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Organization for Promotion of Health and Community Development (OPHCD)

Child Protection & Safeguarding Policy-2021

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AIHRC	Afghan Independent Human Rights Commission
AGO	Attorney General Office
AIRCS	Afghan Red Crescent Society
CPAN	Child Protection Action Network CP Child Protection
CPS	Child Protection System
CSC	Child Support Center
DoLSA	Department of Labour and Social Affairs
DSP	Directorate of Social Protection
HRDA	Human Resources Development
IBCR	International Bureau for Children's Rights IDP
IBCR	International Bureau for Children's Rights IDP
CRC	Convention on the Rights of the Child
JRC	Juvenile Rehabilitation Center
INGO	International Non-Governmental Organization
IOM	International Organization of Migration
LPCR	Law on Protection of Child Rights
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoIA	Ministry of Interior Affairs
MoJ	Ministry of Justice
MoLSA	Ministry of Labour and Social Affairs
MoPH	Ministry of Public Health
NGO	Non-Governmental Organization
OHCHR	Office of the United High Commissioner for Human Rights
CRC	Convention on the Rights of the Child
IASC	Inter-Agency Standing Committee
PSEHA	Protection from Sexual Exploitation Harassment and Abuse
CVS	the Core value Standard



About OPHCD:

1. Introduction and legal status!

Organization for Promotion of Health & Community Development (OPHCD) is a non-government, non-profit, non-political, impartial and independent organization registered with:

- The NGOs Department of the Ministry of Economy of the Government of Islamic Republic of Afghanistan with registration No 4160.

The Organization was established to serve communities and advocate for effective coordination and utilization of available resources to deliver quality, equitable, and sustainable services across Afghanistan.

As a non-governmental, non-profit organization, OPHCD is dedicated to a shared mission of promoting health, education, and community well-being. The organization works through a team of qualified, dedicated, and experienced professionals in the fields of **Public Health, Water, Sanitation and Hygiene (WASH), Education, and Community Development**, supported by committed volunteers. Many of these individuals have served in technical and managerial roles with national and international NGOs for over one and a half decades.

The Board of Directors, Senior Management Team (SMT), and volunteers of OPHCD possess extensive experience, strong commitment, and a spirit of voluntarism that significantly contributes to the health, education, and development sectors leading toward more sustainable and community driven results.

The core staff of OPHCD have over 15 years of hands-on experience in **policy development, strategic planning, project design, and implementation** across multiple sectors, including:

- **Primary Health Care (PHC)**
- **Basic Package of Health Services (BPHS)**
- **Essential Package of Health Services (EPHS)**
- **Water, Sanitation, and Hygiene (WASH)**
- **Primary Education and Literacy Programs**
- **Youth Empowerment and Development Initiatives**
- **Public Nutrition**
- **Emergency Preparedness and Response (EPR)**
- **Disaster Risk Reduction (DRR)**
- **Training, Coordination, and Humanitarian Response**

In addition, OPHCD's Senior Management, Technical, Administrative, and Finance Teams have up-to-date expertise in grant and project management, supportive supervision, monitoring and evaluation (M&E), and research. They maintain a proven record of developing and delivering timely, accurate, and high-quality reports (monthly, quarterly, annual, end of project, and ad hoc) to donors, partners, and stakeholders.

Through this professional approach, OPHCD effectively presents and shares program results and achievements at **community, organizational, national, and international levels**, demonstrating its long-term commitment to transparency, accountability, and sustainable community development.

1.1.Vision

An empowered society with sustainable and self-reliance health, social and economic stability at the community level.

1.2.Mission Statement

OPHCD, as a non-governmental organization is striving for well-being of the society with

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promotion of health and sustainable development of the communities through advocating for better coordinating and directing the national policies and strategies as well as available resources and activities for provision of quality health, educational, social safety, human right and social welfare, economic, environmental and development services to the communities with the focus on the women and children, drugs users, IDPs and other marginalized group of the society with an equitable manner.

Our values, principles and beliefs:

- 1) All child abuse involves the abuse of children's rights.
- 2) All children have equal rights to protection from abuse and exploitation.
- 3) The situation of all children must be improved through promotion of their rights as set out in the UN Convention on the Rights of the Child.
- 4) Child abuse is never acceptable.
- 5) We have a commitment to protecting children with/ for whom we work
- 6) When we work through partners, they have a responsibility to meet minimum standards of protection for children in their programs.

2. Child Protection Policy:

2.1. Policy Overview:

OPHCD understands that it has a fundamental duty of care towards protecting children engaged within its programs and activities and is committed to the safety and protection of children from all forms of abuse and exploitation. This Child Protection Policy recognizes that children can be extremely vulnerable, especially in situations of poverty and/or humanitarian crisis or conflict and need to be protected. ABCID will use a risk management approach to minimize the likelihood of child abuse and provide clear and practical guidelines for staff and representatives responding to child abuse and managing complaints.

Organization for Promotion of Health and Community Development (OPHCD) has a commitment to the prevention of child abuse and the protection of children. The abuse and exploitation of children happen in all countries and societies across the world. This policy sets out common values, principles, and beliefs and describes the steps that will be taken in meeting our commitment to protect children. The policy has been adopted and integrated into OPHCD's training, orientation and volunteer strategies.

DEFINITIONS

Child: Any child or young person aged under 18 years and who is not married or in a civil union.

Child protection: Activities carried out to ensure that children are safe in cases where there is suspected abuse or neglect or are at risk of abuse or neglect.

Designated person for child protection: The manager/supervisor or designated person responsible for providing advice and support to staff where they have a concern about an individual child or who want advice about child protection policy.

Disclosure: information given to a staff member by a child, parent or caregiver or a third party in relation to abuse or neglect.

Abuse: Abuse is often used as a generic term including many forms of violence, but it is also understood as a violation of an individual's human/civil rights by any other person or group. An abuse may cause harm to the physical or psychological health of the victims, threatening their

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survival, development and dignity. In this Policy, abuse is circumscribed to children used in war and child soldiers and illegally or arbitrarily detained children in conflict with the law. The government also recognizes greater risks of abuse when children are part of marginalized, discriminated and excluded communities, including minorities.

Physical abuse: Any acts that may result in physical harm of a child or young person. It can be, but is not limited to: bruising, cutting, hitting, beating, biting, burning, causing abrasions, strangulation, suffocation, drowning, poisoning and fabricated or induced illness.

Sexual abuse: Any acts that involve forcing or inviting a child to take part in sexual activities, whether or not they are aware of what is happening. Sexual abuse can be, but is not limited to:

Contact abuse: Touching breasts, genital/anal fondling, masturbation, oral sex, penetrative or non-penetrative contact with the anus or genitals, encouraging the child to perform such acts on the perpetrator or another, involvement of the child in activities for the purposes of pornography or prostitution.

Non-contact abuse: Exhibition, view, exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviors or comments.

Emotional abuse: Any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development. This can include: Patterns of isolation, degradation, constant criticism or negative comparison to others. Isolating, corrupting, exploiting or terrorizing a child can also be emotional abuse. Exposure to family/relatives or intimate partner violence.

Neglect: Neglect is the most common form of abuse and although the effects may not be as obvious as physical abuse, it is just as serious.

Neglect can be:

- a) Physical (not providing the necessities of life like a warm place, food and clothing).
- b) Emotional (not providing comfort, attention and love).
- c) Neglectful supervision (leaving children without someone safe looking after them).
- d) Medical neglect (not taking care of health needs).
- e) Educational neglect (allowing prolonged absence, failure to enroll in education or inattention to education needs).

3. INTRODUCTION:

Section-I:

Protection Summary!

Ensuring the wellbeing and safety of children, including prevention of child abuse or maltreatment, is a paramount goal of OPHCD. This policy provides guidance to staff on how to identify and respond to concerns about the wellbeing of a child, including possible abuse or neglect. The interests of the child will be the top consideration when any action is taken in response to suspected abuse or neglect. The Human Resources will be responsible for the maintenance and annual review of this policy. Staff will not assume responsibility beyond the

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level of their experience and training. Our organization commits to ensure staff have access to the training they need.

OPHCD envisions a better, peaceful world, free of violence, where all children develop their full potential, in loving and caring environments respecting their rights. Safeguarding and protecting children are the duty of the whole government, but other actors such as communities and NGOs all have a role to play.

Over the recent years, serious issues affecting both girls' and boys' lives, have never decreased. They even became a matter of national concern:

- ✦ According to the most recent demographic and UNICEF data, Afghanistan is one of the youngest countries in the world, with a median age around 17 years.
- ✦ Afghanistan's total population is about **42.6 million (2024)**.
- ✦ UNICEF reports that about half of the population is under age 18
- ✦ They are exposed to extreme situations of abuse, neglect, exploitation and violence due to ongoing fighting, displacement, a poor economy, and harmful social norms and practices.
- ✦ The increased number and frequency of conflict-related incidents have caused an alarming rise in child casualties.
- ✦ Afghan girls face early marriage (1 in 3 girls are married before their 18th birthday), honor killings, and they are witnesses or direct victims of domestic/family and sexual violence.
- ✦ In addition, 3.7 million children are 'out-of-school' and 60% of them are girls. In fact, over 47% of primary school-age children in rural areas are out of school, and nearly a fifth in urban areas. In addition, 257,000 other students are likely to drop out without finishing their primary education. Girls miss out more than boys. In 2018, 2.2 million girls aged 7-17 were out of school.
- ✦ Afghan boys suffer many of the same risks, along with military recruitment into armed conflict, and sexual exploitation (*Bacha Bazi*).
- ✦ An estimated 30% of children are engaged in child labor. Both girls and boys are exposed to hazardous labor practices or/and in contact with landmines.
- ✦ They face violence at home and school, including corporal punishment.
- ✦ Afghanistan is second in migration only to Syria. Over the last decade, 2.7 million Afghans have left their country in the hopes of finding a better life.
- ✦ Within the country more than one million have been displaced. Forced migration and disrupts communities often result in the victimization of children and adolescents through early marriage and Badd¹.

OPHCD has taken a stand to develop this Child Protection and Safeguarding Policy (*hereafter called the Policy*) that is a legal document for protecting children and setting a strategic direction for all stakeholders involved in the field of Child Protection.

This Policy is part of the OPHCD's commitment to better safeguard and protect girls and boys from any harm caused by abuse, neglect, exploitation and violence while implementing projects and programs. It is the fruit of many years of reflection and action with vulnerable children in need of protection together with stakeholders involved in Child Protection. With this Child Protection and Safeguarding Policy, OPHCD recognizes its obligation to set up all reasonable and possible measures to ensure the safety and protection of all children and vulnerable young

3.1. Purpose, scope and principles of the Policy,

Our child protection policy supports our staff to respond appropriately to potential child protection concerns, including suspected abuse or neglect. It is our organization's commitment to protect children from abuse and to recognize the important roles all of our staff have in protecting children.

This policy provides a broad framework and expectations to protect children, including (but not limited to) staff behaviors in response to actual or suspected child abuse and neglect. It applies to all staff, including volunteers and part-time or temporary roles and contractors. It is intended to protect all children that staff may encounter, including siblings, the children of adults accessing services and any other children encountered by staff as they provide their service.

In addition to guiding staff to make referrals of suspected child abuse and neglect to the appropriate senior staff, Child Protection Manager, this policy will also help our staff to identify and respond to the needs of the many vulnerable children whose wellbeing is of concern.

To ensure that OPHCD demonstrates continual improvement in child protection practice, we will work to maintain a good working relationship with child protection agencies and support our staff to protect children from abuse by consulting with experts with specialist knowledge and providing the necessary training options. We also commit to explore opportunities to work with other providers, including from other sectors, to develop a network of child protection practice in our community. This policy applies to all staff, including contractors/Suppliers Senior Management Staff (SMT) Board Members, volunteers and Donors.

¹ UNICEF. Child protection: *Protecting Afghanistan's most vulnerable children and UNICEF, The situation of children and women in Afghanistan: Facts and figures*(<https://www.unicef.org/afghanistan/child-protection>,)

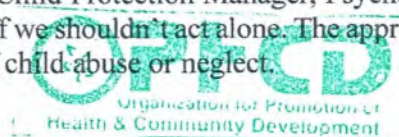
3.2. Training,

We are committed to maintaining and increasing staff awareness of how to prevent, recognize and respond to abuse through appropriate training. As part of their induction, new staff are made aware of the policy on child protection. Human Resources Department is responsible to analyze the needs for child protection to staff and arrange the resources for conducting trainings.

3.3. Identifying child abuse and neglect,

Our approach to identifying abuse or neglect is guided by the following principles:

- 1) We understand that every situation is different and it's important to consider all available information about the child and their environment before reaching conclusions. For example, behavioral concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling etc.
- 2) We understand when we are concerned a child is showing signs of potential abuse or neglect, we should talk to someone, either a Child Protection Manager, Psychosocial Counselor, and/or the senior management staff we shouldn't act alone. The appropriate staff should be informed of any suspicions of child abuse or neglect.



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- 3) While there are different definitions of abuse, the important thing is for us to consider overall wellbeing and the risk of harm to the child. It is not so important to be able to categorize the type of abuse or neglect.
- 4) It is normal for us to feel uncertain, however, the important thing is that we should be able to recognize when something is wrong, especially if we notice a pattern forming or several signs that make us concerned.
- 5) Every situation is different and staff will consider all available information about the child and their environment before reaching conclusions. For example, behavioral concerns may be the result of life events, such as divorce, accidental injury, the arrival of a new sibling etc.
- 6) When staff are unsure, they can contact and have a confidential discussion with the "Child Protection Manager" on number
- 7) When we respond to suspected child abuse or any concerning behavior, we write down our observations, impressions and communications. This is kept with the appropriate concerning staff, separate from our other records and access will be strictly controlled.

3.4. Confidentiality and information sharing,

It is strictly advised not to disclose identity of child or staff in case of any incident occurring as per this policy. We will seek advice from legal professional staff before identifying information about an allegation is shared with anyone, other than the Child Protection Manager or designated person. Staff should be aware that:

- a) Any person who believes that a child has been or is likely to be, harmed physically, emotionally or sexually or ill-treated, abused, neglected or deprived may report the matter to designated person and provided the report is made in good faith, no civil, criminal or disciplinary proceedings may be brought against them, unless it is advised by designated officer or senior management staff.
- b) When collecting personal information about individuals, it is important to be aware of the requirements of the privacy principles i.e., the need to collect the information directly from the individual concerned and when doing so to be transparent about: the purposes for collecting the information and how it will be used; who can see the information; where it is held; what is compulsory/voluntary information; and that people have a right to request access to and correction of their information.
- c) Staff may, however, disclose information under the ruling laws of the country where there is good reason to do so such as where there is a serious risk to individual health and safety. Disclosure about ill-treatment or neglect of a child/young person may also be made or reported, in case the designated person, senior management or legal professional staff advises.

3.5. Child safe practice guidelines,

To avoid situations where staff may be alone with children, all staff should examine the opportunities or possible situations where staff may be alone with children. Wherever possible an open-door policy for all spaces should be used (excludes toilets). Staff should be aware of where all children are at all times. Visitors should be monitored at all times by staff and volunteers and outside instructors should be monitored by staff. If activities require one to one physical contact (i.e., interviews, exams, tests, counseling sessions, etc.) parents and caregivers should be advised.

Where a child or young person requires assistance, e.g., if they are intellectually or physically disabled, if possible, involve the parents/caregivers to assist. If this assistance is not available, ensure that the staff members are aware of the appropriate procedures when giving assistance.

Staff should avoid being alone when transporting a child or young person, unless an emergency requires it.

3.6. Working collectively.

The OPHCD relies on all stakeholders, including those active from at the community and informal level, to work together towards establishing and implementing a strong Child Protection System (CPS) that will be able to offer a range of measures and prevention and response services for children to grow and develop in safe, nurturing and enabling environments. By assembling their functions and capacities, the stakeholders must generate national and local guarantees, procedures and structures that will facilitate the effectiveness of children's protection, in the respect of their rights.

To achieve the task of building child protection systems, OPHCD is to attract of adequate financial resources.

All the components of the Child Protection System need to be strengthened². These are:

- Donor support
- Relevant laws, policies, standards and regulations
- Effective coordination mechanisms between all stakeholders playing a role in child protection
- A solid monitoring and data collection plan
- Constant work to transform social norms and eliminate harmful traditional practices
- Quality prevention and response services including gatekeeping (redirecting resources into preventive and family-based services)
- Quality standards of case management by well-trained workers/volunteers at all functional district/provincial, and central
- Children, families and communities who are proactive agents of change on child protection and child rights' implementation

² UNICEF. Mapping and Assessment (op. cit.),

<https://www.unicef.org/afghanistan/sites/unicef.org.afghanistan/files/2018-02/afg-report-childnotice2015.pdf>,

Section -II

Safeguarding:

Considering the principle of the child's best interests, any child in Afghanistan victim of abuse, exploitation, neglect or violence has the following rights:

- Observing confidentiality of the victim's identity and respecting her/his dignity.
- Access to free emergency medical services.
- Access to support centers, alternative care, and other secure places, upon her/his consent.
- Having a defense lawyer or legal assistant.
- Payment of compensation to the victim by the perpetrator.
- Reintegration to the family and society
- Continuous care of her/his condition/status.
- Other rights foreseen in the legislative documents.

OPHCD also affirms in this Policy that no child should be harmed while being served and

cared for by services and professionals working for OPHCD. For this, it commits to the following safeguarding standards:

Safety and welfare

- ✓ Child safety and welfare must always be the primary concern of the OPHCD's personnel and Child Protection workers/volunteers. They must all ensure that child victims are not subjected to further harm or wrongdoing by the alleged perpetrators or by the procedures of the inquiry, reporting and follow-up.
- ✓ Children should not be put at risk by any actions taken by services and professionals working for OPHCD. The best interests of the child must be taken into account throughout the procedures of the inquiry, reporting and follow-up. The safety of the child victim is of utmost importance.
- ✓ Children should not be abused and must not be re-exposed to an uncertain situation.
- ✓ Separating a child victim from his/her family should be avoided when distancing the child from the assailant.

When it is not possible for the child to remain with his/her family and the communities where child protection agencies or duly mandated social services operate, an alternative placement must be found for the child who has been abused by a member of his/her family or community. Local child protection organizations may be required to offer services that do not fall under their mandate and for which they are not recognized by local authorities. Parents may be asked to place their child with a member of their family to avoid further risk.

Privacy

- ✓ Any child, whether a boy or a girl, who is a victim or a witness of abuse, or is suspected or accused of abuse, has the right to privacy. Information must only be shared on a need-to-know basis. The identities of the persons involved should only be disclosed when authorized and after the case has been referred to national authorities.
- ✓ It is usually not necessary to reveal the identity of the person who reported the case, nor that of the victim or any of the witnesses. Archived documents must be safely stored to ensure that information is not accidentally revealed or accessed by unauthorized persons. Circumstances may vary, but the general rule is that the number of steps in the reporting procedure must be kept to a minimum to minimize the risk of information leaks or privacy breaches. Parents must be informed of the situation but under no circumstances should they be told the identity of the person who reported the case.

Anonymity

- ✓ The fact that a suspected or alleged violation of a child's rights is reported anonymously does not automatically mean that it is less substantiated than cases that are reported by an identified child or adult who is prepared to provide evidence.

- ✓ Anonymity may indicate fear of reprisal. When this is the case, personnel and professionals must treat anonymous reports as seriously as those made by duly identified individuals.

Children's right to health

- ✓ Medical intervention is sometimes necessary to preserve the health and welfare of a child. In some cases, medical intervention may even be urgently required. If a child has been a victim of sexual abuse or exploitation, he/she may experience persistent physical and psychological trauma. If information suggests that sexual activity has taken place, the child must be offered immediate medical attention. Procedures must specify how to facilitate access to medical care. When appropriate medical facilities exist for examining victims of sexual abuse, it can be carried out at the request of the police, in order to obtain evidence useful in a lawsuit. In this case, the victim should be accompanied by a guardian and an expert to support informed decision-making. To ensure that children feel at ease, it is important to ask them, even if they are very young, who they would like to accompany them.

Children's psychological needs

- ✓ Any child, whether a boy or a girl, who is a victim of abuse, neglect, exploitation or violence, must never be blamed for what happened to him or her. Children must be considered both legally and in the way they are treated, as victims, even though the social approach and support must also view the child as a subject of law.
- ✓ Guidance and support are needed to help the victim manage any feelings of blame, guilt, shame and fear, which are typical reactions following sexual abuse. It is encouraged to provide individual support, and in case of need, Psychosocial Counselling to the child and the child's family as they can face stigmatization from community members.

Access to justice/national authorities

- ✓ All children must have a right to justice through an investigation and trial that is fair and equitable. When a crime appears to have been committed and the victim has been cared for, the situation must be brought to the attention of national authorities through their local representatives.
- ✓ A mapping of the actors involves identification and assessment, at various levels, of how existing child safeguarding resources work, including statutory investigation and response mechanisms. Carrying out a mapping exercise should ensure that external reporting, investigations and inter-agency work is more closely aligned with the principles outlined in this guide.

Working with other actors

For the child victim's best interests to be served, the various stakeholders must work together effectively. In areas where basic public services are in place and operational, the roles are generally divided as follows:

- Doctors or healthcare worker(s) focus on the child's health and treatment.
- Social workers, mandated by the government, an NGO or a UN Agency, focus on protecting the child.
- The police, prosecutors, and children law courts focus on investigating the

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crime/offence perpetrated against children and any resulting legal cases.

- Other organizations may offer support to the child and his/her family, act as a liaison with the community and the resources, coordinate efforts, and support internal and disciplinary investigations.

Safeguarding measures taken by OPHCD:

Recruitment / employment

OPHCD must ensure that all employment contracts or binding service agreements (with personnel, consultants, partners, contributors and interns who shall work with children or be in contact with them) clearly outline the contracting parties' general and specific child safeguarding responsibilities.

- ✓ Before a contract is signed, all recruitment processes undertaken by OPHCD must include a careful analysis of the application, an in-person interview and a reference check.
- ✓ During interviews, candidates must be asked to talk about their professional experiences interacting with children. They should also be asked to disclose whether they have ever been involved in a situation in which the safety and dignity of one or several children was compromised or put at risk.
- ✓ During the recruitment process, OPHCD reserves the right to conduct whatever verifications are necessary and permitted by law to ensure that recruiting the candidate does not compromise the dignity or safety of children.
- ✓ If it is determined that the candidate has been involved in a situation in which the safety and/or dignity of one or several children was compromised or put at risk, OPHCD may terminate the recruitment process for this person, within the legal limits.
- ✓ Upon hiring, employees must provide criminal record documents or authorize a criminal record check. Once the criminal record check is complete, new employees must sign this Policy on child safeguarding.

Personnel awareness training and education

- ✓ Whenever a new joint initiative is undertaken, OPHCD must share sufficient information with their personnel and the stakeholders involved to ensure that everyone works with the same definitions and understanding of what constitutes child abuse, neglect, exploitation and violence and which groups of children are most vulnerable to these forms of violence.
- ✓ All personnel and partners must acknowledge, in writing, that they have received and understood this Child Protection and Safeguarding Policy and the standards it implies. They must also be informed of, and understand the risk of lawsuits, dismissal or other sanctions, shall they contravene.
- ✓ All OPHCD personnel and partners must have a thorough understanding of this Policy and be aware of the problem of child abuse, neglect, exploitation and violence and the risks to which children are exposed.
- ✓ It is important that all personnel and other people who have direct contact with children be aware of situations that put child safety and security at risk and be able to manage these risks.
- ✓ All personnel and partners must contribute to an environment in which children are able to identify unacceptable behavior against them, discuss their rights and voice their concerns.
- ✓ In order to ensure the effective implementation of this policy, it must be properly understood by all personnel and partners. OPHCD will take measures to organize a series of presentations for all personnel and partners. They will also ensure that all

persons associated with the organization are aware of the Child Protection and Safeguarding Policy through training courses, orientation and information sessions, and the distribution of this policy through appropriate channels.

4. Code of Ethics:

- ✓ All types of sexual activity with a child (person under 18 years of Age) are strictly prohibited, regardless of the legal age of majority or age of consent to sexual relations. Under no circumstances is it acceptable to claim that the child's age was not known. It is incumbent on OPHCD's personnel to abstain from engaging in any sexual activity with children to clearly avoid the risk of exploiting adolescents whose age may be unknown.
- ✓ OPHCD's personnel and professionals must not hug, hold, kiss or touch a boy or a girl under the age of 18 in a manner that is inappropriate or disrespectful in accordance with the prevailing culture. To avoid misunderstandings, all personnel and professional must avoid all physical contact with children. At a minimum, it is necessary to ask a child for permission prior to touching him/her or taking him/her by the hand.
- ✓ Under no circumstance may a OPHCD representative spend time alone with children, away from other adults, when carrying out their professional duties. It is imperative that every representative be accompanied by another adult. No exceptions to this rule are permitted. They must follow the "two adults" rule. This rule means that two or more adults must supervise children during activities and that both must always be present. If this is not possible, other solutions must be found, such as inviting members of the local community to attend while they interact with children. If it is not possible to have two adults present in circumstances that require privacy, such as when psychological support or special examinations are taking place, the meeting must occur with the door open and/or in a space where other adults can see what is happening.
- ✓ Personnel and professionals must be concerned about appearances and the perceptions that others may have concerning their language, actions and relations with minors/children.
- ✓ Personnel and professionals must never attempt to humiliate, belittle or shame children and must refrain from all forms of child abuse, neglect, exploitation or violence.
- ✓ Personnel and professionals must never discriminate against children, treat a child differently from others or demonstrate favoritism toward a child. In other words, personnel and partners must avoid all forms of discrimination against children. They must treat children without distinction, regardless of the race, color, gender, language, religion, nationality, ethnic group, social status, economic status, disability, place of birth, or political or other opinions expressed by the children, their parents or legal representatives.
- ✓ Personnel and professionals must never hire minors as workers, employees or domestic helpers. Even if employing children is considered acceptable in the local culture and may provide benefits to the child that could otherwise be difficult to obtain, such situations may lead to misunderstandings and go against OPHCD's policy promoting the abolition of Child Labor. Exploitation and abuse committed by people working in Child Protection are quite serious professional errors and are grounds for dismissal. It is important to remember that good intentions do not make the situation right and that well-intentioned actions can cause serious harm. In short,

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under no circumstances may they employ individuals who have not attained the age of majority (18 years) or make them perform work.

- ✓ Any personnel member accused of an act that violates a child's integrity/safety may be suspended with pay until the outcome of legal proceedings is known. His/her contract with OPHCD will be permanently terminated in the case of a criminal conviction.

4.1. Safeguarding Investigation Committee:

To ensure transparency, accountability, and impartiality in all safeguarding and fraud-related investigations, the **OPHCD** has formally established an Independent Safeguarding Investigation Committee (SIC).

Guiding Principles

The Safeguarding Investigation Committee operates under the following international principles:

- **Impartiality:** Members must have no conflict of interest in the case under review.
- **Confidentiality:** Information obtained during investigations is strictly confidential.
- **Protection and Safety:** The safety and dignity of survivors, whistleblowers, and witnesses are paramount.
- **Accountability:** Findings and recommendations must be evidence-based and reported transparently.
- **Compliance:** Investigations follow OPHCD policies, the Core value Standard (CVS), and IASC Guidelines on PSEA (Protection from Sexual Exploitation and Abuse).

Composition of the Committee:

The committee is composed of independent and qualified members as follows:

Title/Role	Position in Committee	Key Responsibilities
Head of Board of Directors (Trustee)/General Director	Chairperson	Oversees investigation process; ensures impartiality and compliance with governance standards.
Member of Board of Directors (Trustee)	Committee Member	Provides strategic oversight and ensures the process aligns with OPHCD's accountability framework.
MEAL Manager / Grants & Partnership Manager	Technical Member	Provides technical expertise on evidence collection, data validation, and compliance mechanisms.
HR or Safeguarding Focal Point (ad hoc)	Advisory Member (Non-voting)	Provides guidance on safeguarding, survivor support, and disciplinary implications.
External Independent Expert (optional)	Observer/Consultant	Ensures international best practice compliance in complex or sensitive cases.

4.2. Procedures and Responsibilities:

1. **Case Referral:** Allegations are referred to the committee by the General Director or through the OPHCD Safeguarding Reporting Mechanism.
2. **Preliminary Review:** The committee reviews the evidence to determine whether a full investigation is required.
3. **Investigation:** The committee conducts impartial, timely, and evidence-based inquiries in line with the IASC Investigation Guidelines (2021),³
4. **Reporting:** A comprehensive Investigation Report is submitted to the General Director of OPHCD, including findings, conclusions, and recommendations for action.
5. **Decision & Follow-Up:** The General Director, with Board approval, implements disciplinary or corrective actions as per OPHCD policies and Procedures.
6. **Documentation & Confidentiality:** All records are securely stored, ensuring protection of personal data and anonymity of involved parties.

³ <https://www.un.org/youthaffairs/sites/default/files/2024-12/IASC%20Guidelines%20on%20Working%20with%20and%20for%20Young%20People%20in%20Humanitarian%20and%20Protracted%20Crises.pdf>,

4.3. Limited access to children's personal information:

- ✓ Children's personal information and photos are kept in a safe place which is accessed by a limited number of people and cannot be shared or communicated to externs.
- ✓ Professionals and personnel must never share with unauthorized persons any information that could reveal the identity of a child or his/her family or make it public without prior consent from the family and, when possible, the child.
- ✓ Parents must be informed of the complaint process and consulted during the entire time the case is being processed.
- ✓ Children's photos and images may only be included in publications if an informed consent is provided in writing from the child and his/her parents or guardians. An informed consent implies that the individual understands the circumstances in which the image will be used and all potential consequences of its publication, distribution and circulation.
- ✓ The possession, use or production of child pornography by members of the personnel goes against OPHCD's Policy and is strictly prohibited. Child pornography is defined as any representation, by whatever means, 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.
- ✓ All correspondence with children must be reviewed by the person responsible (maybe a Child Safeguarding officer) in order to ensure that it does not contain inappropriate or suggestive comments, requests or obscenities.

4.4. Safeguarding / PSEAH / GBV Case Categories:

Category	Type of Case	Description	Examples	Urgency Level
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OPHCD Child Protection & Safeguarding Policy-2021

Child Safeguarding	Child Abuse / Neglect	Any harm or risk of harm to a person under 18 by staff, partners, or community members.	Physical punishment, child labor, emotional abuse, denial of services to children.	Critical / Immediate action
Sexual Exploitation & Abuse (SEA)	Sexual Exploitation	Abuse of power for sexual purposes, exchange of aid, money, jobs or services for sex.	Staff requesting sexual favors in return for assistance, food, cash or services.	Critical / Immediate action
	Sexual Abuse	Actual or threatened sexual act by force or coercion.	Rape, sexual assault, unwanted touching.	Critical/ Immediate action
Sexual Harassment (SH)	Workplace Sexual Harassment	Unwelcome sexual behavior in workplace or work-related settings.	Sexual comments, unwanted messages, inappropriate touching, harassment by staff.	High Priority
Gender-Based Violence (GBV)	Physical Violence	Physical harm based on gender or power imbalance.	Domestic violence, physical assault of women/girls.	Critical / Immediate action
	Emotional / Psychological Abuse	Harm to mental wellbeing through intimidation or humiliation.	Threats, verbal abuse, controlling behavior.	High Priority
	Forced / Early Marriage	Marriage without free and full consent, especially involving minors.	Child marriage, forced marriage.	Critical / Immediate action
Abuse of Power / Misconduct	Exploitation or Abuse of Beneficiaries	Misuse of position for personal	Asking for bribes, favoritism.	High Priority

		benefit.	discrimination in aid distribution.	
Neglect / Duty of Care Failure	Failure to Protect	Staff failing to report or prevent harm when aware of risk.	Ignoring safeguarding complaints, unsafe program practices.	High Priority
Fraud Linked to Safeguarding	Aid Diversion affecting vulnerable groups	Manipulating aid that harms vulnerable populations.	Stealing relief items meant for women/children.	Medium-High
Other Safeguarding Concerns	Risk or suspicion	Concerns or suspicions even without evidence.	Suspicious behavior toward children or beneficiaries.	Report Immediately

Urgency Level Guide

- **Critical:** Immediate safety risk → report within 24 hours
- **High:** Serious misconduct → report within 48 hours
- **Medium:** Needs review and monitoring

4.5. Reporting Mechanism:

Guiding Principles,

All reporting and investigation actions must be guided by the following key principles:

- **Best Interest of the Child:** The welfare and safety of the child is the top priority.
- **Confidentiality:** Information is shared strictly on a need-to-know basis.
- **Non-Retaliation:** No one will face retaliation or discrimination for reporting a concern in good faith.
- **Impartiality:** All reports are treated seriously and investigated objectively.
- **Timeliness:** All reports must be acted upon promptly and appropriately.
- **Accountability:** OPHCD ensures transparent and responsible handling of every report.

Who Can Report,

Anyone can report a concern or incident, including:

- Children, families, or community members
- OPHCD employees, volunteers, or consultants
- Partner organizations or contractors
- Government or other humanitarian actors
- AND or OPHCD Beneficiaries

What Should Be Reported,

Reports may include (but are not limited to):

- Physical, emotional, or sexual abuse of a child
- Neglect or exploitation of a child
- Sexual exploitation, abuse, or harassment by OPHCD staff or partners
- Policy violations related to safeguarding, protection, or conduct
- Retaliation or intimidation against whistleblowers or survivors



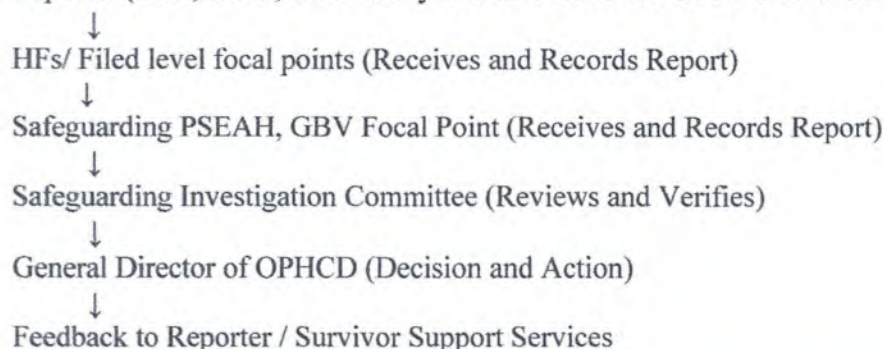
How to Report:

OPHCD provides multiple safe, confidential, and accessible reporting channels:

Reporting Channel	Details	Confidentiality Level
HF/ Filed level focal points (Receives and Records Report)	Report can be register in lookbooks and OR shared with Health Facility or Field Level Focal Points who will receive, document, and safely refer the concern to the Safeguarding team.	Confidential
Safeguarding Focal Point, SFP, PSEA, GBV	Report directly to the designated Safeguarding or Child Protection, PSEAH, GBV Focal Point in your province or office.	Strictly Confidential
Email Reporting	Send report to: whistleblowing.ophcd@gmail.com , or pseah@ophcd.org ,	Strictly Confidential
Complaint/Feedback Box	Locked boxes placed in OPHCD health facilities and offices for written, anonymous reports.	Anonymous
Telephone Hotline	Call the confidential number: +93 (0) 791904424 during working hours.	Confidential

Reporting Flowchart:

Reporter (Staff, Child, Community Member AND OR OPHCD Beneficiaries)

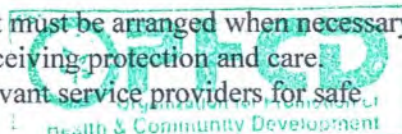


Reporting Timeline

- **Within 24 hours:** Report received and acknowledged by Safeguarding PSEAH, GBV Focal Point.
- **Within 72 hours:** Preliminary assessment and referral to Investigation Committee.
- **Within 14 days:** Investigation completed and report submitted to the General Director.
- **Within 21 days:** Decision, action, and feedback to relevant stakeholders.

Survivor Support and Protection

- Immediate medical, psychosocial, and legal support must be arranged when necessary.
- Survivors are not required to prove abuse before receiving protection and care.
- The Safeguarding Focal Point coordinates with relevant service providers for safe referral.



Annex 001 <C:\Users\Eng. Paiwaston\Downloads\Safeguarding Report Template Update.docx>

4.6. Safeguarding / PSEAH / GBV Case Handling Procedure:

STEP	ACTION	RESPONSIBLE PERSON	TIMELINE	KEY NOTES
1. RECEIVE COMPLAINT	Receive report from survivor, witness, hotline, email, complaint box, or focal point.	Any staff / Focal Point	Immediately	Listen respectfully, do not investigate, ensure safety first.
2. ENSURE IMMEDIATE SAFETY	Assess if survivor is in danger and needs urgent support.	Safeguarding / GBV Focal Point	Within 24 hrs	Safety and medical needs are first priority.
3. RECORD THE CASE	Register the complaint using incident reporting form.	Safeguarding Focal Point	Within 24 hrs	Keep information factual and confidential.
4. CONFIDENTIAL REFERRAL	Share report with Safeguarding Committee / Senior Management.	Safeguarding Focal Point	Within 24–48 hrs	Share on <i>need-to-know</i> basis only.
5. SURVIVOR SUPPORT & REFERRAL	Provide referrals to health, legal, psychosocial or protection services.	GBV / PSEA Focal Point	Immediately	Follow survivor-centered approach and obtain consent.
6. RISK ASSESSMENT	Evaluate level of risk and decide investigation approach.	Safeguarding Committee	Within 48 hrs	Decide if case is Critical / High / Medium.
7. INVESTIGATION	Conduct fair and confidential investigation if required.	Authorized Investigation Team	Within 7–30 days	Respect dignity, neutrality, and confidentiality.
8. DECISION & DISCIPLINARY ACTION	Apply HR/legal measures based on findings.	Senior Management / HR	After investigation	Zero tolerance for SEA & child abuse.
9. FEEDBACK TO SURVIVOR	Provide safe and appropriate update to survivor (if consented).	Safeguarding Focal Point	After decision	Maintain privacy and dignity.
10. DOCUMENTATION & CASE CLOSURE	Securely archive case and lessons learned.	Safeguarding Unit	After closure	Keep records in secure, restricted system.
11. PREVENTION MEASURES	Improve policies, training, and awareness to	Management & Safeguarding Team	Ongoing	Strengthen safeguarding culture.

prevent recurrence.

4.6.1 Documentation and Data Protection:

- All reports and evidence are stored in secure, password protected systems.
- Files are accessible only to the Safeguarding Investigation Committee and authorized management.
- Reports must be logged in the Safeguarding Incident Register using case reference numbers (without names).

Monitoring and Review

- The Safeguarding Unit conducts quarterly reviews of all received reports to identify trends and improve prevention systems.
- The policy and mechanism will be reviewed annually in line with updates from IASC, UNICEF, and OPHCD CVS standards.

5. Policy Review and Update:

Version No:	Approval date:	Approved by:	Change:
001	Jan,2021	Board of Trustee General Director	
002	December,2024	Board of Trustee General Director	

Signature..... Date.....

APPROVED BY:

After the review of the policy, on behalf of the OPHCD Board of Trustees, the said manual is hereby approved and ready to be implemented henceforth.

Reviewed and Approved: Board of Trustee

Effective from Qawas, 1403 (December-2024)



Reference Framework

The Committee functions in compliance with:

1. **OPHCD Core Valu Standard Commitment**
2. **IASC PSEA Guidelines (2018, revised 2022)**
3. **OPHCD Safeguarding and Whistleblowing Policy**
4. **Fraud Prevention and Accountability Policy**
5. **International NGO Accountability Charter**