



REPUBLIC OF SOUTH SUDAN
MINISTRY OF GENDER, CHILD AND SOCIAL WELFARE

**GUIDELINES FOR
ESTABLISHMENT AND MANAGEMENT
OF SAFE HOMES
FOR SURVIVORS
OF GENDER-BASED VIOLENCE**

January 2020

Contents

ACRONYMS	v
FOREWORD	vi
ACKNOWLEDGEMENTS	vii
1 INTRODUCTION.....	1
1.1 Background to the development of the guidelines	1
1.2 Context of gender-based violence in South Sudan.....	1
1.3 Legal, policy and institutional framework.....	2
1.4 Rationale for development of the guidelines	3
1.5 Purpose of the guidelines	3
2 PRINCIPLES.....	5
2.1 Survivor-centred approach	5
2.2 Confidentiality.....	5
2.3 Non-discrimination	5
2.4 Rights-based approach	6
2.5 Community-based approach.....	6
2.6 “Do no harm” approach.....	6
2.7 Age-sensitive responses and best interest of the child	6
2.8 Empowerment	6
2.9 Multi-sectoral approach.....	6
2.10 Re-integration	7
3 DESCRIPTION AND SERVICES OF SAFE HOMES FOR GBV SURVIVORS	8
3.1 Definition of a safe home.....	8
3.2 Services to be provided at a safe home	8
4 ESTABLISHMENT OF SAFE HOME FOR SURVIVORS OF GBV	10
4.1 Who can establish a safe home for GBV survivors?	10
4.2 Registration and approval.....	10
4.2.1 Requirements for registration	10
4.2.2 Registration and approval process.....	11
4.3 Location.....	11
5 MANAGEMENT OF A SAFE HOME.....	13

5.1	Eligibility and admission.....	13
5.2	Duration of stay	13
5.3	Accessibility.....	13
5.4	Management and staff.....	14
5.4.1	Technical working committee.....	14
5.4.2	Staffing.....	14
5.5	Conduct of staff and resident survivors in a safe home	14
5.5.1	Rules for survivor	15
5.5.2	Rules for staff.....	15
5.6	Reporting of a missing survivor.....	15
5.7	Record-keeping and reporting of cases handled	16
5.8	Discharge and re-integration	16
6	MINIMUM STANDARDS FOR SAFE HOME	17
6.1	Safety and security.....	17
6.2	Accommodation and bedding.....	17
6.3	Sanitation and hygiene	17
6.4	Toiletries	18
6.5	Feeding.....	18
6.6	Clothing.....	18
6.7	Hotlines.....	18
6.8	Transport.....	18
6.9	Medical care.....	18
6.10	Recreational facilities.....	19
6.11	Child-friendly services.....	19
6.12	Accessibility for people with disabilities.....	19
7	INSPECTION, MONITORING AND QUALITY ASSURANCE	20
7.1	Customer satisfaction	20
7.2	Refresher training for staff.....	20
7.3	Psychosocial and self-care programmes for staff.....	20
7.4	Inspection.....	20
8	DOCUMENTATION AND INFORMATION MANAGEMENT	22
9	THE ROLE OF KEY STAKEHOLDERS IN IMPLEMENTATION OF THE GUIDELINES	23

GLOSSARY OF TERMS.....	26
REFERENCES.....	28
ANNEXES	30

ACRONYMS

CSO	Civil-society organization
GBV	Gender-based violence
GBVIMS	Gender-based violence information management system
HIV	Human immunodeficiency virus
IRC	International Rescue Committee
MGCSW	Ministry of Gender, Child and Social Welfare
NGO	Non-governmental organization
SOP	Standard operating procedure
SPU	Special Protection Unit
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women

FOREWORD

Safe homes for survivors of gender-based violence (GBV) are a critical component in the provision of comprehensive GBV response services in South Sudan. The purpose of safe homes is to offer protection by providing temporary accommodation to survivors of GBV whose lives are under threat from perpetrators and/or their associates. The provision of high-quality and comprehensive services to survivors at safe homes demands clear prescription of minimum standards and procedures for all facilities and services. This therefore calls for the development of guidelines for all actors who intend to establish and manage safe homes for survivors of GBV in South Sudan.

These National Guidelines for Establishment and Management of Safe Homes for Survivors of GBV in South Sudan are in line with national, regional and international legal and policy frameworks that aim to eliminate all forms of GBV and ensure that survivors not only can access justice but also have their safety and dignity restored.

The lack of safe homes for survivors of GBV has been a major gap in national GBV prevention and response. It is our hope that these guidelines will enable government and other actors to establish and manage GBV safe homes while adhering to the stated minimum standards and procedures.

These guidelines should be used alongside other GBV guidelines and regulations, particularly the Standard Operating Procedures (SOP) for Prevention, Protection and Response to Gender-based Violence in South Sudan.

The Ministry of Gender, Child and Social Welfare calls upon all actors to use these guidelines and ensure that they are adhered to in order to address the needs of GBV survivors in South Sudan in a holistic and comprehensive manner.

Hon. Aya Benjamin Libo Warille

Minister

Ministry of Gender, Child and Social Welfare

Date

ACKNOWLEDGEMENTS

These Guidelines for Establishment and Management of Safe Homes for Survivors of Gender-based Violence in South Sudan could not have been developed without the support and contribution of many stakeholders working on GBV issues. The Ministry of Gender, Child and Social Welfare (MGCSW) sincerely acknowledges the contributions of numerous organizations.

MGCSW expresses deep gratitude to the United Nations Population Fund (UNFPA) for its guidance and its generous financial and technical support. The ministry appreciates the technical input and guidance from UN Women during the development of these guidelines. The ministry also thanks other ministries, departments and agencies for their participation and contribution, in particular the Ministry of Health, Ministry of Interior, Ministry of Justice, Ministry of Gender, Child and Social Welfare at national and state levels, the Office of the President, the South Sudan Human Rights Commission and Civil Society Organizations.

The MGCSW is grateful to all the local and international non-governmental organizations that shared their experiences in GBV work and made useful contributions, including but not limited to CARE, IRC International, Nile Hope, and Community Initiative for Development Organization (CIDO), Confident Children out of Court, and Hope Restoration South Sudan (HRSS). The GBV sub-cluster members, includes representatives from the government ministries, community service organizations, development partners and other service providers, also contributed greatly to the process.

Finally, we gratefully acknowledge UNFPA consultant Ms. Caroline Rukundo Benda, who supported the development of these guidelines.

Esther Ikere Eluzai

Undersecretary

Ministry of Gender, Child and Social Welfare

Date:

1 INTRODUCTION

1.1 Background to the development of the guidelines

Gender-based violence (GBV) is a human-rights and public-health issue with both immediate and long-term effects. In South Sudan, GBV is common. It includes physical, sexual, emotional, economic and domestic violence. Any form of GBV violates the rights of women and girls to a life of dignity and well-being and, in some cases, the right to life itself. Other consequences include family breakup, poverty, disability, homicide and suicide, risk of unplanned pregnancy, risk of sexually transmitted infections (STIs) such as HIV and development of such conditions as chronic pain syndromes, traumatic injury and traumatic obstetric fistula.

Although the Government of South Sudan, in collaboration with other stakeholders, has implemented various programmes to prevent and respond to GBV, there is a lack of safe homes for survivors – especially for those whose security and safety is under threat from the perpetrators and their associates. Torit is the only state that has established a safe home, with the support of the United Nations Mission for South Sudan (UNMISS), and developed guidelines for the establishment and management of safe homes. Therefore there is a need for GBV safe homes in other states, and for the development of standards, principles and procedures at the national level to guide the establishment and management of such refuges for GBV survivors.

In pursuit of this, the Ministry of Gender, Child and Social Welfare (MGCSW), in line with its mandate to put in place institutional and policy measures and standards to prevent and respond to GBV, and in collaboration with the United Nations Population Fund (UNFPA), hired a consultant to support the development of guideline for the establishment and management of safe homes for GBV survivors. This guideline shall apply to all actors who intend to establish and manage safe homes. They shall also guide inspectors and supervisors involved in ensuring high-quality, standardized services to GBV survivors.

The development of these guidelines has been consultative and participatory. All key government agencies, international non-governmental organizations and non-governmental organizations (NGOs), United Nations agencies, and other humanitarian and development partners, at both national and state levels, were consulted during the development process.

1.2 Context of gender-based violence in South Sudan

In South Sudan, gender-based violence is a serious problem, as highlighted by various studies and reports. GBV is rampant as a result of deeply ingrained patriarchal norms that perpetuate gender inequality and power imbalances, and is exacerbated by the risks associated with decades of armed conflict, marginalization, neglect and high rates of poverty. It manifests at the

household/family and community levels. According to the 2018 GBV information management system (GBVIMS), most survivors of GBV are women and girls.

All forms of GBV, such as rape, sexual harassment, intimate-partner violence, physical violence, psychological violence, denial of resources etc., remain widespread in South Sudan. Harmful traditional practices, such as child and forced marriages, girl-child compensation, polygamy and widow inheritance, have reinforced the abuse and violation of women's rights and dignity. It is important to note that most violence against women and girls is at the hands of people known to them, often intimate partners and close relatives. Yet the myth of strangers perpetrating GBV persists. The most common and leading factors exacerbating the risk of violence against women and girls include alcoholism, cultural practices, unequal power relations, poverty and conflict-related risks. GBV was reported to be widely perceived as "normal," and the beating of girls and women was seen as a corrective disciplinary measure taken by men, who are regarded as the "guardians".

The Government of South Sudan and other stakeholders have put in place various programmes to address GBV. These include capacity-building of stakeholders, the establishment of family protection centres and police protection units, strengthened GBV and child-protection coordination mechanisms, awareness and advocacy campaigns, and other health, legal and psychosocial support services. However, critical services for survivors are still limited. Most survivors of GBV are traumatized, stigmatized and sometimes abandoned by their families and communities, with some dying in deplorable conditions without any redress. Special Protection Unit (SPU) officers – specially trained GBV police officers – need significant training. Frequent redeployment of these officers has also undermined the effective operation of the SPUs.

The Ministry of Justice is also taking measures to prevent the trivialization of cases involving GBV and abuse of women and girls. The United Nations Development Programme (UNDP) is supporting the ministry in specialized training for lawyers, prosecutors, police investigators, traditional authorities and customary-court members to equip them with the appropriate skills, knowledge and expertise to handle GBV cases in a professional manner.

1.3 Legal, policy and institutional framework

South Sudan is party to various regional and international instruments that call for institutional, legal and policy measures to provide for comprehensive GBV prevention, response and management at all levels. These include the Convention on Elimination of all Forms of Discrimination against Women (1979), the Convention on the Rights of the Child (1989), and the African Charter on the Rights and Welfare of the Child (1990).

The Government of South Sudan has also developed laws and policies addressing GBV issues. These include the South Sudan Transitional Constitution 2011, Penal Code Act 2008, Child Act 2008, the National Gender Strategy 2013–2018, South Sudan National Action Plan on Women, Peace and Security 2015–2020, and the Standard Operating Procedures (SOP) for Prevention, Protection and Response to Gender-Based Violence in South Sudan. These require the MGCSW and other stakeholders to put in place measures and interventions for GBV prevention and response, including safe homes for survivors.

The Government of South Sudan has two levels: national and state. At the national level, the MOGCSW is mandated to provide policy guidance on GBV issues, while at the state level the implementation of GBV prevention, protection and response programmes is led by the Ministry of Gender, Child and Social Welfare (MGCSW) in collaboration with other service providers. In addressing GBV issues, a multi-sectoral approach is applied involving line ministries, including Interior, Health and Justice.

1.4 Rationale for development of the guidelines

Development of national guidelines for the establishment and management of safe homes for survivors of GBV is included in international, regional and national policy and legal frameworks for GBV prevention and response. Likewise, South Sudan is party to various regional and international instruments as well as domestic policies that call for institutional measures for comprehensive GBV prevention, response and management at all levels.

The government of South Sudan, in collaboration with United Nations agencies and civil-society organizations (CSOs), has implemented various interventions to address and respond to GBV; however, there is a lack of safe homes for survivors. As of 2018, there was only one safe home in the entire country. Survivors deserve timely response and access to services, including temporary refuge and shelter. The lack of these safe spaces has often led GBV survivors to accept temporary solutions offered by their families or relatives within the community, yet most of the time these arrangements are not safe or functional for either the survivors or the service providers working with them. The challenges faced by these informal solutions include inadequate resources and capacity to provide GBV survivors with security and to meet their basic needs. In most cases, the hosts will negotiate with a survivor and convince her to return home to the perpetrator.

1.5 Purpose of the guidelines

Safe home offer protection by providing temporary accommodation to GBV survivors whose lives are in danger from perpetrators. The provision of high-quality and comprehensive services to survivors at these refuges demands a clear prescription of minimum standards and procedures

for the facilities and services. Clear guidelines are therefore necessary for all actors who intend to establish and manage safe home for survivors of GBV.

The primary purpose of these guidelines is to ensure that those who experience GBV receive holistic, effective and comprehensive services. These guidelines aim to:

- i. Set minimum rules, standards and procedures that should be followed by both public and private actors intending to establish and manage safe home for survivors of GBV in South Sudan.
- ii. Provide general principles and good practices for establishment and management of safe home in line with international GBV case management and national SOPs for GBV prevention and response in South Sudan.
- iii. Provide a standardized framework and procedures for monitoring, evaluating and maintaining quality assurance of GBV services.
- iv. Support service providers in mobilizing resources to offer high-quality and comprehensive services to survivors and the community, including temporary accommodation for GBV survivors whose security and safety is under threat.

2 PRINCIPLES

In line with national SOPs and international guidelines on GBV case management and the essential service package for women and girls subjected to violence, the following principles shall guide the establishment and management of safe home for GBV survivors.

2.1 Survivor-centred approach

All actors shall use a survivor-centred approach, which means:

- i. To empower the survivor through the right for self-determination and by prioritizing her rights, needs and wishes. It also includes the survivor's access to appropriate, accessible and good-quality services, including health care, psychological and social support, security, and legal services.
- ii. Recognizing survivors' right to be treated with respect rather than stigma, discrimination or a "blame the victim" attitude. This includes respecting their choices, wishes, rights and dignity. Safety options chosen should be those that allow the survivor to live in dignity.
- iii. Giving survivors correct and understandable information to facilitate informed consent, rather than telling them what to do, which contributes to feeling of powerlessness.
- iv. Respecting survivors' privacy and confidentiality, so that they are not subject to gossip and shaming.
- v. Protect survivors from discrimination based on gender, ethnicity, religion or other factors.

2.2 Confidentiality

Information must only be shared with those who need it to provide necessary support to the survivor, and only with the survivor's consent. In particular, locations where survivors are being safely accommodated or hidden must be kept confidential, as should the names of those taking up safety and security options.

2.3 Non-discrimination

Services shall be provided for all GBV survivors requesting assistance, regardless of their nationality, disability, ethnicity, religion, age or political affiliation.

2.4 Rights-based approach

Survivors' human rights shall be respected at all times. The survivor has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with the principles of human-rights law.

2.5 Community-based approach

A community-based approach shall be used in the management of safe home. As GBV happens in the home and the community, the community often has the best and most sustainable solutions to address this. It is important therefore to work with community partners in developing strategies related to the protection of a survivor. This also means building on effective existing community-based protection mechanisms. Communities can also play a role in taking care of a survivor's children and properties, if appropriate.

2.6 "Do no harm" approach

Managers of the safe home shall take all measures necessary to avoid exposing survivors to further harm as a result of their actions.

2.7 Age-sensitive responses and best interest of the child

Recognizing that children – especially adolescent girls – are a significant proportion of survivors of GBV, and that different age groups require different approaches, assistance shall be tailored in accordance to the age and developmental stage of the survivor. The best interest of a child survivor must be taken into consideration at all times. Children at safe home shall be treated with respect, care and love. They shall be listened to and their views shall be valued. In all decision-making matters involving children, the director in charge of child protection at state level shall be consulted or be directly involved.

2.8 Empowerment

Where possible, a survivor should be provided with a number of safety and referral options from which she will choose her preferred one, in order to restore to her a sense of control. It is important to conduct both short- and long-term safety planning with a survivor. Empowerment should include social and psychological empowerment.

2.9 Multi-sectoral approach

The safe home shall work closely with other service providers in the government referral system to guarantee that a survivor receives all the necessary support and care she needs. A survivor-

centred approach and the national SOPs shall be adhered to while providing the survivor of GBV with services. Survivors shall always be referred by any of the actors along the GBV referral pathway in South Sudan.

2.10 Re-integration

A safe home shall work closely with relevant stakeholders to identify whether the women and girls with their families are ready to be re-integrated back into their chosen community. In addition, part of the re-integration support to women and girls includes a small start-up fund to help them set up their new home and/or their chosen enterprise, any financial support for at least three months and education grants for their children.

3 DESCRIPTION AND SERVICES OF SAFE HOMES FOR GBV SURVIVORS

3.1 Definition of a safe home

A safe home is a place that provides temporary accommodation, medical treatment and examination, or an alternative home, to survivors of GBV whose security and safety is under threat from the perpetrator, relatives or other associates. Several stakeholders describe safe homes as shelters, and for the purpose of these guidelines, safe home should be understood as temporary shelter/accommodation as described above. The intended purpose of a safe home is to keep the survivor away from her perpetrator, providing safety, security and psychosocial support in dealing with the traumatic experience while relevant actors work on arrangements for apprehending the perpetrator or planning next steps with regard to the survivor's needs and rights.

A safe home shall be part of a multi-sectoral referral system in the management and handling of GBV cases. It shall therefore provide referral linkages to ensure that a survivor is safely assisted.

3.2 Services to be provided at a safe home

A GBV safe home will ideally offer comprehensive services including psychosocial and medical treatment and examination, legal support and follow-up care. This is to ensure access to justice and survivor safety and protection. However, in the case of South Sudan, a safe home shall also be one of the key centres for referrals to services by all the actors along the GBV referral pathway. Thus, a safe home shall provide the following services:

- i. **Temporary accommodation:** The length of time will depend on the type of GBV case and status of the survivor. The safe home manager shall determine the duration of the stay.
- ii. **Psychosocial care and support services:** This includes trauma counselling, individual counselling and support. In addition, the safe home will develop a survivor case management plan for all cases, incorporating concrete actions.
- iii. **Referral Linkages:** Referrals to other forms of support – for example, medical, investigation, legal aid and preparation for giving evidence in court – should also be provided in accordance with a survivor's needs and rights. If the survivor approaches the shelter directly and the referral is not from family protection centres or other service providers such as medical, police, legal administration, the MGCSW and other GBV partners, the survivor must be immediately connected to key service providers for timely access to services, in accordance with a survivor-centred approach.
- iv. **First aid:** If a survivor reports to a safe home in critical condition, she shall be provided with primary medical and psychological first aid as safe home personnel

either refer or accompany the survivor to access medical and, if desired, police services. Each safe home must therefore have a first aid kit, and one of the staff should be trained to administer first aid services if the safe home lacks resident medical personnel.

- v. **Socio-economic empowerment programmes:** Programmes should be provided to equip survivors with necessary skills, such as financial and adult literacy, or vocational skills relevant to the local market so that they can lead independent and dignified lives, especially survivors who stay in the safe home for a long period of time. This will also enable them to overcome trauma and facilitate re-integration into the local community. If these programmes are not available at the safe home, the management shall liaise with other service providers to ensure that the survivor participate in such activities. During re-integration of survivors, they can be given start-up inputs or resettlement packages, depending on the nature of the case and the availability of resources.
- vi. **Follow-up with survivors:** Safe home caseworkers should always carry out follow-ups with persons previously discharged from the home. Where appropriate, referrals to and linkages with social welfare officers and other key actors for continued care shall be maintained. These actors shall also support social re-integration of the survivor in the family and community through regular home visits, according to the survivor's wishes.
- vii. **Safety planning:** The safe home should discuss a safety plan with the survivor to facilitate her re-integration into the community. (Use Safety Plan form/template in Annex IV.)
- viii. **Provision of services for children:** In many cases, the survivor may have one or more children with her. Therefore, it is important to create a provision for engaging children through creative literacy and recreational activities, to help them cope with the trauma of the unfamiliar custodial living conditions that may limit their movement outside the shelter.

4 ESTABLISHMENT OF SAFE HOME FOR SURVIVORS OF GBV

4.1 Who can establish a safe home for GBV survivors?

A safe home can be established by government or non-government actors with experience in GBV case management.

For sustainability purposes and best practice, an international or local NGO shall partner with the government to establish a safe home. The government shall provide land to establish the home, while the NGO manages the home with the support of development partners. To maintain the confidentiality of cases, the safe home can also be established in the existing residential area to provide a better chance of social re-integration.

The authorization to establish a safe home shall be issued by the national MGCSW through a recommendation by the State Ministry of Gender, Child and Social Welfare, in line with stated registration procedures.

A person or an individual shall not be allowed to establish a safe home for GBV survivors.

4.2 Registration and approval

4.2.1 Requirements for registration

Applicants shall provide the following:

- a. Evidence of legal status, including a valid certificate of registration, copies of constitutions, articles or memorandum of association, and organizational structures.
- b. Evidence of programmes on GBV case management over the past three years, including information on sources and amount of funding.
- c. Evidence that the proposed safe home meets the minimum standards set out in these guidelines.
- d. Letter of recommendation from the relevant technical authorities of the relevant government institution/ministry in the area where the safe home shall be located.
- e. Completed application form with official stamps/seal of recommending authorities (see Application Form in Annex I).
- f. Curriculum vitae or minimum requirement profiles of management and key staff, as stipulated in these guidelines.
- g. Memorandum of understanding (MoU) with the government.
- h. Approved building plan.

4.2.2 Registration and approval process

The registration and approval process for establishing and managing a safe home shall be a bottom-up and multi-sectoral approach. As the location of safe home shall remain confidential, care must be taken in the handling of safe home information throughout the approval process.

These steps shall be followed:

- a. The State Ministry of Gender, Child and Social Welfare shall verify all the requirements for registration, and certify and recommend the agency intending to establish a GBV safe home to the national MGCSW for approval.
- b. At state level, an inspection team or technical working committee composed of representatives from the State Ministry of Gender, Child and Social Welfare, Ministry of Health, Ministry of Interior (Police), Ministry of Justice and Constitutional Affairs, and the chair of the state GBV sub-cluster/CSO representative shall inspect the agency and make a report. The inspection report and recommendation from the Director General of the State Ministry of Gender, Child and Social Welfare shall be attached to the application and submitted to the national MGSCW for approval and issuance of the registration certificates.
- c. At the national level, upon receipt of an application, a technical committee composed of an MGSCW officer, Ministry of Interior (Police), Ministry of Health, Ministry of Justice and Constitutional Affairs, and the co-chair of the national GBV sub-cluster/CSO shall review the application based on the inspection report, appraisal and recommendation from the state, and give advice on the application to the undersecretary and minister of the MGSCW.
- d. The undersecretary or minister of the MGSCW shall approve or reject the application within 30 days of its submission. In cases of approval, a certificate of registration valid for three years shall be issued.
- e. If the application is rejected, a statement of reasons for the rejection shall be provided within 30 days.
- f. Each approval shall be specific to a given safe home facility for a period of three years.
- g. The approval of a safe home shall not be transferable to another organization to operate a home unless its transfer is approved.
- h. If a safe home is in existence before the commencement of these guidelines, the management shall apply for approval within three months of commencement of these guidelines.

4.3 Location

The selection of a location for a safe home shall consider the following:

- i. The presence of a functional family protection centre and/or a women's and girls' safe space
- ii. Easy access to other service providers, e.g. medical, police and legal services
- iii. Secrecy and anonymity, i.e. no signposts or advertising
- iv. Security in the area
- v. No current safe home within the geographical location
- vi. In a confidential location separate from the family protection centre or police station where cases are first received.

5 MANAGEMENT OF A SAFE HOME

5.1 Eligibility and admission

A safe home shall provide temporary accommodation to GBV survivors who are under immediate threat of being harmed or killed by the perpetrator, relatives or community members. The management or service provider will assess the status of the survivor and determine whether she requires temporary accommodation. The following criteria shall be considered for admission to a safe home:

- a) When the survivor is under immediate threat of being harmed or at risk of being killed by the perpetrator, relatives or community members.
- b) When the survivor is assessed and realizes that, if she is sent back home, she will face threats, stigma and further trauma, and needs the safe home in order to heal and prepare for appropriate social re-integration.
- c) When a survivor has travelled long distances to access services such as medical treatment and cannot return home on the same day because of lack of transport or travel by night. Such survivors shall be discharged from the safe home the following day.
- d) Breastfeeding mothers with their babies. Children under 10 years old who come to the safe home with their mothers shall also be accommodated. Boys over 10 years old and adult men shall neither be accommodated nor allowed access inside a safe home.
- e) Female caregivers of survivors with disabilities.

The manager of a safe home, in collaboration with the psychosocial support officer, shall be responsible for admitting the survivor, in most cases through referrals by service providers.

5.2 Duration of stay

The duration of stay in a safe home will depend on the complexity and gravity of the case. It is recommended that the survivor be provided with temporary accommodation for a minimum of 48 hours and a maximum of three months. However, sometimes there will be cases of a survivor whose stay shall be extended because of the complexity of her case. In such cases, the safe home manager shall determine the length of stay. The management shall do everything possible to refer and/or resettle the survivor as soon as possible to minimize the duration of stay, while keeping the safety and well-being of the survivor at the centre of the decision-making.

5.3 Accessibility

The safe home shall only be accessed by the resident survivors and staff. Thus access by non-residents or visitors shall be restricted in line with the principles of the safety, security and privacy of the survivor. Designated female inspectors will also be allowed access to the safe home by scheduled appointment.

5.4 Management and staff

5.4.1 Technical working committee

A safe home shall have a technical working committee responsible for providing management support at the state level.

The committee shall include the Director General of the State Ministry of Gender, Child and Social Welfare, a representative from the Ministry of Health (Clinical Management of Rape Cases Department), a representative from the Ministry of Interior (Police/SPU), a representative from the Ministry of Justice, the co-chair of the state GBV sub-cluster/CSO representative, the manager of the safe home and any other representative appointed by the NGOs operating the safe home.

The committee shall meet on a quarterly basis, and the manager shall always present a status report.

5.4.2 Staffing

The staff of a safe home shall preferably be female, for reasons of gender-sensitivity and safety, and must refrain from aggravating the post-traumatic stress of survivors. All staff shall have proficiency in the local language of the safe home.

The safe home shall have the following staff:

- **Manager:** The head of the safe home, responsible for the day-to-day operations and supervision of all staff. The manager shall be a person qualified in the field of social work or social sciences at a degree or diploma level, with practical experience in GBV case management.
- **Matron/cleaner:** The caretaker of the safe home.
- **Social worker/counsellor:** Trained in GBV and child-protection counselling, and the provision of other psychosocial support services.
- **Registered nurse:** Where not available, a person trained in first aid.
- **Security guard:** From a private security service or a police officer, who must always wear civilian clothes.
- **Cook.**
- **Other staff members:** As needed, and as feasible within the organization's resources.

5.5 Conduct of staff and resident survivors in a safe home

A safe home shall have rules regulating the conduct of persons within the home and, in particular, regulating the discipline of staff and survivors in that home. If possible, the rules and regulations

should be displayed in both English and the common local language for those who do not read English.

Violation of any provision of the code of conduct will lead to disciplinary action. For the staff, it can result in dismissal, and for a survivor will be discipline within the centre or referred to the appropriate authority.

5.5.1 Rules for survivor

The following rules shall apply to survivors at a safe home:

- i. The survivor must not publicly disclose her residence at the safe home. The location of the safe home must not be disclosed to anyone outside the shelter, even after leaving the shelter.
- ii. Alcohol and drugs are prohibited at the home.
- iii. The survivor shall not spend the night away from the home unless agreed upon with the management, and shall return alone to the safe home before 6:00 p.m., without anyone accompanying her.
- iv. The survivor must not engage in any act of theft, violence, damage or destruction of any property in the safe home.
- v. An adult survivor shall participate in household chores (for example, cooking, washing, keeping rooms clean etc.) according to her physical and psychological state, assessed by the home's/shelter's designated staff.

5.5.2 Rules for staff

The following rules, at a minimum, shall apply to all staff at a safe home:

- i. All staff shall be made aware of their roles and responsibilities and shall sign the code of conduct before commencing work at the safe home.
- ii. Staff members shall not be in possession of or consume alcohol or drugs.
- iii. Staff members shall not engage in any act of GBV at the safe home or in the community.
- iv. Staff members shall not disclose any information about a survivor being accommodated at the safe home. Information shall be kept confidential unless required for referral purposes. This should be based on the consent of the survivor, unless in a medical emergency where seeking consent is not possible.

5.6 Reporting of a missing survivor

When a survivor or a child goes missing from a safe home, the management shall report the matter to the police immediately, and no later than within 24 hours. The management shall also

report the matter to the Director General of the State Ministry of Gender, Child and Social Welfare.

5.7 Record-keeping and reporting of cases handled

Information related to survivor shall remain private and confidential, and shall not be disclosed to any unauthorized person, including family members.

Information will be collected using the designated forms (see Annexes):

- i. Admission form (Annex II)
- ii. Care plan/progress form (Annex III)
- iii. Safety plan (Annex IV)
- iv. Discharge/follow-up form (Annex V)
- v. Departure form/questionnaire (Annex VI)

Information about survivor shall be anonymized.

5.8 Discharge and re-integration

The manager of a safe home shall be responsible for the discharge of a survivor in consultation with other GBV service providers and with the survivor herself. This shall occur after assessing the survivor's safety and security and her medical and psychological condition.

Any resident may choose to discharge herself and leave at any time. If there is any accompanying child or children, they are expected to leave with the mother. No infant without the mother, shall be allowed to reside in the safe house without their mother.

The management of a safe home shall liaise with local authorities, including police, child welfare and social welfare officers, with the consent of a survivor, in the process of re-integrating into the community.

In consultation with a survivor, the management shall put in place a re-integration plan, and existing support structures should be identified to ensure her continued well-being.

The re-integration of a child survivor will be handled in accordance with the provisions of existing laws, including the South Sudan Child Act, 2008.

6 MINIMUM STANDARDS FOR SAFE HOME

A safe home shall strive to provide the best available care to GBV survivors. Management shall adhere to the following minimum standards, but may make reasonable modifications to suit specific contexts and realities. Such modifications shall be brought to the notice of the Director General of the State Ministry of Gender, Child and Social Welfare.

6.1 Safety and security

The physical safety and security of survivor shall be a priority when establishing and managing a safe home. Measures to protect survivors shall include:

- i. Reasonable security to limit access to the premises.
- ii. Entry and exit security checks by security guards.
- iii. Permanent building with a strong perimeter wall or fence and a detached security-guard office at the front entrance or gate.
- iv. Fire protection, prevention and safety measures such as fire extinguishers, fire blanket and specified emergency procedures. Residents at the safe home should be trained to use the fire extinguisher.
- v. Escort of the survivor to access services at the different service points, where possible.
- vi. Safety code of conduct signed by all residents and staff.
- vii. Protection Order from the court, in accordance with the law, if the safety and security of a survivor is under threat from the perpetrator and the management of the safe home decide to apply for same.

6.2 Accommodation and bedding

- The safe home shall have dormitories with adequate lighting and ventilation. The beds should not be more than double-decker.
- Bedsheets, blankets and mosquito nets shall be provided.
- There shall be an area designated for child survivor where they will have regular supervision.
- Children over 10 years old (not primary survivors) who accompany their mothers to the safe home shall be referred to a specialized childcare facility as soon as possible. If not available, the home shall assess whether there are safe options for the child with other family members or their community.

6.3 Sanitation and hygiene

The safe home shall:

- Have access to safe, clean water for domestic use.

- Have an adequate number of toilets/latrines, equipped with waste-disposal buckets, as well as washrooms.
- Be clean at all the times. The dormitories, compound, toilets and kitchen shall be cleaned regularly, and bedding, towels and kitchen utensils shall be cleaned after any use.
- Be fumigated regularly.

6.4 Toiletries

The following items, among others, shall be available at a safe home:

- Dignity kits/sanitary pads
- Toothpaste/toothbrush
- Soap/detergent

6.5 Feeding

The safe home shall provide survivor with adequate food, a minimum of three meals a day as per the internationally accepted nutritional requirements. Appropriate measures shall be put in place for feeding children.

6.6 Clothing

The safe home shall provide the survivor with emergency clothes. The clothing shall remain the property of the home.

6.7 Hotlines

If feasible, the safe home shall have a 24-hour hotline for service providers and survivor. There should be a counsellor on call during the night to provide 24-hour care and help survivors receive timely access to medical and other GBV services. The counsellor can offer a safe place for survivors to stay overnight to receive services in the morning.

6.8 Transport

The safe home shall have a standby vehicle. A survivor shall be supported with means of transport to access essential services during referral and re-integration. Where transport is not available, the safe home management shall liaise with other service providers for the same.

6.9 Medical care

A safe home shall:

- Have a first aid kit.
- Keep a record of any first aid administered to a survivor at the safe home.
- Record any relevant information given by the survivor about her health and social status upon admission to the safe home.
- Refer the survivor to established health facilities as the need arises.
- Maintain a record of medical and psychological health at the time of discharge from the safe home.

6.10 Recreational facilities

A safe home shall have a recreational area equipped, where possible, with a television, radio, physical exercise gadgets and reading material for survivor.

6.11 Child-friendly services

Child-friendly services shall include age-appropriate games, play and reading materials, toys, etc., and any other services for growth and development while in the safe home. Management shall ensure continuity of educational programmes for children in the safe home.

6.12 Accessibility for people with disabilities

The management of a safe home shall endeavour to ensure accessibility for people with disabilities by providing the following:

- Wheelchairs
- Disability-friendly toilets/latrines and washrooms
- Non-slippery floors
- Outsourced sign-language interpreters from Disability Persons organizations (DPOs). Ideally, the sign language interpreter should be of the same sex of the survivor.
- Assistive devices such as walking crutches/canes etc.

7 INSPECTION, MONITORING AND QUALITY ASSURANCE

7.1 Customer satisfaction

Safe home management shall put in place quality-assurance mechanisms such as client satisfaction surveys to assess client experiences of care. These mechanisms shall help to regulate and improve the services that survivors receive. The departure form can also be used to record the clients' experience of care immediately after discharge (see Annex VI).

7.2 Refresher training for staff

There should be ongoing training and mentoring of case workers, counsellors and other service providers within the referral pathways of GBV case management and documentation.

7.3 Psychosocial and self-care programmes for staff

It can be traumatizing to work with survivors of GBV, and staff can easily experience emotional exhaustion from repeatedly seeing and hearing distressing events and stories. Therefore, the management shall provide staff with psychosocial support and self-care programmes, as appropriate. The staff shall be trained on coping mechanisms.

7.4 Inspection

The national MGCSW and national GBV sub-cluster shall inspect each safe home at least once a year to assess its compliance with these guidelines.

The Director General of the State Ministry of Gender, Child and Social Welfare and the state GBV sub-cluster shall inspect the safe home at least once every six months to assess its compliance with these guidelines. If the position-holder is a man, the person shall delegate the responsibility for this task to an appropriate female authority.

After every inspection, the team shall prepare a report stating whether the safe home or shelter has complied with these guidelines.

The report shall be shared with the undersecretary of the MGCSW for further action.

In the event that a safe home does not meet the minimum provisions in these guidelines, the following steps shall be taken:

- i. A written report by the Director General of the State Ministry of Gender, Child and Social Welfare, with recommendations on the issues to be addressed by the senior management of the safe home (i.e. the organization's head if managed by an NGO, or the head of the

shelter management government authority in the case of a government-run shelter), plus follow-up actions.

- ii. A follow-up visit within three months by the Director General of the State Ministry of Gender, Child and Social Welfare to review progress made on the recommendations.
- iii. If the safe home management does not comply with the recommendations in (i) above, a warning letter shall be issued by the Director General of the State Ministry of Gender, Child and Social Welfare.
- iv. A second follow-up visit shall be carried out within two months after issuance of the warning letter.
- v. If the shelter management institution has taken action on the report, it shall report to the undersecretary and minister of the MGCSW for a final decision.
- vi. If reasonable measures instituted by the management fail to attain the expected minimum standards, the safe home shall be closed. In such circumstances, proper procedures shall be followed by the Director General of the State Ministry of Gender, Child and Social Welfare in collaboration with the MGCSW.
- vii. In case of emergencies or gross secondary violations of survivor, a safe home can be closed without following the six steps above. In the event of closure of a safe home, a plan to refer survivor to alternative care shall be made.

8 DOCUMENTATION AND INFORMATION MANAGEMENT

A safe home shall have a record/data-keeping system for monitoring purposes and to help improve service delivery to survivors. Case files will be kept in locked cabinets and will only be shared for case management purposes and with the consent of the survivor. Key staff should receive, or have previously received, training on professionalism (ethical and safety) for documenting GBV.

Data collected shall be submitted to the State Ministry of Gender, Child and Social Welfare and the national MGCSW on a quarterly basis.

A safe home shall enter data into the Incident Register of the national GBVIMS only for the cases that came to the safe home without receiving prior services from any other GBVIMS data-gathering organization. This is to avoid the duplication of records in the national GBVIMS register.

9 THE ROLE OF KEY STAKEHOLDERS IN IMPLEMENTATION OF THE GUIDELINES

The safe home is one component of the referral system for the care and support of GBV survivors. Therefore, the management and staff of a safe home shall operate according to the national SOPs and within the referral pathways. The safe home management shall always liaise with other providers of psychosocial, medical, police and legal services to ensure that a survivor receives all the necessary care and support she needs. If these guidelines are to be successfully implemented, the GBV service providers within the referral pathways must fulfil their roles and responsibilities, as outlined below.

National Ministry of Gender, Child and Social Welfare

- i. Provide technical guidance on the establishment and management of the safe home.
- ii. Inspect safe home at least once a year to assess compliance with these guidelines.
- iii. Approve establishment of safe home.
- iv. Review guidelines to address emerging issues.
- v. Build capacity for service providers for effective GBV case management.
- vi. Mobilize resources for establishment of safe home through lobbying and advocacy.

Ministry of Interior (Police)

- i. Assign police officer at the nearby station to serve as liaison officer for safe home referrals and any other safety and security support.
- ii. Ensure immediate safety of a survivor.
- iii. Provide security to the safe home, in particular to staff and survivors.
- iv. Ensure establishment of SPUs in all police stations and detention centres.
- v. Refer survivors under threat to a safe home and to other key service providers.
- vi. Investigate GBV cases, preserve evidence and present the suspects/perpetrators to courts of law.
- vii. Ensure that police officers are trained in GBV case management and response.
- viii. Ensure that when the trained officers in SPUs are transferred after two to three years, they are replaced with trained staff who have previous work experience in SPUs.
- ix. Issue policy documents on how to manage cases of GBV, and manage SPUs as fully-fledged police units.
- x. Orient and refresh new SPU staff on GBV case management procedures and principles.
- xi. Facilitate SPUs dedicated to GBV and ensure that they possess sufficient authority and credible leadership and are thoroughly integrated within the larger police structure.
- xii. Integrate GBV management into the police training curriculum.

Ministry of Health

- i. Set up systems and guidance to refer survivors under threat, coming via the health centres and institutions, to a safe home and other service providers.
- ii. Establish system and ensure its application to offer a survivor free medical examination and treatment.
- iii. Establish system to collect forensic evidence, process it, and work with the Ministry of Justice for the maintenance and management of the forensic evidence; ensure effective medical record-keeping of GBV cases, and complete Police Form 8.
- iv. Facilitate the appearance of medical personnel in court, as required, to testify on evidence collected.
- v. Sensitize staff members and build their skills on how to recognize and respond to GBV.
- vi. Provide an adequate infrastructure to ensure a patient's privacy, safety and confidentiality.

Ministry of Justice

- i. Provide legal advice and legal aid on matters concerning the establishment and management of safe home.
- ii. Ensure that perpetrators of GBV are prosecuted.
- iii. Prepare pre-trial proceedings and evaluation of perpetrators before the court.
- iv. Facilitate mediation in non-criminal GBV cases.
- v. Provide equitable access to justice by ensuring a functional and effective criminal justice system.
- vi. Refer survivors under threat to safe home and other service providers.

State Ministries of Gender, Child and Social Welfare

- i. Provide technical guidance on the establishment and management of safe home.
- ii. Inspect safe home at least once a year to assess compliance with these guidelines.
- iii. Provide land for establishment of a safe home or shelter.
- iv. Approval establishment of safe home.
- v. Build capacity for service providers for effective GBV case management.
- vi. Mobilize resources for establishment of safe home through lobbying and advocacy.

Development Partners

- i. Provide technical and financial resources and support for the establishment and management of safe home.
- ii. Monitor safe home to ensure compliance with international instruments and guidelines in relation to GBV case management.
- iii. Promote and support GBV prevention, protection and response.
- iv. Support the development of GBV-related laws and policies.
- v. Advocate and lobby for enforcement and implementation of the guidelines and other GBV-related laws and policies.

Civil-society organizations

- i. Provide technical and financial resources and support for the establishment and management of safe home.
- ii. Refer survivors under threat to safe home and other service providers.
- iii. Advocate and lobby for enforcement and implementation of the guidelines.
- iv. Provide GBV prevention, protection, care and management services.

GLOSSARY OF TERMS¹

Gender-based violence (GBV): A general term for any harmful act perpetrated against a person that is based on socially ascribed differences between males and females (i.e. gender). It includes acts that inflict physical, sexual or mental harm or suffering, the threat of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private.

Rape: Physically forced or otherwise coerced penetration – even if slight – of the vagina, anus or mouth with a penis or other body part. It also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy. The attempt to commit the above is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape.

Sexual abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual violence: “Any sexual act, attempt to perform a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work.”² Sexual violence takes many forms, including rape or attempted rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion.

Physical abuse: Any act or conduct of such a nature as to cause bodily pain, harm or danger to life, limb or health, or which impairs the health or development of a survivor.

Safe home: A residential facility that provides an alternative shelter to survivors of violence. The intended purpose of a safe home is to keep a survivor of GBV away from the perpetrator, to provide safety, security and support in dealing with the traumatic experience. A safe home should ideally offer comprehensive services, including psychosocial and legal support and follow-up care, and ensure access to justice and safety.

¹ Terminology is derived from Republic of South Sudan, Ministry of Gender, Child and Social Welfare (2017). Standard Operating Procedures (SOP) for Prevention, Protection and Response to Gender Based Violence in South Sudan.

² WHO. (2002). World Report on Violence and Health, Chapter 6.

Survivor: A person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably. “Victim” is often used in the legal and medical sectors. “Survivor” is generally preferred in the psychological and social-support sectors because it implies resilience.

Perpetrator: A person, group or institution that directly inflicts or otherwise supports violence or other abuse on another person against her or his will.

Referral pathway: A system by which care is transferred from one service provider to another on a timely basis.

Referral: Recommendation given to a survivor for further care by other service providers.

Service provider: Public or private company or institution that provides essential services to a survivor of GBV, and whose objectives include protection of the rights of the survivor.

Psychosocial: The mental, emotional, social, spiritual and physical aspects of our lives, which all affect one another.

Psychosocial services: Activities undertaken by people or institutions to help survivors within their community to cope with adverse psychological and social effects of GBV and rebuild their lives. These activities may be formal or informal.

Psychosocial support: A continuum of care and support that influences both the individual and the environment in which they live. It addresses the social, emotional and psychological well-being of a person and strengthens people’s capacities to deal with stressful events or crises. Psychosocial support aims at resumption of a person’s normal life after a critical event, supported by the person’s family, services providers, the community, the government and/or CSOs in a multi-layered approach.

REFERENCES

Arizona Coalition to End Sexual and Domestic Violence (2000). Best Practices Manual for Domestic Violence Programs.

CARE (2013). One-stop Model of Support for Survivors of Gender-based Violence: Lessons from Care Zambia.

Dubin, M (2005). Domestic Violence Shelters and the ADA.

Inter-Agency Standing committee (2015). Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery.

Nazra for Feminist Studies (2016). Women Survivors of Violence: Where to go? Problems Facing Shelters for Women and Gaps in Responses to Needs of Women Survivors of Violence in Egypt.

Rukundo C, Naijuka R (2017). Report on Assessment of GBV Shelters in Compliance with the Minimum Standards for Ministry of Gender, Labour and Social Development under Support of UK AID.

Republic of Rwanda Ministry of Gender and Family Promotion. Draft Guidelines on the Setting up of Committees to Fight against Gender-Based Violence and for the Protection of Child's Rights, from Umudugudu to District Levels.

Republic of South Sudan Ministry of Gender, Child and Social Welfare (2013). National Gender Policy Strategic Plan: Abridged Version (2013–2018).

Republic of South Sudan Ministry of Gender, Child and Social Welfare (2015). South Sudan National Action Plan Women, Peace and Security in 2015-2020 on UNSCR 1325 on Women, Peace, Security and Related Resolutions.

Republic of South Sudan, Ministry of Gender, Child and Social Welfare (2017). Standard Operating Procedures (SOP) for Prevention, Protection and Response to Gender Based Violence in South Sudan.

Republic of Uganda Ministry of Gender, Labour and Social Development (2013). Guidelines for establishment and management of Gender Based Violence Shelters in Uganda.

The Transitional Constitution of Republic of South Sudan, 2011

Uganda Women's Network (UWONET, 2014). Gender Based Violence Shelters.

UN Women Ethiopia (2016). Shelters for Women and Girls Who are Survivors of Violence in Ethiopia: National Assessment on the Availability, Accessibility, Quality and Demand for Rehabilitative and Reintegration Services.

UN Women, UNFPA, WHO, UNDP, UNODC (2015). Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines.

ANNEXES

ANNEX I: APPLICATION FORM FOR APPROVAL OF A SAFE HOME FOR SURVIVORS OF GBV

1. Name of the proposed safe home	
2. Physical address and location of the safe home	
3. Sponsoring agency(ies)	
a. Name	
b. Address	
c. Telephone and email contacts	
4. Human Resources/Staffing ³	
a. Safe home manager	
Name	
Detailed qualifications	
Detailed experience	
b. Social worker/psychosocial support officer	
Name	
Detailed qualifications	
Detailed experience	
c. Other staff and their qualifications (use extra paper if necessary)	
Name and position	Qualifications

³ Curriculum vitae of each staff member should be attached.

5. Details of land ownership or tenancy agreement ⁴	
.....	
.....	
.....	
6. Likely income and expenditure	
Income (SSP/USD)	Expenditure (SSP/USD)
.....
7. Details of project expenditure category for the next three years ⁵	
a. Construction/renovation costs	
b. Equipping the safe home	
c. Operational costs, including staff salaries, medical bills, electricity, water, food, clothes, etc.	
8. Aims and objectives of the safe home and its sponsoring agency	
.....	
.....	
.....	
.....	
.....	
9. Please attach a copy of the inspection report, state ministry recommendation and physical plan of the proposed safe home; evidence of legal status, including a valid certificate of	

⁴ The agreement or land title should be attached to the application.

⁵ Please attach a detailed budget.

registration; and copies of constitutions, articles or memorandums of association and organizational structures and partnership agreement with the funder.

10. Name of applicant organization:

SignatureDate.....

ANNEX II: ADMISSION FORM

Instruction: This form must be filled out by the manager of the safe home. The information provided must remain private and confidential. If necessary, attach additional sheets.

General information	
Case Number:	Date of admission:
Name of person/organization who referred the survivor to the GBV safe home:	
Survivor information	
Date of birth:	Age:
Nationality:	Tribe/ethnic group:
Physical address/district/sub-county/village:	
Occupation:	
Marital Status: single() married() widowed() divorced () separated ()	
Children living with you: ages 0–5() 5–10() 10–18()	
Type of incident (e.g. rape, physical assault, economic violence, etc.):	
Name of person to contact in case of emergency:	Phone number and address:
Relationship to survivor:	
Personal possessions which survivor has brought with her:	
Number, sex and age of children whom the survivor has brought to the safe home:	
Medical Care	
Is the survivor under any medical treatment? Yes() No()	
If yes, give full details (e.g. what medications she is taking):	

ANNEX III: CARE PLAN FORM

Case number	Outcome			Type of solution	Deadline date	Open date	Closed date
Solution types:	Justice	Settlement to violence-free life	Economic empowerment	Confidence-building			
	Restraining Orders <input type="checkbox"/>	Emergency Refuge <input type="checkbox"/>	Start-up pack a) Loan <input type="checkbox"/> b) Grant <input type="checkbox"/>	Psychosocial support (noting that most likely we do not have qualified counsellors for professional counselling sessions) <input type="checkbox"/>	Emergency <input type="checkbox"/>		
	Maintenance <input type="checkbox"/>	Relatives <input type="checkbox"/>	Survivor support <input type="checkbox"/>	One-to-one support <input type="checkbox"/>	Long-term <input type="checkbox"/>		

	Divorce <input type="checkbox"/>	Friends <input type="checkbox"/>	Training in business or any other skills <input type="checkbox"/>	Consultation <input type="checkbox"/>				
	Separation <input type="checkbox"/>	Re-integrated with relatives <input type="checkbox"/>						
	Child custody <input type="checkbox"/>	Building a house <input type="checkbox"/>						
	Compensation/damages <input type="checkbox"/>	<input type="checkbox"/>						
	Property rights <input type="checkbox"/>	Buying land <input type="checkbox"/>						
	Other <input type="checkbox"/> Explain							

ANNEX IV: SAFETY PLAN

1. Client Information (where relevant)			
Client Code:	Incident Code:	Case Worker Number:	Date of Meeting:
2. Safety Concern			
a. What are the survivor's fears?			
b. Is the survivor concerned about her children or anyone else? Yes..... No..... Explain:			
3. Potential Risks			
a. Does the survivor know the perpetrator? Yes..... No.....			
If yes: Does/did the violence occur at a certain time? Does/did the violence occur at a certain place?			

Does/did the violence occur when the survivor is/was (tick where appropriate):

- I. alone
- II. in groups
- III. both

4. Resources for Survivor Support

a. Are there people in the community who can help if GBV happens (family, neighbours, chief, etc.)?
If so, name them here:

b. Name the specific ways these people could be of help to you.

c. Is there a place you can go to stay and be safe? Yes.....No.....
If yes, is this a long-term or immediate option?

5. Safety Plan

In the survivor's own words, create a plan for safety:

When I feel unsafe and need to find safety, I will do the following:

I will go to.....

I will talk to.....

Right now I can.....

ANNEX V: DISCHARGE/FOLLOW-UP FORM

Case number:	Admission date:
Name of contact person:	Address: Phone number:
Medical arrangements:	
Counselling status:	
Legal services:	
Child care/school (in case the survivor is a child):	
Reason for discharge:	
Follow-up needed:	
Notes on follow-up:	
Date of discharge:	Name and signature of centre/home staff

ANNEX VI: SAFE HOME DEPARTURE FORM/QUESTIONNAIRE

- 1. Survivor code number:
- 2. Contact address if willing to share (do not force the survivor to give address):
.....
- 3. Who is your key worker?
- 4. How do you think your stay at shelter has helped you?
.....
.....
- 5. How has your stay failed to help you?
.....
.....
- 6. How can the safe home services be improved?
.....
- 7. If you feel comfortable to say, where are you going now?
- 8. How can the safe home help you now or in future?

Supported by United Nations Population Fund (UNFPA)

