

WAAPO Shelter/Safe House SOP

28, November, 2021.

Introduction

In Somaliland, GBV is mostly underreported and remains the greatest threat to women and children's human rights, health, psychological, emotional, economic, and social well-being. This is mainly due to their extreme marginalization, dependency, low and constrained socio-economic status. There are also limited preventive and supportive services for survivors of GBV among the targeted communities and a weak coordination structure.¹

Gender-Based Violence (GBV) continues to be an issue of great concern across Somalia, worsened by multiple displacements and forced evictions due to flooding and armed conflicts. Women and adolescent girls from 18 – 50 years old (including those living with disabilities) get subjected to intimate partner violence, rape, sexual exploitation, sexual harassment, and abuse, which have been reported significantly in Somaliland.² Protection/GBV services continue to be needed, particularly by women and children affected by displacement who are at a higher risk of exposure to GBV, including rape.

There is a limited service provision for protective housing for vulnerable women and girls fleeing violence, and the majority of women and girls fleeing violence in Somalia do not have options for safety and protection and limited shelter provision forces women and girls to stay in environments that are not safe and further expose them to the risk of GBV. The report, recommended to GBV actors, to provide quality protective housing through GBV shelters is a priority to ensure that vulnerable women and girls have options for safety.³ The number of GBV survivor calls to GBV hotlines increased by 283 percent and 767 percent in Somaliland. The increase was attributed to the rising GBV occurrences and improved knowledge and utilization of hotlines for reporting GBV.⁴

Low reporting of GBV cases persist due to stigmatization, victim-blaming, shame, and interference by the clan and religious leaders, slow access to justice, and weak or lack of legal frameworks for the protection of women and girls from GBV. Loss of livelihoods and food insecurity due to COVID-19 and displacements have forced young boys to step into the roles of provider thereby increasing levels of dropouts from school among young boys and girls to serve as additional help for the care burden at home⁵

Female Genital Mutilation/Cutting (FGM/C) is prevalent among 98% of women in their reproductive age. 61% of women had undergone type III of FGM, with 7% type II and 29% type I form of FGM. 56% of women aged 15-49 believe female genital cutting is a religious obligation. Additionally, 20% of girls between 0-14 years are circumcised; above half (63% for women aged 15-49 and 62% of girls 0-14 years) of female genital cutting procedures are performed by traditional circumcisers. 53% of women aged 15-49 want FGM/C practice to continue.⁶ In February of 2018, a fatwa banning FGM was issued by the Ministry of Endowment and Religious Affairs. Although this was a step in the right direction as religious leaders and the government have previously never had a clear stance on FGM, it was also a source of confusion. Although it outlawed FGM, type II and I cutting were not considered FGM by the Fatwa but rather a religious obligation.⁷

According to protection (CP & GBV) assessment on drought in Somaliland which conducted in March this year, 25 percent of the surveyed HHs indicated that some children are displaced, missing, or injured in their households.

¹ OCHA 29/11/2017; REACH 04/2018

² CCCM assessment & joint humanitarian gap analysis (July 2019).

³ Advocacy Brief, 2021 (UNFPA Report)

⁴ GBV/FGM Covid-19 assessment)

⁵ draft MARA report 70 January – August 2020

⁶ Somaliland Health and demographic survey 2020

⁷ The Movement to End Female Genital Mutilation in Somaliland: Preliminary Findings from Doctoral Research May 2020

1,403 children (726 boys, and 677 girls) were UASC from their families and left their area of origin due to the movement of communities for seeking for water or food resources as a result of drought. 24.79 percent of the respondents presented increased abuses due to drought including rape, domestic violence, denial of resources, negligence, abandonment, sexual harassment and abuse, and early/forced marriage. Respondents presented that domestic violence and rape increased due to drought, 26.3 percent, and 19.9 percent respectively as well as child abuses and negligence -14.7 percent and 12.9 percent respectively. Abuses mostly occur during population movement (19.1 percent), while collecting water (16.2 percent), and while collecting firewood (16.0 percent).

Between January and December 2020, WAAPO registered over 375 GBV cases. According to the GBV Information Management System (GBVIMS) report produced by WAAPO presented that 70.1% of the reported cases happen in the IDPs, and most of the survivors are children, single and married women. Out of 75% of those survivors do not have access to comprehensive protection services and survivors remain trapped in extremely difficult and challenging situations. Rape and domestic violence remained one of the most serious and re-current human rights violations in Somaliland. Cases of rape continued to be widespread throughout the country and often unreported due to the stigma attached with the majority of cases accounting between 30-50% involving young girls. [GBV Information Management System 2021](#) data showed an increase in intimate partner violence (55 percent), physical assault (61 percent), and rape (12 percent), compared to the 2019 figures: physical assault (45 percent) and rape (8 percent.)

[About the Safehouse.](#)

WAAPO Shelter is the only safe house exist in Somaliland. We provide critical care and support for the survivors of Gender-based violence with real security concerns and child protection. The Safe House provides both direct assistance and multi-sectorial responses such as safety and security, psychosocial support and counselling, medical-legal assistances through referrals and case management support.

WAAPO is currently manages the 3 fully functional GBV shelters that provide prevention, intervention, emotional support, and treatment services to physically, emotionally and sexually abused women and girls. These shelters further offer both soothing and caring for survivors of violence. It worth noting that over the last few years, attitudes towards the establishment of GBV shelters for survivors of violence have been changing. The need and the importance for shelters is now being recognized and understood in Somaliland. There is a possibility that operationalization of the shelters will inform future advocacy initiatives to address existing structural obstacles in providing safe and security to the women and girls who are survivors of violence.

Each month on average 20 victims submit shelters application, but only a limited number are accommodated due to the limited capacity and overload cases of the existing shelters. By 2020, the monthly average had risen to 40 victims. The number of cases that remain unknown is estimated to be several times higher than the official figures because of social stigmatization, secondary victimization

The protection programs aim to provide an appropriate multidimensional response in order to reduce the incidence of GBV and mitigate its impact through safe-house provision, and interactive and proactive approaches. Prevailing mind sets within individuals, communities and society to address the root causes of violence based on gender such as gender inequality and discrimination, which result in the perceived lower status of women. As a result, GBV incidence will be reduced and survivors will access first line support including emergency protection, immediate access to secure accommodation and psychosocial counseling.

Purpose and Objectives of the Standard Operating Procedures (SOP)

The ultimate purpose of a safe house is to be an alternative temporary shelter for GBV survivors who are feeling safe in their communities. A safe house is a place of temporary refuge and support for survivors, particularly women and children faced with violent or abusive conditions, such as domestic violence, rape and all other forms of GBV.

The overall objective of this SOP is improve the operational capacity of WAAPO in providing quality safety and security response to GBV survivors and aid with key information on how to operate owned safe house for survivors of GBV.

The overall objective of the SOPs is to contribute to harmonizing the standards of operations for GBV shelters in WAAPO. 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.

Location and Structure

1. WAAPO Shelters and safe houses are established in locations that ensures the safety and security of the survivor and his/her family. The shelter structures are affordable all services related to women's health and the is arranged and designed accessibility to everybody.
2. WAAPO Shelters and safe spaces buildings contain 32 rooms, kitchens, a living/recreational rooms and toilets for survivors. The shelter have accommodation for staff of the shelter. And the shelters have constant supply of electricity either through conventional power or a generator.
3. WAAPO Shelters have Private, communal and administrative areas to be clearly distinguished. Adequate lockable facilities for clothes and other personal belongings.
4. The WAAPO shelters have comfortable and safe for clients and their children. Rooms and furniture are arranged to ensure safety and privacy. Suitable furniture and equipment are availed to those with special needs. Structures like ramps are installed to cater for women and children with special needs, including the physically challenged.
5. The WAAPO shelters have a perimeter fence or wall boosted with extra security, guard and Fire extinguishers.
6. Once a years every shelter is checking their electric line, security perimeter, security guards, furnitures, location and environment.

Staffing

WAAPO shelters have the following staffs;

1. **Shelter manager**
 - Supervise the day-to-day operations of the Shelter including legal, psychological, medical and social services, and general activities, ensuring that all are functioning according to Shelter standards
 - Manage all in-shelter staff
 - Design communal activities for Shelter residents
 - Serve as the contact for women regarding any of their needs within the Shelter
 - Refer women and children to appropriate services within the Shelter according to their need

- Perform regular assessments regarding the physical needs (including food, office supplies, maintenance, etc.) of the shelter and identify gaps and strengths in service provision
- Oversee the intake procedures of women and children
- Maintain accurate and organised records of when women arrive, how long they have been in the Shelter, and how they are progressing in the Shelter
- Help coordinate women's exit strategies with the Head of Refugees Program
- Work to implement and revise the strategic plan of the Shelter according to regular evaluation feedback
- Maintain clear and concise records of project activities and contacts
- Oversee the shelter's Hotline
- Participate in extensive Refugees workers training and Shelter Management training
- Submit monthly program reports that map the projects' implementation progress and outline upcoming objectives
- Attend internal and external meetings as needed
- Receive representatives of embassies
- Receive donors and partners and organize their visits to the shelter

2. Gateman

3. Security guard

- Monitor and authorize entrance and departure of employees, visitors, and other persons to guard against theft and maintain security of premises.
- Monitor access or flow of people to prevent problems.
- Prevent unauthorized individuals from entering restricted areas.
- Patrol industrial or commercial premises to prevent and detect signs of intrusion and ensure security of doors, windows, and gates.
- Patrol properties to maintain safety.
- Escort or drive motor vehicle to transport individuals to specified locations or to provide personal protection.
- Operate detecting devices to screen individuals and prevent passage of prohibited into shelters.
- Operate surveillance equipment to detect suspicious or illegal activities against the shelters.
- Answer telephone calls to take messages, answer questions, and provide information during non-business hours or when switchboard is closed.
- Write reports of daily activities and irregularities, such as equipment or property damage, theft, presence of unauthorised persons, or unusual occurrences.
- Write operational reports.
- Call police or fire departments in cases of emergency, such as fire or presence of unauthorised persons.
- Request emergency personnel.
- Warn persons of rule infractions or violations, and apprehend or evict violators from premises, using force when necessary.
- Use weapons or physical force to maintain security.
- Warn individuals about rule violations or safety concerns.
- Answer alarms and investigate disturbance.
- Investigate illegal or suspicious activities.
- Respond to emergencies to provide assistance.

- Inspect and adjust security systems, equipment, or machinery to ensure operational use and to detect evidence of tampering
- Inspect equipment to ensure safety or proper functioning.
- Monitor and adjust controls that regulate building systems, such as air conditioning, furnace, or boiler.
- Circulate among visitors, patrons, or employees to preserve order and protect property.
- Maintain public order or security

4. Psycho-social counsellor

- Monitor and supervise case management
- Provide professional and confidential services to survivors of GBV in the safe house
- Assist in the development and provision of psychosocial activities at the safe house
- Assist with preparing all relevant reports regarding the SSWC's psychosocial activities
- Ensure timely implementation of psychosocial program activities.
- Provide leadership and guidance regarding psychosocial activities to all field staff to ensure all programme activities meet best practice standards
- Work in collaboration with Community Mobilization Officers to ensure on going needs of women and girls are being met through prevention- related activities
- Fulfil any other duties and responsibilities as assigned

5. Cleaner

- Cleaners render janitorial services within shelter spaces and responsible for cleaning the shelter spaces, including restrooms; emptying trash bins, cleaning windows, and dusting furniture, and performing other related duties to promote a tidy environment for all.

6. Female Caregiver

- Assists survivors with activities of daily living, including bathing, dressing, grooming, toileting, transferring and getting to and from activities and meals according to the individual service plan.
- Allows and encourages survivors to do as much of their own care as possible.
- Serves meals to survivors in the dining room or apartments and may assist in preparing meals following preplanned menus.
- Encourages survivors to eat a proper diet and take adequate fluids while respecting the resident's right to free choice and records and reports changes in resident's eating habits to the supervisor.
- Initiates and participates in leisure activities provided for survivors as described in the activity calendar and encourages survivors to socialise and participate in planned activities or programs to develop friendships with other residents.
- Maintains residents' records daily in a timely manner and in accordance with company policy and procedures; documents medication distribution as applicable, leisure activities, incidents, and observations; reports any changes in resident's physical condition and/or behavior, and visitors; observes and reports the health and emotional condition of each resident; and promptly reports all changes to the supervisor.
- Assists survivors with medication as defined in medication procedure; assists or supervises survivors who self-administer medication; follows physician orders and state laws to administer medications to survivors who cannot self-administer their

medications; and exhibits understanding of and follows medication policies and procedures.

- Maintains a clean, safe, and orderly environment for the residents; performs general housekeeping; and follows cleaning schedules for resident laundry, bedrooms, dining area, living space, bathrooms, kitchen, and other areas.
- Follows proper procedures in emergency situations and responds promptly and positively to resident requests for assistance.
- Knows location of each resident, reminds them to sign out when they leave the building, and notifies the supervisor immediately if unable to locate a resident.
- Encourages teamwork through cooperative interactions with co-workers.

7. Cooker

- Prepare food items for customers as requested, including special requests, in a timely and consistent manner
- Determine food and supply needs based on rotating menus
- Inspect food products and supplies as needed
- Ensure work environment and stations are clean and sanitized
- Check food before it is served to customers
- Control and minimize waste
- Comply with outlined safety regulations and procedures

8. Psychologist

- Work directly with survivors suffering from a range of mental health problems and provide a good standard of practice care
- Assess Survivors by reviewing their mental and physical health, their background and current social situation, thoughts and past health issues, as well as any potential risk factors
- Take note and keep detailed records of any interactions and decisions
- Decide on suitable psychiatric treatment plans for survivors, which may include a combination of medical, psychological, and social interventions.
- Organize a group sessions for MPSS therapy
- Prescribe medication when necessary
- Monitor and review treatment regularly.
- Work closely within, or lead a multidisciplinary team of health professionals, including psychiatric nurses, psychologists and social workers.
- Develop referral mapping system, survivors' clinical documentation and drug flow charts for store management.
- Carry out research and keep up to date with new information relevant to the survivors progression or retardation.
- Determine a line of treatment for survivors and implement it.
- Exercise lots of patience and care towards each survivor
- Counsel the survivor and their close relatives.
- Follow up of survivors and close monitoring of symptoms especially those who are has suicidal thoughts or attempts.
- Provide instructions for discharge and any relevant paperwork for survivors.
- Maintain the survivors medical records
- Admit survivors that need admission into safe-house period of MH service.

- Special counseling sessions with survivors dealing with mental health
- Refer the survivors to the neuro-psychiatric hospitals if need.

9. Physiotherapist

- Under the overall guidance of the management, the physiotherapist will be responsible for helping individuals (In the Safe house) affected by the physical challenges, injury, illness or disability by providing physical activities, exercise, therapeutic massages manual therapy, education and advice. ensure ICs to maintain health, helping survivors to manage pain and, improve a range of conditions associated with different systems of the body
- Help survivorss (survivors of GBV in the Safe house) for the stretch and exercise certain muscle groups
- Physical strength and stamina for the resident in the Safe house.
- Treating issues such as strains, sprains, back pain and posture problems for the survivors in the center
- Introduce exercises to reduce and manage pain following surgery, injury or illness
- Working to reduce pain and reintroduce range of movement after exercise or sports injuries.
- Encourage exercise and movement and advice survivors to perform regularly normal exercise on leading a healthy lifestyle.
- Ensure scheduling appointments in each individual person, update survivors records and providing family members or caregivers with information and resources.
- Ensure rehabilitating children in the Safe house after diseases or injury through direct service and referral pathways.
- Ensure and maintain safe, comfortable, confidential, and therapeutic space for Physiotherapy service in the center.
- Plan and conduct regular group awareness/information session on disabilities and well-being, benefits of the physical activities and trauma
- Compassion and empathy for survivorss, who are often in pain and respect survivor-central approach.
- Attention to detail regarding a survivors' problems to analyze what they need to ease their pain and to prevent further injury
- Consult and communicate with their families to find best at-home techniques to be conduct body exercise.
- Maintain historical records

10. Therapist

- Provide one-on-one and groups therapy, psycho-social counselling, and mental Health and psychosocial support (MHPSS).
- Provide Psycho-Social support and therapy for the referred ICs via WAAPO-iCALL/Toll-Free Hotline.
- Provide counselling and support over the phone, internet, video or online chat if needed.
- Meet regularly with the survivor to provide counselling and therapy and conduct on-going case assessment of survivor progress.
- Help the survivor feel safe, calm, identify and assist with immediate needs, facilitate to establish human connection. social support.
- Helping survivors set realistic mental health and behavior health goal and tracking their progress.

- Work with survivors to develop goals, ensure survivors are actively involved in their own recovery, have a sense of control, and teach appropriate coping mechanisms.
- Create an individualized case plan - survivors care plan - and keep detailed and accurate records and case progress on a regular basis.
- Working with survivors' families, and friend to help them offer the most appropriate support.
- Follows all the safety protocols, case management principles and practice and maintain survivor confidential.
- Create activities that can help the survivor deal with anxiety, sleep better, reduce daily stress and anxiety, and improve overall well-being

Operational

1. **The service provider must** provide a safe, caring environment and respect the confidentiality and wishes of the survivor; learn the immediate needs; give honest and clear information about services available. If agreed and requested by survivor, obtain informed consent and make referrals; accompany the survivor to assist her in accessing services.
2. Survivor tells family, friend, community member; that person accompanies survivor to the health or psychosocial "entry point.
3. Survivor self-reports to any service provider
4. Medical/health care entry point with help of the BAAHIKOOB, Hargeisa Hospital, MESAF, Group
5. **Psychosocial support entry point in WAAPO Shelter.**
6. Over time and based on survivor's choices **can** include any of the following
 - Health care
 - Psychosocial services
 - Protection, security and justice actors
 - Basic needs, such as shelter, ration card, children's services, safe shelter, or other

Services

The overall goal of the WAAPO shelter is to provide an alternative temporal shelter for the protection of survivors of GBV. The intended purpose of a WAAPO shelter/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 WAAPO shelter/safe house, following activities are 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.

1. Accommodation

- WAAPO safe house is designed in a way that it can provide full fledged accommodation for GBV survivors during their stay in the safe house. There are enough rooms in which survivors can reside and privacy and confidentiality is ensured. 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. All environmental health requirements should be adhered to.

2. Food

- Food rations are made available in the safe house and should be adequate for one month for about 15 survivors at a go. These includes; cooking utensil, food and a kitchen. After provision of psychosocial support, GBV survivors can cook for themselves while in the safe house. In case there are neglected child survivors; there is a female cook stationed in the safe house to support such children. Children with their mothers who are in the safe house, mothers assist them in getting cooked food.

3. Psychosocial Support

- Since GBV survivors have experienced traumatic situation, WAAPO shelter staff provide emotional support to cool down the stressed situation of the survivor. This continuous from initial counselling through case management, reintegration and rehabilitation.

4. Emotional Support

- It is important that GBV survivors receive care of the highest standard through interaction with skilled professionals who are able to provide this care. Moral support of the survivor is very crucial so that potential information can be recorded and in this case; the survivor should be stationed in a private room, adequate information is given at the onset of the interaction, inform decisions that he/she can exercise, available services. Sympathy and openness can make the survivors more responsive. Survivors shall be supported independent and well informed to make their own decisions through a conducive, protective and caring environment.
- Continual counselling and psycho-social support to be given on a regular basis in accordance with the development plan. Review results shall be recorded and kept in the survivor's file. Interaction and communication between the staff and the survivor, particularly and their children shall be opened, honest and respectful.

5. Case Management

- Case management process should be properly explained to the survivors for greater understanding as well as ensure his/her decisions during the process. Trained case manager should handle all case management steps (identification and registration, assessment, case planning, implementation of the case plan, follow up and review and case closure) together with professional case workers for better service provision and care to GBV survivors. For any medical and legal service, WAAPO will refer to specialized centres and bring back to the safe house.

6. Rehabilitation

- Depending on the individual case, a survivor generally stays in the safe house for up to six months where after six months, then WAAPO consider durable solutions and start a new phase.
- While in the center, survivors continue to receive counselling and then begin literacy, numeracy, and life-skills development classes. When these classes are completed, they are engaged to specialized skills (dipping, cooking, tailoring, secretarial and beautification (saloons)) to further enhance their employment opportunities. As an alternative provided to women and their children, a scholarship for formal education program in government or private schools is also offered. Recovery to rehabilitation may last up to two years or more within or outside of WAAPO safe house.

7. Reintegration

- In this stage, individual cases are evaluated to determine whether the women and mothers with their families are ready to be reintegrated back to their chosen community. The WAAPO's reintegration team helps the women to clarify their plans for their future and facilitate their return back into the society. They also help find employment for these women so that they can provide for themselves and their families. The women are encourage to participate in WAAPO's programme interventions in their respective communities and facilitate community gathering, sensitizations and trainings. Part of the reintegration support to women includes a small start-up fund to help them set up their new home and/or their chosen enterprise, food support for three months and tuition fees for their children. All reintegrating women are assigned a case worker to walk with them through the reintegration process. All reintegrating women and their children receive individual follow-ups from the WAAPO team for at least two years.

Discipline Regulations

When survivors come into the shelter/safe house, it is important that they must 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.

Code of Conduct and guiding principle

The values enshrined in the Charter of the United Nations: respect for fundamental human rights, social justice and human dignity, and respect for the equal rights of men and women. WAAPO and its staff shall actively promote adherence to the principles of international human rights law an international humanitarian law.

- It is WAAPO' and its staff's primary commitment to ensure the protection of and assistance to its beneficiaries, in accordance with WAAPO mandate. WAAPO and its staff are committed to supporting the fullest possible participation of BENEFICIARIES – as individuals, families and communities – in decisions that affect their lives.
- WAAPO and its staff will respect the dignity and worth of every individual, will promote and practice understanding, respect, compassion and tolerance, and will demonstrate discretion and maintain confidentiality as required. WAAPO and its staff will aim to build constructive and respectful working relations with humanitarian partners, will continuously seek to improve performance, and will foster a climate that encourages learning, supports positive change, and applies the lessons learned from experience.
- WAAPO and its staff will show respect for all persons equally without distinction whatsoever of race, gender, religion, color, national or ethnic origin, language, marital status, sexual orientation, age, socio-economic status, disability, or any other distinguishing feature. WAAPO and its staff will strive to remove all barriers to equality.
- WAAPO and its staff will respect cultures, customs and traditions of all peoples, and will strive to avoid behaving in ways that are not acceptable in a particular cultural context.
- WAAPO and its staff will not tolerate any form of sexual exploitation or abuse and are aware that misconduct is ground for disciplinary measures including summary dismissal.

Prevention of Sexual Exploitation and abuse:

- Every WAAPO employee, contractor and associate is expected to uphold the highest standards of personal and professional conduct at all times, to protect beneficiaries of assistance. WAAPO does not tolerate any form of sexual exploitation and abuse by employees, contractors or associates, against any individual regardless of age, gender, sexuality, disability, religion or ethnic origin.
- The attached WAAPO Prevention of Sexual Exploitation and Abuse policy outlines the minimum standards to be followed to protect beneficiaries and members of the community. Any individual or organisation contracted by WAAPO is required to read, understand and abide by this PSEA policy as part of the terms of this contract.

Exit plan

An exit plan shall be prepared for those clients who are ready to be discharged in line with the initial care plan. Discharge is only possible with a signed recommendation from the safe house matron and counsellor in agreement with the survivor.

The discharge/exit plan will outline the following:

- Follow up services including medical, educational, occupational as well as psychosocial and other necessary support
- Information on available social service, public assistance health care facilities, and any other specialist services.
- A realistic plan depending on coping ability and available resources.
- 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.

Documentation of Survivors information/Confidentiality

- Standardized incidents form (Incident recorder) should be used when documenting survivor's information. Documenting incidents on this form is for data collection purposes and is not intended as an interview guide. The form might also be used as a tool for information sharing when making referrals for additional services – but only when specific incident details are needed (e.g., for health care, psychological support, or possibly legal/protection services), and only with permission of the survivor
- All information concerning clients stationed at the safe house shall be kept strictly confidential and can only be outsourced upon the willingness of the survivor.

Original completed Incident Report Forms and Consent Forms are maintained in locked files.

- As described above, each reported GBV incident will be documented in a consistent and timely manner. In accordance with the agreed upon consent procedures, non-identifying data about these incident reports will be submitted to MOLSA (Ministry of Labour and Social Affairs), which are/is responsible for compilation of a monthly GBVIMS report that contains non- identifying data about reported incidents, action taken, and outcomes across sectors.

Gender consideration (Non-Discrimination) in the safe homes

- All eligible survivors seeking shelter in a safe home shall be housed regardless of their race, colour, religious belief, clan, custom, tribe, or culture. WAAPO ensures the principle of non-discrimination for all GBV survivors reporting to the safe house.
- Women and children are the principal clients of WAAPO safe house since they are vulnerable and with experience face most of the gender-based violence in Somaliland. Male survivors can also be considered but not in the safe house.
- Equality and equity should be exercised upon the provision of services to GBV survivors.

Admission Guidelines

- We do accept all forms of SGBV women survivors and their children
- We do accept SGBV women survivors who feels unsafe, and seeking for temporary accommodation
- We do not accept anyone who has a history of violence offense(s) or criminal act
- We do not accept persons under the influence of alcohol or illegal drugs
- We do not accept persons who have obvious mental health needs beyond the scope of our services.
- Shelter is for short term stays only; up to 49 days, sever cases may be approved for extended stays up to 120 days, justified by the progress towards self-sufficiency.
- The acceptance of the pregnant women it could only justified when the special care being assessed, monitored and arranged by UNHCR/CCBRS, DRC and other relevant partners, and it should be accepted when we receive special care letter from them.
- We do not accept SGBV male survivors.
- All eligible survivors seeking shelter in a safe home shall be housed regardless of their race, colour, religion, belief, clan, custom, tribe or culture.

Approaches and Principles

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

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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*)

Rights	Responsibilities
You have the right to be treated equally and not discriminate on the basis of clan, age, religion, nation of origin physical or mental development	You have the RESPONSIBILITY to treat the staff, volunteers and other residents with respect.
You have the right to provide three times a meal, with accommodation and other available services in the shelter	It is your RESPONSIBILITY to avoid any situation (gossip, arguments etc) that could lead to conflict with your residents
You have the right to receive the shelter services free of charge	You have the RESPONSIBILITY to report to the shelter staff any behaviour that could threaten the safety of the shelter residents
If you are unsure any of the rules or policy you have the right to ask clarification the staff	You have the responsibility to take care of your belongings, the office will not replace any personal lost or stolen items

Annexes

1. Closure Form

Survivor code: _____

CASE CLOSURE FORM

Incident report date: _____

Closure date: _____

Summary of the assistance provided (choose all that apply):

Psychosocial support.

Material support

Referrals

Health Protection Police Legal Other _____

Safety plan completed? Yes No

Reason for closing:

Requested services complete

Survivor chose to end the case

Survivor relocated to: _____

Response officer Signature: _____

Supervisor Signature: _____

2. Consent Form

Incident ID

Client Code

CONFIDENTIAL
Consent for Release of Information

This form should be read to the client or guardian in her first language. It should be clearly explained to the client that she / he can choose any or none of the options listed.

I, _____, give my permission for **Name of Organization** to share information about the incident I have reported to them as explained below:

1. I understand that in giving my authorization below, I am giving **Name of Organization** permission to share the specific case information from my incident report with the service provider(s) I have indicated, so that I can receive help with safety, health, psychosocial, and/or legal needs.

I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request.

I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me. At any point, I have the right to change my mind about sharing information with the designated agency / focal point listed below.

I would like information released to the following:
(Tick all that apply, and specify name, facility and agency/organization as applicable)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Security Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychosocial Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Health/Medical Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Protection Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe House / Shelter (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal Assistance Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Livelihoods Services (specify): _____ |

1. Authorization to be marked by client: Yes No
(or parent/guardian if client is under 18)

2. I have been informed and understand that some non-identifiable information may also be shared for reporting. Any information shared will not be specific to me or the incident. There will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect.

2. Authorization to be marked by client: Yes No
(or parent/guardian if client is under 18)

Signature/Thumbprint of client: _____
(or parent/guardian if client is under 18)

Caseworker Code: _____

Date: _____

Incident ID

CONFIDENTIAL

INFORMATION FOR CASE MANAGEMENT
(OPTIONAL-DELETE IF NOT NECESSARY)

Client's Name: _____

Name of Caregiver (if client is a minor): _____

Contact Number: _____

Address: _____

(Write questions for Client Code Here)

Visit the GBVIMS website for guidance on creating the Client Code

WWW.GBVIMS.ORG

3. Safe house Admission Form



SAFE HOUSE ADMISSION FORM

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

BASIC INFORMATION:

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

Any special medical needs:

-
- Client's Full Name.....
 - Client's Signature.....
 - Date.....
 - Admitting staff's Signature.....
 - Date.....

Organization Stamp:

4. Phase Out form



Safe House Phase Out Form

Case Opening Date : _____
Survivor Code: : _____
Case Phase-out Date: : _____
Case Worker code : _____

Reasons of the ICs Phase-out:

Summarize the reasons why the case is being phasing out from the safe house: Comment on the progress made toward goals in the service plan. Where necessary, include provisions for continued services, listing agencies and contact persons.

1. Safe house services have been done	Yes	No
2. Safety plan has been reviewed and is in place.	Yes	No
3. Client has been informed she or he can resume services at any time.	Yes	No
4. Safe House manager has reviewed phase-out/exit plan.	Yes	No

Individual Case (ICs) Signature/ Date: _____

Safe house Manager Signature/Date: _____

5. Safe House/Shelter Referral Form



SAFE HOUSE REFERRAL FORM

Date:

1: Administrative Information.	
Name of the Referral agency:	
Name of the referral agency focal person:	
Contacts of the referral agency focal person.	

2. Survivors Information			
Name:		Sex:	female
Age:		Marital status:	Divorce
Country of origin		Displacement status:	Refugee

3. Details of the Incident			
Type of the incident:		Location of the incident:	
Time of the incident:		First contact of report:	

4. Direct Service delivery Information	
<p><u>Type of the Service:</u></p> <p>N.B. Please note that, we provide Safety and security, accommodation, PSS and three time a meal. (Please tick as per below check list)</p> <p><input type="checkbox"/> Safety and security <input type="checkbox"/> Accommodation</p> <p><input type="checkbox"/> Meals <input type="checkbox"/> Counselling.</p>	<p><u>Duration of the Safe house Service:</u></p> <p>N.B. Please note that the length of stay is only limited Three Months period. And will be determined on a case-by-case basis.</p> <p><input type="checkbox"/> Weeks <input type="checkbox"/> 1- Month <input type="checkbox"/> 2-Month <input type="checkbox"/> 3-Month</p> <p>If you require more than three-months justify:</p> <p>.....</p> <p>.....</p>
<p><u>Mandatory medical check-up checklists:</u> (Please, attaché the certificate)</p> <p><input type="checkbox"/> HIV & STIs Test <input type="checkbox"/> Covid-19 Test.</p>	<p><u>Mandatory services from the referral agency:</u> (Please tick to which services)</p> <p><input type="checkbox"/> Medical services <input type="checkbox"/> Legal / Police services</p> <p><input type="checkbox"/> Personal hygiene items & clothes <input type="checkbox"/> Transportation service.</p>

Case Study: Please narrate the nature of the case including to whom referred to you and your linkage with the security actors, law enforcement and line ministers " _____

Referral Organization
Signature & Stamp_

Received Organization
Signature & Stamp:
