



SAFEGUARDING POLICY

STAND FOR DIGNITY UGANDA (SDU)

An organisation-wide framework for preventing and responding to harm, abuse, exploitation, neglect and safeguarding concerns

CONFIDENTIALITY NOTICE

This policy contains organisational safeguarding procedures. It must be shared with personnel and partners who need it to fulfil their responsibilities, while safeguarding case records and personal information must be stored and shared on a restricted, need-to-know basis.

TABLE OF CONTENTS

PREAMBLE.....	3
SECTION 1. POLICY STATEMENT	4
SECTION 2. PURPOSE.....	4
SECTION 3. OBJECTIVES	4
SECTION 4. SCOPE AND APPLICATION.....	5
SECTION 5. DEFINITIONS	6
SECTION 6. GUIDING PRINCIPLES	7
SECTION 7. ZERO-TOLERANCE STANDARDS AND PROHIBITED CONDUCT	7
SECTION 8. ROLES AND RESPONSIBILITIES	8
SECTION 9. SAFEGUARDING RISK PREVENTION AND SAFE PROGRAMME DELIVERY	9
SECTION 10. REPORTING AND INCIDENT MANAGEMENT	9
10.1 Reporting channels.....	10
10.2 Immediate response	10
10.3 Assessment and follow-up.....	11
10.4 Records and confidentiality	11
SECTION 11. SUPPORT, SURVIVOR CARE AND REFERRALS.....	11
SECTION 12. COMMUNICATIONS, PHOTOGRAPHY, DIGITAL ENGAGEMENT AND DATA PROTECTION	12
SECTION 13. SAFE RECRUITMENT, SCREENING, INDUCTION AND TRAINING	12
SECTION 14. SAFEGUARDING RISK ASSESSMENT, SAFE DESIGN AND OPERATIONAL CONTROLS ...	13
SECTION 15. GOVERNANCE, OVERSIGHT, COMPLIANCE AND ACCOUNTABILITY	13
SECTION 16. IMPLEMENTATION, REVIEW, APPROVAL AND DOCUMENT CONTROL	14
REFERENCES AND GUIDING STANDARDS	15
ANNEX 1. SAFEGUARDING CODE OF CONDUCT	16
1A. Required conduct.....	16
1B. Prohibited conduct	16
1C. Personal commitment.....	16
ANNEX 2. SAFEGUARDING INCIDENT REPORTING FORM.....	17
ANNEX 3. SAFEGUARDING RISK ASSESSMENT AND MITIGATION TEMPLATE	18
Risk prompts	18
ANNEX 4. SAFEGUARDING DISCLOSURE AND INCIDENT RESPONSE PROCEDURE.....	20
Step 1: Make the situation safe	20
Step 2: Listen and reassure.....	20
Step 3: Explain limits of confidentiality	20

Step 4: Record and report	20
Step 5: Assess risk and conflicts	20
Step 6: Refer and support	20
Step 7: Determine next steps	20
Step 8: Document, follow up and close.....	20
Do not.....	20
ANNEX 5. SAFEGUARDING REFERRAL DIRECTORY TEMPLATE	22
ANNEX 6. RECRUITMENT SCREENING AND SAFEGUARDING ACKNOWLEDGEMENT FORMS	23
6A. Recruitment safeguarding screening checklist	23
6B. Reference / background check record	23
6C. Safeguarding policy acknowledgement	24
ANNEX 7. PHOTOGRAPHY, INTERVIEW AND INFORMED-CONSENT FORMS	25
7A. Photo / video / audio consent.....	25
7B. Interview / personal story consent	25
7C. Parent / guardian consent and child assent	25
7D. Consent withdrawal / content removal request.....	26
ANNEX 8. SAFEGUARDING IMPLEMENTATION AND COMPLIANCE CHECKLIST	27
Governance and accountability	27
Code of Conduct and culture.....	27
Recruitment and training.....	28
Risk management and programme delivery	28
Reporting and incident response.....	28
Referrals and support	29
Communications and data protection.....	29
Partners, monitoring and learning	29
Summary of findings	30
Corrective action plan	30
Management review	30
Board oversight (annual or as referred)	30

PREAMBLE

Stand for Dignity Uganda (SDU) recognises that every individual has the right to live, work, learn and participate in community life in an environment that upholds their dignity, safety, rights and wellbeing. As an organisation committed to community development, social justice, human rights and inclusive participation, SDU acknowledges its responsibility to ensure that its programmes, operations, partnerships and engagements do not expose individuals or communities to abuse, exploitation, neglect, harassment, discrimination or other forms of harm.

SDU recognises that children, adults at risk, programme participants, employees, volunteers and community members may face safeguarding risks arising from unequal power relations, discrimination, poverty, dependency, social exclusion and other contextual factors. These risks may occur within households, communities, workplaces, programme activities, institutional settings and digital spaces. Preventing and responding to such risks requires deliberate action, responsible leadership, clear standards of conduct and the collective commitment of everyone associated with the organisation.

This Safeguarding Policy establishes SDU's organisation-wide framework for preventing harm, identifying and managing safeguarding risks, reporting concerns, responding to incidents and ensuring accountability. It sets out the standards expected of the Board of Directors, management, employees, volunteers, interns, consultants, contractors, implementing partners, service providers, visitors and all other persons acting on behalf of SDU. It also provides guidance on safe programme delivery, recruitment, community engagement, communications, photography, information management, referrals and the handling of safeguarding concerns.

The policy is guided by the principles of dignity, respect, equality, inclusion, accountability, confidentiality, non-discrimination, survivor-centred practice, the best interests of the child and the obligation to do no harm. SDU maintains a zero-tolerance approach to safeguarding misconduct and will take reasonable and appropriate measures to prevent violations, address reported concerns promptly and fairly, support affected persons and hold responsible individuals accountable in accordance with organisational procedures and applicable law. No person should experience retaliation for raising a concern in good faith or participating in an authorised safeguarding process.

This policy applies across all locations where SDU operates, implements programmes, engages partners or represents its interests, in Uganda and in any other jurisdiction where its activities may extend. Its application is organisation-wide and is not restricted to any particular district, project or thematic programme. All SDU representatives are responsible for understanding and complying with the policy, while the organisation's leadership is responsible for providing the oversight, resources, systems and accountability mechanisms necessary for its effective implementation.

SDU further recognises that safeguarding is an ongoing organisational commitment rather than a one-time compliance exercise. The organisation will periodically review this policy, strengthen staff and partner capacity, maintain appropriate reporting and referral mechanisms, learn from experience and adapt its practices to emerging risks and changing operational contexts.

Through this policy, SDU reaffirms its commitment to creating and sustaining safe, respectful, inclusive and accountable environments in which the rights and dignity of every person are protected and where safeguarding is understood and practised as a shared responsibility.

SECTION 1. POLICY STATEMENT

Stand for Dignity Uganda (SDU) is committed to protecting the dignity, rights, safety and wellbeing of all people who come into contact with its work. SDU will take reasonable and proportionate steps to prevent harm, abuse, exploitation, neglect, harassment and other safeguarding violations arising from its programmes, operations, personnel, representatives, partners or third parties acting on its behalf.

SDU adopts a zero-tolerance approach to safeguarding misconduct. This means that concerns will be taken seriously, assessed promptly and acted upon fairly. It does not mean that every allegation is presumed proven; decisions will be evidence-informed, impartial and consistent with due process, confidentiality, survivor-centred practice and applicable law.

Safeguarding is a responsibility shared by the Board, management, staff, volunteers, interns, consultants, contractors, partners and any person representing SDU. The policy applies across all SDU operational locations and is not restricted to a particular district or project.

SECTION 2. PURPOSE

The purpose of this policy is to establish a consistent organisational framework to prevent and respond to harm affecting children, adults at risk, programme participants, community members, personnel and other people connected with SDU's work.

- Prevent abuse, exploitation, neglect, harassment, discrimination and other forms of harm.
- Set clear standards of conduct and professional boundaries.
- Provide safe, accessible and confidential routes for reporting concerns.
- Ensure concerns are assessed and responded to promptly, safely and appropriately.
- Clarify roles, accountability and oversight.
- Integrate safeguarding into recruitment, programme design, partnerships, communications, data management and monitoring.
- Support affected people while respecting their dignity, choices, safety and rights.

SECTION 3. OBJECTIVES

1. Ensure that all personnel understand their safeguarding duties and the standards expected of them.
2. Identify and reduce safeguarding risks before and during activities.
3. Ensure that children and adults at risk are protected through appropriate, age-sensitive and context-sensitive measures.
4. Establish safe reporting, referral, response, documentation and follow-up procedures.
5. Ensure that recruitment and partner engagement address safeguarding suitability and competence.
6. Promote a culture where concerns can be raised without retaliation.
7. Review safeguarding performance and use lessons learned to improve practice.

SECTION 4. SCOPE AND APPLICATION

This policy applies to all SDU activities, programmes, offices, field operations, events, travel, digital engagement, research, fundraising, communications and partnerships, regardless of funding source or location.

It applies to the following, collectively referred to as “SDU representatives” where appropriate:

- Board members and senior management.
- Employees, whether permanent, temporary, full-time or part-time.
- Volunteers, interns, trainees and community-based personnel.
- Consultants, contractors, service providers and suppliers when engaged in SDU work.
- Implementing partners, consortium members and sub-grantees to the extent set out in agreements and applicable arrangements.
- Visitors, researchers, photographers, media personnel and other people authorised to participate in SDU activities.
- Any person acting on behalf of, representing or delivering services for SDU.

The policy protects children under 18 years of age and adults who may be at increased risk of harm because of dependency, disability, age, displacement, social exclusion, power imbalance, crisis, service dependence or other contextual factors. Safeguarding measures should be proportionate to risk and should not label people as inherently vulnerable.

Where local law, a donor requirement or another applicable standard provides a higher level of protection, SDU will seek to apply the stronger standard where lawful and feasible. Any conflict or uncertainty must be referred for appropriate legal or senior review.

SECTION 5. DEFINITIONS

Term	Meaning
Safeguarding	Measures taken to prevent and respond to harm, abuse, exploitation, neglect, harassment or other misconduct affecting people connected with SDU's work.
Child	Any person under 18 years of age, regardless of the age of majority or consent under local law.
Adult at risk	An adult who may face heightened risk of harm due to personal circumstances, dependency, unequal power, exclusion, disability, crisis or the context in which services are provided.
Abuse	An act or omission that causes or may cause physical, sexual, psychological, emotional, financial or other harm.
Exploitation	Abuse of power, vulnerability, trust or dependency for personal, sexual, financial, social or other gain.
Sexual exploitation	Actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including obtaining monetary, social or political benefit.
Sexual abuse	Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
Neglect	Failure to provide reasonable care, protection or support where there is a duty or responsibility to do so.
Safeguarding concern	Any suspicion, allegation, disclosure, observation or incident indicating that a person may have experienced or be at risk of harm.
Survivor-centred approach	An approach that prioritises the affected person's rights, safety, dignity, choices, needs and informed participation.
Disclosure	Information shared by a person about harm experienced, witnessed or suspected.
Retaliation	Any adverse treatment, threat, intimidation or disadvantage imposed because someone raised a concern, supported a report or participated in a process.
Consent	Freely given, informed, specific and appropriately documented agreement. Consent may be withdrawn, subject to explaining practical and legal limits.
Safeguarding Focal Person	The person designated by SDU to coordinate implementation, reporting pathways, training, recordkeeping and safeguarding follow-up.

SECTION 6. GUIDING PRINCIPLES

- Do no harm: actions must not increase risk to the affected person or others.
- Zero tolerance: safeguarding misconduct is unacceptable and must be acted upon.
- Survivor-centred and rights-based practice: respect dignity, safety, agency, preferences and non-discrimination.
- Best interests of the child: decisions affecting children must prioritise their safety, development and wellbeing, consistent with applicable law.
- Accountability: all personnel are responsible for compliance and must report concerns.
- Confidentiality and data minimisation: information is shared only with authorised people who need it for safeguarding, support, investigation or lawful reporting.
- Fairness and due process: allegations are assessed impartially, and all parties are treated fairly.
- Accessibility: reporting and support should be understandable, culturally appropriate and accessible to people with differing communication needs.
- Non-retaliation: no person may be punished or threatened for raising a concern in good faith.
- Proportionality: safeguards should reflect the nature and level of risk without unnecessarily restricting rights or participation.
- Partnership: SDU works with appropriate services and partners while retaining responsibility for its own conduct and decisions.

SECTION 7. ZERO-TOLERANCE STANDARDS AND PROHIBITED CONDUCT

SDU representatives must not engage in, facilitate, ignore or conceal safeguarding misconduct. Prohibited conduct includes, but is not limited to:

- Any sexual activity with a child under 18. A mistaken belief about age is not a defence under this policy.
- Sexual abuse, exploitation, harassment, grooming, coercion or attempted sexual contact.
- Exchange of money, employment, goods, services, aid, opportunities or favour for sex or sexual acts.
- Exploitative or coercive relationships with programme participants or people dependent on SDU services.
- Physical punishment, assault, intimidation, humiliation, threats, degrading treatment or emotional abuse.
- Neglect or failure to take reasonable action where a duty to protect exists.
- Discrimination, bullying, harassment, abuse of authority or misuse of power.
- Requesting or sharing sexualised, humiliating or otherwise harmful images or content involving children or adults at risk.
- Inappropriate private contact, secret communications or boundary violations with children.
- Unsafe one-to-one or overnight arrangements that expose a person to avoidable risk; exceptions must be justified, risk-assessed and authorised.
- Retaliation against a person who raises a concern or participates in a safeguarding process.
- Interfering with reports, destroying records, pressuring witnesses or concealing a safeguarding incident.
- Using SDU resources, position, access or information to exploit or harm any person.

Professional boundaries must be maintained at all times. Gifts, financial dealings, personal relationships, transport, digital contact and one-to-one engagement must be assessed for power imbalance, conflicts of interest and potential harm. Any exception required for legitimate programme delivery must be transparent, risk-assessed and authorized.

SECTION 8. ROLES AND RESPONSIBILITIES

Role	Responsibilities
Board of Directors	Approve the policy; provide oversight; ensure appropriate resourcing; review serious or systemic risks; ensure allegations involving the Executive Director or Board members have an independent route.
Executive Director	Ensure implementation across SDU; appoint a competent Focal Person and alternate; approve procedures and corrective actions; ensure reports are escalated and conflicts of interest managed.
Safeguarding Focal Person	Coordinate training, risk assessments, reporting pathways, secure records, referrals, compliance reviews and follow-up; advise management; escalate concerns promptly.
Alternate / independent reporting contact	Receive concerns when the Focal Person is unavailable, implicated or conflicted; ensure safe escalation and independent handling where needed.
Programme and project managers	Integrate safeguarding into design and delivery; supervise personnel; conduct risk assessments; communicate reporting options; monitor controls and partner compliance.
HR / recruitment lead	Conduct appropriate safeguarding screening, references and induction; retain restricted records; ensure contractual commitments and disciplinary processes are followed.
All SDU representatives	Follow this policy and the Code of Conduct; complete required training; report concerns promptly; cooperate honestly with authorised processes; protect confidentiality.
Partners and contractors	Comply with agreed safeguarding standards; train and supervise their personnel; report concerns involving SDU activities; cooperate with referrals and corrective action.
Communications and data personnel	Obtain valid consent; minimise disclosure; protect identities and locations; securely manage images, stories and sensitive information.

Where an allegation concerns the Executive Director, the report must be directed to the Board Chairperson or another designated independent Board contact. Where it concerns a Board member or the usual independent contact, it must be directed to another uninvolved Board member or a suitable external authority/adviser. No person should assess a complaint in which they have a conflict of interest.

SECTION 9. SAFEGUARDING RISK PREVENTION AND SAFE PROGRAMME DELIVERY

Safeguarding must be built into the full programme cycle: assessment, design, budgeting, recruitment, implementation, monitoring, close-out and learning.

- Complete and document safeguarding risk assessments before activities with material risk and review them when context or delivery changes.
- Identify risks associated with power imbalance, selection of participants, distribution of resources, transport, accommodation, home visits, digital contact, public events, research and complaints handling.
- Use the two-adult principle for activities involving children wherever practicable. Where it is not practicable, use a documented risk-based alternative, visibility, supervision and authorisation.
- Avoid unnecessary one-to-one contact in isolated or private settings. Ensure interactions are observable and appropriate.
- Use safe, transparent participant selection and complaints mechanisms.
- Ensure accessible information about rights, conduct standards and reporting routes is provided to participants.
- Conduct events in safe venues, with appropriate supervision, accessible facilities and emergency arrangements.
- Make safe transport and accommodation arrangements; avoid personnel sharing sleeping accommodation with beneficiary children except under an exceptional, authorised and lawfully appropriate arrangement designed to protect the child.
- Assess safeguarding capacity of partners and include relevant clauses in agreements.
- Provide reasonable adjustments and accessible reporting methods for people with disabilities or communication barriers.
- Do not proceed with an activity where a serious risk cannot be reduced to an acceptable level; escalate for modification, postponement or cancellation.

SECTION 10. REPORTING AND INCIDENT MANAGEMENT

Every SDU representative has a duty to report safeguarding concerns as soon as reasonably possible. Reports may relate to conduct by SDU personnel, partners, other participants or third parties where the concern is connected to SDU work. Personnel must not investigate allegations independently or promise outcomes.

10.1 Reporting channels

SDU shall complete and communicate the following official channels before the policy takes effect. Until these details are approved, this document is not a substitute for publishing safe, working reporting arrangements.

Channel	Official details to be completed by SDU
Safeguarding Focal Person	Name / role: _____ Phone: _____ Email: _____
Alternate safeguarding contact	Name / role: _____ Phone: _____ Email: _____
Independent route for allegations involving senior leadership	Board contact / designated independent route: _____
Written / in-person reporting route	Office or secure reporting address: _____
Emergency and statutory services	Use verified local services listed in the current referral directory; do not delay urgent protection or medical care.

Reports may be made by the affected person, a witness, a caregiver, a staff member, a partner or any other person with a concern. Anonymous reports should be accepted and assessed where sufficient information is available. Reporting routes should be communicated in accessible formats and languages where feasible.

10.2 Immediate response

8. Address immediate danger and urgent medical or protection needs. Contact appropriate emergency services where required.
9. Listen calmly, respectfully and without judgement. Do not blame, interrogate or ask leading questions.
10. Explain that information will be shared only with people who need it to help protect the person or meet lawful obligations; do not promise absolute secrecy.
11. Record the person's own words as accurately as possible, distinguishing facts from assumptions.
12. Report promptly through the designated channel. Do not delay reporting while trying to verify the allegation.
13. Preserve relevant information and do not circulate images, messages or details unnecessarily.
14. Arrange appropriate support and referrals, respecting informed choices where possible and applicable legal duties.

10.3 Assessment and follow-up

The authorised recipient should acknowledge the report where safe and appropriate, assess immediate risk, identify conflicts of interest, decide on referral and protective measures, and document the rationale. An impartial person should determine whether an internal investigation is appropriate. External authorities or specialist investigators may be required depending on the nature of the allegation, safety considerations and applicable law.

Interim measures may include changing duties, supervision, contact arrangements or access while avoiding prejudgment and unnecessary disclosure. Any employment or disciplinary action must follow applicable law, contractual provisions and fair process. Serious concerns must be escalated promptly; they must not wait for a routine meeting.

10.4 Records and confidentiality

Safeguarding records must be accurate, factual, dated, securely stored and access-restricted. Records should include the report, risk assessment, decisions, referrals, actions, communications and closure rationale. Retention periods and lawful disclosure must be determined in line with applicable law and SDU's approved records-management requirements. Do not store case details in open project folders or informal group chats.

SECTION 11. SUPPORT, SURVIVOR CARE AND REFERRALS

SDU will seek to ensure that affected people are treated with dignity and receive appropriate, timely and safe support. Support may include emergency protection, medical care, psychosocial support, child protection, legal information, disability-related support, safe accommodation or other specialised services.

- Prioritise safety and urgent needs; do not delay emergency care while seeking internal approval.
- Explain available options and seek informed consent for referrals wherever appropriate and lawful.
- Consider age, disability, language, culture, gender, location, confidentiality and the person's stated preferences.
- Avoid repeated retelling of traumatic experiences and unnecessary questioning.
- Do not require a survivor to participate in an investigation as a condition of receiving support.
- Document referrals and follow-up using minimum necessary information.
- Where a child or another person faces immediate or serious risk, act in accordance with applicable protection and reporting duties even where preferences cannot be followed in full; explain this transparently where safe.
- Keep the referral directory current for every operating location and verify services before relying on them.

SECTION 12. COMMUNICATIONS, PHOTOGRAPHY, DIGITAL ENGAGEMENT AND DATA PROTECTION

SDU communications and data practices must preserve dignity, safety and privacy. Consent to participate in a programme is separate from consent to be photographed, interviewed or featured in communications.

- Explain the intended purpose, channels, audience, storage and foreseeable uses of images, recordings or stories before seeking consent.
- Obtain voluntary, informed, purpose-specific consent. For children, obtain appropriate parent/guardian authorisation and the child's assent, consistent with applicable law and the child's best interests.
- Refusal or withdrawal of consent must not affect eligibility for services, aid, employment or other benefits.
- Do not publish names, faces, precise locations or identifying details where disclosure could create a safeguarding risk.
- Avoid stigmatising language, sensationalism, humiliating images, staged scenes presented as real, or details that expose a person to retaliation.
- Do not promise that content can be fully removed from every third-party platform after publication; explain practical limits.
- Restrict access to original images, consent forms, case details and personal data.
- Use secure storage, approved devices and appropriate access controls; promptly report suspected data breaches.
- Do not privately message children through personal accounts or use disappearing-message channels for safeguarding-sensitive contact.
- Use approved organisational accounts and transparent, supervised communication practices for digital engagement with children.

SECTION 13. SAFE RECRUITMENT, SCREENING, INDUCTION AND TRAINING

SDU will apply fair, role-appropriate and lawful safeguarding screening. The depth of checks should be proportionate to the role, level of contact with children or adults at risk, access to sensitive information and the legal requirements in the relevant jurisdiction.

- Include safeguarding responsibilities and expected conduct in vacancy notices, role descriptions, contracts and terms of reference where relevant.
- Verify identity, qualifications and employment history as appropriate.
- Seek and document relevant references and lawful background checks where available and appropriate.
- Ask role-relevant questions about safeguarding responsibilities and professional boundaries during recruitment.
- Assess and document any safeguarding concern arising during recruitment before appointment.
- Require acknowledgement of the policy and Code of Conduct before relevant duties begin.
- Provide induction before unsupervised or higher-risk work and refresher training at least every two years, or sooner where risk, law or donor requirements require it.
- Maintain a record of training, screening decisions and acknowledgements with restricted access.
- Ensure volunteers, interns, consultants and contractors receive instructions suited to their duties and supervision arrangements.

SECTION 14. SAFEGUARDING RISK ASSESSMENT, SAFE DESIGN AND OPERATIONAL CONTROLS

Each programme or activity should identify who may be affected, how harm could occur, existing controls, residual risk and the person responsible for further action. Use Annex 3 to record the assessment.

Rate likelihood and severity on a scale of 1–5 and multiply them to calculate the risk score. Suggested bands are 1–4 low, 5–9 moderate, 10–16 high and 17–25 very high. A potentially severe safeguarding risk must be escalated regardless of its numerical score.

Score	Suggested classification	Minimum management response
1–4	Low	Maintain controls and review when circumstances change.
5–9	Moderate	Document mitigation, assign an owner and monitor implementation.
10–16	High	Escalate to the manager responsible; implement urgent controls before proceeding.
17–25	Very high	Do not proceed or continue without senior review and effective mitigation; suspend or redesign where necessary.

SECTION 15. GOVERNANCE, OVERSIGHT, COMPLIANCE AND ACCOUNTABILITY

The Board oversees the effectiveness of SDU's safeguarding arrangements. Management is responsible for implementation and timely corrective action. The Safeguarding Focal Person coordinates operational monitoring but does not replace the responsibilities of managers, personnel or the Board.

- Review safeguarding implementation at least quarterly through the checklist in Annex 8.
- Review serious incidents, systemic risks, lessons learned and corrective actions through appropriate confidential governance arrangements.
- Protect identities and sensitive case details in reports to management, donors and the Board; provide only information necessary for oversight and lawful obligations.
- Take proportionate action where policy breaches are substantiated, consistent with fair process and applicable law.
- Include safeguarding requirements in relevant partner agreements and procurement or service arrangements.
- Cooperate with lawful reporting and regulatory requirements, after appropriate assessment and advice where necessary.
- Prohibit retaliation and provide safe routes for raising concerns about mishandling, conflicts of interest or failure to act.
- Maintain records of approvals, training, risk assessments, incident management and compliance actions.

SECTION 16. IMPLEMENTATION, REVIEW, APPROVAL AND DOCUMENT CONTROL

The Executive Director shall coordinate implementation with the Safeguarding Focal Person, managers and relevant personnel. Implementation requires accessible reporting channels, a verified referral directory, policy communication, training, risk assessment, safe recruitment and secure recordkeeping.

The policy shall be reviewed at least annually and sooner following a significant safeguarding incident, legal or regulatory change, material organisational change, donor requirement or evidence that controls are ineffective. Proposed revisions must be documented and approved by the Board or its properly authorised delegate.

All personnel must be informed of material changes. Superseded versions should be archived securely and clearly marked as obsolete. Case records must be retained separately from general policy documents and accessed only by authorised persons.

Control field	Entry
Policy owner	Board of Directors
Responsible officer	Executive Director
Operational coordinator	Safeguarding Focal Person
Version	Draft 1.0
Approval date	To be completed
Effective date	To be completed
Next review date	To be completed upon approval
Official reporting contacts	To be completed and verified before the policy takes effect

REFERENCES AND GUIDING STANDARDS

This policy is informed by recognised international human rights instruments, safeguarding standards and Ugandan legislation relevant to the protection of children, adults at risk and other persons who interact with SDU's programmes and operations.

- *United Nations Convention on the Rights of the Child (1989)* <https://www.unicef.org/child-rights-convention/convention-text>
- *Keeping Children Safe – International Child Safeguarding Standards.* <https://www.keepingchildrensafe.global/international-child-safeguarding-standards/>
- *Core Humanitarian Standard on Quality and Accountability (2024 edition.* <https://www.corehumanitarianstandard.org/the-standard>
- *United Nations Secretary-General's Bulletin ST/SGB/2003/13 (2003), Special Measures for Protection from Sexual Exploitation and Sexual Abuse.* <https://digitallibrary.un.org/record/504355>
- *Uganda Children Act, Chapter 62, as amended.*
- <https://ulii.org/en/akn/ug/act/statute/1996/6/eng%402024-08-16>
- *Uganda Data Protection and Privacy Act, 2019, Chapter 97.* <https://ulii.org/en/akn/ug/act/2019/9/eng%402023-12-31>

ANNEX I. SAFEGUARDING CODE OF CONDUCT

All SDU representatives must read, understand and follow this Code. A breach may result in removal from duties, termination of engagement, referral to authorities or other appropriate action, subject to applicable law and fair process.

IA. Required conduct

- Treat all people with dignity, fairness and respect, without discrimination.
- Maintain professional boundaries and use authority responsibly.
- Act in the best interests of children and take reasonable steps to protect adults at risk.
- Follow approved supervision, transport, accommodation, communication and data-protection arrangements.
- Seek and respect valid consent for participation, images, interviews and personal stories.
- Report concerns promptly, including concerns about colleagues, partners or senior personnel.
- Cooperate honestly with authorised safeguarding processes and protect confidentiality.
- Declare conflicts of interest and seek guidance when boundaries are unclear.

IB. Prohibited conduct

- Sexual activity with a child under 18, grooming, sexual abuse, exploitation or harassment.
- Exchanging assistance, money, employment, goods or services for sex, sexual favours or silence.
- Physical punishment, violence, intimidation, humiliation, neglect or degrading treatment.
- Private, secretive or inappropriate digital communication with children.
- Unjustified isolated one-to-one contact or unsafe overnight arrangements.
- Sharing identifying information, images or case details without authorisation.
- Retaliation, victimisation, interference with reports or concealment of concerns.
- Using SDU position, property, data or programme access for personal gain or harm.

IC. Personal commitment

I confirm that I have read or had this Code explained to me, understand my responsibility to comply, and know that I must report safeguarding concerns through SDU's approved reporting channels.

Name	Role / organisation	Signature	Date
_____	_____	_____	_____

ANNEX 2. SAFEGUARDING INCIDENT REPORTING FORM

Complete only what is known. Do not investigate, make assumptions or delay urgent protection to complete this form. Store it securely and share it only through approved channels.

Field	Details
Report reference number	_____
Date and time report received	_____
Name / role of person receiving report	_____
Reporting person and safe contact method (if known)	_____
Anonymous report?	☐ Yes ☐ No ☐ Unknown
Affected person's name or safe identifier	_____
Age / age range, if known	_____
Preferred language / communication needs	_____
Location of concern	_____
Date / time of incident (if known)	_____
Person(s) alleged to have caused harm and relationship to SDU	_____
Type of concern	☐ Physical harm ☐ Sexual harm/exploitation ☐ Emotional/psychological harm ☐ Neglect ☐ Harassment/bullying ☐ Financial/material exploitation ☐ Online/digital harm ☐ Other: _____
Description in the reporter's words	_____ _____
Immediate safety or medical concerns	_____
Immediate action taken	_____
Emergency or specialist services contacted	_____
Consent and preferences discussed, where appropriate	_____
Witnesses / available evidence (do not attach unnecessary sensitive material)	_____
Conflict of interest identified?	☐ Yes ☐ No Details: _____
Person / route notified and time	_____
Risk level and rationale	_____
Next actions, owner and deadline	_____
Secure record location / access restrictions	_____
Follow-up / closure information	_____

Confidentiality reminder: Do not promise absolute secrecy. Explain that information may need to be shared with authorised people or appropriate services to protect someone or comply with law.

ANNEX 3. SAFEGUARDING RISK ASSESSMENT AND MITIGATION TEMPLATE

Assessment field	Entry
Programme / activity	_____
Operational location	_____
Assessment date / assessor	_____
People potentially affected	_____
Activity stage / dates	_____
Review date / trigger	_____

Risk / how harm may occur	People at risk	Existing controls	Likelihood (1–5)	Severity (1–5)	Score	Further mitigation / owner / deadline	Residual risk
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Scoring: multiply likelihood by severity. Suggested bands: 1–4 low; 5–9 moderate; 10–16 high; 17–25 very high. Escalate potentially severe safeguarding risks regardless of score. High and very high risks require management review and effective controls before activity proceeds.

Risk prompts

- ☐ Power imbalance, participant selection or distribution of aid/resources
- ☐ One-to-one contact, home visits, mentoring or counselling
- ☐ Transport, accommodation, overnight events or travel
- ☐ Children's participation and supervision arrangements
- ☐ Adults at risk, disability access or communication barriers
- ☐ Photography, interviews, digital engagement and personal data
- ☐ Recruitment, contractors, volunteers or partner capacity
- ☐ Complaints channels, retaliation or confidentiality
- ☐ Security, conflict, displacement or location-specific risks
- ☐ Referral availability, medical needs and emergency response

Decision	Select / details
Activity decision	☐ Proceed ☐ Proceed with controls ☐ Redesign ☐ Postpone ☐ Suspend / cancel
Authorising manager	_____
Outstanding actions	_____
Approval date	_____

ANNEX 4. SAFEGUARDING DISCLOSURE AND INCIDENT RESPONSE PROCEDURE

Step 1: Make the situation safe

If anyone faces immediate danger, serious injury or urgent medical need, seek emergency assistance through verified local services. Do not place yourself or others at additional risk.

Step 2: Listen and reassure

- Remain calm, listen carefully and take the concern seriously.
- Thank the person for telling you and state that the harm is not their fault where appropriate.
- Do not interrogate, challenge, blame, promise secrecy or make promises about outcomes.
- Ask only what is necessary to understand immediate safety and support needs.
- Consider communication, disability, language, age and cultural needs.

Step 3: Explain limits of confidentiality

Explain that information will be shared only with those who need to know to help protect the person, provide support, assess the concern or meet applicable legal obligations.

Step 4: Record and report

Record the date, time, persons present, immediate safety concerns and the person's own words as accurately as possible. Distinguish direct observations from information provided by others. Submit the report promptly using Annex 2 or the approved reporting route.

Step 5: Assess risk and conflicts

The authorised recipient should assess immediate and ongoing risk, check for conflicts of interest, consider safe contact arrangements and determine whether protective measures or urgent referrals are required. Allegations involving senior personnel must be directed to an independent, uninvolved route.

Step 6: Refer and support

Discuss safe and appropriate support options. Seek consent for referrals where appropriate and lawful. Do not delay urgent care. Use the verified referral directory in Annex 5 and share only necessary information.

Step 7: Determine next steps

An authorised, impartial decision-maker should determine whether the concern requires internal fact-finding, a formal investigation, referral to statutory authorities, employment action or other measures. Follow applicable law, preserve evidence, avoid retaliation and do not conduct parallel informal investigations.

Step 8: Document, follow up and close

Maintain restricted records of decisions, reasons, referrals, protective measures and follow-up. Closure should be authorised and documented, including outstanding risks, support offered and organisational learning. Review whether systemic changes are needed.

Do not

- Delay reporting while trying to prove or disprove the allegation.
- Confront the alleged perpetrator where this could increase risk or compromise a process.
- Share details in staff group chats or with people who do not need to know.

- Promise that an allegation will result in a particular disciplinary or legal outcome.
- Require a survivor to take part in an investigation to receive support.

ANNEX 5. SAFEGUARDING REFERRAL DIRECTORY TEMPLATE

This directory must be completed and verified for each area in which SDU operates. Do not insert unverified contacts. Check names, phone numbers, hours, eligibility, confidentiality arrangements, accessibility and referral procedures. Keep a date-stamped version and update it whenever a service changes.

Service category	Provider / service	Coverage / location	Verified contact / hours	Referral process / notes	Last verified by / date
Emergency response / police	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____
Child protection / probation / social welfare	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____
Health facility / emergency medical care	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____
Sexual and gender-based violence response	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____
Psychosocial / mental health support	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____
Legal aid / legal assistance	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____
Disability support / accessibility	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____
Shelter / safe accommodation	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____
Other specialised service	_____ ____	_____ ____	_____ ____	_____ ____	_____ ____

NB: Referral principles: prioritise immediate safety; explain options; obtain informed consent where appropriate and lawful; disclose only necessary information; avoid repeated retelling; record the referral securely. Emergency response must not be delayed because the directory is incomplete.

ANNEX 6. RECRUITMENT SCREENING AND SAFEGUARDING ACKNOWLEDGEMENT FORMS

6A. Recruitment safeguarding screening checklist

Candidate / role	Details
Candidate name	_____
Role / department / location	_____
Recruitment panel / date	_____

- ☐ Role description includes safeguarding responsibilities appropriate to the role.
- ☐ Identity and qualifications checked where appropriate.
- ☐ Employment history reviewed and unexplained gaps discussed where relevant.
- ☐ References obtained and verified.
- ☐ Lawful and proportionate background checks completed where available and appropriate.
- ☐ Safeguarding and professional-boundary questions asked during selection.
- ☐ Any concern assessed and documented before appointment.
- ☐ Policy and Code of Conduct provided.
- ☐ Induction and supervision requirements identified.

Decision: ☐ Suitable to proceed ☐ Proceed with documented safeguards ☐ Further checks required ☐ Do not appoint

Rationale / actions: _____

Authorised by: _____ Date: _____

6B. Reference / background check record

Field	Details
Candidate / role	_____
Referee / organisation / relationship	_____
Date / method of check	_____
Identity / qualification check completed	☐ Yes ☐ No Notes: _____
Safeguarding-related questions asked	_____
Information provided and factual notes	_____
Discrepancies or concerns	_____
Follow-up and decision	_____
Checked by / date	_____

NB: Checks must be lawful, relevant, proportionate and handled confidentially. Do not record irrelevant sensitive personal information.

6C. Safeguarding policy acknowledgement

I confirm that I have received or been briefed on the SDU Safeguarding Policy and Code of Conduct. I understand that I must follow the standards, complete required training, report safeguarding concerns promptly and protect confidential information. I understand that breaches may result in appropriate action consistent with applicable law and fair process.

Name	Role / organisation	Signature	Date
_____	_____	_____	_____

ANNEX 7. PHOTOGRAPHY, INTERVIEW AND INFORMED-CONSENT FORMS

Consent must be voluntary, informed, specific and documented. Refusal must not affect services or benefits. For children, obtain appropriate parent/guardian authorisation and the child's assent. Do not seek consent where publication or participation would create an unacceptable safeguarding risk.

7A. Photo / video / audio consent

Field	Details
Name or safe identifier of participant	_____
Parent / guardian (if applicable)	_____
Project / location	_____
Material to be collected	☐ Photograph ☐ Video ☐ Audio ☐ Other: _____
Purpose and intended use explained	☐ Yes ☐ No
Planned channels / audience explained	☐ Yes ☐ No
Risks, privacy and limits explained	☐ Yes ☐ No
Consent decision	☐ Yes ☐ No
Restrictions requested by participant	_____
Participant / guardian signature and date	_____
SDU representative / date	_____

7B. Interview / personal story consent

- ☐ The purpose and subject of the interview have been explained in an understandable way.
- ☐ The participant may decline any question or stop the interview.
- ☐ The participant understands how the story may be used and shared.
- ☐ The participant understands foreseeable privacy and identification risks.
- ☐ Participation is voluntary and unrelated to eligibility for assistance or services.
- ☐ The participant understands how to request withdrawal or removal and any practical limits after publication.

Consent: ☐ Yes ☐ No Name / safe identifier: _____

Preferred attribution: ☐ Name ☐ First name only ☐ Anonymous ☐ Other: _____

Restrictions / concerns: _____

Signature / date: _____ SDU representative: _____

7C. Parent / guardian consent and child assent

Child's name or safe identifier: _____ Age: _____

Parent / guardian name and relationship: _____

Purpose, intended use and risks explained to guardian: ☐ Yes ☐ No

Guardian decision: ☐ Consent ☐ Do not consent

Child's assent sought in an age-appropriate way: ☐ Yes ☐ No

Child's decision / expression: ☐ Assents ☐ Does not assent ☐ Unable to determine

Any indication of distress, reluctance or risk means the activity should stop and be reassessed. A guardian's consent does not override a child's clear objection or an unacceptable safeguarding risk.

Guardian signature / date: _____ Child assent recorded by: _____

7D. Consent withdrawal / content removal request

Field	Details
Requester / safe identifier	_____
Content / URL / description	_____
Date request received	_____
Reason or safety concern (optional)	_____
Immediate risk assessment	_____
Action taken / requested from platforms	_____
Limitations explained	_____
Decision / follow-up date	_____
Responsible person	_____

NB: Requests must be considered promptly and sensitively. Where a safeguarding risk is identified, restrict access or pause publication while the request is assessed, where feasible and appropriate.

ANNEX 8. SAFEGUARDING IMPLEMENTATION AND COMPLIANCE CHECKLIST

Use this checklist to assess whether safeguarding systems are not only documented but functioning in practice. Complete quarterly, annually, after a significant incident or when a partner or donor requires a review.

Assessment field	Details
Assessment period / date	_____
Location / programme / project	_____
Assessor(s)	_____
Assessment type	☐ Initial ☐ Quarterly ☐ Annual ☐ Post-incident ☐ Partner / donor ☐ Other

Rating: FC = Fully compliant; PC = Partially compliant; NC = Not compliant; NA = Not applicable (explain).

Governance and accountability

Requirement	Rating (FC/PC/NC/NA)	Evidence / comments
Policy approved by Board and current version accessible.	_____	_____
Safeguarding roles and alternate contact formally assigned.	_____	_____
Independent route exists for allegations involving senior personnel.	_____	_____
Safeguarding is included in planning, budgeting and oversight.	_____	_____
Previous corrective actions are tracked and completed.	_____	_____

Code of Conduct and culture

Requirement	Rating (FC/PC/NC/NA)	Evidence / comments
Code of Conduct is communicated and acknowledged.	_____	_____
Personnel understand boundaries and prohibited conduct.	_____	_____
Reporting duty and non-retaliation requirements are understood.	_____	_____
Breaches are addressed fairly and appropriately.	_____	_____

Recruitment and training

Requirement	Rating (FC/PC/NC/NA)	Evidence / comments
Role-appropriate screening, references and checks are documented.	_____	_____
Safeguarding requirements are included in relevant role documents.	_____	_____
Induction occurs before relevant duties begin.	_____	_____
Training and refresher records are maintained.	_____	_____
Volunteers, contractors and temporary personnel are supervised.	_____	_____

Risk management and programme delivery

Requirement	Rating (FC/PC/NC/NA)	Evidence / comments
Activities undergo safeguarding risk assessment.	_____	_____
Risk mitigations have owners and deadlines.	_____	_____
High and very high risks are escalated and controlled.	_____	_____
Transport, accommodation, visits and events are risk-assessed.	_____	_____
Participants know their rights and how to raise concerns.	_____	_____
Child and adult-at-risk safeguards are applied where relevant.	_____	_____

Reporting and incident response

Requirement	Rating (FC/PC/NC/NA)	Evidence / comments
Reporting channels are current, accessible and communicated.	_____	_____
Alternative / independent reporting routes are functional.	_____	_____
Personnel know how to receive and report a disclosure.	_____	_____
Reports are assessed promptly and securely recorded.	_____	_____
Immediate safety, support and referral needs are prioritised.	_____	_____
Conflicts of interest and retaliation risks are managed.	_____	_____
Case decisions, follow-up and closure are documented.	_____	_____

Referrals and support

Requirement	Rating (FC/PC/NC/NA)	Evidence / comments
Location-specific referral directory is current and verified.	_____	_____
Relevant services and emergency arrangements are understood.	_____	_____
Referrals consider consent, safety and applicable legal duties.	_____	_____
Follow-up protects confidentiality and respects preferences.	_____	_____

Communications and data protection

Requirement	Rating (FC/PC/NC/NA)	Evidence / comments
Consent forms are available and correctly used.	_____	_____
Child assent and guardian authorisation procedures are followed.	_____	_____
Identities and locations are protected where disclosure could create risk.	_____	_____
Access to images, stories and case records is restricted.	_____	_____
Data incidents and consent withdrawal requests can be addressed.	_____	_____

Partners, monitoring and learning

Requirement	Rating (FC/PC/NC/NA)	Evidence / comments
Partners undergo proportionate safeguarding assessment.	_____	_____
Agreements include safeguarding duties where relevant.	_____	_____
Partner concerns are escalated and corrective actions tracked.	_____	_____
Feedback and complaints mechanisms are accessible.	_____	_____
Lessons learned inform policy and practice improvements.	_____	_____

Summary of findings

Number assessed: _____ Fully compliant: _____ Partially compliant: _____ Not compliant: _____

Not applicable: _____

Key strengths: _____

Significant gaps / risks: _____

Immediate action required: _____

Corrective action plan

Finding / gap	Action	Priority	Owner	Deadline	Status
_____	_____	Critical / High / Medium / Low	_____	_____	_____
_____	_____	Critical / High / Medium / Low	_____	_____	_____
_____	_____	Critical / High / Medium / Low	_____	_____	_____

Critical: imminent or serious risk; act immediately. High: urgent action required. Medium: action within an agreed timeframe. Low: routine improvement. A serious safeguarding risk must be escalated immediately and must not wait for the next scheduled review.

Management review

Prepared by: _____ Signature: _____ Date: _____

Reviewed by Safeguarding Focal Person / authorised alternate: _____

Executive Director decision: ☐ Action plan approved ☐ Further assessment ☐ Immediate escalation ☐

Resources required

Signature: _____ Date: _____

Board oversight (annual or as referred)

Date presented: _____ Key decisions: _____

Responsible person for follow-up: _____ Target date: _____

Board Chairperson / authorised representative: _____ Date: _____

Secure record location / custodian: _____