How To Guide: GBV Program Downscaling and Closure

Introduction

Purpose: the purpose of this guidance is to support UNHCR and partner staff to undertake the immediate actions necessary when scaling down GBV prevention and response programs in alignment with the survivor-centered approach and other GBV guiding principles. At a time where large numbers of lifesaving GBV prevention and response programs are closing, it is critical that UNHCR and partners effectively mitigate potential risks of harm on survivors and women at risk more broadly and ensure closure of programs is done responsibly. The guidance is addressed to UNHCR GBV/protection workforce and is meant as a step-by-step guide to help them navigate closure of GBV programs implemented directly by UNHCR or by partners. It can also be shared with partners to support them during program closure. While the current circumstances might lead to uncommon issues or expedited timelines, the processes followed for most transfers or closures of GBV services and activities will follow the same procedures outlined in many existing guidance.

Scope of this document: This document provides guidance on GBV program scale-down and closure, looking at different scenarios including those where there are no GBV service providers left. It covers key actions and considerations for GBV Response and Prevention programing. Beyond the intended scope, this document can also be used by UNHCR operations providing direct GBV services, especially GBV Case Management, to transition these services to other GBV actors, in alignment with the recommendation that UNHCR should not be doing direct service provision for GBV.

This document does not cover GBV Risk Mitigation, as this is not GBV programing; it is to be integrated into all sectors of UNHCRs work. Even if GBV programing is closed in an operation, it is the responsibility of other sectors to continue implementing GBV risk mitigation activities as part of their programing.

How to Use: The guidance is organized by scenario.   Within the scenario, you will have guidance and contact and resources to help you through the process of scaling down. If you have multiple scenarios that apply to your situation, it is good to read through each applicable scenario.   This guidance is intended as a starting point to give you an overview of the key processes, steps and decision-making that will have to take place to responsibly scale-down or close UNHCR funded GBV programs implemented by partners. It is not intended to be used in isolation. This document will walk you through the "how to" for GBV programs' closure but will require the staff to link with other subject areas such as Data Protection, Partnerships, Legal, to identify if proposed actions adhere to UNHCR's principles and policies, and what type of documentation is required. Key points in the process where these other colleagues should be engaged will be highlighted in the steps outlined below.

GBV guiding principles and general considerations: Any action taken, as part of GBV program closure, that affects GBV program participants or their information, should not only adhere to key humanitarian and data protection principles (e.g. Do No Harm, confidentiality, need to know principle, necessity and proportionality) but also ensure that GBV Guiding

principles and the GBViE Minimum Standards are followed (including survivor-centered approach and consent).

Scenario 1: GBV programs directly implemented by UNHCR are closing down; Other GBV actors are present

GBV Case Management

Once the decision has been taken to cease all GBV Case Management services. This should be discussed immediately within the coordination mechanism and with active GBV partners to ensure that the referral pathway is updated accordingly.

New Cases

As of the making the decision to stop GBV programing by UNHCR and where there are available GBV Case Management services, there should be no new intake of cases by UNHCR. During the closure period, all newly reporting survivors should be referred to other service providers. It should be decided by key focal points in UNHCR or an MFT on the process for referring survivors to appropriate GBV service providers, and all staff in roles that would engage

directly with potential survivors should be trained on the Safe Disclosure Facilitation Packet by a qualified GBV specialist (this can be in country/regional bureau/headquarter staff depending on availability). In addition to individual referrals, clear communication efforts should be shared with the community as well to make sure individuals are aware of where they can receive services.

Key Concept: Referrals
To make a referral is to "...proactively facilitate access to [...] services. Facilitating referral [...] may also involve ensuring that the person can physically reach and obtain access to the necessary services. At a minimum, it requires providing contact information on services of proven reliability". There must be a legitimate purpose for a referral, consent/assent must normally be obtained from the referral subject, and the personal data provided should be limited to what is needed for the service to be provided. The modalities of referrals will differ from context to context and should be defined as per operation-specific standard operating procedures (SOPs). [1]

When making a referral	
DO have an updated referral pathway to explain to the survivor available services and considerations (such as location, open hours, expectations of privacy, costs). Inform, do not give advice. DO Obtain informed consent DO believe the survivor and listen to the person without asking questions or making judgements. DO PRIORITIZE the needs, wishes, and decisions the survivor expresses DO ENSURE the survivor makes ALL decisions about accessing services and sharing information regarding her case. DO limit the number of people informed about the case (refer the case confidentially to appropriate GBV focal point, and only with the informed consent of the survivor).	DO NOT doubt or contradict the survivor. DO NOT pressure the survivor into providing information or further details. DO NOT write down or share details of the incident or personal details of the survivor DO NOT investigate the situation or provide advice DO NOT mediate between the survivor and the perpetrator or a third person (e.g. family). DO NOT assume you know what a survivor wants or needs. Some actions may put the survivor at further risk of stigma, retaliation, or harm. DO NOT put all case information and identifiable information into an email that can be forwarded or that includes anyone not directly involved in the provision of service.

Existing Cases

As a starting point for closure of GBV Case Management Process, it is important to review case files and place them into three Categories: Existing Open/Active Cases, Inactive Cases, Closed Cases. Having the cases organized in this way can help you estimate both the scale of the closure exercise to help with planning as well as make initial communication with organisations/entities you will be transferring cases to more concrete.

Definitions of the three categories are as follows:

1. Open/active cases: Cases that are currently in the process of receiving GBV services or have pending follow up actions.

2. Inactive/hold cases: Cases that are not closed but have no pending interventions, follow-up or referrals. These will be categorised as "for closure" and proceed with case closure steps – do not automatically place these in the "closed" category, as you will need to inform the data subjects and obtain consent prior to closure.

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[1] Technical Note on Personal Protection Data

3. Closed cases are prepared for archiving/retention through data minimisation (e.g. detailed summary) (see below)

Review each open/active cases against the revised prioritisation criteria, and practical feasibility for follow up implementation

Open / Active Cases

- Step 1: Identify the partner which has the capacity to take on existing open GBV cases.
- Step 2: Discuss with the organization their capacity to take on new cases and existing caseload, and any limitations
- Step 3: Inform individual survivors about program closure, this should include all open/active, and inactive/hold cases. Discuss the options of: (1) Case closure, (2) Referral to another service provider, with or without case file transfer to another agency.

    1. For survivors choosing to close their case:
        o Before closing case:
            ▪ Help survivors to update or develop new safety plans. (Link to CM Guidelines)
            ▪ Inform survivors of services that will remain available (review referral pathway)
            ▪ Inform survivors of plans to store their case files, including how they can access files if needed.
        o Proceed to Close Case File (See below Instructions)

    2. For survivors choosing to be referred/transferred to another agency:
        o Discuss options for referral with survivors who want to transfer to another agency.
        o Survivors can be referred to services without transferring case files. This is safer for data protection but can limit continuity of service.
        o If transferring case files is possible given time allowed and safety considerations, and preferred by survivors, follow safety and ethical standards. (see below).
        o Before referring:
            ▪ 1. Help survivors to update or develop new safety plans.
            ▪ 2. Inform survivors of services that will remain available.
            ▪ 3. Inform survivors of plans to store their case files, including how they can access files if needed.
    3. For those cases of survivors who the team is unable to access or meet the recommended criteria for closure, close cases, with note for reason.
- Step 4: Organize Existing Open Files into groups, "To be Transferred", "To be referred", "To be closed" (See below for how to manage the case files).
- Step 5: In line with the survivors' preferences, transfer cases (see below for details on how to do this safely and in line with data protection principles and a survivor centered approach) or Refer Open Cases, in line with your IA GBV SOPs.

Inactive/Hold Cases

Inactive or hold cases, are not closed but are not resolved. The files in this category will need to be reviewed closely and it is important to consider each cases individually to determine if they fall into one of two categories: (1) Those to remain open and transferred, and (2) Those to be closed. It is important when reviewing these cases to identify those that meet the general case closure criteria (See GBV CM Guidelines Chapter 6.2 or your context's GBV SOPs). For those

that don't meet the closure criteria, you should then consider the circumstances that led to the inactive status and determine using a realistic assessment of the available capacity and the context, whether the case should be transferred or closed. To do this you should weight the following considerations:

- What is the likelihood of proper resolution of the case if transferred.
- What are the risks to transferring the case.
- What are the protection risks that would result from closure of the case.

If the survivor can be safely contacted the decision for how to proceed with their case should given to the survivor, with the risks and benefits and expectations of what will and will not happen explained for both scenarios. Once clearly explained, the survivor can provide consent to proceed with the transfer or case closure. In both cases information on how to contact the service provider should be provided.

- Step 1: Identify the partner which has the capacity to take on existing open GBV cases.
- Step 2: Discuss with the organization their capacity to take on new cases and existing caseload, and any limitations
- Step 3: Inform individual survivors about program closure, this should include all open/active, and inactive/hold cases. Discuss the options of: (1) Case closure, (2) Referral to another service provider, with or without case file transfer to another agency.

1. For survivors choosing to close their case:
   o Before closing case:
      ▪ Help survivors to update or develop new safety plans. (Link to CM Guidelines)
      ▪ Inform survivors of services that will remain available (review referral pathway)
      ▪ Inform survivors of plans to store their case files, including how they can access files if needed.
      ▪ If the file is requested by the individual for their own record, it can be provided to the survivor, but it is important to go over with the individual the potential risks that keeping the file with them could raise, and ensure they understand this before resuming control of their file.
   o Proceed to Close Case File (See below instructions)

2. For survivors choosing to be referred/transferred to another agency:
   o Discuss options for referral with survivors who want to transfer to another agency.
   o Survivors can be referred to services without transferring case files. This is safer for data protection but limits continuity, where a survivor may need to repeat information.
   o If transferring case files is possible given time allowed and safety considerations, and preferred by survivors, follow safety and ethical standards. (see below).
   o Before referring:
      ▪ 1. Help survivors to update or develop new safety plans.
      ▪ 2. Inform survivors of services that will remain available.
      ▪ 3. Inform survivors of plans to store their case files, including how they can access files if needed.

3. For those cases of survivors who the team is unable to access or those who meet the recommended criteria for closure, close those case with note for reason.
- Step 4: Organize Existing Open Files into groups, "To be Transferred", "To be referred", "To be closed" (See below for how to manage these case files).
- Step 5: Transfer "To be Transferred" Cases and Refer "To be referred" Cases (see below for details on how to do this safely and in line with data protection principles and a survivor centered approach.

Closed Cases

Since closed cases have been resolved, there are not specific actions that need to be taken at the individual level to resolve the case. As part of communication with the community on the closure of service, it is important that information on how people who have utilized services can access their files (if they will be able to) is included. If individuals that have closed cases wish to have a copy of their case file, it is important that the risks of this are discussed with the survivor. Once they understand the implication and decide to continue, a copy of the file can be given to the survivor for their own record.

Management of Case Files

The two main purposes for personal data protection processing covered in this guidance are: 1) Caseload transfer from UNHCR to another entity, for the purpose of GBV Case Management, follow up and service provision, and 2) Caseload closure by UNHCR, in the absence of internal capacity or another entity to absorb the caseload, for the purpose of data retention and record-keeping or archiving, where the data may need to be accessed/retrieved in the future.

Once this has been established, and prior to any personal data transfer, case closure or file destruction, the operation needs to carefully consider what data needs to be shared, in line with the above type of purpose, and ensuring the best interests of the child, the survivors rights, and their rights as the data subject. Therefore, a detailed caseload review of all existing, open, active and inactive case files must be undertaken, regardless of how the data is or will be stored (digitally/physically) and whether it will be for service provision or record-keeping.

When deciding what data needs to be shared or retained, always consider the purpose:

- If it is for follow up and service provision, data minimization should still take place but some detailed information might be required by the receiving organisation
- If is for record keeping,
    a. Do the risks of keeping the data outweigh the benefits to the individual survivor – then this would not be recommended – destruction would be more appropriate (in line with organisational policy).
    b. What is the minimum amount of information needed to meet organisational policy.

Key Concepts / Principles and Policies

- Case transfers or caseload transfers normally entail the one-way movement (from point A to point B) of sensitive personal data from one entity to another. It therefore must be done in the most safe, secure and ethical manner carefully allocating the available time and resources required to priority tasks for data protection risk mitigation.
- Personal data transfers in the context of case file or caseload transfers must fully align with UNHCR policies and at all times uphold the best interests principle and survivor-centred approach. The transfer of full case files is not called for in almost any circumstances, data minimization is required to adhere to confidentiality standards and necessity and proportionality principles.
- Any arrangements for personal data sharing (including case transfer or caseload transfer) must be in line with UNHCR's personal data protection and privacy principles and should afford

standards that are similar to those in Global Data Protection Policy (GDPP), ensuring the rights of the data subject now and in the future.

The transfer of case files is a process that requires the coordination of multiple divisions to adhere to the above principles. To make this easier, the below steps indicate when it is necessary to consult with necessary Data Protection, Legal, Protection, GDS, DIMA and Partnerships focal points, and includes links to the relevant resources and focal points to contact.

The process for case transfers that must be followed by UNHCR Operations is:

<u>Pre-transfer</u>

1. Establish how UNHCR currently stores case management related data
2. Undertake a detailed caseload review (covered in above section)
3. Confirm the receiver is willing to receive the caseload transfer, and their preferred format, and schedule the transfer date. If the receiver is using a digital information management system, establish contact with the system administrator (or similar) and consult your DIMA
4. Confirm who the receiver(s) will be, and how case management data related is stored
5. Consult with Data Protection focal persons, and where relevant PRIMES, and confirm that the planned transfer is appropriate, and adheres to legal and policy requirements
6. Update mapping of processing activities on Onetrust PMP with regards to GBV to identify if any Data Protection Procedures are necessary with the data transfer activity.
7. Undertake a data protection impact assessment (DPIA) (If required (See Onetrust step above to determine if necessary) and take necessary mitigation measures
8. Establish relevant data sharing agreements or partnership agreements with data protection annex

<u>Transfer</u>
9. Prepare case files for transfer
10. Digitalize required data, minimize data, ensure data that must be retained is appropriately stored
11. Ensure physical files that will be transferred are captured in a database/list prior to transfer or destruction
12. Transfer Cases
13. Thoroughly documented the personal data transfer and produced a signed Note For File (NFF)

<u>Post-transfer</u>
14. Close all transferred cases in digital or paper format
15. Consult with RAS on how to proceed with closed cases that will not be transferred, in terms of retention, archiving and destruction
16. Delete/destroy data that will not be transferred or retained in consultation with RAS
17. Document what processing has taken place post transfer (minimization, archiving, digitization, closure, destruction)

Note: It is imperative that operations do not delete or destroy data prior to responsible transfer and retention activities being concluded in consultation with RAS. Survivors have the right to access their personal data now and in the future, and this information could be operative in securing future legal protection now and in the future.

Cases "To be Transferred"
Pre-Transfer/Pre-Retention
In anticipation of transferring case files or preparing files for retention, it will be necessary to collect information and consult with subject area experts to determine the appropriate process for your context. Depending on the context, there may be different steps required for transferring survivors' case files and their personal data. This can be related to a variety of factors, such as for example, if proGres is or is not use by the UNHCR operation for GBV CM, if partners use proGres or use another digital information management system like GBVIMS+, from whom and to whom the case files or caseload are being

transferred, and for what purpose the cases are being transferred (e.g. follow up and service provision; or record-keeping).

Step	Key Actions / Questions to Answer
1. Establish how UNHCR currently stores case management related data	• Who is transferring data (sender)? • How is the data currently stored and accessed? *In this case, while the sender is always UNHCR note that how the data is currently stored and accessed will differ across operations, for example, where UNHCR operations use proGres GBV or GBV module, and where they don't.*
2. Undertake a detailed caseload review	(covered in above section)
3. Confirm the receiver is willing to receive the caseload transfer	• Get confirmation of willingness and capacity to absorb case transfer • Confirm preferred format (Note: Where receiving organisation use a combination of digital IMS/applications and paper-based case files, there may be a dual requirement for both digital *and* physical case file transfer) • Schedule the transfer date. • If the receiver is using a digital information management system, establish contact with the system administrator (or similar) and **consult your DIMA**
4. Confirm who the receiver(s) will be, and how case management data related is stored	• Who is receiving the data (receiver) • how will the data then be stored and accessed?
5. Consult with Data Protection focal persons, and where relevant PRIMES, and x	• Confirm that the planned transfer is appropriate, and adheres to legal and policy requirements Find your country or regional Personal Data Protection focal point in the UNHCR Global Data Protection Network • A dedicated Chief Data Protection Office (DPO) advisory will be made available on the Data Protection Intranet Page on data protection considerations in the context of termination or restructuring of activities. •
6. Update mapping of processing activities on Onetrust PMP	• This platform takes information about the transfer to determine what Data Protection Steps are necessary to adhere to UNHCR's GDPP. • Information gathered in steps 1-4 will be necessary to complete the registration
7. Undertake a data protection impact assessment (DPIA) (If required)	• Step 5 above will determine if this step is necessary • Take necessary mitigation measures
8. Establish relevant data sharing agreements or partnership agreements with data protection annex	•

Transferring of "To Be Transferred" Case Files

9. Prepare File for Case Transfer	• Inform the individual child and their parents/caregivers or the survivor of case transfer, prior to transfer and consequent case file closure, data minimization or file destruction • Prepare the case file and all relevant documentation that must be handed over to the recipient • Ensure that no identifying information is recorded in the file name or visible on the cover of a physical case file • Follow applicable information sharing practices for ensuring confidentiality (pseudo-anonymization, encryption, password protection)

10. Digitalise required data, minimise data, ensure data that must be retained is appropriately stored	• For what purpose is the data being processed – is it being transferred for service provision? What is the minimum amount of information that is necessary to ensure continuity of service? • Did the survivor request any specific removal of information from their case file? • A word on digitalisation: Data entry, regardless of the type of information system or software applications you are using, requires time and capacity – therefore it is important to "budget" staff time/human resources to undertake digitalisation of required data and documentation. • To make this manageable, focus on necessity and proportionality. Determine what will suffice to enable end goal (service provision/record-keeping for example) – e.g. digital copy/scans of all relevant documentation in a digital case file, minimal or detailed but proportional data entry into digital applications or IMS (+ digital scans, complementary)
11. Ensure physical files that will be transferred are captured in a database/list prior to transfer or destruction	• Create a coded list of cases to be transferred that can be checked at the end of the process to ensure no cases are unintentionally missed.
12. Transfer Cases - See below for the specific transfer process based upon the format of cases to be transferred. - Note: if files are in multiple formats you should follow the process for all formats	
Case Transfer on proGres	• Identify the individual GBV cases to be transferred in proGres (should already be done) • Determine the recipients and decide on individual or batch transfers (should already be done) • Confirm that the recipient(s) agrees to receive the transfer (should already be done) • Use the transfer functionality in proGres (see X) • Confirm the user has received the transfer

For digital/soft-copy case transfers
 	
Note this includes where UNHCR has additional soft copies relating to cases stored on proGres GBV module
	• Identify the individual GBV cases on proGres to be transferred to another entity not using proGres
	• Export/download the records to be transferred
	    o Option 1: export individual GBV cases to excel format
	    o Option 2: export individual GBV cases to word/pdf format
	    o Option 3: batch export a selection/all GBV cases to excel format
	• Create a folder for all the GBV cases you will transfer
	• Prepare individual case file folders within it, use ah a unique identifier (e.g. use the proGres GBV case number) as the file name
	• Copy all files or documents related to the survivor, from the proGres download or other soft-copies, and add them to the individual folder
	• Ensure any data that must be retained or archived is safely stored on proGres
	• Compress/zip the parent folder containing all the individual case file folders and apply encryption or password protection
	• Transfer the data to UNHCR issued hard drive
	• Physically transport the hard drive to the recipients
	• Observe the recipient copy the data from the hard drive to their computer and confirm access to the folders and files
	• Retrieve the hard drive
	• Delete the hard drive contents
	• Sign a NFF confirming the transfer has taken place
	• Ensure no digital records or data, outside of what has been deliberately

		• retained/archived, is stored • Check and empty recycle bin/trash/bin/deleted items
For paper-based/physical case file transfers		• Identify the individual GBV case files to be transferred • Digitalise pre-defined minimum data set for archiving/retention • Prepare individual case file folders, with a unique identifier (e.g. use the proGres GBV case number) written on the cover – ensure the child's name is not visible or written on the cover • Prepare a digital list of all case files and their contents (non-identifying) • Print the case file list • Place case file folders into envelopes or boxes, sealed with tape over the opening (so that any tampering could be evident) • Ensure the recipient is ready to receive the case file transfer in advance, and schedule the time and date • Confirm the recipient is ready to receive and safely store the case files • Physically transport the envelopes/boxes to the recipients • Observe the recipient receive and store the case files in safe storage • Sign a NFF confirming the transfer has taken place • Ensure no paper-based records or data, outside of what has been deliberately retained/archived, is stored • Double-check digitalisation of required data
13. Thoroughly documented the personal data transfer and produced a signed NFF		• Prepare a digital list of all case files and their contents (non-identifying) to be transferred, to where, on what date. • Note down any processing that has taken place to case files transferred (digitization, minimization). • Observe the recipient receive and store the case files in safe storage • Sign a NFF confirming the transfer has taken place

Post-Transfer

A transfer is normally a one-way movement – when UNHCR transfers a case, the case is opened by the receiver and must be closed by UNHCR.

14. Close all transferred cases in digital or paper format	• UNHCR Operations must ensure all that cases that have been transferred are closed in UNHCR records • Minimize data in files to be closed and that remaining data is minimised, retained and destroyed as per policy requirements.
Case Closure on proGres	• See GBV Module SOPs for case closure • Transfer to GBV Service Unit or Specific User • Review case files in comparison to transferred list to confirm all cases have been transferred or closed. **For staff leaving UNHCR** Note for GBV/GBV Module users. If Staff have cases in the GBV or GBV module of ProGres, they must transfer any close or transfer any open cases before their departure. Failure to do so will prevent these files from being accessible to anyone else in case of a need to reopen the cases.
For digital/soft-copy case transfers	Note this includes where UNHCR has additional soft copies relating to cases stored on proGres GBV module • Ensure no digital records or data, outside of what has been deliberately retained/archived, is stored • Check and empty recycle bin/trash/bin/deleted items • Ensure any proGres GBV cases that have been transferred are **closed** on the system, and where required transfer them to GBV Service Unit or a specific

	User
For paper-based/physical case file transfers	• Ensure no paper-based records or data, outside of what has been deliberately retained/archived, is stored • Ensure any proGres GBV cases that have been transferred are **closed** on the system, and where required transfer them to GBV Service Unit or a specific User. • Consult RAS on how to proceed with remaining closed physical files.
15. Consult with RAS on how to proceed with closed cases, in terms of retention, archiving and destruction	
16. Destroy and dispose of transferred physical files (if appropriate and on the advice of RAS)	• Only in agreement with DPOs and RAS
17. Document what processing has taken place post transfer (minimization, archiving, digitization, closure, destruction)	

Cases "To be Closed"

Close all identified cases in digital or paper format	• Minimize data in files to be closed and that remaining data is minimized, retained and destroyed as per policy requirements.
Case Closure on proGres	• See GBV Module SOPs for case closure • Transfer to GBV Service Unit or Specific User • Review case files in comparison to closure list to confirm all cases have been closed. **For staff leaving UNHCR** Note for GBV/GBV Module users. If Staff have cases in the GBV or GBV module of ProGres, they must transfer any closed or transfer any open cases before their departure. Failure to do so will prevent these files from being accessible to anyone else in case of a need to reopen the cases.
For digital/soft-copy case closure	Note this includes where UNHCR has additional soft copies relating to cases stored on proGres GBV module • Ensure no digital records or data, outside of what has been deliberately retained/archived, is stored • Check and empty recycle bin/trash/bin/deleted items • Ensure any proGres GBV cases that have been identified for closure are **closed** on the system, and where required transfer them to GBV Service Unit or a specific User
For paper-based/physical case file transfers	• Ensure no paper-based records or data, outside of what has been deliberately retained/archived, is stored • Ensure any proGres GBV cases that have been identified for closure are **closed** on the system,, and where required transfer them to GBV Service Unit or a specific User. • Consult RAS on how to proceed with remaining closed physical files.
18. Consult with RAS on how to proceed with closed cases, in terms of retention, archiving and destruction	
19. Destroy and dispose of transferred physical files (if appropriate and	• Only in agreement with DPOs and RAS

on the advice of RAS)	
20. Document what processing has taken place post transfer (minimization, archiving, digitization, closure, destruction)	

WGSS and Other GBV Activities

Guidance on Closing WGSS responsibly can be found in the WGSS Toolkit (see Chapter 7)

Key Points

- An exit strategy is essential for ensuring that the positive impacts of WGSS programs continue after international actors leave.
- These strategies should be empowering, especially for local women's organizations and networks, and accountable to the communities served.
- This strategy must be led by women and girls, focusing on what they want to sustain (e.g., specific services, empowerment outcomes, or the WGSS itself).
- Communicate with the communities about the closure of the center, with clear information about where alternative GBV services can be accessed, including if available GBV hotlines
- Ensure that no identifiable activity documentation remains in the center or on computers or hardware at the center if programs stop.
- Example for closure of WGSS, including checklist for closure activities: Ethical Closure of GBV Programs

GBV Prevention

In the event of direct implementation of prevention programing and the cessation of UNHCR's capacity to deliver:

- Consult with women and girls as to what program outcomes they would like to continue and be prioritized in the event of premature program closure and transfer to a partner

- Conduct a mapping of national and local actors including women-led organizations, groups and movements, who have the interest and capacity to assume responsibility for implementation of some of the program activities

- Inform the relevant GBV and Protection coordination structure. Explore whether it is feasible to phase over certain program activities to other members. Explore whether any capacity building may be necessary and who will be responsible for what and when

- Inform women and girls, men and boys part of the prevention program as well as community leaders and national authorities of the transition plan. Organize a meeting with key stakeholders; local leaders, other partners, community networks, local authorities, and others, where you explain your transition strategy.

Scenario 2: GBV partner programs closing down - Other GBV actors are present

GBV Case Management

In this scenario, there is little that UNHCR needs to do except be of guidance to the organization in case they have questions on the process. You can refer the organisation to the following resources that can provide relevant guidance for transferring cases to other GBV services providers.

GBV Case Management Guidelines

IMC Case Closure Guidance

IRC Records Management Guidelines

When this situation presents itself, it is important for UNHCR to consider if there are extenuating circumstances that might require UNHCR to retain minimized records for ongoing Refugee Case Processing or archival purposes. It is important to note that in most contexts this will not be necessary, but to be aware of scenarios that might warrant this, please refer to Technical Note on Sharing of Personal Protection Data).

If it is identified that this situation applies to your context, please refer to scenario 3 for guidance on how to proceed.

WGSS and Other GBV Activities

Guidance on Closing or transferring WGSS responsibly can be found in the WGSS Toolkit (see Chapter 7) and can be shared with the partner to support their transition.

Key Points

- An exit strategy is essential for ensuring that the positive impacts of WGSS programs continue after international actors leave.
- These strategies should be empowering, especially for local women's organizations and networks, and accountable to the communities served.
- This strategy must be led by women and girls, focusing on what they want to sustain (e.g., specific services, empowerment outcomes, or the WGSS itself).
- Communicate with the communities about the closure of the center, with clear information about where alternative GBV services can be accessed, including if available GBV hotlines
- Ensure that no identifiable activity documentation remains in the center or on computers or hardware at the center if programs stop.
- Example for closure of WGSS, including checklist for closure activities: Ethical Closure of GBV Programs

GBV Prevention

In the event of direct implementation of prevention programing and the cessation of UNHCR's capacity to deliver:

- Consult with women and girls as to what program outcomes they would like to continue and be prioritized in the event of premature program closure and transfer to a partner

- Conduct a mapping of national and local actors including women-led organizations, groups and movements, who have the interest and capacity to assume responsibility for implementation of some of the program activities

- Inform the relevant GBV and Protection coordination structure. Explore whether it is feasible to phase over certain program activities to other members. Explore whether any capacity building may be necessary and who will be responsible for what and when

- Inform women and girls, men and boys part of the prevention program as well as community leaders and national authorities of the transition plan. Organize a meeting with key stakeholders; local leaders, other partners, community networks, local authorities, and others, where you explain your transition strategy.

Scenario 3: GBV partner programs closing down - No other GBV actor present (UNHCR still present)

Transition to communities

GBV Case Management

Once the decision has been taken to cease all GBV Case Management services. This should be discussed immediately within the coordination mechanism and community to ensure that service closures are done responsible and in a coordinated fashion.

UNHCR GBV CM Services

New Cases

As of the making the decision to stop GBV programing by UNHCR and where there are available GBV Case Management services, there should be no new intake of cases by UNHCR. During the closure period, all newly reporting survivors should be referred to other relevant service providers (health, legal, security) only with informed consent and with clear information on limitations or risks accessing available services. It should be decided by key focal points in UNHCR or an MFT on the process for referring survivors to appropriate service providers, and all staff in roles that would engage directly with potential survivors should be trained on the Safe Disclosure Facilitation Packet by a qualified GBV specialist (this can be in country/regional bureau/headquarter staff depending on availability). In addition to individual referrals, clear communication efforts should be shared with the community as well to make sure individuals are aware of the closure of services.

Existing Cases

As a starting point for closure of GBV Case Management Process, it is important to review case files and place them into three Categories: Existing Open/Active Cases, Inactive Cases, Closed

Cases. Having the cases organized in this way can help you estimate both the scale of the closure exercise to help with planning.

Definitions of the three categories are as follows:

4. Open/active cases: Cases that are currently in the process of receiving GBV services or have pending follow up actions.

5. Inactive/hold cases: Cases that have are not closed but have no pending interventions, follow-up or referrals. These will be categorised as "for closure" and proceed with case closure steps – do not automatically place these in the "closed" category, as you will need to inform the data subjects and obtain consent prior to closure.

6. Closed cases are prepared for archiving/retention through data minimisation (e.g. detailed summary) (see below)

Review each open/active cases against the revised prioritisation criteria, and practical feasibility for follow up implementation

Open / Active Cases

- Inform individual survivors about program closure, this should include all open/active cases. Discuss the process of case closure.
  - o Before closing case:
    - ▪ Help survivors to update or develop new safety plans. (Link to CM Guidelines)
    - ▪ Inform survivors of services that will remain available (review referral pathway)
    - ▪ Inform survivors of plans to store their case files, including how they can access files if needed.
    - ▪ If the file is requested by the individual for their own record, it can be provided to the survivor, but it is important to go over with the individual the potential risks that keeping the file with them could raise, and ensure they understand this before resuming control of their file.
  - o Proceed to Close Case File (See below Instructions)
  - o For those cases of survivors who the team is unable to access close cases, with note for reason and indicate that communication was not possible.

Inactive/Hold Cases

In this situation, the process for inactive/ hold cases will be the same as that followed for Open/Active Cases above. Efforts should be made to communicate the closure of services to all survivors.

If the survivor can be safely contacted the following should be discussed before closing cases:

- ▪ Help survivors to update or develop new safety plans. (Link to CM Guidelines)
- ▪ Inform survivors of services that will remain available (review referral pathway)
- ▪ Inform survivors of plans to store their case files, including how they can access files if needed.

- If the file is requested by the individual for their own record, it can be provided to the survivor, but it is important to go over with the individual the potential risks that keeping the file with them could raise, and ensure they understand this before resuming control of their file.
  - Proceed to Close Case File (See below instructions)
  - For those cases of survivors who the team is unable to access close cases, with note for reason and indicate that communication was not possible.

Closed Cases

Since closed cases have been resolved, there are not specific actions that need to be taken at the individual level to resolve the case. As part of communication with the community on the closure of service, it is important that information on how people who have utilized services can access their files (if they will be able to) is included. If individuals that have closed cases wish to have a copy of their case file, it is important that the risks of this are discussed with the survivor. Once they understand the implication and decide to continue, a copy of the file can be given to the survivor for their own record.

Partner GBV CM Services

In this scenario, there is little that UNHCR needs to do except be of guidance to the organization in case they have questions on the process. You can refer the organisation to the following resources that can provide relevant guidance for closing case management services and case file managment.

GBV Case Management Guidelines

IMC Case Closure Guidance

IRC Records Management Guidelines

When this situation presents itself, it is important for UNHCR to consider if there are extenuating circumstances that might require UNHCR to retain minimized records for ongoing Refugee Case Processing or archival purposes. It is important to note that in most contexts this will not be necessary, but to be aware of scenarios that might warrant this, please refer to Technical Note on Sharing of Personal Protection Data).

If it is identified that this situation applies to your context, please refer to Transferring for Retention/Archive - Closed Case Files below.

Management of Case Files

The two main purposes for personal data protection processing covered in this section are: 1) Caseload closure by UNHCR, in the absence of internal capacity or another entity to absorb the caseload, for the purpose of data retention and record-keeping or archiving, where the data may need to be accessed/retrieved in the future and 2) Caseload transfer to UNHCR from another entity for the purpose of data retention and record-keeping or archiving, where the data may need to be accessed/retrieved in the future

Once this has been established, and prior to any personal data transfer, case closure or file destruction, the operation needs to carefully consider what data needs to be shared, in line with the above type of purpose, and ensuring the best interests of the child, the survivors rights, and their rights as the data

subject. Therefore, a detailed caseload review of all existing, open, active and inactive case files must be undertaken, regardless of how the data is or will be stored (digitally/physically) and whether it will be for service provision or record-keeping.

When deciding what data needs to be shared or retained, always consider the purpose:

- If is for record keeping, detailed summary may suffice and post-transfer, remaining data should be minimised, retained per organisational policy and/or destroyed.
- If there are anticipated actions for refugee case processing in the future, more detailed/comprehensive data relevant for the specific purpose/action might be required to be retained by UNHCR.

Key Concepts / Principles and Policies

- Case transfers or caseload transfers normally entail the one-way movement (from point A to point B) of sensitive personal data from one entity to another. It therefore must be done in the most safe, secure and ethical manner carefully allocating the available time and resources required to priority tasks for data protection risk mitigation.
- Personal data transfers in the context of case file or caseload transfers must fully align with UNHCR policies and at all times uphold the best interests principle and survivor-centred approach.
- Any arrangements for personal data sharing (including case transfer or caseload transfer) must be in line with UNHCR's personal data protection and privacy principles and should afford standards that are similar to those in Global Data Protection Policy (GDPP), ensuring the rights of the data subject now and in the future.

The transfer of case files is a process that requires the coordination of multiple divisions to adhere to the above principles. To make this easier, the below steps indicate when it is necessary to consult with necessary Data Protection, Legal, Protection, GDS, DIMA and Partnerships focal points, and includes links to the relevant resources and focal points to contact.

Key considerations to guide decision-making

There are two purposes for maintaining GBV case management files, and the first is our priority:

1. To preserve records for the benefit of survivors. Survivors may reopen cases if programing restarts. Survivors may also request files as evidence when pursuing justice, even years after closing cases. Files may also be accessed in support of durable solutions or resettlement claims.
2. To substantiate programing in the case of audit, though auditors would not have direct access to case files.

When making decisions about whether to move, store, or destroy GBV case management files, UNHCR staff should balance the two interests above against known and likely risks. Consider:

- If files are moved and stored, would risks to survivors (breeches in safety, confidentiality), outweigh the potential benefits to survivors of preserving files (accessing case files for legal claims, other purposes)?
- What are UNHCR's legal and policy responsibilities for file retention, archiving
- If files are moved or stored, do risks to UNHCR (seizure of files, suspicions about programing) outweigh the potential benefits to UNHCR of preserving files (substantiating audits)?

As noted above, the first purpose is our priority. Therefore, potential risks and benefits to survivors should be paramount in our decision-making.

Case Closure

Close all identified cases in digital or paper format	• Minimize data in files to be closed and that remaining data is minimized, retained and destroyed as per policy requirements.
Case Closure on proGres	• See GBV Module SOPs for case closure • Transfer to GBV Service Unit or Specific User • Review case files in comparison to closure list to confirm all cases have been closed. **For staff leaving UNHCR** Note for GBV/GBV Module users. If Staff have cases in the GBV or GBV module of ProGres, they must transfer any closed or transfer any open cases before their departure. Failure to do so will prevent these files from being accessible to anyone else in case of a need to reopen the cases.
For digital/soft-copy case closure	Note this includes where UNHCR has additional soft copies relating to cases stored on proGres GBV module • Ensure no digital records or data, outside of what has been deliberately retained/archived, is stored • Check and empty recycle bin/trash/bin/deleted items • Ensure any proGres GBV cases that have been identified for closure are **closed** on the system, and where required transfer them to GBV Service Unit or a specific User
For paper-based/physical case file transfers	• Ensure no paper-based records or data, outside of what has been deliberately retained/archived, is stored • Ensure any proGres GBV cases that have been identified for closure are **closed** on the system,, and where required transfer them to GBV Service Unit or a specific User. • Consult RAS on how to proceed with remaining closed physical files.
21. Consult with RAS on how to proceed with closed cases, in terms of retention, archiving and destruction	
22. Destroy and dispose of closed physical files (if appropriate and on the advice of RAS)	• Only in agreement with DPOs and RAS
23. Document what processing has taken place post closure (minimization, archiving, digitization, closure, destruction)	

Transferring for Retention/Archive - Closed Case Files

When making decisions about whether to transfer case files for the purpose of retention, UNHCR staff should weigh the following consideration:

If files are moved and stored, would risks to survivors (breeches in safety, confidentiality), outweigh the potential benefits to survivors of preserving files (accessing case files for legal claims, other

If it is determined that there is a legitimate purpose for transferring cases to UNHCR the following process should be followed:

The process for case transfers that must be followed by UNHCR Operations is:

Pre-transfer

1. Partner organisation undertakes a detailed caseload review, to determine for which cases a legitimate basis for transfer exists.
2. Confirm the format of the case files to be transferred and schedule the transfer date. If the sender is using a digital information management system, establish contact with the system administrator (or similar) and consult your DIMA
3. Confirm who in UNHCR will receive the files, and how case management data related will stored
4. Consult with Data Protection focal persons, and where relevant PRIMES, and confirm that the planned transfer is appropriate, and adheres to legal and policy requirements
5. Update mapping of processing activities on Onetrust PMP with regards to GBV to identify if any Data Protection Procedures are necessary with the data transfer activity.
6. Undertake a data protection impact assessment (DPIA) (If required (See Onetrust step above to determine if necessary) and take necessary mitigation measures
7. Establish relevant data sharing agreements or partnership agreements with data protection annex

Transfer

8. Partner organisation prepares case files for transfer
9. Digitalize required data, minimize data, ensure data that must be retained is appropriately stored
10. Ensure physical files that will be transferred are captured in a database/list prior to transfer or destruction
11. Transfer Cases
12. Thoroughly documented the personal data transfer and produced a signed Note For File (NFF)

Post-transfer

13. Partner close all transferred cases in digital or paper format
14. UNHCR documents what processing/ storage has taken place post transfer (minimization, archiving, digitization)

Step	Key Actions / Questions to Answer
1. Undertake a detailed caseload review	Determine for which cases a legitimate basis for transfer exists.
▪ Confirm the receiver is willing to receive the caseload transfer	• Get confirmation of willingness and capacity to absorb case transfer • Confirm preferred format (Note: Where receiving organisation use a combination of digital IMS/applications and paper-based case files, there may be a dual requirement for both digital *and* physical case file transfer) • Schedule the transfer date. • If the receiver is using a digital information management system, establish contact with the system administrator (or similar) and **consult your DIMA**
▪ Confirm who the receiver(s) will be, and how case management data related is stored	• Who is receiving the data (receiver) • how will the data then be stored and accessed?
▪ Consult with Data Protection focal persons, and where relevant PRIMES, and x	• Confirm that the planned transfer is appropriate, and adheres to legal and policy requirements Find your country or regional Personal Data Protection focal point in the UNHCR Global Data Protection Network • A dedicated Chief Data Protection Office (DPO) advisory will be made available on the Data Protection Intranet Page on data protection considerations in the context of termination or restructuring of activities. •

▪ Update mapping of processing activities on [Onetrust PMP](#)	• This platform takes information about the transfer to determine what Data Protection Steps are necessary to adhere to UNHCR's GDPP. • Information gathered in steps 1-4 will be necessary to complete the registration	
▪ Undertake a data protection impact assessment (DPIA) (If required)	• Step 5 above will determine if this step is necessary • Take necessary mitigation measures	
▪ Establish relevant data sharing agreements or partnership agreements with data protection annex	•	
▪ Prepare File for Case Transfer	• Inform the individual child and their parents/caregivers or the survivor of case transfer, prior to transfer and consequent case file closure, data minimization or file destruction • Prepare the case file and all relevant documentation that must be handed over to the recipient • Ensure that no identifying information is recorded in the file name or visible on the cover of a physical case file • Follow applicable information sharing practices for ensuring confidentiality (pseudo-anonymization, encryption, password protection)	
▪ Digitalise required data, minimise data, ensure data that must be retained is appropriately stored	• For what purpose is the data being processed – is it being transferred for service provision? What is the minimum amount of information that is necessary to ensure continuity of service? • Did the survivor request any specific removal of information from their case file? • A word on digitalisation: Data entry, regardless of the type of information system or software applications you are using, requires time and capacity – therefore it is important to "budget" staff time/human resources to undertake digitalisation of required data and documentation. • To make this manageable, focus on necessity and proportionality. Determine what will suffice to enable end goal (service provision/record-keeping for example) – e.g. digital copy/scans of all relevant documentation in a digital case file, minimal or detailed but proportional data entry into digital applications or IMS (+ digital scans, complementary)	
▪ Ensure physical files that will be transferred are captured in a database/list prior to transfer or destruction	• Create a coded list of cases to be transferred that can be checked at the end of the process to ensure no cases are unintentionally missed.	

▪ Transfer Cases
  - See below for the specific transfer process based upon the format of cases to be transferred.
  - Note: if files are in multiple formats you should follow the process for all formats		

Case Transfer on proGres	• Identify the individual GBV cases to be transferred in proGres (should already be done) • Determine the recipients and decide on individual or batch transfers (should already be done) • Confirm that the recipient(s) agrees to receive the transfer (should already be done) • Use the transfer functionality in proGres (see X) • Confirm the user has received the transfer	

For digital/soft-copy case transfers
 	
Note this includes where UNHCR has additional soft copies relating to cases stored on proGres GBV module
	• Identify the individual GBV cases on proGres to be transferred to another entity not using proGres
	• Export/download the records to be transferred
	   o Option 1: export individual GBV cases to excel format
	   o Option 2: export individual GBV cases to word/pdf format
	   o Option 3: batch export a selection/all GBV cases to excel format
	• Create a folder for all the GBV cases you will transfer
	• Prepare individual case file folders within it, use ah a unique identifier (e.g. use the proGres GBV case number) as the file name
	• Copy all files or documents related to the survivor, from the proGres download or other soft-copies, and add them to the individual folder
	• Ensure any data that must be retained or archived is safely stored on proGres
	• Compress/zip the parent folder containing all the individual case file folders and apply encryption or password protection
	• Transfer the data to UNHCR issued hard drive
	• Physically transport the hard drive to the recipients
	• Observe the recipient copy the data from the hard drive to their computer and confirm access to the folders and files
	• Retrieve the hard drive
	• Delete the hard drive contents
	• Sign a NFF confirming the transfer has taken place
	• Ensure no digital records or data, outside of what has been deliberately retained/archived, is stored
	• Check and empty recycle bin/trash/bin/deleted items

For paper-based/physical case file transfers	• Identify the individual GBV case files to be transferred • Digitalise pre-defined minimum data set for archiving/retention • Prepare individual case file folders, with a unique identifier (e.g. use the proGres GBV case number) written on the cover – ensure the child's name is not visible or written on the cover • Prepare a digital list of all case files and their contents (non-identifying) • Print the case file list • Place case file folders into envelopes or boxes, sealed with tape over the opening (so that any tampering could be evident) • Ensure the recipient is ready to receive the case file transfer in advance, and schedule the time and date • Confirm the recipient is ready to receive and safely store the case files • Physically transport the envelopes/boxes to the recipients • Observe the recipient receive and store the case files in safe storage • Sign a NFF confirming the transfer has taken place • Ensure no paper-based records or data, outside of what has been deliberately retained/archived, is stored • Double-check digitalization of required data
▪ Thoroughly documented the personal data transfer and produced a signed NFF	• Prepare a digital list of all case files and their contents (non-identifying) to be transferred, to where, on what date. • Note down any processing that has taken place to case files transferred (digitization, minimization). • Observe the recipient receive and store the case files in safe storage

	• Sign a NFF confirming the transfer has taken place

Post-Transfer

A transfer is normally a one-way movement – when the file is transferred to UNHCR the case should be closed by UNHCR.

▪ Close all transferred cases in digital or paper format	• Organization must ensure all that cases that have been transferred are closed in their records • Minimize data in files to be closed and that remaining data is minimised, retained and destroyed as per policy requirements.
For digital/soft-copy case transfers	• Ensure no digital records or data, outside of what has been deliberately retained/archived, is stored • Check and empty recycle bin/trash/bin/deleted items
For paper-based/physical case file transfers	• Ensure no paper-based records or data, outside of what has been deliberately retained/archived, is stored •
▪ Document what processing has taken place post transfer (minimization, archiving, digitization, closure, destruction)	•

WGSS and Other GBV Activities

Guidance on Closing WGSS responsibly can be found in the WGSS Toolkit (see Chapter 7) and can be shared with the partner to support their transition.

Key Points

- An exit strategy is essential for ensuring that the positive impacts of WGSS programs continue after international actors leave.
- These strategies should be empowering, especially for local women's organizations and networks, and accountable to the communities served.
- This strategy must be led by women and girls, focusing on what they want to sustain (e.g., specific services, empowerment outcomes, or the WGSS itself).
- Communicate with the communities about the closure of the center, with clear information about where alternative GBV services can be accessed, including if available GBV hotlines
- Ensure that no identifiable activity documentation remains in the center or on computers or hardware at the center if programs stop.
- Example for closure of WGSS, including checklist for closure activities: Ethical Closure of GBV Programs

GBV Prevention

Important to note that GBV prevention should only be done in contexts where there are gbv services.

Communities

In the event of suspension or termination of GBV prevention activities by a funded partner:

- Consult with women and girls as to what program outcomes they would like to continue and be prioritized in the event of permanent and premature program closure

- Assess whether GBV prevention activities can be handed over to community members. In this case, do a careful selection of community activists who are grounded in the community and are willing to continue the work. For change to be sustainable, it needs to be owned by the community. Make sure there is clear communication about the spirit of activism rather than volunteerism

- Assess the need for additional capacity building, identifying what is required, who will be responsible, and timelines for implementation. Ensure that community members are adequately trained on safe disclosure and have up-to-date information on referral pathways. Consider providing ongoing mentoring to community activists, or engage other GBV actors who can offer this support

- Inform the relevant GBV and Protection coordination structures and connect them with the community actors who will continue the work, to ensure they have up-to-date information on referral pathways

- Inform women and girls, men and boys as well as community leaders and national authorities of the transition plan. Organize a meeting with key stakeholders; local leaders, other partners, community networks, local authorities, and others, where you explain your transition strategy. Provide early, clear, consistent and honest communication on the situation and why the programing will come to an end or be suspended

- Where possible, continue to provide communication materials to activists to support their prevention work.

- Foster relationships among activists, community structures, and formal institutions/organizations to build better relationships and coordination within the various service providers in the community. Arrange formal meetings between community activists and government institutions, police, community activists, health care workers, religious leaders and other civil society members.

- Encourage activists to create formal/semiformal groups (e.g. new Community Action Groups if SASA! Together was implemented or male and female committees if EMAP was implemented) and consider providing training to select activists to strengthen advocacy and organizational skills

- Encourage and support activists to take up collective action, such as developing codes of conducts; establishing bylaws; holding others accountable.

- There may be some risks associated with full transition to communities including:

- No handover: Community activists may not be ready or in position to continue prevention activities

- Burnout: Volunteers may burn out if unsupported or expected to take on too much

- Backlash: Norms change can provoke backlash or resistance; communities must have risk mitigation strategies

- Loss of Momentum: Without structured follow-up, prevention gains can fade quickly

Stopping GBV Prevention – No Transfer to Communities

- Prevention activities should not be conducted in the absence of GBV response activities. Inform women and girls, men and boys as well as community leaders and national authorities of the closure plan. Organize a meeting with key stakeholders; local leaders, other partners, community networks, local authorities, and others, where you explain your exit strategy. Provide early, clear, honest communication on the situation and why the programing will come to an end or be suspended.

Resources

GBV Case Management / Information Management Guidance

- Inter-Agency Case Management Guidelines
- Gender Based Violence Information Management System (GBVIMS)
- Technical Note on the Sharing of Personal Protection Data
- UNHCR Data Protection Policy
- UNHCR Position on the Usage of PRIMERO by Partners
- ProGres GBV Module User Guide and SOP

Prevention

Creating a *SASA!* Transition Strategy: This Program Brief helps organizations using *SASA!* to understand, plan for, and support a process of community 'transition' in which community activists take full leadership in ongoing GBV prevention.

Safe Disclosure Facilitation Package: Provides ready-to-go facilitation or self-study materials, with the objective to build basic understanding of, and capacity in, handling disclosures of gender-based violence (GBV) following the survivor-centred approach.

UNHCR GBV Prevention Facilitation Package provides ready-to-go facilitation or self-study materials, with the objective to build understanding of, and capacity in, GBV primary prevention. Upon completion, learners will have an understanding of different approaches to GBV primary prevention and key elements of GBV prevention programing.