Standard Operating Procedure (SOP) Safeguarding Violations Experienced by IRC Clients

Country/Office Name

This introductory text, and any other text written in italics is inserted for the learning of the country or city program in the creation of this SOP. Italicized text may also indicate that a country program needs to fill in information.

This template is designed to help guide the country or city program in developing a localized and contextualized SOP that will work for clients in your operating contexts. The accompanying Handling Framework will further assist in the development of this material.

When creating the SOP, it is recommended that the following is kept in mind:

- *Draft the SOP with sufficient detail so that anyone will be able to pick it up and use it. A common mistake when drafting these types of materials is that they are written without bearing in mind staff turnover or changing staff roles;*

- *Language may be important, and so local offices should reflect on whether the SOP should be translated for some operating contexts;*

This SOP sets out the prevention, reporting, and response measures to be taken with regards to safeguarding violations that may be experienced by IRC clients in *country name*. This SOP further sets out timelines for updating this document. This SOP can be shared with IRC's partners. *It is recommended that an action plan accompany the SOP in the early stages of its development.*

PREVENTION AND PREPARDNESS

Communications Plan

Our Safeguarding Leads are *names and contact details for leads*.

The contents of this SOP, as well as IRC's behavior protocols when working with clients is being communicated to clients in the following manners:

- *List out communications methods, for example through Focus Group Discussions, posters, videos, radio spots, or other creative methods*

We have taken the following measures specifically to be able to communicate with individuals with low literacy skills, such as children:

- *List out measures taken to address low literacy, such as use of cartoons or graphics*

We communicate this information to our staff and clients as per:

- *List out how often these communications are made, for example at the start of all distributions or all staff meetings, through constant visibility such as posters, or in quarterly focus group discussions*

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<u>Training Plan</u>

Trainings on safeguarding are essential and offered to the following types of staff and associates who work with IRC:

- *List who trainings are being offered to, including staff, incentive workers, vendors, etc*

These trainings were last offered through the following methodology:

- *For example, a consultant hired to deliver IRC training materials, ToT training conducted through technical staff or Director of Safeguarding in a field visit*

The last date that trainings on safeguarding were offered was *insert date*. It is our intention that trainings will be arranged *suggest twice for CRRD, once for RAI* a year, recognizing that there is *for example, high turnover or stability in staff make-up* in our location.

Funding for these trainings is currently coming from the following sources:

- *For example, unrestricted funds, capacity building lines in grant applications*

REPORTING

Clients can report in the following ways:

- *List the types of ways that clients can report, for example complaint boxes, hotlines, whatsapp numbers, through technical or program staff*

Our reporting mechanisms are currently available in the following languages:

- *List languages that the reporting mechanism is available in*

Communication materials about how clients can report are shared through the following ways:

- *List the ways that you communicate with clients about reporting methods, for example using posters, telling clients directly during programmatic activities, radio spots*

The reporting mechanisms are monitored every *recommend quarterly* to ensure that they continue to be fit-for-purpose for the needs of our client populations. This is done by:

- List the ways that you are checking the system, for example, *monitoring and evaluation team to spot-checks with clients, focus group discussions or feedback sessions, testing number for hotline*

REPORT ESCALATION AND INVESTIGATION PROCESS

Staff with the following profiles have been trained on how to receive and safely escalate a report of a safeguarding violation:

- *List the type of staff that have been trained on how to receive and safely escalate a report, for example all staff (recommended), volunteers, security leads, child protection staff, WPE staff*

Communication materials about how to escalate reports received or concerns one may have, including information about survivor-centered reporting, mandatory reporting for children or concerns about child safeguarding violations, are shared through the following ways:

- *List the ways that you communicate with staff about reporting methods, which can include Raise Concerns campaign materials. Where relevant, ensure that local phone numbers are listed for the Ethics Hotline or relevant local staff members*

When IRC receives reports regarding another organization in our operating context, we refer the report by *for example, making a referral to the appropriate legal body, the organization in question, or through a cluster or coordination system*. We also offer to refer the individual through the support services pathways set out below.

When reports are received at the local level, we proceed through the following steps:

- *List out actions that are taken, including who specifically is or needs to be informed, and how identifying details about reports are stored and shared locally*

- *List out actions that are taken to ensure that reporters – whether third-party or survivor – are appropriately consulted (adults) and informed (children) about actions being taken and are referred for appropriate response services, preferably through IRC WPE or Child Protection. List potential actions that can be taken in the local context, including moving an individual to another location to reduce risk of retaliation*

- *List out actions normally taken to inform alleged perpetrators, including potential to put on administrative leave or moving to another location*

In this context, the following local laws or concerns must be kept in mind:

- *List here any local laws, such as mandatory reporting of safeguarding violations, forms required for incidents to be referred to the courts or for medical care to be provided, or labor laws that may impact our ability to take disciplinary action*

- *List here any local attitudes or approaches to survivors, broken down by age, gender, religion, and other intersectional issues, that may affect the safety or security of individuals coming forward*

RESPONSE AND SUPPORT SERVICES

For CRRD

We have conducted a rapid service mapping using a standard template on *insert date* and plan to update every 6 months, unless it has been raised that a specific service is no longer available or no longer provides the quality of care that IRC requires, including health, GBV and child protection services within 2 hours of project site which are assessed to adequately meet needs of survivors. The mapping can be found at the following *link to a box folder pasted below.*

We have identified WPE, Child Protection and/or external case workers who will be appointed within 24 hours of receiving a safeguarding incident and who is within the same or most close location. The identified case workers are *insert names and titles of staff and/or external service provider.* The caseworkers have last received training on the SOP and how to ensure the minimum services response is upheld on *insert date.*

We have safe health and psychosocial services in place through *insert list of services per location and whether these are IRC programs and/or external service providers.*

Where we don't have existing programs and external service providers are not available or desired (eg due to distance to service or lack of quality service provision), we have the following plan in place. *List plan and budget for building in-country response and/or other response capacity (eg bringing in trained social worker, funds to transport survivor) and/or investment in training and supplies for external capacity strengthening.* A detailed plan and budget can be found at the following *link to a box folder pasted below.*

For RAI

Our referral pathway can be found *at the following link to a box folder or pasted below.* It sets out details on the nearest available hospital, *local rape crisis center, hotline, or planned* parenthood, and other locally available services. The local services are available in *list of languages that services can be provided with.* Where our clients require services in another language, we *detail plan for accessing translation services for client.*

In our city, we must abide by the following local reporting regulations: *paste below the reporting regulations, and detail how these reporting regulations will be upheld.*

This referral pathway is shared to staff through *posters placed in the office, monthly short reminders in all staff meetings, or other methods*.

The referral pathway is updated every 6 months, unless it has been raised that a specific service is no longer available or no longer provides the quality of care that IRC requires.

LEARNING AND REFLECTION PROCESS

After all reported safeguarding violations have been investigated and case has been closed, the following learning process will be put in place:

- *List the actions to be taken, for example, implementing recommendations made by investigations team or safeguarding technical staff,*

This SOP will be updated *suggest quarterly*, next in *insert month*.