



ORGANIZATION FOR SOCIAL SERVICES, HEALTH & DEVELOPMENT

REVISED CHILD PROTECTION POLICY & PROCEDURES

Final Document

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Acronyms

CBO	Community Based Organizations
CPO	Child Protection Officer
GoE	Government of Ethiopia
HVC	Highly Vulnerable Children
NGO	Non-governmental Organization
OVC	Orphans Vulnerable Children
OSSHD	Organization for Social Service, Health and Development
STI	Sexually Transmitted Infections



1.2. The Purpose of the Policy

The purpose of the policy is to state the commitment of OSSHD to the prevention of child abuse, exploitation and neglect and the protection of children and set out common values and principles and provide guidance on safeguarding children and child protection practice. It is to ensure also that all OSSHD's partners and representatives know their responsibilities in safeguarding children from harm.

OSSHD's efforts to prevent and respond to abuse cases will contribute to the Government of Ethiopia's desired outcome for child protection as set forth in the Government's OVC Service Standards: "Child receives legal information and access to legal services as needed, including birth registration, will writing, property inheritance, and is protected from all forms of abuse and neglect."

The African Charter on the Rights and Welfare of the Child identifies some of the problems children face:

"Noting, with concern, that the situation of most African children remains critical due to the unique factors of their socio-economic, cultural, traditional and developmental circumstances, natural disasters, armed conflicts, exploitation and hunger, and, on account, of the child's physical and mental immaturity he/she needs special safeguards and care²"

Referring to these guiding documents, OSSHD's program will:

- Work within the legal framework of Ethiopia and contribute to national efforts to protect children
- Collaboration with relevant government agencies/officials at all levels through strengthening child protection welfare systems (e.g. referral systems) and enhancing the capacity of key stakeholders to protect children (e.g. providing training).
- Collaborate with caregivers and traditional community leadership to protect children within their homes and communities.



For OSSHD the child protection policy has a lot of meanings because:

- It is a moral and legal responsibility to protect children within their care,
- Child protection policies and procedures help to create 'child safe' OSSHD: that has an 'aware culture' that does everything possible to prevent intentional and unintentional harm coming to children, where children feel safe; where children can speak out; where children are listened to; where children & staff are respected and empowered; a strong policy will guide everyone in dealing with difficult situations. In the absence of policy and when there is a crisis it may be harder to think clearly,
- OSSHD, without child protection policies, guidelines and systems is more vulnerable to false or malicious accusations of abuse,
- Without proper policies, guidelines and procedures in place, allegations and abuse, whether founded or unfounded, can destroy OSSHD's reputation.

1.3. Definitions

Child:- For the purposes of this policy, a *child* is defined as any one under 18-years-old, in line with the UN Conventions on the Rights of the Child and the Government of Ethiopia.

Child Abuse:- According to the World Health Organization, *child abuse* constitutes, "all forms of physical and/or emotional ill- treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional (e.g. school) or community setting; by individuals known to them, or more rarely, by a stranger.



There are four main categories of abuse:

- 1. Physical abuse:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.
- 2. Emotional abuse:** Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and adverse effects on a child's emotional development. It may involve: conveying to children that they are worthless or unloved; inadequate or valued only in so far as they meet the needs of another person; age or developmentally inappropriate expectations being imposed on children; causing children frequently to feel frightened; or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.
- 3. Sexual abuse:** Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (i.e. rape) or non-penetrative acts. They may include non-contact activities, such as involving children in production or viewing of pornographic material or encouraging children to behave in sexually inappropriate ways. Children involved in commercial sex work are victims of sexual abuse, whether they perceive themselves as victims or not.
- 4. Neglect:** Neglect is the persistent failure to meet a child's basic physical or emotional needs, likely to result in the serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing, or failure to provide affection, nurturance, stimulation and encouragement.



Child Protection:- Child protection is a broad term to describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm. In this document it applies particularly to the duty of OSSHD and its partner organizations (and individuals associated with these organizations) have to safeguard children in their care.

Child Protection Policy:- A child protection policy is a statement of intent that demonstrates a commitment to protecting children from harm and makes clear to all what is required in relation to the protection of children. It helps to create a safe and positive environment for children and to show that the organization is taking seriously its duty and responsibility to protect children.

Duty of Care:- The term duty of care identifies the moral and legal responsibility that all organizations working with children, either directly or indirectly, have to protect children within their care from both intentional and unintentional harm. The responsibility to protect children includes preventing abuse from happening by creating child-safe environments which minimize the risk of abuse, and responding immediately and appropriately where abuse does happen.

Partner organizations:- OSSHD works through local partner organizations, CBOs and others. These local NGOs and CBOs are referred to as OSSHD partner organizations. This policy applies to all employees, Board members, interns, volunteers, and consultants of OSSHD and its Partner.

Staff: The term “staff” is used broadly and includes employees, trustees, interns, volunteers, and consultants.

- *Employee:* A person who works for a salary
- *Board:* A member of aboard who has been elected or appointed to direct the management of OSSHD
- *Intern:* A person who works for a specific amount of time as an apprentice or trainee to gain vocational experience
- *Volunteer:* A person who works for no salary



- *Consultant:* An expert who offers their skills and experience for a specific task and during a limited amount of time.

1.4. Responsibility

It is the responsibility of the board and senior management of OSSHD to create an organizational culture that promotes child safety by upholding principles of transparency and accountability on such matters. All representatives of OSSHD are expected to follow the guidelines and procedures of this child protection policy, including the code of conduct and reporting procedures for suspected child abuse.

1.5. OSSHD's Beliefs, Goal and Objectives

a. Beliefs

OSSHD has developed this policy because it believes that:

- Child abuse is never acceptable
- All children have equal rights to be protected from abuse regardless of race, religion, language, culture, political persuasion, social group, disability, medical or psychiatric condition, gender or sexual orientation.
- Everyone has a responsibility to protect and promote the welfare of children OSSHD has a duty of care for the children it serves and those who its partners serve.
- Children have the right to have their views and wishes taken in to account in all matters affecting them. The best interest of the child should always be the most important consideration.

b. Overall Goal

To ensure that all children served by OSSHD are cared for in an environment where they are safe, well protected with the expectations that all of their developmental needs are appropriately addressed.



c. Objectives

Overall Objective:

Work within the legal environment of Ethiopia and contribute to national efforts to protect children from any kind of abuse.

Specific Objectives:

Raise awareness of child protection among staff, children, families and communities

- Support staff to undertake the care and protection of children and to set a good example to others prevent child abuse from happening by ensuring that OSSHD and all of its partners follow these standards and create child-safe environments
- Ensure that where child abuse does happen, damage to the child is minimized and appropriate action is taken to care for and rehabilitate the child
- Ensure good practice and maintain the reputation and credibility of OSSHD and its partner's organization

1.6. Principles

All children have equal rights to protection. OSSHD understand that children form a special group of individuals who face great challenges due to the HIV and AIDS pandemic. Loss of parental care or living with HIV positive parents or caregivers increases children's vulnerability. People with power and influential positions in communities, including development workers, can abuse or exploit children. This calls for preventive action to protect children against abuse and appropriate responses where there are alleged incidences of child abuse.

OSSHD uses a rights-based approach when working with children. This approach is based on the four broad child rights areas of the UN Convention on the Rights of the Child (1989). These are the child's rights to survival, development, participation and protection. Using the child's right to



protection as a core principle, OSSHD strives to ensure that measures and systems are in place to safeguard and protect children from all forms of abuse and maltreatment by any OSSHD staff or other representatives.

The policy also recognizes that children have differing levels of capacity depending on age and development that can affect the ability to protect themselves and make decisions about their own lives. If it is critical that the use of the policy includes assessing the ability of individuals to understand and make decisions in any actions related to safeguarding and protection. This policy, including the code of conduct, will be made easily accessible for all staff and other representatives. Staff should promote the code of conduct in all situations where the organization is responsible for bringing children into contact with adults.

This policy will be made available to children in a child friendly format and to care givers to inform them of the protection they can expect and the procedures in place for reporting any concerns.



SECTION 2: CHILD PROTECTION STANDARDS AND STRATEGIES

These standards and strategies are designed to prevent child abuse by ensuring that OSSHD and all of its partners create child-safe environments for the children with whom they work:

2.1. Identification and reporting suspected child abuses

This section identifies signs of child abuse, how it should manage any disclosure of abuse. It also sets out the responsibility to report any suspected signs of child abuse.

2.1.1. Signs of child abuse

Before any form of behaviour or act is reported as child abuse, it is important that people are familiar with basic signs of child abuse. However, it is crucial to note that child abuse is not any easy act to identify and care should be taken to put facts together and understand the context as well as talk to the child where possible before drawing conclusions at face value. The list below is an inconclusive guide that can however be useful in identifying child abuse.

2.1.2. Possible signs of sexual abuse

- Physical indicators on a child's genital areas
- Sexualized behavior inappropriate to a child's age
- Sexually transmitted infections
- Pregnancy (depending on child's age)

2.1.3. Possible signs of physical abuse

- Bruises, burns, bites, cuts and dislocations
- Excuses given to explain injuries
- Refusal to discuss injuries
- Aggressive behavior towards others
- Withdrawal from physical contact



- Fear of returning home or of having parents contacted
- Self-destructive tendencies

2.1.4. Possible signs of emotional abuse

- Delayed physical, mental & emotional development
- Increased anxiety
- Low self esteem
- Inappropriate emotional response to painful situations
- Drug or alcohol abuse
- Fear of new situations

2.1.5. Possible signs of neglect

- Poor social relations
- Low self esteem
- Frequent hunger
- Non-attendance at school
- Poor personal hygiene

2.2. Staff Awareness, Training, and Support

- All staff of OSSHD will be made aware of the child protection policy
- All OSSHD staff will sign a statement of commitment to the child protection policy.
- For those who cannot read or write, the child protection policy and statement of commitment will be read to them and endorsed with their thumb print
- The staff member's original signed/marked statement will be filed by their organization's administration team and a copy of it will be given to the individual staff member. New staff will be asked to do this within the first week of starting to work or the organization
- All OSSHD and partners offices will have a reference by having a copy of the child protection policy where it can be easily accessed by staff



- All OSSHD and partners offices will display an enlarged copy of the Child Protection Code of Conduct where it is clearly visible to children, visitors, consultants and staff
- OSSHD and partners offices will display an enlarged copy of the *Procedures for Reporting Abuse* where it is clearly visible to staff
- OSSHD and partners will deliver a briefing on child protection and the child protection policy to all current OSSHD staff within three months of the policy coming into effect
- OSSHD and partners OSSHD will deliver a briefing on child protection and the child protection policy to at least one senior member of staff from each partner.
- All partner organization staff and community volunteers associated with the OSSHD program will sign a statement of commitment to the child protection policy
- Staffs who raise concern regarding child abuse will be taken seriously and supported by their Organization's Child Protection Officer(CPO) and senior management
- All CPOs will be able to access OSSHD program staff for input, advice and support in the event of a child protection case arising
- Emotional support and where possible, counseling, will be available to staff who find the subject of child abuse and protection particularly difficult, and to those who are directly involved in a specific child protection case
- OSSHD and its partners will provide ongoing staff training, learning opportunities and support as appropriate to ensure staffs are able to uphold their commitment to child protection
- OSSHD and its partners will incorporate child rights and raise child protection awareness into all program activities, promoting its importance to the community wherever possible.



2.3. Management Structure

- OSSHD will assign an able and qualified person as a Child Protection Officer (CPO).
- Management at all levels will show support for child protection issues and will make time for and encourage communication and feedback in relation to child protection.
- One staff member from each main branches sub branches and project offices partners will take on the role of CPO. They will be responsible for training their organization's program staff on child protection and for dealing/responding with any concerns of child abuse raised by colleagues.

2.4. Code of Conduct

The following Code of Conduct clarifies what is appropriate and in appropriate behavior from organization staff towards children in order to protect children from abuse, and to protect staff from unfounded accusations of child abuse. Staff should interpret this code in the spirit of transparency and common sense, with the best interest of the child as the main consideration. The code of conduct states that:

NEVER:

- Spend excessive time alone with children away from others
- Have children with whom you are working to stay overnight at your home unsupervised
- Sleep in the same bed as child/children with whom you are working
- Do things of a personal nature that a child can do for him/herself, including dressing and bathing
- Hit or otherwise physically assault or physically abuse children
- Develop relationships with children which could in anyway be deemed abusive or exploitative
- Develop physical/sexual relationships with children (regardless of the age of majority or age of consent locally)



- Behave in a manner with children that is inappropriate or sexually provocative
- Engage in or allow sexually provocative games with children to take place
- Use language, make suggestions or offer advice which is in appropriate, offensive or abusive
- Act in ways intended to humiliate, belittle or shame children, or otherwise perpetuate any form of emotional abuse
- Neglect children; failing to meet their needs through adequate care
- Discriminate against, show differential treatment, or favor particular children to the exclusion of others
- Act in any way that may be abusive or may place a child at risk of abuse
Knowingly fail to protect a child from abuse
- Fail to report any suspicious cases of child abuse to the CPO or a member of senior management
- Condone or participate in behavior of children that is illegal or unsafe

ALWAYS:

- Be aware of situations that may present risks to children (for example, situations where children are particularly vulnerable to harm) and try to avoid them. If unavoidable, take action to minimize the risks
- Plan and organize the work and work place so that risks to children are managed
- Empower children- discuss with them their rights, what is acceptable and unacceptable and what they can do if there is a problem
- Be attentive to emotional, behavioral and medical indicators of child abuse
- Ensure that a culture of openness exists so that any issues or concerns children have can be raised and discussed
- Ensure that a sense of accountability exists among staff so that poor practice or potentially abusive behavior does not go unchallenged
- Involve children in decision-making, particularly where the decisions affect their lives



- Communicate with children in a way that is appropriate to their age, understanding and preference
- Listen to children, take them seriously and treat them with sensitivity, dignity and respect
- Be a positive role model for the children and work with and for the adults who see the way in which the interaction is made with children
- Guarantee that the best interests of each child are respected over any other considerations, including the need for advocacy and the promotion of child rights
- Work in partnership with parents/caregivers and other professionals to ensure the protection of children.

TRY TO:

- Carryout work with children in a public environment in view of others.
- Avoid situations where a child/children are completely unobserved
- Be accompanied by a second adult when working with children wherever possible
- Avoid holding hands and other physical contact with a child

2.5. Communications Guidelines

The following standards apply to any and all communications regarding children:

- Informed written consent from a child or parent or person with parental responsibility will be obtained before any photographs, recordings, statements or other information identifying the child (personal data) recorded, disclosed or otherwise used.
- The purpose for which images or information on children is to be obtained must be clearly explained and understood, and the consent must be recorded on an approved
- Consent Form and informed consent must come from the child or person able to give valid consent (by signature on a consent form).



- Information that may be used to identify or locate a child and place their life in danger in their country of residence or elsewhere should not be made available in public media like websites and magazines.
- Personal information on children, including HIV status, should only be disclosed to those who need to know.
- To the extent possible, children have to be allowed to give their own account or views on issues as opposed to adults or institutions speaking for them.
- Information on child abuse cases shall only be shared on a “right to know” and “need to know” basis in accordance with data protection legislation. (Parents, guardians and primary care givers have the right to know while child protection designate, HR

Advisors and others directly involved in investigations, like the police, have a need to know).

- Permission of child/parent/caregiver/responsible body will be acquired before any images of a child are used for publicity, fund raising or awareness campaigns.
- In photographs and images, children will be appropriately clothed and not in sexually provocative poses.
- Children will be encouraged to give their own accounts as much as possible rather than having others speaking on their behalf.
- Children will be represented accurately with an emphasis on dignity; manipulation and sensationalizing images and text will be avoided. Degrading, victimizing or shaming images and text will be avoided.
- Images and text which make in accurate generalizations and/or discriminate in anyway will be avoided.
- Information that identifies the location of a child and therefore could put them at risk will not be put in communications.
- Visitors and consultants must be accompanied by staff member.



- Under no circumstances will the visitor or consultant be left alone with a child or children.
- Children shall be accurately represented either verbally or in images in ways that do not amount to manipulation or sensationalism.
- Children are not to be depicted in images or poses that might be regarded as sexually provocative.
- In particular children are not to be depicted in images or poses that might identify them as HIV positive without their informed consent.
- A copy of the consent form shall be retained by OSSHD, and use of the personal data shall be carefully monitored and kept secure and within the control of OSSHD.
- In particular where external contractors or freelancers record personal data, such as photographs and moving images, OSSHD shall be careful to impose this policy on such contractors and ensure that future use of such personal data is retained by OSSHD. For example, this may be ensured by license or assignment of copyright to the Alliance in specific contracts.
- All such personal data will only be retained for as long as it is relevant and necessary to do so, and shall be destroyed thereafter.
- Information on where to go for reporting an alleged act of violence against a child will be made available to child beneficiaries, parents, legal guardians, consultants, individuals, organization(s) or their representative(s). Ensure that parents or legal guardians are informed and give their authenticated written consent for the collection of information among children.

2.6. Confidentiality

If a member of staff is concerned that a child they are working with is at risk of or is suffering from abuse, they must report this to their organization's child protection officer (CPO). The CPO will then decide who else needs to be informed on a strictly *need to know* basis in the best interests of the child, in order to



protect the child and their right to confidentiality. All parties making reports on alleged act of violence against a child or their representatives are supported and protected with complete confidentiality.

2.7. Visitors and Consultants

Visits to OSSHD program sites and activities by consultants or other individuals external to the program will be arranged and overseen by partners according to the following procedures:

Before the visit takes place visitors and consultants will:

- Be given a copy of the organization's basic child protection policy to read. This includes prospective members of staff, family and friends of current staff, tourists, donors and national and international government officials (who will be in direct contact with children).
- Be asked to sign a Visitors Statement of Commitment which will then be filed in a secure and confidential place by the organization's administration team.

During the visit, visitors will:

- Behave in accordance with the visitor statement of commitment when around children abide by the standards set in relation to communications
- Ask children for permission if they want to take photos of or write about them. Photos should only be taken if children give their consent.
- Respect the confidentiality of the children they meet by not discussing them, or anything about their situation with anyone outside of the organization
- Report any concerns they may have that a child is being abused to a staff member of staff immediately
- Always be accompanied by a member of staff. Under no circumstances will the visitor be left alone with a child/children



2.8. Consequences of Staff Misconduct

- If any member of staff is suspected of violating OSSHD child protection policy *in anyway*, they will be suspended from all activities and association with the organization while an independent investigation is carried out. The decision to suspend must be taken in combination by a senior manager and CPO and is not open to challenge.
- If outcomes of the independent investigation determine that someone associated with OSSHD has committed acts in regard to children (within or outside the context of OSSHD's work) which are criminal or contravene the principles and standards contained in this document, OSSHD will take immediate disciplinary action(s). These may include:
 - **Staff:** termination
 - **Board:** first report to the Board which is followed by termination of Board membership
 - **Volunteers and interns:** terminating the relationship with the OSSHD project
 - **Consultants/Contractors:** termination of contract
 - **Partners:** withdrawal of funding/support and termination of the relationship
- When investigating child protection violation concerns or complaints, the process should always be fair and unbiased. Any adverse conclusions will be open to challenge through an appeals process. This means that if a staff member, Board, intern, volunteer, consultant or contract or has been accused of violating the Child Protection Policy and the complaint has been upheld as a result of an investigation, the accused has the right to appeal this decision. An appeal would mean that a second party would re-examine the evidence to accept or reject the decision.



SECTION 3: PROCEDURES TO RESPOND TO CHILD PROTECTION VIOLATIONS

These guidelines and procedures are designed to ensure that where child abuse does happen, damage to the child is minimized and prompt and appropriate action is taken to care for and rehabilitate the child. These guidelines and procedures must be followed whenever:

- There is suspicion that a child is being abused: *then* identify emotional, behavioral or physical indicators of abuse
- An allegation is made that a child is being abused: someone else tells that a child is being abused child abuse is witnessed
- A child discloses abuse: the child tells that he/she is being abused

It is the duty and responsibility of any person who has concerns about the safety of a child to report their concerns as soon as possible (always within 24 hours) so that further investigations can be made.

In responding to child protection violations it is essential that:

- Concerns raised regarding child abuse are responded to immediately, professionally and appropriately. Positive steps to ensure the protection of children who are the subject of any concerns are always taken. Children who are the subject of any concerns are kept informed of any child protection measures that may have to be taken and involved in the decision making process, according to their age, level of maturity and capacities.
- The child's best interest is the most important actor when child protection measures are considered. The identity of individuals who report cases of child abuse will be temporarily protected, if needed. The Child Protection Officer must make the necessary report in writing to OSSHD senior management and the child protection unit of the police immediately following the initial report.
- The Child Protection Officer must facilitate law enforcement inquiries related to alleged violence against a child.



3.1. How to respond to a Child's Disclosure of Abuse

Actions to do:

- Stop whatever you are doing and listen to the child attentively
- Accept what the child says
- Keep calm and don't panic
- Do not appear shocked or surprised
- Do not seek help while the child is talking to you
- Look at the child directly
- Assure the child that they are not to blame for the abuse
- Be honest

Let the child know that you will have to tell someone, but reassure them that only those who need to know will be told, and that it is in their best interest

- Try not to repeat the same questions to the child
- Never push for information
- Never ask leading questions (questions which encourage a child to give one answer over another) Do not fill in words, finish in sentences, or make assumptions
- Be aware that the child may have been threatened
- Make certain you distinguish between what the child has actually said and the inferences you may have made. Accuracy is very important in this stage of the procedure
- Do not permit personal doubt to prevent you from reporting the allegation to your organization's CPO

Things to say:

- "I believe you."
- "I am going to try to help you." "I am glad that you told me."
- "It's not your fault." A child can never be held responsible for being abused by others.



Things not to say:

- “You should have told someone before.” “I can’t believe it! I’m shocked!”
- “No, not him/her, he/she is a friend of mine.” “I won’t tell anyone else.”
- “Why? When? How? Where? Who?”

At the end of the disclosure:

- Reassure the child that it was right to tell you
- Let them know what you are going to do next, for example, that you will speak to the CPO as they will know what to do to help the child in the best way
- Immediately seek help, first from the designated CPO
- Write down accurately what the young person has told you using the child protection reporting form. Sign and date your notes. Keep all notes in a secure and confidential place for an indefinite period.
- Seek help for yourself if you feel you need support

3.2. Taking Action on Alleged Abuse

If you suspect or witness abuse, someone alleges abuse to you, or a child discloses abuse to you, you must:

1. Record your concerns on the Incident Reporting Form (Annex 3) and report your concerns directly to your organization's Child Protection Officer as soon as possible (and always within 24 hours).
- You should decide in what order to do these things based on the best interest of the child. If the child is in immediate danger anyone should go to the CPO first and fill in the reporting form later.
 - You must report your concerns to your CPO in person or by phone (not by email, fax, text or via another person) so that you can be sure they get the message immediately.
 - If the CPO is not available, a concern must be reported to the next most appropriate person (e.g. a senior manager).



2. Discuss your concerns

With the CPO so that they can decide whether action needs to be taken and an investigation carried out. If the CPO decides not to take further action, they will complete the reporting form and file it in a safe, secure and confidential place. If the CPO decides that further action needs to be taken they will continue as in step 3.

3. The CPO will take action to ensure the immediate safety and well-being of the child. For example the child may need to be moved from where they are staying or given medical treatment.

4. The CPO will investigate the child abuse case further by talking to the child, and those who know the child well, (e.g. the child's parents/caregivers, family, friends, teachers, etc.) and decide on an appropriate course of action that works towards the long-term rehabilitation of the child. This will be recorded by your CPO on the Post-abuse Care Planning Form (Annex 7).

- As part of the post-abuse care, the CPO will contact other organizations (offering health care, police support, legal aid, shelter, counseling etc.) as appropriate and involve them in the child's rehabilitation process.
- The CPO will refer to his/her contact list for guidance on organizations to contact.

5. The CPO will oversee and monitor the child's rehabilitation by liaising with the child and all those involved, including the child's family and other organizations working with the child, to ensure that action is being taken and the child is making progress.

- The CPO will use the Post-abuse Care Planning Form to monitor the child's progress
- The CPO will complete and file the Incident Reporting Form and the Post-abuse Care Planning Form in a safe and secure and confidential place.



Note that: *If the child has been raped, it must inform OSSHD's CPO. OSSHD will then Support the reporter to meet the child's specific needs. OSSHD will ensure that the child is:*

- Examined and treated
- Tested and treated for Sexually Transmitted Infections (STIs);
- Assist her/hem to get Post Exposure Prophylaxes (PEP) medication according to Ministry of Health
- Assist her/hem to get emergency contraceptives to prevent pregnancy (if applicable)

In order to manage risks, all organizations providing services and support to children must ensure that:

- All child beneficiaries who have allegedly or actually been exposed to violence get prophylactic, remedial, and/or rehabilitative services
- Partner organizations refer any child who has allegedly or actually been exposed to violence to the relevant service unit (including clinic, counseling office, etc.) for assessment of harm, prophylactic, remedial, and/or rehabilitative services.
- Partner organizations contact local child protection and welfare agencies that provide information, support, and assistance to survivors if required services aren't available within the organization.



CHAPTER 4: MONITORING & EVALUATION OF CHILD PROTECTION POLICY

4.1. *Monitoring*

- All main branches, sub branches, project offices that run the children program and partner organization will submit up-to-date and accurate information relating to child abuse if applicable to OSSHD as part of their quarterly reports.
- OSSHDs CPO will monitor all reports of child abuse and subsequent child protection cases that occur within its programs.
- OSSHD's monitoring of child abuse will be ongoing and will include recording the scale of the problem, recognizing patterns and trends, identifying particular risks to children, and most importantly, evaluating the effectiveness of its policy on child protection.
- If monitoring shows that there is a problem relating to the effective protection of children within OSSHD or any of its partners, CPO at the head office shall call an emergency meeting and a member of the senior management team from the organization in question to discuss the issues and ways to resolve them.
- If anyone other than OSSHD's CPO has any concerns relating to the effective protection of children within OSSHD or any of its partners, they will inform either the OSSHD CPO or a member of senior management team as soon as possible.

4.2. **The Role of a Child Protection Assigned Officer**

a. It is a CPO's duty to:

- Ensure that OSSHD staff is adhering to the child protection policy; that the preventative standards are in place and the guidelines and procedures for responding to abuse are being followed.
- Deliver child protection trainings to all existing OSSHD and partner staff.



- Brief each new member of staff on child protection and the child protection policy within one month of them starting with OSSHD.
- Be available to answer questions and support staff with any matters related to child protection.
- Ensure that the organization and the partner keep an up-to-date list of other organizations to contact (offering health care, police support, legal aid, shelter, counseling etc.) in the event of a child being abused and needing post-abuse care.
- Respond to all concerns of child abuse immediately and take action to ensure the immediate safety and well-being of the child.
- Investigate the case further and decide on an appropriate course of action that works towards the long-term rehabilitation of the child.
- Involve other organizations (offering health care, police support, legal aid, shelter, counseling, etc.) as appropriate and in the child's rehabilitation process.
- Record the course of action on the *Post-abuse Care Planning Form* and oversee and monitor the child's rehabilitation.
- Ensure completion and filing of the *Incident Reporting Forms* and the *Post-abuse Care*

b. Further monitoring duties for CPOs:

- Support main branches, sub branches, project offices and partner organizations in submitting up-to-date and accurate information relating to child abuse to OSSHD as part of program reporting.
- Report any concerns relating to the effective protection of children within OSSHD or its main branches, sub branches, project offices and partner organizations to senior management as soon as possible.
- Monitor all reports of child abuse and subsequent child protection cases that occur within OSSHD.



APPENDIXES

Annex 1: Statement of commitment to child protection policy

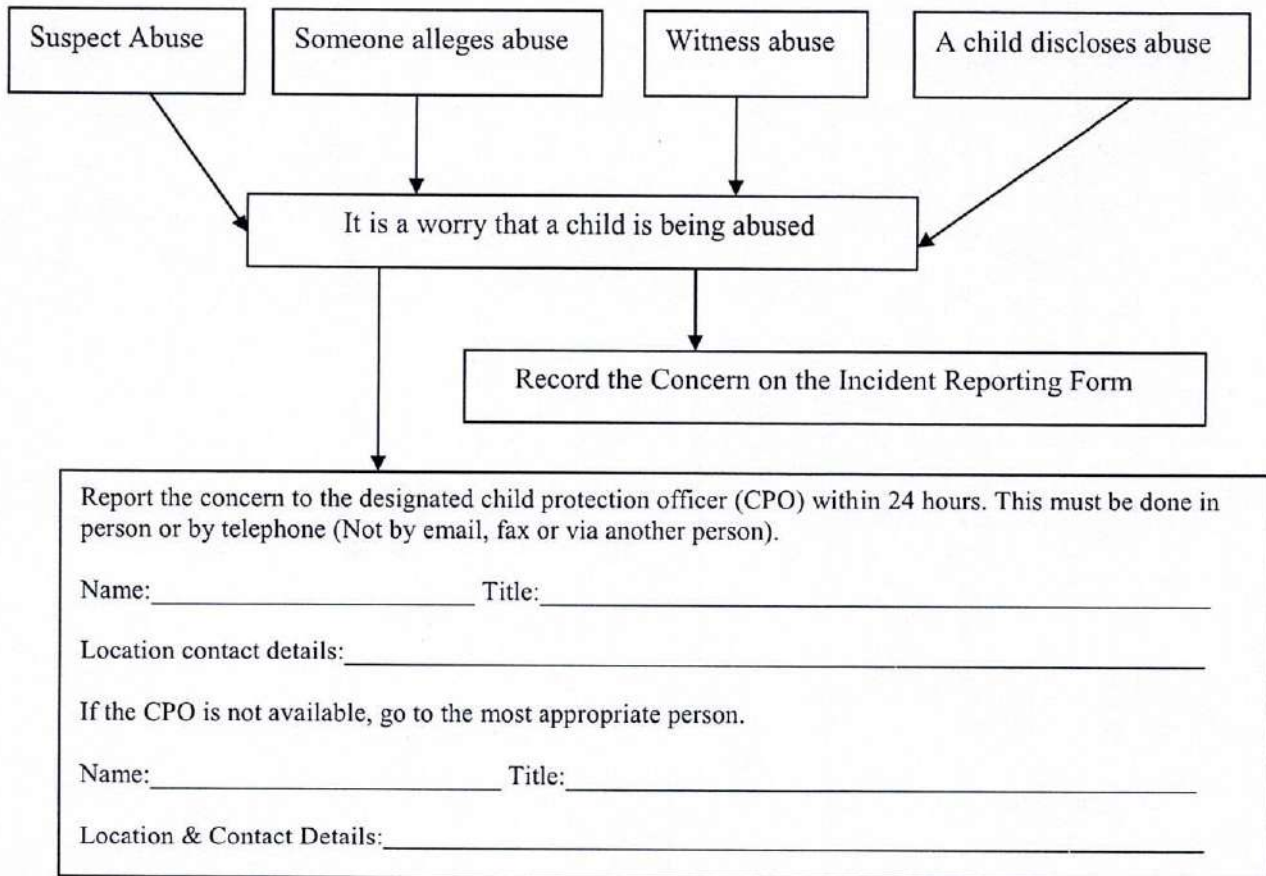
I have read and understood OSSHD's child protection policy, including the code of conduct on child protection. I agree to abide by the policy and principles therein, and understand that I must raise any concerns I may have about child protection whilst working for or with OSSHD with my branch/HQ manager (or other responsible person) in a confidential manner.

Name:..... Position:

Signature: Date:.....



Annex 2: Procedure for Report Abuse



Annex 3: Incident Reporting Form

Please complete this form if you believe that a child's safety is in danger. All child protection concerns should be reported directly to CPO immediately. The form may be filled in before or after contacting the CPO. The information in this form should be kept strictly confidential.

A: Personal information

Name: Job Title:.....
Place of work: Relationship to child:
Contact details:

B: Child information

Name of child: Gender:
Address:
Child's guardians:

C: Child abuse concern

Is concern based on observation or suspicion?
If concern is based on secondary source, give name of information source
.....

Did the child report incident to you?

Give the nature of alleged abuse:
.....
.....

Date of alleged incident: Time:

Place of incident:

Name of alleged perpetrator:

Job title:

Describe your personal observations (factually):
.....
.....



.....
.....

Give actual record of what the child or source said to you:

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

Provide names of witnesses if applicable:

.....

Any other comments:

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

Action taken:

.....
.....

Signed: Date:



Annex 4: OSSHD Child Consent Form

I consent for OSSHD to use case studies/ photos/ film/ audio taken on (date)at (place).....for educational, promotional and fundraising purposes, through all media including printed documents and OSSHD websites (this consent will apply throughout the world) for the following children:

(child's full name).....age.....
(child's full name).....age.....
(child's full name).....age.....

OSSHD will only use the images in accordance with its charitable objects and will only keep the images whilst they are relevant to the OSSHD's work.

Name Relationship to child
Signature Date.....

Address.....
.....

Taken by (name) (Position) on behalf of OSSHD

Further information / restrictions:
.....
.....
.....



Annex 5:- Guidelines on ethical issues for interview or data gathering

A. Make sure that the information-gathering activity is necessary and justified

- Before starting the activity, clearly define its intended purpose and audience, and make sure that there is sufficient staff and money to conduct it in an ethical manner.
- Only use direct methods with children if the required information is not otherwise available.
- If the information-gathering activity will not directly benefit the children and adolescents involved or their community, do not proceed.

B. Design the activity to get valid information

- Develop a protocol to clarify aims and procedures for collecting, analyzing, and using the information to which all partners agree.
- Apply community definitions to set clear criteria for inclusion. Use existing records when possible, and recognize social and cultural barriers to participation. For surveys, use the minimum number of respondents to achieve demonstrable results.
- All tools, such as questionnaires, should be developed through discussions with experts. These tools should then be translated locally, back-translated, and field-tested.
- The use of a comparison group totally deprived of services is inappropriate with vulnerable children. Alternative approaches should be explored to strengthen research findings. Comparison groups should be used only under careful ethical supervision.

C. Consult with community groups

- Consult locally to determine who must give permission for the activity to proceed.
- Interviewers must be sensitive that they may be highly visible and a source of local interest. Clarify roles and expectations through community meetings and honor commitments.
- An independent local community stakeholder group should monitor activities.



D. Anticipate adverse consequences

- In partnership with the community, anticipate all possible consequences for the children and adolescents involved. Do not proceed unless appropriate responses to potentially harmful consequences can be provided.
- Avoid stigma by holding community sensitization meetings and using community terminology.
- If the safety and security of children and adolescents cannot be assured, do not proceed.
- Interviewers should have experience working with children. They should be trained to respond to children's needs, and require ongoing supervision and support. If appropriately skilled interviewers are unavailable, do not proceed.
- In partnership with the community, determine what kind of follow-up is appropriate to respond to children's needs, recognizing age, gender, ethnicity, and so on. If appropriate support cannot be assured to meet the children's needs, do not proceed.
- Prepare a reaction plan to anticipate serious needs. If support for the child cannot be assured, do not proceed.

E. Conduct consent and interviewing procedures with sensitivity to children's specific needs

- Children must give their agreement to participate, but consent is required from appropriate adults.
- Interviewers should make sure that children know they can stop or withdraw at any time.
- Investigators must provide children and adolescents and their parent or guardian with information about the activity in a manner appropriate to their culture and education.
- Consent forms and informational tools should be developed with community members and field-tested.
- Use an independent advocate to represent the views of children if there is any doubt about the protection provided by their guardian.
- Avoid efforts to unduly influence participation by the use of incentives. If incentives are used, they should be in line with local living standards.
- Interview procedures should reflect the need to protect the children and adolescents' best interests. Consult with community members to determine appropriate practices.



Annex 7: OSSHD Post-abuse Care Planning Form

If a CPO confirms that a child has been abused, he/she must decide on an appropriate course of action that works towards the longer term rehabilitation of the child. This course of action must be recorded on this form and the CPO must oversee and monitor the child's progress.

About the child: Name: Circle: Male: _____ Female: _____ Age: _____

With whom does the child live: _____

Child's address: _____

Outline the child's current situation:

Outline what would help the child to recover from the abuse (e.g. medical treatment, a new place to live, involvement in the counseling, etc.):

Care Plan: List the actions you will take or oversee to support the child:

Action:	Key person:	Date
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____

Signatures of child, CPO and child's parent/caregiver as appropriate :(Sign and print name)

Child: _____ Date: _____ Signature: _____

CPO: _____ Date: _____ Signature: _____

Parent/Caregiver: _____ Date: _____ Signature: _____

