



PSEA/Child Safeguarding Training  
Facilitator's Guide  
Latin America & Caribbean Area:  
March 2-5, 2020



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**Cover Photo:** Children play in a community garden through MCC partner El Comedor de Niños in Montero, Bolivia. (MCC Photo/Mathew Sawatzky)

Training materials developed/adapted by MCC staff and Martin Juma, child safeguarding consultant.

## Training Agenda

### Monday, March 2

8:30-9:30 am	“Getting Started” Welcome to participants Opening song/reading by participant(s) Ice Breaker/Introductions Expectations and fears Learning objectives and learning agreement	Bonnie, Lizette, Cesar Cesar Martin & Meara
9:30-10:15	How do we connect with this work? What motivates us?	MCC Haiti staff
10:15-10:45	<i>Break</i>	
10:45-12:00	Introduction to PSEA and child safeguarding	Martin & Meara
12:00-1:30	<i>Break</i> <i>Lunch at 12:30</i>	
1:30 – 3:00	Power and privilege	Meara & Martin
3:00-3:30	<i>Break</i>	
3:30-4:00	Power and privilege, <i>continued</i>	Meara & Martin
4:00-5:00	A framework for safeguarding	Meara
5:00-5:30	Wrap-up, questions and relaxation	

### Tuesday, March 3

8:30-8:45	Opening song/reading	Sarah
8:45-9:15	Questions from previous day/review activity	Martin & Meara
9:15-10:15	Attitudes, Beliefs and Cultural Practices	Martin
10:15-10:45	<i>Break</i>	
10:45-12:00	Attitudes, Beliefs and Cultural Practices, <i>continued</i>	Martin
12:00-1:30	<i>Break</i> <i>Lunch at 12:30</i>	
1:30-2:30	Identifying cases of child abuse	Martin
2:30-3:30	Complaints Mechanisms	Meara
3:30-4:00	<i>Break</i>	
4:00-5:00	Complaints Mechanisms, <i>continued</i>	Meara
5:00-5:30	Wrap-up, questions and relaxation	

**Wednesday, March 4**

8:30-8:45	Opening song/reading	Lars
8:45-9:15	Questions from previous day/review activity	
9:15-10:15	MCC Haiti mock training for partners and participants	MCC Haiti
10:15-10:45	<i>Break</i>	
10:45-12:00	Challenges/learnings from MCC Haiti pilot implementation with partners	MCC Haiti
12:00-1:30	<i>Break</i> <i>Lunch at 12:30</i>	
1:30-3:00	MCC's reporting and response procedures	Meara
3:00-3:30	<i>Break</i>	
3:30-5:00	Introduction to safe programming	Martin
5:00-5:30	Wrap-up, questions and relaxation	

**Thursday, March 5**

8:30-8:45	Opening song/reading	Rebekah
8:45-9:00	Questions from previous day/review activity	
9:00-10:30	Responding to disclosures	Martin & Meara
10:30-11:00	<i>Break</i>	
11:00-12:00	Tools for organizational accountability	Martin & Meara
12:00-1:30	<i>Break</i> <i>Lunch at 12:30</i>	
1:30-2:30	Questions	
2:30-3:15	Action Planning	Martin & Meara
3:15-3:45	<i>Break</i>	
3:45-4:30	Action Planning, <i>continued</i>	Martin & Meara
4:30-5:15	Wrap-up, evaluation, relaxation	



## Session 1: Getting Started

**Length: 60 minutes**

### **Learning Outcomes:**

- Break the ice, encourage participants to get to know each other.
- Create a relaxed learning atmosphere.
- Identify what participants can contribute and what they want to get out of the training
- Have a clear understanding of the aims of the training, identifying both organizational and individual objectives
- Have information on where to seek support in case of distress and opportunities for asking sensitive questions.
- Ensure participants have a visible reminder of the focus of the Workshop (project participants)

### **Materials:**

- several small balls
- 4 different colored post-it notes (one of each color per participant)
- Pens/markers
- Flip chart paper

### **15 minutes: Introductions, Breaking Ice**

1. Welcome to participants
2. Logistics reminders:
  - Point out the location of the toilets
  - Give the times of the usual breaks, such as tea and lunch, as well as the time the programme will end on this day.
  - Ask people to switch off their cellphones/ other wifi or technology updates
3. Opening song/reading by a participant

### **[Slide 3] Getting Started**

1. Facilitators introduce themselves and describe a little of their background (no more than 5 minutes)
2. Trigger warning & information on support during/after training
3. Ice breaker

During this section the participants are welcomed to the program and should introduce themselves, be able to identify their fellow participants and feel relaxed to participate in a safe environment.

In groups of approximately 6, pass a ball around with each person clearly saying the name they want to be called during the training and something about themselves. Once everyone has stated

this information, participants call out the name of a colleague at random and throw the ball to them.

### **30 minutes: Expectations and fears/Learning objectives**

In this section the participants will think and share on what they can bring to, and what they want to get out of, the workshop. They can raise any concerns or possible blocks to learning and encouraged to have a participatory learning atmosphere. Have a visible reminder of the focus of the workshop (children/program participants) and question how this learning can benefit their beneficiaries.

#### **[Slide 4] Expectations and fears**

**Aim:** To make participants think about what they can bring to, and what they want to get out of, the training course; to raise any concerns or possible blocks to learning; to encourage a participatory learning atmosphere.

**You will need:** Small pieces of paper (or post-it notes) in four different colors; outline drawing of a tree showing roots and branches on flipchart or board; sticky tape.

**Task:** Each participant has at least 4 pieces of paper – one of each color. Tell participants to write (or draw) one thing they can contribute to the training session on (e.g.) the blue piece of paper, and one thing they want to get out of the training session on (e.g.) the green piece of paper. Participants should also identify their hopes (e.g.) yellow, and fears (e.g. purple), for the training. Ask participants to stick their contributions (blue) on the ‘roots’ of the tree and their expectations (green) on the branches of the tree. Hopes (yellow) may be stuck on a drawing of the sun shining on the tree and fears (purple) stuck on a drawing of bad weather (a lightning bolt, for example) to symbolize factors that might negatively impact the growth of the tree, and then read them out. Group together similar contributions, expectations, hopes and fears. Highlight and put to one side those issues that are not going to be dealt with in this course. Sum up. Explain that you will return to these at the end of the training to see if hopes and expectations have been met and fears allayed. Encourage participants to exchange experiences with each other in refreshment breaks to see if they can answer any issues that may not be covered in detail during the sessions.

Introduce parking lot.

#### **[Slide 5] Learning Agreement (15 minutes)**

This section is to highlight the sensitivity of Child Safeguarding and PSEA training and to encourage a positive and safe learning environment based on mutually agreed ground rules; This will be done through developing a ‘learning agreement. Explain to participants that it is useful to set some ground rules for the training. Some of these ground rules refer to the general training environment but some are specific to safeguarding because the subjects and issues you will be discussing on the training program can be very difficult and provoke strong emotions and memories. Because of this, it is important that everyone agrees with rules and boundaries for the training so that everyone in the group feels safe and supported and can learn effectively.



**General rules:**

- Respect and listen to what other people have to say
- Help each other to learn
- Be able to ask questions and talk about differences respectfully
- Keep mobile phones turned off
- Arrive on time
- No side talk or private conversation
- Express yourself in the language you are most comfortable with (be patient with each other in making sure translation happens; take responsibility for helping one another with translation/language)
- Respect confidentiality (i.e. don't share identifying information about specific situations; don't share what others have shared here outside of this group without the person's express permission)
- Practice self-care

Ask for group members to read over the list. Thoughts on the learning agreement? Are there other things that should be included?

## Session 2: Connection and Motivation

**Length: 45 minutes**

**Learning Outcomes:**

- To help MCC teams and partners understand the importance of PSEA and connecting with personal reasons and motivation for implementation.

**Materials:**

- Large sticky notes
- Pens/markers

Activity: Place large sticky notes around the room with different motivating factors (listed below). Ask attendees to write why that motivating factor is important to them or why it resonates with them on the sticky notes. Then ask attendees to go to a sticky note (3-4 people per note) and share what was written on them.

Motivating Factors:

- MCC requirement
- Moral responsibility
- Donor requirement
- Religious responsibility
- Organizational mission
- Basic human rights
- Being an example to other organizations
- Local/national law
- Respecting the dignity of all people

Schedule:

9:30 – 9:35 – MCC Haiti staff member shares importance of finding motivations for staff and partners.

This can be a challenging thing to talk about, implement, and follow-up with, and if our partners and staff don't see the value in PSEA, they will be less motivated to uphold it. Motivations can look very different in various cultures and contexts, so in collaboration with national staff and partners, we created a list of some of the common motivating factors for our staff and partners. We used a survey to determine that those were, and then used that knowledge to shape how we presented and talked about PSEA in trainings. MCC Haiti staff member explains activity.

9:35 – 9:45 – Participants write on motivation notes

9:45 – 10:10 – Groups share what is written on their note

10:10 – 10:15 – MCC Haiti shares options for administering survey and provides quick review of why motivations are important to discover in your local context.

## Session 3: Introduction to PSEA and Child Safeguarding

**Length: 75 minutes**

### **Learning Outcomes:**

- To ensure participants have the same understanding of the key terms used in the training (sexual harassment, SEA, child abuse) and how they are translated/understood across cultures
- Identify which types of behaviors fall under each category
- To encourage focus on children and program participants.

### **Materials:**

- Flip chart paper
- Markers
- Scenarios (cut apart; one per group)
- Paper (one sheet per participant)

### **Activity 1: Definitions (30 minutes) –**

Source: Adapted from CARE Canada, “Prevention of Sexual Exploitation and Abuse: Two Day Sensitization Workshop,” 2016. <https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/PSEA-2-Day-Workshop-Manual-English.pdf>

Divide participants into four groups. Give each group one term to define: sexual harassment, sexual exploitation, sexual abuse, child abuse.

Give 10 minutes for the groups to talk through their term (think about the key words that come to mind when you hear the term) and come up with a definition which they will write on a flip chart.

Give 20 minutes for the groups to present their definitions and discuss:

- 1) Does everyone agree with these definitions?
- 2) Is there any overlap with these definitions?
- 3) Are there any changes you’d like to make?

Finish by presenting the official definitions on a flip chart that is posted beside the group’s definitions:

- Sexual harassment: may include unwelcomed discussions, jokes or comments of a sexual nature, unwelcome requests for sexual favors, and other verbal or physical conduct of a sexual nature. However, sexual harassment does not have to be explicitly about sex. Sexual harassment can also be comments about someone’s appearance, unwanted requests to go on a date, or unwanted physical touching.

- Sexual exploitation: the abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another. (In SEA: a form of sexual violence that occurs against a project participant or community member)
- Sexual abuse: the actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions. (In SEA: a form of sexual violence that occurs against a project participant or community member)
- Child abuse: Any improper action or failure to act by a person in a position of trust which results in physical, emotional or sexual harm to any person under the age of 18.

Note on terms: introduce the terminology of “victim-survivor”, “perpetrator” (later when we discuss reporting, we’ll introduce the terms of complainant, respondent)

### **Activity 2: Classifying Behavior (30 minutes)**

Source: Adapted from CARE Canada, “Prevention of Sexual Exploitation and Abuse: Two Day Sensitization Workshop,” 2016. <https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/PSEA-2-Day-Workshop-Manual-English.pdf>

Assign groups of 3 or 4 participants a scenario. Give them a few minutes to talk about their scenario, decide the definition for which it fits. Also ask group members to think about the following:

- Who is the (potential) victim-survivor?
  - Why is this unacceptable to MCC?
  - What is the potential impact of this behavior on individuals, community, and MCC?
- a) A leader at a church partner seems to spend a lot of time with different children on their own during an after-school program in a separate room with the door closed. You observe that the children seem to compete to be chosen to go with this leader. [child abuse, child sexual abuse]
  - b) A MCC staff member makes comments of a sexual nature to her colleagues whenever a certain male colleague walks by. The comments are heard by the male colleague and make him uncomfortable, so he tries to avoid her whenever he can. [sexual harassment]
  - c) A teacher at a school supported by MCC says he will only admit a certain student if the student’s mother agrees to sleep with him. [sexual exploitation, sexual abuse; highlight challenges of “consent” in this context]
  - d) A SALTer touches young boys inappropriately as part of a children’s psychosocial program. [child sexual abuse]
  - e) A church partner distributing emergency assistance provides a program participant with extra food rations in exchange for sexual favors. [sexual abuse]

- f) A partner staff member regularly compliments a MCCer about how her clothes make her look sexy. She feels uncomfortable and avoids interacting with the partner. [sexual harassment]

Wrap-up: There can often be different ways of classifying some of the behavior we've discussed above and those who find themselves in these situations may have very different views on what is proper behaviour and what isn't. Over the next few days, if you are unsure about anything we discuss, please raise it either with the group, or separately with the facilitators. It's really important that we all have a clear understanding of what is acceptable and unacceptable behavior.

For this training we will be focusing on SEA and child abuse – abuse/sexual violence committed by a MCC or partner staff toward a program participant (or someone receiving aid from another organization) or child. While sexual harassment is very closely related (and requires similar prevention/response), we will be focused on abuse/sexual violence directed toward children or program participants.

### **Activity 3: Focus on a project participant (10 minutes)**

**Aim:** To encourage focus on project participant.

**Task:** Ask participants to think of a particular project participant (child or adult) they know or have heard about in the context of their work. Encourage a few moments of personal reflection. Participants draw a picture of this person the front of their card. It can be a simple stick figure or face. The emphasis is on creating a visual reminder of that project participant – not on producing great art. Don't worry about drawing skills.

In pairs, introduce your project participant to your partner, [if time: ask participants to find someone with the same colored card and talk about their project participant (this also acts as a way of getting participants to meet and work together).]

If there is time, ask for volunteers to present their child to the whole group.

Ask participants: Are each of the project participants you drew the same? [No – emphasize individuality, in spite of possible common characteristics].

Ask participants to keep their project participant 'safe' and visible in front of them throughout the workshop as a reminder of what the workshop is all about.

a) A leader at a church partner seems to spend a lot of time with different children on their own during an after-school program in a separate room with the door closed. You observe that the children seem to compete to be chosen to go with this leader.

b) A MCC staff member makes comments of a sexual nature to her colleagues whenever a certain male colleague walks by. The comments are heard by the male colleague and make him uncomfortable, so he tries to avoid her whenever he can.

c) A teacher at a school supported by MCC says he will only admit a certain student if the student's mother agrees to sleep with him.

d) A SALTer touches young boys inappropriately as part of a children's psychosocial program.

e) A church partner distributing emergency assistance provides a program participant with extra food rations in exchange for sexual favors.

f) A partner staff member regularly compliments a MCCer about how her clothes make her look sexy. She feels uncomfortable and avoids interacting with the partner.



## Session 4: Power and Privilege

**Length: 120 minutes**

### **Learning Outcomes:**

- Identify power and privileges that exist for different groups of people.
- Understand the power and privilege associated with their role as MCC staff and the responsibility to conduct themselves in an appropriate manner with vulnerable groups.
- Understand the power and privilege held by partner/church staff in relation to vulnerable groups.
- Discuss ways to strengthen stakeholders' power with, power to, and power within to improve prevention and response.

### **Materials:**

- Character papers (one per person)
- Copies of 6 Core Principles (English, Spanish, Haitian Creole – in booklet)
- Power analysis handout (in booklet)
- Pens/markers
- Flip chart paper

### **Power and Privilege Walk (60 minutes)**

Adapted from:

- CARE Canada, "Prevention of Sexual Exploitation and Abuse: Two Day Sensitization Workshop," 2016. <https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/PSEA-2-Day-Workshop-Manual-English.pdf>
- MCC Haiti's PSEA Training for Partners: Vulnerability Exercise.

Facilitator: "We will now explore basic concepts related to sexual exploitation and abuse."

Bring participants into an open space where they can line up side-by-side with enough room to take 19 steps forward. Hand out the index cards with the Privilege Walk characters on them.

Tell participants they will hear a series of statements. For every statement to which their character would respond "yes", tell them to take one step forward. If a statement does not apply to their character, they should stay where they are. If they are unsure, they should guess.

1. I can influence decisions made at the community level.
2. I get to meet visiting government officials.
3. I have easy access to the internet.
4. I went to secondary school or expect to go to secondary school.
5. I can serve in a leadership position at my church.

6. If I am a victim of violence, I do not have any doubt that people will believe my story.
7. If I am a victim of violence, I have a way to call someone to help me.
8. If I need to leave my house quickly because there is danger, I can do that easily by personal or public transportation.
9. I can read newspapers regularly.
10. I can speak in extended family meetings.
11. I get new clothes on religious holidays.
12. I only have sex when I want to.
13. I eat at least two full meals a day.
14. I am not afraid of violence in my own home.
15. Leaders at the local church will meet with me if I request a meeting.
16. I or my family can pay for treatment at a hospital if necessary.
17. I have the ability to work and find sources of support for myself
18. I know I have the right not to experience abuse.
19. I am not afraid of walking on my own at night.

### Characters for Privilege Walk

- Girl, aged 17, looking after her sick mother and 3 siblings
- Indigenous woman, Mother of 5 (MCC project participant)
- Soldier (male)
- Police officer (male)
- Widowed mother with 2 children (MCC project participant)
- School teacher (male)
- Uneducated, unemployed boy, aged 16
- MCC Rep
- MCC Connecting Peoples Coordinator
- MCC Area Director
- MCC International Program Director
- Director of large partner organization (male)
- Staff member of small partner organization (female)
- Pastor of church distributing emergency aid (male)
- Church deacon (female)
- MCC housekeeper
- Indigenous village chairperson
- Community elder (male)
- Community elder (female)
- Village shopkeeper (male)
- Girl with a mental disability (12 years old)
- Indigenous boy with a physical disability (10 years old)
- Married girl, aged 15
- 13-year old girl exploited for prostitution

- Village health worker who identifies as LGBTQ (male)

Debriefing questions (15 minutes):

- Ask participants to stay exactly where they are, and in character, for the debriefing
- Starting at the back, ask each person their character
- Ask a few people at the back how they feel being at the back
- Ask a few people in the middle how they feel
- Ask a few people at the front how they feel
- If a character has ended up in a surprising position, ask the person for some clarification on their answers that got them there. Allow the group to discuss.
- Ask for observations or patterns that have arisen
- Link this to power and privilege if no one else does. Ask “what does this tell us about power? About privilege”? Highlight that privilege is often “unearned power”.

ASK:

- What gives people power and privilege? (wealth, social position, authority, sex, gender, age, ethnicity, personality traits, connections, marital status, etc.) (Note “intersectionality”: theoretical framework for understanding how aspects of one’s social and political identities – e.g. gender, race, class, sexuality, disability, etc. – might combine to create unique modes of discrimination – Kimberlé Crenshaw)
- What are some things that lead people to abuse power and privilege?
- What kind of power/privilege do we have as MCC Staff Members? (Write these down on a flip chart so you can refer to them at a later point).

**Paper Toss (15 minutes)-Optional. This can be taken out if the Privilege Walk takes more time than planned.**

Source: CARE Canada, “Prevention of Sexual Exploitation and Abuse: Two Day Sensitization Workshop,” 2016. <https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/PSEA-2-Day-Workshop-Manual-English.pdf>

Say: Staying exactly where you are, we are now going to conclude this activity with a competition. Those who win, will gain much wealth, security, and happiness. Those who lose will not.

1. Ask participants to crumple up their character papers. Place a wastepaper basket at the front of the room.
2. Tell participants that they need to throw their crumpled paper into the wastepaper basket without moving from their position. If it goes in, they are among the winners. If it doesn’t, they lose.

Debriefing Questions:

1. What did you notice in that game? Expect answers like: it was unfair, it was easy for those in front, but hard for those in the back, some people were set up for failure from the start.
2. Ask why it was unfair-point out that everyone had the same materials needed to win, and the same amount of time, and the same instructions. It's also likely that the skill level for tossing paper balls into a wastepaper basket is likely similar for everyone.
3. Explain that this is an illustration of privilege or "unearned benefits" that often arise simply from one's membership in a specific group. Stress the fact that most privilege is unearned-the holder of it has usually (but not always) done nothing to earn it.
4. Ask: "Does this last activity highlight anything else about power and privilege"?
  - a. It is unfair for those left behind
  - b. It is often not noticed by those at the front (if it's the people at the back who point out the unfairness, point this out)
  - c. It often has nothing to do with skill (likely everyone has the same paper-throwing skills)
  - d. We often can't choose our "starting points". Link this back to the idea that power/privilege are often (but not always) unearned.

**Ask** (This is a very important question!): Why do you think that we are talking about power and privilege on a day we've set aside for sexual exploitation and abuse? How do these concepts link together?

Correct answer: SEA involves an abuse of power! As MCC staff, we hold privileges and power within the communities where we work. We must not abuse this power! (same for partner staff) How can we use our power to improve prevention and response?

Key Messages to summarize at the end:

- 1) With dominant group membership comes certain privileges and power. More often than not, we are not normally aware of these privileges if we are part of the group that has them. That limits our understanding about the problems or obstacles faced by those who belong to the subordinate group. For example, a person who was born in a wealthy family and received a good quality education may not be aware of the struggles of a person born to illiterate and poor parents in trying to receive an average education.
- 2) Apart from being aware of the advantages we have as dominant group members, it is our responsibility to be sensitive towards those who do not enjoy those privileges and never to misuse or abuse this power discrepancy.
- 3) As NGO workers we are often in positions of power in terms of the communities with whom we work. Alongside this power comes responsibility to not abuse it.

### **Introduce 6 Core Principles**

Show InterAction's ["No excuse for abuse" video](#) on 6 Core Principles or read them.

Note - These 6 Core Principles underscore several important realities:

- Importance of common Code of Conduct
- We work in areas that are affected by conflicts, disasters and poverty, where people will do everything to access food or get some services.
- We have power. By working for MCC and distributing assistance we are perceived as people who have power. There is always a power imbalance between NGO workers and program participants. It is easy to misunderstand and take advantage of program participants' vulnerability.
- These apply 24/7

### **Power Mapping/Analysis (45 minutes)**

- Are power and privilege always bad things? Why or why not? (Bring up power over/power with/power to/power within)
  - Power over: the most recognized form of power; built on a belief that power is a finite resource that can be held by individuals, and that some people have power and some people do not.
  - Power with: finding common ground among different interests and building collective strength. Based on mutual support, solidarity and collaboration, it multiples individual talents and knowledge
  - Power to: unique potential of every person to shape his or her life and world. When based on mutual support, it opens up the possibilities of joint action, or power with.
  - Power within: person's sense of self-worth and knowledge. The capacity to imagine and have hope; affirms the common human search for dignity and fulfillment.
- See corresponding slides – Discuss: what do these various expressions of power look like within the context of SEA/child abuse?
  - Power with – coalition building; grassroots organizing working with existing community-based structures to strengthen reporting and accountability
  - Power To: awareness building of what behavior they can expect from an organization's staff; knowing how to voice a concern
  - Power within: understanding of one's rights; right to no abuse/violence

Instructions: In your country program group, choose a partner organization and brainstorm who the key actors/stakeholders are (include program participants and MCC!) using the questions in the handout.

*Source: Questions 1-4 are adapted from MCC's Power Mapping tool (from Lederach, John Paul. "Perspectives for Assessing and Working with Power." Conflict Transformation and Restorative Justice Manual, Akron, PA: Office on Justice and Peacemaking)*

1. Who are the key actors? What are their goals?

2. What are their sources of power? *Think about expertise, education, mobility, control over resources, identity (gender, dis/ability, ethnicity, position, sexual orientation, etc.), networking abilities, moral or spiritual power, charisma, etc.*
3. How do the key actors relate to one another? Who is dependent on whom for meeting what goals?
4. Think about the PSEA/child safeguarding priorities of preventing abuse/exploitation, reporting concerns, and accessing support services. Consider:
  - What access/control does each stakeholder have to accomplish these priorities?
  - What barriers does each stakeholder face to accomplish these priorities?
  - What opportunities are there for strengthening each stakeholders' power to accomplish these priorities? (*Hint: Think about how to strengthen each person/group's "power with", "power to", and "power within".*)

After working in country groups for 25 minutes, invite groups to return and share key learnings from the activity in plenary (35 minutes for sharing). Invite participants to think about how accountability to program participants/children ("power with, power to, power within") can be built into partnerships, and relationships between partners and program participants.

Characters for Privilege Walk

<p>Girl, aged 17, looking after her sick mother and 3 siblings</p>	<p>Indigenous woman, Mother of 5 (MCC project participant)</p>	<p>Soldier (male)</p>
<p>Police officer (male)</p>	<p>Widowed mother with 2 children (MCC project participant)</p>	<p>School teacher (male)</p>
<p>Uneducated, unemployed boy, aged 16</p>	<p>MCC Rep</p>	<p>MCC Connecting Peoples Coordinator</p>
<p>MCC Area Director</p>	<p>MCC International Program Director</p>	<p>Director of large partner organization (male)</p>
<p>Staff member of small partner organization (female)</p>	<p>Pastor of church distributing emergency aid (male)</p>	<p>Church deacon (female)</p>

MCC housekeeper	Indigenous village chairperson	Community elder (male)
Community elder (female)	Village shopkeeper (male)	Girl with a mental disability (12 years old)
Indigenous boy with a physical disability (10 years old)	Married girl, aged 15	13-year old girl exploited for prostitution
Village health worker who identifies as LGBTQ (male)		



## Session 5: A Framework for Safeguarding

**Length: 60-75 minutes**

### **Learning Outcomes:**

- Participants understand the global timeline of PSEA/child safeguarding work to date and global initiatives to address it.
- Participants are familiar with MCC's Protection Framework and key components of an organizational response to PSEA/child safeguarding.
- Participants understand their role as focal points/managers.

### **Materials:**

- Flip chart paper
- Pens/markers
- Protection Framework (English and Spanish in booklet)

Note: This is a big picture session – focuses on global developments on PSEA/child safeguarding, where MCC is at, what the consensus is in the humanitarian/development community about the elements/framework needed for effective safeguarding, and the roles of focal points/managers and all staff in ensuring safeguarding happens.

### **Part I: (10 minutes)**

**Introduction:** This morning we talked about definitions of SEA, child abuse and sexual harassment. This session is entitled “A Framework for Safeguarding.” Ask: What is safeguarding? (Take a few answers from participants.)

Working definition for MCC: *Safeguarding refers to protecting people from maltreatment or harm caused by an organization's staff, operations or programs. It covers prevention, mitigation and response actions to address sexual harassment, sexual exploitation and abuse of program participants, child abuse, and sexual violence directed toward staff and volunteers from non-MCC and partner entities.*

Emphasize:

- Protecting anyone (internal or external)
- From harm committed by an organization (staff, operations, programs)
- Includes prevention, mitigation and response
- Covers sexual harassment, SEA, child abuse, and sexual violence directed toward staff and volunteers from non-MCC and partner entities

\*Note difference between safeguarding (internally looking) and protection (externally looking)

## History/Background (7 minutes)

### Sources:

- CHS Alliance, “How Change Happens in the Humanitarian Sector: Humanitarian Accountability Report, 2018, pp. 60-81.  
[https://d1h79zlgfht2zs.cloudfront.net/uploads/2019/07/Humanitarian\\_Accountability\\_Report\\_2018.pdf](https://d1h79zlgfht2zs.cloudfront.net/uploads/2019/07/Humanitarian_Accountability_Report_2018.pdf)
- InterAction, “Community-Based Complaints Mechanism Workshop, Session 2.”  
<https://www.interaction.org/blog/course-materials-for-preventing-sexual-exploitation-and-abuse/>

This is an issue that has plagued the humanitarian and development communities. SEA/child abuse are nothing new (provide a quick overview of the following):

- 1992 Early identification of the problem – complaints received by the UN Transitional Authority in Cambodia that peacekeepers and civilians in UNTAC are exploiting local women and children and paying for sex.
- 2001 Report of a joint mission (UNHCR-SCFUK) reported that “refugee children in Guinea, Liberia, and Sierra Leone had been subjected to SEA by employees of international and national NGOs, UNHCR and other UN bodies.”
- 2002 Response by humanitarian agencies including creation of an interagency task force (IASC); major UN agencies and non-governmental humanitarian actors committed themselves to set up internal structures to prevent SEA of “beneficiaries”
- 2003 UN Secretary-General’s Bulletin, “Special measures for protection from sexual exploitation and sexual abuse”; defines sexual exploitation, draws up standards for protecting vulnerable populations; includes 6 core principles – all NGOs encouraged to adapt these 6 core principles; “Setting the Standard: A Common Approach to Child Protection for International NGOs” (document MCC references in its policy/board policy framework)
- 2005 Building Safer Organizations collaborative NGO effort to develop the capacity of NGOs to receive and investigate allegations of SEA
- 2008 Signs that SEA was continuing but was underreported
  - a. Two reports – Save the Children: children and adults are inadequately supported to speak out about abuse against them; international community does not exercise strong-enough leadership or managerial courage on this issue; lack of investment in child protection by governments and donors
  - b. Humanitarian Accountability Partnership International (HAP) – underreporting due to power dynamics: lack of accountability to populations and “asymmetrical principal-agent relations that characterize most ‘humanitarian’ transactions” putting “users of humanitarian assistance at a structural disadvantage in their relationship with humanitarian aid providers”
  - c. Four Pillars Framework (Minimum Operating Standards)

- 2009 Dove's Nest – started as a grassroots movement among concerned Mennonites at the 2009 Mennonite Church USA Convention- empowering and equipping faith communities to keep children safe
- 2010 Continued efforts – IASC, PSEA task force, Core Humanitarian Standard (CHS Alliance), Building Safer Organizations, InterAction: how to guides, online courses, videos, guidance documents; Report: “I thought it could never happen to boys” – major report looking at sexual abuse of men and boys; “To complain or not to complain: still the question” published by HAP – drew attention to the centrality of reporting systems to PSEA work
- 2015 Core Humanitarian Standard is launched (consolidates several standards and has significant emphasis on accountability and reporting mechanisms)
- 2017 #MeToo movement, #AidToo, #ChurchToo – renewed focus on this topic –
- 2018 Oxfam in Haiti, scandals within the UN, Oxfam, Save the Children, etc. for failures to come forward – increased requirements from donors (especially UK) to provide annual reports on SEA/harassment allegations and findings, as well as PSEA/child protection policies; March 2018 – InterAction CEO letter /Canadian Council for International Cooperation letter
- 2019 CHS accountability report, two scathing reports on Oxfam (“We are all Oxfam”); efforts to translate 6 Core Principles into 100+ languages

Child abuse and SEA within the humanitarian/development context is nothing new. The #MeToo/#AidToo movement has moved this issue to the forefront. Will we figure out how to do this well? Or will we lose momentum again as we have in the past?

**Part 2: Activity (25-30 minutes): A Framework for Safeguarding**

Ask, “What does it take for true change to happen? For an organization to truly become safe for children, program participants and staff?”

Take responses: *true accountability, commitment not compliance, living into our values, dismantling oppression, embedded within entire organization, behavior change, leadership, training, female leadership, etc.*

Introduce MCC’s Protection Framework: (PowerPoint slide and copy of Protection Framework in booklet)



*Source: Framework model adapted from InterAction, "Introduction to organizational prevention of sexual harassment, exploitation & abuse," From Pledge to Action Working Group, 2019.*

These are good practices based on consensus by humanitarian/development agencies and standard-setting agencies (we have limited data/measurement for what works).

Introduce MCC's Protection Framework. Give groups 12-15 minutes to read through it and to discuss the following questions:

- Are the contents what you expected? Did anything surprise you?
- What stands out as being most important in here for you?
- Thinking about your country office, what will be the most difficult part of the framework to implement?
- What are the values and characteristics of organizational culture necessary for safeguarding to be effective?

(15 minutes) Come back together as a larger group and spend 15 minutes sharing highlights/questions from the group discussion. Make a list of the values and characteristics of organizational culture. Continue adding to this list throughout the training.

**Part 3: What is your role in this? Introduce Role of focal points/Reps and action planning template (15 minutes)**

ACTIVITY: What is the role of the various staff in safeguarding? (managers – Reps, ADs, CPCs; focal points; everyone)

Source: Adapted from Keeping Children Safe, "Developing Child Safeguarding Policy and Procedures: A facilitator's guide," Exercise 4.1, 2014.

<https://resourcecentre.savethechildren.net/library/developing-child-safeguarding-policy-and-procedures-facilitators-guide>

Divide into country groups. Give each group a set of the role cards (Managers, Focal Point, HR, Everyone) and a set of the task cards. Ask participants to place the cards in front of the role that the task pertains to. In some cases, some roles may be shared – participants may note that on a card or write up a second card for that task on one of the blank cards. Give groups 10 minutes to divide up the cards. If the group would like, they can distinguish which managers have certain tasks by writing on the specific cards.

Come back together – go over roles together starting with EVERYONE, FOCAL POINT, MANAGERS, HR, Other (if any). May need to specify the roles of different managers.

For brief discussion: What questions/concerns do you have about the role of the focal point/managers/others? Are there any tasks/roles missing?

See booklet for focal point job description.

Introduce the **action planning template** – note that there will be a session dedicated to this on the final day. A key part of this is understanding what everyone’s roles/responsibilities are. Begin thinking about what needs to happen in the next 3-12 months within your program to work towards living into our safeguarding commitments – start jotting things down as we go.

Become familiar with the Protection Policy Framework	Be aware of sexual exploitation and abuse and risks to children and program participants	Abide by the Code of Conduct/Ethical Standards
Be vigilant	Prevent sexual exploitation and abuse / protect children and program participants	Report concerns
Ensure Protection Policy Framework (child safeguarding and PSEA) is implemented	Promote good practice and challenge poor practice	Enforce Code of Conduct and Ethical Standards and monitor adherence to it
Display and encourage an open/aware culture for all	Address staff concerns around child safeguarding and PSEA	Oversee the implementation of the Protection Policy Framework and regularly monitor implementation
Manage all aspects of reporting and responding to incidents	Carry out learning events	Network with other focal points
Provide advice on safeguarding to colleagues	Overall coordination of safeguarding developments	Support partners with the implementation of the Protection Policy Framework (child safeguarding and PSEA)
Ensure all new staff have police/background checks done	Establish links with local child welfare specialists, PSEA networks and psychosocial, medical and legal resources	Ensure that partners and program participants know how to access relevant complaints mechanisms
Support partners in assessment of child safeguarding and PSEA risks into project proposal	Be a first point of contact for safeguarding concerns and act on those concerns according to MCC's response procedures	Attend MCC trainings and webinars for focal points
Investigate safeguarding concerns	Ensure that new staff receive a local orientation on child safeguarding/PSEA	

<b>MANAGERS</b>		
<b>FOCAL POINT</b>		
<b>HR</b>		
<b>EVERYONE</b>		
<b>OTHER – ROLE SPECIFIC</b>		

**Answer Key (Note: each country program will delegate tasks differently)**

Become familiar with the Protection Policy Framework  EVERYONE	Be aware of sexual exploitation and abuse and risks to children and program participants  EVERYONE	Abide by the Code of Conduct/Ethical Standards  EVERYONE
Be vigilant  EVERYONE	Prevent sexual exploitation and abuse / protect children and program participants  EVERYONE	Report concerns  EVERYONE
Ensure Protection Policy Framework (child safeguarding and PSEA) is implemented  MANAGERS	Promote good practice and challenge poor practice  EVERYONE	Enforce Code of Conduct and Ethical Standards and monitor adherence to it  MANAGERS
Display and encourage an open/aware culture for all  EVERYONE	Address staff concerns around child safeguarding and PSEA  FOCAL POINT	Oversee the implementation of the Protection Policy Framework and regularly monitor implementation MANAGERS
Manage all aspects of reporting and responding to incidents  MANAGERS	Carry out learning events  FOCAL POINT	Network with other focal points  FOCAL POINT
Provide advice on safeguarding to colleagues  FOCAL POINT	Overall coordination of safeguarding developments  FOCAL POINT	Support partners with the implementation of the Protection Policy Framework (child safeguarding and PSEA) FOCAL POINT
Ensure all new staff have police/background checks done  ROLE SPECIFIC – HR/MANAGERS	Establish links with local child welfare specialists, PSEA networks and psychosocial, medical and legal resources FOCAL POINT	Ensure that partners and program participants know how to access relevant complaints mechanisms  FOCAL POINT/EVERYONE
Support partners in assessment of child safeguarding and PSEA risks into project proposal  FOCAL POINT	Be a first point of contact for safeguarding concerns and act on those concerns according to MCC’s response procedures FOCAL POINT/MANAGERS	Attend MCC trainings and webinars for focal points  FOCAL POINT
Investigate safeguarding concerns  ROLE SPECIFIC - HR	Ensure that new staff receive a local orientation on child safeguarding/PSEA  MANAGERS	



## Day 1 Wrap-up, questions and relaxation

Source: CARE Canada, “Prevention of Sexual Exploitation and Abuse: Two Day Sensitization Workshop,” 2016. <https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/PSEA-2-Day-Workshop-Manual-English.pdf>

Say: We’ve covered a lot of topics today, from how we connect to and are motivated by this topic, to definitions and issues of power and privilege, to what our role is to address this in our programs.

Please take three post-it notes and write on them:

1. something that went well
2. a suggestion for improvement
3. a question (may use multiple post-its for more than one question)

Participants will post these at corresponding places around the room to inform the next day’s sessions.

A participant to lead staff in a relaxation activity.



## Day 2: Questions from previous day/review activity

Source: CARE Canada, “Prevention of Sexual Exploitation and Abuse: Two Day Sensitization Workshop,” 2016. <https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/PSEA-2-Day-Workshop-Manual-English.pdf>

SAY: Welcome back for Day 2. I hope you all were able to rest and perhaps think about some of the things we talked about yesterday.

Does anyone have any new insights that they’d like to share, or questions that they thought of last night? (Allow a few moments to think...)

Discuss questions that come up. Also, go back to questions from participants from the Day 1 wrap-up and discuss key questions/issues that participants raised.

We are going to use a ball (or crumpled up piece of paper) and I need everyone to stand up for this activity. We are going to toss the ball around the room, and if it is tossed to you, you need to tell us one piece of information that you learned yesterday. You cannot repeat what someone else has already said. And once you toss the ball to someone else, after sharing your piece of information, you can sit down. The ball can only be tossed to people who are standing up, and everyone must get a chance to catch the ball.

HINT: If participants have a hard time thinking of something, allow others to help them out.

Outline the agenda for Day 2.

## Session 6: Attitudes, Beliefs and Cultural Practices

**Length: 135 minutes**

### **Learning Outcomes:**

- To enable participants to reflect on their own views and understand that child abuse and PSEA are complex issues
- To identify the main types of abuse/SEA in participants' local areas
- To discuss how to address harmful cultural, traditional, religious practices with communities (partners, churches, etc.) in a way that relieves tension and addresses fears.

### **Materials:**

- Attitudes and Values towards child abuse and SEA handout
- Flip chart paper
- Markers/pens
- Discussion questions for small groups – handouts in booklet

### **[SLIDE 7] Attitudes and Values towards Child Abuse and SEA 40 minutes**

Source: Adapted from Viva, *Creating Safe Environments for Children: A Toolkit for Safeguarding Children and Protecting them from Harm*, 2014, p. 24. <https://www.viva.org/wp-content/uploads/2017/02/Creating-Safe-Environments-for-Children.pdf>

During the session we will here form the participants on their views and preconceptions and how they significantly influence the way we recognise and deal with child abuse. It is important to be aware of our own views and also to understand that child abuse is something that can happen to any child, and that a 'child abuser' may not fit into our stereotypical idea of what an abuser should look like or be. The purpose of this section is for participants identify the attitudes, beliefs and cultural practices in their contexts that impact behavior (both opportunities and barriers for safeguarding).

Give out copies of *Handout Attitudes and Values Towards Child Abuse and SEA* to each participant. Allow 5-10 minutes for participants to fill in the survey individually, ticking a box for each statement to indicate how far they agree with each statement.

Ask the participants to talk with a partner about their answers and compare their views.

Back in the group, ask participants to share which questions they found most difficult or which they were unsure about, and discuss these together. Use the following questions:

- Where does your belief about this statement come from?
- Why do you believe this?

- What does it mean for you to hold on to this belief?
- How might this belief influence or affect how you respond to a child or program participant you are connected to?

**[Slide 8] Local Practices that may cause Harm 40 minutes**

Some kinds of child abuse/SEA/sexual violence are a result of cultural practices that are harmful. It is important to agree what is and is not a harmful cultural practice and to understand how communities maintain the use of these practices. Often there are no appropriate legal systems or structures to go to for help when concerns about the abuse of children arise.

Explain that some aspects of child abuse/SEA can only be understood through a context and that this session is designed to clarify definitions considering local contexts, as well as global contexts.

Divide participants into small groups of 3 or 4 people and ask them to copy out the following headings onto a piece of flipchart paper. Half of the group will focus on children, half on adult program participants. Ask them to work together to complete the table. Allow 10 minutes for this.

Questions for groups focusing on children:

- What kinds of abuse/behavior are seen locally that cause harm to children?
- Who causes the harm?
- Is this linked to a traditional, cultural, or religious practice?
- How does it affect children?
- Are there any laws that exist to protect children from this?
- What cultural, traditional or religious practices protect children from this?

Questions for groups focusing on adults:

- What kinds of abuse/behavior are seen locally that leads to increased sexual violence or SEA?
- Who causes the harm?
- Is this linked to a traditional or cultural, or religious practice?
- How does it affect women and men, girls and boys?
- Are there any laws that exist to protect people from this?
- What cultural, traditional or religious practices protect people from sexual violence?

Discuss with the group what this information tells them about attitudes to children, women/girls, etc. in their country.

**Activity: Working with the Community (50 minutes)**

Adapted from Keeping Children Safe, Training for Child Protection, Tool 3. Module 2, Exercise 2.5, part 2, p. 51. <https://resourcecentre.savethechildren.net/library/keeping-children-safe-toolkit-child-protection#:~:text=Tool%203%20%2D%20Keeping%20Children%20Safe,and%20organisation%20safe%20for%20children.>

In the same small groups (10 minutes), ask participants to identify one or two local practices or customs based on cultural, traditional or religious beliefs harming children or leading to increased sexual violence that local people would not like you to criticize or question. Ask participants to think about the following questions:

- What would be the biggest fear in the community if this practice/custom were stopped?
- What can we do to address these fears?
- How can we empower children/women/girls/boys/men?
- How can we work with the community?

(30 minutes) Bring the large group back together. Ask each group to feedback on what they discussed together. Choose one practice (or two, if time allows) to discuss as a large group. Write down the practice/custom they have chosen on the flipchart. Below this, make two columns. In one column, write: Cause of tension (something that causes conflict or disagreement); in the other column, write: Work with community.

Ask the whole group:

- Why would it cause tension to talk about this with the community/partner/church?
- Why might it be difficult to change these practices? What are the barriers to change?
- Who has the power to maintain the practices?
- Who has the responsibility to bring about change by making sure the voices of the victims are heard?
- Why is it important to work with the community?
- How could you work with the local community to ease the tension and change the practice?

Make notes on the flipchart. Summarize the discussion; emphasize the importance of identifying harmful behaviors, barriers to change, and also opportunities for change. Note that this is long-term work.

See example on corporal punishment below:

*Practice: Corporal punishment*

*Cause of tension*

1. *Source of power and control which people who do it want to keep/maintain.*
2. *A practice deeply rooted in the society's social, political and economic culture.*
3. *Corporal punishment is accepted as the norm in that society.*
4. *Practice believed to be done out of care for the child to make sure they behave properly.*
5. *Religious teaching of e.g. Spare the rod, spoil the child.*

*Work with community*

- *Work with the community to break some of the negative myths – e.g. children will only respect you if you have physical power over them and understand the religious teaching in its wider context.*
- *Help children understand their rights not to be physically abused.*

- *Make clear that discipline does not mean hit and that there are other more effective methods of disciplining.*
- *Work with community on developing alternative methods of discipline*

## Handout: Attitudes towards child abuse and SEA

Read the following statements. Tick the box that best describes your feelings – strongly agree, agree, disagree, strongly disagree.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	Hitting children is always wrong and is a form of child abuse.				
2.	Sexual abuse is not a problem in this country.				
3.	It is OK to hit children as a way of disciplining children in school.				
4.	Reporting abuse is likely to make things worse for the victim-survivor, so it is better not to do anything.				
5.	Disabled children and adults are less likely to be abused or sexually exploited than other people.				
6.	There is no proper legal system for reporting child abuse or SEA cases, so it is not worth reporting anything.				
7.	I would not trust the police here to do anything.				
8.	Staff employed to work with children are unlikely to abuse them.				
9.	Children often make up stories about being abused.				
10.	Boys and men cannot be sexually abused.				
11.	A faith leader would never abuse a child.				
12.	Only men abuse children, women are safer.				
13.	Many people who report sexual abuse or sexual violence make false reports.				
14.	Most sexual assaults are perpetrated by an individual unknown to the victim-survivor.				
15.	Wearing revealing clothing, flirting, drinking and going out alone at night are all behaviors that cause sexual violence.				
16.	It is important to confront the accused person directly before reporting a concern about child abuse or SEA since the Bible tells us to first privately confront a brother or sister who has sinned. (Matthew 18:15)				

1. Where does your belief about this statement come from?

2. Why do you believe this?
3. What does it mean for you to hold on to this belief?
4. How might this belief influence or affect how you respond to a child or program participant?



## Session 7: Identifying Cases of Child Abuse

**Length: 60 minutes**

### **Learning Outcomes:**

- To recognize the clues (signs/indicators) that children who are suffering abuse at home, in an organization or in the community may give us that someone is abusing them.

### **Materials:**

- Flip chart paper
- Markers/pens
- Handout: Signs and Symptoms of Abuse

*Source:* Keeping Children Safe, Training for Child Protection, 2011. Tool 3. Module 3, Exercise 3.4, p. 70-71. <https://resourcecentre.savethechildren.net/library/keeping-children-safe-toolkit-child-protection#:~:text=Tool%203%20%2D%20Keeping%20Children%20Safe,and%20organisation%20safe%20for%20children.>

*Note for facilitator:* This session is focused on identifying child abuse, not identifying SEA or GBV in adult survivors. This is because it is dangerous for both survivors and staff if staff are out in the community trying to identify cases. Organizations should instead focus on cases that have been disclosed to them or complaints they've received about cases. (from [Interagency gender-based violence case management guidelines](#), 2017.)

Reminder of key definitions:

- **Child:** The United Nations Convention on the Rights of the Child states in Article 1, that 'child' means every human being below the age of eighteen years, regardless of local country definitions of the age of adulthood.
- **Child abuse:** Any improper action or failure to act by a person in a position of trust which results in physical, emotional or sexual harm to any person under the age of 18.
- **Neglect:** Failure to provide a child's needs or to protect from harm or potential harm

### **[Slide 10] How would you know a child is being abused?**

Obviously, most indicators are not in themselves proof of abuse. But they should alert us to the possibility and help us to consider what the next steps are in trying to support or investigate concerns about a child. Research from adults who experienced abuse as children shows that many children do try and tell or show they are being harmed but often they are not listened to, believed, or have no one they can trust to turn to – so the clues they give are very important. Children often display behaviors to communicate their distress about what is happening to them. Often this behavior would be defined as “challenging”. Workers need to be able to recognize changes in behavior and not punish the child.

The main aim of this session is to highlight what to look at when we find out a child has been abused, sometimes we can look back and identify signs that the abuse was going on. It is important that we are open to those signs/clues. Use the scenario to bring participants to a common understanding of an abuse.

*A teenage boy was being sexually abused by his Church Minister. He could not tell anyone about it. He brought attention to what was happening by stealing. He stopped going to church, feeling that he was a bad person. He was severely beaten over several months as no one had associated the change in his behavior with unhappiness about abuse. The sign that this child was experiencing abuse was that he had begun to steal – something that was very out of character for him.*

Divide participants into four groups and give each a sheet of flipchart paper. Give each group one category of abuse—physical, sexual, emotional or neglect. Ask them to write down what sort of behavior a child might give as a sign that someone is abusing them in this way. They should divide their responses into ‘physical signs or symptoms’ and ‘changes in behavior’.

After about 10 minutes, invite the groups to display their charts. The groups should walk around and read the other groups’ answers, adding ideas where they feel something has been missed.

Give out copies of ***Handout: Signs and Symptoms of Abuse.***

Take feedback as a whole group on any learning points and add any additional comments or observations.

## Session 8: Complaints Mechanisms

**Length: 120 minutes**

### **Learning Outcomes:**

- Identify the barriers that stop children, adult project participants, and staff from an organization from reporting SEA/child abuse.
- Identify practices that enable reporting.
- Brainstorm complaint mechanisms for a variety of partners that prioritize program participant/community participation and accessibility, safety, confidentiality and transparency.

### **Materials:**

- Handouts: Ethical Standards to Prevent Abuse of Power, Types of Complaints mechanisms, scenarios
- Flipchart paper & markers
- Post-it notes
- pens

**Introduction (10 minutes)** Yesterday's session on a Framework for Safeguarding highlighted the need for robust reporting mechanisms that allow people to raise concerns in a safe, accessible and confidential way.

Within the humanitarian and development context we refer to mechanisms that allow program participants, children, partners to report safeguarding concerns, as well as other concerns, as complaints mechanisms (also community-based complaints mechanisms, complaints and response mechanisms).

[Slide #]

- Define complaints mechanism (alternate terms used). Has anyone had experience with a complaints mechanism? (formal reporting system)
  - Complaints mechanism = a reporting mechanism that gives users access to safe means of voicing feedback or complaints on areas relevant to and within the control of the agency (Guidelines on Setting Up a CBCM Regarding SEA by UN and non-UN Personnel)

[Slide #]

- Why are complaints mechanisms important?
  - Accountability to partners and program participants, early warning system, building trust with community, more community engagement, able to provide support to anyone who has been harmed during program delivery

[Slide #]

- What are areas relevant to and within the control of the agency that a program participant could complain about? (feedback vs. complaint)
  - Unfair, inappropriate or incorrect management,
  - Improper behavior, misuse of authority or partiality by a MCC or partner personnel toward a beneficiary group, including sexual exploitation and abuse or child abuse
  - Breach of MCC's professional conduct/standards in its Code of Conduct.

Ask: Why is it better that a complaints mechanism not be limited to only receiving safeguarding concerns? (Discuss)

Types of Complaints mechanisms (see handout on types)

- Help desk
- Face to face conversation
- Hotline
- Suggestion box
- Open meetings and public hearings
- Village development forums and village committees
- Perception surveys and report cards
- Complaint hour

Each type of complaints mechanism has benefits and disadvantages. To be safe, confidential and accessible, best practice is to include multiple mechanisms.

**Activity: “Smashing down barriers” (50 minutes)**

Adapted from Keeping Children Safe, “Developing Child Safeguarding Policy and Procedures: A facilitator’s guide.” Exercise 3.2, pp. 43-44.

[https://resourcecentre.savethechildren.net/node/8561/pdf/kcs\\_developing\\_10.14.pdf](https://resourcecentre.savethechildren.net/node/8561/pdf/kcs_developing_10.14.pdf)

Before the session, write three questions onto separate sheets of flipchart paper:

- a. What stops children reporting on abuse by an organisation’s staff? (think about girls, boys, child with a disability, LGBTQ+, etc.)
- b. What stops adult program participants from reporting on abuse by an organization’s staff? (think about women, men, members of minority ethnic group, person with a disability, person who is illiterate, LGBTQ+, etc.)
- c. What stops an organisation’s staff reporting on abuse by a colleague? (think about SWers, Reps, national staff, housekeepers, staff in a church-based partner, etc.)

**Process:** Introduce this exercise by saying that it is often hard to identify when a child is being abused. We have to rely on the child giving us a number of clues or indicators that something is wrong. Children have to overcome many barriers before they can tell anyone. Once they do, the people they tell also have to overcome barriers before taking appropriate action, despite what is

known to be legal or otherwise. This is particularly so if the authorities do not address reports of abuse in appropriate ways.

Similarly, the same is true for adult program participants who experience SEA. They have to overcome many barriers before they tell anyone. And the people they tell also have to overcome barriers before taking appropriate action.

Since our work is done through partners, there is the added layer of partners needing to report to MCC any abuse by their own staff, which requires overcoming additional barriers. For this activity we are going to focus on child abuse/SEA scenarios because these seem to have the most barriers for reporting, but keep in mind that complaints mechanisms are not just limited to reporting cases of child abuse/SEA.

Group work (10 minutes): Explain that during this exercise the participants will be building a wall of barriers and then trying to smash down the wall with solutions. Draw a wall on a sheet of flipchart paper to demonstrate how the wall will look. Give each group one of the handouts you prepared earlier with scenarios and questions (see below for handout). Assign each group a scenario. Ask each group to draw a wall on their sheet of flipchart paper, copying the one you have drawn. Ask participants to read their scenario, identify the barriers to reporting faced by the main character (and others like him/her) and write down short notes on the barriers faced to answer their question to each brick of the wall they have drawn.

Discussion (10 minutes) Come back together as a group – ask each group for some feedback on the barriers they identified.

Ask:

- Are there any barriers missing?
- Think back to our Power and Privilege session. What aspects of power and privilege do you see at work in these barriers?

Group work (15 minutes): Ask groups to exchange their walls with a different group. Groups now have to “smash down” the walls with solutions. For each barrier, the group must try and find a solution, write it on a sticky note/card and post it on top of or next to the corresponding barrier. Acknowledge that for some barriers the solutions are not obvious or easy. Display the paper walls on the walls of the room or lay them on the floor.

Discussion (15 minutes) Now ask the group to read each other’s walls and take brief feedback from each wall.

When you have taken all the feedback, lead the group in a discussion, focusing on the following question:

- What principles/values should guide the creation and implementation of complaints mechanisms in order to encourage or enable reporting?
  - What does it mean for a complaints mechanism to be transparent?

- Confidential?
- Accessible?
- Safe?
- What are ways to increase participants' (including children's) participation in complaints mechanisms processes? Think about power with, power to, power within.

[BREAK]

### **Part 3 (60 minutes): Partner Complaint mechanisms**

Activity: (20 minutes) In groups of three to four people, choose one of the earlier scenarios, or create their own based on a current partner (doesn't have to be a partner that has had a reported safeguarding concern that they are aware of). Ask groups to discuss the following questions on the slide:

- What are the challenges that partner faces in establishing a complaints mechanism that is accessible, safe, confidential and transparent?
- What are possible solutions/ideas for overcoming these challenges?
- How can program participants participate in the process?
- How would you work with the partner on developing a complaints mechanism?

(30 minutes): Share back in plenary. Discuss challenges, possible solutions, ways to address barriers, and ideas for working with partners on this.

Final 10 minutes: Important that program participants (where they do interact with MCC) and partners know how to contact MCC with concerns that they have about MCC staff or partner staff. Who from each MCC is the local contact? How are partners (and in some cases, program participants) made aware of who they can contact with concerns and how to reach them?

### **Scenario 1: Barriers for children**

Samuel is a 13-year old boy. He participates in a peace club administered by a local church denomination funded by MCC. Samuel has been attending the peace clubs for several weeks and has developed a close relationship with Emmanuel, one of the youth group leaders. Samuel frequently stays to help Emmanuel clean up after peace club ends. Samuel lives with his widowed mother and four siblings and they are frequently food insecure. Lately Emmanuel has been bringing extra food for Samuel to take home to his family. After the most recent peace club meeting, Emmanuel told Samuel that he looked tense and he began to massage his back. Emmanuel then began to touch Samuel on the private areas of his body. Samuel felt very uncomfortable but didn't know what to do. He managed to leave, telling Emmanuel that he had to get home to help his mom. Samuel was distracted and began to have nightmares. He tried to think of ways to skip the next peace club meeting, but he knew his family depended on the extra food from Emmanuel.

- What are the barriers to reporting that Samuel faces in this scenario?
- What are additional barriers that stop children from reporting on abuse by an organisation's staff? (think about girls, boys, child with a disability, etc.)

### **Scenario 2: Barriers for adult program participants**

Juana and her family receive corn and bean seeds as part of a food security project implemented by the emergency committee of the Mennonite church, whose main office is in the city three hours away. Because of the ongoing drought conditions, Juana's husband has had to migrate to another part of the country to look for seasonal work. Juana cultivates her land with her three children. Juana never finished school and only speaks a little Spanish (an indigenous language is her mother tongue). During a monitoring visit by one of the church workers, Juana tells the worker that she is no longer able to send her oldest daughter to school because of lack of money. The church worker tells Juana that he could help her, in exchange for some "nice photos" of her with only her undergarments. Juana is desperate for the financial assistance, so she agrees.

- What are the barriers to reporting that Juana faces in this scenario?
- What stops adult program participants from reporting on abuse by an organization's staff? (think about women, men, members of minority ethnic group, person with a disability, person who is illiterate, etc.)

### **Scenario 3: Barriers for an organization's staff**

Cecilia has been a community educator with MCC partner organization Peace for All for two years. Peace for All is a small, church-based organization of the Mennonite Church with a total of 5 staff. 70% of the organization's funding comes from MCC. Peace for all is a long-term MCC partner and it has been instrumental in raising awareness about sexual violence among the local Mennonite congregations. During an awareness raising event at a local church, Cecilia hears from a church member that Peace for All's assistant director, Geraldo, made sexual advances toward one of the congregation members. Geraldo is a deacon in his church and well respected in his community. He is also married to Mariana, Peace for All's director.

- What are the barriers to reporting that Cecilia faces in this scenario?
- What are additional barriers that stop an organization's staff from reporting on abuse by a colleague?

## Day 2 Wrap-up, questions and relaxation

**(10 minutes)** Say: We've covered a lot of topics today, including attitudes, beliefs and cultural practices that cause harm, to identifying cases of child abuse, to the barriers project participants and an organization's staff face in reporting child abuse or SEA.

Yesterday we introduced the Action Planning Template that we'll work on during our final session. Thinking over the content from today and yesterday, what are one or two things that you may want to add to your action planning chart on Thursday? [Facilitator to keep a list on flip chart paper so that on day 4 it is easier for participants to complete it.]

**(10 minutes)** Say: Because we value your feedback and want to make improvements as we go, we're inviting you to do the same activity as you did yesterday with the post-it notes.

Please take three post-it notes and write on them:

1. something that went well
2. a suggestion for improvement
3. a question (may use multiple post-its for more than one question)

Participants will post these at corresponding places around the room to inform the next day's sessions.

Relaxation activity led by participant.



### Day 3 Questions from previous day/ review activity

**Activity:** If an organization does PSEA and child safeguarding well, what would you see? Hear? Feel?

Facilitator puts sheets of paper around the room and gives participants five minutes to write out words or draw pictures under the different categories. Facilitator then summarizes what is written/drawn on the sheets of paper.

“If we want an organization that looks like \_\_\_\_\_, sounds like \_\_\_\_\_, feels like \_\_\_\_\_, how do we get there?”

## Session 9: MCC Haiti mock training & challenges/learnings from MCC Haiti pilot implementation with partners

Length: 135 minutes

Learning Outcomes:

- Participants will experience what this work can look like in practice when rolled out to partners
- Participants will discuss learnings/challenges from Haiti pilot
- Participants will discuss what might work in their contexts

Materials:

- Handouts in booklet: pre-training survey, staff and participant training checklist, line review activity, post-training survey, lessons learned from Haiti rollout
- Handouts to be given to participants during session: MCC Haiti Code of Ethics, MCC Haiti complaints mechanism

### Part 1: Mock Training for Partners (1 hour)

Section	Details	Presenter	Time
Pre-Test	Explain that we did a half-day training for partners to elaborate on the topics, but can train partners and participants in 1 hour. Give participants pre-test to show change over the course of the training	Alexis	9:15 – 9:20 (5 Min)
Introduction to PSEA	Provide trigger warning and options to stepping away, explain why PSEA is important and provide example of Oxfam	Muriel	9:20 – 9:25 (5 Min)
Code of Ethics	Explain all 4 categories of abuse, provide examples, and explain the importance of having a shared code of ethics.	Joseph	9:25 – 9:35 (10 Min)

Complaints Mechanism	Share how it was explained to partners prior to MCC having fuller mechanism in place, talk about potential barriers to reporting, and the importance of knowing you can report to anyone at any time.	Alexis	9:35 – 9:45 (10 Min)
How to train your staff and participants	Explain the list of topics to cover, explain the posters everyone will receive, share why it is important that everyone has access to this, and explain how MCC will follow up with partners	Zua	9 :45 – 9 :55 (10 Min)
Review and Line activity	Line activity for people to respond “true/false” to questions about the training	Muriel	9:55 – 10:05 (10 Min)
Post-Test	Provide post-test and ask people to make groups of their country programs after completed to talk about how this could look in their country context. Share with bigger group if time allows.	Alexis	10:05 – 10:15 (10 Min)

**Part 2 (75 minutes)**

**Lessons Learned from PSEA rollout in Haiti**

Preparation

1. Personal motivation is critical! This is not a paper policy, but staff and partners will implement it best if they have a personal motivation to do it. We want them to own the importance of it.
2. Make a plan with steps for how you will do follow up accompaniment with partners. People can often feel overwhelmed or confused after the first training. Don’t be discouraged by this. Plan in advance to have refreshers and follow-up trainings and coaching. Don’t think about it as a one-time training.

3. Remember that it is not just for participants. It also protects our partner staff and MCC staff. So lead by example: Reinforcing PSEA is about MCC's mission, this is not a separate corporate or distant policy, this is morally the right thing to do. Be sure that all of the volunteers and staff in your MCC office have received training in PSEA and understand their rights and responsibilities. How can we ask partners to implement this if we are not willing to do it ourselves?

### Communication

1. Communication is our responsibility:
  - a. It is our responsibility to make sure people understand, not their responsibility to understand us
  - b. Make it accessible, non-literate, children
2. Try to share in simple, clear way. [This is the problem (abuse), this is our new policy (PSEA), this is what we are asking you to do (adopt a PSEA policy), these are your next steps (follow up)]. Do not use jargon (we did not use PSEA and instead just called it a protection policy)
3. Try to use examples in first person if you are a person in power. Using yourself as an example "if I were to violate this" by recognizing you have power
4. Remember that, for some people, this is the first time they have heard that they have the right to bring a complaint or that leaders don't have the right to do what they might have done in the past.

### Presentation

1. This can be a heavy topic. Be intentional about breaks and activities. If people (especially staff) feel like it is too heavy or they are too sad, they will just feel frustrated and angry at you
2. Helpful to have mixed genders and nationalities presenting (especially presenting it to partner). Seems more authentic
3. Ideas & support: Partners thrive with examples, ideas & support
4. Providing handouts and booklets (PPT/outline) helps people follow along and feel less overwhelmed (could be cultural)

### Barriers

1. Ensure you are clear about what kind of complaint people can bring. In contexts where there is not a lot of trust in the justice system, we found that people wanted to bring complaints about issues outside of the partner or project.
2. Reassure partners that it does not mean MCC will automatically end the partnership as this can prevent people from following the complaints mechanism out of fear. Try to frame it as an additional way MCC does capacity building.
3. Try to anticipate challenging questions based on knowledge of context/partners. Example: culture of victim blaming and mistrust in justice system, fear that MCC will punish reporting, burnout or feeling jaded from a previous or current "paper policy."

### Accompaniment/Follow-up

1. Help partners see how they can train participants in a realistic way and incorporate it into already-planned activities
2. Build in natural and recurrent follow-up (in trainings, visits, etc.) “Do you know the code of ethics?”
3. When partners are doing it well and uniquely, share examples of this with other partners. Show how non-MCC staff are doing it.

## Session 10: MCC's Reporting & Response Procedures

**Length: 90 minutes**

Learning Outcomes:

- Understand what needs to be reported and how to make a report
- Understand what their role is in the response and investigation process
- Workshop the proposed reporting and response flowchart and provide feedback on its use in their contexts

Materials:

- Handout: scenarios
- Post it notes
- Flip chart paper
- Pens/markers

### **Intro - Discussion (10 minutes)**

Facilitator: Yesterday we discussed the need for partner organizations and us to have ways in which people outside of the organization can report concerns. Now we are going to discuss the ways in which staff can raise concerns of SEA or child abuse internally and how they will be responded to.

What are some of the challenges you as a staff member have faced or could imagine facing in deciding whether or not to report suspicions of child abuse or PSEA? (*Possible answers: fear of reprisals, not having proof, personal security concerns, confidentiality, disciplinary action if you don't report, cultural sensitivities, fear of "tattling", not knowing what needs to be reported, etc.*)

Just as we need to make our external reporting system as accessible and safe for project participants, we need to do the same with our reporting system for staff.

Given these barriers, what do you and other staff in your office need to know is in place for you to feel comfortable raising a concern about SEA or child abuse? (*Possible answers: anonymous reporting, protection from reprisals, confidentiality, clarity on when and what to report, victim-survivor centered, etc.*)

Point to the Protection Framework – note the language about victim-survivor centered approach. What does that mean?

Ask participants to turn to MCC's reporting flowchart online. This is a draft reporting flowchart for MCC. It attempts to clarify roles/responsibilities in the process and make the process transparent. We're going to divide into small groups and work with several scenarios so that you get a sense for how the flowchart works and what would happen for various

cases. Please make note of questions you have, as well as suggestions for how to improve the flowchart.

**Activity (60 minutes): Reporting safeguarding concerns using MCC’s flowchart**

Give groups 30 minutes for group work. If there is information you need that is not provided in the scenario, groups can make up the information. Groups should select someone from their group to report back to the larger group. Near the end of the 30 minutes, groups should also send someone up to put post-it notes on flip charts corresponding to the following two questions:

- What was clear or most helpful?
- What needs to be clarified?
- Other suggestions?

**Scenarios:**

A. Your country program partners with “We Care”, a faith-based non-profit focused on serving migrants, victims of violence and asylum-seeking families through providing shelter, psychosocial accompaniment and promotion of human rights. While “We Care” employs a staff of seven people, the majority of care is provided by 30 volunteers who staff the shelter overnight, accompany individuals for medical care, and prepare food for residents. During a project visit, you notice that one of the volunteers, a prominent member in the local anabaptist church, seems to spend a lot of time with different children on their own in a separate room with the door closed. You observe that the children seem to compete to be chosen to go with this volunteer. You feel like something is not right about the situation, but you have no proof that anything inappropriate has happened. What do you do?

- Do you report? Why or why not?
- Assuming you decide to make a report, to whom do you report?
- Do you need to submit an incident report form? If so, to whom and in what timeframe?
- Would any additional fact finding be needed before launching an investigation? If so, at what point would that happen and by whom?
- Do child protection authorities need to be contacted?
- Who may be part of the case management team?
- How will the relationship with the partner be handled?
- What will your role as a focal point, Rep, AD, etc. entail throughout the process?
- During the “taking action” stage, what are some recommendations that should be made to the partner and/or to MCC to prevent this situation from happening in the future?
- Where should files related to this case be stored?

- B. Mateo is a 35-year-old staff member for a small MCC partner providing basic services. He spends much of his time in remote towns distributing items such as food, clothing and medical supplies. Your MCC country program greatly values Mateo and his organization as they have direct contact with the community, they speak the local indigenous language, and they are familiar with the local terrain and customs. Mateo gets along very well with you and the other MCC staff. You and your MCC colleagues enjoy his company when you make project visits and you don't judge his behavior when he stays out late.

One day, a couple from a remote town comes to your local MCC office with their 16-year-old daughter, Natalia, who is six months pregnant. The father talks to you and tells you that Mateo had a sexual relationship with Natalia when visiting their village. Natalia's father demands that Mateo take responsibility for his actions and marry Natalia. Natalia had initially kept her pregnancy – and its cause – a secret from her parents, but she revealed the details to her church youth leader. The youth leader advised her to tell her parents and told the parents to report the incident to MCC. (Scenario adapted from Case Study 2 in Bond, "20 Core elements: a toolkit to strengthen safeguarding report-handling," 2019. <https://www.bond.org.uk/resources/safeguarding-toolkit>)

- As the person receiving the report from Natalia's father, what do you do?
- Assuming you decide to make a report, to whom do you report?
- Do you need to submit an incident report form? If so, to whom and in what timeframe?
- Would any additional fact finding be needed before launching an investigation? If so, at what point would that happen and by whom?
- Do child protection authorities need to be contacted?
- Who may be part of the case management team?
- How will the relationship with the partner be handled?
- During the "taking action" stage, what are some recommendations that should be made to the partner and/or to MCC to prevent this situation from happening in the future?
- What will your role as a focal point, Rep, AD, etc. entail throughout the process?
- Where should files related to this case be stored?

- C. John is a SALTer seconded to a church-based partner organization that implements a CFGB food security project that provides food assistance, agricultural training and inputs in a poor community. John is well liked by the partner organization and has formed relationships quickly with church and community members. During the conversation you have with Beto, the father of Joh's host family, Beto mentions that he has heard rumors



that John managed to get a young woman's family enrolled in the program even though the family didn't meet the qualifications. It is rumored that John is engaged to marry her.

- Do you report? Why or why not?
- Assuming you decide to make a report, to whom do you report?
- Do you need to submit an incident report form? If so, to whom and in what timeframe?
- Would any additional fact finding be needed before launching an investigation? If so, at what point would that happen and by whom?
- Do child protection authorities need to be contacted?
- Who may be part of the case management team?
- How will the relationship with the partner be handled?
- Is any reporting to CFGB required? How will that relationship be managed?
- What will your role as a focal point, Rep, AD, etc. entail throughout the process?
- During the "taking action" stage, what are some recommendations that should be made to the partner and/or to MCC to prevent this situation from happening in the future?
- Where should files related to this case be stored?

D. Your MCC country program has been partnering with a church-run school in a violent neighborhood for the past 10 years, supporting its efforts to provide teacher training on alternative discipline, strengthening of school management committees, and mediation training for students. There have been great results from the school, with nearly 90% completion rates (much higher than rates for other nearby schools), good test scores, and a drop in in-school bullying reports. Parents in the area are eager to enroll their students and the waiting list is long.

One day you receive a call from the head of the school, Magdalena, saying that, according to MCC's policy they wanted to let you know about a concern that was brought up that they've taken care of. Magdalena said that she received a complaint from a parent alleging that the parent had been asked for sexual favors from one of the teachers in exchange for moving her child up higher on the waiting list. The parent refused and reported the incident to Magdalena. The partner insisted that this happened several weeks ago and that they had already investigated the incident and handled it. When you ask for further details, Magdalena insists that it has been handled properly and that the teacher was appropriately disciplined. While you are glad that the partner is being transparent in reporting this incident, you are aware that work with this partner to develop a PSEA policy to complement their child protection policy has been slow-going and you question their capacity to conduct their own investigation and provide adequate support to victim-survivors.

- Do you report? Why or why not?
- Assuming you decide to make a report, to whom do you report and how?
- Do you need to submit an incident report form? If so, to whom and in what timeframe?
- Would any additional fact finding be needed before launching an investigation? If so, at what point would that happen and by whom?
- Do child protection or other authorities need to be contacted?
- Who may be part of the case management team?
- How will the relationship with the partner be handled?
- What will your role as a focal point, Rep, AD, etc. entail throughout the process?
- During the “taking action” stage, what are some recommendations that should be made to the partner and/or to MCC to prevent this situation from happening in the future?
- Where should files related to this case be stored?

**Group Discussion (30 minutes):** Have each group share highlights from their case scenarios and discuss some of the key issues if group members don’t bring them up.

**Part 3: Feedback on flow chart and partner guidance document (20 minutes)**

Facilitator goes to the flip chart papers where participants have listed what is helpful/clear, what needs further clarification, and other suggestions. Read over list (hopefully will have had time before the group work ends to group responses), ask for clarification of any items and ask for additional group input. If it doesn’t come up, ask if this process is victim-survivor centered as our Protection Framework mandates. Are there any barriers to reporting that participants notice in the process? Explain what the follow-up process will be.

If time permits, can ask this question: Think about a safeguarding incident you heard about or managed. Without revealing any identifying details, talk about how the process/outcome would have looked different by following the procedures outlined in the flowchart.

## Session 11: Introduction to safe programming

**Length: 90 minutes**

### **Learning Outcomes:**

- Enable participants to understand child (and adult) safe programming principles and standards
- Enable participants to explore ways to deliver program safely throughout the programme/project cycle

### **Materials:**

- MCC project proposals for group discussion
- Flip chart paper/tape to attach to wall
- Flip chart markers

Source: Save the Children International, “Child Safe Programming Guidelines,”

<https://www.end-violence.org/sites/default/files/paragraphs/download/SAVE%20THE%20CHILDREN%20Child%20Safe%20Programming%20Guidelines.pdf>

### **I. Introduction to Safe Programming**

During the session we will hope to encourage participants to begin thinking on how best to ensure that all MCC and Partner programs, campaigns, interventions and initiatives are safe for children and all project participants. Those who come into contact with MCC and partners as a result of, or are impacted by, our activities must be safeguarded to the maximum possible extent from deliberate or inadvertent actions and failings that place them at risk of neglect, physical or sexual abuse and exploitation, injury and any other harm. Safe programming is about strengthening and building protective environments in which programmes take place through careful risk management and designing programmes in a way that creates or contributes to a safer environment for children and adults.

Safe programming and quality programming are closely intertwined. In the long-term, a program, which does not prioritize child and project participant safety and well-being is unlikely to be effective and sustainable and should not be implemented if risks are not addressed.

#### **[Slide 1] What is safe Programming? 40 minutes**

- Systematically embedding a (child/project participant) safety “lens” in programme design, implementation, monitoring and evaluation.
- Designing programmes to achieve the best possible outcomes for children and project participants and increase positive impact and cost-benefit

- Effective risk management: assessing and minimising as far as possible the risks that might arise – planning and budgeting to offset these risks.
- Actively looking at ways in which a project can contribute to a safer environment for children and project participants.
- Being prepared to not implement a programme where safeguarding risks have not been appropriately assessed and minimised and/or where the inherent risks to children and project participants are unacceptable
- Keeping child and adult project participant safety and well-being constantly under review and documenting evidence and experience to allow the sharing of good practice and cost-benefit analyses to inform future work.

## **Slide 2 What can go wrong?**

The potential for harm to children and project participants through our programming work can arise from:

- Lack of adequate risk assessment – risk assessment is conducted by staff without adequate understanding of the nature of the risks involved, the localized social, cultural, economic norms and environment or without the necessary “lateral thinking” to consider different scenarios and possible consequences
- Poorly designed programs/projects – programs are not designed to minimize risk as far as is possible, the potential negative outcomes for children and adult project participants are not well considered and addressed effectively in the program design, or technical approaches and models
- Programs/projects designed and implemented without the full participation and agreement of children and communities – children and communities are not given the opportunity to identify the potential risks and agree on how they can best minimize the risks. They are also not given the opportunity to agree on what risks are acceptable to carry for the program to go ahead.
- Programs/projects implemented in ‘unsafe’ environments – the places where children/project participants are involved in activities present health and safety risks, equipment and construction at sites which children/project participants can access are unsafe, the services provided to children and project participants are harmful, children/project participants face harm within their families and communities as a result of being involved in activities which create family/community tensions
- Delivery of programs/projects through ‘unsafe’ partners, contractors or suppliers – they may not have safeguarding policies and procedures in place, or the staff of these organizations may lack understanding of their obligations to safeguard children/project participants and prevent harm or demonstrate unacceptable attitudes or behavior towards children/project participants
- Lack of adequate monitoring and evaluation of child/project participant safety: programs or projects are not regularly or consistently monitored so harm arising for children is not noted or

addressed, the monitoring and evaluation that does take place does not include whether the program or project was unsafe or resulted in negative outcomes for children or adult project participants.

- Policy initiatives, which have not adequately considered the wider implications of the change being advocated.

### **[Slide 3] Examples of Unsafe Programming**

#### **➤ Run for Life Campaign event**

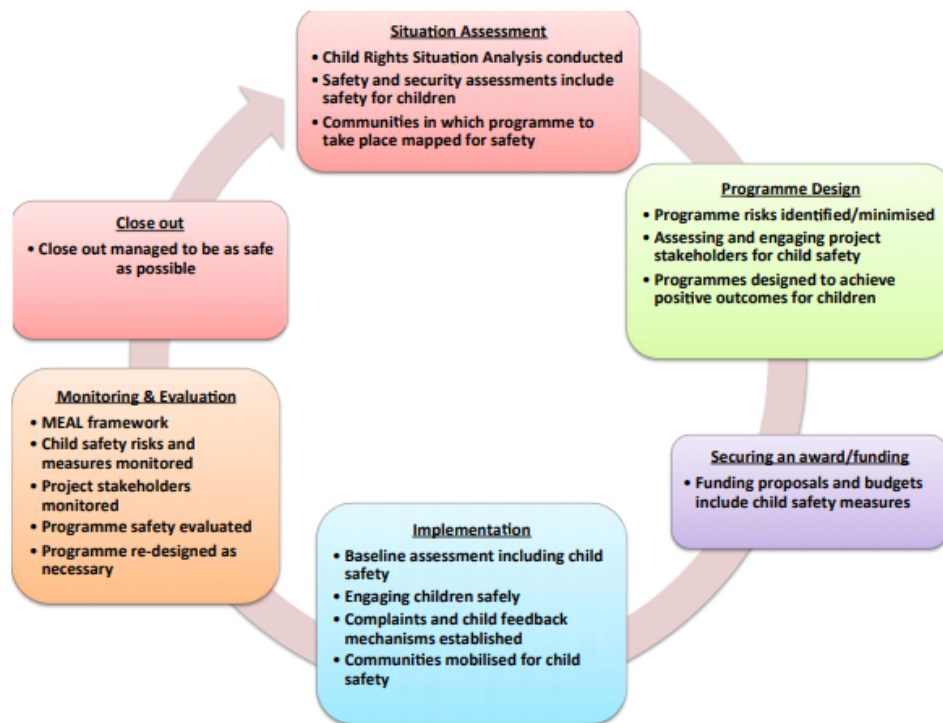
An NGO Sponsored 22km run up a hillside for Over 16s which resulted in children collapsing of exhaustion and dehydration due to a change in conditions. Children were not properly prepared or equipped for the race. Inadequate risk assessment, planning, registration and age verification of children and poor oversight of race organizers by the NGO team could have had long-term consequences for children. The NGO team focused on their activities at the bottom of the hill and not on the race itself, which posed the higher risks to children's health and well-being.

#### **➤ Construction projects**

NGO X contracted a partner to deliver a water and sanitation project in a camp in country Y. The partner had been successful in securing the contract in large part because they had managed to keep costs low. The partner-built pit latrines and covered them with a cement cover. Two children played on the pit latrine, the cement cover cracked and broke up, and the children fell in and drowned.

### **[Slide 4] Programming safely throughout the program/project cycle**

Safe programming means adopting consistent and robust processes when designing, delivering and monitoring/evaluating programs, into which child/adult project participant safety is integrated. Guidance on how to program safely at each stage of the program cycle is set out below.



Source: Save the Children International, “Child Safe Programming Guidelines.”

<https://www.end-violence.org/sites/default/files/paragraphs/download/SAVE%20THE%20CHILDREN%20Child%20Safe%20Programming%20Guidelines.pdf>

### Activity

Divide participants into groups in accordance to their context. Ensure that each group has a copy of a project proposal to look through.

In small groups (15 minutes), ask participants to review the project proposal and:

- Identify best practices in safe programming within MCC projects or how to improve safe programming in MCC programs throughout the project life cycle
- What can we do to address to address gaps in safe programming?

(30 minutes) Bring the large group back together. Ask each group to feedback on what they discussed together.

- Write down the best practice/custom they have come up with on the flipchart.

## Day 3 Wrap-up, questions and relaxation

**(10 minutes)** Say: We've covered a lot of topics today, including attitudes, beliefs and cultural practices that cause harm, to identifying cases of child abuse, to the barriers project participants and an organization's staff face in reporting child abuse or SEA.

Yesterday we introduced the Action Planning Template that we'll work on during our final session. Thinking over the content from today and yesterday, what are one or two things that you may want to add to your action planning chart on Thursday? [Facilitator to keep a list on flip chart paper so that on day 4 it is easier for participants to complete it.]

**(10 minutes)** Say: Because we value your feedback and want to make improvements as we go, we encourage you to do the same activity as you did the past two days with the post-it notes (something that went well, a suggestion for improvement, a question). Participants will post these at corresponding places around the room to inform the next day's sessions.

Optional activity: Have all participants stand up. Throw a ball to a participant who is standing and ask them to provide an answer to the question, "What is one way you will take care of yourself this evening?" Continue passing the ball around until everyone has answered the question.

Participant to lead in relaxation activities

## Day 4 Questions from previous day/review activity

(15 minutes): Respond to questions from yesterday. Do a stretching energizer if needed.



## Session 12: Responding to disclosures

**Length: 90 minutes**

### **Learning Outcomes**

- Participants will be prepared to respond sensitively and appropriately in the event of a child disclosing abuse or abuse being observed
- Participants will discuss good practices on safety assessments and making referrals.

### **Materials**

- Scenario role play cards
- Guidelines for first responders document
- MCC Lebanon response sheet

**The aim of this session is to prepare participants** to respond sensitively and appropriately in the event of a child or project participant disclosing abuse or abuse being observed. Emphasize that this is an introduction.

### **Defining a victim-survivor centered approach to response (20 minutes)**

Explain that as well as having the correct policies and procedures in place, it is also important that we develop the right attitudes and behaviors that can encourage children and adults to feel safe to talk to us, and that we are prepared to act appropriately in the event that a child or adult makes a disclosure to us or we notice a child who may be being abused.

MCC's Protection Framework directive 8 (response) refers to taking a victim-survivor centered approach in responding to allegations of sexual exploitation and abuse and child abuse

Defined as: "acting and proceeding in a way in which victim-survivors' rights and wishes are respected, their safety is prioritized, confidentiality is maintained, and they are treated with dignity and respect and without discrimination regardless of age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic"

Important to note that being victim-survivor centered does not mean being biased! Fair and impartial response and investigations are in the victim-survivor's (and respondent's) best interest because findings are less likely to be thrown out or appealed.

Ask: "What does a victim-survivor centered approach mean when it comes to responding to victim-survivors?"

Note general ideas as well as specifics such as body language/eye contact that demonstrates good listening and empathy. Highlight specific phrases about safety and phrases that are empowering to a victim-survivor.

If it doesn't come up, ask about confidentiality – what does maintaining confidentiality mean in the context of being victim-survivor centered? What are the limits of confidentiality? How do you communicate about confidentiality to project participants?

Before we practice, what questions do you have?

**Activity - 45 minutes (30 minutes for role plays and 15 minutes for debrief)**

Divide the participants into groups of three and request them to **role play** three different scenarios. Each group has three scenario cards to choose from. Several of these scenarios are ones we have already seen at some point during the training – the good news is that these individuals have overcome huge obstacles due to a variety of things your MCC has put in place (awareness raising, training, etc.) - now is your opportunity to think about how you would respond. One of you should be the child or the adult making the disclosure, one should be the MCCer receiving the disclosure and one person should observe and comment on what they have seen that is good and what needs to be worked on. The person playing the child or adult making the disclosure can select the scenario card they want to play. They will have 10 minutes for the role play and then they will switch roles and do a second and then third scenario (if time allows). Ideally there will be time for each person to practice responding.

Say: Very few people intuitively know how to do this well. It takes lots of practice! Better to practice in a safe space where the goal is to learn so that you feel better equipped when a real disclosure comes in. As this activity may be triggering to some people, please be aware of how you are feeling and take care of yourself.

**Scenario 1 - Samuel**

You are Samuel, a 13-year-old boy. You live with your widowed mother and four siblings and it is common for your family to skip meals because there isn't enough money. You participate in a peace club administered by a local church denomination funded by MCC. You have been attending the peace clubs for several weeks and have developed a close relationship with Emmanuel, one of the youth group leaders. You frequently stay to help Emmanuel clean up after peace club ends because he is funny, a good listener and fun to be around. The past several weeks Emmanuel has been bringing extra food for you to take home to your family. After the most recent peace club meeting, Emmanuel told you that you looked tense and he began to massage your back. Before you knew what was happening, Emmanuel then began to touch you on the private areas of your body. You felt very uncomfortable but didn't know what to do. You finally managed to leave, telling Emmanuel that you had to get home to help your mom. For the past few weeks, you've been moody, distracted and are not sleeping well. When you do sleep, you often have nightmares. You've skipped a few peace club meetings, but your mom is starting to suspect that something is wrong, and she has been asking why you are no longer bringing food home from Emmanuel. You finally confide in Jonah, a friend also attending the peace club, because Jonah was concerned about you and he kept asking what was wrong. Jonah reminds you that there is a visit from someone from MCC next week to see how the Peace Club is going. He has heard that MCC wants to make sure that children are safe. He encourages you to tell the MCCer who visits about what happened to you. When the day of the MCCer's visit arrives, you find a moment to tell the MCC staff that you'd like to talk to them alone about the program.

## **Scenario 2 - Juana**

You and your family receive corn and bean seeds as part of a food security project implemented by the emergency committee of the Mennonite church, whose main office is in the city three hours away. Because of the ongoing drought conditions, your husband has migrated to another part of the country to look for seasonal work. You cultivate your land with your three children. You never finished school and you cannot read or write. Recently you had to stop sending your oldest daughter, Esther, to school because of lack of money. Esther has been devastated by this as she badly wants to complete high school. During a monitoring visit by one of the church workers, you tell the worker about the challenges with lack of money and how Esther can no longer attend school. When the church worker offers to help, you can barely believe it! But then you realize that he is offering that assistance in exchange for pictures of you with only your undergarments on. You, however, are desperate for the financial assistance, so you agree to let him take the pictures. While your daughter is thrilled when you tell her she can return to school, you begin to feel guilt and shame about the pictures and wonder what the church worker might do with them. What if others find out what you've done? You're nervous that the church worker might return again soon. You finally confide in a friend, also a project participant who tells you that she's heard of the church worker during similar things to other women when their husbands are away working. She remembers receiving a phone number for a hotline to call with concerns about misconduct of the church staff. She tells you that you need to call – the church worker can't keep doing the same things to others. After a bit of persuading, you agree. She sits beside you and you make the call. The person on the other end picks up, "Hello, Mennonite Central Committee. How can I help you?"

## **Scenario 3 – Natalia's father, Eduardo**

You live with your wife, 16-year-old daughter, Natalia, and three other young children in a remote town several hours from the city. You and your wife frequently leave Natalia alone at the house to watch her younger brothers and sisters while you work in the fields and your wife washes clothes for several families in the town. Your family receives assistance with food and basic medical supplies from a community-based organization (CBO) that is well-respected in your community. Natalia frequently is the point of contact for the CBO staff and up until recently has seemed to enjoy interacting with them. Over the past six months you've noticed that your normally happy and contented daughter has been moody and anxious, though you assume that must be expected with the additional stress of caring for her young siblings. It isn't until Natalia's youth leader shows up and the youth leader and Natalia ask to speak with you that you realize something is wrong. Natalia says that six months ago, a worker from the CBO, Mateo, came to the house to ask some questions about how the family was doing with the supplies they had received. While her siblings were playing in the backyard, he began to touch her and forced himself on her. She was paralyzed with fear in the moment and hadn't known what to do. She is now certain that she is pregnant. Natalia is in tears and you and your wife are furious at what has happened. The youth leader tells you to report the incident to MCC since he has heard that they provide funding to the CBO and they can help. You take what little savings you have, find a friend to watch the smaller children, and make plans to travel with your wife and daughter to the

MCC office in the city. You are determined that Mateo must take responsibility for his actions and marry Natalia since no one will want her now. When you arrive, you demand to talk to someone in charge.

### **Debrief (15 minutes)**

If the group seems tense, lead them in a stretching activity – allow participants to have a mini break. When they gather back together, ask how the role plays went for them?

As the person responding:

- How was it to play the role of the person responding?
- What are things that they did well?
- What was hardest for them? What do they need to work on?
- What can they do to get better at responding well?

For those playing the role of the person disclosing:

- What were the behaviors, attitudes of the person receiving the disclosure that made you feel heard, affirmed, even empowered?

Using a flipchart, ask the group for ideas of what kinds of attitudes and behaviors we should have that might make it easier for a victim-survivor to disclose to us, and how we should behave as we listen and respond to them. (can add to the previous flipchart lists related to the victim-survivor centered approach).

### **Part 2: Large group discussion: Safety Assessments and Referrals (25 minutes)**

Say: So you've established a safe environment for a conversation, affirmed and supported, shown empathy, you've filled out the MCC Incident Report form (or you will fill it out with your notes as soon as you can access the form), how do you assess the survivor's safety needs? What support services do they need and how do you refer them? First of all, keep in mind that you are not a sexual violence counselor or psychologist or social worker. Remember your role – provide a safe space, a listening ear, report the information appropriately, and let the victim-survivor make their own choices about what they need. Know the limits of what you are able to do and provide. (Source: IASC, "How to support survivors of gender-based violence when a GBV actor is not available in your area: A step-by-step pocket guide for humanitarian practitioners." <https://gbvguidelines.org/en/pocketguide/>)

Ask: Has anyone ever dealt with a situation like this? How did you assess safety needs? What guidelines should you keep in mind?

- Victim-survivor centered – Ask what they need to feel safe. Let the victim-survivor tell you how they feel about their personal safety and security. Don't make assumptions. Share any safety concerns with the HR director and case management team to help them develop a security plan that addresses both ongoing risks and the additional risk by reporting the complaint. If there are immediate safety/security concerns, take immediate action to ensure that the complainant is safe (ex. referral to a shelter, consult with HR director regarding suspension of respondent, etc.). If there is a gender-based violence

provider or a PSEA network or child protection specialists who can provide more thorough safety assessments, make a referral with the victim-survivor's informed consent.

- Think of the scenarios we just went through – did the complainant note any safety concerns? What safety concerns could you anticipate? (ex. threat of retaliation, etc.)

Ask: What about support services? Think about the three scenarios – what types of support services may be needed? (key services – medical, legal, psychosocial, etc. (emphasize the time-sensitive nature of medical attention for cases of sexual abuse or assault/rape)

What referrals to local support services have you/colleagues made? What connections have you established?

- Again, victim-survivor centered means that your goal is to empower victim-survivors to make choices by providing the information they need to make informed decisions. This requires informed consent. What is informed consent? What if a victim-survivor does not want a referral?

Look at the “Local MCC Response Information Sheet (for SEA and child abuse)” in the First Responders appendix. This sheet is meant to help you identify support services proactively so that you can make immediate referrals.

- Where can you find this information?
- Who can help you find it? – *think about adding this to your action plan!* (connect with PSEA networks, GBV sub-clusters and child protection referral pathways that can provide guidance. When unsure about what PSEA/GBV structures exist, reach out to INGO or UN counterparts, or bigger INGOs doing work on PSEA (CARE, IRC, etc.) to see how things are being coordinated at the UN level and see if there are opportunities to tap into)
- Emphasize importance of networking.
- What are the challenges or barriers to identifying support services and/or making referrals?

Ask: when do you need to make a refer to statutory authorities or local authorities? (cases of child abuse or when an adult victim-survivor wants to report a crime)

- What are the challenges or barriers to doing this?

What questions/concerns do you have about response?

## Session 13: Tools for organizational accountability

**Length: 60 minutes**

**Learning outcomes:**

- To ensure participants understand the importance of regularly monitoring and evaluation safeguarding procedures
- To introduce participants to safeguarding monitoring tools and how to utilise them

**Materials:**

- Handouts in booklet: Partner Assessment & Implementation Checklist
- Flip chart paper & markers

**(10 minutes) Discussion:**

- Share your experience of monitoring partners' implementation of child safeguarding? What worked well? What was challenging? Why?
- How do you hope to do this better in the future as we work on both child safeguarding and PSEA?

**Use of Tools in Monitoring Safeguarding**

Intro: Use tools such as assessments, checklists surveys, interviews or anecdotes to draw informed conclusions about what has worked. It is important to note, and important for you to communicate with partners, that an increase in reported instances of harm to children and adult project participants does not imply that safeguarding measures are failing.

This is a typical trend that highlights the fact that before safeguarding measures were implemented individuals did not know what to do or who to contact. A rise in reported concerns may mean that the measures implemented are working and individuals involved with your organisation are working towards keeping all children and project participants safe. Using audit and assessment tools with different groups at this stage can provide a general overview of areas of strength and areas where improvement is needed.

**Activity: Introduction to various safeguarding Monitoring tools**

In small groups based on country, for learning purposes and to familiarize themselves with the various monitoring tools available for MCC and partners, ask participants to go through and fill out reflecting on a partner:

1. Child Safeguarding & PSEA Assessment tool
2. Sample Child Safeguarding & PSEA Implementation Checklist

Think about:

- How do you anticipate using these tools?
- What can you do to improve efficiency of the tools?
- What other tools have you used?

(30 minutes) Bring the large group back together. Ask each group to feedback on what they discussed together and showcase how they were able to fill out the tools. Write down what they have come up with on the flipchart.

## Questions/Alternate reflection activities

Go over questions/issues in parking lot. Other questions? Items needing clarification?



## Session 14: Action Planning

**Length: 90 minutes**

### **Learning Outcomes:**

- Participants will develop a plan that includes:
  - o Training MCC staff
  - o Identifying and connecting with local resources for victim-survivor support
  - o Developing the country program complaints mechanism
  - o How focal point/country program leadership will increase their skills/knowledge according to where they feel they have gaps
  - o Next steps for working with partners
- Participants will identify problems that might prevent implementation of the Protection Framework at their MCC and with partner agencies, in order to develop creative solutions.

### **Materials:**

- Copies of Action Planning Template

Adapted from Keeping Children Safe, “Developing Child Safeguarding Policy and Procedures,” Exercise 3.4., 2014.

[https://resourcecentre.savethechildren.net/node/8561/pdf/kcs\\_developing\\_10.14.pdf](https://resourcecentre.savethechildren.net/node/8561/pdf/kcs_developing_10.14.pdf)

### **(5 minute) – Instructions**

What are the essential actions you and your country program need to take to implement MCC’s Protection Framework?

Review the list of possible actions that the group has been adding to each day.

Ask participants to work in country groups to fill out the chart, including:

- Specific areas of action, including but not limited to:
  - o Training MCC staff
  - o Identifying and connecting with local resources for victim-survivor support
  - o Developing the country program complaints mechanism
  - o How focal point/country program leadership will increase their skills/knowledge according to where they feel they have gaps
  - o Next steps for working with partners
- When, how and who will be involved (include the relevant people/positions involved and their responsibilities)
- the implementation plan will be monitored in the future, identifying
  - o What can be measured, and by whom, how and when

- How you will measure success (what do you expect to see if you're successful)

(60 minutes): Country groupings work to complete the Action Planning Template

Final 25 minutes: Ask each group to share one action item with the larger group

## Day 4 Wrap-up, evaluation, relaxation

Summarize what's been covered – note items that still need clarification and that we'll be following up on.

Evaluation: Use post-its to collect information on

- what participants found to be most helpful
- Suggestions for improvement
- Additional resourcing needed

Reminder of support resources

Do post-test; explain that there will be a follow up survey in 6 months to see how things are going. Please respond when that comes!

Take group picture with signs – What will you do to make MCC a safer place as it relates to safeguarding?

## Resources

- Bond, “20 Core elements: a toolkit to strengthen safeguarding report-handling,” 2019. <https://www.bond.org.uk/resources/safeguarding-toolkit>
- CARE Canada, “Prevention of Sexual Exploitation and Abuse: Two Day Sensitization Workshop,” 2016. <https://www.careemergencytoolkit.org/wp-content/uploads/2017/03/PSEA-2-Day-Workshop-Manual-English.pdf>
- CHS Alliance, “How Change Happens in the Humanitarian Sector: Humanitarian Accountability Report, 2018. [https://d1h79zlgft2zs.cloudfront.net/uploads/2019/07/Humanitarian\\_Accountability\\_Report\\_2018.pdf](https://d1h79zlgft2zs.cloudfront.net/uploads/2019/07/Humanitarian_Accountability_Report_2018.pdf)
- IASC, “How to support survivors of gender-based violence when a GBV actor is not available in your area: A step-by-step pocket guide for humanitarian practitioners.” <https://gbvguidelines.org/en/pocketguide/>
- InterAction, “Community-Based Complaints Mechanism Workshop.” <https://www.interaction.org/blog/course-materials-for-preventing-sexual-exploitation-and-abuse/>
- InterAction, "Introduction to organizational prevention of sexual harassment, exploitation & abuse," From Pledge to Action Working Group, 2019.
- Keeping Children Safe, “Developing Child Safeguarding Policy and Procedures: A facilitator’s guide,” 2014. <https://resourcecentre.savethechildren.net/library/developing-child-safeguarding-policy-and-procedures-facilitators-guide>
- Keeping Children Safe, Training for Child Protection, 2011. Tool 3. <https://resourcecentre.savethechildren.net/library/keeping-children-safe-toolkit-child-protection#:~:text=Tool%203%20%2D%20Keeping%20Children%20Safe,and%20organisation%20safe%20for%20children.>
- Lederach, John Paul. “Perspectives for Assessing and Working with Power.” Conflict Transformation and Restorative Justice Manual, Akron, PA: Office on Justice and Peacemaking.
- Save the Children International, “Child Safe Programming Guidelines.” <https://www.end-violence.org/sites/default/files/paragraphs/download/SAVE%20THE%20CHILDREN%20Child%20Safe%20Programming%20Guidelines.pdf>
- Viva, Creating Safe Environments for Children: A Toolkit for Safeguarding Children and Protecting them from Harm, 2014, p. 24. <https://www.viva.org/wp-content/uploads/2017/02/Creating-Safe-Environments-for-Children.pdf>

