



**THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,  
GENDER, ELDERLY AND CHILDREN**

**NATIONAL GUIDELINES FOR THE  
ESTABLISHMENT AND MANAGEMENT  
OF SAFE HOUSES FOR VICTIMS OF TRAFFICKING IN  
PERSONS AND SURVIVORS OF VIOLENCE**

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT  
GENDER, ELDERLY AND CHILDREN  
P.O. BOX 573, DODOMA

July, 2019





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# Foreword

Tanzania intends to become a semi-industrialized nation by 2025. One of the issues which are considered to be important in achieving the intended vision is the industrial transformation that goes hand in hand with efforts to improve quality of life and human well-being. However, in the process of improving the quality of life and human well-being, the society has to be free from trafficking in persons and violence such as Gender Based Violence (GBV) and Violence against Children (VAC). The mentioned developmental problems have taken a new turn in most African countries whereby, the majority of African population who have been experiencing trafficking in persons, GBV and VAC; have been denied opportunity to contribute to their national development.

Tanzania is not exempted from the aforementioned developmental problems. Various reports indicate that Tanzania is a source, transit and destination country of victims of trafficking in persons. Likewise, violence against women and children is a daily reality for large number of women and children in Tanzania. This situation raises the need for addressing these challenges in a manner that is efficient and effective. One of the interventions among others is establishment of Safe Houses which are expected to provide secured temporary accommodation and rehabilitation services to victims and survivors. However, there had not been standardized National guidelines which provide guidance on the establishment and management of Safe Houses for victims of trafficking in persons and, survivors of GBV and VAC.

Recognizing the need for such guidelines, the government of the United Republic of Tanzania, through the Ministry of Health, Community Development, Gender, Elderly and Children vowed for the development of the National Guidelines for Establishment and Management of Safe Houses. Through support from the International Organisation for Migration (IOM), the Ministry managed to develop such guidelines to provide a clear checklist for the requirements of establishing and managing Safe Houses. It also provides guidelines for offering services for the victims and survivors as well as monitoring and evaluation framework of Safe House operations. I am therefore optimistic that, the welfare of the victims and survivors will be protected and enhanced when there is a maximum use of these guidelines by the Safe Houses and other relevant stakeholders.



**Dr. John K. Jingu**  
**Permanent Secretary**

# Acknowledgement

The National Guidelines for the Establishment and Management of Safe Houses for Victims of Trafficking in Persons and Survivors of Violence in Tanzania were developed through a consultative process. The process involved different stakeholders from government and non-state actors under the leadership of the Ministry of Health, Community Development, Gender, Elderly and Children.

First and foremost, I sincerely convey my special thanks to the International Organisation for Migration (IOM) and the Government of Sweden for their generous technical and financial support in the development of these guidelines.

Furthermore, the Ministry appreciates the outstanding work done by the technical review team which comprised of Ms. Miriam Luka and Ms. Mwanaisha Moyo, from the Ministry of Health Community Development, Gender Elderly and Children; Mr. Ahmad Mwen-dadi and Mr. Alex Lupilya from the Anti-Trafficking in Persons Secretariat (ATS) in the Ministry of Home Affairs; Ms. Mariam Mkumbwa from President Office Regional Administration and Local Government (PO-RALG), Ms. Enna Lutengano and Dr. Andrew William from the IOM who worked under the guidance of the Lead Consultant, Dr. Nuru Ayub Kalufya.

I also acknowledge the valuable contributions made by the representatives from the Ministry of Constitution and Legal Affairs, UNICEF, UNFPA, UN Women, FARAJA Young Women Development Centre, Daughters of Mary Immaculate Spring of Hope (DMI) and WOTESAWA Young Domestic Workers Organisation during the entire process of developing these guidelines.

Lastly but not least, I would like to thank all other key and relevant stakeholders who participated in one way or the other in the development of these guidelines. It is expected that, these guidelines will ensure effective operation of the safe house and enhance provision of quality services.



**Dr. Naftali B. Ng'ondi**  
**Commissioner for Social Welfare**

# List of abbreviations

ACCA	Association of Chartered Certified Accountants
ACRWC	African Charter for the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
CBOs	Community Based Organisations
CSOs	Civil Society Organisations
CRC	Convention on the Rights of the Child
FBOs	Faith-Based Organizations
GBV	Gender Based Violence
GN	Government Notice
HIV	The Human Immunodeficiency Viruses
IOM	International Organisation for Migration
MoCLA	Ministry of Constitution and Legal Affairs
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NBAA	National Board of Accountancy and Auditors
NGOs	Non-Governmental Organisations
PO-RALG	President's Office - Regional Administration and Local Government
TDHS	Tanzania Demographic and Health Survey
TDV	Tanzania Development Vision
TIP	Trafficking in Persons
VAC	Violence against Children
VAWC	Violence against Women and Children
VoTs	Victims of Trafficking in Persons

# Glossary

**Abuse:** Misuse of power through which the perpetrator gains control or the advantage of the abused, using and causing physical or psychological harm or inflicting or inciting fear of that harm.

**Child:** According to Law of the Child Act, a child is defined as a person below the age of 18 years.

**Commissioner:** Refers to the Commissioner for Social Welfare

**Consent:** Making an informed choice freely and voluntarily to do something without threats, force, or other forms of coercion, abduction, fraud, deception, or misrepresentation.

**Empowerment:** Refers to providing resources to people in disadvantaged situations, so that they can strengthen their capacities in order to fully participate in the community and to articulate their interests.

**Family:** Refers to a fundamental social group in the society typically consisting of one or two parents and their children (if any).

**Gender:** The term used to denote the social and economic characteristics assigned to men and women.

**Gender-Based Violence:** An umbrella term for any act, omission, or conduct that is perpetuated against a person's will and that is based on socially ascribed differences (gender) between males and females. In this context, GBV includes, but not limited to sexual violence, physical violence and harmful traditional practices, and economic and social violence.

**Individual file:** Refers to a file which is established and maintained by the Safe House to store all Safe House documents of a family or victim/survivor including electronic records.

**Physical violence:** Beating, punching, kicking, biting, burning, maiming, or killing, with or without weapons—often in combination with other forms of gender-based violence.

**Psychosocial Support Services:** Refer to services which help individuals to heal the psychological wounds and rebuild social structures after an emergency or a critical event. These services include mental health counselling, education, group support and other related services.

**Recreational Services:** Refers to those services which involve activities of leisure that shall never endanger safety and security of the Safe House and its residents.

**Safe House:** refers to shelter, centre or temporary placement suitable for protection and assistance to victims of trafficking in persons and survivors of GBV and VAC.

Safe House Operators: refers to Safe House owners.

**Survivor:** Someone, a child or an adult, who has been physically, sexually, and/or psychologically violated because of his/her age or gender.

**The Guidelines:** Refers to the National Guidelines for Establishment and Management of Safe Houses for Assisting Victims of Trafficking in Persons and Survivors of Violence.

**Trafficking in Persons:** means a recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

**victim**” means a person who has suffered harm, including mental and physical injury, emotional suffering, economic loss or substantial impairment of the person’s fundamental human rights through acts that are a violation of the Anti-Trafficking in Persons Act.

**Violence Against Children:** Is the intentional use of physical force or power, threatened or actual, against a child, by an individual or group that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.

**Violence:** Control and oppression that can include emotional, social, or economic force, coercion or pressure as well as physical harm.

# Section One

## Introduction

### 1.0 Background

Tanzania aims to be a middle-income country by the year 2025. It is a vision that requires the government to undertake social and economic transformations which will contribute positively to the improvement in quality of life and welfare of its people. However, such transformations need not only be sustainable but also inclusive by considering the welfare of the vulnerable groups in the society. The vulnerable groups include those who are likely to be potential victims of trafficking in persons and survivors of violence. It is aspired to have a community which is free from trafficking in persons (TIP), Gender Based Violence (GBV) and Violence against Children (VAC).

Trafficking in persons, particularly women and children is a complex phenomenon and has become an issue of global concern in recent years. Similarly, GBV and VAC have gained much prominence in international and regional fora. It cannot be denied that victims of trafficking in persons (VoTs), survivors of GBV and VAC suffer physical, emotional and sexual abuse including rape, threat against themselves and families and in extreme cases, death. Several initiatives for prevention and response to TIP, GBV and VAC have been established through adoption of several international, regional and national instruments and launching of several programmes to address these global challenges.

According to Agenda 2030: The Sustainable Development Goals (SDGs), which has seven (7) targets promoting the need to better prevent and respond to trafficking in persons, GBV and VAC. In addition, the SDGs particularly goal 5;2 and goal 16;2, among others, aim to end all forms of trafficking in persons, violence and abuse against women, girls and children. Moreover, the Protocol to Prevent, Suppress and Punish Trafficking in Persons especially women and children supplementing the United Nations Convention on Transnational Organized Crime (2000) requires member states to put measures in place that aim at preventing and responding to TIP while paying particular attention to women and children. Of important, article 6 (3) requires state parties to the protocol to cooperate with non-governmental organizations in the provision of appropriate services including housing for victims of trafficking in persons. Furthermore, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), apart from protecting women from all forms of discrimination, article 6 requires state parties to take appropriate measures that are intended to suppress all forms of trafficking and exploitation of women.

Similarly, the Convention on the Rights of the Child (CRC, 1989) among other things, it aims at protecting the child from all forms of physical or emotional violence; injury or negligent treatment, maltreatment or exploitation and including sexual abuse. Further to that article 20 requires a child who is temporarily or permanently deprived of his or her family environment to be entitled to special protection and assistance provided by the state. Such protection involves being placed in suitable institutions for that child to be cared for.

Moreover, the Beijing Declaration and Platform for Action (1995), article 29 requires states to take preventive measures aimed at eliminating all forms of violence against women and girls. Moreover, in that platform it was highlighted that sexual and GBV, including physical and psychological abuse, trafficking in women and girls and other forms of abuse and sexual exploitation place girls and women at high risk of physical and mental trauma, disease and unwanted pregnancy. In addition, one of the critical issues of concern addressed in the Platform for action number 125 requires Governments to

provide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counselling services and free or low-cost legal aid.

In the same vein, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, commonly known as Maputo Protocol (2003), it requires states to protect women especially the girl child from all forms of abuse. Besides, article 4 (2)(i) requires member countries to establish mechanisms and accessible services for effective rehabilitation of survivors of violence against women. In addition, the African Charter on the Rights and Welfare of the Child (ACRWC, 1990), article 16 lays down provisions for protection of child against all forms of abuse and torture.

The government of Tanzania has also taken initiatives to address the trafficking in persons and violence against women and children. For example, the Anti-Trafficking in Persons Act, No. 6 of 2008 and its 2015 regulations, stipulates extensive provisions for criminalizing all acts amounting to trafficking in persons. The Legislation also recognizes the need for rescuing, rehabilitating, protecting and assisting victims of trafficking in persons (VoTs). Similarly, the Law of the Child Act of 2009 stipulates a number of rights of the child and recognises the need for managing the institutionalized child care. The two above legislations, provide for establishment of Safe Houses for protection and rehabilitation of victims of trafficking and survivors of violence. In addition, the National Plan of Action to end Violence Against Women and Children (2017-2022) endeavours to create a comprehensive and integrated protection system delivering quality and timely support to women and children affected by violence.

Moreover, the National Anti-Trafficking in Persons Action Plan (2018-2021) among other things aims to provide support to victims. Such support includes shelters, food, medical care, counselling, education, vocational training, and to reunify, reintegrate and repatriate victims of trafficking. According to the National Anti-Trafficking in Persons Action Plan 2018 – 2021<sup>1</sup>, the Anti-Trafficking in Persons Secretariat attended 186 victims (of which 185 were female and only one male) during the period 2015 to 2017. Furthermore, the National Crime and Traffic Incidents Statistics Report 2018<sup>2</sup> registered 32 reported cases of trafficking in persons in the country. However, the reported cases are few due to the fact that communities across the country including VoTs lack an understanding of the concept of trafficking in persons.

The Tanzania Demographic Health Survey (TDHS) of 2010<sup>3</sup> depicted that 39 percent of women aged 15-49 years have experienced physical violence since age 15 and almost one-third of women (33%) aged 15-49 had experienced physical violence in the 12 months prior to the survey. The 2015 TDHS<sup>4</sup> demonstrates an increase of physical violence among women in Tanzania. The survey showed that, 40% of women aged 15-49 years (that is an increase of 1% from 2010) have experienced one or more acts of physical violence since the age of 15. Furthermore, it revealed that half of all married women have ever experienced spousal violence, most commonly physical violence (39%) and emotional violence (36%), while 14% have experienced sexual violence.

Moreover, TDHS 2015 revealed that more than half of women (54%) who have experienced physical or sexual violence from anyone have sought help from someone. One third of women (34%) have

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<sup>1</sup> 8 - 2021)

<sup>2</sup> January - December, 2017, Inspector General of Police, Tanzania Police Force Headquarters

<sup>3</sup> zania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro.

never sought help or told anyone. Among those who sought help, the most common source for help was the woman's own family (56%) irrespective of the type of violence. Also, among women who experienced sexual violence only, the next most common source was a friend (18%) and neighbours (14%). Nine percent of women who sought help for violence reported the police as a source. One percent (1%) of women sought help from medical practitioner, 2.4 percent of women sought help from lawyers and 1.5 percent of women sought help from social work organisation.

In 2011, Tanzania released findings of the Violence Against Children (VAC) survey which found that nearly one in three girls and one out of seven boys experience some form of sexual violence before turning 18. Most children do not report their experience, few seek services, and even fewer actually receive any care, treatment, or support if they do report. Rates of physical and emotional violence are high. Among girls, 72% experience some form of physical violence, while for boys the figure is 71%. Emotional violence affects approximately one quarter of boys and girls.

Most of the victims/survivors have been accommodated and receiving services from already established Safe Houses owned by non-governmental organizations. Equally, victims of trafficking in persons rescued at different times by law enforcement officers, the Anti-trafficking in person secretariat and social welfare officers have also been protected and assisted in the already established Safe House owned by non-governmental organizations. However, most of these established Safe Houses have been operating without being regulated by standardized guidelines by the government. This fact is evidenced by the field visit report of February, 2019 on assessing the administration and management of the already established Safe Houses from the sampled regions of Arusha and Kigoma by the Ministry of Health, Community Development, Gender, Elderly and Children.

The field visit report amongst other things, indicated lack of a clear criteria for the admission of victims and survivors. Equally, there was no guidance on the provision of services to the victims and survivors. Additionally, the reporting channels and tools were not consistent among the visited Safe Houses. Furthermore, there was no well-established coordination and collaboration between relevant stakeholders and the Safe Houses operators. Also, there was no available checklist for the establishment and management of Safe Houses. Based on these evidence there is a dire need of establishing a well-managed Safe Houses as a mechanism to provide safe protection and assistance to victims and survivors in line with International and national commitments that aim to prevent and respond to trafficking in persons, GBV and VAC.

Therefore, the government of the United Republic of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), with the support from the IOM and in collaboration with other key stakeholders developed these national guidelines that provide a systematic way of establishing, managing and monitoring Safe Houses.

## **1.1 Rationale for the Guidelines**

The basis for establishment of Safe Houses for victims of TIP and survivors of GBV and VAC in Tanzania rest on the commitments made by the government to the international and regional instruments to prevent and respond to these global challenges. Despite the efforts made by the government to respond to cases on trafficking in persons, gender based violence and violence against children still there has not been a comprehensive national guideline for the establishment and management of Safe Houses. The lack of the said guidelines has resulted to challenges related to regulation

and management of safe houses. In this regard, the Ministry of Health Community Development Gender Elderly and Children in collaboration with International Organisation for Migration and other stakeholders has developed these guidelines to provide guidance to government institutions and partners on establishment and management of Safe Houses.

## **1.2 Objectives of the Guidelines**

### **1.2.1 General Objective**

The general objective of the guidelines is to ensure that victims of trafficking and survivors of GBV and VAC are protected, assisted and reintegrated in accordance with international and national standards.

### **1.2.2 Specific Objectives**

The National Guidelines have the following specific objectives: -

- (i) Provision of clear requirements for establishment and management of Safe Houses,
- (ii) Provision of guidance for offering services to the victims and survivors including those with special needs,
- (iii) Provision of guidance on monitoring and evaluation of operations at the Safe Houses.

## **1.3 Guiding Principles**

Service delivery to victims and survivors shall be based on the following fundamental guiding principles: -

- (i) The best interest of victims and survivors shall be of paramount importance at all stages of service delivery, care, support and protection,
- (ii) The protection and assistance to victims and survivors shall be based on individualised care plans,
- (iii) All services shall be provided only with the full and informed consent of victims and survivors unless it is for the best interest of the victim or survivor,
- (iv) Victims and survivors shall have the right to full participation at all stages of service delivery, care, support and protection, if necessary through an interpreter,
- (v) Participation in assistance programmes shall be on a voluntary basis, at the free and informed consent of the victim and survivor,
- (vi) With the exception of instances where the safety of the victim or survivor is involved, service providers shall not be permitted to disclose information relating to the victim or survivor without his or her consent,
- (vii) A victim or survivor with disability shall be entitled to special care, treatment, facilities for his or her rehabilitation and equal opportunities to education and training wherever possible to develop his or her full potential and to be self-reliant,
- (viii) Placement at the Safe House shall be temporary, preferably for a period not exceeding six months and shall be used as a last resort, except when the circumstances for extension are approved by the relevant Council Social Welfare Officer.

## **1.4 Intended Users of the Guidelines**

These guidelines have been prepared to guide key implementers in establishing and managing Safe Houses, assisting and providing comprehensive victim and survivor centred and high-quality services to victims of trafficking in persons as well as GBV and VAC survivors. The key implementers and beneficiaries of these guidelines include the Ministry of Health, Community Development, Gender, Elderly and Children; the Ministry of Home Affairs (MoHA); the President's Office – Regional Administration and Local Government (PORALG); the Ministry of Constitution and Legal Affairs (MoCLA); the Ministry of Foreign Affairs, Community Based Organisation (CBOs); Civil Society Organisations (CSOs); Faith –Based Organisation (FBOs) and; development partners who are, in one way or another, involved in addressing or responding to trafficking in persons, GBV and VAC.

### 2.1 Introduction

The Safe House establishment guidelines cover key issues which are required in order for the Safe House to become operational in a manner that it provides safe environment for staff, victims and survivors. This section covers basic requirements for premises and layout, application, inspection and licensing procedures of the Safe House.

### 2.2 Premises and Layout of the Safe House

The following are the basic guidelines for the premises and layout of the Safe House:

- (i) The location of the Safe House shall have an access to social services,
- (ii) The Safe House location shall not be known to the public for safety and security reasons,
- (iii) Safe House should be located at safe and conducive environment for physical and psychological wellbeing of victims and survivors. For instance, it should be far away from entertainment centres,
- (iv) The Safe House shall be fenced using bricks to ensure maximum protection and safety of victims and survivors,
- (v) The physical layout has to take into consideration of people with special needs,
- (vi) The Safe House's maximum capacity (total number of residents who can be safely accommodated) should take into consideration of potential admissions of additional residents,
- (vii) There shall be separate Safe Houses for accommodating men and women victims and survivors, whereas the Safe House for women shall also have a separate wing for children accommodation that separate boys and girls,
- (viii) There must be a special room(s) that shall accommodate people with communicable diseases to control the spread of diseases within the Safe House,
- (ix) Where a Safe House is operated in premises which comprise more than one storey building, the staff office and all required services for victims and survivors with disabilities shall be located on the ground floor,
- (x) Within the Safe House there must be an office for the staff,

The Safe House is required to have age-related recreational services for the victims and survivors.

### 2.3 Safe House Registration Requirements

The following are the Safe House registration requirements to be fulfilled by the applicants before submitting official application for registration:

- (i). The applicant shall be required to have permanent buildings which are habitable and intended to provide safe environment to the victims and survivors,
- (ii). The applicant shall be required to have the title deed or certificate of occupancy of the

area where the Safe House has been built,

- (iii). In case the building is leased, the applicant must have the lease contract of not less than three years, which allows a provision of one year notice of its expiry date,
- (iv). The applicant shall be required to have an introduction letter from the Ward Executive Officer, a certified copy of the constitution of the organization/institution, the registration certificate of the organization/institution, a letter of financial commitment from the owner (s) or sponsor (s) of the Safe House, copies of bank statement for the period of six months,
- (v). The applicant shall, within three months after registration, be required to submit certified copies of professional certificates of employees.

Upon registration, each Safe House shall form a Welfare Committee that, among others, it will discuss welfare issues of the victims and survivors and operation of the Safe House. A Welfare Committee shall be composed of the following members: -

- (i). Council Social Welfare Officer,
- (ii). Council Health Officer,
- (iii). Council Community Development Officer,
- (iv). Village or *Mtaa* chairperson,
- (v). Two members from the community, one of whom shall be a woman,
- (vi). One member to be appointed by Council's Director,
- (vii). An officer in-charge of a Safe Houses,
- (viii). One Police officer from the police station in the respective area.

The welfare committee shall elect its own chairperson and secretary from among its members provided that the officer in-charge of the centre shall not be elected to these post

## **2.4 Inspection of the Safe House Premises**

The Safe House premises must be inspected and verified if they can provide secured and habitable accommodation to the victims and survivors including the ones with special needs. In addition, the Safe House premises must guarantee the residents' health and safety. During inspection the following issues must be observed: -

- (i) Food preparation and serving areas should be adequate to ensure safe food preparation and storage. Kitchens should contain appropriate cooking, serving and eating utensils and avoid as much as possible the use of plastic utensils.
- (ii) There should be enough space for groups of residents to congregate and engage in various activities,
- (iii) Toilets, washing and bathing facilities should be in good repair, clean and available in sufficient numbers. The ratio of victims to toilets and bath rooms should be 15:1,
- (iv) Safe House should have adequate sleeping space, hygienic place to store clothes and personal items of residents,

- (v) There must be one suitable bed with a mattress for every victim or survivor, provided with appropriate clean bedding which is changed at least twice every week and periodically replaced. Sleeping space should be rooms with enough space between beds, and big windows/ventilations for air supply,
- (vi) There must be a special room at the Safe House available at all times for private, individual discussions and counselling. Conversations and counselling of victims and survivors will include sensitive, confidential information that should not be overheard by other staff members or residents,
- (vii) There should be a secured observation room in every Safe House which shall have a first-aid kit,
- (viii) Laundry and washing facilities should be available in the premises,
- (ix) Indoor and safe outdoor recreation space should be available including availability of play materials for children in accordance to age and gender,
- (x) There should be designated room for supplies, items of personal hygiene, extra clothing for residents and other goods,
- (xi) Each Safe House should maintain standards of cleanliness and hygiene in line with health regulations and practices,
- (xii) Availability of adequately ventilated and sufficient space with a distance of not less than two and a half feet between the beds or cots used by victims or survivors,
- (xiii) Every Safe House shall put in place functioning fire fighting equipment and, all staff and residents should be oriented on how to use the equipment.

## 2.5 Application Procedures for License

The following are the basic application procedures:

- (i) The applicant shall submit the filled in application form (**Form No 1**) for licensing to the Council Director of the respective area. The application form shall be submitted along together with the required documents stated under Guideline 2.3(iv),
- (ii) The Council Social Welfare Officer will scrutinize the application including conducting social investigation upon submission of the required documents,
- (iii) During social investigation, the Social Welfare Officer of the Council shall also conduct physical assessment which will cover assessment on buildings, general environment, trustees and other stakeholders which will provide the basis for assessing the application for license of the proposed Safe House. Physical assessment shall also include vetting of Safe House owners and staff regarding their personal records and history,
- (iv) The Council Social Welfare Officer shall prepare and compile the social assessment report,
- (v) Councils Environmental Health Officers shall conduct environmental assessment of the proposed Safe House and advise an applicant on the required improvements if any,
- (vi) The Councils Health Environmental Officer shall submit the environmental assessment report to the Council Social Welfare Officer,

- (vii) The Council Social Welfare Officer shall submit all collected application documents and the reports to the Commissioner for Social Welfare for consideration and approval,
- (viii) Where, the Commissioner for Social Welfare is satisfied with the submitted application, shall issue license certificate to the applicant. The license shall be valid for only two years and it shall not be transferable. After the stipulated period the owner has to reapply for new license,
- (ix) In case the licensed Safe House shifts to another building, the owner must reapply for a new license,
- (x) In the event the Commissioner is not satisfied with the submitted documents, the applicant should be notified within 14 days from the date of decision and the reason for rejection,
- (xi) Whereas the applicant is not satisfied by rejection of the submitted license application within 14 days, be allowed to appeal to the Minister responsible for Social Welfare and shall be required to submit the written appeal attached with the relevant evidence,
- (xii) The duration of processing application for license will be within forty-five days since the receipt of the required licensing documents by the office of the Commissioner. At the Councils, the processing of the application for license will be within sixty days since the receipt of the application.

### 3.1 Introduction

Management of Safe House is one of critical issues which determine its technical, operational and financial sustainability. It mainly focuses on two issues which are the Safe House staffing and their professions, and the management of Safe House residents.

### 3.2 Safe House Staffing and their Professions

- (i). The Safe House must be composed of qualified staff with the required qualifications. In order to determine the most appropriate composition of Safe House staff, the Safe House owner and relevant partners should consider range of services offered, on-site or through referral to partner service providers and the likely number of residents to be assisted and accommodated as per the capacity of the Safe House,
- (ii). Every Safe House shall employ such number of qualified and trained staff as may be necessary for the efficient running of the Safe House. Consideration should be given to the number, gender composition, age, state of health and special needs of the victims and survivors residing at the Safe House,
- (iii). Upon signing a contract of employment, a staff shall be required to sign code of conduct (**Annex No. 02**) and adhere to it throughout their employment and execution of their duties,
- (iv). Each Safe House must have an organization structure with clear job descriptions and relationships among different positions.

#### 3.2.1 Core staff members and their duties

At a minimum level, each Safe House should have the following core staff members and their duties:

##### 3.2.1.1 Safe House Manager

Each Safe House should have one core staff member as manager, who shall have the overall responsibility for management. He/she shall maintain overall responsibility for the day-to-day operations, including supervision of other staff and services to residents. The manager shall ensure the safety, health and well-being of residents and staff and adherence to the guiding principles of the Safe House. The Safe House Manager shall ensure that the following minimum numbers of staff are on duty at all times: -

- (i). Two staff, regardless of the number of victims and survivors accommodated,
- (ii). One social Worker,
- (iii). One staff member trained in first aid,
- (iv). One trained personnel in fire fighting,
- (v). Two security officers/guards and, one of whom shall be a woman.

##### 3.2.1.2 Social Worker

The Social Worker shall have the minimum qualification of a Diploma in Social Work with not less than one year of professional experience working with victims or survivors. Below are some of the minimum duties:

- (i) To conduct assessment and develop care plan,
- (ii) To coordinate implementation of the care plan,

- (iii) Provision of appropriate services including psychosocial care and support,
- (iv) Being responsible for the day-to-day care and welfare of the victims and survivors,
- (v) To facilitate family tracing, reunification and reintegration.

### **3.2.1.3 Child Care Worker**

Child Care Workers shall have a minimum qualification of certificate in social work or child care from a recognized institution. He/she shall provide close parental care, supervision and guidance to the victims and survivors hosted in the Safe House.

### **3.2.1.4 Clinical Officer/Registered Nurse**

The Safe House shall ensure that either a Clinical Officer/Registered Nurse with a minimum qualification of Diploma in Clinical Medicine/ Diploma in nursing respectively is employed or that the Safe House is within easy access of a health facility.

### **3.2.1.5 Safe House Attendants**

Each Safe House should have a reasonable number of attendants responsible for various activities related to service provision to residents. Such number of attendants shall include house keepers, cooks, and any other staff to ensure the effective running and safety of the Safe House.

### **3.2.1.6 Safe House Security Guards**

Every Safe House should employ security guards considering gender representation and must have a certificate of attendance of formal training on security services. The following are the duties and responsibilities of the Safe House security guard; -

- (i). To ensure safety and legality of all individuals getting into the Safe House's premises,
- (ii). To verify incoming and outgoing properties and goods,
- (iii). To ensure day and night security of the Safe House residents, staff and properties.,
- (iv). To report to the relevant Safe House authorities on security and safety-related incidents such as fire, floods, theft etc.,
- (v). To advise on appropriate means of improving safety and security within the Safe House.

### **3.2.2 Other Staff Members**

Depending on the Safe House's resources, needs and whether services are provided mainly on-site or off-site, Safe House staff may include teachers, activity coordinators, interpreters, and others, as deemed necessary.

### **3.2.3 Volunteers and Interns**

Safe Houses may decide to use volunteers and interns to accommodate growing number of residents, services and activities. However, the use of volunteers and interns is subject to availability of resources, security concerns, supervisory capacity and Safe House needs. In this light Safe House should consider the following aspects:

- (i) Acceptance of a volunteer and intern will be subjected to the compliance with the security regulations and quality control which require a volunteer to: -
  - (a) undergo initial vetting and personal background verification,

- (b) sign Safe House rules,
  - (c) undergo induction training on counter-trafficking, GBV and VAC and sign related codes of conduct.
- (ii) A volunteer has to be supervised by a regular staff member in any activity conducted by him/her.

### 3.3 Management of Safe House Residents

Management guidelines are intended to ensure the provision of appropriate care and quality services for Safe House residents. It is therefore important for service providers to have an understanding of trafficking in persons, GBV and VAC, their effects and implications on service delivery. The below are the guidelines for delivering services to the victims and survivors:

#### 3.3.1 Screening of Victims and Survivors

It is important to properly screen persons referred, as victims or survivors to Safe Houses for assistance to ensure that they meet criteria. Therefore, this guideline provides guidance for Safe Houses in verifying and assisting victims and survivors.

- (i) Ordinarily victims and survivors may be identified by a wide variety of stakeholders including, but not limited to, the police and NGOs. However, in the event a presumed victim or survivor is identified by any actor other than the Social Welfare Officer the same should be referred to the Council Social Welfare Officer who will within 24 hours conduct initial investigation and complete **Form no. 4** for admission of the victim/ survivor in the Safe House. Nevertheless, where a case brought to an attention of the Social Welfare Officer requires urgent intervention, appropriate services should be provided to a victim or survivor within 72 hours.
- (ii) In the case of an individual who independently seeks Safe House assistance, the Social Worker shall conduct pre-interview assessment and make sure that, he/she provides immediate service to the presumed victims or survivor before referring to the Social Welfare Officer for further assessment.

#### 3.3.2 Admission of Victims and Survivors into the Safe House

It is important for each Safe House to ensure proper admission of a victim or survivor. This shall be primary responsibility of the manager; however, she/he may delegate this assignment to other staff but under close supervision. The following are the guidelines for the admission of the victim and survivor:

- (i) The Safe House Manager shall only admit victims and survivors brought by the Social Welfare Officer,
- (ii) The Safe House Manager shall ensure that all victims and survivors admitted to the Safe House are recorded in the admission register,
- (iii) The Safe House Manager shall ensure that every victim or survivor undergoes a medical examination immediately after records are entered into the admission register. The medical practitioner administering examination shall then complete **Form No 5 or 6** and submit to Social Welfare Officer,
- (iv) Where a victim or survivor is admitted to the Safe House, the Social Welfare Officer in

collaboration with the Social Worker shall conduct a social investigation within seven days, and subsequently complete **Form No. 8**,

- (v) The Safe House Manager shall ensure that the Admission **Form No. 7** is completed and placed in the victim's or survivor's case file,
- (vi) The Social Worker, in consultation with the Social Welfare Officer shall develop a care plan based on the conducted social investigation,
- (vii) The Social Worker shall work with other staff and relevant professionals to implement the care plan and shall review the plan after every three (3) months to ensure that it meets the victim's or survivor's needs.

### **3.3.3 Residents' Rights and Obligations**

#### **A. Residents' Rights**

It is important for the victims and survivors to understand their rights so that they can be assured with physical, mental and social wellbeing. The following are their rights at the Safe House, but not limited to:

- (i) Each victim or survivor must be treated with due respect and cultural sensitivity,
- (ii) Each victim or survivor must be entitled to confidentiality and privacy,
- (iii) In the process of developing a care plan, the respective victim or survivor must be involved in development of the care plan,
- (iv) Each victim or survivor is entitled to receive services based on their informed consent,
- (v) Each victim or survivor shall be informed regarding the services provided and their purposes in a language they understand.

#### **B. Residents' Obligations**

Residents throughout their stay in the Safe House are obliged to adhere to the rules stipulated. In this regard each resident upon admission to the Safe House will be oriented to residents' behavioural rules and ultimately be required to sign for compliance (**Annex 03**).

### **3.3.4 Safe House Security Guidelines**

Security of the Safe House is of great importance. Therefore, staff and residents should always adhere to the security rules without compromise. The following are the security rules, but not limited to:

- (i) No unauthorised visitors are allowed in the Safe House at any time,
- (ii) The location of the Safe House or any personal details of any resident or staff member of the Safe House shall only be disclosed to relevant government authorities with written approval from the Council Director of the respective area,
- (iii) The full name or other personal details of a victim shall not be disclosed to any other resident or staff. Only first names are to be used, unless explicitly indicated otherwise,
- (iv) The security instructions should always be adhered to when the victim and survivor communicate with family members or close persons and other persons outside the Safe House,

- (v) Whenever outside the Safe House, the security instructions concerning any movements and contacts with persons outside the Safe House are to be strictly adhered to,
- (vi) Any suspicious contact or activity within and outside Safe House must be immediately reported to the Safe House Manager.

### **3.3.5 Provision of Services at the Safe House**

These guidelines intend to guide Safe Houses in provision of care, support and protection to victims and survivors throughout their stay in the houses. As a part of management of residents, the following are the minimum requirements for the provision of the basic needs, rehabilitation services, referral services, family reunification, reintegration and follow up.

#### **BASIC NEEDS**

Provision of basic needs is one of the main responsibilities of the Safe House in order to ensure the survival and protection of the victims and survivors. For the sake of these guidelines, basic needs include food and nutrition, medical treatment and accommodation.

#### **Food and Nutrition**

- (i) Every Safe House shall ensure that each victim or survivor in the house is provided with a balanced diet which is nutritious,
- (ii) Victims or survivors shall be provided with adequate meals at regular intervals for not less than three times a day and that shall be prepared and cooked in hygienic conditions,
- (iii) Victims or survivors with special dietary needs due to medical reasons shall be entitled to such a diet,
- (iv) Every Safe House shall keep in place a menu for the diet provided to victims and survivors in the Safe House and such menu shall be available for inspection by the Social Welfare Officer and the Welfare Committee.

#### **Medical Services**

- (i) Where the victim or survivor has a medical emergency, medical examination shall be carried out as soon as possible,
- (ii) The Safe House shall ensure that every victim or survivor undergoes a medical examination at an interval of not more than six months and, where the victim or survivor examined suffers from any physical or mental ailment, the medical practitioner shall submit a report with recommendations to the Social Welfare Officer,
- (iii) The Safe House shall ensure that the victims or survivors residing in the Safe House:
  - (a) are immunised against such diseases as directed by the Ministry of Health, Community Development, Gender, Elderly and Children,
  - (b) receive any medical treatment as directed by a Medical Officer,
  - (c) attend a clinic every month or a specified period of time if the victim or survivor is under five (5) years of age; or an adult victim or survivor as required by the medical practitioner.
- (iv) Where a victim or survivor is eighteen years and above, the nature of any medical treatment shall be explained to him or her by medical practitioner,

- (v) No victim or survivor shall be the subject of medical research without his or her written consent and the written permission of the Commissioner of Social Welfare or Council Director in the case of a minor.

### **Accommodation and other required facilities**

- (i) Every Safe House shall provide for safe and secured accommodation to the victims and survivors including availability of safe and clean water,
- (ii) Every Safe House shall provide special accommodation arrangements to victims and survivors with special needs,
- (iii) Every child be provided with appropriate clean bedding which shall be changed not less than twice in a week and periodically replaced,
- (iv) Special attention as to their personal needs shall be given to children with disabilities or other medical conditions,
- (v) For victims and survivors with disabilities and, those with special needs, appropriate facilities shall be accessible to those victims and survivors. These services shall include access to washing facilities, sleeping areas, the dining room, health facilities, recreational areas and suitable toilets.

### **REHABILITATION SERVICES**

Each Safe House shall be required to provide rehabilitation services which include education, psychosocial care and support, vocational training and economic empowerment to the victims and survivors as follows: -

- (i). Every Safe House shall provide psychosocial care and support which must be provided by the Social Worker or Child Care Worker or Social Welfare Officer as per the National Guidelines on the Provision of Psychosocial Care and Support,
- (ii). Depending on their age and needs, every Safe House shall ensure that every victim or survivor has an access to education or vocational training for the duration of their stay in the Safe House,
- (iii). With special consideration on the age category, every Safe House may economically empower victims and survivors by imparting entrepreneurship skills, life skills and other related skills,
- (iv). Every Safe House shall ensure that victims or survivors are exposed to various recreational activities offered.

### **REFERRAL SERVICES**

Referral service is a strategic partnership that is designed to engage relevant stakeholders in attending the needs of victims or survivors which might not be available in the Safe House. Therefore, the following are the guides for referral services:

- (i) Each Safe House should keep a copy of the Directory of Service Providers for Assistance to victims and survivors, which includes an up-to-date list of service providers.. This Directory will help to enhance cooperation and referral of victims and survivors, and should form the basis of the service providers' referral mechanism,

- (ii) The victims or survivors be informed in a friendly manner, on their rights and available services in all referral processes,
- (iii) Victims and survivors should be referred to the Safe House or Agency which is licensed and registered by the government,
- (iv) Safe Houses should take into consideration the safety and security needs, as well as the age and gender of the victim or survivor when determining the most appropriate place for referral. Confidentiality of personal information and use of data need to be taken care of during the referral process,
- (v) Information of the victim or survivor must be shared on a “need-to-know basis”,
- (vi) It must be ensured that, upon referral to another Safe House, the Manager of the receiving Safe House is provided with all necessary information about the referred victim or survivor,
- (vii) Where a victim or survivor is not in need of Safe House or Agency services, she/he is referred to the relevant Council Social Welfare Officer for necessary assistance,
- (viii) It should be ensured that all referral decisions are documented in the case file, which should be kept in the secured and confidential place.

## **FAMILY REUNIFICATION AND REINTEGRATION**

Family reunification and reintegration is the process of reintegrating a victim or survivor back into his/her family or community in order to receive care and protection and to find a sense of belonging and purpose in all spheres of life. Reintegration is considered the best option for the victim or survivor leaving Safe House - but only if and when it is deemed safe and appropriate after thorough assessment. During reintegration the following steps need to be considered:

### **Family Tracing**

Family tracing is one of the most important stages in the reintegration process. In this case, it is important for victims or survivors to assist Safe House staff and the Social Welfare Officer in locating their families' whereabouts within or outside the country. The following are the key guidelines to consider when tracing a victim or survivor's family:

- (i) Information from the victim or survivor file (including information from initial and social investigation reports) should be reviewed,
- (ii) The Social Worker in collaboration with the Social Welfare Officer shall probe for details to identify the family members and association to community institutions like a school, church, mosque that can give a lead to locate the family. In cases where the victim or survivor can provide the name of the local leader, or village their contacts would be used to locate the family,
- (iii) If family tracing is done in another Council, make sure the Social Welfare Officer in that Council is involved to coordinate all tracing activities in that Council,
- (iv) Key persons must be contacted to get more information or validate the information collected,
- (v) Social Welfare Officer /Social Worker should conduct a family visits to assess the family and the community.

## **Family and Community Assessment**

The following are the key considerations when conducting family and community assessments:

- (i) Risk factors that may affect the safety and well-being of the victim or survivor and changes that need to be made,
- (ii) Family strengths and resilience, including those of siblings,
- (iii) Family members' perception of the reasons for separation and other problems,
- (iv) Family's level of readiness/capacity for change,
- (v) Family's economic situation and ability to care for the victim or survivor, ,
- (vi) Families willingness to have the victim or survivor reintegrated,
- (vii) Examining the family weaknesses and their consequences to victims' or survivors' welfare and ways to address them,
- (viii) Preparedness at all times to probe the issue of domestic or sexual violence against any victim or survivor in the household, and to respond to any disclosure or concern that may arise.
- (ix) Assessment of community capacity on the understanding of aspects of trafficking in persons, GBV and VAC,
- (x) Assessment of community capacity on provision of required support to victims or survivors,
- (xi) Assessment of community capacity to prevent and address stigma, discrimination and violation of victims or survivor's rights in general,
- (xii) Level of social services provision and accountability in the community to support victims or survivors such as long distances to schools, health facilities and free legal aid services,
- (xiii) Assessment of community capacity to engage victims or survivors in the community cohesion for future sustainability of economic plans.

## **Reintegration and Follow up**

The aim of the reintegration process is to provide for a victim's /or survivor's safe, dignified and sustainable reinsertion into society and a normalized life. The reintegration services intend to rehabilitate the victims or survivors in the normal life and to the environment of origin. Accordingly, the reintegration assistance can include a full range of services. However, the Safe House may administer the provision of the reintegration services in collaboration with government, development partners and other organizations. The following are the necessary considerations in the reintegration process:

- (i) The Social Worker in collaboration with the Social Welfare Officer and the victim or survivor shall develop a reintegration plan. In developing the plan, the goals must be realistic. They should not only suit the personal needs, skills and qualifications of victims or survivors but also the opportunities available in the place of residence, country or region in which reintegration will take place. The reintegration plan may include family mediation/reunification; medical/health; start up grants; legal services; education/vocational training/apprenticeship; income-generating activities and security,
- (ii) The reintegration plan must be based on the services that are available in the respective locality at which reintegration will take place. It is essential that services be provided to the victims or survivors with full and informed consent,

- (iii) Social Welfare Officer in collaboration with Social Worker shall conduct post-reintegration follow-up, monitoring and evaluation on whether or not the re-integration benefits a victim or survivor. In this case, the following must be monitored and evaluated, but not limited to: -
  - (a) Relationship of a victim or survivor with the family and community,
  - (b) Attitude and perceptions of a family and community towards a victim or survivor,
  - (c) Improvement of victim's or survivor's welfare,
  - (d) Sense of family and community belongingness,
  - (e) Victim or survivor engagement in family and community activities.
- (iv) The reintegration process shall be facilitated by the government Social Welfare Officer (s).

### **3.4 Death of the Safe House Resident**

Circumstances may arise that the victim or survivor dies in the Safe House. In such situations the following issues should be considered in addressing the matter:

- (i) When the death of the resident is confirmed by a government medical practitioner, the Safe House authority shall then notify the relevant Council Social Welfare Officer. The management of the Safe House shall then inform the police about the death of such a victim or survivor within 12 hours of the occurrence of such a death. The notification shall give particulars of the deceased including name, sex, age, tribe, as well as the date, cause and circumstances of the death,
- (ii) Upon the death of victim or survivor the Safe House shall, in consultation with the relevant council Social Welfare Officer, obtain a death certificate and post mortem report if need arises,
- (iii) In case the victim or survivor is a native whose community (or family members) is known, the relevant Council Social Welfare Officer shall inform the local community leaders and/or family members within 24 hours of the occurrence of the victim's or survivor's death,
- (iv) In case of death of a foreign victim or survivor whose country of origin is known the Council Director shall inform the Ministry responsible for Social Welfare who shall then inform the Ministry responsible for Home Affairs which shall inform the relevant Embassy and/or family members within 24 hours of the occurrence of the victim's or survivor's death. Such information shall include name, sex, age, tribe, nationality as well as the date, cause and circumstances of the death,
- (v) The Welfare Committee shall receive notice of the victim's or survivor's death from the Social Welfare Officer. The Committee shall consider the circumstances of the death and whether any action needs to be taken by the Safe House or provide any other directives as it is deemed fit,
- (vi) The Council Director shall inform the Commissioner on the occurrence of the death of victim or survivor within 24 hours.

### **3.5 Victim/Survivor Case File Management**

File and information management of victims and survivors is of great importance and cannot be compromised in any way. This is because they are the key determinants of victim's and survivor's protection, safety, rehabilitation and reintegration. It is therefore required that Safe House staff and

other relevant service providers to adhere to ethics, confidentiality and professionalism in handling victim or survivor's case files. The following are the key considerations in the management and protection of victims' and survivors' file and information:

- (i) Individual files should be identified only by identification code numbers. Master files connecting individual names to identification code numbers must be kept in a secured place, with access restricted to the authorized personnel,
- (ii) Coded individual files must be kept in a secured place with access restricted to personnel authorized to work on the specific case,
- (iii) Communication about cases between staff members, or between staff and partner organizations, should take place only on a "need-to-know" basis, and with the consent from the victim or survivor,
- (iv) Individual files should never be left on desks, tables or in common areas unattended,
- (v) Information about cases should never be revealed to persons outside the office except if it is for the best interest of the victim or survivor and in cases where specific permission has been granted by the victim or survivor,
- (vi) Communication about cases of victims or survivors among staff members, or partner organizations, should never take place in a public location,
- (vii) Details of victims and survivors case should not be discussed with another victim or survivor. Where necessary to do so, names and personal details must be changed so that the case being discussed cannot be identified,
- (viii) Staff members may discuss details of their work during (peer) supervision or in staff meetings. Information shared during peer supervision or staff meetings must be kept confidential and consider professionalism,
- (ix) Staff members are forbidden to discuss case and case details with the family and friends of victims or survivors,
- (x) The same guidelines stated above also apply to interpreters, and must be strongly emphasized (and included in service contracts) to those who are contracted

### **3.6 Safe House Financial Management Guideline**

Financial management guidelines intend to ensure an effective and efficient management of financial resources by the Safe House which ultimately result to enhancement of financial sustainability. The following aspects should be considered for effective and efficient financial management:

- (i) Every Safe House should prepare financial policy and regulations to govern its financial matters,
- (ii) Safe Houses shall prepare book of accounts to support various financial transactions entered by the Safe House in specified period of time,
- (iii) Safe Houses shall prepare annual financial reports and submit to the Commissioner for Social Welfare to ensure and assess the financial sustainability,
- (iv) Annual financial reports shall be certified by Auditors who are recognized by the National Board of Accountancy and Auditors (NBAA) or Association of Chartered Certified Accountants (ACCA).

### 4.0 Introduction

Monitoring, evaluation and reporting component is an important aspect in ensuring the guidelines' compliance by the key implementers. It stipulates the reporting mechanism process, evaluation criteria and reporting tools that can be used to assess whether the guidelines are adhered or not.

### 4.1 Reporting Mechanism

The reporting mechanism focuses on the effective and efficient communication channel among the key actors. The following are the guidelines on the reporting mechanism:

- (i). The Safe Houses shall submit monthly reports on the status of its activities to the Council Executive Director within seven (7) days at the beginning of the subsequent month. The respective Council shall provide feedback to the Safe House management regarding the submitted monthly report within two (2) weeks after report submission. In addition, the Safe Houses shall provide annual operational and financial reports to the Council Executive Director within one (1) month after the year ending,
- (ii). The Council Social Welfare Officer shall physically visit the Safe Houses in the respective Council on quarterly basis in order to validate the submitted reports and provide feedback on the spot. In addition, the Council Social Welfare Officers shall prepare a separate assessment report on compliance to these guidelines
- (iii). The Council shall submit reports on the operational and financial status of Safe House to Regional Secretariat who will submit the reports to PO-RALG on quarterly basis. PO-RALG shall share the submitted reports with the Ministry responsible for Social Welfare and Ministry responsible for Home Affairs on quarterly basis.
- (iv). Each Safe House shall also submit monthly operational and annual financial reports to the Commissioner.

### 4.2 Evaluation Criteria

It is important to evaluate the operation and services provided by the Safe Houses based on the objectives of the guidelines. The Commissioner or the Social Welfare Officer on his/her behalf shall conduct the evaluation. Below are the key evaluation criteria:

- (i) Safe Houses that are should be capable of serving victims and survivors in terms of physical infrastructure. In this case, the evaluation should be in accordance with subsection 2.2 and 2.4,
- (ii) Safe House premises and layout should ensure maximum safety and protection of the victims and survivors including those with special needs. In this case, the evaluation should be done in accordance with subsection 3.3.4,
- (iii) Safe Houses that are licensed should be capable of serving victims and survivors in terms of human resources. In this case, the evaluation should be in accordance with subsection 3.2,
- (iv) The provision of appropriate care and interventions for Safe House residents should cover psychological, emotional and physical health effects. The evaluation shall be done in accordance with subsection 3.3.5,
- (v) Confidentiality and security of case file information should guarantee protection and safety of victims and survivors. In this case, the evaluation should be in accordance with subsection 3.5,
- (vi) Licensed Safe Houses should be capable of serving victims and survivors in terms of financial management and sustainability. In this case, the evaluation should be in accordance with subsection 3.6.

## ANNEX 01: FORMS

### Form No. 1: APPLICATION FOR A LICENCE

#### 1. Details of the Applicant

1.1 Name of organization .....

1.2 Name of Officer in Charge (OIC): .....

1.3 Physical Address: .....

1.4 Postal Address:.....

1.5 Telephone: ..... 1.6 Mobile: .....

1.7 Email Address: .....

1.8 What are the organisation's main areas of activity? .....

.....

.....

1.9 Does the organisation operate, or have they operated in the past, any other Safe House in Tanzania? **YES**, or **NO**. If **YES**, give details below:

Licence No	Name of Safe House	District	Currently Active?
.....	.....	.....	YES or NO
.....	.....	.....	YES or NO

1.10 Has the organisation previously been refused a License to operate a Safe House in Tanzania, or had a License revoked? **YES**, or **NO** If **YES**, give details below:

Name of Safe House Revoked	District	Date of Application or Revoked
.....	.....	.....
.....	.....	.....

#### 2 Details of the Safe House

2.1 Name of the Safe House: .....

2.2 District: ..... 2.3 Ward: .....

2.4 Physical Address: .....

2.5 Postal Address: .....

2.6 Telephone: ..... 2.7 Mobile: .....

2.8 Email Address: .....

2.9 Name of Safe House Officer in Charge: .....

2.10 What is the intended maximum capacity of the Safe House (for both age groups)?

Aged 0 – 17 years: ..... Aged 18 years and above: .....

2.11 What sex of victims/Survivors will be accommodated in the Safe House? **MALE** or **FEMALE** or **BOTH**

2.12 Is it intended that the Safe House will accommodate any victim/Survivor with disabilities, chronic illnesses or HIVAIDS that will require special care? **YES** or **NO**

Give details: .....

.....

.....

2.13 Are the premises for the Safe House owned outright or leased and if the latter, what is the length of the lease and the notice period? **OWNED OUTRIGHT** or **LEASED**

(If leased) Length of Lease: ..... Notice Period: .....

2.14 What will be the main source(s) of income for the Safe House?

.....

.....

### 3 Referees

3.1 Give details of THREE referees below:

Name	Position	Contact Details
.....	.....	.....
.....	.....	.....
.....	.....	.....

### 4 Declaration

I, the undersigned, submit this application for a License to operate a Safe House on the basis of the information provided above. I confirm that all the details are true and accurate and, if granted a license, undertake to comply with all the relevant regulations and any guidance or directions from the Commissioner of Social Welfare.

Signature: .....

Name: .....

Position in Organization: .....

Date: .....

## (RECOMMENDATION AND DECISION)

### 5 Social Welfare Officer Recommendations

5.1 Recommendation of Social Welfare Officer: **RECOMMEND** or **DO NOT RECOMMEND** (*Delete as appropriate*)

With a maximum capacity of: .....

Aged 0 – 17 years: .....

Aged 18 years and above: .....

Reasons or Conditions:

.....  
.....  
.....

5.2 Name of Social Welfare Officer: .....

5.3 Signature: .....

5.4 Date: .....

### 6 Decision of the Commissioner for Social Welfare

6.1 Decision on Application: **APPROVE** or **DO NOT APPROVE** (*Delete as appropriate*)

Reasons or Conditions:

.....  
.....  
.....

6.2 Licence Number (if the application is approved):

.....

6.3 Signature of the Commissioner for Social Welfare: ..... Date: .....

## Form No. 2: ENVIRONMENTAL HEALTH INSPECTION

1. Name of the Safe House .....
2. Previous Registration number of the Safe House (if applicable): .....
3. Name(s) of the manager(s) or owner(s).....
4. Nature of ownership: **INDIVIDUAL/JOINT/PUBLIC\***
5. Nationality of the manager(s) or owner(s): **TANZANIAN/FOREIGNER/BOTH\***
6. Location of the Safe House: -

Council: ..... Ward: .....

Kijiji/Street /Mtaa: .....

Postal Address: .....Telephone: .....

Mobile..... Email: .....

7. Maximum number of residents at the Safe House (Male and Female) .....

- 8.a) Profile of residents at the Safe House (if applicable)

AGE	FEMALE	MALE	TOTAL
Above 18 years			
6-18 years			
2-5 years			
Below 2 years			

8. b) Profile of residents with special needs (if applicable)

AGE	FEMALE	MALE	TOTAL
Above 18 years			
6- 18 years			
2-5 year olds			
Below 2 years			

**Details for Assessment:**

<b>9a</b>	Are there any residents with Communicable diseases? (if applicable)	<b>YES/NO*</b>
<b>9b</b>	If YES has the manager(s) or owner(s) put in place an enabling environment to deal with the disease?	
<b>10a</b>	Has the manager(s) or owner(s) put in place an enabling environment in line with the guidelines?	<b>YES/NO*</b>
<b>10b</b>	If the answer is NO what are the reasons?	
<b>11a</b>	Does the safe house have rooms that are adequately ventilated?	<b>YES/NO</b>
<b>11b</b>	If the answer is NO what are the reasons for non –compliance?	
<b>12a</b>	Does the safe house have firefighting equipment and staff/residents oriented on its use?	<b>YES/NO</b>
<b>12b</b>	If the answer is NO what are the reasons?	
<b>13a</b>	Does the safe house have Laundry and washing facilities available in the premises?	<b>YES/NO</b>
<b>13b</b>	If NO what is missing and why?	
<b>14a</b>	Are the premises kept clean and in a hygienic condition?	<b>YES/NO*</b>
<b>14b</b>	If the answer is NO, why?	
<b>15a</b>	Does the safe house have toilets, washing and bathing facilities that are in good condition and clean?	<b>YES/NO*</b>
<b>15b</b>	If the answer is NO what is missing and why?	
<b>16a</b>	Are the sewage systems in place and in good condition?	<b>YES/NO*</b>
<b>16b</b>	If the answer is NO, why?	
<b>17a</b>	Is food preparation environment clean to ensure its safety and storage?	<b>YES/NO*</b>
<b>17b</b>	If the answer is NO, what are the identified gaps and problems?	
<b>18a</b>	Does the safe house have enough space for groups of residents to assemble and engage in various activities?	<b>YES/NO</b>
<b>18b</b>	If the answer is NO what is missing and why?	
<b>19a</b>	Is the Safe House suitable and safe for residents?	<b>YES/NO*</b>
<b>19b</b>	If the answer is NO, what are the weaknesses/problems?	
<b>20a</b>	What is the date of the last inspection?	
<b>20b</b>	Have steps been taken to address the instructions of the previous inspection? (answer N/A if this is the first inspection)	<b>YES/NO</b> <b>/N/A*</b>
<b>20c</b>	Provide details of the steps taken to implement the instructions and details of the instructions which have not been addressed:	

21. Provide any other relevant information .....

.....

.....

.....

.....

.....

22. Summary of the Assessment

.....

.....

.....

.....

.....

.....

**Recommendations**

I confirm that I have assessed and inspected the Safe House and Recommend the following: .....

.....

.....

.....

.....

.....

.....

Signature: ..... Date: .....

Name: ..... Position .....

Qualification: .....

### Form No. 3: LICENCE FOR SAFE HOUSE

This is to certify that:

.....

(Name of Applicant)

having applied for a License to operate a Safe House and having been found, after investigation, to meet the requirements for protecting and assisting victims of trafficking in persons and survivors of gender-based violence and violence against children is hereby licensed to operate a Safe House at:

Region..... District:..... Ward:.....

and such a Safe House shall be known as:.....

and shall have maximum capacity of..... victims/survivors. Aged 0–17 years:.....

ged 18 years and above:.....

With the License Number:.....

Issued by Commissioner for Social Welfare:

Name: .....

Signature: .....

Place: .....

Date: .....

## Form No. 4: INITIAL INVESTIGATION FOR VICTIM AND SURVIVOR

### Instructions

After the Victim of Trafficking in Persons/Survivor of GBV and VAC is rescued, Identified and or reported to any Law Enforcement Officer, Labour Officer or Medical Practitioner this Form together with referral form (No. 13) has to be filled in and sent to referral service agency or Social Welfare Officer who shall verify the information and send the victim/survivor to the Safe House.

Tick the relevant one in the box:

☐

Victim of Trafficking

☐

Survivor of GBV

☐

Survivor of VAC

### A. Personal Information

Surname: \_\_\_\_\_

Given names: \_\_\_\_\_

Tribe: \_\_\_\_\_

Date of birth: Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Distinguishing feature: \_\_\_\_\_

Sex: \_\_\_\_\_ (Male/Female)

Nationality: \_\_\_\_\_

Religion \_\_\_\_\_

Place of origin \_\_\_\_\_ Council: \_\_\_\_\_ Ward: \_\_\_\_\_

Village/Street/Mtaa: \_\_\_\_\_

Permanent address:

\_\_\_\_\_

\_\_\_\_\_ Marital

status \_\_\_\_\_ (married, unmarried, divorced, separated, widow/widower)

Number of children \_\_\_\_\_

Experience of abuse \_\_\_\_\_ (sexual, physical or psychological )

Perpetrator of abuse (Relationship) \_\_\_\_\_ (spouse, sibling, father, mother, other relative, partner/boyfriend/girlfriend/friend/ community member, other,)

Education level: \_\_\_\_\_

Reason(s) for Migrating/leaving home \_\_\_\_\_ (Job opportunity, study opportunity, wanted adventure, economic need, force/kidnapped/marital conflict, escape violence, other)

Activity at recruitment (for victim of trafficking) \_\_\_\_\_ (study, study and work, unemployed, unpaid work, none, other)

Community setting \_\_\_\_\_ (city, town, village, isolated, nomadic, other)

**FOR CHILDREN:**

Education level \_\_\_\_\_

Is the child victim/survivor living with his/her biological parents? \_\_\_\_\_ (YES / NO)

Is the child victim/survivor an orphan? \_\_\_\_\_ (YES / NO); Relationship with guardian:

Names of the parents/guardian at home: \_\_\_\_\_

Physical address of the parents/guardian \_\_\_\_\_

Occupation/means of livelihood of;

(a) Mother \_\_\_\_\_

(b) Father \_\_\_\_\_

(c) Guardian \_\_\_\_\_

**B. Recruitment experience (For Victims of Trafficking)**

Date of recruitment \_\_\_\_\_

Country of recruitment \_\_\_\_\_

Means of recruitment/entry into trafficking \_\_\_\_\_ (personal contact, advertisement, promise, kidnapping, agency, abduction/force, false contract, marriage, adoption, other)

Victim's relationship with recruiter \_\_\_\_\_ (family member, classmate, close friend, acquaintance, stranger, employer, boyfriend, girlfriend, other)

Sex of recruiter \_\_\_\_\_ (male, female)

Recruiter's citizenship \_\_\_\_\_

Recruiter's country of residence \_\_\_\_\_

Purpose of Recruitment \_\_\_\_\_ (work offer, marriage, travel/tourism, study, other)

Destination country at recruitment \_\_\_\_\_

**C. Transportation and travel routes (For Victims of Trafficking)**

Means of transport \_\_\_\_\_ (on foot, car, taxi, bus, airplane, train, boat/ship, other)

Travel documents \_\_\_\_\_ (legal, false/falsified, none)

Border crossings \_\_\_\_\_ (legal, illegal, no border crossed)

**D. Exploitation/Abuse experience**

Form(s) of exploitation/abuse \_\_\_\_\_ (sexual exploitation/abuse, emotional abuse, physical abuse, forced labour, begging, delinquency, adoption for purpose of exploitation, removal of organs, other)

Place of exploitation/abuse \_\_\_\_\_

Date when exploitation/abuse began \_\_\_\_\_

Date rescued from exploitation/abuse \_\_\_\_\_

Means of exit from exploitation/abuse \_\_\_\_\_ (*released by trafficker/abuser, escaped on his/her own, escaped with help of third party, intervention of law enforcement officers, intervention of Social Welfare Officer, intervention of outreach workers, paid debt bondage, other, )*

History of previous exploitation/abuse \_\_\_\_\_

Place of previous exploitation/abuse \_\_\_\_\_

Identification/assistance during previous exploitation/abuse \_\_\_\_\_ (*identified, assisted, declined identification, declined assistance*)

### **E. Identification and assistance**

Place of identification \_\_\_\_\_

Date victim/survivor was identified \_\_\_\_\_

Identifying Institution/Actor \_\_\_\_\_ (*border authority, law enforcement officer, outreach workers/program, Social Worker, Social Welfare Officer, labour inspector, helpline service, transportation personnel, client, private citizen, medical personnel, lawyer, other, )*

Date of admission at the Safe House: \_\_\_\_\_

Type of assistance provided \_\_\_\_\_ (*accommodation, food, water, sanitary pads, medical care, psychological assistance, education, vocational training, job placement, reintegration grant, entrepreneurship skills, family mediation, financial assistance, other*)

Statement to Police \_\_\_\_\_ (Yes/No/)

Name of the Police Station: \_\_\_\_\_

Description of case (*Criminal case Number and dates*) \_\_\_\_\_

Court of first appearance of the case (date): \_\_\_\_\_

Testimony in Court against the perpetrator \_\_\_\_\_ (Yes/No/)

Is the case in progress? Yes/No \_\_\_\_, If **Yes**, give details of the case \_\_\_\_\_

Protection: \_\_\_\_\_ (*pre-trial, during trial, post-trial, a combination of these, no protection at all*)

Victim/survivor compensation \_\_\_\_\_ (Yes/No//Not applicable)

Date of discharge: \_\_\_\_\_

**F. Other**

Comments *(enter additional details and clarification)*

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---

---

Signature of the Recorder *(with name and contact details)*

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## Form No. 5: MEDICAL REPORT FOR VICTIMS OF TRAFFICKING IN PERSONS

(To be completed by a Medical Practitioner)

Name of examining medical practitioner: .....

Name of the health facility: .....

Date of medical examination of the victim/.....

### 1. Basic information

Name of victim/ .....

Sex (M or F)..... Age .....

Date of Birth.....

Height..... Weight.....

Name of Safe House .....

Next of Kin..... Tel. No.....

Religion..... Tribe .....

Nationality .....

### 2. Past Medical History

Has the examined victim suffered from any of the following? If yes indicate YES against the diagnosis, if not, please write "NO" in the appropriate space.

1. Tuberculosis .....

2. Gastric or Duodenal Ulcer .....

3. Recurrent indigestion .....

4. Dysentery .....

5. Jaundice .....

6. Diabetes .....

7. Poliomyelitis or other neurological disorders .....

8. Epilepsy .....

9. Nervous breakdown .....

10. Psychiatric disorder .....

11. Eye disorder .....

12. Ear, nose or throat disorder .....

13. Skin diseases .....

14. Anaemia .....

15. Gynaecological disorders .....
16. Malaria or other tropical disease .....
17. Cholera .....
18. Operations .....
19. Trauma or injuries .....
20. Any other condition .....

If you answered YES to any of the above, provide further information:

.....

.....

.....

.....

### 3. Present Medical Examination

General Observation .....

Central nervous system.....

Respiratory system.....

Cardiovascular system.....

Digestive system .....

Reproductive system .....

Endocrine system .....

Oral observation .....

Allergies.....

#### 3.1 Routine Investigation

1. Routine Urine analysis.....

2. Stool.....

3. Hb%.....

#### 3.2. Specific Investigation .....

#### 3.3 Diagnosis .....

#### 3.4 Treatment .....

### 3.5 Findings

Is the victim free of communicable disease? .....

Any serious disorder or disability: .....

Findings of the clinical officer: .....

.....

Recommendations of the clinical officer: .....

.....

Signature of the Medical Practitioner .....

Date.....

Official Stamp of the health Facility.....

**Form No. 6: MEDICAL REPORT FOR SURVIVORS OF GENDER BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN**

<b>General Information</b>	Name of Health Facility
Full Name(s)	Survivor Registration No
Date of Birth (MM/DD/YEAR) ...../...../.....	Marital Status(tick ✓) Single      [ ] Married     [ ] Divorced    [ ]
Sex • Male • Female	Residence
Witness(es)	Contact (s)
Occupation	
<b>Description Of Incidence</b>	
Date of Assault MM    DD    YEAR ...../...../.....	Time of Assault HOURS:MIN      AM    PM [ ][ ]:[ ][ ]      [ ]    [ ]
Place of Assault	Number of Assailant(s)
Alleged Assailants • Unknown • Known (indicate relationship with victim)	Type of Assault • Sexual • Physical • Psychological
Presenting symptoms/complaints	Circumstances of incidence (penetration, how/where, and what was used?)
Did the assailant use a condom? • No • Yes	Did the survivor have a bath? • No • Yes
Did the survivor vomit after assault? • No • Yes	Did the survivor go to toilet? • No • Yes
Is The Incident Reported to Police? • No • Yes (Indicate the name Of station)	

Obs/Gyn History	
LNMP (Last Normal Mensural Period) ...../...../.....	Gravida [ ] Parity [ ]
History of sexual intercourse prior this incidence? <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul>	History of Pregnancy <ul style="list-style-type: none"><li>• No</li><li>• Yes</li><li>• Don't know</li></ul>
History of contraception <ul style="list-style-type: none"><li>• No</li><li>• Yes (indicate the type(s))</li></ul>	Last sexual consensual intercourse MM DD YEAR ...../...../.....
History of current sexual relationship <ul style="list-style-type: none"><li>• No</li><li>• Yes</li></ul>	HIV status <ul style="list-style-type: none"><li>• Positive</li><li>• Negative</li><li>• Unknown</li></ul>
<b>Examination</b>	Date ...../...../..... Time [ ][ ]:[ ][ ] AM PM
Mental health state (comment(s)) <ul style="list-style-type: none"><li>• Normal</li><li>• In shock</li><li>• Tearful</li><li>• Depressed</li></ul>	Anxious <ul style="list-style-type: none"><li>• Confused</li><li>• Hyper arousal</li><li>• Coma</li><li>• Other(s).....</li></ul>
Physical Examination	
Comment on general condition of the survivor	<ul style="list-style-type: none"><li>• BP_____mmHg</li><li>• Pulse Rate_____beat/min</li><li>• Resp Rate_____cycles/min</li><li>• Temp_____°C</li></ul>
Did the survivor change0 clothes <ul style="list-style-type: none"><li>• No</li><li>• Yes (where were the worn clothes taken?).....</li></ul>	State of the clothes <ul style="list-style-type: none"><li>• Stains</li><li>• Tears</li><li>• Color</li></ul>
Any visible obvious injuries <ul style="list-style-type: none"><li>• No</li><li>• Yes (if yes comment).....</li></ul>	

Genital-Anal Examination	
Describe in details the physical state of the following structure(s):	
External genitalia	Cervix
Vaginal/hymen	Digital rectal examination
Other orifices (oral cavity, tongue, palate)	
Type of GBV/VAC Encountered	
Physical [ ]	
Sexual [ ]	
emotional [ ]	
Physical and sexual [ ]	
Emergency Treatment Given	
Stitching Surgery <ul style="list-style-type: none"> <li>No</li> <li>Yes (comments)</li> </ul>	Emergency contraception <ul style="list-style-type: none"> <li>No</li> <li>Yes (indicate which drugs)</li> </ul>
PEP <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>	STI preventive treatment <ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>
Comment on any other medication/treatment/management given to the survivor:	
Laboratory Investigation	Comments
Urine-Pregnancy Test	
Microscopy	
Other(s)	
Vaginal Swab-Sperm	
Culture and sensitivity	
Blood	
DNA	
VDRL	
Hepatitis B surface antigen	
Full blood picture	
Haemoglobin (HB)	

X matching	
Blood chemistry	
Serological test for HIV	
Anal Swab	
Other(s).....	
<b>Survivor Referred To...</b>	
<ul style="list-style-type: none"> <li>• Police Station</li> <li>• VCT Clinic</li> <li>• HIV Clinic</li> <li>• Other (s) (specify).....</li> </ul>	
Remarks	
Name and signature of examining doctor Name: _____  Signature_____	Date ____/____/____
Name and signature of examining nurse Name: _____  Signature_____	Date ____/____/____
END	

## Form No. 7: ADMISSION RECORD

*(To be completed by Social Worker)*

### 1 Details of Safe House

Name of Safe House: ..... Licence Number: .....

### 2. Details of victim/Survivor

2.1 First Name: ..... Middle Name: ..... Last Name: .....

2.2 Date of Birth: ..... 2.3 Sex: ..... 2.4 Religion: .....

2.5 Tribe: ..... 2.6 Nationality .....

2.6.1 Place of Birth:..... 2.6.2 Region/Province: .....

2.6.3 District: ..... 2.6.4 Ward: ..... 2.6.5 Village/Mtaa: .....

2.7 Marital status: ..... 2.7.1 Married: ..... 2.7.2 Single: .....

2.7.3 Widow/Widower: .....

### 3. Assistance/Care Arrangements Prior to Admission

3.1 Did the victim/survivor receive any assistance/care prior to admission? YES or NO,

If YES, give details: .....

### 4 Details of Father

4.1 Status of the victim's/survivor's father, **ALIVE or DEAD or MISSING** (tick whichever appropriate)

4.2 **First Name:** ..... **Middle Name:** ..... **Last Name:** .....

4.3 Date of Birth: ..... 4.4 Tribe: .....

### 4.5 Current Address:

4.5.1 Country ..... 4.5.2 Region: ..... 4.5.3 District: .....

4.5.4 Ward: ..... 4.5.5 Village/Mtaa: ..... 5.5.6 House No (if any) .....

### 5 Details of Mother

5.1 Status of the victim's/survivor's Mother, **ALIVE or DEAD or MISSING** (tick whichever appropriate)

5.2 First Name: ..... Middle Name:..... Last Name: .....

5.3 Date of Birth: ..... 5.4 Tribe: .....

### 5.5 Current Address:

5.5.1 Country ..... 5.5.2 Region: ..... 5.5.3 District: .....  
5.5.4 Ward: ..... 5.5.5 Village/Mtaa: ..... 5.5.6 House No (if any) .....

### 6 Details of Relative or Guardian or spouse (where needed)

6.1 First Name: ..... Middle Name: ..... Last Name: .....  
6.2 Sex: ..... 6.3 Date of Birth: ..... 6.4 Tribe: .....

### 6.5 Current Address:

6.5.1 Country ..... 6.5.2 Region: ..... 6.5.3 District: .....  
6.5.4 Ward: ..... 6.5.5 Village/Mtaa: ..... 6.5.6 House No. (if any) .....

### 7 Victim's/survivor's Needs

7.1 Short term needs: .....  
7.2 Long term needs: .....  
7.3 Any special needs of the victim/survivors (including minors, disabled, lactating mothers, victim/survivors with chronic illness, etc).....  
.....

### 8 Admission Details

8.1 Date of admission.....  
8.2 Reasons for admission:  
.....  
Name of the Safe House Manager: .....  
Signature: ..... Date: .....

## Form No. 8: SOCIAL INVESTIGATION REPORT

(To be completed by Social Welfare Officer and copy sent to the Safe House)

### 1 Details of victims/Survivors

1.1 First Name: ..... Middle Name: ..... Last Name: .....

1.2 Date of Birth: ..... 1.3 Sex: .....

1.4 Religion: ..... 1.5 Tribe: .....

1.6 Current Place of Residence or Contact Details: .....

1.7 Marital status of the victim/Survivor..... (Single or married or divorced or separated).....

### 2 Sources of Information

Identify all the sources of information used in making this social investigation (tick where relevant) and put the dates:

- 2.1 Discussions with the victims/survivors: Date ..... ☐
- 2.2 Discussions or Meeting with the Police: Date ..... ☐
- 2.3 Discussions or Meeting with a Medical Officer: Date ..... ☐
- 2.4 Discussions or Meeting with the Safe House: Date..... ☐
- 2.5 Other (give details and dates): ..... ☐

### 3 Current Care Situations

3.1 What is the current status of the victim's/survivor's parents or relatives?

Father: **ALIVE or DEAD or (MISSING)**

Mother: **ALIVE or DEAD or (MISSING)**

3.2 What is the current marital status of the parents? .....

3.3 What are the current care arrangements for victims/survivors?

.....

### 4 Needs of the Victims/Survivors

4.1 Is the victim/survivor currently attending school or training? **YES or NO**.....

If **YES**, give details (type of school or training) .....

4.2 Does the victim/survivor have any specific educational needs? **YES or NO**.....

If **YES**, give details: .....

4.3 Does the victim/survivor have a disability, chronic illness or other condition that may require special care? **YES or NO** .....

If **YES**, give details: .....

## 5 Family Reunification

5.1 Is the victim/Survivor separated from his or her parents? **YES or NO**.....

If **YES**, for how long? .....

5.2 What efforts have been made to trace the parents or reunify the victim/survivor?

.....  
.....

5.3 What is your assessment of the potential for family reunification?

.....  
.....

## 6 Assessment of potential of the victims/survivors to placement in a Safe House

6.1 What is your assessment of the victim's/survivor's suitability for placement in a Safe House for Protection and Assistance?

.....  
.....

6.2 Have you been able to identify a potential Safe House? **YES or NO** .....

If **YES**, give details (all Safe Houses for Protection and Assistance to victims/survivors must be licenced and entered in the Register)

Name of Centre: ..... Licence No:.....

6.3 Why do you believe that the proposed Safe House for Protection and Assistance to victims/survivors is suitable for placement?.....

.....  
.....

6.4 What are the views of the victim/survivor?

.....  
.....

6.5 What are the views of the potential Safe House for Protection and Assistance to victims/survivors?

.....  
.....

6.6 Are there any special support needed for this placement? **YES or NO** .....

If **YES**, give details:.....

6.7 What further actions are required to achieve a permanent long term care solution for this victim/survivor?.....

## 7 Recommendation & Formal Decision

7.1 I confirm that I have completed the Social Investigation form for the above named victim/survivor and that I **RECOMMEND** or **DO NOT RECOMMEND** (delete as applicable) a placement in a Safe House for Protection and Assistance to victim/survivor as described above.

Name: .....Signature: ..... Date: .....

**Social Welfare Officer**

7.2 I **APPROVE** or **DO NOT APPROVE** (delete as applicable) the placement of the above named victim/survivor in the Safe House for Protection and Assistance.

Name: .....Signature: ..... Date: .....

**Council Social Welfare Officer**

## Form No. 9: FAMILY TRACING AND FAMILY ASSESSMENT

### Introductory Note:

Before starting the assessment, which will be done through participatory interviews with the family, please inform the interviewees the purpose of the assessment. The purpose is to collect information on the socio-economic situation of the family in order to be able to determine and evaluate what could be the best options for the victim/survivor in the short and long-term plan. The family assessment will under no circumstances be conducted in a forceful insistent manner.

Upon the completion of the family assessment and the confirmation of the parents/or legal guardians on the information provided, the Social Welfare Officer will follow up appropriately with the victim/survivor in the Safe House and/or the legal guardian and will conclude on the feasibility of possible reunification/reintegration.

### Section 1: Consent for family tracing and family assessment

I hereby declare my consent that the Social Welfare Officer will (based on the provided information) conduct family tracing and family assessment for the purposes of my voluntary family reunification/ community reintegration/repatriation and resettlement in exceptional cases.

Victim's/Survivor's Name: ..... Signature: ..... Date: ..... Place: .....

#### 1.1 General information about the victim/survivor

Name of the victim/survivor	
Date of Birth (DDMMYYYY)	
Age	
Sex	
Place of Birth	
Citizenship	

Current place of residence: *(tick whichever appropriate)*

- ☐ in a Safe House
- ☐ with family members
- ☐ with friends
- ☐ with a fostering family
- ☐ other

Specify:

.....

Name:.....

Address:.....

Phone Number:.....

Email:.....

## 1.2. General information on the location of the family

Parents/Legal Guardian	Names	Address and Tel. Number/ Mobile	E-mail Address	Any other Relevant Information
Father				
Mother				
Any other possible care taker				

## Section 2: Assessment (to be completed by Social Welfare Officer)

The objective of conducting assessment is to get information/details which will assist in reunification and reintegration of the victim/survivor. The following family members and key persons familiar to the victim/survivor will be contacted in this assessment. This will include, but not limited to:

- i. Grandfather;
- ii. Grandmother;
- iii. Mother;
- iv. Father;
- v. Brother;
- vi. Sister;
- vii. Uncle;
- viii. Aunt;
- ix. Cousin;
- x. Local authority;
- xi. Community leader;
- xii. Religious leader;

### 2.1 Please list all members of the household (even if not present at the interview)

The household is defined as the persons who live under the same roof and share at least one meal per day together.

Name of Household Member	Relation	Education	Occupation	Health Problem if any	Disability if any	Any other Comment

2.2 Please mention who, among the above-listed, is or are the “bread winner/s”: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.3 Do the parents live together in the same household? ☐ **Yes**; ☐ **No**

If **No**, why?

☐ separated / divorced

☐ deceased

☐ emigrated

☐ other,

specify: \_\_\_\_\_

2.4 The family income:

☐ is enough to meet the secondary needs of the family

☐ meets just the basic needs

☐ is not sufficient to meet the family's basic needs

2.5 Location of the family dwelling:

☐ village

☐ city

☐ rural

☐ slums

☐ town

2.6 Type of family dwelling:

☐ single-family unit house

☐ apartment

☐ other,

specify: \_\_\_\_\_

2.7 Does the family stay permanent or temporary in this dwelling?

2.8 Please describe briefly the physical conditions of the neighbourhood:

---

2.9 What were the reasons for the victim/survivor to leave the household?

- ☐ Economic reasons
- ☐ Family encouraged him/her to do so
- ☐ Matrimonial/family conflicts
- ☐ Peer influence

Other, specify: \_\_\_\_\_

2.10 How often has there been contact with the victim/survivor since he/she left the household?

- ☐ daily
- ☐ weekly
- ☐ monthly
- ☐ few times a year
- ☐ never
- ☐ other, specify: \_\_\_\_\_

2.11 If the victim/survivor wanted to come back home, would the family accept him/her back into the family unit?

- ☐ YES
- ☐ NO

If **NO**, why?

- ☐ because of economic reasons
- ☐ because family/parents have split
- ☐ the family cannot raise him/her
- ☐ the family has invested a lot of money in his/her journey
- ☐ the family needs his/her money (remittances)
- ☐ because of conflicts/problems between the child and the family

Other, specify: \_\_\_\_\_

Any other comments that might be relevant Please invite the respondents to add on the above listed comments, if they so desire.

**Respondent's Declaration:**

\* I ..... (parent/legal guardian) have been informed that the information collected during the interview will be used to determine what alternatives are the best in the interest of.....  
(name of the victim/survivor).

\* Furthermore, I have been informed that the information gathered during the interview will remain strictly internally within ..... (name the department/ organization) and used only for the purpose stated above.

\* I, therefore, certify that the information shared during the interview is correct to the best of my knowledge. By signing this form, I am attesting that I freely assented to participate in the interview.

Name of the parent/legal guardian: ..... Signature: ..... Place: .....

Date: .....

**Interviewer's Declaration:**

I confirm that the participant was given an opportunity to ask questions during the interview and all the questions asked by the participant have been answered correctly and to the best of my ability. I further confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of the interviewer: ..... Signature: ..... Place: ..... Date: .....

## Form No. 10: VOLUNTARY RETURN DECLARATION AND AUTHORIZATION FOR COLLECTION AND DISCLOSURE OF PERSONAL DATA

**Note:** Please allow the individual to read the form (or ensure it can be translated in a language that she/he understands) and explain it before asking him/her to sign the voluntary declaration. I, the undersigned, \_\_\_\_\_, express my informed decision to return voluntarily to my home village/rural/town/city/country or a third country (where I'm entitled to permanent residence), which is \_\_\_\_\_, through the assistance of ..... (*Mention the name of the organization*). I understand that I will not be allowed to stop over in any transit country (*for international victims*). I understand that the personal data of myself and my dependants \_\_\_\_\_ (*Name of child/family members*) are necessary for the provision of assistance.

I have also been informed that the personal data will be shared with and processed by \_\_\_\_\_ (*Name of third party e.g. donors, relevant institutions/ government entities*) to achieve the specified purpose above and in lieu of that I hereby authorize \_\_\_\_\_ {*Mention the name of the organization(s)*} and any authorized person or entity acting on behalf of..... {*Mention the name of the organization(s)*} to collect, use, disclose and dispose of the personal data provided. I, therefore, declare that the information I have provided is true and correct to the best of my knowledge. I understand that if I make a false statement in signing this form, the assistance provided by ..... (*Mention name of the organization*) can be terminated at any time.

Signed on \_\_\_\_\_ at \_\_\_\_\_

Victim's/survivor's signature: \_\_\_\_\_

Interpreter's Name (*if applicable*): \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Social Welfare Officer: \_\_\_\_\_ Signature: \_\_\_\_\_

**[ORGANIZATION'S STAMP]**

## Form No. 11: AUTHORISATION FOR DISCHARGE

(To completed by Social Welfare Officer in triplicate)

In respect of \_\_\_\_\_ (full name of victim/survivor),  
currently accommodated at \_\_\_\_\_ (name of the Safe  
House) I \_\_\_\_\_ (name of Social  
Welfare Officer) authorise the discharge of the named victim/survivor on the understanding that this  
victim shall be:

### A. Reunified with his or her biological parents or guardians (complete/delete as appropriate)

Name(s): \_\_\_\_\_

☐

Address: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone/mobile phone: \_\_\_\_\_

### B. Fostered by

Name(s): \_\_\_\_\_

☐

Address: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone/mobile phone: \_\_\_\_\_

### C. Transferred to another institution

☐

Name of Centre: \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_

### D. Reintegrated in the community

Name of the officer/ Local Leader received the victim/survivor: \_\_\_\_\_

☐

Title \_\_\_\_\_

Address: \_\_\_\_\_

Location \_\_\_\_\_

Mobile/Tel. Number: \_\_\_\_\_

Social Welfare Officer authorized the discharge of the victim/survivor:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer In-charge of the Safe House:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer(s) escorting the Victim/survivor (*if any*):

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person receiving the victim/survivor:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Leader witnessing the receipt of the victim/survivor:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Welfare Officer receiving the victim/survivor:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Form No. 12: REPATRIATION AND RECEPTION FOR VICTIM OF TRAFFICKING IN PERSONS

(To be completed by the Anti-trafficking in Persons Secretary )

REPATRIATION FROM \_\_\_\_\_ TO \_\_\_\_\_

### A: PARTICULARS OF THE VICTIM

Names:

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

Sex: M ☐ F ☐ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Identity document: ☐ Passport ☐ Identity card ☐ Birth certificate ☐ Has no documents

ID No. \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Date of Issue \_\_\_\_\_ Expiry date: \_\_\_\_\_

Citizenship: ☐ \_\_\_\_\_ ☐ Other \_\_\_\_\_

Country of Residence \_\_\_\_\_

Nationality -----

Physical address \_\_\_\_\_

Home address/ Permanent address \_\_\_\_\_

### B: DESCRIPTION OF THE VICTIM

Child \_\_\_\_\_

Adult \_\_\_\_\_

Disabled person \_\_\_\_\_

Other \_\_\_\_\_.

### C: PARTICULARS OF RELATIVES OR NEXT OF KIN

Names:

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

Sex: M ☐ F ☐ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Relationship \_\_\_\_\_

Physical Address \_\_\_\_\_

Permanent residence \_\_\_\_\_

Telephone number \_\_\_\_\_

### D: VICTIM' OPINION

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**E: RECOMMENDATION OF THE ANTI-TRAFFICKING IN PERSONS SECRETARY:**

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Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**F: RECOMMENDATION OF THE PERMANENT SECRETARY OF THE MINISTRY OF HOME AFFAIRS:**

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Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**G: RECOMMENDATION OF THE PERMANENT SECRETARY OF THE FOREIGN AFFAIRS:**

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Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**H: RECOMMENDATION OF DESIGNATED EMBASSY**

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**I : PARTICULARS OF RECIPIENT OFFICER:**

NAME: .....

ADDRESS.....

DESIGNATION.....

SIGNATURE.....

DATE.....

### Form No. 13: REFERRAL FORM FOR VICTIM AND SURVIVORS

*(To be completed by Social Worker, Social Welfare Officer, Law Enforcement Officer, Labour Inspector, Medical Practitioner)*

In respect to \_\_\_\_\_ (Full name of Victim/survivor)

Currently accommodated in or rescued/identified at \_\_\_\_\_ (name of the place)

I \_\_\_\_\_ (Name of the officer) referring the above  
named victim/survivor to \_\_\_\_\_ (name of the Institution)

Address: \_\_\_\_\_ Location: \_\_\_\_\_

Reason of the referral: \_\_\_\_\_

Full name of the in charge of the Institution: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name of the officer escorting the victim/Survivor: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Acknowledgement of Receipt:** (the receiving organisation/agency must acknowledge in writing  
and sign this section and send it back to the referring organisation/agency)

I \_\_\_\_\_ (name of the receiving person) acknowledge that I have received  
the referred victim/survivor \_\_\_\_\_ (name of the victim/survivor) from  
\_\_\_\_\_ (name of the officer escorting the victim/survivor)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Form No. 14: ADMISSION REGISTER**

Victims of Trafficking in Persons and Survivors of Gender Based Violence and Violence against Children  
(To be completed by the Social Worker at the Safe House)

S. N	Name of the Victim/ Survivor	Sex	Age	Marital Status	Tribes	Religion	Address	Nationality	VoT (Tick)	Survivor of GBV & VAC (Tick)	Date of Admission	Date of Discharge	Special Needs (mention)	Comments

# Form No. 15: MONTHLY TRACKING/STATISTICS

Victims of Trafficking in Persons and Survivors of Gender Based Violence and Violence against Children

Month ..... Year.....

(To be completed by the Safe House Manager)

License No.	Date 1st Licensed	Name Of License Holder	Name of Safe House	Region	District	Ward	Maximum Capacity of Safe House			No. of Victims/ Survivors Admitted			Number of Victims/ Survivors Discharged			Number of Victims/ Survivors Remained		
							17yrs &-below	18yrs & above	Total	F	M	T	F	M	T	F	M	T

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form No. 16: ANNUAL FINANCIAL REPORT**

(To be completed by Officer In-charge of the Safe House)

1. License no.	<input type="text"/>
2. Name of Safe House	<input type="text"/>
3. Address	<input type="text"/>
4. Name of Licensee	<input type="text"/>
5. Name of Manager	<input type="text"/>
6. Report of Receipts and Expenditures for	<input type="text"/>
Receipts <input type="text"/>	Shs. Expenditures <input type="text"/> Shs.

**7. Contributions or Income**

	Cash	In kind +
a. Local Government	<input type="text"/>	<input type="text"/>
b. Parents	<input type="text"/>	<input type="text"/>
c. Children	<input type="text"/>	<input type="text"/>
d. Local Donations*	<input type="text"/>	<input type="text"/>
e. Outside Donations ^	<input type="text"/>	<input type="text"/>

**8. Expenditure**

a. Supplies for victims/Survivors - food	<input type="text"/>
b. Supplies for victims/Survivors – non-food items (e.g. clothes etc.)	<input type="text"/>
c. Staff costs - Management	<input type="text"/>
d. Staff costs - professional staff	<input type="text"/>
e. Staff costs - Supporting staff	<input type="text"/>
f. Equipment costs	<input type="text"/>
g. Maintenance and cleaning of Safe House	<input type="text"/>
h. Capital expenditure**	<input type="text"/>
i. Other costs (please specify)	<input type="text"/>

.....

.....

.....

### 9. Cost per victim/survivor

a. Total expenditure divided by the total no. of victims/Survivors at the Safe House at the end of the financial year

b. Does any of the income and expenditure set out in section 8 of this form relate to facilities and services that are provided for victims/Survivors who are not formally resident in the Safe House?

i) Yes

ii) No

### 10. Staffing

a. Total number of staff at the Safe House

b. Number of Social workers

c. Number of Non Residential Workers

d. Number of supporting staff (cleaners, guards etc.)

Signature of Licensee

Date

Explanation of Terms:

Receipts in kind are gifts or food, clothing, equipment, or donations which are not provided in cash

\* Local Donations are receipts from private persons or organizations within Tanzania

^ Outside Donations are receipts from persons or organizations outside Tanzania

\*\*Capital Expenditure is one of major expenditure on the infrastructure or premises e.g. new buildings, a water supply system, etc.)

\*\*\*Some Safe House provide facilities and services such as primary education, secondary education, vocational training and day care facilities on site to victims/Survivors who are not formally admitted or resident in the Safe House.

## Form No. 17: DEATH REPORT FOR VICTIM AND SURVIVOR

*(Part I to be completed by the In-charge of the Safe House where the victim was residing and Part II to be completed by Medical Officer from Government Hospital and submitted to the Council Social Welfare Officer)*

### PART I

#### 1. Details of Safe House

1.1 Name of Safe House: \_\_\_\_\_ 1.2 Licence Number: \_\_\_\_\_

1.3 Physical address of the Safe House: \_\_\_\_\_

#### 2. Details of Victim/Survivor

2.1 Tick the relevant one:

☐ Victim of trafficking ☐ Survivor of GBV ☐ Survivor of VAC

2.2 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2.3 Date of Birth: \_\_\_\_\_ 2.3 Sex: \_\_\_\_\_ 2.4 Religion: \_\_\_\_\_

2.5 Tribe: \_\_\_\_\_

2.6 Place of Birth:

2.6.1 Region: \_\_\_\_\_ 2.6.2 District: \_\_\_\_\_ 2.6.3 Ward: \_\_\_\_\_

2.6.4 Village/Mtaa: \_\_\_\_\_

2.7 Marital status: \_\_\_\_\_

2.8 Next of Kin: \_\_\_\_\_ 2.8 Contact/Address: \_\_\_\_\_

#### 3. Particulars of Death

3.1 Source of Death Information: \_\_\_\_\_

3.2 Place of Death: \_\_\_\_\_

3.3 Date and Time of Death: \_\_\_\_\_

3.4 Remarks: \_\_\_\_\_

Name of the In-charge: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II

### 4. Certificate by the Medical Officer

I \_\_\_\_\_ certify that the above named Victim of Trafficking / Survivor of Gender Based Violence / Survivor of Violence against Children died on \_\_\_\_\_. The cause of death was \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signed by Medical Officer

Date: \_\_\_\_\_

## ANNEX 02: CODE OF CONDUCT

I, Name ....., Title.....agree to uphold the highest standards of personal and professional conduct at all times. In all of my interactions with victims and survivors at the Safe House, I shall:

- (a) Safeguard and protect victims and survivors from all forms of violence, abuse, exploitation, and neglect;
- (b) Treat victims and survivors with respect regardless of age, race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, health, birth or other status;
- (c) Not discriminate against, show differential treatment, or favour particular victims or survivors to the disadvantage of others;
- (d) Not use language or behaviour towards victims or survivors that is inappropriate, harassing, abusive, sexually provocative, or culturally inappropriate;
- (e) Respect the physical integrity of all victims and survivors;
- (f) Not engage a victim or survivor in any form of sexual activity or acts, including paying for sexual services or acts;
- (g) Never behave physically in a manner that is inappropriate or sexually provocative, or suggest inappropriate behaviour or relations of any kind;
- (h) Never act in ways intended to shame, humiliate, belittle or degrade victims or survivors, or otherwise perpetrate any form of emotional abuse;
- (i) Never engage in any way in the exploitation of victims or survivors, or place victims or survivors in situations which would leave them vulnerable to any form of exploitation;
- (j) Never develop relationships with victims or survivors which could in any way be deemed exploitative or abusive, or act in any way that may place a victim or survivor at risk of abuse;
- (k) Never condone or participate in behaviour which is illegal, unsafe or abusive to victims or survivors;
- (l) Abstain from viewing, possessing, producing or distributing child pornography;
- (m) Respect victims' and survivors' privacy and never take photographs or videos of victims or survivors without their express consent and the consent of the officer-in-charge;
- (n) Not invite unaccompanied victims or survivors into my home, unless they are at immediate risk of injury or in physical danger;
- (o) Refrain from hiring victims or survivors for domestic or other labour which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury;
- (p) Comply with all relevant laws of the United Republic of Tanzania; and
- (q) Immediately report concerns or allegations of any violence, abuse or exploitation of a victim or survivor in accordance with appropriate procedures.

I understand that the onus is on me to use common sense and avoid actions or behaviours that could be construed as abusive, exploitative or harmful to victims or survivors when performing my duties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ANNEX 03: BEHAVIOUR RULES

All victims and survivors at the Safe House are expected to behave in a responsible and respectful manner in accordance with the following Behaviour Rules, a victim or survivor whose behaviour violates any of these rules may be subject to disciplinary action: -

1. Cooperate and follow all lawful directives given by staff members. This means that back-talking, arguing, ignoring or defying an order from staff members is not allowed.
2. Use clean, respectful language at all times. The centre will not tolerate any foul language.
3. Demonstrate honesty and integrity. You must not lie or make any false or misleading statements to a staff member.
4. Treat others with dignity and respect. This means no arguing, name calling, threats, and pranks, harassing or provoking another person, or fighting. All residents are expected to make it possible for everyone to live together peacefully.
5. Take good care of the property and belongings with respect. Do not damage, destroy or steal anything.
6. The centre's furniture and equipment are for your use, so take care of them. You must not damage, destroy or misuse any of the centre's property.
7. You are allowed to have some personal items with you, but not if they are a danger to the safety, security or good order of the centre. You cannot have anything in your possession unless it has been approved by the officer-in-charge. Making or possessing a weapon or anything that is designed to cause injury is strictly prohibited.
8. If you need medication for a medical condition, you will be given approval by the Safe House Manager to have that medication. You cannot have any medication that has not been approved by the manager, and must not give medication to any other victim.
9. Smoking, using drugs and drinking alcohol are strictly prohibited. You might be tested from time to time for the presence of drugs or alcohol and cannot refuse to submit to the test.
10. You will not make sexual contact with other persons or behave in a sexually inappropriate way at any time. This may include anything from touching inappropriately and kissing to having sex.
11. Cooperate with and assist staff members in maintaining safety, order, and discipline. You must not do anything to undermine the good order and discipline of the centre or encourage other victims to do so.

I ..... acknowledge to have read and understood the material contents of the rules and their implications upon me in the event I violate any or all of them.

.....  
**Signature**

.....  
**Date**









International Organization for Migration (IOM)  
The UN Migration Agency



UNITED  
NATIONS  
TANZANIA



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