

ENHANCING PROTECTION OF PROGRAM PARTICIPANTS DURING THE COVID-19 PANDEMIC



Strategic Considerations and Recommended Actions

We know from previous experience that natural disasters, conflict, and health emergencies, including disease outbreaks, affect women, girls, men, boys, and people of all gender, racial, and ethnic identities differently. [1,2,3] **We also know that during emergencies, certain groups are particularly vulnerable to increased violence and abuse.** Systemic inequalities related to age, gender, race, ethnicity, and disability place women, girls, and other vulnerable populations (e.g., LGBTQI+ people) at increased risk of intimate partner violence (IPV); gender-based violence (GBV); sexual exploitation and abuse (SEA); child abuse and neglect; and trafficking in persons – with sexual

violence and IPV possibly being the most common types of violence that women and girls experience during emergencies. [4] This is due to strained infrastructures, limited resources, social norms that change very rapidly, and often a break-down in systems that in normal circumstances tenuously protect vulnerable populations from violence, exploitation, and other abuse.

FHI 360 is seeing rates of violence, exploitation, and other types of abuse rising among the people involved in our programs, and they will feel the repercussions of that violence for many years to come.



In addition to anecdotal information that we are already receiving from our own staff and from our implementing partners, **women's rights activists in China, France, Argentina, and elsewhere recently reported that domestic violence cases have risen dramatically as people have been quarantined, potentially with abusers, during the coronavirus outbreak.** [5] The United Nations has reported that in some communities, calls to domestic violence support services have doubled or even tripled since the COVID-19 outbreak. [6] We are learning from FHI 360 staff in multiple countries and others in the international community that domestic violence shelters are currently overwhelmed, and in some cases, at full capacity or completely closed down. Due to the isolation and lack of decision-making power often experienced by victims and survivors of violence and abuse, we know that access to health care and violence response services during this pandemic will be further diminished for those experiencing violence and abuse. **This means that victims and survivors of violence, exploitation, and abuse will be uniquely and profoundly impacted by the COVID-19 pandemic.** UN Women is warning that as countries continue to be in lockdown and over 4 billion people are sheltering at home, a shadow pandemic is growing [7] – violence against women and other vulnerable populations.

WE ARE DEEPLY CONCERNED, AND WE'D LIKE TO IDENTIFY WHAT WE CAN DO TO PREVENT AND RESPOND TO VIOLENCE, EXPLOITATION, AND ABUSE IN EFFECTIVE WAYS IN THE COMMUNITIES WHERE WE ARE IMPLEMENTING PROJECTS.

While the international community mobilizes to communicate key messages about gender equality and social inclusion (GESI) related to the COVID-19 outbreak more broadly, **this document presents strategies and recommendations for FHI 360 project teams on assessing the heightened risks program participants may face, and actions and potential responses teams may be able to implement to mitigate the risks.** In formulating recommendations, we have drawn heavily from tools developed and being used throughout the international development community for addressing violence, exploitation, and other abuse among the general population. Where noted, we have linked out to additional guidance for specific populations (e.g., people with disabilities, LGBTQI+ people). Additionally, we take this opportunity to provide a summary of policies and systems FHI 360 has in place to safeguard program participants from sexual exploitation and abuse, child harm, and trafficking in persons by our own staff, volunteers, and partners.

STRATEGIC CONSIDERATIONS FOR ENHANCING PROTECTION OF PROGRAM PARTICIPANTS FROM VIOLENCE AND EXPLOITATION DURING THE COVID-19 PANDEMIC

FHI 360 recognizes that the program participants we support through our projects often face a broad range of protection issues, even before the COVID-19 pandemic, such as youth violence, sexual violence, domestic violence, abuse by police, trafficking, and other abuse. As the COVID-19 pandemic continues to unfold, our program participants are at increased risk of violence and abuse –in their homes and in their communities. Additionally, the relationship between economic hardship as a result of the pandemic and increased experiences with violence should not be ignored. [8,9]



At-risk individuals who are struggling financially may be forced or coerced to provide sex in exchange for food. [10] This was seen during the West Africa Ebola outbreak, with single female-headed households at additional risk. [11] The Interagency Standing Committee recently reported that due to the COVID-19 pandemic, women are more likely to be engaged in short-term and other insecure employment or contract work, which offer poorer social insurance, pension, and health insurance schemes, and are particularly at risk in an economic downturn. This can lead to women engaging in risky coping strategies, such as transactional sex and/or heighten their exposure to risks of sexual exploitation and other forms of gender-based violence. [12]



Photo credit: Jessica Scranton, FHI 360

Along with an increase in transactional sex, child, early or forced marriages are likely to rise as a result of the economic impact of this pandemic. [13] Individuals engaged in sex work are also now at increased risk for violence, extreme economic hardship, and COVID-19 infection as finding work becomes more difficult, police crackdown on sex workers, and their work can rarely be practiced without direct contact with clients. LGBTQI+ people are being targeted by law enforcement, who have, for example, used shelter-in-place orders to round up activists, as in Uganda [14] and severely beaten gay men under the pretense of COVID-19 in Belize. [15] Transgender people have suffered abuse in locations like Panama that are using gender-segregated quarantines (where only men or women are allowed in public on certain days), where they are abused if perceived as gender-non-conforming or if they do not have updated identification documents. [16] Transgender people also have less access to state-run efforts to meet basic needs, such as trans women in Indonesia who reported an inability to use their identification cards to receive nutritional support. [17]

FHI 360 is committed to working with community and government partners to enhance protections for the people we work with around the world.

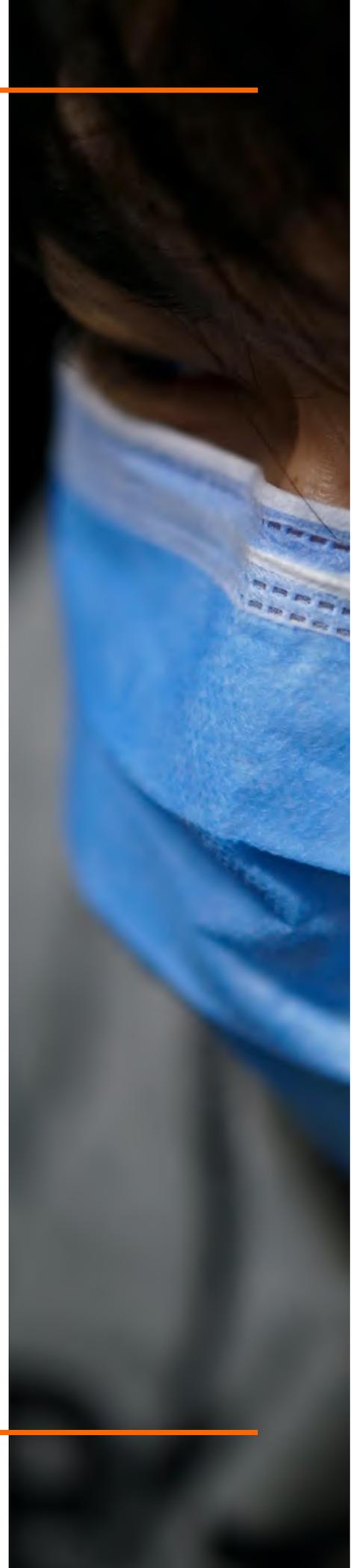
As infrastructures and protections break down, and as people become more isolated due to social distancing and “stay at home” orders, project teams must be alert to the differential impacts of these new social dynamics on vulnerable groups and of the heightened risks of violence and exploitation that these groups may face. These same constraints will impact FHI 360’s approach to both engaging with vulnerable groups and implementing actions recommended herein to mitigate the heightened risks to program participants. As you integrate measures such as those recommended in this document into your work plans, here are some best practices on how project teams and program participants can minimize their risk of exposure to COVID-19:

In contexts where social/physical distancing is in effect and stay-at-home orders are not:

- Even if a stay at home order is not in effect, where remote communication and meetings are possible, meetings between and among staff, community partners, and program participants should be held via phone or other virtual platforms (e.g., Zoom, SMS, WhatsApp, private Facebook groups).
- Staff should adhere to the social/physical distancing guidelines that are in place for their context and FHI 360 guidelines for use of personal protective equipment such as masks and gloves. For example, when social distancing orders limit the number of people who can gather in one location, staff should limit the number of people attending gatherings, accordingly, and practice safe distance between attendees during those gatherings (typically, attendees should be at least six feet apart at all times).
- Hold meetings in larger venues so people can safely distance themselves from one another.
- Follow the local guidelines for wearing face masks while in public.
- Ensure that hand sanitizer (alcohol hand-gel) is available during in-person gatherings and avoid physical contact with others (e.g., no hand shaking, no hugging).

In contexts where stay-at-home orders are in effect:

- Individual and group meetings and interviews, data collection, and information sharing between and among staff, program participants, and community partners can mostly happen via remote telecommunications, such as phone, SMS, WhatsApp, Zoom, or other virtual platforms. Contact FHI 360 ISS or local IT staff for support with using various platforms. It may be necessary to increase airtime for program staff and community volunteers to maintain communication with program participants during this time.
- If a remote method of communication is not possible, the interaction/meeting should be postponed.



RECOMMENDED ACTIONS

Action #1: Gather information to understand how violence is directly impacting program participants in your communities and the availability of services to assist victims and survivors of violence and exploitation.

- During emergencies, including pandemics, data are key to designing/adapting evidence-based interventions that respond to the specific needs of vulnerable populations, reduce risk, and mitigate adverse effects during and after the emergency. Prior to collecting new data, especially during a crisis, first explore existing data resources to check if existing data answer the questions you are seeking to address. [18] Consider adding questions to existing registers or forms that document violence or other routinely collected health statistics to capture COVID-19 related abuse.
- If neither secondary data (data collected by others) nor routinely collected data are available, project teams should consider conducting a rapid gender equality and social inclusion (GESI) analysis to identify safety issues for vulnerable populations, how COVID-19 is affecting people differently, and ways to improve the effectiveness of, and access to, health and other interventions. During a rapid GESI Analysis, engage with community-based organizations, government agencies, and working groups who are tapped into local emerging trends and needs related to violence, exploitation, and abuse. During social distancing and stay-at-home orders, this information should be gathered using remote data collection methods when it is safe to do so (e.g., phone interviews). Before conducting phone interviews, ensure the person has privacy and no one can overhear their conversation.
 - o Refer to [new guidance from UN Women and WHO](#) about data collection during the COVID-19 pandemic.
 - o CARE and the International Rescue Committee developed new guidance on how to conduct a [Global Rapid Gender Analysis for COVID-19](#) to understand how violence is impacting vulnerable populations and how gender, power imbalances, and other factors are leading to harmful consequences for certain groups during the COVID-19 pandemic. [8] This resource can be adapted to the context of your project.
 - o Share and discuss findings from your assessment with partners, other NGOs, and funders.

Action #2: Develop strategies and plans to help address an increase in domestic violence, sexual exploitation, and other abuse among program participants. Consider interventions to support violence prevention, mitigation, and response in the short (6 months - 1 year) and medium term (project duration).

- Use data gathered and/or the findings of a Rapid GESI Analysis to develop a strategy for integrating measures to address violence, exploitation, and abuse within your program work plan. Funder approvals may be required for adjustments to approved plans, so consult with your CMS backstop before implementing new activities.
- Refer to additional considerations for addressing violence and abuse among [women and girls \(specifically\)](#), [19] [children](#), [20] [people with disabilities](#), [21] [sex workers](#), [22,23] [LGBTQI+ people](#), [24] as well as [key populations](#) [25] and other [at-risk populations](#) [26] being supported through HIV services during the COVID-19 pandemic. Also, refer to UNICEF's guidance for parents and caregivers for [tips on keeping children safe online](#) during the pandemic. [27]
- Raise awareness among project staff, volunteers, and implementing partners about increased risks related to migration and internally displaced individuals. Recognize that irregular migration of individuals creates higher protection risks for vulnerable populations, such as gender-based violence

and trafficking. These risks may increase due to internal and external travel restrictions and increased difficulties in accessing health and medical services due to a lack of documentation. [28]

- Collaborate with partners, women's organizations, religious leaders, and other service providers to share information and advocate for the inclusion of violence prevention and response interventions (e.g., delivering key messages) as part of remote activities and as part of broader COVID-19 emergency responses. [29]
- Seek guidance from subject-matter experts and FHI 360 technical advisors to establish a protocol to handle disclosures of violence from program participants, including maintaining confidentiality, providing basic first-line support, and making referrals to resources, where they exist. Train staff and volunteers to implement the protocol (e.g., during staff and volunteer meetings). [30]
- Develop a prioritized list of needs and interventions and share your concerns and the list of needs with your funder representative (typically an AOR) and other donor representatives. Those needs might include:
 - o Support to organizations who operate local shelters and "safe spaces" significantly impacted or overwhelmed by increased demands due to COVID-19. [31] This support should include, but is not limited to, supporting efforts to ensure that shelters stay open and to develop COVID-19 safety protocols for residential emergency shelters.
 - o Support to other community-based organizations who provide medical, psychosocial, and legal services to victims and survivors to ensure continuation of services during the COVID-19 outbreak. This includes, but is not limited to, training first responders to provide first-line support to program participants who disclose violence ([LIVES training](#)); and training health care providers on the clinical management of rape and psychological first aid. Refer to updated WHO, UNFPA, and UNHCR guidelines for the "[Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings.](#)" [32, 33]
 - o Support for interventions that provide victims and survivors access to the cash resources they need to support themselves in safe spaces. Support the continuation or creation of cash assistance interventions, for vulnerable populations facing destitution (e.g., people with disabilities, sex workers, transgender people, undocumented migrants), particularly migrants who are unable to access residency-based financial support. [34,22]

Action #3: Equip your project team to respond appropriately when approached by an individual who is seeking assistance and to support individuals in need of services.

- Share WHO guidance for parenting during COVID-19 with project staff and program participants:
 - o Tips to encourage positive and healthy interactions between parents and their children: [35] <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/healthy-parenting>
 - o COVID-19: 24/7 Parenting (available in over 60 languages): [36] <https://www.covid19parenting.com/>
- During stressful times, it's even more important to be aware of how "unconscious bias" can impact decision-making and outreach strategies. Take the [7 minute Unconscious Bias E-module](#) to be more aware.
- Work with partners to translate violence prevention and response awareness-raising materials and/or messages into local languages and/or make them relevant to local contexts.
- During interactions with program participants, share the following messages to let program participants know what they can do if they are not feeling safe in their homes, but ask the person if they are in a safe and confidential place before you share this information. [37, 38] (Not all of these tips will work for or apply to everyone.

Ultimately, victims and survivors know what they need, and we trust them to use the strategies that work best for them.)

- o “If you are quarantined with an abusive person, see this online resource for information: <https://bit.ly/2JYNKNu> or call this local organization for support: [insert phone # for local resource]”
- o “If you experience violence or worry that you may experience violence at home, consider looking into your social network for other places to stay.” Brainstorm with participant about any trusted people in their networks that they can confide in or seek support from if they are unsafe.
- o “Consider safety planning, ahead of time, in case you are at home with an abuser. For example, have a code word to use on the phone or via text to let others know that you need help; go to the bathroom and run the shower to create background noise to have private calls; keep your identification with you at all time.” More safety planning tips can be found here: <https://bit.ly/3b2WtKw>
- For PEPFAR-funded projects:
 - o Refer to PEPFAR’s [Technical Guidance in Context of COVID-19 Pandemic](#) to understand how PEPFAR teams are advised to support implementing partners in responding to violence, including gender-based violence and child harm, during the COVID-19 pandemic. Projects are advised to coordinate with their PEPFAR point-of-contact to address any budget implications of implementing the PEPFAR guidance, including enhanced efforts to adapt violence prevention and response activities during the pandemic. [39]
 - o USAID now requires screening for intimate partner violence (IPV) in PEPFAR-funded HIV index testing, partner notification, and PrEP services. Programs should not screen for IPV until they have met PEPFAR’s minimum standards and staff are trained. If programs are already screening for IPV, consider the increased risks to clients during the delivery of remote services (e.g., screening clients via phone). Before screening for IPV via phone, ensure the person has privacy and that no one can overhear their conversation before asking questions related to IPV. Refer to [PEPFAR’s Guidance for Implementing Safe and Ethical Index Testing Services](#), [40] and the *Technical Guidance in Context of COVID-19 Pandemic* referenced above, before delivering remote index testing services, and do not screen clients for IPV if they are not alone or do not have privacy.

Action #4: Create new ways to engage program participants in the planning and implementation of programs, including activities related to the COVID-19 pandemic. When we don’t recognize dynamics related to gender, race, ethnicity, and social inclusion during outbreaks, we limit the effectiveness of risk communication and community engagement efforts. Learning from program participants is key to developing effective and accessible interventions, especially as we adapt programming during the COVID-19 pandemic. Previous epidemics illustrate the value of engaging with vulnerable populations when planning for and responding to an emergency. Here’s what we know:

- Including input from vulnerable populations in program planning and implementation increases the likelihood that victims and survivors will be able to access important medical, psychosocial, legal, and shelter services.
- Victims and survivors of domestic violence are already experiencing isolation. Social distancing and “stay at home,” orders are critical to curb the COVID-19 pandemic, but it’s important to recognize the increased risks to victims and survivors who are now “trapped” in abusive living situations. Program planners and implementers need to learn from victims and survivors and other program participants about the most effective ways to safely reach people who are isolated and unable to access critical services.



- Women's access to information and available services are severely constrained when community engagement teams are dominated by men.
- Although intimate partner violence impacts women from all races and ethnicities, racial and ethnic minorities often face additional layers of barriers in accessing help and support services. During emergencies, these barriers are exacerbated, including and especially for immigrant and undocumented women, who likely face limited resources, language barriers, and fear of deportation [41]
- People with disabilities are often one of the most vulnerable groups during emergencies; they experience extreme barriers to information related to the emergency, food distribution, medical care, shelter, and water, sanitation and hygiene facilities. These barriers are exacerbated for people with disabilities who are also victims/survivors of violence, exploitation, and abuse.
- Sex workers and other key population members (e.g., men who have sex with men, transgender people, people who inject drugs, prisoners) are also extremely vulnerable during emergencies. Sex workers and other key population-led community members should be involved in emergency public health planning groups. [22]
- Tailoring community engagement interventions for gender, disability, language, and local culture improves communities' uptake with violence prevention and response interventions. [42]

Action #5: Update referral pathways to reflect changes in available medical care, psychosocial support, legal, and emergency shelter/housing for victims and survivors of violence, exploitation, and abuse.

- Contact local partners and other networks to explore new/updated referrals pathways that are in place and document updated information to share with project staff and program participants. [39]
- Where gaps in services exist, collaborate with partners to train front-line workers to provide basic support to survivors who disclose violence. The following resource package uses global standards on providing basic support without doing further harm. The resource is available in multiple languages. Adapt these materials to your local context with support from a gender, GESI, or GBV technical advisor or subject-matter expert. [43] <https://gbvguidelines.org/en/pocketguide/> If you do not feel that you have the expertise on your project team, reach out to FHI 360 HQ for support.

Action #6: Include violence prevention and response activities in annual work plans as current funding permits. In any new funding requests (for COVID-19 response or new activities), include violence prevention and response activities.

- Contact FHI 360 CMS to explore donors' new guidelines related to the reallocation of funds to respond to the COVID-19 pandemic.
- When preparing requests to donors to support COVID-19 emergency response programming, include funding to support increased violence prevention, mitigation, and response interventions, where possible.

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- Explore the reallocation of project funds with your AOR/COR to incorporate recommended activities, where possible.
 - Include violence prevention and response activities in any new funding request, drawing upon information gathered about needs and service gaps.

Action #7: Explore innovative ways to help people stay connected and to decrease isolation.

- Build on existing informal networking, connections and relationships with community groups, such as youth groups, religious and traditional leaders, to raise awareness of and knowledge among community members about how victims and survivors can access support services.
- Explore technologies and platforms that can provide support to those in quarantine to access remote and online violence prevention and response services. Build on existing initiatives that provide online support for legal aid or psychosocial support, noting the gender disparities in access to technology. [8]
- Support the creation of WhatsApp groups, voice calls, SMS and other virtual platforms – building in protections to ensure that these platforms do not put people at increased risk of harm. [44] The following tips were included in guidance developed by FHI 360's EpiC team and can help all FHI 360 program participants stay safe during remote/virtual communications with others: [37]
 - o Before starting a call/chat/remote interaction, ask what types of information are okay to talk about during the interaction. For example, can they speak without being overheard?
 - o Help program participants delete call/chat/interaction records when an interaction is complete in case others use the same technological equipment.
 - o Help program participants decide on a safe location in their home for remote conversations (e.g., a room where water can run to drown the sound of a conversation or where they are less likely to be observed.)
 - o If program participants disclose that they are not safe in their location or they do not have privacy, decide together on a word that they could text you that alerts you of their urgent need for help.
 - o Help participants create a phrase that can let you know that someone else has entered the room. For example, if someone suddenly enters, a program participant could say, "How has your grandmother been?" which would alert you to begin to talk about other topics or to wrap up the call.

Action #8: Disaggregate data related to the COVID-19 outbreak by sex, age, and disability.

- Data related to the COVID-19 pandemic and the implementation of the emergency response services must be disaggregated by sex, age, and disability and then analyzed to understand the localized differences in exposure and treatment and to design differential preventive measures. [45, 46]
- Monitoring and evaluation should include gender-focused indicators for different types of violence.
- Data collectors should include men, women, and individuals with other gender identities [12]
- Refer to new guidance from "[UN Women and WHO, "Violence Against Women and Girls: Data Collection during COVID-19."](#) [18]

FHI 360'S RESPONSIBILITY FOR SAFEGUARDING PROGRAM PARTICIPANTS

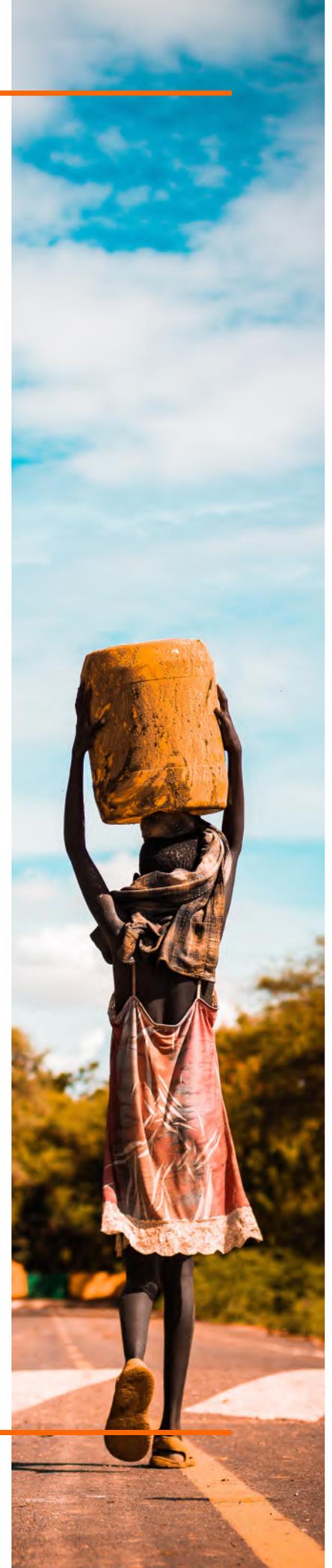
How can you promote safeguarding of program participants during the COVID-19 pandemic?

In times of crisis, due to strained infrastructures, limited resources, and diminished systems to protect vulnerable populations, there is also an increased risk of sexual exploitation and abuse (SEA), child harm, and trafficking in persons involving the people we support through our programs –committed by humanitarian and development workers. SEA happens when a position of power is used for sexual purposes against a program participant or community member. In particular, the risks for children and other vulnerable groups are often exacerbated. For example, if parents and caregivers are forced to self-isolate or are hospitalized, the risk of exploitation for children may increase. For some children and youth, this may result in harmful coping mechanisms such as early marriage, forced labor, trafficking and/or transactional sex. Humanitarian and development workers should be mindful of the increased risk to program participants, particularly more vulnerable groups, during the COVID-19 pandemic, know what signs of abuse to look for, and champion the rights of at-risk groups in all settings. We want to remind our staff, volunteers, and partners about FHI 360's commitment to protecting program participants from harm - by FHI 360 staff, volunteers, and partners. It's important that we all have heightened awareness during these difficult times and double-down on our efforts to ensure that program participants understand their rights, how to make a report if they are harmed, and how to access available support. [47]

Ensure inclusive and gender-balanced programming, including having diversity among workers involved in the distribution of commodities and the delivery of services, including remote services.

Ensure program participants are aware of how to make a report if they are harmed by FHI 360 staff, volunteers, or partner staff. Ensure that [FHI 360's hotline poster](#) is posted and visible at all work sites, and information about how to make a report is communicated during remote interactions with program participants (e.g., WhatsApp chats, SMS, phone). International calling numbers for the confidential hotline can be accessed [here](#). Refer to this Guidance Note on "[How to communicate safeguarding and PSEA messages to communities during COVID-19](#)," developed by a collaboration of BOND PSEA and safeguarding specialists, for guidance on how to create community-informed safeguarding messages to share with program participants. [47]

Establish and/or coordinate with any existing community-based reporting/feedback mechanisms that are confidential and accessible to program participants, where information can get back to FHI 360 about possible cases of exploitation and abuse. Ensure that these systems are still in place and that there is a system in place for retrieving/receiving complaints from existing community-based reporting mechanisms.



Ensure program participants are aware of available resources for medical, psychosocial, legal and emergency shelter services and know how to access them in case they are harmed. Ensure staff, volunteers, and partner staff are aware of updated referral pathways and share these updated resources with program participants during in-person and remote interactions.

Refer victims and survivors of trafficking in persons to resources: FHI 360 refers survivors of trafficking to local medical, psychosocial, and legal services, where available, and seeks country-specific counter-trafficking organizations by consulting <https://globalmodernslavery.org>. Additional referral options include:

1. The Global Human Trafficking Hotline at +1-844-888-3733 or help@befree.org
2. (U.S. only) The National Human Trafficking Hotline: 1-888-373-7888 or text HELP to 233733 (BEFREE)

Refresh FHI 360 staff, volunteers, and partner staff knowledge about FHI 360's safeguarding policies (fhi360.org/about-us/compliance-office) and the **core safeguarding principles** below.

1. **SEA are acts of serious misconduct** and grounds for disciplinary action, including termination of employment or contract and criminal proceedings.
2. **Exchange of money, employment, goods, assistance or services for sex, including sexual favors** or any form of humiliating, degrading or exploitive behavior are prohibited conduct.
3. **Sexual activity with children (anyone under the age of 18) is prohibited conduct** regardless of the age of consent or majority locally. Mistaken belief in the age of a child is not a defense.
4. **FHI 360 personnel and partners have an obligation to report** any suspected, observed, or known acts of SEA, child harm, or trafficking involving program participants within 24 hours, either orally or in writing, to one of the following:
 - o Immediate supervisor, manager or supervisor of another department
 - o Local, regional or Department's Human Resources (HR) representative
 - o Headquarters (HQ) HR: Useetha Rhodes, URhodes@fhi360.org or Pam Myers, PMyers@fhi360.org
 - o Office of Compliance & Internal Audit (OCIA): Compliance@fhi360.org or OCIA Hotline +1 720 514 4400
 - o OCIA's reporting website either with your name or anonymously <http://www.fhi360.org/anonreportregistry>.

FHI 360 supervisors or personnel who hold a position at director level or above are required to notify the Office of Compliance and Internal Audit (OCIA) or HQ Human Resources within 24 hours, of any actual or suspected harm against program participants by FHI 360 staff, volunteers, or program partners that is reported to them, or they observe or otherwise become aware of.

5. **FHI 360 protects people who report** harm against program participants and/or participate in investigations of misconduct through its [Open Door and No Retaliation Policy](#).
6. **All FHI 360 personnel are responsible for creating and maintaining an environment that prevents harm against program participants.** Managers at all levels have responsibilities to support and develop systems that maintain safe environments.



Determine if an Inter-Agency PSEA Network exists in your local context, and if so, connect with this network to share information and resources related to safeguarding program participants. If a network does not exist, identify and coordinate with other relevant networks (e.g., Child Protection or GBV working groups).

Commit to protecting program participants by not engaging in prohibited conduct, including:

- o Not having unethical or exploitative sexual relationships with any program beneficiary.
- o Not using force or coercion to touch, kiss, or have sexual contact with any program beneficiary.
- o Not soliciting any money or favors of any kind, including sexual favors, from any beneficiary as a requirement to access services/materials under any FHI 360 project.
- o Not paying for sex or sexual favors. This includes, but is not limited to, paying for sex or sexual favors with money, employment, goods, or services — including those intended to help people in need.
- o Not using promises of help, money, or employment to make other people accept any kind of sexual conduct or behavior that abuses, humiliates, degrades, or exploits them.
- o Not taking photographs that are sexual in nature (including degrading or nude photographs).
- o Not engaging in any of the prohibited behaviors even when a beneficiary initiates the conduct.
- o Not engaging in behaviors that abuse, exploit, or neglect any child at any time in any situation.
- o Not engaging in trafficking in persons or any trafficking-related activity as described in [FHI 360's Combating Trafficking in Persons Policy](#).
- o **Engaging in any of the above behaviors is a violation of FHI 360 policies and is grounds for termination of employment, contract, or other FHI 360 partnership.**

Contact FHI 360's Senior Technical Advisor for Safeguarding, Kim Dixon, for additional information or support: kdixon@fhi360.org

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