

GBV Case Management Guidance during COVID 19 General Mobilization

SGBV Task Force – Lebanon

Objective:

This document is intended to support case workers through GBV case management processes during the "COVID-19 General Mobilization" in Lebanon. GBV case management is normally a long-term process which can take several months depending on the unique needs of the survivors and their coping mechanisms and support system. In emergencies, there are many elements of case management that may not be accomplished including face-to-face counseling and timely responsive referrals and service provision. In such circumstances, new incidents of sexual and gender-based violence (SGBV), such as intimate partner (IPV) and sexual violence, can occur or continuously intensify, making coordinated support, care and other responses to survivors very challenging. For lebanon, with the ongoing economic crisis and COVID 19 situation, this will be more challenging as survivors might spend more time at home with abusive partners or family members.

Henceforth, during this current emergency, remote case management/counseling/referral (via telephone) may be the most feasible option available for survivors despite its many challenges, risks, and constraint in Lebanon specific context. This document provides guidance for remote case management, and how to ensure the minimum standard of Confidentiality, Safety, Non-discrimination and Respect.

Case management modalities in the COVID 19 situation:

In line with LCRP Business Continuity Plan¹ under the declaration of a medical state of emergency on 15 March 2020, in case remote case management modality is adopted by your organization, please follow the below remote case management guidance. If survivors need to be followed-up in person, especially in relation to high-risk cases, i.e. life threatening situation including threats, rape and sexual assault especially survivors in need of CMR/ forensic doctors, human trafficking survivors, survivors with mental health disorders/ especially those who are at risk of suicide, survivors of extreme physical abuse, and girls who are forced into marriage within a short time frame, please refer to the guidance on the face-to-face case management. In case there is any confirmation or risk of COVD-19 with survivors, their families or close community, you are advised to consult your supervisors (or the SGBV coordinators) for further support and coordination with the Health and other relevant sectors.

Please note that the above-mentioned case management modalities are subject to change, based on the guidelines and decisions issued by the Government of Lebanon to maintain public health safety, and will be further communicated in case of any changes.

Remote case management:

When conducting remote case management over the phone, ensure the below steps:

<u>**1**</u>st step: Verify that safety and security conditions are in place, while asking the survivor's consent to proceed.

If possible and the survivor is literate and you are sure that the phone belongs to the survivor and it is safe to text, text the survivor asking if she is available for talk. Please do not indicate that this is related

¹ LCRP BUSINESS CONTINUITY PLAN FOR COVID-19, 16 March 2020. This is subject to change with the evolving COVID 19 situation.

to case management. In case you call the survivor, please first monitor if she/he sounds uncomfortable or if there is any sound from others. If this is the case, please do not continue and ask the survivor to contact you when she/he is available through a missed-call, text message, or any other means that she/he feels comfortable

Once you are sure to proceed, please ask the following questions to confirm the safe and security conditions:

- Are you comfortable talking right now? Do you agree to continue this talk now over the phone? Or do you prefer we schedule at a different time? Or do you prefer to missed-call or text me when you are ready?
- Is this the right number to call? or do you prefer me to call any other alternative numbers?
- Are you taking the call from a room that can ensure privacy and confidentiality of the conversation?
- Do you think someone might walk in during our conversation? What do you advise as the best action to do if this happens?
- Ask again: Do you feel safe and have enough privacy for our conversation?
- Are you fine talking now? (Ask for consent repeatedly)

<u>**2**nd **Step:**</u> Ensure safety measures are in place:

SAY: Before we continue, let us go over some of the measures in case we are interrupted or you feel that you are no longer safe. **Decide:** with the survivors on the following scenarios.

- Someone asks what the survivor is doing and/or to whom they are talking to over the phone.
- Someone such as husband or father or any other untrustworthy member in the household picks up the phone
- The survivor starts not feeling safe/confident as someone may be listening the call and there is a need to stop the call.
- There is a need to talk to the survivor from an alternative phone number in the middle.
- Agree on a safe word or a code that you can use or decide on a specific subject to change if they feel unsafe or listened to (something simple such as discussing the weather, COVID 19 guidance, or any activities they participate in, etc)

Remind the survivor to delete any text messages between you and her/him if it is deemed to put the survivor in any danger. Also, REMEMBER: If the survivor does not sound comfortable and/or you hear any sound from others in the middle, please do not continue and give them an option to contact you when they do feel more comfortable speaking, through a missed-call, text message, or any other means that they feel comfortable.

<u>**3**</u>rd **Step:** Once safety is ascertained, the case management service can be introduced. It is important to highlight confidentiality.

- Go through the case management steps and make sure that the survivor understands fully each step. (please refer to Case Management page 44 of the Inter-Agency Minimum Standards for GBV in Emergency).
- Provide the survivor with full information about the current available and reachable services during the emergency in their area that respond to her/his needs and make necessary referrals when applicable. Ensure to inform the survivor that there might be a delay in certain services/referrals due to the current situation. Ensure to prioritize referrals and needs with the survivor.
- Inform the survivor of MHPSS hotline number (EMBRACE: 1564), and the MHPSS Application which provides app-based psycho-social support (refer to the Annex, page 4).
- Maintain a survivor centered approach (the survivor is the main decision maker) throughout all the stages of the process.

- Work with the survivor on her circles of trust/protection. Ensure to have a realistic safety plan with the survivor.
- In case the survivor cried over the phone: The focus is really on the "healing statements" and validation of feelings. Replace the non-verbal communication techniques with more healing statements adequately. Such as: "It must be difficult, I'm sure it wasn't/isn't easy to go through all this". However, sometimes silence is good, even if over the phone, when a survivor is crying.
- Remote case management sessions are expected to last between 30 and 45 minutes, depending on the safety of the survivors and her needs.
- Ensure to tell survivors if they feel any COVID19 symptoms (high temperature, coughing, problems in respiration, throat pain, fatigue, diarrhea, vomiting, runny nose) or are taking care of anyone showing these symptoms or was in contact with anyone travelled outside countries, please call the CORONA hotline at 76-592699 / 140 (Lebanese Red Cross) / 01380000 (Rafik El Harriri Hospital)

Data safety:

If you fill out any forms during the conversation, it is **imperative to ensure the safe storage** of any identifiable information about the survivor. Documents prepared during remote case management should be cared for in the same way as face-to-face case management. In such cases, please keep the information in a safe place with a lock. In case any electronic case management system (such as PRIMERO) is in place, please follow the agreed-upon data safety measures.

Case Workers' Responsibilities:

- Ensure hotline phones are available at all times, and fully charge them with credits.
- If case workers are working from home, they need to secure a safe confidential room/place to do the counseling.
- Reach out to supervisors (or to the SGBV coordinators) in case support is needed and in case the survivors require immediate care like CMR services or is in life threatening situation or have corona symptoms or in a home isolation and is not able to access services.

Face to Face SGBV Case Management:

Only when it is needed and the survivors cannot be followed up remotely, case workers need to ensure the following. However, under the current situation, face-to-face case management is the least preferred option for the safety of the case workers and the survivors.

- BEFORE THE CASE MANAGEMENT SESSION:
 - Sterilize/sanitize the room before receiving the survivor (chair/desk/door handle/ pen/etc)
 - Place the chairs in a way to keep at least 1.5m between the case manager and the survivor
 - Place the hand gel in an accessible place for both
 - Make sure to aerate the room before during and after the session
 - Remove all the unnecessary objects

DURING THE CASE MANAGEMENT SESSION:

- Ensure to explain to the survivors the measures and the reasons of the below actions. Assure the survivors that you are doing this for her/his safety and health, too.
- The case worker should be the one opening the door to the survivor
- Avoid handshaking or any other form of physical contact (greeting, physical contact to show empathy with a distressed survivor and other circumstances)
- Keep a distance of 1.5 meters between the case worker and the survivor;
- The case worker needs to wash their hands with soap and water for at least 20-30 seconds before and after the session

- Make sure the survivor uses hand gel before and after the session, the case worker should do the same
- Share key messages on COVID 19 to raise awareness if the survivors did not receive the required information.
- If you need to share and/or receive documents from/to the survivor, kindly ask the survivor to leave the documents on the desk, the same for the case worker. Such documents can be sensitized. In case the documents need to be viewed make sure your hands and the survivors' hands are sensitized afterwards.

➢ AFTER CASE MANAGEMENT SESSION:

- Re-sterilize/sanitize the counseling room including the door handles/chairs/desk/ etc.
- Make sure to use gloves when handling the documents after the session (do NOT use the gloves during the presence of the survivor);
- Arrange the new handled documents/sheets in a plastic file cover and place it in a separated drawer in the iron cabinet (keep this drawer only for new forms).

General guidance for supervisors and program managers:

- For organizations who provide a phone limit to case workers' working phone. The limit should be changed. Funding sources should be allocated in these budget lines (donors to be flexible in that matter).
- Supervisors need to ensure there is a healthy case load of follow up to each of the case workers.
- Self-care to be provided to case workers on exceptional basis when needed such as access to staff counselor or/and case management supervisors.

<u>Annex</u>

1. MHPSS SERVICES

> STEP-BY-STEP APPLICATION

The MHPSS STEP-BY-STEP APPLICATION is a self-help, story-based, minimally guided intervention launched by the National Mental Health Programme at the Ministry of Public Health in Lebanon and the World Health Organization. The intervention was adapted to the local context through a participatory approach involving the main groups living in Lebanon: Lebanese, Syrians and Palestinians.

Below are the downloadable links of the application/website

- Website: <u>khoutouwat.com</u>
- Apple store: <u>https://apple.co/38zurWl</u>
- Playstore: <u>https://bit.ly/2LNK4Qk</u>

> MHPSS Hotline (EMBRACE): 1564

2. PRIORITIZED CMR FACILITIES 2020

List of Prioritized CMR facilities – 2020				
Name of Organization	Contact person(s)	Phone Number	Email	
North محافظة الشمال				
Notre Dame de la Paix hospital in Qobayat (Akkar) مستشفى السلام - القبيات- عكار	Dr.Nathalie Kanaan	03-456866	natykanaan@hotmail.com	
	Jouhaina Semaan	71-171712	jouhaina1@live.com	
Tripoli Governmental Hospital (TGH) in Tripoli مستشفى طرابلس الحكومي	Dania Al Haj	76-740958	daniahage@hotmail.com	
	Rania Sultan Pharmacist	03-530578	rania.sultan@hotmail.com	
El Kheir hospital in Minieh مستشفى الخير -المنية	Lara Ismail	03-944619	<u>elkheir-</u> hospital@yahoo.com	
	Fadia Sweid	71-613040	<u>elkheir-</u> hospital@yahoo.com	
PHC Makassed Wadi Khaled - Akkar مركز الرعاية الصحية الاولية المقاصد وادي خالد- عكار	Nadia Khaled	79-151201	wadikhaled.center@hotmail .com	
	Rania Al Ali	76- 536401,06- 870197	Wadikhaled.center2003@h otmail.com	
Aabdeh PHC Centre - MSF- CH, Aabdeh مركز الرعاية الصحية الاولية العبدة	Mahmoud Barri	81-479268	msfch-tripoli- mentalehealth@geneva.msf .org	
	Amayelle Saadeh	81 479268	msfch-tripoli- pmr@geneva.msf.org	
Macha PHC - Akkar مركز الرعاية الصحية الاولية مشحا- عكار	Dr. Horeye Zohbi	70-450151	dr.hourieh@gmail.com	
	Faten Zohbi	03-195531	moustawsafmachha@hotm ail.com	

	South				
محافظة الجنوب					
Saida Governmental Hospital مستشفی صیدا الحکوبی	Dr. Walid Fares Head of ER	03-693874	drwalidfaresm@gmail.com		
Marjayoun Governmental Hospital	Hassana Hajoul	71-662316	-		
مستشفى مرجعيون الحكومي	Waleed Abu Salha	03-817853	abousalhawaleed@yahoo.fr		
Nabatieh Governmental Hospital	Alya Aloush Dr. Najwa	03-349798	<u>najwa.shakaroun@gmail.co</u>		
مستشفى النبطية الحكومي Hiram Hospital – Tyre	Shakaroun Rana Hamade	03-840345 76/733901	<u>m</u> hmederana110@gmail.com		
مستشفى حيرام- صور	Dr. Haidar jouni Beirut/Mount I	03-753863	haidar.drjouni@yahoo.com		
محافظتي بيروت و جبل لبنان					
Rafic Hariri Govermental Hospital	Dr.Raida Bitar	70-725154	raidabitar@hotmail.com		
مستشفى رفيق الحريري الحكومي	Abbas AYoub	03-148409	abbas.ayoub@lau.edu		
Makhzoumi PHC مركز الرعاية الصحية الاولية مخزومي	Dania el Haj	03-040861	<u>d.hajj-</u> ali@makhzoumifoundation. org		
Ain W Zein hospital	Dina Sharaf El Dine	76-645838	pharmacy@awmedicalvillag e.org		
مستشفی عین و زین	Ghazi Saab	03-689063	na@awmedicalvillage.org		
Notre Dame du Liban Hospital in Jounieh مستشفى سيدة لبنان-جونية	Grace Tabet	70112996,09 644644 ext 170-171	gracetabet1@gmail.com		
Bekaa					
محافظة البقاع					
Baalbeck Governmental Hospital مستشفى بعلبك الحكومي	Dr. Mohammad Yahfofi	03-758435 /08-370470 ext. 2006	baalbeckgh@gmail.com		
	Ghada Chaaban	03-318225	ghadachaaban16@gmail.co m		
Zahle Elias Hrawi Governmental Hospital -مستشفى الياس الهراوي الحكومي زحلة	Dr. Sandra Biagini	70-756722	<u>biagini_sandra@hotmail.co</u> <u>m</u>		
	Rabiha Saidy	03-729386	rabiha.saidy@hotmail.com		
Rachaya Governmental Hospital مستشفى راشيا الحكومي	Hassan el Khouwayer	71-445520	hassanelkhouwayer@hotma il.com		
	Nisrine Hamdan	03-098299	nasso_mi@hotmail.com		
Laboueh Municipality Center	Dima Rabah	08-233655	dimarabah@hotmail.com		
مركز بلدية اللبوة	Nancy Rabah	71-137252	nancyrabah23@gmail.com		
Mother and Child Care Center - MSF-CH, Aarsal	Abir Mokdad	70-830862	abeerelmekdad@gmail.com msfch-bekaa-		
مركز الام و الطفل - عرسال	Marcel Krombi	71-770315	arsalMCC@geneva.msf.org		