

Child Safeguarding Policy



HEALTH WORKS

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1. Purpose

HealthNet TPO has a special obligation to ensure the safety and dignity of all children it comes into contact with through its work. This policy reinforces our commitment to the best interests of children. This policy states HealthNet TPO's expectations regarding team member conduct with children and what conduct is prohibited. It also states the process and procedures HealthNet TPO will maintain to ensure that team members uphold its standards and how cases of misconduct are identified, reported, and addressed in an appropriate and timely manner.

2. Scope Of Applicability

This policy applies to: HealthNet TPO's (country) offices, their subsidiaries and affiliate organizations (collectively, "HealthNet TPO"); Members of the HealthNet TPO's Directors, officers, management, employees, seconded employees, interns and volunteers, (collectively "Team Members"); Sub-recipients, partner organizations, contractors, outside experts (including attorneys), consultants, agents, representatives, and any other organization or individual that acts on HealthNet TPO's behalf or at HealthNet TPO's direction (collectively "Partners"); and visitors to any HealthNet TPO facility, which includes photographers, filmmakers, journalists, researchers, private donors and prospective donors, and anyone else hosted by HealthNet TPO or visiting HealthNet TPO's implemented or financially supported programs ("Visitors").

3. Policy Statements And Standards Of Conduct

- 3.1.1 HealthNet TPO expects all of its Team Members, Partners and Visitors to adhere to the highest standards of accountability and professionalism, which requires honest, ethical and non-abusive or exploitative conduct. HealthNet TPO expects management to fully enforce adherence to this standard.
- 3.1.2 Consistent with our mission, HealthNet TPO expects all of its Team Members, Partners and Visitors to treat all beneficiaries, and particularly children (defined as anyone under the age of 18), with respect and dignity and to always act in the best interests of their physical and emotional well-being, and never engaging in conduct that could be perceived as abusive or exploitative.
- 3.1.3 HealthNet TPO expects its Team Members, Partners and Visitors to be constantly looking out for the best interests of its beneficiaries, and especially the children with whom it works, to identify and minimize risks of harm, abuse or exploitation by others and to report and ensure follow up any time a Team Member, Partner or Visitor has reason to believe that a child beneficiary is being harmed, abused or exploited by a HealthNet TPO Team Member, Partner or Visitor.
- 3.1.4 Consistent with these principles, HealthNet TPO has zero tolerance for and abhors conduct towards children that is exploitative or abusive. This includes conduct or attempted conduct

that is or could be reasonably perceived as abusive, whether physically, emotionally or verbally abusive, sexual in nature, exploitative or neglectful (see the Definitions section for details on what conduct would qualify under these terms).

- 3.1.5 HealthNet TPO expects and requires Team Members who are aware of specific facts that would lead them to suspect that another HealthNet TPO Team Member, Partner or Visitor is engaged in child abuse or exploitation to report such behavior.
- 3.1.6 Persons who make good faith reports of suspected abuse or exploitation of children carried out by HealthNet TPO Team Members, Partners or Visitors will not be retaliated against for their reporting even if later the allegations prove unfounded. Knowingly making false reports can, however, be grounds for disciplinary action.
- 3.1.7 Violations of this Policy by Team Members can be grounds for disciplinary action, including termination. For alleged abuse that may also constitute criminal conduct, the accused person may also be subject to criminal prosecution. Partners who violate this Policy are in breach of any contractual agreements and may have their agreements terminated and/or prohibited from working with HealthNet TPO in the future and possible criminal prosecution for any criminal conduct.
- 3.1.8 HealthNet TPO provides a means for reports of child abuse and exploitation to be surfaced, including through anonymous reporting, and ensures that all reports of child abuse or exploitation by HealthNet TPO Team Members, Partners or Visitors are independently reviewed and, if they appear potentially credible, fully investigated by trained professional investigators, reported to donors in accordance with donor requirements, and reported to law enforcement (see HealthNet TPO Ethics Complaint and Whistleblowing Policy for details on how to report). HealthNet TPO will also ensure that children victims (or alleged victims) receive timely referrals for medical or psychosocial services.
- 3.1.9 This policy is intended to ensure compliance with all laws, regulations and donor requirements, including the international standards in the UN Convention on the Rights of the Child. Should any law or donor requirement exceed the requirements in this policy, the donor or legal requirement will prevail.

4. Required Process And Procedures To Ensure Compliance

HealthNet TPO ensures compliance with this policy through the following actions as implemented through appropriate processes and procedures:

- 4.1.1 All potential new Team Members undergo child-safe screening before they are hired;
- 4.1.2 All Team Members are informed and trained on what conduct this policy requires (via code of conduct training) and their responsibilities under this Policy, including what is child abuse and how to report it, and all Team Members certify that they have understood this policy and agree to abide by it;
- 4.1.3 Where appropriate and when in direct contact with children, consultants, experts, contractors,

- agents, representatives and Visitors (including journalists and researchers) are informed of the requirements of this Policy;
- 4.1.4 For each program, HealthNet TPO identifies the risk of harm to children and incorporates reasonable risk mitigation measures into the design and operation of the program (a risk- based approach) to ensure the risks of harm to children are minimized to the extent reasonably possible;
 - 4.1.5 Contractual agreements or memoranda of understanding with Partners include obligations to adhere to this Policy and any additional donor-required provisions relating to child safeguarding, and Partners have the capacity to ensure their compliance with this policy, including, if necessary, training for Partners and additional monitoring;
 - 4.1.6 Images, interviews and videos of children are only taken after understanding their potential impact on the safety, dignity and well-being of children, and in a manner that ensures respect for children, including respect for their privacy, and in compliance with applicable laws;
 - 4.1.7 Identifiable images and stories of children are only obtained and used after receiving informed consent from their parents/guardians provided in writing, when possible, and after they are informed of how their images or story will be used; for children over 14 years of age, in addition to parental/guardian consent, informed consent will be obtained directly from the child, in writing, when possible.
 - 4.1.8 Identifying information of children beneficiaries will not be disclosed without their and their parent/guardian's written permission unless the sole reason for such disclosure is the well-being or protection of the child;
 - 4.1.9 Personal identifying information is stored in a properly secured manner;
 - 4.1.10 HealthNet TPO's computers, cameras, telephones, video recorders or network systems are not used to view or share sexually explicit images of children;
 - 4.1.11 Beneficiaries and communities we serve (including children, where applicable) are informed about HealthNet TPO commitments under this Policy and how to report any suspected child abuse or exploitation by HealthNet TPO Team Members, Partners or Visitors;
 - 4.1.12 Team Members, Partners, Visitors, beneficiaries (including children, where applicable) and communities can anonymously (if they choose) report all forms of child abuse or exploitation by HealthNet TPO Team Members, Partners or Visitors and that all such reports are quickly provided to HealthNet TPO Confidential Contact Person;
 - 4.1.13 All reports are confidentially, independently and thoroughly investigated by an investigator trained in how to conduct investigations into child abuse or exploitation and in a manner that ensures, to the extent possible, protection of the child;
 - 4.1.14 All reports are disclosed to donors as and when the donor requires. If reports include allegations of criminal misconduct, they are also disclosed to law enforcement; and
 - 4.1.15 Any Team Member, Partner or Visitor accused of child abuse or exploitation is, at a minimum, removed from access to children until the investigation determines that they do not pose a threat.

5. Definitions

- 5.1 **“Child”**: A person under the age of 18 years of age, in accordance with the definition of a child in Article 1 of the United Nations Convention on the Rights of the Child, 1989.
- 5.2 **“Abuse”**: Includes a range of behavior from physical abuse, emotional ill-treatment, sexual abuse, neglect or insufficient supervision, and trafficking to commercial, transactional, labor, or other exploitation resulting in actual or potential harm to the child’s health, well- being, survival, development, or dignity. It includes, but is not limited to, any act or failure to act which results in death, serious physical or emotional harm to a child, or an act or failure to act which present an imminent risk of serious harm to a child. It also includes attempted abuse.
- 5.3 **“Physical abuse”**: Constitutes acts or failures to act resulting in injury (not necessarily visible), unnecessary or unjustified pain or suffering without causing injury, harm or risk of harm to a child’s health or welfare, or death. Such acts may include, but are not limited to, punching, beating, kicking, biting, shaking, throwing, stabbing, choking, or hitting (regardless of object used), or burning. These acts are considered abuse regardless of whether they were intended to hurt the child.
- 5.4 **“Emotional abuse”**: Constitutes injury to the psychological capacity or emotional stability of the child caused by acts, threats of acts, or coercive tactics. It may include bullying, harassing, insulting, intentionally humiliating, inappropriately controlling, isolating a child from family, intentionally degrading, and any other deliberate activities that are intended to make a child feel isolated, diminished or embarrassed.
- 5.5 **“Sexual abuse”**: Forcing, coercing or enticing a child to take part in sexual activities the he or she does not fully understand and has little choice in consenting to. This may include fondling a child’s genitals, penetration, rape, oral sex, indecent exposure or sodomy. It may also include involving children in looking at or being used to produce pornographic images or involvement in prostitution.
- 5.6 **“Attempted abuse”**: The intentional act of trying to engage in child abuse, whether it is physical, emotional or sexual abuse, but where for some reason the abuse does not actually take place.
- 5.7 **“Neglect”**: Allowing for context, resources and circumstances, neglect refers to a persistent failure to meet a child’s basic physical and/or psychological needs that is likely to result in serious impairment of a child’s healthy physical, emotional and mental development. It can include failures to supervise, protect from known harms, provide adequate nutrition, shelter or safe working/living conditions. It can also include acting in ways that may put a child at risk for exploitation or abuse.
- 5.8 **“Sexual exploitation”**: A form of sexual abuse that involves someone engaging, or attempting to engage, children in any sexual activity in exchange for money, gifts, food, accommodation, affection, status or anything else that they or their family needs.
- 5.9 **“Other forms of child exploitation”**: The most common is commercial exploitation, in which a child is exploited in work or other activities for the benefit of others and to the detriment of the

child's physical or mental health, education, social or emotional development..

6. Policy Administration

6.1 HealthNet TPO's Ethics Team, under supervision of HealthNet TPO's Board, is responsible for ensuring this Policy remains up-to-date, compliant with donor requirements, and effectively implemented. In particular, the Ethics Team is responsible for:

- Ensuring distribution of implementation guidance, training and orientation materials on this Policy;
- Working with Senior Management in all countries and areas where HealthNet TPO operates on the implementation and compliance with this Policy in the areas of operations;
- Monitoring and responding to and ensuring proper investigation and reporting of reports of violations of this Policy; and
- Leading a review of this Policy every two years and submitting recommendations for revisions for Board approval.

6.2 Senior Management in all countries and areas where HealthNet TPO operates are responsible for:

- Overseeing the full implementation of this Policy in their area of operations, with the support of the Ethics Team, which includes ensuring Team Members are trained on this Policy, child-safe recruitment measures are in place and systems are in place to receive and respond to complaints under this Policy from Team Members, partners, beneficiaries (including children) and communities;
- Ensuring that all allegations of child exploitation and abuse or other violations of this Policy are immediately reported to the Ethics Team; and
- Creating and maintaining an environment and culture that promotes dignity and respect towards children and prevents any form of child exploitation and abuse.

6.3 Human Resources is responsible for ensuring that child safe recruiting processes are in place and that all Team Members undergo the code of conduct training and sign the certification.

7. Board Approved Policy

This Policy was approved by the HealthNet TPO Board on 10 September 2019. This Policy may only be amended or changed with the approval of the Boards.