Case Management, GBVIMS/GBVIMS+ and the COVID-19 pandemic

Purpose
This guidance note aims at providing practical support to case management service providers on how to adapt their response in the context of the COVID-19 pandemic. This guidance note includes two parts: The first focuses on guiding service providers through the process of adapting their case management programmes to the needs arising from the COVID-19 pandemic based on a number of scenarios. The second part focuses on the use of GBVIMS and/or Primero/GBVIMS+ in relation to these different scenarios. This guidance note complements the GBV AoR Helpdesk note “GBV Case Management and the COVID-19 Pandemic”.

Background
History has demonstrated that crises such as disease outbreaks affect women and girls differently to men and boys, and in ways that place women and girls at greater risk of GBV, particularly in contexts where gender inequality is already pronounced. They can include increased exposure to intimate partner violence due to tensions in the home in the face of dwindling family resources and under confinement conditions, while the economic impact can place women and girls at higher risk of sexual violence and exploitation. Women’s rights organizations, researchers, and service providers across the globe are already reporting increases in GBV incidents reported to them since the COVID-19 outbreak, including in countries most directly affected. It is clear, however, that most cases of GBV will remain unreported due to the lack of available, safe, ethical and quality responses services as well as fears of stigmatization, reprisal, and lack of access to appropriate information on seeking help. These existing barriers will be further compounded by the inundation of health services responding to the COVID-19 outbreak, and restrictions to movement and physical socialization resulting from national government responses to contain and control the spread of COVID-19. Ensuring that women and girls can access GBV support services remains a critical and lifesaving activity. At the same time, maintaining the health and wellbeing of GBV caseworkers and contributing to rigorous efforts to stop the pandemic are of critical concern, a present a challenge to traditional modes of GBV service delivery. A flexible and adaptive approach is needed to ensure that life-saving services continue to be made available without compromising the safety of GBV caseworkers or survivors.

4. GBV AoR Helpdesk note “GBV Case Management and the COVID-19 pandemic”.
COVID-19 is a respiratory virus. The way in which the virus is transmitted, its level of potency in a country at a particular time, the stark differences and exponential changes in national government responses - all demand a higher level of flexibility, and a more layered approach to GBV case management service delivery than in past epidemics.

Decisions about whether to continue static, face-to-face case management services, scale down, or dramatically change in favor of other modalities such as remote case management, will depend on a number of factors including:

- **The type of national response to the coronavirus.** Different government responses will imply various levels of risks and restrictions to GBV service delivery that make some modes of service delivery more possible than others.

- **Resources (including donor flexibility)** for the service provider to maintain stringent IPC\(^5\) standards at all stages of the pandemic, and in preparation for more advanced stages.

- **National government guidance and policies** that affect freedom of movement, ease of obtaining official permissions including formal exceptions which are required to operate static services in the event of national lockdown.

- **Risks and perceived risks for staff and others:** It is critical to weigh actual risks not only to the health of staff, but to the health of others whom may be exposed by the delivery of services, including movement to and from. In addition, *perceived* risks also affect staff and clients.

- **Location of static services:** GBV case management services situated within official clinical settings are more likely to be able to provide static, face-to-face services for the duration of the pandemic.

- **Organizational policies:** Each service provider interprets government guidance and policies in a more or less flexible manner, which can influence service provision.

Adapting GBV case management to the context of the COVID-19 pandemic

The below diagram and checklist are based on and designed to complement the [GBV Area of responsibility (AoR) Research Query on GBV Case Management and the COVID-19 Pandemic]\(^6\). The Research Query provides a more detailed layout of possible COVID-19 national strategies to respond to the spread of the virus, and their implications for GBV service providers and GBV case management service provision.

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\(^5\) Infection, Prevention and Control.

The below diagram represents the different models for case management service provision that can be considered based on scenarios for the COVID-19 pandemic and their possible impact on service provision. These are based on the assumption of a possible gradual scale-up of national measures to respond to the pandemic, which may range from minimal measures meaning that static face-to-face GBV case management services can largely continue, through to tougher restrictions on movement and assembly, making face-to-face case management challenging.

The four suggested models for case management adaptation are based on how programs are likely to adapt service provision based on the possible different phases of response outlined above. These include: (1) continuation of face-to-face static service provision, (2) shift to remote service provision, (3) shut down of services and (4) sudden lockdown that requires immediate adaptation of service provision.

Organizations will need to prepare; in the context of COVID-19 the shift from one modality to the other is quite rapid. Organizations need, therefore, to have a plan in place to rapidly adjust.

The below checklist highlights considerations to include in GBV response programming based on the different models highlighted above. Items in red are directed towards service providers as well as GBV Sub-Sector/Sub-cluster coordinators for inter-agency response. Organizations need to have a plan in place to rapidly adjust to these changes in their programmes.

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7 If models 1, 2(a), 2(b) and 4(b) are not applicable or not safe for survivors and case workers, organizations will have to consider moving to suspension of services (or reduction of services focused on case closure) – models 3 or 4(a).
<table>
<thead>
<tr>
<th>Models</th>
<th>Prerequisites</th>
<th>Recommended actions</th>
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</table>
| Model 1: Static face-to-face case management continues | - Social/physical distancing measures can be implemented in the center to ensure safety of staff and survivors.  
- IPC procedures can be implemented in the center. | - Update referral pathways with a focus on health service providers as these are most likely to respond to mitigation or lockdown. Inform key community about the updated pathways.
- Set up or identify existing hotlines in preparation of service provision.
- Prepare for shifting to phone-based case management: caseworkers prepared to handle GBV disclosure, availability of referral pathways? Is there an induction plan for caseworkers that includes GBV emergency case concepts?
- Put a plan in place, if possible, shifting to remote and technical support for non-GBV staff in the event GBV is being considered depending on the evolving priorities provide services in health centers: check safety of staff and survivors, availability of female case workers, data in health center, etc.
- Identify GBV staff or focal points working within facilities who can provide survivors with crisis or specialized response.
- In preparation to shift to phone-based case management, draft / update an internal organizational communication plan.
- Caseworkers discuss the changing climate and provide support for caseworkers in the interests of duty.
- Caseworkers review safety plans with survivors, especially those living with their abusers, considering the need to shift from face-to-face to phone-based case management.
- Discuss safe storage for existing paper files in the case of lockdown and data storage protocols for Management.
- Collect phone numbers of survivors and store them separately from the case files.

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8 If these conditions are not there, programs should consider shutting down and resorting to functioning services for referrals based on the ‘do no harm’ principle.
9 Infection, Prevention and Control.
10 GBV AoR, Guidance note on remote service mapping.


<table>
<thead>
<tr>
<th>Model 2(a): Static face-to-face case management from health center(s)</th>
<th>Obtain informed consent of survivors to potential case management.</th>
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<tbody>
<tr>
<td>● A confidential and safe space is available in the health center to provide GBV case management services.</td>
<td>● Train receptionist and medical staff on how to (e.g. GBV basic concepts, confidentiality, a survivor’s and GBV guiding principles; referral to services functional such as helplines, etc.)</td>
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<td>● Caseworkers are already or can be deployed in health facilities.</td>
<td>● Disseminate information on availability of service pathways in health centers through SMS, WhatsApp, etc.</td>
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<tr>
<td>● Social/physical distancing can be implemented in the health facility to ensure safety of staff and survivors.</td>
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<tr>
<td>● IPC procedures can be implemented in the center.</td>
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<tr>
<td>● Locked cabinets are available in the case management room in order to store consent forms and case files separately.</td>
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<td>● At least one female caseworker is available to provide case management services.</td>
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**Model 2(b): Phone-based case management from caseworkers' homes**

| ● Caseworkers feel safe and comfortable offering case management services from their homes and over the phone. | Caseworkers store survivors phone numbers using a secure platform. Phone numbers connected to survivors' codes are stored on personal phones. Separate information on survivors' names & other identifying information is stored on paper in a locked cabinet/drawer or in password-protected form on desktop. |
| ● Caseworkers have a private and confidential space available in their homes to speak to survivors over the phone. | Caseworkers can store survivors’ case files in a cloud-based tool (e.g. Primero/GBVIMS+). Alternatively, no survivor’s case should be documented in written form. |
| ● Living conditions of caseworkers have been assessed by supervisors as being safe and confidential to conduct phone-based case management. | Case files should be stored in a secure manner and in a manner that ensures confidentiality. Do not store case files information on survivors' homes. |
| ● Caseworkers have obtained informed consent from survivors to conduct phone-based case management. | |
| ● Caseworkers have assessed with survivors that they feel safe being contacted by phone | Caseworkers shift to emergency case management planning, especially for IPV survivors. |

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11 This recommendation is meant for immediate transition to home-based case management and based on best practices. Each organization should decide how to adapt this guidance should this situation last for longer period of time and adapt their services and data protection accordingly.


13 Intimate Partner Violence.
for case management services based on their living conditions (e.g. live with an abusive partner, space to isolate to speak confidentially, working hours, etc.)

- Phone credit (and data bundle) is made available to caseworkers and plans are made for remote refills of credit for at least a 2 month period.

**Model 3: Static face-to-face case management cannot continue: shutdown occurs**

- Procedures for handover top operational services if any, referral and closure of cases are in place.
- Implement data evacuation plans if existing or agree on data evacuation of case files based on data protection checklist if case files cannot be safely stored in the center/office.\(^1\)

**Model 4(a): Sudden shutdown of services**

- Implement data evacuation plans if existing or agree on data evacuation of case files based on data protection checklist if case files cannot be safely stored in the center/office.\(^1\)

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<td></td>
<td>Ensure availability of updated referral pathways and consider that listed services follow WHO recommendations of IPC measures and social/physical distancing measures.(^1)</td>
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<td></td>
<td>Review Case Management SOP to include regular check-ins with caseworkers.(^1)</td>
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<tr>
<td></td>
<td>Review Case Management SOP to include staff caseworkers can be implemented remotely. Supervisors are encouraged to have daily contact with caseworkers to discuss experiences and encourage them to actively reach out for support. Information about psychosocial support and mental health professionals is disseminated to the community.</td>
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<td>Information is disseminated to the community management services through accessible communication means.</td>
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<td>Supervisors are encouraged to check in with caseworkers to monitor their wellbeing. They can establish a support network across caseworkers.(^2)</td>
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<td></td>
<td>Caseworkers inform survivors about the services they obtained consent to contact them by phone. Information about the shutdown can be done face-to-face if possible, safety of staff and survivors is ensured, and social/physical distancing measures are in place.</td>
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<td></td>
<td>Caseworkers refer survivors, upon their information, are still operational. Alternatively, they inform them that services have ceased and to actively seek help.</td>
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<td></td>
<td>Plan for awareness raising activity at the end of the shutdown. They can conduct activities in communities in which they work that revalidate the various means of communication.</td>
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In addition, if Primero/GBVIMS+ is rolled out, supervisors can conduct remote case files review by using functionality such as custom export, case plan/closure approval, and flags.  
Staff care tools can be discussed between caseworkers and supervisors – such as Self-Care inventory available in Module 19 of the Case Management guidelines training material: [https://gbvresponders.org/response/gbv-case-management/](https://gbvresponders.org/response/gbv-case-management/)  
Cf. footnote above.  
For example, they can create WhatsApp groups to monitor daily wellbeing of all staff.  
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For example, they can create WhatsApp groups to monitor daily wellbeing of all staff.
Adapting GBVIMS and Primero/GBVIMS+ to national responses
The below tables presents the adaptation to the GBVIMS and/or Primero/GBVIMS+ for the models outline on page 1 of this guidance note. For models 2(a), 2(b) and 4(b):

<table>
<thead>
<tr>
<th>Model 4(b): Sudden shift to phone-based case management from caseworkers' homes</th>
<th>Review existing or revised data evacuation plans and assess what can be done remotely or if someone can access the center/office to ensure safety of case files.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement data evacuation plans if existing or agree on data evacuation of case files based on data protection checklist if case files cannot be safely stored in the center/office.</td>
<td>If caseworkers have survivors’ contacts, if contact them by phone and if it is assessed safe, inform them about the shutdown of services.</td>
</tr>
<tr>
<td>Review all considerations from model 2(b)</td>
<td>If caseworkers do not have survivors’ contacts, on other available services through social media populations (e.g. registered refugees/IDPs), W communication means.</td>
</tr>
<tr>
<td>Review existing or revised data evacuation plans and assess what can be done remotely or if someone can access the center/office to ensure safety of case files.</td>
<td>Case Management supervisors are encouraged caseworkers to monitor their wellbeing. They network across caseworkers.</td>
</tr>
<tr>
<td>If caseworkers have survivors’ contacts, if contact them by phone and if it is assessed safe, contact about the shutdown of services – refer to model 2(b).</td>
<td>Inform communities of the shutdown of services on how to access remote services.</td>
</tr>
</tbody>
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23 Cf. footnote above.

24 For example, they can create WhatsApp groups to monitor daily wellbeing of all staff.
Figure 2 Adaptation to the GBVIMS and/or Primero/GBVIMS+ for models 2(a), 2(b) and 4(b)

- On the web application (browser):
  - Make sure caseworkers have internet connection at home.
  - Check safety of data entry (e.g., are they using shared laptop at home? do they have private room to do data entry?)
  - Ensure that staff have enough credit for data bundle (3G/4G)
  - Agree on how to coordinate new release (updated) of the mobile app.
  - Ensure staff have regular internet connection to sync mobile to web app (at least once a week)
  - Ensure that Mobile device Management (MDM) solution is installed to ensure mobile devices safety and troubleshooting.
  - Review Case Management SOP to include remote supervision based on Primero functionalities.

For both:

- On the mobile application (mobile client):
  - If you are not using Primero/GBVIMS+:
    - Do caseworkers provide quality case management services?
    - Is there an ongoing Primero/GBVIMS+ rollout in your country?
    - Approach inter-agency GBVIMS Coordinator/Focal Point.
    - Administer CM-IM integrated assessment tool.
    - Contact global GBVIMS global team for information on resources required for rollout GBVIMS+.
    - Contact global GBVIMS interagency coordination for remote training on GBVIMS+.

Figure 3 Adaptation recommended for non-Primero/GBVIMS+.
For models 1, 2(a), 2(b) and 4(b): If you are using GBVIMS and are a Data Gathering Organization (DGO) / Service provider

- Consider rolling out Primero/GBVIMS+ (see diagram above)
- Consider using the emergency/intake form
- Record informed consent of survivors to receive phone-based case management in consent form
- Ensure confidentiality of service provision prior to pursuing data collection (e.g. safe space where phone-based case management can be conducted).

For GBVIMS Interagency Coordinator/Focal Point

- Do not store any case file information at home
- Record phone numbers based on survivors’ code and store document linking survivors’ codes to names in locked cabinet

- Determine which staff are entering data into the Incident Recorder (IR) – i.e. GBV caseworkers themselves, or data entry personnel. If not GBV caseworkers, how will data entry personnel for subsequent entry to the IR?
- If GBV caseworkers enter data directly into the IR, how will caseworkers send line data (individual survivors data) from their IR to the organisation focal point for internet access? If not, how will the data be communicated? If sending line data by email is impossible due to lack of connectivity, caseworkers and data entry staff should take exceptional measures, such as sending data by WhatsApp or text messages. These should be deleted right after being recorded by the data entry staff.

- GBVIMS organizations should build pivot tables on their Incident Recorder in order to better understand the impact of the COVID-19. Relevant data points include:
  1. Sex, age and disability disaggregation against GBV types, and referral pathway data points
  2. Displacement status disaggregation against GBV types and referral pathway data points.
  3. Intimate partners violence trends based on incident dates

For contingency purposes, service providers should ensure their data protection protocol is developed and updated and that roles & responsibilities in case of a GBVIMS emergency.

Consider having caseworkers sign a revised Data Protection Agreement linked to working from home.

Figure 4: Recommendations for GBVIMS User Organisations during response models 1, 2(a), 2(b) and 4(b)

For models 1, 2(a), 2(b) and 4(b): If you are using GBVIMS and are GBVIMS Interagency Coordinator/Focal Point
Figure 5: Adaptations for response models 1, 2(a), 2(b) and 4(b) for GBVIMS Interagency Coordinators/Focal Points
Strengthening GBV case management information management in response to COVID-19

Usage of Primero/GBVIMS+ 25
Primero/GBVIMS+ is the Protection-related information management system. It’s an application developed to enable humanitarian actors to safely and securely collect, store, manage and share data for protection-related incident monitoring and case management. Primero/GBVIMS+ is a survivor-centered module within the system that utilizes technology enhancements to accompany the full GBV case management process, manage individual cases and referrals, as well as aggregate incident monitoring. Since 2015, under the leadership of UNICEF, the GBVIMS Steering Committee has developed and endorsed Primero/GBVIMS+ as an inter-agency GBV case management tool, used in conjunction with the ‘legacy’ GBVIMS. Currently, Primero/GBVIMS+ is being implemented in Bangladesh, Libya, Lebanon, Iraq and Nigeria, and is used by over 250 service provision personnel across seven organizations.

Primero/GBVIMS+ is particularly well suited to ensuring and strengthening GBV case management service provision during the COVID-19 pandemic if GBV service provision is needs to be delivered remotely through mobile phones, versus in person or static service provision, for the following reasons:

- It allows for use in low/infrequent internet connectivity contexts - which may be the case if GBV caseworkers are based at home with no regular internet connection - and it allows caseworkers to go ‘paperless’, which will provide a solution to paper file storage issues that GBV caseworkers may face when working from home. While the web version of Primero/GBVIMS+ can be used from an internet-connected computer and enjoys the highest level of functionality, Primero/GBVIMS+ can also be used offline for data entry on a mobile device, such as a smartphone or tablet. This version works entirely offline and can later sync data to the cloud once the user is able to access with a secure internet connection. This means no data is stored on paper or on the user’s desktop. Furthermore, if mobile devices are used, a Mobile Device Management (MDM) solution can be used to ensure the safety and confidentiality of data stored.

- Where caseworkers and their supervisors may be confined to their homes, limiting in-person supervision, supervisors of caseworkers can use Primero/GBVIMS+ to conduct remote supervision, such as case file review for each caseworker they supervise. Findings from case file reviews can be discussed in individual or group supervision sessions. Supervisors can also use the ‘approvals’ feature, by which a caseworker can request supervisor approval, review and feedback for an action plan, or case closure. They can also benefit from the ‘flagging’ feature, whereby supervisors can add a ‘flag’ to a case to draw attention to a particular issue and insert a reason. In order to efficiently use the remote supervision functionality of Primero/GBVIMS+, Case Management SOPs would need to be revised accordingly.

When caseworkers are working from home and mobility is limited, it may be challenging to consolidate data from each staff member. With Primero/GBVIMS+, data is hosted on an internet Cloud, meaning that it **eliminates the need to compile data internally** in an organization – data from each caseworker is automatically compiled online. This data can be exported, by the user organization's focal point, from the Primero/GBVIMS+ platform to the Incident Recorder (IR), and then analysis (and inter-agency sharing of aggregate, anonymized statistics) can be conducted as per the usual GBVIMS process.

**Primero/GBVIMS+ features heightened security.** This was a crucial part of the development of this system. Primero is built in a secure framework and before it was even field-tested had threat tests conducted.

Rollout of Primero/GBVIMS+ requires sound, pre-existing case management capacity. Therefore, prior to engaging in the rollout of Primero/GBVIMS+, organizations and/or interagency coordination personnel should ensure that organizations are providing quality case management services. Prior to such a rollout, the GBVIMS global team will review quality of care by administering an integrated case management-information management quality checklist with each potential user organization.

**Linkages with service provision in the context of the COVID-19 pandemic**

The use of GBVIMS or Primero/GBVIMS+ in the context of the COVID-19 pandemic is interlinked with the changes in modalities of GBV service provision (e.g. from center-based to home-based) and should therefore be adapted correspondingly. Whenever possible, remote capacity-building opportunities for GBV caseworkers and supervisors should be considered. In this regard, International Rescue Committee’s ‘Rosa’ mobile application is recommended. The Remote-Offered Skill Building App (Rosa) was designed to utilize technology and keep the community and continual skill building ongoing for staff working remotely outside of traditional offices. Rosa provides key content on GBV, case management, communication and attitude skills; offers self- or supervisor-administered skills assessments; and a community space for users to expand their learning through facilitated remote discussions and distance supervision.

For further information on Primero/GBVIMS+ or GBVIMS, please contact the GBVIMS Global Team at gbvims@gmail.com

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