



HearingNEPAL Program Inc.

Policy on terrorism, and protection of children from sex abuse and tourism including harm minimisation practices

1 Awareness of issues related to terrorism, child abuse and sex tourism in Nepal

1.1 The Association is aware that program funds may be used for illegitimate purposes including support of terrorism. While Nepal is not considered a safe haven for international terrorists or an international money laundering centre, politically and religiously motivated violence does occur as do illegal activities related to smuggling, extortion and protection demands (Dunham, M. 2010 US Department of State Office of the Coordinator for Counter Terrorism, Country Reports on Terrorism, 2009). NGOs operating in Nepal need to be vigilant to ensure that funds only go to support the intended beneficiaries of their programs.

1.2 The Association is aware that the Australian Federal Government maintains a list of terrorist organisations in accordance with its Listing Protocols. The list of terrorist organisations is published on the Federal Government's National Security Website <http://www.nationalsecurity.gov.au/agd/www/nationalsecurity.nsf/alldocs/95fb057ca3decf30ca256fab001f7fbd?opendocument>. At the date of the publication of this policy 17 organisations were listed:-

- (1) Abu Sayyaf Group - Listed 14 November 2002, re-listed 5 November 2004, 3 November 2006, 1 November 2008 and 29 October 2010
- (2) Al-Qa'ida (AQ) - Listed 21 October 2002, re-listed 1 September 2004, 26 August 2006, 8 August 2008 and 22 July 2010
- (3) Al-Qa'ida in the Arabian Peninsula (AQAP) - Listed 26 November 2010
- (4) Al-Qa'ida in Iraq (AQI) (formerly listed as Al-Zarqawi and TQJBR) - Listed 2 March 2005, re-listed 17 February 2007, 1 November 2008 and 29 October 2010
- (5) Al-Qa'ida in the Islamic Maghreb (AQIM) - Listed 14 November 2002, re-listed 5 November 2004, 3 November 2006, 9 August 2008 and 22 July 2010
- (6) Al-Shabaab - Listed 22 August 2009 and 18 August 2012
- (7) Ansar al-Islam (formerly known as Ansar al-Sunna) – Listed 27 March 2003, re-listed 27 March 2005, 24 March 2007, 14 March 2009 and 9 March 2012
- (8) Hamas's Izz al-Din al-Qassam Brigades - Listed in Australia 9 November 2003, re-listed 5 June 2005, 7 October 2005, 10 September 2007, 8 September 2009 and 18 August 2012
- (9) Hizballah External Security Organisation - Listed 5 June 2003 and re-listed 5 June 2005, 25 May 2007, 16 May 2009 and 10 May 2012
- (10) Islamic Movement of Uzbekistan - Listed 11 April 2003, re-listed 11 April 2005, re-listed 31 March 2007, 14 March 2009 and 9 March 2012
- (11) Jaish-e-Mohammed (JeM) - Listed 11 April 2003, re-listed 11 April 2005, 31 March 2007, 14 March 2009 and 9 March 2012

- (12) Jamiat ul-Ansar (formerly known as Harakat Ul-Mujahideen) - Listed 14 November 2002, re-listed 5 November 2004, 3 November 2006, 1 November 2008 and 29 October 2010
 - (13) Jemaah Islamiyah (JI) - Listed 27 October 2002, re-listed 1 September 2004, 26 August 2006, 9 August 2008 and 22 July 2010
 - (14) Kurdistan Workers Party (PKK) - Listed 17 December 2005, re-listed 28 September 2007, 8 September 2009 and 18 August 2012
 - (15) Lashkar-e Jhangvi (LeJ) - Listed 11 April 2003, re-listed 11 April 2005, 31 March 2007, 14 March 2009 and 9 March 2012
 - (16) Lashkar-e-Tayyiba - Listed 9 November 2003, re-listed 5 June 2005, 7 October 2005, 8 September 2007, 8 September 2009 and 18 August 2012
 - (17) Palestinian Islamic Jihad - Listed 3 May 2004, re-listed 5 June 2005, 7 October 2005, 8 September 2007, 8 September 2009 and 18 August 2012
- 1.3 The Association is fully aware of the extent of the problem of sex tourism and child abuse in Nepal. It is familiar with the *2005-2015 National Plan of Action for Children* developed by the Ministry of Women, Children and Social Welfare, Nepal, which focuses on general issues of health and protection of children against abuse, exploitation, violence and combating HIV/AIDS. The Association is aware that Nepal has ratified almost all international instruments regarding child rights and has been submitting its periodic reports to the UNCRC (UN Convention on the Rights of the Child). The Association is aware of the legislative framework surrounding child abuse of all kinds in Nepal enshrined in the *Children's Act 1992 of Nepal* which prohibits a range of abuses against children and provides for punishment of offences under the Act (see: <http://www2.ohchr.org/english/bodies/CRC/docs/study/responses/Nepal.pdf>).
- 1.4 While the professional practices related to primary ear care, hearing assessment, and treatment do not involve the higher risk factors often associated with sex tourism/child abuse (eg adults being alone with a child, direct physical care and contact – bathing, live-in supervision etc), the Association recognises that sex tourism/child abuse can and does occur under diverse conditions. The Association recognises its obligations to protect children from such abuse. The Association has in place strategies set out in this Policy to ensure that its funds do not go to any individual or group associated with terrorism and utilises practices designed to minimise the risk of abuse and sex tourism in relation to children as set out below:

2 Strategies to minimise the possibility of funds providing direct or indirect support or resources to organisations and individuals associated with terrorism.

- 2.1 The level of need of any group requiring hearing services is assessed by the Association's staff in Nepal in collaboration with volunteer professional hearing experts who assist with delivery of services. Only groups who exhibit high need and who demonstrate a legitimate purpose (for example, schools in remote areas, schools which include low caste children, disadvantaged children, carpet factory workers, elderly in care centres, children in homes, individuals with disabilities, individuals in monasteries etc) are provided with hearing services.
- 2.2 A detailed record is kept of all hearing devices given to an individual. A list of equipment held at NAHOH is kept and audited regularly. When the Association's personnel travel to a clinic (either in remote areas or in Kathmandu) hearing assessment and treatment equipment is protected in secure, locked cases and is kept under the personal control of personnel.
- 2.3 All funds for the Association's projects in Nepal are either taken to Nepal by Australian hearing professionals or transferred directly to NAHOH. Both organisations funds are fully audited and records of transactions are accessible to the Association's executive officers who visit Nepal at least four times per year. This strategy provides strict control of funds and enables the prompt detection of anomalies in transactions, should such occur.

3 HearingNEPAL Program abides by the Australian Audiology Professional Code of Conduct and harm minimisation practices in all aspects of its services in Nepal

- 3.1 The Association believes that the quality of service and ethical standards operating in a developed country should apply equally in developing countries. Hence, for example, the quality of the Association's equipment and listening devices are the same as would be offered in Australia. Similarly, the highest standards of professional behaviour apply equally in Australia and Nepal. Thus the Association's personnel, both Australian volunteers and Nepali staff, abide by the Audiological Society of Australia (ASA) Ethical Code of Conduct.
- 3.2 Of particular relevance is the ethical principle: "Members shall not engage in sexual activities with clients or students over whom they exercise professional authority" (ASA Code of Ethics <http://www.audiology.asn.au/ethics.htm#a>)
- 3.3 The Association is well aware that although ethical principles provide a solid foundation for practice, good intentions are not enough to protect children, and accordingly has in place harm minimisation strategies.

4 Harm minimisation: service delivery is organised so that assessment and treatment takes place in the presence of parents/guardians or teachers

- 4.1 With hearing assessment and treatment, physical contact with a child is limited to the head region. Hearing clinics are organised so that while each child has his/her hearing assessed individually, the assessment and treatment (application of ear drops etc) takes place in a public space, such as a classroom, where other children and adults (parents/guardians and/or teachers) are present. Those children requiring a more extensive hearing test are seen in the presence of more than one professional and with a parent observing. In Kathmandu, children assessed at NAHOH are accompanied by a parent. This strategy minimises the opportunity for child abuse and sex tourism to occur.

5 Declarations from all personnel involved in The Association services that they do not have any criminal record in relation to child abuse, neglect or exploitation.

- 5.1 All personnel involved in the delivery of services facilitated by the Association, including hearing specialists from Australia, volunteers (Nepali and Australian) and Nepali staff at NAHOH will be obliged to sign a declaration that they do not have any criminal record in relation to child abuse, neglect or exploitation.
- 5.2 In accordance with the Association's Volunteer Policy, volunteers of the Association will not be permitted to undertake volunteer work that would place them in contact with children until such time as the volunteer has undergone a satisfactory police check. It is also the policy of the Association that there will be no one-on-one contact between a child and a member or volunteer of the Association.

6 Obligation to report abuse: Immediately report concerns or allegations of child abuse and sex tourism in accordance with appropriate procedures.

- 6.1 The Association is aware that it has an obligation to report incidents of abuse and suspected sex tourism involving children. It is the Association's policy that should one of its workers witness an incident of child abuse or suspect child sex tourism is occurring, that person must immediately report the incident to the nearest police.

- 6.2 A written report must be submitted to the Association's Management Committee and the police and must include details such as the date of the incident, nature of the incident, location of the incident, contact details for the victim and contact details of the witnessing member/staff/volunteer/professional.
- 6.3 The Association recognises the right to privacy of the victims and the details of any written report will be kept confidential by the Management Committee in accordance with the requirements of applicable legislation.

7 Protection of the rights of children to access services and principle of client respect

- 7.1 A final consideration in terms of preventing abuse of children and promoting the well being of children is the principle of equality of access to hearing services and client respect. The Association's services are open to all children irrespective of gender, caste, ethnicity, disability, and location (as far as resources allow). Children are treated with utmost respect, for example, explanations of procedures (such as ear cleaning, treatment with drops) are explained to them in their own language. Public radio is used to advertise the rural primary ear care clinics ahead of time in Nepali and local languages, providing background information and the nature of the hearing assessment. Parents or guardians and/or teachers accompany children to and from the clinics and are present during assessment.
- 7.2 The program seeks to provide services in hard to reach, remote areas where few if any services are available, making the service accessible to children and adults in subsistence farming families, in poor rural areas.
- 7.3 As an overall strategy to promote the best interests of, and minimise harm to children and adults involved in The Association's services, all of the Association's practices conform to the following standards of the Professional Standards of Practice for Audiologists (<http://www.audiology.asn.au/standards.htm>)
1. Keep paramount the welfare of clients/patients served in all practice decisions and actions.
 2. Identify the procedures performed by Audiologists.
 3. Address the clinical indications for performing any given procedure.
 4. Define appropriate environmental factors related to procedures (e g, setting, equipment and materials).
 5. Address demographic factors (e g, age, development, education, occupation, cultural, ethnic, linguistic and social factors).
 6. Consider risk as it relates to health, safety and welfare of clients/patients and Audiologists.
 7. Consider outcomes including improvement and/or maintenance of communication and listening skills.
 8. Consider the importance of liaison with related professionals where appropriate and where permitted by the client/patient.
 9. Recognise the dignity of individuals and consider client/patient rights, expectations, needs and preferences.
 10. Recognise the importance of documentation.
 11. Recognise a variety of appropriate service delivery models and procedures (e g collaborative consultation, use of support personnel, and new and advanced technologies).
 12. Consider involvement of client/patient in decision making re expected outcomes.
 13. Adhere to the specifications and intent of the current Code of Ethics.