



SAFER PROGRAMMING

Embedding Safeguarding and the Protection from Sexual Harassment, Exploitation and Abuse, and Child Abuse into Programmes

CARE has a duty of care to ensure that we are doing all that is reasonably possible, and within our control, to ensure that programme participants, and those in the wider community do not come to any harm as a consequence of their engagement in our programmes. This includes physical, emotional and sexual abuse as well as negligence and exploitation. As articulated in the [CI Safeguarding Policy: Protection from sexual harassment, exploitation and abuse, and child abuse](#), we are committed to ensuring that safeguarding is embedded within our programmes and partnerships to prevent SHEA-CA from occurring within our programmes.

The principle of '[do no harm](#)' is paramount, obliging CARE to prevent and mitigate any negative impact of its actions on affected populations. This will help to ensure that all programme participants are not exposed to, or at increased risk of any form of harm or abuse as a result of their participation in a programme.

What is Safer Programming?

Safer Programming is ensuring that all CARE's programmes are safe for everyone to participate in. It refers to the preventative, practical actions that we take within our programmes to identify and mitigate risks, and prevent potential harm, that our programmes could cause to programme participants, either by our own staff, related personnel, partners or by the programme activities.

All those who come into contact with CARE must be safeguarded to the maximum possible extent from deliberate or unintentional harms or failings that place them at risk of harm, abuse, exploitation or harassment. Safer programming therefore, is about strengthening and building the protective environments in which programmes take place through comprehensive risk management and designing programmes that contribute to a safer environment for all. It includes building positive relationships with communities, building trust and responding to feedback appropriately to build people's confidence to report sensitive issues and feel safe when engaging with CARE.

Safer programming is closely connected to programme quality. In the long term a programme that does not prioritize the safety of the participants, or exacerbates existing harmful cultural norms is highly likely to create more harm and be of poor quality. If a programme is determined, through comprehensive risk assessment, to increase or exacerbate risk, and safeguarding risks cannot be adequately mitigated or minimised, or where the inherent risks are too high, CARE should be prepared not to implement.

Safer programming is **not** about mitigating against every risk. If a project involves working with the hardest to reach communities or supporting women and girls who may be at an increased risk of harm, mitigating against all risks may mean that the programme would not go ahead, or it could be ineffectual. Certain risks are not within CARE's area of control, i.e., they do not arise because of our programmes or projects. Thus, we must continuously identify, assess and monitor risks throughout the programme cycle, building mitigations and controls into programme design, implementation and closeout to ensure that our programmes and projects are appropriate, system-strengthen and build protective environments, and actively aim to reduce the likelihood of harm, exploitation and abuse.

Safer programming should be considered at every stage of the programme cycle – from planning and design through to close out. Managing risk is an ongoing process. Safer Programming recognises that some programmes may unintentionally exacerbate existing risks to programme participants or create additional ones, and therefore programmes must be assessed and adapted continuously to ensure participant safety.

CI Safeguarding Commitment Four: Embedding Safeguarding into our programmes

- Safeguarding is included in the project cycle and budget, including risk mitigation measures undertaken.
- Undertake safeguarding risk assessment
- Awareness raising around Safeguarding and PSHEA-CA, our expected behaviours of staff and partners, and sharing of information on making report is conducted with programme participants and communities throughout the lifecycle of the programme.
- Ensure there are multiple, safe, and accessible FAMs in place to report abuse, harm and exploitation and these are co-designed with programme participants

Programme Planning and Design

Budget

- If the donor allows, include a contribution to organisation core costs in to the budget e.g. salary of a Safeguarding Advisor / officer/ focal point.
- Ensure that all safeguarding measures and/or actions designed to minimise risk for proposed activities, and related staff are included in the budget.
- Include Safeguarding training for all staff, partners and related personnel. You may also need to consider if additional, specific training is required for the safe implementation of the programme such as investigation training.
- Include the creation (if required) and dissemination of IEC materials, community engagement and awareness raising in the budget – this should also include FAM.
- Consider if there are any additional costs for safer recruitment e.g. police check and vetting etc
- Allocate budget for responding to incidents and ensure that this is flexible in order to meet the needs of the survivor.

Programme Risk Assessment

- Risk assess at programme design – are you working with at-risk groups including women, girls, marginalised genders, LGBTQi+ etc. Include in your risk assessment vulnerabilities, potential barriers to accessing services / reporting, context specific power dynamics.
- Use your risk assessment to inform your programme design, making sure that your activities have been designed to mitigate risk and meet safer programming requirements.
- Integrate Safeguarding in to security assessments including location of the programme (see below), and ongoing security risk which may exacerbate safeguarding risks or prevent control measures being implemented.
- Integrate Safeguarding into [Rapid Gender Analysis tools](#) to include safeguarding into assessment tools like the Gender and Protection Audit which may exacerbate safeguarding risks or prevent control measures being implemented.
- Consider if CARE able to deliver the programme safely – are we able to recruit and train staff (both male and female)? Do we have the expertise to be able to deliver high quality programming? Are we able to access programme locations to ensure oversight and carry out investigations if necessary?
- Include data management within the risk's assessment, in particular for programmes where we are collecting sensitive and personal identifiable information, you must ensure there are systems in place to manage this data, ensuring that access is limited. Consider how you will manage the data in an emergency for example, if there is a need to evacuate, are you able to take sensitive data with you, or will your need to destroy it?
- Examples of risk safeguarding risk assessments can be located on the [Safer Programming](#) page in the Safeguarding Hub on Careshares

Context

- Consider the following and integrate into your programme design, risk assessment and mitigation:
- Does the Rapid Gender Analysis or other reports demonstrate that the context is known for high rates of SEA?
- What is the age of consent -if below the age of 18 reiterate that CARE adheres to the UN definition of a child, regardless of legal framework in country.

- What are, if any, the known harmful traditional norms in the context that are described in the Rapid Gender Analysis? For example, early child marriage, child labour etc. Could the project exacerbate these?
- Is there a high proportion of unaccompanied, separated or orphaned children and/or Child Headed households? Consider how you will mitigate risks to children in the programme, particularly if you are distributing goods to children. What other agencies are working with children? Are there referral pathways? Could you safely distribute to a trusted adult as an alternative and closely monitor the child to ensure they receive the goods safely.
- Analyse the local law particularly around labour, protection, and consent. Is the rule of law functioning in the context?
- What is the attitude towards sex work? If it is tolerated, consider how this will affect your programme and additional mitigations needed to be implemented including making areas known to have high prevalence of sex workers out of bounds. Knowing that exploitation is prevalent should also influence your mitigations especially where there is an exchange of tangible items (see distributions below).
- Together with sector leads, in particular GBV map the patterns of behaviour within families. For example, who manages the household income, who has access to financial resources (e.g. mobile phones, money or bank accounts)? Who attend distributions on behalf of the household and who fetches firewood and water. Consider if these patterns of behaviour might expose certain household members to an increased risk of SHEA. Ensure that programme design considered the behaviour. E.g. If you are establishing a new WaSH programme and adolescent girls are predominantly collecting water for their household, is the location of the WaSH facility safe? Are the toilets well-lit and gender segregated?

Partners (This relates to all partners involved in programme delivery including financial service providers, and other vendors who may be acting as a proxy such as banks, shops and MNOs)

- Complete due diligence checks on all partners including:
- Does the partner have a Safeguarding Policy? If yes, has this been assessed by a CARE Focal Point / Safeguarding Advisor to ensure that it is in line with our policy?
- Does the partner have established, safe reporting pathways for survivors to report incidents? How do these pathways align with CARE's own reporting mechanisms?
- Does the partner have dedicated safeguarding resource, or a safeguarding focal point?
- How does the partner respond to incidents? Do they have investigation resource?
- If the partner does not have a policy, and or has limited understanding of safeguarding / PSHEA ensure that this is reflected in your risk assessment. Sufficient staff time and resource must be allocated in the project work plan to ensure training is delivered to the partner on CARE's safeguarding policy, including reporting incidents and awareness raising. CARE USA have made their online training accessible to all partners online, and offline through the workbook. Speak to your Safeguarding Focal Point for more information.
- Is the partner implementing any safeguarding practices which CARE could reflect in their programming, in particular preventative Safeguarding Practices? These activities may also be included in the partner Emergency Preparedness Plan.
- Have you budgeted for training and orientation on CARE Safeguarding Policy?

CI Safeguarding Commitment Three : Partnerships

- Every partner undergoes due diligence process including assessing safeguarding commitment and capacity
- All partnership agreements incorporate the CI Safeguarding Policy and Code of Conduct and include clauses on termination if requirements are not met
- Partners are supported to meet safeguarding requirements include sharing of tools, guidance and resources; delivering training and collaborative risk assessments.

Programme Implementation

Location

- Integrate Safeguarding into the security assessment, and protection monitoring for the project location. What are the known risks? If GBV assessments are also being conducted, integrate safeguarding
- Apply a child safeguarding lens to your programme - even if the direct participants are not children it is common that children will attend the programme with their parents / carers and thus risks will need to be considered and mitigated. For example, is there a safe space for children to wait for / with their parent / carer, are the sites accessible.
- Consider how participants will access the programme site – will they have to travel long distances, through known high-risk areas, or are there social and cultural norms that could prevent people accessing programme sites e.g. do women have to be escorted.
- Proximity of any individuals or groups that may pose a threat near to the site (e.g. armed state and non-state actors.)

Co-planning with your programme participants, key stakeholders and community members

- Organise community dialogues / FGDs with community members and programme participants to discuss with them what the risks are in the programme and how CARE can better mitigate against them? For example, if the distribution point is far from their community, and they are having to access it by taxi, are the taxi drivers demanding aid in return.
- Women and girls, and other at-risk groups are the experts in contextual safeguarding and risk mitigation and thus they should always be included in discussions when considering risk control measures, programme design and implementation, including modality, delivery mechanisms and distribution points. These dialogues must take place in safe, accessible spaces. Where possible, consult with community members to ascertain a suitable location
- Community members, leaders, religious leaders and other influential individuals should be engaged on how best to safeguard women, children and other at-risk groups, the behaviours they should expect from CARE staff and how to report concerns.

Awareness raising

- Host sessions on Safeguarding with key stakeholders including gender equality and positive social norms. These could be standalone or integrated into other awareness raising meetings
- Inform community on the behaviour they should and should not expect from CARE staff and the mechanisms through which they can report safeguarding concerns, including sharing the contact information for the Safeguarding Focal Point. Also share information on what response they should receive once they raise a concern and how their information will be kept confidential. Where applicable, you can also provide local government hotlines for reporting, but ensure that these are functional before you share the details.
- Display locally appropriate and effective posters that communicate CARE's values / standards for staff behaviour and incident-reporting mechanisms at all programme locations and prominent points in camps / communities.
- Safeguarding / PSHEA resources must be designed in close collaboration with affected populations to ensure that the messages are understood and culturally appropriate. Speak with your communications colleagues for further support on how to design information and communication materials for Safeguarding prevention and response in your context.
- Continuously share key safeguarding messages with programme participants and the community. Ensure these are displayed in programme sites in local languages, including reporting mechanisms.

Feedback and Accountability mechanisms

- Where possible, ensure that FAMs are co-designed with programme participants. This will help to ensure that the community feel safe to use the FAM, as well as ensuring that it is contextually appropriate and relevant. For example, if there are high rates of illiteracy, feedback boxes will be ineffectual; if there is limited phone signal hotlines and email addresses cannot be used. In some contexts, participants may prefer to speak directly to staff – ensure that there are regular feedback meetings as well as informal opportunities for participants to feedback.
- Always ensure that there are safe, accessible and appropriate complaints mechanisms available for programme participants. Refer to the '[Guidance for Creating and Managing effective Feedback & Accountability mechanisms](#)' for more information. SADD must always be applied to accountability mechanisms.
- Ensure that MEAL staff are trained in safeguarding and know-how and to whom to refer safeguarding concerns to should they receive them. If you are using feedback boxes, ensure that these are regularly monitored by staff, check that hotlines are functioning and that participants can access them.
- Consider the location for FAMs – are they at a child friendly height in a discreet location. If possible, put them in locations that are private such as toilets.
- If the context allows, you should also consider digital forms of FAMs such as hotlines, WhatsApp, Viber, Telegram etc.
- At post-distribution monitoring ask recipients if they had been treated with dignity and respect, and if there were any improvements CARE could make to ensure that they felt safe when attending and travelling to and from the distribution point and waiting times.
- Always ensure that a male and female staff member is present for PDM, especially if it is being conducted in the homes of programme participants. Responsible Data principles must always be applied to PDM (see data management below for more information)

Staff, volunteers and related personnel

- Always apply safer recruitment practices to your recruitment, even if it is rapid. This includes reference checks, signing [the CI Safeguarding Policy and Code of Conduct](#), safeguarding orientation, completion of online training. If staff are doing shift work, for example in a health centre, train the staff according to their shift pattern.
- Always strive for gender parity and intentionally seek to hire women
- Never allow staff to be alone with programme participants – eliminate all opportunities for staff to be 1:1 with children and adults. This will reduce the likelihood of occurring.
- If possible, identify a Safeguarding focal point for each programme location and share contact details
- Ensure staff to children / adult ratios meet the minimum standards (see below for UNICEF CFS minimum standards):

Age of Child	Number of Children	Minimum Number of Facilitators
Under 2 years	Should be accompanied by parent or adult caregiver	
2–4 years	15 children	2 facilitators
5–9 years	20 children	2 facilitators
10–12 years	25 children	2 facilitators
13–below 18 years	30 children	2 facilitators

- Ensure that the gender equity and diversity coordinator, or another relevant member of staff conducts surveys with staff to find out their knowledge and attitudes toward sexual exploitation, CI Safeguarding Policy and procedures and their individual responsibility.

Partners

- Include Safeguarding in all training sessions for staff, partners and volunteers including how to report concerns and safely challenge inappropriate behaviour. Safeguarding sessions can be integrated in to orientation on gender equality, GBV, positive social norms etc.
- Invite partners to facilitate or co-facilitate sessions for CARE and other CARE partner staff to identify safeguarding risk and control measures – the partners are likely to know the local context best so seek their expert knowledge on preventative safeguarding measures. If they do not have in-house capacity, offer to co-facilitate this session in order to comprehensively map risk and context specific protection mechanisms, ensuring that CARE's measures align with existing mechanisms. This may include local government, other agencies, WLOs, CSOs etc.
- In some context there is a PSEA network in place – ensure that CARE is well represented in the network and works in close collaboration with the PSEA network coordinator.

Referral Pathways

- Map the local organisations who were providing case management to child and adult survivors of abuse and ensure that appropriate members of staff had been trained in referrals and receiving disclosures.
- Train staff to be able to identify, report and respond to suspected or confirmed cases of abuse, harm and exploitation. This may also include GBV and Protection / Child Protection concerns

Continuous monitoring

- Programme assessment should be ongoing. Where risks are identified, or feedback is received from participants, organisations must adapt, or redesign any element of the programme which is exacerbating risk. Monitoring of programmes should be done with the community, including women and girls, and other at-risk groups. This should be a continual process.

Data Protection

- All data collected by CARE must adhere to CARE's [Responsible Data principles](#)
- Before collecting any data, you must inform participants why you are collating the data, what is it being collect for, how their data will be used, how is with be stored, protected, secured and kept confidential.
- Ensure that a simple consenting process is included in your data collection process, explaining the above.
- When data is collected as part of the PDM process, no PII or sensitive information is collected; if PII or sensitive information is necessary, data should be anonymized as soon as possible in the data management cycle, if safeguarding concerns are shared as part of the PDM, or at any other time in the programme implementation, this must be referred to the Safeguarding Focal point, in line with the CO reporting processes.
- Ensure that your data is protected - only a limited number of people should have access to the records of those receiving aid. Someone may exploit the access to the information – particularly female headed household / child headed households – to harm program participants or falsify records.
- All the data of individuals must be kept on a secure laptop, password protected, and hard copies stored in locked cabinets with access limited.
- Data should be minimized – do not keep hard copies of data that has been recorded into soft copy.
- Before sharing any data, ensure you have consent to do so. Unless there is a specific reason to do so e.g. a safeguarding incident, you should never share PII with any person. Always consider the 'jigsaw effect' of data sharing. We may think we are sharing only one piece of information and it is therefore safe, but it's possible that others will put separate pieces of information together and then be able to contact or access the participant.

Access to the Programme Site

- Control access to your programme site. If visitors are attending the site (donors, media etc) ensure that this is controlled and monitored.
- Visitors should always be introduced to programme participants using their full name and job title.
- Empower staff, guards, caretakers, drivers to say, 'no' to uninvited / unexpected guests.

Networks

- Work with other NGOs / INGOs / Clusters / local networks to share learnings on Safeguarding, in particular risk and mitigations that are context specific.
- Actively participate in the [IASC PSEA network](#) to share context specific information, guidance, tools and resources.

Media & Communications

- Ensure that all volunteers, staff and partners are aware of their obligations under [the CARE Consent policy](#) and that they are not permitted to take photographs unless it is a) part of their role b) for a specific, agree reason c) they have written, informed consent from both the parent and the child. This also applies to donors, and media who may visit the programme.

Evaluation, Learning and Programme Close Out

- Communicate clearly with the community that CARE is leaving the location and the measures that will be put in place following our departure.
- Risk assess closure of programmes to ensure they are safe to be closed.
- Refer programme participants, with their consent, to relevant organisations who are continuing to provide services in the location.
- Evaluate safeguarding in programmes – include lessons learned/successful prevention strategies from safeguarding/protection incidents. Share these lessons with any organisation continuing to work in the location so that they are aware of and can mitigate against context specific risks.
- Share resources created with local organisations, networks, partners etc
- Secure all programme participant data. If the data is no longer required, destroy the data - in particular any sensitive, identifiable information on programme participants. Data that cannot be destroyed must be archived. Data should not be stored on computers once the programme has closed out.
- If you are leaving a static location, ensure that you remove all CARE signage and IEC materials.

EXAMPLE: Practical Safer Programming at Distribution Points

- Asses the location for known risks – it is in an appropriate, safe and secure location that is easily accessible and close to communities to prevent people from having to travel long distances to access aid.
- If participants are selected by the community, ensure that there is a mixed committee including women who participate in the selection using pre-established criteria. Before establishing this committee, a comprehensive risk assessment must be conducted on who should participate. Continually analyse this risk throughout the programme cycle. CARE staff must always be present at selection meetings.
- Ensure that all staff have CARE ID, and this is clearly displayed. Where possible, ensure that staff are wearing CARE T-shirts so that they can be easily identified.
- Create gender segregated queues at the distribution point, and if required segregate the points of distribution within the site for men, women and children.
- Consider the needs of elderly aid recipients – they may need a place to sit, an allocated time slot or need additional assistance to carry their items from staff.
- Have time allocated slots for women and child headed households – consult the community to ascertain if there are any restrictions on time for specific groups and adjust the times accordingly e.g. is there a time when women attend a religious setting, what time are children in school?
- Ensure there is adequate lighting and that there are no spaces within the site that are ‘out of sight’ of staff
- Ensure that you have adequate security, if required, and ensure these staff are trained in Safeguarding
- Create a safe space within the distribution site for pregnant and breast-feeding women, and children to sit.
- Ensure staff are trained in identifying, responding and reporting concerns in particular, Protection, Child protection and GBV.
- Map referral pathways for GBV and Protection concerns and ensure staff know how to respond to concerns
- Always strive for gender parity of staff at the distribution point. Where possible female staff should attend to female and child headed households
- Display IEC materials on Safeguarding at the distribution point.
- Raise awareness on the expected behaviour of staff at the distribution point, key safeguarding messages and reporting mechanisms to aid recipients – this can be done by
- speaking with members of the community at the distribution point.
- Ensure that you adhere to [all COVID safety requirements](#), in line with CARE and the local Ministry of Health / Health Cluster. This includes ensuring staff are appropriately equipped with face masks, hand sanitizer and staff and programme participants adhere to social distancing requirements.
- If there is a need to social distance, build this into your site set up so that people naturally remain at a safe distance from one another.
- Refer to the [COVID 19 Programme Guidance](#) for further information
- Include a question on the behaviour of staff during post distribution monitoring. If staff are required to visit aid recipients in their home, ensure that the post distribution monitors work in groups of 2 as a minimum, and where possible ensure gender parity. Before conducting PDM, CARE staff must get informed consent from all responders (see data protection for further guidance) Staff should not attend a Person in Need Household (e.g. women or child HH) alone. Where possible, a woman should always be present at PDM, especially if they are being conducted in the household.
- Ensure that there is a contextually appropriate FAM, designed in participation with programme participants, in particular women & girls.

Further Guidance

- CARE Shares Safeguarding Hub – [Safer Programming](#)
- Empowered Aid [Toolkit](#)
- Good Distribution Guidelines (IOM and GSC)
- Gender in Emergencies ([GiE](#)) [hub](#) on CARE Shares
- [GBV Risk Mitigation tool](#) for Cash and Voucher Assistance