



Key Aspects on the Activation of Child Protection Coordination Platforms for Responding to COVID-19

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[Selected references & tools](#)

<p>1. Objective: Reinforce or establish a structured platform to strengthen or support national authorities in the coordination of all humanitarian efforts to protect children’s safety and wellbeing from the direct and indirect impacts of COVID-19. The coordination mechanism should reinforce national authorities’ capacity to provide efficient and adapted humanitarian relief, ensure child protection (CP) is included in all related sectors as an essential aspect of the crisis response, identify needs and filling critical gaps, and help improving overall quality and accountability of the collective response.</p>	<p>CPMS, Standard 1</p>
<p>2. Structure: The activation of coordination platforms should aim to reinforce national mechanisms and established coordination groups, avoid duplication and creation of parallel systems.</p> <p>In settings where a formal international humanitarian architecture exists (led by a Humanitarian Coordinator, UNHCR or other arrangements for mixed settings), CP coordination groups should be integrated and articulated as required, following the IASC System-wide scale-up activation framework for COVID-19. If there is no formal coordination system established, institutions and organizations working on CP should identify existing structures to be strengthened to deliver coordination services effectively. Where possible, the main national institutions in charge of CP should have a leading role in the group together with a CP organization with technical expertise in CP in emergencies and coordination. Capacities to influence and coordinate with other relevant sectors and state agencies involved in the response is also essential. Structures should be in line with WHO’s guide for UN Country Teams and partners to develop countries’ preparedness and response plans (PRP- see link on the margin).</p>	<p>WHO Strategic Preparedness and Response Plan, Pillar 1.</p> <p>Global HRP COVID-19, p.29-30</p> <p>Framework for the Activation of the IASC Scale-Up Protocols adapted to COVID-19 (link not yet available)</p> <p>CPiE Coordination Handbook, p.19-20</p>
<p>3. Key Considerations: Consider these aspects when reinforcing or setting up a coordination group: membership and commitments of the members (p.43- link on the margin); respect of humanitarian principles and partnership principles (p.122); links/support or establishment of subnational coordination structures (p.41); staff and other resources needed for the coordination; responsibilities and accountabilities (p.121); country level exit strategy.</p>	<p>CPiE Coordination Handbook</p>
<p>4. Procedure: In countries where there is a formal international humanitarian system, the leadership of that structure and its relevant forum (a protection cluster with all cluster lead agencies for example) have the autonomy to create a specific CP group. Where such a group does not exist, host governments might request international support to respond to the emergency and activate coordination groups, often for a limited period of time. National legislation on disease outbreaks might also exist or be issued which will guide the coordination.</p>	<p>Operational planning guidelines to support country preparedness and response, See next steps and Pillar 1</p>
<p>5. Practicalities: Define the objective(s), scope and modalities of work in a clear terms of reference (ToR) for the group. Appoint a coordinator (possibly with co-coordinators), ensure that the group have capacity for producing relevant analytical information products. Members should also be able to commit time for the meetings (twice a month or as defined by the group), for collecting and sharing relevant data and for developing specific tasks as required.</p>	<p>Example of ToR of cluster activated groups (real and generic) to be adapted.</p>
<p>6. Main Functions and tools: The main functions of coordination groups and the tools commonly used to deliver on them are synthesized below (coordination is not an objective in itself). These can be complemented, adapted or replaced by the systems in place in different countries. Note that national institutions might have their own tools, in areas such as information management and analysis.</p>	<p>CPMS, Standard 1</p> <p>CPiE Coordination Handbook, Section 3</p>

Key functions	Common tools (adaptable)
i. Supporting service delivery: Provide a coordination platform and develop mechanisms to identify gaps and avoid duplication.	Mapping of capacities, 4W (who does what, where and when), calendar of events, meetings.
ii. Informing strategic decision making: Identify needs and gaps and analyze the context and situation to prioritize the response.	Needs Identification and Analysis Framework (NIAF) adapted for COVID-19 (see guidance here).
iii. Planning and implementing response strategies: develop or review sectoral plans as determined by the COVID-19 context with indicators, apply technical standards and clarify funding requirements.	Child Protection Response Plan, PRP, Humanitarian Response Plan (HRP), recommendation of prioritized projects/actions to be funded + CPMS for technical standards and its guidance for infectious disease outbreaks (or other national standards).
iv. Monitoring and evaluating performance: monitoring the evolution of needs, of the response (coverage and quality) and the performance of the coordination services.	- Response monitoring: 5w, activity tracking, situation reports, quality reviews (independent, self or peer to peer). - Situation monitoring: SDR, agency or community or third party based). - Coordination performance monitoring (CCPM).
v. Advocacy: Identify concerns and contribute to strategic communication with key information and messages.	Advocacy plan, common key messages and communication tools (e.g. snapshots, bulletins, funding analysis).
vi. Build capacities in preparedness and contingency planning: contribute to national contingency planning development, update and appropriation, and to training.	Emergency response preparedness for the health outbreak and its secondary effects + trainings (identify key needs and establish a delivery plan).
vii. Accountability to affected people: Encourage members to inform and involve affected people in the decision making (including children), agree on mechanisms to receive, investigate and act upon complaints, and agree on measures to prevent sexual exploitation and abuse.	Child Helplines, feedback mechanisms, participation in programs definition, community engagement, codes of conduct, etc.

7. **Priorities after activation:** Priorities of coordination groups are specific to the context and can be defined by the sector using the [NIAF](#). These are however common themes observed at initial stages of the response to consider: **Prioritization:** Review plans and reprioritize actions for the most vulnerable children based on an updated risk analysis; **Service continuity and adaptation:** Adapt the delivery of essential CP services including non- COVID-19 services, seek support synergies with other actors protection actors e.g. gender-based violence ; review and reinforce an adapted referral systems, ; **CP mainstreaming:** bring a CP sensitive lens to other sectoral plans and services, and identify barriers for children and caregivers at risk to accessing assistance; **Field support:** focus on supporting subnational actors and elevate key local concerns; **Preparedness:** Identify and prepare for responding to secondary effects of the emergency (mainly the risks associated with Government measures to contain the virus outbreak and the socio-economic impacts of the crisis).

8. **Intersectoral work:** Participate in the design or joint review of services provided by other sectors (mainly health, education, wash, food security and shelter) and review prioritization of populations and geographic areas, for providing an integrated response to children at risk. Coordinate assessments and produce cross-sectoral analysis. Work with other sectors to ensure their services and programs are (i) accessible by the most vulnerable groups (including disabled children); (ii) delivered in an adapted and safe way for children; (iv) produce no unintended harm; (v) contribute to specific CP outcomes. See pillar 4 of the CPMS for more information.

9. **Support:** The global CP AoR provides support to CP coordination groups in humanitarian contexts. In the framework of COVID-19, it also supports sectoral coordination mechanisms along with the sector lead agency (UNICEF for CP). To do so, members of coordination groups working on CP can contact their language helpdesks (in Arabic, English, Spanish and French) to ask technical questions or request specific country examples to support their work. New groups and coordinators can also contact their regional focal points for an online induction on services provided at global level. The global CPAoR has thematic experts on a variety of themes including gender-based violence, mental health and psychosocial support, localization, prevention of violence against children, strategic analysis, coordination and information management.

A COVID-19 resource menu for CP practitioners is available with links to new materials on different topics that are developed and shared by coordination groups around the world. Please make sure to share your materials with the help desks to inspire colleagues in other countries. **See how to contact the CPAoR and access the COVID19 resource menu following the links on the margin.**

External [support options](#) for Country-level Coordination Teams from the Global CP AoR

[CP AoR CP resource menu for COVID-19](#)