SAARC Apex Body

“In Solidarity with the Children of SAARC”

General Child Protection Procedures for Meetings/Consultations Organized or Supported by SAIEVAC

STATEMENT
SAIEVAC is committed to prevention and timely, appropriate response to any situation raising children and young adults’ protection concerns, or any instances of child abuse or incidents that might affect them in the course of children’s participation in meetings/consultations organized or supported by SAIEVAC. This procedure and the accompanying checklist outline the specific steps to ensure the safe participation of children and adolescents at such meetings/consultations.

BACKGROUND
Abuse and violence against children and adolescents occurs globally and in all settings. Accidents and incidents affecting children and adolescents usually occur suddenly and unexpectedly. These are events that cause disruption to the normal functions of work and bring significant danger or risk. They include, but are not limited to:

- Assault, including physical or sexual
- Severe verbal aggression, including threats
- Robbery or destruction of personal belongings
- Traffic accident
- Serious injury
- Natural disaster
- Fire
- Bomb or hostage threat
- Kidnapping
- Explosion, gas, or chemical hazard
- Exposure to pornographic materials in electronic or any other form
- Abandoned child
- Child survivors of trafficking

STEPS TO ENSURE CHILD AND ADOLESCENT PROTECTION

Awareness and alertness: Anyone involved in events involving children and adolescents needs to be briefed on the forms and nature of abuse, importance of child protection, and their respective role in the event. Supportive adults bear the responsibility to create safe environments and provide assistance needed, while keeping alert throughout the duration of the children and adolescents’ involvement by signing the Code of Conduct.

Disclosing child abuse or harm: In case of abusive incidents or accidents affecting their physical or mental well-being, children and adolescents should immediately approach their accompanying adult or a designated child protection focal person. They will organize and provide immediate assistance in
accordance with the nature of the incident, while ensuring confidentially of sensitive issues disclosed. In case the child/adolescent feels uncomfortable in sharing their problem, they can still disclose the incident of child abuse or harm by dropping their written concern on the suggestion box. The suggestion box will be opened twice a day by the Child Protection Team and it will be ensured that the protection concern be taken an appropriate action upon. In addition adults should also be aware of their predetermined role in protecting children and their responsibility for mandatory reporting concerns where witnessing, allegations, disclosures or suspicion of child abuse occur.

**Taking Action:** An assessment of the specific kinds of support that is needed, and assistance to the children and adolescents affected by the incident is offered without delay. This may also involve a medical assessment. Family should be contacted and informed of the incident and assistance provided. An incident report is compiled to document details of the incident and clinical support persons from appropriate services are contacted and consulted. Principles of the “best interest of the child” are applied throughout the process.

**Follow-up and debriefing:** Relevant services shall be approached in the aftermath of an incident to develop appropriate supports for children, adolescents and others directly affected by or involved in the incident. Depending on the circumstances this may involve:

- Supportive counseling
- Referrals for more in-depth counseling as per the requirement
- Holding a reviews meeting for the purpose of reviewing the incident for lessons learned
- Medical referrals

**CHILD PROTECTION FOCAL PERSON(S)**
Child protection focal persons should be chosen well ahead of the meeting/consultation and receive full briefings in preparation for the event. They should be available throughout the period and regular sessions of the meeting/consultation, and available as needed for the protection, safety and well-being of children and adolescents. Any concerns will be addressed in confidence keeping the best interest of the child in mind.

**CODE OF CONDUCT**
All delegates, support staff, and ancillary personnel should sign and abide by the following Code of Conduct. Adults, children and adolescents at the meeting/consultation must never:

- Hit or otherwise physically assault or physically abuse children and/or adolescents
- Develop physical/sexual relationships with children and/or adolescents
- Develop relationships with children and/or adolescents which could in any way be seen as exploitative or abusive
- Engage in any kind of inappropriate physical behavior such as kissing, hugging or touching a child.
- Act in ways that may be abusive or may place a child and/or adolescents at risk of abuse
- Use language, make suggestions, or offer advice which is inappropriate, offensive, or abusive
- Behavior physically in a manner which is inappropriate or sexually provocative
- Sleep in the same room as a child and/or adolescent (if this has not been agreed by their parent/guardian)
- Do things for children and/or adolescents of a personal nature that they could do on their own
- Permit or participate in behavior of children and/or adolescents that is illegal, unsafe, or abusive
- Act in ways meant to shame, humiliate, belittle, or degrade children and/or adolescents, or otherwise commit an form of emotional abuse
• Discriminate against, show differential treatment, or favor particular children to the exclusion of others i.e. gifts, sponsorships, money.
• Disrespect confidentiality of all children and adolescents and their personal information
• Expose children and adolescents to pornographic materials in electronic or any other form

Should always
• Empower children by promoting children’s rights and raising awareness.
• Avoid situations which isolate children and where behavior cannot be observed such as invehicles, offices and homes.
• Challenge poor practice and recognize potential pitfalls which might lead to child abuse.
• Promote a culture of openness where issues and concerns can be raised and discussed.
• Ensure visibility, whenever possible, with children and apply the two adult rule or arrange asuitable alternative.
• Discuss issues of concern with children and explain how to raise concerns.
• Identify and avoid compromising and / or vulnerable situations which might lead to accusations.
• Ensure when making images of children (photos, video, etc.) that they are respectful, that thechildren are adequately clothed and that sexually suggestive poses are avoided.
• Be aware that physically handling a child, perhaps to offer comfort, can be misconstrued byobservers or the child.
• On trips / tours away from home ensure that another adult is always present if a child’s roomis visited at any time and the door should always be left open.

REPORTING AND RESPONDING GUIDELINES
The guidelines for reporting incidents and emergencies involving children and adolescents have been developed specifically for use in the event that a child or adolescent’s safety and/or well-being is jeopardized. Any child protection concerns and/or complaints can be written or verbally reported to the Child Protection Focal Person or Accompanying Adult who will handle them in the strictest confidence and ensure that they are properly dealt with and responded to.

RAISING AND REPORTING THE CONCERNS
Any person working or coming into contact with children, supporting or attending an eventhas a responsibility to raise and report concerns on the safety or welfare of children. Employees and others should report concerns directly to their line manager and / or should specify if any, according to the Raising Concerns Framework.

Emergency Contacts

Child Protection Coordinators
• Name; Contact No. (preferably mobile phone)
• Name; Contact No. (preferably mobile phone)

Child Protection Focal Persons
• Name; Contact No. (preferably mobile phone)
• Name; Contact No. (preferably mobile phone)

Medical Coordinator
• Name; Contact No. (preferably mobile phone)

Emergency
• Emergency help line phone number
General Child Protection Procedures for Meetings/Consultations Organized or Supported by SAIEVAC

- Fire Department phone number

**Medical and Police**
- Nearest hospital phone number
- Tourist police phone number
- Police emergency phone number

**Embassies**
- List and contact details of embassies in the country (mainly for the use of participants from other countries) to be made available
Annex-1 COMPLAINTS REFERRAL FORM (EXPLOITATION AND ABUSE)

Name of Complainant:
Ethnic origin/Nationality:
Address/Contact Details:
Age: Sex:
Identity/Passport number:

Name of Victim:
Ethnic origin/Nationality:
Address/Contact details:
Age: Sex:
Identity/Passport number:

Name(s) and Address of Parents, if under 18:
Has the Victim given consent to the completion of this form? Yes: No:

Date/Time of Incident(s):
Location of Incident(s)
Physical/Emotional State of Victim (Describe obvious signs/symptoms):
Witnesses’ Names/Contact Information:

Brief Description of Incident(s) (Attach extra pages if necessary):

Name of the Accused person(s)
Job Title/Organization of Accused person(s)
Address of Accused person(s)
Age: Sex:
Physical Description of Accused person:

Have the police been contacted by anyone? Yes: No:
If yes, what happened?

Has the case been reported/registered with the law enforcement authority?
If not? Why
If yes? Details.

If no, does the Victim want police assistance, if not, why?
Has the Victim been informed about available medical treatment? Yes: No:
If yes, has the victim sought Medical Treatment for the incident? Yes: No:
If yes, who provided treatment?
What is the diagnosis and prognosis?

What immediate security measures have been undertaken for the victim?

Who is responsible for ensuring the safety plan (Name/Title/Organization):

Any other pertinent information provided in interview (including contact made with other organizations, if any):

Details of referrals and advice on health, psychological, legal needs of victim made by person completing report:

Report completed by:
Name/Position/Organization

Date/Time/Location:

Has Complainant been informed about procedures for dealing with complaints? Yes: No:
Signature/thumb print of Complainant signaling consent for form to be shared on a 'need to know' basis:

Date Report forwarded to the child protection focal person:
Date Report received by child protection focal person:
Name:
Signature: