Child Protection Case Management Actions for Sudden Programme Closures or Scale-down

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INTRODUCTION

Given the current humanitarian landscape including reduced funding for humanitarian child protection programming, the Child Protection Case Management Task Force (CMTF) of the Alliance for Child Protection in Humanitarian Action (Alliance) has developed guidance on exit strategies for child protection case management services[1]. This guidance presents scenarios for when child protection case management services must be **scaled back**, **transferred to** another child protection actor, **or discontinued**. It particularly addresses **exit scenarios that occur suddenly or are unplanned** and aims to ensure a responsible transition that prioritizes children's best interests. [2]

By integrating exit planning from the outset, programs can better safeguard children's well-being and support sustainable child protection efforts within communities[3]. Although exit strategies should ideally be considered from the program design phase to facilitate a smooth transition, shifting circumstances may make the original exit strategy less applicable. However, careful planning remains essential to ensure that **principles of 'best interests of the child'** and **'do no harm'** prevent harm to children and families, uphold duty of care for staff -particularly caseworkers - and minimise negative impacts on children, families and communities (e.g. refugee children / their families who are under consideration for voluntary repatriation, resettlement or complementary pathways).

[1] In refugee settings, child protection case management for refugee and asylum-seeking children is often referred to as Best Interests Procedure.

[2] Please note that this guidance complements the 2nd edition of the Inter-agency Child Protection Case Management Guidelines (2024): https://alliancecpha.org/en/technical-materials/inter-agency-guidelines-case-management-and-child-protection.

[3] Refer to the Inter-agency Child Protection Case Management Guidelines (2nd edition), on what an exit and sustainability strategy should include, section **2.2.2.B** page 72

Closing child protection case management programs should prioritize:

- **Work with Existing Systems:** Strengthen and build upon existing community-level child protection networks and systems to enable long-term sustainability and effectiveness.
- **Prioritizing Continuity of Care:** Abrupt termination of services can severely impact the most vulnerable children who rely on them. To minimize harm organisations must do everything they can to ensure service continuity, particularly for children at high-risk. Wherever possible organisations should supplement funding or explore alternative solutions such as transferring cases to other case management actors until individual case plans are completed and/or major risks have been mitigated.
- **Transparent Communication:** Timely and clear communication with all stakeholders—including other case management actors, communities, and affected children and families—is essential when implementing program changes or exit strategies.
- **Safeguarding Sensitive Data:** Adhere to established national data protection protocols and organizational procedures to securely manage sensitive information.
- **Coordinated Transitions:** Minimize disruptions by coordinating with local actors and stakeholders. If case management services must be discontinued, organisations should work collaboratively under the guidance of interagency Child Protection Coordination Groups to ensure a responsible and well managed closure. Additionally, it is crucial to assess how funding changes affect related support and multisectoral referral services as these may also face reductions, reprioritization, or closure.

In settings with refugees and asylum seekers, it is important to inform UNHCR about the status of your organization's operational capacity. Including the likely impact on children, timeframes, and possible next steps including: updating the prioritisation and intake criteria, transfer of urgent cases or cases for children at heightened risk, or transfer of files pertaining for Best Interests Assessments or Best Interests Determination carried out as part of durable solutions processes (e.g. Resettlement); recognising that child protection case management/BIP for refugee and asylum-seeking children is linked to broader refugee protection case management (e.g. Refugee Status Determination, Legal Protection, Durable Solutions).

EXIT STRATEGIES AND STEPS FOR PROGRAMME CLOSURE

When is an Exit Strategy Needed?

Exit strategies should be developed within a set timeframe and account for different scenarios across various contexts. While some exits are planned, allowing an organisation to gradually reduce, transfer, or close programming, others may be unexpected and occur rapidly.

Planned	Unplanned or Rapid
A planned exit ensures a **gradual, purposeful transition** of responsibilities from child protection case management actors to formal and informal child protection systems. The goal is to **support and strengthen** these systems rather than replace them. As the child protection system recovers and develops, case management actors should **facilitate a structured handover** to local authorities, organizations, or community-based mechanisms.	Unplanned exits may occur due to **sudden loss of funding**, **changes in conflict dynamics**, **shifts in territorial control**, or **access restrictions** that prevent organizations from operating. In such cases, organizations must have contingency plans in place to **mitigate harm**, **protect sensitive data**, and **ensure the safest possible transition** for affected children and families.

Whether planned or unplanned, child protection case management programs may face different scenarios of reduced funding:

Scenarios of reduced funding	Description
REDUCING OR SCALING-DOWN case management services and response	The service does not stop entirely but instead scales down; this could result in: • a focus on existing high-risk cases (e.g., unaccompanied children, children with acquired disabilities, children experiencing/at risk of experiencing abuse and/or exploitation). • prioritizing new cases based on updated, specific eligibility/intake criteria
TRANSFERRING or HANDING OVER cases to another organization	The service may have to be reduced or discontinued. To do so: • transfer of some or all case management services to another entity that can continue providing support may be necessary. • the priority is to ensure children and families are well informed, continue receiving care and protection, and are not harmed due to the organization's withdrawal.
DISCONTINUE child protection case management programming	The services need to be discontinued without the possibility of reduction or transfer. To do so: • organizations must pay particular attention to data protection and ensure an ethical exit strategy to safeguard children's well-being. • steps should be taken to minimize harm and ensure that, where possible, children and families have access to alternative support mechanisms.

What could be done in the case of sudden closure?

Below is a step-by-step summary outlining the immediate actions to take, along with recommendations on key considerations when child protection case management actors are required to discontinue programs. The checklist in Annex 1 provides further details on the process.

Step 1
Stop

- If you are providing case management services stop intake of all new cases and inform your child protection networks supporting in identifying cases if the entire child protection case management program is discontinuing.
- If your organisation is discontinuing case management immediately coordinate with child protection coordination groups (CPWG, CPAoR, CMTF, Protection Working Group, Govt led mechanisms etc) to support case transfers to another actors or assist with case closure as needed.

Step 2
Review

- If you are providing case management engage and inform child protection coordination groups (CPWG, CPAoR, CMTF, Govt led mechanisms etc) at relevant levels to discuss and advocate for coordinated support during program closure.
- If you are providing case management in refugee settings, meet and discuss the plans and options with UNHCR at a bilateral level.
- If you are part of a coordination group, review and update the multi service mapping and referral pathways to ensure they are relevant amd up to date with current contextual changes.

Step 3
Communicate and Coordinate

- If you are providing case management inform and engage coordination groups (CPWG, CPAoR, CMTF, Govt led mechanisms etc) to ensure coordinated support and harmonized messaging, including trying to ensure case transfers for medium/high risk cases.
- NOTE: In refugee settings if you are providing case management discuss with UNHCR on the messaging, as child protection case management/BIP is linked to the broader refugee case management (e.g. Refugee Status Determination, Legal Protection, Durable Solutions).

Step 4
Data Protection

- If you are providing case management or coordianting ensure data protection standards are met in line with relevant. data protection and information sharing protocols((organizational or inter-agency).

Step 5
Staff Care

- If you are providing case management ensure exit strategies are considerate of minimizing staff stress and distress by addressing feelings of guilt, sadness, and frustration.
- If you are providing case management take proactive steps to maintain and promote staff safety and well-being through regular supervision, group meetings, and open discussions about managing workload, emotions, and any related concerns

Step 6
Follow up

- If you are providing case management assign high-risk cases to experienced child protection staff, ensuring close supervision and aiming for closure within three months. Provide technical support (or remote support if necessary) to caseworkers continuing informal support for high-risk cases, ensuring safety, confidentiality, and adherence to ethical guidelines.

Continuity of Care and Existing Case Management Actors

The below offers examples of how organizations facing abrupt case management program discontinuation can ensure continuous care and protection for individual children and families. The process of how is included in the checklist. These roles should be contextualized based on the specific organization, program, and country context.

Social Service Workforce for Case Management

National and local authorities (where applicable):

- Exploring, when appropriate and in the best interest of children, with national and local authorities on alternative options for support for children and families
- Oversee the transition from organisation-led to government-led child protection programs, ensuring ongoing accountability and effectiveness. In settings with refugees and asylum-seekers, this should be done in partnership with UNHCR. Including, providing ongoing technical support where possible.
- **Government social workers and their supervisors**
    - Support the social service workforce to continue child protection case management, where possible or appropriate/safe.
    - Be aware of the legal and policy framework in the country (certain risks may be criminalised, and children themselves may risk being penalised even if they are victims/survivors) - e.g. LGBTIQ+ children. In refugee context and mixed movement contexts, children may risk being detained, refouled, or penalised.

Community volunteers involved in case management

- With community actors and leaders, explore options for continued support to children and families; this includes but is not limited to having a pool of alternative care options, such as foster families and mentors, in place to ensure that unaccompanied children are looked after following the closing the program.

Multi-Sector Service Providers (e.g. health or mental health and psychosocial support services)

- Assess the impact on follow-up services that are ongoing (as outlined in case plans), as multi-sectoral services are likely also being scaled down or closed.
- Coordinate with service providers to determine how to prioritize services, identify alternative service providers, and establish transfer and communication processes.

Coordination groups at various levels (including government and national and local actors)

- Coordinate key messages for children and families/clients, communities, multisector service providers, and the broader humanitarian community (e.g., Humanitarian Country Team, CP AoR Lead Agency, CPWG, Protection Working Group) to promote standardized, consistent messaging.
- In settings with multiple actors, identify organizations with the capacity to take on cases if case transfer is needed or instances where discontinuation is occurring, but no agency is available to take over. Facilitate collaboration among stakeholders to ensure a seamless transition of case management responsibilities.
- Advocate for children to receive critical case management services and support during and after the closure of the program.
- Update service mappings, identifying service gaps and advocating sufficient resources to address identified gaps.

ANNEX 1

Checklist for Key Considerations for Child Protection Case Management Program Closure

The following checklist provides key considerations for case management service delivery agencies facing an unplanned programme closure. This checklist is not exhaustive and should be adapted and /or expanded to meet the needs of the organization, programme, and context.

**See actions near the end of this checklist specific to interagency coordination related to updating case prioritization, service mapping, and key messages to various audiences.*

Prioritisation of Cases	✓
Supervisors together with caseworkers should review current caseloads, prioritizing cases from highest to lowest risk *(consulting at the interagency level regarding case prioritization categories)*. Safety planning should be considered[4].	
Determine if other child protection grants can provide continued support to high and medium risk cases. This could include assigning child protection staff with case management experience in other programs to support review of the caseload, follow up with children and their families, and do case referrals, transfers and case closures as appropriate.	
If programs lose funding for transport or other support costs, consider remote case management through phone, WhatsApp, or Signal[5].	
Child Protection leads within the organization should engage child protection coordination group (s), and/or UNHCR in settings with refugees and asylum-seekers, (either at national or subnational level) to advocate for coordinated support.	
High and medium risk cases have been prioritised for continued case management support, where possible, through case transfer. Where case transfer is not possible, organizations should consider the least harmful approach, such as referrals to multisector services, government social workers, or community support, rather than abrupt closure.	
Hold discussions with affected children and families as part of the case review process. Inform them in advance, particularly those receiving long-term support, and involve them in decision-making about the exit strategy where possible. Note: consider what actions the family/caregivers may be able to lead on independently.	
Identify cases that are eligible for closure and continue working toward case closure or transfer within the specified timeframe. Note that in refugee settings, information on closed cases may still be essential for the children's future durable solutions in their best interests and as such retention of data is vital.	

[4] For further guidance on safety planning refer to Inter-agency Child Protection Case Management Guidelines (2nd edition), page 91; for tools and resources on safety planning refer to 1) The Alliance for Child *Protection in Humanitarian Action. (2023). Child protection case management training package for caseworkers in humanitarian settings*, Level 1, Module 5 to both the presentation AND the workbook, within the level 1 folder. Retrieved from: https://alliancecpha.org/en/ learning/child-protection-case-management-training-package-caseworkers-humanitarian-settings; 2**) Caring for child survivors of sexual abuse,** chapter 6 (in English version , pg 135): https://www.unicef.org/reports/caring-child-survivors-sexual-abuse-resource-package

[5] For further guidance on how to provide remote case management support is linked here. There is also related guidance on how to provide case management via phone developed during COVID19 which could be adapted as needed linked here. Additional resource to help caseworkers support children and adolescents (12–18 years old) facing anxiety, feelings of insecurity or disconnection with others through remote solutions is linked here.

Supervisors and caseworkers should be asking the following questions to determine which cases could be closed: • when and which cases can be continued through other funding sources? • when (not) to transfer cases to government social workers? • when (not) to transfer cases to another case management organisation? • when (not) to refer to existing multi sectoral services and community supports (informed by contextual knowledge of which services are currently running, at what level of funding, and the duration for which it is likely to be available)? • when to close all or part of the caseload?	
Meet individually with children and families (or by phone as a last resort) to review cases, discuss available options (case transfer, referral, or closure), and ensure informed consent for all actions to be taken.	
Case closure must be approved by a supervisor (or child protection manager/lead) before finalizing.	
Communication and Engagement, including local and national authorities	
Immediately inform your relevant child protection coordination group (and UNICEF if partnering with them) or UNHCR in settings with refugees and asylum seekers. Following internal agency approvals and consultations, inform local and national authorities about the program closure and begin discussion on appropriate ways forward, such as transfer to national social workers and on alternative options for support to children and follow-up, using the most appropriate communication modality (e.g. considering programs in urban settings).	
Inform community leaders, community-based child protection mechanisms, and volunteers about the program closure, using the most appropriate communication modality (e.g. considering programs in urban settings); Consult with the relevant coordination group prior to disseminating messages, as communication messages would ideally be developed at the interagency level, with agency adaptation as needed.	
Ensure community leaders, community-based child protection mechanisms, and any other volunteers have access to updated key resources such as referral pathways and service provider mapping, to guide children and families to alternative services.	
Explore and engage with community volunteers and leaders on alternative options for support to children and follow-up.	
Ensure a pool of alternative care arrangement options, such as foster families and mentors, is in place to care for unaccompanied children and prevent them from being left without support if the program closes[6].	
In contexts where community actors and volunteers are already engaged in case management, refer cases to them for continued follow up and where children could receive ongoing services for support.	
If handing over to a partner organization, conduct joint community sensitization meetings as part of handover.	

[6] This is only applicable in contexts where child protection case management programming already involves working with a pool of foster families and mentors and build on what is already in place.

Case Transfer	
Transfer cases to the government, where deemed safe and feasible and in the best interests of the children, considering specific risks such as CAFAAG, LGBTIQ+ children/children in LGBTIQ+ families, sexual violence, etc. in line with the inter-agency Data Protection and Information Sharing Protocols.	
Ensure the transfer is possible and support the government, or other organisation if needed, during the interim period.	
Ensure the receiving case management actors have sufficient capacity to take over cases, supporting them by training staff, and revising/developing SOPs, data protection protocols, and resources.	
Before transferring cases to another organisation, work with the child and if appropriate/relevant their parent/caregiver to get consent for the transfer to the organisation as well as personal data being transferred, in line with the inter-agency Data Protection and Information Sharing Protocols.	
Facilitate a transfer handover meeting between the current caseworker and receiving caseworkers (including supervisors where possible), where knowledge, documentation, including observations and suggestions are shared.	
Conduct a joint home visit or phone call, with the current caseworker and receiving caseworker together with the child and caregiver to ensure a smooth transition.	
Ensure the child and caregiver have the name and contact information of the new caseworker and an estimated timeline for follow-up.	
Document the transfer of files using case transfer forms and certificate of receipt for case files. This includes a formal handover/take over documents/letters signed by designated officials of both organizations for transfer of entire / part of the caseload.	
Data Protection[7]	
Adhere to all relevant data protection laws and regulations, including organizational and inter-agency Data Protection and Information Sharing Protocols (DPISP).	
If personal data is stored in a cloud-based system, ensure proper transfer and then archiving per country data protection laws (this is the case for programs being discontinued and no possibility of transfer to another case management actor).	
If physical case files exist, if possible, transfer the case files. If cases will be closed store them securely with restricted access (e.g., locked cabinets, password-protected files). On safety and security measures please refer to the Annex of the DPISP here.	

[7] Please refer to Inter-agency Child Protection Case Management Data Protection and Information Sharing Protocol, Annex 1 for more details

If cases are not transferred to another organisation, transfer files to own organisation's country office/main office based on internal policies and procedures. If your whole programming is shutting down, then reach out to coordination group on where data could be stored.	
Steps should be taken to assign a custodian or safely move data/files to a secure location (organisation's country office, or HQ in the case of international agency). For local and national partners please coordinate directly with in country child protection coordination group.	
If data will be transferred to Ministries and local /national authorities, provide the needed support with information management systems and data protection protocols by ensuring minimum is in place.	
If using PRIMERO (CPIMS+), inform the global and regional PRIMERO technical team to discuss case transfer or archiving, please contact Janani Panchalingam: jpanchalingam@unicef.org and copy also relevant regional focal points: Simon Nehme: snehme@unicef.org in case you are in the Middle East and North Africa and Ali Albabawat: aalbabawat@unicef.org. For inter-agency humanitarian instances copy also Marta Passerini: mpasserini@unicef.org. *Note: For cases of refugee and asylum-seeking children requiring UNHCR intervention, including BIP and Durable Solutions, discuss options and next steps with UNHCR counterpart at the operational level/country level. Further guidance from UNHCR to follow.*	
Case closure while considering possible referral	
Where there is no organisation to transfer (part of) the caseload, cases should be considered for closure. In settings with refugees and asylum seekers, discuss options and next steps with UNHCR.	
Before closing cases, case workers should meet with a child and their family where possible (or conduct a phone call) to reflect on their ongoing support needs and discuss possible referral to existing multi sectoral services and/or community support. Consider what actions the family/caregivers may be able to lead on independently. Always get consent from the child and their family (as appropriate) for referral. Always accompany a child and their family during the referral, if possible.	
Ensure that community volunteers / leaders know how to contact authorities if a child has urgent protection needs.	
Discuss case closure on most sensitive cases together with community volunteers *who have been engaged* in case management programming or with community leaders/CP mechanisms existing and involved in the program to be closed, to explore together alternatives and options available.	
When referring cases, accompany the child and family through the referral process whenever possible.	
Ensure community volunteers and leaders know who and how to contact authorities in case of urgent child protection concerns	
Assign a designated staff member to retain case closure records and guidance for future urgent follow-up if needed.	
Staff Safety and Wellbeing	
Ensure clear and regular communication about program changes and their rationale, helping staff understand and better cope and adjust.	
Ensure staff safety measures are in place and review safety plans, considering the potential risks of unplanned case closures that may lead to retribution or safety concerns for case management staff.	

If appropriate within the organization, supervisors or managers may consider professional next steps for national staff who have been terminated, such as letters of recommendation or contact information as references.	
Note for Coordination Groups	
Ensure multi-sector service mapping and interagency referral pathways is updated and shared with relevant actors.	
Identify gaps in services across geographic areas, advocating within the coordination group and externally for sufficient resources to fill identified priority gaps.	
Facilitate an interagency review and update of vulnerability and risk prioritization matrix considering closures or scale-downs.	
Support agency transfers to ensure smooth, systematic processes. If a child protection actor has already shut down and staff are no longer available, the CP Coordination Group (or their CMTF if present and active) should establish a process in line with SOPs and DPISPs for communicating with the affected community and managing that caseload.	
Develop key messages and talking points at the interagency level for the following audiences: 1) Children and their Families/Case Management Clients; 2) Wider Communities; 3) Other sectors and groups, such as Health, Camp Coordination and Camp Management, Education, or Development Working Groups (CPWGs); 4) Humanitarian Country Team; and 5) Your own agency related to considerations, consequences, and key actions.	
Support mapping of community and national resources (both informal & formal) to support continuity of care. This may take place through convening community stakeholder meetings or knowledge of existing community strengths and CP champions. Resources may include: • Women's groups and centres • Pool of alternative care arrangement options, such as foster families and mentors ready to ensure UAC or separated children with serious protection risks are looked after following closure • Operational health centres • "Child Friendly Space" or similar • Volunteers for alternative care, volunteer mentors for adolescents or other children at risk • Civil society and Community based mechanisms which have taken on a role in child protection. • Child Helplines[8].	
Confirm whether a hotline/child helpline exists in your location. If one exists and is providing quality support, then the number can be given to children and families whose cases are being closed. If the helpline is not functional or not recommended overall, UNICEF and CP AoR or CPSWG to follow up with Child Helpline International via UNICEF CP staff, CPSWG, CP AoR Coordinator, or by contacting cp-aor@unicef.org. *Note: For more support on coordinating with a child helpline in your country, email cp-aor@unicef.org or your relevant language help desk.*	

[8] https://childhelplineinternational.org/

ANNEX 2

Key Principles for an Exit Strategy

Whether planned or unexpected, closure of child protection case management programming should occur in a way that is safe, ethical, and compliant with the following key principles, despite instances of sudden closure.

Key Principle	Meaning	Relevance
Best interests of the child	The best interests of the child should be the primary consideration for all decisions and actions taken. When closing child protection case management programs, there is an obligation to consistently evaluate the positive and negative consequences of the exit.	Exit strategies must prioritise the best interests of the children being served and seek to continue to strengthen protective factors and minimise risks to children who are on the programme. The least harmful course of action should be taken.
Continuity of care	Continuity of care refers to the importance of children and families having a continuous caring relationship and support from an identified child protection worker to receive consistent, quality services over time.	Exit strategies disrupt the consistency of care provided to children and their families and so all steps must be taken to minimise disruption. In relation to case management, if there is no choice but to end a child's relationship with their current caseworker, a gradual handover to a new caseworker, or to alternative available community structure or individuals, should be carefully managed; with priority given to children who will be most unsettled.
Do no harm	Activities designed to support the child, and their family should not expose them to further harm. Caution should be taken to ensure that no harm comes to children or families because of collecting, storing or sharing their information.	Children who rely on case management support for their safety and wellbeing (e.g. children in interim care) must receive special consideration. Likewise, exit strategies that transfer programming to an organisation that cannot meet minimum standards may constitute a breach of the do no harm principle.
Confidentiality	Confidentiality is the obligation that Personal Data is not disclosed or made available to unauthorised persons unless consent for third party sharing has been given and unless sharing the information is necessary.	Exit strategies must include plans of how to transfer or destroy Personal Data, whether that data is in electronic or hard copy format. Special focus must be given to sensitive data.
Safeguarding	Child safeguarding is the specific responsibility of organisations to make sure that their staff, programmes, and operations do not harm children or expose them to abuse and exploitation.	Exit strategies must seek to maximise wellbeing, minimise disruption, and avoid harm to children. Particularly when transferring child protection cases to another organisation, there is an obligation to keep a written record (e.g. an email exchange) of having checked that the receiving organisation has child safeguarding policies, procedures, and effective practices in place.