

# Research: Let's make it safe!

## Questions and Answers

**The questions below were posed by participants during the webinar on Research: Let's make it safe which took place on 28<sup>th</sup> April 2021.**

Seven questions were answered by the panellists. A summary of their responses are described here.

1. Can you provide examples of times you have all had to consider whether doing research was appropriate at all in a given situation/context? Especially cases when you decided NOT to go ahead with research because of safeguarding concerns!
  - Example provided by the ARISE programme. Data collection was scheduled around safe times - co-researchers and data collectors highlighted specific concerns around the rainy season as the communities are prone to flooding and mudslides and it was not seen as a safe time for either data collectors or the communities. Data collection was scheduled outside the rainy season.
  - During COVID-19 there were so many disruptions, it was unsafe to go out. When data collection started, they began first with telephone interviews. A specific COVID-19 safeguarding policy was developed to ensure that everybody was safe once Sierra Leone opened up to people coming together. Data collection was started again when it was deemed safe for more than 50 to 100 people to gather. Lots of policies and lots of training were conducted around conducting safe research.
2. Can you give an indication of how long the risk assessment takes in the research planning stage?
  - It does take a long time to do risk assessment well and you can't consider it a one-off event. Within ARISE programme the safeguarding journey started with an initial half day workshop which took place in Kenya. Discussions around risks and mapping began then (2.5 years ago). Then it took about two to three months to complete the risk mapping tools. ARISE is an extremely large complex collaborative programme involving four countries and ten organisations. The risk assessment was a large spreadsheet – with one for each country and some countries had more than one organisation. One overarching risk assessment was then developed with an overarching action plan, which is reviewed every three to six months. Risk assessments are not one-off events, they need to be dynamic.



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3. Would you recommend the same approach for conducting research as part of organisations internal M&E activities?

- Example from CARE Lebanon. They have mainstreamed all of Empowered Aid's findings, so if a distribution is planned, they use the distribution Empowered Aid findings as part of the design of that distribution plan, and ensure that data is sex-disaggregated and proper referral mechanisms are accessible and available. Transportation is available if needed. Empowered Aid's monitoring tools have integrated questions around safety in the Point of Distribution Questionnaire (PODQ) that was mentioned in the presentation. This is used to assess the risk of SEA for women and girls around the different points of the distribution.
- The Empowered Aid team is developing a toolkit which will include different monitoring tools that were discussed in the presentations. It will have a lot of these design processes laid out. It will also have descriptions of how to analyse that data because often the challenge with M&E is that information is collected but is not analysed or feedback into programme learning and adaptation or to the communities themselves. The toolkit will be ready within the next month and on the [Empowered Aid website](#).

4. Can you provide examples of research specific safeguards that you can integrate to make research safer (e.g. increased oversight for researchers working with children, conducting interviews in public places)

- Three quick and easy early starts:
  - Gender balance within research teams
  - Training of research teams
  - Awareness raising in the local community.
- A lot of this is about communication and listening. You can't safeguard in a context where you are unfamiliar or don't have the resources unless you listen to the local organisations and listen to the local community.
- There's a lot of training for SEA but it's often quite short and focused on policies rather than substantive discussion of the issue that makes space for staff reflection and learning. For example, a two-hour training that mainly shares the message, "Don't perpetrate SEA!" then asks participants to sign something, without showing real interest in learning what they see as risky and/or examples of how to raise questions without facing retribution, will not be as effective. For examples of training tools and exercises that you can use and adapt, see Empowered Aid's training guides which are all available on the [Empowered Aid website](#).
- **Empowered Aid's country results reports (available [here](#))** can be used as well. There is an annex full of quotes directly from women, girls, other members of the community about what SEA is, how it affects them, what they think needs to be done. When you use the voices of the people affected, it really unpacks the issue and leads to conversations and spaces that are much more transformative in terms of everyone feeling like this isn't a scary issue that we're going to get in trouble if we even ask about it. **The quality of the training is really important.**
- It is important to ensure research tools are piloted before rolled out. This is particularly important when interviewing children. Issues of safety can then be identified and addressed beforehand.

5. Can you give us an example of how you 'contextualised' the safeguarding principles, and how the safeguarding principles were received by the local communities?

- Example from ARISE: Using case scenarios that were very specific to Sierra Leone were useful. As well as using local terms for safeguarding. We focused more on risks common in Sierra Leone and ensured we all knew how to respond to these. For example, currently in Sierra Leone there's a national focus on GVB. That was highlighted in the training as that was something we did not want to miss. Safeguarding was surprisingly well-received by the local community, despite being a fairly new discourse in Sierra Leone. One of the reasons the research process was accepted was because we used scenarios they recognised. The examples shared were of things they know take place in their communities.
- Example from Empowered Aid: It takes time to build trust with the women and girls when you first start working with them. But to be more relatable to the women and girls the questions we ask should not be overly complex and we need to be clear about their participation with our research, whether it is as co-researchers or as recipients of aid. Participation as co-researchers needs to be completely voluntary and their participation in the point of distribution questionnaire during the distribution should not affect them receiving aid in any way. The principle of do no harm with our work and with our data collection guides all our work.

**6. When you moved to phone surveys- what were the challenges that you faced? Were phone numbers accessible? Were there any beneficiaries excluded from the survey?**

- Example from ARISE. A small study on the impact of COVID-19 was conducted, that involved the co-researchers. Because of their knowledge of the communities hard to reach groups were able to participate, for example phones were made available to people with disabilities so they could access them in private to participate in the telephone survey. Data collectors were provided with data bundles, so that phones could be taken to people who did not have access so the interviews could be conducted safely and accessibly. The co-researchers were instrumental in this and ensured that individuals and groups were not excluded.
- Example from Empowered Aid. Phone surveys are very difficult, and they are not ideal for a lot of reasons. Empowered Aid's experience of speaking with women was that often it was the husband who has the phone. It is important to ensure it is a safe time for women to speak. Questions must be asked to allow the respondent to really tell you whether it is safe or not. The researcher needs to be prepared for it not to be a good time to talk and be ready if someone walks in the room to ensure the respondent is able to let the researcher know that someone is there, so questioning can be switched to non-sensitive issues, if you are talking about sensitive issues like SEA.

**7. What would be your asks of donors in relation to their asks of organisations implementing humanitarian responses so recipients are safer?**

- Example from LSTM. From a University perspective, funding for safeguarding needs to be built into grant applications. There should be a specific section addressing this - not all donors do that. The ARISE programme applied for and got specific funding for safeguarding - that should be built into all research funding grant applications.
- There is increasing recognition of the importance of including budgets and considerations for safeguarding but there are still some organisations who are hesitant to include it in their budgets. The panels recommendation is for organisations to build this in and ensure it is properly costed and designed for.
- There was also a request for donors to provide more funding for capacity building.

8. Have you encountered any times when research ethics and safeguarding requirements have not complemented each other? E.g. maintaining confidentiality of research participants and taking action to ensure somebody's safety

- Research is a constant balance of risk and benefit and comes back to what we're saying about sharing power in the research process. It should not be between one or two people. It must be a discussion in which various team members who have varying degrees of power within the research process are included and there is space to reflect together on what to do.
- The other piece that is important is to be up front about this question in particular about confidentiality versus needing to respond, for example, in cases of abuse. Therefore, informed consent and other discussions need to be really clear with regards to what is considered as something that would require action and follow-up, so there isn't the feeling: "I shared, then out of nowhere they're referring my case and I have no power."
- Reporting requirements differ between countries, obviously when it comes to children there's often mandatory reporting requirements, but with adults it can be different. It's important, to be really, really clear about that.
- In some countries for example, even disclosures of seeking abortion are a crime and should be reported. Therefore, extra care should be taken when asking questions that might generate such answers. Working closely with local researchers will be beneficial to avoid these pitfalls.
- When it comes to **localising training through using local languages, it is so important** to have translators and see them as part of the team and work with them as part of the team, sharing that power with them as well and having them reflect. A lot of the discussions, the words and phrases used, are not what you are writing if you are writing in English, French or Spanish. It might be in a nondominant language. So having discussions around that language and making sure everyone is clear about how to talk about some of these things and what are issues that might come up in research to go back to the supervisors. It is critical to be able to capture these conflicts or tensions and be able to appropriately respond to them.

The following questions were not answered during the webinar. The Resource and Support Hub and panellists have formulated responses.

9. Can you share some good practices in identifying and cooperating with community focal points for safeguarding?

- It is important to identify community safeguarding focal points from different groups in the community such as women groups, LGBTQI, CSWs, young men etc. Train them on safeguarding protocols and listen to their perceived safeguarding issues.
- Address expectations from the outset and let them understand and accept the limits of what the research team can do in addressing safeguarding concerns, that is, **the difference between safeguarding concerns from research activities and researchers versus community safeguarding concerns**. Ensure equal partnerships and robust reporting pathways.

10. How could we improve reporting of safeguarding issues? Could you please give me practical experiences?

- To increase reporting, you need to do lots of awareness raising, training, promotion activities (posters, leaflets etc) focus groups, meetings etc. Give case

study examples and feedback of any issues raised and how they were dealt with. It is important to consider what the barriers to reporting are and try to overcome them, consider how people can report. Ideally a variety of methods and a variety of focal points to whom concerns can be raised would be identified and available. Move away from terms like whistle blowing and consider more positive terms like 'freedom to speak up/speak out'.

#### 11. What did the reporting pathways look like?

- We trained communities and co-researchers on the different reporting mechanisms, including face to face with safeguarding focal points and researchers, using phones, texts, WhatsApp. The numbers to call were included in the information sheets given to participants as well as posters and fliers put up in the communities. Written complaints can also be provided using locked complaints boxes put in safe spaces around the community if that is possible, making cause of concern forms accessible. Email addresses can be provided but that is less used in the communities in which they work.

#### 12. How did the safeguarding process impact the timing and financial resources during the study?

- It is important to build this into the research design, planning and implementation of your study, build it in as an integral part of your study implementation and initial training with your team, so it becomes part of what you do, this will help to limit any unforeseen, extra costs and time. If you need to bring in external safeguarding expertise, then there will be cost implications. It is worth exploring with your organisation what support there is available for safeguarding. There is now much more free training available (see the [Safeguarding Resource and Support hub](#))

#### 13. How did the SL team bridge the gap in knowledge between the research team and the communities they work in? As you know these concepts are usually alien to the community members.

- We worked closely with co-researchers living in these communities. We included them in all safeguarding training as well as holding discussions with key community stakeholders. By talking about issues highlighted by co-researchers as worrying in their communities, it greatly helped with buy-in.

#### 14. Are there guideline for safeguarding in conducting surveys?

- Survey work would need to follow the same safeguarding principles of any audit, evaluation or research work. Make use of the guidelines on the RSH hub or shared by panellists.

#### 15. When there are several countries and partners, how can you come up with one, harmonised safeguarding system... or was there one or were there one per country, one per partner?

- ARISE / LSTM developed shared principles of safeguarding. There will be some issues that are specific to certain countries or regions but there are also themes across the whole consortium. The shared principles approach was about recognising the challenges that all teams had to respond to. This document is freely available on the LSTM website on our safeguarding page: <https://www.lstmed.ac.uk/safeguarding>.
- We also carried out the risk assessment process together, which each country and team mapping their risks and controls and sources of referral and then discussing and developing these with the other teams and so we slowly built a very comprehensive completed risk assessment across the whole programme.

- Safeguarding Leads also meet regularly to discuss safeguarding issues that have been brought to our notice and it is surprising to see how similar safeguarding reports from different countries are.

**16. How did you ensure that the tools developed comprised questions that do no harm to respondents/study participants?**

- An important step in developing questions is to ensure they are appropriate to the context. Involving local researchers as co-researchers in the process can help with this, as well as pilot testing any tools that are being developed. Good knowledge of the context and awareness of sensitivities around certain questions is critical. There is a lot of guidance around how to ask safe and ethical questions around sensitive subjects. This will be the topic of a forthcoming RSH How to Note.

**17. How to ensure safeguarding issue of rape cases respondents in Rohingya Camps? where respondents are not willing to add with any referral pathway because of social stigma, family safety and shame?**

- A helpful approach in these instances is to adopt a survivor centred approach. Make sure that safeguarding leads and focal points have personally contacted the referral organisations available, and you have a full understanding of the post-rape care that is available. Give this information to survivors who report to you and let them know the next steps are entirely their decision. Panellist shared an experience of having seen that survivors who may not want to go to the police, may still want to seek health services and counselling and the professionals there may do the rest.

**18. Can you share a practical example where they were required to balance the issue of privacy/confidentiality (protecting community whistle-blower(s)) with need to share full details in case of legal requirements (e.g. in courts etc)?**

- For example, confidentiality of the reporter has had to be breached in cases where the safety of child has been of concern.

**19. Are you aware of the IRC listen up program and platform for action- this displays the responses to the safety audits and focus group data in a specific refugee community? It also lists services for women and girls and a reporting feature for safety issues.**

<https://listenup.rescue.org>

- In Uganda, GWI partnered with IRC specifically because we were in discussion between Empowered Aid and Listen Up and how to collaborate between the two initiatives. We included Listen Up staff in our activities and vice versa, share findings across both our teams (so for example, the data platforms are informed by Empowered Aid findings as well), and engage in joint advocacy around the safeguarding issues that arise.

**20. What is your thought detailing safeguarding in ethical approval process and in publication?**

- We do that here at LSTM. Safeguarding questions are embedded into our Research Ethics Committee (REC) process and specific training has been done with the REC.

**21. How can you address the male counterpart? How can you make this more inclusive?**

- Men are part of the research team for Empowered Aid and were included in research activities. There is more detail in the reports on the Empowered Aid website. For example, even boys from the host community in Uganda could

describe how gendered power dynamics put women and girls more at risk of SEA:

- "She cannot tell anyone because she is using that as an opportunity for adding her food ration so she will not tell anyone about her situation because if she tells anyone about her situation this person will follow the person who is doing that to her, and the person may lose job which will make her also lose her addition of food ration." Community participatory group discussion with host community boys - more in the Uganda report:  
<https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/GWI-IRC-Empowered%20Aid-Uganda%20Results%20Report-remed.pdf>

**22. Capacity building at what level? organisation? location? I imagine all, but where do you think it would make the most difference?**

- Yes, capacity building should take place at all levels from organisational/institutional level, principal investigators, research teams, data collectors, right through to community members.

**23. Are there any research safeguarding protocols or guideline documents we can refer to?**

See UKCDR and UKRI documents.

- UKCDR (2020). Guidance on Safeguarding in International Development Research. 17 April 2020.
- D Orr, G Daoust, SL Dyvik, S Puhan, J Boddy (2019) Safeguarding in International Development Research: Briefing Paper. UKCDR. 10 June 2019
- B Aktar et al. (2020) How to prevent and address safeguarding concerns in global health research programmes: practice, process and positionality in marginalised spaces. *BMJ Global Health* 13 May 2020;5: e002253. doi:10.1136/bmjgh-2019-002253
- Also see UKRI: <https://www.ukri.org/about-us/policies-standards-and-data/good-research-resource-hub/preventing-harm-in-research/>
- See also the resource library on Safeguarding Resource and Support hub for more examples of guidelines and protocols. RSH is also developing more tools to support organisations to conduct safe programme MEL and research so watch this space.

**24. What are your suggestions to conduct safety audit in sensitive context where armed gangs are living in/around the IDP camps?**

- Security concerns should absolutely be part of your overarching risk assessment of carrying out research in your area.
- You may have to pause research during times of political instability in order to protect research teams.

**25. How do you share the results of your research with beneficiaries? I work in area of GBV /SEA for many years and women always say they never hear about results**

- Sharing findings back with the women, girls and communities involved was a priority and we invested time and effort to do that, ahead of things like writing for publication, so that it would not become an afterthought or something that we "ran out of time" to do. Empowered Aid's guide for doing this is online at:  
[https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/GWI-EmpoweredAid-ActionAnalysisWorkshopGuide-W%26G-Final\\_a11y.pdf](https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/GWI-EmpoweredAid-ActionAnalysisWorkshopGuide-W%26G-Final_a11y.pdf).
- In addition, we have been working with our partner organizations, as well as members of the national Technical Advisory Groups, to share findings with various groups in the community including women leaders, at listening sessions, and camp management committees.

- Another GWI resource that may be helpful in this regard comes from other work we have conducted in South Sudan, and is available here: [https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Research%20to%20Action%20Toolkit\\_VAWG%20in%20Conflict%20and%20Humanitarian%20Settings\\_0.pdf](https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Research%20to%20Action%20Toolkit_VAWG%20in%20Conflict%20and%20Humanitarian%20Settings_0.pdf).

**26. How do we make safeguarding sustainable after we have left?**

- By ensuring that co-researchers are trained on safeguarding and they become like ambassadors in their communities long after you've left.