



Guidance Note on Ethical Closure of GBV Programmes

**GBV SC Whole of Syria – Turkey/Jordan Hub –
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1. Introduction

A program “exit” refers to the withdrawal of all externally provided program resources from an entire program area, or from communities or districts within a program area. It could also refer to the end of a program funding cycle, with an extension through a recovery program or a longer-term development program.

In principle, in an emergency setting, the “exit” of humanitarian activities should happen only when the exceptional needs arising from the emergency no longer exist and restored protection, health and related services, together with ongoing development activities, can meet the needs of the population. Ideally, there would be a smooth transition from relief through recovery and into normal and development activities. In practice, humanitarian assistance sometimes has to be closed earlier because of several reasons as lack of resources, funding restrictions, security concerns, changes in the political environment, etc.

In the last year Turkey and Jordan cross-border operation in Syria experienced the “exit” of many actors and/or programs, because of short donor programme cycles, restrictions in the operational environment, shifting line of control, and access and security issues. Some INGOs and a number of Syrian partners went through the process of closing down women and girls safe spaces (WGSS) and GBV services. The complete shift of line of control in South Syria in summer 2018 presented a scenario where the emergency was quick and closure immediate, with no possibility of handover and/or continuity of services in any form; while in other scenarios handover was possible. The GBV Sub-Cluster determined that developing guidance to support GBV actors to formulate appropriate exit strategies that follow the do no harm approach is of absolute importance.

Regardless of the reason for closure, in fact the hazards of not approaching the process in a considered and organized way remain the same. Of primary concern are the security risks that can arise for GBV survivors, service providers and the entire community. Therefore, how stakeholders are made aware of the closure and supported during the preparation for departure will be crucial in minimizing these risks. Finally, the experience showed the importance of collecting lessons learnt from the exit/closure that can be used by other GBV actors in similar situations.

This guidance note fill an important gap in the sector where limited guidelines and resources are available on the topic of ethnical closure of GBV programming.

2. Objective

This guidance note is a practical tool to support GBV actors in the development of exit strategies for all GBV programming in emergency. The exit strategy should be built in from the beginning of a programme, should ensure a smooth process that does not impact negatively on the community served, ensures duty of care for staff and does no harm to beneficiaries, especially survivors of GBV. When a GBV programme closure is envisaged organizations should, as much as possible, empower the local communities and the survivors and, when appropriate, build on existing community based protection mechanisms.

The development of this document was based on lessons learned collected from NGOs of the Turkey and Jordan hub working cross-border in Syria and guidance available from different partners at the global level.



3. What is an Exit Strategy

An exit strategy is a plan describing how the program intends to withdraw its resources while ensuring that beneficiaries, specifically survivors, are not exposed to further risk or actual harm as a consequence of the “exit” and that stakeholders are supported during the preparation for departure to minimize possible risks. The exit strategy may include several scenarios or contingency plans that address different factors, such as inaccessibility of certain areas, heightened security risks, a sudden reduction of funds, etc... The phasing out of emergency assistance and activities due to (un)expected reasons must be envisaged from an early stage of the operation - preferably at the time when projects are planned. A planned exit strategy is essential for ethical closure of GBV programming; it must respect humanitarian¹, protection² and case management principles³ in every step of the exit and/or transition process. Exit strategy planning is also a form of good programme management and should look at engaging and empowering key stakeholders (individuals and groups) to actively participate in discussions about how basic services for GBV survivors can be guaranteed and/or what should happen with WGSS. Women and girls should be consulted to understand what they suggest as methodologies for sustainability of WGSS and other GBV prevention activities. Ask them what would make them feel safe and always make sure that their safety is not compromised. Adolescent girls (10-19) need to be consulted separately to women to ensure age factor do not limit their participation in the discussion.

Community leaders, health providers, women groups, community and religious leaders, influent women and men and others should be involved in the definition and the implementation of the exit strategy, with a focus on decision making. This will be relevant and meaningful in order to convey a sense of responsibility for the implementation of ongoing activities to support agreed outcomes.

4. Setting the time for “Exit”

There are several considerations when establishing the timeframe for GBV program exit strategies. Exit strategies should be built into the design of GBV programs from the beginning. This will encourage the development of interventions that are sustainable, since an exit strategy is, in essence, a ‘sustainability plan’. For GBV programs, this may be more challenging than for other kinds of programs, and will require the involvement of community based protection mechanisms, women groups and local partners from the outset. Importantly organizations should consider the length of funding cycles before starting any new GBV focused services, and avoid establishing GBV response services if the funds are not sustainable. Prevention and empowerment activities as well as immediate emergency response are more flexible, and if accompanied by a clear strategy can also accommodate shorter funding cycles.

Safe spaces are not an instant creation, they take time to establish and even more time for women and girls to start feeling comfortable interacting in a space and making it their own. Plan for sufficient time for this to happen, as well as adequate time for a handover of activities to another organization or group, including capacity building of those who will take over the management of the safe space.

¹ <http://guide-humanitarian-law.org/content/article/3/humanitarian-principles/>

² <http://www.spherehandbook.org/en/how-to-use-this-chapter-5/>

³ http://www.gbvim.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf, pg 19



For the purpose of this document, we will refer to **planned closures** when programs close as a result of achieving the original goals, or because of anticipated funding or organizational constraints. We will instead refer to **emergency closure** for those programs that close because of sudden changes in the operational context, security issues, etc. Independently from the reasons for closure, whenever possible, establishing an exit timeline that is linked to the program funding cycle, and clearly communicated to the community is essential. After the phase out is complete, continued contact with communities will help to support the sustainability of outcomes.

5. Common triggers to programme closure

The reasons for phasing out a programme are various. Every situation is different and implies specific mitigation actions. It is impossible to list out each situation, but some common scenarios particularly in the current operation are exemplified below, including possible mitigation actions.

- a) **Volatile political environment:** Uncertainty about the current and future political situation affects programming adversely as NGOs cannot be sure of their scope of operation, their access to resources and how, when and with whom to plan for exit. In some cases political tensions bring about challenges in access to certain locations, for example when visas or other related permits are not granted to humanitarian workers and NGOs. In these contexts, building critical relationships for program phase over is even harder than usual. An unstable economy also adversely affects exit plans due to price fluctuations and inconsistent availability of vital inputs, making it difficult to adhere to a plan. In this dynamic environment, it may be necessary to develop several different ‘exit scenarios’ and include a regular re-assessment of the current exit plan in your timeline so that you may make adjustments as your situation evolves.
- b) **Shifting lines of control or heightened security risks:** This contextual shift is probably the most complex one and the one that could create more challenges in terms of “exit”, especially when a sudden phasing out is carried out in a short time. This contextual shift is normally accompanied by large displacement, including of humanitarian workers. Therefore, in such a contextual shift the possibility to ensure the continuity of GBV services is very remote as most of the capacity will be lost. To ensure the security of beneficiaries and staff, organizations are also reluctant to share information with service providers (which will eventually establish services in the same area) working under opposite control lines. Mitigation measures in this case could be to continuously update preparation, risk analysis and possible contingency plans; regularly analyze common triggers and work in close collaboration with stakeholders that can provide political and strategic analysis to timely identify triggers.
- c) **Shortage of funding / project cycles and the uncertainty of future funding:** The funding / project cycle can force an exit even when the organization and/or community are not yet ready. As the project closeout date approaches, uncertainty about donor support to a proposed follow-on program poses further constraints. Concerns about job security for NGO staff and continued support to local partners cause attrition and anxiety until a budget is approved – which is often many months after a program’s proposed start date has come and gone. To address these issues, contingency plans for the various funding scenarios (including fundraising for complementary funding, or fundraising for additional expenses linked with the program’s emergency closure) are suggested, ensuring that the program is not 100% reliant on one donor. Keeping staff informed as plans change is also important, giving as much notice as possible when budgets for staffing are in jeopardy.



6. Planning the closure of a GBV programme

PHASE	PROGRAMME COMPONENT	ACTIONS	
		PLANNED CLOSURE	EMERGENCY CLOSURE
PREPAREDNESS PHASE	Programme	<ul style="list-style-type: none"> • Design exit plans from the start • Identify other service providers and establish referral pathways • Identify options to continue the provision of case management <ul style="list-style-type: none"> • Ensure capacity building <ul style="list-style-type: none"> • Duty of care • Prioritize activities 	
	Coordination	<ul style="list-style-type: none"> • Coordinate with the GBV SC 	
	Communication	<ul style="list-style-type: none"> • Consult with staff and beneficiaries <ul style="list-style-type: none"> • Inform Key Stakeholders 	
	Information Management	<ul style="list-style-type: none"> • Develop data protection systems and protocols • Considerations on visibility 	
TRANSITIONAL PHASE	Programme	<ul style="list-style-type: none"> • Conduct community assessment • Identify other service to transition activities • Plan for assets' disposal 	<ul style="list-style-type: none"> • If time between the decision and the actual exit allows, organizations are encouraged to consider and put in place the actions included in the graph above
	Coordination	<ul style="list-style-type: none"> • Coordinate with the GBV SC 	
	Communication	<ul style="list-style-type: none"> • Meet and inform relevant stakeholders • 	
	Programme	<ul style="list-style-type: none"> • Stop Intake of cases 	
		<ul style="list-style-type: none"> • Transfer of cases to other service providers on a case by case basis 	<ul style="list-style-type: none"> • Continue the provision of case management, if possible



OPERATIONAL CLOSURE PHASE			<ul style="list-style-type: none"> • WGSS • Duty of care • Post closure follow up
	Communication	<ul style="list-style-type: none"> • Meet and inform beneficiaries <ul style="list-style-type: none"> • Inform donors 	
		<ul style="list-style-type: none"> • Provide regular Information on available services 	<ul style="list-style-type: none"> • Remind all staff of emergency procedures.
Information Management	<ul style="list-style-type: none"> • Ensure Data Storage & Protection 		



6.1. Phases of the GBV programme closure

This session is divided into three exit phases: *preparedness phase*, *transitional phase* and *operational closure phase*. Each phase includes suggested actions for **planned** as well as for **emergency** closure.

PLANNED CLOSURE

EMERGENCY CLOSURE

PHASE 1: PREPAREDNESS PHASE

Preparedness actions are those that should be completed during the life of a project/programme, independently on whether an exit is approaching or not and are meant to ensure that organizations think through exit plans right from the beginning, they therefore apply for both **planned** and **emergency** closures. A proper preparedness phase would reduce the probability of causing harm even if the closure is sudden.

PROGRAMME

Design exit plans from the start

Organizations have a responsibility to design every program with an exit strategy and a closure work plan in mind, to ensure the sustainability of the work beyond the presence of the organization. This includes planning enough time for the handover between your organization and identified national and/or community partners, defining a budget for the development, implementation and monitoring of the exit strategy, discuss the exit strategy with the donors and ensure it is funded. Consider adapting the strategy to the changing context (see point 5 above for context-related considerations and possible mitigation measures) and to look for GBV SC coordinators' support to review the strategy and advise accordingly.

Identify other service providers and establish referral pathways

Throughout the programme implementation it is important to identify those groups, community members, volunteers, local organizations that would be willing and capable of ensuring the continuation of community based GBV activities.

Organizations should work, in coordination with the GBV SC to strengthen the referral pathways and identify concrete referral options in each location in case of exiting.

This becomes almost impossible in the case when the emergency closure is due to a change in lines of control, as organizations are reluctant to share any information, because the safety and security of the beneficiaries and partners becomes the priority.

Identify options to continue the provision of case management

In emergency closure situations, plans to ensure survivors continue receiving case management after the "exit" from a certain location is a priority and should be thought through since the beginning. The Survivor's safety and security should always be prioritized and survivors should be informed about risks associated with each option in order to take an informed decision (especially in cases of intimate partner violence). Options may include putting the survivors in touch with case management organizations in the location they are planning to move to, while providing survivors with their own documentation to ensure the continuity of the service; plan evacuation of staff and beneficiaries together to continue the programme in a new location; provide remote case management (through phone or WhatsApp). If the emergency is planned to be temporary and the service is also going to be halted for a limited time, case workers can keep contact with the survivors and re-start the in-person



meetings right after normalcy is restored. In location where the security and line of control are fluid, it is important to retain case files for a certain time to ensure that, if access is granted again, survivors can access documentation and continue services.

Ensure capacity building

Organizations should provide opportunities for institutional and technical capacity development of local actors that were identified for a possible phasing over and should facilitate participation of former staff in continuing service provision. In cases where trainings are not a feasible option (because of lack of resources, logistics constraints, etc...), as a minimum phasing out organizations should plan for regular meetings and/or workshop with the organization taking over, to discuss the technical aspects of the respective activities and to ensure standards for service's quality are respected. A compilation of training materials and online training packages could be considered an option to ensure continued capacity development of the staff. If the situation allows, organizations could consider to prepare a list of trained staff and support them in transition to other program or other organizations. In every emergency, in fact, there is lack of GBV specialized human capital, therefore retaining trained staff is very important to ensure efficiency of the investment in capacity building. In case of change of line of control, although preparing a list with the names of service providers could endanger them, a mapping of training provided is still useful for other actors to have an understanding of the capacity available.

Duty of care

Organizations maintain the “duty of care” towards their staff in all moments of a programme, including at its closure. Considerations related to “duty of care” should be included in exit plans. Field based staff must be consulted and “duty of care” plans should be adapted, as much as possible, to the needs of the staff. Plans should be discussed with donors and the organization should ensure there is a budget available for duty of care. Based on experience, considerations should include how to guarantee, among others, financial and medical support, accommodation, safe transportation and psychosocial support for the individual staff and their family members. (See the duty of care session in the “Operational Closure Phase” below for further details).

Prioritize activities

Organizations must prioritise the activities that need to keep running on the basis of their lifesaving potential and available technical capacity (e.g. case management would be more important than awareness raising, but only if another service provider with sufficient capacity to take over open cases can be identified). Additionally, the exit strategy should determine the elements of each activity that must continue at a basic level, and consider creative ways in which this might happen in that context, continuing to abide to guiding principles and standards (engage local actors, volunteers, community based protection mechanisms, women's groups, etc...).

COORDINATION

Coordinate with the GBV SC

Coordinate with GBV SC since the establishment of a GBV programme and report regularly through 4Ws. Active engagement within the GBV SC can also contribute to interaction with other organizations, to understand other services in place and to clarify the role of other actors in the response. Moreover, the GBV SC coordination team is a resource in case of need for technical



backstop, or other type of need like advocating for funding, for example in the prioritization of emergency funding allocation. More specific involvement of the GBV SC should be foreseen during the transitional phase (see dedicated session below).

COMMUNICATION

Consult with staff and beneficiaries

The development of the exit strategy should take into consideration the views of field staff and beneficiaries. Consultations with these groups on closure plans is sensitive and should be based on a previously established relation of trust. In cross border operations there are minimum two layers management team in a second country and the frontline workers inside Syria, it is important that field staff is consulted and lead on the development of exit strategy with the technical support of management staff in the second country. Consultation with the field must include beneficiaries as well and in particular women and adolescent girls separately.

“We consulted with women and girls beneficiaries of our WGSS as we have been working in the community for more than 3 years and there is a lot of trust. We asked them where they would go in case of displacement and we developed our exit plans considering the possibility of moving the programme to that location after checking if there is a gap in GBV services”.

FGD, Turkey

Inform key stakeholders

The organization should think through how the communication with the people involved can happen, and should be prepared to provide means of communications if necessary. Think about different strategies to communicate with and involve different groups (staff, local authorities, partners, beneficiaries, local councils, donors, etc...). A system of focal point responsible of communication with specific stakeholder should be mapped out and agreed upon.

INFORMATION MANAGEMENT

Develop data protection systems and protocols

Organizations should build data protection systems since the beginning of the programme and should embed data protection strategies into their exit strategies. Ethical data collection includes at minimum minimizing paper, systems to transfer and/or destroy information and strict confidentiality protocols.

Considerations on visibility

In areas where the security situation is volatile organizations should include in their preparedness plan guidance on visibility. A low/NO visibility policy is suggested for highly at risk locations and plans to destroy IEC materials and all other products which may pose security concerns to the organization and its staff should be considered.

This include WhatsApp groups that use logo and exchange identifiable information. Additionally, the organization should encourage the use of service phone numbers instead of personal numbers for case management and other sensitive activities.



In South Syria following the deteriorating of security situation a partner moved to zero paper policy; this included the destruction of all documents uploaded on kobo and a cloud where relevant data was stored. The implementation of a 0 paper policy required an initial training on the used IT software and the design of questionnaires to be used throughout the different stages of the process as well as a clear policy regarding physical data management (as soon as possible the data collected by the protection, M&E officers or WGSS staff would be uploaded). When the access to specific software was not possible the data would be shared through photos in a WhatsApp group and immediately destroyed (both physical data as well as the digital data shared). As an important key note staff inside Syria were not able to access the data stored for safety & security reasons. As soon as the insecurity in the area escalated it was recommended to destroy any documents available in the office and also verify that all the data was deleted from the tablets and computers (in some cases hardware was also destroyed). Zero paper policy included also zero visibility, removing all logos from supplies, posters and also from facilities that the partner organization was running (Warehouse, WGSS, Mobile Units, etc) as well as from awareness or outreach materials that would focus only on the content of the information.

Plan for assets' disposal

Organizations should consider to build assets' disposal actions in the exit plans. This includes, for example, the preparation of inventories and the definition of evacuation, donation, transfer, return or destruction actions; the communication of concerned organizations, stakeholders and/or individuals and the development of relevant documentation to prevent any bureaucratic delays during operational closure. Organizations should also take into consideration setting the conditions under which the facilities can be used for different purposes during an emergency (for example WGSS were used as shelters in South Syria).

Organizations should put in place security measures to minimize the risks of looting (including from former staff), this might consider a system of locks and multiple keys for the WGSS, the warehouse or other safe spaces. Partners in certain situation adopted strategy of procuring materials for the WGSS only for three months as way of minimizing stocks available.



PHASE 2: TRANSITIONAL PHASE

This session only includes actions for **planned closure**, assuming that organizations will not have time for in depth preparation in case of emergency closure. However, if time between the decision and the actual exit allows, organizations are encouraged to consider and put in place as many as the following actions.

PLANNED CLOSURE

PROGRAMME

Conduct community assessment

Conduct a community assessment to understand the capacity and willingness of existing community based mechanisms, local organizations, other service providers to engage in the implementation of GBV activities. Some of the key aspects to be assessed are:

- How strong is the community's sense of ownership/commitment to continue GBV activities?
- To what extent does the community value GBV activities?
- Which community members, groups and service providers have the knowledge and skills needed to implement GBV activities?
- Do the local organizations/community members have sufficient institutional and human resource capacity?
- Are the organizations/people responsible for continuing activities resilient to shocks and changes in the political and social environment?
- What are their security concerns in running their programs under an emergency context

Identify other service providers to transition activities

Concrete referral options identified during the preparedness phase should be re-assessed in view of the upcoming closure. It is essential that for GBV cases GBV SC SOPs are followed and that the receiving organization is working cross border, is a signatory to the SOPs and has sufficient capacity. Once the appropriate service providers are identified, organize a meeting with them, explain the reasons for leaving the site and assess the capacity and willingness to take over open cases. If the identified organization is able and willing, discuss steps on how the transfer will be undertaken.- Information collected about survivors belongs to them, and they must have access to review and read the information at any time as part of their meaningful participation and must consent to pass the case to the new agency. Case management cannot continue in case there is no other service provider with sufficient capacity and a supervision structure, given the highly technical demand of its implementation and the need to ensure respect of do no harm principle.

In this case, alternative options should be explored, after assessing the risks associated with it, especially in case of intimate partner violence (IPV): provide the survivor with the documentation related to her case; refer the survivor to other service providers in the destination area (jn case of planned movement); organize remote psychosocial support (e.g. via phone); ensure that the case workers and survivors maintain contact in case of movement of both the beneficiaries and staff towards the same area, so as to continue providing case management once reached the destination.



COORDINATION

Coordinate with the GBV SC

Contact the GBV SC coordinators and explain the reasons for exiting (e.g. funding, access, security, etc...) as soon as this transition is envisaged. Explain the exit strategy, using mapping of each site to clarify what is going to happen in each location and who is the service provider identified to transfer cases to (for case management) or to transfer responsibility for other GBV activities (e.g. WGSS). The SC will support in identifying geographical gaps and prioritize services, but will also be able to provide the organization with guidance during the closure phase, for example by identifying other partners to take over the activities (if there is a need) or by engaging in technical conversations on how to divert activities and pass cases over to the new actors involved.

In the Turkey hub a INGO had to plan a phase out because of budget and administrative constraints. This was communicated to the GBV SC that, based on mapping available, put the organization in contact with other GBV actors in the area. Although the phase over of WGSS was possible with no interruption of services, none of the actors identified were able to start case management. GBV SC therefore started a capacity building initiative to build the capacity on case management while, in the short term, advocated for emergency humanitarian funding that allowed the INGO to provide mobile case management for 6 months, serving all previously managed WGSS.

COMMUNICATION

Meet and inform relevant stakeholders

- a) **Staff and Partners:** Meet with relevant staff (case workers, outreach workers, etc...) and partners to explain the reasons for the transition. Discuss the main steps of the exit strategy, including key messages to pass to the communities. The organization should pay attention to ensure a good balance between keeping the staff informed on what's going to happen and increasing the staff stress and panic about their future.
For case management, specifically discuss how to manage current open cases on the basis of the identified exit strategy. During the meeting organizations should also discuss what information will be transferred and how, in full respect of data protection protocols. The timeframes and phases of the exit will be agreed, including a date when new intakes will stop and on what to say to survivors coming forward. Clarify that emergency case management and basic listening will continue until the very end.
- b) **Beneficiaries :** A critical preliminary step is communicating the upcoming changes to the beneficiaries in the various sites where the organization has presence. Explain about the closure of the services, as well as until when they will be running. Explain clearly what will stop, what will continue, and where people can go to access services (if others are going to provide them). Also emphasise if other relevant programmes and services implemented and provided by the same organization remain functional in the community. Awareness raising on this topic should be agreed upon at an early stage to ensure consistency of the messages shared.
- c) **Community stakeholders:** Organizations should also plan to meet with relevant community stakeholders such as community leaders, staff of health centers, etc... to explain the reasons why



the organization is leaving; the phasing over strategy with other service providers (if relevant) as well as the timing and phasing of closure. It is important to provide these stakeholders with clear information of what services will continue and who will provide those. Changes of referral focal points should be clearly communicated.

PHASE 3: OPERATIONAL CLOSURE PHASE

PLANNED CLOSURE

PROGRAMME

Stop Intake of cases

On the closure date, intake of new cases should stop, but information on where to access services should continue to be provided as long as the organization maintains presence in the location. Stopping intake of cases earlier is an option if other organizations are planning to take over. Phone services may bridge the gap between the closure of services on one side and the taking over of cases on the other.

Transfer of cases to other service providers on a case by case basis

If another service provider working cross border has been identified in the previous phases, the transfer option should be provided to the survivor and the case transferred based on the survivor's informed consent. If possible, this should be organized in a way to provide sufficient time to present each case to the caseworker who will take over the responsibility. The case documentation should also follow the survivor and therefore, after obtaining the survivor's consent, it should be transmitted to the new service provider (See data protection session below for details on how to do this).

If the survivor has not given their informed consent, no transfer should happen, but the survivor should be provided with the option to be given their case files, after she is informed about the risks associated with this option.

COMMUNICATION

Meet and inform beneficiaries

a) Survivors

As the closure date approaches, one of the most important actions is to communicate to each survivor supported with case management that the service is closing and to provide them with possible alternatives. For survivors whose case is open and ongoing, the caseworker will explain that as of the set date the programme is closing and will provide a simple clarification of the reasons behind the closure. Personalized plans according to the survivors' wishes should be put in place. For example, if another service provider working cross border has been identified to continue case management services the survivors can be offered the possibility of transfer to the organization taking over; in other cases the organization can plan an intensification of the PSS sessions with each survivor until the exit, or, as a measure of last resort, could plan to provide remote PSS for a short term period.

The caseworker will also explain what will happen to her physical file, including the possibility for the survivor to take the file with her and will reiterate the survivor's rights, especially in terms of confidentiality and informed consent. For survivors presenting for the first time, the caseworker will share available options: providing one time listening/counseling without follow-up; the possibility of



referring to another service provider (if available) or any other option the organization has identified. The organization could consider providing one-time cash assistance to meet basic needs. If relevant, the caseworker should still facilitate medical referrals until the closure day.

b) Women and girls beneficiaries

The organization will organize a meeting with all the women and girls participating in WGSS and other activities and will explain the reasons and timeframe for their exit. They will also provide detailed information of which activities and services will continue and where, depending on the strategy identified (another organization takes over the WGSS and keep the activities; another organization provides similar activities in another location and will include WGSS beneficiaries in them, WGSS will close, etc...).

Inform donors

Organizations should inform donors of the upcoming closure/exit from a certain location (if this is not linked to the end of a funding cycle) and should discuss the implications of the sudden change in terms of the ongoing funding. Moreover, experience showed that organizations approaching donors with alternative plans received positive feedbacks on the possibility to re-allocate funds and continue the collaboration.

Regular Information on available services

Information on where and how to access activities and services provided by the WGSS should continue until the exiting of the organization and possibly after it, with IEC material and/or volunteers, former staff and partners or colleagues from other service providers. Additionally, information about availability and access of other services in the area should also be provided.

Consider options such as transitioning WGSS into existing community resources such as CFS, early child development centers, women-friendly spaces, community centers, spaces for children's/youth clubs, literacy initiatives, or vocational training activities. These options should be decided with full collaboration of community stakeholders.

Possibly also consider the creation of "Women Committees" progressively empowered through, among others, capacity building, mentoring, enhanced decision making power, that can take the lead once the "exit" will be completed.

INFORMATION MANAGEMENT

Ensure Data Protection

In the case of an organization exiting a certain location with services taken over by another service provider working cross border, the transfer can be considered based on survivors consent. In cases of transfer, the NGO should plan thoroughly with the new organization to facilitate the transfer of files in accordance with data protection principles. In cases where the transfer is not possible, destruction or hibernation of files need to follow data protection protocols.

EMERGENCY CLOSURE PROGRAMME

Stop Intake of cases

On the closure date, intake of new cases should stop. Stopping intake of cases earlier is an option if other organizations are planning to take over. Phone services may bridge the gap between the closure of services on one side and the taking over of cases on the other. In cases of changes of lines of control, continuity of services will hardly be guaranteed unless security of beneficiaries and staff is granted.

Continue the provision of case management, if possible

Organizations should operationalize the exit strategy including the plans for ensuring the continuation of case management services. Safety plans should be reviewed and/or developed before the closure, including assessing and mitigating risks associated with each continuity option. This may include putting the survivors in touch with case management organizations in the location they are planning to move to, while providing them with the documentation related to their case to ensure the continuity of the service- with survivor consent and after assessing risks. If staff and beneficiaries are moving or are evacuated to the same destination, ensuring case workers maintain contact with the survivors (through phone) in order to continue providing the needed support once at destination. Another option, of last resort, could be to provide remote case management (through phone or WhatsApp). If the emergency is planned to be temporary and the service is also going to be halted for a limited time, case workers can keep contact with the survivors and re-start the in-person meetings right after normalcy is restored.

WGSS

WGSS become a safe space for the community, but remain a property of a single owner. It is therefore important to communicate closure plans with the landlord and decide dispositions in case of emergency closure, including payment of rent and pending bills. With the landlord agreement, the organization might want to consider to share information on the availability of an appropriate space to set WGSS activities.

In South Syria WGSS became temporary shelters in one area of high IDP influx and lack of shelter. The alternative use of WGSS became a necessity for the protection of women and girls (only women head of household with young kids allowed) who were sheltered there at night, while normal activities would continue during the day. This is a suboptimal solution to minimize risks of GBV for lack of shelter and WASH facilities but ensure continuity of service provision.

Duty of Care

Plans for “duty of care” should be revised in situations of emergency evacuations.

Duty of care should include considerations around, among others: evacuation of staff and their families; accommodation at destination (rent for X number of months, shared guest house, etc...); provision of advanced salary for one or two months; ensuring medical support in case of injury during the emergency; including staff in the emergency food and NFI distributions; giving priority in case of



job opportunities within the organization at destination; promoting and advertising staff capacity among different organizations at destination to ensure retain of capacities; etc...

In situation of envisaged changes in lines of control and displacement of large population, including staff, the ultimate decision whether leaving or staying is of the single person. Organizations should not, in any circumstance, force a staff to opt for one or the other. Staff that decide to stay should be given all possible information especially in terms of protection of humanitarian workers from

Lessons learnt from South Syria and East Ghouta showed that paying advanced salaries is a practical, as much as minimal, protection mechanism for field staff. Some humanitarian workers have reportedly used informal financial mechanisms to remove their names from wanted lists. Others paid rent while they looked for a new source of employment. Others paid for money transfer outside of the country or nominated a third person outside the country to receive benefit payment.

retaliation and available protection mechanisms, for example international human rights complaint mechanisms and ICRC contacts for their mandate on family separation and detention.

Post-closure follow up

After exiting from a location where no other organization will keep providing case management, organizations should put in place follow up actions, continuing providing, where possible, remote PSS to survivors identified as high risk cases. Another option could be to provide remote technical support to those case workers that have volunteered to informally continuing supporting on-going critical cases, ensuring the case management and PSS sessions are held in safe and confidential places to guarantee the safety and security of both the case worker and the survivor.

This may be more complicated in cases of changing in lines of control, with beneficiaries and staff being subject to displacement. Ensuring the safety and security of those that remained will be paramount and this will sometimes imply not being able to share any information.

In cases when the closure is temporarily and organizations plan to resume work, organizations should preserve all relevant data and should ensure proper communication with staff, beneficiaries and other stakeholders, with attention to managing everyone's expectations. Case management agencies could therefore archive data electronically through a password protected file either in regional office or HQ, ready to be accessed again as soon as activities resume.

COMMUNICATION

Meet and inform beneficiaries

a) Survivors

As the emergency closure is happening, the organization should communicate to each survivor supported with case management that the service is closing and why. As closure happens suddenly, case workers should be able to contact survivors quickly and in a safe way. For survivors whose case is open and ongoing, the caseworker will conduct, if not in place yet, a safety plan and will provide details of what will happen to the person's data, including giving the survivor the option to take her file. The survivor will be informed of available options for once the service will not be available (if any). In cases where the survivor is planning to be displaced to a different location in search of safety and



security, the organization should inform the survivor of available services in the destination area and possibly connect the service provider with the survivor. In such a case though, the exiting organization cannot be responsible for accompanying or officially referring the case. In cases where both the staff and beneficiaries are planning to move to the same destination and the organization is therefore planning to re-locate the full GBV programme to a new location, the case worker should maintain close contact with the survivors (through phone, WhatsApp, etc...) to be able to continue case management once they reach the destination.

In cases of envisaged shifting in lines of control, the survivor will be informed about the closure and will be given the option of keeping her file, after she's informed on the risks associated with this. In case hard copies are not available- because of zero policy paper- sharing a soft copy through WhatsApp could be discussed, with related risk assessment. The caseworker have the responsibility to communicate if she remains available over the phone or communication must be cut for security reason.

The caseworker will also reiterate the survivor's rights, especially in terms of confidentiality and informed consent.

b) **Women and girls beneficiaries**

The organization will communicate to all women and girls participating in WGSS and other activities to explain the reasons and exact timeframe for the exit. If available, they will provide detailed information of services available in the same geographical area. In case of emergency closure partners can explore different ways of rapid communication, considering the security risks, as for example: sending SMS or a WhatsApp message to regular attendees, posting on the WGSS' door the temporary suspension and indicating a focal point to contact for updates (as appropriate), organizing volunteers to call different women and request each one to continue the chain to inform other beneficiaries.

Inform donors

Organizations should inform donors of the upcoming closure/exit from a certain location (if this is not linked to the end of a funding cycle) and should discuss the implications of the sudden change in terms of the ongoing funding. Moreover, experience showed that organizations approaching donors with alternative plans received positive feedbacks on the possibility to re-allocate funds and continue the collaboration.

Remind all staff of emergency procedures.

All staff should be reminded of emergency procedures and of related responsibilities. Emergency closure plans should consider the case in which organization's management based in Turkey or Jordan completely loses contact with field staff. Exit plans should therefore always consider sharing the responsibilities for operationalizing the exit plan between remote and field staff.

"In one of the emergency closure we were involved in, we completely lost contact with our team in the field, we were not able to communicate with them. This was unexpected and we were not prepared to deal with it. Since then, we never heard from them".

FGD, Turkey

INFORMATION MANAGEMENT

Ensure Data Protection

In the occasion of sudden evacuation from a geographic location because of security concerns, it is fundamental that data of GBV survivors and women and girls participating in GBV programmes are destroyed in order to ensure confidentiality. Data protection protocols should be integrated in the information management system each organization is using and a contingency plan for destruction of sensitive data should also be part of the exit strategy. (e.g. If you are maintaining paper copies of case information, in line with your organization's data protection and archiving policies, destroy all printed material that is no longer needed).⁴ The case worker should be focal point for the destruction with agreed method (shredded or burning).

Best practices in South Syria (Amman hub) recommend to go to a zero paper policy, including for case management files. One partner transferred all files in soft copies and stored them in a cloud to ensure confidentiality and safety of survivors were respected. Another case management agency kept paper copies: although a protocol for destruction was in place, the sudden change in security first and line of control then, impeded the case manager to destroy the newest intake forms putting the survivors and organization at risk.

6.2 Monitoring and Evaluation of closure plans

Organizations should regularly monitor, discuss progress and update their exit plans. The organization's remote management structure should provide oversight thereby ensuring the exit strategy is properly implemented and adjusted.

To determine the success of an Exit strategy, an evaluation should be conducted after a period of time has elapsed following the program exit. Since funding is not usually programmed in this manner, Exit Strategies are rarely evaluated.

What should the evaluation take into consideration? There are three main aspects that determine success of the Exit strategy:

1. If the relevant activities are continued in the same or modified format;
2. If the systems developed continue to function effectively and,
3. If principles of participation and no harm were respected during the closure.

In a context which is still constantly changing, experiences of other organizations are an added value as they remain key learning opportunities. Whenever possible, organizations should therefore invest in analyzing and documenting programme learning, achievements, challenges, lessons and best practices and should share them with the GBV SC and more broadly, in order to continuously improve accountability and effectiveness of the GBV response.

GBV WG in South Syria organized a lessons learnt session after the closure to document and collect lessons learnt incorporated in this paper, and to assess among others the role of the coordination mechanism and other kind of support needed.

⁴ Interagency GBV Case Management Guidelines 2017



7. Accountability and Prevention from Sexual Exploitation and Abuse (PSEA)

Organizations should have systems in place to collect feed-back and address beneficiaries' complaints. These systems should be further disseminated and should continue functioning not only in the preparedness phase, but also during closure and ideally for a period after the exit (possibly not less than 4 month).

Systems to report cases of sexual exploitation and abuse (SEA) should also be available throughout the different phases of the programme, including during closure. As per the complaints mechanism above, channels to report SEA incidents should remain open and active even beyond the programme exit and being communicated to different interested parties.

8. Staff Self-Care

Closing a program, whatever the reason, has a significant emotional impact on your staff and on yourself. Consider strategies to keep high motivation and team spirit until the last days to ensure the quality of services to beneficiaries. Consider the development of a support plan for your team, during and after the programme closure, especially in emergency situation, that have been proven to be very emotional and stressful for the staff. Managers are under several pressure during the "exit" phase, so it is important to continue to focus on one's own self-care and ask for help as needed.

Lessons learnt from the South Syria emergency closure include the dissemination of self care messages⁵ to frontline workers, and the development of internal and external support plan. In particular a partner created a buddy system between staff in Jordan and the one in Syria, trained staff in Jordan was able to provide basic PFA and emotional support to colleagues. Another organization, without specific internal self care expertise, employed a Jordanian organization to provide self care sessions for team and individual support as requested on line and or in person.

9. References

- UNFPA, *Women and Girls Safe Spaces*, Regional Syria Response Hub 2015
- Alison Gardner, Kara Greenblott and Erika Joubert, *What we know about exit strategies. Practical guidance for developing exit strategies in the field*, C-SAFE Regional Learning Spaces Initiative 2005
- Interagency GBV Case Management Guidelines, 2017, http://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf
- WHO, *Managing WHO humanitarian response in the field*, http://www.who.int/hac/techguidance/tools/manuals/who_field_handbook/11/en/
- Child Protection Global sub-Cluster, *Principles for Child Friendly Spaces in Emergencies*, 2011, http://www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf
- Safer Edge, *Office Closure*, EISF Secretariat, Apr 2013
- IRC reference material on exiting and records management
- GBVIMS reference material on data protection

⁵ Self care messages should target, among others: being open and speaking about the experience staff is leaving/lived with someone of trust; understanding that closure is part of a program; seeking support for him/herself and family; whatever challenges a person is experiencing, thinking positively about new personal and professional opportunities (IRC).



10. ANNEXES

Annex 1:

CHECKLIST	Y/N
PHASE 1 – PREPAREDNESS PHASE	
An exit strategy is in place	Y/N
Regular participation in GBV SC activities and reporting requirements (4Ws)	Y/N
Organizations, community based mechanisms, CSOs that would be suitable to take over programmes after closure are identified	Y/N
Organizations are aware of available referral pathways or of the system to ask for them	Y/N
Organization provide update on referral focal points	
Capacity building plans (institutional and technical) are developed, including for organizations possibly taking over programmes after closure	Y/N
Exit strategies take into consideration prioritization of the activities on the basis of their life-saving potential	Y/N
Duty of care is embedded in exit strategies	Y/N
Consultations with staff and beneficiaries (where possible) are conducted and influence exit strategies	Y/N
Communication strategies are embedded in exit strategies	Y/N
Data protection strategies are embedded in exit strategies	Y/N
Visibility aspects are embedded in exit strategies	Y/N
Asset disposal plan	Y/N
Plans for how to dispose assets are built in exit strategies	Y/N
PHASE 2 - TRANSITIONAL PHASE	
GBV SC is informed about the imminent closure and has been consulted on strategic closure decisions (e.g. actors to whom hand over programme, referral options, etc...)	Y/N
A community assessment is conducted to understand the willingness and capacity of specific actors to continue some basic GBV prevention activities	Y/N
Concrete referral options to transfer cases to are identified and contacted to explain the reasons and steps for closure	Y/N
The organization meets partners, field staff, case workers, outreach teams, etc... to explain the reasons and steps for closure	Y/N



The organization meets with key stakeholders and explains the reasons and steps for closure	Y/N
Information dissemination sessions with beneficiaries are organized in the various sites	Y/N
PHASE 3 - OPERATIONAL CLOSURE PHASE	
<i>Planned Closure</i>	
Each individual survivor is informed about the closure and options for her case	Y/N
Cases for which consent was gathered are transferred to other service providers	Y/N
Intake of cases stops	Y/N
Donors are informed of closure plans	Y/N
Meeting with all women and girls participating in the activities are organized to explain steps for closure and continuity of services (where applicable)	Y/N
Regular Information on available services is provided to the community	Y/N
<i>Emergency Closure</i>	
Each individual survivor is informed about the closure and options for her case	Y/N
Intake of cases stops	Y/N
Donors are informed of closure plans	Y/N
Ongoing critical cases are followed up remotely after closure (where possible)	Y/N
Women and girls participating in the activities are informed of the closure plans	Y/N
If activities continue after closure, managed by another organization, a post closure hand-over is organized	Y/N
Duty of care plans are operationalized	Y/N
DATA PROTECTION – Transfer / Referral	
Another organization (also a GBV service provider from cross border) has been identified to assume responsibility for the files.	Y/N
A Focal Point and backup have been identified to manage the transfer of files	Y/N
Will survivors' consent be collected to authorize the transfer of files to a new organization? <i>If so, how will it be documented?</i>	Y/N*
<i>*If no consent is obtained, organizations must not transfer files</i>	
A risk assessment has been done on the physical transfer of files – were there any risks identified? How are they going to be mitigated?	Y/N
There is a clear plan on how the transfer of files will be documented	Y/N
File archive is created with time limit and focalpoint at HQ or regional level	



DATA PROTECTION - Evacuation	
Cabinets and/or hard drives and USBs where files are kept are color coded to aid in quick identification of sensitive materials for their destruction in case of emergency	Y/N
Zero paper policy is in place including for case management forms is all moved to cloud and access from Syria from the tablet or computer is restricted/password protected	
(if zero paper policy is not possible) There is a clear understanding among staff of the agreed upon means of destruction (eg. Paper Files - fire, shredding, other. Electronic files – fire, destruction, , disassembling, wetting, etc)	Y/N Means:
Materials are stored onsite for the immediate destruction of files if necessary (eg. flammable materials, shredding machine, liquid, hammer, etc.)	Y/N
There is clear understanding of the responsibilities for destruction (a FP and backup who will destruction of files are identified)	Y/N
There is a clear chain of command regarding the order to destroy files: <ul style="list-style-type: none"> All staff understand who can give the order to destroy files (eg. supervisor, case manager, etc). All staff understand how the order to destroy files will take place (phone, email), this includes in situations where telecommunication may not be possible. 	Y/N Details: Y/N
Destruction of files include logbooks, HR paper with names, all IEC materials with logo	Y/N
WGSS	
Center/building is evacuated and empty	Y/N
Agree with the owner if possible to recommend the space to another agency (cross border or not)	Y/N
MONITORING AND EVALUATION	
A monitoring and evaluation plan is included in the exit strategy	Y/N
Internal lessons learnt exercise is organized by the organization and results shared with the GBV WG	Y/N
Lessons learnt are collected at GBV WG level	Y/N
ACCOUNTABILITY AND SEA	
A feedback and complaints mechanism is in place and functioning	Y/N
Systems to ensure beneficiaries can file complaints even for a period after the closure are in place	Y/N



A PSEA mechanism is in place and communicated to the community	Y/N
Systems to ensure beneficiaries can file SEA reports even for a period after the closure are in place-timeframe is clearly communicated to interested parties	Y/N
STAFF SELF-CARE	
Strategies to ensure staff self-care throughout the programme, including during closure, are developed	Y/N
Training packages, competency frameworks and opportunities are disseminated	Y/N