

**CAMEROON BAPTIST CONVENTION HEALTH
SERVICES/SOCIO ECONOMIC EMPOWERMENT OF
PERSONS WITH DISABILITIES (SEEPD) PROGRAM**

**CHILD PROTECTION
POLICY**

Approved:
Persons responsible for updating it:
Persons to which policy applies:
Date of Approval:

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TABLE OF CONTENTS

- LIST OF ABBREVIATION..... 5
- 1. INTRODUCTION 6
 - 1.1. Mission statement..... 6
 - 1.2. Vision 6
 - 1.3. Spiritual Purpose 6
- 2. DEFINITION 6
- 3. POLICY COMMITMENTS 9
- 4. BASIS OF THE CHILD PROTECTION POLICY 9
- 5. APPLICATION 9
- 6. CBCHB RESPONSIBILITY 9
- 7. GUIDELINES FOR ALL CBC HEALTH BOARD STAFF, PARTNERS, VISITORS AND VOLUNTEERS..... 11
 - 7.1. Respect 11
 - 7.2. By Example 11
 - 7.3. One to One Contact..... 11
 - 7.4. Physical Contact..... 11
- 8. GUIDING PRINCIPLES OF THIS POLICY 12
 - 8.1. Zero tolerance of child abuse 12
 - 8.2. Recognition of children’s interests 12
 - 8.3. Sharing responsibility for child protection 12
 - 8.4. Risk management approach 12
- 9. STEPS TO REALIZE OUR COMMITMENT..... 12
 - 9.1. Safer Recruitment within the CBCHS..... 12
 - 9.1.1. Advertising and information for job applicants..... 12
 - 9.1.2. Interviews 13
 - 9.1.3. Induction..... 13
 - 9.2. Training..... 14
 - 9.3. Vulgarization..... 14
 - 9.4. Monitoring..... 14
 - 9.5. Review 14
- 10. MANAGEMENT PROCEDURE 15
 - 10.1. Investigation and Reporting 15
 - 10.2. The Investigation Process 15
 - 10.3. The investigation process should follow the following guiding questions for information gathering.. 16
 - 10.4. Where there is an allegation against an employee, the following procedures will apply: 16

10.5.	Reacting to suspicion proper, what the CBCHB Contact (Focal) person should do:	17
10.6.	Guiding Principles for investigation.....	17
10.7.	Child Protection incident Management	17
10.8.	Case planning in child protection within the CBCHB.....	17
11.	OPERATIONS AND IMPLEMENTATION WITHIN CBC HEALTH BOARD STANDARDS	19
11.1.	Ensure coordinated policy implementation	19
11.2.	Increase awareness of child protection issues	19
11.3.	Enhance codes of conduct.....	19
11.4.	Ensure Confidentiality	19
11.5.	Children and Young people	19
11.6.	Parents.....	19
	ANNEX I: CAMEROON BAPTIST CONVENTION HEALTH SERVICES: CHILD PROTECTION COMMITMENT (CODE OF CONDUCT)	20
	ANNEX II: KEEPING LOST/FOUND CHILDREN SAFE.....	22
	ANNEX III: CHILD PROTECTION CONSENT FORM	24

LIST OF ABBREVIATION

ABBREVIATIONS	DEFINITIONS
CBC	Cameroon Baptist Convention
CBM	Christian Blind Mission
CBCHB	Cameroon Baptist Convention Health Board
NSPCC	National Society for the Prevention of Cruelty to Children
WHO	World Health Organization
ENT	Ear, Nose and Throat
PT	Physiotherapy
SAJOCAH	Saint Joseph's Child and Adult Home
CBR	Community Based Rehabilitation
WINHEEDCAM	Women's Initiative for Health Education and Economic Development-Cameroon
ISFB	Integrated School for the Deaf
ISFD	Integrated School for the Blind
CP	Child Protection
CIS	Centre for Inclusion Studies
UN	United Nations
PAACS	Pan African Academy of Christian Surgeons
CIM	Christian Internal Medicine Specialisation
DHS	Director of Health Services
CPO	Child Protection Officer
CPFP	Child Protection Focal Person
PWDs	Persons with Disabilities

1. INTRODUCTION

The CBC Health Board received training from the CBM Central Africa Regional Office staff on Child Protection as part of the CBM Vision2010 workshop that held in February 2008.

Several other workshops have been organised for and with the different program stakeholders/project partners together and/or individually.

This gave birth to further thoughts on developing a complete child protection policy after a careful understanding of the moral obligations within communities in CBCHB's area of coverage –first for the CHCHB and her institutions and services and then to design a plan to sensitize communities on child protection.

CBCHB has developed a policy that offers very practical help to her institutions, services and partners in addressing issues of child protection. Developing ways of keeping children safe is a crucial part of operating ethically and making sure that children are protected. It also ensures that staff and other representatives are protected. This aspect of good governance is also critical in maintaining the reputation and credibility of individual, institutions and partners.

1.1. Mission statement

The Cameroon Baptist Convention Health Services seeks to assist in the provision of care to all who need it as an expression of Christian love and as a means of witness in order that they might be brought to God through Jesus Christ. Thus, the CBC Health Services shall provide exemplary health care with genuine compassion and with overriding purpose of evangelical witness.

1.2. Vision

Quality Healthcare to all.

1.3. Spiritual Purpose

Each health institution shall make effective witness for Jesus Christ through its staff to bring people to God and help start/strengthen indigenous churches.

2. DEFINITION

Who is a child? For the purposes of this policy, a child means every human being below the age of eighteen years. This also includes children with disabilities given their double vulnerability to abuse.

Child Abuse is a term to describe a range of ways in which people, usually adults, harm children. Often the adult is a person who is known and trusted by the child. Child abuse is neglect, physical injury, sexual abuse or emotional abuse inflicted or knowingly not prevented, which causes significant harm or death. NSPCC (1999)

According to **WHO** Consultation on Child Abuse Prevention, "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."(WHO, 1999).

Child abuse among others includes the following:

- Verbally abusing a child
- Teasing a child unnecessarily
- Exposing a child to pornographic acts of literature
- Touching a child where he/ she doesn't want to be touched
- Forcing a child to touch you where he or she does not want to.
- Breaking down the self-confidence of a child
- Hitting or hurting a child often to relieve your own frustration
- Manipulating a child
- Not listening to a child
- Neglecting the emotional needs of a child
- Hitting and ridiculing a child when rendering services

Child Participation: Anyone below the age of 18 taking part in a process or playing a role in a process at his/her level, according to their evolving capacities - children and young people thinking for themselves, expressing their views effectively, and interacting in a positive way with other people; involving children in the decisions which affect their lives, the lives of the community and the larger society in which they live.

Child Protection: In this context, child protection will describe philosophies, policies, standards, guidelines and procedures to protect children from both intentional and unintentional harm. In the current context, it applies particularly to the duty of the Program – and individuals associated with the program - towards children in their care.

Direct Contact with Children: In this case, it implies to being in the physical presence of a child or children in the context of the program's work, whether contact is occasional or regular, short or long term.

Indirect Contact with Children

- Having access to information on children in the context of the organization's work, such as children's names, locations (addresses of individuals or projects), photographs and case studies.
- Providing funding for organizations that work directly' with children. Albeit indirectly, this nonetheless has an impact on children, and therefore confers upon the donor organization responsibility for child protection issues.

Physical Abuse: Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms, of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as, fabricated illness by proxy or Munchausen Syndrome by proxy.

Emotional Abuse: Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child though it may occur alone.

Sexual Abuse: Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. This may include non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect: Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Informed Consent: In the light of the CBC Health Board, this will mean the capacity to freely give consent based on all available information, according to the age and evolving capacities of the child. For example, if you seek consent from a child regarding taking their photograph and using it for publicity purposes, the child is informed as to how the photograph will be used and is given the opportunity to refuse. If a child is invited to input into the development of a child protection policy, they must be made aware of the time it will take, what exactly will be involved, their roles and responsibilities and only then will they be able to give their "informed assent". In all cases, a child's assent should be backed by parental consent as many children may not fully understand the implication of such consent

Safeguarding and promoting the welfare of children, in relation to this policy is defined as:

- Protecting children from maltreatment
- Preventing the impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of the Cameroon legislation.

We support the children within our care, protect them from maltreatment and have robust procedures in place to safeguard and protect children in our care. Safeguarding and protection are a much wider subjects than the elements covered within this policy.

3. POLICY COMMITMENTS

This **CHILD PROTECTION POLICY** is 'a statement of intent that demonstrates CBCHB's commitment to safeguard children from harm and make clear to all what is required in relation to the protection of children. It is intended to create a safe and positive environment for children and to show that the Cameroon Baptist Convention Health Board is taking its duty and responsibility of care seriously.' It thus takes the following approaches:

- Child-centred;
- Rooted in child development;
- Holistic;
- Informed by evidence;
- Appropriate to achieve desired outcomes for children;
- Multi-disciplinary and multi-agency as appropriate;
- A continuing process, not an event;
- Ensuring equality of opportunity;
- Involving children and their families;
- Building on strengths as well as identifying difficulties.

4. BASIS OF THE CHILD PROTECTION POLICY

All child abuse involves the abuse of children's rights. All children have equal rights to protection from abuse and exploitation. The situation of all children must be improved through promotion of their rights as set out in the UN Convention on the Rights of the Child. This includes the right to freedom from abuse and exploitation. Child abuse is never acceptable. We have a commitment to protecting children for whom we work or have some relationship or responsibility. When we work through partners, they have a responsibility to meet minimum standards of protection for children in their programs.

5. APPLICATION

This policy shall apply to all institutions and partners of the CBCHB including but not limited to national partners, current and would be partner. These include, the twelve projects (Mbingo Eye, Orthopedics, PT, ENT and CBR; Banso Eye, PT, CBR; WINHEEDCAM, CIS, SAJOCAH, ISFD, ISFB and CP), and all Organizations of PWDs under the SEEPD umbrella.

6. CBCHB RESPONSIBILITY

CHCHB will as a key step in meeting her commitment to protect children from abuse recruit and engage the services of a Child Protection Officer who shall work in her Services for Persons with Disabilities. The Child Protection Officer shall have the mandate to ensure the Board meets her commitment in protecting children by elaborating the following

:

Awareness: we will ensure that all staff and others are aware of the problem of child abuse and the risks to children.

Prevention: we will ensure, through awareness and good practice, that staff and others minimize risks of abuse to children.

Reporting: we will ensure that staff and others are clear what steps to take where concerns arise regarding the safety of children.

Responding: we will ensure that action is taken to support and protect children where concerns arise regarding possible abuse.

In order that the above standards of reporting and responding are met, all CBCHB institutions and services and her partners shall ensure that:

- any concerns raised are taken seriously.
- positive steps are taken to ensure the protection of children who are the subject of any concerns
- children, staff or other adults who raise concerns or who are the subject of concerns are supported
- appropriate and effective action is taken in instigating or co-operating with any subsequent process of investigation
- they are guided through the child protection process by the principle of ‘best interests of the child’
- they listen to and take seriously the views and wishes of children
- in partnership with parents/caregivers and/or other professionals they shall work to ensure the protection of children by:
 - a. Reducing the number of child deaths;
 - b. Improving basic treatments for all children;
 - c. Developing help measures for mothers before and after their baby is born;
 - d. Developing information access on health, nutrition and hygiene;
 - e. Improving family planning (that is, any means that can help parents choose the time when they will have a child)

6.1. Partners will put an end to any traditional practices that are dangerous to a child’s health.

In line with article 24 of the United Nation’s Convention on the Rights of the Child,

The CBCHB recognizes the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. CBCHB Institutions, services and partners shall strive to ensure that no child is deprived of his or her right of access to such health care services.

- 6.2.** CBCHB and her partners shall pursue full implementation of this right and, in particular, shall take appropriate measures to:
- 6.2.1. Diminish infant and child mortality;
 - 6.2.2. Ensure the provision of necessary medical assistance and health care to all children with emphasis on primary health care;
 - 6.2.3. Ensure appropriate pre-natal and post-natal health care for mothers;
 - 6.2.4. Develop preventive health care, guidance for parents and family planning education in mainstream campaigns
- 6.3.** CBCHB and her partners shall effectively and appropriately denounce all traditional practices prejudicial to the health of children within their care.

7. GUIDELINES FOR ALL CBC HEALTH BOARD STAFF, PARTNERS, VISITORS AND VOLUNTEERS

Staff must at all times show respect and understanding for individual's rights, safety and welfare, and conduct themselves in a way that reflects the ethos and principles of CBC Health Board.

7.1. *Respect*

Staff and volunteers are committed to

- Treating children and young people with respect and dignity
- Always listening to what a child or young person is saying
- Valuing each child and young person
- Recognizing the unique contribution each individual can make
- Encouraging and praising each child or young person

7.2. *By Example*

Staff and volunteers will

- Provide an example, which we would wish others to follow
- Use appropriate language with children and young people and challenge any inappropriate language used by a young person or child or an adult working with young people.
- Respect a young person's right to privacy

7.3. *One to One Contact*

Staff and volunteers will

- Not spend excessive amounts of time alone with children, away from others. Staff should try to always be visible to others in their contact with children.
- In the unlikely event of having to meet with an individual child or young person make every effort to keep this meeting as open as possible.
- If privacy is needed, ensure that other staff are informed of the meeting and its whereabouts

7.4. *Physical Contact*

Staff and volunteers should never

- Engage in sexually provocative or rough physical games, including horseplay
- Do things of a personal nature for a child or a young person that they can do for themselves. If such an incident arises, for example, where a child or young person has limited mobility, CBC Health Board staff should seek a member of school staff or leader of the youth CBC Health Board to deal with such an incident
- Allow, or engage in, inappropriate touching of any kind

8. GUIDING PRINCIPLES OF THIS POLICY

8.1. Zero tolerance of child abuse

Child abuse is not tolerated by the CBCHB, nor is in possession of or access to child pornography. The CBCHB will by no means knowingly engage, directly or indirectly, anyone who poses an unacceptable risk to children.

8.2. Recognition of children's interests

Cameroon is a signatory to the United Nation's Convention on the Rights of the Child. Hence, CBCHB is committed to the rights and obligations of the convention. CBCHB equally recognizes that some children such as children living with disabilities, the underprivileged and those whose parents are HIV positive as well as themselves living with HIV, are particularly vulnerable.

8.3. Sharing responsibility for child protection

To effectively manage risks to children, CBCHB requires the support and cooperation of all her institutions and services. Key partners of CBCHB must meet the terms of the child protection policy and will be accountable through reports for complying with it.

8.4. Risk management approach

Mindful of the fact that it is not possible to completely eliminate all risk of child abuse, careful management can reduce the incidence of child abuse associated with planning, policy making and service delivery. This policy therefore takes into account a range of recognized risks to children.

9. STEPS TO REALIZE OUR COMMITMENT

9.1. Safer Recruitment within the CBCHS

Safeguarding and promoting the welfare of children and vulnerable adults is an integral factor in the Cameroon Baptist Convention Health Board's (CBCHS) recruitment process and plays an essential part in creating a safe environment for children and vulnerable adults.

This section sets out the duties and responsibilities of all staff at CBC Health Board in relation to recruiting and vetting staff, contractors or volunteers and for providing a safe learning environment.

The measures described in this section are applied in relation to everyone who works at CBC Health Services including those who may not have direct contact with children and vulnerable adults as a result of their job. This includes office staff and workers not on the payroll, e.g. staff employed by contractors.

9.1.1. Advertising and information for job applicants

All job openings shall be advertised in accessible formats.

All advertisement for job opportunities shall carry the statements;

- I. *"As an equal opportunities employer, we strongly encourage applications from all sections of the community. Qualified persons with disability, are particularly encouraged to apply."*

- II. *“Cameroon Baptist Convention Health Services’ is committed to safeguarding and promoting the well-being of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment.”*

Sub “II” of the above statement shall be included in:

- Publicity materials
- Recruitment webpage
- Advertisements
- Candidate information packs
- Job descriptions

9.1.2. Interviews

The selection process for applicants always includes a face-to-face interview even if there is only one candidate.

At the interview, the candidates complete a pre-assessment form which is verified by checking original documents to ensure the person is who he or she claims to be. The following questions to test the candidates' understanding and reaction to issues of child protection shall be included

Do you like working with children? Or do you feel comfortable working directly with children? Why?

The examples of questions should not be seen as the only questions to ask; rather they should be seen as ideas of questioning during interviews. What should be noted is that often it is not what is said during questioning on child protection but more the reactions to the questions. Take note of how questions are answered and any nonverbal responses.

The child protection Officer shall sit on interview panels or prepare interview questions intended at determining a candidate's understanding of child safeguarding.

9.1.3. Induction

There is an induction program for all staff newly recruited to any of CBCHB facilities, including medical staff, regardless of previous experience. The purpose of induction is to:

- provide training and information about our policies and procedures;
- support individuals in a way that is appropriate for the role for which they have been engaged;
- confirm the conduct expected of staff within the organization;
- provide opportunities for a new member of staff or volunteer to discuss any issues or concerns about their role or responsibilities; and
- enable the person's line manager or mentor to recognize any concerns or issues about the person's ability or suitability at the outset and address them immediately.

The induction program shall include information on:

- child protection and safeguarding procedures
- how and with whom any concerns about issues of child abuse should be raised;

To comply with the above, all new recruits shall during their induction be required to spend a day with the Child Protection Officer at the end of which they shall sign the Child protection commitment form.

9.2. Training

The designated Child Protection Officer must receive training in Child Protection and will in turn provide all staff and volunteers basic training in Child Safeguarding and Protection on a regular basis, at least every 3 years. Training shall also be provided by mainstreaming a module in Child Safeguarding and Protection in the training of nurses, social workers and chaplains, clerical staff, apprentices and security officers. The module shall also be mainstreamed into residency training programs –PAACS and CIM

9.3. Vulgarization

Every workplace shall display contact details for reporting possible child abuse and every member of staff shall have contact details for reporting. Additionally, access by the public to this policy and further information on procedures to reporting alleged or actual cases of abuse shall be vulgarized and made available on the CBC Health Services website at <http://cbchealthservices.org>

9.4. Monitoring

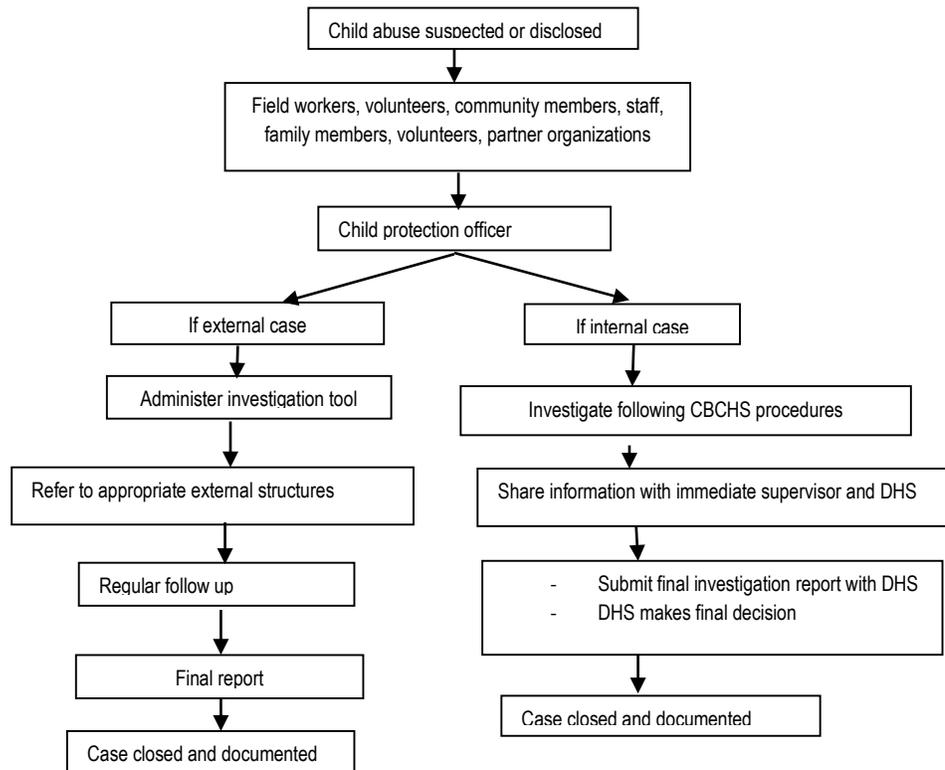
Periodic supervision shall be done to ensure policy enforcement. An annual report on the progress of CBC Health Board's efforts in implementing child Safeguarding and Protection shall be developed by the Child Protection Officer and shared. The policy will be reviewed every three years to ensure that it remains relevant and incorporates ongoing debate on gender equality and women's rights.

9.5. Review

This policy will be reviewed at no fixed interval. However, to ensure that it remains relevant, whenever there are emerging trends in Child Safeguarding and Child Protection, a policy review committee shall be constituted by the Director of Health Services. This committee shall have as responsibility to incorporate ongoing debates on Child Safeguarding and Child Protection.

10. MANAGEMENT PROCEDURE

In the event of an alleged abuse of a child or children, this will constitute the procedures towards addressing the situation for the safety of the child or children and measures against the alleged abuser.



Reporting Flow Chart

10.1. Investigation and Reporting

Investigation shall be done to determine the following:

- a. If alleged child abuse had occurred
- b. Measures to protect the alleged victim
- c. Disciplinary action to be taken towards the person involved
- d. Further action to be taken to prevent future child abuse
- e. When the role of the CBC Health Board ends and when the matter is to be handed to the local police

10.2. The Investigation Process

The person in charge of the investigation should:

- Investigate first whether the alleged abuser has had prior complaints made against him/her.
- Do a brief interview with the complainant, the alleged victim, the alleged abuser or others.
- Guard against closing the investigation process too quickly.
- Ensure that the alleged victim is protected
- Recommend appropriate disciplinary action to the supervisor of the abuser if found guilty.

10.3. The investigation process should follow the following guiding questions for information gathering

Listen to the child

- Do not ask leading questions or make suggestions to the child
- Offer reassurance but do not make promises
- Do not stop a child recalling significant events
- Do not over-react
- Confidentiality should be assured - explain that further help may have to be sought.
- Record the discussion accurately noting the following:

What, where and when?

- Descriptions and possible sketches of physical injuries
- Explanations of injuries using direct quotations if appropriate
- Sign and date the record
- Retain the record securely.

- 10.3.1. Whether cases of abuse are suspected or confirmed, confidentiality will be respected. The information on individual cases will be restricted to the teacher(s) /staff/ field worker/ nurse/doctor/ immediately involved with the child and will be on a need to know basis.
- 10.3.2. The staff should record the incident. It is not the function of the teacher/staff or the head teacher to investigate the issue but that of the child protection designated person. Notwithstanding, teachers and other members of staff could be designated.
- 10.3.3. If the suspected abuser is the staff/ teacher/ field worker/ volunteer or supervisor/ head teacher, then the suspicion and any records will be passed on to the administrator/supervisor/executive director who will proceed as per guidelines in the child protection policy.
- 10.3.4. The DHS will be informed of the disclosure.
- 10.3.5. Informal contact with the designated person for the investigation will be made, seeking advice as to whether a referral should be made.
- 10.3.6. The advice given by the DHS must be acted upon.
- 10.3.7. If the advice is not to refer, the staff or person concerned will record this advice as the reason for non-referral. The DHS will be informed.
- 10.3.8. If the advice from the DHS is to refer the case, the designated person will do so. However, prior to referring, the designated person will inform the parent of his/her intention to refer, unless this course of action is injurious to the child.
- 10.3.9. Following referral and the completion of the standard form, the school/project will have no further part to play in the investigation.
- 10.3.10. If a case conference is required, the designated person will be invited to attend.
- 10.3.11. All records will be held in a central, securely locked location.

10.4. Where there is an allegation against an employee, the following procedures will apply:

- Procedures followed are similar to those of a disclosure
- Employee is made aware of the allegation against him/her

- Employee will be given the opportunity to respond to the allegation in writing of the DHS.
- DHS to review the allegation, giving due consideration to any advice given by Health Services.
- The DHS will consider placing the employee on administrative leave, with full pay, pending the outcome of investigations by the Health Services
- On conclusion of any investigation the DHS will then determine the employment status of the employee.

10.5. Reacting to suspicion proper, what the CBCHB Contact (Focal) person should do:

- Stay calm. Don't panic. Don't over-react. It is extremely unlikely that the participant is in immediate danger.
- Listen, hear and believe. Don't probe for more information. Questioning the participant may affect how the participant's disclosure is received at a later date
- Give time to the person to say what they want. Don't make assumptions, don't paraphrase and don't offer alternative explanations
- Reassure & explain that they have done the right thing in telling. Don't make negative comments about the alleged abuser
- Don't make a child repeat a story unnecessarily
- Don't promise confidentiality to keep secrets or that everything will be OK (it might not) Explain that only those professionals who need to know will be informed
- Don't 'gossip' with colleagues about what has been said to you
- Act immediately in accordance with the procedure in this policy
- Record in writing as near verbatim as possible what was said as soon as possible
- Report to the lead member of staff. Don't try to deal with it yourself
- Record your report

10.6. Guiding Principles for investigation

The following principles shall guide the investigation process

1. Immediate Action shall be taken upon all concerns of suspected child abuse
2. The victim shall be assured of continuous safety

10.7. Child Protection incident Management

The CBCHB will provide management services of cases during or following investigations or initial assessments, case management here will entail working together with families to establish goals, creating plans to achieve the goals, providing services to meet needs identified in assessments, monitoring progress towards achievement of the goals, and closing when goals have been achieved.

10.8. Case planning in child protection within the CBCHB

Case plans will be created by the child protection staff/officer and families together to identify goals for the family. These goals will focus on maximizing their risk of harm.

Child Protection Incident Management team shall comprise of the following:

- The Institution's Child Protection Focal Person (CPFP)
- The Facility/Project Head

- The Social Worker/Chaplain
- The Child Protection Officer for CBCHB

NB: The parent or guardian of child victim may be invited as the case may be.

11. OPERATIONS AND IMPLEMENTATION WITHIN CBC HEALTH BOARD STANDARDS

11.1. Ensure coordinated policy implementation

To ensure coordinated implementation of the policy, a new position of Child Protection Officer (CPO) shall be created in CBC Health Board. The CPO's responsibilities include promoting child protection throughout the CBCHS, coordinating training for staff, monitoring internal and external policy compliance and coordinating policy reviews. The CPO will also serve as the central contact point for queries (internal and external) about child abuse and child protection.

11.2. Increase awareness of child protection issues

A key step in reducing risks to children when delivering aid activities is to increase awareness of risks and how to manage them. CBC Health Services staff shall receive regular training on child protection issues and on their obligations under the policy, including mandatory reporting of concerns or allegations of child abuse.

11.3. Enhance codes of conduct

CBC Health Services employees must comply with the Institution's Rules and Regulations which set stringent standards for personal behavior. Her partners must abide by the set rules and regulations where no one exists for project partners. Specific guidance on appropriate behavior with children shall be appended to this Rules and Regulations.

11.4. Ensure Confidentiality

Confidentiality shall be ensured through effective record keeping. All records, information and confidential notes will be kept in separate files in a locked drawer or filing cabinet. Only the designated Persons will have access to these files.

11.5. Children and Young people

Children and young people have a right to information, especially any information that could make life better and safer for them. CBC Health Board will act to ensure they have information about how, and with whom, they can share their concerns, complaints and anxieties.

11.6. Parents

Parents / persons with parental responsibility are ultimately responsible for their children's welfare at all times, and they should be assured that their children are involved with a credible organization. We achieve this by

- Publishing the named Designated Child Protection Person(s) and how to make a complaint in the event of an abuse.
- Publishing a full copy of the Child Protection Policy on the website

ANNEX I: CAMEROON BAPTIST CONVENTION HEALTH SERVICES: CHILD PROTECTION COMMITMENT (CODE OF CONDUCT)

Abuse of children and vulnerable persons is deeply rooted in cultural, economic and social practices. Persons with disabilities are among the most vulnerable to fall victims of abuse and hence are in the need of special protection. Consequently, the developing of a system to protect children and vulnerable persons is essential to the CBC Health Services and her partners in the provision of care to persons with disabilities. It is on this basis that the commitment below is taken:

I will

- contribute to create and/or uphold an environment where children are listened to and respected as individuals and which is safe, positive and encouraging to them.
- never abuse the power and influence I have by virtue of my position over the lives and well-being of any child or any other vulnerable person.
- never engage in any abusive or exploitative relationship- sexual, physical, emotional - with children or other vulnerable persons. Especially I will never engage in sexual activities with any child or other vulnerable person.
- never request any favor that could be considered abusive or exploitative from children or other vulnerable persons.
- refrain from any form of harassment, discrimination, physical or verbal abuse, intimidation or favoritism.
- if a child or any vulnerable person is a guest in my home, I will abide by the code of conduct.
- plan and organize the work and the workplace so as to minimize risks as far as possible, be visible in working with children
- Put all aspects of this Code of Conduct and associated guidelines into practice
- Listen to children's views and concerns.
- Communicate with other staff and report any suspicious activities, allegations (even if this is just a suspicion) of abuse or inappropriate conduct immediately to my immediate supervisor or senior staff who can offer assistance or advice on how to proceed.
- Maintain confidentiality about sensitive information.

I _____ employed by the Cameroon Baptist Convention Health Services

Pledge to

- follow this policy to protect children and vulnerable persons, the Code of Conduct and reporting protocol, regarding the safety and well being of these persons.
- respond to all concerns, allegations or disclosures according to the Reporting Protocol within 48 hours.
- conduct myself in a manner consistent in my position as a positive role model to children and other vulnerable persons, and as a representative of the CBCHS.
- treat all children and other vulnerable persons with respect and take notice of their reaction to my tone of voice and manner.
- use the "Two Adult Rule". When possible, I take care that another adult is present or within reach when conducting one-on-one coaching, instruction, medical/rehabilitation procedures or in the case of when a child or vulnerable person is staying as a guest in the home of a CBCHS staff member etc. if an adult is having an individual conversation with a child or a vulnerable persons, I take care

that another adult is within visual contact. Where individual counseling or treatment is appropriate, I will inform another adult/supervisor in advance where and when this will happen.

I further pledge never to:

- hold, fondle cuddle or touch children or other vulnerable persons in an inappropriate and/or culturally insensitive way.
- engage in activities involving close body contact with children or other vulnerable persons beyond the professional requirements.
- use language, make suggestions or offer advice that is inappropriate, offensive or abusive.
- make sexually suggestive comments or actions to a child or any vulnerable person, even as a joke.
- spend excessive time alone with a child or any vulnerable person (see "Two Adult Rule" above")
- assist a child or any vulnerable person in tasks that he or she can do unaided or unless requested (Such as taking them to the toilet, bathing or changing clothes).
- hit or otherwise physically assault or physically abuse children or other vulnerable persons. All disciplinary measures are non-violent and do not humiliate.
- act in ways intended to shame, humiliate or belittle children or other persons, or otherwise perpetrate any form of emotional abuse.
- discriminate against, show differential treatment, or favor particular children or other vulnerable persons to the exclusion of others.
- hire children as 'house help'
- develop relationships with children or other vulnerable persons that could in any way be deemed exploitative or abusive.
- condone, or participate in behavior of children or other vulnerable persons that is illegal, unsafe or abusive.
- have a child/children with whom I am working to stay overnight at their home
- unsupervised
- condone, or participate in, behavior of children which is illegal, unsafe or abusive

Name: _____

Signature: _____

Date: _____

ANNEX II: KEEPING LOST/FOUND CHILDREN SAFE

A child that has become separated from their parent, guardian or group leader is vulnerable to harm. Staff must act quickly and efficiently to reunite children with their accompanying adult. A written report must be submitted to your immediate supervisor. The following procedures will apply:

i. When a Child is Reported Missing

If someone reports to you that a child is missing, write down the following information and then circulate this to other staff via radios and telephone:

Name of child; _____

Age of child; _____

Address / Name of school or group if any:

Physical description of child (height, colour of hair, clothing, etc)

Where child was last seen: _____

The time the child was last seen: _____

Reporting adult's contact details: _____

The member of staff who has received the report should reassure the parent or guardian that action is being taken to locate the child. This staff member will then maintain contact with the parent or guardian until the child is found by relaying messages by telephone, radio or in person. The person reporting the missing child should remain in the institution buildings or if they wish to participate in the search provide their mobile number to remain in contact. Staff must ask the parent or guardian if they would like the police to be contacted immediately and act accordingly. Alternatively if the child is not found within 15 minutes of checks being carried out then staff's supervisor must inform the police through the Chief of Administration.

ii. A Child is Found

Age of child: _____

Physical description of child (height, color of hair clothing, etc.): _____

Names of people the child was with: _____

Where the child was found: _____

If anyone else is with the child, ask them to remain with you until the parent/guardian/leader has been located.

Every effort should be made to calm and reassure lost children while waiting for the responsible adult/police. If you are on your own with the child, ensure that you are in a public area where you can both be seen.

Best practice would be to verify with the child or young person that the parent or guardian is indeed who they say they are. If the child is not reunited with the parent or guardian contact the local police. If the child

can give you details such as a telephone number, or their name and address try and contact their family directly.

In this situation it is quite likely that the child will be upset and it will probably be your inclination to try and comfort him or her but remember to follow the key points from the Code of Conduct. If a child is found in distress, whilst it would be appropriate to give verbal reassurances the member of staff should clarify that the child wishes to be helped. Afterwards please remember to complete an incident report form.

ANNEX III: CHILD PROTECTION CONSENT FORM

(TO BE COMPLETED BY YOUNG PERSON AND PARENT/GUARDIAN)

PART A TO BE COMPLETED BY THE CHILD

Further information about the exercise is contained in the enclosed letters and information leaflets.

I agree to take part in the study on _____ and would like to take part in *(please tick one or more of the following)*.

a group discussion

an individual interview

a joint interview with one of my parents

or picture taking

I have read and understood the accompanying letter and information leaflet. I know what the study is about and the part I will be involved in. I know that I do not have to answer all of the questions and that I can decide not to continue at any time.

Name _____

Signature _____ Age _____

PART B TO BE COMPLETED BY THE PARENT/GUARDIAN

I have read and understood the accompanying letter and information leaflet and give permission for the child (named above) to be included.

Name _____

Relationship to child _____

Signature _____

THIS FORM MUST BE COMPLETED AND RETURNED TO THE RESEARCH TEAM FOR THE NAMED YOUNG PERSON TO BE INCLUDED IN THIS STUDY. A STAMPED ADDRESSED ENVELOPE HAS BEEN PROVIDED.

“The Most Effective Prevention Takes Place Before There’s A Child Victim To Heal Or An Offender To Punish”.