



# **Federal Democratic Republic of Ethiopia Ministry of Women and Social Affairs**

## **Safeguarding & GRM Guideline for Urban Destitute Project (Final Version)**

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## **Introduction**

### ***Purpose of the Guideline***

This guideline is intended to help SPs, professionals and practitioners responsible for providing rehabilitation services to the homeless urban destitute in the four categories (HC, HA, HWC & HE) with the *rights-based approach* to beneficiary services; social protection policy; safeguarding policy; grievance redressing mechanisms.

It is also intended to assist SPs, professionals and practitioners to take practical actions to safeguard their staffs and beneficiaries at risk of harm based on the principles of protection, justice and empowerment.

### ***How to Use this Guideline***

This guideline is prepared to be used both as a *training material* and a practical working document. As a training material, it can assist facilitators and professional to plan and give awareness creation training on the importance, policies, and standards of safeguarding. As a working document, it assists SPs to meet the expected standards of safeguarding and discharge their responsibilities for safeguarding beneficiaries and staff from harm.

### ***Structure of the Guideline***

Section 1: Basics of Safeguarding

Section 2: Safeguarding Standards

Section 3: Role of Various Stakeholders in Safeguarding

Section 4: Grievance Redress Mechanisms

## Section 1: Basics of Safeguarding

### 1.1. Defining Safeguarding

*Safeguarding* is the responsibility that an organization has to ensure that:

- Their employees and volunteers, partners, vendors, operations and programmes do no harm to vulnerable people (children, young people or adults)
- They do not expose vulnerable people to the risk of discrimination, neglect, harm and abuse; and
- Any concerns the organization has about the safety of vulnerable people within the communities in which they work, are dealt with and reported to the appropriate authorities

The implication is that SPs are required to *adopt policies, procedures and practices* to safeguard their staffs and beneficiaries from all forms of harm, abuse or exploitation and aware all their personnel to take the responsibility of embedding these at the activity level to ensure that the SP is a safe organization.

### 1.2. Categories of Abuse

Abuse happens to both the SPs staff and their beneficiaries in a number of ways such as physical, sexual, sexual exploitation, neglect, psychological or discrimination.

- *Physical abuse* involves hitting, slapping, pushing, restraining or uninvited touching.
- *Psychological abuse* involves shouting, swearing, frightening, blaming, ignoring or humiliating a person, threats of harm or abandonment, intimidation, deprivation of contact, controlling, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- *Sexual abuse* involves forcing persons to take part in any sexual activity without their will or informed consent
- *Sexual exploitation* involves exploitative situations, contexts and relationships where persons at risk receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities
- *Neglect* involves ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, social care or educational services; and the withholding of the necessities of life such as medication, adequate nutrition and heating
- *Discriminatory abuse* involves discrimination on the grounds of ethnicity, faith or religion, age, disability, gender, sexual orientation, national origin, medical condition or illness, and political views, along with sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse. It also includes stopping someone from being involved in other cultural activity, services or support networks.

### 1.3. Code of Conduct

*Code of Conduct* basically refers to the rules and procedures (the *Dos & Don'ts*) on how to behave and that will minimize risk of an incident occurring to the SPs staff and beneficiaries.

Consequently, SPs are expected to apply the following simple rules and procedures that will help them prevent and minimize the risk of an incident from occurring:

- Treat everyone with respect, recognizing their right to personal privacy
- Be aware of situations which may present risk and manage these appropriately
- Plan and organize any events involving beneficiaries so that risks are minimized
- Ensure that staffs and beneficiaries are aware of the event and have given informed consent
- Ensure a line of communication remains open in case of emergency
- Recognize that caution is required in all one-to-one situations
- Provide access for beneficiaries to talk to others about any concerns they have
- Encourage beneficiaries to feel comfortable enough to point out attitudes and behaviors they dislike
- Do not spend time alone with beneficiaries – plan and arrange activities so that one other person is present, or at least other people are within sight and hearing distance
- Do not take beneficiaries alone in a car, even for short journeys, unless this is unavoidable for safety reasons, and make sure an adult/carer or another member of staff is aware that it is happening
- Avoid inappropriate physical contact with beneficiaries
- Avoid showing favoritism to any individual beneficiary
- Never make suggestive remarks or gestures, even in fun
- Do not trivialize or exaggerate abuse issues
- Do not rely on just your good name to protect you
- Do not believe *it could never happen to me*

#### ***1.4. Safeguarding Principles***

The safeguarding policy and practices of the SPs that deal with the rehabilitation services should be guided by the following principles of safeguarding:

##### ***Best Interests of the beneficiary***

In all actions concerning beneficiaries and when dealing with a concern for the safety or wellbeing of a beneficiary, the best interests of the beneficiary shall be the primary consideration.

SPs should understand that beneficiaries:

- Have the right to be active participants in all matters affecting their lives
- Can make choices and decisions
- Have the right to share the power adults hold and
- Have a voice to influence people and events

Consequently, decisions about the beneficiaries should be made as far as possible with their participation and in their best interest giving full consideration to how such decisions will affect them. There may be times when SPs have to make decisions for beneficiaries in order to protect them from harm, but their best interest will be at the heart of those decisions at that time.

### ***Zero Tolerance of Abuse and Exploitation***

SPs working on rehabilitation activities with the homeless population need to adopt a zero-tolerance approach to abuse and exploitation. This is enacted via *robust prevention* and response work, offering support to survivors and holding those responsible for harm and intolerable behavior to account. SPs need to ensure all those associated with the delivery of services have access to information about how to report concerns or allegations of exploitation, or abuse and take immediate action upon report of any suspected obstacle.

### ***Shared Responsibility***

SPs working on rehabilitation activities with the homeless population should know that safeguarding is a shared responsibility, meaning that successful implementation of safeguarding measure is reliant on all those associated with the delivery of rehabilitation services and guidance for its best-practice implementation. It is also expected all staff of the SPs should know and understand their responsibilities and commitment to upholding *safeguarding principles*. The staff of SPs working with beneficiaries should receive training on safeguarding principles and procedures.

### ***Risk Management Approach***

SPs have a duty of care to provide protective environments for beneficiaries in all operations and activities. All staff of the SPs should act with intention and foresight to ensure safeguarding risks are identified, monitored and mitigated against in the assessment of its operations- to prevent the risk of a beneficiary being abused, exploited or harmed. A risk management approach does not diminish the fact SP has a *zero tolerance approach*. It is expected that safeguarding should be considered when planning a program as well as during.

### ***Accountability and Openness***

SPs should continue to strengthen its safeguarding systems to ensure accountability to beneficiaries, their families and the communities in which it works. Specific safeguarding roles and responsibilities should be delegated to its staff to effectively embed *beneficiary-safe organizational practice* across all programs, operations and activities. SPs should ensure an organizational *beneficiary- safe culture* which is transparent about safeguarding issues occurring within its program operation, in line with privacy regulations and within *legal frameworks* and where any issues or concerns of safeguarding or poor practice can be raised and discussed.

### ***Confidentiality***

SPs working with homeless beneficiaries should be committed to confidentiality in sharing sensitive information in relation to safeguarding incidents reported to them. Information that identifies individuals will only be shared with due consideration to the safety of the beneficiary, witnesses or subject of complaint, or to protect the integrity of an investigation.

### ***Commitment to Good Practice***

SPs working with homeless beneficiaries should be committed to creating and maintaining a *safe organizational culture* where all those whom the SPs serve and who work for the SPs feel empowered to insist on *non- discriminatory* and *respectful behavior* from each other, where poor behavior is not accepted, and where power is not abused. The safeguarding of beneficiaries within the SPs' work is all of its responsibility, and must be considered in every aspect of its

work or services. A commitment to good practice is expected of all the SPs' employees. The SPs safeguarding *focal point* and teams should strive to offer the best service and advice possible and to stay appraised of sectoral and general best practice in safeguarding. The SPs should be open to feedback, continual learning and improvement in order to ensure that safeguarding beneficiaries is at the center of their work.

## **Section 2: Safeguarding Standards**

### ***Standard 1: Recruitment, Induction and Supervision***

*Safe practices* are used to recruit staff and volunteers, introduce them to their role, and help them carry out their duties safely.

In this regard, service providing organizations should:

- Have a written safer recruitment and induction policy and procedure
- Have clear person specifications and role descriptions for all posts
- Advertise all posts with a clear safeguarding or protection statement
- Use a standard application form
- Ask applicants to complete a separate self-disclosure form
- Have a face-to-face interview or meeting with a panel of more than one person
- Have adopted a transparent scoring system for shortlisting and interviews
- Make all their staff or personnel familiar with, and sign a written agreement to follow the organization's *Code of Conduct*

In addition, service providing organizations should provide regular supervision, support and annual appraisal for all staff and volunteers.

### ***Standard 2: Preventing Harm***

This involves ensuring that effective measures such as:

- Preventing harm
- Training and supporting staff and volunteers
- Responding to harm
- Welcoming new members and encouraging diversity are taken to minimize the risk of harm and to stop it when it occurs.

To realize this, service providing organizations should:

- Have a written *anti-harm policy*
- Have a *code of behavior* that sets out 'dos and don'ts' on how to behave
- Have regular discussions about harm with the beneficiaries they work with
- Have a policy and procedure for complaints
- Ensure that staff, volunteers, families, and beneficiaries can easily access information about how the organization deals with harm
- Take appropriate steps to ensure that the environment for working with beneficiaries is open, transparent and does not create room for exploiting or abusing beneficiaries
- Make every effort to avoid situations in which one staff is working with one or more beneficiaries

- In the event that an activity is organized for beneficiaries by staff/volunteers, it is advised that beneficiaries' consent is given in order to ensure transparency and professional accountability at all times
- Beneficiaries must be supervised by more than one adult and never placed in a situation that may create any risk of harm or expose beneficiaries to potential abuse or exploitation

### ***Standard 3: Protecting beneficiaries***

This refers to the management of abuse allegations. When an allegation of abuse is made, the primary consideration must be to ensure the safety of the service user or beneficiaries. Where a criminal offence may have occurred this may include supporting the service user to contact the police, or you may need to do this yourself.

It primarily involves ensuring that measures such as:

- Informing, listening to and supporting the workforce and users of their services
- Setting written statements and procedures for dealing with abuse and allegations
- Nominating safeguarding and protection officer (focal point)
- A written procedures and codes of behavior are in place to protect beneficiaries who are identified as being at possible risk of abuse and neglect.

### ***Standard 4: Running Safe Activities and Events***

This involves ensuring that arrangements such as:

- Risk evaluation and management
- Equipment safety checks
- Procedures for *receiving, recording and reporting* incident cases
- Training and supervision
- Legislative requirements
- *Accident prevention policy* and plan
- Physical environment that promotes the safety, health and well-being of service users or beneficiaries

are in place to ensure that the *physical risks* associated with the activities undertaken by beneficiaries in the organization are identified and managed.

### ***Standard 5: Reporting Abuse Cases***

This involves putting in place clear *mechanisms, formats or procedures* for reporting or providing information for the general public, authorities, communities and partners as well as keeping the confidentiality, safety and wellbeing of all involved in any report of safeguarding incidents.

### ***Standard 6: Recording, Storing and Sharing Information***

This standard involves ensuring that arrangements are in place to ensure that personal or sensitive information about beneficiaries and families is recorded appropriately, stored securely as well as shared carefully.

### ***Standard 7: Communicating the Safeguarding Messages***

The safeguarding officer of the respective SPs is responsible for:



- Communicating the safeguarding policy and related messages to all personnel and beneficiaries, and to all persons visiting them
- Displaying the *Dos and Don'ts* of how to behave in a *visible place (offices & residences)* for all staff and beneficiaries
- Making beneficiaries aware of their rights, what constitutes abuse, exploitation and neglect against them, in *age-appropriate language* and in a medium that suits them
- Communicating the *safeguarding message* to beneficiaries regarding whom they should report to, or seek advice from, if they feel they have been violated or offended in any way
- Communicating information to beneficiaries through an *appropriate user-friendly format* (leaflet, posters, pictures, photo, video, audio)
- Making aware of all personnel working with the beneficiaries on the relevant *safeguarding Policy*
- Displaying, where appropriate, a *summarized version* of the policy statement, including the contacts of the person(s) related to safeguarding in the *drop-in centers* or *temporary rehabilitation centers* in an open place
- Making available *clear procedures* on how safeguarding concerns are reported and handled, while respecting confidentiality and dignity of all involved
- Ensuring that the SPs personnel (staff, volunteers & visitors) should never take *inappropriate photos* or films of beneficiaries

#### ***Standard 8: Procedures for Responding to Allegations***

The first thing that the SPs should do in responding to *allegations* is to appoint a *safeguarding officer* who will be the *focal person* for receiving reports and responding to any complaints related to safeguarding issues. The *safeguarding officer* or *focal person* will be expected to *liaise* with the *relevant project managers*, and authorities in following up the complaints efficiently and effectively until they are finalized.

### **Section 3: Role of Various Stakeholders in Safeguarding Beneficiaries**

#### ***Role of MoWSA***

- MoWSA will be responsible:
  - To stress its commitment to safeguarding when *negotiating contracts with SPs*
  - To discuss with service providers their policies and practices in this regard
  - For organizing *training on safeguards*, which will be compulsory for all staff of all service providers and BoWSA staff involved with the program
  - To cover the costs for the training and any assistance provided to victims/survivors by the qualified professionals

#### ***Role of BoWSA***

- BoLSA is responsibility:
  - To check on the safety of the centers and report any concern in their *quarterly submissions to MoWSA*
  - To regularly check and limit the opportunities for service providers' or BoWSAs' staff to be alone with a beneficiary, or male staff or volunteers to be left alone with a female beneficiary or for two beneficiaries to be alone, especially in the case of children

- To *appoint two designated persons* (preferably be women & will act as focal points) responsible for making sure that the safeguarding measures are integrated by service providers, and that any concerns are promptly addressed
- To ensure that its focal points must visit service providers regularly and let beneficiaries know that they are available to listen to them
- To identify qualified professionals to provide *health, psychological and legal assistance* to victims/survivors, and ensure their collaboration in case of need (ideally with a written agreement)
- To give the list of these professionals to all service providers, together with contact information, hours of operation and costs involved
- To immediately contact other service providers and facilitate the transfer, in cases it may be necessary to move the victim/survivor to a different place to:
  - Protect him/her from *revictimization* or retaliation
  - Protect his/her dignity

### ***Role of Service Providers***

- Service providers are responsible:
  - To conduct a discussion on safeguarding to:
    - Enhance their staff's understanding and
    - Clarify their organization's commitment
  - To inform their beneficiaries that:
    - Certain behaviors are not acceptable
    - No one has the right to:
      - Harm them
      - Demand something in exchange for food, water, cash or services
  - To keep safeguarding information safely stored
  - To ensure that the *physical environment in their premises is safe*, e.g.:
    - The electrical system is in compliance with safety codes
    - Equipment and furniture are in good repair
    - Medicines are out of reach, etc.

## **Section 4: Grievance Redress Mechanisms**

### ***4.1. Basics of Grievance Redress Mechanism (GRM)***

#### ***What does a complaint mean?***

A *complaint* is a statement (verbal or written) or *expression of displeasure* that an impact or effect arising from a given service is unsatisfactory or unacceptable to the complainant. Unresolved complaints may become *grievances* if not dealt with appropriately and *within a short timeframe* (typically 2 days but a maximum of 14 days).

#### ***What does a grievance mean?***

A *grievance* is a *statement about an action, impact or effect arising from a given service* that adversely affects the rights, health and/or well-being of an affected person to the extent that it forms legitimate grounds for grievance and if upheld, may result in *compensation, legal action* or a *change* to the service in order to resolve the grievance.

### ***What is a Grievance redress mechanism (GRM)?***

Grievance redress mechanisms (GRMs) are institutions, instruments, methods, and processes by which a resolution to a grievance is sought and provided. A Grievance Redress Mechanism (GRM) is proposed to address any complaints and grievances arising during the course of implementing the project. It includes avenues for resolving conflicts between affected persons (APs) and can provide information sought by the public on the project.

## ***4.2. Raising Grievances***

### ***How should grievances be raised?***

Grievances may be raised *verbally* or *in writing* but must be reported using the *Grievance Report Form* which must be completed in every instance. Any concerns or grievances should be addressed quickly, transparently, and without retribution to the affected person (AP) or complainant, where details of the complaint, the complainant and the resolution must be recorded.

### ***Who should raise grievances?***

Any person, who has concerns or is at risk of abuse and neglect, can raise concerns to the *focal person*. This means that the beneficiaries experiencing abuse or neglect can raise their concerns themselves, but so can their friends, family members, other members of the public, professionals and organizations. Moreover, beneficiaries or service providers who are adversely affected in the course of service delivery can raise their grievances and dissatisfactions about actual or perceived impacts in order to find a satisfactory solution. Above all, beneficiaries at risk should be an active partner in the raising of a concern.

Not only should affected persons (APs) be able to raise their grievances and be given an adequate hearing, but also *satisfactory solutions* should be found that mutually benefit both the APs and the project. It is equally important that APs have access to legitimate, reliable, transparent, and efficient institutional mechanisms that are responsive to their complaints.

Hence, SPs have a responsibility to establish effective *operating systems* and processes to ensure that beneficiaries at risk are protected, and the investigation of allegations of abuse as soon as they become aware of them. Consequently, members of staff should, as soon as they become aware of allegations of harm, abuse, or neglect (including self-neglect) of a beneficiary with care and support needs, can raise the concern to the *grievance contact point*, local authority, care manager or social worker.

## ***4.3. Basic Principles of Redressing Grievances***

### ***1. Clarity on the purpose and procedure of complaint and response mechanisms***

The following should be documented and communicated to relevant stakeholders:

- The purpose of the complaint and response mechanisms
- What constitutes a complaint and how validity will be assessed (for different types of complaints)
- Who can raise a complaint
- Methods for raising complaints of different nature

- The handling and response procedures, and limitations

## 2. *Right to raise a complaint and receive a response*

Complaint and response mechanisms should recognize and effectively communicate the right of communities (beneficiaries & non-beneficiaries) to raise a complaint and receive a response.

## 3. *Information sharing*

All relevant stakeholders should be made aware of the SPs commitments in relation to the rehabilitation services of the UDS project, of their respective rights, roles and responsibilities.

## 4. *Appropriate and easily accessible*

Complaint and response mechanisms should be developed, implemented and communicated in a manner that is *appropriate to context* and accessible to potential users. The name, the method for raising complaints, and the handling and response procedures should be *context-sensitive* and built on redress mechanisms that already exist in the community.

## 5. *Proximity*

Complaints should be received, processed and resolved at a level appropriate to the nature of the complaint and as close as possible to the place where they were raised.

## 6. *Timeliness*

Complaints should be resolved as soon as possible, within a specified and clearly communicated timeframe (usually within a maximum of *2 weeks*).

## 7. *Non-retaliation and non-discrimination*

All complainants should be able to raise complaints without *fear of retaliation* or discrimination.

## 8. *Confidentiality*

Confidentiality of the *complainant* and of the subject or object of the complaint should be protected unless otherwise agreed by the respective parties.

## 9. *Due process*

All complaints should be *subject to an independent review or investigation*, depending on the nature of the complaint.

## 10. *Referral and appeals*

The complaint and response mechanisms should include *phased referral*, depending on the nature of the complaint. Complainants should be provided with the *opportunity to appeal* and the terms for this process should be clearly stated and communicated.

## 11. *Appropriate competencies*

Individuals handling complaints should be subject to rigorous *selection procedures, sensitization and training* so that the principles herewith are implemented accordingly. Specifically, *independence of individuals receiving, handling and investigating complaints* should be observed according to principle nine above.

### *12. Impact measurement and continuous improvement*

Any complaint and response mechanism should be *subject to periodic reviews* with a view of improving the mechanism and its stated procedures and understanding the impact it is having on beneficiaries and the project. Indicators and methods to measure the performance and effectiveness of receiving and responding to complaints (community evaluation, monitoring mechanisms, user surveys & changes in organizational policies & practice) should be stated at the time when the complaint and response mechanism is set up.

### *13. Reporting*

There should be *regular reporting* on the number of complaints, response time, type of complaints, and details on serious incidents.

## **4.4. Grievance Resolution Procedure**

SPs need to adopt and implement the following *complaints-handling* or grievance resolution procedures that are effective, accessible, and safe for the intended beneficiaries, their staff, and volunteers: *Receive; Investigate/Enquire; Respond and Resolve; and Follow up/Close Out*.

### **1. Receive**

Relevant personnel of the SPs (particularly the *grievance redress focal person*) is required to *accept formal grievances* and ensure avenues for lodging grievances are accessible to the public and affected persons. Avenues include: face to face with the service provider, government representative or community representative, by telephone or in writing to the grievance redress focal person or via email. Irrespective of the source, the service provider should record all grievances on the *Grievance Report Form*. The grievance should be acknowledged *within two days* to the complainant confirming that the grievance has been received and is under investigation.

### **2. Investigate / Enquire**

The grievance redress focal persons of the respective SPs are required to gather the necessary support or information from any other sources in order to more clearly describe the cause and effects of grievance, and its level of urgency or severity as well as assist investigations and confirm details of the grievance. Investigations may include site visits and meetings to determine the scale and impact of the grievance and the available options for appropriate responses or resolutions.

### **3. Respond and Resolve**

After investigation, all grievances should be responded to by the SPs authority or representative directly to the Complainant *within one week after the completion of the investigation* to discuss and identify potential resolutions. If additional time is needed, the Complainant should be advised of this in advance. The severity of each grievance and subsequent course of action shall be determined by the relevant supervisor or authority of the SPs. If the issue is easily resolvable, (for example a grievance covered under compensation mechanisms), the responsible parties should endeavor to address the issue directly on site. If the grievance is a more complex issue, it may require additional meetings and further investigation, and may need to be managed by the SPs. If a grievance is dismissed as groundless or resolved at any stage, the complainant should be informed of their rights in taking it to the next stage. A copy of the decision is to be given to the

complainant in writing and a further copy sent to next level of authority to inform them of the complaint. The records shall be kept and filed into the Grievance database managed by the SPs.

All responsible parties involved in the GRM process are to *keep complete records* of their activities. These records of the grievance redress mechanism should be monitored by SPs, MoWSA and BoWSA. If an agreement is not reached between the complainant and the SPs, the grievance should be escalated to MoWSA/BoWSA for review and a final decision. If necessary, further action should be taken to resolve the issue. If the complainant is still dissatisfied with the outcome, they may be referred to the legal process. However, courts should be the last avenue for addressing grievances.

#### **4. Follow up/Close Out**

A grievance is closed out when no further action can be or needs to be taken. All grievances should be closed out within the *initial 30 days* or as soon as possible thereafter and after all reasonable attempts to resolve the grievance have been attempted. The response should communicate findings of the investigation and resolution, and seek approval from the complainant. If the complainant is satisfied with the outcome then the grievance is closed out and they provide their signature (or fingerprint) on the agreement as confirmation.

Should the complainant either reject or appeal the outcome then the closure status will be recorded. Consequently, the closure status should be entered into the Grievance database as follows:

- *Resolved* – resolution has been agreed and implemented and signed documentation is evidence of this
- *Unresolved* – it has not been possible to reach an agreed resolution and the case has been authorized for close out by the legal system
- *Abandoned* – cases where the attempts to contact the complainant have not been successful for two months following receipt of formal grievance. All grievances will be reviewed for opportunities to help identify and reduce future occurrences

#### **4.5. Role of Various Stakeholders in Handling Grievance Cases**

##### **Role of MoWSA**

- MoWSA is responsible to:
  - Inform and instruct BoWSAs and service providers about their roles in grievance resolution
  - Assure BoWSAs and service providers that there will be no negative repercussions if they file a complaint
  - Aware all its potential users (BoWSA, SPs & service beneficiaries) of the GRM for a GRM to work as intended
  - Make sure that the GRM is known and understood by all stakeholders including the beneficiaries
  - Make sure that awareness raising, in the context of the UDS program, focuses on BoWSAs, service providers and beneficiaries
  - Make sure that awareness raising is *done regularly* as there will be changes in each group (especially beneficiaries)

- Assign a *focal person at city and sub-city level* to be responsible for all cases coming from the UDS component
  - The focal person from MoWSA will be responsible for making sure that the complaints regarding the UDS program are *properly recorded, assessed and resolved*
- Have the list of all *Urban Destitute Focal Points* at city and woreda/kebele level
- Have a *Grievance Focal Persons at the federal level*, who, among other things, will coordinate with relevant agencies to ensure that serious complaints concerning the UDS program are resolved in a timely fashion

#### ***Role of BoWSA***

- BoWSA is responsible to:
  - Make sure that sensitization at the kebele/woreda level will be done in the context of the overall UPSNP
  - Make sure that service providers and beneficiaries are indeed aware of the GRM, which they can do (tactfully!) during their *monthly supervision visits*
  - Have a focal point for the Grievance and Redress Mechanism, in addition to the *safeguarding focal points*, at the City/Woreda levels

#### ***Role of GRM Committees***

- GRM Committees established at *various levels* (BoWSA, City, and Woreda/Kebele/Ketene levels) are responsible to:
  - Have an Urban Destitute Focal Point
  - Handle all complaints related to the UPSNP at the woreda/kebele/ketene levels
  - Make sure that, within each GRM committee, one person is designated to be the Urban Destitute Focal Point (this person could be the same as the Kebele Grievance Focal Person)

#### ***Role of Service Providers***

- Service providers are responsible to:
  - Inform their beneficiaries of the existence of the GRM as well as on ways to file complaints
  - Place posters that explain the GRM through pictures in visible spots
  - Assure their beneficiaries that there will be no risks or penalties for lodging complaints
  - Assign a *GRM focal person* that will serve to collect grievances together with the social worker assigned by the *city level BoWSAs*, including grievances submitted via ***complaint box***
    - The *complaint box key* will be with the focal person from Women and social affairs office and
    - The complaint box need to be opened and *grievances collected at least once in a week*

## Annex 1: Grievance Report Form

(To be completed by person/s reporting abuse)

### ***1. Date of Disclosure/Concern***

Date of disclosure/concern	
Time of disclosure/concern	
How was the information received? E.g. by telephone, email, letter or in person? (Attach any written information to this form)	

### ***2. Details of Person Making Disclosure / Raising Concern***

Name	
Address	
Telephone Number	
Email	
Relationship to child or alleged victim?	

### ***3. Details of the Alleged Victim***

Name	
Date of Birth	
Sex (Male or Female)	
Address	
Telephone Number	
Ethnic Origin	
Language spoken	
Any disability or special needs?	

### ***4. Parent/Guardian Details*** (where appropriate)

Name	
Address (if different from above)	
Telephone Number	
Are they aware of the allegation, suspicion or complaint? (Yes or No)	

### ***5. Details of Alleged Perpetrator***

Name	
Address	
Telephone Number	
Relationship to Child/Victim	
Position in Organisation	
Address at time of alleged incident	
Current contact with alleged victim if known (e.g. teaches beneficiaries, provides PSS services, runs youth groups, volunteers etc.)	
Any additional information about	



Safeguarding Policy of SP	
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### ***6. Details of Concern, Allegation or Complaint***

Date of incident	
Time of incident	
Location of incident	
Were there any witnesses? (Who? How many?)	
Details of the incident	
Does the child/victim know the referral is being made?	

### ***7. Action Taken***

Has the matter been referred to the relevant authorities? (Yes or No)	
If Yes, Date and Time of referral	
If No, explain why	
Who was it referred to? (Give name and designation of person)	
Address	
Telephone number	
Email (if available) Email (if available)	

### ***8. Next Steps***

What actions were agreed upon?	
By whom and when the matter was referred to the relevant authorities?	
Are there any immediate child and adult protection concerns?	
If so, please record what they are and state what actions have been taken and by whom	

### ***9. Designated Safeguarding Officer Details*** (or person completing the form)

Name		
Telephone Number		
Address		
Position in the Organisation		
Date of form completion		
Time of form completion		
Signature		

**NB:** A copy of the completed form must be filed in a secure location and a copy must be sent to the designated officer and civil/statutory authorities

## Annex 2: Self-Assessment Form on Safeguarding Practices

This is a form for SPs to self-assess their practice and performance of

<i>SN</i>	<i>Items</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
1	Does the SP have a well-disseminated information policy?			
2	Does the SP inform its beneficiaries and staffs about their rights and entitlements?			
3	Does the SP inform its beneficiaries and staffs about the standards it has set?			
4	Does the SP share its objectives, plans and the implementation process with beneficiaries, communities and other stakeholders?			
5	Is the beneficiary selection process communicated and well understood by all members of the SP?			
6	Does the SP ensure that its information is available in the languages of its beneficiaries?			
7	Is the SP sure its beneficiaries can access the information?			
8	Has the SP considered age, gender and diversity within its beneficiary groups when disseminating information?			
9	Does the SP monitor how well it is going with disseminating information to its stakeholders?			
10	Does the SP invite feedback and make sure people know how to give it?			

### Annex 3: Self-Assessment Form on complaints-handling procedures

This is a form for SPs to self-assess their practice of establishing and implementing complaint handling procedures.

<i>SN</i>	<i>Items</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
1	Does the SP facilitate and welcome the raising of ideas, questions, concerns and complaints by beneficiaries and their leaders throughout the project cycle?			
2	Does the SP have a clear, formal and transparent system in place to handle beneficiaries' complaints and concerns?			
3	Does the SP have a clear, formal and transparent system in place to handle staff complaints and concerns?			
4	Does the SP have a clear, formal and transparent system in place to handle complaints and concerns of humanitarian partners and other stakeholders?			
5	Does the SP clearly communicate how people can access its complaints mechanisms, how to find out more and how to receive assistance if needed?			
6	Is the SP staff clear on their roles in handling and responding to complaints?			
7	Are the SP staffs provided with appropriate training?			
8	Are all complaints recorded and responses monitored?			
9	Does the SP's complaints-handling mechanism specify how and within which time frame it will be processed, how the complainant can get feedback?			
10	Does the SP respond in a timely manner to complaints and concerns raised?			
11	Does the SP's complaints-handling mechanism specify how the safety of the complainant and confidentiality of the complaint are secured?			
12	Are there clear procedures in place to address allegations of abuse?			
13	Does the SP have the expertise to investigate allegations of abuse, including sexual abuse and corruption?			
14	Are beneficiaries provided with information on where to go if they are subject to sexual abuse?			
15	Does the SP have a process for reviewing and responding to ideas, suggestions and comments from all staff members?			
16	Was the SP's complaints-handling mechanisms established in a participatory way?			