



# Standard Operating Procedures for Safe Homes for GBV Survivors

## Somalia

### Introduction:

In humanitarian crises, women and girls are the most vulnerable to violence and exploitation due to their lower socio-economic status that is grounded by pre-existing inequalities and discriminative social and legal norms. GBV has a greater impact on women and girls, as they are most often the survivors and suffer greater physical damage than men when victimized (WHO, 2005).

A shelter is a safe house, it is a place that provides an alternative and temporary shelter to survivors of violence, especially when safety of survivors is at risk if the survivor continues to stay where they are. The intended purpose of a shelter is to keep the survivors from any further potential harm from the alleged perpetrator/s with an aim of supporting him/her in dealing with the traumatic experience, as well as preparation for the legal process. The shelter must be viewed as a temporary protection placement while efforts are made for a safety of the survivors to either return home or pursue other alternatives.

In Somalia, GBV shelters provide temporary accommodation to vulnerable women and girls (including children of women) who are fleeing threatening and violent situations at home with families. Shelter provision are limited and often do not meet the standard requirements for safety and security to encourage women and girls who need physical protection to utilize such spaces. An ideal safe house should offer case management services which include psycho-social and legal support as well as follow-up care and in the end ensure access to justice. In addition, safe houses should provide economic or vocational trainings to equip survivors with the necessary skills to lead independent and dignified lives when they leave the shelter.

This SOP offers an opportunity to standardize services and operations of GBV shelters in Somalia to improve safety and security for vulnerable women and girls including GBV survivors. It aligns with the intent of the GBV sub cluster strategy to standardize services and operations to ensure that survivors are confident to seek and obtain safe and timely services and Shelter service providers have the capacity to offer and sustain such services. Information in this SOP is adapted from UNICEF 2018 publication - *Summary of call on Somalia Safe Shelter, GBV coordination handbook 2019 and the IASC Guidelines on Integrating GBV in Emergencies, 2015*.

## Purpose and Objectives of the Standard Operating Procedures (SOP):

The overall objective of the SOPs is to contribute to harmonizing the standards of operations for GBV shelters in Somalia. It is an attempt to present common standards of practice for providing services to GBV survivors in Shelters and safe houses in Somalia. These SOP's can be used as for service delivery at facility level. Specific objectives include –

- To ensure that GBV survivors in Shelters receive services in line with GBV principles and survivor centered approaches
- To ensure the best possible security and protection for GBV survivors that access shelter services.

## THE STANDARDS

### Standard 1 - Location and Structure:

- i. All Shelters and safe houses must be established in locations that ensures the safety and security of the survivor and his/her family. The structure must be one that blends well and offer all other services related to women's health and empowerment so that it is not only identified as a shelter. The shelter should be accessible to everybody.
- ii. Shelters and safe spaces should be a building with not less than 6 rooms, a kitchen, a living/recreational room and toilets for survivors. It should also have office accommodation for staff of the shelter. It must be well lit at night and have a constant supply of electricity either through conventional power or a generator.
- iii. Private, communal and administrative areas to be clearly distinguished. Adequate lockable facilities for clothes and other personal belongings to be availed to clients.
- iv. The shelter shall be comfortable and safe for clients and their children. Rooms and furniture shall be arranged to ensure safety and privacy. Suitable furniture and equipment shall be availed to those with special needs. Structures like ramps shall be installed to cater for women and children with special needs, including the physically challenged.
- v. The shelter must have a perimeter fence or wall boosted with extra security, such as an electric fence and guard. Fire alarms and extinguishers shall be strategically placed for easy access and will be maintained and serviced regularly. CCTV cameras should be in place.

Risk assessment checks to be carried out yearly on electrical facilities, food storage and preparation facilities, water facilities, as well as garbage disposal to identify any hazards. Once identified, all deficiencies must be corrected. (Adopted from UNICEF)



### Standard 2 - Staffing:

A GBV shelter or safe house must have staff in the following cadre

- i. A Shelter safe space manager
- ii. A qualified Psycho-social counsellor/qualified nurse
- iii. An administrative officer/receptionist
- iv. A gateman
- v. 1 security officer
- vi. 1 Cleaner and 1 cook
- vii. 2 Female caregiver/taker 24hr
- viii. A driver

### Standard 3 - Operational:

- i. All GBV shelters and safe houses for survivors of GBV shall be registered with the national regulatory authority or the entity running the shelter should be registered with the relevant authorities.
- ii. The shelter shall maintain collaborative relations with the Ministry of women to ensure technical support of agencies that have overall mandate in improving the empowerment and wellbeing of women and girls.
- iii. When considering admitting a client into the shelter, the institution must ensure that the person has given his or her consent to being housed in the safe house. Consideration should also be given to survivors in respect to pregnancy or any pre-existing medical conditions which must all be disclosed at admission.
- iv. On admission, survivors shall be required to complete an admission form. (Refer to Annex 1 for sample admission form). Survivors shall be provided with clear unambiguous written information in a language they understand, about their admission. This should elaborate their rights, responsibilities and channel of sending grievances or reporting any secondary abuse
- v. Access to the case record shall be restricted for the protection of the survivor and his/her family members.
- vi. Survivors shall be oriented about rules, regulations and code of conduct governing them during their stay and shall be required to sign them.
- vii. The Shelter or Safe house manager must together with the survivor shall develop a care plan together that should be assessed on a weekly basis (refer to Annex 2 for care plan template).
- viii. A GBV shelter must have a recreational, vocational (they can use standards available in their regions) and educational activities for occupants of the Shelter and must routinely undertake activities to build the confidence of the occupants and help them heal from trauma of violence.

- ix. Visitation - Should the survivor desire to be visited, the visit shall be monitored and shall be at a secure and private location outside the shelter premises.
- x. Interaction and communication between the staff and the survivor, particularly and their children shall be open, honest and respectful.
- xi. All information concerning clients housed at the safe house shall be kept strictly confidential. When any communication is necessary with service providers, pseudonyms shall be used to maintain the anonymity of the clients and their children.

#### Standard 4 - Services

The overall goal of the safe house is to provide an alternative temporal shelter for the protection of survivors of GBV. The intended purpose of a safe house is to keep the survivors away from their alleged perpetrators. It is proposed to be a temporary refuge (for a maximum of one month with allowance for renewal). Besides other regular routine tasks within a safe house, following activities should be offered to the survivors to take them out from trauma and to enhance their life skills which will help them in earning a dignified life thereafter.



- **Psycho-social support:** Upon entering a safe house, survivors have often been through traumatic or life altering experiences but all at different levels and in different ways for individuals. It is important that while in the safe house, they receive care of the highest standard at psychological support through trauma and first aid counselling by skilled personnel. Continual counselling and psychosocial support to be given on a regular basis in accordance with the development plan. Review of results shall be recorded and kept in the survivor's file.
- **Recreational or vocational skills:** Shelters and safe houses should offer some form of recreational or vocational activities to empower the survivors, accelerate their healing and help their integration into communities when they exit the shelter.
- **Referral to other Multi-Sectoral Services:** Shelters and safe houses staff must have the ability to refer survivors to other services or leverage the support and cooperation of providers of other services such as - health services, legal and police at need basis and at the consent of the survivor- to provide such services to survivors. Shelter staff must support survivors to access the services that they need to recover from the trauma and access justice as the survivor wishes. (Adopted from UNICEF)

### Standard 5 - Behaviour Management and community engagement

Behaviour management is a way in which it will be ensured that survivors and their children in the safe house maintain the behaviour that is acceptable and expected in living with other people from various backgrounds. When survivors come to the common ground which is the safe house, it is important that they abide by rules, regulations and curfews to ensure that they all live harmoniously but also reduce the likelihood of conflicts and additional trauma on each other. Community involvement on the decision of the survivors should be discouraged as much as possible.

- i. A clear and written policy, procedure and code of conduct and regulations that outline the control and disciplinary measures that are permitted and reinforce positive information for the achievement of acceptable behaviour shall be made available to every survivor.
- ii. Qualified staff shall be alerted when in some cases unacceptable behaviour is a result of damaging experiences of abuse the woman might have been exposed to or illness and the survivor needs immediate attention as necessary.
- iii. The survivor shall have overall discipline of her children in case of parent, during their stay at the shelter but matron may intervene when behaviour becomes risky to other clients.

### Standard 6 - Prevention of Sexual Exploitation and abuse:

- i. Shelter and Safe space management should put in place measures for handling complaints against staff member. A code of conduct for staff based on the 6 principles for PSEA should be developed and staff oriented and familiar with the provisions.
- ii. A record that details the name and position of the person against whom a complaint is made, the date and nature of the complaint, the action taken and outcome of the complaint shall be kept. Survivors shall also be informed of the procedure for lodging complaints.

### Standards 7: - Plan for discharging the Survivors

An exit plan shall be prepared for survivors who are ready to be discharged in line with the initial care plan. Discharge is only possible with a signed recommendation from the shelter or safe house manager in agreement with the survivor. The discharge plan will outline the following:

- i. Follow up services including medical, educational, occupational as well as psychosocial and other necessary support
- ii. Information on available social service, public assistance health care facilities, and any other specialist services.
- iii. A realistic plan depending on coping ability and available resources.
- iv. In dealing with reintegration, the staff shall assess the preparedness of the survivor and the family's willingness to further support and have him/her reintegrated in the community and home.



## Approaches and Principles

Shelter and safe houses operation must be based on the following principles for service provision

### Safety and Security

Ensure the safety of the survivor and family at all times. Remember that s/he may be frightened, and need assurance that s/he is safe. In all types of cases, ensure that s/he is not placed at risk of further harm by the assailant. If necessary, ask for assistance from security, police, village headmen and chiefs or others who can provide security. Maintain awareness of safety and security of people who are helping the survivor, such as family, friends, counsellors, health care workers, etc.

### Best Interest of the Child

In all cases concerning a child, the best interest of the child should be the primary consideration. Apply the above principles to children, including their right to participate in decisions that will affect them. A child should be listened to and believed in, and their concerns should be taken seriously. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide and the appropriate procedures should be followed. The WHO Ethical and Safety Recommendations document provides guidance on these issues and offers additional resources that can be consulted.

### Confidentiality

Respect the confidentiality of the survivor and their family at all times. If the survivor gives his/her informed consent, share only relevant information with others for the purpose of helping the survivor, such as referring for services. All written information about survivors must be maintained in secure, locked files. If any reports or statistics are to be made public, only the actors who report data each month will have the authority to release such information. All identifying personal information (name, address, etc.) will be withheld in the reporting, compilation and sharing of data. When relating to children make sure they understand that you have to share the information with their caretakers to ensure the safety and security of the child.

### Informed Consent

All actors must receive informed consent from the survivor, or legal guardian if the survivor is a minor, prior to any response service or sharing of information. If the survivor cannot read and write an informed consent statement will be read up to the survivor and a verbal consent will be obtained. The survivor should have the option to provide limited consent where they can choose which information is released and which is kept confidential. The objective of informed consent is that the survivor understands what s/he is consenting and agreeing to.

### Non-Discrimination and Impartiality

Ensure non-discrimination and impartiality in all interactions with survivors and in all services provision. All actors will provide services without discrimination based on age, sex, religion, clan, ethnicity, wealth, language, nationality, status, political opinion, culture, etc. All actors must be impartial.

### Privacy and Survivor's Comfort

Ensure privacy before starting interviews of survivors, this includes child survivors. Avoid requiring him/her to repeat the story in multiple interviews. Only ask survivors relevant questions. Be empathetic. Do not show any disrespect for the individual or her/his culture or family or situation. Where possible conduct interviews and examinations by staff of the same sex as survivor unless there is no other staff available. Survivor's comfort must always be taken into consideration, and interview settings must reflect that.

### Survivor Centered Approach

"The survivor-centred approach ... aims to create a supportive environment in which a GBV survivor's rights are respected, safety is ensured, and the survivor is treated with dignity and respect. The approach helps to promote a survivor's recovery and strengthen her or his ability to identify and express needs and wishes; it also reinforces the person's capacity to make decisions about possible interventions" (*Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, 2015, IASC*)



## Annex 1: SAMPLE ADMISSION FORM

Date..... File No.....

Surname.....

First Names.....

ID Number.....

Date of Birth.....

Age/Estimated Age.....

Cellphone Number.....

Date of Arrival..... Time of Arrival.....

Total Admitting (if accompanied by children) .....

Names and Ages of Children.....

Last Permanent Address.....

**IF EMPLOYED**

Name of Company/Organisation.....

Physical Address.....

Telephone Number.....

Referral Details (if client is referred from a partner organisation)

Referred by.....

Telephone.....

Have you ever been offered shelter here before?.....

Do you have any skills you would like to nurture?.....

**IN CASE OF EMERGENCY CONTACT:**

Surname.....

First Names.....

Relationship.....

Address.....

Cell/Tel Number.....

**HISTORY OF ABUSE**

Injuries sustained in the attack (if applicable)

Any special medical needs

Client's Full Name.....

Client's Signature.....

Date.....

Admitting staff's Signature.....

Date.....



## Annex 2: Survivor's CARE PLAN

Name of Client.....

File No.....

Carer's Details.....

Other care being undertaken (e.g. medical or psychiatric)

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Survivor's History in Brief

Client's Needs/ Main Issues Presenting	Recommended Action	Goals with timelines	Referrals Necessary