Protection Case Management Guidance during Covid-19

Protection Working Group _ April 2020

Please note: this guidance is for general protection. For case management relating to children and GBV survivors, please see relevant CM Guidance during COVID- 19.

During COVID 19 there 4 priority areas that Case Management agencies will have to focus on.

Awareness raising

Awareness raising whilst following up on cases is key to ensure relevant messages are repeated over time for the purpose of prevention and detection of COVID-19, as well as mainstreaming psychosocial support in all our work with families. This awareness raising includes:

a) Information on how to prevent COVID-19, such as hand washing, respiratory hygiene, and physical distancing in multiple formats;
b) Information on how to recognize signs and symptoms of the disease and the importance of reporting without fearing any repercussions available in multiple formats, and practically how to report.;
c) Information about modes of transmission and risks of infection, and prevention and environmental cleanliness so that they can effectively combat myths that stigmatize individuals and communities, including persons with disabilities, the elderly, and chronic ill health, made available in multiple formats;
d) Addressing discriminatory attitudes linking Covid 19 to certain groups/communities/nationality in multiple formats
e) Highlighting the importance of preventative measures when interacting with at-risk populations (older persons and people with underlying medical conditions)
f) Dissemination of COVID-19 specific health referral pathways and hotline numbers, available in multiple formats;
g) Specific messaging to caregivers of persons with disabilities, persons with underlying medical conditions, and older persons on how to minimize risk of transmission. Examples: :
    - Frequent hand washing, especially before feeding, bathing, dressing, assisting PoC; frequent cleaning of space inhabited by PoC; separate plates, cups, glasses, cutlery, towels, sheets for PoC, and disinfection of the residence or place of living.

Note: Examples of multiple formats include:

- ***Information shared via TV, radio, community announcements, leaflets/posters/pamphlets/social media messaging platforms (such as WhatsApp and Facebook where appropriate).***
- ***All leaflets/posters/pamphlets shared to be accompanied with audio format to the extent possible (eg. simple recording on telephone reading out leaflet/poster/pamphlet)***
- ***Using larger font size and clear images vs. lots of text when printing leaflets/posters/pamphlets***
- ***Informational videos to be in Arabic with Arabic sub-titles***

- ***In face-to-face settings (where/if possible), speak slowly, clearly in non-medical terms and simple language***

Referrals

1.) Referrals, this has 2 directions, which should also take into account the national referral pathways for suspected cases that applied to everyone in Lebanon:

a) Protection Actors → Health Actors, this means **protection actors need to be up to date on the adapted Health Pathways** in the event that a COVID-19 case is suspected in a household. ***Note****: Please note due to the evolving context please consult the field level Protection Working Group Coordinators for the most up to date information on the Health Referral Pathways for each relevant target group.*

- Examples of prot to health referrals: referral of bed sore/wound cleaning/dressing/management for older persons/persons with disabilities; burn management (given the presence of the entire family in a small space during cooking/heating etc); worsening of health for those with underlying medical conditions etc.

b) Health Actors → rotection Actors, This means **that referral pathways need to be updated on a weekly basis** indicating number of social workers who are active per agency.

- Examples of health to protec referrals: referral of persons being treated for underlying health conditions living alone to CM; referral of OP/PWD separated from caregiver who is being treated for Covid 19

c) Protection Actors → Shelter Actors, this means that protection actors need to be up to date on the adapted Shelter Pathways in the even that referrals need to be made to safe shelters, SSU, or for adaptation or repairs to be done to a home of a beneficiary to promote prevention and recovery during the period.

d) Protection Actors → WASH Actors, this means that protection actors need to be up to date on the adapted WASH Pathways in the even that referrals need to be made to ensure the hygiene and safety of particularly vulnerable groups to avoid protection concerns arisin through the use of sub-standard services.

Note: this does not exclude regular referrals which are done for case management procedures regularly in a non-COVID 19 scenario- including to other protection services (GBV, CP) and well as to other sector services such as shelter and WASH.

Management of cases

Management of cases, includes:

a) **Current case load:** Protection case management services need to be provided for beneficiaries currently receiving case management, with a focus prioritizing cases at high risk. All case management agencies need to review their existing caseloads to ensure risk level attribution is appropriate in the current situation, and plan their capacities to respond (both staff and resources) .

Risk Level	*In case there is no indication of COVID-19 in the family or close community*	*In case there is confirmation of COVID-19 in the family or close community – based on Government of Lebanon guidelines*
Low Risk	By phone	By phone
Medium Risk	By phone	By phone
High Risk	Visit with appropriate precautions	By phone, **daily check-in** to ensure that individual/ family are ok. Once the family is cleared from a health actor case worker to visit immediately.
If restrictions are applied by Government entities requiring physical distancing, all follow-up will be done by phone.		

Please refer to Guidance and Tools for Remote Support to Cases on the CP COVID-19 DropBox.

b) **Case load generated by COVID-19 (e.g.** to be treated as all other case management cases and in line with overall risk ratings of case management alongside necessary COVID-19 precautions[1]. Case load generated by COVID-19 could include:
   i. Older person/person with disabilities/person with underlying medical conditions (especially women) who **live alone** and are thus at a higher risk of violence, repeated rape, physical abuse, exploitation, neglect
   ii. Older persons/persons with disabilities (especially women and children)/persons with underlying medical conditions who are **separated from their primary caregiver or without community support**, and are thus at a higher risk of violence, repeated rape, physical abuse, exploitation, neglect
   iii. Older persons/persons with disabilities/persons with underlying medical conditions **living with a sole caregiver** and no other family support. Caregivers access to services may be limited as PoC may require constant assistance, including persons evicted due to stigma or inability to pay rent (loss of income with lockdown), and persons experiencing violence as a result of stigma. Female caregivers may also face harassment/abuse/violence both to and when accessing services.

Separation

Separation of household members: need to be considered as possible consequences of COVID-19, this means:

a) Due to COVID-19 caregivers may fall ill, be quarantined, be hospitalized or die. Alternative solutions need to be identified for beneficiaries starting from when a caregiver is reported sick (before hospitalization or death). Refer to the G*uidance note on special consideration for separation*
   i. If an older person/person with disabilities (especially women and children) is temporarily or permanently separated from their caregiver, referral to case management is essential until a TRUSTED caregiver is selected. Frequent follow-up by Case Manager is recommended even after selection of new caregiver to ensure safety of PoC. Please also refer to guidance note on separation.

Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

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[1]

- People aged 65 years and older
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who have hypertension
- People who are immunocompromised including cancer treatment
- People of any age with severe obesity (body mass index [BMI] >40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk.
- Some persons with disabilities, who may also have underlying medical conditions

Note: *Petty cash should not support transportation to health facilities/ hospitals* ***unless this is indicated by the Ministry of Public Health****, as the appropriate and safe mechanisms for movement of possible sick people need to be activated via the Health Referral Pathway. Emergency Cash Assistance (ECA) can be utilized to temporarily support families who due to COVID – 19 are losing income due to caregivers being in quarantine or hospitalized; or if the effected individual was a child who was the primary income generator. Please see ECA Guidance in COVID Outbreak.*

Additional Recommendations

Case Workers MUST:

- Ensure informed consent is taken from the person of concern prior to the home visit. PSEA guidelines and accountability should also be followed during this time.

- Wash/sanitize their hands before, during and after every visit, if prior consent has been taken ahead of a visit. Remove shoes before entering household, and while maintaining social distancing, especially if and older person or person with underlying medical conditions resides there.
- Ensure caregivers of most at-risk- persons (older people and persons with underlying medical conditions) are well-informed regarding preventative measures and referral pathways.
- Explain physical distancing through considerate communication – this means explaining why physical distancing is important to protect the household, as well as the case worker during COVID-19.
- No handshaking, or sharing of personal utensils or towels, during the visit – please explain to the individual and family kindly why these are necessary measures to take.
- Promote physical distancing - maintain two meters distance with the beneficiary and ensure the visit is performed in a ventilated room or open safe space, and is as concise as possible, while covering the needs of the session.
- If a social worker feels any of the COVID-19 symptoms he/she should call the Ministry of Public Health line as recommended or any other update referral pathways for COVID-19, and refrain from conducting any visit or going to the workplace. The social worker should then ask if the families they have been working with would like someone else to visit them.
- In cases where the family asks the social worker not to conduct a home visit due to concerns related to the transmission of COVID-19, case workers should be understanding, postpone the visit and try to do the appropriate follow up over the phone.
- Always have and be up to date regarding the referral pathway(s) for Health Services and other services, in order to inform families of the safest way to refer any case.

- Ensure their phones have sufficient data, recharge cards etc. in order to maintain services for extremely vulnerable groups and also informed families they can call them when needed, to maintain the link between the person at risk who is isolated and their family members, while ensuring confidentiality. Financial assistance or phone credit should be provided to the person to ensure they can maintain essential communication.
- Case workers should also follow Intersector guidance note on home visits during isolation to protect their own health, as well as that of the beneficiaries.