NATIONAL STANDARD OPERATING PROCEDURES FOR SHELTER SERVICES TO WOMEN AND GIRLS SURVIVORS OF VIOLENCE IN ETHIOPIA

የሴቶችና ማሕበራዊ ጉዳይ ሚኒስቴር
Ministry of Women and Social Affairs

ENDAWS

UNFPA

UN WOMEN

NATIONAL STANDARD OPERATING PROCEDURES FOR SHELTER SERVICES TO WOMEN AND GIRLS SURVIVORS OF VIOLENCE IN ETHIOPIA

የሴቶችና ማሕበራዊ ጉዳይ ሚኒስቴር
Ministry of Women and Social Affairs

DISCLAIMER

This National Standard Operating Procedures for shelter services to women and girls survivors of violence in Ethiopia is a joint product of Ethiopian Ministry of Women and Social Affairs, Ethiopian Network of Women Shelters, UNFPA and UN Women. The views expressed in this publication are those of the authors and do not necessarily reflect the views of Ethiopian Ministry of Women and Social Affairs, Ethiopian Network of Women Shelters, UNFPA and UN Women.

While reasonable efforts have been made to ensure that contents of this publication are factually correct and properly referenced, Ethiopian Ministry of Women and Social Affairs, Ethiopian Network of Women Shelters, UNFPA and UN Women do not accept responsibility for any loss or damage that may be occasioned directly or indirectly through the use of, or reliance on the contest of this manual, including its translation into languages other than English.

TABLE OF CONTENTS

BACKGROUND 4

What is violence against women and girls? 4

What are shelter services and why are they essential? 4

What are the Standard Operating Procedures intended for? 5

Who are the Targeted End-Users and Audience? 5

Global and national policy and legal standards: 5

THE SEVEN CORE GUIDING PRINCIPLES FOR DELIVERING SHELTER SERVICES: 6

THE MINIMUM SERVICE DELIVERY STANDARDS FOR SHELTERS: 7

Standard 1: Minimum Standard for Shelter Facility and set up 8

Standard 2: Standard practices for receiving girls and women survivors of violence at the shelter 9

Standard 3: Standards for admitting survivors to the shelter 10

Standard 4: Required minimum standard for Psycho-Social Support Services 11

Standard 5: The required minimum standard for Essential Health Care provision for Survivors: 13

Standard 6: Required minimum standard for essential legal aid and justice assistance: 14

Standard 7: Minimum Security and safety standard at the shelter 16

Standard 8: Minimum Standards for establishing a referral system: 17

Standard 9: Minimum standards for Social and economic empowerment of survivors 20

Standard 10: Standard practices on the reintegration of women and girls' survivors: 22

Standard 11: Reconciliation for survivors 24

Standard 12: Advocacy, communication and public awareness 25

Standard 13: Engagement with male action groups on social norm change and advocacy 27

Standard 14: Competencies and the well-being of shelter staff and care givers 28

Standard 15: Sharing of information amongst service providers 29

Standard 16: Data management protocols 30

Standard 17: Joint monitoring and support supervision of shelter services: 32

Standard 18: Reporting, documentation and knowledge management 33

Standard 19: Organizational sustainability, integrity, and donor accountability 34

Background

The 2016 national shelters assessment identified the absence of standard operating procedure as one of the major challenges of the shelters. The seven member organizations of Ethiopia Network of Women Shelters (ENWS) met and agreed on the need for standard operating procedure to standardize their service provision and for peer review and mutual support to maintain quality of the services provided to survivors of violence. UN Women, UNFPA and MOWCY collaborated to support the development of the national SOP as recommended by the 2016 assessment for shelter service providers in line with the Global Essential Services Package and taking into consideration the national context.

What is violence against women and girls?

This is any act that results or is likely to result in physical, sexual or psychological harm or suffering, including threats of such acts or coercion or arbitrary deprivation of liberty in public and private. The root cause of such acts are the gender inequalities between men and women and boys and girls in terms of norms, identities, expectations, responsibilities roles and access to and control over resources. Gender based violence, which impairs or nullifies the enjoyment by women or girls of human rights and fundamental freedoms under general international law or under human rights conventions, is discrimination within the meaning of Article 1 of (CEDAW)." While gender-based violence can happen to anyone, anywhere, women and girls are particularly more vulnerable than any other social group. It is estimated that 35 percent of women worldwide have experienced either physical and/or sexual intimate partner violence by a non-partner at some point in their lives. According to the Ethiopian Demographic and Health Survey (EDHS, 2016), 23 percent of women aged 15-49 have experienced physical violence at least once since age 15. The same survey found that there are regional variations in prevalence of violence. Spousal violence (physical, sexual or emotional) is most prevalent in Oromia (38%) and Harari (37%), and least prevalent in Somali (9%). Female Genital Mutilation and Cutting (FGM/C) is highest in Somali at 99%, followed by Afar (91%). Tigray has the lowest prevalence of FGM/C (24%), followed by Gambela (33%).

Gender-based violence affects child survival and development by raising infant mortality rates, lowering birth weights, contributing to malnutrition and affecting school participation. Child marriage, a particular type of GBV, can also expose a girl to risks of intimate partner violence (IPV), HIV and other STIs, and reproductive and birth complications. It also restricts their freedom and, in many cases, denies them access to education. Sexual violence, sexual exploitation, forced prostitution, human trafficking and oppression, are higher amongst female returnees, when compared to other categories of survivors. Women and girl victims of trafficking suffer heavy impact disproportionality. Returnees who are subjected to extreme levels of exploitation are vulnerable to various health risks, including exposure to severe occupational hazards. These conditions often result in long-term physical and psychological morbidities that may end up with deaths in extreme situations

What are shelter services and why are they essential?

Shelters provide services to women and girls who have experienced various types of violence against women and girls or have undergone through gender based violence. Shelters provide temporary secure trauma informed care and accommodation for women and girls who are at risk of or have been subjected to violence, but also shelters have the capacity to provide the range of protection and essential services necessary to help survivors and those at risk of violence to avoid future abuse. Shelters can also contribute to awareness-raising and social change as part of broader efforts to prevent violence against women and girls altogether. The three interconnected pillars of prevention, protection and provision of services for victims and survivors are critical.

Shelters are capable of raising the level of participation and reduce stigma by providing safe spaces to survivors to talk about their experiences, in a confidential manner. This is why UN Women in collaboration

with UNFPA and the Ministry of Women, Children and Youth, has supported the development of this SOP to specifically provide a practical guide for shelter service providers on the appropriate care of women and girls who have experienced violence.

What are the Standard Operating Procedures intended for?

The national Standard Operating Procedures (SOPs) have the explicit purpose of setting the core guiding principles and minimum standards for shelter service provision in Ethiopia, to ensure the availability and accessibility of quality services for women and girls' survivors of violence. In specific terms, the national SOPs aims at:

- Enabling shelter service providers understand and implement the core guiding principles and minimum service standards that ought to be adhered to in providing access to quality, timely and appropriate services that respond to the needs of women and girls' survivors of violence in a confidential and dignified manner.
- Define the procedures of collaboration, the roles and responsibilities of relevant actors in government and non-government agencies, and at Federal and Regional levels, to ensure harmonization and complementarity in the provision of survivor services and clarifying mandates, while eliminating the duplication of efforts.
- Ensure that the provision of services to women and girl's survivors of violence is cognizant of international and national human rights standards that safeguard the dignity of survivors and wishes of the survivors.
- Ensure that the process of service provision empowers the survivors to regain control of their lives, coupled to knowledge about the necessary measures for protecting themselves against violence in the future.
- Set standards for documentation of progress, achievements, lessons and challenges for purposes of learning and knowledge sharing.

Who are the Targeted End-Users and Audience?

The national SOPs are intended for use by shelter service providers across all regions in Ethiopia. In addition, it is a useful guide for federal and regional level policy makers and officers. Specifically, the SOP targets officials that will be in charge of joint support supervision to shelter service providers. These mainly include: i) the Ministry of Women, Children and Youth (MoWCY); ii) Ministry of Labor and Social Affairs (MOLSA); iii) the Federal Office of Attorney General; iv) the Federal Police Commission; v) the Federal Supreme Court; vi) Federal and Regional Police Commissions; and vii) Regional Bureaus of Justice. The targeted audience includes relevant duty-bearers and supporting international organizations, including UN agencies and non-government organizations.

Global and national policy and legal standards:

Through the UN system, the international community has come up with a number of conventions and instruments on VAWG and GBV. According to the UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW, 1979), GBV and VAWG constitute a breach of fundamental human rights. This is further provided for by the 1993 Declaration on the Elimination of Violence against Women; the Beijing Declaration and Platform for Action (1995); Aspiration 6 of Agenda 2063 of the African Union; the Protocol to the African Charter on the Rights of Women in Africa; and Goal 5 of the Sustainable Development Goals (SDGs), which focuses on gender equality and the empowerment of all women and girls.

In order to domesticate the international standards, Ethiopia has set a legal and institutional framework that is supportive to the elimination of GBV and VAWG. Article 35(4) of the Ethiopian constitution states

that laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited. The 1993 National policy on Women which is under revision also articulates the importance of eliminating GBV and VAWG as well as fighting Harmful Traditional Practices (HTPs) which have a negative effect on the wellbeing of women and girls. The National Population Policy (1993) provides for the rights of women, particularly on reproductive health, coupled to the National Reproductive Health Strategy (2006-2015) and the Adolescent and Youth Sexual Reproductive Health Strategy (2019).

The Ethiopian legislation on GBV and VAWG also includes: Article 16, 18 and 36 of the 1995 Constitution that prohibit any forms of VAWG; the Revised Family Law (2000), Article 620 of the Criminal Code Prohibition of Rape (2004); the penalties for Female and Genital Mutilation (FGM) in Articles 561-563, 567 and 569-570 of the Criminal Code (2005); and Article 597 of the Criminal Code (Preventing Trafficking in Women). The Government of Ethiopia (GoE) has also put in place several institutional measures at federal and regional levels, including (i) the establishment of The Ministry of Women, Children, Youth (MOWCY), (ii) the Child and Women Protection Units within the Special Police/Prosecution Unit, (iii) the National Committee on the Eradication of Harmful Traditional Practices (2009), (iv) a Special Bench for violence against women cases within the federal criminal court, and (v) the Women and Children's Trafficking Monitoring Directorate. Also in existence are Child and Women related crime prosecution units within the Federal Attorney General (FAG) and regional Attorney Generals. The Growth and Transformation Plan II (GTPII) includes indicators on how to reduce prevalence of VAW and Harmful Practices. The Federal Attorney General provides legal aid services and support, actuated by the initiatives of the Ethiopian Human Rights Commission, as per the National Action Plan for Gender Equality (2006), the National Costed Roadmap to end Child marriage and FGM.

The seven core guiding principles for delivering shelter services:

The guiding principles specified in this SOP are aligned to the common principles, characteristics and foundational elements stated in the Global Essential Services Package for women and girls subject to violence (2015), along with General Recommendation No. 35 (2017) of the Committee on the Elimination of All Forms of Discrimination against Women. The SOP principles embody the national priorities, values and goals of the 1995 Ethiopian Constitution. The core principles that underpin shelter service provision are:

- **A rights-based approach:** this recognizes that service providers have a primary responsibility to respect, protect, and fulfill the rights of women and girls, improve upon and acknowledge survivors' knowledge of their rights to access services as a matter of the service providers' obligation and not doing a favor to the survivor.
- **Cultural, age and gender-appropriateness:** responsiveness to the individual circumstances and life experiences of women and girls taking into account their age, culture, tribal, religious and ethnic identity and local language preferences is vital. Since Ethiopia is a culturally-diverse nation with more than 80 ethnic groups, and with up to 200 different dialects spoken15, shelter services should respond appropriately to women and girls who face multiple forms of discrimination
- **Inclusive, needs-responsive and leaving no one behind:** given the different dimensions of violence and diversity of needs and priorities amongst survivors, shelter service providers must have a needs assessment team and necessary tools for conducting a thorough assessment of survivors' needs at the onset, which then informs all subsequent interventions at the shelter and also in situations of referral. This should be followed with separate discussions with all relevant duty-bearers.
  Shelter service providers should recruit a gender-balanced assessment team. It is also prudent to

exercise the principle of leaving no one behind (LNOB) by developing and applying the LNOB Matrix- to obtain evidence on:
i) which group(s) of survivors have been left behind;
ii) reasons as to why they have been left behind;
iii) their priority needs and coping mechanisms; and
iv) what needs to be done in terms of shelter interventions and monitoring progress.

- **A survivor-centered approach:** This means that the survivor is the primary actor. All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. Any shelter worker or service provider who receives disclosure of a GBV and VAWG incident from a survivor should follow the disclosure guidelines set out in this SOP. To complement the principle of inclusiveness, needs-responsive and leaving no one behind, survivor-centered approaches place the rights, needs and desires of women and girls as the center of service delivery.
- **Safety and protection of the survivor:** Service providers must put in place protocols and mechanisms that guarantee the safety and protection. Shelter practitioners should also keep in mind that survivors may be particularly at-risk of exploitation and abuse while staying at the shelter or during referral. Survivors may be frightened, and need assurance that they are safe. Protocols for safety and protection of the survivor and her significant others should therefore: i) address the risk of further harm by the perpetrator; ii) ensure appropriate confidentiality throughout disclosure, reporting, referral process and access to services; iii) ensure non-discrimination in the provision of services.
- **Obtaining informed consent:** Asking for informed consent means asking the survivor for permission to undertake any action (e.g. admission to the shelter, a referral or a medical exam) and to share information about them with others (e.g., referral services). Informed consent should be voluntarily and given freely by the survivor based upon their clear appreciation and understanding of the facts, implications and future consequences of any action that will be undertaken... A woman or girl survivor must fully and clearly understand the purpose, implications and possible consequences of signing a consent form. Language barriers and low levels of education should be considered. For children survivors, annex3, Guidelines for child survivors/care givers, must be followed.
- **Do no harm approach:** A 'do no harm' approach involves taking all measures necessary to avoid exposing survivors to further harm as a result of the actions of shelter service providers and actors in the referral pathway.

The minimum service delivery standards for shelters:

The types of shelter services that a provider is required to deliver, and the manner in which they are implemented, will be based on minimum service delivery standards in this SOP. This section provides details on the minimum service delivery standards in the provision of shelter services to women and girls' survivors of violence in Ethiopia. These set of minimum service delivery standards for shelters mainly aim to define what standard practice means, set procedures for implementation, create avenues for continuous service improvement and strengthen collaboration and linkage amongst service providers.

Standard 1: Minimum Standard for Shelter Facility and set up

Box 1: Minimum Verses Desirable Standard for Shelter Facility

Minimum Standards	Desirable Standards
Physical Environment & Basic Facilities • Cleanliness, proper ventilation/lighting. • Accessible fire extinguisher. Safety measures against fires/burns, emergency contact. • Reduced noise. • Thermal neutrality. • First aid box, health emergency toolkits. • Proper food storage, kitchen, cooking utensils, waste disposal. • Basic culturally appropriate clothing and hygiene items immediately available. **Privacy & Personal Space** • Bedrooms with visual privacy. • Access to clean toilet, shower, soap, sanitary wear, bins, water. • Separate space for washing/drying clothes. • At least one counselling room with visual privacy. • Separate support room for caregiver. **Accessibility & Inclusivity** • Infrastructure for survivors with disabilities. • Child-friendly compound, rooms, items for psychotherapy. • Designated safe area for counselling/intake/medical checkup etc. **Operational & Administrative** • Safe entrance, good reception. • Reception with table/desk, registration book. • Max safety measures during public health crises. • Comprehensive emergency preparedness plan (beyond fire safety). **Staffing & Team:** • Experienced professionals with survivor centered approach • Minimum staff: Shelter coordinator, case manager, front desk, health focal point, counsellor, documentation officer, House mothers (minimum 3), legal officer, IGA and reintegration officer, janitor, volunteers, security guards. **Specific Needs Provision:** • Special feeding practices (children, lactating and pregnant mothers and other medical conditions). • Quality Assurance • Bi-annual accessibility/safety audit of infrastructure/supplies with survivor/staff input.	**Enhanced Security & Monitoring** Whistles for survivors; security cameras. Secure perimeter (walls, controlled access). **Advanced Facilities & Amenities** • Information services (radio, TV, internet). • Well-equipped playground. • Study room. • Isolation room for contagious diseases. • In-house clinic for emergency health care. • Art and recreational materials for all ages. • Garden/outdoor space for relaxation. • Small library with culturally appropriate books/resources. **Specific Needs Provision:** • Financial/safety means for children's schooling. • Special feeding practices (children, medical conditions). **Quality Assurance:** Bi-annual accessibility/safety audit of infrastructure/supplies with survivor/staff input.

NB: Shelter service providers should on a bi-annual basis conduct an accessibility, safety and appropriateness audit of their infrastructure, furniture, equipment, supplies and commodities, with support from partner government and non-government agencies to identify the physical, sensory, information, and communication barriers and adaptations needed. This is useful in identifying and remedying structural and architectural barriers both inside and outside of the shelter with input from survivors and staff prior to new construction or renovations.

Standard 2: Standard practices for receiving girls and women survivors of violence at the shelter

The first interaction a survivor has with shelter staff significantly shapes her perception of safety, dignity, and trust within the shelter environment. A survivor-centered, trauma-informed approach must be at the heart of all reception practices. This standard outlines the essential attitudes, behaviors, and skills required from staff during the initial reception of women and girl survivors of violence, ensuring that the process promotes psychological safety, respect, and inclusion from the outset.

All shelter personnel, especially frontline staff, must be trained to welcome survivors in a way that affirms their rights, upholds confidentiality, and recognizes the trauma they may have endured. Survivors may arrive at shelters in a state of emotional distress, fear, shame, or confusion. Many may have faced isolation, rejection, or stigma from their families and communities. Therefore, the manner in which they are received is as critical as the services they will later access.

Key practices that define high-quality survivor reception include the following:

Respectful and non-judgmental attitude: Every survivor must be treated as a unique individual deserving of dignity, regardless of their background, experiences, or reactions to violence. Staff must recognize that help-seeking itself is an act of courage and resilience.

Belief and validation: Survivors should be believed without questioning the legitimacy of their account or the circumstances under which the violence occurred. Judgments based on how they responded to the violence, their appearance, or location at the time must be avoided.

Confidentiality: Survivors have the right to control the information shared about them. No data or personal details should be disclosed to any party governmental or non-governmental without the survivor's informed consent. Confidentiality protocols must be explained at the outset in clear, accessible language.

Empathy: Staff must demonstrate genuine understanding and concern for the survivor's emotional state. Survivors must be invited to express themselves freely, with staff providing compassionate and non-intrusive support.

Patience and presence: Survivors must be allowed to speak at their own pace, with time given for silence, hesitation, or repetition. Active, non-judgmental listening is essential to build trust and reduce anxiety.

Effective and attentive listening: Listening is not passive. It involves maintaining focus, summarizing survivors' statements when appropriate, and avoiding distractions. Staff must resist the urge to rush or interrupt.

Attention to body language and non-verbal cues: Staff should maintain open, non-threatening body language, appropriate eye contact, and avoid all unnecessary physical contact especially important for survivors of sexual violence who may feel unsafe with touch.

Inclusive and accessible communication: Survivors with disabilities must be engaged respectfully and effectively. This includes asking for consent before assisting, using appropriate communication methods (e.g., sign language interpreters), and always addressing the survivor directly, not their aides or companions.

Initial comfort and orientation: Upon arrival, survivors should be offered basic items such as water, a clean cloth or wrap, and a calm, private space to rest. Staff should clearly and gently explain what the next steps are, what services are available, and that the survivor is now in a safe place.

A trauma-informed reception process recognizes that first impressions matter and that survivors' recovery starts with how they are welcomed. A dedicated, trained reception team and a calm, well-designed environment can significantly reduce re-traumatization and foster immediate emotional safety.

Minimum Standards	Desirable Standards
Survivor-Centered & Empathetic Approach • Respectful attitude, valuing the survivor. • Not judging the survivor or their reactions. • Being empathic, understanding feelings. • Showing patience, allowing self-expression at own pace. • Effective listening throughout care. • Attending to body language, full attention, avoiding unwanted physical contact. • Non-discriminatory approach (regardless of background, ethnicity, religion, type of violence experienced, disability etc). **Immediate Comfort & Information** • Immediate offer of basic comfort items (water, culturally appropriate food/snacks, a clean wrap/blanket). • Clear explanation of immediate next steps and available immediate support. **Confidentiality & Rights at First Contact** • Guaranteeing confidentiality, respecting limits on initial information sharing. • Initial overview of rights and confidentiality protocols in an understandable language. • Inclusive Communication at First Contact **Engaging survivors with disabilities appropriately, offering immediate assistance.** • Ensuring initial communication is in a language the survivor understands or providing immediate access to an interpreter.	**Enhanced Reception Environment** • Dedicated, calm, private reception areas designed to minimize stress and ensure immediate privacy upon arrival. • Soft lighting and comfortable seating in reception. **Staff Competencies** • Advanced/recurrent training for all staff in trauma-informed communication and crisis intervention. • Availability of staff fluent in multiple local languages or immediate access to trusted interpreters. **Seamless Immediate Transition** • Designated "warm handoff" protocol for transferring survivors to the formal intake process(specialized services). • Visual aids/pictograms for survivors with literacy challenges or those who prefer visual communication during initial welcome.

Standard 3: Standards for admitting survivors to the shelter

Shelters must ensure that all staff, including support personnel, are adequately trained on GBV and VAWG guiding principles, standard operating procedures, and survivor-centered approaches relevant to their roles at all stages of service delivery. The admission of survivors should be guided by the shelter's capacity to provide services without compromising the safety, dignity, or wellbeing of current residents and without jeopardizing the quality of care.

Shelters will admit survivors of violence against women and girls (VAWG), including returnees, survivors of conflict-related sexual violence (CRSV), domestic violence, and trafficking, among others. Admission decisions should be based on clear eligibility criteria and protocols established by each shelter and communicated transparently to all referral partners. Survivors may be referred to the shelter by one-stop centers, the police, hospitals, the Bureaus of Women, Children and Social Affairs, Bureaus of Labor and Social Affairs, courts, Ethiopian Women Lawyers Association (EWLA), other approved agencies, accompanied by an official referral letter or valid documentation.

Shelters must document the survivor's informed consent for admission after providing a clear explanation of the available services, the rules of the shelter, and the expected maximum duration of stay, which is typically up to three months, with possible extensions based on individual risk and needs assessments. A standard initial risk assessment should be conducted upon admission to identify immediate safety concerns and develop an individualized support plan. Survivors should also be provided with the opportunity to identify a trusted emergency contact if they wish to do so.

Shelters should also have a Survivor Safeguarding Policy in place to protect residents from sexual abuse, exploitation, or other harm within the shelter environment. All staff must be oriented on the policy and formally acknowledge their commitment by signing it. Shelters must establish and promote safe, confidential case reporting mechanisms for survivors.

Special considerations must be made for female returnees, who often experience multiple layers of trauma due to abuse, trafficking, or hardship both during migration and upon return. These survivors require

urgent psychosocial support, medical attention, and tailored interventions. Collaboration with relevant stakeholders including government agencies is essential to strengthen referral pathways, provide timely support, and ensure sustainable reintegration. Such partnerships should also aim to build the capacity of frontline staff and social service providers to respond appropriately to the unique needs of female returnees.

Minimum Standards	Desirable Standards
Formal Admission Process & Documentation • Documenting survivor's informed consent for admission after a full explanation of shelter rules, services, and duration of stay. • Streamlined, rapid, and highly confidential admission process, minimizing bureaucracy • Using the GBV/VAWG Incident Report Form for eligibility assessment and information sharing (with explicit consent). • Safe case reporting mechanism within shelters. • Standardized initial risk assessment upon formal admission to identify immediate safety concerns and inform safety planning. • Development of an individualized initial support plan immediately upon admission, based on assessed needs. • Collection of emergency contact information (with consent) for a trusted person outside the shelter, if the survivor wishes. **Duration of Stay** • Maximum stay of 3 months for typical cases, with clear protocols for exceptions and extensions based on individual needs and ongoing risk assessments. • Referral Pathways for Admission • Established formal referral agreements with key partners including police, Women's, Children's and Social Affairs offices, and other relevant government and non-governmental organizations. • Specific protocols for receiving direct referrals from police and Women's, Children's and Social Affairs. **Specific Survivor Admission Criteria** • Clearly defined and communicated admission criteria for the specific shelter, e.g.: Age criteria (e.g., admitting only survivors under 18, over 18, or mixed age groups). • Survivor profiles (e.g., returnee survivors, CRSV survivors, domestic violence survivors, human trafficking survivors, etc.). • All admitted survivors must be survivors of VAWG or CRSV. • Collaboration with agencies for female returnees' needs upon admission. **Children Accompanying Mothers** • Capacity to admit and provide immediate support for children accompanying mothers, with specific child-focused intake procedures.	**Efficiency & Confidentiality** • 24/7 admission capability with trained staff always available. • Separate, private, and comfortable spaces for all formal intake interviews. **Comprehensive Intake & Planning** • Digital intake forms with secure storage for efficient and accurate data capture. • Pre-arrival screening protocols for referrals from partner organizations to further streamline admission. **External Coordination & Transparency** • Sharing specific, detailed admission criteria with all referral pathway stakeholders • Regular meetings with referral partners to review and refine admission protocols.

Standard 4: Required minimum standard for Psycho-Social Support Services

Psychosocial support is essential at every stage of survivor care. This section mainly clarifies the roles and responsibilities of shelter service providers in the process of providing psycho-social support services to women and girls survivors of violence. Shelters should recruit and hire counselor(s) with the right educational background.

key responsibilities of shelter service providers in psycho-social support for survivors

- Offer integrated psycho-social support services such as counselling and medical help as appropriate, in collaboration with counselors, rehabilitation workers and health workers.
- Offer counselling services based on the assessment of survivor’s needs and take the survivor to the nearest health facility for medical attention, if necessary.
- Engage the survivors in planning for their own recovery and access services.

- Clinical treatment for mental health disorders requires specialized services delivered by qualified mental health professionals, and therefore the responsibility of shelter service providers is to refer such cases to trained personnel, and to be compassionate and provide emotional support during such referral processes.
- Shelters should have accessible 'safe spaces' where women and girls' survivors can go to receive counselling services, and such spaces should promote safety, healing and recovery.
- Care and support at the shelter should also be targeted at helping survivors to have a sense of self-worth and belonging to learn and develop life skills, to participate in society and to have faith for the future.
- It should also help to strengthen survivors and their caregivers in dealing with the challenges they face and ensures their active participation in coping with the difficulties.
- In providing psychosocial support, shelter service providers should endeavor to create a supportive environment in which the survivor's rights are respected and treated with dignity.
- Shelters should protect survivors from further abuse and exploitation in collaboration with counsellors, social workers, reintegration officers, community rehabilitation workers etc
- Solicit professional help and expertise from professional associations such as the Ethiopian Psychological Associations, universities and other stakeholders and government bodies.
- Interview the survivors under the relevant procedures to obtain and record the best possible evidence for use by other investigators.
- After an appropriate series of trust-building sessions, refer the survivor who refuses to be interviewed to another trained counsellor.
- Share information as often as possible to enable each all primary duty-bearers (polices, medical officers, counsellors) execute their role effectively.

Minimum Standards	Desirable Standards
Staffing & Capacity • Recruit/hire counselor(s) with right educational background. • Regular supervision and debriefing for psychosocial staff. **Service Delivery** • Offer integrated trauma informed psycho-social support (counselling, psychiatric services referral). • Offer counselling based on assessed needs; refer to psychiatric facility if needed. • Provide accessible 'safe spaces' for counselling. • Interview survivors appropriately • Refer survivors refusing interview (after trust-building) to another counsellor. • Provide psychoeducation on trauma and coping mechanisms. • Facilitate group support sessions among survivors (where appropriate/safe). • Basic conflict resolution skills training. **Survivor Empowerment & Well-being** • Engage survivors in planning their recovery. • Care/support for self-worth, life skills, societal participation, hope. • Strengthen survivors/caregivers to deal with challenges. • Create supportive environment respecting rights/dignity. • Protect from further abuse/exploitation. **Referral & Information Sharing** • Refer for specialized mental health services • Ensure safety and stabilization support during referral	**Specialized Interventions** • Diverse therapeutic interventions (EMDR, flash technique, PIPA, art therapy, group therapy, TF/CBT). Play therapists if children sheltered. • Regular psychiatrist consultation availability. • Therapeutic activities beyond formal counselling (yoga, mindfulness, gardening). **Long-term Planning & Collaboration** • Development of long-term psycho-social support/recovery plans. • Proactive solicitation of professional help from bodies like Ethiopian Psychological Associations, universities. • Family counselling (with survivor consent) if deemed safe/beneficial.

• Share information (with consent) and information sharing and confidentiality form	

Standard 5: The required minimum standard for Essential Health Care provision for Survivors:

Shelters have a critical responsibility to ensure that survivors of violence against women and girls (VAWG) receive timely, appropriate, and confidential health care services. Shelter service providers must collaborate closely with health authorities at federal, regional, and local levels, including public and private health facilities, to ensure that survivors can access essential services particularly in cases involving sexual assault, reproductive health needs, and other medical emergencies.

All shelters must have a designated health focal point a qualified professional such as a nurse, midwife, or medical doctor who is responsible for coordinating health-related care within the shelter. This person ensures survivors' access to emergency care, facilitates compliance with prescribed medication, provides basic health education, and conducts routine inspections of hygiene and sanitation in living, food preparation, and communal areas.

Health focal points must also play a key role in maintaining confidentiality and informed consent in all survivor interactions, particularly during referrals for physical examinations, forensic evidence collection, and reproductive health interventions. Medications must be securely stored under the supervision of the focal point and administered only as prescribed.

Survivors especially those who have experienced rape, sexual assault, or trafficking must receive immediate and comprehensive medical care, including injury treatment, prevention or treatment of infections (e.g., STIs), emergency contraception (where legally permitted), and psychological first aid. Adolescent girls must be prioritized for appropriate reproductive health services upon admission.

Where possible, shelters are encouraged to establish on-site health facilities, staffed by licensed medical personnel, to address minor illnesses and emergencies efficiently. In the absence of in-house clinics, strong referral mechanisms with nearby facilities must be in place. Community rehabilitation workers should accompany survivors to hospitals or clinics when needed, ensuring that survivors' privacy and dignity are preserved at every stage.

Shelters must also work proactively with local health systems to strengthen the capacity of health professionals to manage GBV and VAWG cases. This includes sourcing and facilitating training in survivor-centered clinical care, supported by national or regional health authorities.

Key Responsibilities of Shelter Service Providers in the Provision of Health Care for Survivors

- Maintain a qualified health focal point in the shelter to respond to survivors' immediate health needs and ensure medical follow-up for injuries, illnesses, and medication compliance.
- Provide or refer survivors to priority reproductive health services, including post-rape care, emergency contraception (where legal), STI prophylaxis, and safe pregnancy-related services.
- Establish strong partnerships with health authorities (federal, regional, and local) to improve service quality through training, technical support, and shared protocols.
- Ensure informed consent and confidentiality in all survivor interactions, especially in cases involving forensic evidence collection or medical examinations.
- Engage community rehabilitation workers to accompany survivors to health facilities, ensuring emotional support and safety throughout the process.
- Facilitate health education sessions for survivors on personal hygiene, nutrition, self-care, and preventive health.
- Conduct regular environmental and hygiene inspections within the shelter to ensure a safe and clean living environment.
- Ensure survivors of sexual assault receive urgent medical care including treatment for physical injuries, administration of prophylactic medication, and mental health first aid.
- Represent shelter health focal points in regional health sector coordination meetings, and invite

public/private sector health partners to relevant shelter discussions.

- Seek support from academic institutions, medical associations, and NGOs to strengthen clinical capacity and expand the range of health services accessible to survivors.

Minimum Standards	Desirable Standards
Collaboration & Staffing • Health care services in shelter for emergencies, first aid, minor cases. • Work with health authorities for healthcare. • Have designated health focal point (nurse, doctor, midwife) for emergency care and medical follow up. • Ensure shelter health focal points in health sector meetings & vice-versa. • Source training for healthcare providers in GBV/VAWG case management. **Direct Care & Referrals** • Ensure compliance with medication; • meds in focal person's custody. • Health focal persons provide health education, inspect hygiene. • Refer for priority reproductive health services (post-rape treatment). • Ensure sexual assault survivors get immediate medical response (injury, infection, pregnancy prevention). • Community rehab workers accompany to hospital; • Ensure informed consent/confidentiality for medical examination/evidence. Access to emergency contraception and STI prophylaxis immediately available. • Nutrition assessment and support for specific dietary needs. • Referrals for non-emergency dental and optical care. **Confidentiality & Information Sharing** • Partner with health authorities to enhance local provider capacity. • Ensure information sharing with health providers is confidential/consented.	**On-site Healthcare Services** • On-call doctor. • In-house licensed health care facility run by qualified medical personnel. **Comprehensive Health Approach** • Regular comprehensive health check-ups for all residents. • Specialized care plans for chronic illnesses or disabilities. • Partnerships with mental health professionals for integrated care.

Standard 6: Required minimum standard for Essential legal aid and justice assistance:

Shelters play a critical role in supporting survivors of violence against women and girls (VAWG) in navigating the justice system. Legal aid and justice services must be provided in compliance with national laws and international human rights standards, with an emphasis on survivor safety, informed decision-making, and empowerment throughout legal proceedings.

Shelter service providers must work in close collaboration with federal, regional, and local justice sector institutions, including the Ministry of Justice, police, prosecutors, and courts, to ensure survivors' access to timely, safe, and survivor-centered legal assistance. It is equally essential to identify and partner with legal aid providers such as civil society organizations (CSOs), universities, legal clinics, and associations (e.g., Ethiopian Women Lawyers Association – EWLA), to establish a reliable referral network for survivors. Each shelter should have a designated legal focal point or paralegal who can provide survivors with clear, simplified information about their legal rights and options. Survivors must also be informed of potential legal risks, benefits, and safety considerations associated with pursuing legal action. Legal services should be closely linked with psychosocial support to address the emotional burden and possible re-traumatization during legal processes.

Where possible, shelters are encouraged to hire professional legal aid staff to accompany survivors, follow up on their cases with law enforcement and justice actors, and facilitate access to legal documents (e.g., ID cards, birth certificates). Survivors should be supported in reducing the financial and logistical barriers to accessing justice, including transport and legal fees, through free or low-cost service referrals.

Shelters should also prepare survivors for court appearances by organizing moot court sessions or testimony rehearsals to reduce anxiety and stigma, build confidence, and mitigate the risk of re-victimization. Documentation of case trends, gaps in legal responses, and barriers in the justice process should be systematically collected to support evidence-based advocacy and legal reform efforts.

Key Responsibilities of Shelter Service Providers in Legal Aid and Justice Assistance

- Ensure that all legal aid provided complies with national laws and international human rights standards.
- Appoint a legal or paralegal focal point to support survivors in understanding their legal rights, the justice process, and available options in plain and accessible language.
- Provide survivors with comprehensive information about safety considerations, potential legal outcomes, and connections to psychosocial and material support services.
- Identify and partner with local legal aid providers, such as CSOs, law clinics, and associations, to establish prompt and reliable legal referral systems.
- Coordinate with police, prosecutors, and courts to ensure survivor-sensitive legal pathways and strengthen institutional capacity to respond to VAWG.
- Organize legal orientation sessions, including mock court demonstrations or testimony rehearsals, to help survivors prepare for court and reduce stigma or fear.
- Support survivors in reducing the financial and logistical burdens of pursuing justice, including accompaniment to legal appointments and covering transport costs.
- Provide assistance in obtaining legal documents, such as identification cards or birth certificates, necessary for legal proceedings or reintegration.
- Monitor and document common case types, legal system gaps, and procedural delays to inform advocacy and contribute to legal reform.
- Work collaboratively with legal professionals to ensure that survivors are protected from further harm, re-victimization, or discriminatory treatment during legal processes.
- Where possible, hire professional legal aid staff within the shelter to provide direct legal support and follow up on survivors' cases with responsible authorities.
- Facilitate or participate in capacity-building initiatives with justice actors (e.g., police, prosecutors, judges) to improve their understanding of VAWG survivor needs and survivor-centered practices.

Minimum Standards	Desirable Standards
Legal Rights & Information • Have a designated paralegal aid officer to support the legal support to survivors • Ensure legal aid complies with laws/international standards. • Provide survivors knowledge of legal rights/options, safety information, psychosocial/material support. • Clear explanation of legal processes in simple terms. • Assistance with obtaining official documents (ID cards, birth certificates). Support & Advocacy • Support survivors in reducing travel time/cost for justice access. • Support survivors (counselling, moot court) to empower survivors, build their capacity and familiarize them with the legal processes to mitigate stigma/re-victimization. • With the lead of the legal officer, rehearse survivors for court testimony, organize moot court demos. • Transport/accompaniment for legal appointments. • Document case types/gaps for advocacy. • Work closely with the respective justice sectors. • Assess/identify local legal aid providers. • Referrals to pro bono lawyers.	Dedicated Legal Resources • Hire professional legal aid staff to facilitate/follow up cases. Strategic Partnerships • Formal partnerships with legal aid orgs for prompt service. Capacity Building • Invest in collaborations to build capacity of police, prosecutors, judges. Legal Education & Advocacy • Legal awareness workshops for survivors on relevant rights. • Participation in legal reform efforts to advocate for survivor-friendly laws.

Standard 7: Minimum Security and safety standard at the shelter

Ensuring the safety and protection of women and girl survivors of violence is one of the most critical responsibilities of shelter service providers. Survivors often seek refuge after experiencing severe threats, abuse, and violations. Therefore, shelters must proactively create an environment that prioritizes both physical security and psychological safety through preventive planning, professional conduct, and survivor-informed measures.

Shelters must regularly identify and assess potential security risks and vulnerabilities, especially those that may arise within or around the shelter. These risks may include threats from perpetrators, breaches of confidentiality, inadequate supervision of visitors, or uncoordinated law enforcement engagement. Routine safety audits, staff training, and well-defined emergency procedures are essential for detecting and mitigating such risks.

Shelter providers are also responsible for fostering effective and ethical collaborations with the security sector, especially local police, to support risk mitigation, ensure accountability, and promote trust in protection systems. However, any such coordination must be survivor-informed and governed by strict confidentiality and consent protocols.

Key Responsibilities of Shelter Service Providers

- Conduct routine safety audits to assess vulnerabilities in and around the shelter, and regularly monitor the implementation of recommended mitigation measures.
- Appoint at least one trained security guard on-site, responsible for enforcing shelter safety protocols in line with safety audit recommendations and with support from the local police when necessary.
- Establish confidentiality and information-sharing protocols that protect the identity and whereabouts of survivors, their families, and shelter staff.
- Create and enforce visitation protocols to ensure that only authorized visitors are granted access to the shelter, under safe and controlled conditions.
- Develop and implement witness protection measures in partnership with regional or federal legal authorities, especially in cases where survivors are pursuing justice or facing high-risk threats.
- Facilitate the meaningful engagement of security sector actors, such as regional police, in periodic shelter safety assessments without compromising survivor privacy or consent.
- Collaborate with relevant stakeholders to integrate GBV and VAWG prevention and response into training curricula for security personnel, encouraging trauma-informed, survivor-sensitive practices.
- Participate in government and institutional initiatives to develop and enforce standard operating procedures (SOPs), codes of conduct, and regulatory frameworks that guide how security personnel interact with survivors of VAWG.

Additional Considerations for Strengthening Shelter Security

- To elevate beyond the minimum standards, shelters should consider:
- Ensuring 24/7 on-site security personnel coverage and installing security technologies such as CCTV cameras in shared/public areas (with careful privacy safeguards), panic buttons, or personal safety alarms for staff.
- Developing individualized safety plans for high-risk survivors, taking into account the specific threats they may face and the appropriate protective actions.
- Conducting regular emergency evacuation drills and ensuring all residents and staff are familiar with shelter emergency response protocols.
- Providing secure transportation arrangements for survivors who need to leave the shelter for court appointments, medical visits, or reintegration activities.
- Holding regular reviews of shelter security protocols, including collecting and integrating survivor feedback on how safe they feel and how practices can be improved.

- By institutionalizing these safety and security practices, shelters not only provide immediate protection but also contribute to survivors' sense of agency, stability, and readiness for longer-term recovery and reintegration.

Minimum Standards	Desirable Standards
Risk Assessment & Protocols • Regularly monitor security risks/vulnerabilities. • Conduct safety audits to identify vulnerabilities & inform security protocols. • Visitation protocols to prevent harm from visitors. • Info-sharing standards ensuring confidentiality. • Evacuation plans and drills. • Clear boundaries with external contacts to prevent unauthorized access. **Personnel & External Liaison** • At least one security guard trained in implementing audit recommendations with police support. • Meaningful police participation in assessing survivor safety. • Harness positive role of security sector for risk awareness/mitigation. • Staff training on de-escalation techniques. **Specific Protection** • Develop/implement witness protection measures with legal authorities.	**Enhanced Security Presence & Technology** • 24/7 on-site security personnel. CCTV in common areas (with privacy considerations), direct line to local police. • Panic buttons/personal alarms for staff. **Individualized Safety Planning** • Individualized safety plans for high-risk survivors. **Collaboration & Training** • Explore collaborations for integrating GBV/VAWG prevention into security actor training. • Participate in government efforts on SOPs for security units for GBV/VAWG cases. • Secure transport for survivors when external travel is required. • Regular review of security measures with survivor input.

Standard 8: Minimum Standards for establishing a referral system:

An effective and survivor-centered referral system is critical to ensuring that women and girl survivors of violence receive timely, appropriate, and holistic care. Survivors often require a range of services including healthcare, psychosocial support, legal assistance, protection, and socio-economic reintegration. It is therefore essential that shelters operate within a coordinated, multi-sectoral response system, with established referral mechanisms, clear documentation processes, and continuous monitoring of referral quality.

Shelters must identify and maintain a functional network of actors and service providers and formalize pathways for connecting survivors to them. A referral pathway is a flexible and survivor-informed mechanism that links survivors to competent and trusted services such as health care, mental health and psychosocial support, police protection, legal aid, and economic support.

Core Components of a Survivor-Centered Referral System

Shelters should adhere to the following key responsibilities when developing, maintaining, and executing referral systems:

- Protect the identity, confidentiality, and safety of survivors at all times. Any information about a survivor should only be shared with informed consent, and only with those directly involved in their care.
- Ensure respectful, dignified, and safe communication with survivors when discussing referral options. Communications should happen in private spaces and prioritize survivor comfort and autonomy.
- Avoid sharing survivor information over email or in large group settings. One-on-one or small, confidential discussions are the safest methods for any information exchange.
- Clearly explain available services and the referral process, including the survivor's right to decline or accept any referral. The focus must remain on providing immediate, life-saving support, not on investigating the incident.

- Establish a referral database directory (using Table I format) listing key service providers, including health facilities, legal aid centers, police contacts, shelters, psychosocial services, vocational training institutes, child protection centers, etc.

Table I: Format for a Referral Directory

Name of Referral organization	Name of contact person	Title	Location	Contact #	Email

- Update the referral directory regularly, based on service availability, feedback from survivors, and monitoring data.
- Establish written agreements (MOUs) with service providers whenever possible to formalize collaboration and expectations.

Table II: Referral Follow-up Tracker

Referral Institution	Location	Contact Name & Title	Contact Info	Survivor Name	Time of Appointment	Fee (if any)	Remarks

- Document all referrals using a standard follow-up format (Table II), and track survivor feedback and referral outcomes to ensure continuous quality improvement.
- Assign a staff member or coordinator to manage referrals, including ensuring survivors attend appointments, handling documentation, and following up on service satisfaction and outcomes.
- Maintain a complaint and incident mechanism to address any safety risks or service failures that arise during referral processes.

Enhancing Coordination and Accountability

Shelters should proactively:

- Coordinate with police, one-stop centers, judiciary, and health facilities, ensuring the contact information of focal persons is posted and regularly updated.
- Use survivor feedback to guide referral decisions and revise partner agreements if service quality or safety concerns arise.
- Provide reliable and comprehensive information on the available services and support to survivors. It is not your job to investigate the case. The priority is to get the survivor the immediate care and support that she needs.
- Participate in joint planning and capacity building sessions with key referral partners to address service gaps and improve coordination.
- Digitize referral systems for improved efficiency, data security, and streamlined follow-up (where feasible and secure).
- Provide regular inter-agency training on referral protocols, survivor confidentiality, trauma-informed communication, and ethical service delivery.

Special Considerations for Children

For child survivors of gender-based violence, referrals must be guided by specialized standards and staff must be trained in:

- Developing a trust-based helping relationship with the child.
- Understanding child-specific reactions to abuse and providing developmentally appropriate support.
- Managing informed consent and mandatory reporting procedures sensitively.
- Engaging non-offending caregivers in the child's care and healing process.
- Delivering psychoeducation on abuse, trauma reactions, and safety planning.
- Coordinating with a multidisciplinary case management team for an integrated response.
- When age-appropriate, children should be consulted and meaningfully engaged in decisions A referral pathway is a flexible mechanism that safely links survivors to supportive and competent systems of care, such as medical care, mental health and psychosocial services, police assistance and legal and justice support.

NB: The above list of referring organizations may not be exhaustive and therefore this should not by any means should not imply that the above listed are the only organizations referring survivors to shelters but only indicating the current common ones.

Minimum Standards	Desirable Standards
Service Coordination & Mapping • Connect survivors to multi-sector services (health, psychosocial, protection, legal, socio-economic) timely/safely. • Identify network of actors/service providers. • Establish referral pathway. • Referral database directory made/updated (Table I format). • Update directory regularly; re-referrals based on feedback. • Coordinated work with police, one-stop centers, judiciary; updated contact directory. • Training for all staff on referral protocols. **Confidentiality & Consent** • Protect identity, confidentiality, safety. • Treat survivor with respect in safe place. • No information sharing without consent; • Use Consent form, confidentiality form and information sharing protocol if consented. • Avoid email for survivor info prefer one-on-one. • Document/forward necessary information with consent. **Information & Survivor Choice** • Provide reliable/comprehensive information on services. • Prioritize immediate care, not investigation. • Inform on referral options & implications. **Follow-up & Accountability** • Discuss follow-up in small core group. • Proper complaint mechanism; revise referrals if safety risk. • Feedback mechanism from referral partners. **Child-Specific Considerations** • Consult child survivor; ensure child's best interest. For child survivors: specialized staff competencies (helping relationship, sexual abuse knowledge, case management, engaging family, psychoeducation, coordinating team). **Formal Agreements** • Written agreement with referral services where possible. • Active case management for referrals (staff follow up). • Dedicated referral coordinator on staff. • Transport/accompaniment for referral appointments.	**Proactive Case Management** **Formalized Partnerships** • Formal MOUs with all key referral partners. **Quality Assurance** • Regular review meetings with referral partners. **Technology & Training** • Digital referral system for efficient and secure management. • Inter-agency training on common referral challenges.

Standard 9: Minimum standards for Social and economic empowerment of survivors

Shelters should plan together with the survivors on their options for economic empowerment and provide basic skills and startup capital (in a form of living allowance, seed funding or employment) to assist women to be self-reliant during reintegration to their community. Shelters should collaborate with government and non- government stakeholders working in this area.

Responsibilities of shelter service providers in the social-economic empowerment of survivors

- Establish linkages and ensure that women and girls survivors of violence can access livelihoods support as part of a comprehensive multi-sector approach to addressing GBV and VAWG.
- Ensure that livelihoods interventions for survivors do not expose women and adolescent girls to risks of violence and have negative consequences on their standing within a community. For example, when referred to a private firm to work for a salary or be trained, women may be vulnerable to sexual harassment and exploitation by their supervisors, which not only violates their right to decent work, but also stalls their rate of recovery from previous experiences of GBV and VAWG.
- Shelter service providers can partner with the private sector, local authorities and other agencies to

improve livelihood opportunities for women and girls survivors of violence by supporting programmes such as income-generating initiatives, vocational training and cash-for-work, and by employing women

- Shelter service providers can also map livelihoods and reintegration support programmes, at local, regional and federal level, to leverage the opportunities offered by the public and private sector, and advocate for the inclusion of livelihoods services/initiatives that are relevant for women and girls survivors of violence.
- Shelter service providers should also ensure that they participate and are represented in livelihoods meetings and activities supported by local, regional and federal government agencies, development partners and civil society organizations to identify possible opportunities for women and girls survivors of violence.
- Survivors and shelter staff can also act as livelihoods sector focal points on behalf of their colleagues in collaboration efforts with partner agencies that seek to support livelihood-based responses to GBV and VAWG as appropriate. Trainings on economic empowerment can be provided based on assessment of labor market needs and available business development opportunities.

Minimum Standards	Desirable Standards
Economic Planning & Support • Plan with survivors for economic empowerment tailored to trauma recovery stages. • Provide basic skills training and startup support (allowance, seed capital, employment). • Ensure livelihood interventions are trauma-sensitive, avoiding retraumatization and accounting for survivors' emotional and psychological readiness. • Financial literacy training (budgeting, saving, managing small businesses). • Life skills training (communication, decision-making, stress management). • Facilitate access to formal and non-formal education. • Ensure to establish structure, safety and stabilization at all times. • Physical and emotional safety must be prioritized in all training, workplaces, and services. • Clear communication about services, opportunities, expectations, and limitations. • Encourage peer-based mentorship or survivor groups. • Collaboration and mutuality must be reflected in a way that there must be shared power between staff and survivors in planning. • Avoid assumptions about survivors' aspirations or capacity plans should emerge from dialogue, not prescription. • Survivors should be given autonomy in choosing training or livelihood paths. • Ensure services are accessible to survivors with disabilities, older women, rural women, women in IDP sites, and non-shelter-based survivors. • Adapt content to different literacy levels and ensure use of local languages or visuals when necessary. • Incorporate traditional values (e.g., Equb, Idir) and be	Diverse Opportunities • Diverse vocational training (market needs, survivor interest). • Partnerships with private sector, authorities for diverse livelihood opportunities (income-gen, vocational, cash-for-work, employment). Entrepreneurship & Financial Literacy • Business development support & mentorship. • Access to micro-finance or savings groups. Advocacy & Integration • Map livelihood/reintegration programs; advocate for relevant services. • Participate in livelihood meetings. • Survivors/staff as livelihood focal points. • Job placement assistance and resume building workshops. • Mentorship programs with successful women entrepreneurs. • Childcare support to enable mothers to participate in livelihood activities.

sensitive to historical marginalization or trauma. Psychological Readiness & Individual Assessments • Conduct individual trauma and readiness assessments before engaging survivors in any economic program. • Adjust activities according to the survivor's stage of healing (not just interest or skillset). • Include Mental Health and Psychosocial Support (MHPSS) professionals in economic programming teams. • Ensure that training centers, internships, or employment placements are free from harassment, discrimination, and re-traumatizing environments. • Survivors should have access to grievance redress mechanisms and ongoing psychosocial support at work/training sites. Partnerships • Collaborate with government and non-governmental stakeholders, including shelters, IDP centers, TVET and community-based organizations. • Establish linkages for livelihood support that also incorporate trauma healing (safe spaces, psychosocial support).	

Standard 10: Standard practices on the reintegration of women and girls' survivors:

It is standard practice that the reintegration process starts when women and girls' survivors have been confirmed to have fully recovered from the trauma, and are seeking the protection of the wider circle, including their family. It is also important to take into account the following five considerations when putting together a reintegration plan:

a) each case is unique
b) Give the woman or girl survivor a complete picture about her situation, the available options, and information about the expected results.
c) Reintegration is a right for women and girls to enable them make decisions they see appropriate pertaining to their private matters.
d) The interests, needs, skills and abilities of women and girls at the shelters should be identified in order to set proper empowerment programs for them.
e) It is important for Women and girls empowered with skills and knowledge before reintegration.
Shelter practitioners ought to collaborate with IOM, UNHCR and partners from Administration for Refugee and Returnee Affairs (ARRA) and other institutions, in the processes of admitting female returnees to shelters and the subsequent actions around recovery and reintegration.

The key roles and responsibilities of shelter service providers in the reintegration process

- A multisectoral coordination mechanism that involve counselors, social workers, health workers, legal officers, community facilitators, government officials at the wereda level should be established to assess the readiness of the survivor, explore feasible options for economic empowerment, facilitate women's safe return to their community of origin (if they choose to return) and to identify the needs of each woman and girl according to applicable reintegration choices identified by the survivor herself.
- Where possible and appropriate (i.e. unless the community or family member is the perpetrator), community and family engagement should be sought and embedded into support services.

- Coordinate among the competent regional and federal agencies and the Ethiopian Network of Women Shelters to develop a health care plan for the survivor and or her children, in addition to regular visits to provide health services.
- Conduct assessment of life skills needs and organize feasible training sessions to strengthen the survivor's self-confidence and her trust in her capabilities so she can overcome difficulties.
- Based on the need assessment sessions, a plan should be developed to raise knowledge, capabilities, skills and academic education for the survivors based on her need's analysis.
- Coordinate with competent women's organizations in assisting the survivor to reintegrate through social and economic empowerment. It is important to hold meetings with ex-residents who have managed to reintegrate, in order to exchange experiences and success stories as well as for building the trust rapport.
- Developing counselling plan with the survivor's family and local community. This plan should be parallel with the intervention plan conducted with the survivor herself, in coordination with relevant agencies at local, regional and federal levels.
- Along with the counselling intervention plan, a mapping must be conducted for all supporters of woman or girl survivor; had it been family members, local community and government institutions.
- Looking for alternative housing (renting, financial support, joint house with other women), in situations where the survivors' circumstances do not permit her to go back to her original place of residence.
- Organizing self-support groups from women who managed to reintegrate.
- The reintegration process should be well documented.

Table III. A sample format for a reintegration

Name of Resident	Date of reintegration (Placement)	Reintegrated resident address Contact (Landline/Mobile) Email	Name and position of Shelter Professionals involved in the reintegration	Name of Government officials involved in the integration	Remark (Reports of post reintegration follow-up)

Minimum Standards	Desirable Standards
Survivor-Centered Reintegration Planning • Reintegration is voluntary, based on survivor readiness, and guided by their informed consent. • Survivor is given full information on reintegration options, risks, and supports. • Develop an individualized reintegration plan that includes safety, social, and economic dimensions. • Identify and build on survivor's strengths, existing skills, and aspirations. • Pre-reintegration safety planning is mandatory (with emergency contact/support pathway). **Coordination and Case Management** • Multisectoral coordination must involve health, legal, psychosocial, economic, education, and protection actors. • A case manager leads reintegration and ensures continuity of care across sectors.	• Extended Post-Reintegration Support • Provide 6–12 months of structured follow-up, with flexibility for longer-term cases. • Offer support groups for reintegrated women to share experiences. • Set up referral pathways for economic, psychosocial, and legal support post-reintegration. • Help survivors find or retain alternative safe housing if needed (not all must return to former homes). • Conduct community engagement and sensitization using trauma-informed, culturally grounded approaches. • Develop community-based reintegration champions or liaison persons. • Set up self-help or peer-led support groups from reintegrated women for sustainability. • Establish positive coping networks (religious leaders, women's groups, traditional healers) to support reintegration. • Provide access to microcredit, savings groups, or cooperatives.

• Family/community engagement only with survivor's consent and in culturally appropriate, trauma-informed ways. • Health care follow-up planned (HIV, trauma care, SRH, etc.). • Coordination with relevant returnee agencies (IOM, UNHCR, ARRA) when applicable. • Engage peer mentors/ex-residents as part of preparation and ongoing support (role models, confidence-building). **Documentation and Confidentiality** • Use standardized reintegration documentation (e.g., Table III format). • All documentation is confidential, securely stored, and access is restricted. • Community awareness or sensitization is only with survivor consent and ensuring anonymity. **Initial Follow-up Support** • Survivor receives at least 1–3 months of follow-up, including periodic check-ins and emergency assistance. • Provide a reintegration kit (e.g., hygiene items, small startup capital, household basics). • Establish emergency contact points for referral or re-entry into protection systems	• Offer entrepreneurial coaching or mentorship (preferably survivor-to-survivor). • Implement trauma-sensitive feedback mechanisms (anonymous check-ins, case reviews). • Collect survivor stories to inform program adaptation (with consent). • Ensure case managers have MHPSS supervision and emotional support as well.

STANDARD 11: Reconciliation for survivors

It is standard practice that if a survivor decides for reconciliation, a number of conditions have to be met and these include:

a) their family will be contacted by phone/letter or the legal notice
b) counselling sessions will be held with all parties, if the survivor consents;
c) After counselling sessions, staff will hold a second private interview with the survivor to establish if the resident still wishes to proceed with the reconciliation process;
d) The survivor will be given a referral list/contact information for local NGOs/CBOs and relevant local services, and an effort will be made to equip her with knowledge and confidence to revert to sources of professional care and support when in need;
e) In case of reconciliation an affidavit and copy of national ID card will be taken from the person who is taking responsibility of the survivor;
f) The shelter service provider will inform the survivor of the existing follow-up procedure, and the survivor will inform the shelter of whether or not, and to which extent, she would like this procedure to be initiated;
g) Over monitoring of survivors after reintegration should be avoided as it may be counterproductive or could add to the stigmatization;
h) The shelter service provider will undertake follow-up (by telephone or otherwise) every week during the first 1 month and a monthly follow-up in the first 6 months the survivor has returned to her family, if the survivor agrees to this.
The SOP Working Group Members will update and revise reconciliation procedures continuously in light of learning.

Minimum Standards	Desirable Standards

- Survivor-Led Decision Making
- Reconciliation only proceeds if initiated and explicitly consented to by the survivor.
- Survivor can withdraw consent at any time without consequence.
- A private, second interview must confirm that the survivor is not coerced and understands implications.

Survivor determines:

- Whether reconciliation occurs
- Who is involved
- The level of contact or communication
- Survivor is informed about potential risks and all available alternatives to reconciliation (e.g., safe return, relocation, legal options).

Safety and Risk Management

A risk assessment is mandatory before any reconciliation process begins.

- A safety plan is created in case reconciliation fails or becomes unsafe.
- Survivor must not be reconciled into a situation of continued violence, control, or social pressure.
- Reconciliation cannot replace legal accountability (especially in cases involving sexual violence or intimate partner abuse).

Structured Follow-Up

Survivor receives regular check-ins (weekly for 1st month, then monthly for 6 months) if they agree.

Ensure minimal or no over-monitoring to respect survivor autonomy.

Survivor receives:

- Local referral contacts (MHPSS, protection, legal)
- Information for self-help and community support
- Copy of affidavit or ID from the party taking responsibility, when applicable.

All reconciliation decisions and steps must be:

- Documented with survivor consent
- Kept strictly confidential
- Shared only with survivor's approval
- No reconciliation outcomes can be used for forced reunification or case closure without survivor agreement.

Mediation is conducted by trained, neutral professionals or respected community elders (only if culturally appropriate and requested by the survivor).

Survivors are never pressured to reconcile due to cultural or family norms.

Mediators receive training in:

- Trauma-informed mediation
- Gender-based violence dynamics
- Survivor rights and non-coercion

Accountability Mechanisms

Perpetrators or family members who were harmful must undergo:

- Behavioral change counseling
- Legal accountability processes (where appropriate)
- Community sanctions or acknowledgment processes (e.g., traditional reconciliation rituals with reforms)

Reconciliation is not permitted unless basic accountability and rehabilitation steps are taken by the other party.

- All parties (survivor, family, perpetrator if involved) undergo psychological readiness assessments by MHPSS professionals.
- Survivor should have completed basic trauma recovery milestones before engaging.
- Survivor should not be in economic dependency or fear when deciding.

Written or Formal Agreements (Optional)

If appropriate, a written agreement is made outlining:

- Terms of reconciliation
- Non-repetition commitments
- Boundaries and next steps
- Redress or restitution measures

Survivor retains a copy and can revisit or revoke the agreement.

Create a survivor feedback mechanism (anonymous surveys, exit interviews, survivor committees).

The Reconciliation SOP Working Group (or relevant coordination body) reviews cases, updates procedures, and adjusts to context changes.

Maintain a database (with strict confidentiality) to monitor:

- Outcomes of reconciliation (e.g., re-abuse, wellbeing)
- Frequency and success of reconciliations
- Regional patterns and cultural nuances

STANDARD 12: Advocacy, communication and public awareness

Research-based and coordinated advocacy and communications lead to changes in policies and practice that mitigate the risk of GBV and VAWG, promote resilience of women and girl survivors and encourage a protective environment for all. As a standard practice, shelter service providers should have a comprehensive plan that specifies advocacy goals; resources and assets; support and opposition; targets and agents of change; strategy; and tactics. Any shelter's advocacy strategy should place the needs of women and girl survivors at the center of all communications and public awareness campaigns and engagements. It is important that shelter service providers work with partners at regional and federal levels to train journalists to cover issues of GBV and VAWG with respect for the safety and confidentiality of women and girl survivors.

General rules to observe in engagements with the media and in the publicity of a case

- Where the survivor is at a stage of recovery where she can truly make an informed decision. Some women and girls choose to break the silence around the violence in their lives as a way to help others. Often this happens after some time has elapsed and the case has either been resolved or become

dormant.

- Where the survivor's (woman, girl or child) legal proceedings stand to benefit from it. In this case informed consent must be taken.
- Advocacy themes and messages must be rooted in survivor needs and rights, as documented through services and consultations.
- Where the survivor herself proposes this course of action despite being informed of possible negative repercussions.
- Survivors may participate in advocacy only voluntarily, and after a full risk and benefit assessment.
- Survivors requesting media exposure will be informed of possible positive and negative implications of using the media.
- In cases of press conferences or media interviews, it is important that the survivor is prepared for the kind of questions she may be asked and is also appraised of her right to refuse questions she does not wish to answer.
- The media personnel can also be briefed beforehand on appropriate and inappropriate questioning.
- Ensure media do not further stigmatize any survivor; avoid categorizations or descriptions that expose a survivor to negative reprisals - including additional physical or psychological harm, or to lifelong abuse, discrimination or rejection by their local communities.

Minimum Standards	Desirable Standards
Develop a comprehensive advocacy strategy that clearly defines: • Goals and outcomes • Target audiences (e.g., policymakers, communities, youth) • Resources (budgets, partners, platforms) • Messaging and dissemination plans **Ethical and Informed Survivor Involvement** Survivors must receive: • Trauma-informed briefing on media/public exposure • Support (psychosocial, legal) throughout the process • The right to withdraw at any time • All decisions must follow informed consent procedures and ensure no exposure to stigma, retaliation, or emotional harm. **Media Engagement Protocols** Work with media partners to: • Train journalists on ethical, survivor-sensitive reporting **Observe media engagement guidelines, including:** • Survivor proposes appearance despite risks • Survivor understands all implications • Survivor is prepared and accompanied • No sensationalism or traumatization • Develop internal media protocols for staff and partners. **Community Partnerships for Awareness** • Partner with local organizations, women's groups, youth networks, and faith leaders to: • Disseminate messages • Organize events (e.g. 16 days of activism against GBV, community dialogues, film screenings) • Mobilize around local prevention norms (e.g., harmful traditional practices) **Develop messages that are:**	**Support survivor-led advocacy initiatives with:** • Capacity building (public speaking, storytelling, policy dialogue) • Protection plans and psychosocial accompaniment Facilitate survivor participation in national forums, dialogues, or commissions, especially on justice, health, or reintegration. Establish peer advocacy groups, including safe spaces for reflection and preparation. **Regularly convene policy dialogues with:** • Lawmakers, justice actors, service providers, and donors • Survivors and frontline workers Use policy briefs and survivor-informed data to advocate for: • Budget increases for shelters and MHPSS • Reforms in survivor protection laws • Inclusion of survivor perspectives in post-conflict recovery policies **Use multiple, accessible communication channels, including:** • Community radio • Dramas and street theatre • Mobile messaging or community WhatsApp groups • Employ local cultural expressions (e.g., storytelling, poetry, coffee ceremonies, proverbs) to shape and deliver messages. **Data-Informed and Visual Storytelling using visual tools (infographics, dashboards, survivor journey maps) to:** • Present survivor needs and service gaps to policymakers • Show impact of services or policy changes • Gather and ethically use qualitative stories (with consent) to humanize statistics. **Tailor messages to fragile, post-conflict, or displacement settings:** • Avoid inflaming political or ethnic tensions • Include messaging on conflict-related sexual violence (CRSV) and stigma • Use trauma-informed framing (focus on resilience, strength, and recovery-not victimhood)

• Clear, non-stigmatizing, and culturally resonant • Tested with community members and survivors • Translated into local languages and adapted to literacy levels	

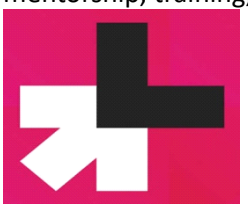
STANDARD 13: Engagement with male action groups on social norm change and advocacy

Shelter service providers should also explore partnerships with male community groups and expand the use of male and female outreach workers, trainers and leaders in their programme interventions. Shelters should also ensure coordination with women's rights organizations and survivor services to avoid parallel programming fostering linkages with women-led organizations to reinforce intersectional understanding.. Programs must be facilitated in safe, gender-transformative spaces, with room for reflection and behavioral change.

Shelters should focus on positive masculinities programming must promote positive, non-violent, caring male identities and messaging should:

- Reinforce emotional expression, shared caregiving, and allyship.
- Avoid framing men as protectors or saviors of women, but as partners in justice.
- Local stories, proverbs, and male role models should be used to reinforce values.

Male engagement efforts must center survivors' safety and avoid excusing past harm and address intersecting identities (e.g., male youth, ex-combatants, pastoralists, IDPs). Shelters should build ownership among local men, but ensure strong partnerships with women's organizations and invest in ongoing mentorship, training, and linkages with institutions (schools, faith centers, police).



Minimum Standards	Desirable Standards
Strategic partnerships & inclusive outreach **Map and establish partnerships with existing male community groups, including:** • Elders' councils, youth clubs, farmer associations, and religious groups. • Involve both male and female outreach workers in community mobilization to demonstrate shared responsibility. • Target men across age, social status, and roles (e.g., youth, fathers, elders, teachers, security actors). **Capacity Building for Male Engagement** **All male engagement staff (volunteers, facilitators, champions) must be trained in:** • Gender equality and power dynamics • Root causes of VAWG and GBV • Positive masculinities and nonviolence • Trauma sensitivity (to avoid reinforcing patriarchal backlash or shame narratives)	**Design and implement structured curriculums for men and boys, based on global best practice** (e.g., SASA!, MenEngage, Program H, Journeys of Transformation). **Support the development or scaling of male champion networks trained and equipped to:** • Engage in community dialogues • Speak out publicly against GBV • Mediate using gender-equitable principles • Include structured mentorship, refresher training, and monitoring for champions. **Facilitate the creation of peer discussion spaces for men (e.g., fatherhood groups, ex-perpetrator reform groups, youth circles).** • Ground discussions in trauma awareness, emotional literacy, and accountability. **Identify and train progressive male religious and traditional leaders as allies supporting them to:** • Speak during rituals, ceremonies, or religious gatherings about GBV prevention • Lead reconciliation or community healing processes with gender sensitivity

• Provide continued support and supervision to maintain values-based consistency and address internal biases. **Activities must be integrated into broader shelter programming, including:** • Community outreach • Public awareness campaigns • Prevention efforts in schools and workplaces **Awareness & Relationship Building** • Awareness raising within the local community about the shelter's existence and services (while protecting survivor confidentiality). • Establishing positive relationships with local community leaders and elders. • Providing basic information on GBV/VAWG prevention to the community.	• Challenge harmful norms without backlash Conduct formative research to understand: • Local masculinities • Root causes of male violence and resistance to gender equality • Effective motivators and messengers for different male groups • Pilot and test innovative strategies (e.g., community radio dramas, WhatsApp campaigns, gamified trainings). • Track male engagement outcomes (e.g., attitude change, bystander actions, joint household decision-making). • Avoid reinforcing male dominance or allowing men to dominate GBV spaces.

STANDARD 14: Competencies and the well-being of shelter staff and care givers

The delivery of quality and appropriate shelter services depends on a dedicated cohort of competent, qualified and skilled professionals and semi-skilled workers to carry out their critical role of caring for, supporting and ensuring the safety and rights of women and girls survivors of violence. All shelters must be able recruit, deploy and retain with specific duties for at least one nurse, documentation officer, counsellor, security guard, receptionist, overall coordinator and supervisor, a cook, cleaner and child-care taker. Shelters should recruit and employ staff and caregivers with the right educational background. Shelter service providers should support staff capacity development and allow dedicated time to attend training in GBV and VAWG prevention and response.

Minimum competence requirements for shelter staff and caregivers

- Understanding and applying a survivor-centered approach, including GBV guiding principles, such as safety, confidentiality, respect for human rights and non-discrimination.
- Understanding gender equality and integration of gender analysis into daily work routines.
- Demonstrating knowledge of and implementation of multi-sectorial response to the needs of women and girl survivors, including health, psychosocial support, security and legal response.
- Understanding critical issues in applying the SOP and attendant GBV and VAWG guiding principles including ethics with regards to collecting, managing, sharing and applying data.
- Facilitating a collaborative environment to promote effective coordination with regional and local police commissions, bureaus of justice, health care providers and labor officers, community support groups and other duty-bearers in responding to the needs of women and girl survivors of violence.
- Using emotional intelligence, including having and showing empathy and active listening and presenting and fostering respectful communication with fellow staff and with women and girl survivors of violence.

Due to the pressures and unique set of stressors associated with working on GBV and VAWG issues, staff safety and self-care are particularly important. Taking care of physical and mental health, including finding positive, healthy activities and outlets to manage stress, will support better job performance and overall well-being of shelter staff.

Minimum Standards	Desirable Standards
Staffing, Recruitment, and Role Clarity	**Professional Development & Clinical Supervision**

- Recruit, deploy, and retain qualified, gender-sensitive staff for all roles, including:
    - Shelter Coordinators, Case managers, nurses, psychosocial counselors, social workers, IGA and reintegration officer, legal support officer, child-care providers, cooks, cleaners and security guards.
- Ensure minimum education and professional background in relevant fields (e.g., psychology, social work, nursing, gender studies).
- Develop and update clear job descriptions and terms of reference for all staff roles.
- Use regular performance appraisals and provide constructive feedback.

All staff must meet minimum professional and interpersonal competencies, including:

- Survivor-centered and trauma-informed approach
- Understanding of GBV guiding principles (confidentiality, safety, respect, non-discrimination)
- Knowledge of gender equality and intersectionality
- Familiarity with national SOPs, referral pathways, and data protection ethics
- Capacity for teamwork, empathy, and cultural humility
- Basic emotional intelligence and stress management
- Signed and understood Code of Conduct (including PSEA standards)

Staff Well-being and Safety

- Implement clear and accessible staff safety and self-care protocols, including:
    - Work-life balance practices (flexible shifts, leave options)
    - On-site or virtual stress and anger management training
    - Burnout prevention and rest periods
    - Emergency protocols for public health or security crises
- Confidential grievance reporting mechanisms must be in place for workplace harassment, exploitation, or unsafe conduct.
- Provide access to external MHPSS support for staff (at least referral pathways, ideally subsidized).

Policy & Staffing

- Clear and comprehensive Child Protection Policy, understood and signed by all staff.
- Designated child protection focal point(s) on staff.
- Regular child protection training for all staff and volunteers.
- Background checks for all staff and volunteers working with children.
- Safe Environment & Reporting Survivor-friendly reporting mechanisms for abuse or concerns within the shelter.
- Safe spaces and activities specifically for children.

- Mandatory and regular externally facilitated professional development sessions for all core staff.
- Access to clinical supervision for counselors and case managers (monthly or bi-monthly).
- Budget and time allowance for training and certifications.

Supportive Work Environment and Organizational Culture

- Allocate a dedicated budget for staff well-being initiatives (e.g., wellness days, therapy subsidies, burnout retreats).
- Establish career progression pathways with promotion and learning opportunities.
- Encourage peer support groups and team-building sessions to build cohesion and shared purpose.
- Create mentorship programs for new or junior staff.

Recognition and Learning Opportunities

- Organize periodic staff recognition and appreciation activities (certificates, awards, team shout-outs).
- Facilitate access to national and international learning platforms, such as:
    - Conferences, webinars, GBV forums
    - Cross-learning visits to other shelters or regions
- Encourage staff to contribute to research, training, or curriculum development.

Staff Retention and Resilience Strategies

- Conduct exit interviews to understand reasons for turnover and improve HR systems.
- Regularly assess staff well-being and resilience, using simple tools or surveys.
- Introduce rotational roles or task variation to reduce monotony and exposure to secondary trauma.

STANDARD 15: Sharing of information amongst service providers

Information sharing protocol and all guiding principles associated with ethical and safety of survivors must

be applied. Survivors have a right to control how information about their case is shared with other agencies or individuals. The survivor should be given honest and complete information about possible referrals for services. The survivor must also understand and consent to the sharing of non-identifying data about her case for data collection and security monitoring purposes. Children must be consulted and given all the information needed to make an informed decision using child-friendly techniques that encourage them to express themselves. Survivors should be empowered to:

- Access their data and correct or remove it if needed
- Withdraw consent at any time, even after initial sharing
- Submit feedback or complaints about data handling via a confidential process
- Survivor feedback on how their information was handled should inform continuous system improvement.

Minimum Standards	Desirable Standards

• Apply an information sharing protocol grounded in GBV guiding principles (Safety, Confidentiality, Informed Consent, Respect and Dignity)
All staff must be trained on:
• GBV/VAWG guiding principles and survivor-centered communication.
• National GBV SOPs and referral protocols.
• Admission criteria and referral pathways.
• Data protection and privacy laws, including regional and international standards (e.g., GDPR principles where applicable).
• Ethical handling of children's information, including child-friendly consultation techniques.
• Staff must understand and sign a Survivor Safeguarding Policy, committing to zero tolerance for abuse, exploitation, or information misuse.
Referral and information sharing must include:
• Clear, complete, and honest information to survivors about services.
• Documented informed consent for any non-identifying data to be shared.
• Consent processes adapted for literacy, language, and cognitive capacity.
• Emergency Information Protocols
A clear protocol must define:
• When information can be shared without consent (e.g., imminent risk of life).
• Documentation and justification process for emergency sharing.
• Survivor debriefing and support after emergency disclosure when possible.
	Standardized Inter-Agency Information Sharing Systems
	Develop and implement:
	• Standard forms for consent, referral, and feedback
	• Inter-agency memoranda of understanding (MoUs) for information sharing with clear roles and boundaries
	• Case conferencing protocols (with survivor consent) for high-risk or complex cases
	• Use survivor-validated language and templates in all documentation.
	• Hold regular inter-agency coordination meetings on emerging issues, service gaps, good practices in data sharing
	• Facilitate joint training workshops on:
	  ○ Survivor-centered case management
	  ○ Ethical information sharing
	  ○ Protection from data misuse and retaliation
	• Where feasible, implement secure, shared case management platforms (e.g., GBVIMS+ with role-based access controls)
	• Encrypted, password-protected digital communication platforms (e.g., Signal, encrypted email) for real-time case coordination
	• Data loss, breach, and accountability protocols
	• Only designated, trained personnel can access and input sensitive information.
	Develop M&E indicators for ethical information sharing, including:
	• Staff compliance with SOPs
	• Cases with documented, informed consent
	• Survivor satisfaction with data handling
	• Number and outcome of data-related complaints
	• Conduct periodic audits to assess system compliance, and review procedures after security or data breaches.

STANDARD 16: Data management protocols

It is important that shelter service providers periodically assess (at least once every year) their existing data management system and security to develop a customized data protection protocol for GBV and VAWG interventions. This is a vital part of ensuring confidentiality for the survivor and eliminating the risk of exposing them to further violence by parties who may gain access to information about their case.

Principles

- Mishandling data can retraumatize survivors or expose them to further violence.
- Collect only what is essential for services or coordination.

- Survivors must know their rights over their data at all stages.
- Adapt consent and data protection practices for children, persons with disabilities, and survivors with limited digital literacy.
- Organizations must track access, monitor compliance, and respond promptly to breaches.
- Shelters should ensure survivors are never identifiable in any published materials (reports, visuals, case studies).
- Staff must understand that all survivor data is:
    - Highly sensitive
    - Protected under survivor-centered, trauma-informed principles
    - Not to be shared or accessed without documented informed consent

Minimum Standards	Desirable Standards

All case data must use non-identifying case codes never names, photos, or biometrics unless explicitly authorized.
• Informed consent must include:
  ○ What data will be collected
  ○ Why it's needed
  ○ Who will access it
  ○ How it will be used or shared
• Survivors must have the right to restrict or withdraw data sharing at any time.
Physical and Electronic Data Security
Signed paper consent forms and case records must be:
○ Kept in individual files with unique case IDs
○ Stored in locked cabinets in restricted-access rooms
○ Labeled without names or identifying markers on the outside
Electronic Security:
Computers must be:
○ Password-protected
○ Access-limited to authorized personnel only
○ Equipped with secure, encrypted file transfer systems
All electronic data must be
○ encrypted at rest and in transit backed up locally (daily) and off-site (regularly, in secure cloud or protected facility)
○ Stored in systems with audit logs for tracking access
Staff Roles, Responsibilities, and Agreements
• Relevant staff must sign a data Protection and Confidentiality agreement, updated annually.
• Staff involved in audits, case management, or M&E must be trained on:
  ○ Their responsibility for data protection
  ○ What constitutes a data breach
  ○ Steps to take in case of a breach
  ○ An Incident Response Plan must be in place and communicated to staff.
Data Retention and Destruction
Clear protocols must exist on:
• How long to retain data (e.g., 5–7 years depending on law or program needs)
• When and how to destroy physical/electronic data
• Who is authorized to do so
Destruction must be:
• Irreversible (e.g., shredding, wiping software)
• Documented and auditable
	Advanced Secure Data Systems
	Implement a secure, encrypted, purpose-built case management system, such as:
	• GBVIMS+ or PRIMERO/CPIMS+ with role-based access
	• Case management apps with offline capabilities in low-connectivity zones
	• Integrate blockchain or zero-trust security models if feasible for large-scale, cross-border programs
	External Audits and Monitoring
	• Conduct external, independent data security audits at least every 1–2 years
	• Include ethical data use reviews and vulnerability scans
	• Document and address findings in a data protection improvement plan
	Ethical Data Use for Learning and Advocacy
	Use anonymized, aggregated data for:
	• Program improvement
	• Policy and advocacy
	• Donor reporting
	• Research or trend analysis (only with survivor-informed ethical approval processes)
	Advanced Analytical Tools with Guardrails
	Explore AI-powered tools for:
	• Service trend analysis
	• Risk prediction (e.g., rising reports in conflict zones)
	• Resource planning
	⚠️ These must include:
	• Human oversight
	• Strict access control
	• No use for profiling or automated decision-making about survivors
	Ongoing Capacity Building
	Provide regular training (at least annually) for all staff on:
	○ Data protection best practices
	○ Consent and confidentiality
	○ Emergency handling of data breaches
	○ New legal and ethical developments (e.g., digital rights, data justice)
	○ Include simulated data breach response exercises for core teams.

Standard 17. Joint monitoring and support supervision of shelter services:

Joint monitoring and support supervision of shelter services, will focus on gathering and reporting data and information that is necessary for assessing, improving, and ensuring compliance to the minimum service delivery standards set in this SOP. The SOP Working Group will take on the responsibility of joint monitoring and support supervision on a bi-annual basis. This will comprise of representatives from the Ministry of Women and Social Affairs (MOWSA); Ministry of Labor and skills; Federal Ministry of Health (FMoH); Ministry of Justice (MOJ); the Federal Police Commission; the Federal Supreme Court; Regional Police Commissions; Regional Bureaus of Justice; the Ethiopian Network of Women Shelters (ENWS); Ethiopian Women Lawyers Association(EWLA); UN Women; UNFPA; WHO and other institutions as deemed necessary. A standard data collection tool for joint monitoring and support supervision will be developed based on the guidelines in this SOP, and should comprise of a list of the minimum service delivery standards set in this SOP, the verification criteria and a column for comments on areas of improvement.

There will be standard practices for preparing for, conducting, and responding to the findings of the joint monitoring and support supervision. These are: a) Organizing a kick-off meeting for the SOP Working Group whenever joint monitoring and support supervision is going to be undertaken b) Preparing the necessary data collection tools and logistics for the joint monitoring and support supervision visit to the shelters. c) Identifying and orienting the SOP Working Group Members. d) Ensuring privacy and confidentiality during the visits to survivors. e) Conducting visits to all shelters. f) Site visit debrief meetings with shelter staff and duty-bearers (e.g. police officers). g) Post joint monitoring and support supervision action planning by the SOP Working Group Members. h) Documentation of best and promising practices and dissemination to relevant stakeholders at regional, federal and international levels.

Minimum Standards	Desirable Standards
Principles • Ensure monitoring does not distress survivors or staff. • Shelters must know what will be assessed and how. • Survivor identity and sensitive information must be protected at all times. • Engage shelter staff, survivors, and community members meaningfully. • Clear feedback loops between findings, actions, and results. **Clear Purpose and Accountability Structure** Purpose of joint monitoring: • Assess service quality • Verify compliance with SOPs and minimum standards • Identify areas for improvement • Promote survivor-centered and trauma-informed care **Responsibility lies with the SOP Working Group, including:** • Government ministries (e.g., Women's Affairs, Health, Justice) • UN agencies • Shelter management • GBV coordination actors • Civil society/NGO representatives Working Group must conduct bi-annual joint monitoring visits. Shelter managers must conduct regular internal monitoring (monthly or quarterly). All members of monitoring teams must: • Have clear TORs or role descriptions • Be trained in ethical supervision, survivor confidentiality, and trauma-informed engagement	**Survivor Engagement and Feedback Mechanisms** • Ensure direct survivor input using: • Confidential interviews or feedback forms ○ Suggestion boxes ○ Post-exit surveys ○ Survivor-led advisory groups or review panels Use child-friendly, disability-adapted, and culturally sensitive methods for diverse populations. Survivor voices must influence both evaluation findings and recommendations. **Supportive Supervision and Mentorship Model** • Shift from inspection to supportive, learning-oriented supervision. • Integrate: ○ Coaching for staff ○ Peer-to-peer reflection ○ Real-time problem-solving Supervisors should model empathy, encouragement, and trauma-informed leadership. **Peer Learning and Cross-Shelter Collaboration** Establish peer review mechanisms, where: • Shelter staff visit and review each other's services (guided by the Working Group) • Peer observations are structured, documented, and focused on learning **Best practices are shared across shelters through:** • Learning sessions • Newsletters or dashboards • Annual knowledge exchange events **External Evaluation and Independent Oversight**

• Sign confidentiality and conduct agreements **Use a standard monitoring tool based on:** • Minimum standards checklists • Evidence verification fields (observations, documentation) • Space for constructive feedback and improvement plans **Monitoring process includes:** • Pre-monitoring kick-off meeting to align objectives and roles • Orientation for monitoring team on ethics and tools • On-site visits to shelters (not selective) • Private and confidential interactions with survivors and staff • End-of-visit debrief with shelter management • Development of joint action plans **Action-Oriented Follow-up** Monitoring should result in: • Time-bound action plans co-created with shelter teams • Clear assignment of responsibilities • Scheduled follow-up visits or virtual check-ins • Documentation of improvements or repeated gaps	• Conduct periodic (e.g., every 2–3 years) independent evaluations by: • Academic institutions • Human rights commissions • External GBV experts **Use results for:** • Strategic planning • Funding justification • Advocacy with government and donors **Technology and Data Utilization** Use an online monitoring platform to: • Log monitoring reports and action plans • Track implementation status • Visualize trends (e.g., common gaps, regional comparisons) • Enable secure, encrypted access to data with role-based permissions. • Use dashboards to flag non-compliance or repeated issues automatically.

STANDARD 18 : Reporting, documentation and knowledge management

Reports from joint coordination and support supervision exercises and the resultant knowledge products, will be the means for sharing and disseminating experiences, lessons and insights on shelter service provision at local, regional and federal levels.

Principles

All reporting and documentation must avoid exposing survivors or retraumatizing them.

Only share data or stories with informed, ongoing consent.

Survivors have a right to access, correct, or refuse use of their data.

Reporting systems must be usable by shelters of different sizes, capacities, and digital access.

Knowledge must lead to action-use learning to improve services and policies.

Minimum Standards	Desirable Standards
Purpose-Driven and Survivor-Centered Reporting Reporting is designed to: • Improve service delivery and survivor outcomes • Facilitate joint supervision and coordination • Generate learning for staff and partners • Reports must never include identifying survivor information without explicit, informed consent. • All reports must integrate gender-sensitive and trauma-informed language. • Use standardized reporting templates aligned with national GBV SOPs. Reports include: • Service delivery indicators • Case management trends (anonymized) • Staff activities and supervision updates Staff regularly engage in: • Debriefing sessions to reflect and document challenges • Learning sessions to capture insights and innovative solutions • Shelter data is submitted to a centralized, anonymized database at national level.	**Institutional Learning Culture** • Establish a formal Community of Practice (CoP) or learning network among shelter providers. • Facilitate: • Thematic learning events (e.g., survivor engagement, IGA integration) • Peer learning exchanges • Digital forums for resource sharing Ensure staff at all levels contribute to learning processes, including frontline workers and support staff. **Research and Evidence Generation** Support shelters to conduct small-scale operational research (e.g., on IGA outcomes, psychosocial recovery). **Develop ethical research protocols that:** ○ Center survivor safety and voice ○ Use participatory methods ○ Follow trauma-informed consent processes **Partner with universities, NGOs, or UN agencies for technical support.** Produce a range of user-friendly knowledge products, including: ○ Case studies

Database supports: • Aggregation of trends for policy and advocacy • Identification of service gaps • Comparison across regions and service types • Access is limited to authorized users; data must be encrypted and regularly backed up. Documentation of Learning and Promising Practices Shelters document: • Best practices • Service adaptations • Survivor-informed improvements • Case examples and lessons learned are shared during coordination meetings.	○ Infographics ○ Audio or video survivor stories (with consent) ○ Practice briefs and thematic summaries ○ Publish and disseminate these regularly (quarterly/bi-annually) for use in: ○ Policy dialogues ○ Donor reporting ○ Staff training **Use cloud-based knowledge management platforms with:** ○ Secure access ○ Tagging of lessons and resources ○ Built-in analytics to track usage and learning uptake Explore AI-assisted tools to synthesize learning trends (with ethical oversight) Ensure offline tools exist for shelters in low-connectivity settings Survivor Voice in Learning Survivors are invited to contribute to learning in safe, supported ways (e.g., feedback loops, advisory roles). **Include survivor-driven reflections in:** ○ Case studies ○ Learning sessions ○ Shelter improvement planning Ensure all contributions are consensual, non-tokenistic, and supported with MHPSS.

Standard 19: Organizational sustainability, integrity, and donor accountability

Strong financial systems and practices are the backbone of sustainable, safe, and survivor-centered shelter services. Shelters that support women and girl survivors of violence must demonstrate the highest standards of financial integrity, transparency, and accountability; not only to meet donor and legal obligations, but also to uphold trust with survivors, partners, and the communities they serve.

Minimum financial standards ensure that shelter operations are accountable, cost-effective, and able to meet basic compliance requirements. These include clear financial procedures, segregation of duties, internal audits, and transparent reporting. Shelters must also be able to responsibly manage costs and respond quickly in times of crisis or funding gaps.

Desirable standards further encourage shelters to take a proactive approach to financial sustainability. This involves diversifying funding sources, strengthening partnerships, and pursuing innovative resource mobilization strategies including income-generating activities (IGAs) that also support survivor empowerment. Long-term financial health not only ensures operational continuity but enables programs to expand, adapt, and reach more women and girls in need.

Minimum Standards	Desirable Standards
Financial Integrity & Accountability • Maintain transparent and traceable financial records for all income and expenditure. • Conduct annual budgeting and multi-year financial planning with realistic cost projections. **Ensure compliance with:** • National Financial Laws and CSO regulations • Donor-specific financial reporting and procurement rules • Apply segregation of duties for all financial transactions to prevent fraud. • Carry out internal financial audits at least annually. **Cost Management & Efficiency** **Implement cost-saving strategies such as:**	**Diversified and Sustainable Funding** Develop a fundraising strategy with clear goals, targets, and donor mapping. Establish a Resource Mobilization Committee or assign staff focal points. Diversify funding through: International donors (UN, foundations) Local fundraising campaigns and alumni support Social enterprises and earned income Corporate partnerships (CSR programs) **Strategic Partnerships** Formalize partnerships with: Local businesses for employment pipelines

• Energy-efficient appliances, solar power • Procurement cost reviews and shared resources • Maintain a clear, up-to-date cost analysis of shelter operations. **Compliance and Oversight** Shelter leadership and finance staff are trained on: • Financial accountability • Anti-fraud policies • Budget forecasting • Use financial dashboards or tools for real-time expenditure tracking. **Integrate IGAs that generate revenue and provide skills to survivors: Example: crafts, catering, tailoring** Ensure IGAs are: • Trauma-informed • Survivor-participatory • Aligned with market demand	Government agencies for policy influence and subsidies Universities for research and capacity development Explore co-branding or incubation opportunities with private sector actors (e.g., women-led SMEs). **Create and maintain a designated emergency fund to ensure service continuity during:** ○ Funding gaps ○ Natural disasters ○ Conflict escalation **Monitoring, Transparency, and External Audit** • Conduct external audits every 1–2 years by accredited firms. • Publish financial summaries and impact reports for donors and stakeholders. **Use data visualization tools to demonstrate:** • Budget efficiency • Program reach • Return on investment for donors

NB: This SOP has put in place standards with clear indicators and methods as detailed in the long version.

UN WOMEN IS THE UN ORGANIZATION DEDICATED TO GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN. A GLOBAL CHAMPION FOR WOMEN AND GIRLS, UN WOMEN WAS ESTABLISHED TO ACCELERATE PROGRESS ON MEETING THEIR NEEDS WORLDWIDE.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.

UN Women Ethiopia Country Office
UNDP Regional Service Center for Africa
Fiesta Bldg, 8th Floor, Kirkos Sub-city, Woreda 02
House No. 220, Gabon St. Meskel Flower
Addis Ababa, Ethiopia

Email: Ethiopia.comms.unwomen.org
Website: UN Women Ethiopia
unwomenethiopia
unwomenethiopia
UNWomenAfrica