

Malaria Consortium Safeguarding Policy



Last updated: January 2024
Author: Global Safeguarding Advisor
Review date: February 2026

Contents

1	Purpose and context	4
2	Principles.....	5
2.1	Mandatory Compliance	5
2.2	Upholding of Protection Rights	5
2.3	Zero Tolerance to Inaction	6
3	Scope.....	6
4	Definitions and terms	6
5	Implementation.....	7
5.1	Prevention	7
5.1.1	Risk Assessment and Programme Design	7
5.1.2	Recruitment and Selection	8
5.1.3	Checks.....	8
5.1.4	Induction and Training	9
5.1.5	Informing Communities and receiving complaints	9
5.1.6	Regulation of Communications – Use of Images and information on Children and Adults in Vulnerable Circumstances	10
5.2	Responsibilities	10
5.2.1	Staff and Partners.....	10
5.2.2	Line Managers/ Supervisors	11
5.2.3	Project/ Programme Managers.....	11
5.2.5	Senior Management and Board responsibilities	12
5.3	Reporting.....	12
5.3.1	Incident Reporting.....	12
5.3.2	Confidentiality of reporting.....	13
5.3.3	External incidents	13
5.4	Breaches	14
5.4.1	Investigation.....	14
5.4.2	Disciplinary measures	14
5.4.3	Procedures for criminal breaches	15
5.5	Support for survivors	15
5.6	Monitoring and Review.....	15
6	Procedure for reporting Safeguarding concerns	16
	Appendix I: Safeguarding Definitions	17

Appendix II: Malaria Consortium Safeguarding Role Risk Assessment, Risk Levels and role mitigation planning Tool..... 20

Appendix V: Malaria Consortium Safeguarding Behavioural Guide 27

Appendix VI: Malaria Consortium Safeguarding Incident Reporting Form Guide 30

Appendix VII: Malaria Consortium Safeguarding Incident Reporting Form..... 31

1 Purpose and context

Malaria Consortium works with communities, governments, academic institutions, and local and international organisations, to ensure effective delivery of services. Our work often puts those that work for us in position of power in relation to children & adults in vulnerable circumstances in the communities that we work with, and we have an obligation not to abuse this power and to actively act against any such abuse. Our capacity to ensure the protection of children & adults in vulnerable circumstances depends on the ability of staff, partners and others working for and with Malaria Consortium, to uphold and promote the highest standards of ethical and professional conduct.

Malaria Consortium has a strong commitment to the welfare of all communities it serves, and their protection from bullying, harassment, abuse and any forms of exploitation to provide safeguards in all of our work. Children and adults in vulnerable circumstances in those communities can be at particular risk and, it is a collective responsibility to prevent abuse and exploitation.

In recognising our responsibility to protect children and adults in vulnerable circumstances from any harm that may be caused due to their coming into contact with the organisation, Malaria Consortium has developed a Safeguarding Policy and the Protection from Sexual Exploitation and Abuse (PSEA) Statement of Commitment, which outlines this commitment and its implications. This policy sits within a policy and governance framework that is underpinned by our values, what we stand for and intend to achieve. We aim to identify and minimise risks, deter and remove opportunities for abuse to occur. This is done by upholding high standards and putting in place stringent mechanisms to monitor these and learn from the past.

Policy Framework



The Safeguarding Policy is accompanied by appendices containing reference to the Protection from Sexual Exploitation, Abuse and Harassment Statement of Commitment information, guidelines, essential forms (e.g. Safeguarding Incident Reporting Form), and must be read in conjunction with its appendices, along with the [Code of Conduct](#), [Equal Opportunities Policy](#) and [Dignity at Work Policy](#).

This policy is aligned with general international standards including the United Nations Convention on the Rights of the Child. The Organisation will comply with laws relating to human trafficking as set out in our [Modern Slavery Statement](#). While Malaria Consortium staff and partners would comply with local legislation, if the standards outlined in this policy are stronger than local legislation, then this policy is to be followed.

2 Principles

The Safeguarding Policy is committed and guided by the following set of principles:

2.1 Mandatory Compliance

Malaria Consortium staff members and partners must ensure they understand the Safeguarding Policy, their responsibilities and how to report any wrongdoing or concerns. This policy, and its accompanying appendices where relevant are mandatory for all Malaria Consortium staff and partners and no exceptions will be made.

Malaria Consortium complies with reporting requirements from donors and relevant bodies on Safeguarding and Human Trafficking concerns.

2.2 Upholding of Protection Rights

- All children and adults in vulnerable circumstances have equal rights to protection from harm. They should be empowered to understand their rights in this area and made aware of what is acceptable and what they can do if there is a problem or concern.
- Everybody has a responsibility to support the protection of children and adults in vulnerable circumstances.
- Organisations have a duty of care to children and adults in vulnerable circumstances with whom they work, are in contact with, or who are affected by their work and operations.
- If working with partners, organisations have a responsibility to help any partner meet the minimum requirements on protection.
- The Human Rights of children and adults in vulnerable circumstances will be respected and everyone the organisation comes into contact with will be treated with respect and dignity regardless of age, disability, gender, civil status, race, religion or belief, gender and sexual orientation.
- No form of discrimination, harassment, or abuse (physical, sexual or verbal), intimidation or exploitation is acceptable.

- There is Zero Tolerance to any form of discrimination, harassment, or abuse (physical, sexual or verbal), intimidation or exploitation directed to people regardless of their visible and not visible disability, sexual orientation, gender identity, ethnicity, nationality and social status 'Zero tolerance' in practice means that disciplinary actions taken against staff in breach of the Safeguarding policy and Code of Conduct will equate the gravity of the breaches committed and will be based on the proofs of each investigation conducted.
- The best interests of the child or adult in vulnerable circumstances will guide safeguarding decisions.

2.3 Zero Tolerance to Inaction

- Malaria Consortium operates a zero-tolerance approach to abuse and exploitation. Under no circumstances will any abuse by Malaria Consortium staff and partners be tolerated, and all concerns will be investigated without delay, and each case will be dealt with fairly and professionally according to Malaria Consortium disciplinary procedures and referred to local authorities, if required.
- The organisation is open and transparent. Safeguarding concerns will be raised and discussed, poor practice and inappropriate behaviour will be challenged and addressed, and safeguarding measures will be continuously reviewed and strengthened to ensure the organisation remains accountable to children and adults in vulnerable circumstances.
- Managers have a particular responsibility to uphold the highest standards, to set a good example, and to create a working environment that supports and empowers staff. They have a responsibility to understand and promote the policy. They must do all they can to prevent, report and respond appropriately to any concern or potential breaches of the policy.
- Zero tolerance of inappropriate behaviour applies whether a proven incident happens in or out of working hours.
- Malaria Consortium safeguarding approach prevails in all the stages of our operations, projects and activities, thus ensuring the organisation does not harm children and adults in vulnerable circumstances.

3 Scope

The policy applies to all staff members, volunteers, contractors, consultants, partners and everyone working for and within Malaria Consortium. In this policy 'staff members' and 'staff' are taken to refer to all internal staff and 'partners' is taken to refer to all trustees, consultants, contractors, volunteers, interns, partner agencies, sub-grantees, community workers and visitors to projects.

4 Definitions and terms

The following definitions will be used throughout the policy. Further definitions can be found in **Appendix I**.

Child: This policy regards a child as anyone under the age of 18 years, irrespective of alternative local definitions.

Protection: Protection includes ensuring that individual basic human rights, welfare and physical security are recognised, safeguarded and protected in accordance with international standards.

Safeguarding: safeguarding is the combination of policies and actions undertaken to protect children and adults in vulnerable circumstances by mitigating risks, responding to and referring cases, to ensure no harm as a result of association with the organisation.

Sexual exploitation: Is the abuse of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another. Prostitution, human trafficking for sexual abuse, modern slavery and exploitation are only some examples of this.

Adult in vulnerable circumstances is defined as someone over the age of 18 unable to take care of themselves / protect themselves from harm or exploitation; or who, due to their gender, mental or physical health, disability, or as a result of disasters and conflicts, are deemed to be at risk of being abused.

5 Implementation

Malaria Consortium will work to reduce the risk of abuse and exploitation of children and adults in vulnerable circumstances by staff members and partners by following the procedures outlined below.

For each country where Malaria Consortium is present and operates, staff is selected by the Safeguarding Advisor and the HR Officer/Manager in country to operate as Safeguarding Focal Points.. The Safeguarding focal point will serve as the first point of contact for any safeguarding concerns and support staff in understanding Malaria Consortium's safeguarding responsibilities. There is a designated Trustee that acts as the organisation's Safeguarding Focal Point who oversees the implementation of this policy.

5.1 Prevention

5.1.1 Risk Assessment and Programme Design

Malaria Consortium assesses safeguarding risks on various levels, from recruitment to retention of staff, from the mitigation of risks when creating a role and when planning programmatic activities.

Role Evaluation

As part of Malaria Consortium's job evaluation process following role design and prior to recruitment every role is assessed for its inherent risk to Safeguarding. This is done by the recruiting manager and Human Resources.

The Human Resources Director is responsible for ensuring that all job descriptions reflect the level of risk for each role following the job evaluation process and the Country or Regional Directors, along with the HR personnel in country are responsible for ensuring the mitigations associated to roles are periodically reviewed. That all

Programme/ project Level risk assessment

Malaria Consortium will design programmes in a way which takes into account potential risks to children and adults in vulnerable circumstances, and act to minimise any identified risks. Risks can be intended or unintended, and can be from Malaria Consortium staff, volunteers, vendors, or others associated with the organisation. Risks can also be incidental, such as an activity in which mothers are expected to leave their children at home unattended.

Malaria Consortium incorporates safeguarding into any standard risk assessment it conducts when designing a new project (see Appendix IV, Project Safeguarding Risk Assessment Tool). All projects will be assessed during the design phase for their potential risks to children and adults in vulnerable circumstances, and mitigation strategies developed. Project managers will be responsible for conducting a safeguarding risk assessment for each of their projects, and ensuring the policy is implemented at all times.

The respective Country Director is responsible for signing all project safeguarding risk assessments as proof that it been reviewed and sending them back for filing in the relevant project folder(s). The Country Director will also ensure all high-level risks are flagged through the regional risk register to the corporate register if applicable and all medium and low risks are to be monitored by programme and regional management levels.

5.1.2 Recruitment and Selection

The organisation has guidelines in place covering the recruitment process of all staff, which can be found in the [Recruitment Policy and Procedure](#). The recruitment guidelines will be reviewed and updated regularly to ensure that they accurately reflect 'safe recruiting' and screening standards.

5.1.3 Checks

Malaria Consortium's recruitment policy requires satisfactory employment. Malaria Consortium is a signatory of the Inter-Agency Misconduct Disclosure scheme (MDS), to prevent the selection of

candidates who have been engaged in sexual exploitation, abuse and harassment in their previous employment history. Candidates will be screened via a references process covering the last past 5 years of employment. References must be received to verify the information provided by the candidate and most importantly to prevent hiring candidates which may expose individuals and the organisations to harm.

Malaria Consortium understands that in many countries it works in, equivalent levels of screening may not be possible, and flexibility is required. Where possible, the organisation undertakes Disclosure Barring Service (DBS) checks, or local security checks where they exist, and the organisation is legally allowed to request this information. In addition, all staff hired by the organisation will be required to complete a self-declaration regarding criminal convictions.

5.1.4 Induction and Training

Safeguarding training is mandatory for all staff as part of Induction. This training is meant to ensure staff is fully aware of their responsibilities to protect children and adults in vulnerable circumstances; behave appropriately; and report concerns or allegations about exploitation and abuse.

All partners of Malaria Consortium (consultants, contractors, volunteers, interns, partner agencies, sub-grantees, community workers) will be required to do the Safeguarding Essentials course, a publically available introductory course on Safeguarding. This course can be accessed via this link - <https://kayaconnect.org/course/view.php?id=1424>

Partners with a contract of more than 3 months' duration, will need to complete the course and hand in a certificate of completion to Human Resources within two weeks of commencement. If their engagement is three months or less, the course must be completed prior to joining the organisation, with all certificates handed to HR on commencement. These will be added to the individual's personnel file.

Malaria Consortium will conduct refresher training for all staff in the [Safeguarding Policy](#) every year, or sooner if there is a significant change to the policy. Project and Programme Managers, along with Country Directors and designated Safeguarding Focal Points will be responsible for introducing the policy to beneficiary communities, both in writing and verbally. Consultant, contractors and volunteers will also be required to complete a refresher training every year and hand in a certificate of completion.

5.1.5 Informing Communities and receiving complaints

Each Malaria Consortium office location or project should inform communities on the conduct to expect of staff and partners of Malaria Consortium. Considerations should be made as to how community members, including children, can raise concerns over inappropriate behaviour by staff. This could include comment boxes, regular announcements to communities in verbal, or written form, ensuring the **Malaria Consortium Safeguarding Behavioural Guide (Appendix V)** is translated into all relevant languages and available in illustrative, low-literacy and/or a child-friendly format where possible.

5.1.6 Regulation of Communications – Use of Images and information on Children and Adults in Vulnerable Circumstances

Malaria Consortium recognises that children and adults in vulnerable circumstances can be unintentionally put at risk through images, video, or other documentation and images. In order to minimise any risk to children, Malaria Consortium will ensure that the organisation's [Photography and Film Guidelines](#) are strictly followed. All project managers are responsible for reviewing photography and film captured during the course of their project, before they are used in the public domain, for any potential breach of the [Safeguarding Policy](#). If in doubt about a certain image, all staff should clear any materials involving children with the Head of External Relations.

Social media

Malaria Consortium recognises that there are certain risks particular to children and adults in vulnerable circumstances, which can be posed by staff using work photos on their personal social media sites. For this reason, no staff member, volunteer, trustee, agency, company or consultant employed by Malaria Consortium will post photos relating to the organisation's activities, on personal social media sites such as Facebook, Twitter, Instagram, without the express permission of the person whose photo has been taken. This permission must be captured in line with Malaria Consortium guidelines on filming of children and adults in vulnerable circumstances in the [Photography and Film Guidelines](#). Any photo or film taken for promotional purposes or project reporting must have informed consent from the contributor/s, obtained and recorded using the organisation's [Media Consent Form](#).

5.2 Responsibilities

5.2.1 Staff and Partners

Part of safeguarding children and adults in vulnerable circumstances is ensuring that all Malaria Consortium staff and partners understand clearly the behaviour that is expected of them when they come into contact with children and adults in vulnerable circumstances. All staff and partners working in or visiting Malaria Consortium Programmes are expected to read and adhere to the **Malaria Consortium Safeguarding Policy, the PSEA Statement of Commitment and the Safeguarding Behavioural Guide in Appendix V**.

As well as adhering to the organisations [Code of Conduct](#), all staff and those associated with the work of Malaria Consortium are expected to work within the standards outlined below. These Standards are intended to serve as an illustrative guide for staff to make ethical decisions in their professional lives, and at times in their private lives. While acknowledging that local laws and customs may differ from one country to another, these measures are based on international standards:

- Treat all children & adults in vulnerable circumstances (and all beneficiaries) fairly and with respect & integrity and to be aware of the power that they can have over beneficiaries by virtue of their engagement with Malaria Consortium.

- Act in a way that seeks to care for and protect the rights of children & adults in vulnerable circumstances and ensure that their best interests are paramount.
- Safeguard and make responsible use of information and resources. This includes the exercise of due care in all matters of official business, and not divulging confidential information about beneficiaries.
- Uphold the integrity of the organisation, by ensuring that personal and professional conduct is, and is seen to be, of the highest standard.
- Report any abuse by a staff member or partner (regardless of their role) to the relevant Director or Human Resources, and other appropriate authorities.
- Ensure that another appropriate adult is present when working in the proximity of children or adults in vulnerable circumstances.
- Never engage in any exploitative relationships – sexual, emotional, financial or employment-related – with a beneficiary. This is regardless of the local age of consent, i.e., the local or national laws of the country. Failure to report such a relationship may also lead to disciplinary action.
- Refrain from any involvement in criminal or unethical activities that contravene human rights.
- Follow the guidelines when photographing or filming a child or adults in vulnerable circumstances.
- Never shortcut safe recruitment procedures

All staff must also ensure that they add a Safeguarding Objective to their own Annual Appraisals (APRs). This is to establish individual levels of accountability for all staff, along with the organisation own responsibility.

5.2.2 Line Managers/ Supervisors

Line Managers and Supervisors have responsibility for supporting staff and partners under their supervision in implementing the safeguarding policy and procedures. This includes ensuring that the policy framework is actioned and that all staff and partners in their span of control are aware of their roles and responsibilities.

5.2.3 Project/ Programme Managers

Project/ Programme Managers have a responsibility to ensure that communities are consulted and engaged on safeguarding as part of programme development and management. They are also responsible for risk management for their respective projects.

5.2.4 Safeguarding Focal Points (SFP)

Safeguarding Focal Points (SFPs) are appointed to the role by the Global Safeguarding Advisor and the HR Manager/Officer in-country and are critical to the successful implementation of the policy. SFPs must complete the Safeguarding Focal Point induction courses and participate in organisational forums to improve the way Malaria Consortium implements the policy. The primary role of SFPs is to

receive information about safeguarding concerns. They will talk with individuals about their concerns and:

1. Discuss options for subsequent actions
2. Assist staff in understanding reporting procedures
3. Provide support with the goal of creating an empathetic, confidential environment where all can discuss safeguarding concerns and make reports
4. Support Local HR with signposting of local services providers for support to survivors
5. Assist individuals in making informed decisions about safeguarding
6. Deliver information on safeguarding and reporting pathways
7. Support a survivor centred model for safeguarding response
8. Support Country Project/Programme Managers with community engagement/support to programmes on engaging beneficiaries

5.2.5 Senior Management and Board responsibilities

This Safeguarding Policy, and its accompanying Appendices, are approved by the Board of Trustees of Malaria Consortium. A trustee has been appointed to lead specifically on Safeguarding for Malaria Consortium, at Board level. The Global Management Group (GMG) oversees implementation of the policy at a global level. Regional Directors and Country Directors are responsible for interpreting the Safeguarding Policy in their respective jurisdictions and locations, in line with local law and practice. They must also ensure that regional and country programmes are fully implementing the Safeguarding Policy. This is done by:

1. Setting the right tone – demonstrating culture based on mission and values; leading by example and embodying the code of conduct
2. Reducing Risk – Conducting context specific risk assessments, promote risk assessments across all programmes with good planning, processes, checks and training in place
3. Encouraging ‘Speaking up’ – Supporting and promoting easy ways for people to make complaints
4. Listening to complaints – Supporting and promoting systems that handle complaints professionally, promptly and keep records
5. Supporting Survivors - Supporting and promoting systems that help complainants feel and be safe, and providing support, as appropriate
6. Ensuring transparency and accountability – Supporting and encouraging processes that monitor safeguarding within the organisation by providing summary information to the Board of Trustees

5.3 Reporting

5.3.1 Incident Reporting

It is mandatory for any allegation, belief about or suspicion of, abuse, neglect or exploitation of a child or adult in vulnerable circumstances by a Malaria Consortium staff member or partner to be reported immediately to either the respective in-country **Safeguarding Focal Point**, the **Country Director**, the

HR Director or the **Chief Executive** in the absence of the **HR Director**. This should be done, **ideally within 24 hours** of the occurrence of the incident or report of the incident. Matters can also be raised directly through the concern@malariaconsortium.org email. Whoever receives the report must complete an **incident reporting form (Appendix VII)**, outlining the details. The line manager of any accused staff member should be kept informed, though full confidentiality should be maintained as appropriate – only those who need to know should be informed.

Staff, partners, consultants, volunteers and participants to our programmes can also report any wrongdoing via the independent Whistleblowing Agency called Safecall. Concerns can be reported online or via the Free Phone lines of all Malaria Consortium's Countries of Operation. More details on how to report via SafeCall can be found in the [Whistleblowing Policy](#).

If a beneficiary (including a child or adult in vulnerable circumstances) or their carer reports an incident, they must be taken seriously and listened to carefully. Once an allegation is made there should be an immediate response that protects them from further potential abuse or victimisation. Where appropriate, the family/carers of the survivor should be informed of the allegation and action proposed and they should be consulted where possible as to the process to be followed. This process will be led by the Country or Regional Director, in close liaison with the HR Director.

The procedure for reporting concerns can be found in section 6 of this document. Beneficiaries should report their concern to a representative of the organisation and this employee will follow the internal procedure as stated in section 6.

5.3.2 Confidentiality of reporting

Reported breaches to the Safeguarding Policy will be kept confidential, and information shared only with relevant individuals on a need-to-know basis to provide the highest level of confidentiality for all parties involved. For internal cases, the following parties are likely to be informed: the HR Director, Internal Audit Manager, Chief Executive, and the Board of Trustees. Donors will be informed where there is a mandate to do so and, Trustees will report serious incidents to the Charity Commission. The name of the reporting staff member will be protected under Malaria Consortium's [Whistleblowing Policy](#), the name of the child or adult in vulnerable circumstances, their family, and community involved will be kept strictly confidential, and divulged only when necessary, and then only to relevant individuals.

5.3.3 External incidents

There may be cases when Malaria Consortium staff, volunteers and others come across incidents of abuse or exploitation which may be committed by someone not connected with Malaria Consortium, at times among participants of our programmes and at other times in the broader community. Such incidents do not constitute a breach of the Safeguarding Policy, as they have not been perpetrated by a Malaria Consortium staff member or other person or entity associated with Malaria Consortium. However, as children and adults in vulnerable circumstances are beneficiaries in the communities in which Malaria Consortium works, and the health and wellbeing are of paramount concern, staff members have a moral obligation not to ignore external cases, but report to the Country Director. The

Country Director will be responsible for referral to an external agency or service provider as appropriate and will also notify the Human Resources Director, the Global Safeguarding Advisor and Chief Executive. The Human Resources Director will inform the Charity Commission and relevant donors as per their requirements.

5.4 Breaches

Any reported breaches of the Safeguarding policy will be ultimately reported to the Chief Executive who will then inform the Board of Trustees via the Safeguarding Trustee's representative. Every member of the organisation, partners and volunteers are required to report any breaches of the Safeguarding Policy to the local Safeguarding Focal Point, or via the external agency Safecall

5.4.1 Investigation

Any alleged breach of the Safeguarding policy will be investigated and dealt with under the Malaria Consortium [Disciplinary Policy and Procedure](#). Once an incident report is submitted to the HR Director, the investigation panel made by the HR Director, the Internal Audit Manager, and the Finance Director will determine whether an investigation will be established and who are the Malaria Consortium staff engaged in carrying out the investigation. Before beginning this, a risk assessment will be carried out to assess the level of risks associated to the alleged survivor, witnesses and the alleged perpetrator. In any circumstances, no investigations will be carried out without the formal approval of the investigation panel.

Investigations will differ depending on the type and severity of the concern, but at a minimum will:

- Have one person who will receive and follow up on concerns (the Country Director or HR Director) and support the investigation.
- Ensure that the Country or Regional Director / HR Director receives the report within 24 hours of the incident occurring or being raised.
- Maintain at all times confidentiality of the alleged offender, the whistle blower, the child or adult in vulnerable circumstances, their family and community (refer to Malaria Consortium [Whistleblowing Policy](#)).
- Cooperate with local and international authorities, including but not limited to, police in any criminal investigation, keeping in mind the best interests of the child or adult in vulnerable circumstances and their family.

5.4.2 Disciplinary measures

Where an investigation involving a member of staff finds there is a case to answer, the employee will be invited to a disciplinary hearing in line with the [Disciplinary Policy and Procedure](#). If upheld, the disciplinary sanction will vary with the severity of the breach and will always be applied using the best interests of the child or adult in vulnerable circumstances. If the disciplinary hearing finds gross misconduct has taken place, the staff member's contract will be immediately terminated. For less severe breaches, Malaria Consortium will employ various responses ranging from verbal warning, written warning, refresher training and referral to counselling, or a review of current job responsibilities.

5.4.3 Procedures for criminal breaches

If it is suspected that the breach is criminal in nature, local authorities will be contacted by the Country Director, taking into account what is in the best interests of the child or adult in vulnerable circumstances and the safety of their family and community. The member of staff or partner will be suspended or removed from contact with children or adults in vulnerable circumstances.

Where it is required by a donor, they should be informed of criminal breaches within the timeframe specified.

5.5 Support for survivors

Malaria Consortium will proactively support any staff, partners or beneficiaries who have been victimised during interactions with the organisation. Proof of victimisation will not be a pre-requisite for Malaria Consortium to act on a claim. We will work with specialists to identify and make available relevant support that the survivor can then choose to access.

Safeguarding and HR Focal points in our country locations will keep a register of all service providers e.g. local charities and government organisations that provide specialist advice, survivor support and counselling. In the event that a member of staff or community member has been victimised and is in need of, or requesting support, Malaria Consortium will work in partnership with these service providers. To facilitate access for the survivor to the relevant services the case handler will raise the issue of support with the Country Director who is the most senior Safeguarding Focal Point in country. In the case where the trauma may be severe, we will work with specialist organisations to triage and manage the care required.

Malaria Consortium also subscribes to an Employee Assistance Programme that provides first level support locally to any staff member that is in need of counselling and support.

5.6 Monitoring and Review

Data and indicators related to implementation of this policy and procedure will be reviewed by the GMG on a quarterly and annual basis. If political, security, or programme changes warrant a more frequent review, it is the responsibility of the Country Director to do so, with support from HQ. Implementation will also be monitored through regular field project visits. Monitoring of risks to children and adults in vulnerable circumstances, risk mitigation, and the effectiveness of safeguarding measures will be incorporated in the existing Malaria Consortium Quarterly Country Risk Register. This Safeguarding Policy will be reviewed every two years, unless changes in programme, political or security situation warrant earlier action.

6. Procedure for reporting Safeguarding concerns



Appendix I: Safeguarding Definitions

The following definitions explain terms used throughout the policy.

Child labour: The term “child labour” is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that:

1. Is mentally, physically, socially or morally dangerous and harmful to children; and
2. Interferes with their schooling by:
 - Depriving them of the opportunity to attend school;
 - Obliging them to leave school prematurely; or
 - Requiring them to attempt to combine school attendance with excessively long and heavy work.

Obscene child abuse material. In accordance with the UNCRC Optional Protocol to the Convention on the Rights of the Child, ‘child pornography’ also commonly known as ‘obscene child abuse material’ means ‘any representation, by whatever means of material, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.’

Child Protection: In its widest sense, child protection is a term used to describe the actions that individuals, organisations, countries and communities take to protect children from acts of “harm” maltreatment (abuse) and exploitation e.g., domestic violence, exploitative child labour, commercial and sexual exploitation and abuse, deliberate exposure to HIV or other infections and physical violence. It can also be used as a broad term to describe the work that organisations undertake in particular communities, environments or programmes that protect children from the risk of harm due to the situation in which they are living.

Discrimination: Discrimination includes the exclusion of, mistreatment of, or action against an individual based on social group, race, ethnicity, colour, religion, gender, sexual orientation, age, marital status, national origin, political affiliation or disability.

Duty of Care: Duty of Care is a common law concept that refers to the responsibility of the organisation and individual to provide children with an adequate level of protection against harm. It is the duty of the organisation and its individuals to protect children from all reasonably foreseeable risk of or real injury.

Emotional abuse: Emotional abuse occurs when a child or vulnerable person is repeatedly rejected or frightened by threats. This may involve bad name calling, persistent shaming, constant criticism, solitary confinement and isolation, humiliation, or continual coldness from parent or caregiver to the extent that it affects the child’s physical and emotional growth.

Gender Based Violence: The term “gender-based violence” refers to violence that targets individuals or groups on the basis of their gender. The United Nations’ Office of the High Commissioner for Human Rights’ Committee on the Elimination of Discrimination against Women (CEDAW) defines it as “violence that is directed against a woman because she is a woman or that affects women disproportionately”, in its General Recommendation 19. This does not mean that all acts of violence against a woman or a girl child are gender-based violence, or that all survivors of gender-based violence are female.

Grooming: Refers to behaviour that makes it easier for an offender to procure a child for sexual activity. For example, an offender might build a relationship of trust with the child, their family or their community, and then seek to sexualise that relationship (for example by encouraging romantic feelings or exposing the child to sexual concepts through obscene child abuse material). Grooming often involves normalizing their behaviour to everyone, not only the child, and can also involve bestowing gifts, favours or money on the child, their family, and/or the community.

Internal concerns: are those where persons covered by the policy are the alleged perpetrators. External concerns are abuses which would usually be considered criminal under local legislation and perpetrated by persons not described in the scope of this policy. In situations where local legislation may be weaker than this policy and the **Malaria Consortium Safeguarding Behavioural Guide (Appendix V)**, staff are obliged to abide by this policy, keeping in mind at all times the best interests of the child or adult in vulnerable circumstances.

Location: For the purposes of this policy, “location” refers to any office or place where three or more Malaria Consortium staff are permanently based.

Neglect: Neglect is the persistent failure or the deliberate denial to provide a child with clean water, food, shelter, emotional support or love, sanitation, supervision or care to the extent that the child’s health and development are placed at risk.

Online grooming: The act of sending an electronic message with indecent content to a recipient, who the sender believes to be a child, with the intention of procuring the recipient to engage in or submit to sexual activity with another person, including but not necessarily the sender.

Partners: For the purposes of this policy, ‘partners’ refers to Malaria Consortium Trustees, volunteers, community workers, interns, consultants, contractors, partner agencies, sub-grantees and visitors to projects.

Physical abuse: Physical abuse occurs when a person purposefully injures or threatens to injure a child or vulnerable person. This may take any form of physical treatment including but not limited to slapping, punching, shaking, kicking, burning, shoving or grabbing. The injury may take any form including but not limited to bruises, cuts, burns or fractures.

Safe Environment: For a child/adult in vulnerable circumstances a safe environment is one where active steps are taken to reduce risks of harm against, and there are clear, established guidelines and procedures for conduct, reporting abuse and follow-up.

Safeguarding Focal Point (SFP): SFPs for Malaria Consortium will be local operatives appointed by the Country or Regional Director who will serve as the first point of contact for any safeguarding concerns

and support staff in understanding Malaria Consortium’s safeguarding responsibilities. In some cases, this will be the Country Director themselves.

Sexual abuse: Sexual abuse is actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions. Examples of this include the use of a child for sexual gratification by an adult or significantly older child or adolescent. Sexually abusive behaviours can include physically touching genitals/body, masturbation, or penetration, voyeurism, exhibitionism, and exposing the child to, or involving the child in obscene child abuse material.

Sex tourism: Tourism, usually by individuals or groups from developed countries to poor or developing countries, for the specific purpose of accessing children or adults in those countries for commercial sexual exploitation purposes.

Sex trafficking: The movement of children or adults from one place to another, usually with the exchange of money, for the purpose of involving those children or adults in commercial sex work or for other sexual exploitation, such as forced marriage.

Survivor: The person who has been abused or exploited. The term “survivor” is often used in preference to “victim” as it implies strength, resilience and the capacity to survive, however it is the individual’s choice how they wish to identify themselves.

Appendix II: Malaria Consortium Safeguarding Role Risk Assessment, Risk Levels and role mitigation planning Tool

This tool is designed to assess the **Safeguarding Risk** of a role, and then help managers and staff develop actions to mitigate these risks. The assessment is done by making a value judgement for each role for two factors:

1. The **Level of Contact** the role will have with children and adults in vulnerable circumstances.
2. The **Level of Supervision or Accompaniment** the role has during contact with children and vulnerable adults.

The highest safeguarding risk is Level 1 where the role has high level of contact with children and adults in vulnerable circumstances with low levels of supervision/accompaniment. The level of risk reduces as the frequency of contact reduces and level of supervision and accompaniment increases, to the lowest safeguarding risk Level 4

Role Risk Assessment

Step 1. Look at the descriptors in each row to assess the level of contact the role is likely to have with children and adults in vulnerable circumstances.

Step 2. Look at the descriptors in each column to assess the level of supervision and accompaniment the role is likely to have in their contact with beneficiaries.

Step 3a. The results of the above two will assign a Safeguarding Risk Level for the role. e.g. a role with a level 3 Contact and level 1 Supervision will be a Level 1 Risk (Highest risk level); a role with a level 2 Contact and level 2 Supervision will be a Level 3 Risk; and a role with a level 1 Contact and level 3 Supervision will be a Level 4 Risk role (Lowest risk level)

Step 3b. The inherent risks in these roles are also impacted by variables other than levels of contact and supervision. These factors are to be assessed at programme/ country level and then used to influence individual role risk levels arrived at using the method above - here is a list of some of these factors: Levels of trust role holders are likely to build within the community; tenure and long term relationships of staff within beneficiary communities; power dynamics; out of town/ overnight activity; where duty of care, offering guidance/training is part of the role or project; roles where the level of authority over children and adults in vulnerable circumstances is inherent to the role; where location of work

Contact level and context		Role Safeguarding Risk Assessment Tool-kit			
Step 1. assess level of Contact	Contact Level 3: Frequent contact: Part of the role, Role involves work with children and/or with vulnerable adults	Level of contact with children & vulnerable adults	3	2	1
	Contact Level 2: Occasional contact: Some contact as part of the role, but not an integral part of the role		2	3	4
	Contact Level 1: Rarely in contact No contact to hardly any contact, with minimal chance of field travel		1	4	4
	Step 3. Risk Level		1	2	3
			Level of supervision/ accompanied contact		
	Supervision level and context		Supervision Level 1: No supervision: Isolated or 1:1 with no supervision - Independent worker, remote community work	Supervision Level 2: Intermittent supervision: Physical or online contact in the presence of others. Involved in activity that is away from office location	Supervision Level 3: Continual supervision: Relevant supervision/ work in the presence of others/ no 1:1 - Office worker
			Step 2. assess level of Supervision		

Commented [MR1]: This is not really implemented. This is not a practice to be kept.

Commented [TH2R1]: I would agree it makes sense to take out

is remote; where sufficient level of trained staff to supervise activities isn't present; possibility that activity will lead the removal of children from school; Poverty in the community is of an adverse nature and there is greater dependence on care; when culture/ local context is blind to some behaviours seen as a risk

Step 4. Role safeguarding mitigation planning

The tool then provides an indication of the potential mitigation that could be put in place for each risk level. The mitigation plans are incremental in nature, where mitigation for a high-risk role will include and add to the mitigation actions from the lower-level risk mitigation plans. These mitigation plans will vary based on the level of contact with children and adults in vulnerable circumstances and the level of supervision. The resulting mitigation plan is the responsibility of the line manager and may change depending on the context. Managers will need to handle with care instances where any role involves field visits, overnight stays; assignments of isolated contact with children or adults in vulnerable circumstances; demonstrating skills, teaching children and building trust; roles involving physical contact/ touching of children, when administering medicines, e.g. community health workers; provision of personal care services e.g. washing, dressing, patients etc. This tool is not exhaustive and should be used to guide conversation and the role mitigation plans between line manager and staff. Once the role risk level has been assessed using the previous tool you can match that against the relevant mitigation plans below.

Role risk level	Top level mitigation plans: mitigation plans are cumulative in nature where a role assessed as a level 1 risk level (highest), all levels of mitigation must be applied together.
1 High risk	Regular conversations with managers and staff, dynamic mitigation plans that are reviewed regularly, active reporting back on situations in community and partners. Possibility of safeguarding section in project and performance briefings.
2 Moderate risk	Accompany programme visitors on field visits where possible and appropriate, limit 1:1 interaction with community, children and vulnerable adults. Possible spot checks by Country and Regional Directors* - Staff take an active role in mitigating action planning. Run community awareness programmes to raise awareness of safeguarding in these communities.*
3 Slight risk	When/ if traveling to international programmes: Complete security guide and induction; Completion of Safeguarding online course - part of authorisation to travel process*; Safeguarding concerns covered as part of the awareness/briefing sessions with programme staff in country prior to/ start of travel to programmes*; accompanied programme visits
4 Low risk	Awareness of Safeguarding policy, attendance on training session, online learning and or induction programme. Signed Code of Conduct.

Appendix IV: Project Safeguarding Risk Assessment Tool

This tool is designed to help outline the Safeguarding risks and mitigation plans for Projects in Malaria Consortium, this must be filled in by the Project Manager (or proposal lead if the project manager is not in place) during the design phase. This part of the Safeguarding Policy, the PCM process and a requirement by many of our donors. The Project manager is required to identify areas, activity and circumstances within the project that are likely to pose a risk to the safeguarding of children, adults in vulnerable circumstances and the wider beneficiary community, and the actions to mitigate these risks. This will involve actions taken by Malaria Consortium partners or work contracted out by Malaria Consortium. Please refer to the Policy for further information.

Assessing the impact of any risk is not required as it is already assumed to be high; however, there is a need to assess risk based on the likelihood of the risk materialising. This must be assessed based on knowledge of the project activity, value judgements, past experience, and knowledge of local culture, customs and traditions.

Risk categories:

High: Activity or circumstances whereby it is very likely (61% to 100%) that staff will directly interact with children or adults in vulnerable circumstances as part of the project

Medium: Activity or circumstances whereby it is less likely (20% to 60% chance) for staff to interact directly with children or adults in vulnerable circumstances as part of the project.

Low: Activity or circumstances whereby it is not likely (0% to 19%) that staff will directly interact with children or adults in vulnerable circumstances as part of the project

“Risk is at its highest when there are opportunities for unsupervised contact with children and adults in vulnerable circumstances, or when there is a power relationship between one of our staff and a member of the beneficiary community and further increased when the staff member has access to goods or services that the beneficiary community need.”

All high level project risks are to be reported to the GMG through the corporate risk register and all medium and low risks are to be monitored by programme and regional management level.

Points to note: As part of any programme all minimum safeguarding actions as per our Safeguarding Policy must be adhered to; e.g. any corporate intervention, inductions, awareness sessions and management practices.

All programme staff must *“Refrain from touching any member of the beneficiary community especially children and adults in vulnerable circumstances unless it is part of their roles.”* - Extract from the Malaria Consortium Safeguarding Behavioural Guide

Programme - the term programme if used, is used loosely to describe a project or group of projects

*Programme staff – the term programme staff is used to talk about anyone that works to realise the outcomes of the programme/ project in question.

*staff – the term staff means all staff, volunteers, consultants, Govt. reps, donors, health workers and partners etc.

Project Level Safeguarding Risk Assessment

This form is to be completed by staff trained/experienced in carrying out risk assessments.

Once this is filled in please send a copy of this risk assessment to your Country Director, they are to sign it as proof this has been reviewed and send it back for filing in the relevant project folder. Please ensure all high level risks are flagged through the regional risk register to the corporate register.

Date of risk assessment:				Date assessment will be reviewed:			
Name of project:				Role Title of assessor:			
Country of project:				Name of assessor:			
Project brief: (brief descriptor of project max 250 words)							
Risk Assessment				Risk Management			
Project activity	Identify risk to children/ adults in vulnerable circumstances	Analysis of risk factors – what is causing the risk?	Risk level	What are the control measures currently in place?	What are the agreed additional controls/actions to be put in place to mitigate the risk?	By when will this be addressed	By whom
<i>e.g. interviewing internally displaced school children</i>	<i>Published material causing risk to safety of children</i>	<i>Lack of due diligence in agreeing consent and anonymising material</i>	<i>Medium</i>	<i>Consent form signed and collected; agreed processes on anonymising children in published material</i>	<i>Training of staff due to travel to programme areas and work with children; sharing of relevant policies in advance</i>	<i>31/03/2018</i>	<i>Technical expert; line managers</i>
Insert further rows as needed							

This is to state that I have reviewed these risks and agree with the assessments. The relevant risks have been raised at the appropriate regional levels. I will to the best of my ability ensure these mitigation actions are in place and acted on, and if there are any issues I will raise these at the regional level.

Country Director, Name: _____

Signature: _____

Date: _____

Examples of activities that could pose a risk

Questions to ask and think about when filling out the risk assessment. The answers will prompt you to consider aspects of your project that could lead to safeguarding risks within your projects. Where applicable please include these in your risk register.

Contextual risk contributors
<ul style="list-style-type: none">• How likely it is that staff would engage with children or adults in vulnerable circumstances who have challenges (e.g. psychological, situational) that contribute to their vulnerability or who's true or cognitive age impacts on their ability to protect themselves?• How likely are staff to engage with parents who have challenges (e.g. psychological, situational) or who's true or cognitive age impacts on their ability to provide care or protect their children?• How likely are staff in contact with people with any of these: Physical and mental disabilities, homelessness, child sex workers or parents who are sex workers, children and families impacted by disasters, displaced, migrants, refugees and asylum seekers, children in contact with the law, children or adults in vulnerable circumstances that have been subjected to trafficking, orphans, unaccompanied minors and the very young.• Will staff be in positions whereby communities or individuals are dependent upon their presence for access to a service or goods (e.g. treatment, drugs/ medicines)• How likely is it that staff will be in contact with communities that have been displaced within the last year due to conflict/violence, natural/climate issues and/or economic conditions?• How likely is it that this project will involve contact with communities that receive humanitarian (e.g. life-saving) aid assistance?• What is the likelihood that project activity will lead to any of the below: The employment of children, the removal of children from school or the employment of children in hazardous work?
Operational, Human Resources and Cultural contributors
<ul style="list-style-type: none">• Will this project require recruitment of new staff, government officials /volunteers? Does project design, schedule and budget allow for induction of these staff to MC's policies and safeguarding practices?• Will this project work with partners locally and has all due diligence been carried out in partner selection, on boarding; especially if they are new to working with Malaria Consortium.• Will this project have sufficient numbers of trained staff to supervise activities/engagement with children/adults in vulnerable circumstances if relevant?• How confident are you, as project manager of your staff's ability to identify safeguarding risks, potential safeguarding episodes and deal with them in line with MC's policy?• Are considerations being made for introducing the relevant policies to the beneficiary communities, both in writing and orally; informing them on the conduct to expect of programme staff and partners?

<ul style="list-style-type: none"> • Does project design include beneficiary accountability mechanisms to allow staff and community members, including children, to raise concerns over inappropriate behaviour by staff safely? • Could images or film be taken of children is taken without consent, undermining children's agency & placing them at risk? • Are plans and mechanisms in place to review all photography and film captured during the course of this project, before they are used in the public domain, for any potential breach of the Safeguarding Policy? • How well do existing and deployed staff understand informed consent and the process to achieve it? • Could local and international staff and volunteers take photos on their personal phones for personal social media use (e.g. on Facebook, Instagram)
<p>Contact with children and adults in vulnerable circumstances - face to face or online</p>
<ul style="list-style-type: none"> • How likely is it that this project will result in direct contact with, or opportunities for direct contact with, children or adults in vulnerable circumstances? • Will this project require physical contact or touching of children or adults in vulnerable circumstances by any staff member? • How likely is it that this project will result in scenarios whereby project staff are in direct contact with, or opportunities for direct contact with, any individual who is or has been a sex worker? • Will this project involve direct one-on-one or group access to children or adults in vulnerable circumstances online? • Will this project involve supervising children/adults in vulnerable circumstances via online contact? • Will this project involve online access to a child's or children's or adults in vulnerable circumstances' personal and/or confidential information? • Does/ will this project have sufficient resources required with specific skills, knowledge, qualifications or service eligibility requirements to undertake work with children or adults in vulnerable circumstances?
<p>The nature of isolation and supervision of project roles</p>
<ul style="list-style-type: none"> • How likely is it that staff will travel to or work in remote/isolated locations? • How likely is it that staff are unsupervised or alone with children and/or adults in vulnerable circumstances? • How unpredictable are project settings? • How likely is it that this project will require travel to locations with very limited infrastructure, medical services and/or communications connectivity? • Does the project activity involve transporting youth? • How likely is it that this project will require any of its staff to travel for extended periods of time (over 14 days per trip)? • How likely is it that this project will any of its staff 3+ trips for an extended period of time (over 14 days) in any 12 month period?
<p>Degree of likely trust built into project roles</p>
<ul style="list-style-type: none"> • How likely is it that the project activity will involve developing close, personal, long term relationships with children/adults in vulnerable circumstances? • Will any project staff be in a position to make important decisions regarding the future of children? • How likely is it that this project will require input into scenarios or decisions that affect the safety and/or well-being of others? • How likely is it that the project staff are perceived as figures of authority with the beneficiary community (from a child perspective)? • Will the project involve demonstrating a skill to children or adults in vulnerable circumstances? • Will any project staff be involved in providing a personal service to members of the community/ beneficiaries (e.g. washing, dressing, toileting)?

Appendix V: Malaria Consortium Safeguarding Behavioural Guide

Malaria Consortium believes that all children and adults in vulnerable circumstances have equal rights to protection from violence, abuse, and exploitation, and takes seriously its duty of care towards the children and adults in vulnerable circumstances it works with and its staff come into contact with. Part of safeguarding is ensuring that all Malaria Consortium staff and partners understand clearly the behaviour that is expected of them when they come into contact with children and adults in vulnerable circumstances.

I will:

- ✓ Treat all children and adults in vulnerable circumstances with respect, regardless of race, colour, sex, sexual identity, social group affiliation, language, religion, political or other opinion, national, ethnic or property, disability, birth or other status
- ✓ Conduct myself in a manner that is consistent with the values of Malaria Consortium
- ✓ Provide a welcoming, inclusive and safe environment for all children and adults in vulnerable circumstances
- ✓ Respect cultural differences which do not harm children and adults in vulnerable circumstances
- ✓ Encourage open communication between all children, young people, parents, staff and volunteers and enhance and promote the participation of children and adults in vulnerable circumstances in the decisions that affect them
- ✓ Refrain from touching any member of the beneficiary community especially children and adults in vulnerable circumstances unless it is part of my role.
- ✓ Be transparent in my actions and whereabouts
- ✓ Take responsibility for ensuring I am accountable and transparent, and that I do not place myself in positions where there is a risk of allegations being made. Wherever possible, I will ensure that another adult is present when I am working in the proximity of children.
- ✓ Keep confidential all information that I am party to regarding safeguarding cases, disclosing and discussing information only with the relevant parties
- ✓ Report any concerns or suspicions regarding abuse or policy non-compliance by a fellow staff member or Malaria Consortium partner in line with Malaria Consortium's reporting procedures
- ✓ Comply with all relevant national legislation, including labour laws in relation to child labour
- ✓ Immediately disclose all abuse charges, convictions and other exploitation and abuse and policy non-compliance in accordance with appropriate procedures

I will not:

- Engage in behaviour that is intended to shame, humiliate, belittle or degrade children or adults in vulnerable circumstances
- Use inappropriate, offensive, harassing, abusive, sexually provocative, demeaning, culturally inappropriate or discriminatory language when speaking with a child or adult in vulnerable circumstances
- Do things of a personal nature that a child or adult in vulnerable circumstances can do for him/herself, such as assistance with toileting or changing clothes. If this is necessary, for example for someone with a disability, I will inform my line manager first and be as open as possible in my behaviour, which includes explaining what I can do to assist them
- Invite unaccompanied children into my home, unless they are at immediate risk of injury or in physical danger
- Sleep close to unsupervised children unless absolutely necessary, in which case I must obtain my line manager's permission, and ensure that another adult is present.
- Hit or physically assault children
- Engage in any form of sexual activity or acts, including paying for sexual services or acts, with a child or adult in vulnerable circumstances. This includes not physically touching a baby's genitals, of either gender, even if it is not intended for sexually exploitative purposes.
- Encourage or condone behaviour on the part of others which constitutes abuse or exploitation of a child or adult in vulnerable circumstances. This includes not encouraging children to engage in sexual acts with other children.
- Behave provocatively or inappropriately with a child or adult in vulnerable circumstances. Hold, kiss or cuddle in an inappropriate, unnecessary or culturally insensitive way.
- Seek to make contact, in person, by phone, or electronically, and/or spend time with any child/adult in vulnerable circumstances that I come into contact with in my role as a representative of Malaria Consortium, outside of designated work and activity times of my role
- Discriminate against any children/adult in vulnerable circumstances for any reason or show special favour towards any individual or group
- Release or discuss any personal confidential information about suspected or proven abuse or protection cases other than with the relevant persons
- Use any computer, mobile phone, or video and digital camera to exploit or harass children/adults in vulnerable circumstances. I will not access obscene child abuse material through any medium (see also 'Use of Children's Images' below)
- Hire children to perform domestic labour or any other labour which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury or any other harm.

When photographing or filming a child or children for work purposes, I must:

- ✓ Assess, and endeavour to comply with, local traditions or restrictions for reproducing personal images (taking photos or videos)
- ✓ Obtain consent (documented through the Malaria Consortium Photography Release Consent Form) from the child and a parent/guardian of the child. As part of this I must explain how and where the photograph or film will be used. I must follow Malaria Consortium guidance on obtaining consent for taking photos of groups of children

- ✓ Ensure photographs or films present children in a dignified and respectful manner, not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive
- ✓ Ensure images are honest representations of the context and the facts
- ✓ Ensure children are portrayed as part of their community
- ✓ Ensure file images do not reveal identifying information about a child when sending images electronically
- ✓ Ensure there is no identifying information of the child used in the publication of images with their location I will ensure all recorded identifying details are stored confidentially.
- ✓ Ensure all photographers I am supervising are screened for their suitability, including police checks where appropriate
- ✓ Not post images or details of children associated with Malaria Consortium's work on personal social media sites
- ✓ Only use the photograph for the circumstances agreed upon. Photos older than three years will be labelled "not for use" and archived, but will not be destroyed as they may be useful as historical reports

As a person engaged or associated with Malaria Consortium staff and partners are required to use common sense and avoid actions or behaviours that could be construed as abuse when engaging in activities or visiting projects of Malaria Consortium or partner agencies.

Malaria Consortium expects staff and partners to uphold at all times the standards of behaviour described in the Safeguarding Behavioural Guide above and that disciplinary measures and/or legal steps will be taken if staff are found to be in breach of the Safeguarding Behavioural Guide.

Appendix VI: Malaria Consortium Safeguarding Incident Reporting Form Guide

Malaria Consortium takes all concerns and reports of abuse seriously and immediate action will be taken. Staff members or others reporting safeguarding concerns will be supported by the organisation throughout the process of assessing the claim.

Completed forms should be sent to the HR Director, which can be sent via the Country or Regional Director.

This form should be used to report if you see or suspect abuse, if an allegation of abuse is made, or if a child or adult in vulnerable circumstances discloses abuse. The information you provide here will be kept confidential (as far as practicable in law) and all steps will be taken to ensure you are supported by management and that your protection is considered in any actions taken.

What to do and say if a child or adult in vulnerable circumstances tells you about actual or potential abuse

- Accept what they say
- Take the allegation seriously
- Reassure them they have done the right thing by telling someone and that they are not to blame for the behaviour of others
- Let them know that the allegation must be reported and that total confidentiality cannot be promised
- Allow them to speak freely but do not press them for information
- Let them know what will happen next
- Record the process carefully and in detail immediately after the allegation in order to ensure greatest accuracy

DO NOT:

- React emotionally
- Seek any more information than is absolutely necessary
- Leave the child or adult in vulnerable circumstances alone immediately after a disclosure
- Make promises that you cannot keep (particularly about not telling others)

Appendix VII: Malaria Consortium Safeguarding Incident Reporting Form

Part One: About You

Name: _____

Your role in Malaria Consortium or partner: _____

Details of any other organisation involved: _____

Your relationship to the child or adult in vulnerable circumstances concerned: _____

Part Two: About the Child or Adult in vulnerable circumstances

Name(s): _____

Male/female: _____

Age: _____

Address: _____

Whom does the child or adult in vulnerable circumstances live with?

Part Three: About Your Concern

How did you come to have a concern: was abuse or policy non-compliance observed or suspected? Was an allegation made? Did a child disclose abuse?

Date, time and place of any incident(s) reported to you: _____

Nature of concern/allegation

Observations made by you (e.g. child/adult in a vulnerable situation's emotional state, any physical evidence)

Write down exactly what the child or person making a report said and what you said (or another informant said):
continue on a separate sheet of paper if necessary.

Is there any other relevant information? (E.g. disability or language?)

Were other children involved or aware?

Have you already spoken to parents or carers or any other child protection Personnel or Agencies? Yes or No
___ If Yes, who or whom?

Time and date of reporting:

Person(s) to whom report was made: (name of manager/staff): _____

Advice given by that person or agency:

Action taken

I understand that in making this report the agency may have to inform other authorities, in a confidential manner and only if necessary for the safety of the child, the staff member, or the agency, or to meet obligations to donors or under national law

Signed: _____

Date: _____

Note: Please remember that all information contained in this report must be kept confidential and must not be revealed to anyone except the person you reported to. You will be informed of next actions that will be taken

Malaria Consortium

The Green House 244-254 Cambridge Heath Road
London E2 9DA, United Kingdom

www.malariaconsortium.org
info@malariaconsortium.org

UK Registered Charity No: 1099776
US EIN: 98-0627052

malaria consortium
disease control, better health

