

How to provide case management when services are low-quality or do not exist

Scenario 1: GBV case management and specialized referral services are available, but staff capacity is low

Possible Factors and Dynamics

- GBV case workers and outreach workers do not have previous experience or background in GBV, violence prevention or response, women and girls' empowerment, case management or related fields such as child protection or education.
- High levels of turnover among GBV case workers and outreach workers due to competition from other humanitarian aid organizations or staff are from affected communities and experience displacement/consequences of crisis.
- Lack of understanding and/or upholding of standards and principles for GBV interventions, even among organizations that are implementing GBV-specific programming.
- Social and cultural bias, discrimination or hierarchies of power exist between communities that are hired as service providers and communities affected by crisis (e.g. host communities in neighboring country versus refugees) which can lead to a breakdown in the quality and delivery of services.
- Levels of language and communication barriers between survivors/affected communities, GBV frontline/program management staff and service providers for GBV referrals can lead to a breakdown in the quality and delivery of services.
- Service providers for GBV referrals, such as medical/clinical, legal, shelter and psychosocial, do not have previous experience or background in survivor-centered approaches, violence prevention/response or the technical areas specific to their role (e.g. Clinical Management of Rape for health referrals).

Recommended Actions

Facilitate a comprehensive service mapping of GBV referral services and resources, including community-based/informal supports.

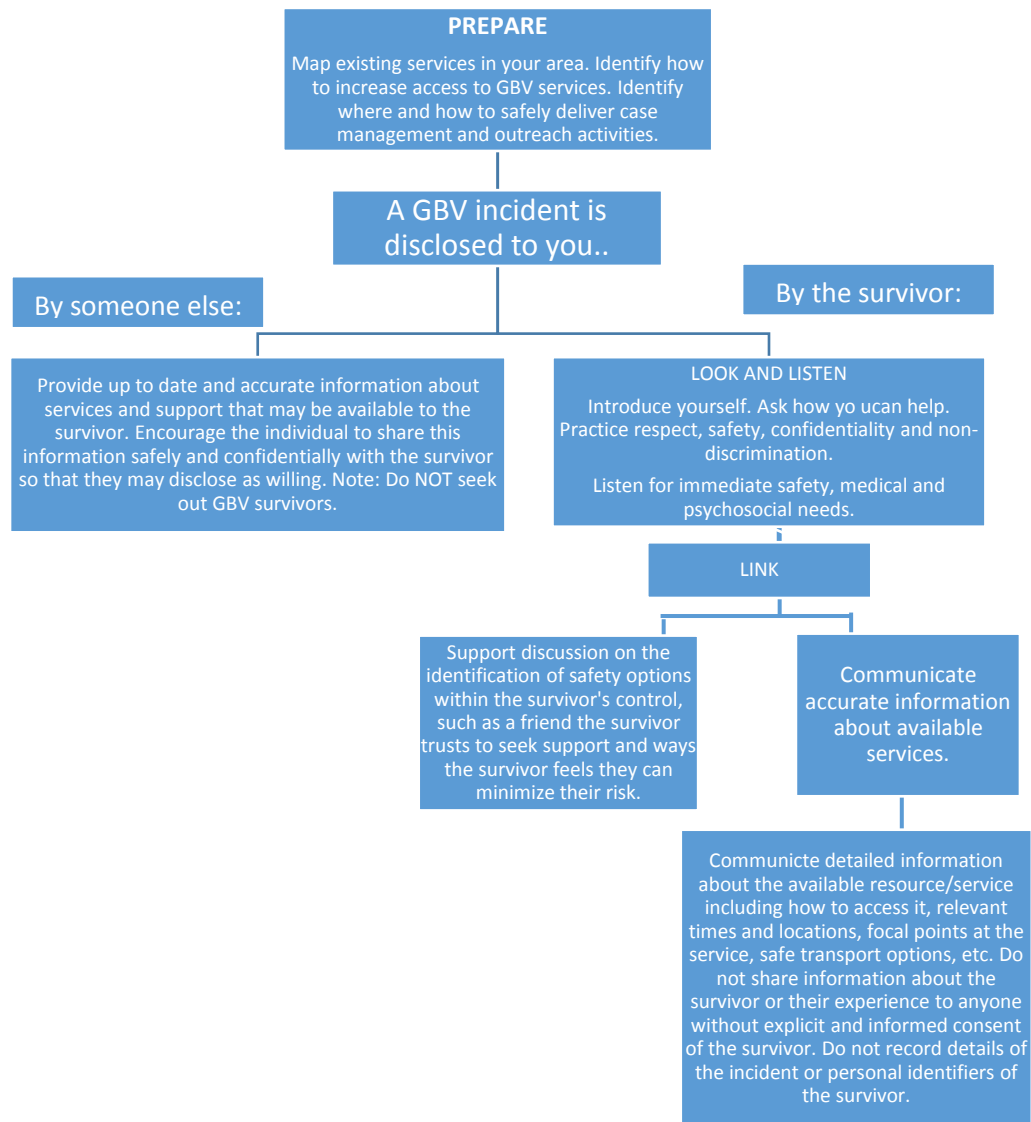
- Identify the quality, accessibility and accessibility of services available to clearly communicate options to survivors.

Facilitate a comprehensive assessment of GBV case management capacities and abilities.

- As part of a capacity-building plan, target supervision and training efforts for GBV case managers on the provision of quality psychological first aid guided by survivor-centered principles. Focus on: (1) linkage to non-GBV services that address immediate needs and (2) supporting survivors to identify their safety options.
- Reduce case file documentation processes so that case workers can focus on provision of service to survivors.
- Strengthen/amplify frequent supervision and de-briefing to monitor quality.
- Focus on quality of engagement between case workers and survivors with guided support on how to link to GBV referral services.
- Clearly identify and communicate to case workers where survivors can receive additional GBV specialized services/support (if possible, e.g. women and girls centers or safe spaces).

Identify mechanisms and safe strategies to clearly communicate and disseminate information and awareness on available services for survivors of GBV.

Decision-Making Flowchart for GBV Supervisors and Case Workers¹



Sample Scripts²

Look and Listen

- “I’m sorry this happened to you.”
- “What happened was not your fault.”
- “How can I support you?”
- “Everything that we talk about together stays between us. I will not share anything without your permission.” (*Case workers should know and inform survivors about mandatory reporting requirements prior to disclosure).
- “I will try to support you as much as I can. I can share any information that I have on support available to you.”

- “Please share with me whatever you want to share. You do not need to tell me about your experience in order for me to provide you with information on support available to you.”

Link

- “I can provide you with the information that I have. There are some people/organizations that may be able to provide some support to you and/or your family. Would you like to know about them?”
- “Here are the details of the service including the location, times that the service is open, the cost (if applicable), transport options and the person’s name for who you can talk to.”
- “Is there anyone that you trust that you can go to for support, maybe a family member or a friend? Would you like to use my phone to call anyone that you need at this moment?”
- “When it comes to next steps, what you want and feel comfortable with is the most important consideration.”
- “Do not feel pressure to make any decisions now. You can think about things and always change your mind in the future.”
- “I cannot talk to anyone on your behalf to try to resolve the situation. But what I can do is support you during our conversation and listen to your concerns.”
- “It sounds like you have a plan for how you would like to go from here. That is a positive step.”

Scenario 2: GBV case management and specialized referral services are available, but operational challenges affect quality of services

Possible Factors and Dynamics

- The operational and environmental context of the response is vast, rural and/or hard-to reach resulting in:
 - A lack of private, confidential and safe spaces for consultations with survivors;
 - A lack of equipped safe shelter options for survivors and their dependents, often children;
 - Challenges with transportation to referral or GBV case management services, which can increase the risk or harms to survivors;
 - Lack of constant or reliable communications in the operational area.
- Infrastructure, operations and procurement constraints and challenges result in inconsistent availability of supplies and materials to implement high quality services (e.g. access to Clinical Management of Rape supplies, medications and materials for consultations).
- Insecurity and/or infringements on humanitarian access prevent services from reaching affected communities or increase the risk of harm for humanitarian aid workers and survivors themselves.

Recommended Actions

- Facilitate a comprehensive service mapping of GBV referral services and resources, including community-based/informal supports. Identify the quality, accessibility and accessibility of services available to clearly communicate options to survivors.
- Strengthen GBV case management service providers' ability to support survivors in accessing and utilizing referral services, especially for immediate and imminent needs. Explore capacity and ability to increase quality of referral services or insert safeguards for survivors.

Scenario 3: GBV case management and specialized referral services do not exist

Possible Factors and Dynamics

- Existing humanitarian services lack personnel capacity to be survivor-centered, including maintaining confidentiality of the referral pathway/chain of communication, skills of service providers etc. A breach of confidentiality could lead to more harm and violence for the survivor and for GBV staff.
- Existing humanitarian services lack supplies and infrastructure to be of quality for survivor needs, such as lack of private rooms for the clinical care of sexual assault (CCSAS), lack of medicines and sterile equipment for CCSAS, lack of safe shelter options for survivors and their dependents/survivors with disabilities/survivors who identify as LGBTQ etc.
- GBV specialized actors and specialists are available in country, but not the response area of interest.

Recommended Actions

- At country or sub-national level, adapt guidance from *the Pocket Guide* for non-GBV specialists to support survivors of GBV in areas where GBV services/actors do not exist.
 - Coordinate with non-GBV specialist sectors and stakeholders to identify capacity gaps and opportunities for capacity-building.
 - Facilitate/convene processes that identify protocols and procedures for multi-sectoral coordination if needed, scenarios for referrals of extreme/emergency cases, reporting and communication.
- Develop an advocacy strategy to increase in-country GBV specialist capacity to respond to areas where there are no GBV services.
- Explore various service delivery modalities including mobile services.

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Scenario 4: How to Support Survivors of GBV when a GBV actor is not available in your area

Recommended Actions

- Reference the GBV Pocket Guide. The Pocket Guide is designed to be a practical resource when a survivor discloses their experience to any humanitarian practitioner. It includes an easy to read flow chart, quick reference Dos and Don'ts, and quick navigation to a step-by-step list of actions following a: prepare, look, listen and link framework. The Pocket Guide integrates considerations for children and adolescents, sexual and gender minorities/LGBTQI, survivors with disabilities and male survivors. The Pocket Guide is targeted towards non-GBV specialists who are on the frontlines of providing services to affected communities, including hygiene promoters, community health workers, camp managers, protection focal points, etc. Access it at www.gbvguidelines.org or download it on Google Play or the iTunes store. Search for “GBV Pocket Guide.”



¹ Adapted from the GBV Pocket Guide; with key messages from the Inter agency GBV Case Management Guidelines, www.gbvguidelines.org

² Adapted from GBV Pocket Guide