PROTECTION CASE MANAGEMENT

COVID-19 response
Program Adaptation

HOW HAS COVID-19 AFFECTED PROTECTION CASE MANAGEMENT[1]?

As governments across the world have closed down businesses and schools and issued stay at home orders to prevent the transmission of COVID-19, women, children and other vulnerable groups have become trapped in their homes, cut off from their social and protection networks. With movement restricted, families have lost their livelihoods, increasing stress and tension within their homes.

Risk analyses from Women's Protection & Empowerment (WPE) teams in 34 countries highlight that women are raising concerns about their safety in the home as relationships are deteriorating and intimate partner violence (IPV) is increasing.[2] As children experience the economic collapse and close of school, the risks for child labor increases. Protection monitoring[3] from several contexts including Syria, Lebanon, Bangladesh, Pakistan, and Nigeria has also revealed that older people and people with disabilities have less access to adequate food and heightened feelings of isolation. Prior to COVID-19, 1 in 6 older persons were subjected to abuse. With lockdowns and reduced care this risk can only increase. Displaced populations, including IDPs, refugees and migrants are facing increased risk of community violence as fear associated with the spread of the virus is on the rise.[4] Essential social and protection services have also been closed off or disrupted, reducing the ability of clients to seek services and for service providers to identify individuals in need of support.

Through case management for child protection, GBV and protection, our country programs identify and respond to the life-threatening consequences of violence for populations vulnerable to abuse and exploitation. Protection case management is a critical entry point for facilitating access to services and providing direct mental health and psychosocial support.

ADAPTATION AT A GLANCE

The IRC is currently providing case management in 28 countries as part of the COVID-19 response and adapting delivery of those services to ensure continuity of care and access throughout the COVID-19 pandemic. Creative and context-specific approaches are being used across countries, based on three main models for adaptation, which are not mutually exclusive:

FACE TO FACE

VPRU programs are continuing face-to-face case management for high risk cases through home visits especially for children. Face-to-face consultations have also been able to continue in some safe spaces, even in those locations where they have otherwise been closed such as in Women and Girls Safe Spaces in Tanzania. For this work, teams are taking preventive measures to reduce risk of COVID-19, including new hygiene measures, personal protective equipment, and social distancing in the waiting areas as well as case management rooms.

COMMUNITY BASED

In those locations where mobility is restricted, some programs are training and supporting community focal points to deliver case management and basic mental health and psychosocial support. For child protection and protection rule of law, this can also include using the community-based committees to identify and respond to new and existing protection cases. In Nigeria, Protection Action Groups and Child Protection Committees have been instrumental in identifying high risk cases in the community and supporting with follow up. While for WPE, ensuring regular contact with their women's networks has been key to facilitating safe disclosures and access to nearest services for survivors who regularly rely on these same networks for information on how to discretely seek help.

REMOTE AND DIGITAL

Mobile and remote case management have been used to provide case management services in hard to reach and insecure contexts for GBV and protection before the outbreak of COVID-19 and are now being added or scaled up across regions for child protection,

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GBV and protection. For example, in Uganda where movement is restricted, they are developing innovative solutions to continue to provide support to survivors including the use of 'verbal passwords' to indicate if it is a safe time to talk to the caseworker, as well as a call-back beeping system. WPE is also working with IT to see if they can establish 'GBV toll-free hotlines' with several tele-communications companies within Bidibidi settlement. Phone-based case management is also currently being used with children to conduct follow-up for medium and low risk cases, alongside face-to-face support for high risk cases. In Niger, shifting to remote case management has facilitated a 39% rise in cases from the migrant communities. Case workers have simply distributed contact cards with phone numbers of case workers.

ADDITIONAL RESOURCES FOR IMPLEMENTATION

1. Technical Toolkit for COVID: VPRU
2. GBV Case Management and the COVID-19 Pandemic
3. Guidance on Mobile and Remote GBV service delivery
4. Not just hotlines and mobile phones: GBV Service provision during COVID-19
5. Women and Girls Safe Spaces: Technical Guidance Note for COVID-19
6. Case Management, GBVIMS/GBVIMS+ and the COVID-19 pandemic
7. Child Protection Case Management Guidance Note
8. VPRU Covid-19 Adaptations: Information Management

NOTES

[1] Protection Case Management is used as an umbrella term for the tailored case management approaches we adopt for child protection case management, GBV case management within WPE, and case management for at-risk individuals within Protection Rule of Law (PRoL).

[2] COVID-19 VPRU Risk Analysis Tracker, April 30, 2020.

[3] VPRU Global COVID-19 Monthly Protection Monitoring Snapshot, April 2020.

[4] UN Report on the Impact of COVID on Older Persons, May 2020.