



Photo: CBM/Hayduk

CBM Safeguarding Policy

January 2023

Cover Image: Home visit in Uganda Justus by OURS field promoter Ediketh.

CBM Safeguarding Policy

Published by: CBM Christoffel-Blindenmission
Christian Blind Mission e.V, Bensheim, Germany

Queries about this publication and requests for permission to translate it should be addressed to: Email: safeguarding@cbm.org

Approved by: Communication and Programmes (C&P) Leadership Team on behalf of the Supervisory Board on January, 2023..

Policy owner: Global Security and Safeguarding Manager

Key users:

- Mandatory for all CBM staff and representatives.
- A reference for CBM partners and collaborators

Related cbm policies:

1. Code of Conduct
2. Programme Feedback and Complaints Policy

Change history: This Safeguarding Policy replaces CBM's November 2018 Children and Adults-at-Risk Safeguarding Policy

Languages: This policy is originally written in English and centrally translated into French and Spanish.

DEFINITIONS

Safeguarding (of children and Adults)	A set of organisational policies, procedures and practices designed to ensure that no harm comes to people as a result of contact with an organisation’s programmes, operations or people and that any harm is appropriately dealt with.
Child	A person under the age of 18 years.
Adult	A person aged 18 years and older.
Adult-at-risk (vulnerable adult)¹	<ol style="list-style-type: none"> 1. Any person aged 18 years and older who may be at risk of abuse or exploitation due to their dependence or reliance on others for services, basic needs or protection. 2. An adult may also be at risk/ vulnerable when another person seeks to misuse their position of authority or trust to abuse them through control, coercion, manipulation, exploitation or any other abuse. 3. An adult may also be at risk if their decision-making capacity is impaired and/or they do not have the required support to make a decision.
Assent	Is the agreement of someone not able to give legal consent to participate in the activity. For example, work with children not capable of giving consent requires the consent of the parent or legal guardian and the assent of the child.
Assisted Decision Making	<p>This is assisting or supporting an individual to make a decision on their own by giving them the tools they need, rather than making the decision for them. ¹</p> <p>This is also where when a person whose capacity to make a decision is in question, they appoint a person to assist or co-decide. It is also when somebody has appointed another to represent them to make a decision.²</p>
Child Abuse	Child abuse consists of anything that individuals, institutions or processes do or fail to do that directly or indirectly harms children or reduces their prospect of safe and healthy development into adulthood.

Child Protection	Child programmes, projects and advocacy measures designed to protection is a programming approach involving prevent and respond to abuse, exploitation, neglect and violence against children. It generally focuses on risks and issues caused externally to the organisation, while safeguarding focuses on those caused internally.
Confidentiality	For the purposes of this policy, confidentiality means that information about each incident will only be shared on a need-to-know basis.
Free and Informed Consent	The voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice.
Note on Legal capacity	In accordance with Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), CBM recognises that persons with disabilities have the right to recognition as persons before the law and to enjoy legal capacity on an equal basis with others in all aspects of life.
Risk	Risk means the potential for something to go wrong (an incident or an accident), or the likelihood of a negative consequence to an action.
Risk Assessment	Risk assessment is a means of identifying potential risks.
Risk Management	Risk management is identifying potential risks and putting measures in place to prevent, minimise and/or mitigate those risks.
Safeguarding incident	A safeguarding incident is a situation where the Safeguarding Policy or CBM’s Code of Conduct related to abuse of people, has been breached or alleged to have been breached.

¹ Inclusion Ireland, ‘Assisted Decision Making – What does it Mean?’ January 2016.

² Inclusion Ireland, ‘Assisted Decision Making – What does it Mean?’ January 2016.

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Dr Lan conducting an eye screening on Nhung in Vietnam.



INTRODUCTION

CBM is a Christian international development organisation, committed to improving the quality of life of people with disabilities in the poorest communities of the world irrespective of race, gender, gender expression, or religious beliefs.

Based on its core values and over 100 years of professional expertise, CBM addresses poverty both as a cause and as a consequence of disability and works in partnership with local and national civil society organisations to create an inclusive society for all.

Risk background

CBM works in a range of development and humanitarian contexts in which women, men, girls, and boys with disability can be at higher risk than the general population. It notes with concern that children with disabilities are more than three times more likely to be abused than children without disabilities.¹ Adults with disabilities – especially women – are also highly vulnerable to experiencing abuse if safeguards are not in place.

CBM believes that every girl, boy, man, and woman has the right to safeguarding, regardless of who they are and whether or not they have a disability.

It is CBM's responsibility to do everything within its means, to ensure that all children and adults who come into contact with CBM's operations and programs (project participants) are safeguarded to the greatest extent possible. Safeguarding also covers CBM staff and partner colleagues.

Purpose of policy

The purpose of this safeguarding policy is to regulate how CBM's programmes, operations, and representatives work, so that the children and adults it comes into contact with are not abused, neglected, or harmed in any way.

Who this policy applies to

This safeguarding policy is a mandatory policy that applies to all CBM staff (including CBM International in Germany, the Regional Hubs and Country Offices/Desks). This policy also applies to CBM representatives like Supervisory Board members, consultants, contractors, project visitors, goodwill ambassadors, interns, and volunteers (hereafter referred to as CBM Representatives). This policy is also applicable to CBM Italy's² representatives in their dealings with CBM International.

CBM works very closely with and via partners and expects partners to uphold high standards of safeguarding based on their own safeguarding policies, the UN Convention on the Rights of the Child, and the UN Convention on the Rights of Persons with Disabilities.³

¹ Hughes et al. 'Prevalence and Risk of Violence against Adults with Disabilities: A systematic review and meta-analysis of observational studies', *Lancet*, 28 April 2012, doi:10.1016/S0410-6736(11)61851-5.

² Because CBM Italy is independently registered, they have their own Safeguarding Policy that is aligned to this one.

³ Also important are the International Convention of Economic, Social and Cultural Rights (Link: (www.ohchr.org/en/human-rights/economic-social-cultural-rights)) and the Convention on the Elimination of All Forms of Discrimination against Women Link: www.un.org/womenwatch/daw/cedaw/cedaw.htm



Abdul's blurred vision used to impact his daily routine. Thanks to the PEEK Programme and CBM-partner COAVS in Pakistan he received spectacles free of cost.

PREVENTATIVE ACTION

Safeguarding systems and procedures work to protect against risks of or actual abuse, neglect, violence, exploitation, and SEAH⁴. This section of the Safeguarding Policy therefore details measures CBM staff and representatives should take to reduce such risks.

Safeguarding Trainings

Safeguarding trainings are compulsory and are accessible to all CBM staff. Every CBM staff should have attend at least one full safeguarding training and should attend refreshers.

Safer Programming and Risk Management

In order to enhance access to services and reduce all risks towards the people CBM works with, it is necessary for CBM staff and representatives to understand safeguarding risks that may sometimes be inherent in programme work, so that safeguarding incidents are prevented before they happen.

Programme and organisational risk assessments will pay attention to consider the specific safeguarding risks of girls, boys, women, and men with disabilities.

Programme managers will ensure that safeguarding risk assessments are conducted in a participatory and comprehensive way when designing and implementing projects and activities.

The risk assessments must identify risks and barriers and document steps being taken to reduce or remove them. Programme managers must also include adequate **budgets/finances** for their projects' safeguarding needs within their project budget applications.

⁴ Sexual Exploitation, Abuse, and Harassment (SEAH). Refer to CBM's Code of Conduct for more elaboration about SEAH, including examples.

Note that the safeguarding risks can differ based on the type of activity, contexts and persons involved among other factors. Refer to the appendix 5 for CBM risk assessment template.

Special Safeguards for Health Programs

1. All measures must be taken by managers and implementers of CBM's health programs to ensure that only best practices are followed and all risks to project participants and patients are reduced to the highest extent possible.
2. CBM issued **compulsory** minimum procedures for the implementation of surgeries for children under general anaesthesia (Appendix 7). These are compulsory, life-saving measures and must be adhered to by all CBM partners who perform children's surgeries under general anaesthesia.
3. Medical information, including medical images of patients must be protected at all times. This information can only be obtained, shared, and publicized with consent.

Working with Partners

Safeguarding is an integral part of CBM's partnership commitment and CBM expects its partners to either have or to develop within an agreed timeframe a safeguarding policy or have similar arrangements, which are in line with the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.

CBM also expects the following from partners:

1. All partners and sub-partners should develop inclusive approaches to programming for all stakeholders. Partners working with children should develop child-friendly models of working and program delivery.
2. Partners should have functional feedback mechanisms that are accessible to project participants and colleagues.
3. Women, men, girls, and boys should be actively and meaningfully encouraged to participate in the design, monitoring and evaluation of activities that affect them.
4. Partners should inform project participants and colleagues how they can report safeguarding concerns and the follow-up actions that will be taken.

5. Partners' programme managers should ensure safeguarding risks of programmes are assessed, and managed. Also, they should ensure that needed safeguarding funds are included within the project budget.
6. If a serious safeguarding incident (abuse, neglect, or exploitation) occurs within a partner organisation:
 - CBM expects to be informed as soon as one becomes aware of a concern or incident and at most 48 hours afterward via the CBM Country Director or Safeguarding Focal Person about the non-confidential details of the incident and the partner's response. Responses may include medical, psychological, and legal measures taken in the interest of the concerned child(ren) or adults; investigation of the incident; preventive measures or measures taken by/with the family and community.
 - CBM will offer advice or refer to specialist expertise if requested by the partner to do so.
 - Should the partner not take appropriate and timely action or ignore the incident, CBM will offer recommendations. As a last resort, CBM reserves the right to withhold funds from the partner (until appropriate measures are taken) or to terminate the partnership contract.

Safeguarding in Humanitarian Action

Humanitarian situations pose some of the highest risk for abuse, neglect, and exploitation. These risks are higher for girls, boys⁵, women with disabilities and the elderly.

Article 11 of the Convention of the Rights of Persons with Disabilities highlights the obligation to ensure the protection and safety of persons with disabilities in situations of risk, including armed conflict, natural disasters, or other humanitarian emergencies. Therefore, it is important to mainstream safeguarding in all stages of CBM's humanitarian action – in the disaster preparedness phase, response, and early recovery, in order to fulfil our duty of care.

5 UNICEF. 'Including children with Disabilities in Humanitarian Action' (Link:<https://sites.unicef.org/disability/emergencies/protection.html>).

CBM requires this policy to be adhered to in development and humanitarian programmes.

It is also important that this policy's provisions are implemented by country programmes as a means of institutional readiness to respond to humanitarian crises, thereby building a solid foundation and framework within which the humanitarian staff of CBM and its partners work.

In combination with other provisions of this policy, below are some specific ways CBM will reduce safeguarding risks in humanitarian action:

- a. Safeguarding risk assessments are incorporated into humanitarian programme design, budgeting and operational processes like surge capacity recruitment and selection of new partners.
- b. All new CBM and partner representatives involved in humanitarian response receive a thorough safeguarding induction at the start of their contract and existing staff involved in response receive a refresher briefing at the beginning of a response.
- c. Opportunities are sought for more detailed safeguarding training/refreshers as part of the humanitarian training programmes and tailored to different levels; for example, for partners, coordination teams/managers, field work teams, volunteers, community representatives, partners, and Organisations of Persons with Disabilities.
- d. Safeguarding obligations are included in contracts of new partners, sub-partners, staff, and representatives.
- e. The available feedback and complaints mechanisms are publicised, are as accessible as possible, and responded to in a timely manner.
- f. Safeguarding actions during humanitarian action are documented and reported on as part of regular reports.
- g. CBM's established safeguarding incident management procedures are followed when incidents occur.

Research, Media and Communications

It is important that ethical and protective principles in research, media and communications are followed to ensure that all children and adults are represented in a dignified way, that their participation is not exploitative, and that people and organisations do not use photographs and related information beyond the agreed purposes and consent.

The following safeguarding measures should be adhered to before commencing research, media, or communications activities:

1. Methodologies of research should be reviewed by the project lead and any other stakeholder(s) for safeguarding risks, as well as compliance with CBM policies and procedures.
2. The contract and terms of reference of consultants, journalists, photographers, researchers, volunteers, or other parties involved should be based on the latest versions of approved CBM templates, policies, CBM Code of Conduct and principles. It should also detail how the information collected will be used and shared. This should be in line with the consent forms used to indicate willingness to participate.
3. All people being asked to provide consent will be informed that participation in any media or research activity is voluntary and that they are allowed to say 'no' or opt out at any time without negative consequences.
4. All those involved in gathering the stories or information on behalf of CBM should be briefed on CBM's Safeguarding Policy and sign a commitment to adhere to it as well as CBM's Code of Conduct.
5. The two-adult principle⁶ should be adhered to when interviewing children. For adults, the option to have a support person of choice should always be open.

Guidelines on Photographs

While cultural sensitivities vary from country to country, photographs may be used outside of the country in which they were taken. Therefore, the following directives apply regarding taking pictures of children for CBM's use:

⁶ This means that another adult is present, within view or within easy reach.



Sandaruwan and his teacher Chandrani. Sandaruwan has cerebral palsy and has just started going to school at 8 years of age in southern Sri Lanka

1. Show children and adults in their true social context and reality. Do not attempt to alter it to fit a different narrative.
2. Images, stories and messages about boys, girls, women, and men will present them in a dignified, respectful manner, portraying them as equal partners in the development process.
3. In some communities that CBM and partners operate, it is normal that young children are not fully clothed all the time. In view of this, the following standards should be followed during filming and photography:
 - Young children like toddlers should at least have their bottom half covered.⁷
 - All other children must be clothed top and bottom.
 - Clothing must also be appropriate with consideration given to the child's local context and the international context in which their image will be used.
4. Consent forms will be properly stored by those taking the pictures, preferably also in soft copy.
5. The latest version of the partners list as well as the consent forms can be found by following this link: <https://picture.cbm.org/?c=7230&k=90187f3153>
6. Pictures, materials, and personal information regarding children will be held in a secure access-restricted database and applicable data protection laws will be followed.
7. When publishing the materials, the identity and traceability of all children and vulnerable adults will be protected. For example, use only the first name and general location like country or state and remove GPS/location tags.
8. Pre-approved CBM partners who have consent to use the images collected by CBM or CBM representatives must sign an agreement to adhere to the same conditions of use for which the consent was given.

Safer Recruitment and Contracting

In order to reduce safeguarding risks caused by CBM staff, the following should be considered when planning recruitment. Although not 100% sufficient in themselves, taken together they help provide reasonable assurance that attempts have been made

to recruit suitable persons and hence reduce risks to CBM and the project participants.

1. Advertisement - Job advertisements state that 'CBM is committed to safeguarding all children and adults who come into contact with CBM's operations and programs.
2. Shortlisting - Applicants' information should be obtained, scrutinised, and resolved to look for any gaps or discrepancies in their employment history.
3. Interviews - Candidates will be asked specific questions about safeguarding, CBM Code of Conduct, or working with vulnerable people.
4. Checks - CBM will ask for references from previous employers. If this is not possible, an academic reference or appropriate, respectable community contact⁸ can provide a reference. Where staff will be working directly with children, vulnerable adults or if recruitment is done within the European Union, verbal references must be sought.
5. Additional checks - Local Human Resources (HR) are responsible for further checks according to local laws and needs. This includes 'certificates of good conduct' or 'Police criminal Record checks' for specific roles. In cases where such police records are not available or reliable, HR can ask candidates to sign a written self-declaration of good conduct. Note that a criminal record is not an automatic disqualification to work for CBM. The HR Manager in consultation with a senior manager can decide whether to proceed with the candidate's appointment, depending on the nature of crime. When in doubt, do not appoint the candidate.

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6. All successful candidates must agree to and sign CBM's Code of Conduct and Safeguarding Policy upon appointment.

⁷ It is acceptable to use age estimate for this purpose.

⁸ For example: community leader, religious leader, doctor, lawyer.

7. Induction - Respective HR managers will ensure that the new recruit receives an induction in safeguarding within one (1) month and no later than three (3) months after the appointment.

Consultants, suppliers, and contractors

1. Before contracting, the project manager must ensure that all consultants, suppliers, contractors, and sub-partners receive information or briefings on CBM's Code of Conduct and Safeguarding Policy and their obligations under it.
2. All contracts should include a clause stating that the party being hired will adhere to CBM Safeguarding Policy and CBM's Code of Conduct.

Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH)

As elaborated in detail in CBM's Code of Conduct, any form of sexual abuse, sexual exploitation or sexual harassment is considered unacceptable behaviour for any CBM staff or representative and is classified as gross misconduct.

Onel outside of his home in Haiti, after the earthquake of August 2021.



REPORTING AND RESPONSIVE ACTION

Incident management processes will be as accessible as possible for those concerned.⁹

Jurisdiction for Internal and External Incidents

Some safeguarding incidents may be directly related to CBM internally (involves a CBM representative, programme or a CBM partner) and some may be external (does not involve a CBM representative, programme or partner).

CBM has responsibility for incidents that relate directly to CBM. Although CBM is concerned about all issues of abuse, neglect and exploitation, for incidents that CBM becomes aware of that are external to CBM, these will be referred to the most appropriate entities for management.

Reporting Concerns and Allegations of Abuse

Below are the options for reporting safeguarding concerns or incidents within CBM.

1. Notify the Safeguarding Focal Person.
2. Notify the CBM Country Director
3. Notify the Regional Security and Safeguarding Advisor.
4. Notify the Global Safeguarding Incident Advisor via email: safeguarding@cbm.org
5. Report via the programme feedback mechanism¹⁰
6. Report via the anonymous whistle-blower¹¹ mechanism on CBM's website

This process does not negate the duty to report criminal incidents to local authorities where needed, in consultation with CBM's Country level management.

If you are notifying of any safeguarding incident via email, please follow these procedures, regardless

of the severity of the incident to ensure that it gets quick attention:

1. Mark the email as 'High Importance'.
2. The subject line should read: **ATTENTION! Confidential!**

Warning on Malicious Reporting

There will be no action taken against anyone who reports a concern in good faith that, following investigation, proves unfounded. However, if it is found that a CBM representative knowingly and wilfully reported information with malicious intent, this will lead to disciplinary action.

All safeguarding notifications will be treated and managed with confidentiality to protect the identity of those concerned, in accordance with European Union data protection and national laws as applicable.

Managing disclosures by children or adults

It is possible that a CBM staff member or representative may witness or become aware of actual or alleged abuse, neglect and or exploitation in CBM, a partner organization or external entity. Below is some guidance on how to handle disclosure of such information.

1. Always take the incident or allegation seriously and pay attention to the details reported.
2. Do not promise to keep the information they provide secret because you may need to inform others through one of the reporting options described above if the incident is investigated.
3. Under no circumstances should you try to investigate the allegation yourself. Instead, pass this information on to the Safeguarding Focal Person or your Regional Security and

⁹ For example, sign language interpretation for an interview with a deaf person or use of large print for a person with low vision.

¹⁰ <https://www.cbm.org/about-cbm/reporting-channels-and-safeguarding/>

¹¹ <https://www.bkms-system.net/bkwebanon/report/clientInfo?cin=3cbm16&c=-1&language=eng>

Safeguarding Advisor as soon as you become aware of a concern or incident and no later than 48 hours after – they will know how to respond appropriately.

4. You may be asked to complete the incident notification form.

Incident Management

When a designated safeguarding person (e.g., the Regional Security and Safeguarding Advisor) gets notified about a safeguarding incident, below are key things to consider:

1. Does the matter breach CBM's Safeguarding Policy, Code of Conduct, or local laws? If not, then it most likely does not meet the threshold of concern.
2. Does this matter require reporting to the police or any other authority?
3. If the matter meets the threshold of concern, does it require further enquiry? If yes, an administrative investigation¹² needs to be instigated.
 - a) An administrative investigation is only conducted by the Global Security and Safeguarding Unit directly or by a team appointed by them.
 - The aim of such investigations is to find the truth about complaints or allegations. The results of an investigation may substantiate, refute, or find the allegations unsubstantiated or unfounded.
 - If the investigation is internal within CBM, the results of the investigation are then handed over by the Global Security and Safeguarding Unit to the respective Regional Hub Director or Country Director for further action.
 - b) Does the survivor (s) require 'survivor/victim support' services? If so, which? Can these services be provided directly or through referral?
 - c) Is this incident management process accessible for those involved to fully participate?
 - d) What lessons can the organisation learn from this incident?
4. In cases of very serious, complex incidents, other expertise (e.g., medical, legal, media) CBM's multi-disciplinary Crisis Management

Team will be called upon by the Global Security and Safeguarding Unit to assist with incident management.

5. At resolution of a serious incident, key stakeholders are informed of the outcomes as appropriate and on a need-to-know basis. The Security and Safeguarding Unit then leads an 'After Action Review' with key stakeholders.

Safeguarding Resource and Referral List

Safeguarding Focal Persons are responsible for ensuring that each Country Office/Desk has a safeguarding resource and referral list that is updated at least bi-annually. This facilitates quick referrals in times of need.

Whistle-blower and Survivor Support

It is acknowledged that whistle-blowers and individuals or groups of survivors of safeguarding violations may need specific interventions to facilitate their wellbeing and or recovery.

CBM will take the necessary steps within the resources available to protect them from reprisal, as well as promote their welfare and security. This may include facilitation of, or referrals to, competent service providers in the area of medical, psychosocial, legal or other support services required by the survivor(s). They will also receive appropriate information regarding the outcomes of any incident management procedures.

Care for incident managers

Participation in incident management can be a high stress situation. CBM provides confidential telephone-based care support services for staff in case of psychological or emotional issues such as stress, anxiety and depression, pressure, work performance or any other challenges. In case of high stress incidents, CBM staff involved are encouraged to utilise this service, which is also available for staff with a hearing impairment. For serious incidents, regular debriefs by the incident management team are also encouraged.

If the above-mentioned services are insufficient, please notify your line manager or local Human Resources responsible.

¹² CBM uses CHS alliance's Investigation Guidelines (Link: https://www.chsalliance.org/files/files/Investigation-Guidelines-2015_English.pdf)

Guita and her granddaughter Salma outside of their home in Gracias a Dios, Honduras.



GOVERNANCE AND ACCOUNTABILITY

While safeguarding is everyone's responsibility, managers are accountable to ensure that this Policy is implemented in their respective areas of leadership.

Policy implementation actions

Managerial Actions

- 1. Country Directors, Initiative and Department Managers** will integrate safeguarding measures into relevant core internal processes such as: planning, programme design and implementation, budgeting, partner agreements, risk management, recruitment, monitoring and accountability mechanisms.
- 2. Country Directors** will ensure local implementation of the provisions of this policy in the following ways:
 - Ensure that a suitable Safeguarding Focal Person is appointed at the Country Office/ Desk and that this person receives the necessary training and support. Note that the Country Director, not the focal person, remains accountable for safeguarding policy implementation at country level.
 - Ensure that all staff, representatives, and partners are informed about this policy and their obligations towards it. This may involve translated formats and sensitisation sessions in local languages in order to make this information more accessible.
 - Ensure that the Country Office/ Desk has a funded, up-to-date safeguarding action plan that is reviewed at least annually. Where needed, safeguarding action plans should factor in collaboration with and support to partners in regard to strengthening safeguarding systems and practices.

Managerial actions

1. All CBM representatives will be required to sign an acknowledgement and consent to the behaviour code in this policy prior to their appointment.
2. The www.cbm.org homepage and every workplace will display information stating that CBM is committed to safeguarding. Every office will display contact details of the designated Safeguarding Focal Person.
3. The Global Security and Safeguarding Unit will collaborate with Regional Hubs and Country Offices/Desks to monitor practice through periodic safeguarding assessments (including self-assessments).
4. The Global Security and Safeguarding Unit will submit a quarterly and annual report of registered safeguarding concerns and developments to CBM's leadership at Country, Regional and International level.

Policy review

CBM recognises its responsibility to be ever vigilant and responsive to ensure effective, robust safeguarding practices are in place. Therefore, this policy will be reviewed regularly and revised when needed. Any ideas for organisational improvement in policy and practice can be emailed to safeguarding@cbm.org

APPENDIX 1: CBM'S SAFEGUARDING BEHAVIOUR CODE

The safeguarding behaviour code described below is designed primarily to protect CBM's representatives and the children and adults who come into contact with us. Adherence to this behaviour code is mandatory for all CBM representatives. Any violation of this will result in disciplinary procedures that may include legal action or termination of contracts, where the severity warrants it.

CBM Safeguarding Behaviour Code

I, (please insert name)

acknowledge that I have read and understand CBM's Safeguarding Policy 2023. By signing this document, I agree:

- To comply with the Safeguarding Policy of CBM.
- To be responsible for observing the Safeguarding Behaviour Code.

In this respect I will:

- Be committed to creating a culture of openness and mutual accountability at the workplace.
- Adhere to the general principles of the UNCRPD by respecting the inherent dignity, individual autonomy and independence of persons; non-discrimination, promoting full and effective participation and inclusion of persons in society; respect for differences and acceptance of persons with disabilities as part of human diversity and humanity, promoting equality of opportunity and equality between men and women, promoting accessibility and respect for the evolving capacities of children with disabilities.
- Apply the 'two-adult principle' when conducting any activity with children. This means that another adult (a colleague or child's caregiver) should be present or easily reachable/nearby. In cases when this is not possible, I will inform my supervisor in the interests of transparency and accountability. Adults should also have the option of having an adult support person if they request.
- Ensure physical contact is at all times appropriate. (It is the responsibility of CBM

representatives to understand the cultural contexts in which they work, and to know what culturally appropriate behaviour is).

- Use positive, non-violent methods to communicate with children and adults.
- Adhere to consent decisions for taking photographs, filming, or writing stories about project participants.
- Protect and handle personal data of children and adults with care and ensure that this is also respected by third parties who receive this information from CBM or its partner organisations.
- Notify the Safeguarding Focal Person, Regional Security and Safeguarding Advisor, or at the global level via: safeguarding@cbm.org as soon as and no later than 48 hours after being made aware of a concern or allegation of abuse, neglect, or exploitation regarding CBM staff, representatives, programmes, and operations.
- Comply with any safeguarding investigation (including interviews) and make available any necessary information.

I will never:

- Hold, fondle, kiss, cuddle or touch children in an inappropriate and/or culturally insensitive way.
- Engage in activities involving close body contact with project participants beyond the professional requirements.
- Act in ways that may be abusive or place an adult or child at risk of abuse.
- Spend excessive time alone with a child, away from others, behind closed doors, or in a secluded area (see 'two-adult principle' above). This does not apply to children to whom one has legal or cultural care responsibility.

- Develop relationships with project participants that could in any way be deemed exploitative or abusive.
- Marry a person below the age of 18, regardless of consent and local custom.
- Make sexually suggestive comments or actions to a project participant, even as a joke.
- Engage in sexual activity or have a sexual relationship with a child, regardless of consent or local custom. Mistaken belief in the age of a child is not a defence.
- Engage in sexual activity or have a sexual relationship with an adult beneficiary of CBM or CBM’s partner due to the inherently unequal power dynamics .¹
- Hit or otherwise physically assault or physically abuse children or adults.
- Act in ways intended to shame, humiliate, harass, belittle or degrade children or adults (perpetrate any form of emotional abuse).
- Discriminate against or favour particular children or adults to the exclusion of others with whom I am working.
- Take a child participant of a CBM programme alone in a vehicle or other means of transportation unless it is absolutely necessary and with parent/guardian and or managerial consent.
- Invite children with whom I am in a professional relationship with, into private residences, unless they are at immediate risk of injury or in physical danger, in which case I must inform my supervisor.
- Condone, or participate in behaviour with children or adults that is illegal, unsafe or harmful, including being part of harmful traditional practices (like female genital cutting and child marriage).
- Exploit children for their labour (including house helps) or exploit adult workers. Note that prohibition of child domestic work (house helps) does not exclude children of an appropriate age from **occasional** babysitting, gardening and help with house chores during out of school time.
- Exploit both children and adults sexually e.g.,

via prostitution

- Give or allow children to use illegal drugs, alcohol, or restricted substances or encourage their use.
- Use any computers, mobile phones, or social media to access child exploitative material e.g., child pornography.
- Abuse or harass anyone physically or via electronic medium.
- Share unauthorized CBM or partner information like pictures on social media. Instead, we are encouraged to like and share content published on CBM’s official social media portals.

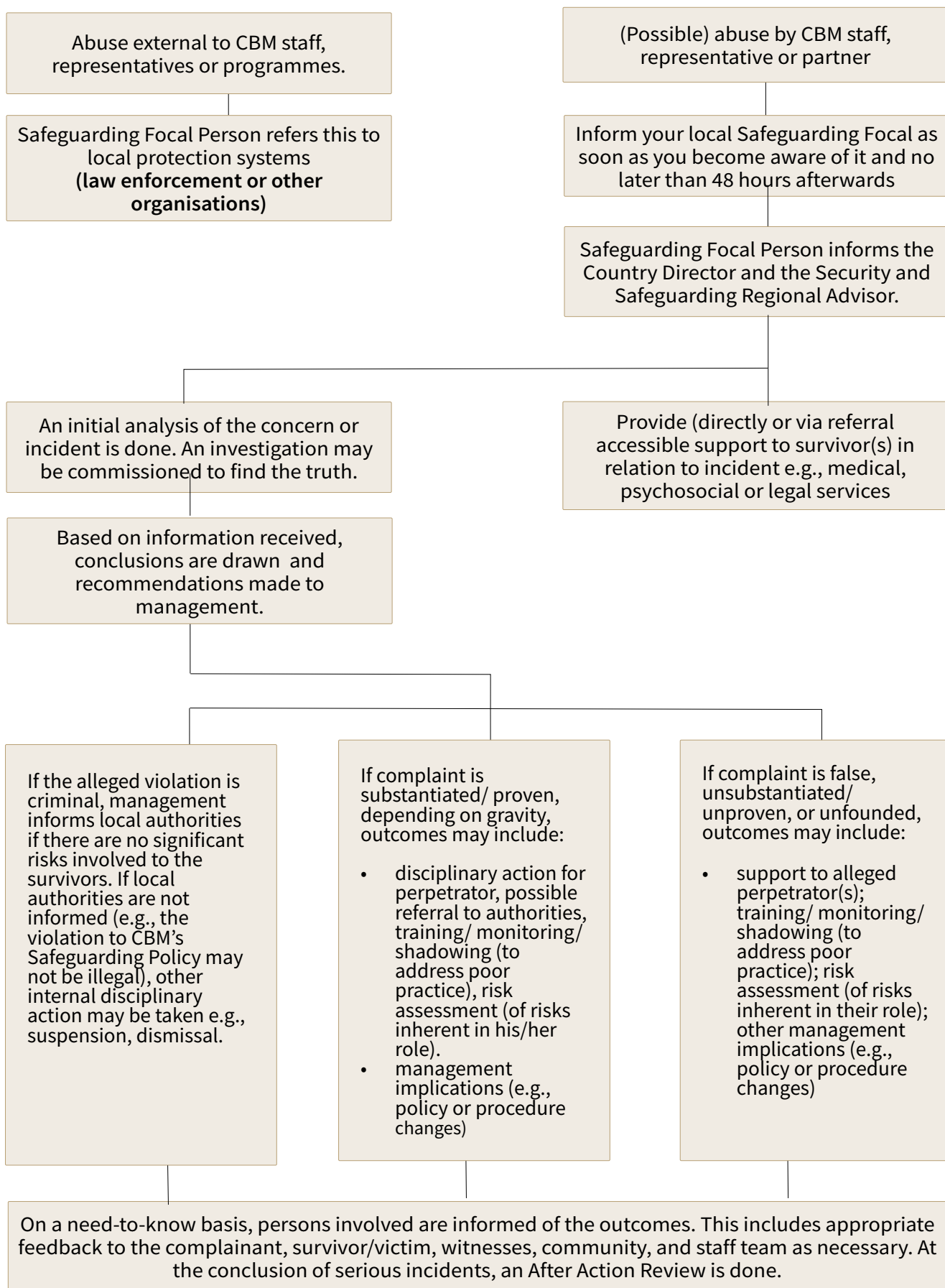
Location and date:

Signature:

Note: If you are unsure whether an action, activity or behaviour may violate the CBM Safeguarding Policy or CBM Code of Conduct please seek guidance from your Safeguarding Focal Person or send an email to safeguarding@cbm.org

¹ In case the relationship existed before the project participation, this is acceptable. For example, if one’s spouse accesses a CBM partner’s health services in a general hospital.

APPENDIX 2: INCIDENT MANAGEMENT PROCESS FLOW CHART¹



¹ This is based on Plan International's 'Case Management Model Critical Steps' plus lessons learnt in CBM



Photo: CBM



Adoch showing social worker Simon how she uses her white cane at Mengo Hospital, Uganda

APPENDIX 3: SAFEGUARDING INCIDENT NOTIFICATION FORM

Note: The information contained in this form is confidential.

This form is for reporting concerns about potential violations of CBM's Safeguarding Policy and CBM's Code of Conduct.

Send your email to: either the Safeguarding Focal Person, the Country Director, the Regional Security and Safeguarding Advisor or to safeguarding@cbm.org

E-mail Subject: 'ATTENTION: Confidential!'

Please try to provide as much information as possible in the form. Areas where you have nothing to report can be left blank

Details of person reporting concern (unless they want to remain anonymous)

Name:

Location:

Contact telephone:

Relationship to project participant who may have suffered harm:

Administrative information related to the incident

Applicable CBM Office:

Partner name if applicable:

Project Number:

Type of safeguarding concern or abuse (Please check appropriate box(es))

Physical

Sexual

Emotional

Neglect/Negligence

Economic and other exploitation

Breach of CBM Code of Conduct

Other (please explain further)

Details of person(s) who may have suffered harm (survivor/victim (s))¹

Name (no need for name if the case is at a CBM partner):

Age range if known:

Gender:

Health issue or impairment if known and applicable:

Location of incident:

¹ If there are multiple victims facing the same/similar incident, you can use one form and indicate that there are multiple victims. However, use a separate form in case if a different incident or concern

Further details of concern or incident:

Who, what, where, when?

What action (if any) has already been taken and by who?

If emergency medical² care is required, has it been accessed?

Yes/No

Have any referrals or external entities/ stakeholders been informed of this incident? If yes, which?

Report written by:

Name:

Position and location:

Signature (electronic or on hard copy):

Date:

Submitted to:

Date submitted:

² Sexual abuse like rape requires urgent immediate medical attention

Khut outside of his home in Vietnam before his cataract surgery.

APPENDIX 4: SAFEGUARDING INCIDENT CLASSIFICATION AT CBM

Minor Incidents

Minor incidents are incidents or allegations that are not criminal but breach CBM's Safeguarding policy e.g., violation of the 'two-adult principle' or deliberately missing safeguarding trainings.

All such incidents are handled at the most local level.

Serious Incidents

Serious incidents are those that pose significant harm to individuals and organisations and are usually coupled with high reputational risks, national and international media attention, donor interests, and security risks.

Any safeguarding violation that is also a criminal offence is automatically classified as serious. CBM also classifies **any** form of sexual abuse as a serious incident. Professional negligence or malpractice in CBM's projects/service delivery is serious.

Assault, severe bodily harm, harmful traditional practices, human trafficking, labour exploitation, SEAH (Sexual Exploitation Abuse and Harassment), financial exploitation like extortion, exposing children to illegal substances among other offences are serious incidents.

Note that minor incidents can become classified as serious if systemically perpetrated or recurring.

APPENDIX 5: CBM RISK ASSESMENT TEMPLATE

	Sample Answers
Activity (Risk Event)	Physiotherapy for children that is administered by briefly trained caretakers
Effect on Objectives How would the risk impact project, people, and objectives?	Children may get injured (e.g., limbs break) if the therapy techniques were not well understood or implemented.
Impact	High
Likelihood	Low
Risk Rating Impact x Likelihood	Medium
Mitigation Strategies List the measures already in place and that you are developing that would prevent or reduce this risk from occurring.	Increase the frequency of therapy trainings for the caretakers. Encourage caretakers to only perform simple techniques and monitor their performance before introducing them to the more complex ones.
Acceptable risk? Yes/No	Yes
Risk Owner Individual responsible for the risk event.	Project Manager at implementing partner
Timeline Expected completion date for item.	Ongoing
Monitoring/Reporting Reporting timeframes and method.	Bi-annual feedback meetings with caretakers and persons receiving physiotherapy. Inclusion in reports to CBM and other donors.

		Impact		
		Low	Medium	High
Likelihood	High	Medium	High	High
	Medium	Low	Medium	High
	Low	Low	Low	Medium

APPENDIX 6: CONSENT FORM FOR USING PICTURES, IMAGES, OR STORIES OF CHILDREN AND ADULTS



Declaration of consent to the use of pictures, images and stories

Guidelines on obtaining consent

Age of person	Consent of parents/guardians
Child, 0-16	Consent of Parents/guardians needed. Observe for children's willingness to participate.
Child, 16-18	Both child and parents/guardians can consent.
Adult, 18 years and above	Adults can consent on their own. However, in some cases, assisted decision making may be needed.

Personal details

Name of person

Age

Country/Location

CBM Project/Partner

Date

1. I agree to a CBM-Representative (cross out what does not apply):

Speaking to me and recording my words

Making a video of me

Taking photographs of me

2. I agree for CBM, its partners and sponsors to (cross out what does not apply):

Mention my name

Mention what country I come from

Use photographs and/or videos of me

Use information about myself, family, and community to form stories



Use information about my potential disease/medical treatment, my impairment or disability



3. Understanding and agreement

I understand and agree that the information, photos and/or videos as mentioned above will be used by CBM and its partners and supporters for the purposes of fundraising, awareness raising, advocacy and other communications with CBM's sponsors, media or the public. My consent is given on a voluntary basis (no payment will be received).

The information, photos and/or videos will be used by CBM in printed products (such as brochures), electronically as well as online (CBM websites and social media-accounts, e-mails sent by CBM) or for broadcast. The information and photos and/or videos will be hosted in CBM's database, which is accessible by everybody with granted access.

The list of organizations, associations, authorities and other persons (partners and sponsors of CBM) who are allowed to use my information and photos and/or videos is attached to this form and has been acknowledged and signed by me. The partners and sponsors on the list will also use the information only for the above mentioned purposes on their websites, social media accounts and in printed products.

I understand that I can revoke my consent at any time with future effect by contacting CBM via e-mail addressed to picture@cbm.org or by contacting the listed partner/sponsor which uses my information and photos and/or videos. After revocation to CBM, the information will be deleted from the data base and processed in accordance with legal requirements. The partners and sponsors named in the list will be notified of the revocation by CBM.

Name of person giving consenting

Relationship to child if consenting on behalf of a child

Location

Date

Signature/thumb-print

Declaration of translator or person helping with assisted decision making:

- ▶ I have translated and or explained the contents of this form into a language understood to the persons concerned.
- ▶ I have paid attention to any possible signs that the contents of the forms may not have been fully understood by the person I am assisting.
- ▶ I collected the consent with respect to the CBM Code of Conduct.

Name

Organisation (if applicable)

Date

Signature/thumb-print

Declaration of person collecting consent:

I collected the consent with respect to the CBM Safeguarding Policy requirements.

Name

Organisation

Date:

Signature/thumb-print



Patience (left) at Gahini Hospital, being taught to walk with crutches by Christian (right).



APPENDIX 7: COMPULSORY GUIDELINES FOR CBM EYE HEALTH AND HEALTH CARE PARTNERS DOING SURGERY ON CHILDREN UNDER GENERAL ANAESTHESIA.

General anaesthesia in children is a very delicate procedure even in expert hands.

In order to provide the highest quality of care and safety to the girls and boys we serve through our partners, all CBM Eye Health and health care partners doing surgery on children under general anaesthesia **MUST** implement the following four guidelines.

1. All anaesthesiologist or anaesthesia technicians providing anaesthesia services to children must be qualified anaesthesiologists or anaesthesia technicians and must also have had additional training in administering anaesthesia to children.
2. All Operating theatres and intensive care units or wards where postoperative children are kept must have all necessary lifesaving drugs and equipment always available and functional, including defibrillators.
3. All children undergoing surgery must have been seen and screened in advance for any morbidity by a pediatrician before undergoing any general anaesthesia surgery.
4. As a standard protocol, if children are medically fasting pre-general anaesthesia, they must be on the operating list in the morning and the last surgery for that day on any child should start at 11.00 am at the latest.

For all health projects that CBM supports, where children are operated by general anaesthesia, implementation of the above-mentioned guidelines is **MANDATORY**. In case partners need assistance in implementing the guidelines, they can contact their respective CBM Country Office/Desk through whom they can also access CBM regional technical advisors.

Note that these guidelines are part of monitoring by CBM's Program and Technical Advisory teams.

APPENDIX 8: MORE DEFINITIONS

Types of Abuse	<p>Physical abuse involves the use of violent physical force to cause actual or likely physical injury or suffering, (e.g. hitting, shaking, burning, female genital mutilation, torture.)</p> <p>Emotional or psychological abuse includes humiliating and degrading treatment such as name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation.</p> <p>Sexual abuse includes all forms of sexual violence including incest, early and forced marriage, rape, involvement in pornography, and sexual slavery. Child sexual abuse may also include indecent touching or exposure, using sexually explicit language towards a child and showing children pornographic material.</p> <p>Neglect: a child or adult can be neglected when there is failure to protect them from harm when in a position to do so.</p> <p>Child neglect is deliberately not meeting the child's basic needs.</p>
Grooming/online grooming	<p>When someone builds an emotional connection with a child to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional.¹</p>
Sexual Exploitation	<p>Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.</p>

Child Sexual Abuse	<p>CBM believes that:</p> <ol style="list-style-type: none"> sexual activity with a child with or without their consent e.g., rape, indecent assault; consensual sexual activity with a child over the legal age of consent of the country in which she/he lives and/or in which the offence occurs, but below 18 years (although not a crime) will be dealt with as a breach of CBM's Safeguarding Policy and the CBM Code of Conduct.
Child Labour	<p>Child labour is work that is likely to be hazardous; interferes with the child's education; is harmful to the child's health or physical, mental, spiritual, moral or social development, is mentally, physically, socially or morally dangerous and harmful to children, and interferes with their schooling by:</p> <ul style="list-style-type: none"> depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work²
Female Genital Mutilation / Cutting	<p>Female Genital Mutilation (FGM) is internationally recognized as gender-specific abuse. It may involve:</p> <ul style="list-style-type: none"> partial or total removal of the external female genitalia stitching of the vaginal opening non-cutting procedures such as pricking, piercing and burning <p>The procedure carries very serious physical and mental health risks for girls and women and can lead to complications in pregnancy and childbirth.</p>
Early and Child Marriage	<p>Early and child marriage is commonly understood to mean marriage under the age of 18 years. Early and child marriage often deprives girls in particular of their education and options in life and leaves them vulnerable to abuse, sexually transmitted infections and problems associated with early pregnancy.</p>
Sexual Harassment	<p>Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature that tends to be offensive and unwelcome.</p>

¹ Definition from NSPCC.

² ILO definition of Child Labour



Photo: CBM

Christian Blind Mission (CBM) is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest communities of the world.



CBM Christian Blind Mission
Stubenwald-Allee 5 · 64625 Bensheim
E-Mail: safeguarding@cbm.org
www.cbm.org (English) or www.cbm.de (German)