

# **Guidelines for the protection of the residents' rights inside the DUAs**

## **Introduction**

### **Purpose and applicability**

The purpose of these guidelines is to develop a uniform mechanism for the protection of the residents' rights in the Dar-ul-Amans (DUA). These guidelines are applicable in all DUAs of Punjab.

### **Summary of Method**

The guidelines apply to the staff of the DUA, the service providers, all the stakeholders and the SWD to ensure the protection of the residents' rights. These are the general procedural steps at four different levels of protection:

1. Prevention
2. Detection
3. Reporting
4. Response

The guidelines serve the followings functions:

1. Documenting existing procedures that lead to the protection of the residents' rights;
2. Establishing new guidance whenever needed to ensure the protection of the residents' rights;
3. Providing clear instructions on rules, responsibilities and regulations and on how to deal with cases of abuses or violations to DUA staff, service providers, stakeholders and SWD with sufficient details to follow;
4. Supporting the management of the DUA, the Advisory Committees, the district Complaints Management Committees and the provincial M&E Committee to follow and evaluate the adequacy of procedures;
5. Ensuring the implementation of the existing rules and regulations and documents that are DUA Guidelines and ESTACODE;
6. Defining the roles of various stakeholders and service providers in the implementation of the protection component.

### **Review of Guidelines**

Along with the DUA guidelines, these protection guidelines can be reviewed on yearly basis by the SWD in collaboration with any relevant stakeholder at DUA and district levels to ensure that procedures are respected, followed and up to date.

## 1. Prevention

“Prevention is the action of stopping something from happening or arising”. Thus, as part of Protection strategy, prevention will aim at helping relevant actors (ICs, DUA staff, service providers, Advisory Committees, residents, etc.) to stop violations of rights of residents from occurring inside DUAs. Different procedural/general steps will be followed:

### 1.1 Capacity building of DUAs actors

There are some documents which are officially to be respected by staff while working as government employees generally and specifically in DUAs settings or by any actors providing services inside DUAs. Knowing and respecting these documents can prevent violations of rights of residents.

1 – Refreshing on SWD existing documents					
Topics	Target	How	Frequency	By whom	Precondition
DUAs Guidelines (emphasis on chapters on rights of residents and Code of conduct)	DUA staff	Refresher sessions in DUAs	Every 3 months	DUA IC	
	Advisory Committee	During regular meetings	Every 6 months	DUA IC	
	Service providers	Through regular meetings inside DUAs	Every 2 months	DUA IC (or DUA teachers)	
PEEDA and Conduct rules 1966	DUA ICs	Refresher sessions	Once a year	SWTI (provincial level)	
	DUA staff	Refresher sessions in DUAs	Every 3 months	DUA IC	Documents are split in modules
	All DUA actors	PEEDA and CR are available in IC and staff room	Permanent	DUA IC	IC gets a copy of PEEDA and Conduct rules 1966
2 – Sensitization on DUAs specific documents					
Topics	Target	How	Frequency	By whom	Precondition
DUAs internal rules and regulations, DUA Guidelines (Chapter on rights of residents) and every relevant tool of SOPs	Residents of DUAs	Introduction sessions in DUA	Once a week	DUA IC (or DUA teachers)	Based on standard template of SWD, IC adapts rules and regulations to her DUAs, and gets validation of SWD directorate
	DUA staff	Refresher sessions in DUA	Every 3 months	DUA IC	
	Service providers	Introduction session in DUA	At arrival of every new volunteer	DUA IC	
	Others	Rules are displayed in residential area (including classrooms) and in administrative area	Permanent	DUA IC/Assistant	

<b>3 – Awareness on Pakistani legislation</b>					
<b>Topics</b>	<b>Target</b>	<b>How</b>	<b>Frequency</b>	<b>By whom</b>	<b>Precondition</b>
National Laws on women rights (including concepts of forced labor, forced and child marriage, different types of abuses – physical, emotional, sexual and economical – human trafficking)	Residents of DUAs	Awareness sessions in DUAs	Once a month	Pool of lawyers	Orientation session of pools on these specific topics
	DUA staff Service providers	Awareness sessions in DUAs	Every 3 months	Pool of lawyers	
	Advisory Committee	Through regular meetings	At least every month (see 3.12.8 of DUA guidelines)	Pool of lawyers	
	For all	Written materials are displayed in IC, staff room and classroom	Permanent	DUA IC	IC gets material from pool of lawyers, NGOs or any relevant stakeholder (e.g. Mumkin brochures on pro women laws)

### **1.2 Enhancement of security prevention measures**

#### **Guidelines for security of DUA Premises:**

Here are the main requirements in terms of outside security of the DUA:

- 2-meter high boundary walls, topped with security wires or broken glass
- Iron bars solidly fixed at the frame of all windows
- At least 2 security cameras (one at the main gate, one at the entrance of the residential area) installed with back-up in terms of energy and recording
- Main gate locked all the time
- All the time an armed security staff at the main gate with a metal detector
- Proper ID, body and bag checks and registration of ALL visitors
- Security provided to residents for transfers outside of DUA

#### **Guidelines for security inside DUA premises:**

Here are the main requirements in terms of inside security of the DUA:

- One responsible female staff present in DUA after working hours
- Consent of the resident for each visit she receives
- Residential area locked after working hours
- ALL men entering residential area accompanied by a female staff
- The IC checks daily the presence of all residents.
- Secured access to public area for the residents

In case, a specific area is not accessible for security matters (e.g. insecure areas, under construction, no security guard or small boundary walls), DUA IC writes a security report explaining the reasons of restricting movements and time period until when residents will not be allowed to move in affected places. A copy of the security report is shared with DO and with Advisory Committee (the original copy stays with DUA IC) on monthly basis.

**Guidelines for security management:**

- On regular basis → IC liaises with police station for rotation of guards. A letter of request is sent by IC every 6 months to ask for shift of police guards of DUA. DCO is in cc of the letter.
- On urgent basis → IC liaises with nearest local police station. The local police station numbers are available at all times with IC and in her absence with Chowkidar staff.

**1.3 Prevention for specific cases**

People with disabilities represent a vulnerable group, more exposed to abuses. Therefore, particular attention should be paid to protect them whenever they enter the DUAs.

**Guidelines for residents with physical disabilities**

- Physical disability includes speech and hearing impairments, visual impairments, mobility impairment (e.g. upper limb disability, manual dexterity and disability in co-ordination with different organs of the body).

Management of DUA ensures that concerned residents are assessed medically with their consent by a doctor from Government hospital within 3 days of admission. In court cases, IC liaises with court for the whole procedure (medical assessment and referral); she shares information on the case with Advisory Committee. For direct cases, the findings of the assessment are shared with Advisory Committee. On the basis of assessment findings and recommendation of Advisory Committee, the IC refers the resident to the relevant institute for rehabilitation. List of institutes is available at district level with DO SWD and DO health, DCO, and at provincial level with SWD directorate. It can also be found in the guidebook, in the volunteer management section.

**Guidelines for residents with mental disorders**

- In case of Court referred residents, IC writes to court to request for mental statement. Upon order of the judge, IC refers the residents to psychologist of District Special Education Centers, DHQ (medical board) or Punjab Institute of Mental Health – Lahore for assessment (assessment cannot be done by volunteer psychologist of DUAs). Based on findings of the assessment, resident can whether be treated in DUA or be shifted by the judge to relevant institute or hospital. For shifting, resident is compulsorily accompanied by lady constable.

List of institutes is available at district level with DO SWD and DO health, DCO, and at provincial level with SWD directorate. It can also be found in MDM “Volunteer management document”.

**1.4 Visits of CMC members and administrative authorities**

The Complaint Management Committee (CMC) members pay regular visits to the DUA on monthly basis to attend the opening of the complaint boxes and make necessary decisions about complaints.

Any administrative authorities (preferably a female officer) also pay regular visits to the DUA for smooth running of the DUA and also for better delivery services.

## 2. Detection

“Detection is the action or process of identifying the presence of something concealed/the perception that something has occurred or some state exists.” In the process of supporting DUA staff in protection of residents, detection can help discovering cases of abuse/violations or can be used in order to confirm that such events have occurred.

In DUAs the residents who may suffer from different verbal, physical, psychological, sexual abuses can be detected by IC, DUA staff, service providers, co residents or any external visitor e.g. district actors, members of Advisory Committee, NGOs/CSOs, etc.

Whatever sign can be detected, always keep in mind that these signs can mainly be a resident’s reaction to what happened to her **before** she enters the DUA and not necessarily a reaction to a violation she was victim of inside the DUA.

### 2.1 When a violation can be detected (examples)

Violations can be detected under following situations:

- During routine visits of DUAs through observation of residents, discussions with staff;
- During surprise visits through informal discussions with residents;
- During exposures visits of outsiders i.e. students, researchers, NGOs, GOs etc. through interviews of residents;
- During meetings of residents with ICs or staff through attitude of residents, their behaviors, the words they use to discuss, etc.;
- During awareness sessions conducted by doctors and lawyers through attitude of residents, their behaviors, the words they use to discuss, etc.;
- During celebration of events through attitude of residents, their behaviors (e.g. their participation or not);
- During individuals counseling of lawyers, doctors, psychologists through assessment of residents;
- When relatives meet the residents through observation.

### 2.2 Behavioral signs (examples)

Staff switches security cameras off after office hours	→ Can be a sign of sexual abuse/forced release/forced meetings, etc.
Residents are never/rarely seen moving outside residential areas	→ Can be a sign of deprivation of freedom of movement
Residents seem reluctant/afraid of accessing specific areas of DUA	→ Can be a sign of threats from third party/physical abuses occurring in these specific areas
Staff/service providers entertain meetings/have direct communication with residents’ families	→ Can be a sign of coercion/pressure on decision making of residents → Can also be a sign of corruption of DUA staff

One or few residents are facilitated in meeting visitors more often than others or are facilitated in access of services like phone calls	→ Can be a sign of corruption/discrimination/abuse of power/reward for unpaid labor
Resident is regularly spending long time talking to male DUA staff/volunteer/service provider	→ Can be a sign of harassment/sexual abuse/abuse of power/forced marriage/trafficking
One or more residents receives gifts from DUA staff/service providers	→ Can be a sign of abuse of power/fear of retaliation
Residents are hesitant in sharing complaints/no complaints are put in the complaints box Neither residents/service providers/staff report any abuse/complaint	→ Can be a sign of discrimination
One or few residents are always assigned cleaning/cooking schedules, or one or more residents is isolated/mocked/abused by other residents/DUA staff Residents carry out duties other than the standard ones as per roaster (cooking/cleaning) i.e. stitching personal clothes of staff/service providers, etc.	→ Can be a sign of forced labor
Individual cases or personal files (medical, psychological, from court) are shared and discussed with non relevant staff/service providers, etc. IC or services providers do not know where the residents' personal files are Residents do not have a locked space where to keep personal belonging	→ Can be a sign of breach/disrespect of confidentiality
Residents is preparing for leaving DUA in a hurry, without previous notice and after office hours	→ Can be sign of forced release/coercion
Frequent fights between residents and DUA staff/service providers/residents themselves	→ Can be a sign of abuses from DUA staff/service providers/residents themselves
Frequent admissions and discharging of same resident	→ Can be a sign of trafficking, drug supplier, recruitment for prostitution, recruitment for forced marriage

### 2.3 Psychological signs (examples)

Some signs are visible, audible and quite known and universal; they can be called "Noisy episodes". But in case a resident does not expressly share what happened to her, "Silent episodes" which are more discrete and more difficult to detect can also help in understanding that abuse has occurred.

Note that detection of only one sign is not alarming. What is significant is frequency and intensity of several signs with the same person. Also remember that expression of suffering varies from one person to another. Finally, again remember that the signs can be mainly a resident's reaction to what happened to her **before** she enters the DUA and not necessarily a reaction to a violation she was victim of inside the DUA. Therefore, it is important to get a resident assessed by an expert (after detection by a skillful person) and to compare the detected signs to the previous mental status of the resident.

	<b>NOISY EPISODES</b>	<b>SILENT EPISODES</b>
<b>PHYSICAL SIGNS</b>	Fractures, Injuries, Bleedings, Somatization (complaints and physical pain, backache, headache), Muscle tension, Insomnia/Difficulty to fall asleep/Night waking up without falling asleep again	Pain killing position (to relieve the physical pain), Immobility, Loss of weight, Intense tiredness, hyper insomnia (no sleep)
<b>COGNITIVE SIGNS</b>	Silence, Less interest for activities that the resident used to appreciate, Inability to make decisions, Difficulty to concentrate and to organize tasks	Logorrhea (need to speak a lot), Excessive participation in activities
<b>BEHAVIORAL SIGNS</b>	Self aggressiveness, Isolation, Carelessness, Acting out (run away, suicidal attempt, taking risks), Failure to eat, Anorexia (loss of appetite), Bulimia (extreme overeating), Regurgitation (to bring food that has been swallowed back to and out of mouth)	Excessive hygiene, Passive food filling (no pleasure, no food preference, no company and no timing)
<b>EMOTIONAL SIGNS</b>	Irritability, Anger, Apathy (lack of interest/concern), Impatience, Volatility (over emotionality), Anxiety, Depression feelings (failure, guiltiness, sadness, dark thoughts about the past, present and future, low regard on oneself), Tears breakdown	Labile mood (emotional deregulation), Lack of feelings

## MEMO

What should be detected as a priority are changes in habits and in behavior of a resident towards:

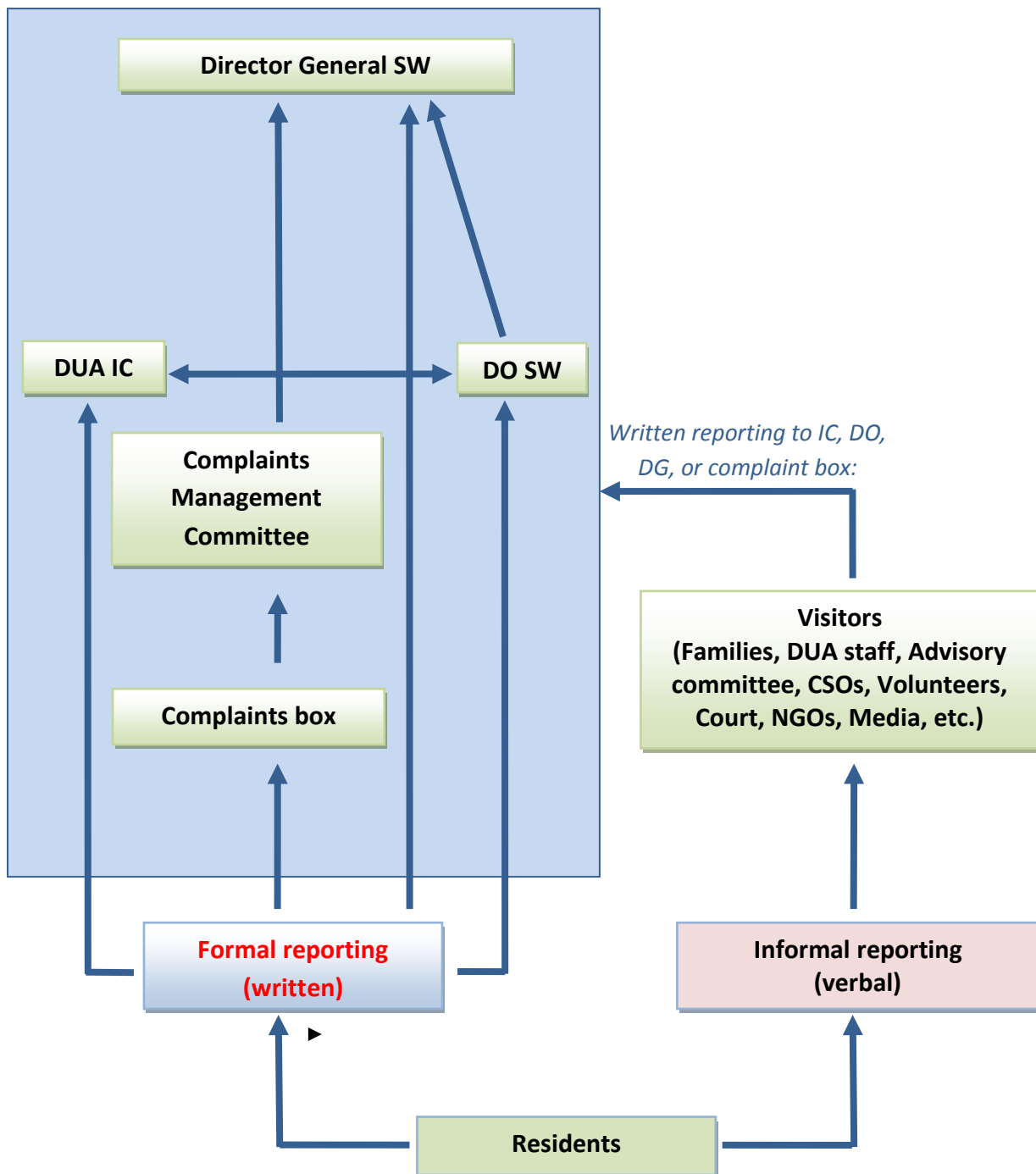
- Sleep;
- Appetite;
- Mood (e.g. sudden lack of interest in daily activities)
- Attitude with oneself (ex. suicidal attempt)
- Interaction with others (ex. Sudden muteness, angry hyper behavior)

### 3. Reporting

“Reporting is verbal/written account of something that one has observed, heard, done, or investigated”. Reporting procedures in secure and confidential ways is there to help residents, DUA staff and visitors to share proper information on violations that could occur in DUAs in order to open a structured investigation procedure which might lead to taking action against the perpetrators.

Follow up and timely feedback from SWD M&E Committee (at provincial level) and district Complaint Management Committees is important to address these violations.

Note: DUA IC should always be the first one to be informed in case a violation occurs in a DUA. In that case, all the verbal complaints shall be entertained as per clause 1.3 below mentioned.





## **Residents**

- All residents are aware of the reporting procedures that are presented to them by DUA IC at the time of admission and are refreshed by volunteers and are also displayed in Urdu in residential area (including classrooms) and in administrative area.

## **Complaint boxes**

- 1 complaint box is placed in residential area (in corridors) to be accessible to residents every time (24/7); and 1 complaint box is placed in the administrative area for visitors;
- Paper and pens are at disposal of the residents near the complaint box. Residents put their complaints/suggestions/requests in the box at any time;
- Complaints/suggestions/requests are written on a blank paper. However they have to mention: name, signature/thumb impression, date, description of violation and preferably presumed offender. In case a resident is illiterate, she can be provided with support of any literate resident to whom she trusts, any staff member or her personal lawyer (then, the person who writes on behalf of the resident should sign the paper and mention her/his name);
- The anonymous complaints will be entertained as per Social Welfare Department, Government of Punjab rules or as per section 5 of PEEDA Act, 2006;
- All residents are informed about the complaints box functioning by DUA IC upon admission;
- DUA staff and visitors can also put formal written complaint into complaint boxes kept under administrative area.
- All complaints received through complaints boxes are recorded in a "complaints register" that stays in IC office. This register comprises information on date, description/type of violation, presumed offender, solutions/recommendations of IC and person responsible for follow up.

## **Formal reporting (written complaints directly sent to IC, DO or to DG SWD)**

- Written complaints can be directly submitted to IC (DUA Guidelines 5.8 and 5.9);
- Written complaints can be submitted to DO as well as to DG SWD (DUA Guidelines 5.10);
- All formal written complaints submitted to IC are recorded in a "complaints register" that stays in IC office. This register comprises information on date, description/type of violation, presumed offender, signature of resident, solutions/recommendations of IC and person responsible for follow up;
- On monthly basis, IC and/or DO have to inform District M&E Committee about the cases and the steps taken to address them.

## **Informal reporting (verbal)**

- Residents can complaint verbally to DUA staff and visitors (advisory committee members, volunteers, court members, etc.);
- Once they receive complaints from residents, these actors can forward the complaints to IC, DO or DG SWD only in written form. Before forwarding any complaint on behalf of a resident, DUA staff and any visitor have to take her informed consent;
- In case IC also receives verbal complaints, she can document it in written form for further action; she has to document and register at least those complaints which need much time in resolving ('major' complaints). After recording the verbal complaints in written forms in the complaints register, all the procedures for resolving of written complaints shall be followed;
- In all cases, IC ensures confidentiality and surety of no retaliation.

Note: Residents can complaint collectively (more than 1 resident) in certain situations where more than one resident suffers same nature of violations (e.g. non provision of food, denial of phone call, etc.).

## 4. Response

“Response is reaction to an event, occurrence, or situation.”

All reports on violation must be taken seriously and addressed timely until the case is solved, with no exceptions regardless whether the alleged perpetrator or victim remains in DUA.

Guidelines address Rights of residents and if they are not respected as per procedures defined in Guidelines then the response can be followed by different actors.

Reporting addressee	Response action steps by addressee			Follow up
	Step 1	Step 2	Step 3	
<b>IC</b>	Collect concurring information from residents and staff within two days.	<ul style="list-style-type: none"> <li>• If another resident is responsible for violation → IC consults Complaints Management Committee</li> <li>• If DUA staff is responsible for violation → intimation to competent authority by IC</li> <li>• If visitor is responsible for violation → warning and reminder on DUA rules and regulations</li> <li>• If volunteer or CSO/NGO is responsible for violation → warning and reminder on DUA rules and regulations</li> </ul>	<ul style="list-style-type: none"> <li>→ Provision of medical / legal / psychological support if needed</li> <li>→ Action by competent authority as per SWD rules i.e. PEEDA Act</li> <li>• If visitor is repeating violation → end of visit (with validation of court if case involves resident’s family and resident is court referred case)</li> <li>• If volunteer or CSO/NGO is repeating violations → end of visits</li> </ul>	<p>The reports of the case are shared with DO and Complaints Management Committee on monthly basis.</p> <p>Complaints Management Committee takes regular follow up of the cases.</p>
<b>DO</b>	Collect details information on the facts.	<ul style="list-style-type: none"> <li>• If another resident is responsible for violation → action to be taken with consultation of IC and Complaints Management Committee.</li> <li>• If DUA staff is responsible for violation → DO takes disciplinary measures as per SWD rules.</li> <li>• If visitor is responsible for violation → warning and reminder on DUA rules and</li> </ul>	<ul style="list-style-type: none"> <li>• DO shares information with SWD Directorate, DG Office.</li> <li>• DO shares information with SWD Directorate, DG Office.</li> <li>• If visitor is repeating violation → end of visit through IC with validation</li> </ul>	<p>Complaints Management Committee takes regular follow up of the cases.</p>

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		<p>regulations through IC/DO.</p> <ul style="list-style-type: none"> <li>• If volunteer or CSO/NGO is responsible for violation → warning and reminder on DUA rules and regulations through IC/DO.</li> </ul>	<p>of court if court-referred case.</p> <ul style="list-style-type: none"> <li>• If volunteer or CSO/NGO is repeating violations → end of visits through IC.</li> </ul>	
<b>DG SWD</b>	DG SWD will properly investigate and take appropriate action if necessary (DUA Guidelines 5.10).			

The Terms of reference of the Complaints Management Committees are found in Annex to the DUA guidelines

## Appendix

### Terms/Abbreviations used

Abuse	Systematic pattern of behaviors in a relationship that are used to gain and/or maintain power and control over another. Abuse can be physical, psychological, emotional and sexual.
CMC	Complaints Management Committee
CoC	Code of Conduct
CSO	Civil Society Organization
DUA	Dar-ul-Aman
DO SW	District Officer Social Welfare
DPO	District Police Officer
ESTACODE	Civil Establishment Code of Pakistan; prescribes rules of service for civil servants of Pakistan and includes guidelines for hiring, promotion, discipline, pay and pension pay and retirement, etc. of civil servants.
IC	In-Charge
MdM	Médecins du Monde
M&E	Monitoring and Evaluation
Misconduct	Breaking of code of conduct of an institution.
NGO	Non-Governmental Organization
PEEDA	Punjab Employees' Efficiency, Discipline and Accountability
SHO	Station House Officer
SOPs	Standard Operating Procedures
SWD	Social Welfare Department
SWTI	Social Welfare Training Institute
Violation	An action that breaks or acts against a law, a rule, an agreement or a principle