



# Manual

**Child Protection Policy**  
**humedica e.V.**

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## Introduction

### Our commitment

humedica e.V. is committed to protect children from harm.

All children have the right to protection. They have the right to survive, to be safe, to belong, to be heard, to receive adequate care and to grow up in a protective environment.

But millions of children are not fully protected. Many of them are forced to deal with violence, abuse, neglect, exploitation, exclusion and/or discrimination every day. Such violations limit their chances of surviving, growing, developing and pursuing their dreams.

The situation of structural poverty or an emergency, does affect a child's feeling of security and hope in an extraordinary manner.

Children in structural poverty or in emergencies are particularly vulnerable to a range of risks like separation from family, recruitment into armed forces, sexual exploitation and gender-based violence, physical harm, and psychosocial distress.

It is our concern from the very start of our intervention, to respond to children's most basic needs, to promote child protection and to engage with families, communities, donors and governments to ensure that the most vulnerable children do not get forgotten in the chaos.

Staff and volunteers of humedica accept and recognize our responsibilities to develop awareness of the issues, which cause children harm.

The motivation of our acting is based on our mission statement:

humedica e.V. perceives itself as an international community of full-time and voluntary employees, donators and patrons who by their means, abilities and talents put themselves into service for the assistance for people who are in distress from disaster or structural poverty.

In the process, humedica acts as intermediary between the affected parties and helpful people and institutions by pointing out concrete states of emergencies, activating resources and providing effective as well as efficient assistance.

We regard humedica as an organization, which believes in God's friendly providence and trust in his guidance. Our institutional acting and behavior shall be oriented towards this positive relationship to God.

We are committed to assure the protection of children from all forms of abuse in the delivery of our projects within our institutional structures and the local project partners.

The information in this manual explains humedica's position towards child protection. It will assist everybody within humedica, or those partnering in humedica-projects make decisions and take action that ensure children are protected from abuse during delivery or implementation of all humedica's projects.

The special importance of this policy is to emphasize the self-commitment humedica's to work actively for the protection of children.

This manual includes:

- the policy statement
- the legal framework
- definitions of child abuse
- advice how to respond to different situations related to child abuse
- presentation of the institutional case management system
- descriptions of the general roles of the engaged responsible
- guidelines of recruitment and appointment of new staff and volunteers
- monitoring arrangements

A proverb says:

*"It is easier to build up a child than it is to repair an adult."*

Kaufbeuren, July 2019



Johannes Peter  
Executive Director  
humedica e.V.

## The Child Protection Policy

### 1. Policy Statement

#### **This policy is based on the following principles:**

- The welfare of children is paramount;
- All children, whatever their age, culture, disability, gender, language, racial origin religious beliefs or sexual identity have the right of protection from abuse;
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately;
- All staff (paid/unpaid) have a responsibility to report concerns to the Child Protection Officer (CPO);
- Staff/Volunteers are not necessarily trained professionally to deal with situations of abuse or to decide if abuse has occurred. But they always know where to go or whom to ask. Also this policy gives everyone an introduction and can be used as guideline.

#### **We will aim to safeguard children by:**

- Adopting child protection guidelines through procedures and a code of conduct for staff and volunteers;
- Demanding all partner-organizations of humedica to adopt the child protection guidelines
- Sharing information about child protection and good practice with children, parents and careers, staff and volunteers;
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately;
- Carefully following the procedures for recruitment and selection of staff and volunteers;
- Providing effective management for staff and volunteers through support, supervision and training;
- We are committed to reviewing our policy and good practice regularly.

#### **This policy sets out agreed guidelines relating to the following areas:**

- Responding to allegations of abuse, including those made against staff and volunteers;
- Recruitment of staff and volunteers;
- Supervision of organizational activities;
- Steps to prevent child abuse within the organization.

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<sup>1</sup> humedica e.V. appoints one Child Protection Officer (CPO) in its projects. At disaster response or humedica short term missions, this role will be taken automatically by the coordinator or the teamleader.

## 2. Legal Framework of Child Protection

### 2.1. From the international laws and convention

The UN Convention on the Rights of the Child (UNCRC) provides a comprehensive code of rights, which offers the highest standards of protection and assistance for children. It has 54 Articles.

Almost all member nations of the UN have ratified this UN Convention on the Rights of the Child (UNCRC). Nevertheless, the USA still remains an exception: Although the United States have signed it in 1995, they have never ratified it.

The UNCRC defines a "child" as everyone less than 18 years of age "unless, under the law applicable to the child, majority is attained earlier" (Article 1).

It is legally binding on every government, which is a party to it and applies to all children within the jurisdiction of each state.

A special monitoring body, the Committee on the Rights of the Child monitors the implementation of the Convention at the national level by state parties and makes recommendations for its' further implementation.

Two additional protocols 1977:

- Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts
- Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography

For humedica the UN Convention on the Rights of the Child is the moral and legal basis for its commitment to work together with its partners for the protection and welfare of children in their funded projects. The UNCRC and its additional protocols therefore serve as a legally binding framework for the present Child Protection Policy.

Apart from this, in all countries, where humedica works, it recognizes the laws, which the National Governments have implemented to protect children from abuse.



### 3. Definitions of abuse

These definitions are based on those from “Working Together to Safeguard Children” (HM Government UK, Department of Health, Home office, Department for Education and Employment, 1999)

#### 3.1. Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing harm to a child.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described as factitious illness, fabricated or induced illness in children or “Munchausen Syndrome by proxy” after the person who first identified this situation.

A person might do this because they enjoy or need the attention they get through having a sick child.

Physical abuse, as well as being the result of a deliberate act, can also be caused through omission or the failure to act to protect.

#### 3.2. Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause heavy and persistent adverse effects on the child’s emotional development. It may involve making a child feel or believe they are worthless or unloved, inadequate or valued only insofar as they meet the needs of the other person.

It may feature age or developmentally inappropriate expectations being imposed on children. It may also involve causing children to feel frequently frightened or in danger, or the exploitation or corruption of a child.

Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

#### 3.3. Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of, or consents to, what is happening. The activities may involve physical contact, psychological, may include penetrative acts such as rape, buggery or oral sex.

Sexual abuse may also include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Boys and girls can be sexually abused by males and or females, by adults and by other young people. This includes people from all different walks of life.

#### 3.4. Neglect

Neglect is the persistent failure to meet a child’s basic physical and or psychological needs, likely to result in the serious impairment of the child’s health or development. It may involve a parent or a carer failing to provide adequate food, shelter and clothing, leaving a young child home alone or the failure to ensure that a child gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

### 3.5. Note

These four definitions do not minimize other forms of maltreatment.

It is accepted that in all forms of abuse there are elements of emotional abuse, and that some children are subjected to more than one form of abuse at any time.

Recent guidance notes other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent or caregiver, or drug and alcohol misuse. These may have a negative impact on a child's health and development and may be noticed by an organization caring for a child. If it is felt that a child's well-being is adversely affected by any of these areas, the same procedures should be followed.





## 4. Recognizing and responding to abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

### 4.1. Physical abuse

**The physical signs may include:**

- Any injuries not consistent with the explanation given for them
- Injuries which occur to the body in places which are not normally exposed to falls or games
- Unexplained bruising, marks or injuries on any part of the body
- Bruises which reflect hand marks or fingertips (from slapping or pinching)
- Cigarette burns
- Bite marks
- Broken bones
- Scalds(burn)
- Injuries which have not received medical attention
- Neglect–under nourishment, failure to grow, constant hunger, stealing or gorging food, untreated illnesses, inadequate care
- Repeated urinary infections or unexplained stomach pains

**Changes in behavior, which may also indicate physical abuse:**

- Fear of parents being approached for an explanation
- Aggressive behavior or severe temper outbursts
- Flinching when approached or touched
- Reluctance to get changed, for example, wearing long sleeves in hot weather
- Depression
- Withdrawn behavior
- Running away from home

### 4.2. Emotional abuse

**The physical signs of an emotional abuse may include:**

- A failure to thrive or grow particularly if a child puts on weight in other circumstances e.g. in hospital or away from their parents' care
- Sudden speech disorders
- Persistent tiredness
- Development delay, either in terms of physical or emotional progress

**Changes in behavior, which may also indicate an emotional abuse include:**

- Obsessions or phobias
- Sudden under-achievement or lack of concentration
- Inappropriate relationships with peers and/or adults
- Being unable to play
- Attention seeking behavior
- Fear of making mistakes
- Self-harm
- Fear of parent being approached regarding their behavior

#### **4.3. Sexual abuse**

**The physical signs of a sexual abuse may include:**

- Pain or itching in the genital/anal area
- Bruising or bleeding near genital/anal areas
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Mouth discomfort/pain arising from abuse contact
- Pregnancy

**Changes in behavior, which may also indicate a sexual abuse include:**

- Sudden or unexplained changes in behavior e.g. becoming withdrawn or aggressive
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age or development all level
- Sexual drawings or language
- Bedwetting (urination in bed)
- Eating problems such as over-eating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Suddenly having unexplained sources of money
- Not allowed to have friends (particularly in adolescence)
- Acting in a sexually explicit way with adults

#### **4.4. Neglect**

**The physical signs of neglect may include:**

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or smelly
- Loss of weight or being constantly underweight
- Inappropriate dress for the conditions

**Changes in behavior, which may also indicate neglect include:**

- Complaining of being tired all the time
- Not requesting medical assistance and/or failing to attend appointments
- Having few friends
- Mentioning being left alone or unsupervised

## 5. Direct Responding to a child making an allegation of abuse

- Stay calm, listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets
- Allow the child to continue at his/her own pace
- Ask questions for clarification only, and at all-time avoid asking questions that suggest a particular answer
- Reassure the child that they have done the right thing in telling you
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the child's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated

### 5.1. Helpful statements to make

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

### 5.2. Do not say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises



## 6. Steps to take when ...

### 6.1. ... a child has talked to you about an abuse

1. Make notes as soon as possible (ideally within 1 hour of being told). You should write down exactly what the child said and what you said in reply. Also write down what was happening immediately before being told (i.e. the activity being delivered). You should also note the date(s), time(s) and when you made the record.
2. All written notes should be kept securely.
3. You have to report immediately to the Child Protection Officer (CPO) of the respective project.
4. Under no circumstances tell anyone else than that person nominated above.
5. After a child has disclosed abuse, the local CPO should carefully consider whether or not it is safe for a child to return home to potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact local government body's to discuss putting safety measures into effect.

### 6.2. ... you suspect that an abuse may have occurred

1. You have to report the concerns immediately to the CPO of the respective project. If this person is implicated you have to report your concerns to the humedica e.V. desk officer.
2. Discuss your suspicions or allegations under no circumstances with anyone else than those nominated above.
3. It is the right of any individual to make direct referrals to child protection agencies. If you believe for any reason that the CPO has not responded appropriately to your concerns, then you have to contact the humedica e.V. desk officer directly.



## 7. Stakeholders of the humedica e.V. CP – case management system

### 7.1. The Child Protection Resource Person

This person is part of the humedica HQ-staff and maintains a working knowledge on the topic of child protection. In case of need, he or she works very closely with the desk officer and the Child Protection Team.

### 7.2. Child Protection Team

In case of a suspected child abuse, this team will be provided with all important information by the desk officer and the child protection resource person. It gives recommendations of actions to follow to the executive management.

### 7.3. The Child Protection Officer (CPO)

He or she is specially sensitized for child protection matters. This person is nominated to appraise information about an (assumed) abuse and to initiate further steps or to refer allegations or suspicions of neglect or abuse to the concerned bodies (see figure 1 + 2).

#### 7.3.1. The general role of the CPO

- Obtaining information from staff, volunteers, children, parents or guardians which have child protection concerns
- Recording all information about child protection concerns
- Is responsible for the compliance of the monitoring arrangements (see point 11) in his or her project (applies only to humedica facilities).
- Assessing the information quickly and carefully and if appropriate asking for further information
- He/She should also consult with a statutory child protection agency, such as the "Women, Children and Youth Affairs Office", the police or any other concerned local government bodies.
- In case there is no obvious sign of an abuse, but somebody raises an allegation or suspicion against another person, whether it is against a member of staff/volunteer or against the parents/guardians, the CPO has to take such steps as considered to be necessary to ensure the safety of the (abused) child and any other child who may be in risk.
- In any case the CPO has to assess all information about an abuse or about the allegation/suspicion of an abuse. He/She has to decide carefully whether it is necessary/appropriate or not to involve any governmental office. He/She has always be aware of the risk of false allegations and the risk to damage someone's reputation in public (calumny).
- If necessary, the CPO should make a referral to a statutory protection agency or the police without delay.
- He/She has also to decide immediately, whether the accused should be temporarily suspended from work. In any case this action has to be discussed with the humedica e.V. desk officer.

### **7.3.2. The role of the CPO in the case of a physical abuse or neglect**

If a child has symptoms of a physical abuse or neglect the CPO has to:

1. Where emergency medical attention is necessary it will be sought immediately. The CPO has to take the child to a clinic.
2. In other circumstances talk with the parents/guardian and suggest that medical help/attention is sought for the child.
3. Contact social services for advice in cases of deliberate injury or concerns about the safety of the child. The parents should not be informed in these circumstances.
4. Where the CPO is unsure whether to refer a case to local government body then advice from the humedica e.V. desk officer will be sought.
5. In cases of neglect, the designated person is explicit admonished to talk and advise the person who did neglect a child. The desk officer should do everything necessary built awareness about neglect, especially if the neglect occurred at the home of the neglected child.

### **7.3.3. The role of the CPO in the case of a sexual abuse**

In the event of appearance of sexual abuse the designated person has to:

1. Contact the concerned local government body's social worker for children and families directly. The CPO will not talk to the parents about the allegation/suspicion.
2. If the CPO is unsure whether or not to follow the above guidance then advice from the humedica e.V. desk officer will be sought.
3. Under no circumstances is the CPO attempt to carry out any investigation into the allegation or suspicions of sexual abuse!
4. The role of the CPO is only to collect and clarify the precise details of the allegation/suspicion and to provide this information to the local government.



## 8. Allegations against a member of staff

Where there is a complaint against a member of staff there may be three types of investigation:

- a criminal investigation,
- an investigation from social services,
- a disciplinary or misconduct investigation

The results of the police and investigation from social services may influence the disciplinary investigation, but not necessarily.

We assure all staff and volunteers that we will fully support and protect anyone, who in good faith reports his/her concerns that a colleague is, or may be, abusing a child.

### 8.1. Concerns about poor practice

- If, following consideration, the allegation is clearly about poor practice; this will be dealt as a misconduct issue.
- If the allegation is about poor practice by the CPO or if the matter has been handled inadequately and concerns remain, it should be reported to the humedica e.V. desk officer, who will decide how to deal with the allegation and whether or not the organization should initiate disciplinary proceedings.

### 8.2. Internal enquiries and suspension

In any case humedica e.V. will assess all individual cases, irrespective of the potential findings of local government body's or the police inquiries, to decide whether a member of staff/volunteer can be reinstated and how this can be sensitively handled.

This may be a difficult decision, particularly where there are insufficient evidence, neither to exonerate the accused, nor to incriminate him/her.

In such cases humedica e.V. has to reach a decision based upon the available information.

The welfare of the child should remain of paramount importance throughout!



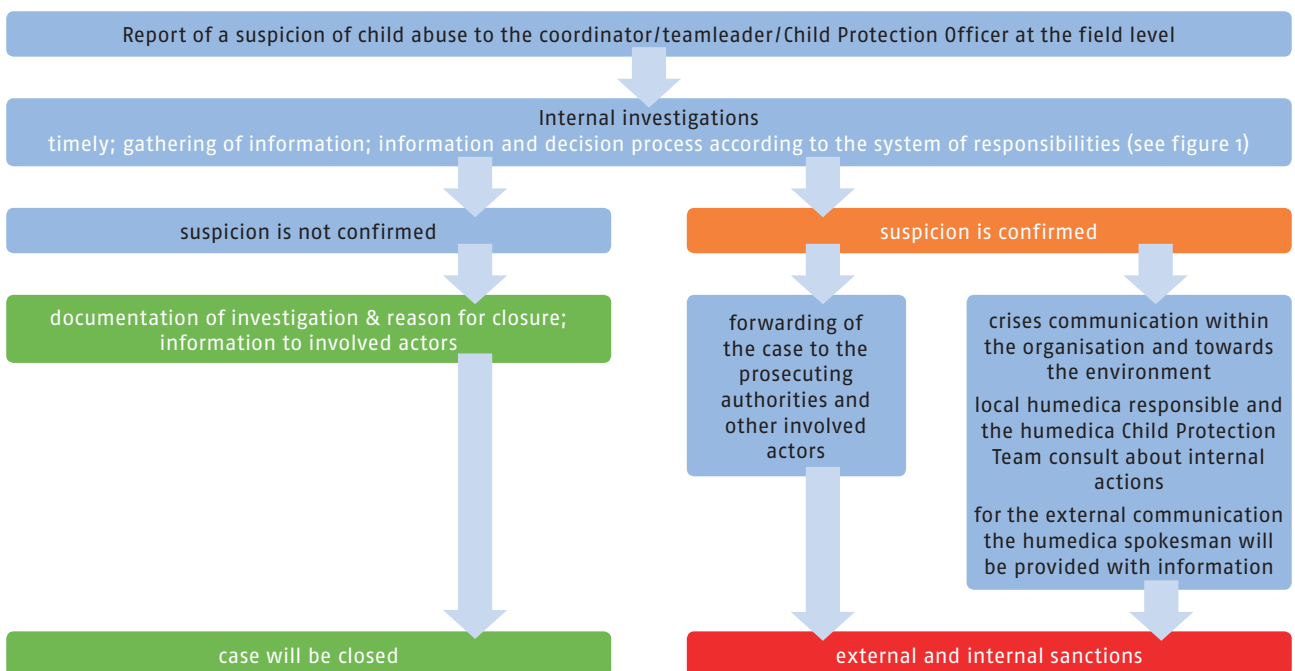
## 9. Child protection case management system

Figure 1: System of Responsibilities



- ¹ decides to which local authority the information/alert should be taken to (local offices/embassy)
- ² is designated by humedica in consultation with the local humedica country coordinator; an internal list will be updated regularly
- ³ consists of two heads of department and two external counsellors
- ⁴ internal staff member at the humedica HQ, specially trained on CP-issues

Figure 2: Procedure





## 10. Recruitment and appointment of new staff and volunteers

In recruiting and appointing workers and volunteers, humedica e.V. will take steps as following:

Step	Short Term & Catastrophe Response		Long Term
	Staff/Volunteers: Sent from Germany	Staff/Volunteers: Local	Staff/Volunteers at humedica facilities
Drawing up the selection criteria and putting together a list of essential and desirable qualifications, skills and experiences.	✓	(✓) as far as possible	✓
Ensuring that applicants have to apply written and their application has to show their personal details, previous and current work/volunteering experience.	✓	(✓) as far as possible	✓
Ensure that adequate assessment is taken/measure the application against the selection criteria.	✓	(✓) through work result	✓
All information about applicants are handled confidentially and are not used against them unfairly.	✓	✓	✓
Ensure that in all interviews of candidates, at least two team members of humedica are present or involved.	✓	(✓) if available	✓
Request from the candidates a police certificate	✓	(✓) if available	(✓) if available
Seek for the candidates at least one reference, confirming the integrity in writing.	✓	(✓) mandatory, when directly working with families/children	✓
Always hand over a copy of this Child Protection Policy (CPP) with the contract for the new staff and after each training to the volunteers.	✓	✓	✓

## 11. Monitoring arrangements for the management of humedica e.V.

We will aim to protect children from abuse and our team members from false allegations by adopting the following guidelines:

Step	Short Term & Catastrophe Response	Long Term
We will keep a register of all children attending our activities at the humedica facilities (only).	×	✓
We will keep a register of all team members (both paid staff members and volunteers). Their working hours are indicated at the staff schedule.	(✓)	✓
We will keep a register of all guests of our project facilities, which includes the names of the guests, arrival and departure times in our facilities. The registration must be signed by the visitor. This register does not include staff/volunteers and the parents/guardians of the children.	✓	✓
Our team members will record any unusual events on the accident/incident form.	✓	✓
Written consent from parents or a guardian will be obtained for every child attending our activities.	(✓) as far as possible	✓
If possible our team members should not be alone with a child, although we recognize that there may be times when this may be necessary or helpful. If this is necessary, the team member should be of the same sex as the child is.	✓	✓
Whenever possible, team members should only escort children of the same sex to the toilet. Assistance with toileting should be given to those children who are in need of it. If a child is able to use the toilet independently, assistance should only be given, if the child has a special need that has been brought to our attention by the parents/guardian.	✓	✓
We recognize that physical touch between adults and children can be healthy and acceptable in public places. However, our team members will be discouraged from this in circumstances where an adult or children are left alone.	✓	✓
All team members should treat all children with dignity and respect in attitude, language and actions.	✓	✓

## 12. Awareness and support of staff

humedica e.V. agrees with every staff to raise awareness of the importance of child protection and to bear the responsibility for the protection of the children entrusted to us. This sense of responsibility must not only concern the employees in senior positions but must be understood by every employee throughout the organization.

## 13. Code of conduct

- All staff and volunteers have to keep professional distance to the children.
- When anyone observes any kind of abuse, it has to be reported to the designated person of the respective project.
- All staff and volunteers have to meet the children and their families with respect, esteem and love.
- Every member of humedica e.V. has to obey this Child Protection Policy.
- The CPO has to consider particularly everything mentioned under point 7.3 and 11 of this policy. Whenever he/she is unsure about further steps, it is advisable to contact the desk officer at the Headquarter.
- humedica e.V. has to give awareness of this Child Protection Policy to every new staff.

## 14. Note

This policy was adopted on July, 14th, 2016.

## 15. Annex

Monitoring list for humedica project facilities  
Monitoring list for all staff/volunteers  
Accident and Incident Form





## Child Protection Policy Monitoring list for all staff/volunteers

Register of all staff/volunteers who are in the project regularly; Project: \_\_\_\_\_

No.	Name	Remark (e.g. working hours)	Signature
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**Lessons learned Action Points and Comments from HQ (continuation)**

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**Comments (Field)**

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*Acknowledgement of receipt by (Field):*  
Signature:

*Date:*

*Time:*

*Conclusion of the incident report*  
*by (Field):*  
Signature:

*Date:*

*Time:*

*by (HQ):*  
Signature:

*Date:*

*Time:*