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Guidance on GBV Case **Transfer**

Lebanon GBVIMS Task Force

March 2026

1. Purpose

This guidance outlines procedures for the **safe, ethical, and survivor-centered transfer of GBV cases** between service providers, ensuring continuity of care and adherence to GBVIMS and inter-agency standards.

2. Scope

This guidance applies to all organizations providing GBV case management services under the **Lebanon GBV Working Group (GBV WG)**.

3. Definitions

Case Transfer:
Full handover of case management responsibility from one organization to another.

Referral:
A survivor accesses services from another provider while the original caseworker retains responsibility.

4. When is Case Transfer Appropriate?

Case transfer should only occur when **necessary and justified**, including:

- Organization closure or suspension of services
- Survivor relocation and need continuation of in-person case management based on safety assessment (if outside area of intervention of the original actor as per the defined Geo-Split).
- Survivor request (even within the area of intervention of the original actor as per the Geo Split and service mapping)
- Need for specialized services (that another GBV actor is able to provide and must take under case management such as in person individual psychological counseling, Safe Shelter, child survivors support, survivors with disabilities, LGBTQI survivors)
- Safety or access constraints

Emergency & Continuity Considerations

Before proceeding with transfer, alternative **continuity options** should be assessed:

- Continuation of services by the same caseworker (including after relocation, if feasible)
- Remote case management (**last resort**, based on risk assessment)
- Temporary suspension of services with planned re-engagement

If disruption is **temporary**, caseworkers may:

- Maintain safe communication with survivors
- Resume in-person services once access is restored

In volatile contexts:

- Case files should be **securely retained for a defined period** to allow continuity if access resumes (*check the section below on Case File Retention*)

Planned Phasing-Out of Services

In cases of planned closure:

- Ensure **early planning and clear transition timelines**
- Support **capacity building of receiving organizations**, where feasible
- If training is not possible, conduct:
    - Structured handover meetings and/or technical workshops
    - Discussions on case management approaches and risks
- Allocate sufficient time to:
    - Present cases individually to receiving caseworkers
- Coordinate with the **GBV WG** to:
    - Update service mapping and referral pathways
    - Inform partners of changes in service availability

5. Guiding Principles

- Informed Consent
- Confidentiality and Data Protection
- Do No Harm
- Survivor-Centered Approach
- Need-to-Know Principle (with the consent of the survivor, this should reflect any information that is relevant to the incident and the protection risk not to exhaust the beneficiary in repeating all the history of the incident)

6. Procedures

Step 1: Assess Need for Transfer

- Caseworker assesses necessity
- Supervisor approval required
- **Safety Risk Assessment (Mandatory):**
    - Assess risks related to transfer (movement, communication, exposure)
    - Evaluate all continuity options
- **Safety Planning:**
    - Review or update safety plan before transfer
    - Adapt to new risks during transition

Step 2: Discuss Changes and Options with Survivor

Clearly communicate:

- Reason for transfer or service change
- Timeline and duration of changes
- What will stop and what will continue
- Availability of other services from the same organization

Discuss available options:

- Case transfer
- Referral
- Remote support (if safe)
- Temporary pause

Explain:

- Where and how to access services
- What will happen to case information

Ensure the survivor can make a **fully informed decision**.

Step 3: Obtain Informed Consent

- Obtain written or documented verbal consent
- Consent must specify:
    - Receiving organization
    - Type of information shared
- **No transfer without consent**

If survivor refuses:

- Respect the decision
- Explore alternatives

If services cannot continue:

- Close the case safely upon request
- Provide:
    - Safety planning
    - Information on how to re-access services

If requested:

- Survivors may receive their case information after being informed of risks

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Step 4: Identify Receiving Organization

- Confirm capacity and service availability
- Ensure adherence to GBV principles
- Confirm Information Sharing Protocol agreement exists

1- When both agencies are signatories to the same ISP as GBVIMS members, they operate within a pre-defined framework. However, it is critical to distinguish between data types:

- Aggregated Data: The ISP primarily governs the sharing of non-identifiable, statistical data.
- Individual Case Data: Sharing person-identifiable information still requires explicit informed consent.
- Access Principles: All sharing must remain purpose-specific (limited to service provision) and conducted strictly on a need-to-know basis.
- Transfers Between GBVIMS Plus (Primero) Users: The case transfer process is streamlined when both agencies use GBVIMS Plus (Primero). The platform includes a dedicated module designed to facilitate transfers securely, ensuring all technical and protection requirements are met within the system's encrypted environment.

2- Transfers to Non-GBVIMS Agencies: If a survivor is being referred to an agency outside of the GBVIMS network, the following protocols apply:

- Informed Consent: Consent remains the primary requirement. The survivor must fully understand the process, who will receive their data, and any potential implications of this sharing.
- Minimum Necessary Disclosure: It is best practice to share only the "minimum necessary" information.
- Referral vs. Intake: Use a standardized referral form rather than the comprehensive intake form.

Note on Risk Mitigation: Restricting data sharing with non-GBVIMS agencies is not a reflection of a lack of trust. Rather, it is a proactive protection measure to mitigate confidentiality risks, as these agencies may not adhere to the same specialized GBV data protection protocols and system safeguards.

Step 5: Prepare Case Transfer Package

Share minimum necessary information:

- Non-identifiable information (where possible)
- Incident type (general)
- Needs and risks
- Services provided
- Safety concerns
- Ensure that the identified actor shares the contact details of a dedicated Case Worker to follow up with the case to be contacted.
- Clarify: What will happen to case files after transfer

Step 6: Coordinate Transfer

- Ensure direct caseworker communication
- Use secure information-sharing channels
- Conduct gradual handover where possible

Where feasible:

- Present cases individually to the receiving agency
- Organize joint case discussions

Originating organization may:

- Provide **remote technical support**, especially for critical cases

Step 7: Documentation and Case Closure

Document:

- Reason for transfer
- Consent obtained
- Information shared

Confirm:

- Safety plan reviewed/updated

- Risks communicated (with consent)

Case File Retention

In alignment with the Interagency Gender-Based Violence (GBV) Case Management Guidelines (2017) and GBVIMS Steering Committee protocols, the case transfer process must be initiated within 48 hours of obtaining informed consent, with the formal handover occurring within 3 to 5 working days. To ensure continuity of care an overlap period of 1 to 2 weeks is recommended to facilitate a smooth transition between caseworkers. Following the transfer, both the sending and receiving agencies should retain case records for a period of 5 years (with the sending agency to keep the records as closed) to ensure accountability and a consistent audit trail for the survivor's journey

Step 8: Follow-Up

- Confirm successful transfer (where appropriate)
- Maintain coordination between organizations

Engaging with GBV WG to ensure:

- Continuity of services
- Updated referral pathways

7. Roles and Responsibilities

Caseworker:

- Manages transfer process
- Ensures consent and documentation

Supervisor:

- Reviews and approves transfer

Originating Organization:

- Ensures safe handover
- Supports transition (capacity building/technical support)
- Coordinates with GBV WG

Receiving Organization:

- Continues case management and
- Shares feedback post-transfer, if possible, to strengthen continuity of care and accountability

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ANNEX 1: Case Transfer Form

- Case ID
- Originating Organization
- Receiving Organization
- Date
- Reason
- Summary
- Services provided
- Needs & risks
- Safety concerns
- Consent ☐ Yes ☐ No

ANNEX 2: Consent Statement

"I understand my case will be transferred.
I have been informed about what information will be shared and why."

Consent ☐ Yes ☐ No

ANNEX 3: Checklist

☐ Transfer justified
☐ Supervisor approval obtained
☐ Consent obtained
☐ Safety plan updated
☐ Receiving organization confirmed
☐ Data minimized
☐ Secure sharing ensured
☐ Case documented and closed

References

- Inter-Agency Standing Committee (2015) – GBV Guidelines
- GBV AoR (2017) – Interagency GBV Case Management Guidelines
- GBVIMS Steering Committee (2017) – GBVIMS User Guide
- GBVIMS+ (Primero) Guidance (2021)
- UNICEF & UNFPA (2019) – GBV Programme Guidelines
- Lebanon GBVIMS Task Force– Information Sharing Protocol (ISP)