



**MASAKA DIOCESAN MEDICAL SERVICES
LTD (MDMS)**

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**CHILD SAFEGUARDING POLICY AND CODE OF
CONDUCT**

2022

Approval of the policy

This policy has been approved by the board and signed by the executive director or their designate or the Diocesan Health Coordinator

Signature: _____

Name: Dr. Irene Nakachwa

Title: Chairperson Board MDMS

Date: _____

Signature: _____

Name: Fr. Emmanuel Katabaazi

Title: Diocesan Health Coordinator

Date: _____

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Section One: Description of the Organization

Masaka Diocesan Medical services (MDMS) is a semi-autonomous department legally registered and governed by Board of Directors who are responsible for the formulation of key policies and guidelines, besides providing an oversight function for all projects' activities. The management and governance of the organization is guided by a number of policy documents which include: the personnel handbook, financial manual, Charter policy on transport and procurement procedures. The organization has operational offices in Greater Masaka districts in East Central Region. MDMS delivers services through three thematic areas namely, coordination of diocesan health facilities, medical supplies chain management and Community Based Health Services which include HIV and OVC services

Section Two: Policy Statement

MDMS policy on safeguarding of children and vulnerable adults will be in line with the appropriate National Legal Framework as follows;

- *The Constitution of Uganda 1995;*
- *The children's Amendment Act 2016 chapter 59;*
- *The penal code Act (offences against morality)*

MDMS recognises that the welfare of children is of paramount importance and it is committed to safeguarding and promoting their general welfare, health, development and safety.

For the purpose of this policy, a child is any person/s aged from birth to eighteen years, as defined in the United Nations Convention on the Rights of the Child.

The purpose of this policy is to:

- Establish procedures for child safeguarding.
- Ensure best practice in the recruitment of staff and volunteers, which includes police vetting, reference checks, good human resource practices in interviewing, induction training and ongoing supervision and management.
- Ensure that staff members and volunteers are aware of how to recognise signs of child abuse or neglect.

- Develop guidance and procedures for staff and volunteers who may have reasonable grounds for concern about safety and welfare of children associated with the organisation.
- Identify child safeguarding officers to act as a liaison with outside agencies and resource persons to any staff member or volunteer who has child safeguarding concerns. The child safeguarding officer is responsible for receiving allegations or suspicions of child abuse and taking appropriate action.

Section Three: Scope of the Policy

This policy is applicable to all people who have a current agreement or contract with MDMS in the operational areas.

Staff includes:

- all permanent staff
- all volunteers and interns

Agents includes:

- all contractors, e.g., consultants
- all Board Members
- all Community Based Structures
- Guests and Visitors

Section Four: Key Definitions

4.1 Definitions

Child Abuse refers to children and young people who are being harmed or not receiving adequate care and protection. It can be categorised into four different types: Neglect, Emotional abuse, Physical abuse and Sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Child abuse occurs in all socio-economic groups, genders and cultures.

Child exploitation: this is the abuse of a child where some form of remuneration is involved or whereby the perpetrators benefit in some manner. Exploitation represents a form of coercion and violence that is detrimental to the child's physical or mental health, development, education, or well-being.

Child safeguarding: this is the responsibility that organisations have, to make sure their staff, operations, and programmes do no harm to children, that is that they do not expose children to the risk of harm and abuse, and that any concerns the organisation has about children's safety within the communities in which they work, are reported to the appropriate authorities.

Emotional Abuse: this is normally to be found in the *relationship* between a parent/carer and a child rather than in a specific event or pattern of events. It occurs when a child's developmental need for affection, approval, consistency and security are not met. Unless other forms of abuse are present, it is rarely manifested in terms of physical signs or symptoms. Examples may include persistent criticism, scape-goating, emotional unavailability or unresponsiveness of the child's parent/carer, exposure to domestic violence or inappropriate or abusive material

Emotional abuse can be manifested in terms of the child's behavioural, cognitive, affective or physical functioning. Examples of these include insecure attachment, unhappiness, low self-esteem, educational and developmental underachievement, and oppositional behaviour.

The *threshold of significant harm* is reached when abusive interactions dominate and become *typical* of the relationship between the child and the parent/carer.

Neglect: it is defined in terms of an *omission*, where the child suffers significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment to and affection from adults, and/or medical care. Whether it is *significant* is determined by the child's health and development as compared to that which could reasonably be expected of a child of similar age.

Neglect generally becomes apparent in different ways over a period of time rather than at one specific point. For example, a child who suffers a series of minor injuries may not be having his or her needs met in terms of necessary supervision and safety. A child whose height or weight is significantly below average may be being deprived of adequate nutrition. A child who consistently misses school may be being deprived of intellectual stimulation.

The *threshold of significant harm* is reached when the child's needs are neglected to the extent that his or her well-being and/or development are severely affected.

Physical Abuse: it is a child is that which results in actual or potential physical harm from an interaction, or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. There may be single or repeated incidents.

Physical abuse can involve severe physical punishment, making threats, observing violence, use of excessive force in handling or allowing or creating a substantial risk of significant harm to a child.

Sexual Abuse: this occurs when a child is used by another person for his or her gratification or sexual arousal, or for that of others. Examples of child sexual abuse include:

- Touching, self exposure, including masturbation, sexual intercourse and sexual exploitation of a child, including imagery.
- Fondling or molesting
- Inappropriate and sexually explicit conversations or remarks
- Exposure of the sexual organs, or any sexual act intentionally performed in the presence of the child or vulnerable adult
- Exposure to pornography of other sexually explicit and inappropriate material.
- Sexual assault. Any behaviour or expressions that may be interpreted as being seductive or sexually demeaning to a child or vulnerable adult.
- Consensual activity between a professional person and a child or between a professional person and a vulnerable adult.

Sexual abuse also includes consensual sexual activity involving an adult and an underage person. In relation to child sexual abuse, it should be noted that the age of consent to sexual intercourse is 18 years in Uganda.

4.2 Stages of Child abuse Identification

Child abuse can often be difficult to identify and may present in many forms. There are three stages in the identification of child abuse:

1. Considering the possibility

The ability to recognise child abuse can depend on a person's willingness to accept the possibility of its existence.

The possibility of abuse should be considered if:

- A child has suffered an injury for which there is no reasonable explanation.
- A child appears distressed without reason.
- A child displays persistent or new behavioural problems and/or.
- A child displays unusual or fearful responses to certain people such as parents or siblings.

All signs and symptoms should be considered in the context of the child's situation and family circumstance.

2. Looking out for signs of abuse

Signs of abuse can be physical, behavioural or developmental. They include:

- Disclosure of abuse by a child or young person.
- Inappropriate age or abnormal sexual play or knowledge.
- Specific injuries or patterns of injuries.
- Absconding from home or care situation.
- Self harm or attempted suicide

A cluster or pattern of signs is more likely to be indicative of neglect or abuse. It is important to reassure the child and ensure they feel they have been listened to and believed without being questioned in depth.

3. Recording Of Information

If neglect or abuse is suspected, it is important to obtain as much information as possible. However, the child should not be questioned in detail about the abuse without consulting

with the District Probation Officer. Observations in relation to the concern must be accurately recorded and include specific details.

Section Five: Procedures

Adopting a holistic approach to safeguarding children and vulnerable adults, MDMS is committed to put in place, implement and regularly monitor the following:

a) Recruitment of Staff and Volunteers:

All staff and volunteers will be interviewed by the assigned interview panel as per the personnel policies and procedures to ascertain their interest and suitability in working with the beneficiaries of the Project. All will require presenting two reference letters of character and a certificate of police clearance.

Key recruitment

Child Safeguarding Officer

Role of the Child Safeguarding Officer

The Child Safeguarding Officer has been appointed by the personnel of the organization to initiate the processes involved in managing allegations of abuse. She/he will take responsibility to follow the procedures as appropriate to the case, as explained below

- Report to and ensure that the local councils 1-3 levels, police, probation and social welfare officer are informed about each formal complaint of abuse received;
- Ensure that the guidance of the local council's 1-3 levels, police, probation and social welfare will be followed in all cases of alleged abuse.
- Ensure that all allegations or rumors are dealt with in an immediate, compassionate, confidential and responsible manner.

The Child Safeguarding Officer must ensure:

- That there will be no attempt to redeploy a person against whom an allegation has been made to another area of office with access to children or vulnerable adults during the period of investigation and that support should be shown to him/ her.
- That the accused will be advised of the legal implications and ramifications of the report of the alleged abuse.

- That there is full cooperation with the public authorities; local councils 1-3 levels, police, probation and social welfare.
- That there is no interference with any investigations.
- That where a complaint concerns a deceased staff, or a former staff during his/her time of service with the organization, an appropriate response to complainants will be provided.
- That monitoring, safeguarding, awareness raising and training is done.

b) Staff Orientation, and Training

All staff will have initial training during their three-month probationary period in line with the MDMS Child and Vulnerable Adult Policy and the guidelines of the Organization. The training will be carried out by the Human Resource manager aided by the child protection officer:

The following will be adhered to:

- i. Behavior of all staff and volunteers is in line with the organization's ethical and professional guidelines contained in the job contract and with the orientation given by the Ugandan children's act 2016 chapter 59.
- ii. Any allegation of abuse is promptly dealt with, and referred to the civil authorities, i.e. local councils 1-3 levels, police, probation and social welfare.
- iii. Victims are supported.
- iv. Perpetrators are held accountable.
- v. Visitors are made aware of the MDMS child and vulnerable adult protection policy.
- vi. The MDMS child and vulnerable adult protection policy is posted in a public place in all our places of work. The names and telephone numbers for contacting the child Protection Officer will also be displayed.

When someone is accused of violating the Child Safeguarding Policy, the procedures listed under the section entitled 'Allegations' will be followed.

a) Risk assessment

The steps to be followed under risk assessment is as below;

- Identify and detail the situation that could cause potential harm

Step one: Make sure that you detail the potential risk and that you fully involve those who know and understand the context of the risk.

- Decide who might be harmed and how

Step two: Ensure that you are thorough in your consideration of ‘who’ is at risk. Make sure you take into account a number of individual differences such as age, fitness and experience. Risk assessments will mainly be occupationally driven so ‘who’ is at risk is often determined by the areas of the workplace and the jobs under consideration. Do not just focus on those situations that tend to be more obviously dangerous.

- Evaluate the risk and decide on precautions /interventions

Step three: Make sure that you record the level of the risk and then match the relevant precautions / interventions

- Record and report your findings and agreed actions

Step four: Ensure that you record your risk assessments and make these available to the necessary groups. These should then become part of the live review process.

- Review your assessment and update if necessary

Step five: Back up your assessments with regular reviews and monitoring of your learner and workforce environment.

d) Safe communications policy

MDMS discourages communication regarding child rights violations via electronic mail (e-mail), unless absolutely necessary. If e-mail is necessary, subject headings should be inoffensive and **must** be flagged as confidential.

MDMS encourages the use of suggestion box to guarantee confidentiality of any person reporting a child abuse related issue. Any messages concerning child rights violations directed to or shared with people outside MDMS (e.g., press or police) must first obtain appropriate authorization and be documented by the Diocesan Health

Cordinator and Human Resources Department, or by designated top management personnel.

MDMS will;

- ✓ Minimize the risk of inappropriate use of information, stories, images of children.
- ✓ Not show children in inappropriate poses.
- ✓ Not allow a child to be traced to their home / community unless for program purposes.
- ✓ Not have distinctive buildings, street signs, landmarks included in the images.
- ✓ Disable geotagging.
- ✓ Ensure that photographers / journalists / translators are properly vetted and reference checked.
- ✓ Make sure that they have been given permission by children's caregivers or parents and that they do understand the purpose and scope of distribution.

e) Documenting a complaint (Allegations)

- i.** A staff member or whoever receives an allegation will carefully listen, and record the complaint. She/ he check that the written record accurately states what was reported.
- ii.** Record the time, date, location (or if the matter has been communicated by letter or telephone), and persons present. The record should be signed and dated by the author.
- iii.** Accurate identifying information as far as it is known. This should include the name and address of the person who has raised a concern (as well as their date of birth, and parents'/carers'/ names and addresses where the person who has raised a concern/allegation is a child).
- iv.** The name of the individual against whom the concern/allegation is being raised and any other identifying information.

- v. As much information as possible about the circumstances that led to the concern/ allegation being raised, why is the person worried about the welfare and safety of the child or children.
- vi. Dates when the concern arose, or when the incident(s) occurred.
- vii. Circumstances in which the concern arose, or the incident(s) occurred.
- viii. Any explanation offered to account for the risk, injury or concern.
- ix. The child's own statement using the words they used to describe the events or incident(s), if possible. Do not make assumptions about the intended meaning of words used.
- x. Details of any action already taken about the incident/concern/allegation.
- xi. Any views expressed by the child's parent(s)/carer(s) about the matter.
- xii. The staff member should not be selective but include detail, which may seem irrelevant. It may prove invaluable at a later stage in an investigation.
- xiii. Explain to the person raising the concern what will happen next, indicate who will be made aware of the information given by them. Leave contact details of the child protection officer, in case the referrer needs to ask questions later.
- xiv. Pass all original records, including rough notes, to the child protection officer immediately. Any copies of records retained must be kept secure and confidential.
- xv. Not all persons raising a concern will wish to go through this process. Nonetheless, information about the existence of a potential allegation must be communicated to the child protection officer.
- xvi. In cases of emergency, where a child appears to be at immediate and serious risk, an immediate report should be made to the local council 1 and police as well as to the child protection officer. Consideration should, in all cases, also be given as to whether an immediate referral is necessary in order to preserve

and safeguard against the possibility of any loss, deterioration, or destruction of potential evidence or forensic evidence.

f) Reporting

- i. The staff member immediately brings the matter to the attention of the Child Protection Officer, who will meet with a Child Protection Committee (Director, Child Protection Officer and Human Resource Manager, Designated Counsellor and Chairperson Welfare Committee) within the organisation to decide the way forward.
- ii. The Child Protection Officer will report to police about each formal complaint of abuse received and ensure that the guidance of the police is followed.
- iii. The Child Protection Officer must ensure that the greatest possible care is taken to protect the potential victim from further risk.
- iv. The Child Protection Officer will consult and seek guidance as required.
- v. If an allegation is made against a member of staff employed by MDMS, the organisation will not be responsible for financing any legal advice obtained by the employee.
- vi. The Child Protection Officer will ensure that a pastoral response to the alleged victim and his/ her family will be offered, treating them with respect, openness and compassion. They will be assured of a prompt response and informed of the procedures that will be taken in the investigation.
- vii. The Child Protection Officer will ensure that a support person is appointed for the victim and an advisor for the respondent, who is informed of his/her legal rights.
- viii. When the accused person is a staff of MDMS, the organisation's response will be explained to the personnel.

Under no circumstances should a child be left in a dangerous situation pending the intervention of the police, in Uganda the case is handled by the police first.

Note: *where an allegation or suspicion is made against the Child Safeguarding Officer, the information must be passed to the Director and the process, as outlined, should be carried out by him/her.*

This written policy will be publicly displayed at the head office, and all staff and volunteers handling issues to do with children will indicate in writing their acceptance of the Organizational Child Safeguarding Policy.

Section Six: Confidentiality

- Confidentiality is of paramount importance in our relationships with those under our care.
- Safeguarding children, however, takes precedence over an adult's right to confidentiality.
- A person disclosing information on alleged abuse must be made aware that what is revealed is done so as to protect the victim from further abuse. Disclosure is only made to those who need to be informed and only what is essential to avoid harm will be communicated.
- Confidentiality should never be used as an excuse for not reporting to those who should be informed.

Section Seven: MDMS Code of Conduct to prevent harm to children

We expect that everyone working with children and young people for MDMS will follow the guidelines below to avoid situations that could be misinterpreted or lead to false allegations of child abuse. By setting out appropriate and inappropriate behaviour, this code will not only help to safeguard the children but also protect the staff, volunteers, consultants and any other person who is working with children for MDMS.

- Respect a child's right to privacy.
- Encourage children and adults to feel comfortable enough to point out attitudes and behavior they do not like.
- Be aware of situations, which present risks and manage them.
- Plan and organize any events involving children so that risks are minimized; ensure they involve more than one person being present or at least in sight or hearing range of others. Occasionally there may be no alternative. If you do need to work alone with a child, remain in general view, not hidden away behind closed doors,

- Where it is possible, ask parents/careers and / or nominated volunteers to be responsible for children, particular at overnight conferences and meetings.
- Recognize that caution is required in one-to-one situations, even in sensitive situations such as dealing with bullying or when children are very upset.
- Choose materials carefully to make sure they are suitable for a youth audience.
- Do not take children alone in a car, even for short journeys, unless this is unavoidable for safety reasons. If this is unavoidable, make sure an adult care giver or another member of staff is aware it is happening.
- Avoid inappropriate physical or verbal contact with children.
- Avoid being drawn in to inappropriate attention-seeking behaviour, such as tantrums or crushes.
- Avoid showing favoritism to any individual.
- Do not do things of a personal nature that children could do for themselves. If you have to, make sure another adult is present.
- Do not permit abusive youth peer activities such as bullying.
- Do not contact children outside the group or project.
- Never make suggestive remarks or gestures, even in fun.
- Do not trivialize or exaggerate child abuse issues.
- Do not rely on just your good name to protect you.
- Do not believe “It could never happen to me”.

Section Eight: Monitoring and Review

Child safeguarding is incorporated into the organization’s risk register and annual reporting processes. Senior management under the leadership of Country Director and Human Resource Department will regularly review the risk register and organization reports to ensure that child safeguarding measures are in place and effective.

This policy will be reviewed at minimum of every 3 years or when it is shown necessary that additional issues need to be identified and addressed through this policy.

APPENDICES

APPENDIX 1 Staff Declaration

The MDMS Staff Declaration of Commitment to safeguarding children

To be signed by all workers, leaders and volunteers directly involved with children and youth. One copy is to be kept by the worker and the other in the project files.

I, _____

Position: _____

declare that:

- I will work within the procedural guidelines as laid out in this document.
- I have not been accused or convicted of any offence involving the physical or sexual abuse of children or young people.
- I understand that if a complaint is leveled against me while engaged in any activity involving children, the police or other legal authority will automatically be asked to investigate and recommend suitable disciplinary action.
- I agree that in case of clear evidence that I was involved in any form of abuse to a child whether on duty or otherwise, I would no longer be acceptable to work in a child care department and resign voluntarily and immediately.

Signature: _____

Place of residence: _____

Date: _____

APPENDIX 2 Code of Conduct

Code of Conduct for MDMS Staff/Volunteer/Visitors and Consultants

1. Be loving, caring and sympathetic to children;
2. Be respectful e.g. respect themselves, the children and children's ideas/views;
3. Ensure confidentiality especially in matters that cannot harm children;
4. Organize their work place and plan their work properly so as to avoid risks;
5. Ensure openness such that every issue or concerns are raised and discussed;

6. Talk to children about their rights, contact with staff and encourage them to raise any concerns.
7. Involve children in decision making; allow them to make their own decisions especially about their own lives.
8. Be exemplary e.g. of how to be with children both in their homes and working places;
9. Be sensitive to acts of abuse, handle children's concerns following the right procedures with clear evidence;
10. Ensure clear directions, proper prescriptions and carefully explain to children to minimize risks;
11. Listen carefully and attentively to children;
12. Act on children's problems/concerns as soon as possible;
13. Offer appropriate advice and guidance to children;
14. Play a positive role in safeguarding children, their rights and promoting their safety;
15. Use a descent language especially in matters that involve children and adults together;
16. Show equal treatment to children irrespective of sex, colour, religion; tribe etc.

Adult behaviors which are unacceptable in relation to children: Staff, volunteers, visitors and consultants should never:

1. Stigmatize children;
2. Beat, hit or physically abuse children;
3. Expose children to pornography;
4. Show different treatment or favor particular children to the exclusion of others;
5. Behave in a manner which is sexually provocative/develop sexual relationship with children;
6. Use language or offer advice which is inappropriate or abusive;
7. Spend excessive time alone with a child away from others;
8. Act in ways intended to shame, humiliate or degrade children (any form of emotional abuse);
9. Discriminate children of different gender e.g. favoring boy/girl child;
10. Neglect children by not offering adequate care to them;

11. Expose children to hazardous work.

APPENDIX 3 Child Safeguarding Reporting Form

CHILD SAFEGUARDING REPORTING FORM

1. About the disclosure/ concern

Date of disclosure/ concern: _____

Time of disclosure /concern: _____

How was information received? (Telephone, Letter, E-mail, in person?) Attach any written information to this form)

2. Details of person making disclosure/ raising concern

Name: _____

Address _____

Telephone No: _____

Mobile No: _____

Email: _____

Relationship to child or alleged victim: _____

3. Details of child or alleged victim

Name: _____

Date of Birth: _____

Address: _____

Telephone No: _____

Mobile No: _____

Ethnic origin: _____

Language (is interpreter/ signed needed?): _____

Disability or Special needs: _____

Parish/ Order (*if applicable*): _____

4. Parent / caregiver details (*where appropriate*)

Name: _____

Address (if different from above):

Tel: _____

Mobile: _____

Are they aware of the allegation, suspicion or complaint? Yes [] No []

5. Details of alleged perpetrator

Name: _____

Address _____

Tel: _____

Mobile: _____

Relationship to child/ victim (*parent/ volunteer /Priest/ teacher, etc.*): _____

Position in the Organization (place name of Project/ Institution here):

Address at time of alleged incident(s): _____

Current contact with children if known: _____

Any additional information: _____

6. Details of concern, allegation or complaint

(Include dates / times and location the incident (s) occurred, witnesses, if known. Does the child /victim know this referral is being made?)

7. Action taken

Has the matter been referred to civil authorities? Yes [] No []

If yes

Date _____

Time _____

If no please explain why?

Who was it referred to?

Name: _____

Designation: _____

Address: _____

Tel: _____

E-mail: _____

Has the matter been referred to any staff of the organization? **Yes** [] **No** []

If yes

Date _____

Time _____

If no please explain why?

Who was it referred to?

Name: _____

Designation: _____

Address: _____

Tel: _____

E-mail: _____

8. Next Steps

What actions were agreed upon and by who? And when was the matter referred to civil/ organizational authority?

Are there any immediate child protection concerns? If so, please record what they are and state what actions have been taken to address them:

9. **Designated Person details**

Date form sent: _____

10. **Details of person completing the form**

Name: _____

Tel: _____

Mobile: _____

E-mail: _____

Position (Staff/ Volunteer etc): _____

Form completed

Date: _____

Time: _____

Signed: _____

(A copy must be retained by the recipient and filed in a secure location, and a copy must be sent to the designed officer and civil / statutory authorities)

APPENDIX 4 National Legal Framework

National Legal Framework

The Uganda Law on Sexual Abuse or Defilement

- In Uganda child sexual abuse is meant as any sexual activity (verbal and/or physical) involving an adult and a child.
- In Uganda one becomes an adult at the age of 18.
- In Uganda it's a violation of fundamental human (Children) rights – the right to life and protection. According to article 3 of the children Statutes, 1996:

A child has a right to be protected from violence, ill treatment and any other behaviour that might show lack of care.

- In Uganda, child sexual abuse is a criminal offence that carries a death sentence.
- The law requires that all sexual abuse cases be reported to and handled by the police.

- Any person who unlawfully has sexual intercourse with the girl less than 18 years commits an offence and is liable to suffer death. (Children Statutes, 1996, Article 29 subsection 2)
- If the abuse is of a “homosexual nature”, it falls into another category of criminal offences. That is, *Unnatural Offences*, and carries an additional sentence: a male/female person permits him or herself to have carnal knowledge of the person of same sex, goes against the order of nature. He/she commits an offence and is liable to life imprisonment (Penal Code – Cap 120, Article 145c)

1. Laws of Uganda 2000, Chapter 59: The Children Act, No. 11 (Duty to report infringement of child's rights)

- (1) Any member of the community who has evidence that a child's rights are being infringed or that a parent, a guardian or any person having custody of a child is able to but refuses or neglects to provide the child with;
 - a) Adequate food, shelter, clothing, medical care or education shall report the matter to the local government council of the area.
- (2) The secretary for children's affairs may, upon receiving the report, summon the person against whom the report was made under subsection (1) to discuss the matter; and a decision shall be made by the secretary for children's affairs in the best interests of the child.
- (3) Where the person against whom the report was made refuses to comply with the decision made under subsection (2), the secretary of children's affairs shall refer the matter to the village executive committee court which shall adjudicate the matter and may
 - (a) Give any relief or order allowed by the law; and
 - (b) In the case of a parent, in addition to the reliefs or orders given under paragraph (a), order the parent to execute a bond to exercise proper care and guardianship by signing an undertaking to provide the child with any or all of the requirements of the child.

2. Laws of Uganda 2000, Chapter 59: The Children Act, § 13 (Establishment of family and children court)

(1) There shall be a court to be known as the family and children court in every district, and any other lower government unit designated by the Chief Justice by notice in the Gazette.

(2) A magistrate not below the grade of magistrate grade II shall be assigned to preside over the family and children court.

3. Laws of Uganda 2000, Chapter 59: The Children Act, No. 14 (Jurisdiction of family and children court)

(1) A family and children court shall have power to hear and determine—

(a) Criminal charges against a child subject to sections 93 and 94; and

(b) Applications relating to child care and protection.

(2) The court shall also exercise any other jurisdiction conferred on it by this or any other written law.

4. Article 34 of the Uganda Constitution provides for fundamental rights of the child which include the right to be cared for by their parents, or those entitled by law to bring them up, basic education, protection from socio-economic exploitation and protection from abuse. In addition, it accords special protection to orphans, vulnerable children and children in conflict with the law.

- These protection rights of children are farther elaborated in the Children Act (CAP 59), the Succession Act – 1964 (Cap 139),
- The Local Government Act (1997) put local government in charge of children's services while the Amnesty Act, 2000 was developed and handles protection of children who have been engaged in armed conflict.
- In 2009, Parliament also passed the Trafficking in Persons Bill into an act of Parliament. The Employment Act also states the age of 16 years as the age of employment.

- The Domestic Violence Act
- The Female Genital Mutilation Act
- The Act guides the separation and reintegration of children from armed fighting groups
- The Uganda People’s Defense Forces (UPDF) Act (2005), which sets 18 years as the minimum age for the recruitment of persons into the Armed Forces.
- The Penal Code Act (Cap 106) also exempts all children below 12 years from any criminal responsibility and has been amended to strengthen protection of children from sexual abuse and exploitation and provides for the crimes of aggravated defilement, defilement and indecent assault.
- Similarly, the Magistrates Act has been amended to enable Grade One magistrate to handle defilement cases unlike before when they were handled by the High Court thus causing case backlog and delayed

APPENDIX 5 For Display

FOR DISPLAY

MASAKA DIOCESAN MEDICAL SERVICES CHILD SAFEGUARDING POLICY

MDMS organization recognizes the responsibility to protect all people, in the areas of coverage, from harm so as to prevent abuse now or in the future.

PURPOSE OF THE POLICY

- To safeguard children and vulnerable adults in our care.
- To educate our personnel by clarifying how they are expected to behave with children or vulnerable adults, and deal with allegations or rumors.
- To uphold the integrity of MDMS and our mission by modeling best practice.
- To ensure that we always strive for best practice.

OBLIGATIONS

This organizational policy applies to all staff and volunteers, both paid and unpaid, who may have access to children and vulnerable adults in the Organization.

MDMS makes it mandatory upon all members to familiarize themselves with the Organizational Child and Vulnerable Adult Protection Policy of January 2020 and to adapt it in each Project.

In addition, MDMS has appointed a Child Protection Officer and Child Protection Committee to take responsibility to implement the policy as per the guidelines.

ACTION: Should any staff member or volunteer become aware of an alleged abuse, they should contact one of the following, who will ensure the matter is appropriately dealt with.

1. CHILD SAFEGUARDING OFFICER

MPAMULUNGI MARIA Mobile – 256704040365

2. PROGRAM MANAGER

CISSY NAKABUGO Mobile- 256777968921

3. MDMS TEAM LEADER

Fr. EMMANUEL KATABAAZI Mobile - 256703747127

APPENDIX 6 Risk Assessment Template

RISK ASSESSMENT TOOL

Risk assessment:								
Risk no.	Who is at risk?	What factors place them at risk?	What is the risk?	What controls are in place?	Risk rating H,M,L	What additional controls are to be put in place?	By whom?	By when?

1.	Children aged between under 1 year and 17 year who are the beneficiaries of the program.	Untrained staff and community structures in child safeguarding.	Inappropriate behaviour not reported or not addressed.	Child safety code of conduct, Clear child safety reporting procedures, ^[L] _[SEP] Performance management	H	Refresher training for staff annually	HR	Bi-annually
2.	Children aged between under 1 year and 17 year who are the beneficiaries of the program.	Inadequate vetting of staff and community structures.	Recruitment of an appropriate person.	Detailed background check and 3 reference solicited	H	Processes updated to require: Criminal history search/ Interpol Letter, Pre employment reference check includes asking about child safety.	HR	Pre-employment and during the employment.

3.	Children aged between under 1 year and 17 year who are the beneficiaries of the program.	Easy access to them by adhoc visitors.	Ad-hoc visitors on the premises (contractors/ consultants, business agents, cleaners etc)	Child safe environments Information and awareness for visitors, staff, volunteers and contractors. Adequate monitoring and ensuring visitors are not allowed to loiter unescorted	M	Display child safety posters in open places, Brief all visitors to sensitive to any child abuse related issues	TL, PM, DPOS and HR	Whenever there are adhoc visitors
4.	Children aged between under 1 year and 17 year who are the beneficiaries of the program.	Interaction with staff and community structures plus program visitors.	Children and families with whom the organization works are aware of the Child Safeguarding Policy, procedures and know behaviour they can expect from staff, associates and visitors and whom to report any concerns	Household consent form	M	Consent is sought from HH heads and a copy kept on files, Community volunteers and field staff regularly reminded of the need to keep every HH information confidential.	PSWs, SWs, DPOs, CMM, PM & TL	During home visits

5.	Children aged between under 1 year and 17 year who are the beneficiaries of the program.	Unconsented interaction with the children	High engagement and reliance on community volunteer to perform child safeguarding mandate	Robust volunteer contracts. Draft and approve a commitment form on child safeguarding.	H	All volunteers sign and commit to child safeguarding in writing	HR, DPOs & PM	During their visits
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