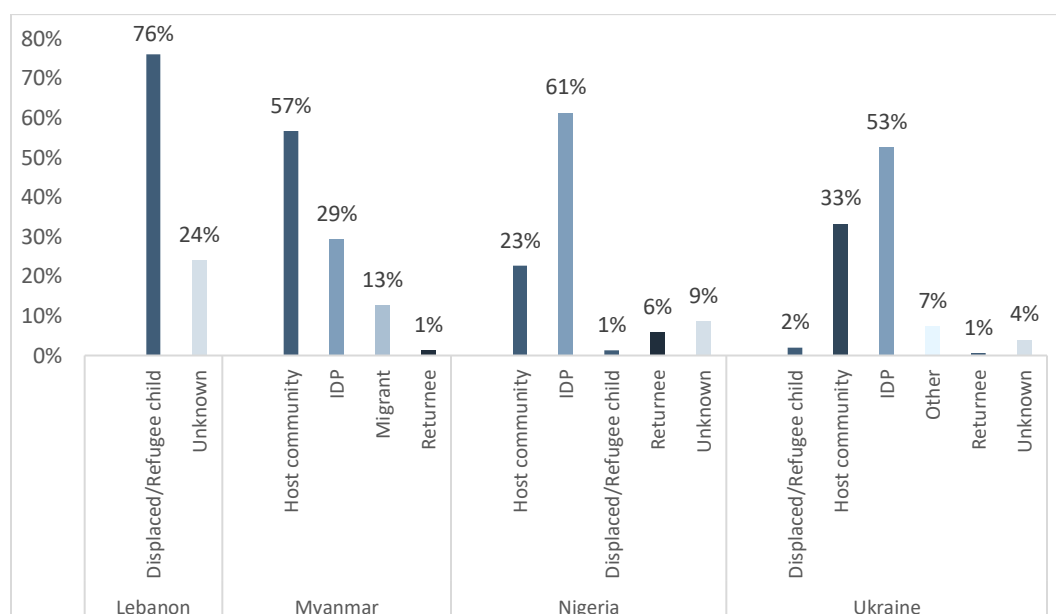
The data confirms that child protection case management programs in the participating countries often catered to distinct groups of children, which resulted in significant variations in the displacement status of the populations they served. For instance, in countries such as Bangladesh and Kenya, case management efforts were exclusively dedicated to refugee children due to the specific contexts where case management was delivered in refugee camps. This targeted approach meant that 100% of the cases managed in these contexts involved children with refugee status. On the other hand, countries like Lebanon, Myanmar, Nigeria, and Ukraine exhibited a more diverse set of beneficiaries in terms of displacement status. In these countries, case management addressed the needs of children from a variety of backgrounds, including refugees, internally displaced children, and vulnerable children from host communities.

In contexts where the displacement statuses of children are varied, obtaining a detailed and accurate understanding of their specific circumstances is essential for designing and implementing effective child

protection case management systems. Comprehensive data on displacement status serves as a critical tool for guiding logistical planning and the efficient allocation of resources. For example, it enables organizations to anticipate and provide specialized services tailored to the unique needs of specific groups, such as translation services, legal assistance for those navigating complex immigration or asylum processes, and other forms of culturally or contextually relevant support.

Beyond the immediate benefits of resource allocation, such data plays a pivotal role in ensuring that procedural safeguards are in place to achieve durable solutions for children. This includes facilitating and supporting best interest procedures, which are designed to prioritize the long-term well-being and safety of children in line with international standards. Moreover, the analysis of displacement status also informs the technical knowledge and skillsets required of frontline case management workers. Each group of children—such as refugees, returnees, or children in host communities—presents distinct challenges and needs that require specialized expertise. For instance, caseworkers assisting refugee children may need a strong understanding of international refugee law and cross-cultural communication, while those working with returnees may focus more on reintegration strategies and addressing potential gaps in access to local services. By integrating displacement status analysis into the foundation of case management systems, practitioners are better equipped to offer holistic care and protection.

Figure 4: Displacement status and country breakdown



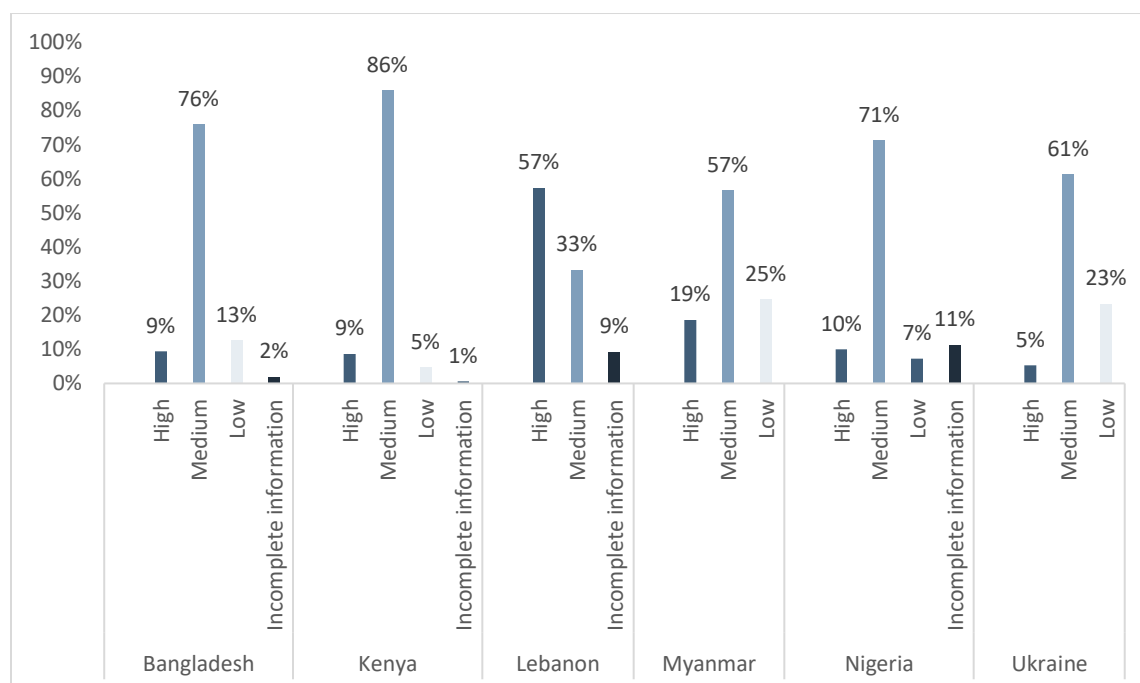
E. Risk level at initial assessment

Of the randomly selected cases, 64% were classified at the initial assessment as having medium risk. For example, 57% of randomly selected cases in Lebanon were reported as high risk, compared to just 5% in Ukraine. However, data consistency emerged as a problem, with 5% of cases not having any information about the initial risk assessment.

Understanding trends in risk levels in child protection case management is crucial for prioritizing cases and allocating resources effectively. By assessing and categorizing the level of risk a child faces—whether it be low, moderate, or high—caseworkers can determine the urgency of intervention, and child protection responses can plan to allocate appropriate responses, and the potential time needed to address the child's needs. This helps

ensure that children in the most immediate danger receive timely protection and support. Looking at this data from an aggregate level can support an organization or a coordination group in understanding if the most high-risk cases are indeed being identified, and in tailoring programming to address the risks these children face.

Figure 5: Risk level at initial assessment by country



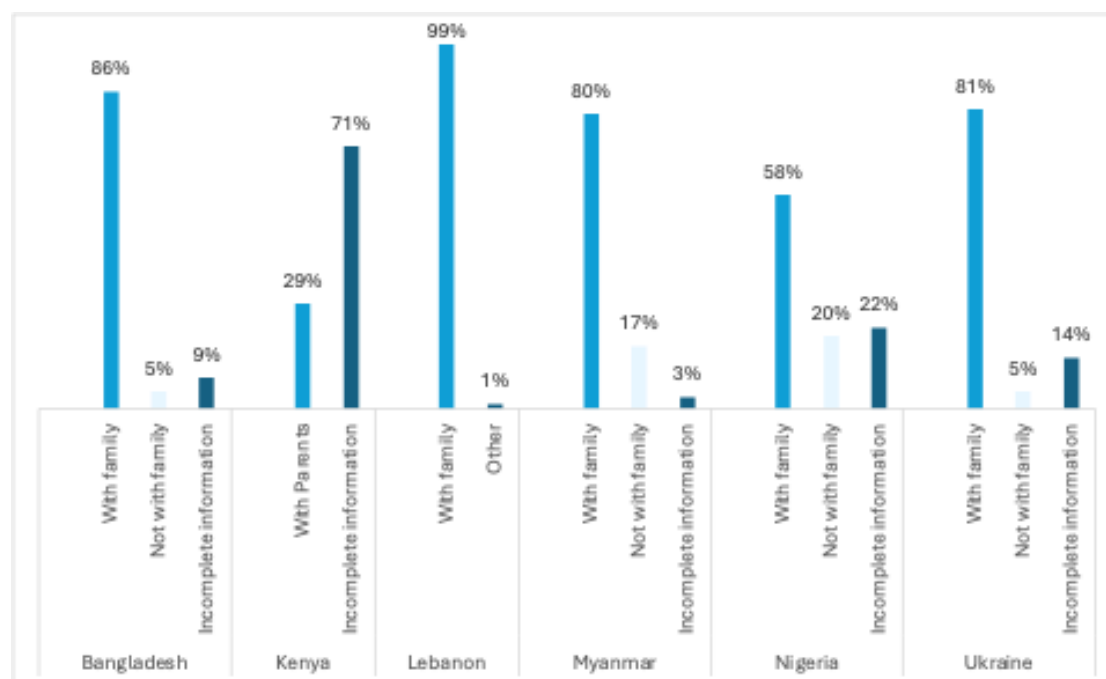
F. Care Arrangements

For the cases where care arrangement information was available⁷, 62% reported that the child lived with their parent(s), while 10% indicated care by extended family members. Overall, 72% of the randomly selected cases showed that the child was under the care of a biologically related caregiver. The remaining care arrangements including foster care and institutional care totaled 28% and included both UASC as well as children placed in alternative care due to other protection concerns. The categories were not always organized in similar ways across contexts and therefore lacked consistent patterns not allowing for further analysis, however, this trend did not vary across different country contexts.

The data tells us that, on average, children were found to live in family-based care arrangements, highlighting the importance of family-centered interventions and responses in child protection case management. However, this also indicates that children may be vulnerable even when living in protective environments, making targeted family-based interventions essential to address specific risks and ensure their safety and well-being. The lack of data on other forms of care also highlights the need to question and understand whether there is a gap in such services and what actions may be required to ensure forms of alternative care. Care is a core component of the protection of the child. While being able to confirm which elements of care are key when supporting children and their families is important to ensure children are protected.

⁷ 71% of cases in Kenya lacked care arrangement data, compared to 22% of cases in Nigeria and 14% in Ukraine. When aggregated, 20% of the randomly selected cases overall did not include any information on care arrangements.

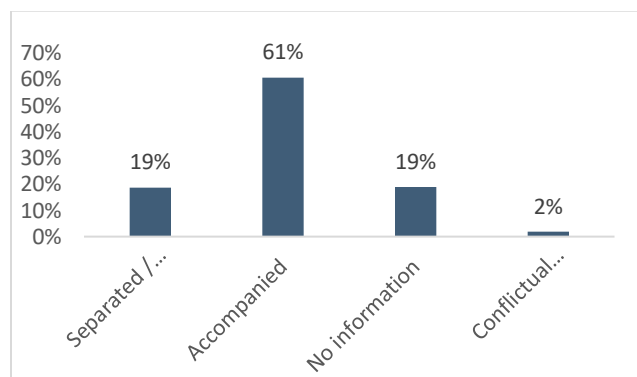
Figure 6: Care arrangements by country



2. What do we know about Unaccompanied and Separated Children?

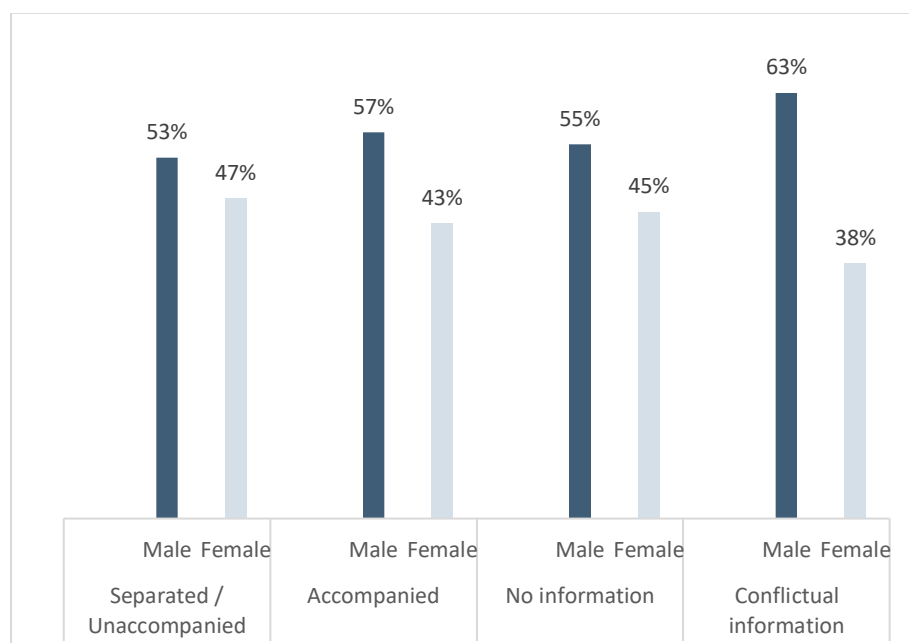
At least 19% of the randomly sampled cases were identified as unaccompanied or separated. While 61% of cases were identified as accompanied. 20% did not have anything specified, meaning that the number of UASC could be higher. The total number of UASC is a smaller subset of the total sample, therefore no country-level disaggregation has been provided for this analysis.

Figure 7: UASC cases per separation status



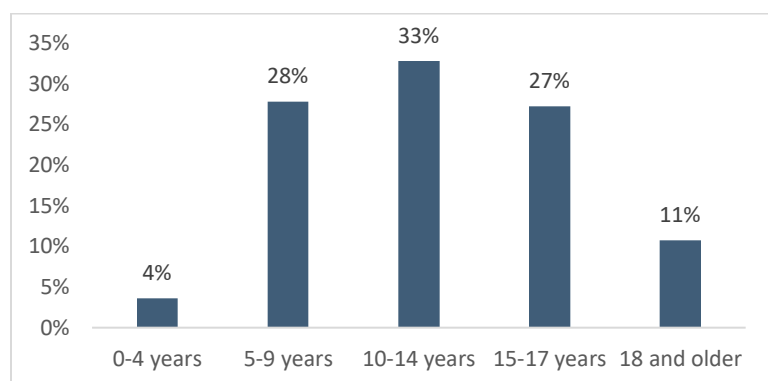
The sex breakdown of UASC reflected the sex breakdown of the CPIMS+ cases overall, with male children being slightly overrepresented in all categories.

Figure 8: UASC and sex breakdown



Similarly, UASCs reflected the average age for children in the CPIMS+ system, with the average age of UASCs being 12 years old. The distribution across age groups was also broadly similar.

Figure 9: UASC and age group breakdown



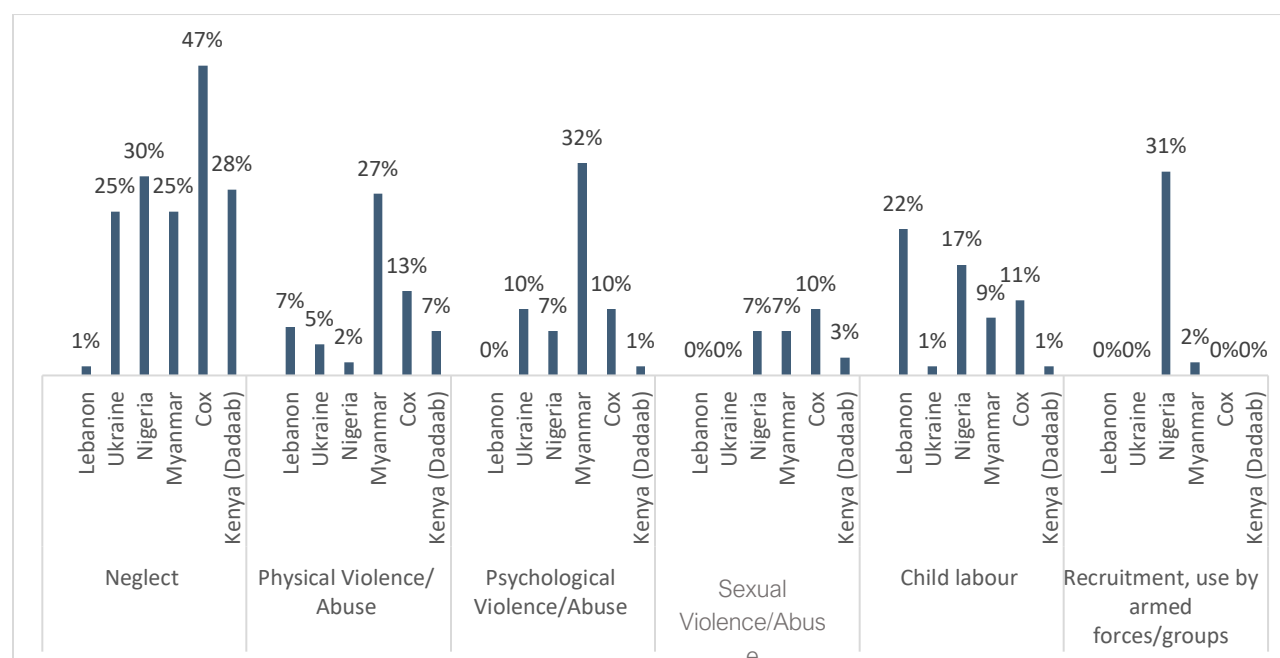
UASC represents a particularly vulnerable group in humanitarian crises. Collecting reliable data on UASC is crucial to ensuring they receive the protection and support they need and that interventions are both effective and resource efficient. Collecting aggregate data on UASC is important for focusing both on preventative and responsive actions. It can help identify patterns related to age, sex, nationality, and migration routes, enabling targeted support. It can highlight regions with higher numbers of UASC and reveal specific risk factors behind family separations. Additionally, this data enhances collaboration across agencies—such as child protection, immigration, health, and education—by providing a shared understanding of UASC needs. Furthermore, such data supports the development of coordinated, context-specific strategies that address the unique needs of UASC during crises while also strengthening long-term planning for their safety and well-being.

3. What are the main incidents reported in child protection case management?

The analysis of the child protection incidents showed that neglect of the child is the most common protection incident reported among cases in the CPIMS+ system across the six countries (43%). Child labour (18%) and violence, both psychological (17%) and physical (16%), were the next most reported incidents⁸.

Understanding incidents is a cornerstone of child protection case management, as it provides critical insights into the nature and severity of risks a child faces. Analysing incidents enables case managers to identify immediate threats and implement timely, tailored interventions to address the specific needs of each child. This process not only supports the child's immediate safety but also informs long-term care plans designed to foster their well-being and development. Incident analysis also ensures the efficient allocation of resources to address a broad spectrum of needs. Beyond direct interventions like counselling, it facilitates connections to other key services, such as psychosocial support, educational opportunities, and livelihood support for families to enhance economic stability.

Figure 10: Reported incidents by type and country

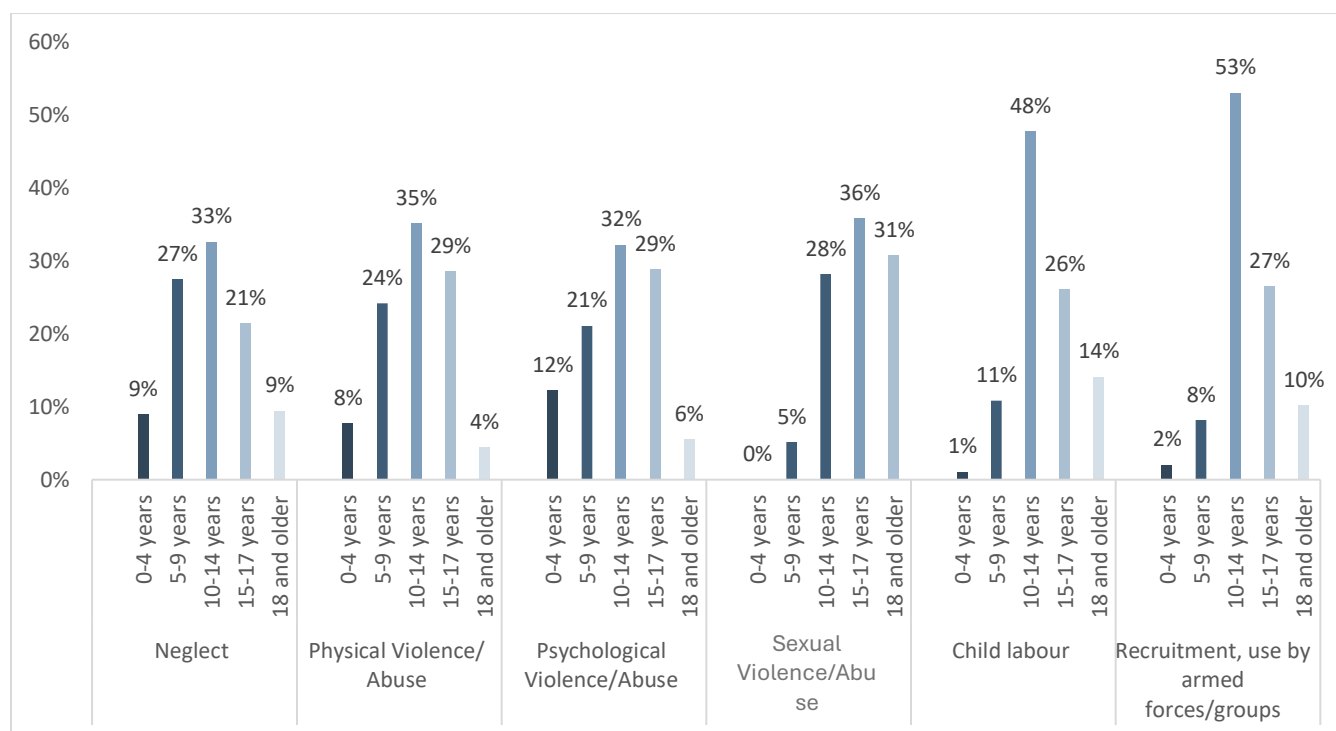


Different child protection threats demonstrated varying age distributions, reflecting the diverse vulnerabilities faced by children at various stages of their development. Sexual violence and abuse were more commonly reported among older children. Similarly, recruitment and use by armed forces and armed groups disproportionately affected older children, highlighting specific risks tied to adolescence. In contrast, other threats, such as physical violence and abuse, were more evenly distributed across all age groups.

⁸ Among the sampled cases that reported protection incidents, 67% aligned with the new Child Protection Case Management Data Categorisation incident list. This list outlines neglect, physical violence/abuse, emotional violence/abuse, sexual violence/abuse, child labour, and recruitment into armed forces or groups as the incidents to report against. Other issues, such as serious medical concerns and disabilities, were excluded from the analysis as they are now classified under the vulnerability category of the child. Additionally, these excluded issues lacked consistency in reporting across countries, making comprehensive analysis challenging.

Understanding the age-specific patterns of child protection threats is essential for designing targeted interventions. By addressing vulnerabilities unique to specific age groups, child protection systems can ensure that responses are tailored and effective, improving outcomes for children across all stages of their development.

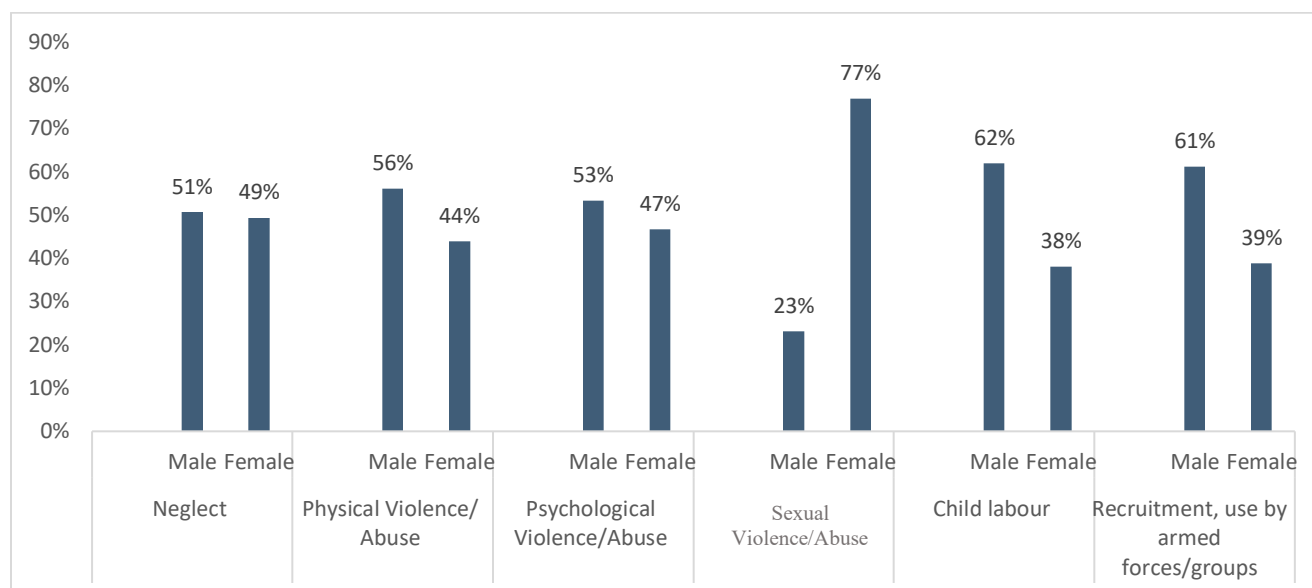
Figure 11: Reported incidents by age group



When looking at the data, male children were disproportionately affected by threats such as recruitment and use by armed forces and armed groups and child labour. These findings reflect gendered social and cultural dynamics that often expose male children to higher risks in conflict settings or exploitative labour environments. In contrast, cases involving female children more frequently reported incidents of sexual violence or abuse. This underscores the heightened vulnerability of female children to violence and abuse, which is often rooted in systemic inequalities and harmful gender norms.

Understanding the influence of gender on child protection threats is essential for designing targeted interventions. By addressing these gender-specific vulnerabilities, caseworkers and policymakers can implement more equitable and effective protection strategies, ensuring that both female and male children receive the tailored support they need to overcome the risks they face.

Figure 12: Reported incidents by sex



The age and sex distribution of incidents aligns with global trends, such as female children being more likely to report experiences of sexual violence or abuse than male children. The CPIMS+ data is invaluable in confirming these assumptions with concrete evidence, enabling caseworkers to tailor their responses with greater sensitivity to age and sex. Furthermore, this data offers strong justification for adopting such approaches, particularly when addressing issues like sexual violence and abuse, child labour, and the recruitment of children by armed forces. It ensures that interventions are both informed and effective in safeguarding vulnerable children.

Different incidents also impacted the average duration of cases. For those closed cases, the threat that had the longest duration was child labour (230 days), followed by neglect (201), physical violence (200), and psychological violence (152). Sexual violence and abuse and recruitment/use by armed forces and armed groups had sample sizes that were too small to conduct a more robust analysis.

4. What are the main services children, and their families are referred to?

The analysis of the data shows that the most common services a child and their family received during case management included ⁹ Mental Health and Psychosocial Support, with 25% of children being referred to these services, and then Health at 12%, Education at 11% and Alternative Care at 10%.¹⁰ Non-food items and WASH services, which usually help meet the needs of the entire family and not just the individual child, were at 11% and 9%.

⁹ Among the sampled cases that showed that a referral to services had been made, 81% aligned with the new Child Protection Case Management Data Categorisation incident list. This list outlines Mental health and psycho-social support services, Family Tracing and Reunification services, Alternative care services, GBV services, Documentation and civil registration services, Legal and justice services, Education services, Shelter services (not places of care), Water, sanitation and hygiene services, Specialized services for children with disabilities, Health services, Nutrition services, Food security services, Livelihood services, and Cash assistance services, as the services to report against. In the CPIMS+ data for services is collected in such a way it was impossible to further disaggregate it with age and sex due to how this data is extracted and the complexities of data cleaning per child for the service data point.

¹⁰ This does not account for services that were already being provided to children and families before the case management process started.

Table 4: Services accessed as part of case management

Country	% of children per age group
Mental health and psychosocial support	26%
Education	14%
Health	12%
Non-food Items	11%
Alternative Care	10%
WASH	9%
Livelihoods	4%
CASH	6%
Livelihoods	4%
Family Tracing and Reunification	2%
Food items	2%

Some things to note on the data include that in Kenya, for example, referrals for Best Interest Procedures were highlighted as a service of their own. This was not true of other locations. Kenya also had a specific data field for parenting support which others did not. Nigeria flagged services for children with disabilities, but this was not reflected in other countries, and so it was not analysed further. Certain service analyses were omitted because they were not statistically significant across countries or what the service entailed was not clear.

Each child received several services during the case management process. These may be provided by other sectors/departments within an organization/institution or by other external actors. This data tells us that child protection case management actors need to create linkages, either through systematic and updated referral pathways and/or advocacy efforts. Case management does not stand alone and is linked to other existing services, making understanding the availability and accessibility of these services' paramount for children's well-being.

5. What is the trajectory of cases?

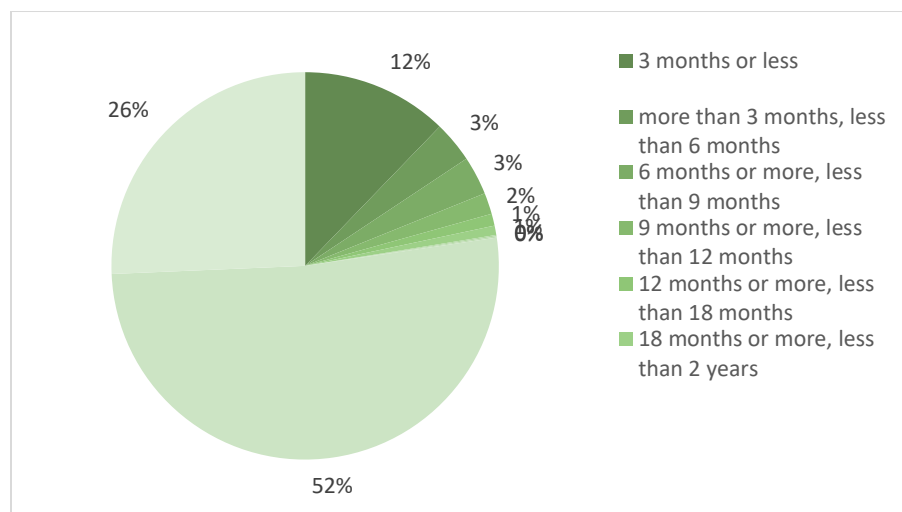
A. Duration of cases

The majority (52%) of cases were still open at the time of data collection. Of those closed, 12% of the cases were closed within 3 months or less. However, this varied to some degree. For example, on average, cases were opened and closed within 2 months in Ukraine. In contrast, in Bangladesh, the cases on average remained open for 8 months, 5 months in Myanmar, and 5 months in Lebanon. The average duration between the opening and closure of the case was approximately 5 and a half months. For 26% of randomly selected cases, there was no information provided, or the information provided was insufficient to produce a period for estimating the duration of cases.

Overseeing case durations in child protection case management has significant implications for resource allocation, including time, finances, and personnel. Without accurate tracking, resources may be misallocated, leading to delays and inefficiencies in the management of cases. Case duration also serves as a key metric for evaluating the efficiency of child protection systems over time, including the importance of supervision of case workers. By closely monitoring this data, country offices can identify bottlenecks, optimize operations, and improve overall effectiveness. Tracking case durations ensures accountability across all system levels, supporting

continuous improvement and better resource alignment for timely, high-quality interventions. In summary, managing case durations effectively is crucial for optimizing child protection case management services and ensuring better outcomes for vulnerable children.

Figure 13: Duration of cases



B. Reasons for case closure

Data show that most cases closed were closed because of a "positive outcome" or a variation of this reason in Bangladesh (73%), Lebanon (30%), Myanmar (36%), Nigeria (69%), and Ukraine (32%). However, data consistency emerged as a problem, as there were missing data points in many countries. This sometimes did not always correspond to whether the case was open or closed. Indeed, 8% of cases were reported as closed and had no reason for their closure.

The reason for case closure is a critical component of child protection case management as it reflects the outcomes of the intervention and informs future practices. Documenting case closure reasons provides insights into whether a child's situation has been successfully resolved. It also highlights cases closed due to challenges, such as interruption of funding or the child moving to an unknown location, which may indicate gaps in the system that require attention. Additionally, analysing trends in case closures can help identify patterns, such as recurring challenges or successful strategies, which can be used to improve policies and practices. Understanding why cases are closed ensures that interventions are effective, children are safeguarded, and systemic improvements are continuously made to enhance the quality of care and protection services.

V. CONCLUSION AND NEXT STEPS

As the first multi-country, statistically representative analysis of case management data, the findings provide a robust evidence base that enhances our understanding of the profiles, vulnerabilities, and service trajectories of children receiving support. This research affirms the vital role of CPIMS+ in capturing and generating meaningful data to inform child protection case management in humanitarian settings. Importantly, the research also highlights systemic challenges, including data inconsistencies, limited standardisation, and gaps in interoperability—all of which must be addressed to fully harness the system’s potential.

Efforts to address the above-mentioned challenges are already underway, including:

- The [Inter-agency Child Protection Case Management Data Categorisation Guidance](#) has brought about refinements in how data is categorized and defined to improve consistency in case management work and related data generation.
- The [release of revised inter-agency Child Protection Case Management Forms](#) based on the Child Protection Data Categorisation work to standardize data points across contexts.
- **The development (ongoing) of a standard dashboard in the CPIMS+** to facilitate better data visualization and oversight will allow all countries using the CPIMS+ to report in real time on key performance indicators.

However, findings also highlight that the CPIMS+ is a powerful tool designed to facilitate real-time evidence generation and support comprehensive monitoring and evaluation efforts in child protection case management. Its functionality enables child protection practitioners to gather, analyse, and act on critical data, improving outcomes for vulnerable children.

To maximize the effectiveness of CPIMS+, the following additional considerations are essential:

- **Ensure Alignment with Updated Data Standards:** All implementations of CPIMS+ must be closely aligned with the updated inter-agency data categories and standardized forms. This alignment is foundational to producing high-quality, comparable data and enables actionable insights for improving program design, delivery, and accountability.
- **Preserve Core and Mandatory Data Fields:** The integrity of the system relies on the consistent inclusion of core data fields during rollout. These fields are critical for measuring trends, assessing effectiveness, and generating cross-country comparisons. Any customization that compromises core fields risks weakening the value of CPIMS+ as a global evidence-generation tool.

In closing, the findings of this report offer not only a snapshot of the profile of children in case management and current practices but also a pathway toward more coordinated, data-driven, and child-centered case management responses. Continued investment in data quality, system enhancements, and interagency collaboration will be critical to scaling the impact of child protection case management and of the CPIMS+ and, ultimately, improving outcomes for vulnerable children worldwide.

ANNEX 1. CHILD PROTECTION CASE MANAGEMENT INDICATORS / DATA POINTS ANALYSED

	Indicator/ Data Set
Child characteristics	% of children registered receiving case management support by age and sex
	% of children by displacement status
	% of cases per risk level
	% of children cared for by/ in (care arrangement)
	% of UASC of the total number of children in case management
Threats	% of children experiencing each child protection threat
Services	% of services needed that are provided, per type of service (list)
Process	The average period between the initiation of case management and closure in weeks
	% of cases closed by reason