



Child Protection Case Management Task Force Lebanon
Case Management and Appropriate Care Guidance during Covid-19
Lebanon
March 2020

Child Protection COVID -19 DropBox [LINK](#)

This guidance note includes specific considerations for Child Protection Agencies to frame:

- how **case management work should be considered during the COVID-19**, as well as.
- how **appropriate care of children whose families may be affected by COVID-19** should also be considered.



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

1.) **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 and physical distancing;
- b) Information on how to recognize signs and symptoms of the disease and the importance of reporting without fearing any repercussions;
- c) Information about modes of transmission and risks of infection, so that they can effectively combat myths that stigmatize child survivors or children of survivors;
- d) Dissemination of COVID-19 specific health referral pathways and hotline numbers;
- e) Support to caregivers in distress and support to children in distress as a result of COVID-19, be it due to illness of dear ones, quarantine or any sort of physical distancing, this needs to consider:
 - o Ensuring that children receive clear and child friendly and gender-sensitive communication about COVID-19;
 - o Ensure that adults in the families receive clear messages regarding how to communicate to children regarding COVID-19, to mitigate stress to children.

Please refer also to Guidance and tools to support the Psychosocial Support of Caregivers and Children on the IA COVID- 19 CP DropBox.

2.) **Referrals**, this has 2 directions:

- a) Child Protection Actors  Health Actors, this means **Child Protection Actors need to actively inform Health Actors in the event that a COVID-19 case is suspected in a household.** *Note: Please note due to the evolving context please consult the Child Protection Working Group Coordinator for the most up to date information on the Health Referral Pathways for each relevant target group.*
- b) Health Actors  Child Protection Actors, this means that **Health Actors need to actively inform Child Protection Actors in case a child protection concern is identified or a caregiver or child is admitted for COVID-19** and specific support on ensuring appropriate care is necessary. *Note: this does not exclude regular referrals which are done for case management procedures regularly in a non-COVID 19 scenario.*



3.) **Management of cases**, this includes:

- a) **Current case load:** Child Protection case management services need to continue being provided for children currently receiving case management, with a focus prioritizing cases of children at high risk. All case management agencies need to review their existing caseloads to ensure risk level attribution is appropriate.

Risk Level	<i>In case there is <u>no indication</u> of COVID-19 in the family or close community</i>	<i>In case there is <u>confirmation</u> of COVID-19 in the family or close community – based on Government of Lebanon guidelines</i>
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 child/family are ok. Once the family is cleared from a health actor case worker to visit immediately.
<i>If restrictions are applied by Government entities requiring physical distancing, all follow-up will be done by phone.</i>		

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

- b) **Case load generated by COVID-19 (e.g. increased distress, intra marital violence and rape, violence, child labor etc.):** to be treated as all other case management cases and in line with overall risk ratings of case management alongside necessary COVID-19 precautions¹.

4.) **Family Separation and Alternative Care** need to be considered as possible consequences of COVID-19, this means that due to COVID-19 caregivers may fall ill, be quarantined, be hospitalized or die (for special considerations for Children due to COVID-19 in quarantine, isolation and hospitalization, *please refer to related guidance on the Prevention of Family Separation due to Covid-19 on the IA COVID-19 CP DropBox*). Alternative care solutions need to be identified for children starting from when a caregiver is reported sick (before hospitalization or death).

Four key considerations related to Alternative Care to focus on:

- a) Continued follow-up with Health providers and coordination to **ensure relevant Health actors have the child protection hotline number** to call for child protection referrals as well as referrals related to separation due to COVID-19.
- b) For all children in need of alternative care **for protective measures (not as a result of COVID-19 separation)** these would be treated as regular (pre-COVID 19) referral pathways, meaning referral to Save the Children in Beirut Mount Lebanon and in Akkar and T5 and Himaya and IRC in the North District (please see [Annex 1](#)).



Important Note: In the event the child **is already** in the case management system, **no case transfer should be done for the purpose of alternative care unless it is in the best interest of the child.** The case management agency, in this case, will collaborate with the above-

¹ For new high risk cases, special considerations should be given to children who are separated from their caregivers, including those in observation centers, treatment centers, or in need of alternative care; children in households affected by restrictions on movement or lack of access to services; children with disabilities, chronic illnesses, child victims and survivors of the disease who may be rejected by their families and/or communities; and children with family or household members who have contracted the disease.



mentioned NGOs working on alternative care for support in assessments, placement and judicial pathways.

- c) For all children who need **temporary alternative care as a result of COVID -19**:
- a. It is important to **accommodate spontaneous and informal kinship and community-based care solutions which will result organically in a community**. This means that **ONLY if solicited** case management agencies working in that area will be intervening to find a temporary family to place the child/children. For these arrangements the judicial pathways **would not** be utilized, as these are temporary in nature and not related to any protection concerns (the protection concern is only if children have not been spontaneously cared by others in their family and community).
 - b. In case **no spontaneous arrangement** is found for children in need of temporary alternative care arrangement:
 - i. Cases should be: referred to **Save the Children, Himaya and International Rescue Committee** (for a more detailed division of the areas of coverage between Save the Children, International Rescue Committee and Himaya, please refer to the pathways in **Annex 1**) who will take the case if they are working in the area where this case is living in. If they are not operating in such area, Save the Children, Himaya or International Rescue Committee will **guide the case management agency working in the area through** the steps to be taken to identify a temporary host family in their community. It is important to note that:
 - o The alternative care arrangement solution should be primarily sought in the extended family/community as the arrangement is temporary in nature.
 - o Messaging around modes of transmission and risks of infection should be disseminated to avoid myths that may stigmatize the child/children-for spontaneous arrangements.
 - o Community focal points and case management agencies need to provide support in the form of linking host families to services currently being provided in communities- such as hygiene kits, baby kits, FI and other NFIs). In instances where none of these are available it is advisable that families are supported with cash modalities by relevant agencies in the updated referral pathway.
 - ii. Cases can be referred to the structures currently established by the government to host people in quarantine.
- d) **For children who need to be isolated and hospitalized**: Though COVID-19 is not resulting in high numbers of child casualties for now, **isolated and hospitalized children under 18 years of age should have a caregiver present** at all time who would be equipped to support them appropriately in line with Health guidance. This caregiver should be a parent or close family member, however, for unaccompanied minors, and if allowed, the designated social worker should visit regularly. **Note: if due to Health specific reasons caregivers are not allowed to stay with children of older age groups, support should be provided to ensure remote communication regularly.**

Note: Petty ad-hoc 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. Petty cash can be utilized only very temporarily to support families who due to COVID – 19 are losing income due to caregivers being in quarantine or hospitalized; or it being a child who was the primary income generator. It is key to ensure that cash should not be offered if not needed to not create any pull factors from spontaneous arrangements.



DON'T FORGET:

- 1.) **Prior to conducting any visit and every time you speak to a family** on the phone, inquire whether someone in the family is unwell. **If someone in the family is unwell, do not conduct the house visit and advise and support them to call the Ministry of Public Health's hotline 76-592699** or any other Health service provider as per the updated referral pathways.
 - 2.) **During your visit apply and EXPLAIN all the following to the family and why you are taking these precautions and why they should.**
 - a) **Maintain social distancing:** maintain at least 1-meter (3 feet) distance between yourself and anyone who is coughing or sneezing.

EXPLAIN that as recommended by the World Health Organization when someone coughs or sneezes, they spread small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.
 - b) **Wash/sanitize the hands before, during and after every visit:** Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.

EXPLAIN washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
 - c) **Avoid touching eyes, nose and mouth before, during and after the visit**

EXPLAIN Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
 - d) **Practice respiratory hygiene:** Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

EXPLAIN droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
 - e) **Wear a mask** (new one for every visit) but make sure you apply the following:
 - Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.
 - Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
 - Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
 - Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
 - To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.
- EXPLAIN** that you are wearing a mask because of your role and job, but that if you are healthy:
- You only need to wear a mask if you are sick, coughing or sneezing and if you are caring for a person who is sick or with suspected COVID-19.
 - Masks are effective only when used correctly and in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water.

Note: If you feel unwell, do not conduct the house visit and do not go to work and stay home. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. **IF** it is confirmed that you have COVID -19, all members of your household should remain in quarantine for at least 14 days. This is a measure that protects yourself, your family and your community.



Annex 1: Referral Pathways for Alternative Care for Protective Measures Split of locations covered by Save the Children, Himaya and International Rescue Committee for Alternative Care support:

Areas of Coverage for IRC in North – T5/ Akkar	Hotline	Focal point	Backup focal point
North – T5: All Minnieh, Jabal Al Baddawi, Baddawi Camp, Old Soucks, Tal, Nejme, Rifaeiyeh, Haddadine, Rahbiet, Sahet El Koura, Beb El Ramel, Mharam, Behsas, Mina, Azmi, 200, Dam w Farez, Maarad, Marmaroun	70-048008	Farah Omari 81-666 125	Christy El Khoury 71-184 845
North – Akkar: Mhamara and Bebnine	70-048008	Farah Omari 81-666 125	Christy El Khoury 71-184 845
Bekaa - North bekaa: Arsal	81-600048	Maryam Jomha 70716621	Ibrahiem Salloum 76631470

Areas of Coverage for Save the Children in Beirut, Mount Lebanon, North – T5/ Akkar	Hotline	Focal point
All Beirut and Mount Lebanon	78-986075	Rima Mohsen
North –T5 Batroun, Koura, Anfeh, Almoun, All Minieh, All Donnieh, Jabal Badawi, Badawi Camp, Bacchari, Meryta, Fawar, Zgharta Sourrounding, Chalfe- Chokk	81-666592	Rana Mallouk
North –Akkar Wadi Khaled, Akkroum, Akkar Atika, Fneydek, Mechmech, Abiet, Harar, Bzel, Akkroum, Drieb, Jered al Aytea, Berqael, Denbou, Aboudiyeh, Semaquieh, Saddine, Darine, Tal Abbas el Gharbe, Heker Daher, Massoudiyeh, Knaiseh, Cheikh Zanad	81-666592	Rana Mallouk

Area of coverage for Himaya in North – T5/ Akkar	Hotline	Focal point
North-T5 Old Souks, Tal- Nejmh, Rifaeiyeh- Haddadine, Rahbeit, Sehet El Koura- Beb El Ramel, Mharram-Bahsas, Quobe, Mina, Abou Samra, Azmi- 200- Dam w Farez, Maarad- Gemayzeit, Mar Maroun, Zgharta City- laal- Bsebeil- Bchinin- Khaldiyeh- Kalet laal- Kferzayna- Kfarchakhna- kfaryachit- Asnoun- Kfarhawra,	71-779464	Nadia Richi
North-Akkar Mhamra- Bebnine, Ain yaakoub, Rahbeh, Tekrit, El Ouyoun, Bayno, Kboula, bazbina, Chakdouf, Al Borj, Ayyat, Dawra, Akkar Atika, Memneh, Tacheh, Ilaeit, Dahr El Laysineh, Bejrayel, Melleit, Hissa- Billenet El Hisa- Tal Maayane- Klayaat- Arida- Mkayteh- Kafr Melki- Kaabreen	71-779464	Nadia Richi