UKaid
from the Department for
International Development

Management of GBV Shelters

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> **Query:** What is the evidence and what lessons have been learned on management of GBV shelters, drawing on regional (East Africa) and global evidence. Please consider financing, structure, staff and general operations.

1. Introduction

Shelters provide secure accommodation for women and children who are at risk of or have experienced gender based violence (GBV) (UN Women, 2013). Good quality GBV shelters provide more than just a safe place to stay; they help women and children to rebuild their lives. Shelters provide a holistic response to survivors' physical, psychological, social and economic needs - often offering healthcare, facilitating access to the police and justice system, and providing opportunities to learn new vocational and life skills (Cansfield, and Brown, 2016). This document provides a rapid three-day review of the evidence and lessons learned on management of GBV shelters, focusing on evidence from East Africa and drawing on lessons from low and middle-income countries globally.

2. Methodology and evidence base

In total, 11 examples of GBV shelters were identified, including evaluations and project documentation of programmes which provide shelter services, as well as assessments and research studies of shelters, typically run by women's organisations or small civil society organisations (see table below and Annex 1).

Search strategy: Studies were identified through searches using Google and relevant electronic databases (PubMed, Science Direct, and Google Scholar) for priority sources. Key search terms included: shelters, safe houses, women's sanctuaries, one stop centres AND costing, staffing, finances, AND evaluation, study, research, review.

Criteria for inclusion: To be eligible for inclusion in this rapid mapping, studies had to fulfil the following criteria:

- **Focus**: Research, evaluations and studies of GBV shelters
- **Time period**: 2000 – February 2019.
- **Language**: English
- **Publication status**: publicly available – in almost all cases published online.
- **Geographical focus**: low and middle-income countries, prioritising regional (East Africa)

Examples of GBV Shelters reviewed (see Annex 1 for further examples and details)		
Programme / Shelter	**Location**	**GBV shelter details**
UN Joint Programme on Gender Equality (2009-2015)	Uganda	**5 GBV survival shelters** in five districts in Uganda were established and are providing coordinated medical, legal, psychosocial and shelter (safe spaces) services for GBV survivors.
Support to Civil Society Organisations work on Gender and Sexual Based Violence (2011-2014)	Uganda	**8 protection centres** supporting survivors to access integrated GBV services. Services available include psychosocial and legal counselling and representation, support with medical examination, referrals for other services, mediations, resettlement and rehabilitation.
UN Women Programme - Preventing and Responding to Violence Against Woman and Girls in Ethiopia (unclear, as based on support to various shelters)	Ethiopia	**12 shelters** providing rehabilitation and reintegration services for women and girl survivors of violence. Some shelters provide additional services including healthcare, counselling, referral to legal services and economic empowerment.
Holistic shelter services run by AWSAD (Association for Women's Sanctuary and Development) (2003-present)	Ethiopia	**2 shelters in Addis Ababa and 2 shelters in Adama** offers accommodation, food, clothing, medical care, counselling, income generating courses, empowerment sessions and legal support.
Holistic shelter services run by Musasa (women's rights organisation) (1988-present)	Zimbabwe	**2 urban shelters, 7 community shelters, and a One Stop Centre in Harare** which provides safe shelter, food, medical care, counselling, life skills training, legal support and reintegration support. There is also a toll-free line.
ONE UN ISANGE One Stop Centre (2008-present)	Rwanda	**1 One Stop Centre** located in the Police Hospital, providing access to health, social services, legal and police services Includes safe house with three beds and basic provision
Coordinated Care Response Centres (CRCs) (2008-2011)	Zambia	**8 Coordinated Care Response Centres** provide health and psychosocial services, as well as legal assistance. Includes **2 safe homes** for survivors and survivor networks for people who have been through the centres
Thuthuzela Care Centres (TCCs) (2000-present)	South Africa	**42 Thuthuzela Care Centres** provide services to rape survivors from short-term shelter provision, emergency medical care and Post Exposure Prophylaxis to counselling and court preparation in an integrated and survivor-friendly manner.
Women for Afghan Women - Family Guidance Centre and Shelter (2007-present)	Afghanistan	**8 Family Guidance Centres and Shelters, 3 Child Support Centres and 2 halfway houses**, as well as frontline programmes in 8 Afghan provinces. Shelters provide multiple services (health/legal), as well as literacy, life skills and vocational training.
GBV Shelter (Safe House) run by Co-operation Center for Afghanistan (CCA) in Bamyan (1990-present)	Afghanistan	**1 shelter (safe-house)** providing accommodation, food and protection, as well as classes in literacy, cooking, sewing, legal education, basic health and physical education. The shelter also offers access to legal support.
Reference Centre in Jalalabad City, Afghanistan (2007-present)	Afghanistan	**1 Reference Centre (GBV Shelter)** for women victims of violence; clients are only supposed to spend 24 hours but can stay up to 6-8 months.

Overall, the evidence base on the management of GBV shelters is 'limited', according to DFID's (2014) How to Note on Assessing the Strength of Evidence, i.e. moderate to low quality studies, medium size evidence body, low levels of consistency. Evidence is largely based on qualitative methods (focus groups, interviews), case studies, observation and desk review of project documents. It includes final evaluations (e.g. ONE UN ISANGE One Stop Centre in Rwanda, Women's Justice and Empowerment Initiative in South Africa and Zambia), project completion reports / annual reviews of DFID-funded programmes (e.g. UN Joint Programme on Gender Equality (UNJPGE), and Support to Civil Society Organisations work on Gender and Sexual Based Violence in Uganda), and research

studies and assessments of smaller women-run shelters (e.g. Womankind's research study of shelters in Ethiopia and Zimbabwe).

Key gaps in the evidence include:

- **Few shelters, or shelter programmes have details on financing or costs, let alone been rigorously evaluated for cost-effectiveness,** making it difficult to determine how much it costs to implement GBV response programming, particularly shelters.

- **Evidence on the effectiveness of GBV shelters in preventing and responding to GBV –** particularly important for GBV costing studies which include cost-effectiveness analysis (Ferrari et al, 2018). Due to the rapid timeframe, this query did not look in depth at the evidence on shelter effectiveness although it should be noted that a 2015 Evidence Review by DFID's What Works programme found that although there is fair evidence to recommend shelters as a response mechanisms, studies have also shown that there is a substantial risk of return to the abusing partner after a period in shelters (Jewkes et al, 2015) and therefore a need for long-term support to avoid revictimisation.

- **Limited evidence was found on inclusivity of services by age, disability, sexuality, women with substance issues, ethnic minorities, women living in remote, rural communities, and in particular how this affects the operating model and finances**. For example, adolescent girls may require different age-appropriate approach, such as support for pregnant adolescents or young mothers. In Ethiopia, over half (57%) of survivors receiving support at the AWSAD shelter supports are girls aged 11-18 years, but no information is provided about additional costs or services provided to adolescent girls. The report also notes the lack of disability-friendly services - one shelter did not accommodate survivors with physical disabilities and several shelters did not offer services to survivors with mental illnesses (UN Women, 2016).

- More broadly, there is a **gap in evidence on the availability and accessibility of GBV shelters to women and girls with disabilities**[1] - particularly important given that the evidence suggests that women with disabilities are two to four times more likely to experience intimate partner violence than women without disabilities (Dunkle et al, 2018). DFID's Disability Strategy (2018) highlights the importance of ensuring that programming is fully accessible to, and meets the needs of people with disabilities.

- **Limited analysis of specialised shelters for survivors of trafficking and harmful practices** (e.g. forced marriage, female genital mutilation). Most of the evidence refers to lessons learned from shelters for survivors of domestic and sexual violence. Some shelters support different target groups, for example the majority of women using the Association for Women's Sanctuary and Development (AWSAD) shelters in Addis Ababa, Ethiopia have come to the city to work as maids or have been trafficked (UN Women, 2016). However, little information is available about how management, financing, structure, staff and general operations varies when providing services for survivors of different forms of violence.

- **No analysis of how provision of different shelter services affect financing, staffing and general operations**, for example, there is limited research on the difference between shelters and more comprehensive One Stop Centres (with shelter accommodation) in terms of management, or how management varies when shelters are housed within different institutions such as women's organisations and hospitals/clinics. There also appears to be an evidence gap in understanding which shelter services should be provided to women and girls who have experienced different types of violence and are at different stages of their recovery, so they can be supported to transition to an independent life free from violence.

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[1] Note: DFID has a new disability helpdesk to help ensure DFID programming is disability-inclusive. For further details, please contact: enquiries@disabilityinclusion.org.uk

3. Lessons learned

3.1 Financing

There is little publicly available information on the financing or cost-effectiveness of GBV shelters, both regionally and globally. UN Women's Virtual Knowledge Centre on Violence against Women (VAW) notes that there are several key programme inputs required by shelters and related programming to deliver services (see box below). More details on the costs of starting up and ongoing operating costs of shelters are provided in Annex 2. Costs vary greatly depending on the cost of local resources, shelter size, the number/types of rooms, furnishing and equipment, and whether the shelter property needs to be purchased or rented vs. purchasing land and building a new facility, whether the space needs renovation (and the extent of renovations).

GBV shelters - programme inputs:

- **Funding** – provided by local governments, community foundations, federal organizations or private donors.
- **Staff** – including shelter reception or front-line staff, relief staff, coordinators or supervisors, administrators and managers.
- **Volunteers** – including those engaged in various boards and committees or those providing support services through donation management or transportation.
- **Facilities** – including the physical shelter infrastructure, office space and equipment (e.g. vehicle, kitchen appliances, etc.) and other materials (e.g. clothing, personal hygiene products, items for children, etc.).

UN Women (2013) Virtual Knowledge Centre: Shelter Module

Only one cost analysis of shelters was identified during this rapid review – the GBV shelters in Uganda as part of the UN Joint Programme on Gender Equality (UNJPGE). The 2015 Project Completion Report notes that

> "Action Aid and Mifumi used on average **(£40,000 per shelter per year**[2] **)** to deliver integrated GBV response services. The shelters' key cost drivers are mainly: evidence collection from the communities, medical examination, regular case follow up and field based mediation within the communities, maintenance of GBV survivors at the shelter, and associated staff costs. The additional overheads charged by the UNFPA however may have raised the final unit costs of the shelters to more than twice the unit cost." (p.15)

Although no information is provided on unit costs per beneficiary for the UNJPGE shelters, it may be useful to note that 3,636 survivors were helped in 2014. There are five shelters. Average cost per year of shelter = £40,000. Therefore, the approximate cost per survivor per year = 3,636 divided by 5 = 727 survivors per shelter. £40,000 divided by 727 = **£55 per survivor** [approximate costs]. In addition, there are several key limitations in using these costings for other shelters due to the difference in services provided between shelters and the fluctuating costs over the duration of a programme (often incurring large start-up costs at the beginning).

Key lessons learned around financing shelters include:

- **Securing consistent funding for GBV shelters remains a key challenge, particularly for smaller specialist women's organisations that most often provide shelter services**. A research report by Womankind into GBV shelters observed that funding challenges have had a 'serious impact' on the work of the women's organisations AWSAD (Ethiopia) and Musasa (Zimbabwe), particularly funding trends such as: limited core and flexible funding; provision of

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[2] Estimation based on average spending per Shelter managed by Action Aid International Uganda in Gulu and Lira under the UNJPGE Programme

short-term funding; the application of value for money principles; and the imposition of different monitoring and evaluation frameworks.

- **There are risks to survivors' safety involved in lack of core financing**, according to the evidence reviewed. In Ethiopia, AWSAD shelter staff in Addis Ababa operate at twice capacity[3] and would like to grow as they are turning away 10-20 women a day due to lack of capacity. However, they are currently unable to expand due to lack of funds. Another risk of not having flexible core cost funding is it is too expensive to move shelter locations, which risks the confidentiality and safety of survivors – Musasa's Harare shelter has been in the same location for over ten years due to lack of funding. The report also notes that UN Women confirmed that they have seen a trend of women's organisations becoming overloaded (Cansfield and Brown, 2016). Without sufficient funding, there is also little support available to women when they eventually leave the shelters, which increases the likely of revictimisation.

- **Lack of financing for transportation for survivors to reach services was frequently mentioned as a challenge**, with usually only one car available to transport women to a variety of external services. In some community shelters in Ethiopia and Zimbabwe, shelter administrators do not have access to a vehicle, leaving vulnerable and distressed clients dependent on public transportation to reach essential services (Cansfield and Brown, 2016).

- **Some reviews have highlighted concerns that operational costs of shelters are higher when accommodation is rented**. For example, a review of shelters in Ethiopia by UN Women (2016) observed that nearly all of the shelters rented the premises, leading to higher operational costs. Donors and implementing partners recommended that the government set aside and subsidise the construction of shelters to reduce running costs. However, the cost advantages of not renting a temporary accommodation may need to be balanced by potential concerns about confidentiality of shelter location, particularly in contexts where there are high security risks and threats facing women and girls services.

- **Long-term financial sustainability of GBV shelters is frequently discussed in the literature as a potential issue**: Most of the shelters are run by small women's organisations or civil society organisations, which are seen by survivors as a trusted provider of such services (UN Women, 2013), and funded by donors with technical support provided by UN agencies. It should be noted that in Rwanda, the One Stop Centres are located in the Kacyiru Police Hospital and an evaluation highlighted that one of the barriers to women accessing the services was the close affinity with the Rwandan National Police and the obligation for victims to report the incidents. Evidence seems to suggest that while government financing is important for long-term sustainability, the shelters should continue to be run by organisations trusted by survivors of violence – most often women's rights organisations (Bernath and Gahongayire, 2013).

- **Several shelters have secured government funding,** for example in Ethiopia, one of the shelters in Dire Dawa is funded by the Bureau of Finance and Economic Development (BOFED) (UN Women, 2016). In Uganda, the final programme report for the UNJPGE programme notes that: "The districts local governments of Masaka, Mbarara, Moroto, Lira and Gulu have fully owned the GBV shelters and have in different ways started making contributions to their running. Mbarara has allocated an annual budget of 500,000 UGX and caters for the utility bills at the shelter. Lira and Gulu have signed agreements to guarantee that the building allocated for the shelters will solely remain for this purpose and have both pledged to ensure a budget allocation to these establishments in the 2015/16 district budgets" (UNDP, 2015: 9). Also in Uganda, accommodation in Pallisa, Kween, Katakwi, Kumi and Nebbi was provided for by the local Government at no cost as part of the Support to Civil Society Organisations work on Gender and Sexual Based Violence programme. In Zambia, the Coordinated Care Response Centres, which include two Safe Homes,

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[3] The Addis Ababa shelter has 50 beds and over 100 women and children using it at any one point.

have been passed over to the Ministry of Health as part of a phased plan. However, at the time of the evaluation, donor funding was still needed to balance the running costs (Arnoff et al, 2013).

- **The most effective and sustainable shelters have staff with expertise in resource mobilisation and fundraising,** which should complement broader efforts to secure state budget support. UN Women (2013) have noted that potential sources of funds for shelters include foundations, large donor agencies, corporate partnerships, private individuals/philanthropists; however, many shelters struggle with the process of applying for and securing funding for their services.

- **Financial management systems should be routinely tested**, as noted in the Project Completion Report of the UNJPGE in Uganda where financial mismanagement resulted in the termination of one of the implementing partners. The report recommended that "Future financial management systems of all implementing partners should be routinely tested (in addition to routine audits) for fraud and other possible financial mismanagement" (DFID, 2015: 10).

3.2 Structure

Evidence suggests that the most effective structure in terms of staffing configuration, organisational model and location depends on a range of factors, including shelter size and capacity (e.g. numbers of beds), type and location of the facility, type of users (e.g. domestic violence only or specialised services), core functions and how they are combined (e.g. is it a dedicated shelter or does it provide additional services), level of shelter security, access to offsite staff and staff response time, organisational resources and external funding. This query was not able to identify any evidence or best practice recommending a particular type of shelter structure model, although there is evidence suggesting the need to better understand the different types of shelter required to support women who have experienced different forms of violence and are in different stages of recovery.[4] Providing effective shelter services requires a team of trained staff with a variety of clearly defined roles and responsibilities, accompanied by clear procedural practices (UN Women, 2013).

- **The most comprehensive shelters form part of a multi-sectoral structure** which address women and girls' needs across health, social services, legal and police sectors, often called 'One Stop Centres'. In Rwanda, the ISANGE One Stop Centre includes within its team: one coordinator, nine psychologists, one gynaecologist, six social workers, three medical doctors with medical forensic expertise, four general practitioners, one psychiatric nurse, and one police officer called a Judicial Police Officer (Bernath and Gahongayire, 2013). Where resources are more limited, shelters can instead use visiting medical professionals who provide regular visits and healthcare services on site, as in the case of the GBV Safe House in Bamyan, Afghanistan (Vazirova, 2011).

- **Daytime staffing models vary**, but include access to staff qualified to provide support or referrals in counselling (individual, therapeutic, coordination of support groups), specialised services (e.g. legal advice, medical treatment), outreach services and community liaison, language interpretation, follow-up services after leaving the shelter, as well as staff to provide shelter management and administration (e.g. leadership, financial management, communication, advocacy, fundraising, drivers, guards, caretakers and a cook).

- **For shelters which provide a 24 hour service, trained staff should be present at all hours**. UN Women (2013) recommend that for shelters which are accessible 24 hours a day, there should be trained staff present at all hours, who are responsible for: (i) emergency admission; (ii)

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[4] For example, women may use shelter provision in a one-stop centre in the immediate aftermath of violence, but they might require longer-term housing support, if they are fleeing an abusive relationship.

providing crisis intervention; (iii) conducting initial risk assessments and individual safety planning; and (iv) facility security.

- **Shelter governance structures are not well documented, although there is some evidence of the importance of a multi-sectoral steering group** involving representatives from health, social services, and legal services. UN Women (2013) have noted that a formal governance structure is important for establishing the shelter as a legal entity, but where legal status is not possible or preferred then shelters should create a leadership structure to liaise with state and other authorities. They recommend that the governing body should include "interested and eligible individuals with expertise on the issue and/or recognition and influence in the community. This should also include individuals who are available to give their time to the establishment and ongoing governance of the shelter and willing to participate in conflict resolution processes as needed" (UN Women, 2013: 31). Clear guidance should also be provided to members of the governance structure on accountability measures, membership, meetings, roles and responsibilities of the Board, roles of staff and volunteers.

- **Evidence on government support for shelters suggests it is inconsistent, but there are examples of shelter programme financing being handed over from donors to governments**: As noted in the previous section, shelters often receive funding from the state and donors, but this tends to be inadequate and varies over time. This query was unable to find many well-documented examples of countries where Governments have provided a long-term sustainable funding plan for shelters, but there are a few examples of promising practice (see box below).

Examples of government support for shelters

- **South Africa**: The Women's Justice and Empowerment Initiative (WJEI)[5] established 23 new Thuthuzela Care Centres (one-stop centres including shelter accommodation). Originally funded by the US government, the TCC model administration was designed to be sustainable beyond donor assistance. Control and financing of TCCs was successfully transferred to the Government of South Africa – the Sexual Offenses and Community Affairs (SOCA) Unit[6] - and the TCC staff became South African government employees (Arnoff et al, 2013).

- **Zambia**: Also as part of the WJEI, there was a phased approach of handing over the Coordinated Care Response Centres (CRCs) to the Ministry of Health. Many of the former CRC staff and volunteers either left the program to work for the MoH, or they remained and have now been given posts. However, at the time of the evaluation, the Zambian government had not fully taken on the CRCs and donor funding was still needed to balance the costs of running the CRCs (Arnoff et al, 2013).

- **Nepal:** The Ministry of Women, Children and Social Welfare (MoWCSW) set up GBV shelters - one in the centre of Kathmandu and others in 17 districts, of which 16 are funded by the government but operated by NGOs or other community groups. In addition, the government collaborates with other shelter homes funded by NGOs (Ghimire and Samuels, 2017).

- **Limited evidence on physical structure and location**: This rapid query was unable to identify evidence or lessons learned on physical structure/location of shelters, although several studies emphasised the importance of secure locations, a welcoming, therapeutic environment, and the need to ensure shelters are located in all regions to ensure a geographic spread. The Shelter module of UN Women's (2013) Knowledge Centre on VAW notes varies elements of GBV

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[5] The Women's Justice and Empowerment Initiative (WJEI) was a US$55-million programme in four sub-Saharan African countries, from 2008–2011: South Africa, Zambia, Benin, and Kenya.
[6] The SOCA Unit was established in 1999, and is part of the National Prosecuting Authority (NPA)

structure design that can help facilitate the reduction of rules: separate sleeping or bathing spaces for women and their families; locked spaces for women to keep their food and belongings; safe areas for children to play; security features to enable women to freely exit and enter the shelter. It also notes the importance of shelters being inclusive to people with disabilities.[7]

3.3 Staff/resourcing

Key lessons learned around staffing/resourcing include:

- **Ensure systematic training plans are in place, both for new and existing staff**. The evidence reviewed for this query repeatedly highlighted the lack of training and induction for new staff, as well as refresher training for existing staff. For example, an evaluation of the ISANGE One Stop Centre in Rwanda found that while many staff members received on-the-job training, this was not carried out in a systematic way. Some staff had not received any formal training, even staff who had been in positions for more than a year (Bernath and Gahongayire, 2013). In Ethiopia, an assessment found that a major indication of the quality of shelter services is the provision of regular training and professional development opportunities for staff working in different roles in shelters (UN Women, 2016).

- **Address issues of staff burnout and retention.** Shelter staff can face high job-related stress and are vulnerable to experiencing burnout. Several studies highlighted issues of high staff turnover in GBV shelters, which in turn have implications for general operations. For example, an assessment of the Reference Centre shelter in Jalalabad City, Afghanistan noted that problems retaining staff mean that employees are not trained on the processing of GBV cases (Vazirova, 2011). In Uganda, ActionAid aimed to address the burnout and retention of shelter staff through short and long term training courses, exchange visits, staff retreats and additional benefits like medical insurance, annual percentage salary increments and bonuses/rewards for the best performers (DFID, 2015 - Project Completion Report). In Ethiopia, AWSAD organises out-of-town retreats for its staff and residents, which are much anticipated opportunities to bond and have fun. They can also help shelter staff, who may suffer from vicarious trauma, from burning out and be reminded that the work they do is important and valued. Staff also occasionally receive training on managing burnout (AWSAD, 2018).

- **During periods of high demand for shelter services, it can be useful to look into ways of ensuring effective quality staffing levels.** In Uganda, shelters experienced challenges in offering services to survivors when client numbers increased, and in these instances, coalition members from the programme 'Support to CSOs working on Gender and Sexual Based Violence' provided support (DFID, 2015).

- **The safety of staff and clients is paramount**: In Zimbabwe, a study found that Musasa shelter staff reported being threatened despite the location of the shelters being kept secret in order to protect clients and staff from reprisal attacks. For example, armed individuals stormed into the Harare shelter, and the shelter administrator had to lock herself in a room for protection (Cansfield and Brown, 2016). Little evidence was found on promising practice around safeguarding, or on efforts to improve standards for the prevention of sexual abuse and exploitation, and sexual harassment (SEAH) by or against individuals who work to deliver shelter services.

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[7] For example, ramps for wheelchairs; automatic doors; pictures; access to sign language interpretation services; brail and other supports and procedures that are sensitive to the needs of women with disabilities

3.4 General operations

Key lessons learned on general operations include:

- **Need for written guidance and training in operating standards for treating GBV survivors, as well as procedures for 'reconciliation' or release of shelter residents.** Standards and guidelines for shelter service provision are important, for example on the collection and storage of women's personal information and residents' rights and responsibilities (UN Women, 2013). However, few of the shelters reviewed have adopted written standard policies or procedures, either national guidelines or specific to the shelter. For example, an assessment of a GBV shelter in Bamyan, Afghanistan found that although the shelter staff had certain ways of organising the acceptance and release of the shelter residents, they were not trained in treatment of survivors and there were not any written standard policies or procedures (Vazirova, 2011).

- **Coordination with other agencies is important for providing accessible, prompt and appropriate services for survivors**, including health, social services, and legal services. Good practice identified as part of this rapid review includes service providers engaging in regular meetings with shelter coordinating groups, both to exchange information about individual cases as well as address shelter needs. For example, in Afghanistan, the Bamyan shelter has a bi-weekly Steering Group to coordinate with other agencies, resulting in special arrangements for shelter residents to have fast-tracked care in the local hospital, to be transported by police to the court or hospital, and legal support during investigations and court processes (Vazirova, 2011).

- **Creation of child-friendly spaces is important but varies between shelters.** UN Women (2013) recommend that shelters should have a common area for children to play where they can be safely monitored by their mothers or caretakers. The report notes the challenges in housing older or male children at shelters, which may require provision of private accommodation and other shelter options.

- **The review identified some examples of promising practice taken by shelters to institutionalise and formalise child protection**. For example, in Ethiopia, AWSAD has prepared a child protection policy and procedure which aims to safeguard children who are in the shelter's care. It includes guidelines for education and training procedures and staff communication when dealing with children, as well as tools for staff to report on child protection concerns, along with emergency contacts (UN Women, 2016).

- **Monitoring systems are important for accountability and improving services; however, it is important that shelters are not overburdened with reporting processes.** A research study of shelter services in Ethiopia and Zimbabwe observed that the introduction of different and increasingly complex, monitoring frameworks by donors have had a serious impact on the work of shelters: "Musasa particularly raised concerns about donors who come with short-term funding and extensive monitoring and evaluation systems" (Cansfield and Brown, 2016: 38).

Recommended reading: For further information on the evidence and lessons learned around GBV shelters, please see UN Women (2013). *Virtual Knowledge Centre to End Violence against Women and Girls - Shelter.* Available at: http://www.endvawnow.org/en/modules/view/15-shelter.html

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Suggested citation:

Annex 2: Costs – Programme Budgeting for Start-Up and Ongoing Operation

Source: UN Women (2013) Shelter Module

Sample Shelter Start-up Budget Template	
Revenues (funds received)	**Amount**
State contribution or grants	
Donations	
Other grants (foundation, corporation)	
Total Start-up Revenues (A)	
Expenditures (costs)	**Amount**
Planning and coordination costs:	
• Communications (phone, computer, internet, etc.)	
• Transportation	
• Fundraising plan, documentation, promotional materials	
Facility development costs:	
• Facility purchase or rental	
• Land purchase or rental	
• Facility development costs (e.g. cost per square foot)	
• Security installation	
• Exterior yard/garden development	
Furnishings and equipment	
• Kitchen furnishings	
• Bedroom furnishings	
• Living space furnishings	
• Office equipment and furniture	
• Computers and security equipment	
• Adult and child recreation	
• Exterior/yard/garden equipment	
• Laundry equipment	
Materials and supplies	
• Kitchen supplies	
• Office supplies	
• Recreational supplies	
• Exterior space/yard/garden supplies	
Staffing and related costs	
• Hiring/recruitment of staff	
• Staff training/ Orientation	
Other expenses and fees	
• Needs assessment/situation analysis fees	
• Construction planning and design fees	
Security assessment fees	
• Permits and licenses (e.g. land permits)	
• Fundraising	
Total Start-up Expenditures (B)	
Total Revenues over Expenditures (A – B)	

Budgeting for ongoing operation

Operating costs are ongoing expenses associated with maintaining the shelter and providing services. Operating budgets are used to guide spending, typically on an annual basis.

The cost of ongoing operations in a women's shelter can be organised into five categories:

- Staffing (salaries and benefits; professional development and related expenses)
- Programme delivery and materials (e.g. office supplies, programme manuals, tools)
- Resident care (e.g. food and accommodation supplies, transportation costs)
- Administration
- Facility maintenance

Sample Shelter Budget for Ongoing Operation	
Revenues (funds received)	**Amount**
State funding	
Donations	
Other grants (foundation, corporation)	
Total Revenues (A)	
Expenditures (costs)	**Amount**
Staffing	
• Salaries – shelter workers/advocates/counsellors	
– Overnight staff	
– Cook	
– Cleaning staff	
– Shelter Director/Manager	
– Administrative Assistant	
– Accountant/Finance personnel	
– Consultant(s) / External Supervisor	
– Security	
– Benefits	
• Staff/volunteer travel, training and development	
Staff/Volunteer sub-total	
Programme Delivery Materials and Supplies	
• Office supplies	
• Photocopying	
• Programme resource materials/literature/tools	
• Computer software	
• Programme evaluation tools/software	
Programme material and supplies sub-total	
Resident care	
• Food	
• Transportation	
• Medical supplies	
• Recreational supplies	
• Children's toys	
Resident Care sub-total	
Administration	
• Audit fees	
• Insurance	
• Telephones	
• Mail/courier	

• Repair/replacement of office equipment	
• Promotion/advertising	
• Staff/volunteer recruitment	
• Fundraising	
• Computer replacement/repair	
Administration Sub-total	
Facility Maintenance	
• Rent	
• Repairs and maintenance	
• Repair/replacements of furnishing	
Facility Sub-total	
Total Revenues over Expenditures (A – B)	

Source: UN Women (2013), based on Canadian Network of Women's Shelters and Transition Houses (2012).