

REMOTE CASE MANAGEMENT SERVICE QUALITY DURING COVI-19 PANDEMIC -CASE OF LEBANON

Sahar Samhoun

PHD Student in South-West University “Neofit Rilski”

Sahar.samhoun@gmail.com

***Abstract:** This paper is part of a research about case management quality control, that highlights the quality of the social services and specifically case management services during humanitarian crisis and emergency, addressing the COVID-19 pandemic as example.*

Lebanon has struggled to respond to the humanitarian crisis resulted from the pandemic In adding the economic crisis and inflation that affected all sectors, especially health sector being the major element of relief during this hard period. when an economic and political systems collapse, the essentials of a decent life downfall: eating, sleeping, maintaining good health, accessing education and keeping a stable normal life routine became a luxury that Lebanese people can't afford anymore, struggling daily for surviving low quality of life, absence of the minimal wellbeing factors, escaping death and losing loved ones because of the collapse of the health system during one of the ferocious pandemic. Social work presided the frontlines in order to counter the psycho-social relief and first aid. Organizations and social workers responded spontaneously with no previous planning in the absence of a national strategy for emergencies and crisis in forms of redemption rather than structured interventions. Case management was one of the main provided services being the specific intervention in front of individuals suffering from the psychological

and mental effects of the quarantine, the fear of death and the very basic needs due to the economic crisis. Being able to combat vulnerability of a whole affected community is of a great achievement but profiled as a lower quality due to the technological necessities in intervention modalities such as calls and online applications and platforms, where clients are not able to interact with case workers in addition to the limitation in communication due to the absence of electricity, finance means and communication networks, which affected primarily protection and urgent intervention. The research background bounces reflection on endorsing the quality control tools and methods in crisis and emergencies by influence and inspiring practitioners by experience to develop an intervention strategy for future advanced humanitarian emergency response.

INTRODUCTION:

The novel coronavirus disease 2019 (COVID-19) has invaded the whole world that initiated a crisis like never before. It has almost affected every individual on the planet in different ways on personal, social, emotional, psychological and economical level that will never be forgotten. They also left long-lasting significances on our personal and functional lives. the crisis changed the world functioning resulting concerning issues and yet carried positive transformation such as rising in innovation, creativity resilience and most importantly sense of community beside the feelings of fear, anger, anxiety and frustration.

According to the World Health Organization's report "*Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*", "poor and unequal living conditions are the consequences of deeper structural

conditions that together fashion the way societies are organized—poor social policies and programs, unfair economic arrangements, and bad politics.

Like any other sectors, social sector experienced similar dynamics that helped creating and innovating special response services like remote consultation and tele-case management services to reach clients and their support system.

There is no doubt that the hugely affected sector due to the outbreak is the economic sector, as people were asked to self-quarantine in their homes to prevent the spread of the virus and all industries, business entities and commercial institutions were also part of the lockdown, which caused unemployment of house holders and economic inflation, on the other side, the outbreak of COVID-19 affected the lives of all sections of society as people were asked to self-quarantine in their homes to prevent the spread of the virus. The lockdown had serious implications on mental health, resulting in psychological problems including frustration, stress, and depression, in addition to an increase in interpersonal and family relationship issue and the most vulnerable were women, children, people with disabilities including elders. The pandemic attacked the education sector as well, students were deprived from schools for two years. Daily life has lost its routine and went to a chaotic status: sleeping habits, eating habits that affects weight, sedentary and spending long hours watching the pandemic daily health reports which caused stress and anxiety, and lives were not granted ((Chaturvedi, 2021)

Health care and social services organizations and providers, have been the focal point for support service agents working tirelessly to provide timely access to health and human services for those in need during the COVID-19 pandemic. They have demonstrated accountable behaviors and empathy that have enhanced existing and new resources providers for advanced response, self-care and social care. Concurrently, these front liners have also needed to maintain their own health status (physical, mental,

and emotional), safety, and well-being by obeying to complex procedures of infection precaution to prevent exposure to, and the transmission of, this highly contagious disease, therefore, surviving in a practice environment of uncertainty requires adaptive mind-sets, attitudes of resilience, embracement of vulnerability, and stability. Effective case managers demonstrated similar qualities in their practice; they are also comfortable with the need to be adaptable and flexible because they have had prior experience of managing challenges with unusual needs. (reliasmedia, 2020)

On the other side most of services agencies closed their offices in response to the outbreak rules had to adapt and innovate to providing services in other ways, such as online and over the telephone. The challenges were discouraging for a field where services such as child protection , women protection, setting case plans, support emotionally and counselling are often delivered face to face. (Waters, 2020) Many human services organizations tried immediately to create virtual case management systems At the same time, because of the economic challenges accompanying the pandemic, many agencies reported increase in service demand with limited human resources to respond demand so they needed to increase capacity to respond to the demand (UNHCR, 2021).

The response of the social organization to the pandemic consequences was addressed spontaneously to sudden need for relief. the quality of the service was limited to respond instantly for limited material and basic needs. Later on, when the pandemic invaded and the breakout was persistent, specialized services had to be provided after the long lockdown consequences, to be able to provide a minimum qualitative service, a standard system should be developed and put in use considering the following (UNHCR UNFPA UNICEF International Medical Corp International rescue, 2020):

1- Begin safety planning with current clients for situations of quarantine, lockdown, or “shelter-in-place” and Help them to feel a sense of control in a chaotic moment., ensuring they are staying in a safe place, with all basic and medical needs and provide them with hotlines number for other support providers. The key issues and measure to explore when moving to remote support is how will case workers document cases and if it is safe to store information on phones, tablets, or paper, which phones numbers and how the staff will be reachable for clients and the most important and essential element of case management principles is the confidentiality of the client and how the session via call will be documented for next follow up and how safe will the modality be while intervening in protection issues such as child abuse, violence, considering also the quality of remote supervision always remembering that supervision isn't a support , it is an important activity to ensure that case workers are providing good intervention, secured action plan and responding to the client needs Remember: supervision is not the same as support.

2- Supporting the overall wellbeing, health, and stress management of staff of the case worker is the highest priority, case manager is in direct contact with clients suffering from the pandemic consequences as well as the case workers.

3- Strengthen the capacity of the case worker in providing remote case management service

4- Set clear guidelines on supporting clients during the pandemic through digital and remote support. There are various types of guidance around using technology to communicate with survivors during a public health crisis, including text messaging, calls, online support, to ensure safe and ethical connections.

5- Coordination with other services providers: health, sheltering, food provision ... to adapt with the critical new situation.

6- Inform communities of the availability, modality and access to the services and possible changes ahead in order to maintain trust.

7- Communicate with donors about changing needs to be prepared for worst-case scenarios for ensuring the needed resources.

Identifying the research methodology:

This paper is based on a descriptive analytical approach by describing an overview about case management services during COVID-19 pandemic. The phenomenon was described along with inquiries through collecting data and information addressed in different contexts and diverse studies. The topic is very recent and the developed practices are still under trial and exploration, that will be a material for analysis in the general and Lebanese context with a basic comparison that will definitely open the horizons and formulate recommendations for researches.

In order to broad the research, the following steps were adopted:

- 1- Identification of the sources of information and data to be gathered
- 2- Collection of information followed by a description and analysis of the data
- 3- Drawing conclusion and recommendations for extended researches

Case management under COVI-19 pandemic in Lebanon

In February 2020 the first case of coronavirus disease 2019 (COVID-19) was identified in Lebanon. This occurred in the midst of a political and economic disruption that led the country into an economic crisis. Right after cases started to emerge outside of China, the assigned government in Lebanon established a National Committee for COVID-19 (NCC) to manage the COVID-19 national preparedness and response.

The COVID-19 crisis had percussive economic costs, directly and indirectly, given the very delicate economic state.

in addition to the economic and political disturbance, the country is densely populated, with 6.9 million residents—87.2% of whom live in urban areas—including 2 million displaced persons and 500 000 migrant workers, all within 10 452 km² with average 5 persons per household. The health care sector is fragmented with hospitals are mainly concentrated in large cities and accessible only for critical cases with lack of basic medical needs such as masks, ventilators, sanitizers and medication. Given the significant resources challenging in the country, a shut down on public transportation, public institutions, education sector, and everything in the country was locked including the airport. Lebanon is a country standing on international donations and remaining underfund (Petra Khoury, 2020).

Lebanese population is a combination of Lebanese citizens, refugees from diverse countries most of them are Palestinian who are integrated with the Lebanese community and don't have easy access to health facilities and are registered under UNERWA for basic needs and is underfund and Syrian refugees or displaced who are supported by UNHCR for basic needs only for the registered families in addition to immigrant workers who don't have the means of leaving the country during the pandemic. Lebanon was in the middle of a disaster, more than 60% of the Lebanese citizens lost their job due to the economic crisis or due to the lockdown with no other resources for livelihood. people were in need of heating and medication during the insufficiency of fuel and medication import due to the economic situation and for hospitals needs while they went out of stock . Food expensive and not affordable because of the inflation and hospitals were functioning with the little resources and don't have the capacity to support every case in need . People lived in fear, anxiety and

anger, feeling insecure and unsafe , separation from loved ones, loss of freedom, uncertainty about the advancement of the disease, and the feeling of helplessness.

The psychological status of most of people left imbalanced. the pandemic had severe consequences on individuals. Traumatic incidents and the prolonged stress accompanying the pandemic led to dramatic consequences such as suicide, violence within the family especially toward women and children, malnutrition, distress among students who are not able to attend virtual classes due to the absence of internet connection and online learning tools. people with disabilities and elder people suffered, affecting everyone (Valeria Saladino, 2020), and funding, international and local organizations had to respond to the crisis. While part of them were engaged in health and livelihood relief, specialized organization had to provide virtual support while it wasn't possible to reach people in person. One of the most specialized service that had to cope and adapt to the situation, is case management, as described in the literature. Case managers provided the services through phone calls and WhatsApp application- somehow clients prefer to use this application because it is the most secured in addition to texting messages.

Case worker had to provide protection counselling especially for women suffering from violence. Having a call or chat with a case worker during the presence having this behavior isn't the best idea and might put the client at risk. the service couldn't be responsive as much as needed and accessing a safe shelter is difficult with the lockdown as well as for children suffering from bad treatment. Case workers provided: emotional support, end-of-life support, counselling, referral to other services especially livelihood. they also had to adapt work plans of clients with open files. During the crisis people were in need of emotional and psychological support to cope with the fear and insecurity.

This was the first exposure of the case worker to the online service provision during a pandemic crisis and throughout the modality practice some challenges occurred and affected the quality of the provided service: (ghida anani, 2020)

- The client can't see empathy over the phone or text message and body languages are absent which affects the client's emotional expression and the case manager from reading the silent communication of the client which is an essential element of the counselling.

- Confidentiality is not granted for both client and case workers who are surrounded by family members in a small space during restriction on mobility.

- Documentation of the counselling isn't available and is unethical if screenshotted from WhatsApp conversation

- Some clients don't have access to internet because of the high rate fees due to the economic crisis, or mobile phones especially elders and women at risk of domestic violence. Case workers are not allowed and can't displace client's files from counselling room for ethical and confidential reasons, so tracking the process will be challenging and affecting the quality of the intervention.

- Texting or phone calls might not be safe for the client which affect the frequency of the calls and interventions.

- Lot of people don't use smart phones and are not able to use them if available, means that they don't have access to the service such as elder people and people with mental impairment

- Online modality doesn't build trust between the new clients and the case worker

- in Lebanon, adapted communication means for persons with disabilities are absent such for people with vision, listening and mental impairment.

The main challenges listed above, are affecting the quality of virtual case management service and was described by practitioners as a psycho-social support rather than case management. The quality of the service was tracked through several channels:

1- Client's feedback via phone calls after consent through the case worker, satisfaction link and virtual focused group evaluation. The conducted evaluation of the service quality can't be accurate for the reasons:

- Not all clients were engaged in the process and not all clients have the means to participate in the process.
- Clients are bearing difficulties related to the pandemic and struggling for daily to daily living because of the economic crisis, they are not feeling concerned in evaluating the quality of a service they consider a secondary need for living.

2- Case worker feedback was related to the challenges they are facing during the implementation and their frustration for not being able to respond to the needs of the clients due to the virtual case management limitation.

3- Organization evaluation based on outcomes and the number of clients reaching out for services that don't all fall under case management component, and the client's feedback and addressed needs during case management process and the call centers.

The first experience of virtual case management during COVID was very unique, and spontaneous resulting of the need of relief during double crisis in Lebanon. Afterward NGO's elaborated more to set standards for online intervention based on the practitioner's experience, and started mainstreaming the model best practices and lessons learned as per the following:

1- Creating and developing SOP's (Standard Operation Practice) for working from home during crisis.

2- Building case workers capacities in using technology in response activities: (ABAAD, n.d.)

- What are the best applications for use with bad internet connection?
- How to manage safety for online application for both case worker and client , and if it is a concern for any of both , identification of a key word that can be used when a trigger occurs .
- How to manage confidentiality and keep a client centered approach while in online intervention.

3- Share special consideration for case workers providing online case management:

- plan with the client the timing of the call according to the client preferences and availability.
- Remind the client and themselves that it is an exceptional period for everyone.
- case worker should care about current client emotions and rather than “checking up” on them.
- Ask the clients for their preferred method of communication (e.g. phone calls, text, email, video call, etc.)
- support clients to identify their top concerns and priorities during the crisis.
- Remind the clients that the service is available whenever needed.

4- Social workers wellbeing:

- The social worker should be able to draw the framework with the client, and both should respect the work and availability time of each. Working from home, outside the work place may be challenging in terms of working hours

- Being not able to interact with the colleagues, supervisors and managers like daily routine might cause disinterest.

- Case worker are also experiencing the lockdown like everybody, they are also experiencing fear of loss within their families and friends, and have the same emotions and consideration of all the clients.

- Case workers are the secondary traumatized after supporting people in crisis: death, extreme sickness, violence at home, people suffering from chronic disease (kidney impairment, cancer, multiple sclerosis, heart disease and insulin-dependent patients etc...) and not able to seek medical care or medication due to the economic crisis escorting the COVID-19 pandemic, hospitals were only prepared to take care of sever cases of COVID and all types of medication were out of stock while the government couldn't provide or cover. A lot of case worker collapsed. The Lebanese context wasn't social sector didn't have the wealth of rest, being working in emergency and the luxury to have access to counselling and PFA (first psychological aid), which was considered as second harm on service seekers.

- Case workers are double quarantined since they need to keep the client's privacy. Most of case workers worked for a long time in a separated room, away of their families gathering.

Lebanese NGO's couldn't afford the necessary logistics and programs to respond to the case workers needs which affected the quality of intervention. Donors and funders re allocated the funds from stable status intervention expenses into relief and emergency expenses which only covered the primary needs of people in disaster. Furthermore, not all organizations could afford private logistics to be used for online case management such as internet bundles, smartphones for case management, laptops for documentation and video calls and supervision meetings.

Supervisors had to support in intervention on different levels: emotional support, information dissemination, respond to high risk cases. social workers were drained for supporting each other emotionally or professionally despite for few organizations that could allocate more funds for the response due to their funds expansion.

In the middle of the disaster, case workers were overwhelmed yet unsatisfied of the quality of the services they are providing. Eventually, quality of service elements was merely absent and case managers were struggling.

Constraints encountered in the study

As exposed in the literature, the virtual case management modality is very new, and was elaborated during exceptional conditions in the country, which make the topic poor in references. The UN agencies newsletters, reports and guides were the basic references for this article, in addition to some guidelines developed by few organizations that covered the subject. Being a social worker and was engaged in the virtual response during COVID-19 pandemic, having my own challenging and successful experience, playing the role of supervision as well were an entrance to a rich discussion with practitioners and NGO's about their experience on the different level, with very few documents. Clients evaluation of the experienced service were also confidential, and a conclusion was shared on the UN platform. The lack of documented references was the main constraint.

CONCLUSION

Lebanon became a country out of resources after the economic crash. the COVID-19 pandemic that invaded and drained the whole world was more catastrophic with the critical situation in the country. The economic crisis and COVID pandemic weren't enough for collapsing in responding to people basic needs, extra misery

attacked the country after Beirut Blast, one of the biggest and dangerous chemical explosion in the world. Apparently Lebanese government didn't have in place a crisis response plan. Civil society and NGO's piloted a model of intervention, trying to respond for most prior needs with the few available funds, which resulted a successful support yet with less quality than expected in many sectors, including social work, especially case management due to lack of resources. NGO's handled a huge part of the government responsibilities trying to be effectiveness by providing the best service with less resources. During and after the pandemic, NGO's and UN agencies who are leading most of the funds in the country.

The study exposed the image of the social response during COVID-19 pandemic in Lebanon especially case management service that is considered a sensitive and very confidential humanitarian service that requires standards and guiding principles.

The experience of case management during COVID-19 pandemic breakout, with all the difficulties and constraints was exceptional compared with the available resources in the country. Case workers provided the service with compassion, before it becomes professional requirement during the lockdown. Most difficulties were encountered while providing protection services, while the sector was out of safe shelters and legal aid especially for children, elders were suffering from lack of health and emotional care, couples needs for support to maintain a minimum level of safe and protective family. Within this framework, organizations worked with double and triple efforts with few resources, losing lots of them because of the disease and continue the relief without mourning. The description in this study, shows the capacity of the humanitarian sector to survive and help peoples being during disasters, yet there is a

real need to develop a standardized model for online case management taking into consideration the safety, security and quality of the service.

Most of case workers expressed the need for supervision more frequently in addition to supportive information about the intervention through this modality. Self and staff care was out of question and operational resources were very limited, which leads for an unintended less qualitative case management service.

RECOMMENDATION

The implication of COVID-19 pandemic on social work profession, specifically case management. NGO'S are in process of developing a national action plan to respond to family protection, this platform should be considered as an opportunity to discuss the results, challenges and successes of the virtual intervention during the pandemic.

Some of the involved NGO's in the response drafted guidelines for different sectors such as child protection and Gender Based Violence, yet, this draft can first be developed to reach all protection sectors, then submitted to the Lebanese government to be discussed within the relevant ministry.

A contingency plan should be established based on the experience of the human resources who responded directly to the crisis.

For a country as Lebanon, a country deprived from resources, it is an opportunity to benefit from civil society initiative in this domain. in addition, and on aside, it is highly important and needed to design a full package training on contingency plan application for practitioners and field workers, to help building their capacities in response and equip case workers with all the needed information, modalities, best practices and full toolkit for a qualitative intervention.

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