14TH AUGUST 2026

MALARIA CONSORTIUM

REQUEST FOR PROPOSAL (RFP) FOR CONDUCTING FORMATIVE ASSESSMENT AND IMPLEMENTATION DESIGN FOR THE DIFFERENTIATED SEASONAL MALARIA CHEMOPREVENTION (SMC) DELIVERY MODELS IN NIGERIA. REFERENCE NO.: MC-2026-SMC-FORMATIVE RESEARCH IN NIGERIA

SPECIFICATIONS AND INSTRUCTIONS TO BIDDERS

Malaria Consortium

Malaria Consortium is one of the world's leading non-profit organisations dedicated to the comprehensive control of malaria and other communicable diseases in Africa and Southeast Asia. Malaria Consortium works with communities, government and non-government agencies, academic institutions, and local and international organisations, to ensure good evidence supports delivery of effective Research, providing technical support for monitoring and evaluation of programmes and activities for evidence-based decision-making and strategic planning. The organisation works to improve not only the health of the individual, but also the capacity of national health systems, which helps relieve poverty and support improved economic prosperity.

Malaria Consortium is committed to obtaining fair value for Research, with competitive pricing and timely delivery of the right quantities and quality.

Administrative Information

1. It is the intent of this RFP to secure competitive proposals from research institutions/firms with experience in public health qualitative research, especially formative assessment, to carry out a formative assessment and implementation design for the differentiated seasonal malaria chemoprevention (SMC) delivery model in Nigeria.

2. This RFP includes:
- The Request for Proposal (RFP)
- The Bidder Response Document (BRD)
- Annex 1- ToR for formative assessment and implementation design for the differentiated SMC delivery model in Nigeria

3. Vendors shall submit offers electronically to *tenders@malariaconsortium.org* and in the subject field state the following: **MC-NG-2026-SMC Formative Research In Nigeria**

4. All attachments within email should be submitted in the following format: **Name of your firm** with the title of each attachment submitted. See example below:
   - e.g. Malaria Consortium –Bidder response document
   - e.g. Malaria Consortium - Tax clearance certificate

- e.g. Malaria Consortium - Letter of sound financial standing

5. Questions must be sent by email to tenders@malariaconsortium.org with the following bid reference in the subject: **"MC-NG-2026-SMC Formative Research In Nigeria – Question"**. Responses to requests for clarification shall not materially change any of the elements of the proposals submitted. Unsolicited communications from Tenderers will not be entertained during the evaluation period. All questions must be submitted by **21st of August 2026.**

6. Bids must be received by Thursday, **27th of August 2026, at 17:00 (5pm) WAT.** Bids received after the deadline will **NOT** be accepted.

7. Malaria Consortium shall notify the winning bidders in writing. Malaria Consortium is under no responsibility to release the identity or contract terms of the winning vendor.

8. The submitted proposal shall include the following information. Failure to supply all requested information or comply with the specified formats will disqualify the bidder from consideration.

    i) Completed Bidder Response Document (BRD) with pricing proposal inclusive (BRD section 4).

    ii) Signature to confirm compliance with Malaria Consortium's Policies (BRD section 5)

    iii) Copy of business registration documents (proof of legal operation in the country of registration).

    iv) Bank reference (letter of sound financial standing for this purpose)

    v) Submission of Tax Clearance Certificates for the last three years (2023 - 2025)

    vi) Submission of active tax identification number

9. Malaria Consortium reserves the right to accept or reject any or all bids, and to accept the bid deemed to be in the best interest of Malaria Consortium and is not bound to accept the lowest priced bid submitted.

10. The selection process will include three stages.

11. The first stage will involve shortlisting bidders based on details outlined in sections 1, 2, 3 of their BRD submission to this RFP.

12. Shortlisted bidders will have their financial proposal evaluated based on section 4 (financial criteria) of their BRD, resulting in further shortlisting.

13. Final shortlisted bidders will be invited to present their approach (potentially to be done virtually) following which a final decision will be made.

14. The resulting contract will be exclusively for the period indicated in the timeline as outlined in section 21, with the possibility to extend based on mutual agreement.

15. Malaria Consortium reserves the right to award contracts to multiple vendors if deemed to be in its best interest. Malaria Consortium is under no obligation to release the identity or purchasing terms of the winning bidder.

16. The award criteria shall be based on the proposal's overall response and "value for money" while taking into consideration donor and internal requirements and regulations. The award will be determined by a committee of Malaria Consortium employees.

17. The successful vendor shall receive a contract for the period of the Research required, which can be extended upon agreement by both parties.

18. The language for communications and required documents is English.

Technical Requirements & Specifications (see attached Terms of Reference and for Enumeration Areas, consult "National Population Commission Document on the Classification of Enumeration Areas")

SCOPE

19. This formative assessment for this consultancy consists of three interrelated components: feasibility and acceptability research and rapid human-centred design. The geography, method and expected knowledge output for each formative assessment component are summarised in Table 1.

Table 1: Overview of the formative assessment components

Component	Geography	Method	Knowledge output
Feasibility and acceptability	Nomadic, urban-urban, security compromised, urban slum, hard-to-reach, migrant settlements	• KIIs (national and state / LGA MoH) • FGDs (Supervisors, Distributors, caregivers)	Acceptability, barriers and enablers identified for the delivery models with considerations based on the socio-ecological model
Rapid human centred design	Nomadic, urban-urban, security compromised, urban slum, hard-to-reach, migrant settlements	• Human Centred Design incorporating participatory human centred design sessions in each location with: 1. Caregivers 2. Community distributors, supervisors	Minimum viable support package

20. The knowledge outputs from these components will be used to define a set of differentiated SMC delivery models suitable for proof-of-concept testing, including their target populations, implementation contexts, and minimum support packages. These models will be refined and validated through national- and sub-

national-level stakeholders' engagement, and used to establish key design parameters for a phase 2 proof-of-concept trial.

21. Feasibility and acceptability

a. Data collection/qualitative interviews

i. This component will take place in Nigeria, engaging stakeholders at national, implementation, and community levels through key informant interviews and focus group discussions, to understand the feasibility and acceptability of differentiated SMC delivery among key target populations in Nigeria (Nomadic, urban-urban, security compromised, urban slum, hard-to-reach, migrant settlements).

ii. Key informant interviews will be conducted with national-level stakeholders, including National Malaria Elimination Programme (NMEP), other relevant government bodies, implementing partners, and other national-level figures with direct involvement in SMC planning, delivery, and decision-making.

iii. Focus group discussions will take place within key target populations (Nomadic, urban-urban, security compromised, urban slum, hard-to-reach, migrant settlements), at both implementation level (community distributors and supervisors) and community level (caregivers/community representatives).

b. Sampling for qualitative interviews

i. Information-rich individuals involved in the planning, management, and/or delivery of SMC will be interviewed at the national level in Nigeria. These individuals will be identified through a pre-determined participation programme, consisting of pre-defined job titles associated with SMC planning and decision-making at national level, including NMEP staff, other relevant government bodies, and implementing partners. We will conduct up to 10 interviews at national level, with flexibility in line with data saturation. Data saturation will be achieved when the operational and decision-making mechanisms relevant to differentiated SMC delivery have been exhaustively discussed to the point of repetition.

ii. Community distributors and supervisors will be recruited at implementation level within the key target populations. These individuals will be identified with support from local SMC implementation teams. We will conduct up to four FGDs per target population, two with community distributors and two with supervisors, totalling eight FGDs per population, with 6-8 participants per FGD (up to 96 participants).

iii. Caregivers will be purposively sampled through community entry points (e.g. community distributors, health facility staff, community leaders), and will include caregivers of SMC-eligible children resident in the target population area since at least six months. Sampling will include caregivers within the target population who have and have not taken up SMC through the current delivery model, to capture a range of experience relevant to feasibility and acceptability. FGDs will be split by gender, with separate groups for male and female caregivers. Up to four FGDs per target population (two male, two female), totalling eight FGDs per population will be conducted with 6-8 participants per FGD (up to 96 participants).

c. Selection of participants for the differentiated SMC delivery models design

Participants will be drawn primarily from Component 2, using the consent to be recontacted recorded at that stage, with a proportion recruited afresh to test whether the propositions make sense to people meeting them for the first time. Each workshop will comprise four separate groups of six participants: female caregivers, male caregivers, community distributors, and supervisors. This will give a maximum of 24 participants per workshop per population, and a maximum of 144 participants (for six populations) depending on the number of target populations that are

covered. The same participants will be invited to the second workshops. Caregiver groups will additionally consider who authorises participation, administers doses, stores the medicine and remembers the next cycle. Recruitment will take account of the design activities, which ask participants to work through operational sequences and propose solutions; materials and facilitation will be designed so that no activity requires reading or writing. A maximum of ten programme and policy stakeholders in Nigeria will take part in the final session, giving a maximum of 60 participants.

The sampling for the feasibility is summarised in Table 2.

Table 2: Summary of participant sampling for Component 2 (feasibility and acceptability)

Level	**Participant group**	**Method**	**No. interviews/FGDs**
National	SMC planning/management /delivery stakeholders (NMCP, government bodies, implementing partners)	KII, identified via pre-determined participation programme	Up to 10 interviews
	Community distributors	FGD, identified with support from local SMC implementation teams	2 FGDs per target population (12 total)
	Supervisors	FGD, identified with support from local SMC implementation teams	2 FGDs per target population (12 total)
	Caregivers (male)	FGD, purposively sampled via community entry points	2 FGD per target population (12 total)
	Caregivers (female)	FGD, purposively sampled via community entry points	2 FGD per target population (12 total)

d. Data analysis for the qualitative interviews

i. To facilitate refinements and delivery of the subsequent rapid human centred design, initial analysis will follow a rapid qualitative assessment approach, utilising a table-based method structured around RREAL Summary Sheets to rapidly synthesis emerging findings during the field work.
ii. Subsequently, all data will be transcribed verbatim and, where required, translated into English. Thematic analysis of dataset will be used to inductively and deductively identify themes and sub-themes. Distinct analysis will be conducted for each population groups targeted in Nigeria, with analysis by delivery model explored where the data allows.

e. Data analysis for the differentiated SMC delivery models design

i. Rapid framework analysis will be used. A matrix prepared in advance from the design specification will have rows for the behaviours, barriers and resources identified, and columns for each model, target population and participant group. Facilitators will complete structured debriefs within 24 hours of each workshop, and workshop outputs will be photographed and charted into the matrix.
ii. Charting will be done in two stages: material from the first workshops will shape prototyping and the provisional pathway required to inform the subsequent cost optimisation and scenario modelling, with the second workshops and the final session added to produce the complete model refinements and behavioural support package.

f. Expected output from the qualitative interviews

i. Findings reports will be generated for Nigeria, presenting the themes and sub-themes that emerged in relation to feasibility and acceptability of differentiated SMC delivery among each target populations in Nigeria.
ii. These findings will directly inform Component 3, rapid human centred design, by identifying key barriers, facilitators, and preferences relevant to delivery model design.

g. Expected output from the differentiated SMC delivery models design workshop

i. The rapid human centred design will produce a specified operational pathway for each model and target population, with the support package that enables it and the resource schedule needed for costing, together with the prototypes and a record of what programme and policy stakeholders said would need to change. Findings will be triangulated with the other components to inform the Phase 2 design parameters.

h. SPECIFIC ACTIVITIES:

22. Adhering to all protocols, guides and procedures outlined by Malaria Consortium, the consultant will:

- Organise and conduct key informant interviews (KIIs) with stakeholders working in SMC at the national and state/LGA level.
- Organise and conduct focus group discussions (FGDs) with SMC staff (supervisors and community distributors), as well as community members (caregivers/community representatives) in the identified locations and population groups.
- Lead the participant information and informed consent process for all study participants.
- Ensure secure storage and management of all study data and adherence to approved ethical, confidentiality, and data protection requirements throughout the consultancy.
- Ensure transcription and, where needed, translation of all KIIs and FGDs into English including check for quality assurance.
- Develop and refine a qualitative codebook, ensure inter-coder reliability through quality assurance processes, code qualitative datasets, and conduct thematic analysis of the data.
- Organise and lead participatory behavioral co-design workshops with caregivers and community distributors to inform a minimum viable support package in the identified locations and population groups.
- Write the technical reports based on the findings from Component 1 and 2 activities.

i. EXPECTED OUTPUTS:

- Transcribed and translated qualitative datasets (Component 2).
- Final codebook/coding framework used for qualitative analysis (Component 2).
- Written report of the findings from the qualitative inquiry into the feasibility and acceptability of differentiated SMC delivery models (Component 2).
- Written report of the findings from the behavioural design exploration, including the minimum viable support package (Component 3).

j. REPORTING:

23. The consultant(s) will work in close collaboration with the Malaria Consortium Project team and report directly to the Country Research & Knowledge Management Specialist. Progress updates must be

provided on a weekly basis throughout the duration of the consultancy, including the submission of draft outputs and all other materials to Malaria Consortium staff upon request.

24. The consultant(s) will securely transfer study data and associated materials to Malaria Consortium on a regular basis throughout the consultancy (at a minimum on a weekly basis, or more frequently as agreed), to ensure secure storage, oversight, and continuity of access to study data.

25. The consultant(s) will be responsible for securely transferring all study data to Malaria Consortium at the end of the contract period. This includes, but is not limited to, KII and FGD recordings, transcripts, translations, consent forms, field notes, codebook, and analysis files. No study data may be retained by the consultant(s) following completion of the contract, nor may study data be shared with any individual or organisation outside the approved study team within Malaria Consortium at any time. All study data remain the property of Malaria Consortium.

26. The language of all communication and documentation will be English.
27. Timeline of activities

Activity timeline

Total number of contract days (all consultants combined): 42.
Duration: Three (3) months
Period: 14th August 2026 to 30th November 2026
Deliverables:

Deliverable	Activities	Output	No. Of Days	Timeframe
Component 2: Qualitative Feasibility and Acceptability Inquiry completed and report available	Conduct KIIs and FGDs, manage consent processes, oversee transcription/translation, conduct thematic analysis	Feasibility and acceptability assessment findings report, including barriers and and enablers for differentiated SMC delivery models	32	Sept–Oct 2026
Component 3: rapid human centered design completed with a report shared	Organise and facilitate human centered design with caregivers and community distributors, analyse findings, define minimum viable support package	Behavioural design exploration findings report, including minimum viable support packages for differentiated SMC delivery models	10	Oct-Nov 2026

2. Expected Output/deliverables

This study will provide valid and relevant information for future decision-making.

a. Transcribed and translated qualitative datasets (Component 2).
b. Final codebook/coding framework used for qualitative analysis (Component 2).
c. Written report of the findings from the qualitative inquiry into the feasibility and acceptability of differentiated SMC delivery models (Component 2).
d. Written report of the findings from the behavioural design exploration, including the minimum viable support package (Component 3).
e. pages and annexes.

23. Financial Proposal

The financial proposal must contain an overall quotation in **Naira (NGN)** for the Research to be provided, with a breakdown as detailed as possible and practicable. (Section 4 of BRD)

Prices quoted must include everything necessary for the complete execution of a contract. Charges for items not identified in the proposal will be borne by the respondent.

Note:

- All costs for proposal preparation cannot be reimbursed as a direct cost of the assignment

Financial bid must have the following components

a. Detailed budget for central personnel shared equally across the thirteen states.
b. Detailed budget for joint/central activities shared equally across the thirteen states.
c. Detailed budget for field activities for each state

Note: A Summary should be presented capturing the details in the financial bid.

24. Contract Payment Terms

- Malaria Consortium will make payment thirty (30) days after presentation of certificate of completion and invoice based on completed stages or milestones as agreed in the final contract.
- Malaria Consortium is a VAT exempted organization however, is mandated to charge Withholding tax and remit same to the relevant tax authority.
- All payments shall be made in Nigeria Naira by bank transfer.
- The evaluation criteria as outlined in clause 24 will be used to evaluate bids.
- Financial bids must be presented with clear budgets and cost analysis by States. Costs for central/joint activities and tasks must be shared equally among the states. The States are Bauchi, Borno, FCT, Kebbi, Kogi, Nasarawa, Oyo, Plateau and Sokoto.

25. RFP Evaluation Criteria

For the proposal to be considered technically compliant, the proposer must achieve a minimum score of 70%. Proposals, which do not meet the minimum score will be given no further consideration. In addition, clarity and completeness of presentation will be considered during the evaluation.

Mandatory Criteria	Scoring %
28. pricing proposal inclusive (BRD section 4). i. Signature to confirm compliance with Malaria Consortiums Policies (BRD section 5) ii. Copy of business registration documents (proof of legal operation in the country of registration). iii. Bank reference (letter of sound financial standing for this purpose) iv. Submission of Tax Clearance Certificates within the last three years.	
Technical Criteria	
Company Experience (Section 1-2 of BRD) • Range and depth of company experience (proof of similar Research rendered); a minimum of three. • Relevant client reference to similar contracts; a minimum of three • Proof of Resources available to deliver (personnel strength) by submission of CVs of key personnel according to roles to be played.	20%
Understanding of, and responsiveness to Malaria Consortium's requirements (Section 3 in the Bidder Response Document (BRD)- Service Specific questions.	30%
Online/Physical Presentation of a technical proposal to show understanding of Malaria Consortium's requirements	40%
Financial Competitiveness	
The financial proposal must be based on the details outlined in clause 23 of the RFP and clearly inserted in section 4 of the BRD.	10%

Malaria Consortium Terms and Conditions of Purchase

1 Definitions and Interpretation

These terms and conditions ("**Conditions**") form part of the contract between the Service Provider ("**Service Provider**") and Malaria Consortium (the "**Customer**"), in relation to the purchase order ("**Order**") (the Order and the Conditions are together referred to as the "**Contract**"). Terms not otherwise defined herein shall have the meaning given to them in the applicable Order.

2 Quality and Defects

2.1 The Service and the Research shall, as appropriate:

a) correspond with their description in the Order and any applicable specification;

b) comply with all applicable statutory and regulatory requirements;

c) be of the highest quality and fit for each purpose held out by the Service Provider or made known to the Service Provider by the Customer;

d) be free from defects in design, material, workmanship and installation; and

e) be performed with the best care, skill and diligence in accordance with best practice in the Service Provider's industry, profession or trade.

2.2 The Customer (including its representatives or agents) reserves the right at any time without the provision of prior notice to audit the Service Provider's records, inspect work being undertaken in relation to the supply of the Service and Research and, in the case of Service, to test them.

3 Ethical Standards

3.1 The Service Provider shall observe the highest ethical standards during the performance of its obligations under this Contract including international labour standards promoted by the International Labour Organisation including in the areas of child labour and forced labour.

3.2 The Service Provider, its Service Providers and sub-contractors shall comply with all environmental, public health & safety, and product safety statutory and regulatory requirements and standards, shall not in any way be involved in (a) the manufacture or sale of arms or have any business relations with armed groups or governments for any war related purpose; or (b) terrorism and shall check its staff, Service Providers and sub-contractors against the following sanctions lists: UK Treasury List, EC List, OFAC List and US Treasury List and comply with all regulatory requirements relating thereto.

3.3 The Service Provider shall comply with the following Customer Policies, which are available upon request: Child Safeguarding and Anti-Bribery. ***[Note: query whether these should be defined]***

4 Delivery / Performance

4.1 The Service shall be delivered to, and the Research shall be performed at the address and on the date or within the period stated in the Order, and in either case during the Customer's usual business hours, except where otherwise agreed in the Order. Time shall be of the essence in respect of this Condition 4.1.

4.2 Where the date of delivery of the Service or of performance of Research is to be specified after issue of the Order, the Service Provider shall give the Customer reasonable written notice of the specified date.

4.3 Delivery of the Service shall take place and title in the Service will pass on the completion of the physical transfer of the Service from the Service Provider or its agents to the Customer or its agents at the address specified in the Order.

4.4 Risk of damage to or loss of the Service shall pass to the Customer in accordance with the relevant provisions of Incoterms rules as in force at the date the Contract is made or, where Incoterms do not apply, risk in the Service shall pass to the Customer on completion of delivery. ***[Note: need to specify an Incoterm in the Purchaser Order if this is to work.]***

4.5 The Customer shall not be deemed to have accepted any Service or Research and shall retain its right to reject such Service and Research until the Customer has had reasonable time to inspect them following delivery and/or performance by the Service Provider.

4.6 The Customer shall be entitled to reject any Service delivered or Research supplied which are not in accordance with the Contract. If any Service or Research are so rejected, at the Customer's option, the Service Provider shall forthwith re-supply substitute Service or Research which conform with the Contract. Alternatively, the Customer may cancel the Contract and return any rejected Service to the Service Provider at the Service Provider's risk and expense and the Service Provider shall repay to the Customer any amount paid in relation to such Service or Research.

5 Indemnity

The Service Provider shall indemnify the Customer in full against all liability, loss, damages, costs and expenses (including legal expenses) awarded against or incurred or paid by the Customer as a result of or in connection with any act or omission of the Service Provider or its employees, agents or sub-contractors in performing its obligations under this Contract, and any claims made against the Customer by third parties (including claims for death, personal injury or damage to property) arising out of, or in connection with, the supply of the Service or Research or a breach of Clause 2.

6 Price and Payment

Payment in arrears will be made as set out in the Order and the Customer shall be entitled to off-set against the price set out in the Order all sums owed to the Customer by the Service Provider.

7 Termination

7.1 The Customer may terminate the Contract without liability to the Service Provider in whole or in part at any time and for any reason whatsoever by giving the Service Provider at least one month's written notice.

7.2 The Customer may terminate the Contract with immediate effect by giving written notice to the Service Provider and the Service Provider shall pay to the Customer any losses (including all associated costs, liabilities and expenses, including legal costs) incurred by the Customer as a consequence of such termination and/or breach from the Service Provider at any time if the Service Provider:

a) becomes insolvent, goes into liquidation, makes any voluntary arrangement with its creditors, or becomes subject to an administration order or other similar bankruptcy process;

b) is in material breach of its obligations under the Contract; or

c) is in breach of any of its obligations and fails to remedy such breach within 14 days of written notice to remedy from the Customer.

7.3 In the event of termination, all existing purchase orders must be completed.

8 Service Provider's Warranties

8.1 The Service Provider warrants to the Customer that:

a) it has all necessary internal authorisations and all authorisations from all relevant third parties to enable it to supply the Service and the Research without infringing any applicable law, regulation, code or practice or any third party's rights;

b) it will not and will ensure that none of its employees will accept any commission, gift, inducement or other financial benefit from any Service Provider or potential Service Provider of the Customer; and

c) the Research will be performed by appropriately qualified and trained personnel, with the best care, skill and diligence and to such high standard of quality as it is reasonable for the Customer to expect in all the circumstances.

9 Force majeure

9.1 Neither the Service Provider nor the Customer shall be liable for any failure or delay in performing its obligations under the Contract to the extent that such failure or delay is caused by an event that is beyond that party's reasonable control and was not reasonably foreseeable at the date of the Order (a "**Force Majeure Event**") provided that the Service Provider shall use best endeavours to cure such Force Majeure Event and resume performance under the Contract.

9.2 If any Force Majeure Event prevents the Service Provider from carrying out its obligations under the Contract for a continuous period of more than 14 days, the Customer may terminate the Contract immediately by giving written notice to the Service Provider.

10 General

10.1 The Service Provider shall not use the Customer's name, branding or logo other than in accordance with the Customer's written instructions or authorisation.

10.2 The Service Provider may not assign, transfer, charge, subcontract, novate or deal in any other manner with any or all of its rights or obligations under the Contract without the Customer's prior written consent.

10.3 Any notice under or in connection with the Contract shall be given in writing to the address specified in the Order or to such other address as shall be notified in writing from time to time. For the purposes of this Condition, "writing" shall include e-mails and faxes.

10.4 If any court or competent authority finds that any provision of the Contract (or part of any provision) is invalid, illegal or unenforceable, that provision or part-provision shall, to the extent required, be deemed to be deleted, and the validity and enforceability of the other provisions of the Contract shall not be affected.

10.5 Any variation to the Contract, including the introduction of any additional terms and conditions, shall only be binding when agreed in writing and signed by both parties.

10.6 The Contract shall be governed by and construed in accordance with English law. The parties irrevocably submit to the exclusive jurisdiction of the courts of England and Wales to settle any dispute or claim arising out of or in connection with the Contract or its subject matter or formation.

10.7 A person who is not a party to the Contract shall not have any rights under or in connection with it.

Anti-Bribery Policy

1. Purpose and context

Malaria Consortium's policy is to conduct its work in an honest and ethical manner. Malaria Consortium, wherever it operates, takes a zero-tolerance approach to bribery and is committed to ensuring that its employees act professionally, fairly and with integrity in all dealings wherever Malaria Consortium operates. This is to ensure that the organisation benefits from a valued reputation, and donor and partner and beneficiary confidence.

2. Principles

Malaria Consortium is committed to implementing and enforcing effective systems to counter bribery.

3. Scope

This policy applies to all individuals in the organisation, including trustees, senior managers, employees (whether permanent, fixed term or temporary), volunteers and interns, consultants, partners and any other person or organisation providing Research to Malaria Consortium whether paid or unpaid.

All employees will be trained on this policy on joining the organisation as part of their finance induction. They will be asked to sign that have read, understood and agree to abide by its content. All other persons associated with the organisation will be informed of this policy through their contractual arrangements. For existing employees and associated persons the policy is to be communicated via the Country Director, the Regional Programmes Director in the regions and the Financial Controller in each country.

4. Definition and terms

What is a bribe?

A bribe is a financial or other advantage offered or given:

- To anyone to persuade them to or reward them for performing their duties improperly or;
- To any public official with the intention of influencing the official in performance of their duties. This includes any form of gift or payment to an official in an attempt to speed up or complete a process quicker than usual. The size of the gift is irrelevant.

5. Implementation

Any individual suspected of offering, promising or giving a bribe, requesting, agreeing to receive or accepting a bribe or bribing a public official will be investigated under the organisation's disciplinary policy and if found guilty will be dismissed for gross misconduct. For any contractor found to offer, promise or give a bribe or requested or agreed to receive or accept a bribe or bribing a foreign public official, will have their contract terminated immediately, all business dealings will cease and financial compensation will be sought and it will be reported to the authorities as required by the Act.

If any individual is confronted with a request to make a bribe, individuals are to present a copy or explain this Anti-Bribery Policy and must not agree to the bribe in any circumstances. All vehicles should carry a copy of the policy for this purpose.

Gifts and hospitality

This policy does not prohibit the giving and receiving of promotional gifts of low value and normal and appropriate hospitality. Low value gifts are defined as those below GBP 5.00 or currency equivalent. Gifts and hospitality may amount to bribery; therefore these must not be offered or given with the intention of persuading anyone to act improperly or to influence a public official in the performance of his duties. Any gifts or hospitality offered must be reported to the Country Finance Manager before acceptance and instruction given to the individual on whether or not the gift is to be accepted.

Any offer or promise must be documented, whether it is approved or not by the Country Finance Manager on the register of interest and gifts for the country. Malaria Consortium does not give out gifts, although within projects, some activities, such as low cost incentives to voluntary workers, may be acceptable. These must be within the original project and its budget as agreed with the donor.

The register will be accessible by the Country Director, internal and external auditors and to regional and HQ staff performing checks on visits to the country.

Facilitation payments and kickbacks

Malaria Consortium does not make, and will not accept, facilitation payments or "kickbacks" of any kind. Facilitation payments are typically small, unofficial payments made to secure or expedite a routine government action by a government official, for example to clear Service or persons through customs. Kickbacks are typically payments made in return for a business favour or advantage, for example, to reduce delivery time on Service and Research. All employees must avoid any activity that may lead to, or suggest, that a facilitation payment or kickback will be made or accepted on behalf of Malaria Consortium.

Donations

Malaria Consortium does not make contributions of any kind to political parties.

Financial Systems

Malaria Consortium will keep financial records and ensure appropriate internal controls are in place to ensure there is an evidence trail for any payments made to third parties, in order to prevent corrupt payments taking place.

All expense claims relating to hospitality, gifts or expenses incurred to third parties must be submitted in accordance with the financial procedures and must specifically record the reason for the expenditure.

All accounts, invoices, memoranda and any other documents and records relating to dealings with third parties, such as clients, Service Providers and other business contacts, must be prepared and maintained with strict accuracy and completeness. No accounts must be kept "off-book" to facilitate or conceal any payments.

Whistle Blowing

Employees are encouraged to raise concerns about any issue or suspicion of malpractice at the earliest possible stage in accordance with Malaria Consortium's Whistle Blowing Policy. Malaria Consortium will apply criminal and administrative sanctions in a robust manner to demonstrate a zero tolerance to bribery.

Monitoring

The effectiveness of this policy will be regularly reviewed by the Board of Trustees and internal control systems and procedures will be subject to audit under the internal audit

Anti-Fraud and Anti-Corruption Policy

1. Purpose and context

The aim of Malaria Consortium's fraud and anti-corruption policy is to minimise fraud through a series of measures, including clear policies and processes, regular internal and external audits and training for all staff.

2. Principles

Malaria Consortium is committed to investigate any and all suspected acts of fraud, misappropriation or other similar irregularity. Detecting fraud and corruption is everyone's responsibility and if any incident or potential incident is discovered staff must report it immediately, as required by Malaria Consortium's whistle blowing policy.

3. Scope

Malaria Consortium is committed to maintaining an untainted reputation with its donors, partners, beneficiaries and vendors. All Malaria Consortium employees and service providers are under obligation to maintain integrity in all actions and must avoid circumstances that compromise their decisions or actions. All employees must ensure that the ethical business practices and interests of the organisation are observed.

It is a major violation of Malaria Consortium's policies for employees or service providers to knowingly conceal, falsify or misrepresent a material fact relating to any transaction. Misrepresentation may include but is not limited to: signing for receipt of Service or Research not yet received or completed, or altering any document to disguise or change the outcome, including the back-dating of documents. For employees proven violations will lead to disciplinary action up to dismissal from employment and legal action. For service providers proven violations will result in the immediate termination of their contract and the cessation of all business dealings.

4. Definition and terms

Fraud is defined in the Uganda Act, as false representation, failure to disclose information or abuse of position, in order to make a gain for yourself or another or to cause or expose another to a risk of loss. Fraud covers an act of deception, bribery, forgery, extortion, theft, misappropriation, false representation, conspiracy, corruption, collusion, embezzlement, or concealment of material facts.

Anti-corruption: relates to the measures taken to eradicate or prevent dishonest or fraudulent conduct.

Both corruption and fraud amount to abuse and theft. Acts of fraud and corruption include, but are not restricted to:

- Falsifying time sheets or payroll records
- Falsifying travel and entertainment expenses
- Fictitious reporting of receipts from Service Providers or shipments to customers
- Creation of false invoices or purchase orders, including the back-dating of documents
- Misappropriation of Malaria Consortium and donor equipment, resources and even data
- Misstatement of income
- Misstatement of assets

- Understatement of liabilities
- Paying bribes, that is payment to another person to induce a certain action from them, this includes payments to officials such police officers requesting unofficial payments on road blocks
- Receiving money or gifts in order to undertake a certain action for example ordering with a specific Service Provider
- Obtaining Malaria Consortium income or assets by deception
- Claiming to provide Research to beneficiaries that do not exist, and other forms of identify fraud

5. Implementation

Steps to mitigate occurrence

The organisation adopts the following anti-fraud measures to minimise its risk from fraudulent activity:

- Clear policies on the expected conduct of staff in the organisation, for example Anti-Bribery and Code of Conduct communicated as part of induction programme and updates staff in team meetings.
- Records and investigates all incidences including suspected and confirmed fraud, in line with MC Guidance on Conducting a Fraud investigation.
- Reports fraud to the police and to the Charity Commission.
- Implements robust controls and informs staff about the procedures and measures in place.
- Ensures records of all income and expenditure are kept and receipts, invoices and supporting documents are adequate.
- Checks that financial controls are not overridden, by-passed or ignored
- Reconciles bank accounts monthly and conducts spot checks
- Uses tiered delegated authority and signature levels for all payments
- Restricts and closely monitors access to sensitive information
- Implements an Internal Audit function reviewing processes and procedures on a risk basis
- Establishes clearly defined roles for staff that include segregation of duties

Malaria Consortium has a zero tolerance to fraud and corruption. Malaria Consortium will apply robust sanctions to combat fraud and corruption including disciplinary action and reporting suspected criminal activity to the police.

Safeguarding Policy

1. Purpose and context

Malaria Consortium works with communities, governments, academic institutions, and local and international organisations, to ensure effective delivery of Research. Our work often puts those that work for us in position of power in relation to children & vulnerable adults in the communities that we work with and we have an obligation not to abuse this power. Our capacity to ensure the protection of children & vulnerable adults depends on the ability of staff and partners to uphold and promote the highest standards of ethical and professional conduct.

Malaria Consortium has a strong commitment to the welfare of all beneficiaries and their protection from harassment abuse and exploitation to provide safeguards in all of our work with communities. Children and vulnerable adults in those communities can be at particular risk and, it is a collective responsibility to prevent abuse and exploitation.

In recognizing our responsibility to protect children and vulnerable adults from any harm that may be caused due to their coming into contact with the organisation, Malaria Consortium has developed a Safeguarding Policy, which outlines this commitment and its implications. This policy aims to deter, minimize and remove opportunities for abuse to occur and includes details of how any alleged breaches of the policy can be reported.

The Safeguarding Policy is accompanied by appendices containing reference information, guidelines, essential forms (e.g. Safeguarding Incident Reporting Form), and must be read in conjunction with its appendices and the Code of Conduct, Equal Opportunities Policy and Dignity at Work Policy.

This policy is aligned with general international standards including the United Nations Convention on the Rights of the Child. The organisation will comply with laws relating to human trafficking as set out in our Modern Slavery Statement. While Malaria Consortium staff and partners will comply with local legislation, if the standards outlined in this policy are stronger than local legislation, then this policy is to be followed.

The Safeguarding Policy applies to all staff members; any failure to uphold the standards outlined within the policy may result in disciplinary action or dismissal, in accordance with Malaria Consortium's disciplinary procedures. All staff members and partners; trustees, consultants, contractors, volunteers, interns, partner agencies, sub-grantees, community workers and visitors to projects are expected to abide by this policy.

2. Principles

The Safeguarding Policy is committed and guided by the following set of principles:

2.1 Mandatory Compliance

Malaria Consortium staff members and partners must ensure they understand the Safeguarding Policy, their responsibilities and how to report any wrongdoing or concerns. This policy, and its accompanying appendices are mandatory for all Malaria Consortium staff and partners and no exceptions will be made.

Malaria Consortium complies with reporting requirements from donors and relevant bodies on Safeguarding and Human Trafficking concerns.

2.2 Upholding of Protection Rights

- All children and vulnerable adults have equal rights to protection from harm. They should be empowered to understand their rights in this area, and made aware of what is acceptable and what they can do if there is a problem or concern.

- Everybody has a responsibility to support the protection of children and vulnerable adults.

- Organisations have a duty of care to children and vulnerable adults with whom they work, are in contact with, or who are affected by their work and operations.

- If working with partners, organisations have a responsibility to help any partner meet the minimum requirements on protection.

- The Human Rights of children and vulnerable adults will be respected and everyone the organisation comes into contact with will be treated with respect and dignity regardless of age, disability, gender, civil status, race, religion or belief; gender and sexual orientation.

- No form of discrimination, harassment, or abuse (physical, sexual or verbal), intimidation or exploitation is acceptable.

- The best interests of the child or vulnerable adult will guide safeguarding decisions.

2.3 Zero Tolerance of Abuse and Exploitation

- Malaria Consortium operates a zero tolerance approach to abuse and exploitation. [Under no circumstances will any abuse by Malaria Consortium staff and partners be tolerated, and any instances will be dealt with according to Malaria Consortium disciplinary procedures and referred to local authorities].

- The organisation is open and transparent. Safeguarding concerns will be raised and discussed, poor practice and inappropriate behaviour will be challenged and addressed, and safeguarding measures will be continuously reviewed and strengthened to ensure the organisation remains accountable to children and vulnerable adults.

- Managers have a particular responsibility to uphold the highest standards, to set a good example, and to create a working environment that supports and empowers staff. They have a responsibility to understand and promote the policy. They must do all they can to prevent, report and respond appropriately to any concern or potential breaches of the policy.

- Zero tolerance of inappropriate behaviour applies whether a proven incident happen in or out of working hours.

- Malaria Consortium safeguarding approach prevails in all the stages of our operations, projects and activities, thus ensuring the organisation does not harm children and vulnerable adults.

3 Scope

The policy applies to all staff and partners: Trustees, consultants, contractors, volunteers, interns, partner agencies, sub-grantees, community workers and visitors to projects. In this policy "Staff Members" is taken to refer to all these categories.

4 Definitions and terms

The following definitions will be used throughout the policy. Further definitions can be found in **Appendix I**.

Child: This policy regards a child as anyone under the age of 18 years, irrespective of alternative local definitions.

Protection: Protection includes ensuring that individual basic human rights, welfare and physical security are recognised, safeguarded and protected in accordance with international standards.

Safeguarding: safeguarding is the combination of policies and actions undertaken to protect children and vulnerable adults by mitigating risks, responding to and referring cases, to ensure no harm as a result of association with the organisation.

Sexual exploitation: Is the abuse of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another. Prostitution, human trafficking for sexual abuse, modern slavery and exploitation are only some examples of this.

Vulnerable adult: is defined as someone over the age of 18 unable to take care of themselves / protect themselves from harm or exploitation; or who, due to their gender, mental or physical health, disability, or as a result of disasters and conflicts, are deemed to be at risk of being abused.

5 Implementation

Malaria Consortium will work to reduce the risk of abuse and exploitation of children and vulnerable adults by staff and partners by following the procedures outlined below.

For each country where Malaria Consortium operates, the Country Director will act as the Safeguarding Focal point. For the UK office, the focal point will be the HR Director. The Safeguarding focal point will serve as the first point of contact for any safeguarding concerns and support staff in understanding Malaria Consortium's safeguarding responsibilities. There is a designated Trustee that acts as the organisation's Safeguarding Focal Point who oversees the implementation of this policy.

a. Prevention

5.1.1 Risk Assessment and Programme Design

Malaria Consortium will design programmes in a way which takes into account potential risks to children and vulnerable adults, and acts to minimise any identified risks. Risks can be intended or unintended, and can be from Malaria Consortium staff, volunteers, vendors, or others associated with the organisation. Risks can also be incidental, such as an activity in which mothers are expected to leave their children at home unattended. Malaria Consortium incorporates safeguarding into any standard risk assessment it conducts when designing a new project (see **Appendix III, Safeguarding Risk Assessment Checklist**). All projects approved will be assessed for their potential risks to children and vulnerable adults, and mitigation strategies developed. Project managers will be responsible for conducting a safeguarding risk assessment for each of their projects, and ensuring the policy is implemented at all times.

On completion of the **Safeguarding Risk Assessment Checklist** (**Appendix III**), the project/programme manager must liaise with the Country or Regional Director (as Safeguarding Focal person) to discuss risks and scores and a risk level must be agreed for job descriptions, please see **Malaria Consortium Safeguarding Risk Levels (Appendix II).** The Country or Regional Directors are responsible for ensuring that all job descriptions reflect the level of risk for each role and the actions that should be taken to mitigate the risk are written and approved and signed by the Regional

Programmes Director and the Human Resource Director. The allocation of the right risk level of a particular job description will be assessed as part of the job evaluation process.

5.1.2 Recruitment and Selection

The organisation has in place guidelines covering the recruitment process of all staff, which can be found in the Recruitment Policy and Procedure. The recruitment guidelines will be reviewed and updated regularly to ensure that they accurately reflect 'safe recruiting' and screening standards.

5.1.3 Checks

Malaria Consortium's recruitment policy requires that at least two independent references are received, one of which must be the most recent employer. All staff hired by the organisation will be required to complete a self-declaration regarding criminal convictions. Where possible, the organisation undertakes Disclosure Barring Service (DBS) checks, or local security checks where they exist and the organisation is legally allowed to request this information

5.1.4 Induction and Training

The organisation includes Safeguarding as part of the Induction and provides training for all staff (and those associated with the organisation's work) in order to ensure they are fully aware of their responsibilities to: protect children and vulnerable adults; behave appropriately; and report concerns or allegations about exploitation and abuse. Malaria Consortium will conduct refresher training for all staff in the Safeguarding Policy at least every two years. The Project or Programme Manager will be responsible for introducing the policy to beneficiary communities, both in writing and orally.

5.1.5 Informing Communities and receiving complaints

Each Malaria Consortium office location or project should inform communities on the conduct to expect of staff and partners of the Malaria Consortium. Considerations should be made as to how community members, including children, can raise concerns over inappropriate behaviour by staff. This could include comment boxes, regular announcements to communities in verbal, or written form, ensuring the **Safeguarding Behavioural Guide (Appendix IV)** is translated into all relevant languages and available in illustrative, low-literacy and/or a child-friendly format where possible.

5.1.6 Regulation of Communications – Use of Images and Children and Vulnerable Adults Information

Malaria Consortium recognises that children and vulnerable adults can be unintentionally put at risk through images, video, or other documentation and images. In order to minimise any risk to children, Malaria Consortium will ensure that the organisation's Photography and Film Guidelines are strictly followed. All project managers are responsible for reviewing photography and film captured during the course of their project, before they are used in the public domain, for any potential breach of the Safeguarding Policy. If in doubt about a certain image, all staff should clear any materials involving children with the Head of External Relations.

Social media

Malaria Consortium recognises that there are certain risks particular to children and vulnerable adults, which can be posed by staff using work photos on their personal social media sites. For this reason, no staff member, volunteer, trustee, agency, company or consultant employed by Malaria Consortium will not post photos relating to the

organisation's activities, on personal social media sites such as Facebook, Twitter, Instagram, without the express permission of the person whose photo has been taken. This permission must be captured in line with Malaria Consortium guidelines on filming of children and vulnerable adults in the Photography and Film Guidelines. Any photo or film taken for promotional purposes or project reporting must have informed consent from the contributor/s, obtained and recorded using the organisation's Media Consent Form.

b. Responsibilities

5.2.1 Staff and Partners

Part of safeguarding children and vulnerable adults is ensuring that all Malaria Consortium staff and partners understand clearly the behaviour that is expected of them when they come into contact with children and vulnerable adults. All staff and partners working in or visiting Malaria Consortium Programmes are expected to read and adhere to the **Safeguarding Behavioural Guide** in **Appendix IV**.

As well as adhering to the organisations Code of Conduct, all staff and those associated with the work of Malaria Consortium are expected to work within the standards outlined below. These Standards are intended to serve as an illustrative guide for staff to make ethical decisions in their professional lives, and at times in their private lives. While acknowledging that local laws and customs may differ from one country to another, these measures are based on international standards:

- Treat all children & vulnerable adults (and all beneficiaries) fairly and with respect & integrity and to be aware of the power that they can have over beneficiaries by virtue of their engagement with Malaria Consortium.
- Act in a way that seeks to care for and protect the rights of children & vulnerable adults and ensure that their best interests are paramount.
- Safeguard and make responsible use of information and resources. This includes the exercise of due care in all matters of official business, and not divulging confidential information about beneficiaries.
- Uphold the integrity of the organisation, by ensuring that personal and professional conduct is, and is seen to be, of the highest standard.
- Report any abuse by a staff member, consultant, volunteer, intern or partner to the Director or Human Resources and other appropriate authorities.
- Ensure that another appropriate adult is present when working in the proximity of children or vulnerable adults.
- Never engage in any exploitative relationships – sexual, emotional, financial or employment related – with a beneficiary. This is regardless of the local age of consent, i.e., the local or national laws of the country. Failure to report such a relationship may also lead to disciplinary action.
- Refrain from any involvement in criminal or unethical activities that contravene human rights.
- Follow the guidelines when photographing or filming a child or vulnerable adults.
- Never shortcut safe recruitment procedures

5.2.2 Management responsibilities

This Safeguarding Policy and accompanying Appendices are approved by the Board of Trustees of Malaria Consortium. The Global Management Group (GMG) oversees implementation of the policy at a global level. Regional Directors and Country Directors are responsible for ensuring that regional and country programmes are fully implementing the Safeguarding Policy.

5.3 Reporting

5.3.1 Incident Reporting

It is mandatory for any allegation, belief about or suspicion of, abuse, neglect or exploitation of a child or vulnerable adult by a Malaria Consortium staff member or partner to be reported immediately to the HR Director (or, in their absence, to the Chief Executive). The reporting may come via the Country Director if is more practicable to do so and the line manager of any member of staff accused should be kept informed.

If a beneficiary (including a child or vulnerable adult) or their carer reports an incident, they must be taken seriously and listened to carefully. Once an allegation is made there should be an immediate response that protects them from further potential abuse or victimisation. Where appropriate, the family/carers of the victim should be informed of the allegation and action proposed and they should be consulted where possible as to the process to be followed. This process will be led by the Country or Regional Director, in close liaison with the HR Director.

The procedure for reporting concerns can be found in section 6 of this document. Incidents should be detailed in the **Safeguarding Children and Vulnerable Adults Incident Reporting Form** (**Appendix V**). Beneficiaries should report their concern to a representative of the organisation and this employee will follow the internal procedure as stated in section 6.

5.3.2 Confidentiality of reporting

Reported breaches to the Safeguarding Policy will be kept confidential, and information shared only with relevant individuals. For internal cases, the following parties are likely to be informed: the HR Director, Internal Audit Manager, Chief Executive, and the Board of Trustees. Donors will be informed where there is a mandate to do so and, Trustees will report serious incidents to the Charity Commission. The name of the reporting staff member will be protected under Malaria Consortium's Whistleblowing Policy, the name of the child or vulnerable adult, their family, and community involved will be kept strictly confidential, and divulged only when absolutely necessary, and then only to relevant individuals.

5.3.3 External incidents

There may be cases when Malaria Consortium staff, volunteers and others come across incidents of abuse or exploitation which may be committed by someone not connected with Malaria Consortium, at times within beneficiary communities and at other times in the broader community. Such incidents do not constitute a breach of the Safeguarding Policy, as they have not been perpetrated by a Malaria Consortium staff member or other person or entity associated with Malaria Consortium. However, as children and vulnerable adults are beneficiaries in the communities in which Malaria Consortium works, and the health and wellbeing is of paramount concern, staff members have a moral obligation not to ignore external cases, but report to the Country Director. The Country Director will be responsible for referral to an external agency or service provider as appropriate and will also notify the HR Director and Chief Executive. There are also formal processes under USAID funding for incidents to be reported.

5.4 Breaches

Any reported breaches of the Safeguarding policy will be ultimately reported to the Chief Executive who will then inform the Board of Trustees.

5.4.1 Investigation

Any alleged breach of the Safeguarding policy will be investigated and dealt with under the Malaria Consortium Disciplinary Policy and Procedure. Investigations will differ depending on the type and severity of the concern, but at a minimum will:

- Have one person who will receive and follow up on concerns (the Country Director or HR Director), and support the investigation.
- Ensure that the Country or Regional Director / HR Director receives the report within 24 hours of the incident occurring or being raised.
- Maintain at all times confidentiality of the alleged offender, the whistle blower, the child or vulnerable adult, their family and community (refer to Malaria Consortium Whistleblowing Policy).
- Cooperate with local and international authorities, including but not limited to, police in any criminal investigation, keeping in mind the best interests of the child or vulnerable adult and their family.

5.4.2 Disciplinary measures

Where an investigation involving a member of staff finds there is a case to answer, the employee will be invited to a disciplinary hearing in line with the Disciplinary Policy and Procedure. If upheld, the disciplinary sanction will vary with the severity of the breach, and will always be applied using the best interests of the child or vulnerable adult. If the disciplinary hearing finds gross misconduct has taken place, the staff member will be immediately terminated. For less severe breaches, Malaria Consortium will employ various responses ranging from verbal warning, written warning, refresher training and referral to counselling, or a review of current job responsibilities.

5.4.3 Procedures for criminal breaches

If it is suspected that the breach is criminal in nature, local authorities will be contacted by the Country Director, taking into account what is in the best interests of the child or vulnerable adult and the safety of their family and community. The member of staff or partner will be suspended or removed from contact with children or vulnerable adults. Where it is required by a donor, they should be informed of criminal breaches within the timeframe specified.

5.5 Monitoring and Review

Implementation of this policy and procedure will be reviewed at the local level on an annual basis. If political, security, or programme changes warrant a more frequent review, this is the responsibility of the Country Director, with support from HQ.

Implementation will be monitored through regular field project visits. Monitoring of risks to children and vulnerable adults, risk mitigation, and the effectiveness of safeguarding measures will be incorporated in the existing Malaria Consortium Quarterly Country Risk Register. This Safeguarding Policy will be reviewed every two years, unless changes in programme, political or security situation warrant earlier action.

Appendix I: Safeguarding Definitions

The following definitions explain terms used throughout the policy.

Child labour: The term "child labour" is often defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that:

1. Is mentally, physically, socially or morally dangerous and harmful to children; and
2. Interferes with their schooling by:
    - Depriving them of the opportunity to attend school;
    - Obliging them to leave school prematurely; or
    - Requiring them to attempt to combine school attendance with excessively long and heavy work.

Child Pornography: In accordance with the UNCRC Optional Protocol to the Convention on the Rights of the Child, 'child pornography' means 'any representation, by whatever means of material, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for primarily sexual purposes.'

Child Protection: In its widest sense, child protection is a term used to describe the actions that individuals, organisations, countries and communities take to protect children from acts of "harm'" maltreatment (abuse) and exploitation e.g., domestic violence, exploitative child labour, commercial and sexual exploitation and abuse, deliberate exposure to HIV or other infections and physical violence. It can also be used as a broad term to describe the work that organisations undertake in particular communities, environments or programmes that protect children from the risk of harm due to the situation in which they are living.

Discrimination: Discrimination includes the exclusion of, mistreatment of, or action against an individual based on social group, race, ethnicity, colour, religion, gender, sexual orientation, age, marital status, national origin, political affiliation or disability.

Duty of Care: Duty of Care is a common law concept that refers to the responsibility of the organisation and individual to provide children with an adequate level of protection against harm. It is the duty of the organisation and its individuals to protect children from all reasonably foreseeable risk of or real injury.

Emotional abuse: Emotional abuse occurs when a child or vulnerable person is repeatedly rejected or frightened by threats. This may involve bad name calling, persistent shaming, constant criticism, solitary confinement and isolation, humiliation, or continual coldness from parent or caregiver, to the extent that it affects the child's physical and emotional growth.

Gender Based Violence: The term "gender-based violence" refers to violence that targets individuals or groups on the basis of their gender. The United Nations' Office of the High Commissioner for Human Rights' Committee on the Elimination of Discrimination against Women (CEDAW) defines it as "violence that is directed against a woman because she is a woman or that affects women disproportionately", in its General Recommendation 19. This does not mean that all acts of violence against a woman or a girl child are gender-based violence, or that all victims of gender-based violence are female.

Grooming: Refers to behaviour that makes it easier for an offender to procure a child for sexual activity. For example, an offender might build a relationship of trust with the child, their family or their community, and then seek to sexualise that relationship (for example by encouraging romantic feelings or exposing the child to sexual concepts through pornography). Grooming often involves normalizing their behaviour to everyone, not only the child, and can also involve bestowing gifts, favours or money on the child, their family, and/or the community.

Internal concerns: are those where persons covered by the policy are the alleged perpetrators. External concerns are abuses which would usually be considered criminal under local legislation, and perpetrated by persons not described in the scope of this policy. In situations where local legislation may be weaker than this policy and the **Safeguarding Behavioural Guide (Appendix IV),** staff are obliged to abide by this policy, keeping in mind at all times the best interests of the child or vulnerable adult.

Location: For the purposes of this policy, "location" refers to any office or place where three or more Malaria Consortium staff are permanently based.

Neglect: Neglect is the persistent failure or the deliberate denial to provide a child with clean water, food, shelter, emotional support or love, sanitation, supervision or care to the extent that the child's health and development are placed at risk.

Online grooming: The act of sending an electronic message with indecent content to a recipient, who the sender believes to be a child, with the intention of procuring the recipient to engage in or submit to sexual activity with another person, including but not necessarily the sender.

Partners: For the purposes of this policy, 'partners' refers to Malaria Consortium Trustees, volunteers, community workers, interns, consultants, contractors, partner agencies, sub-grantees and visitors to projects.

Physical abuse: Physical abuse occurs when a person purposefully injures or threatens to injure a child or vulnerable person. This may take any form of physical treatment including but not limited to slapping, punching, shaking, kicking, burning, shoving or grabbing. The injury may take any form including but not limited to bruises, cuts, burns or fractures.

Safe Environment: A child/vulnerable adult-safe environment is one where active steps are taken to reduce risks of harm against, and there are clear, established guidelines and procedures for conduct, reporting abuse and follow-up.

Safeguarding Focal Person: The Safeguarding Focal Person for Malaria Consortium will be the Country or Regional Director who will serve as the first point of contact for any safeguarding concerns and support staff in understanding Malaria Consortium's safeguarding responsibilities.

Sexual abuse: Sexual abuse is actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions. Examples of this include the use of a child for sexual gratification by an adult or significantly older child or adolescent. Sexually abusive behaviours can include physically touching genitals/body, masturbation, or penetration, voyeurism, exhibitionism, and exposing the child to, or involving the child in, pornography.

Sex tourism: Tourism, usually by individuals or groups from developed countries to poor or developing countries, for the specific purpose of accessing children or adults in those countries for commercial sexual exploitation purposes.

Sex trafficking: The movement of children or adults from one place to another, usually with the exchange of money, for the purpose of involving those children or adults in commercial sex work or for other sexual exploitation, such as forced marriage.

Survivor: The person who has been abused or exploited. The term "survivor" is often used in preference to "victim" as it implies strength, resilience and the capacity to survive, however it is the individual's choice how they wish to identify themselves.