



## **SAFEGUARDING IN ‘MONITORING, EVALUATION, ACCOUNTABILITY, LEARNING, & RESEARCH’**

**November 2019**

# Guidance on safeguarding in MEAL & Research

Monitoring, Evaluation, Accountability and Learning (MEAL) staff – including enumerators – engage with children and communities on a regular basis, through monitoring activities, assessments, and accountability activities. Although these activities can increase risks to children and communities if not done properly and without risk assessments, if done well these activities also support our organisational efforts to safeguard children and adults.

Monitoring and evaluation activities can help identify unintended negative effects of our work, including safeguarding and safe programming concerns. Accountability activities play a key role in ensuring children and communities are aware of expected staff behaviour and how to share their concerns with SCI. Children and communities should be able and feel comfortable to share concerns about safeguarding and safe programming with us. Feedback and Reporting Channels as well as feedback handling procedures are critical to facilitate timely and appropriate referrals to the Child Safeguarding (CSG) and Protection from Sexual Exploitation and Abuse (PSEA) Focal Point(s).

This document will outline some potential safeguarding risks of MEAL activities and give you suggestions on how to manage them to ensure children are as safe as possible. It is not an exhaustive list but may help you think through a good risk management strategy.

## Key things to remember

1. Staff, volunteers, partners (or any representatives) should **never be alone with a child** with whom they are engaging and never enter homes alone.
2. **Any enumerators, daily workers and volunteers with direct access to our beneficiaries** must be trained on, and adhere to, our Child Safeguarding and PSEA Policies.
3. **Regular training** on child safeguarding, especially Safer Programming, helps staff, volunteers and contractors to think through a 'child-lens' and avoid risks.
4. **Power dynamics will have an impact on your programme** – think about gender inequalities, power dynamics between NGO workers and community members & address however you can.
5. **Risk management is an active, on-going process** that never stops! Don't be afraid to challenge each other to ensure children and adults are safeguarded.

## Risks related to data collection

- **Monitoring tools**, such as Quality Benchmarks and post-distribution monitoring surveys, that do not consider safeguarding risks may result in failure to identify issues of unsafe programming and safeguarding concerns.
- **Data collection activities designed without risk assessments** might put children and community members at unnecessary risk, in particular if they involve vulnerable groups and cover sensitive issues.
- Data collection/surveys may include questions alluding to safeguarding concerns that are **worded inappropriately and don't take into consideration cultural sensitivities** or correct use of language.
- An **unequal power dynamic exists between children and caregivers who need our services, and MEAL staff and enumerators who ask children and adults for feedback about our services or ask for monitoring or assessment information.**

## How can we manage these risks?

- **Ensure monitoring tools consider safeguarding and safe programming issues**, as well as monitoring other potential negative effects of our work.
- Complete **risk assessments** for data collection activities that involve interaction with children and communities as part of the Terms of Reference and design. Consult the CSG focal point and Child Protection team when developing risk assessments for child participatory activities and take time to think through it rather than treating it as a tick-box exercise.
- **Carefully review the tools and questions themselves to make sure they do not cause harm to children** (e.g. not asking children questions that might cause distress without adequate follow-up support, not asking questions using stigmatising terms etc).

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This places MEAL staff in a position of power, making potential abuse more likely, and making true voluntary consent to participate in MEAL activities more difficult to obtain.

- Untrained MEAL staff and enumerators might be unaware of the **importance and principles of informed consent**, for both adults and children.
- **Rapidly recruited, untrained or poorly supervised/managed staff and enumerators might miss signs** of unsafe programming, sexual exploitation and abuse and/or fail to act swiftly on concerns during data collection activities and when receiving feedback.
- **External consultants**, contracted to conduct assessments or evaluations, who have not been trained on CSG and PSEA and have no or little experience in ethical and meaningful child participation might (unintentionally) place children at risk.
- Staff, volunteers and enumerators who **'feel anonymous'** (e.g. are not wearing Save the Children ID) are more likely to use physical violence to discipline children and might be more likely to abuse children in other ways.
- When t-shirts with Save the Children logo and/or Save the Children ID cards (even with an expiry date) are distributed to enumerators employed one-off data collection exercise and left with them, these **visibility materials may be used at a later stage to access and abuse children in various ways**. They may also be used to abuse adults, for instance asking money or sexual favours to be added to non-existent distribution lists.
- MEAL enumerators and other staff might **engage 1:1 with children and community members** (e.g. while filling in surveys). This might include entering homes alone and using that opportunity to abuse children there.
- Untrained, inexperienced staff may **ask inappropriate questions** that shame or emotionally harm children.
- Staff and enumerators might **miss signs of psychological distress** during data collection and/or fail to act swiftly on these.
- Ensure that even when staff are rapidly recruited, **background checks** (for example, reference checks) are done and they complete the necessary training.
- Ensure that all MEAL staff and enumerators **are trained on safeguarding**, including on how to report concerns directly to the CSG and PSEA focal points or via DATIX, how to recognise signs of potential safeguarding concerns in reports received through Feedback and Reporting Channels, and how to handle these reports appropriately and respectfully (including referral procedures to CSG and PSEA focal points and principles of confidentiality and anonymity).
- Ensure that MEAL staff and enumerators are **trained on informed consent principles and ensure informed consent is obtained prior to data collection** with community members, children and parents/caregivers. Ensure MEAL staff and enumerators emphasise that declining to participate or participants' answers will not influence their eligibility to receive support.
- Ensure that even when staff are rapidly recruited, they are **trained on psychological first aid if they are to ask questions that may be sensitive** (e.g. child protection).
- Ensure that **consultants** contracted to conduct assessments and evaluations understand and sign the Code of Conduct, CSG Policy and PSEA Policy, and are trained on child safeguarding. Only include child participation in the methodology design if the consultant has experience in ethical and meaningful child participation.

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**EXAMPLE:** staff are collecting data as part of a child protection assessment. One girl discloses that she was raped when returning home from a friend's house at night. The enumerator then asks her, "Why did you go out alone at night? Don't you know that is dangerous?" This makes the girl believe that it is her fault that she was raped. She becomes very distressed. The enumerator does not provide any psychosocial first aid or refer the report of sexual abuse.

- **Working with essential partners, such as translators, can cause additional risks** during MEAL activities. For instance, if translators are unaware or untrained on CSG and PSEA, they might not pick up on safeguarding concerns or translators may not communicate CSG information to children appropriately.
- Staff involved in data collection may be unaware that they have a **duty to report** (to child safeguarding or child protection) when answers suggest a child could be at risk of abuse or exploitation (either by SC representatives or in their home or community).
- Organising **data collection activities without ensuring the data collection team includes female members** could mean girls and women are less likely to participate and are less likely to speak about sensitive issues. In many contexts, it is considered inappropriate for a woman to speak to another man without being chaperoned and could place women at risk of abuse because of their participation. Equally, child participatory activities with adolescent girls run by male facilitators could be considered inappropriate and might increase risks of abuse, especially sexual exploitation.
- Organising **Focus Group Discussions** with mixed groups (male and female participants in the same group) could reinforce harmful gender dynamics and potentially place participants at risk of gender-based stigmatisation, harassment and abuse.
- The (unnecessary) **collection of personal information** and lack of adequate data protection processes put respondents at risk of identification and could consequently place them at risk of stigmatisation, harassment and abuse.
- **Pictures** taken of children and adults during data collection activities (by staff other than those that have been authorised to do so and have secured informed consent) or



- **Reduce anonymity**, ensuring that MEAL staff and enumerators always wear a Save the Children t-shirt and display photo ID when working.
- **Support staff wellbeing and reduce stress to a manageable level** – stressed, under pressure staff may not notice risky behaviour or risk factors at programme sites; and they may not react as quickly to risks.
- **Ensure that data collection teams are adequately supervised during data collection**, are never left alone with a child, and are always 'visible' when collecting data one-to-one (avoiding data collection one-to-one within homes/shelters/confined spaces to make sure that people can see what they are doing).
- **Challenge** any staff or volunteers who are alone, or seeking to be alone, with children.
- Ensure data collection teams always consist of **male and female members** to ensure female participants (whether adults, adolescents or children) can speak to female members of staff, and male participants (whether adults, adolescents or children) can speak to male members of staff.
- **Train staff in identifying and flagging any concerns raised by children** in their responses to questions during assessments/surveys. Example: A child is asked about whether they felt safe at a child friendly space (or similar situations) and if the response was no, this would need to be highlighted and followed up on.



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failing to guarantee respondents' anonymity during data collection can result in children or adults being placed at risk of stigma.

- Without carefully **considering the impact of taking pictures** during data collection activities in risk assessments, participants might not feel comfortable to participate or share their honest opinion but may not feel confident to decline to participate.
- When collecting data from respondents, staff and enumerators **may not identify safe and comfortable places**, e.g. out in the hot sun, in the proximity of, or in unsafe structures, potentially exposing respondents to unnecessary risks.
- Ensure that during each **briefing and debriefing**, enumerators are reminded to report any safeguarding concerns.
- Ensure that community members and children participating in data collection activities **receive information about Feedback and Reporting channels** available to them, as part of the introduction to the data collection activity (for example sharing this verbally as well as handing out flyers).
- Ensure staff are aware of **data protection policies** and only collect personal data if absolutely necessary for the programme/response, and that data protection measures are in place.
- Ensure staff are aware of safeguarding practices in relation to **taking pictures of children and people** participating in data collection activities. Ensure risk assessments consider whether picture taking is appropriate, whether authorised staff will be available to do so and ensure informed consent procedures fully cover consent to for photography.
- If pictures are taken (e.g. by other children, by untrained enumerators) and this is discovered at a later stage, people should be asked to delete the pictures in their possession.
- No-one is allowed to take **photos of children or caregivers** without the authority of the Communications Manager and/or CSG focal point, and photos should always be taken on a **Save the Children camera** – never on personal phones.
- Ensure data collection happens in **safe and comfortable locations**, to ensure participants are not at risk of being harmed during data collection. This should be considered as part of the risk assessment.

## Risks during data management, analysis and dissemination

- **Careless handling of data** (e.g. lists of names and records of beneficiaries left unsecured, stored on computers used by multiple people or shared with other organisations, discussing data that should be kept confidential in public spaces) might put children and adults at unnecessary risk, in particular if they involve vulnerable groups and cover sensitive issues.

## How can we manage these risks?

- **Protect data:** do not discuss data where you can be overheard; do not leave hard copy data unattended unless it is in a locked cupboard; only keep soft copy data on password-protected computers; password protect files containing data; encrypt sensitive data before transferring it; and destroy hard copy data as soon as it is safely transferred into soft copy.

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- **Insufficient data protection and consideration of what data and analysis is appropriate to disseminate** may put children and adults at risk. For example, sharing case studies without adequate steps being taken to anonymise them could lead to vulnerable children being identified and targeted.
  - This goes beyond personal data, as aggregated data identifying a location, for instance, could still represent a risk (e.g. saying there is a group of undocumented migrants in a district of a town may lead to their arrest).

**EXAMPLE:** a participatory consultation is done with children affected by Ebola, some of whom have survived the disease themselves and some whose family members died from the disease. Photographs are taken during the consultation and included in the report, along with case studies of the children. The report is launched and is picked up by national media. Even though the names of children haven't been included in the report, they can still be identified from their pictures and stories. People in the children's communities see the news story. The children start to face stigma, their friends no longer want to play with them, and they are prevented from going to school because people think they are a health risk.

- **Third parties** (e.g. donors, governments) may ask us to share detailed data (e.g. non-anonymised feedback databases; detailed beneficiary registration lists that may contain sensitive information) that without adequate anonymisation could put people at risk.
- A lack of clear **referral and reporting procedures** for safeguarding concerns (including categorisation of feedback and concerns), as well as lack of awareness of these procedures among MEAL and Programme staff might lead to delays and/or mistakes in referral processes, leaving children exposed to safeguarding or safe programming risks.

- When sharing analysis and findings, **ensure that children and adults cannot be identified from their story and other data** (such as age, family composition etc) even if they have been given a pseudonym. In some situations, it may be necessary to alter what is shared publicly to disguise identifying details.
- **Do not share personal or sensitive data with third parties** unless you have a data sharing agreement that follows data protection principles and regulations.
- Ensure all staff involved in handling data (even if only involved in data entry or analysis) are **aware of how to identify safeguarding concerns and how to refer them**.



## Risks related to accountability mechanisms

- A lack of **information sharing** (in local languages and using appropriate visuals) with children and communities about **behaviour** expected from Save the Children staff, volunteers and other representatives, in accordance with our Child Safeguarding Policy, Code of Conduct and PSEA Policy, means children and

## How can we manage these risks?

- Ensure that children and communities receive **information** on a regular basis about Save the Children and our mandate, the behaviour expected from Save the Children staff (Code of Conduct, Child Safeguarding Policy and PSEA Policy), volunteers and representatives, that we welcome feedback, and how feedback and concerns can be

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communities are less aware of what is considered inappropriate behaviour, and might be less likely to report concerns and hold Save the Children to account.

- **Feedback and Reporting channels** designed and implemented without **consultation** of children and communities, and specific target groups, might systematically exclude certain vulnerable groups from accessing these channels and/or lead to the implementation of channels that people do not feel comfortable using.
- **Feedback and Reporting channels** designed without conducting (participatory) **risk assessments** might place children and communities at risk when sharing feedback and concerns.
- **A lack of accessible, appropriate and child-friendly Feedback and Reporting channels**, that can guarantee the **anonymity** of people sharing feedback, means children and communities are less likely to report concerns and hold Save the Children to account.
- **Untrained staff who receive or handle feedback through Feedback and Reporting channels** might respond inappropriately to reports of safeguarding incidents or sexual abuse and exploitation (for example: verbally shaming, belittling or blaming the survivor for the assault) or acting in a way that re-traumatises the survivor. This may result in the person making the report not coming forward again and no longer trusting Save the Children with such information.
- A **hotline** operated by staff who are unable to identify CSG, PSEA or safe programming concerns, and/or unable refer these concerns in a timely and appropriate manner, leading to severe delays in handling of cases and continue to expose children to risks.

**EXAMPLE:** a MEAL staff member operating the Save the Children hotline receives a report from a mother who is concerned because her child has returned home from Save the Children Child Friendly Space (CFS) activities distressed and scared to go back. Our staff dismiss her concern, thinking the child is probably stressed because of the ongoing emergency. The concern is not referred to the CSG focal point and children attending this CFS continue to be sexually abused by a SCI staff member running activities.

shared with Save the Children, in particular through channels that allow for anonymous sharing of feedback.

- Promote a **shared responsibility** for information sharing and welcoming feedback among programme staff and MEAL staff, ensuring that information sharing and soliciting feedback are considered regular programme activities, rather than a separate MEAL function.
- Ensure multiple Feedback and Reporting Channels (including anonymous options) are available to children and communities, which have been designed based on **user preferences** to ensure channels are appropriate and accessible, as well as (participatory) **risk assessments** to ensure channels are safe to use.
- Ensure children and adults in communities are **aware of Feedback and Reporting channels**, and that they can report concerns confidentially.
- Ensure that MEAL and Programme staff are aware of, and trained in, **referral and reporting procedures** to facilitate timely and appropriate referrals of safeguarding and safe programming concerns to the CSG/PSEA focal point or directly via DATIX, or refer concerns related to abuse and/or exploitation in the home or community to the child protection team. Ensure that staff know they have a **duty to report** any concerns of abuse and/or exploitation of children. As much as possible, also include how staff members should handle situations in which someone discloses sensitive information (e.g. when calling the hotline, or face to face).
- Ensure that MEAL staff managing telephone hotlines **receive specific training on how to appropriately and respectfully respond to safeguarding concerns that are shared through the hotline**.
- **If using feedback boxes to collect safeguarding concerns, they should be checked every day** to ensure any concerns can be referred in a timely way. Communicate to communities how frequently feedback boxes will be checked and encourage people to use other channels to report urgent cases. Share information to inform people where they can seek help if they have an urgent concern related to sexual violence (e.g. a clinic recommended by the child protection or gender team).
- **Ensure that feedback boxes are locked.**
- Facilitate **regular meetings between the MEAL team and CSG focal point** to discuss reporting trends (without disclosing case details) to ensure Feedback and

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- **Feedback boxes** that are not properly locked might be opened by community members or staff, placing anyone who shared feedback or reports regarding safeguarding at risk.
- **Failure to check feedback boxes very frequently** may lead to safeguarding concerns not being referred in a timely manner and children and adults remaining at risk of harm.

Reporting channels are used to share safeguarding and safe programming concerns and to problem solve any challenges faced in referring reports.

For **Child Safeguarding support**, please contact:

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