



**KAMUZU UNIVERSITY**  
OF HEALTH SCIENCES

# **SAFEGUARDING POLICY**

---

**AUGUST 2023**



|                                              |                                                                                                                                              |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Policy Name</b>                           | Safeguarding Policy                                                                                                                          |
| <b>Policy No.</b>                            | PL/C.3C.3                                                                                                                                    |
| <b>Effective Date</b>                        |                                                                                                                                              |
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| <b>Next Review</b>                           | Every five years                                                                                                                             |
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| <b>Stakeholders Subjected to this Policy</b> | Local communities, staff, students, consultants, vendors, contractors and/or any other parties with a business interest with the University. |
| <b>Responsible Officer(s)</b>                | Deputy Vice Chancellor, Registrar, Director of Student Affairs                                                                               |
| <b>Responsible Office(s):</b>                | Vice Chancellor                                                                                                                              |

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## 1 FOREWORD

The University recognises that the pursuit of knowledge and personal growth can only thrive in an atmosphere in which safety is paramount. Therefore, this Policy serves as a foundational framework that not only prioritises the physical well-being of our local community, students, staff, and visitors, but also upholds the values of respect, equity, and dignity that underpin our academic community.

At the heart of this Policy is the belief that everyone has the right to study, work, and thrive in an environment free from harm, harassment, discrimination, and any form of misconduct. We firmly stand against all forms of misconduct, and are committed to taking proactive measures to prevent and address such issues.

This Policy outlines guidelines and procedures for maintaining a safe environment, reporting incidents, supporting survivors, and ensuring that the investigations are thorough, fair, and impartial. It is evidence to our dedication to fostering an inclusive culture in which every voice is heard and every individual is treated with utmost respect.

We understand that a policy is as strong as its implementation. To that end, we are committed to providing the necessary resources, support, and training to community members to ensure the effective implementation of this Policy. We encourage open dialogue, transparency, and continuous improvements in our efforts to create a safer and more welcoming university environment. Together, we can ensure that our University remains a place of learning, growth, and inspiration for everyone who passes through our gates. Let us stand united in our commitment to safeguard our community and nurture an environment in which all can thrive.



Professor Francis Moto  
**Chairman of the Council**

## **2 PREFACE**

Our journey towards crafting this Policy began with the fundamental belief that the University's true strength lies not only in the pursuit of academic excellence but also in the creation of an environment where individuals can flourish without fear or harm. To this end, KUHeS embarked on a comprehensive and inclusive process to develop a policy that reflects our values and aspirations.

The University Safeguarding Policy is not just a set of rules and procedures; it is a reflection of our values, intentions, and promises to take action. It outlines our commitment to preventing harm, addressing issues promptly and fairly, and supporting those seeking assistance.

Each member of our community is encouraged to familiarise themselves with this Policy and to actively participate in its implementation. KUHeS believes that it is through collective effort and shared responsibility that we can create the safest possible environment for everyone who calls our University home.

The true strength of our community lies in our ability to care for one another, respect each other's dignity, and uphold the principles of equity and justice. KUHeS is therefore dedicated to living up to these ideals and ensuring that the University remains a place where everyone can thrive.



Professor MacPherson Mallewa

**Vice Chancellor**

### **3 ACKNOWLEDGEMENTS**

This Policy resulted from several players working together. KUHeS would like to thank the following technical team members under the leadership of Ms Beverly Laher, for the development of this Policy: Ms Chimwenwe Mwenyekonde, Mrs Chikondi Khofi, Mr Sunshine Kandiero, Mr Wilson Kumwenda, Mr Stuart Chirambo, Mrs Elizabeth Mkutumula, Mrs Joyce Gondwe, Dr Lignet Chepuka, Dr Effie Chipeta, Dr Anne Msosa, Dr John Phuka, Professor Don Mathanga. The KUHeS management appreciates financial support from the Scottish Government for the development of this Policy. The team would also like to thank the editorial team consisting of: Mr. Constantine Chaima, Mrs. Jane Fatsani Maganga, and Dr. Masauko Msiska for their input. Finally, the University would like to acknowledge the valuable input of Management and Council in the development of the Policy.

#### **4. ABBREVIATIONS**

|         |   |                                                              |
|---------|---|--------------------------------------------------------------|
| KUHeSSU | : | Kamuzu University of Health Sciences Staff Union             |
| KUHeS   | : | Kamuzu University of Health Sciences                         |
| SEAH    | : | Sexual Exploitation, Abuse and Harassment                    |
| PSEA    | : | Prevention from Sexual Exploitation, Abuse<br>and Harassment |

## **5. DEFINITIONS**

### **Care and support needs**

Where, because of mental or physical illness, physical or intellectual disability or frailty, practical support, also known as social care services, is needed. This support might be living in a nursing or residential home, living in a supported living placement, receiving help in their own home to carry out personal care or daily living tasks, or help to access the community.

### **Children**

Individuals who are aged under 18 years.

### **Confidentiality**

The principle upheld to ensure that information provided under this Policy is only disclosed to those legitimately involved in resolving the complaint, providing support to a complainant, or as required by law.

### **Contractors**

Any person undertaking work for the University under the terms of a contract for services who is not employed by the University.

### **Local Community**

A group of people residing in a geographic area.

### **Safeguarding**

Actions taken to promote the wellbeing of children and adults with care and support needs and protect them from harm. Safeguarding is everyone's responsibility. Safeguarding applies if a child or an adult with care and support

|                                |                                                                                                                                                                                                                                                                      |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | needs is experiencing or is at risk of abuse and neglect.                                                                                                                                                                                                            |
| <b>Sexual abuse</b>            | The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.                                                                                                                                            |
| <b>Sexual exploitation</b>     | Actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.                                   |
| <b>Sexual harassment</b>       | An unwelcome sexual advance and request for sexual favours and other verbal or physical conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated, where a reasonable person would anticipate that reaction in the circumstances. |
| <b>Staff</b>                   | Any person employed by the University or acting under the auspices of the University, whether paid or voluntary;                                                                                                                                                     |
| <b>Students</b>                | Any person registered to study with the University.                                                                                                                                                                                                                  |
| <b>Supervisor/Line Manager</b> | A member of the Executive Leadership Team, Vice Chancellors, Executive Deans, Directors of Research Institutes, and Heads of departments and administrative support units.                                                                                           |
| <b>Third-Party Providers</b>   | For the purposes of this Policy, a third-party provider is deemed by the                                                                                                                                                                                             |

University to fall into one of the following:

- a. Organisations or individuals contracted to perform a service/s for the University including, but not limited to those engaged to deliver some or all of a course of study to University students via student placements, internships, study tours, student mobility programmes, an industry placement, research degree student supervision or 'twinning arrangements' that may be conducted on-shore or overseas industry, institutional or community placements undertaken by staff as part of their work for the University food outlet operators, cleaners and trades people, contractors, consultants and other vendors and suppliers.
- b. Organisations with which the University maintains a non-contractual but continuing professional or collaborative relationship.

**Vendor**

A provider of goods and/or services to the University.

**Victim**

A person against whom an act of sexual harassment, sexual assault or rape has allegedly been perpetrated.

**Visitor**

An individual who is not a registered student at the University, nor a postdoctoral fellow, nor an individual with an academic or research appointment at the University.

**Vulnerable Adults**

An adult person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment.
- has a learning disability.
- has a physical disability and/or a sensory impairment.
- has mental health needs such that their capacity is reduced.
- has a long-term illness/condition.
- misuses substances or alcohol.
- is a carer, such as, a family member/friend who provides personal assistance and care to adults and is subject to abuse.
- is unable to demonstrate the capacity to make a decision and is in need of care and support.

## **6. BACKGROUND**

The United Nations recognises that all forms of sexual exploitation and abuse (SEA) are a violation of human rights and an abuse of a position of power over a vulnerable population. The United Nations, humanitarian and development actors have pledged to protect the vulnerable populations against SEA. In view of the above, Malawi enacted Child Care Protection and Justice Act (2010), Gender Equality Act (2015), Prevention of Domestic Violence Act (2006), Deceased Estates (Wills, Inheritance and Protection) Act (2011), which make provision for protection, care and justice of children and other vulnerable groups.

KUHeS is fully committed to improving protection from sexual exploitation and abuse (PSEAH) and takes a leadership role in addressing the outstanding challenges. Delivering on these commitments involves ensuring that KUHeS and its partners have adequate safeguards and take appropriate action to tackle SEAH and other abuses which include; bullying and racial abuse. See appendix 7 for an outline of safeguarding situations.

The primary purpose of the University is to provide training, learning and research. In delivering its mandate, the University recognises that its staff and students may also engage with children, young people and vulnerable adults in the context of outreach, research and other activities. Hence, the need for a Safeguarding Policy.

The Policy sets out the University's approach to safeguarding children and adults at risk, whenever they are on campus and/or engaged in University activities; and the type of action that the University may take in response to safeguarding concerns and to provide support.

## **7. SCOPE**

The Safeguarding Policy shall apply to all staff, students, vendors of KUHeS to safeguard all children and vulnerable (protected) adults at risk, including visitors attending University events; potential students

met off-campus; students, staff and volunteers who are part of the University; or others who come into contact with University staff, representatives or students in the course of their work. For staff (which may include volunteers and students in training, placement or in roles of responsibility), this Policy sets out the University structures, guidance and procedures for identifying potential risk, abuse, harm or neglect, and for reporting concerns, internally and, where required, beyond the University. The University Safeguarding Policy applies to every member of the KUHeS community, including, but not limited to:

- a. Students: This Policy covers all undergraduate, graduate, and professional students enrolled in KUHeS, whether on campus or engaged in remote learning.
- b. Staff: All academic, research and administrative staff, as well as contractors and vendors working on campus or affiliated with KUHeS, are bound by this Policy.
- c. Visitors and, or Guests: Individuals visiting our campus, attending events, or participating in University-affiliated activities are also expected to adhere to the standards outlined in this Policy.
- d. Alumni and Emeriti: While no longer active employees or students, they are encouraged to uphold the principles outlined in this Policy when participating in University-related events or activities.
- e. Local Community: This Policy covers all beneficiaries or affected people working the University in project or programme implementation under KUHeS.

## **8. RATIONALE FOR THE POLICY**

The rationale for the University Safeguarding Policy is born out of a profound commitment to the principles of safety, equity, respect, and accountability. The Policy reflects our legal and ethical obligations, our desire to foster a culture of respect and inclusion, and our dedication to empowering our community to contribute to a safer and more conducive environment.

KUHeS's commitment to safeguarding reflects the United Nations position that recognises that all forms of sexual exploitation and abuse (SEAH) are a violation of human rights and an abuse of a position of power over a vulnerable population. It also reflects Malawi's legal framework that provides for protection, care and justice of children and other vulnerable groups.

As an instrument in the delivery of higher education, this Policy shall contribute to the realisation of KUHeS's vision through the provision of guidance in the progressive achievement of safeguarding children and vulnerable groups.

By implementing and upholding this Policy, KUHeS reaffirms its mission to provide a space in which all members of our community can thrive academically, personally, and professionally.

KUHeS has a policy of zero tolerance towards SEAH. All KUHeS staff and related personnel are expected to uphold the highest standards of personal and professional conduct at all times, and to provide services in a manner that respects and fosters the rights of beneficiaries and other vulnerable members of the local communities.

## **9. KUHeS VISION**

A world-class university and centre of excellence in health education, research, and innovation.

## **10. KUHeS MISSION**

To advance knowledge, professional competencies, skills, and innovations in health sciences through high-quality student-centered and innovative education and research that responds to and influences the global/national policy, health, and development needs in an efficient, sustainable, and result-oriented manner.

## **11. AIM**

The aim of the University Safeguarding Policy is to ensure that KUHeS employees and volunteers, partners, vendors, operations and

programmes do no harm to children, young people or vulnerable adults within the communities that they work in. In addition, it outlines KUHeS's responsibility to protect them from: the risk of discrimination, neglect, harm, sexual exploitation, abuse and harassment.

## **12. OBJECTIVES**

The objectives of this Policy are as follows:

- a. To raise awareness within the University and local community about the importance of respectful conduct and prevention of misconduct and harm.
- b. To ensure that individuals have a straightforward and accessible means to report incidents of misconduct or harm.
- c. To guarantee a timely and appropriate response to reported incidents.
- d. To deliver comprehensive support services, including counselling, medical care, legal assistance, and accommodation, to survivors and affected individuals.
- e. To define appropriate sanctions and consequences for individuals responsible for violating the Policy.
- f. To ensure that the Policy aligns with all applicable national and international laws and regulations related to safety, equity, and conduct.
- g. To uphold the highest ethical standards in all safeguarding efforts, thus demonstrating our commitment to ethical conduct and responsibility.

## **13. POLICY PRIORITY AREAS**

The University Safeguarding Policy encompasses several thematic areas that have been developed in reference to key safeguarding assessment components from the UN Prevention from Sexual exploitation, abuse and harassment assessment and other related literature. The priority areas for this Policy are as follows:

### **13.1. Policy Priority Area 1: Prevention and Education**

This thematic area is meant to protect the University and the local community from harm, abuse, exploitation and harassment in the University through prevention and education.

- a. Promoting Awareness: Raising awareness within the University and local communities about the importance of safety, respectful conduct, and the prevention of misconduct, discrimination, harassment, violence and sexual exploitation and abuse.
- b. Providing Mandatory Education: Offering educational programmes, workshops, and resources to empower individuals to recognise and prevent incidents of misconduct and promote a culture of respect and inclusion.
- c. Awareness of Staff Responsibilities: Ensure all staff have access to, are familiar with, and know their responsibilities within this Policy and associated policies.
- d. Mainstream Safeguarding in Project and Programme Design: Design and undertake all of its programmes and activities in a way that protects people from any risk of harm that may arise from their coming into contact with KUHES. This includes the way in which KUHES gathers, stores, communicates or makes public any information about individuals in our programmes.
- e. Integrate Safeguards into Human Resource Processes: Implement stringent safeguarding procedures when recruiting, managing and deploying staff and associated personnel (See Appendix 1 & 4 for the Checklist and Self Declaration form).

#### **13.1.1. Staff responsibilities**

KUHES has taken a zero tolerance stand towards SEAH and other abuses. All KUHES staff and related personnel are expected to uphold the highest standards of personal and professional conduct at all times.

##### **13.1.1.1. Child safeguarding**

All staff and related personnel shall not:

- a. Engage in sexual activity with anyone under the age of 18;
- b. Sexually abuse or exploit children;
- c. Subject a child to physical, emotional or psychological abuse, or neglect;
- d. Engage in any commercially exploitative activities with children including child labour or trafficking; or
- e. Undertake any activity with a child, including, but not limited to, conversations, interviews, photos or video, audio taping or requesting any action of them, without ensuring their safety and well-being during and after the engagement, thus ensuring ethical photographing, videoing or audio taping;
- f. Consent of a parent or adult guardian or caregiver.

#### **13.1.1.2. Adult safeguarding**

KUHeS staff and associated personnel must not directly or indirectly engage in any of these actions:

- a. Sexually abuse or exploit at-risk adults;
- b. Engage in any sexual relationship with beneficiaries of KUHeS programmes/services/projects;
- c. Subject an at-risk or vulnerable adult to physical, emotional or psychological abuse, or neglect; or
- d. Undertake any activity with an at-risk or vulnerable adult, including, but not limited to, conversations, interviews, photos or video, audio taping or requesting any action of them without ensuring their safety and well-being during and after the engagement. Ensure ethical photo, videoing or audio taping, and having their express, fully informed, written or taped consent of a parent or adult guardian or caregiver.

### **13.2. Policy Priority Area 2: Reporting and Response**

This thematic area is meant to protect the University and the local community from harm, abuse, exploitation and harassment in the University through reporting and response.

- a. Establishing Clear Reporting Mechanisms: Ensuring that individuals have straightforward and accessible means to report incidents of misconduct, discrimination, harassment, violence, or harm.

#### **13.2.1. Lodging a Complaint**

A Sexual exploitation, abuse and harassment complaint can only be lodged formally. The procedure is as follows:

- a. May be made in person, in writing (including through electronic communications), or by telephone to the line managers or designated officers to receive complaints. See appendix 3 for the safeguarding incident, complaint or concern report form
- b. Can be made by victims or by any person with knowledge of possible sexual exploitation, abuse and harassment.
- c. Are not subject to deadlines and may be made anonymously, although the anonymity of reports and/or the passage of time may result in the report being more difficult to investigate and pursue through internal disciplinary proceedings.
- d. Should, to the extent possible, describe specific incident(s) of possible sexual exploitation, abuse, and harassment with details, including dates, locations, and identifying the alleged offender, victim and any witnesses.

#### **1. Staff responsibilities in handling complaints**

- a. The line managers should promptly acknowledge receipt with an explanation of the next steps in the process, including whether the complainant will be advised of the outcome of the assessment and information on support pathways.

- b. The designated officer should immediately or within 24 hours forward the complaint to the investigating committee for assessment.

## **2. Complaints by University and local community**

### **a. Complaints by Staff**

- i. Staff who experience harassment, exploitation and abuse must lodge their complaint with the line manager;
- ii. Written complaints should be submitted using the Statement of Grievance form appended in this Policy;
- iii. Complaints, should include in the statement, the reasonable outcome/resolution sought to consider the situation resolved;
- iv. If the line manager is the alleged perpetrator, the complainant can lodge the complaint with the immediate supervisor of the line manager.

### **b. Complaints by Students**

- i. Students who experience harassment, exploitation and abuse must immediately report this to the Director of Students Affairs or the designated safeguarding officer.
- ii. To initiate the first formal stage of the grievance procedure, students should put the complaint in writing using the Student Complaints form and send it to the Registrar.
- iii. Complaints, should include in the statement, the reasonable outcome/resolution sought to consider the situation resolved;
- iv. If an aggrieved student brings to the attention of the University any instances of sexual harassment where the alleged perpetrator is not an employee or other individuals covered under this Policy, the University shall help the aggrieved student in reporting to the appropriate authority.

- v. If the DSA is the alleged perpetrator, the students can lodge the complaint with the Registrar and/or designated safeguarding officer.
- c. Complaints against a member of any Committee or Line Manager.  
If a complaint is made against a member of any committee under this Policy or line manager, the member or the line manager shall:
  - i. Not be part of any of the processes relating to the investigation and resolving of the complaint.
  - ii. Be replaced with a more senior and competent staff to proceed with handling of the complaint.
  - iii. If proven guilty, shall immediately relinquish their responsibility in handling safeguarding complaints.
- d. Complaints by third parties
  - i. Where the aggrieved individual is unable to make the complaint on account of his/her physical or mental incapacity or death or otherwise, his/her representative, may make a complaint;
  - ii. Where the case of sexual harassment, exploitation and abuse has been reported by a whistle blower, bystander or a third-party provider, procedures stipulated in the Policy or on Whistle blowing shall be followed.
- e. Complaints by beneficiaries/local community
  - i. Beneficiary who experiences sexual exploitation and abuse must lodge their complaint with their community based reporting structures or site supervisors who will assist them in writing their Grievance form;
  - ii. Written complaints should be submitted using the Statement of Grievance form appended in this Policy;

- iii. Complaints, should include in the statement, the reasonable outcome/resolution sought to consider the situation resolved;
- iv. If the line manager is the alleged perpetrator, the complainant can lodge the complaint with the immediate supervisor of the line manager.

**f. Initial Complaint Assessment**

- i. On receipt of a formal complaint of safeguarding issues the investigating committee shall appoint a focal point to serve as a contact point for the victim and the alleged offender throughout the formal process to provide information on the process and relevant time frames.
- ii. The complaint will be assessed by the investigating committee to determine:
  - 1. Whether or not issues raised in it are within the University's control and/or meet the criteria set out in this Policy.
  - 2. Whether or not the complaint contains enough information upon which an investigation could commence.
  - 3. The reliability of the source of the complaint (anonymous/known, information directly or indirectly perceived by the source, supporting documents or facts).
  - 4. Whether or not there is evidence that the complaint is based on intentionally false or misleading information.

**g. Outcomes of the Initial Assessment**

- i. Investigation will be conducted.
  - 1. Investigation will be closed, with or without managerial or administrative action.

2. Where it is determined the issues are not within the University's control and/or the complaint does not meet the acceptance criteria, the investigating committee will write to the complainant and provide reasons.
3. When a complaint is accepted by the investigating committee for inquiry under this Policy, it will consider:
  - a. Gravity;
  - b. Health or safety concerns;
  - c. Effects;
  - d. Risks involved if attempted resolution of the complaint is delayed;
  - e. Need for external resources; The capacity of the complainant and respondent to engage in the process
- ii. Prompt Response: Guaranteeing a timely and appropriate response to reported incidents and prioritising the well-being of survivors and affected individuals.

### **13.3. Policy Priority Area 3: Support and Resources**

This thematic area is meant to protect the University and the local community from harm, abuse, exploitation and harassment in the University through support and resources.

- a. Comprehensive Support Services: Providing a range of support services, including counselling, medical care, legal assistance, academic, accommodations, and emotional support, to survivors and affected individuals. (See Appendix 2 and 6 for the referral form and

Institutions providing support to victims of safeguarding issues respectively).

- b. Preserving Confidentiality: Safeguarding the privacy and confidentiality of individuals seeking support and assistance to the extent permitted by law and University policies. See appendix 3 for the safeguarding incident, complaint or concern report form. Records of safeguarding complaints including records of investigations, voluntary resolutions, and disciplinary action will invariably contain highly sensitive and potentially damaging personal information. It is therefore imperative that they are protected by reasonable security safeguards. The University may have legal obligations to protect this data under relevant workplace regulations.
  - i. The registry shall be primarily responsible for records related to complaints against students and staff;
  - ii. Any files or reports associated with an investigation should be kept in locked storage;
  - iii. Access should be restricted to authorised personnel only. Records should not be placed on general or open access files;
  - iv. Care should also be taken to ensure the security of the transmission of information by e-mail or facsimile, and the storage of electronic information;
  - v. This Policy prohibits any person including the investigating team members from publishing, communicating or making known to the public, press and media (including social media) in any manner, contents of the complaint, the identity and addresses of the aggrieved person, respondent and witnesses, any information relating to conciliation and inquiry proceedings, or recommendations of the investigating team;
  - vi. Any person who knowingly and intentionally makes an unauthorised disclosure of confidential information

contained in a complaint or otherwise relating to the investigation of a complaint under this Policy is subject to disciplinary action.

#### **13.4. Policy Priority Area 4: Fair and Impartial Investigations**

This thematic area is meant to protect the University and the local community from harm, abuse, exploitation and harassment in the University through fair and impartial investigations.

- a. Thorough investigations: All investigations into reported incidents are conducted impartially, thoroughly, and in accordance with established procedures.
- b. Protecting the Due Process: Upholding the rights of both complainants and respondents and ensuring a fair and equitable process for all parties involved.

##### **13.4.1. The Investigation Guiding Principles**

In investigating cases of safeguarding, the following principles must be considered:

- a. The alleged offender is innocent until proven guilty.
- b. The victim must have the support of his/her employer and not be afraid to lodge the complaint.
- c. The receipt and investigation of the complaint should be treated with strict confidentiality.
- d. Investigation files/reports should be kept separately from employees' personal files.
- e. The process of investigation must be transparent. Time is important and therefore when a stalemate is reached, a decision to move to the next step must be expeditiously taken; and
- f. The victim must be protected from retaliation and victimization.

#### **13.4.2. The Investigation Initial Steps**

The investigation procedures shall include the following steps:

- a. Handling the victim.
  - i. Conduct a private interview with the complainant and articulate the allegations in writing.
  - ii. Inform the victim of the focal point person.
  - iii. Inform the victim that they may nominate a support person who is not a witness throughout the entire period of investigation.
  - iv. Ask the support person to sign a confidentiality agreement.
  - v. Encourage the victim to preserve and send to the investigators all information deemed relevant, (for example, text messages or e-mail), and to provide a list of persons the victim considers relevant to the complaint, such as witnesses to the alleged safeguarding issue.
  - vi. Inform the victim that the complaint is under investigation.
- b. Handling of the alleged perpetrator
  - i. Convey the allegations, in full, to the alleged perpetrator.
  - ii. Provide an opportunity for the alleged perpetrator to respond and defend himself/herself against the allegations.
  - iii. Inform the alleged perpetrator of the focal point person.
- c. Communication with management

Sharing information on the wellbeing of the victim(s) and alleged offender among investigators, focal points, and executive management is of increased importance in sexual harassment investigations.

#### **13.4.3. Gathering of Evidence**

##### **a. Conducting interviews**

Investigators shall:

- i. Interview all relevant persons with knowledge including family members of the alleged harassment, exploitation or abuse and its impact on the victim.
- ii. Hold an interview in privacy.
- iii. Assure protection from retaliation.
- iv. Ensure gender balance in the committee.

##### **b. Collecting other evidence**

Other evidence may include:

- i. Digital evidence such as emails, text/instant messages, records of telephone calls, internet access, CCTV footage, social media entries, and photos.
- ii. Medical and counselling records can be used to support a victim's account of assault and/or distress. They can also be used to corroborate an alleged offender's account.
- iii. Documentary evidence such as correspondence, forms and all information that may be maintained on paper in official archives, as well as external material such as personal letters, business records, etc.

#### **13.4.4. Timelines of Handling Complaints**

Prompt reporting of safeguarding is in the best interest of all parties and enables the heads of department/sections to address and correct unacceptable behaviour and provide support to the complainant.

- a. Complainants of safeguarding are therefore encouraged to report the case as soon as it has occurred
- b. Within 48 hours of receipt of a complaint, the Head of Department/section shall send the complainant a brief acknowledgement of the complaint, stating that the complaint shall be evaluated, and advising the

complainant(s) that he or she shall be contacted within seven days. The acknowledgement letter shall include a copy of these complaint procedures.

- c. The Head of Department/section has an obligation to report any case of abuse, exploitation, bullying, harassment to the Safeguarding Investigating Committee within seven days of receipt of the complaint or becoming aware of the incident.
- d. The Head of Department shall ensure that a reported complaint is investigated as promptly as possible and be resolved in most cases within 90 working days of the date the request for formal investigation was filed.
- e. In the event that 90 days expire before the investigation of the safeguarding case is concluded, the Head of Department shall consult the complainant through a written request for an extension of up to a maximum of 45 days to conclude the case.

#### **13.4.5. Challenges to Meeting Timelines**

Safeguarding investigations are not always capable of swift resolution. Completion can be frustrated by many other factors including:

- a. The need to obtain and analyse digital evidence.
- b. The addition of new allegations as the investigation proceeds.
- c. The reluctance of witnesses to be interviewed.
- d. The volume of relevant witness testimony, and difficulties interviewing parties, for example on account of sick leave.
- e. Accordingly, Safeguarding investigations cannot work to a strict timeline. The timelines set here are only tentative and a commitment to demonstrate that the University is committed to timely resolution of safeguarding issues.

#### **13.4.6. The Investigation Report**

At the conclusion of the investigation, the investigating committee is required to write a report. The investigating Committee shall determine, based on their findings, whether there is a case to be answered or not.

The investigating Committee shall:

- a. Document the investigation process.
- b. Summarize the evidence obtained and accompanied by supporting documentation, including records of interviews, written statements, digital evidence, or other reproductions of any physical evidence.
- c. Submit a report to the DVC.

#### **13.4.7. Post Investigation**

Upon examining the report submitted by the Investigating Committee, the Executive Management shall not impose sanctions or punitive measures against the alleged perpetrator but shall recommend a matter to be either taken up by the staff or student Disciplinary Committee.

The Executive Management will write to the complainant to address the substance of their complaint and advise them of:

- a. The outcome of the complaint and any action taken or agreed to be taken;
- b. The reason(s) for the outcome;
- c. Any remedy for them, or change to process that has been put in place as a result of the complaint.

#### **13.5. Policy Priority Area 5: Accountability**

This thematic area is meant to protect the University and the local community from harm, abuse, exploitation and harassment in the University through accountability.

- a. Sanctions and Consequences: Breach of the Safeguarding Policy is explicitly stated as grounds for discipline which may result in termination of employment. See appendix 8 for an outline of safeguarding sanctions.
- a. Promoting Accountability: Holding individuals accountable for their actions, reinforcing the importance of respectful and responsible behaviour within the University and local community.

### **13.6. Policy Priority Area 6: Continuous Improvement**

This thematic area is meant to protect the University and the local community from harm, abuse, exploitation and harassment in the University through continuous improvement.

- a. Evaluation: Regularly assessing the effectiveness of the Policy, procedures, and support services through feedback mechanisms, data analysis, and benchmarking against best practices.
- b. Adaptation and Enhancement: Continuously improving the University Safeguards Policy based on emerging trends, evolving needs of our community, and evolving landscape of safety and conduct.
- c. Assessment of the effectiveness of procedures and support services through feedback mechanisms and data analysis.

### **13.7. Policy Priority Area 7: Legal and Ethical Compliance**

This thematic area is meant to protect the University and the local community from harm, abuse, exploitation and harassment in the University through legal and ethical compliance.

- a. Compliance with Legal Requirements: Ensuring that the Policy aligns with all applicable national laws and regulations related to safety, equity, and conduct.

- b. **Ethical Standards:** Uphold the highest ethical standards in all safeguarding efforts, demonstrating our commitment to ethical conduct and social responsibility.

These policy priority areas collectively establish a framework that emphasises prevention, reporting, support, fairness, accountability, continuous improvement, and ethical compliance. They guided our commitment to creating a safe, respectful, and inclusive environment for all members of the University and local community.

## **14. IMPLEMENTATION GUIDELINES**

### **14.1. Guiding Principles for Implementation**

Guiding principles for the implementation of the Safeguarding Policy is essential to ensure that the Policy is effectively put into practice while upholding the University's core values and principles. By adhering to these guiding principles, the implementation of the University Safeguarding Policy can be executed in a way that respects the dignity and rights of all individuals, fosters a safe and inclusive environment, and promotes continuous learning and improvement. The guiding principles are as follows:

- a. **Safety and Well-being First:** The safety, well-being, and dignity of all community members are paramount. Every action taken under the Policy should prioritise the physical and emotional safety of individuals.
- b. **Equity and Inclusion:** Implementation must be guided by the principles of equity and inclusion, ensuring that all people involved are treated fairly and without bias, regardless of their background, identity, gender, sexual orientation or experiences.
- c. **Transparency and Accountability:** The Investigation process should be transparent with clear communication and accountability mechanisms. This includes informing all

parties involved in the procedures and progress of investigations.

- d. **Procedural Fairness:** Fair and impartial procedures must be upheld throughout the implementation process, respecting the rights of both complainants and respondents.
- e. **Confidentiality and Privacy:** Safeguard the privacy and confidentiality of individuals seeking support, reporting incidents and alleged perpetrators, while complying with legal requirements and ethical standards.
- f. **Empowerment and Prevention:** Implementation should empower individuals to prevent incidents of misconduct, and contribute to a culture of respect and safety. This includes the provision of education, resources, and training.
- g. **Continuous Improvement:** Commit to a culture of continuous improvement by regularly evaluating the effectiveness of the Policy and making necessary adjustments based on feedback and emerging best practices.
- h. **Legal and Ethical Compliance:** Ensure strict compliance with all applicable laws, regulations, and ethical standards related to safety, conduct, and protection of individuals' rights.
- i. **Community Engagement and Collaboration:** Engage the entire community during the planning, development, implementation and evaluation process. Collaboration with students, faculty, staff, and external partners can lead to more effective solutions and a greater sense of ownership over a policy's success.

#### **14.1.1. Implementation Arrangements**

These institutional arrangements set out KUHeS approach to coordinate the implementation of the Safeguarding Policy.

#### **14.1.2. The Office of the Vice Chancellor**

The Vice-Chancellor shall take the lead role in ensuring compliance with the Safeguarding Policy and will be responsible for:

- a. Initiate Safeguarding Policy review.
- b. Ensuring the proper implementation of the Safeguarding Policy.
- c. Ensure adequate resources are in place to enact the implementation of the Policy.
- d. Submission of reports regarding Safeguarding implementation.
- e. Appoint a focal point person to coordinate the Safeguarding Policy.
- f. Constitute an investigation committee.

## **15. THE OFFICE OF THE DEPUTY VICE CHANCELLOR**

The Deputy Vice-Chancellor shall:

- a. Provide oversight of exploitation, abuse, harm and harassment prevention and response.
- b. Review and update Safeguarding-related policies and guidance.
- c. Ensure attention and resources to Safeguarding across the organization.
- d. Facilitate and oversee investigations of Safeguarding allegations.
- e. Coordinate with other organizations on Safeguarding, including donors.

### **15.1.1. Designated University Safeguarding Focal Point**

The Designated University Safeguarding Focal Point shall:

- a. Support Executive management to meet their Safeguarding-related responsibilities.
- b. Report concerns or issues with Safeguarding implementation to Executive management.
- c. Receive reports of Safeguarding allegations and coordinate the response.
- d. Conduct training and awareness-raising of personnel and others on Safeguarding.
- e. Coordinate with other relevant actors on Safeguarding.
- f. Maintain confidential records of relevant cases and action taken.
- g. Ensure risk assessments are undertaken and acted upon.
- h. Facilitate the establishment of safeguarding structures.
- i. Orient Students, staff, and volunteers about the Safeguarding Policy.

#### **15.1.2. The Office of the Registrar**

The office of the Registrar section shall:

- a. Conduct screening for past Safeguarding violations, and other code of conduct and policy violations (e.g., fraud, corruption, abuse of power), as part of recruitment process.
- b. Ensure all personnel sign the organization's code of conduct.
- c. Integrate a PSEAH clause in contract agreements, including when subcontracting.
- d. Support communication with personnel during investigation on Safeguarding allegations.
- e. Keep Safeguarding-related documents of personnel on file, including signed codes of conduct.

#### **15.1.3. Executive Deans**

The Executive Deans shall:

- a. Ensure that communities are aware of the Safeguarding Policy and how to report concerns.
- b. Serve as focal points (where appropriate) for Safeguarding of affected populations e.g., as a trusted person to whom affected populations can report Safeguarding.
- c. Mainstreaming Safeguarding issues in the curriculum.

#### **15.1.4. All Employees and Related Personnel**

All employees and related personnel shall:

- a. Uphold the code of conduct and Safeguarding -related policies.
- b. Actively participate in -related trainings and awareness-raising efforts, including support for dissemination of Safeguarding materials.
- c. Report allegations of Safeguarding through the designated reporting channels.

- d. Participate in investigations of Safeguarding allegations as appropriate
- e. Identify and mitigate/avoid Safeguarding -related programme risks (particularly for personnel involved in programming).

## **15.2. Monitoring and Evaluation**

Monitoring and evaluation are critical components of the ongoing effectiveness and improvement of the University Safeguarding Policy. By systematically assessing how well the policy is being implemented and its impact on the University community, Institutions can make informed adjustments and ensure that it remains responsive to evolving needs.

### **a. Establish Clear Metrics and Key Performance Indicators (KPIs)**

- i. Defining measurable objectives and outcomes for the Policy.
- ii. Develop specific KPIs that can be used to gauge progress in each priority area of the Policy, such as incident reporting rates, response times, satisfaction surveys, and training participation rates.

### **b. Data Collection and Documentation**

- i. Establish reliable data collection mechanisms to track incidents, investigations, support service usage, and other relevant data.
- ii. Ensure that data are consistently collected, properly documented, and stored securely to protect the privacy and confidentiality of individuals.

### **c. Regular Reporting**

- i. Create a schedule for regular reporting of policy implementation and outcomes. This information is

shared with relevant stakeholders, including University leadership, the board of trustees, and the campus community.

- ii. Reporting should be transparent, highlighting both success and areas for improvement.

#### **d. Stakeholder Engagement**

- i. Solicit feedback from students, faculty, staff, and other relevant stakeholders through surveys, focus groups, and open forums.
- ii. Encouraging input from student organisations, survivor support groups, and campus advocacy groups to ensure diverse perspectives are considered.

#### **e. Evaluation Methods**

- i. Periodic evaluations of the Policy are conducted using various methods such as internal reviews, external audits, and third-party assessments.
- ii. Engage experts in relevant fields such as legal experts, psychologists, and advocates to provide independent evaluations.

#### **f. Impact Assessment**

- i. Assess the impact of the Policy on campus climate, reporting culture, and the well-being of community members.
- ii. Evaluate whether the Policy is achieving its stated objectives, including prevention, support, and accountability.

#### **g. Adaptation and Improvement**

- i. Based on the findings from monitoring and evaluation, it is necessary to make necessary adjustments to the Policy, procedures, and support services to enhance effectiveness and address shortcomings.

- ii. Engage in continuous improvement efforts, such as revising educational programmes and training curricula in response to emerging trends.

#### **h. Accountability and Reporting Mechanisms**

- i. Ensure that accountability mechanisms are in place to address any identified deficiencies in policy implementation.
- ii. Report on the steps taken to address issues and provide regular updates on progress.

#### **i. Compliance with Legal and Ethical Standards**

- i. Continuously verify that the Policy and its implementation align with all relevant legal requirements and ethical standards.
- ii. Adjust the Policy required to maintain compliance.

#### **j. Communication and Transparency**

- i. Maintain clear and open communication with the campus community regarding the results of monitoring and evaluation efforts, including changes made to the Policy.
- ii. Promote transparency in all aspects of the process.

By implementing a robust monitoring and evaluation framework, universities can ensure that their safeguard policy remains effective, responsive to community needs, and aligned with their commitment to providing a safe and inclusive environment. Regular assessment and adaptation help to create a culture of continuous improvement and accountability.

### **16. FINANCIAL IMPLICATIONS**

Implementing and maintaining a university safeguard policy can have financial implications for institutions. While prioritising safety, well-being, and equity is essential, it is also crucial to plan and allocate

resources effectively to support policy implementation. The following are some financial considerations and potential costs associated with a university safeguard policy.

- a. **Resource Allocation:** KUHeS shall allocate financial resources for the creation, implementation, and ongoing maintenance of the Policy. This includes funding for staff positions, training programmes, support services, awareness campaigns, and technological infrastructure.
- b. **Personnel Costs:** KUHeS shall consider the cost of hiring and employing personnel responsible for overseeing and implementing various aspects of the Policy, such as coordinators, investigators, support counsellors, and training facilitators.
- c. **Training and Education:** KUHeS shall develop and deliver training programmes and educational initiatives for faculty, staff, and students. Costs may include materials, trainer fees, and technology for delivering online training modules.
- d. **Support Services:** KUHeS shall budget for support services for survivors and affected individuals, such as counselling, medical care, legal assistance, and accommodation. The University shall ensure that these services are adequately funded to meet demand.
- e. **Technology Infrastructure:** KUHeS shall invest in technological solutions for reporting incidents, managing case files, and ensuring data security and privacy. These may include software, hardware, and cybersecurity measures.
- f. **Awareness Campaigns:** KUHeS shall develop and launch awareness campaigns to promote the Policy, educate the community, and encourage reporting. Allocate funds for marketing materials, advertisements, and events.
- g. **Legal and Compliance Costs:** KUHeS shall budget for legal counsel and compliance officers to ensure that the Policy

aligns with all applicable laws, regulations, and accreditation standards. Legal consultations may also be necessary during investigations and appeals.

- h. **Continuous Improvement:** KUHeS shall allocate resources for regular evaluations and updates to the Policy, including external audits or assessments by experts. The implementation of recommendations from these assessments may also require funding.
- i. **Prevention Programmes:** KUHeS shall fund prevention programmes, workshops, and initiatives designed to create a culture of respect and prevent misconduct. These programmes may include guest speakers, workshops, and awareness-raising events.
- j. **Reporting and Documentation:** KUHeS shall invest in systems and staff to handle the reporting and documentation of incidents, investigations, and case management. This included software, recordkeeping, and administrative support.
- k. **Accountability Measures:** KUHeS shall consider the cost of implementing accountability measures including conducting investigations, adjudicating cases, and enforcing sanctions. These processes may be associated with legal and administrative costs.
- l. **External Support:** Depending on the complexity of the cases or the need for specialised expertise, external consultants, investigators, or legal experts, KUHeS may need to be hired, incurring additional costs.
- m. **Crisis Response:** KUHeS shall allocate resources for crisis response in the event of a significant incident or emergency situation. This may include funding for crisis communications, additional support services, and security measures.

- n. **Data Collection and Analysis:** KUHeS shall invest in systems for collecting and analysing data related to incidents and outcomes. Data collection and analysis tools may also incur associated costs.
- o. **Insurance:** KUHeS shall review the insurance coverage to ensure that the University is adequately protected in the event of legal claims or liabilities related to policy implementation.

## 17. APPENDICES

### 17.1. Appendix 1: Checklist



**KAMUZU UNIVERSITY**  
OF HEALTH SCIENCES

#### **Checklist for PSEAH-Sensitive Recruitment, Contracting and Performance Management**

Include a sentence in job announcements to notify candidates that background and reference checks will be conducted and ethics is part of annual performance appraisals

- ❑ Require applicants to self-declare prior issues of sexual or other misconduct, termination of past employment, criminal records, and concerns registered with government authorities regarding contact with children, and to consent to the disclosure of any such information by their former employers during verification of references
- ❑ Conduct background checks (e.g. police records, Google searches) and contact references to vet for former misconduct in accordance with local laws regarding employment, privacy and data protection
- ❑ Ensure gender-balanced interview panels during hiring processes and conduct gender neutral interviews
- ❑ Ask candidates interview questions about ethics and ethical dilemmas (e.g. What's your idea of an ethical organization? Tell me about a time when you faced an ethical challenge.)

- Require candidates to review and sign the code of conduct before being offered a contract
- Include a PSEAH clause in employment contracts, including when subcontracting
- Outline disciplinary measures in the event of proven SEAH allegations (e.g. termination of contract)
- Include training in PSEAH as part of onboarding process and provide refresher courses at regular intervals during employment tenure
- Include adherence to code of conduct (e.g. participation in PSEAH trainings) in performance appraisals of staff
- Include in the performance appraisals of senior staff their effectiveness in creating and maintaining an environment which prevents and responds to SEAH
- Freeze professional advancement/recruitment opportunities of individuals under investigation
- In cases of confirmed misconduct, take robust disciplinary action (e.g. dismissal, suspension, written censure or other administrative/corrective measures) and, where this involves possible criminal conduct, consider reporting the incident to local law enforcement authorities
- Maintain an internal database documenting any disciplinary measures on personnel, including dismissals, to avoid rehiring them at a later point in time
- Systematically share relevant information of personnel known to have committed SEAH with other potential employers during background checks, to the extent legally possible.

## 17.2. Appendix 2: KUHES Reporting Structures

### REFERRAL FORM



**CONFIDENTIAL:** Please restrict access to this document and keep it stored safely.

Note: Please share copies of filled out referral forms with the survivor and receiving agency and keep a copy for the University's internal records and follow-up.

| Referring agency |          |
|------------------|----------|
| Agency/org:      | Contact: |
| Phone:           | Email:   |
| Location         |          |

| Receiving agency |          |
|------------------|----------|
| Agency/org:      | Contact: |
| Phone:           | Email:   |
| Location         |          |

| Survivor information |              |
|----------------------|--------------|
| Name:                | Phone:       |
| Address:             | Age:         |
| Sex                  | Nationality: |

|                                                                                                                 |                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Language:                                                                                                       | ID number                                                                                         |
| If survivor is a minor (under 18)                                                                               |                                                                                                   |
| Name of primary caregiver:                                                                                      | Relationship to child:                                                                            |
| Contact information for caregiver:                                                                              | Is the child separated or unaccompanied? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Caregiver is informed about referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) |                                                                                                   |

| Background Information/Reason for referral and services already provided                                                           |                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Has the survivor been informed of the referral?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain below) | Has the survivor been referred to any other organization?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain below) |

| Services requested                              |                                              |                                                                        |
|-------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Protection Services | <input type="checkbox"/> Shelter                                       |
| <input type="checkbox"/> Psychosocial Support   | <input type="checkbox"/> Legal Assistance    | <input type="checkbox"/> Material Assistance                           |
| <input type="checkbox"/> Social Services        | <input type="checkbox"/> Education           | <input type="checkbox"/> Nutrition                                     |
| <input type="checkbox"/> Medical Care           | <input type="checkbox"/> Livelihood Support  | <input type="checkbox"/> Support for children born as a result of SEAH |
| Please explain any requested services:          |                                              |                                                                        |

Consent to release information. (Read with survivor/ caregiver and answer any questions before s/he signs below. Sign on behalf of survivor/caregiver if consent is given verbally and survivor/caregiver cannot sign.)

I, \_\_\_\_\_[survivor name], understand that the purpose of the referral and of disclosing this information to \_\_\_\_\_[name of receiving agency] is to ensure the safety and continuity of care among service providers seeking to serve the client. The service provider, \_\_\_\_\_[name of referring agency], has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorise this exchange of information.

Signature of responsible party (survivor or caregiver if a child):

Date (DD/MM/YY):

#### Details of Referral

Any contact or other restrictions? ☐ Yes ☐ No (if yes, please explain below)

Referral delivered via: ☐ Phone (emergency only) ☐ E-mail ☐ Electronically (e.g., App or database) ☐ In Person

Follow-up expected via: ☐ Phone ☐ E-mail ☐ In Person. By date (DD/MM/YY):

Information agencies agree to exchange in follow up:

Name and signature of recipient:

Date received (DD/MM/YY):

### 17.3. Appendix: 3 Safeguarding incident, complaint or concern report form



This form should be completed if you have an incident, complaint or concern regarding the abuse or exploitation of a child/adult who is participating or benefiting from a KUHeS programme/project or in the event of an alleged breach of KUHeS's Safeguarding Policies or Code of Conduct. The completed form should be given to the Head of Safeguarding.

Please only complete the details that are known to you at the time of receiving or becoming aware of the incident, complaint or concern. If forwarding by e-mail please ensure that the document is password protected and the receiver is advised of the password by a means other than e-mail, e.g. phone.

#### Section 1:

About the disclosure/concern

Date \_\_\_\_\_ of \_\_\_\_\_ disclosure/concern:

Time \_\_\_\_\_ of \_\_\_\_\_ disclosure/concern:

How was the information received? (Attach any written information to this form)

Please circle: Letter Email In person

Details of person making disclosure/raising concern

Name \_\_\_\_\_ (please \_\_\_\_\_ print)

Address \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ (please \_\_\_\_\_ print)

If not, the person who the concern relates to, does the person reporting know the person and how?

\_\_\_\_\_

Details of child / adult to whom the concern relates to

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnic \_\_\_\_\_ Origin \_\_\_\_\_

Language (is interpreter/signer needed) Yes No Any Disability \_\_\_\_\_

School (if applicable) \_\_\_\_\_

Details of parent/carer (where appropriate or known)

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Tel\_\_\_\_\_

Mobile\_\_\_\_\_

Are they aware of the allegation, suspicion or complaint?

☐ Yes

☐ No

Details of alleged perpetrator

Name

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Relationship to child or adult (if applicable)

\_\_\_\_\_

Occupation

\_\_\_\_\_

Details of concern, allegation or complaint (Include dates/times, location of incident(s) occurred, witnesses if known. Include participant's words where possible. Does the child or adult know this concern is being raised?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Staff Member Completing this form:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Safeguarding Case Management Team

Member who received this form:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### 17.4. Appendix: 4 Self-declaration form



In order to comply with KUHeS Safeguarding Policy, this form must be completed and signed by all employees, representatives and third parties.

Full Name (capital letters):

\_\_\_\_\_

Address (capital letters):

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Place of Birth:

\_\_\_\_\_

1. Do you have any prosecutions pending or have you ever been charged or convicted of a criminal offence relating to the exploitation or abuse of a child or adult?

☐ Yes

☐ No

If yes, please state below the nature and date(s) of the offence(s)

Date of offence:

\_\_\_\_\_

Nature of offence:

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been the subject of disciplinary procedures, or have left or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children? (Please tick)

☐ Yes

☐ No

If yes, please give details including date(s) below:

Name \_\_\_\_\_ of \_\_\_\_\_ Employer: \_\_\_\_\_

Date \_\_\_\_\_ of \_\_\_\_\_ incident(s): \_\_\_\_\_

Nature \_\_\_\_\_ of \_\_\_\_\_ incident(s)/inappropriate behaviour: \_\_\_\_\_

Declaration:

I understand that, if it is found that I have withheld information or included any false or misleading information above, I may be removed from my post whether paid or voluntary, without notice. I understand that KUHES will keep this information secure. I hereby declare that the information I have provided above is accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For recording official receipt of signed declaration: (HR, relevant KUHES Representative):

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

In order to comply with KUHES's Safeguarding Policy, this form must be completed and signed by all employees, representatives and third parties.

**Full Name (capital letters):** \_\_\_\_\_

**Address (capital letters):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

1. Do you have any prosecutions pending or have you ever been charged or convicted of a criminal offence relating to the exploitation or abuse of a child or adult?

☐ Yes

☐ No

If yes, please state below the nature and date(s) of the offence(s)

Date of offence: \_\_\_\_\_

Nature of offence: \_\_\_\_\_

2. Have you ever been the subject of disciplinary procedures, or have left or been asked to leave employment or voluntary activity due to inappropriate behaviour towards children? (Please tick)

☐ Yes

☐ No

If yes, please give details including date(s) below:

Name of Employer: \_\_\_\_\_

Date of incident(s): \_\_\_\_\_

Nature of incident(s)/inappropriate behaviour: \_\_\_\_\_

**Declaration:**

I understand that, if it is found that I have withheld information or included any false or misleading information above, I may be removed from my post whether paid or voluntary, without notice. I understand that KUHES will keep this information secure. I hereby declare that the information I have provided above is accurate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For recording official receipt of signed declaration: (HR, relevant KUHES Representative):

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

## 17.5 Appendix 5: Safeguarding complaint form



**(Confidential)**

### **A. Complaint's Profile**

Name.....

Age.....

Contact Number.....

Email.....

Address/Department/Hall.....

Student/ Staff No.....

Programme.....

Date (s) & Time (s) of Incidents.....

### **B. Alleged Perpetrator's Profile**

Name..... Age.....

Contact Number.....

Email.....

Status: Student/ Staff/ Other.....

Address/ Department/Hall.....

Student/ Staff No. & Level.....

### C. Relationship with Alleged Perpetrator

[illegible]

#### D. Description/ Nature of Complaint

(Provide a summary of the Incident(s) Below.

*[The page contains faint horizontal lines suggesting scanning artifacts or extremely faded text.]*



*For official use only*

**F. Action taken**

Medical attention

Police report

Professional counseling

Other, please Specify.....  
.....  
.....

**17.6 Appendix 6: Institutions that provide support services to victims of safeguarding issues**



KAMUZU UNIVERSITY  
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| <b>Institution</b>             | <b>Physical Address</b>              | <b>Phone</b> | <b>Services provided</b>                                                         |
|--------------------------------|--------------------------------------|--------------|----------------------------------------------------------------------------------|
| <b>Government</b>              |                                      |              |                                                                                  |
| <b>Courts</b>                  | Various                              | Various      | Providing access to justice and legal remedies                                   |
| <b>Hospital Ombudsman</b>      | Various hospitals Across the country | Various      | Handling complaints about public health service delivery                         |
| <b>Human Rights Commission</b> | Lilongwe and Blantyre                | 01750900     | Handling of complaints about violations of human rights and fundamental freedoms |

|                                                                                    |                                     |          |                                                                                                                                      |
|------------------------------------------------------------------------------------|-------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Legal Aid Bureau</b>                                                            | Lilongwe, Blantyre, Zomba and Mzuzu | Various  | Providing legal assistance and representation                                                                                        |
| <b>Ministry of Gender, Children, Disability and Social Welfare - Gender Office</b> | Capital Hill, Lilongwe              | 01770411 | Handling issues relating to children, women, the elderly, and persons with disabilities. Providing shelter and economic empowerment. |
| <b>One-Stop Centres</b>                                                            | All District Hospitals              |          | Combined services for survivors - medical                                                                                            |
|                                                                                    |                                     |          |                                                                                                                                      |
| <b>Non-Governmental Organisations</b>                                              |                                     |          |                                                                                                                                      |
| <b>KUHeS</b>                                                                       | Lilongwe and Blantyre               |          | Provide medical and counselling services                                                                                             |

|                                                   |                                                                                                                               |                            |                                                                                                      |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------|
| <b>Youth Net and<br/>Counselling<br/>(YONECO)</b> | Zomba,<br>Chikwawa,<br>Lilongwe,<br>Mangochi,<br>Balaka, Ntcheu,<br>Machinga,<br>Nkhatabay,<br>Mchinji, Ntchisi<br>and Rumphi | 01526199<br><br>0888958726 |                                                                                                      |
| <b>Women Lawyers<br/>Association<br/>(WLA)</b>    | Lilongwe and<br>Blantyre                                                                                                      |                            | Advancing the<br>cause of justice<br>in Malawi by<br>bringing the<br>courts closer to<br>the people. |
| <b>Women Lawyers<br/>Association<br/>(WLA)</b>    | Lilongwe and<br>Blantyre                                                                                                      |                            | Providing legal<br>assistance to<br>vulnerable<br>women and<br>children                              |
| <b>The Gender and<br/>Justice Unit</b>            |                                                                                                                               |                            |                                                                                                      |
| <b>Men for Gender<br/>Equality</b>                |                                                                                                                               |                            |                                                                                                      |

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## 17.7 Appendix 7: Safeguarding situations



Types of situations from which children, young people and adults at risk should be safeguarded include, but are not limited to, the following:

- a. financial exploitation.
- b. sexual harassment, abuse or exploitation.
- c. physical, emotional, psychological abuse.
- d. recruitment to radical extremist organisations.
- e. enticement into illegal activities.
- f. domestic violence.
- g. cyber abuse.
- h. modern day slavery.
- i. bullying or harassment.
- j. forced marriage.
- k. female genital mutilation.
- l. Discrimination.
- m. data breaches.

Identifying abuse or exploitation can be difficult, but there are a number of ways in which this might become apparent:

- a. disclosure of the abuse – self disclosure or disclosure by a third party. This might be full disclosure or that which raises suspicions of abuse.
- b. signs of abuse, including physical injury for which there appears to be no satisfactory explanation.
- c. particular behaviour that leads to a suspicion that someone is being or has been abused or exploited.

It is not a staff member's responsibility to decide whether a child, young person or adult at risk has been abused or harmed or subjected to abuse or harm. Their responsibility is only to raise concerns that someone may have been abused.

## 17.8 Appendix 8: Safeguarding sanctions



The Executive Management shall apply the appropriate sanctions on a case-by-case basis. The sanctions include but are not limited to:

a. In cases in which the respondent is a staff, the following sanctions may be imposed:

- i. Offering formal apology;
- ii. Issuing a written warning or reprimand, probation;
- iii. Leave without pay;
- iv. A transfer or reassignment of duties to the perpetrator;
- v. Removal of management authority or duties;

In repeated cases:

1. Suspending or terminating employment;
2. Training or counselling the harasser;

b. In cases in which the respondent is a student, the following sanctions may be imposed:

- i. In case of minor violations, the student may be issued a warning or reprimand. These shall be considered during adjudication.
- ii. In case of major violations, the students may be expelled following guidelines in the appropriate policy.

# MONITORING AND EVALUATION PLAN

| Policy Priority Area1: Prevention and Education |        |                       |        |          |                           |             |
|-------------------------------------------------|--------|-----------------------|--------|----------|---------------------------|-------------|
| Outcome:                                        |        |                       |        |          |                           |             |
| Objective                                       | Output | Performance Indicator | Target | Baseline | Source of verifiable data | Assumptions |
|                                                 |        |                       |        |          |                           |             |
|                                                 |        |                       |        |          |                           |             |
|                                                 |        |                       |        |          |                           |             |
|                                                 |        |                       |        |          |                           |             |
|                                                 |        |                       |        |          |                           |             |