



**Gender-Based Violence Case Management
Guidance Note
during the COVID-19 Outbreak
March 2020 – Iraq**

GBV Case Management Guidance Note during COVID-19 Outbreak, Iraq

Objective:

During disease outbreaks, GBV survivors may experience challenges accessing services due to limited movement and access constraints to life-saving services. In some situations, the state may prioritize health interventions, hence resources may be diverted to the health interventions. Consequently, under these circumstances, the provision of direct lifesaving GBV case management/PSS and timely referrals for specialized services may be a challenge for the service providers as well as users.

Globally there is a lack of statistical data to establish plausible impact of the disease outbreaks on different forms of GBV including domestic violence and harmful traditional practices. However, based on the anecdotal evidences shared by the front-line workers as well as survivors of GBV from past outbreaks (including Ebola), it is easy to argue that under such disease outbreaks, the vulnerabilities of certain groups including but not limited to women and girls, elderly, people living with disabilities, refugees and IDPs are exposed because of the widespread consequences and implications including health, socio-economic, political, to religious and cultural, etc. Family members living in the same house or area (in the case of curfew or lockdown) are left with little means and sources of income, socially restricted to move, emotionally and psychologically tensed and challenged.

The aforementioned situation may increase the likelihood of tensions in households which may fuel domestic violence and other forms of GBV. Therefore, ensuring the continuity of GBV lifesaving interventions including case management, PSS/counseling, and referral for services should be a priority so that appropriate services are provided to survivors in a timely, safe and dignified manner.

In the context of COVID-19 outbreak in Iraq, it is recommended to adopt remote modality for case management services which this guidance note proposes for the outbreak period. This document further provides guidance to case workers on how best to adopt the remote GBV case management processes during the COVID-19 outbreak, in line with the GBV minimum standards for prevention and response, Guiding Principles of confidentiality, safety, non-discrimination and respect for the survivor as well as the adoption and adherence to survivor-centered approaches.

Case Management Modalities in the COVID-19 Situation:

If remote case management is adopted by your organization, please follow the guidance below. 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, please refer to the guidance on the face-to-face case management. **In case there is any confirmation or risk of COVID-19 with survivors, their families or close community**, you are advised to consult your supervisor/s or the GBV coordinators for further support and coordination with the health and other relevant sectors and services.

Please note that the above-mentioned case management modalities are subject to change, based on the guidelines and decisions from the government to maintain public health safety and with the evolving COVID-19 situation.

How to provide Remote Case Management?

When providing remote case management over the video or phone, please follow the steps below:

First step: Verify that the confidentiality, safety and security conditions are well in place, while asking the survivor's consent to proceed with the case management.

If possible, and the survivor is literate, you are sure that the phone belongs to the survivor, and it is safe to text, text the survivor asking if she/he is available for the interview. **Please do not indicate that this is related to case management.** In case you call the survivor, please first monitor if she/he sounds uncomfortable or if there is any background sound. 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 appropriate mean/s of communication that she/he feels comfortable with.

Once you adopt the above measures, please ask the following questions to confirm the safety 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? Do you prefer a missed-call or text me when you are ready?
- Is this the right number to call on? Do you prefer me to call any other alternative number/s?
- 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)

Second Step: 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 the husband or father of the survivor or any other untrustworthy member in the household answers the phone.
- The survivor starts not feeling safe/confident as someone may be listening to and need to stop the call.
- There is a need to talk to the survivor from an alternative phone number during the interview.
- 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 further expose the survivor in any danger. Remember the principle of **Do No Harm** prevails under such circumstances.

Also, REMEMBER: If the survivor does not sound comfortable and/or you hear any sound during the interview, please do not continue and give them an option to contact you when they feel more comfortable speaking, through a missed-call, a text message, or any other means that they feel comfortable. Under such circumstances, never push for information. You are not a journalist but a case

worker who is there to empower and enable the person to take decision, or choice of services they may or may not opt for.

Third Step: Once the safety of the survivor is ascertained, the case management process can be introduced. It is important to assure the survivor confidentiality during all steps of case management. Take the survivor through the case management steps and make sure that the survivor understands each of the steps. Please refer to Interagency GBV Case Management Guidelines for further guidance.¹

THE STEPS OF GBV CASE MANAGEMENT	
CASE MANAGEMENT STEP	TASKS
Step 1: Introduction and Engagement	<ul style="list-style-type: none"> • Greet and comfort the survivor. • Build trust and rapport. • Assess immediate safety. • Explain confidentiality and its limits. • Obtain permission (informed consent) to engage the person in services.
Step 2: Assessment	<ul style="list-style-type: none"> • Understand the survivor’s situation, problems and identify immediate needs. • Provide immediate emotional support. • Give information. • Determine whether the survivor wants further case management services.
Step 3: Case Action Planning	<ul style="list-style-type: none"> • Develop a case plan based on assessment with the survivor. • Obtain consent for making referrals. • Document the plan.
Step 4: Implement the Case Action Plan	<ul style="list-style-type: none"> • Assist and advocate for survivors to obtain quality services. • Provide direct support (if relevant). • Lead case coordination.
Step 5: Case Follow-up	<ul style="list-style-type: none"> • Follow up on the case and monitor progress. • Re-assess safety and other key needs. • Implement a revised action plan (if needed).
Step 6: Case Closure	<ul style="list-style-type: none"> • Assess and plan for case closure.

¹ Interagency GBV Case Management Guidelines (2017), pg. 43 - 44. Available in <https://drive.google.com/open?id=1vqiq77HgEtEBvVsxX9su6mHshJxbqL9s>

- Provide the survivor with full information about the available and reachable services during the emergency in their area that respond to her/his time-critical needs and make the necessary referrals where applicable.
- Inform the survivor that there might be a delay in certain services/referrals due to the current situation. Prioritize referrals and needs with the survivor.
- Inform the survivor about the MHPSS hotline number if available.
- Maintain a survivor centered approach (the survivor is the decision maker) throughout all the stages of the case management process.
- Work with the survivor within his/her circles of trust/protection. Ensure to have a realistic and applicable safety plan with the survivor if applicable.
- In case the survivor cries over the phone: **give time and focus on the “healing statements”** and validation of feelings. Replace the non-verbal communication techniques with healing statements such as “It must be difficult, “I am sure it wasn’t/isn’t easy to go through all this”, “It is not your fault”, “Thank you for reaching out for help”. However, sometimes silence is good, even if over the phone, when a survivor is crying, give the survivor time to cry. It is vitally important to understand and practice empathetic listening which empowers the survivors, build their trust, and give them the opportunity to release the unreleased pain, trauma or experience as a result of acts, or threat of GBV.
- Remote case management sessions are expected to last between 30 and 45 minutes, depending on the safety of the survivors and his/her needs.
- Before ending the call, assess the survivors’ feelings, sensations and thoughts in order to end the remote case management session in a safe and secure manner.
- Ensure to tell survivors if they feel any COVID-19 symptoms² like dry cough, fever, tiredness, sore throat, diarrhea, nasal congestion, 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 123 (Government of Iraq) or 122 (Kurdistan Regional Government).

Data Safety:

If the case workers fill out any forms during the interview, it is imperative to ensure the safe storage of any document with or without identifiable information of the survivor or the case worker. 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 locked drawer. In case any electronic case management system is in place, please follow the agreed-upon data protection measures.

Responsibilities of Case Workers:

- Ensure phones with hotline numbers are available at all times, fully charged and with adequate airtime.
- If case workers are working from home, they need to secure a safe confidential room/place for case management.
- Reach out to supervisors (or to the GBV coordinators) in case support is needed and in case the survivors require immediate care like CMR services, in life threatening situation, have corona symptoms, in quarantine and is unable to access services.

² <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses#:~:text=symptoms>

Face-to-Face GBV Case Management:

Recommended only when necessary and the survivors cannot be followed up remotely. The case workers need to ensure the steps below. 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 that keeps at least 1.5 meters' distance between the case worker and the survivor.
- Place the hand sanitizer in an accessible place for the case worker and the survivor.
- Ensure 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 safety measures. Assure the survivors that you are doing this for her/his safety and health.
- The case worker should open the door for the survivor.
- Avoid handshaking or any other form of physical contact like greeting and physical contact to show empathy with a distressed survivor.
- Maintain at least 1 meter (3 feet) distance between the case worker and the survivor³.
- The case worker needs to wash their hands with soap and water for at least 30 seconds before and after the session. Use alcohol-based handrub if you don't have immediate access to soap and water⁴.
- Make sure the survivor and the case worker use the hand sanitizer before and after the session.
- Share key messages on COVID-19 to raise awareness if the survivors did not receive the required information⁵.
- 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 may be sanitized. In case the documents need to be viewed, make sure the case workers' and the survivors' hands are sanitized afterwards.

AFTER CASE MANAGEMENT SESSION:

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

General Guidance for Supervisors and Program Managers:

- For organizations that provide a phone limit airtime to case workers, the limit should be increased. Funding sources should be allocated for these budget lines (donors need to be flexible accordingly).

³ <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses#>

⁴ https://www.who.int/gpsc/clean_hands_protection/en/

⁵ <https://drive.google.com/drive/folders/1PB90ELMH0aQmDYRY8rcUvtNIOOeA78sU>

- Supervisors need to ensure that there is a healthy caseload of follow up for each case worker.
- Self-care need to be provided for case workers when needed such as access to staff counselor.
- Self-care is important and should be a continuous process. It the responsibility of the case workers and the supervisors to ensure that:
 - Case workers are advised to use proper coping strategies like exercise, spiritual activities, reading, talking to friends, etc.
 - Case workers' can approach their supervisor for debriefing when handling difficult cases.
 - Weekly meetings to discuss the workload.
 - Case workers have access to specialized self-care for extreme cases like external stress counsellor.

Useful Resources and Links:

- Interagency GBV Case Management Guidelines (2017)
<https://drive.google.com/open?id=1viqu77HgEtEBvVsxX9su6mHshJxbqL9>
- GBV CASE MANAGEMENT AND THE COVID-19 PANDEMIC
<http://www.sddirect.org.uk/media/1882/guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-final-draft.pdf>
- GBV CASE MANAGEMENT AND THE COVID-19 PANDEMIC (ARABIC)
<http://www.sddirect.org.uk/media/1885/3-guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-arabic.pdf>
- Guidance Note on GBV Service Provision during the time of COVID-19-Iraq
<https://drive.google.com/open?id=1-NZIDde9ZqmrPHPvszQbINJhPBpqIM99>
- Protection Cluster Recommendations/Observations on the Criticality of Humanitarian Response Plan 2020 <https://drive.google.com/file/d/1EuOxrYgZ8V7NnnT-d4jA3P-8VDF9joJH/view>
- List of designated referral hospitals in affected governorates was shared
https://drive.google.com/open?id=1-5bM2_aOQleW32bhluQ-MPL-bwzc0SJQ
- GBV SC - Iraq Referral Pathways during the time of COVID-19 outbreak
<https://drive.google.com/open?id=16N5ytijs7RSeANCORAIX-da3ZIoK946t>
- WHO General information on COVID-19: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- WHO IEC materials in relation to the containment, prevention and response to COVID-19 (English, Arabic, and Kurdish)
<https://drive.google.com/drive/folders/1PB90ELMHOaQmDYRY8rcUvtNIOOeA78sU>
- IRAQ COUNTRY STRATEGIC PREPAREDNESS AND RESPONSE PLAN AGAINST COVID-19
<https://drive.google.com/open?id=10W8jmGOMBfZuMr9DdI1dv3SII9ZeJLBm>
- CCCM guidance on camp-level preparedness and response planning, Iraq
<https://drive.google.com/open?id=10PIGxbkoKPJaSj19EIWIBA9TDhE8DCZL>
- COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement <https://reliefweb.int/report/world/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and>
- GBV AOR COVID-19 materials are available in https://gbvaor.net/thematic-areas?term_node_tid_depth_1%5B121%5D=121
- Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak (developed by the IASC's Reference Group on Mental Health and Psychosocial Support)
<https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>
- Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings (jointly developed by IFRC, IOM, UNHCR and WHO)
<https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>
- COVID-19 resources to address gender-based violence risks
<https://gbvguidelines.org/en/knowledgehub/covid-19/>
- OCHA Iraq SITREPS in <https://www.unocha.org/iraq>
- You can find all resources in GBV SC COVID-19 folder here
<https://drive.google.com/drive/u/0/folders/1OeG-Vqem6cbBubTxJPFgWrLeJwPOSNOF>