



Child Protection Case Management Guidance during Covid-19 Lebanon

During COVID 19 there [4 priority areas](#) that Case Management agencies will have to focus on:

1.) Awareness

- a) Child Protection (CP) actors need to adapt programming to conduct awareness¹ on COVID-19 to vulnerable target groups by phone (in line with current Government of Lebanon guidance), once the government/your agency permits access to field- in person visits must adhere to stringent COVID-19 protocols² such as social distancing, use of sanitation measures etc.
- b) Awareness sessions should include: How to recognize signs and symptoms of the disease, Protection measures from COVID-19, Health referral pathways, Hotline numbers, Support to caregivers for children’s distress, Support to children related to COVID-19, and Risk mitigation planning for families in the event 1 family members falls ill with COVID-19
- c) Ensure that children receive clear and child friendly and gender-sensitive communication about COVID-19
- d) Ensure that adults in the families received also clear messages regarding how to communicate to children regarding COVID-19, to mitigate stress to children.

2.) Referrals, this has 3 directions:

- a) CP actors need to be up to date on [adapted health and wash referral pathways](#) shared by Inter Agency coordination in the event that a COVID-19 case is suspected in the household. *Note: Please note due to the evolving context please consult the Child Protection working group lead for the most up to date information on the health referral pathways for each relevant target group.*
- b) CP actors need to be informed of the [adapted referral pathways regarding the provision of remote psychosocial support for children and parents](#) whose parents/caregivers or family members are admitted for COVID-19³. *Note: Please note that the PSS committee will issue guidance regarding the provision of remote psychosocial support and emergency Mental health support.*
- c) CP actors need to actively promote [child protection working group referral pathways](#) in hospitals around the country in the event that a caregiver or child is admitted for COVID-19. *Note: Please use the current referral pathways unless instructed otherwise from by the Child Protection working group and the Child Protection Case Management Task Force.*

3.) Case Management:

- 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.

X	<i>In case there is <u>no indication</u> of COVID-19 in the family or close community</i>	<i>In case there <u>is confirmation</u> of COVID-19 in the family or close community – based on Government of Lebanon guidelines</i>
Low Risk	By phone	By phone ⁴

¹ Child Protection Case Management Task Force in Lebanon will share CPCM guidance on other topics related to supporting children at risk during the COVID-19 crisis

² Please refer to WHO, CDC for guidelines and CMTF Lebanon Guidance notes for Case workers

³ Please note in the event agencies are able to go to the field (in line with government recommendations) please use referral pathways.

⁴ Please refer to the Guidance provided by the CP CMTF Lebanon on basic guidance on remote management of cases, basic guidance on text to use when contacting families during COVID-19 by phone

Medium Risk	Visit with appropriate precautions ⁵	By phone ⁶ , daily check-in to ensure that child/ family are ok. Once the family is cleared from a health actor case worker to visit immediately.
High Risk	Visit with appropriate precautions ⁷	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.

- 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 and alternative care. Consider using alternative online platforms such as WhatsApp for sharing key messages and daily exercises to manage distress tips.
- c) **For new high risk cases:** Priority should be given to children who are separated from their caregivers, including those in observation centers, treatment centers, or 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.
- d) **Ensure that caseworkers understand basic facts about the COVID-19**, including modes of transmission and risks of infection, so that they can **effectively combat myths that stigmatise child survivors or children of survivors**. *Note: The Case management task force will send out guidance regarding awareness on COVID-19, guidance note on preventing and addressing stigma- please refer to standardized text.*

Case Workers MUST:

- Wash/sanitize their hands before, during and after every visit
- Explain social distancing through considerate communication – this means explaining why social 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
- Explain social distancing through considerate communication – this means explaining why social distancing is important to protect the child and family, as well as the case worker during COVID-19
- Promote social 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 case workers feels any of the COVID-19 symptoms he/she should not leave their home, inform their supervisor, and call the family to tell them why they will not be coming. The case worker should then ask if they would like someone else to visit them⁸
- In cases where the family asks the case 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 and WASH (access to hygiene kits etc), in order to inform families of the different pathways for different population cohorts
- 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.

4.) Family Separation and Alternative Care

- 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.

⁵ Please note that this is subject to change based on guidelines and bans issued by the Government of Lebanon to maintain public health safety. When and if conducting visits please remain outdoors, respect social distancing (1 meter). The Child Protection Case Management Task force has issued guidance.

⁶ Please ensure relevant measures have been taken by your agency to increase the provision of phone cards to facilitate this for staff

⁷ Please note that this is subject to change based on guidelines and bans issued by the Government of Lebanon to maintain public health safety

⁸ Please note this should be in line with guidance provided by the Government of Lebanon to maintain public health safety

Though COVID-19 is not resulting in high numbers of child casualties for now, however hospitalized children and quarantined children under 15 years⁹ 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.

Regarding **breastfeeding**- please find Guidance shared by UNICEF¹⁰:

- Breastfed babies should continue to be breastfed-however please refer to latest CDC¹¹ , 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.

Note: *Utilization of petty cash: Petty cash should not support transportation to health facilities/ hospitals, 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 support families who due to COVID – 19 are losing income due to caregivers being sick. More guidance to follow on this in coordination with relevant working groups/*

⁹ CM actors are currently checking this with Health Actors

¹⁰ <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know>

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html>