



SAFEGUARDING FRAMEWORK AND SELF-ASSESSMENT TOOL

PILOT VERSION 2024

IFRC's long-term safeguarding goal is to create and maintain an environment where all staff, volunteers, and community members feel safe and respected, without fear of any form of harassment, exploitation, or abuse.

INTRODUCTION

1.1 BACKGROUND

For the International Federation of Red Cross and Red Crescent Societies (IFRC), 'safeguarding' is an umbrella term that includes: preventing and responding to sexual exploitation and abuse (PSEA), child safeguarding, ensuring a workplace free from sexual harassment and discrimination, and ensuring whistleblower protection.

The IFRC is committed to safeguarding the communities we serve, as well as all staff, and volunteers from harm in all that we do. Safeguarding is a part of the Red Cross and Red Crescent commitment to 'do no harm' and a core aspect of our Protection, Gender and Inclusion (PGI) work. To ensure that safeguarding is a reality, the IFRC Secretariat actively enforces its Code of Conduct, applies protective policies and standards to its own staff and promotes an inclusive speak-up culture which seeks to prevent and address harm. The IFRC also uses the victim/survivor-centred approach; and the Secretariat is committed to support members to develop strong policies, systems, processes, and cultures that combat abuses and support victims/survivors. Safeguarding is embedded in programmatic tools, guidance and community-engagement criteria.¹

The **IFRC's Strategy 2030** commits to: 'deepen our efforts to prevent, identify and respond to instances and allegations of behaviour that are contrary to our humanitarian principles and values'. To honour this commitment, **IFRC's Safeguarding Action Plan 2022-2025** prioritises the development of a Framework and standards for the IFRC Secretariat and National Societies.


This document lays out the IFRC Framework and its 16 Standards for Safeguarding, and provides a tool for conducting a whole-of-National-Society self-assessment using the 16 Standards to determine progress to prevent, mitigate risks and respond adequately to violations of safeguarding norms in a victim-survivor centred way, aligned to Zero Tolerance principles.

A lack of policies, action plans and systems for transparently and fairly addressing safeguarding concerns constitute **unacceptable** humanitarian, ethical and financial risks for the IFRC and its membership.

1.2 OBJECTIVES

This IFRC Safeguarding Framework, and the associated self-assessment tool, is designed to help National Societies systematically evaluate their organizational structures in order to make an evidence-based plan to enhance safeguarding and safe and inclusive programming. Its goal is to assist National Societies to identify gaps and opportunities, calculate a risk score, and formulate an action plan to fulfill our commitment to preventing harm.

¹ Staff Code of Conduct; Policy on Child Protection; Policy on Prevention and Response to Sexual Exploitation and Abuse; Whistleblowing Protection Policy; IFRC's Minimum Standards for Protection, Gender, and Inclusion; and the Manual on Prevention and Response to SEA.



The IFRC Safeguarding Framework, explained on the following pages, comprises 16 Standards aligns with humanitarian sector guidelines (such as the United Nations Implementing Partner PSEA Capacity Assessment), and IFRC's Risk Management Framework.

While primarily for National Societies and IFRC Secretariat teams, the Framework is open to partners and other organizations. It underscores the importance of institutional commitment and zero tolerance for inaction safeguarding violations.

The self-assessment tool is user-friendly for non-experts yet input from safeguarding professionals is encouraged.

1.3 RELATED IFRC TOOLS

Safeguarding is embedded into the IFRC Protection, Gender and Inclusion (PGI) approach, and within the Community Engagement and Accountability (CEA) approach.

Below are some related tools and processes that complement the self-assessment on safeguarding:

1. Protection, Gender and Inclusion Minimum Standards in Emergencies

Incorporating safeguarding across sectors, these standards ensure safe and inclusive programming, encompassing safety, sector-specific safeguarding, and addressing sexual and gender-based violence and child protection. This tool evaluates systemic responsibilities and enhances programmatic safeguarding because it requires institutional and programmatic safeguarding for all sectors.

2. Protection, Gender and Inclusion Organizational Assessment Tool (OAT)

The Safeguarding self-assessment complements the OAT by extending into safeguarding, addressing institutional protection mechanisms against violence, discrimination, and exclusion. Key queries in the OAT include policies, leadership commitment, background checks, training, community awareness, referral systems, and investigative responsiveness. These inputs can generate an action plan or act as a baseline analysis.

3. Child Safeguarding Risk Analysis

This Protection, gender and inclusion tool aids in identifying and rating child safeguarding risks, allowing Operations (particularly emergency operations) to fortify child safeguarding practices and reduce harm(s) against children. Its applicability extends to specific all IFRC emergency operations and is aligned with the IFRC Child Safeguarding Policy as well as the IFRC Minimum Standards on PGI in Emergencies.

2

THE IFRC SAFEGUARDING FRAMEWORK

This IFRC Safeguarding Framework lays out 16 standards that comprise a comprehensive and victim/survivor-centred safeguarding system. The details of the Standards, and proposed ways to measure them, are articulated in the associated self-assessment tool which starts on page 8 of this document.

The self-assessment tool is designed to help National Societies systematically evaluate their organizational structures, standards and programmes, in order to enhance safeguarding. Its goal is to identify gaps and opportunities, calculate a risk score, and formulate an action plan to fulfill commitments to preventing harm.

The IFRC Safeguarding Framework has four pillars and under each pillar there are 4 standards.

PILLAR 1: LEADERSHIP AND ORGANISATIONAL CULTURE

Standard 1. **Senior management leadership and role-modelling** - Senior leadership demonstrates its commitment to safeguarding, regularly reports on this issue to Governance, designates a senior owner for safeguarding, and maintains consistent two-way communication about safeguarding between senior leadership (directors) and staff and volunteers at HQ and Branch level. This also involves actively promoting and exemplifying diversity, inclusion, gender balance, and non-discrimination at all levels of the organisation.

Standard 2. **Organisational policy and action plan/strategy** - There are current and relevant safeguarding action plans/strategies in place. There are policies (code of conduct, prevention and response to sexual exploitation and abuse, child safeguarding policy, whistleblower protection policy and anti-sexual harassment policy) that describe appropriate standards of conduct and include prevention, monitoring, reporting, investigation, and corrective measures, as well as a clear commitment to zero-tolerance and a survivor-centred approach.

Standard 3. **Defined roles and responsibilities** – Safeguarding is everybody's responsibility and for this to become a reality it must be explicitly articulated in job descriptions and operating procedures, as well as in contracts. Some roles, such as managers, have additional responsibilities and accountabilities. Therefore this standard is demonstrated by the presence of defined roles and responsibilities (defined in job descriptions, standard operating procedures or other documents).

Standard 4. **Resourcing** –The organisation has the appropriate resources to prevent, identify, and respond to safeguarding risks and violations, with clear roles and responsibilities and reporting lines, at the Branch and HQ levels.

PILLAR 2: RECOGNITION AND PREVENTION

Standard 5. **Human Resource systems** – The organisation has a structured candidate vetting process that, in addition to complying with local employment, privacy, and data protection laws, clearly articulates what constitutes sexual exploitation and abuse and harm to children, and the zero tolerance approach of the National Society. This process should include checking for prior safeguarding violations additional reference checks for people in contact with at-risk community members. Job descriptions, especially for operational, community engagement, or management roles should explicitly incorporate safeguarding expectations. When applicable to the role, interviews assess a candidate's knowledge, skills and experience with regard to safeguarding .

Standard 6. **Training and staff competencies** – The workforce is trained on expected standards of behaviour, and all staff have completed mandatory training on safeguarding including on how to receive and/or refer a sensitive complaint. During on-boarding, both staff and volunteers receive a briefing on safeguarding systems, mandatory obligations in the Code of Conduct or in policies, and their corresponding responsibilities as personnel.

Standard 7. **Programmatic risk assessment** – All programmes have a safeguarding risk assessment and risk-mitigation measures are systematically in place along with safeguarding in programmatic monitoring. Those most at-risk are engaged in programme design and feedback, and reporting lines and clear messages are disseminated in all programming catchments in appropriate formats based (such as based on gender and diversity analysis and other measures in the Protection, gender and inclusion minimum standards).

Standard 8. **Partner(ship) management** – The organisation's contracts and partner agreements include a standard clause requiring partners (meaning: contractors, suppliers, consultants, sub-partners, and sub-contractors) to commit to a policy on safeguarding, and to take measures to prevent and respond to safeguarding risks and violations. In addition, prior to working with third parties, a due diligence assessment on partners is done, or a suitable safeguarding self-assessment and action plan is received. Good partner management also means regularly discussing and reviewing safeguarding risks and their management.

PILLAR 3: REPORTING

Standard 9. **Safe and accessible reporting channels** – A transparent, confidential, and independent central reporting mechanism is in place, equipped with a well-defined case management and data management system (like the Integrity Line or an equivalent service). Multiple reporting options are available for staff, volunteers, affected communities, and broader stakeholders. Anonymous reporting is possible. Ideally, local or community-led reporting mechanisms are integrated into all programmes and services.

Standard 10. **Safe and accessible awareness raising** – Staff, volunteers, and individuals within affected communities have a clear understanding of expected standards of behavior outlined in applicable rules. The organization actively consults community cohorts on how and where each of them might wish to provide sensitive feedback, and discusses the complaints mechanisms (central and local) with staff, volunteers, and local communities (people of all genders, ages, and abilities in affected communities) on how to report safeguarding concerns. Survivor-centred referral pathways are established, shared with teams, and communicated within communities. Groups of people who are most at-risk, such as children and vulnerable adults are specifically engaged in safe and inclusive ways, in messages about reporting options.

Standard 11. **Risk monitoring** – Field staff are trained on safeguarding and actively/diligently embed the monitoring of safeguarding activities in their regular programme and operational monitoring activities, in a culturally-sensitive way. Staff and volunteers are aware that they are not to conduct any form of investigation into incidents; their role is not that of investigators.

Standard 12. **Whistleblower protection** – A whistleblower protection policy is established to address any potential retaliation against those reporting alleged misconduct or providing information for the purposes of misconduct investigations. Well-defined

whistleblowing channels are in operation and actively promoted. Independent mechanisms for whistleblowing are instituted. Management cultivates a supportive culture with respect to whistleblowing.

PILLAR 4: RESPONSE AND SUPPORT TO VICTIMS/SURVIVORS

Standard 13. **Referrals and victims-assistance** – The organization has a structured system for referring all survivors of exploitation, abuse, harassment, or violence to relevant services, taking into account their specific needs and informed consent. For victim/survivors of safeguarding, referral is specifically offered to recently vetted services, and these services encompass health (physical, mental and forensic-medical), case management support and protection services along with other needed services (such as financial aid, legal aid). The organisation conducts risk assessments and quality checks on the services used for referrals, ensures their dissemination to all personnel, and maintains ongoing monitoring of these services. Where there are referral partnerships, these are clearly articulated in an agreement and standard operating procedures are in place.

Standard 14. **Investigation capacity and procedures**– The organisation has a survivor-centred investigation process, facilitating prompt and effective responses to allegations of safeguarding violations. Investigations are conducted by appropriately trained professionals, and the organization adheres to a clearly outlined process that meet sectoral standards. The threshold for launching an investigation is made clear and based on best-practice. Third party investigators - whenever used- are appropriately vetted and contracted and have relevant skills in survivor-centred and child-centred interviewing.

Standard 15. **Disciplinary processes** – The organisation has clear processes to take timely, appropriate and proportionate disciplinary action in response to safeguarding violations. Its disciplinary process is regularly and clearly communicated to personnel. There are adequate *interim* measures to respond when complaints are received and to ensure all parties receive support and protection. Where sexual exploitation and abuse has been found to have occurred it will be deemed gross misconduct.

Standard 16. **Learning** – There is system in place to collect, use and learn from data, case studies and information about safeguarding. This includes structured forums to evaluate and improve trust in reporting lines, activities aimed at prevention and in terms of improving a survivor-centred response. Where feasible, lessons and challenges or successes, are shared and/or published (ensuring confidentiality is maintained) in order to contribute to local, national, regional or global knowledge on safeguarding, sexual and gender-based violence or workplace discrimination.

3

THE SAFEGUARDING SELF-ASSESSMENT TOOL

3.1 WHAT IS THE SAFEGUARDING SELF-ASSESSMENT?

The following pages offer guidance and tools for conducting a comprehensive organizational self-assessment focused on safeguarding, using the IFRC Safeguarding Framework and its 16 standards, in order to generate a risk-score and develop an evidence-based action plan to improve safeguarding systems.

This self-assessment methodology is intended to be user-friendly, enabling individuals without specialized safeguarding training to perform a quality safeguarding organisational assessment using the IFRC Safeguarding Framework. This process is contextualized to the specificity of the Red Cross Red Crescent Societies, which are primarily branch-based and often volunteer-led at the community level.

The Self-Assessment process utilizes the attached scorecard sheets (pages 14 - 29) to evaluate the organization's safeguarding performance against each of the 16 Standards in the IFRC Safeguarding Framework.

For each standard, a risk score is calculated, categorized as severe, high, medium, or low risk for each standard. These risk scores culminate in an overall risk score for the National Society, allowing for a clear identification of the highest risk and highest priority areas requiring action.

While all 16 Standards hold equal importance, it's vital to acknowledge that the successful implementation of some standards depends on others. These standards are interrelated and should be assessed and addressed holistically to ensure a comprehensive and effective safeguarding system. No single standard is given higher weight than the others, although those in the severe and high risk range should be immediately addressed, and a combination of high and severe risk in the areas of organisational policy, HR systems, programming risk analysis and response capacity indicate that there is high overall institutional risk.

Collaboration with safeguarding experts, and across the key pillars of the National Society is critical. This includes: Protection, Gender, and Inclusion (PGI) focal points, Human Resources teams, Legal Advisors, Audit and Investigation colleagues, Finance managers, all programme teams, Community Engagement and Accountability Advisors, Branch Managers, as well as volunteer managers and volunteers themselves.

3.2 TRAININGS TO PREPARE YOU

It is recommended that all staff and volunteers who are involved in this self-assessment complete the following on-line training prior to commencing the self-assessment:

- [Staff Code of Conduct Training](#) (15 minutes)
- [Introduction to Protection from Sexual Exploitation and Abuse \(PSEA\)](#) (30 minutes)
- [Prevention and Response to Sexual Exploitation and Abuse \(PSEA\): From Policy to Practice](#) (50 minutes)
- [Prevention and Response to Workplace Harassment and Discrimination: From Policy to Prac-](#)

tice (10 minutes)

- [IFRC Child Safeguarding Policy: from Policy to Practice](#) (15 minutes)
- [Whistleblower Protection Policy: from Policy to Practice](#) (4 minutes)
- [Integrity Line: Speak Up!](#) (2 minutes)

3.3 HOW TO PLAN THE SAFEGUARDING SELF-ASSESSMENT - STEP BY STEP GUIDANCE

The score-sheets for each of the 16 Standards in the IFRC Safeguarding Framework form the primary tools for this self-assessment.

STEP 1: VICTIM/SURVIVOR CENTRED APPROACH – Embrace the principles of the victim/survivor-centered approach, ensuring that safeguarding discussions are respectful, safe, confidential, and guided by informed consent. It is important to understand the importance of referral mapping and of offering psychological first aid to people who become distressed discussing this topic.

STEP 2: DEFINE TEAM, TIMELINE AND OUTCOMES– The assessment process typically spans 6 weeks to 3 months and should be outlined in a comprehensive Terms of Reference (TOR) which should include:

- ♦ **Timeline for Assessment:** Specify a time frame for each of the five assessment steps, and note that the assessment is valid for three years, with updates or repeats triggered by significant operational or environmental changes.
- ♦ **Background on Context:** Define why this assessment is being undertaken and key data that will contextualize the assessment (consult for example secondary risk data, your own data and cite known gaps and issues).
- ♦ **Team Composition:** Define a Senior Manager, and a working-level lead for this assessment, and define the roles and engagement required of other team members, of branch managers, volunteers and of governance emphasizing collaboration and the inclusion of diverse perspectives.
- ♦ **Timeline for Key Activities:** Clearly outline the schedule for conducting the assessment, compiling findings, making recommendations, gaining organizational buy-in, and establishing follow-up procedures.
- ♦ **Define Budget:** Clearly define the budget for activities such as workshops, trainings, community engagement and dissemination of materials required.

STEP 3: PREPARATION – Alongside ensuring that the team have completed the trainings listed on the previous page, also ensure you complete the following steps prior to engage in the safeguarding self-assessment:

- ♦ **Map Referral Pathways:** Before initiating the self-assessment process, map a referral pathway for essential services for sexual and gender-based violence survivors including to healthcare, legal aid, financial support, safe houses, and mental health/psychosocial support. This initial mapping will evolve into a more effective referral mechanism over time. This step is an essential risk-mitigation measure as there is a chance that people will come forward with sexual harassment or SEA information in the course of this assessment.
- ♦ **Develop training and workshop materials** based on common definitions and the IFRC Safeguarding Framework: Prior to initiating activities, develop and quality check materials. For procedural enhancement and safeguarding risk reduction.

STEP 4: CONDUCT ASSESSMENT AND FINALISE SCORE– To score the organization against the listed benchmarks in each of the standards, there are four possible scores for each standard: 0, 1, 2, or 3 points, corresponding to severe, high, medium, and low risks. There is also a weighted score which forms the overall risk analysis for your organisation (severe, high, medium, low). It is important to be transparent with leadership about this result, as it reflects reality. Safeguarding is an area of development that all humanitarian organisations are developing and scores can easily change from high risk to low risk by taking a realistic and methodical approach to the problems.

STEP 5: DEVELOP ACTION PLAN– After completing the IFRC Safeguarding Self-Assessment, the next critical step is formulating a comprehensive action plan to address identified gaps and strengthen safeguarding measures. This plan should be developed collaboratively, involving key stakeholders

- ◇ Objective: Clearly state the overarching goal of the action plan, which is typically to enhance safeguarding systems and practices.
- ◇ Specific Actions: Specify the actions to be taken to achieve the objective against each of the 16 Standards in the IFRC Safeguarding Framework. These actions should be well-defined, measurable, and time-bound.
- ◇ Responsible Teams: Assign responsibility for each action to specific teams or individuals within the organization. Ensure that these teams have the necessary expertise and resources to carry out the tasks effectively.
- ◇ Timeline: Establish clear timelines for the completion of each action.
- ◇ Budget Allocation: Estimate the budget required for each action, including costs associated with training, policy development, or any other related expenses.

STEP 6: SEEK GOVERNING BOARD APPROVAL - Once the action plan is developed, it should undergo a formal approval process by the organization’s board or relevant governing body. This ensures that the plan aligns with the organization’s strategic objectives and receives the necessary leadership endorsement and support.

STEP 7: IMPLEMENTATION AND MONITORING - After board approval, the action plan should be put into action according to the defined timeline. Regular monitoring and evaluation should occur to track progress and make adjustments as needed. This may involve periodic reporting to the board or senior leadership to keep them informed of the plan’s status.

By following this methodology, organizations can effectively conduct the IFRC Safeguarding Self-Assessment, promoting a culture of safeguarding awareness, understanding, and accountability while ensuring the well-being and dignity of all individuals involved.

GENDER, DIVERSITY AND INCLUSION

Consider the following:

- Does the National Society at all levels reflect the diversity of the community/ies with which it works? Are there gaps in diversity that might affect the ability to reach all members of affected communities and understand their needs? Therefore is the National Societies equipped understand, message and reach to those most at-risk of safeguarding violations and engage them safely in safety audits and other programmatic analysis?
- Is the team working on this safeguarding self assessment adequately diverse?

3.4 SUGGESTED ACTIVITIES FOR SELF-ASSESSMENT PROCESS

To facilitate the self-assessment, it is helpful to employ a range of approaches. Some suggestions are detailed in the following table.

| Methodology | Suggested activities |
|--|--|
| <p>Workshops</p> | <ul style="list-style-type: none"> • Staff and Volunteer Workshops: Raise awareness about safeguarding and engage senior owners and leadership by conducting a 2-3 day workshop in which teams score the National Society using the attached tools and collectively work to develop an action plan. By integrating staff training you can foster a common understanding on the need and responsibilities that should be actioned by each department and team. It is important to include voices from diverse participants, as well as branch and volunteer representatives in these workshops. • Note - unless you already have strong safeguarding systems in place, it is not recommended to engage communities at all as part of this self-assessment. |
| <p>Trainings</p> | <ul style="list-style-type: none"> • Trainings: In person training can serve as a valuable data gathering method for a safeguarding assessment. They provide a structured platform for educating staff, volunteers, and stakeholders on safeguarding principles, policies, and procedures. During these sessions, participants may raise questions, share concerns, and engage in discussions that reveal valuable insights into the organization's safeguarding culture and practices. Trainers can assess the level of understanding, identify areas of improvement, and gather feedback from attendees, contributing to a more comprehensive safeguarding assessment. Additionally, training attendance records offer quantifiable data, indicating the extent of participation and compliance within the organization. |
| <p>Desk-Based Research</p> | <ul style="list-style-type: none"> • Policy Review: Examine existing policies and documents to identify strengths and weaknesses. • Data Analysis: Analyze secondary data sources, such as reports and surveys related to safeguarding in your context. • Landscape Review: on Safeguarding contained in the IFRC Protection, Gender and Inclusion Organisational Assessment Tool (PGI OAT) |
| <p>Interviews</p> | <ul style="list-style-type: none"> • Stakeholder Interviews: Conduct interviews with key stakeholders to gather insights on the current state of safeguarding within your organisation. Also consider speaking to partner organisations about their capacity to support this process and to share information of relevance. It is best to ask open questions to gain insights into quality through this method. |
| <p>Stakeholder consultation</p> | <ul style="list-style-type: none"> • Internal Working Groups: Create groups involving representatives from various departments to collaborate on the assessment. • Regular Staff and Internal Meetings: Hold meetings to discuss findings and develop the action plan. • Feedback Sessions: Organize sessions to consider input from staff, volunteers, and community members. • Action Plan Review: Review and gain approval for the action plan. |

3.5 HOW TO USE THE SCORECARD AND DETERMINE YOUR RISK SCORE

In conducting the self-assessment, each page of the scorecard holds a pivotal role. Begin by examining the definition of the standard provided in the scorecard. Then, assess the score for your organization using the suggested questions in the 'Ask' box. The risk level is defined by the boxes at the bottom of the card which are color coded: Red - severe risk (0 points), Orange - high/major risk (1 point), Yellow - medium/moderate risk (2 points), Green - low risk (3 points).

This process is repeated for each of the 16 standards within the IFRC Safeguarding Framework. Each standard has its own scorecard sheet.

Use the table below to tally the scores for each Pillar (listed 1-4 on the left hand column below) and for each of the 16 Standards. Count your total score and determine your overall risk score using the matrix on the next page.

| | | | |
|--|--------------------|----------|-------------|
| Pillar 1: Leadership and organisational culture | Standard 1 | / 3 | / 12 |
| | Standard 2 | / 3 | |
| | Standard 3 | / 3 | |
| | Standard 4 | / 3 | |
| Pillar 2: Recognition and prevention | Standard 5 | / 3 | / 24 |
| | Standard 6 | / 3 | |
| | Standard 7 | / 3 | |
| | Standard 8 | / 3 | |
| Pillar 3: Reporting | Standard 9 | / 3 | / 36 |
| | Standard 10 | / 3 | |
| | Standard 11 | / 3 | |
| | Standard 12 | / 3 | |
| Pillar 4: Response and support to victims/survivors | Standard 13 | / 3 | / 48 |
| | Standard 14 | / 3 | |
| | Standard 15 | / 3 | |
| | Standard 16 | / 3 | |
| | GRAND TOTAL | / | / 48 |

3.6 INTERPRETING THE SCORE

The following table serves as a guide to interpret the scores obtained through this assessment tool. It offers insights into the efficacy of risk mitigation efforts within the IFRC team or the National Society itself.

However, it is imperative to note that the score obtained from this tool does not singularly represent the broader contextual safeguarding risks. The IFRC operates on the principle that wherever a member works, there will be safeguarding risks based on the underlying root causes of gender and social inequality, and the impact of humanitarian emergencies on creating risks and reducing the social protection environment. Contextual risks must be assessed in programme design. Existing approaches, such as the [IASC Sexual Exploitation and Abuse Risk Overview \(SEARO\)](#) or National PSEA Working Groups can be consulted for further information. The assessment score primarily focuses on institutional risks and the effectiveness of safeguarding measures. Therefore, while a score of 'low or limited' risk might suggest proficient risk mitigation within the organization, it does not necessarily reflect low risks in the wider community context. Factors such as gender and societal inequalities, prevalent discrimination, humanitarian crises, can contribute to safeguarding risks beyond the organizational sphere.

In addition, the tool seeks to measure the efficiency of operational systems and processes, however there may be a gap between perceived and actual risk mitigation - for example the presence of a strong organisational policy may indicate low risk, however if it is not adequately known, disseminated, implemented and updated, then it may falsely represent success.

A note on scoring, the scores below can be designed red, orange, yellow, green; or severe, high, medium and low. The names 'major and moderate risk' have also been included and align to the IFRC Audit and Risk Framework. The National Society undertaking this assessment should choose the naming system preferred within internal systems.

| Risk level | Description |
|--|--|
| LOW RISK (42-48 POINTS) | There is substantial assurance over the success of safeguarding activities in this area. The risk of safeguarding incidents is minor. There is vigilance needed to ensure results are maintained. |
| MEDIUM/MODERATE RISK (27-41 POINTS) | There is moderate assurance over the success of safeguarding activities in this area. The risk of safeguarding incidents is moderate. A plan for improved safeguarding should be produced and enacted. |
| HIGH/MAJOR RISK (11-26 POINTS) | There is limited assurance over the success of Safeguarding activities in this area. The risk of safeguarding incidents is major/high. A plan for improved safeguarding should be urgently developed and implemented. |
| SEVERE RISK (0-10 POINTS) | There is very limited or no assurance over the success of Safeguarding activities in this area. The risk of safeguarding incidents is severe/very high. If immediate action is not taken, major results will be unchecked. |

| Standard 1: Senior Management Leadership and Role-modelling | | | |
|---|---|---|--|
| What | Senior leadership demonstrates commitment to safeguarding, designates a senior owner for safeguarding, and maintains consistent two-way communication about safeguarding between senior leadership and staff and volunteers. This also involves actively promoting and exemplifying diversity, inclusion, gender balance, and non-discrimination at all levels of the organisation. | | |
| Why | Safeguarding violations are a form of power abuse. They happen in contexts where power is misused without consequence. Open, inclusive, and committed leadership is critical to building a culture where safeguarding violations do not occur. | | |
| Read | <ul style="list-style-type: none"> • All staff announcements on safeguarding • All staff communications on safeguarding • All staff announcements on diversity inclusion • Board minutes or statements | | |
| Ask | <ol style="list-style-type: none"> 1. Is there a clear senior owner (someone with management responsibilities or in senior management team) for safeguarding? 2. Has the organization's leadership signaled a commitment to safeguarding (zero tolerance to violations, participation, diversity and inclusion)? 3. Do management forums discuss safeguarding risks and issues? 4. Is there a regular communication from the leadership to staff/volunteers on the commitment to safeguarding, diversity and inclusion? | | |
| Risk score (please select one): | | | |
| <p>SEVERE RISK 0 POINTS</p> <p>There is no evidence of senior management/ leadership support on safeguarding.</p> | <p>HIGH RISK 1 POINT</p> <p>There is evidence that senior management prioritises safeguarding. A senior owner for safeguarding has been agreed to, but not formally established. There is little to no ongoing commitment (leadership has not communicated about safeguarding to personnel in the last 12 months).</p> | <p>MEDIUM RISK 2 POINTS</p> <p>There are leadership statements that show support for safeguarding. A senior owner for safeguarding has been established (with terms of reference or job description) but ongoing engagement from all of the senior leadership team on safeguarding activities and responsibilities is ad hoc.</p> | <p>LOW RISK 3 POINTS</p> <p>Leaders support safeguarding. A senior owner has been appointed and safeguarding strategic, policy level and programmatic activities are discussed annually in governance (Board) forum.</p> |

Standard 2: Organisational Policies and Action Plans

| | |
|-------------|--|
| What | The organization has an action plan/strategy on safeguarding. In addition, the organization should have elements of, or separate policies, for: (1) a Code of Conduct defining sexual misconduct; (2) an anti-sexual harassment policy; (3) A prevention of sexual exploitation and abuse policy that also protects children; (4) A whistleblower protection policy and (5) a Child Safeguarding policy. These policies should describe standards of conduct, prevention, monitoring, identification, reporting, investigation, and corrective measures that the NS has in place, as well as a clear commitment to a survivor-centred approach and zero tolerance. |
| Why | Polices are a key control to set expected standards and guide behaviours. A series of safeguarding policies is crucial for any organization because they prevent and mitigate potential harm, abuse, or misconduct. These policies outline clear response options, ensuring that employees, stakeholders, and vulnerable individuals are protected. |
| Read | <ul style="list-style-type: none"> • Safeguarding action plans/strategies • Code of Conduct; • Safeguarding/PSEA policy • Anti-harassment policy • Child safeguarding policy (or “Child Protection Policy”) • Whistleblower protection policy • Risk management policy • Volunteering policy • Policy on diversity and inclusion |
| Ask | <ol style="list-style-type: none"> 1. Is there a quality action plan or strategy on safeguarding? 2. Are all essential safeguarding policies in place, or are any missing? 3. Are the policies survivor-centered and consider diversity factors? 4. Is there a clear process for policy implementation, including SOPs and guidance notes? 5. Have policies been effectively communicated to staff, volunteers, and communities in accessible formats and languages? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|--|--|---|--|
| There is no strategy or action plan. Policies are entirely absent or of poor quality and do not meet baseline standards. | There is an action plan or strategy, however relevant policies are missing or out-dated. | <p>There is a strategy or action plan with clear timelines.</p> <p>Policies are developed and lack some quality elements, or are not communicated effectively to personnel.</p> <p>There is tracking of interactions with children, and steps are taken to mitigate child safeguarding risks.</p> | There are policies in place that cover preventing sexual exploitation and abuse against children and adults; as well as anti-sexual harassment and whistleblower protection. Policies are survivor-centered, supported by implementation tools, and accessible to relevant stakeholders. |

Standard 3: Defined Roles and Responsibilities

| | |
|-------------|---|
| What | There are defined roles and responsibilities (defined in job descriptions, standard operating procedures or other documents). For example, a clear strategy may outline the roles of each department within the organisation. |
| Why | Good governance is critical to ensuring that safeguarding policies, activities, and mitigations are kept up to date; are operating as intended; are reviewed regularly; and are successful in mitigating safeguarding risk. |
| Read | <ul style="list-style-type: none"> • Safeguarding policy, manual or approach paper. • Protection, Gender and Inclusion policies, strategies, or frameworks. • Safeguarding roles and responsibilities matrix. • Safeguarding and PGI job descriptions. • Documents setting out safeguarding activities, controls, and oversight. |
| Ask | <ol style="list-style-type: none"> 1. Is there a formal approach/strategy to safeguarding? 2. Have safeguarding roles been mapped out with clear responsibilities and accountabilities written and agreed to by sign off process? 3. Is there a governance forum to discuss safeguarding risk and control? How does the forum meet? 4. Is there a defined process to escalate safeguarding risks? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|--|---|---|--|
| There is no safeguarding strategy or approach and no roles and responsibilities. | While elements of strategy, ownership, and roles and responsibilities are in place – some are missing, and others are still being embedded. | A strategy is in place; leadership has been clearly established; roles and responsibilities have been allocated – but these are still being embedded in the organization. | A formal strategy / approach for safeguarding is in place; there are clear roles and responsibilities for safeguarding activities; clear governance forums exist to discuss these activities and risks (which meets regularly and escalates issues); there is a defined process to manage and escalate safeguarding risks. |

Standard 4: Financial Resources

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| What | The organization has prioritized and budgeted for appropriate resources to prevent, identify, and respond to safeguarding risks and violations, with clear roles and responsibilities and reporting lines at the HQ and branch levels. |
| Why | Organizations need dedicated financial resources for safeguarding to ensure they can effectively implement and sustain comprehensive safeguarding measures, including training, reporting systems, and prevention initiatives, to protect individuals and maintain a safe environment. Having the right people with the right knowledge is critical to preventing, identifying, and managing safeguarding risk, responding to cases, and learning lessons. Understanding where resources are and making best use of them ensures we minimize harm. |
| Read | <ul style="list-style-type: none"> • Annual budgets • Job descriptions for safeguarding focal points, HR focal points, investigators, PGI advisers/officers, and other people in roles where they directly contribute to safeguarding work • Safeguarding Action plans or activity plans in programmes or budgets such as community outreach • Budgets for staff health, victims-assistance and legal fees in cases where the organisation has paid for outcomes • Audited financial records • Investigation team costs |
| Ask | <ol style="list-style-type: none"> 1. Do you have sufficient and sustainable financial resources in place for safeguarding expertise, responsibilities, and investigations? 2. Have you documented clear roles and responsibilities for key safeguarding activities, including personnel with specialist expertise, and established clear reporting lines? 3. Is there a designated safeguarding focal point at HQ and is their funding from core budget or programme budgets? 4. Do all programmes and services include budget for community engagement, dissemination of safeguarding materials and for costs associated with reporting lines? 5. Do you have funding available for victims assistance and for staff health and mental health care or contingency planning for paying legal fees associated with sexual exploitation and abuse? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|---|--|--|---|
| <p>Safeguarding resourcing needs are not assessed or understood.</p> <p>There is no safeguarding focal person.</p> <p>No programmes or services provide budget for community engagement or safeguarding activities.</p> | <p>Safeguarding resourcing needs are somewhat known but not systematically collected, not consistently met. Roles and responsibilities are unclear and staff in dedicated roles do not have sufficient training to meet role requirements.</p> | <p>Safeguarding resourcing needs are identified and communicated to management with minor gaps or with donor-funding to meet gaps.</p> <p>Focal points are in place in most areas, and roles and responsibilities are clear.</p> | <p>Safeguarding resourcing needs are assessed and can be fully met. Roles and responsibilities are clear and there is in-house expertise. HQ has a designated and qualified safeguarding focal point(s) and there are focal points in all regions with diverse backgrounds.</p> |

Standard 5: Human Resource Systems

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| What | There is systematic vetting procedure in place for job candidates (for example, reference checks, police record checks, online searches) in accordance with local laws regarding employment, privacy, and data protection. This should include checking for prior safeguarding violations. Safeguarding expectations should be captured in job descriptions, particularly where the role is operational, involves engagement with affected populations, or has management responsibilities, and safeguarding capability is tested in interview processes (where relevant to the role). |
| Why | Individuals who may pose a risk of engaging in exploitation, abuse, violence, or harassment should not participate in any Red Cross and Red Crescent activities. It is essential to take proactive measures to prevent our personnel from becoming a risk to the communities we serve and to our colleagues. This is achieved through the implementation of effective HR systems and screening processes, which ensure that individuals who could potentially harm the communities we support are not allowed to join our workforce and the broader Movement. |
| Read | <ul style="list-style-type: none"> • Vetting process for staff, volunteers, governance, interns • Select a sample of vetting documents |
| Did you know? | <ul style="list-style-type: none"> • The Misconduct Disclosure Scheme facilitates the sharing of information about individuals who have committed misconduct or safeguarding violations with prospective employers or organizations, helping them make informed decisions about hiring or engagement. The IFRC is a founding member of this Scheme and National Societies are able to sign up and use this service. It is a recommended best-practice. • The IFRC Manual on Prevention and Response to Sexual Exploitation and Abuse includes a Statement of Conduct template and tool which you can adapt for your organisation |
| Ask | <ol style="list-style-type: none"> 1. Are safeguarding responsibilities integrated into job descriptions and the interview process? 2. Is there a comprehensive vetting process for staff, volunteers, and contractors/suppliers, including reference checks? 3. Are high-risk roles subject to enhanced vetting, and how often is re-screening conducted? 4. Does the organization have a policy on providing references for individuals with misconduct or safeguarding violations, considering legal restrictions? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|--|--|--|--|
| Vetting processes are either non-existent for staff, contractors, and volunteers or are not effectively implemented. | Vetting procedures are in place for most staff, but some are not vetted, and vetting for contractors and volunteers is inconsistent. | Vetting processes cover the entire workforce, but high-risk roles lack enhanced vetting, and safeguarding expectations are not explicitly mentioned in job descriptions or interviews. | Safeguarding in job descriptions and interviews, systematic vetting across contracts, enhanced vetting for high-risk roles, misconduct disclosure. |

Standard 6: Training and Staff Competencies

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| What | The organization provides mandatory safeguarding training for all staff, with enhanced training for specialized roles. On-boarding includes safeguarding briefings and signing a Code of Conduct. |
| Why | To prevent and respond to exploitation, abuse, violence, or harassment in the right way, it is crucial that everyone in the organization understands the root causes of this behaviour, their obligations in relation to safeguarding, and how to safely report a concern. |
| Read | <ul style="list-style-type: none"> • Safeguarding training plan • Any Safeguarding training materials • Safeguarding training statistics/data |
| Did you know? | <ul style="list-style-type: none"> • The IFRC Learning Platform provides a training that is available to all IFRC and National Society staff called 'Say no to Misconduct'. Your National Society could ask the IFRC to assist in establishing a separate page on the platform where you can share this training to your staff and volunteers, or, if you have budget, you can adapt the trainings and translate the content. |
| Ask | <ol style="list-style-type: none"> 1. Is there mandatory safeguarding training for all staff and volunteers? 2. Is the mandatory safeguarding training available in multiple languages and various media formats? 3. Does the training cover fundamental safeguarding elements and meet quality standards? 4. Is there specific training on addressing child safeguarding risks and follow-up? 5. What is the training frequency, and is there a refresher course in place? 6. Is there a systematic process for collecting mandatory declarations (e.g., Code of Conduct) from staff and volunteers? 7. Do managers receive specific training on their role in promoting prevention? 8. Are specialist training programs available for roles with unique safeguarding requirements? |

Risk score (please select one):

SEVERE RISK 0 POINTS

Mandatory training is absent, or existing training is of poor quality and doesn't cover basic safeguarding requirements.

HIGH RISK 1 POINT

Mandatory training is in place, but completion rates are below 60% or the training is of lower quality. There is no specialized training for managers or specific roles.

MEDIUM 2 POINTS

Mandatory training is available, but completion rates can improve, and there is some room for enhancing training quality. Specialist and manager training may not be consistent.

LOW RISK 3 POINTS

All staff receive safeguarding briefings upon recruitment, over 90% complete high-quality mandatory training, and there's specialized training for managers and specialist roles.

Standard 7: Programmatic Risk Assessment

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| What | Good safeguarding risk management means all activities, programmes, and appeals have a safeguarding risk assessment in place, with appropriate mitigation and oversight of safeguarding risks. Programmes are designed with safeguarding risks, mitigations, and prevention in mind. People at-risk should also be engaged in risk mitigation in programming. |
| Why | Sexual exploitation, abuse, violence, and harassment are a systemic global problem. We know that humanitarian crises can increase the risk of safeguarding violations by increasing the presence of humanitarian actors, and by aggravating existing vulnerabilities. Good safeguarding risk assessment allows us to identify where violations could occur and design appropriate preventative measures to safeguard affected populations. |
| Read | <ul style="list-style-type: none"> • Risk management framework and policy or other Audit tools • Risk register • Child Safeguarding Risk Analysis completed for any prior DREF or Project • Local safeguarding risk assessments and analysis (country context and operational assessments) such as the IASC SEARO Index • Local Safeguarding risk registers such as from the local PSEA Cluster or Working Group • Risk analysis from partners and other like-minded organisations or NGOs |
| Ask | <ol style="list-style-type: none"> 1. Does the organization have a risk management framework and policy with a dedicated category for safeguarding risk? 2. Has a safeguarding risk assessment been conducted, identifying higher-risk groups and individuals, along with regularly reviewed and updated mitigation measures? 3. Does the risk assessment involve engagement with diverse local community groups, including adolescents, older people, and individuals with disabilities? 4. Is The IFRC Child Safeguarding Risk Analysis Tool applied to DREFs and Appeals? 5. Is there evidence of follow up on identified risks from the Child Safeguarding Risk Assessment? 6. Is there a process for regular risk review and escalation to ensure safeguarding actions and mitigations are effectively implemented? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|--|--|---|--|
| Safeguarding risks are not identified or assessed, and risk management processes are absent. | Safeguarding risks are identified but not fully assessed, mitigations are not regularly reviewed, and there is no risk escalation process. | Safeguarding risks are identified, assessed, and mitigated, but the assessment quality or mitigation effectiveness can be improved. A risk register exists with clear mitigation strategies articulated | <p>A comprehensive risk framework with strong safeguarding measures, community involvement, and regular reviews is established.</p> <p>Child safeguarding risk assessments are completed for all programmes and activities where there is interaction with children.</p> |

Standard 8: Partner(ship) management

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| What | The organization's contracts and partnership agreements include a standard clause requiring partners (meaning: contractors, suppliers, consultants, sub-partners, and sub-contractors) to commit to a policy on safeguarding, and to take measures to prevent and respond to safeguarding risks and violations. In addition, prior to working with third parties, a due diligence assessment on partners is done, or a suitable safeguarding self-assessment and action plan is received. Good partner management also means regularly discussing and reviewing safeguarding risks and their management. |
| Why | Collaborating with partners, both within the Network and externally, is integral to effective safeguarding, as their robust processes help detect and mitigate risks in all our activities. |
| Read | <ul style="list-style-type: none"> • A list of all partnerships • Formal agreements with partners (contracts, Memorandum of Understanding) • Minutes from formal partner meetings • Partner or supplier policies on safeguarding • Partner or supplier safeguarding self-assessment, risk assessment (if relevant) and action plans |
| Ask | <ol style="list-style-type: none"> 1. Is there a safeguarding model clause used in all partnership agreements? 2. Have requirements of your donors on safeguarding been mapped and met? 3. Is there a partnership register detailing potential risks, partner policies, and clear termination clauses to exit partnership if safeguarding terms are not met? 4. Do partnership agreements require timely reporting of violations and ensure investigative capacity? 5. Are partners' staff trained in their safeguarding policies? 6. Do you report safeguarding violations to your major donors? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|--|---|---|---|
| <p>Agreements with partners, suppliers and contractors do not consistently include suitable safeguarding clauses.</p> <p>Additionally there is no acknowledgment of safeguarding obligations through existing donor relationships to the National Society.</p> | <p>Agreements with partners, suppliers and contractors include suitable safeguarding clauses, but partner due diligence, safeguarding self-assessments, or risk discussions are absent.</p> | <p>Agreements with partners, suppliers and contractors have suitable safeguarding clauses, including reporting requirements; partner due diligence, safeguarding self-assessments and risk discussions are present but not consistently taking place; or gaps identified are still being addressed.</p> | <p>Agreements with partners, suppliers and contractors have suitable safeguarding clauses, including reporting requirements; Partner due diligence is carried out; The partner's workforce has received training; The partner demonstrates efforts to ensure safeguarding risks are shared and discussed. There is reporting to donors.</p> |

Standard 9: Safe and accessible reporting channels

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|-------------|---|
| What | The organization has an independent central reporting mechanism. A range of reporting options exist for staff, volunteers, affected populations, and wider stakeholders. There is a defined and safe data management of case information and all reports, with at least 2 people managing such data. |
| Why | To maintain trust and prevent further harm, we must swiftly identify and respond to safeguarding violations. We need local, trusted reporting mechanisms accessible to communities we serve and to all staff and volunteers. People often hesitate to report due to various fears and lack of information, making safe and accessible complaint systems crucial. Multiple trained staff should handle complaints, and apply agreed triage and escalation criteria. |
| Read | <ul style="list-style-type: none"> • Details of the reporting mechanism - such as hotline phone number, email address and protocol for handling any paper forms with complaints on them • Flowchart of reporting mechanism • Policies or contracts defining reporting lines • Data on reports demonstrating that local reporting is leading to central reporting • Complaint handling training or guidance • Response to complaints operating procedure including the details of when an investigation would be chosen as the correct response • Terms of Reference for case managers, safeguarding focal points |
| Ask | <ol style="list-style-type: none"> 1. What reporting mechanisms exist at the local, regional, and central (HQ) levels for complaints and programming issues? 2. Are these mechanisms accessible in terms of language, age, literacy, internet/phone access, cultural norms, and physical/intellectual disabilities? 3. Is confidentiality ensured in these reporting mechanism? 4. Can people make anonymous reports/complaints? 5. Are clear standard operating procedures in place for dealing with complaints once they are reported - including escalation to victims-assistance, and to investigation for cases involving children and other groups where mandatory reporting to authorities is required? 6. Are reporting mechanisms periodically reviewed with community feedback? 7. Have individuals receiving complaints (e.g. case managers) been trained in handling them, and in survivor-centered approaches and safe interaction with children? |

Risk score (please select one):

SEVERE RISK 0 POINTS

No reporting mechanisms are in place, or the mechanisms in place are of poor quality and no information or complaints have been received.

HIGH RISK 1 POINT

Reporting mechanisms exist but are not shared in communities. There is a lack of awareness raising and training on reporting. Cases are managed by 1 person only.

MEDIUM 2 POINTS

Central and local reporting mechanisms are present but may be enhanced by community and staff/volunteer feedback. There are 2 case handlers.

LOW RISK 3 POINTS

Reporting lines are in place and clearly communicated, there is an intake of cases management system. The reporting lines is accessible, confidential, and anonymous reports are possible. There are 2 case handlers and an escalation protocol.

Standard 10: Safe and accessible awareness raising

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| What | Staff, volunteers, and individuals within affected communities have a clear understanding of expected standards of behavior from personnel applicable rules, The organization actively promotes its complaints mechanisms (central and local) with staff, volunteers, and local communities (people of all genders, ages, and abilities in affected communities) on expected behaviour and how to report safeguarding concerns. The organisation maintains multiple, accessible communication channels with communities, integrating visual and other informative materials into community outreach and activities. Referral pathways are established, shared with teams, and communicated within communities. |
| Why | This effort establishes clear standards of behavior and effectively reduces the risk of safeguarding violations. Additionally, awareness raising builds trust with communities, reinforces our accountability, and shares vital information about the Red Cross and Red Crescent. |
| Read | <ul style="list-style-type: none"> • Staff and volunteer awareness materials (safeguarding importance, procedures, posters and desk-based aides) including emails and minutes of meetings • Communications for affected populations (posters, SMS plans, radio broadcasts). • Engagement materials for affected populations and volunteers. • Focus group reports and findings. • Local reports (best/bad practice on sensitive topics). • Community engagement and accountability activities, including sensitive feedback reports. |
| Ask | <ol style="list-style-type: none"> 1. Is there regular awareness raising for expected standards of behavior that reaches all communities? If not all communities, is such awareness raising embedded in some or the major programmes of the organisation? 2. Is there regular awareness raising, including training, about reporting mechanisms and how to raise a concern and seek support that reaches all staff and volunteers? 3. Are the awareness materials based on consultations with local communities and at-risk/marginalized groups? 4. Are awareness materials diverse, accessible, suitable for different groups, and in line with local culture (available in different languages, in visual formats, for children, and available to all genders in places people gather or spend their time according to gender norms in the community?) |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|---|--|--|---|
| No systematic use of awareness tools, reliance on individual champions. | There is limited staff awareness on reporting or standards. There is no volunteer awareness. There are no, or very few communities that have received reporting information. | There is often awareness raising for staff and volunteers. Most programmes embed community engagement on safeguarding norms and reporting. | Regular, quality and accessible awareness raising occurs for staff and volunteers. Communities are engaged in design and delivery of awareness raising on safeguarding. |

Standard 11: Risk monitoring

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| What | Field staff are trained on safeguarding red flags and actively embed monitoring of safeguarding activities in their regular programme and operational monitoring activities, in a culturally sensitive way. Field staff must not attempt to carry out investigations. |
| Why | While most safeguarding violations are identified through reporting and complaints mechanisms, embedding safeguarding principles in our ongoing monitoring work can help identify risks and potential red flags. It is critical that field staff can identify and report red flags. These must be reported through appropriate channels and field staff must never attempt to investigate concerns. |
| Read | <ul style="list-style-type: none"> • Monitoring and evaluation plans and reports • Feedback and complaints reporting and findings • Feedback questionnaires • Focus group agendas and reports • Rumour tracking reports and findings • Community engagement and accountability feedback and sensitive feedback reports • Protection, gender and inclusion minimum standards monitoring scorecard • Protection, gender and inclusion incident monitoring reports • Case management reports (Health, MHPSS, PGI) |
| Ask | <ol style="list-style-type: none"> 1. Are staff trained to recognize and respond to safeguarding risks and violations? 2. Are safeguarding risks assessed in all programs? Are safeguarding and PGI questions integrated into community feedback and focus group discussions? 3. Are specific monitoring measures in place for at-risk groups, including children? 4. Is there a special measure for assessing safeguarding risks for children or child-focused activities like youth clubs? 5. Do findings from monitoring work improve program design for better prevention? 6. Are high-risk activities and situations identified in plans and are risk mitigation measures written and followed? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|---|--|--|---|
| No systematic integration of safeguarding into monitoring or feedback systems | Only some programs and services monitor safeguarding concerns. No system for compiling protection risks and safeguarding concerns. Staff/volunteers lack confidence to identify and report concerns systematically | Programme teams assess safeguarding risks and use some agreed tools, with evidence of budget or actions to mitigate risks. Community engagement and monitoring include safeguarding questions, and staff/volunteers are trained to respond and identify disclosures. | Programme teams monitor safeguarding risk, and safely use sensitive feedback. All personnel are trained/ informed on reporting, response, and safe referrals. Data protection, confidentiality, and risk mitigation are evident (within 3 days of identified risk). |

Standard 12: Whistleblower Protection

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| What | The organization has a whistleblowing policy in place, with clear and independent mechanisms for whistleblowing are established and promoted. Management fosters a positive culture in relation to whistleblowing, and ensures prevention of retaliation against anyone reporting alleged misconduct, or providing information as part of an investigation into alleged misconduct. |
| Why | Robust whistleblowing protocols ensure people can raise concerns safely confidentially, and without retaliation. Robust whistleblowing processes build trust. |
| Read | <ul style="list-style-type: none"> • Whistleblowing policy • Retaliation policy (if separate) |
| Ask | <ol style="list-style-type: none"> 1. Is there a high-quality whistleblowing policy based on good practice and considering the local context/laws? 2. Does the whistleblowing policy prevent retaliation against whistle-blowers through clear protocols to ensure confidentiality and anonymity? 3. Are whistleblowing mechanisms clearly communicated and accessible to all genders, ages and available to people with low-literacy and no phone or Internet? 4. Is there a culture of supporting whistleblower supported by a clear endorsement by senior management? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|--|---|--|---|
| There is no whistleblower policy in place, and there are no formal whistleblowing protections. | A whistle-blowing policy is in place but is not of sufficient quality, lacks formal protections, and is either not promoted to staff or endorsed by management. | A good quality whistleblowing policy is in place with formal protections. Management buy-in and staff awareness raising could be enhanced. | A high-quality whistleblowing policy is in place based on good practice. Formal whistleblowing mechanisms are accessible to all, and whistleblowing options are promoted to staff with clear support by management. There is some evidence that the protections work in practice. |

Standard 12: Referrals and victims-assistance

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| What | The organization has a referral system for survivors of exploitation, abuse, harassment, or violence. Referrals are based on survivors' needs and consent, including to case managers, protection services, healthcare, mental health support, and more. Services used for referrals are assessed for safety and quality. Staff are trained to refer safely, and clear referral standard operating procedures (SOPs) are in place. |
| Why | Providing access to comprehensive protection, care, and support for victims is crucial for safety, recovery, and well-being and aligns to our humanitarian mandate. Staff and volunteers, if victims of workplace abuse, should have access to referral pathways and the option to report crimes to the police. |
| Read | <ul style="list-style-type: none"> • Mapping of service providers for protection, medical, legal, mental health, and other support services • Referral pathway and quality checklist • SOPs and agreements with service providers |
| Did you know? | <ul style="list-style-type: none"> • The IFRC Protection, Gender and Inclusion Toolkit offers more guidance on ensuring good referrals • Pre-existing quality referral pathways are usually available, mapped by the PSEA or GBV Task-force, other organizations, or local social welfare/health departments. Request them locally, ensure quality, communicate with providers, and coordinate referrals. |
| Ask | <ol style="list-style-type: none"> 1. Is there a mapping of service providers for protection, medical, legal, mental health, and other support services to survivors of safeguarding and of generalised SGBV? 2. Are local referral pathways quality checked? 3. Are standard operating procedures for assistance and referrals documented? 4. Have staff received training and briefings on referral pathways, including Protection, Gender, and Inclusion training and adequate response to disclosure training (such as psychological first aid)? 5. Is there a victims-assistance standard operating procedure or policy/guidance? 6. Is there a staff health mechanism to support people who have reported workplace harassment or discrimination? |

Risk score (please select one):

SEVERE RISK 0 POINTS

There is no evidence of a system to refer victims/survivors to available support services in all locations.

HIGH RISK 1 POINT

Some referrals to local support services occur in certain locations, but there is no formal process. Consent is not consistently embedded, services are unmapped, and there are no risk assessments or consideration of local legislation in referral pathways.

MEDIUM 2 POINTS

Most programme/ front-line staff can guide survivors to suitable services. A documented referral process exists for safeguarding and people could be transported to services if victims-assistance is required. The referral pathway is updated regularly by safeguarding focal points. Protocols for child survivors are mapped.

LOW RISK 3 POINTS

A comprehensive system ensures survivor referrals for violence, exploitation, abuse, and harassment. Local services are mapped, risk-assessed, and regularly reviewed. All staff are trained, and victims assistance exists.

There is specialized knowledge on assistance to child victims.

Standard 13: Investigation capacity and procedures

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| What | The organisation has a survivor-centred investigation process, and a prompt and effective responses to allegations of safeguarding violations. Investigations are conducted by appropriately trained professionals. The organization adheres to a clearly outlined process in a standard operating procedure. Third party investigators are vetted. |
| Why | While preventing safeguarding violations, is our goal, when instances do occur, it is critical that investigations are fast, maintain trust, reduce harm and contribute to lessons learned |
| Read | <ul style="list-style-type: none"> • Investigation manual or standard operating procedures • Complaint management and triage criteria • Investigation key performance indicators • Investigation roles and responsibilities • Contracts with third-party investigators (or Memorandum of Understanding) |
| Ask | <ol style="list-style-type: none"> 1. Does a trained focal point use defined criteria to assess if investigation is needed? 2. Are survivor-centered investigation processes documented in Standard Operating Procedures, covering all stages including evidence gathering? 3. Is there adequate investigation capacity (at least two individuals) for timely and independent handling (in-house or outsourced)? 4. Have investigators received specialized SEA training, including child-centered approaches, clear communication criteria, support provision, retaliation prevention, and informed consent? 5. Is informed consent sought before launching a formal investigation? 6. Is an individual risk assessment conducted before launching an investigation? 7. Is the investigation process timely (completed within 90 days), well-communicated, and has an appeals process? 8. Is there a process to suspend the subject of a complaint if safety concerns demand it? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|--|--|---|---|
| The organization does not have a process to gather evidence and investigate SEA allegations or processes to outsource if in house capacity does not exist. | The organization has a process in place to gather evidence and carry out investigations or outsource these, but the processes are poor quality, not survivor centred, lack independence, or are not done in a timely manner. | <p>Investigation processes exist. Survivor-centered and independent approaches are documented.</p> <p>Communication and support for survivors and witnesses can be enhanced in SOPs.</p> <p>Timely investigations are not consistently ensured.</p> | A well written and thorough SOP on investigation, witness support and investigation handling exists. It is used. Support to the survivor and witnesses is implemented. The investigations process is suitably independent and carried out in a timely manner (90 days). |

Standard 15: Disciplinary Processes

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| What | The organization has clear processes in place to take timely, appropriate and proportionate disciplinary action in response to substantiated allegations of safeguarding violations and has adequate interim measures to response when complaints are received. |
| Why | Taking timely, appropriate, and proportionate disciplinary action reduces the risk of future harm, creates trust in the system, and creates a culture where violations of safeguarding or misconduct is not tolerated and therefore happens less. |
| Read | <ul style="list-style-type: none"> • End to end disciplinary process • Staff Appeals process |
| Ask | <ol style="list-style-type: none"> 1. Is there a formal disciplinary process in place that demonstrates respect for due process for the complainant and/or survivor and the alleged suspect (including an appeals process)? 2. Are the individuals making (or advising on) the decision in relation to disciplinary actions suitably independent and trained on safeguarding matters? 3. Are disciplinary decisions transparent, consistent, non-discriminatory, and proportionate to the misconduct found? 4. Is a complaint response outcome, or (where conducted) an investigation outcome shared with the complainant or survivor? 5. Is there a process for referring/reporting to local law enforcement? Is a full risk assessment embedded in this process |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|--|---|--|---|
| <p>The organization has failed to take suitable disciplinary action in response to substantiated allegations of safeguarding violations, and/or no documented disciplinary actions are documented.</p> <p>A culture of impunity exists</p> | <p>Some processes are in place to ensure appropriate and proportionate disciplinary action is taken, but these are not applied consistently and/or fairly and there is a need to improve the transparency, independence, or communication during the process.</p> | <p>Formal processes mostly ensure fair adjudication of substantiated allegations. Consistent application of processes is evident. Opportunities exist for enhancing transparency, independence, and communication exist.</p> | <p>Formal processes ensure fair adjudication of substantiated allegations. Disciplinary actions are appropriate and proportionate. Processes are consistent and transparent. Decision makers are trained and independent. Communication is timely and to all relevant parties. There is adequate reporting to governance on outcome data when needed.</p> |

Standard 16: Learning

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| What | There is a process to evaluate and improve case reporting, prevention and response, and accountability. There is a commitment to improvement. Processes are in place to understand how each situation was handled, identify areas of improvement, and propose specific measures to reduce safeguarding and protection risks and future instances.. To ensure safety and confidentiality, all lessons should be shared in a non-identifiable way. |
| Why | Learning lessons from instances of exploitation, abuse, violence, and harassment allows us to understand how something happened and put processes in place to ensure it doesn't happen again – ultimately reducing harm and building trust. |
| Read | <ul style="list-style-type: none"> • Documented evidence of lessons learning processes after disciplinary processes • Documented case studies • Case trend data analysis and recommendations • Trainings introduced as a result of lessons learned • Documents of cross-team or senior management meetings involving relevant teams such as Audit, Legal, HR, PGI, Programmes, Secretary General, and others |
| Ask | <ol style="list-style-type: none"> 1. Is there a structured process in place to learn lessons from safeguarding investigations and systems? 2. Is there a system to identify trends in safeguarding cases, and is this data discussed and analyzed? 3. Are there processes to understand and analyze why certain cases do not progress to formal investigations? 4. Is there a feedback mechanism in place to improve workplace interventions for preventing sexual harassment and abuse among staff? 5. Are there action plans implemented to address issues identified in lessons learned? 6. Are there forums to share lessons, contribute to sector building and strengthen national safeguarding mechanisms? Is the National Society actively involved? |

Risk score (please select one):

| SEVERE RISK 0 POINTS | HIGH RISK 1 POINT | MEDIUM 2 POINTS | LOW RISK 3 POINTS |
|---|--|---|--|
| There is no monitoring or learning on safeguarding. | Although there are meetings and opportunities in which lessons learned could be embedded, few cases or very limited data is discussed in the spirit of making improvements to the system and action or to prevention and response protocols. | Some monitoring is generally taking place, but there is limited collaboration between departments and only a few to no examples of changes made to improve systems or learn lessons. There is evidence that some managers ask their teams about safeguarding risks in programmes. | Processes are in place to learn lessons from allegations of safeguarding violations. There is collaboration between investigations, HR, and management. Processes support the application of corrective actions based on lessons learned and monitoring their implementation |

Safeguarding Self-Assessment Action Plan continued

| Core standard | Risk assessment | Findings and risks | Actions, owners, and timelines | Budget |
|---------------|-----------------|--------------------|--------------------------------|--------|
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