

INFORMATION CENTRE ON DISABILITY TANZANIA



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Child Safeguarding Policy Statement

May 2023

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1. INTRODUCTION

This Child Safeguarding Policy for Disabled Children aims to ensure the safety, protection, and well-being of disabled children within our organization or any entity working with disabled children. It recognizes the unique vulnerabilities and specific needs of disabled children and outlines measures to prevent and respond to any form of abuse, neglect, or exploitation.

Policy Statement:

ICD is committed to promoting the rights and dignity of disabled children and providing an inclusive and safe environment for their growth and development. This policy reflects our zero-tolerance approach towards any form of harm, discrimination, or violation of their rights, and establishes guidelines to prevent, detect, and respond to safeguarding concerns.

Definition of key terms

Information Centre on Disability Representative: An individual that works on behalf of Information Centre on Disability Tanzania on a full time, part time, long or short term paid or unpaid basis. These include Board Member, Staff, Volunteers, and interns, Staff of partner organizations and Consultants.

A child: Any human being under the age of 18 years. In the context of ICD however, this definition also covers young people (up to the age of 24 years) who interact with and/or participates in ICD's programmes.

Child abuse: Relates to all acts of ill treatment of a child that are reasonably in the control of a person in a relationship of responsibility, trust and power of a child that result into actual or potential harm to a child's health, dignity, survival and development. According to the Violence against Children Studies of Tanzania and Zanzibar (2009), these acts are usually perpetuated by people known to or closest to the child, including parents, relatives, neighbors, peers and teachers. For the purpose of understanding child abuse risk in the context of ICD, 5 common forms of child abuse have been identified. They include:

Physical abuse: refers to violence or deliberate physical harm meted on a child leading to physical injuries, wounds, broken bones, burns and even death. Physical abuse can involve beating, burning, smacking, pinching, caning, shaking, heavy work, corporal punishments and harmful cultural punishments. Some of the signs that a child has been physically abused include: unexplained wounds, burns and broken bones.

Sexual abuse: Refers to involvement of a child (induced or coerced) in a sexual activity for sexual stimulation or gratification of the abuser. It can be contact (e.g. intercourse, inappropriate touch, and fondling, kissing, oral sex) or non-contact (e.g. exposure to pornography; using children to make pornographic material; virtual sex - via phone or internet; obscene/sexual physical contact virtual, telephone and written remarks). You can identify a child is sexually

abused if you notice pregnancy; sexually transmitted infections; knowledge of sex that is not appropriate to age; sexualized language, dressing and behavior.

Emotional abuse: This refers to attack on a child's emotional development and self-worth through criticism, verbal insults, blackmail, neglect, ignoring/rejection, belittling, threatening, ridicule, discrimination, comparison and withdrawal of love, support and guidance. Emotional abuse can also result from bullying, failure to provide basic needs of a child and exposure to other forms of abuse. You notice that a child is withdrawn, sad, aggressive, bed wetting, has no appetite, is timid/fearful; then chances are that s/he has been emotionally abused.

Neglect: Refers to persistent failure to provide a child's basic physical and psychological needs, which could result in impairment of a child's wellbeing, growth and development. It also involves failure to supervise and show a child love, care, guidance and protection from danger. A neglected child may be unruly, unkempt, hungry, out of school, malnourished/in poor health, unaccompanied and unsupervised.

Exploitation: This is the use/involvement of children in activities that socially or economically gain a third party. These may include labor, prostitution, pornography, marriage and trafficking for slavery purposes. Children in exploitative situations work for little or no pay; miss out on school; work for long hours and in hazardous environments without protection.

Disabled Children: Refers to individuals under the age of 18 who have physical, sensory, intellectual, or developmental disabilities, including those with mobility impairments, sensory impairments, cognitive impairments, communication impairments, or multiple disabilities.

Safeguarding: Encompasses the measures taken to protect children from abuse, neglect, exploitation, and other forms of harm, ensuring their safety, well-being, and rights are upheld.

Note: It is important that all our representatives are well abreast with these forms of abuse and their indicators, so that they can understand what we strive to protect children with disability from and also be vigilant for indicators of child abuse so that affected and children at risk could be identified and helped.

2. THE POLICY

2.1 Foundations of the policy

This policy was developed following a thorough analysis of risks of child abuse to children with disabilities as related to ICD nature of programmes and the level of contact with children. The provisions stated in this policy are therefore not just intended to mitigate the risks and prevent occurrence of abuse in all our operation contexts, so that ICDICD is a safe place for children and young people. Most importantly, this policy is to guide us to create a safeguarding culture in the hearts of ICDICD's representatives and associates to always consider the best interests of children.

This policy is a statement of ICDICD's commitment to fulfill its legal and moral obligation to protect all children and young people that come into contact with the organization's staff and programmes. It is grounded in ICDICD's safe guarding principles, international and local legal framework and international Keeping Children Safe Standards of good practice for child safe organizations.

2.2 Safeguarding Principles

The policy is based on the following principles:

- a. Inclusion: Ensure disabled children are actively included in decision-making processes and that their specific needs, abilities, and rights are respected and supported.
- b. Empowerment: Promote the empowerment of disabled children by providing them with opportunities to express their views, participate in activities, and access information relevant to their well-being and safety.
- c. Confidentiality: Respect the confidentiality and privacy of disabled children when handling safeguarding concerns, adhering to legal requirements and ethical considerations.
- d. Training and Awareness: Provide appropriate training and awareness programs to staff, volunteers, and stakeholders to equip them with the knowledge and skills necessary to identify, prevent, and respond to safeguarding issues concerning disabled children.
- e. Reporting and Response: Establish clear reporting mechanisms and procedures for raising safeguarding concerns, ensuring that any allegations or suspicions of abuse are taken seriously and promptly responded to in line with legal and organizational protocols.

2.3 International good practice

In order that the above principles are fulfilled, we at ICDICD shall hold ourselves and our partners accountable to implementing international best practice to make our organization/environments safe for children and young people with disabilities. We commit to fulfill the following: Preventative Measures:

- a. Recruitment and Screening: Implement robust recruitment and selection processes, including background checks, references, and interviews, to ensure that individuals working directly with disabled children have appropriate qualifications, skills, and integrity.
- b. Code of Conduct: Develop and communicate a clear code of conduct that outlines acceptable behaviors and sets expectations for all staff, volunteers, and stakeholders working with disabled children.
- c. Risk Assessment: Conduct regular risk assessments to identify potential risks and vulnerabilities within the organization's activities and environments, making necessary modifications and implementing safeguards accordingly.
- d. Safeguarding Training: Provide comprehensive training on child safeguarding, disability awareness, and the unique vulnerabilities and specific needs of disabled children to all individuals involved with disabled children.
- e. Partnerships and Collaboration: Establish partnerships and collaboration with relevant agencies, organizations, and authorities to share best practices, resources, and knowledge in safeguarding disabled children.

ICD Reporting and Response Procedures:

- a. Reporting Mechanisms: Clearly communicate and disseminate reporting mechanisms, ensuring that all staff, volunteers, and stakeholders are aware of how to report safeguarding concerns or suspicions appropriately and confidentially.
- b. Investigation and Response: Designate a trained Safeguarding In charge or team responsible for investigating allegations or suspicions of abuse, following established protocols, and ensuring the safety and well-being of the disabled child throughout the process.
- c. Support and Referral: Provide support and referral services for disabled children who have experienced abuse or harm, connecting them to appropriate services, counseling, or legal assistance as assistance as necessary.
- d. Record Keeping: Maintain accurate and confidential records of safeguarding concerns, investigations, and actions taken, ensuring compliance with legal requirements and data protection policies.

3 Legal Framework

In Tanzania mainland, the legal framework for protecting people with disabilities includes various laws and regulations that aim to promote their rights, ensure equal opportunities, and prohibit discrimination. Here are some key legal instruments relevant to the protection of people with disabilities in Tanzania:

1. Persons with Disabilities Act, 2010: This Act recognizes the rights of persons with disabilities and provides for their equal participation in all aspects of life. It prohibits discrimination, ensures access to education, healthcare, employment, and social services, and promotes accessibility and reasonable accommodation.
2. Constitution of the United Republic of Tanzania, 1977: The Constitution guarantees equal rights and protections for all citizens, including persons with disabilities. It emphasizes non-discrimination, equality before the law, and the right to access public services and facilities.
3. National Policy on Disability, 2004: This policy provides a framework for addressing the rights, needs, and concerns of persons with disabilities in Tanzania. It sets out principles for inclusive development, education, healthcare, employment, and social welfare.
4. Employment and Labor Relations Act, 2004: This Act prohibits discrimination in employment based on disability and requires employers to provide reasonable accommodation to employees with disabilities. It promotes equal opportunities for employment, training, and career advancement.
5. Education and Training Policy, 1995: The policy emphasizes inclusive education and the provision of appropriate educational services for children with disabilities. It promotes the integration of children with disabilities into mainstream schools and the development of special needs education programs.
6. Tanzania Communication Regulatory Authority Act, 2003: This Act requires telecommunication providers and broadcasters to ensure accessibility for persons with disabilities in the use of their services. It encourages the availability of accessible communication devices and services.
7. National Health Policy, 2003: The policy recognizes the rights of persons with disabilities to access healthcare services without discrimination. It promotes inclusive healthcare services and the integration of disability-related services into the healthcare system.
8. Access to Information and Right to Privacy Act, 2016: This Act recognizes the right of persons with disabilities to access information and communication technologies. It promotes

the availability of accessible information and communication services, including assistive technologies.

It is important to note that while Tanzania has a legal framework in place for the protection of people with disabilities, implementation and enforcement of these laws and policies are crucial to ensure effective safeguarding and the realization of the rights of persons with disabilities.

In Zanzibar, as a semi-autonomous part of Tanzania, there are own legal and policy framework for the prevention of violence against children. While specific legislation focusing solely on violence against children with disabilities does not exist, there are broader laws and policies in place that aim to protect all children, including those with disabilities. Here are key elements of the legal and policy framework relevant to the prevention of violence against children with disabilities in Zanzibar:

1. Zanzibar Constitution: The Constitution of Zanzibar provides fundamental rights and protections for all citizens, including children with disabilities. It prohibits discrimination, guarantees the right to life, dignity, and protection from violence.

2. Zanzibar Children's Act, 2011: This Act outlines the rights and welfare of children in Zanzibar. It includes provisions related to protection from violence, abuse, and neglect. The Act recognizes the vulnerabilities of children with disabilities and emphasizes the importance of their care, well-being, and inclusion.

3. National Policy for Vulnerable Children and Child-Friendly Zanzibar Framework, 2014: This policy framework aims to address the needs and challenges faced by vulnerable children, including children with disabilities. It highlights the prevention of violence, abuse, and exploitation as a key priority, promoting child-friendly systems and services.

4. Zanzibar Gender and Child Welfare Act, 2016: This Act focuses on the welfare and protection of women and children in Zanzibar. While it does not specifically mention disabilities, it includes provisions related to the prevention of violence against children, child abuse, and child protection services.

5. Zanzibar National Strategy on Violence against Women and Children, 2018-2022: This strategy acknowledges the vulnerability of children with disabilities to violence and aims to prevent and respond to violence against children. It emphasizes the importance of inclusive services and awareness-raising initiatives.

6. Zanzibar Social Welfare Act, 2016: This Act provides for the establishment of social welfare services and programs to support vulnerable individuals, including children with disabilities. It aims to prevent neglect, abuse, and exploitation, and ensures the provision of appropriate services and support.

7. Zanzibar Education Act, 2016: This Act guarantees the right to education for all children in Zanzibar, including those with disabilities. It promotes inclusive education and prohibits any form of violence or discrimination against children in educational settings.

It is important to note that these laws and policies are the primary components of the legal and policy framework relevant to the prevention of violence against children with disabilities in Zanzibar. However, implementation, enforcement, and the development of specific guidelines and protocols are essential to ensure effective prevention and response to violence against children with disabilities.

4. Aims and scope of the policy

The policy is intended to achieve the following aims:

1. To enable protection of children including those with disabilities that come into contact with ICDICD from risks of abuse associated with programmes, the persons that deliver and/or visit the programmes and settings in which they are delivered.
2. To protect the staff and others that work on behalf of ICD from risks associated with abuse of children especially children with disabilities.
3. To protect the image of Information Centre on Disability Tanzania as an organization that protects children and young people especially those with disabilities from all forms of abuse and exploitation throughout our interface with the communities.

This policy will be applied in both Tanzania Mainland and Zanzibar; in all geographical areas where ICDICD is implementing its programmes. It shall be implemented to protect all children especially children with disabilities (person below 18 years), as well as young people with disabilities up to 24 years that participate in our programmes to the extent allowable by the national law.

All persons working with ICDICD as Board Members, Staff, Volunteers and interns, (researchers, data entrants) Community Mobilizers, consultants (herein referred to as ICDICD representatives) and staff of partner organizations associated with ICD are expected to promote and individually fulfill their responsibility to create safe environments for children and youth with disabilities and also to raise any concerns of abuse to the designated child safeguarding focal persons. All ICD representatives (as part of contracting processes) are expected to agree and in practice abide by the provisions of this policy in the spirit of protecting themselves, the children and the image of ICD from risks associated with abuse of children especially children with disabilities. In addition, all persons that visit our programmes (local partners, government officials, local leaders, media crews, advisors, supporters/funders) are equally expected to abide by the provisions of this policy.

5 Roles and responsibilities

It is the responsibility of every ICD representative to adhere to this policy at all times; to act appropriately, if suspicious or have knowledge of child abuse happening within ICD; and to conduct oneself in an exemplary manner that depicts commitment to child safeguarding both in professional and private lives.

The Internal Safeguarding Team

The Executive Director shall designate specific persons to promote child safeguarding. Individuals to serve on the safeguarding team shall be persons of integrity and have knowledge and passion for safeguarding especially to children with disability. They should be willing to set aside time to perform safeguarding tasks in addition to their routine contractual responsibilities. Where necessary (depending on need) ICD shall ensure that the safeguarding team receives special training to enable them fulfill their tasks.

The Country Board has the ultimate responsibility to champion and oversee implementation of this policy. The Board will also be responsible for reviewing the policy periodically to ensure it is relevant to the changing contexts. A safeguarding committee of the Board will be constituted by the Board Chairperson to handle safeguarding issues involving board members and senior managers. It is also responsible for handling appeals of issues not satisfactorily handled by management.

The Senior Management Team is responsible for making day to day decisions relating to enforcement and monitoring of this policy.

- The Executive Director shall champion the implementation of this policy; make decisions that support its implementation and account to the Board and other stakeholders on child safeguarding in the organization.
- The Human Resource Department shall be the custodian of this policy; ensure that ICD representatives are oriented and appraised on safeguarding issues and comply accordingly.
- Programme Managers are responsible for promoting child safeguarding among staff and partners they supervise and embedding child safeguarding practice in Programme design and implementation.

The Safeguarding Committee: Based at the country office, the committee is responsible for planning and monitoring the implementation of this policy. The Committee investigates safeguarding concerns reported and advises management on actions to take. It also supports the Child safeguarding in charge to fulfill his/her roles.

The Safeguarding In charge: Is responsible for receiving, documenting and escalating child safeguarding concerns reported. There shall be two Safeguarding In charge (one based at the country office and another based in Zanzibar. They are responsible for raising awareness and answering queries related to safeguarding within ICD. Where a concern is referred to external child protection authorities, the Safeguarding In charge shall follow up and ensure the affected child is protected and receives the necessary support they require.

6. Education and training on safeguarding

- All persons recruited as ICD representatives (new and existing) shall be oriented on disability in general and the child safeguarding policy in particular. This is to create awareness on the importance of child safeguarding in ICD context and responsibilities to prevent and respond to abuse and procedures for handling concerns.
- All persons engaged/employed by ICD shall have access to regular training on child safeguarding (at least once a year) that is appropriate for their role and responsibilities.
- Stakeholders will be briefed on child safeguarding and their responsibilities under the policy upon engagement with the organization.

- Children and families especially those with disabled children will be informed on the ICD's commitment to child safeguarding and what to do if they have concerns. They will also be informed of the designated Safeguarding In charge to which they can report if they have concerns related to safety and protection of children.
- Child safeguarding shall be included in trainings (such as life skills trainings) for children and young people.

7. Guidance on appropriate behavior with children and young people

All persons employed with ICD (on full time or part time, short or long term, paid or unpaid) are expected to conduct themselves in a manner that depicts ICDs commitment to safeguarding children. For the reason that all persons bound by this policy represent ICD, they are expected to behave appropriately in accordance with the behavior protocol both within and outside ICD work spaces.

Interacting with children and young people with disabilities requires sensitivity, respect, and understanding. Here are some guidelines for appropriate behavior when interacting with children and young people with disabilities:

1. Respect and Dignity:

- Treat children and young people with disabilities with respect and dignity, recognizing their individuality and unique abilities.
- Use appropriate and respectful language when referring to their disability, and always prioritize their personhood over their disability.

2. Inclusive Communication:

- Communicate directly with the child or young person, even if they have difficulty speaking or understanding. Use clear and simple language, and be patient when listening to their responses.
- If needed, use alternative communication methods such as sign language, visual aids, or assistive communication devices to facilitate effective communication.

3. Active Listening and Empathy:

- Listen attentively to their needs, concerns, and experiences. Show empathy and validate their feelings and emotions.
- Be patient and give them time to express themselves, especially if they have communication difficulties.

4. Equal Opportunities:

- Provide equal opportunities for participation and engagement in activities, ensuring accessibility and reasonable accommodations are in place.
- Encourage their involvement and contributions, respecting their choices and preferences.

5. Individualized Support:

- Recognize that each child or young person with a disability has unique strengths, challenges, and support requirements. Tailor your approach and support based on their specific needs.
- Collaborate with the child or young person, their family, and relevant professionals to develop individualized strategies and interventions.

6. Physical Assistance and Personal Space:

- Seek consent before providing physical assistance or support. Respect personal boundaries and privacy.

- Offer assistance when needed, but also encourage their independence and autonomy as much as possible.

7. Positive Reinforcement and Encouragement:

- Offer praise, encouragement, and positive reinforcement for their efforts and achievements. Focus on their strengths and abilities rather than solely on their disabilities.

- Foster a supportive and inclusive environment that promotes their self-esteem and confidence.

8. Avoid Stereotyping and Assumptions:

- Avoid making assumptions or generalizations based on their disability. Recognize their diverse talents, interests, and potential.

- Challenge stereotypes and promote inclusivity by celebrating diversity and fostering a culture of acceptance and inclusion.

Remember, every child or young person with a disability is unique, and it's essential to approach each interaction with an open mind, empathy, and a commitment to inclusivity.

8 Child Safe Programming

For any project/activity that involves working with children with disabilities, ICD will keenly define the level of contact with children, perceived risks and appropriate mitigation measures. For activities that involve working with partners; the lead partner/organization implementing the activity holds the primary responsibility for ensuring that the risks of abuse of children are assessed and managed effectively.

Programme Managers shall always ensure that safeguarding principles are upheld in programme design, implementation, monitoring and evaluation. Programmes involving children with disabilities shall include safeguarding initiatives intended to empower children to know their rights and caregivers and actors in communities to be aware risks within their communities and importance of safeguarding children.

Implementing staff should always ensure that:

- Work spaces where children with disabilities participate in programme activities are arranged in a manner to reduce risk of abuse by ensuring that spaces are free from sharps, ditches/holes, animals/insects that could harm children.
- The toilets and work spaces are clean and there are appropriate safeguards for children that need special care.
- Children and young people are properly and adequately supervised so that their interaction with children of different sex, age and disability does not result into harm. Always endeavor to ensure that female children are supervised by female adults and the reverse is true for males.
- The welfare of children and young people are catered for in terms of their meals, play spaces, toiletries etc. Appropriate measures shall always be put in place to ensure that

younger children that come along with their parents are adequately supervised and engaged while their parents participate in programme activities.

- Time managed well, such that children do not miss school, meals and go home late.
- The content to be delivered to children and young people is suitable for age, special needs and is delivered in a language that is easy to understand.
- Working with community actors, hotspots and risks of child abuse in communities are identified and parents/caregivers and community members are mobilized and sensitized on safeguarding so as to create a strong community safety net for protection of children.
- Where children with disability participate in groups, care shall be taken to orient them on appropriate behavior and interaction with fellow children, adults and the media, as well as the procedure for reporting concerns related to welfare and protection.
- Before engaging children/young people seek consent (written or verbal). For children, and depending on the nature of engagement, parental consent should be sought.
- Information about children and young people with disability is properly filed and stored in a safe place – under lock and key or password protection and only accessed by authorized persons.

9 Communications – use of children’s images and information

In our use of written, audio and visual images of children especially those with disabilities, we shall observe principles of respect and dignity, truth, taste and decency, high technical standards and sensitivity to the most vulnerable. Detailed communication guidelines can be accessed in Appendix 5.

Social media

ICD representatives are personally liable for any content they post or share on personal social media accounts. It is important to always think about the information you are sharing and to ensure that it depicts commitment to safeguarding children and young people especially those with disabilities.

- Always write in the first person (e.g. I) and use a disclaimer (e.g. these are my personal views and not views of the organization I work for or represent).
- Never circulate/post defamatory, obscene, abusive and harmful content, particularly content involving children.
- Do not share sensitive information about children – their vulnerability and their identity. Where sensitive information about children has to be shared with the public, care shall be taken to blur the pictures, use pseudo names, distort voice and remove all information that could identify the child involved. Where this happens, it shall be stated that the information about the child has been withheld for protection reasons.
- Do not share/post pornographic content.
- Do not allow children to access adult-rated sites and/or pornography using your social organizational or personal devices and personal social media accounts.

- Misuse of social media and organizational internet and devices are breach of this policy and are subject to disciplinary action. All ICD representatives are expected to report these to the Safeguarding In charge.
- Do not post images and information of children and young people taken during ICD activities on personal social media accounts.

10. Safeguarding with partners

Our current programmes involve working with government Ministries of health, education and vocational training, home affairs, women, elderly and children, health facilities, Madras leaders, one-stop Centre's, and local leaders in the areas of health and education service delivery and awareness raising on Promoting children right and addressing Gender-Based Violence and Advocacy. Just as we strive to create safe environments for children and young people with disabilities within our working contexts, we expect the same of our partners as they implement programme activities that involve interface with children and young people especially those with disabilities.

- For all prospective partners, ICD shall assess safeguarding risks associated with potential partnerships and hold candid discussions on how to minimize the risks. ICD shall not enter into partnership with any organization with a history of abuse of children and young people or one that is considered too risky.
- Government staff and staff shall be oriented on safeguarding children and young people with disabilities and depending on the nature of interface with children, be required to sign a declaration of commitment to observe safeguarding standards.
- As part of the partnership agreement, partners shall commit to abide by ICD's child safeguarding standards. On a case by case basis, ICD shall discuss with specific partners about the need to elaborate and implement their organization specific standards and where necessary provide technical support to foster a safeguarding culture.
- ICD staff shall promote safeguarding of children and young people with disabilities in network and partnership meetings and share the good practices and lessons learned from creating a child safe organization.
- In the case of Consortia and activity-based engagements e.g. commemoration of the day of the African Child, International Day of Persons with Disability etc, ICD shall promote and agree to group safeguarding standards shall be agreed upon and all partners involved in interfacing with children and young people to sign to observe them.

11. Response Measures

Although ICD's primary goal is to ensure that abuse of children and young people with disabilities does not happen in our work contexts in the first place, there is a recognition that abuse could happen because we are dealing with human beings who error by omission or commission. We also know that prompt and appropriate response is crucial in preventing further harm.

ICD will take every reasonable step to investigate and sanction any reports of witnessed, suspected abuse of children and young people with disabilities in our programmes very seriously and ensure that they are dealt with conclusively in a fair, objective, timely, confidential manner and in the best interest of the child. In our response, all matters responded to shall be documented and safely filed by the Safeguarding In charge.

11.1 Reporting safeguarding concerns

Concerns relating to abuse of children and young people with disability in ICD programmes as well as breach of any provision of this policy should be forwarded to the Safeguarding In charge in person or via email Skachecheba@icdtanzania.org Telephone +255 767 751657 within 24 hours. The Safeguarding In charge; shall ensure the details of the case are documented (using incident reporting form– see appendix 3) and with guidance of the Safeguarding Committee and the Executive Director escalate the matter to appropriate internal or external child protection/safeguarding authority for investigation and administrative and/or legal action.

You can know a child is abused is s/he discloses to you or by observing their physical appearance and behavior. If a child discloses it means they trust you to help them.

- Assure the child that they have done well to report and you will do your best to help.
- Inform the child that your next steps may necessitate that you tell others about the issue in order to get help.
- Listen carefully and believe the child
- Let the child know what you will do next, and keep them informed
- Do not investigate, inform, question or confront the alleged abuser.
- Forward the issue to the Safeguarding In charge/focal person nearest to you.

ICD assures its representatives and stakeholders that all case management processes shall be handled in a confidential manner and information about the case kept in a safe place. Information shall only be shared on a need to know basis – with people who need it for official reasons. Identities of persons reporting concerns shall be protected. Vengeance on any person known to have reported a concern is unacceptable and may result into disciplinary action. Deliberate false allegations are a serious disciplinary offence and will be investigated.

For all matters referred to external law enforcement/investigation authority, ICD (represented by the Safeguarding In charge) shall cooperate fully and provide all the necessary information to aid investigation and legal processes.

Matters that do not require investigation shall immediately be referred to the Human Resource Manager for caution.

The Safeguarding In charge shall also ensure that the immediate and long-term needs of the affected child (physical, medical, and legal, psychological, social) are properly assessed documented and met within ICD or by referral to other service providers.

Where a member of the senior management team is involved in abuse of a child/young person, the Executive Director will take lead; receive and document the case and refer it to the safeguarding committee of the Country Board.

External support, if required shall be sought from ICD's Office or reputable child safeguarding professional (ombudsman) to be identified by the Country Board Committee.

In addition, anyone, including individuals who are not affiliated with ICD, can report any concerns through any of the following channels:

- Management – supervisor, or anyone more senior in your line of management, up through your Executive Director, Project Directors;
- Senior Management – any Chief Officer (for example, the Chief Legal Officer or the Chief Financial Officer);
- Human Resources – employment-related issues should be directed to HR whenever possible;

11.5. Investigating Child Safeguarding Concerns

All matters that require investigation (preliminary or detailed investigation) shall be handled by the Internal Safeguarding Committee within not more than 5 working days.

The Committee shall the record all details made by the Safeguarding In charge, hear from all the parties involved (the accused, affected child and any witnesses) in order to make an informed conclusion about the matter and advise management accordingly.

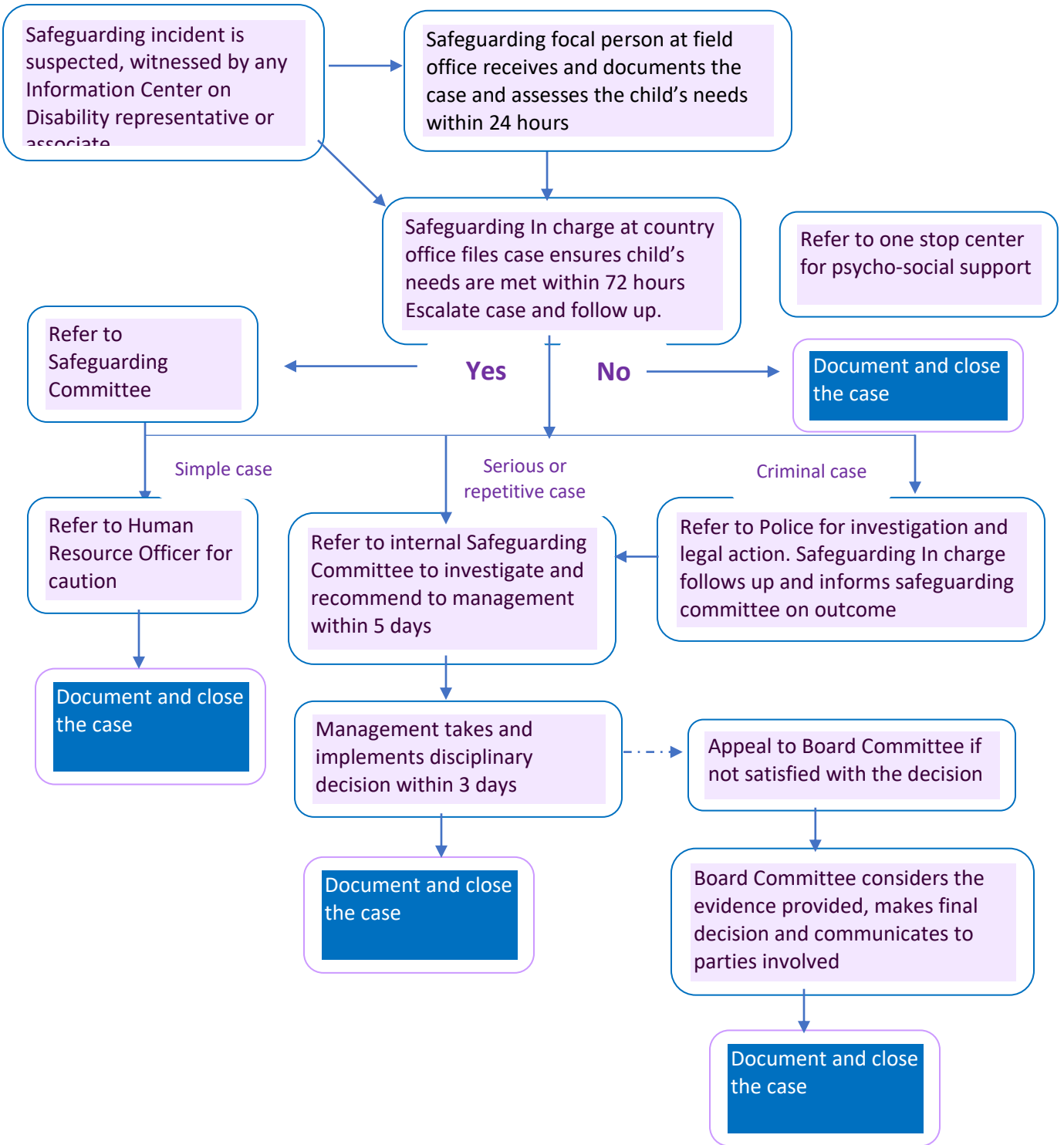
The Safeguarding In charge shall be ex-officio on this committee, responsible for giving information to the committee, documenting the proceedings and supporting the affected child to give his/her account.

11.6. Decision making on child safeguarding issues

If the allegation is found to be true, the Executive Director or the Country Board shall take appropriate disciplinary measures based on the evidence provided by the Safeguarding Committee within 3 working days. If the allegation is found to be untrue, the Safeguarding team shall remind the person involved about the child protection policy and appropriate behavior so as not to cause suspicion in future.

Depending on the nature of the incident, sanctions can range from verbal and written apologies, caution on appropriate behavior, suspension, job rotation and outright dismissal. The Executive Director or Chairperson of the Board shall write to the affected person and discuss with him/her (in person) the decision made on the matter. In addition, the affected child, the person reporting and witnesses shall also be informed of the decision made.

Safeguarding incident response flow chart



12. Implementation, Monitoring and Review

ICD shall diligently implement this policy in order to achieve the goal of becoming a child safe organization. This section details how the policy will be implemented, monitored and reviewed.

12.1 Policy implementation

All aspects relating to implementation of this policy shall be coordinated by the Safeguarding In charge based at the head office and in Zanzibar. As part of operationalizing this policy the following shall be considered:

- The policy shall be communicated to all ICD representatives and stakeholders, including children, partners, visitors, parents and community leaders. As we interface with each of these parties (in internal meetings, network meetings, joint activities, staff retreats, community engagements etc.), we shall always state our commitment to safeguarding children and young people (particularly those that interface with ICD).
- The Safeguarding Committee shall develop an implementation plan and budget on an annual basis) to support implementation of the policy.
- Management shall designate persons to serve on the internal safeguarding team and orient them on their responsibilities. A formal contract addendum shall be developed and appended to their contracts to include child safeguarding responsibilities.
- All ICD representatives shall be oriented on the policy through policy orientation workshops.
- A statement of our commitment to child safeguarding and case incident response flow chart shall always be displayed in suitable places.
- A statement of safeguarding shall be included in contracts of staff, volunteers and consultants as well as partnership agreements.
- Popular and Swahili versions of the policy shall be developed to disseminate important information about safeguarding children and young people.
- A community mapping shall be done in communities where ICD implements its programmes to identify risks of child abuse and engage actors to identify and jointly implement appropriate safeguarding initiatives. A list of actors shall be compiled and Pinned up in all community offices and formal links agreed upon with those actors to create a community safeguarding safety net.
- Child safeguarding aspects, messages and activities shall be integrated in Programme activities as well as the organizational risk register and human resource appraisal processes.

12.2 Policy monitoring

The Safeguarding Committee shall regularly check on implementation of the policy to ensure that it is meeting the intended objectives. Monitoring of this policy shall be integrated in programme monitoring and human resource appraisal processes.

- The Safeguarding Committee shall develop an annual monitoring plan, detailing monitoring activities to be done, indicators to be monitored and resources needed.

- All activities relating to child safeguarding as well as activities specific to implementation of this policy shall be routinely documented and filed by the Safeguarding In charge for reference. Each Safeguarding In charge shall maintain a safeguarding case register.
- On a bi-annual basis, the Safeguarding In charges shall report to Management and the Safeguarding Committee on progress of implementation of the policy; the successes and challenges.
- On an annual basis, an annual audit shall be conducted and a report shared with the Board on progress made in terms of creating a safe organization.

12.3 Policy review

This policy will be reviewed at minimum of every 3 years or when it is shown necessary that additional issues need to be identified and addressed through this policy. The decision to review the policy shall be sanctioned by the Board and informed by a thorough analysis of the risks that need to be addressed through implementation of this policy. Views of children, staff, Board Members and other stakeholders shall also be sought to inform the review process.

Appendices

Appendix 1: Statement of Commitment by Information Centre on Disability Tanzania Country Board

On behalf of Information Centre on Disability Tanzania we (the undersigned) commit to adopting and implementing this written Safeguarding policy, intended to protect children and young people especially those that interface with Information Centre on Disability Tanzania programmes in Tanzania (Mainland and Zanzibar).

Appendix 2: Statement of commitment to uphold Child Protection Policy

To be signed by Information Centre on Disability Tanzania representatives (Staff, Volunteers, staff of partner organizations, Consultants and Visitors that intend to interact with children)

I _____ [name] confirm that I have understood that as a person working with/providing services to /visiting children and young people under the auspices of Information Centre on Disability Tanzania/Tanzania, I have personal responsibility to protect the children and young people I serve/interact with.

I confirm that I have no criminal record prosecution related to abuse of or inappropriate conduct with children both in professional and private life. I give consent to Information Centre on Disability Tanzania to conduct any background/criminal records inquiries as may be deemed necessary.

By signing this statement, I confirm that I have been adequately oriented; I have read understood and agree to abide by this policy. I agree to report any concerns that I may have concerning safeguarding of children and young people as per the guidelines provided in this policy.

I commit to promoting the safety/protection of children in my work and demonstrating a good example, even in my private life outside the organization.

Signed:

Name: _____ Title _____

Signature: _____ Date _____

Witness:

Name: _____ Title _____

Signature: _____ Date _____

Appendix 3: Incident Recording Format

To be completed by the Safeguarding In charge following up and documenting the case)

Case Number: Date/time.....

Case reported by

Case received by:.....

Details of the child

Name Age sex.....

Address:.....

.....

Name and contact details of parent/guardian (physical, telephone):.....

.....

Other relevant details:

.....

.....

Details of the case

Description of the incident (what happened, where It happened, what time, who else knows about the incident) include child’s words if possible and all other details you witnessed or have been told.

.....

.....

.....

.....

.....

.....

Details of the alleged perpetrator

Name Age sex.....

Address:.....

.....Occupation relationship with the
child

Escalation

Where was the case escalated? (Record authorities and dates

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

Wellbeing of the affected child

Physical and psychological state of the affected child

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

What are the child's immediate protection needs?

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

Services already accessed and by whom

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.....
.....

Services still needed

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.....
.....

Services provided through Information Centre on Disability Tanzania and its referral networks

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.....

.....

Details of the Investigation

Who and how was the case investigated? What were the outcomes/recommendations?

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Details of the decision made

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Lessons learned

(In relation to case management and policy implementation)

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.....
.....

Person completing this report

Name Designation
Date Signature

Appendix 4: Consent for involvement of children

Parental Consent

(Statement of parental consent for children to participate in Information Centre on Disability Tanzania activities)

I(name) the parent/main care giver of
.....(child names) understand the activities
that my child will be involved in while with ICD which include among others (travels,
meetings that my require her/him spending over night.

I confirm that I have received an explanation of the activities that my child is going to
participate in as well as the duration, which include: (note the nature of activities and date).

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

I have received the contacts of an Information Centre on Disability Tanzania representative who
I may contact about my child's safety and wellbeing.

By signing this, I permit Information Centre on Disability Tanzania take care of my child including
administering emergency treatment (in case need arises) during the time s/he is participating in
programme activities.

Signed:

Signature Date.....

Relationship with the child

Address (including telephone)

.....
.....

Witnessed by:

Name Signature Date

Child's Consent to participate in Information Centre on Disability Tanzania Activities

I _____ (insert child/young person's name)
willfully agree to participate in _____. I
confirm that I have been briefed about the objectives of the activity/programme as well as the
risks that involved and how I can protect myself and report any concern I have about my safety
and welfare.

I am aware that I have the right to withdraw my participation should I not feel comfortable and
that this will not affect my right to benefit from any other support provided by ACFP.

I agree to the use of my story, information and photographs about my life experiences for
Information Centre on Disability Tanzania's official communication purposes.

Signed

Name _____ signature _____

Location _____ Date _____

Witnessed on behalf of Information Centre on Disability Tanzania

Name _____ signature _____ Date _____

Appendix 5: Principles for safe Communications

1. We will respect the dignity of the subject.

We will always seek permission when taking photographs or video footage of individuals. Consent for taking and using photographs and case studies will be sought from parents and those with parental responsibility, or from the children directly when they are of sufficient age and understanding.

Special consideration will be given to photographs depicting children with disabilities, refugees and those in situations of conflict and disasters, to accurately portray context and maintain dignity.

Wherever possible, we will explain to the subject the likely use of the images.

We will never take pictures of people who say they don't want to be photographed.

2. We will not exploit the subject.

We will not manipulate the subject in a way which distorts the reality of the situation (e.g. we will not ask them to cry for the camera).

If necessary, to protect confidentiality, the names of children and families will be changed. Never will a child's full name or contact details be published.

3. We aim to provide a balanced portrayal of reality in the developing world.

We will avoid stereotypes (e.g. Western aid worker tends helpless victim). We aim to show people helping and working for themselves, not as victims.

4. We will use images truthfully.

Case histories/descriptions will not fabricate, although they may be adapted or edited to preserve the dignity and confidentiality of the subject.

We will not use an image of one thing and describe it as, or imply it is, an image of another (e.g. we do not use an image of one project to illustrate the work of another).

Where possible, we will use a balance of images (e.g. positive and negative) to reflect the reality of a situation.

If we use an image in a general way (e.g. illustrating a project like the one being described), we will make this clear in the caption.

We will not use an image in a way which deliberately misinterprets the true situation.
If an image represents an exceptional situation, we will not use it in a way which suggests it is generally true.

We aim to be confident that, to the best of our knowledge, the subject would regard the image and its use as truthful if s/he saw it.

5. We will maintain standards of taste and decency consistent with our values and those of our supporters.

We will not use images which are erotic, pornographic or obscene.

Images of dead or naked bodies will only be used in exceptional circumstances.

We will not make gratuitous use of images of extreme suffering.

6. We will respect the views of our overseas staff and partner organizations.

We will be sensitive to the concerns and advice of our overseas staff and partner organizations in our gathering and use of visual material.

7. in disaster situations, we will treat in a positive manner the people whom we are helping.

In any publicity material dealing with disasters, we will follow the policy in the Code of Conduct of the International Committee of the Red Cross information: "In our information, publicity and advertising activities, we shall recognize disaster victims as dignified humans, not hopeless objects". In doing this, we shall portray an objective image of disasters, in which the capacities and aspirations of those affected are highlighted, not just their vulnerabilities and fears

We will not lose respect for those affected but treat them as equal partners in action.

We will co-operate with the media to enhance public response, but we will not allow external or internal demands for publicity to take precedence.

8. We will maintain high technical standards.

We aim to use only high-quality images.

We may use digital manipulation of images for creative or iconic effect, but not in a way which deliberately and misleadingly distorts the reality of the situation depicted.

We will not crop an image in a way which misleadingly distorts the reality of the situation.

In video editing, we will not misleadingly distort the reality of the situation.

9. We will maintain a suitable photo library.

Images will be current and appropriate.
All images will be kept centrally and fully documented.

Old images will be archived.

1. Guidelines for obtaining communication materials.

Discuss the use of communication materials at the beginning of a programme or project with children and communities – do not wait until the material is needed.

Obtain general consent for the gathering of communication materials at the beginning of a program or project and agree with children and communities the general messages and types of images that would be appropriate.

Obtain images and any other private information for publication purposes in a safe and confidential manner.

Children should be prepared for specific interviews prior to being interviewed.
Pictures of children should always be decent and respectful.

All children must be appropriately dressed per their country of origin. In countries where children wear few items of clothing, be particularly careful about the images you choose.

Recorded images should focus on an activity, and where possible feature groups of children rather than individuals

Make sure that photographers and film-makers are not allowed to spend time with or have access to children without supervision.

Permission for the taking of photographs should be sought prior to events. Children that do not have permission for photographs to be taken should not be included in individual or group photographs. Where possible, event photographs should be taken in group settings at prearranged times.

Any complaints or concerns about inappropriate or intrusive images should be reported and recorded, as with any other child safeguarding concern.

2. Guidelines for publishing information

Only use the first names of children. Be careful not to reveal too many details about where they live, their school, hobbies etc.

Ask for children's permission to use their photographs.

Get their parent/guardian's consent and ensure everyone understands how and where the images will be used. (See Appendix 3; Example Consent Form.)

Where the risk of harm and stigma is high, take mitigating steps; for example, by concealing faces, using pseudonyms and vague geographical locations, and by non-disclosure of personal information (e.g. HIV status).

Try to take images that represent a broad range of children – boys and girls of various ages, abilities and ethnic groups.

On websites, make sure any images you use are not tagged with the location of the child.

Individuals or organizations requesting the use of resources depicting children, such as personal information, videos or photographs, should sign an agreement concerning the proper use of such materials. Failure to adhere to the terms could result in the termination of permission and the return of information.

Pictures, materials and personal information regarding children should be held in a secure area where practicable, and every caution should be exercised to ensure its security.

Access to these must be by way of permission only.

Appendix 6: Checklist for recruitment and selection

<p>1. When you are designing the job description, analyze the role and think about the issues of child safeguarding and risk in that job:</p> <p>What contact with children will the job involve?</p> <p>Will the employee have unsupervised access to children, or hold a position of trust?</p> <p>What other sort of contact may the person have with children (e.g., via email, telephone, letter, internet)?</p>
<p>2. Develop clear job descriptions, terms of reference/role briefs for all posts including where short-term contracts, consultants are being recruited.</p>
<p>3. Make sure that the selection-criteria outlines the relevant experience needed if the post involves direct work with children.</p>
<p>4. Make sure that the commitment to keeping children safe is included in details of any post sent to prospective job candidates.</p>
<p>5. Develop application forms that ask for consent to gain information on a person's past convictions/pending disciplinary proceedings.</p>
<p>6. Ask for documentation to confirm identity and proof of relevant qualifications.</p>
<p>7. Make sure you have a well-planned interview process and ensure the interviewers have the relevant experience of and knowledge about child safeguarding and best practice.</p>
<p>8. Include some specific questions in the interview that draw out people's attitudes and values in relation to the protection of children. Can they give examples of where they have acted to protect a child, what they learnt from this, what impact it has in their current practice?</p>
<p>9. Take up to three references including some from previous employees or others who have knowledge of the candidate's experience and suitability to work with children Adapted from Nolan, P (2004) The role of HR in Child Protection, People in Aid</p>
<p>10. Verify the identity of referees.</p>
<p>11. Conduct as many background checks as possible.</p>
<p>12. Consider the use of probationary periods of employment to ensure suitability once in post.</p>

Appendix 7: Checklist of resources to support case management process

Legal resources

- Details of any government bodies or agencies with statutory authority for the protection of children.
- National legislation governing welfare/protection of children.
- Identify international conventions to which the country is a signatory or has ratified (e.g., UN Convention on Rights of the Child).

Criminal investigation/prosecution – police and judiciary

- Local police position on investigation of criminal assault against children and likelihood of prosecution of such offences.
- Legal age of consent in country and legislation covering this.
- Summary of key processes relating to reporting, investigation and prosecution of child safeguarding/protection related concerns.

Other agencies – health services, NGOs, inter-agency forums

- Details of services that may be accessed as part of victim response.
- Details of NGO's, other agencies, other relevant bodies and professional networks, including any local joint arrangements for dealing with child protection issues, HIV, women's centres/refuges or safe housing.

Community

- Details of informal/community-based justice and protection mechanisms and how these functions.
- Identify and establish contact with locally-based NGOs/INGOs and other organisations working on child protection/rights or aid programmes that affect children.
- Gather information about community resources such as local advocacy groups, community and faith groups, or organised children's activities which could support the child protection work.