RSH Safeguarding Organisation Capacity Self-Assessment

# Introduction

This safeguarding self-assessment tool is the basis for strengthening your organisation’s capacity. It will form the basis of a conversation between you and your mentor (either internal or external) to identify priority areas of capacity strengthening. You will review the organisational capacity assessment with your mentor and use the results to develop a plan that will strengthen your organisation’s safeguarding capacity. Your organisation should own and manage the action plan.

The self-assessment asks you to consider 16 statements in three categories:

* Diagnosis
* What is needed
* Mechanisms in place.

For each of those statements, consider how your organisation performs currently and then score that performance from 1 (we have a clear need for increased capacity) to 4 (we have a high level of capacity). Try to gather input from as many of your colleagues across the organisation as you can. To get the most benefit from this assessment, you’ll need to be honest about your situation. You will complete the self-assessment in the template provided.

That will give you the most accurate and helpful assessment of your organisation’s strengths in preventing and responding to sexual exploitation, abuse and harassment (SEAH) and safeguarding concerns. It will also help to identify areas which need further strengthening.

Steps for completing and using the self-assessment:

* Nominate several staff from your organisation to complete the self-assessment, different units should be considered namely management, Programs, HR, MEAL etc
* Consider the evidence and justification before you agree on a score. Please provide examples of the evidence / justification for the scoring and be ready to share that evidence with RSH and your mentor. Where there are differences in the rating suggested, clear discussion should take place and the best score that suits the organization’s situation with evidence recorded.
* Assign a rating for each of the listed criteria.
* Look at the results and decide on your organisational priorities for capacity strengthening. Note those priorities at the bottom of the form under the heading, “Our priorities for capacity strengthening”.
* Agree a safeguarding capacity strengthening action plan with your mentor.
* Discuss with your mentor to agree a safeguarding capacity strengthening action plan for your organisation which identifies priority areas for support over a six-month period.
* Discuss with your mentor how that support will be provided.
* Review the action plan with board members, staff and volunteers to ensure that everyone is on board with the process.
* Agree key milestones for tracking your progress and agree final self-assessment scores at the start of the mentor programme.
* At the end of the mentor programme, repeat the self-assessment and share the results with RSH for monitoring purposes.
* Review the changes your organisation has made.

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| Standard  | 4 – high level in place  | 3 – moderate level in place  | 2 – basic level in place  | 1 – clear need for increased capacity  | *Evidence / justification for scoring* |
|  | *Criteria to help you identify where you are on your safeguarding journey have been included below. Where there is more than one element detailed in the box and you feel you meet one but not the other, please select the score you think best reflects where you are on your journey. This will help inform the mentoring support and capacity plan that is developed together with your mentor.* |
| DIAGNOSIS  |  |
| Understanding risks * The organisation maintains a register of safeguarding risks and mitigation measures, including programme risks and organisational risks.
* Risk levels reflect the context in which the organisation is working and the patterns of harm and abuse being experienced in that context.
* The Board and senior management regularly manage and monitor the risk register.
 | We have a risk management policy/ framework in place. We compile major safeguarding risks and mitigation measures into a risk register that our Board and senior management monitor regularly.  | We maintain a risk register and mitigation measures that include safeguarding risks at organisational level, but we don’t regularly review or update it. | We undertake risk assessment for some projects / programmes, but it’s ad hoc and not regularly reviewed | We don’t have a process for risk assessment or risk management. |  *Risk register and example of how/ where this is managed and monitored (e.g. meeting minutes, risk register updates, programme documents etc)* *Risk management policy/ framework* |
| Safeguarding standards, strategy and policiesThe organisation has policies and procedures in place which adhere to national legislation and legal requirements e.g. HR policy and Code of Conduct aligns with national legislation regarding employment law and reporting criminal offences etc.The organisation has strategy, policies and procedures in place which reflect international safeguarding standards (for example IASC, KCS, CHS)  | We have an organisational strategy, safeguarding policies and procedures in place which clearly reference and align to relevant national legislation and legal requirements and international safeguarding standards; we have mapped formal legal context, customs and support services  | We have an organisational strategy and/ or safeguarding policies in place which make reference to national legislation and legal requirements, and at least one set of international standards but the standards are not explicitly integrated into the policy/ strategy | We are aware of national legislation, legal requirements and international safeguarding standards, and their relevance but no reference is made to them in the strategy or policies | There is no alignment / no understanding of national legislation and legal requirements, or understanding of international safeguarding standards  | *What national legislation / policies have you considered and where are they referenced?**Safeguarding policy and procedures**Code of conduct* *HR policies and procedures* *What standards have you considered and where are they referenced?* *Safeguarding policy and procedures**Code of conduct* *HR policies and procedures* |
| WHAT IS NEEDED  |  |
| Training and communication on *policies and procedures* The organisation has a safeguarding policy and code of conduct which it regularly communicates. Staff, volunteers, communities, consultants and other representatives understand and use these tools. | All staff and volunteers receive a safeguarding induction and sign the policy and code of conduct on joining the organisation. Consultants, contractors, and other representatives are sensitized and sign the policy and code of conductRegular training on the safeguarding policy and code of conduct for all staff and volunteers. Communities are aware of safeguarding policies, commitments and what they should expect from the organisation Policy is regularly reviewed and adapted when there are significant changes. | Safeguarding policy and code of conduct exists and staff are aware of these, however safeguarding induction and training is infrequent / ad hoc. Easily understandable safeguarding policies and procedures have not been shared with communities but some discussions have been held around safeguarding.  | Safeguarding policy and code of conduct exists but not all staff or volunteers are aware of these. Easily understandable policies and procedures have not been shared with communities nor have there been discussions around this. | There is no safeguarding policy or framework in place and no communication with staff or communities about this  | *Evidence of safeguarding policies in place; translated safeguarding policy; record showing who has received the policy; safeguarding training materials; training records; details of community awareness / sensitisation and / or examples of how policies are communicated to communities.*  |
| Culture and leadershipThe organisation’s leadership encourages an open and transparent culture which addresses power and privilege. Leaders model respect and accountability in their relationships with everyone. Leaders take complaints seriously and act on them in a timely manner | All leaders within the organisation behave in a way that is respectful and inclusive\*; complaints received are addressed swiftly and at the highest level of the organisation *\* including delegated decision making, power-sharing, open communication, self and collective care.)*  | Some leaders within the organisation are aware of their responsibility to model respectful and inclusive behaviours; where complaints have been received, they have mostly been dealt with appropriately. | Leaders are unaware of the behaviours required to create safe organisational cultures; behaviour is inconsistent, and leaders are not called to account; where complaints have been received it is not always clear how they have been followed-up or addressed.  | Some leaders display behaviours that are felt to as disrespectful, or without recognising the power and privilege that comes with their position; no complaints have been received/ or actioned.  | *Evidence from this can come from discussions with leaders, staff and volunteers themselves, reflecting on what types of organisational culture support safeguarding. Documentation may include performance reviews, staff objectives, staff communications and meeting minutes*  |
| Governance and accountability The organisation has identified accountability and responsibility for safeguarding at different levels of the organisation (Board, Senior management through to project and support staff)  | The organisation has a safeguarding focal point / lead at board level, as well as at a senior level within the organisation. These safeguarding focal points regularly review safeguarding issues within the organisation.  | The organisation has appointed a safeguarding focal point, but they are not at a senior level. There is no safeguarding focal person on the board.  | There are no specific safeguarding roles and responsibilities for safeguarding assigned to relevant staff  | There are no identified safeguarding focal people in the organisation and safeguarding is not acknowledged at an organisational level  | *Evidence of this responsibility in job descriptions, reporting protocols or organogram* *Minutes of board, senior management and team meetings* |
| HR The organisation has safe recruitment and people-management practices which are adhered to (including advertisements reference checks, interviews) | All vacancies are publicly advertised, follow equality opportunities policies and have clear job descriptions stipulating safeguarding role for different positions. Interviews are conducted and safeguarding questions are asked. References are checked for all new appointments (not only on job skills but also on safeguarding)  | Most vacancies are advertised, up to date job descriptions are largely in place. Interviews are consistently held. References are checked for all new appointments.  | Recruitment practices are inconsistent, some vacancies are advertised and some job descriptions in place. Interview process is not formalised, limited reference checks conducted | There are no HR policies in place related to safer recruitment; vacancies are not generally advertised and no formal interviews or checks conducted | *HR policies* *Examples of interview questions, appraisal templates; job advertisements, job descriptions* |
| Learning and development (staff and volunteer capacity building)* The organisation communicates the importance of safeguarding to all staff, volunteers, communities, beneficiaries, contractors, consultants and any other representatives.
* The organisation integrates safeguarding messages into induction and ongoing learning and development plans
 | Routine training on safeguarding is delivered to all staff and volunteers, partners, suppliers and contractors wherenecessary;Communities co-create safeguarding awareness raising activities. These recognise the different needs of women, children and other vulnerable groups. Regular awareness raising is conducted with staff and communities in local languages and IEC materials are developed in line with local context. Safeguarding is constantly discussed in different fora such as staff meetings, program meetings, Management meetings  | One training has been delivered to staff and volunteers in the last 2 years, but this has not been integrated as a regular requirement Safeguarding is occasionally discussed in meetings Some community awareness activities are conducted. | Some staff have received external training and support but this has not been shared through the entire organisationCommunities are not aware of safeguarding and expected standards of behaviour by staff from the organisation. | No staff have received safeguarding induction or trainingNo safeguarding materials for community awareness raising are in place. Safeguarding is not in the agenda of any meetings | *Training plan and / or materials; staff interviews; training records;**Examples of community awareness raising materials* |
| Safe programmes The organisation designs, delivers and evaluates programmes by assessing needs and risks, mapping the safeguarding context, and understanding vulnerability and capacities of different groups, including partners | Full risk assessments are carried out and mitigation plans are implemented for all programmes, projects, activities and partnerships. The risks impacting different groups are addressed. Monitoring and evaluation activities are designed to review these risks and ensure programmes are delivered safely. Safeguarding activities are included in all programme plans and budgets.  | Most projects have identified some risks and developed mitigation plans; these are monitored, although not consistently. Safeguarding activities are included in some programme plans, budgets and partnerships.  | Few projects have done a full safeguarding risk assessment, although some risks have been identified. No mitigation is in place; Risks are not part of regular M&E activities or partner arrangements. | No risks, including safeguarding risks, are identified for individual projects / programmes. | *Risk mitigation plans; monitoring reports**Programme plans and budgets; M&E plans; Partnerships agreements*  |
| Media and communications * The organisation’s funding, media and communications activities prioritise the interests of people and communities served by the programme.
* Communications must not pose any potential or actual risk to the subject because of the material generated, and they must respect the privacy and dignity of the subject.
* All communications materials should be obtained, developed, stored, distributed, and published in a safe manner and with permission and consent
 | People served by the programme and communities are portrayed with dignity in all media and communications published; no identifying information ismade public; voluntary and informed consent is received; The use of digital platforms meets safeguarding requirements  | Voluntary and informed consent is always sought from communities when using their images or stories; Guidance is in place where beneficiaries engage in social media with the organisation. | Guidance on informed consent is in place although not consistently collected from communities.  | No process for consent or guidance on publishing images of, or information on, beneficiaries and communities  | *Media and communication policies, including social media policies*  |
| Fundraising Costs for safeguarding activities are included in funding proposals (staff costs, training costs, Community-Based Reporting Mechanism etc) | Core costs for safeguarding are reflected as appropriate in programme and project plans. Budgets cover all activities to safeguard staff, children and communities.  | An overall percentage of core costs are included in programme and project plans and budgets but not at the level required to implement measures fully.  | Some general safeguarding costs are included in programme and project budgets where allowed by the donor, but these are generally small and less than 50% of what is required.  | No individual budget lines exist for safeguarding activities at programme/project or organisational level.  | *Project /programme budgets* *Examples of project/ programme proposals* |
| Mechanisms in place  |  |
| Reporting mechanisms Complaints and reporting mechanisms, for staff and community, have been set up in consultation with diverse groups, they are clearly communicated and widely accepted and are survivor centred | Survivor-centred reporting mechanisms are in place at community level and within the organisation, and have been developed in consultation with relevant groups; written procedures are in place and have been communicated in an accessible way to staff and communities.  | Reporting mechanism is in place at the community level but not at the organisational level (or vice versa). Where this exists it is well communicated and understood. *Some* consultation was used in its development.  | A reporting mechanism is in place at the community level but not at the organisational level (or vice versa). It is not well known at either level and *limited* consultation was used in its development.  | There is no community-based complaints or reporting mechanism in place for staff or communities.  | *Policies and written procedures*  |
| Partnerships (for organizations that subgrant to CBOs and other organizations)Partnership arrangements include safeguarding responsibilities and sub-grantee partners are supported to meet these commitments  | Memorandum of understanding (MoU), or another type of partnership agreement are in place and signed with every sub-grantee partner. These include a requirement to have a SG policy, or sign up to the lead organisation’s. Training and support provided to sub-grantee partners who may not have this in place. Due diligence checks are conducted for all new partnerships  | MoUs / partnership agreements are in place for all partnerships but they don’t reference safeguarding or codes of conduct. Due diligence is not a formalised process.  | MoUs / partnership agreements are developed for some partners, largely as a result of donor requirements, and reflect those requirements. No due diligence is conducted  | No partnership agreements are in place with partners. Partnerships are developed as needed based on project needs. No due diligence is conducted | *Partnerships agreements*  |
| Information and Communication Technology (ICT)ICT systems support the organisation to securely store information and process large amounts of information on staff and the populations with whom the organisation works. ICT systems should also ensure and prevent access to inappropriate sexual or illegal online content | The organisation has a policy in place for securely storing data, both enforced and monitored Social media sites used by children and vulnerable adults are monitored. Staff are prevented from accessing, downloading or sharing online content of a sexual or illegal nature | There is a policy in place for securely storing data but it is not routinely monitored, or enforced. Compliance with the policy is irregular and ad hoc.  | Some staff are aware of the need to store data securely and protect children and vulnerable adults, but there is no policy in place and this is not enforced or monitored.  | No policy or process for safely storing data in place – data is often kept on staffs’ phones or laptops. Websites containing inappropriate content are not blocked  | *ICT policies including data protection ,data storage, social media and safe internet use*  |
| Survivor centred response Survivors are consulted with and listened to; survivor-centred principles (do no harm, safety, confidentiality, respect, dignity, agency and control, the right to choose, right to information, autonomy) guide all prevention and response interventions  | The organisation has identified and prioritised the importance of valuing and respecting survivors’ voices. The policy clearly identifies survivors’ voices and they have been consulted in the development  | Survivor centred principles have been developed and are known to staff but not formally written down or in a policy.  | The organisation has begun to think about survivor centred approaches and what this means, but the organisation has yet to take action on this. | The organisation has no process for engaging survivors and does not really discuss this  | *Evidence of consultation including project reports, policies and procedures that reference survivors’ voices.**Investigation procedures/ guidelines*  |
| Case Management Relevant staff are trained on how to appropriately receive, document and refer safeguarding concerns that might arise. Case management system involves clear referral pathways. The system is in line with legal and social welfare provision in the country.  | The organisation has a clear case management system in place, relevant contextual referral pathways have been developed for every community context. | Systems for dealing with safeguarding concerns are in place at project level and dealt with on a case by case basis. Referral pathways have been developed for relevant project and communities. | Safeguarding concerns are raised and addressed but there is no formal case management system in place. Staff are aware of services for referral based on personal knowledge and contacts, these have not been systematically identified or shared. | No case management process in place | *Case management guidelines* *Referral/ service directory*  |
| Investigations Confidential investigation guidelines are in place and we know how to access specialist, trained investigation personnel available (either within the staffing or external) to undertake investigations. | The organisation has developed clear and confidential investigation guidelines. Investigations are undertaken by experienced professionals, who are trained onsensitive investigations Disciplinary measures are consistently applied to substantiated reports of staff breaching safeguarding policy and code of conduct | The organisation has a process for investigations but no written guidelines; it has a roster of known experts who can support investigations when they arise Disciplinary procedures in place for substantiated reports of staff breaching safeguarding policy and code of conduct but not consistently applied. | The organisation does not have a clear process or guidelines for investigations, staff would undertake investigations where necessaryThere is no clear process for how to respond to substantiated breaches of the safeguarding policy or code of conduct | No investigation guidelines in place and no investigations conducted. No actions taken for substantiated safeguarding or code of conduct violations.  | *Investigation guidelines**Disciplinary policy/ procedure*  |

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| **Our priorities for safeguarding SEAH capacity strengthening are:**  |
| Priority 1  |
| Priority 2  |
| Priority 3  |
| Priority 4 |

**Further resources for mentors**

**Risks:**

<https://nigeria.safeguardingsupporthub.org/documents/rsh-nigeria-safeguarding-or-seah-risk-assessment-and-management-tool>

**Standards**

<https://nigeria.safeguardingsupporthub.org/documents/summary-brief-global-standards-sexual-exploitation-abuse-and-sexual-harassment>

**Culture and leadership**

<https://safeguardingsupporthub.org/journey/culture-and-leadership>

**HR**

<https://nigeria.safeguardingsupporthub.org/documents/safer-recruitment> <https://safeguardingsupporthub.org/documents/tip-sheet-safe-recruitment>

**Learning and development (staff and volunteer capacity building)**

<https://safeguardingsupporthub.org/learning>

**Safe programmes**

<https://nigeria.safeguardingsupporthub.org/documents/how-design-and-deliver-safe-programmes>

**Reporting mechanisms**

<https://nigeria.safeguardingsupporthub.org/documents/how-design-and-manage-community-based-complaints-mechanisms-cbcm> <https://nigeria.safeguardingsupporthub.org/multimedia/community-feedback-mechanism-animation-nigeria>

**Survivor centred approaches**

<https://nigeria.safeguardingsupporthub.org/multimedia/responding-report-sexual-exploitation-abuse-or-sexual-harassment-nigeria>

**Case management**

<https://nigeria.safeguardingsupporthub.org/multimedia/case-handling-flow-chart-nigeria>

**Investigations**

<https://nigeria.safeguardingsupporthub.org/podcast/lets-be-honest-about-investigations>

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