



Child Protection Case Management Guidance during Covid-19 Lebanon

Child Protection COVID -19 DropBox: _____

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 CP COVID-19 DropBox.

- 2.) **Referrals**, this has 2 directions:
 - a) Child Protection Actors Health Actors, this means **CP 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 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 CP actors through the Child Protection in Emergencies Working Group need to actively inform health providers in the country in the event that a caregiver or child is admitted for COVID-19. This means **that referral pathways need to be updated on a weekly basis** indicating number of social workers who are active per agency.

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 be 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 CP COVID-19 DropBox.

- b) **Case load generated by COVID-19 (e.g. increased distress, intra marital violence and rape, violence, child labour 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:

- Due to COVID-19 caregivers may fall ill, be quarantined, be hospitalized or die. Alternative care solutions need to be identified for children starting from when a caregiver is reported sick (before hospitalization or death).
- Adapted referral pathways for alternative care will be shared for each location in order to ensure appropriate care of children.

Please refer also to Alternative Care Guidance on the CP COVID-19 DropBox.

Though COVID-19 is not resulting in high numbers of child casualties for now, however hospitalized children and quarantined children under 15 years² of age should always have a caregiver present at all time who would be equipped to support them to prevent spreading of COVID-19 where possible. 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:** 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. Petty cash can be utilized to 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 generators.*

Case Workers MUST:

- Wash/sanitize their hands before, during and after every visit.
- Explain physical distancing through considerate communication – this means explaining why physical distancing is important to protect the child and family, as well as the case worker during COVID-19.
- No handshaking during the visit – please explain to the child and family kindly why these are necessary measures to take.
- Promote physical distancing - maintain one to two meters distance with the child and ensure the visit is performed in a ventilated room or open safe space. Adopt potential playful methods of explaining these precautions using child friendly language.
- 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. The social worker should then ask if they families she has 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 for Health 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 the families they can call them when needed.

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.

² Age range being finalized, could be 14 , to be confirmed

Regarding **breastfeeding**- please find Guidance shared by UNICEF³:

- Breastfed babies should continue to be breastfed-however please refer to latest CDC⁴ , WHO and UNICEF guidance as this may change.
- For symptomatic mothers well enough to breastfeed, this includes wearing a mask when near a child (including during feeding), washing hands before and after contact with the child (including feeding), and leaning/disinfecting contaminated surfaces – as should be done in all cases where anyone with confirmed or suspected COVID-19 interacts with others, including children.
- If a mother is too ill, she should be encouraged to express milk and give it to the child via a clean cup and/or spoon – all while following the same infection prevention methods.

³ Please refer to: <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know>

⁴ Please refer to: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html>