Sightsavers child safeguarding guidelines

Health and neglected tropical disease (NTD) programmes

The purpose of these guidelines

Sightsavers is an international development organisation committed to supporting the development of health systems in low and middle-income countries and to advancing the rights and improving the quality of life of people with disabilities. Our programmes include health, neglected tropical disease (NTD), education and social inclusion interventions in more than 30 countries. Many of those benefitting are children and young people.

We implement projects with a range of partners including government, civil society actors and the private sector, many of whom work directly with children. Sightsavers has developed these guidelines to strengthen child safeguarding arrangements in partner facilities and interventions. Similar guidelines have been developed for our education programmes.

What is safeguarding?

A child safeguarding approach is one designed to identify and minimise the risks of harm or abuse to children from any planned activity. It is part of a more comprehensive child protection approach, which entails a wide potential range of policies, procedures and activities seeking to address child safety as their primary concern.

In Sightsavers' case, a child safeguarding approach means minimising the risk of harm to children from our programme activities. This includes ensuring that any concerns about children´s safety within communities where we work are reported to the appropriate authorities.

Types of potential harm to children

Harm can occur through physical and/or emotional abuse, sexual abuse, neglect, negligent treatment, harmful traditional practices or exploitation, all of which can result in damage to the child's health, wellbeing, survival, safety, development or dignity:

- **Physical abuse or harm:** is the use of physical force against a child that results in injury or harm. Physically abusive behaviour includes shoving, hitting, slapping, shaking, throwing, punching, kicking, biting, burning, strangling and poisoning. All forms of corporal punishment are to be viewed as physical abuse. Harm can also occur through accident or injury caused by negligence, negligent treatment or malpractice.

- **Emotional abuse:** involves persistent or severe emotional ill-treatment or rejection, such as degrading punishment, threats, bullying, or not providing children with the necessary care and affection. Emotional abuse adversely affects the behaviour and emotional development of children. Other harmful experiences such as exposing children to violence in the home are also classified as emotional abuse.

- **Neglect:** is the failure by a parent or caregiver to provide a child with the conditions culturally necessary for their physical and emotional development and wellbeing. Neglect of children with disabilities is more common than neglect of children without disabilities and is often under-reported.

- **Child sexual abuse:** any incident in which an adult, adolescent or child uses their power and authority to engage a minor in a sexual act, or exposes the minor to inappropriate sexual behaviour or material, whether or not the child is aware of or consents to what is happening. Sexually abusive behaviour includes rape, incest, fondling genitals, masturbation, voyeurism, exhibitionism and exposing or involving the child in pornography or any other sexual activity, real or simulated, including on the internet or in any other medium.

- **Exploitation:** the use of a child for work or other activity for economic gain, which may be hazardous or harmful to the child´s health or development or interfere with the child´s education. This includes, but is not limited to, child labour and child prostitution.

- **Harmful traditional practices:** cultural rituals, traditions or other practices that have a harmful and negative impact on the life, health, physical and psychological integrity and development of a child. Such traditions include Female Genital Mutilation (FGM) and forced early marriage. They may also include various rituals or ceremonies involving children, particularly those associated with witchcraft. In some countries, children with albinism are particularly vulnerable to these types of practices.

Safeguarding risks within health and NTD programmes

If an eye health or NTD programme will be reaching child beneficiaries, we have an obligation to protect those children and to minimise the risk of harm occurring. Any facility, intervention, or activity that reaches children could pose a potential risk, and particularly so for girls and for children with disabilities.

The table below provides a (non-exhaustive) list of facilities, interventions and activities involving children, where safeguarding risks could occur. The level of engagement with children in each of these settings will depend upon the design of each individual project and the local context.

Primary care	**Secondary / tertiary care**	**Media / comms**
• Community screening • School screening • Community awareness initiatives • Outreach camps • Mass drug administration (MDA) • Other community initiatives, e.g. surveys, case-finding, vitamin A supplementation, deworming.	• Refraction clinics • Vision centres • PEC centres • Paediatric outpatient clinics • Paediatric inpatient interventions (surgeries/ wards) • Rehabilitation and other interventions	• Case studies • Photography

Minimising the risk of harm

Five broad areas require attention in order to minimise the risk of harm to children in our health and NTD programmes. These should be reviewed thoroughly with implementing partners:

1. **Policy and incident management**
   - An up-to-date child protection policy should be in place at organisational level and senior management should be committed to its implementation.
   - An organisational mechanism should be in place to monitor the implementation of the policy at all relevant levels.
   - A formal process should be in place to report (and follow up on) any concerns or incidents related to child safeguarding, that all staff should be aware of.

2. **Infrastructure**
   - All premises should be reasonably child friendly, with appropriate protection in place around sharp objects, dangerous drops or depressions in the floor.
   - All areas used by children and/or their carers should be monitored, either electronically or by the presence of staff.
   - Sex-separated toilet and washing facilities should be provided for boys and girls, which are accessible to children with disabilities.

3. **Processes**
   - All clinical and non-clinical processes should be reviewed to identify potential areas of harm for children, and modified accordingly.
   - All equipment and consumables used for the care of children, including medicines and vaccines, should be used as per best practices and clinical guidelines.
   - Written informed consent should be obtained from the relevant legal guardian, as per local laws, before conducting any invasive examination/ procedure on a child.
   - Children should not be left alone with any care provider outside the health care setting (e.g. travel etc.) and a clear process of chain of custody should be maintained for inpatient care, for example admission and discharge tags.
   - A formal process should be in place to report any incident to the relevant organisational authority (and external agencies where needed) for action.

4. **Personnel and training**
   - All staff likely to come into contact with children, at any level, should receive relevant training on child safeguarding issues.
   - A reasonable gender mix of staff should be maintained amongst teams carrying out outreach or other community based activities involving children.
   - All relevant staff should receive appropriate clinical and process training on handling children safely.

5. **Media/communications**
   - Any media and communications activities undertaken by the country/area office, such as gathering case studies and capturing photographs of beneficiaries, must adhere to Sightsavers' Ethical Content Policy (see appendix 4), to protect the safety, rights and privacy of children.

The safeguarding checklists in appendices 1-3 will allow you to conduct a thorough review of these critical areas and to identify actions for improvement.

Safeguarding checklists

A series of checklists is available to help partners and the project design team to assess existing safeguarding practices in facilities or interventions involving children, and to identify concerns and areas for improvements. If any shortcomings are revealed, these should be outlined and addressed in the accompanying action plan, and should inform the project risk assessment.

These checklists should be used in all instances where a Sightsavers programme works with children, whether as direct beneficiaries or otherwise involved in project activities. They can be completed directly by the partner if required, or with the involvement/support of members of the project design team, whatever is most appropriate for the project in question.

1. **Checklist for permanent health facilities**
   (including clinics, hospitals, vision centres, community/PEC centres)

2. **Checklist for temporary health facilities**
   (for example outreach camps, field hospitals)

3. **Checklist for community interventions**
   (including MDA, case-finding, vitamin A supplementation, community screening)

Child safeguarding checklist and action plan – permanent health facilities

(for clinics, hospitals, vision centres, community health centres, PEC centres)

Name of facility:
Date of completion:

1.	**Child safeguarding policy**	**MoV (means of verification)**	**Answer**	**Action**
1.1	Does the facility have a child safeguarding policy?	*Review the policy*		
1.2	Is the child safeguarding policy of the facility reviewed annually?	*Interview director, review minutes from Board meetings.*		
1.3	Is the child safeguarding policy available for staff working for the organisation?	*Interview director and a sample of staff*		
1.4	Does the policy clearly and comprehensively discuss child safeguarding issues and identify clear and comprehensive systems for dealing with these issues?	*Review the policy*		
1.5	Is the policy fully understood by staff working in the facility?	*Interview sample of staff*		
1.6	Is there a formal process in place for reporting any concerns or incidents related to child safeguarding and conducting necessary follow up action(s)?	*Review the policy*		
1.7	Is the incident reporting process fully understood by staff working in the facility?	*Interview sample of staff*		

2.	Designated Senior Person	Suggested MoV	Answer	Action
2.1	Is there a senior person with the facility who has overall responsibility for child safeguarding?	*Review the policy, interview director*		
2.2.	Is it clear to all staff members who this person is and what their role is?	*Interview sample of staff*		
2.3	Who deputises when this person is not available?	*Review policy, interview director*		

3.	Staff development	Suggested MoV	Answer	Action
3.1	What arrangements are in place for training staff of the facility about child safeguarding issues?	*Review policy, interview director and/or HR*		
3.2	How often does the training take place and how long is the training?	*Interview director and/or HR*		
3.3	When did the training last take place?	*Interview director and/or HR*		
3.4	Is there an induction programme for newly-appointed staff at the facility?	*Interview director and/or HR*		

4.	School screening processes *(complete if the project has a school screening component)*	Suggested MoV	Answer	Action
4.1	Are any facility staff directly involved in the screening process? (to support teachers and/or if school teachers are not available)	Interview programme manager, sample of teachers		
4.2	Are the screening staff teams oriented about child safeguarding before going to the schools?	Interview programme manager, sample of staff		

4.3	Is there at least one female member in the screening team?	Interview programme manager, sample of staff		
4.4	Are the parents/ caregivers informed clearly about the screening process and consent (in any form) taken accordingly?	Interview programme manager, sample of staff, review consent forms		
4.4	Are any children transported to a health facility for follow up procedures (e.g. refractions)? If so, how is child safety ensured during transfer?	Interview programme manager, sample of staff		
4.5	For onsite examinations (by refractionist/ optometrist), how is child safety and privacy ensured?	Interview programme manager, sample of staff		
4.6	Is the final report shared with the parent/ caregiver and their consent obtained for using the data for reporting purposes?	Interview programme manager, sample of staff, review consent forms		
4.7	Who has access to the screening data? Is the personal data of children screened and examined kept anonymised to ensure confidentiality?	Interview programme manager, sample of staff, review consent forms		

5.	**Out-patient facilities**	**Suggested MoV**	**Answer**	**Action**
5.1	Is there a designated child-friendly area in the OPD?	Observation of OPD		
5.2	Are all spaces in the OPD area safe and easily accessible by all children?	Observation of OPD		
5.3	Is there a mode of monitoring all entrances and exits to ensure that no child enters or leaves unsupervised?	Observation of OPD		

5.4	Are all examination rooms equipped with basic child safety measures?	Observation of OPD		
5.5	Are parents engaged in the decision-making process for their child's treatment approach?	Interview programme manager, review consent forms		
5.6	Is all clinical data kept confidential?	Interview programme manager		
5.7	Is culturally appropriate child eye care information available in the OPD in accessible formats?	Interview programme manager, review eye care information		

6.	**In-Patient Facilities** *(complete if the project has a surgical component)*	**Suggested MoV**	**Answer**	**Action**
6.1	Are the buildings adequately guarded against unauthorised entrance?	Interview programme manager, observation		
6.2	Are the spaces in the in-patient facilities safe and easily accessible by all children (where relevant)?	Interview programme manager, observation		
6.3	Is there at least one adult member of staff in each children's ward at night, responsible for the patients? When there are girl patients, is at least one of the members of the staff a woman?	Interview programme manager, observation		
6.4	Is there a system of ensuring that only the assigned members of family are allowed access to the child during the stay at the facility and at discharge?	Interview programme manager, observation		

6.5	In case of clinical emergency, is there a formal process for paediatric intensivist care (either in-house or on call)	Interview programme manager, review written process		
6.6	Are all clinical and non-clinical processes relating to children in the ward kept updated and safe?	Interview programme manager, review written process		
6.7	In case of any non-clinical emergency (e.g. fire, earthquake, flood), is there a dedicated process for transferring all the admitted children to a pre-determined safe place?	Interview programme manager, review written process		
6.8	Is a process in place to ensure that written informed consent is taken from the relevant legal guardian, as per local laws, before conducting any invasive examination/ procedure?	Review sample of consent forms		

7.	**Sanitation and hygiene**	**Suggested MoV**	**Answer**	**Action**
7.1	Are there sex-separated toilet and washing facilities for boys and girls?	Interview programme manager, observation		
7.2	Are these toilets and washing facilities easily and safely accessible for boys and girls with disabilities?	Interview programme manager, observation		

Completed by (name in print): **Signature:**

Position:

Date:

SAFEGUARDING ACTION PLAN for _____ *(insert name of facility)*

Transfer the actions identified in the checklist into a plan to improve to your safeguarding practice. Use the table to allocate roles, inserting new rows if necessary. Be realistic about the time it will take to achieve the necessary improvements. If necessary, group together (or break down) the notes from the checklist into the lines of this table.

No.	Action	By who	When	Review date

Signed off by: **Name (in print):**

Date:

Sightsavers

Child safeguarding checklist and action plan – temporary health facilities

(for outreach camps, field hospitals etc)

Name of organisation running/coordinating temporary health facility: **Date of completion:**

1.	**Child safeguarding policy**	**MoV (means of verification)**	**Answer**	**Action**
1.1	Does the organisation running or coordinating the camp/field hospital have a child safeguarding policy?	*Review the policy*		
1.2	Is the child safeguarding policy available for staff working for the organisation?	*Interview director*		
1.3	Does the policy clearly and comprehensively discuss child safeguarding issues and identify clear and comprehensive systems for dealing with these issues?	*Review the policy*		
1.4	Is there a formal process in place for reporting any concerns or incidents related to child safeguarding and conducting necessary follow up action(s)?	*Review the policy*		

2. Personnel and training

When planning activities, has consideration been given to the following, and discussed with all relevant staff:

		Suggested MoV	**Answer**	**Action**
2.1	Will staff/volunteers working at the camp receive training on basic safeguarding issues, including the expectation that they should not be left alone with children?	*Interview with sample of staff*		

2.2.	Will staff/volunteers working at the camp receive training on how to report concerns/incidents?	*Interview with sample of staff*		
2.3	What is the appropriate gender mix of staff and how will this be ensured?	*Interview with sample of staff*		

3. Infrastructure and facilities

When planning activities, has due consideration been given to the following, and discussed with all relevant staff:

		Suggested MoV	**Answer**	**Action**
3.1	What will be done to ensure that all spaces in the camp / field hospital are safe and easily accessible by all children?	*Observation, review the processes*		
3.2	Will there be a mode of monitoring all entrances and exits to ensure that no child enters or leaves unsupervised?	*Observation, review the processes*		
3.3	Will transport to the camp / field hospital be provided? If so, how will child safety be ensured during transfer?	*Observation, review the processes*		
3.4	In case of any non-clinical emergency e.g. fire, earthquake, flood, are there processes in place for transferring/evacuating children (and adults)?	*Review the processes*		

4. Clinical processes

When planning activities, has due consideration been given to the following, and discussed with all relevant staff:

		Suggested MoV	**Answer**	**Action**
4.1	For onsite examinations and procedures, how will child safety and privacy be ensured?	*Review the processes*		

4.2	What arrangements are in place to ensure parents/ caregivers are informed clearly about the process and consent obtained accordingly?	*Review the processes*		
4.3	What processes are in place to ensure that high-risk patients (e.g. children under a certain age) will be referred to main hospitals for treatment rather than being treated at the camp?	*Review the processes*		
4.4	Who will have access to the screening/clinical data? Will the personal data of children be kept anonymised to ensure confidentiality?	*Review the processes*		
4.5	In case of clinical emergency, is there a formal process in place for medical intervention?	*Review the processes*		

5. Sanitation and hygiene

When planning activities, has due consideration been given to the following, and discussed with all relevant staff:

		Suggested MoV	**Answer**	**Action**
5.1	Will there be sex-separated toilet and washing facilities for boys and girls?	*Observation*		
5.2	Will these toilets and washing facilities be easily and safely accessible for boys and girls with disabilities?	*Observation*		

Completed by (name in print): **Signature:**

Position:

Date:

SAFEGUARDING ACTION PLAN for_____*(insert name of outreach camp / field hospital)*

Transfer the actions identified in the checklist into a plan to improve to your safeguarding practice. Use the table to allocate roles, inserting new rows if necessary. Be realistic about the time it will take to achieve the necessary improvements. If necessary, group together (or break down) the notes from the checklist into the lines of this table.

No.	Action	By who	When	Review date

Signed off by: **Name (in print):**

Date:

Child safeguarding checklist and action plan – community interventions

(for mass drug administration (MDA), case-finding, screening, vitamin A supplementation, community-based examinations etc)

Name of organisation running/coordinating the community intervention: **Date of completion:**

1.	**Child safeguarding policy**	**MoV (means of verification)**	**Answer**	**Action**
1.1	Does the organisation running or coordinating the community intervention have a child safeguarding policy?	*Review the policy*		
1.2	Is the child safeguarding policy available for staff working for the organisation?	*Interview director*		
1.3	Does the policy clearly and comprehensively discuss child safeguarding issues and identify clear and comprehensive systems for dealing with these issues?	*Review the policy*		
1.4	Is there a formal process in place for reporting any concerns or incidents related to child safeguarding and conducting necessary follow up action(s)?	*Review the policy*		

2. Personnel and training

When planning activities, has consideration been given to the following, and discussed with all relevant staff:

		Suggested MoV	**Answer**	**Action**
2.1	Will community workers/volunteers receive training on basic safeguarding issues, including the expectation that they should not be left alone with children?	*Interview with sample of staff*		

2.2.	Will community workers/volunteers receive training on how to report safeguarding concerns/incidents?	*Interview with sample of staff*		
2.3	What is the appropriate gender mix of staff and how will this be ensured?	*Interview with sample of staff*		

3. Clinical processes

When planning activities, has due consideration been given to the following, and discussed with all relevant staff:

		Suggested MoV	**Answer**	**Action**
4.1	For community-based examinations and procedures, how will child safety and privacy be ensured?	*Review the processes*		
4.2	What arrangements are in place to ensure parents/ caregivers are informed clearly about the process and consent obtained accordingly?	*Review the processes*		
4.3	Who will have access to the screening/clinical data? Will the personal data of children be kept anonymised to ensure confidentiality?	*Review the processes*		

Completed by (name in print): **Signature:**

Position:

Date:

SAFEGUARDING ACTION PLAN for_____*(insert name of community intervention)*

Transfer the actions identified in the checklist into a plan to improve to your safeguarding practice. Use the table to allocate roles, inserting new rows if necessary. Be realistic about the time it will take to achieve the necessary improvements. If necessary, group together (or break down) the notes from the checklist into the lines of this table.

No.	Action	By who	When	Review date

Signed off by: **Name (in print):**

Date:

Sightsavers

Sightsavers Ethical Content Policy

1. Introduction

Content from our work plays a huge role in fundraising and raising awareness about the issues we work on. We have a duty of care to protect the people who give us their time and personal information from harm or offence, ensuring they have a positive experience during the content collection process, and that they are represented accurately and respectfully for as long as we hold their content.

Ethical content practices go far beyond a signature on a permission form. This document outlines processes for staff to feel confident they are acting responsibly, protecting Sightsavers' reputation and complying with the child safeguarding policy (extracts from the child safeguarding policy are highlighted in yellow throughout this document). Although there are procedures that are specific to children, ethical practices must be applied when capturing content about anyone related to Sightsavers activity.

Following these processes is mandatory when the subject could be in a vulnerable position or their information is sensitive i.e. beneficiaries or participants in our services and their families. And preferable when working with staff, partners or volunteers.

'Content' refers to any information about a person, including personal details, a person's story, photos, video and audio. 'Images' refers to video and photography.

2. Collection preparation and informed consent

Where possible children should be prepared for interviews prior to being interviewed.

Sightsavers representatives will ensure that appropriate consent is obtained before images or stories of children are captured or shared.

Prior consent to use information collected in interviews and / or images of children should be obtained from children themselves (if they possess the maturity to do so) and from their parents and/or guardians

2.1 Advance agreement

If you're bringing a photographer/videographer, and/or you're expecting to take up a significant amount of someone's time, subjects must be asked if they are happy to take part and prepared for your arrival. This applies to individual families as well as community leaders, heads of institutions like schools or hospitals and local government where applicable. Ask programme teams to get in touch with the relevant people, making it clear that the visit is not compulsory and has no influence on programme work, positive or negative.

2.2 Explain the purpose, process and context of your activity

Before starting any content collection, dedicate time to a full explanation, including:

- Introductions for everyone in the team (if you're talking to a visually impaired person ask everyone to say something so they can recognise voices)
- Who Sightsavers are, and our relationships with the partners they have direct contact with

- What content is used for and why it's so useful
    - i.e. demonstrating challenges and impact, generating support for our work
- Where their content could be used and who could see it, making sure they understand the scale and exposure of mass communications
- How they could be portrayed, depending on the channel and use
    - i.e. emphasis might be on challenges, showing them as more vulnerable, suffering or needing support. Or on the positive impact, showing them as someone who has benefited from support
- What will happen during the content collection process
    - the time you'll be spending with them, that you'll be asking personal questions, taking a lot of photos, filming them at home and around the community and asking them to demonstrate situations from their every day life
- Reiterating they have control over the process and can decide what to take part in or not, with no repercussions or need for an explanation. And that content collection is entirely separate from project activity.
    - If they don't want to do anything or want to stop at any time, to let you know
    - Nothing they say, do, or decide not to do will have any impact – positive or negative - on the support they receive
    - They can revoke consent at any time

See additional 'content collection preparation' document for suggested discussion wording.

Depending on the level of information provided you can vary the detail of your explanation – for an image of someone in a hospital ward you can be brief. If it's someone's in depth story, or a photo that shows someone in a sensitive situation, take more time.

2.3 Informed consent

Informed consent means subjects need to understand where and how their content will be used, and that they have the option to withhold or withdraw any information (including their identity), at any time.

Taking people through Sightsavers' permission form gives them choices over:

- What kind of content is collected – their name, story, voice, photo and/or video
- What channels content is used in – they can agree to all media channels or opt out of any they are not happy with
- Where content is used – in their own country or internationally (with the option to give exceptions)

The specifics must be explained in the subjects' local language, ideally through an independent, professional translator. Translators must be briefed on informed consent and be able to judge whether someone has fully understood what they're agreeing to.

2.4 Evidence of consent

Even if people locally don't feel informed consent is important, Sightsavers do. The permission form provides evidence we are following an ethical procedure. The form caters for a variety of circumstances:

- Parental or guardian permission for children under 14 (co-signing for children over seven, who must also give their consent). In schools, teachers must inform parents in advance of the visit, giving them a chance to opt out, and a teacher can sign on their behalf

- Group permission for communities or people in the background where it's not possible to get everyone's written consent. A person in authority (community leader, head teacher or hospital head) can sign on a group's behalf, as long as people verbally agree or been given the chance to move out of the photo

Low literacy subjects can sign with a thumbprint or give audio or video permission, with their response audibly translated. Alternatively, a reliable witness to can sign to confirm informed consent was given.

Consent is not needed for unrecognisable people (faces and all other identifying features obscured). In busy places or large crowds you can make a judgement call – ask yourself "Would I want this image of me and/or my family to be used as a marketing, fundraising, or communications tool for an organisation in another country?"

3. Documenting stories

All interviews and images of children are undertaken with sensitivity in order to safeguard the child´s rights to dignity, identity, confidentiality and privacy.

A parent or guardian should be present during interviews, or their permission sought before-hand for a professional adult with agreed responsibility (such as medical or educational professionals) to be present on their behalf.

3.1 Story context

To avoid stereotyping, it's important give someone's story as much context, balance and personal detail as possible, and to let someone describe their own situation:

- Ask questions about someone's family background and life experiences to show them as a rounded person, not just a beneficiary
- Ask about what led to someone being in their current situation, and factors that have prevented them getting support previously
- Provide a balanced narrative, recording positives as well as negatives e.g. if an area is clearly very poor but also beautiful, or if someone shows great strength and resilience as well as showing distress, describe both sides
- Ask local project staff for more detail on the local context
- Be sure to include details of things people have done or choices they made to change their own life, rather than solely relying on Sightsavers to 'save' them
- Be aware of the language you use, being careful not to disempower people or insinuate sight loss or disability is the sole cause of a person's difficulties – it's the situation they are in rather than their condition

3.2 Accurate representation

- Accurately record what you are told – a Dictaphone helps avoid mistakes and allows you to use someone's words so they tell their own story
- If an answer or situation is unclear, or a story changes, always ask for clarification, checking with other family members or project staff if necessary
- Monitor translation – notice if your translator is elaborating too much (or not enough), and ask project staff to listen in to the first interview to confirm accuracy

- Ask project staff to confirm the exact extent of Sightsavers' role – we can't claim responsibility for things we haven't done
- Accurately and objectively document conditions you see, without exaggerating, assuming how someone feels, or imposing your own feelings on a situation (you can describe how you feel observing a situation, but you can't directly attribute feelings or judgements to a situation that haven't been expressed by the subject e.g. their situation is hopeless vs 'I feel hopeless')

3.3 Conduct interviews sensitively

To demonstrate need you may need to ask people difficult or delicate questions. Be compassionate, patient and sensitive and be aware of your subject's feelings. E.g.

- Request permission to ask what could be an upsetting question, and reiterate that they don't have to answer. Never push someone to tell you something they're not comfortable with
- If someone tells you something highly sensitive, double check whether they're happy for it to be included
- Notice when people become tired, uncomfortable or upset. If a child becomes upset, stop the interview. With an adult, ask them if they want to carry on, or take a break.

4. Capturing images

All interviews and images of children are undertaken with sensitivity in order to safeguard the child´s rights to dignity, identity, confidentiality and privacy.

Pictures of children should be decent and respectful and should not stigmatize community, family or individual child.

Children are properly dressed (both girls and boys, should wear decent clothing appropriate to the local custom) and are not depicted in sexually charged poses or in ways which characterise them as entirely reliant on the viewer.

Ensure the use of the 'Two Adult Rule'. This means, when interacting with children in a work context I will ensure that another adult is present or within reach.

4.1 Working with photographers, videographers or journalists

All external consultants must sign the code of conduct before being allowed to visit project activity. External staff must never spend time with children without supervision.

You are responsible for helping external staff act in an ethical way. Discuss the Sightsavers approach with them before shooting and monitor their behaviour, correcting if necessary.

4.2 Respect and image permission

Where possible, always ask people before taking their images. Never take a photograph of a child without the full understanding and permission of the parent(s)/guardian(s). If spontaneous or natural images are necessary, as soon as the image is taken show the subject explain the purpose and get consent. If they refuse consent, it must be deleted.

Be aware of how much you're asking people to do – take advice from family members, local medical and project staff on what is reasonable and take age, physical capability and health into

account. If someone becomes very upset, showing them close up could violate their privacy. Take care to give them space and check whether they are happy for images to be taken.

The same principles apply for your personal photos in project settings – how you act affects opinions of Sightsavers, field staff and future travellers. If you're on your own and don't speak the language you can communicate to people by showing them your camera/phone.

4.3 Depiction

Everyone must be depicted in a dignified way, especially people who may face discrimination or exclusion. Images must show a true and accurate account of the way people live:

- Images must only be taken of people's typical activities, actual challenges and the story that they relay in their interview
- Get your subject involved, especially with children, ask them for ideas on how they would like to be shown
- Although children may be naked when you meet them, they cannot be photographed naked from the waist down or older female children naked from the waist up. Ask them to put on clothes they would usually wear
- Be culturally sensitive in what you ask people to do – what's acceptable in one place might not be in others. If you're in any doubt, ask local programme staff to advise.

Consider how framing and angles can affect how someone is depicted:

- Try not to take images from above as this appears disempowering. Images should be taken at the same level or looking up at a subject, particularly when showing the need
- Limit cropping or framing which makes people look more vulnerable than they are. Try to include context in a photo, showing someone's home or the hospital environment
- Children must not appear isolated if they are being cared for by family members
- Don't manipulate or set up a situation to make it look worse than it is e.g. if a child is being held by their mother, this is the image you should take, don't ask her to put them down.

5. Remuneration

As a general rule, payment or remuneration is not given in exchange for taking photos, however there may be situations where it is appropriate e.g. cultural expectations of visitors, compensating for loss of income. Project volunteers helping you may require a per diem. Always refer to local staff for appropriate behaviour and type of remuneration.

If it is deemed appropriate, this should not be communicated or given until the end so as not to sway their accounts.

6. Content sharing and storage

Pictures, materials and personal information regarding children will be held in a secure database and according to the appropriate Sightsavers data security protocols. Access to these materials will be employees only through a password protected system. The misuse of images accessed will be treated in the same way as other breaches of this policy. Applicable data protection laws for all stored images will be followed.

6.1 Storage

All content collected must be uploaded to ivillage which is a password protected system. Images must always be uploaded with the relevant consent form and accompanying information - a caption containing names and brief contextual information at the very least - so images can always be used with relevant context.

In almost all circumstances, where written or recorded permission does not exist, images must not be uploaded. Where it was absolutely not possible to get evidence of consent, or forms have been lost, the person responsible for gaining consent can confirm that there has been verbal agreement, ideally with verification from someone else present at the time.

Prior to upload, content must be stored on Sightsavers servers or your personal sharefile folders, which are also password protected. Content must be removed from personal devices. If guidelines in sections 3 and 4 are not followed and you receive content that may contravene the safeguarding policy you must delete this immediately.

6.2 Sharing

Content must never be shared by email. File transfer sites like Dropbox or Wetransfer should be avoided where possible.

Content can only be shared with external people through ivillage - a lightbox, or on occasion approved third parties can be given a login. They must be notified about our code of conduct in advance of receiving the content, and they will have to sign it when they agree to the ivillage terms and conditions, which contains the code of conduct.

Lightboxes must be deleted and external ivillage access removed once the requirement is over. Access to ivillage will be reviewed annually. Contact Benjamin Thompson for ivillage access.

If images need to be sent before ivillage upload, or if a photographer or videographer is delivering images from an assignment, this must only be done via sharefile or encrypted hard drive.

- To encrypt a hard drive [guidelines to follow]
- To give an external user access to a sharefile folder, select ‘Add People to Folder’ and click ‘Create new user’. They will receive an email notification with a link to login to the folder and add files

7. Use of content

Sightsavers and its partners are committed to carefully guard any information about children who feature in their publications, ensuring that their personal data are used appropriately. This also applies when material is made available to third parties.

Full names should never be provided alongside other identifiers such as date of birth (age) or community – the nearest big town or district name can be used

I will: Respect children‘s dignity and their need to be safeguarded at all times when taking photographs, filming or writing reports for public relations work.

Content must be captured responsibly, sensitively and accurately, however if this isn’t the case it is the responsibility of the person using the content to make sure anything that contravenes sections 3 and 4 is not used.

Any complaints or concerns about inappropriate or intrusive images of children must be reported and recorded in accordance with any other child protection concern (See child protection policy).

7.1 Misrepresentation

It is understood that content needs be shaped to fit the relevant channel and audience. But stories or images must not be altered to misrepresent the true situation:

- We must never imply people are suffering from things they aren't, or exaggerate a situation or the risk someone faces
- Content must relate to the situation being described e.g. a photo from Kenya can't be used when talking about work in Zambia, or a photo of someone who's had a cataract operation cannot be used in a story about trachoma
- Quotes cannot be wrongly attributed and must not be edited or used out of context to imply a different meaning to the original
- We cannot imply someone will be helped, or that we are working / will work in a certain area when it's not true (but we can use images of people we are not helping to explain a the need in a situation)

7.2 Upholding dignity and respect

To avoid perpetuating stereotypes of people living in the developing world, we must show a true and accurate account of the situations people live in:

- We present our beneficiaries and participants as dignified, rounded people by including personal details including their name, age, country, details about their family, work or personal likes and dislikes, and the circumstances of their situation with all image use
- We must not show people as helpless or victims, incite pity or imply they are entirely reliant on donors or agencies e.g. we cannot say £10 will save someone's sight, rather £10 could help save someone's sight
- We show the role people play in changing their own lives, that they are capable of helping themselves when the right structures are in place e.g. showing people seeking out healthcare, travelling long distances to screenings, fighting for their own rights
- We must not oversimplify a situation by implying that issues are simply a question of money that donations alone can solve. We should illustrate the wider causes as well as the effect. E.g. We don't just state that someone is too poor to get health care, we describe all the reasons it's difficult to access healthcare in their region
- We must not depict Sightsavers or donors as 'saviours', but rather facilitators working with local actors who play key roles in driving change
- We should show people living in difficult circumstances as one side of a country or region rather than a universal truth, and show a variety of perspectives about a country

7.3 Content usage period

Unless there are exceptional circumstances, content should not be used for more than five years after the original collection date. The present tense can only be applied to content for the first 18 months of its use.

7.4 Image manipulation

Images must not be significantly altered from their original form:

- Colour manipulation and enhancements must not alter the concept of the image e.g. dulling or sepia to make it look worse. We do not use black and white images (excluding historical)
- Cropping must not alter the context of an image
- Editing footage must not change the reality filmed. Edited pieces should always accurately represent the story
- Images should not be flipped – this does not represent the picture taken
- We do not create composite images unless for publicity stunts where it should be obvious its set up
- We do not use stock images

7.7 Third parties

Our photographers and videographers usually have shared copyright over the images they take. They must follow these guidelines whenever using images, and offer us the chance to review external use before publication to ensure it does not contravene the policy.