Young Mothers Support Group

YMSG

"Moving Together"

POLICIES HANDBOOK

2026

Contents

YMSG Policy No. 1: Child & Young Mother Safeguarding Policy

Policy Number: YMSG-SAFE-001
Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Safeguarding Officer

1. Purpose

The purpose of this policy is to protect all young mothers (defined as females under the age of 25) and their children who access YMSG services from any form of abuse, neglect, exploitation, or harm. YMSG is committed to creating a safe, supportive, and trauma-informed environment at the Bigtree Complex office, during home visits, and during all outreach activities, workshops, and events.

YMSG recognizes that young mothers are a vulnerable group due to factors including young age, potential history of gender-based violence, economic dependency, social stigma, and limited access to education and healthcare. This policy therefore adopts a zero-tolerance approach to any form of harm.

2. Scope

This policy applies to:

- All YMSG staff (full-time, part-time, and temporary)
- All volunteers, interns, and contract workers
- YMSG Board of Directors and Advisory Committee members
- Any partner organization staff working on YMSG premises or with YMSG beneficiaries

- Visitors, donors, and consultants accessing YMSG facilities or client data
- Service providers (cleaners, security guards, drivers) engaged by YMSG

This policy applies during:

- All office hours at Bigtree Complex, First Floor, Office 17
- Home visits to young mothers' residences
- Community outreach sessions
- Training workshops and life skills camps
- Any off-site event organized or sponsored by YMSG
- Online interactions (counseling calls, WhatsApp groups, video meetings)

3. Definitions

Term	Definition
Young Mother	A female client of YMSG aged 13–24 years, whether pregnant or already parenting.
Child	Any person under 18 years of age (including the offspring of young mothers).

Term	Definition
Physical Abuse	Hitting, slapping, shaking, burning, kicking, or any act causing physical injury.
Emotional/Psychological Abuse	Insults, threats, humiliation, isolation, or rejection that harms mental health.
Sexual Abuse	Any sexual act with a young mother or child, including fondling, rape, exploitation, pornography, or coerced prostitution.
Neglect	Failure to provide adequate food, shelter, medical care, supervision, or love.
Exploitation	Using a young mother or child for financial gain, labor, or favors.
Safeguarding	Proactive measures to prevent harm and respond appropriately when harm occurs.
Trauma-Informed Care	An approach that recognizes the widespread impact of trauma and responds with sensitivity.

Term	Definition
Mandatory Reporter	Any YMSG personnel who must legally and organizationally report suspected abuse.

4. Key Provisions

4.1. Recruitment and Screening

- **Criminal Background Check:** All staff and volunteers must submit a police clearance certificate from the Royal Eswatini Police Service (REPS) dated within 6 months.
- **References:** Two written character references (one professional, one personal) must be verified by phone.
- **Interview Questions:** Candidates will be asked directly about any prior safeguarding violations or criminal history.
- **Probation Period:** New hires undergo a 3-month probation period during which any safeguarding concern leads to immediate termination.
- **Volunteer Registry:** All volunteers are listed in a central registry with ID copies and clearance dates.

4.2. Code of Conduct

- **No Romantic or Sexual Relationships:** Staff/volunteers shall not engage in any romantic, sexual, or intimate relationship with any beneficiary (young mother or child), regardless of consent due to power imbalance.
- **No Physical Punishment:** No form of corporal punishment, rough handling, or physical discipline is permitted.
- **No Financial Exploitation:** Staff shall not solicit gifts, loans, or favors from beneficiaries.

- **No Private Meetings Alone:** Two-deep leadership – at least two adults must be present during any closed-door meeting. Door windows must remain uncovered.
- **No Overnight Stays:** Staff shall not share sleeping quarters with a beneficiary.
- **Photography Rules:** Only authorized staff may take photos. No identifiable images of children without signed parental/guardian consent.

4.3. Reporting Obligations (Mandatory Reporting)

- Any suspicion, disclosure, or observation of abuse must be reported to the **YMSG Safeguarding Officer** within **24 hours**.
- If the Safeguarding Officer is the alleged perpetrator, report directly to the **Executive Director** or a **Board Member**.
- Reports must be written using the **YMSG Safeguarding Incident Reporting Form**.
- Failure to report known or suspected abuse is a disciplinary offense that may lead to dismissal and legal liability.

4.4. Confidentiality with Limits

- All safeguarding information is confidential and shared only on a strict need-to-know basis.
- Limits to confidentiality: The Safeguarding Officer must report to statutory bodies (Department of Social Welfare, Police) when a child or young mother is at imminent risk.
- Young mothers will be informed of these limits during intake.

4.5. Zero Tolerance Stance

Any violation of this policy, including:

- Acts of abuse (physical, sexual, emotional, neglect)
- Cover-up, failure to report, or tampering with evidence

- Retaliation against a person who reports in good faith

...will result in:

- Immediate suspension pending investigation
- Permanent dismissal upon confirmation
- Blacklisting from all future YMSG roles
- Referral to the Royal Eswatini Police Service and Social Welfare for criminal prosecution

4.6. Working with Children of Young Mothers

- YMSG premises must have a child-safe waiting area with age-appropriate toys.
- Staff shall never change a child's diaper or assist with bathing/toileting unless specifically trained and authorized (e.g., early childhood development sessions).
- Any injury to a child occurring on YMSG premises must be documented with incident report and witnessed statement.

5. Detailed Procedures for Responding to a Disclosure

DO	DON'T
Listen calmly and patiently	Interrupt or finish their sentences
Reassure: "I believe you. It is not your fault."	Promise secrecy ("I won't tell anyone")

DO	DON'T
Use open-ended questions: "What happened next?"	Ask leading questions ("Did he touch you here?")
Record exact words as spoken	Record your interpretation or assumptions
Report within 24 hours	Investigate or confront the alleged abuser
Inform the young mother what will happen next	Take action without informing them

Step-by-Step Response Protocol:

1. **Receive disclosure** – Find a private but not isolated space.
2. **Stay calm** – Do not show shock or disgust.
3. **Affirm courage** – "Thank you for telling me."
4. **Clarify immediate safety** – Is the young mother or child in danger now? If yes, call emergency services immediately.
5. **Take written notes** – Use safeguarding form; sign and date.
6. **Report internally** – Safeguarding Officer by phone and email within 24 hours.
7. **Report externally** – Safeguarding Officer contacts:
    - Department of Social Welfare (Child Protection Unit)
    - Royal Eswatini Police – Gender & Child Protection Unit

8. **Provide support** – Offer referral to counselor or medical services (including PEP for HIV if sexual assault occurred within 72 hours).
9. **Follow up** – Check in with young mother after 7 days (unless prohibited by police).

6. Prevention and Awareness

6.1. Training Requirements

- **Induction Training:** All staff/volunteers complete 4 hours of safeguarding training before any client contact.
- **Annual Refresher:** 2 hours each year with case scenarios and updates on Eswatini law.
- **Specialized Training:** Safeguarding Officer attends advanced training every 2 years.
- **Training Records:** Attendance logs and test scores kept for 5 years.

6.2. Physical Safeguarding Measures at Bigtree Complex, Office 17

- Clear glass panel in office door for visibility.
- Locked filing cabinet for safeguarding records (key held only by Safeguarding Officer).
- Poster of this policy displayed prominently in waiting area (Siswati and English).
- Complaint/suggestion box for anonymous reporting.

6.3. Community Awareness

- YMSG will conduct quarterly community dialogues on child and young mother protection.
- Posters with emergency contact numbers placed at local clinics, schools, and churches in Matsapha.
- Young mothers are given a pocket-sized card with helplines (Childline Eswatini: 999, Police: 999).

7. Safeguarding Risk Assessment

Before any new activity (e.g., overnight camp, home visit, public event), YMSG staff must complete a **Safeguarding Risk Assessment Form** assessing:

- Number of beneficiaries (children vs. young mothers)
- Ratio of staff to beneficiaries (minimum 1:8 for children)
- Venue safety (lighting, exits, private spaces, gender-separate toilets)
- Transport arrangements (no single adult alone with a child in a vehicle)
- Emergency plan (nearest clinic, police station)

High-risk activities require written approval from the Executive Director.

8. Reporting Forms and Documentation

Form Name	Purpose	Retention Period
YMSG Safeguarding Incident Report	Detailed disclosure record	15 years
YMSG Safeguarding Risk Assessment	Pre-activity safety check	5 years
YMSG Staff/Volunteer Declaration	Signed code of conduct	During employment + 5 years

Form Name	Purpose	Retention Period
YMSG Consent for Photography	Media release for images	3 years
YMSG Incident Log (confidential)	Central register of all reports	Permanent

9. Breaches and Consequences

Breach Category	Example	Consequence
Minor	Failing to display safeguarding poster	Verbal warning + reminder
Moderate	Delayed reporting beyond 24 hours	Written warning + re-training
Serious	Having private closed-door meeting with minor	Suspension pending investigation
Gross	Physical/emotional abuse of beneficiary	Immediate dismissal + police referral

Breach Category	Example	Consequence
Criminal	Sexual abuse or exploitation	Dismissal + criminal prosecution + permanent blacklist

10. External Reporting and Legal Framework in Eswatini

YMSG will comply with the following Eswatini laws and protocols:

- **The Children's Protection and Welfare Act of 2012** – Mandates reporting of child abuse.
- **Sexual Offences and Domestic Violence Act of 2018** – Defines rape, sexual assault, and domestic violence.
- **The Constitution of Eswatini** – Section 29 on children's rights.
- **National Child Protection Policy** – Guidelines for service providers.

Contacts:

- Department of Social Welfare (Matsapha Office): [Insert local number]
- Royal Eswatini Police – Gender & Child Protection Unit: 999 or +268 2409 7000
- Childline Eswatini (24/7): 999 or toll-free 8044

11. Implementation and Monitoring

- The Executive Director is ultimately accountable for this policy.

- Quarterly safeguarding reports are submitted to the YMSG Board.
- An annual external safeguarding audit will be conducted.
- Young mothers will be surveyed annually about their sense of safety at YMSG.

12. Contact for Safeguarding Concerns

YMSG Safeguarding Officer
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (mark URGENT – SAFEGUARDING)
Tel: +268 2518 6612

If the Safeguarding Officer is unavailable or implicated:
Contact: YMSG Executive Director via admin@ymsg-eswatini.org or call the Police directly.

13. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Safeguarding Officer, Executive Director, Community Representative, Legal Advisor

YMSG Policy No. 2: Confidentiality and Data Protection Policy

Policy Number: YMSG-DATA-002
Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Data Protection Officer
Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this policy is to safeguard the personal information of all young mothers, children, staff, volunteers, donors, and partners who interact with YMSG. This policy ensures that YMSG handles all data lawfully, ethically, and with respect for individual privacy rights. YMSG is committed to maintaining the highest level of confidentiality regarding all client information, particularly given the sensitive nature of services provided to young mothers, which may include discussions about pregnancy, HIV status, domestic violence, mental health, and economic hardship.

This policy also ensures YMSG complies with relevant data protection principles and builds trust with beneficiaries who must feel secure that their personal stories and identities will not be disclosed without consent.

2. Scope

This policy applies to:

- All YMSG staff (full-time, part-time, and temporary)
- All volunteers, interns, and contract workers

- YMSG Board of Directors and Advisory Committee members
- Any partner organization staff handling YMSG data
- Consultants, researchers, and evaluators accessing YMSG client information
- IT service providers and anyone with access to YMSG digital systems

This policy applies to all forms of data:

Data Format	Examples
Paper records	Intake forms, case notes, counseling logs, referral letters
Digital files	Spreadsheets, Word documents, PDFs, databases
Photographs and videos	Client images for reports or social media
Audio recordings	Counseling sessions (if consented) or interviews
Communication data	Emails, WhatsApp messages, SMS, phone call logs
Biometric data	Fingerprints (if used for attendance)

This policy applies regardless of where data is stored:

- At Bigtree Complex, First Floor, Office 17 (locked cabinets, password-protected computers)

- Off-site during home visits or outreach
- On personal devices used for YMSG work (strictly prohibited unless encrypted)
- On cloud storage services

3. Definitions

Term	Definition
Personal Data	Any information relating to an identified or identifiable living person.
Sensitive Personal Data	Information revealing racial/ethnic origin, political opinions, religious beliefs, health status (including HIV), sexual orientation, criminal history, or social circumstances.
Young Mother	A female client of YMSG aged 13–24 years.
Data Subject	The person to whom the personal data belongs (e.g., a young mother, staff member, volunteer).
Data Controller	YMSG as an organization that determines the purposes and means of processing personal data.
Data Processor	Any person (staff or external) who processes data on behalf of YMSG.

Term	Definition
Processing	Any operation performed on personal data, including collection, recording, storage, alteration, retrieval, use, disclosure, or destruction.
Consent	Freely given, specific, informed, and unambiguous indication of agreement to data processing.
Data Breach	A security incident leading to accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to personal data.
Confidentiality	The obligation to keep information secret and not disclose it to unauthorized third parties.

4. Key Provisions

4.1. Data Collection Principles

YMSG shall collect personal data only for legitimate, specified, and explicit purposes related to supporting young mothers. All data collection must follow these principles:

- **Lawfulness, Fairness, and Transparency:** Data subjects must be informed about what data is collected, why, how it will be used, and who will have access.
- **Purpose Limitation:** Data collected for one purpose cannot be used for an unrelated purpose without additional consent.

- **Data Minimization:** Only collect data that is strictly necessary for the intended service.
- **Accuracy:** Reasonable steps must be taken to ensure data is accurate and kept up to date.
- **Storage Limitation:** Data shall not be kept longer than necessary (see Section 8 for retention periods).
- **Integrity and Confidentiality:** Appropriate security measures must protect data against unauthorized access or loss.

4.2. Informed Consent Requirements

No personal data shall be collected from a young mother without her **written informed consent** (or parental/guardian consent for minors under 18). The YMSG Consent Form (Appendix A) must include:

- What information will be collected
- Why it is being collected
- How it will be used
- Who will have access (e.g., counselor, case manager, supervisor)
- How long it will be kept
- The right to withdraw consent at any time without affecting services
- Limits to confidentiality (e.g., safeguarding disclosures, court orders)

Special provisions for minors (under 18 years):

- Parent or legal guardian must sign consent form unless the minor is an emancipated minor or seeking services related to sexual/reproductive health where Eswatini law allows independent consent.
- For young mothers aged 16–17 seeking HIV testing or antenatal care, YMSG will follow Eswatini's mature minor doctrine.

4.3. Limits to Confidentiality (When YMSG Must Break Confidentiality)

Young mothers must be informed during intake that confidentiality is not absolute. YMSG may disclose information without consent in the following circumstances:

Circumstance	Action Required
Risk of serious harm to the young mother or child	Report immediately to Safeguarding Officer and relevant authorities
Risk of harm to another person	Disclose only necessary information to prevent harm
Court order or subpoena	Seek legal advice before disclosing; inform client if possible
Child abuse or neglect	Mandatory reporting under Children's Protection and Welfare Act 2012
Risk of serious infectious disease to others	Disclose only to public health authorities as required by law
Internal supervision and training	Use anonymized cases only; no identifying details

4.4. Access Controls and Data Security

Physical Security at Bigtree Complex, Office 17:

- All paper client files must be stored in **locked filing cabinets** when not in use.

- Cabinet keys must be held only by authorized staff (Executive Director, Data Protection Officer, designated case managers).
- No client files left on desks overnight.
- Office door must be locked when unattended.
- Visitors must sign in and be escorted at all times.

Digital Security:

- All computers must be password-protected with passwords changed every 90 days.
- Strong password policy: minimum 8 characters, including uppercase, lowercase, number, and special character.
- Screens must lock automatically after 5 minutes of inactivity.
- Client data stored on YMSG-managed devices only – **no personal laptops, phones, or USB drives**.
- Cloud storage (if used) must be encrypted (e.g., Google Workspace with 2FA enabled).
- Two-factor authentication required for all staff accessing YMSG email and databases.
- Antivirus and firewall software must be installed and updated regularly.

Staff Responsibilities:

- Never share passwords with anyone.
- Never leave client information visible on a screen in public areas.
- Never discuss client details in public places (lifts, cafes, public transport).
- Shred paper documents containing personal data before disposal using the YMSG shredder (located in Office 17).
- Report any suspected data breach to the Data Protection Officer immediately.

4.5. Data Sharing with Third Parties

YMSG may share data with partner organizations (e.g., clinics, social welfare, schools) only under the following conditions:

- Written consent obtained from the data subject (or parent/guardian) specifying the third party and purpose.
- A **Data Sharing Agreement** signed between YMSG and the third party, outlining:
    - Purpose of sharing
    - Specific data fields to be shared
    - Security obligations of the third party
    - Prohibition on onward sharing without consent
    - Data destruction timeline
- The minimum necessary data is shared.

Prohibited sharing:

- No sale of personal data to any third party for marketing or any other purpose.
- No sharing with law enforcement without a valid court order (except child protection mandatory reporting).

4.6. Rights of Data Subjects (Young Mothers and Other Clients)

YMSG respects the following rights of all data subjects:

Right	Description	Procedure
Right to access	Client can request a copy of all personal data YMSG holds about them.	Submit written request; response within 30 days; free for first copy annually.
Right to rectification	Client can correct inaccurate or incomplete data.	Request in writing; correction made within 14 days.
Right to erasure (right to be forgotten)	Client can request deletion of their data, subject to legal retention obligations.	Request reviewed by Data Protection Officer; some data may need to be retained (e.g., safeguarding reports).
Right to restrict processing	Client can limit how data is used while a dispute is resolved.	Implement within 7 working days.
Right to withdraw consent	Client can withdraw previously given consent at any time.	Processing stops immediately; services not affected.
Right to object	Client can object to data processing for certain purposes (e.g., research).	YMSG must stop unless compelling legitimate grounds exist.

All rights requests should be directed to: **Data Protection Officer** at admin@ymsg-eswatini.org or via post to Bigtree Complex, Office 17.

5. Data Retention and Disposal Schedule

Record Type	Retention Period	Disposal Method
Client intake forms and case notes	7 years after last service	Cross-cut shredding or secure digital deletion
Counseling session records	7 years after last session	Shredding/secure deletion
Safeguarding incident reports	15 years after last incident	Shredding/secure deletion
Financial records (client-related)	10 years	Shredding/secure deletion
Staff personnel files	7 years after employment ends	Shredding/secure deletion
Volunteer records	5 years after last volunteer activity	Shredding/secure deletion

Record Type	Retention Period	Disposal Method
Consent forms	Duration of service + 3 years	Shredding/secure deletion
CCTV footage (if applicable)	30 days, then overwritten	Automatic digital deletion
Email correspondence with clients	3 years	Deletion from server and backups

After the retention period expires, all paper records must be cross-cut shredded. All digital records must be permanently deleted using secure deletion software (e.g., Eraser, DBAN) that overwrites data multiple times.

6. Data Breach Management Procedure

A **data breach** includes:

- Lost or stolen laptop, phone, or USB drive containing client data
- Unauthorized access to YMSG systems (e.g., hacking)
- Accidental email sent to wrong recipient containing personal data
- Physical theft of paper files from office
- Insider disclosure by staff/volunteer

Breach Response Steps:

1. **Immediate containment:** If a device is lost, remotely wipe if possible. If email sent in error, recall and ask recipient to delete.
2. **Internal reporting:** Notify the YMSG Data Protection Officer within **2 hours** of discovery.
3. **Assessment:** Determine:
    - What data was involved (sensitive or not?)
    - How many individuals affected?
    - Is there risk of harm (e.g., identity theft, stigma, violence)?
4. **Notification to affected individuals:** If there is a likely risk of harm, notify affected young mothers within **48 hours** with clear explanation and recommended actions.
5. **Reporting to authorities:** Notify the Eswatini Data Protection Authority (if established) and relevant bodies (e.g., Social Welfare) as required.
6. **Remediation:** Implement measures to prevent recurrence (e.g., staff training, system upgrades).
7. **Documentation:** Keep a confidential breach log including dates, facts, effects, and remedial actions taken.

All data breaches must be documented, even if no harm occurred. Repeated minor breaches will trigger disciplinary action.

7. Training and Awareness

- **Induction Training:** All new staff and volunteers receive 2 hours of confidentiality and data protection training before accessing any client data.
- **Annual Refresher:** 1 hour each year covering new risks, case studies, and policy updates.
- **Specialized Training:** Data Protection Officer attends advanced training every 2 years.

- **Training Records:** Attendance logs and assessment scores kept for 5 years.
- **Signed Acknowledgement:** All staff and volunteers must sign the YMSG Confidentiality Agreement (Appendix B) annually.

Training Content Includes:

- What constitutes personal and sensitive data
- Proper handling of paper and digital records
- Password security and phishing awareness
- How to respond to a data access request
- Limits to confidentiality and mandatory reporting
- Consequences of breaches

8. Physical Safeguards at Bigtree Complex, Office 17

Area	Security Measure
Office door	Self-locking door with keypad entry; keys issued only to authorized staff
Filing cabinets	Locked at all times except during active use; keys in secure drawer
Computer workstations	Password-protected; privacy screens facing away from visitor area

Area	Security Measure
Visitor area	No client files visible; client discussions held in private office, not reception
Shredder	Cross-cut shredder located in office; all staff trained on disposal protocol
Clean desk policy	No client documents left on desks at end of day

9. Consequences of Policy Violation

Breach Category	Example	Consequence
Minor	Leaving client file on desk overnight (no actual breach)	Verbal warning + reminder
Moderate	Discussing client details in public area where overheard	Written warning + re-training
Serious	Sharing password with unauthorized person	Suspension pending investigation

Breach Category	Example	Consequence
Gross	Deliberate disclosure of client data without consent (e.g., to family member or employer)	Immediate dismissal + possible legal action
Criminal	Selling client data or using it for personal gain	Dismissal + criminal prosecution under Eswatini law

10. Exceptions and Special Circumstances

- **Research and Evaluation:** External researchers must sign a Data Sharing Agreement and receive Ethics Committee approval. Data must be anonymized.
- **Media and Photography:** No client image or testimonial may be used without signed **YMSG Media Consent Form** (separate from general consent). Clients may withdraw consent at any time.
- **Legal Requirements:** If YMSG receives a court order for client records, the Data Protection Officer will seek legal advice and, where possible, inform the client before disclosure.
- **Emergency Situations:** In a medical or safety emergency where a client cannot consent, YMSG may share only essential information with emergency responders and must document the disclosure.

11. Roles and Responsibilities

Role	Responsibility
Executive Director	Overall accountability for data protection compliance
Data Protection Officer	Daily management of this policy; breach response; training; consent forms
All Staff and Volunteers	Adhere to policy; report breaches immediately; complete training
IT Support (if any)	Maintain system security; manage backups; respond to digital breaches
Board of Directors	Oversight; review policy annually; approve major data sharing agreements

12. Reporting and Monitoring

- **Quarterly Data Protection Report** submitted to Executive Director and Board.
- **Annual Data Protection Audit** conducted by internal or external auditor.
- **Client Feedback Surveys** include a question about confidence in confidentiality.
- **Anonymous Reporting Channel:** Staff or clients may report concerns via the YMSG suggestion box at Bigtree Complex or email admin@ymsg-eswatini.org marked "Confidential – Data Protection Concern."

13. Contact for Data Protection Concerns

YMSG Data Protection Officer
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (mark DATA PROTECTION in subject line)
Tel: +268 2518 6612

If the Data Protection Officer is unavailable or implicated:
Contact: YMSG Executive Director via the same email and phone number.

14. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Data Protection Officer, Executive Director, Community Representative, Legal Advisor

YMSG Policy No. 3: Code of Conduct for Staff and Volunteers

Policy Number: YMSG-CONDUCT-003
Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Executive Director
Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this Code of Conduct is to establish clear behavioral standards for all individuals representing YMSG. This code ensures that staff, volunteers, board members, and partners act with integrity, respect, professionalism, and accountability at all times. YMSG is committed to creating a safe, dignified, and empowering environment for young mothers, their children, and all colleagues.

This code protects beneficiaries from exploitation and abuse, protects staff from false allegations by providing clear boundaries, and protects YMSG's reputation as a trusted organization in Matsapha and across Eswatini.

2. Scope

This Code of Conduct applies to:

- All YMSG staff (full-time, part-time, temporary, and probationary)
- All volunteers, interns, and contract workers
- YMSG Board of Directors and Advisory Committee members
- Consultants, researchers, and evaluators engaged by YMSG
- Partners and visitors while on YMSG premises or representing YMSG

This code applies during:

- All office hours at Bigtree Complex, First Floor, Office 17
- Home visits, community outreach, and field activities
- Training workshops, camps, and off-site events

- Online interactions (emails, WhatsApp, social media, video calls)
- After-hours work-related events and social functions
- Any situation where the person is identifiable as a YMSG representative

All individuals covered by this scope must sign an **Acknowledgment of Understanding** (Appendix A) before commencing any role with YMSG. Failure to sign prohibits any form of engagement with YMSG.

3. Definitions

Term	Definition
Beneficiary	Any young mother (aged 13–24) or child receiving services from YMSG.
Staff	Any person employed by YMSG under a contract of employment.
Volunteer	Any person who provides unpaid service to YMSG.
Exploitation	Abusing a position of power or trust for personal, sexual, or financial gain.
Harassment	Unwanted conduct that violates dignity or creates an intimidating, hostile, degrading, humiliating, or offensive environment.

Term	Definition
Discrimination	Unfair treatment based on age, gender, marital status, tribe, religion, HIV status, disability, sexual orientation, or any other protected characteristic.
Conflict of Interest	A situation where personal interests interfere or appear to interfere with YMSG's interests.
Grooming	Building a relationship with a vulnerable person (young mother or child) to facilitate exploitation or abuse.
Whistleblowing	Reporting misconduct or wrongdoing within YMSG.
Retaliation	Any adverse action taken against a person for reporting concerns in good faith.

4. Core Values and Guiding Principles

All YMSG representatives must uphold the following core values in every action and decision:

Value	Meaning
Respect	Treat every young mother, child, and colleague with dignity and courtesy. Listen actively and value diverse perspectives.
Integrity	Be honest, transparent, and ethical. Keep promises. Do not exploit power.
Accountability	Take responsibility for actions and decisions. Admit mistakes and learn from them.
Compassion	Show empathy and kindness. Recognize the trauma and challenges young mothers face.
Professionalism	Maintain appropriate boundaries. Be reliable, punctual, and well-prepared.
Non-Discrimination	Treat all persons fairly without favoritism or prejudice.

5. Standards of Conduct (Detailed Rules)

5.1. Treatment of Beneficiaries (Young Mothers and Children)

DO:

- Treat each young mother as an individual with dignity and autonomy.

- Speak respectfully, using the name and pronouns they prefer.
- Maintain appropriate physical boundaries (e.g., side hug only if initiated by client; no prolonged touching).
- Provide clear information about services, rights, and limits of confidentiality.
- Respect confidentiality as outlined in Policy YMSG-DATA-002.
- Obtain informed consent before any service or data collection.
- Allow young mothers to make their own choices without coercion.

DO NOT:

- Engage in any romantic, sexual, or intimate relationship with any beneficiary, regardless of age or consent (exploitation of power).
- Use physical punishment, rough handling, or any form of violence.
- Insult, shame, belittle, or humiliate any young mother or child.
- Show favoritism (e.g., giving extra gifts or time to one beneficiary over others).
- Make promises you cannot keep (e.g., "I will personally get you a job").
- Share client information with other beneficiaries or unauthorized persons.
- Accept significant gifts or loans from beneficiaries (nominal tokens under E50 may be accepted with manager approval).
- Be alone with a child or young mother behind closed doors without another adult present (two-deep rule).
- Transport a beneficiary alone in a private vehicle without prior written authorization and another adult present.
- Communicate with beneficiaries via personal social media or phone numbers; use YMSG official channels only.

- Give your personal phone number to any beneficiary except in emergency pre-approved cases.

5.2. Professional Boundaries and Dual Relationships

- Do not engage in business or financial transactions with beneficiaries (e.g., selling goods, borrowing money).
- Do not employ a beneficiary as a domestic worker or personal assistant.
- Do not provide personal favors (e.g., babysitting staff's children) that blur boundaries.
- If a beneficiary is also a relative or neighbor, disclose this relationship to your supervisor and establish clear professional boundaries.
- Do not attend social events at a beneficiary's home unless part of documented YMSG outreach.

5.3. Treatment of Colleagues (Staff, Volunteers, and Partners)

DO:

- Communicate respectfully, even during disagreements.
- Collaborate and share information appropriately to support beneficiaries.
- Give constructive feedback privately and professionally.
- Support colleagues' well-being and workload.
- Report concerns through proper channels.
- Acknowledge the contributions of others.

DO NOT:

- Engage in bullying, intimidation, shouting, or personal attacks.
- Spread rumors, gossip, or make false accusations.

- Discriminate based on age, gender, tribe, religion, HIV status, disability, sexual orientation, or any other characteristic.
- Make unwanted sexual advances, jokes, or comments (sexual harassment).
- Undermine a colleague's authority or reputation publicly.
- Take credit for another person's work.
- Use abusive, profane, or threatening language.

5.4. Use of YMSG Resources and Property

DO:

- Use YMSG property (computers, phones, vehicles, supplies) only for authorized YMSG purposes.
- Report lost or damaged equipment immediately.
- Return all YMSG property upon departure from the organization.
- Use the YMSG vehicle only for approved YMSG business with a valid driver's license and signed vehicle policy.

DO NOT:

- Use YMSG resources for personal business, political activities, or religious proselytizing.
- Remove client files or confidential documents from the office without authorization.
- Install unauthorized software on YMSG computers.
- Make personal long-distance calls on YMSG phones without reimbursement.
- Use YMSG internet for accessing pornography, gambling, or illegal content.
- Steal or misappropriate YMSG funds, supplies, or equipment (zero tolerance – immediate dismissal and prosecution).

5.5. Financial Integrity

- Never solicit or accept bribes, kickbacks, or improper payments.
- Never ask beneficiaries for payment for services (all YMSG services are free unless explicitly stated with signed agreement).
- Report any offer of a bribe to the Executive Director immediately.
- All expense claims must be accurate, with original receipts, and approved by a supervisor.
- Do not sign blank expense forms or authorize payments without proper documentation.
- Do not use YMSG funds for personal expenses (even with intent to repay).

5.6. Alcohol, Drugs, and Substance Use

- **Zero alcohol** during working hours or while representing YMSG at any event.
- **Zero illegal drugs** at any time (possession or use is grounds for immediate dismissal).
- Prescription medications must be disclosed to supervisor if they may impair ability to work safely.
- Reporting to work under the influence of alcohol or drugs is prohibited and will result in immediate dismissal.
- YMSG premises (Office 17, Bigtree Complex) are smoke-free and substance-free zones.

5.7. Dress and Appearance

- Dress modestly and professionally, respecting the local Eswatini cultural context.
- Clothing should not be revealing, torn, or carry offensive messages.
- YMSG branded t-shirts or name badges must be worn during community outreach and home visits.
- Personal hygiene must be maintained (clean clothes, clean appearance).
- The Safeguarding Officer may address any dress that creates a distraction or compromises professionalism.

5.8. Punctuality, Attendance, and Work Ethic

- Arrive on time for shifts, meetings, and appointments with beneficiaries.
- If late or absent, notify your supervisor as early as possible (before start time).
- Record accurate hours worked (timesheets for staff; volunteer logs for volunteers).
- Complete assigned tasks thoroughly and by deadlines.
- Do not leave work early or take extended breaks without permission.
- Do not conduct personal business during working hours.
- Do not use mobile phones for non-work purposes during client interactions or meetings.

6. Prohibited Conduct (Zero Tolerance Offenses)

The following actions are strictly prohibited and will result in immediate dismissal or termination of engagement, and may be referred to law enforcement:

Offense	Description
Sexual abuse or exploitation	Any sexual activity with a beneficiary (young mother or child), including grooming, sexual harassment, or solicitation.
Physical abuse	Hitting, slapping, shaking, kicking, or any violence against a beneficiary or colleague.

Offense	Description
Emotional abuse	Repeated humiliation, threats, or severe psychological harm.
Financial fraud	Theft, embezzlement, bribery, falsification of records, or misappropriation of YMSG funds.
Discrimination	Refusing services or unfair treatment based on protected characteristics.
Retaliation	Punishing any person for reporting concerns in good faith.
Possession of child exploitation material	Any image, video, or content involving child sexual abuse.
Drug trafficking or use	Selling, distributing, or using illegal drugs on or off duty.
Gross insubordination	Refusing to follow lawful and reasonable instructions from a supervisor.
Falsification of records	Lying on timesheets, expense claims, client records, or reports.

7. Conflicts of Interest

A conflict of interest occurs when personal interests interfere with YMSG's interests. Staff and volunteers must:

- **Disclose** any actual or potential conflict to the Executive Director in writing.
- **Recuse** themselves from any decision where they have a conflict (e.g., hiring a relative, awarding a contract to a friend).
- **Not** accept secondary employment that competes with YMSG or impairs performance.
- **Not** use YMSG's name, logo, or contacts for personal business.

Examples of conflicts requiring disclosure:

- A family member applies for a position at YMSG.
- You have a financial interest in a supplier YMSG is considering.
- You receive a gift of significant value (over E100) from a beneficiary or partner.
- You are asked to serve on the board of another organization that may compete for funding.

The Executive Director will determine how to resolve the conflict (e.g., recusal, reassignment, or prohibition).

8. Gifts, Hospitality, and Gratitude

- **From beneficiaries:** Staff may accept small tokens of gratitude (e.g., a cooked meal, vegetables from garden, small handmade item) valued under E50. Any gift over E50 must be reported to a supervisor and may be returned or shared as a team gift. No cash gifts may be accepted.
- **From partners or vendors:** Staff may accept low-value promotional items (pens, calendars). Meals provided during official meetings are acceptable. Any gift over E100 or overnight accommodation must be approved in advance by the Executive Director. No cash or cash equivalents (vouchers, gift cards) may be accepted.
- **To beneficiaries:** Staff shall not give personal cash gifts or loans to beneficiaries. YMSG may provide emergency financial assistance through formal documented processes only.

9. Use of Technology and Social Media

9.1. Official YMSG Social Media

- Only authorized staff (Communications Officer, Executive Director) may post on behalf of YMSG on official accounts.
- No client photos or identifying information without signed YMSG Media Consent Form.
- Posts must be respectful, accurate, and aligned with YMSG's mission.

9.2. Personal Social Media

- Staff and volunteers must not identify themselves as YMSG representatives on personal accounts unless the account is explicitly professional.
- Do not post anything that could harm YMSG's reputation (e.g., racist, sexist, or violent content).
- Do not discuss YMSG clients, colleagues, or internal matters on personal social media, even in private groups.
- Do not "friend" or follow beneficiaries on personal social media accounts.
- Do not accept friend requests from beneficiaries. If approached, explain the professional boundary.

9.3. Email and Messaging

- Use your YMSG email for YMSG business only.
- Do not use WhatsApp or other messaging apps for confidential client discussions unless using YMSG-approved encrypted channels.
- Do not forward client information to unauthorized persons.
- Assume all electronic communication may be reviewed.

10. Reporting Violations and Whistleblowing

10.1. Internal Reporting

Staff and volunteers who witness or suspect a violation of this Code of Conduct must report it promptly to:

- **Immediate Supervisor** (if not implicated), OR
- **Human Resources / Executive Director** (if supervisor is implicated), OR
- **YMSG Safeguarding Officer** (for abuse-related concerns), OR
- **Anonymous reporting** via the suggestion box at Bigtree Complex or email admin@ymsg-eswatini.org marked "Confidential – Code Violation"

10.2. Protection Against Retaliation

YMSG strictly prohibits retaliation against any person who reports a concern in good faith, even if the concern is later unsubstantiated. Retaliation includes:

- Demotion, dismissal, or disciplinary action
- Threats, intimidation, or harassment
- Exclusion from meetings or opportunities
- Negative performance reviews without basis

Any person who retaliates will face disciplinary action up to and including dismissal.

10.3. External Reporting

If internal reporting fails or the violation involves senior leadership, individuals may report to:

- YMSG Board of Directors (Chairperson)
- Eswatini National NGO Board
- Royal Eswatini Police (for criminal matters)

11. Breaches and Consequences

Breach Category	Example	Consequence
Minor	Tardiness without notification (first offense)	Verbal warning + reminder
Moderate	Using office phone for personal calls (excessive)	Written warning + signed acknowledgment
Serious	Discussing client details in public area	Suspension (up to 5 days without pay) + mandatory re-training
Gross	Romantic relationship with beneficiary	Immediate dismissal + blacklist + possible police referral
Criminal	Theft of YMSG funds or sexual abuse	Immediate dismissal + criminal prosecution

Disciplinary Process:

1. Investigation (within 7 working days)
2. Opportunity for accused to respond
3. Decision communicated in writing
4. Right to appeal within 14 days to the Board of Directors

12. Training and Acknowledgment

- **Induction:** All new staff and volunteers must complete a 2-hour Code of Conduct training session and sign the Acknowledgment of Understanding (Appendix A) before any client contact.
- **Annual Refresher:** Each year, all personnel must re-read the code, complete a short quiz, and sign a renewal acknowledgment.
- **Language:** The code will be made available in English and Siswati.
- **Case Studies:** Training will include realistic scenarios and role-playing to clarify boundaries.

13. Monitoring and Compliance

- The Executive Director is responsible for overseeing implementation of this code.
- Annual surveys of staff and beneficiaries will include questions about conduct and boundaries.
- Any pattern of minor violations will trigger performance management or additional training.
- The code will be reviewed annually by the Board of Directors.

14. Contact for Code of Conduct Concerns

YMSG Executive Director
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (mark CONFIDENTIAL – CODE)
Tel: +268 2518 6612

For abuse-related concerns: YMSG Safeguarding Officer (same contact)

Anonymous reporting: Suggestion box at Bigtree Complex reception or anonymous email via ProtonMail (ask HR for address)

15. Acknowledgment of Understanding (Appendix A)

All staff, volunteers, board members, and partners must sign and date the following:

I, _____ (print name), hereby acknowledge that I have received, read, and understood the YMSG Code of Conduct (Policy No. YMSG-CONDUCT-003). I agree to abide by all provisions of this code. I understand that any violation may result in disciplinary action, up to and including immediate dismissal or termination of my engagement with YMSG, and may be reported to law enforcement where applicable. I have had the opportunity to ask questions and seek clarification.

Signature: _____

Date: _____

Witness (YMSG representative): _____

Witness signature: _____

16. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Executive Director, Safeguarding Officer, HR Representative, Community Representative, Legal Advisor

YMSG Policy No. 4: Client Grievance and Feedback Mechanism Policy

Policy Number: YMSG-GRIEV-004
Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Program Manager
Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this policy is to establish a clear, accessible, and confidential system for young mothers and other beneficiaries to raise concerns, complaints, or feedback regarding YMSG services, staff, volunteers, or operations. YMSG is committed to accountability, transparency, and continuous improvement. This policy ensures that all grievances are handled promptly, fairly, and without fear of retaliation.

YMSG recognizes that young mothers may be hesitant to speak up due to past trauma, power imbalances, or fear of losing services. This policy therefore prioritizes psychological safety, multiple reporting channels, and a non-judgmental approach.

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2. Scope

This policy applies to:

- All young mothers (aged 13–24) receiving YMSG services
- Children of young mothers (through their mothers as representatives)
- Family members or guardians of beneficiaries
- Community members who interact with YMSG services
- Partner organizations referring clients to YMSG

This policy covers grievances related to:

Category	Examples
Staff/volunteer conduct	Rude behavior, discrimination, breach of confidentiality, boundary violations, abuse
Service quality	Long waiting times, unavailable services, poor counseling, unmet promises
Accessibility	Office hours inconvenient, physical barriers at Bigtree Complex, language difficulties

Category	Examples
Safety concerns	Unsafe premises, lack of privacy, feeling threatened
Administrative issues	Lost files, incorrect information, delays in response
Financial matters	Unexpected requests for payment, missing funds intended for beneficiary
Policy violations	Any breach of YMSG policies by staff or volunteers

This policy does **not** cover:

- Criminal matters that should be reported directly to police (e.g., rape, assault) – though YMSG will support the complainant to access police.
- Safeguarding emergencies where a child or young mother is at immediate risk – use Policy YMSG-SAFE-001 procedures.

3. Definitions

Term	Definition
Grievance	A formal complaint or expression of dissatisfaction about YMSG services, staff, or operations.

Term	Definition
Feedback	Any comment, suggestion, or opinion (positive or negative) about YMSG.
Complainant	The person who raises a grievance or feedback.
Respondent	The person against whom a grievance is filed (if applicable).
Anonymous Complaint	A grievance where the complainant does not provide their name.
Retaliation	Any negative action taken against a complainant for raising a concern in good faith.
Resolution	The outcome of a grievance process where the complainant is informed and satisfied (where possible).
Escalation	Moving a grievance to a higher authority when it cannot be resolved at the current level.
Triage	Initial assessment of a grievance to determine severity and appropriate response timeline.

4. Key Principles

YMSG's grievance mechanism is guided by the following principles:

Principle	Meaning
Accessibility	Multiple easy-to-use channels available to all beneficiaries, including those with low literacy or disabilities.
Confidentiality	Complainant's identity protected unless they consent to disclosure or safeguarding requires otherwise.
Timeliness	Acknowledgment within 48 hours; resolution within 14 working days (or clear explanation of delay).
Fairness and Impartiality	No bias toward staff or beneficiaries; independent investigation where needed.
No Retaliation	Zero tolerance for any punishment or negative treatment of complainants.
Accountability	YMSG will take corrective action and learn from complaints.
Child-Sensitive	Special procedures for complaints involving or from minors.

Principle	Meaning
Trauma-Informed	Staff handling grievances are trained to respond with sensitivity to potential trauma history.

5. Reporting Channels (Multiple Options)

YMSG provides the following channels for beneficiaries to raise grievances or feedback. Complainants may choose the channel they feel most comfortable with.

5.1. Physical Suggestion Box

- **Location:** Bigtree Complex, First Floor, Office 17 – waiting area (clearly marked, wall-mounted)
- **Accessibility:** Slotted box; no need to speak to anyone; paper and pens provided nearby
- **Collection:** Every Friday at 2:00 PM by the Program Manager (two witnesses present)
- **Languages:** Forms available in English and Siswati

5.2. In-Person Reporting

- **To any staff member:** Beneficiaries may speak directly to any YMSG staff member or volunteer.
- **To the Program Manager:** Beneficiaries may request a private meeting during office hours (Mon–Fri, 9:00 AM – 4:00 PM).
- **Designated Grievance Officer:** A trained staff member available for confidential discussions (appointment recommended).

5.3. Written Reporting (Letter or Note)

- Beneficiaries may submit a handwritten letter addressed to "Grievance Committee – YMSG" and drop it in the suggestion box or give to any staff member.
- YMSG will provide stamped envelopes for confidentiality upon request.

5.4. Telephone Reporting

- **Dedicated Grievance Hotline:** +268 2518 6612 (ask for "Grievance Officer")
- **Hours:** Monday to Friday, 9:00 AM – 3:00 PM
- After-hours voicemail available; calls returned within 2 working days

5.5. Email Reporting

- **Email address:** admin@ymsg-eswatini.org with subject line: "GRIEVANCE – Confidential"
- Encrypted email options available upon request (PGP key available from IT Officer)

5.6. Anonymous Reporting

- **Option 1:** Suggestion box with no identifying information
- **Option 2:** Anonymous web form via YMSG website (if available)
- **Option 3:** Third-party reporting through a trusted community partner (e.g., local clinic, church leader) who submits on behalf without name
- **Limitation:** Anonymous complaints may be harder to investigate fully, but YMSG will still review and take action where possible.

5.7. Third-Party Reporting

A young mother may ask a trusted person (family member, friend, community health worker, social worker) to report on her behalf. The third party must clearly state they are reporting on behalf of a beneficiary. YMSG will still attempt to contact the beneficiary directly (with permission) to clarify details.

5.8. Outreach Reporting

During community home visits or outreach sessions, YMSG staff will proactively ask young mothers if they have any feedback or concerns and offer to record a grievance on their behalf.

6. Grievance Handling Procedure (Step-by-Step)

Step 1: Receipt and Acknowledgment

Action	Responsible	Timeline
Grievance received via any channel	Receiving staff member	Immediate
Grievance logged in confidential Grievance Register	Program Manager	Within 4 hours of receipt
Acknowledgment sent to complainant (unless anonymous)	Program Manager	Within 48 hours of receipt

Acknowledgment must include:

- Confirmation that the grievance has been received

- The date it was received
- The expected timeframe for response (14 working days)
- The name/contact of the person handling the grievance
- Information about the complainant's right to escalate if unsatisfied

Acknowledgment methods: In person (verbal + written slip), phone call, SMS, WhatsApp, or email, based on complainant's preference.

Step 2: Initial Triage and Assessment

Within 3 working days of receipt, the Program Manager (or Grievance Officer) will assess the grievance and assign a severity level:

Severity Level	Definition	Response Timeline	Who Handles
Level 1 – Low	Minor issue (e.g., rude tone, small delay, suggestion for improvement)	7 working days	Frontline staff supervisor
Level 2 – Medium	Moderate issue (e.g., repeated poor service, minor policy breach, discrimination concern)	14 working days	Program Manager

Severity Level	Definition	Response Timeline	Who Handles
Level 3 – High	Serious issue (e.g., financial impropriety, gross misconduct, abuse, safeguarding concern)	48 hours for initial safety actions; full investigation within 21 days	Executive Director + Safeguarding Officer (if abuse) + possibly external investigator

Safeguarding override: Any grievance mentioning abuse, neglect, or exploitation of a child or young mother is immediately escalated to the Safeguarding Officer under Policy YMSG-SAFE-001, regardless of complainant's preference.

Step 3: Investigation (if required)

For Level 2 and Level 3 grievances requiring investigation:

- **Impartiality:** If the grievance involves the Program Manager, the Executive Director handles. If involves the Executive Director, the Board Chair handles.
- **Separation:** The respondent is notified of the allegation (unless doing so would compromise safety or evidence).
- **Evidence gathering:** Interviews with complainant, respondent, witnesses; review of documents.
- **Right to support:** Both complainant and respondent may bring a support person (not a legal representative unless criminal).
- **Confidentiality:** All parties are instructed not to discuss the matter publicly.
- **Timeline:** Investigation completed within 14 working days (Level 2) or 21 days (Level 3), with updates to complainant every 5 working days.

Step 4: Resolution and Outcome

After investigation, the responsible person (Program Manager, Executive Director, or Board) will issue a written decision including:

- Summary of the grievance
- Findings of fact (what happened)
- Whether the grievance is upheld, partially upheld, or not upheld
- Action(s) YMSG will take (see Section 7 below)
- Any remedy or apology to the complainant (if applicable)
- Right of appeal (see Step 5)

The outcome is communicated to the complainant in their preferred format (in person, letter, phone) within the timeline. For sensitive outcomes, a face-to-face meeting may be offered.

Step 5: Appeal

If the complainant is not satisfied with the outcome, they may appeal within **14 calendar days** of receiving the decision.

- **Appeal to:** YMSG Board of Directors (via Executive Director)
- **Grounds for appeal:** New evidence not previously available, procedural error, or unreasonable outcome.
- **Appeal process:** Board-appointed panel (3 members, none involved in original decision) reviews the case and issues a final decision within 21 working days.
- **Finality:** The Board's decision is final for internal purposes. The complainant retains the right to report externally (see Section 9).

7. Possible Outcomes and Remedies

Depending on the nature and severity of the grievance, YMSG may take the following actions:

Outcome Category	Possible Actions
For the complainant (remedies)	Verbal or written apology; explanation of what happened; change in service provider; return of lost item or funds; compensation for direct financial loss (policy limit: E500 without Board approval); referral to another service if YMSG cannot resolve
For staff/volunteer (disciplinary)	Verbal warning; written warning; mandatory training; reassignment; suspension; dismissal (see Policy YMSG-CONDUCT-003)
Systemic changes (policy/practice)	Revision of procedures; additional staff training; changes to office layout or hours; new equipment or resources; updates to forms or signage

The complainant will be informed which action(s) were taken, except where confidentiality or privacy of another person prevents disclosure.

8. Grievance Register and Documentation

YMSG shall maintain a **Confidential Grievance Register** (locked, access restricted to Program Manager, Executive Director, and Board Chair). The register includes for each grievance:

Field	Description
Unique reference number	Format: YMSG-GRV-YYYY-XXX (e.g., YMSG-GRV-2026-001)
Date received	
Channel used	Suggestion box, in-person, phone, email, etc.
Complainant's name (if provided)	
Complainant's contact (if provided)	
Summary of grievance	
Severity level (1,2,3)	
Assigned investigator	
Dates of acknowledgment, updates, resolution	
Outcome and actions taken	

Field	Description
Appeal filed? (Y/N) and appeal outcome	
Closed date	

Retention period: Grievance records retained for **7 years** after closure. Safeguarding-related grievances retained for **15 years** (per Policy YMSG-SAFE-001).

Reporting: Anonymized aggregate data will be reported quarterly to the Board and annually to donors, showing number of grievances, types, resolution rates, and systemic changes made – without identifying complainants.

9. External Reporting Options

If a complainant believes YMSG has not adequately addressed their grievance, or if they prefer not to use YMSG internal channels, they may report externally to:

External Body	Contact	Applicable Grievance Types
Eswatini National NGO Board	+268 2404 6001	Governance, service delivery complaints
Department of Social Welfare	+268 2404 2000	Child protection, welfare concerns

External Body	Contact	Applicable Grievance Types
Royal Eswatini Police (Gender & Child Protection Unit)	999	Criminal matters (assault, theft, abuse)
Eswatini Human Rights Commission	+268 2406 8934	Discrimination, rights violations
Public Service Commission (for government-linked complaints)	+268 2404 6000	Referral pathways

YMSG will not penalize any person who reports externally, and will cooperate with external investigations as required by law.

10. Protection Against Retaliation (Zero Tolerance)

YMSG strictly prohibits any form of retaliation against a person who raises a grievance or feedback in good faith.

Examples of retaliation include:

- Denying services or reducing service quality
- Verbal threats, intimidation, or humiliation
- Physical assault or damage to property
- Spreading rumors or gossip about the complainant
- Excluding the complainant from programs without valid reason

- Pressuring the complainant to withdraw the grievance

Consequences of retaliation: Any staff or volunteer found to have retaliated will face immediate disciplinary action up to and including dismissal, and may be reported to police.

Support for complainants: If a complainant experiences retaliation, they should report immediately to the Grievance Officer or Executive Director. YMSG will take protective measures (e.g., alternative service provider, safety plan).

11. Feedback (Non-Grievance) Handling

Not all feedback is a grievance. YMSG welcomes positive feedback and suggestions for improvement.

- **Positive feedback:** Will be shared with staff and volunteers to boost morale. Anonymous positive comments may be posted on a "Kind Words" board at Bigtree Complex.
- **Suggestions for improvement:** Logged separately. Reviewed monthly by the Program Manager. If feasible and within budget, implemented and acknowledged (e.g., "Thanks to a client suggestion, we now offer Saturday morning hours").
- **Compliments:** Beneficiaries may submit compliments via the same channels. YMSG will respond with thanks but no further investigation is needed.

12. Accessibility and Special Considerations

12.1. Low Literacy

- Beneficiaries with low literacy can report verbally to any staff member, who will write down the grievance verbatim and read it back for confirmation.
- Suggestion box forms include pictograms.

12.2. Disabilities

- **Physical disability:** Office 17 is on the first floor of Bigtree Complex. YMSG offers home visits or ground-floor meeting space upon request for mobility-impaired beneficiaries.
- **Hearing impairment:** In-person reporting with sign language interpreter (arranged in advance) or written notes.
- **Visual impairment:** Large-print forms and verbal reporting options.

12.3. Language

- Grievances can be submitted in English or Siswati.
- YMSG will provide interpretation for other languages as needed (e.g., Portuguese, Zulu).

12.4. Minors (under 18)

- Young mothers under 18 may file grievances independently without parental consent (right to access services).
- YMSG will ensure a child-friendly environment during grievance discussions (age-appropriate language, calm setting, support person allowed).
- If the grievance involves abuse at home, safeguarding procedures override confidentiality.

12.5. Fear of Identification

- Beneficiaries who fear that staff might recognize their handwriting or voice may use anonymous channels or request a female/male staff member of their choice.

13. Training and Awareness

- **Staff and volunteers:** All personnel receive 2 hours of training on this policy during induction, including role-playing grievance intake, active listening, and non-retaliation. Refresher training annually.

- **Beneficiaries:** All young mothers receive a **Grievance and Feedback Card** (pocket-sized) during intake, showing all reporting channels in simple language (English and Siswati). Posters summarizing the policy are displayed in waiting areas at Bigtree Complex.
- **Community awareness:** YMSG will conduct quarterly community meetings explaining the grievance mechanism.

14. Monitoring and Continuous Improvement

- **Quarterly analysis:** The Program Manager will prepare a quarterly report (aggregate, anonymized) for the Board and staff meeting, including:
    - Number of grievances by channel and severity
    - Average resolution time
    - Percentage of grievances upheld
    - Common themes (e.g., "transport reimbursement delays")
    - Changes made in response to feedback
- **Client satisfaction survey:** Annual anonymous survey includes questions about ease of reporting grievances, confidence in the process, and fear of retaliation.
- **Policy review:** This policy will be reviewed annually and updated based on lessons learned.

15. Roles and Responsibilities

Role	Responsibility
All staff and volunteers	Receive grievances respectfully; forward to Program Manager within 24 hours; do not promise outcomes; never retaliate
Program Manager	Overall management of grievance system; triage; investigation of Level 2 cases; quarterly reporting
Grievance Officer (designated staff)	Acknowledgment; register maintenance; complainant communication; support during investigations
Executive Director	Level 3 investigations; resource allocation; final approval on remedies above E500; reporting to Board
Board of Directors	Appeal decisions; policy oversight; receiving external escalations
Safeguarding Officer	All safeguarding-related grievances (joint investigation)

16. Grievance Reporting Form (Appendix A – Sample)

YMSG will maintain a standardized paper and digital form with the following fields:

YMSG GRIEVANCE REPORTING FORM (Confidential)

Date: _____

Reporting channel (circle one): Suggestion box / In-person / Phone / Email / Letter / Outreach

Complainant name (optional): _____

Contact (optional – phone or WhatsApp): _____

Preferred language: English / Siswati

Preferred response method: In-person / Phone / SMS / WhatsApp / Letter / Email

Who or what is your grievance about? (Staff name, volunteer, service, policy, etc.)

What happened? (Please describe in your own words – use additional page if needed)

When did this happen? (Date or approximate date)

Were there any witnesses? (Yes/No – if yes, names optional)

How would you like YMSG to resolve this? (Optional)

Signature or mark (if provided): _____

For office use only – Grievance number: YMSG-GRV-_____

Received by: _____ **Date received:** _____

Severity level: 1 / 2 / 3 **Assigned to:** _____

17. Contact for Grievance Concerns

YMSG Grievance Officer
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (subject: GRIEVANCE)
Tel: +268 2518 6612 (ask for Grievance Officer)

If the Grievance Officer is the subject of the grievance: Contact the Program Manager or Executive Director directly.

18. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Program Manager, Grievance Officer, Executive Director, Community Representative, Legal Advisor

YMSG Policy No. 5: Financial Management and Anti-Fraud Policy

Policy Number: YMSG-FIN-005
Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Executive Director
Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this policy is to ensure transparent, accountable, and responsible management of all financial resources belonging to or held by YMSG. YMSG is committed to safeguarding donor funds, government grants, and any other income against fraud, waste, abuse, and misappropriation. This policy establishes clear procedures for budgeting, authorization, payments, receipts, record-keeping, and fraud prevention.

YMSG recognizes that public trust depends on impeccable financial integrity. Any financial irregularity, no matter how small, damages the organization's reputation and harms the young mothers who depend on YMSG services.

2. Scope

This policy applies to:

- All YMSG staff (full-time, part-time, temporary, and probationary)
- All volunteers, interns, and contract workers who handle or authorize funds
- YMSG Board of Directors and Advisory Committee members
- Any partner organization managing funds on behalf of YMSG
- Consultants, vendors, and service providers receiving YMSG funds

This policy applies to all financial transactions including:

Transaction Type	Examples
Income	Donations, grants, fundraising proceeds, government subventions, fees (if any), bank interest
Expenditure	Salaries, office rent, utilities, program supplies, travel, training, equipment
Assets	Computers, furniture, vehicles, office equipment
Cash handling	Petty cash, event cash boxes, mobile money (e.g., MTN MoMo), Eswatini Bank transfers
Banking	Deposits, withdrawals, transfers, reconciliations

This policy applies to all YMSG financial records regardless of format (paper ledgers, spreadsheets, accounting software).

3. Definitions

Term	Definition
Fraud	Intentional deception, misrepresentation, or concealment for personal gain or to cause loss to YMSG.

Term	Definition
Misappropriation	Unauthorized use or theft of YMSG funds or assets for personal benefit.
Segregation of Duties	Dividing financial responsibilities among multiple people so no single person controls a transaction from start to finish.
Dual Signatories	Requirement that two authorized persons sign each cheque or authorize each electronic payment.
Petty Cash	A small amount of cash kept on hand for minor, urgent expenses (maximum E1,000).
Receipt	A written or electronic acknowledgment that funds were received or goods purchased.
Invoice	A bill from a vendor requesting payment for goods or services.
Reconciliation	Comparing YMSG records to bank statements to ensure they match.
Procurement	The process of purchasing goods or services.

Term	Definition
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Audit	Independent examination of financial records by a qualified external auditor.

4. Key Financial Principles

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Principle	Meaning
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Accountability	Every person handling funds is responsible for their proper use and must answer for any irregularities.
Segregation of Duties	No single person has sole control over receiving, recording, authorizing, and reconciling funds.
Authorization Limits	Different levels of expenditure require different levels of approval.

Principle	Meaning
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Compliance	All financial activities must comply with Eswatini laws (Income Tax Order, VAT Act, NGO regulations) and donor requirements.
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- **Timeline:** The annual budget for the next fiscal year (January–December) will be prepared by the Executive Director and Program Manager by **October 31st** of the current year.
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- **Content:** Budget must include line items for all expected income and expenditure, with clear notes explaining major assumptions.

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- **Re-budgeting:** Major changes (e.g., unspent funds needing reallocation, new unplanned expenses over E5,000) require Board approval.

5.3. Restricted vs. Unrestricted Funds

- **Restricted funds:** Donor funds designated for a specific purpose (e.g., HIV testing, skills training). Must be tracked separately and used only for that purpose.
- **Unrestricted funds:** General operating funds that YMSG may allocate as needed.
- **No cross-subsidization:** Restricted funds cannot be moved to cover other budget lines without donor written consent.

6. Authorization and Approval Levels

All expenditures must be authorized by a person with appropriate signing authority before payment is made. No one may authorize their own expenses.

Expenditure Amount	Authorization Required	Additional Requirements
Up to E500	Program Manager or designated supervisor	Receipt required
E501 – E5,000	Executive Director	Written approval (email or signed memo) + receipt/invoice
E5,001 – E25,000	Executive Director + Board Finance Subcommittee Chair	Written approval + at least one competitive quote (verbal acceptable for urgent needs, documented)
Above E25,000	Full YMSG Board of Directors	Written Board resolution + minimum two written competitive quotes (or waiver approved by Board)
Salaries and statutory payments	Executive Director (based on approved payroll budget)	Signed employment contract or statutory schedule
Emergency expenditure (life safety only)	Any senior staff present, then ratified by Executive Director within 48 hours	Incident report and retroactive approval

Note: No single transaction may be split into smaller amounts to avoid higher authorization levels (this is a form of fraud).

7. Banking and Payment Procedures

7.1. Bank Accounts

YMSG shall maintain at least one bank account at a reputable commercial bank in Eswatini (e.g., Standard Bank, Nedbank, FNB, or Eswatini Bank).

- **Account name:** Young Mothers Support Group
- **Signatories:** Minimum three authorized signatories (e.g., Executive Director, Board Treasurer, Program Manager)
- **Dual signatures required:** All cheques and electronic transfers above E500 require TWO signatories.
- **Electronic banking:** Transfers require dual authorization (one person creates, second person approves). Passwords and tokens must not be shared.

7.2. Cheque Payments

- Cheques must be written in ink.
- Payee name, amount (figures and words), date must be completed fully.
- Crossed cheques "Account Payee Only" for all payments except petty cash reimbursement.
- Voided cheques must be marked "VOID" and retained.
- Cheque books stored in locked cabinet. Access logged.

7.3. Electronic Payments (Bank Transfers, Mobile Money)

- **Bank transfers:** Supported by signed payment request form, invoice, and approval. Two staff members must authorize.
- **MTN MoMo / Eswatini Mobile:** Only for small, urgent payments (under E500) with prior approval. Screenshot of transaction saved.

- **Standing orders:** Only for fixed regular payments (rent, utilities, insurance). Reviewed quarterly.

7.4. Cash Payments

- Cash payments are discouraged due to higher risk of fraud or loss.
- Where unavoidable (e.g., small community vendors, transport), a receipt must be obtained. If vendor cannot provide receipt, a **Petty Cash Voucher** must be completed and witnessed by a second staff member.

8. Petty Cash Management

8.1. Establishment

- **Petty cash float:** Maximum E1,000 (one thousand Emalangeni).
- **Custodian:** Program Manager (or designated staff).
- **Location:** Locked cash box at Bigtree Complex, Office 17. Keys held only by custodian and Executive Director (emergency access).

8.2. Eligible Expenses

Petty cash may be used for small, urgent expenses such as:

- Taxi fare for beneficiary emergency transport (under E100)
- Office supplies (tea, sugar, small stationery items)
- Emergency medicine for a child (with approval)
- Minor repairs (under E200)

Prohibited from petty cash:

- Staff salary advances
- Any single expense over E300 (use bank transfer instead)
- Personal expenses
- Alcohol or non-program-related items

8.3. Reconciliation and Replenishment

- **Maximum outstanding per advance:** E300 (must be accounted for within 3 working days)
- **Replenishment:** Submit all receipts and vouchers to Executive Director. Reimbursement cheque or transfer issued to petty cash custodian.
- **Monthly count:** Surprise cash count by Executive Director or Board Treasurer once per month. Discrepancy documented and investigated.

8.4. Petty Cash Voucher Requirements

Each petty cash expense must be recorded on a numbered YMSG Petty Cash Voucher including:

- Date
- Amount (figures and words)
- Purpose (specific, not vague like "miscellaneous")
- Recipient name and signature
- Custodian signature
- Witness signature (second staff member)
- Attached receipt (or explanation if no receipt)

9. Income and Receipts

9.1. Recording Income

All income received by YMSG, regardless of source or amount, must be recorded immediately:

Income Source	Recording Method
Cash donations	Official YMSG receipt book (duplicate copy retained) + deposit slip
Bank transfers	Print or save transfer confirmation; mark in accounting system
Mobile money	Screenshot or transaction log; note donor name if available
Grant disbursements	Grant agreement + bank statement + acknowledgment letter to donor
Fundraising events	Cash count sheet signed by two staff; deposit slip

9.2. Banking of Funds

- **Cash:** Deposited within **48 hours** of receipt (or next banking day if received after 3:00 PM).
- **No cash holding:** Cash must not be kept overnight except petty cash float. No "cash in drawers."
- **Bank deposit slip:** Must be attached to the corresponding receipt copy.

9.3. Official Receipts

- YMSG uses pre-numbered receipt books (three-part: original to payer, copy to file, copy to accounts).
- Receipts must include: date, amount, payer name (if known), purpose (e.g., "donation"), signature of receiver.
- Unused receipt books stored securely. Spoiled receipts marked "CANCELLED" and retained.

9.4. Donor Acknowledgments

- All donations receive a thank-you letter and tax receipt (if applicable) within 14 days.
- Anonymous donations recorded as "Anonymous Donor" but still receipted with a number.

10. Procurement and Purchasing

10.1. Competitive Quotes

Value	Quote Requirement
Up to E1,000	No formal quote required, but must be reasonable
E1,001 – E10,000	Minimum 2 verbal or written quotes
E10,001 – E50,000	Minimum 3 written quotes
Above E50,000	Formal tender process (advertised)

Exceptions: Sole supplier (e.g., utilities, specific software) or emergency with documented justification and Board approval.

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YMSG may maintain a list of approved vendors based on reliability, price, and quality. Vendors must provide valid tax clearance certificate from Eswatini Revenue Authority.

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For purchases above E25,000, a Procurement Committee (minimum 3 persons: Program Manager, Executive Director, and one Board member) will review quotes and recommend award.

10.4. Goods Received Note (GRN)

For all physical goods purchased, a staff member (not the purchaser) must inspect and sign a Goods Received Note confirming quantity and quality match order.

10.5. Prohibited Purchases

The following may NOT be purchased with YMSG funds:

- Alcohol or tobacco
- Gambling or lottery tickets
- Personal items (clothing, electronics for staff use unless approved as official equipment)
- Political contributions
- Weapons (except where required for lawful security, with Board approval)

11. Payroll and Staff Payments

11.1. Payroll Preparation

- Salaries are paid monthly, by bank transfer, on the **25th of each month** (or last working day before).

- Payroll prepared by designated staff (e.g., Admin Officer) and approved by Executive Director.
- Changes (new hires, terminations, raises) require signed employment contract or Board minute.

11.2. Statutory Deductions

YMSG must deduct and remit:

- **PAYE (Pay As You Earn)** – Eswatini Revenue Authority, by 7th of following month
- **Constituency Fund** – 1% of gross salary (if applicable)
- **Other deductions** – As required by law or employee authorization (e.g., loan repayments)

11.3. Timesheets

- All non-salaried staff (hourly, casual, temporary) must submit signed timesheets approved by supervisor.
- Volunteers may receive honoraria or transport reimbursement with signed attendance log.

11.4. Advances to Staff

- Salary advances are **not permitted** except for documented emergency (e.g., medical) with Board approval.
- Travel advances: maximum 80% of estimated expenses, accounted for within 5 days of return. Outstanding advances must be settled before next advance.

12. Asset Management

12.1. Asset Register

YMSG maintains a fixed asset register (electronic) recording:

- Asset description

- Serial number
- Date of purchase
- Cost
- Location (e.g., "Bigtree Complex, Office 17")
- Custodian (staff member responsible)
- Disposal date and method

Minimum capitalization threshold: E1,000 (items below this expensed immediately).

12.2. Asset Tagging

All assets over E1,000 are tagged with a YMSG asset number.

12.3. Physical Verification

Full asset count conducted annually (December) by independent staff (not custodians). Discrepancies investigated.

12.4. Asset Disposal

- No asset may be given away, sold, or discarded without Board approval (except broken items under E500).
- Proceeds from asset sales returned to YMSG general fund.
- Assets may not be transferred to staff or volunteers as gifts.

13. Fraud Prevention and Detection

13.1. Definition of Fraud (Non-Exhaustive List)

- Embezzlement or theft of cash

- Falsifying receipts or invoices
- Creating fake vendors or ghost employees
- Payroll fraud (clocking in for absent person)
- Procurement fraud (kickbacks, inflated quotes)
- Cheque forgery or alteration
- Expense claim fraud (claiming personal expenses)
- Misuse of YMSG assets for personal gain
- Financial statement manipulation

13.2. Preventive Measures

Measure	Description
Segregation of duties	No single person controls receipt, recording, authorization, and reconciliation.
Dual signatories	Two signatures for all payments over E500.
Bank reconciliation	Performed monthly by someone who does not handle cash or authorize payments.

Measure	Description
Surprise cash counts	Unannounced petty cash count monthly.
Whistleblower hotline	Confidential reporting channel (see Section 16).
Background checks	Financial background check for staff handling significant funds.
Mandatory leave	Staff handling finance must take 5 consecutive working days annual leave, during which their duties are covered by another person.

13.3. Fraud Response Procedure

If fraud is suspected:

1. **Do not confront** the suspected person immediately.
2. **Secure evidence** – preserve documents, restrict access to files.
3. **Report internally** – notify Executive Director (if not implicated) or Board Chair.
4. **Independent investigation** – conducted by Board Finance Subcommittee or external investigator.
5. **Preserve rights** – if evidence supports, suspend suspect with pay pending investigation.
6. **Decision** – if fraud confirmed:

- Termination of employment/engagement
- Demand for repayment (in writing, with repayment plan or legal action)
- Referral to Royal Eswatini Police for criminal prosecution
- Reporting to donor (if donor funds involved)

7. **Recovery** – YMSG will pursue civil recovery of stolen funds.

13.4. Protection of Whistleblowers

Any person reporting suspected fraud in good faith is protected from retaliation (see Policy YMSG-CONDUCT-003). False accusations made maliciously may result in disciplinary action.

14. Record Keeping and Documentation

14.1. Required Documents to Retain

Document Type	Retention Period
Bank statements, deposit slips, cancelled cheques	10 years
Invoices, receipts, petty cash vouchers	7 years
Payroll records, timesheets	7 years after employment ends

Document Type	Retention Period
Grant agreements, donor contracts	10 years after grant ends
Asset register	Life of asset + 5 years
Audit reports	Permanent
Board minutes (financial sections)	Permanent
Fraud investigation records	15 years after case closed

14.2. Filing System

- All financial documents filed chronologically and by category (income, expenditure, bank, payroll).
- Digital copies backed up weekly to encrypted cloud storage (e.g., Google Drive with 2FA) and external hard drive stored off-site.
- Physical documents stored in locked filing cabinets at Bigtree Complex, Office 17.

14.3. Access

Only Executive Director, Program Manager, Board Treasurer, and external auditor have unlimited access. Other staff access on need-to-know basis.

15. Audits and Reporting

15.1. Internal Controls Review

Quarterly self-assessment by Executive Director and Board Treasurer using internal control checklist.

15.2. External Audit

- **Annual audit** by a registered, independent external auditor (appointed by Board).
- **Audit timeline:** Audited financial statements for fiscal year (Jan–Dec) completed by March 31 of following year.
- **Audit report** presented to full Board and shared with major donors.
- **Management letter** responses (auditor recommendations) documented with implementation plan.

15.3. Donor Reporting

YMSG will provide financial reports to donors as required by grant agreements (e.g., quarterly, semi-annual). Reports must be accurate, complete, and submitted on time.

15.4. Government Reporting

YMSG will file annual returns with:

- Eswatini Revenue Authority (tax returns, VAT if registered)
- Ministry of Justice and Constitutional Affairs (NGO annual report)
- Constituency Fund (if applicable)

16. Reporting Financial Concerns (Whistleblowing)

Staff, volunteers, beneficiaries, or partners who suspect financial irregularity may report via:

Channel	Details
Direct to Executive Director	In person, phone, or email – admin@ymsg-eswatini.org
Direct to Board Chair	Contact details available upon request (confidential)
Anonymous reporting	Suggestion box at Bigtree Complex (marked "Financial Concern") or anonymous email via ProtonMail (ask HR for address)
Hotline	+268 2518 6612 – ask for "Finance Whistleblowing" – call recording not used for this line

No retaliation – YMSG strictly protects good-faith reporters.

17. Consequences of Financial Policy Violations

Violation Type	Example	Consequence
Minor (negligence)	Late bank reconciliation, missing receipt for small expense	Verbal warning + training

Violation Type	Example	Consequence
Moderate	Repeated late deposits, failure to follow quote policy	Written warning + probation
Serious	Authorizing own expenses without approval, splitting transactions to avoid limits	Suspension (without pay) + investigation
Gross/Fraud	Theft, falsification, kickbacks, ghost employees	Immediate dismissal + police referral + civil recovery + permanent blacklist

18. Training and Awareness

- **Induction:** All staff receive 3 hours of financial policy training (basic procedures for non-finance staff; detailed for finance staff).
- **Annual refresher:** 1 hour for all staff; 2 hours for finance-handling staff.
- **Sign-off:** All staff handling finances must sign a **Financial Integrity Acknowledgment** annually (Appendix A).
- **Board training:** Board members receive orientation on financial oversight responsibilities.

19. Contact for Financial Policy Concerns

YMSG Executive Director (for general financial policy)
YMSG Board Treasurer (for fraud concerns involving Executive Director)
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (mark FINANCE – CONFIDENTIAL)
Tel: +268 2518 6612

Anonymous reporting: Suggestion box or via third-party (see Section 16)

20. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Executive Director, Board Treasurer, Program Manager, External Auditor (advisor), Legal Advisor

YMSG Policy No. 5: Financial Management and Anti-Fraud Policy

Policy Number: YMSG-FIN-005
Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Executive Director
Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this policy is to ensure transparent, accountable, and responsible management of all financial resources belonging to or held by YMSG. YMSG is committed to safeguarding donor funds, government grants, and any other income against fraud, waste, abuse, and misappropriation. This policy establishes clear procedures for budgeting, authorization, payments, receipts, record-keeping, and fraud prevention.

YMSG recognizes that public trust depends on impeccable financial integrity. Any financial irregularity, no matter how small, damages the organization's reputation and harms the young mothers who depend on YMSG services.

2. Scope

This policy applies to:

- All YMSG staff (full-time, part-time, temporary, and probationary)
- All volunteers, interns, and contract workers who handle or authorize funds
- YMSG Board of Directors and Advisory Committee members
- Any partner organization managing funds on behalf of YMSG
- Consultants, vendors, and service providers receiving YMSG funds

This policy applies to all financial transactions including:

Transaction Type	Examples
Income	Donations, grants, fundraising proceeds, government subventions, fees (if any), bank interest
Expenditure	Salaries, office rent, utilities, program supplies, travel, training, equipment
Assets	Computers, furniture, vehicles, office equipment
Cash handling	Petty cash, event cash boxes, mobile money (e.g., MTN MoMo, Eswatini Mobile), bank transfers
Banking	Deposits, withdrawals, transfers, reconciliations

This policy applies to all YMSG financial records regardless of format (paper ledgers, spreadsheets, accounting software).

3. Definitions

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11.3. Timesheets

- All non-salaried staff (hourly, casual, temporary) must submit signed timesheets approved by supervisor.

- Volunteers may receive honoraria or transport reimbursement with signed attendance log.

11.4. Advances to Staff

- Salary advances are **not permitted** except for documented emergency (e.g., medical) with Board approval.
- Travel advances: maximum 80% of estimated expenses, accounted for within 5 days of return. Outstanding advances must be settled before next advance.

12. Asset Management

12.1. Asset Register

YMSG maintains a fixed asset register (electronic) recording:

- Asset description
- Serial number
- Date of purchase
- Cost
- Location (e.g., "Bigtree Complex, Office 17")
- Custodian (staff member responsible)
- Disposal date and method

Minimum capitalization threshold: E1,000 (items below this expensed immediately).

12.2. Asset Tagging

All assets over E1,000 are tagged with a YMSG asset number.

12.3. Physical Verification

Full asset count conducted annually (December) by independent staff (not custodians). Discrepancies investigated.

12.4. Asset Disposal

- No asset may be given away, sold, or discarded without Board approval (except broken items under E500).
- Proceeds from asset sales returned to YMSG general fund.
- Assets may not be transferred to staff or volunteers as gifts.

13. Fraud Prevention and Detection

13.1. Definition of Fraud (Non-Exhaustive List)

- Embezzlement or theft of cash
- Falsifying receipts or invoices
- Creating fake vendors or ghost employees
- Payroll fraud (clocking in for absent person)
- Procurement fraud (kickbacks, inflated quotes)
- Cheque forgery or alteration
- Expense claim fraud (claiming personal expenses)
- Misuse of YMSG assets for personal gain
- Financial statement manipulation
- Splitting transactions to avoid authorization limits

13.2. Preventive Measures

Measure	Description
Segregation of duties	No single person controls receipt, recording, authorization, and reconciliation.
Dual signatories	Two signatures for all payments over E500.
Bank reconciliation	Performed monthly by someone who does not handle cash or authorize payments.
Surprise cash counts	Unannounced petty cash count monthly.
Whistleblower hotline	Confidential reporting channel (see Section 16).
Background checks	Financial background check for staff handling significant funds.
Mandatory leave	Staff handling finance must take 5 consecutive working days annual leave, during which their duties are covered by another person.
Documentation retention	All financial records retained per Section 14.

13.3. Fraud Response Procedure

If fraud is suspected:

1. **Do not confront** the suspected person immediately.
2. **Secure evidence** – preserve documents, restrict access to files.
3. **Report internally** – notify Executive Director (if not implicated) or Board Chair.
4. **Independent investigation** – conducted by Board Finance Subcommittee or external investigator.
5. **Preserve rights** – if evidence supports, suspend suspect with pay pending investigation.
6. **Decision** – if fraud confirmed:
    - Termination of employment/engagement
    - Demand for repayment (in writing, with repayment plan or legal action)
    - Referral to Royal Eswatini Police for criminal prosecution
    - Reporting to donor (if donor funds involved)
7. **Recovery** – YMSG will pursue civil recovery of stolen funds.

13.4. Protection of Whistleblowers

Any person reporting suspected fraud in good faith is protected from retaliation (see Policy YMSG-CONDUCT-003). False accusations made maliciously may result in disciplinary action.

14. Record Keeping and Documentation

14.1. Required Documents to Retain

Document Type	Retention Period
Bank statements, deposit slips, cancelled cheques	10 years
Invoices, receipts, petty cash vouchers	7 years
Payroll records, timesheets	7 years after employment ends
Grant agreements, donor contracts	10 years after grant ends
Asset register	Life of asset + 5 years
Audit reports	Permanent
Board minutes (financial sections)	Permanent
Fraud investigation records	15 years after case closed

14.2. Filing System

- All financial documents filed chronologically and by category (income, expenditure, bank, payroll).
- Digital copies backed up weekly to encrypted cloud storage (e.g., Google Drive with 2FA) and external hard drive stored off-site.

- Physical documents stored in locked filing cabinets at Bigtree Complex, Office 17.

14.3. Access

Only Executive Director, Program Manager, Board Treasurer, and external auditor have unlimited access. Other staff access on need-to-know basis.

15. Audits and Reporting

15.1. Internal Controls Review

Quarterly self-assessment by Executive Director and Board Treasurer using internal control checklist.

15.2. External Audit

- **Annual audit** by a registered, independent external auditor (appointed by Board).
- **Audit timeline:** Audited financial statements for fiscal year (Jan–Dec) completed by March 31 of following year.
- **Audit report** presented to full Board and shared with major donors.
- **Management letter** responses (auditor recommendations) documented with implementation plan.

15.3. Donor Reporting

YMSG will provide financial reports to donors as required by grant agreements (e.g., quarterly, semi-annual). Reports must be accurate, complete, and submitted on time.

15.4. Government Reporting

YMSG will file annual returns with:

- Eswatini Revenue Authority (tax returns, VAT if registered)

- Ministry of Justice and Constitutional Affairs (NGO annual report)
- Constituency Fund (if applicable)

16. Reporting Financial Concerns (Whistleblowing)

Staff, volunteers, beneficiaries, or partners who suspect financial irregularity may report via:

Channel	Details
Direct to Executive Director	In person, phone, or email – admin@ymsg-eswatini.org
Direct to Board Chair	Contact details available upon request (confidential)
Anonymous reporting	Suggestion box at Bigtree Complex (marked "Financial Concern") or anonymous email via ProtonMail (ask HR for address)
Hotline	+268 2518 6612 – ask for "Finance Whistleblowing" – call recording not used for this line

No retaliation – YMSG strictly protects good-faith reporters.

17. Consequences of Financial Policy Violations

Violation Type	Example	Consequence
Minor (negligence)	Late bank reconciliation, missing receipt for small expense	Verbal warning + training
Moderate	Repeated late deposits, failure to follow quote policy	Written warning + probation
Serious	Authorizing own expenses without approval, splitting transactions to avoid limits	Suspension (without pay) + investigation
Gross/Fraud	Theft, falsification, kickbacks, ghost employees	Immediate dismissal + police referral + civil recovery + permanent blacklist

18. Training and Awareness

- **Induction:** All staff receive 3 hours of financial policy training (basic procedures for non-finance staff; detailed for finance staff).
- **Annual refresher:** 1 hour for all staff; 2 hours for finance-handling staff.
- **Sign-off:** All staff handling finances must sign a **Financial Integrity Acknowledgment** annually (Appendix A).
- **Board training:** Board members receive orientation on financial oversight responsibilities.

19. Contact for Financial Policy Concerns

YMSG Executive Director (for general financial policy)
YMSG Board Treasurer (for fraud concerns involving Executive Director)
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (mark FINANCE – CONFIDENTIAL)
Tel: +268 2518 6612

Anonymous reporting: Suggestion box or via third-party (see Section 16)

20. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Executive Director, Board Treasurer, Program Manager, External Auditor (advisor), Legal Advisor

YMSG Policy No. 6: Health, Safety, and Security Policy

Policy Number: YMSG-HSS-006
Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Operations Coordinator

Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this policy is to ensure a safe, healthy, and secure environment for all young mothers, children, staff, volunteers, and visitors at YMSG premises (Bigtree Complex, Office 17) and during all YMSG activities including home visits, community outreach, training workshops, and transport. YMSG is committed to preventing accidents, injuries, illnesses, and security incidents, and to responding effectively when emergencies occur.

YMSG recognizes that young mothers and their children are particularly vulnerable to health and safety risks. This policy therefore adopts a proactive approach to risk assessment, prevention, training, and emergency preparedness.

2. Scope

This policy applies to:

- All YMSG staff (full-time, part-time, temporary, and probationary)
- All volunteers, interns, and contract workers
- YMSG Board of Directors and Advisory Committee members during YMSG activities
- All beneficiaries (young mothers and their children) while on YMSG premises or participating in YMSG activities
- Visitors, donors, partners, and service providers while on YMSG premises

This policy applies during:

Setting	Examples
Office premises	Bigtree Complex, First Floor, Office 17, Matsapha
Home visits	Entering young mothers' residences
Community outreach	Public events, market visits, school talks
Workshops and training	Off-site venues hired by YMSG
Transport	YMSG vehicle or hired transport for beneficiaries or staff
Field trips or camps	Overnight or day trips for young mothers and children

3. Definitions

Term	Definition
Hazard	Anything with potential to cause harm (e.g., wet floor, faulty wiring, aggressive person).

Term	Definition
Risk	The likelihood that a hazard will cause harm, combined with the severity of that harm.
Risk Assessment	A systematic process of identifying hazards, evaluating risks, and determining controls.
Incident	Any unplanned event resulting in injury, illness, damage, or loss (includes near misses).
First Aid	Immediate assistance given to an injured or ill person before professional medical help arrives.
Emergency	A serious, unexpected, and dangerous situation requiring immediate action (e.g., fire, flood, violent attack, medical crisis).
Evacuation	Moving people from a dangerous area to a safe location.
Personal Protective Equipment (PPE)	Equipment worn to minimize risk (e.g., gloves, masks).

Term	Definition
Home Visit Safety Plan	A pre-visit assessment of risks at a beneficiary's home.
Duty of Care	YMSG's legal and moral obligation to protect the safety of beneficiaries and staff.

4. Key Principles

YMSG's health, safety, and security management is guided by the following principles:

Principle	Meaning
Prevention First	Identify and eliminate or reduce risks before any activity begins.
Duty of Care	YMSG is responsible for the safety of everyone under its supervision.
Risk Assessment	Every activity and location must have a documented risk assessment.
Training and Awareness	All staff and volunteers must know safety procedures.
Reporting and Learning	All incidents (including near misses) are reported and used to improve safety.

Principle	Meaning
Child Protection Integration	Health and safety measures must not compromise safeguarding (e.g., privacy vs. visibility).
Continuous Improvement	Safety procedures are reviewed and updated regularly.

5. Office Safety: Bigtree Complex, First Floor, Office 17

5.1. General Office Safety Requirements

- **Clear walkways:** Corridors and doorways free of boxes, cables, furniture.
- **Good lighting:** All areas adequately lit, including stairs and corridors.
- **Ventilation:** Windows openable or functioning air conditioning.
- **Temperature:** Reasonable heating/cooling maintained.
- **Housekeeping:** Regular cleaning; spills wiped immediately.
- **Waste disposal:** Bins emptied daily; hazardous waste (e.g., broken glass) in designated containers.

5.2. Fire Safety

Requirement	Detail
Fire extinguisher	Minimum one 2kg dry powder or CO2 extinguisher, located near exit, visible, not obstructed.
Inspection	Monthly visual check by Operations Coordinator; annual professional servicing.
Smoke detector	Battery-operated or hardwired detector tested monthly.
Emergency exits	Main door and alternative exit (if available) clearly marked "FIRE EXIT." Exits must be unlocked from inside at all times.
Evacuation plan	Map posted showing exit routes and assembly point.
Assembly point	Ground floor parking area of Bigtree Complex (away from building).
Fire drill	Conducted twice per year (staff and volunteers only; beneficiaries informed but not required to participate unless present).

Fire Response Procedure (R.A.C.E.):

Step	Action
R – Rescue	Rescue anyone in immediate danger.
A – Alarm	Raise alarm by shouting "FIRE, FIRE, FIRE" and call emergency services (999).
C – Contain	Close doors and windows if safe to do so.
E – Extinguish/Evacuate	Use extinguisher only if small and trained; otherwise evacuate immediately.

5.3. Electrical Safety

- No overloaded electrical sockets.
- All electrical equipment (kettles, heaters, computers) PAT tested annually.
- Damaged cords or plugs reported to Operations Coordinator immediately and taken out of service.
- Portable heaters (if used) placed away from flammable materials and never left unattended.
- Emergency lighting tested monthly.

5.4. Slips, Trips, and Falls Prevention

- Mats at entrance to reduce wet floors during rain.
- Spills cleaned immediately with "Wet Floor" sign displayed.
- Cables taped down or routed away from walkways.

- Stairs (if any in Bigtree Complex) have handrails and non-slip treads.

5.5. First Aid at Office

- **First Aid Kit:** Located in Office 17, clearly marked, checked monthly by Operations Coordinator. Contents restocked as used.
- **First Aider:** At least one staff member trained in First Aid (including CPR) present during all office hours.
- **First Aid Log:** All first aid treatments recorded in First Aid Log Book (date, person, injury, treatment given, follow-up).

Minimum First Aid Kit Contents:

Item	Quantity
Adhesive bandages (plasters)	20
Sterile gauze pads	10
Roller bandages	4
Triangular bandages	4
Antiseptic wipes	20
Disposable gloves (latex-free)	10 pairs

Item	Quantity
Scissors	1
Tweezers	1
Adhesive tape	1 roll
CPR face shield	2
Resealable plastic bags (for waste)	5
Emergency blanket	1

5.6. Bathroom and Hygiene

- Clean toilet and handwashing facilities available for beneficiaries.
- Soap and clean water or alcohol-based hand sanitizer provided.
- Sanitary pads available for young mothers (free of charge).
- Changing table or clean surface for baby changing (disinfectant wipes provided).

6. Home Visit Safety

YMSG staff and volunteers conduct home visits to young mothers who cannot travel to the office. These visits carry additional safety risks.

6.1. Pre-Visit Risk Assessment

Before any home visit, the staff member must complete a **Home Visit Safety Checklist** (Appendix A) assessing:

Factor	Questions
Location	Is the area known for crime? Is it accessible by car?
Beneficiary history	Has the young mother or family member ever been aggressive?
Time of day	Visits only between 8:00 AM and 5:00 PM (no evening visits).
Communication	Has the beneficiary confirmed the appointment?
Backup	Does someone know the address and estimated return time?

6.2. Home Visit Procedures

DO	DON'T
Visit in pairs whenever possible (two-deep rule).	Never visit alone if the area is high-risk.

DO	DON'T
Inform the office of your destination and expected return time.	Enter a home if no adult is present (only the young mother and child).
Carry YMSG identification badge.	Sit in an enclosed room without the door open or another adult present.
Take a fully charged mobile phone.	Accept food or drink if you feel unsafe.
Trust your instincts – leave if you feel uncomfortable.	Stay if the young mother's partner or family member is aggressive or intoxicated.
Document any safety concerns in the client file.	Conduct home visits after dark.

6.3. Emergency Procedure During Home Visit

If threatened or unsafe:

1. **Leave immediately** – do not argue or negotiate.
2. **Call for help** – contact office or police (999).
3. **Debrief** – inform Operations Coordinator within 1 hour.
4. **Incident report** – complete YMSG Incident Report Form within 24 hours.

5. **No re-entry** – do not return to that home without a safety plan approved by Executive Director.

6.4. Vehicle Safety for Home Visits

- YMSG vehicle (if available) must be roadworthy, with valid insurance and license.
- Seat belts must be worn by all occupants at all times.
- Driver must have valid Eswatini driver's license and no more than two moving violations in past 3 years.
- No speeding or use of mobile phone while driving (hands-free permitted for emergency only).
- Vehicle first aid kit and fire extinguisher carried at all times.

7. Community Outreach and Public Events

7.1. Pre-Event Risk Assessment

For any outreach event (e.g., health fair, market stall, school talk), a **Community Event Safety Plan** must be completed at least 7 days in advance, including:

- Venue assessment (lighting, exits, crowd size, proximity to road)
- Staff-to-beneficiary ratio (minimum 1:15 for young mothers; 1:8 for children)
- First aid provision (kit on site; first aider present)
- Communication plan (mobile phones, backup contact)
- Emergency transport (nearest clinic or hospital identified)
- Weather contingency (shade, water, shelter for rain)

7.2. Crowd Management

- Maintain visibility of all beneficiaries.
- Do not allow non-beneficiary adults to linger near YMSG activities without staff engagement.
- Identify a quiet space for any young mother or child experiencing distress.

7.3. Child Safety at Events

- Children of young mothers must be supervised by their mothers or designated YMSG staff.
- Lost child procedure: Immediately notify all staff, search venue, contact police if not found within 15 minutes.

8. Health and Infection Control

8.1. Communicable Disease Prevention (including COVID-19, Flu, TB)

- **Hand hygiene:** Hand sanitizer available at office entrance and in waiting area.
- **Ventilation:** Office windows opened regularly for fresh air.
- **Sick policy:** Staff with fever, cough, or contagious symptoms must stay home and work remotely if possible. Beneficiaries with symptoms should be rescheduled or offered phone/video consultation.
- **Cleaning:** High-touch surfaces (door handles, counters, pens) disinfected daily.
- **Masks:** Masks available for staff or beneficiaries who request them.

8.2. HIV and Health Confidentiality

- Staff shall not disclose any beneficiary's health status (including HIV) to anyone without consent, except as required for safeguarding.
- Used gloves or medical waste disposed of in designated biohazard bag (if applicable).

- Staff exposed to blood or bodily fluids must follow post-exposure prophylaxis (PEP) protocol: wash area immediately, report to supervisor, seek medical care within 72 hours.

8.3. Mental Health and Wellbeing

- YMSG recognizes that working with young mothers can be emotionally demanding.
- Staff and volunteers may access confidential counseling (up to 3 sessions per year, arranged by YMSG).
- Critical incident debriefing offered after any traumatic event (e.g., death of a beneficiary, violence).

9. Security and Access Control

9.1. Office Security (Bigtree Complex, Office 17)

Measure	Detail
Locking	Office door locked at all times except when staff are present. Keypad code changed every 3 months and when staff leave.
After-hours access	No staff or volunteers may access office alone after 6:00 PM without prior written approval from Executive Director.
Visitor log	All visitors sign in (name, organization, time in/out, purpose).
Identification	Staff and volunteers wear YMSG ID badges during working hours.

Measure	Detail
Valuables	No cash or client files left unattended. Laptops locked in cabinet overnight.

9.2. Personal Security for Staff

- Staff should not carry large amounts of cash or display valuables when traveling to/from work.
- Emergency contact numbers (police, ambulance, fire) posted in office.
- Staff who feel unsafe walking to their vehicle after dark may request an escort from another staff member.

9.3. Security Incidents

In case of robbery, burglary, or violent threat:

- **Do not resist** – comply with demands; personal safety first.
- **Observe** – note description of suspects (clothing, height, accent, direction of travel).
- **Call police** (999) as soon as safe.
- **Report to YMSG** – Executive Director immediately.
- **Secure premises** – do not touch anything until police arrive.

10. Emergency Preparedness and Response

10.1. Emergency Contact Numbers (Post in Office)

Service	Number
Police (Royal Eswatini Police)	999
Ambulance / Emergency Medical Services	999 or 977
Fire Department	999 or 977
Childline Eswatini	999 or 8044 (toll-free)
Gender-Based Violence Helpline	955
Nearest Hospital (Raleigh Fitkin Memorial Hospital, Manzini)	+268 2505 2000
Nearest Clinic (Matsapha Clinic)	+268 2518 3000
YMSG Executive Director (emergency only)	[Insert personal mobile]

10.2. Medical Emergency Procedure

If a beneficiary, staff member, or visitor requires urgent medical attention:

1. **Assess** – Is the person conscious? Breathing? Bleeding severely?

2. **Call for help** – Designate someone to call ambulance (999). Provide: location (Bigtree Complex, Matsapha), nature of emergency, condition of patient.
3. **Provide first aid** – Only if trained; do not move person if neck/back injury suspected.
4. **Accompany** – If ambulance delayed, transport by private vehicle with another person. Do not transport alone.
5. **Notify** – Executive Director and (if beneficiary) parent/guardian (if applicable and if young mother consents).
6. **Document** – Complete Incident Report within 24 hours.

10.3. Evacuation Procedure

When to evacuate: Fire, bomb threat, gas leak, building collapse threat.

Evacuation steps:

1. Stop all activities.
2. Shout "EVACUATE – LEAVE THE BUILDING."
3. Staff guide beneficiaries to nearest exit (do not use lifts if any).
4. Walk – do not run.
5. Assemble at **designated assembly point** (ground floor parking area, Bigtree Complex).
6. Staff count all beneficiaries and staff.
7. Do not re-enter building until declared safe by emergency services.

10.4. Missing Person Procedure

If a beneficiary (especially a child) is missing from YMSG premises or event:

1. **Immediate search** – Check toilets, corridors, outside area.

2. **Notify** – Operations Coordinator and Executive Director immediately.
3. **Expand search** – All staff search systematically.
4. **Contact police** if not found within 15 minutes.
5. **Contact parent/guardian** (if different from young mother).
6. **Document** – Complete Incident Report and safeguarding report if child.

11. Incident Reporting and Investigation

11.1. What Must Be Reported

All of the following must be reported, no matter how minor:

- Any injury to a beneficiary, staff, volunteer, or visitor
- Any illness occurring on YMSG premises or during YMSG activities
- Any near miss (incident that could have caused harm but did not)
- Any property damage or theft
- Any security incident (threat, aggression, burglary)
- Any fire or fire alarm activation
- Any vehicle accident involving YMSG transport

11.2. Incident Reporting Form

The **YMSG Incident Report Form** (Appendix B) must include:

- Date, time, location of incident

- Names of persons involved and witnesses
- Description of what happened (who, what, where, why)
- Injuries or damage sustained
- Action taken immediately (first aid, police, etc.)
- Follow-up actions required

11.3. Reporting Timeline

Incident Type	Report To	Timeline
Minor injury (e.g., small cut)	Operations Coordinator	Within 24 hours
Moderate injury (e.g., sprain, deep cut)	Operations Coordinator + Executive Director	Within 12 hours
Serious injury (e.g., fracture, head injury, loss of consciousness)	Executive Director + Safeguarding Officer (if child)	Within 2 hours
Death or life-threatening event	Executive Director + Board Chair + Police	Immediately

Incident Type	Report To	Timeline
Near miss	Operations Coordinator	Within 48 hours

11.4. Investigation

- Minor incidents: Reviewed by Operations Coordinator; corrective action identified.
- Moderate or serious incidents: Investigation led by Executive Director with written report to Board within 14 days.
- All incident reports are retained for **7 years** (15 years for child-related incidents).

12. Training and Awareness

12.1. Required Training for All Staff and Volunteers

Training Topic	Frequency	Duration
Fire safety and evacuation	Induction + annually	1 hour
First aid (minimum 1 staff per shift)	Every 3 years	1 day
Home visit safety	Induction	1 hour

Training Topic	Frequency	Duration
Incident reporting	Induction	30 minutes
Infection control	Induction + annually	30 minutes

12.2. Drills and Exercises

- Fire drill: Twice per year (announced or unannounced).
- Evacuation drill: Once per year for off-site events (where feasible).

12.3. Signage and Information

- Fire exit signs posted.
- Emergency contact list posted near telephone.
- First aid kit location marked.
- Evacuation map posted on office door.

13. Roles and Responsibilities

Role	Responsibility
Executive Director	Overall accountability for health, safety, and security. Approves safety plans. Leads serious incident investigations.
Operations Coordinator	Daily management of safety. Conducts risk assessments. Maintains first aid kits and fire extinguishers. Tracks training. Reports incidents.
All staff and volunteers	Follow safety procedures. Report hazards and incidents. Attend training. Do not put beneficiaries or colleagues at risk.
First Aider(s)	Provide first aid when needed. Maintain first aid log. Replenish first aid supplies.
Safeguarding Officer	Participates in incident investigations involving children or young mothers.

14. Monitoring and Review

- **Monthly:** Operations Coordinator inspects fire extinguisher, first aid kit, and tests smoke detector.
- **Quarterly:** Safety walkthrough of Bigtree Complex, Office 17; report to Executive Director.
- **Annually:** Full review of this policy by Operations Coordinator and Executive Director. External safety audit every 2 years (optional but recommended).

- **Incident trends:** Reviewed quarterly; corrective actions implemented.

15. Consequences of Policy Violation

Violation	Example	Consequence
Minor	Leaving fire exit blocked	Verbal warning + immediate correction
Moderate	Conducting home visit alone without approval	Written warning + re-training
Serious	Ignoring evacuation order or failing to report serious injury	Suspension pending investigation
Gross	Deliberately creating unsafe situation (e.g., tampering with fire extinguisher)	Immediate dismissal + possible legal action

16. Appendices (Summary)

Appendix	Content
Appendix A	Home Visit Safety Checklist

Appendix	Content
Appendix B	YMSG Incident Report Form
Appendix C	Office Safety Inspection Checklist
Appendix D	Community Event Safety Plan Template

These appendices are maintained as separate operational documents and are available from the Operations Coordinator.

17. Contact for Health, Safety, and Security Concerns

YMSG Operations Coordinator
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (mark H&S – CONFIDENTIAL)
Tel: +268 2518 6612

Emergency (life-threatening): 999 (Police/Ambulance/Fire)

18. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Operations Coordinator, Executive Director, Safeguarding Officer, Community Representative, Health & Safety Advisor (if available)

YMSG Policy No. 7: Volunteer Management Policy

Policy Number: YMSG-VOL-007
Effective Date: 1 July 2026
Review Date: Annually from effective date
Policy Owner: YMSG Program Manager
Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this policy is to establish a fair, transparent, and effective framework for the recruitment, management, support, and recognition of volunteers at YMSG. Volunteers are valuable assets who extend YMSG's capacity to serve young mothers and their children. This policy ensures that volunteers are treated with respect, given meaningful roles, adequately trained, and properly supervised, while also protecting YMSG and its beneficiaries from risk.

YMSG recognizes that volunteers give their time and skills without financial compensation. In return, YMSG commits to providing a safe, supportive, and rewarding volunteer experience.

2. Scope

This policy applies to:

- All current and prospective volunteers at YMSG
- All staff who supervise or work alongside volunteers
- Interns (unpaid) and students on placement (treated as volunteers for policy purposes)
- Occasional or event-based volunteers
- Long-term regular volunteers

This policy does **not** apply to:

- Paid staff (covered by employment policies)
- Board members (covered by governance policies)
- Contractors or consultants (covered by procurement policies)

3. Definitions

Term	Definition
Volunteer	A person who provides services to YMSG without financial compensation (except reimbursement for approved out-of-pocket expenses).
Regular Volunteer	A volunteer who commits to a scheduled, ongoing role (e.g., weekly reception support, mentorship).
Occasional Volunteer	A volunteer who assists with specific events or short-term projects (e.g., fundraising event, one-day workshop).

Intern	A student or recent graduate gaining practical experience, typically for a fixed period.
Volunteer Agreement	A written document outlining the volunteer's role, expectations, and terms.
Volunteer Supervisor	A designated YMSG staff member responsible for guiding, supporting, and monitoring a volunteer.
Reimbursement	Payment to a volunteer for actual out-of-pocket expenses incurred while volunteering (e.g., transport, lunch).
Honorarium	A nominal payment made as a gesture of gratitude (not wages). Honorariums are rare and require Executive Director approval.
Volunteer Recognition	Activities and gestures to acknowledge volunteers' contributions (e.g., certificates, thank-you events).

4. Key Principles

YMSG's volunteer management is guided by the following principles:

Principle	Meaning
Respect	Volunteers are treated as valued team members, not free labor.
Mutual Benefit	Volunteers contribute to YMSG's mission; YMSG provides experience, training, and a positive environment.
Safeguarding First	Volunteers working with young mothers and children must meet the same safeguarding standards as paid staff.

Clarity	Roles, expectations, and boundaries are clearly defined in writing.
Support and Supervision	Volunteers receive adequate guidance and have someone to turn to with questions or concerns.
Fairness	Volunteer opportunities are open and accessible; no discrimination.
Recognition	Volunteers' contributions are acknowledged meaningfully.

5. Volunteer Roles and Eligibility

5.1. Suitable Volunteer Roles

Volunteers may be engaged in roles such as:

Role Category	Examples
Direct service (client-facing)	Mentoring young mothers, facilitating support groups, assisting with childcare during workshops, accompanying home visits (with staff)
Administrative	Reception, filing, data entry, answering phones
Communications	Photography, social media content (under supervision), newsletter design
Fundraising	Event assistance, donor outreach, grant research
Maintenance	Office cleaning, gardening, minor repairs
Professional services	Legal advice, counseling (must be qualified), accounting, IT support

5.2. Roles Not Suitable for Volunteers

The following roles are reserved for paid staff (due to complexity, risk, or continuity needs):

- Safeguarding Officer
- Case management lead for complex cases
- Financial authorization (signatory)
- Executive Director or Program Manager

5.3. Minimum Age for Volunteers

Volunteer Type	Minimum Age	Conditions
Client-facing (working with young mothers/children)	18 years	Must pass safeguarding screening
Administrative (no client contact)	16 years	Parental consent required for under 18
Event-based (e.g., setting up chairs)	14 years	Parental consent + supervision at all times

6. Recruitment and Selection

6.1. Volunteer Recruitment Process

Step	Action	Responsible
1	Identify need (role description)	Program Manager
2	Advertise (social media, community notice boards, partner organizations)	Communications Officer

3	Receive applications (written or verbal)	Program Manager
4	Initial screening (phone or short meeting)	Program Manager
5	Formal interview (in-person)	Program Manager + relevant supervisor
6	Background check (police clearance for client-facing roles)	Program Manager
7	Reference checks (minimum 2)	Program Manager
8	Offer and Volunteer Agreement signed	Executive Director or Program Manager
9	Induction and training	Program Manager / Supervisor
10	Start volunteering	Supervisor

6.2. Volunteer Application Form (See Appendix G-1)

All prospective volunteers must complete a YMSG Volunteer Application Form including:

- Personal details (name, contact, emergency contact)
- Availability and skills
- Motivation for volunteering
- Criminal history declaration (for client-facing roles)
- Two references (name and contact)

6.3. Screening Requirements by Role Type

Role Type	Application Form	Interview	Police Clearance	References	ID Check

Client-facing (regular)	Yes	Yes	Yes (every 2 years)	Yes (2)	Yes
Client-facing (occasional/event)	Yes	Brief	Yes (first time only)	Yes (1)	Yes
Administrative (no client contact)	Yes	Optional	No	Optional	Yes
Event-only (no client contact)	Simplified	No	No	No	Yes

6.4. Prohibited from Volunteering

A person may not volunteer at YMSG if they:

- Have a conviction for any offense involving harm to a child or vulnerable adult
- Are listed on any child protection or sexual offender registry
- Have been dismissed from another organization for safeguarding violations
- Are currently under investigation for a safeguarding offense

7. Volunteer Agreement

Every volunteer must sign a **Volunteer Agreement** (Appendix G-1) before starting any role. The agreement includes:

Section	Content
Role description	Tasks, hours, location, supervisor name
Commitment period	Start date, expected duration, notice period for leaving
Policies acknowledged	Safeguarding, Code of Conduct, Data Protection, Equal Opportunity, Social Media

Expense reimbursement	Eligible expenses, process for claiming
Confidentiality	Obligation to protect client information
Termination	Grounds for ending volunteer relationship
Signatures	Volunteer and YMSG representative

The agreement is reviewed and re-signed annually.

8. Induction and Training

8.1. Mandatory Induction (Before Any Client Contact)

All new volunteers must complete induction covering:

Topic	Duration	Delivered By
YMSG mission, values, and services	30 minutes	Program Manager
Safeguarding policy (YMSG-SAFE-001)	1.5 hours	Safeguarding Officer
Code of Conduct (YMSG-CONDUCT-003)	1 hour	Program Manager
Confidentiality and data protection (YMSG-DATA-002)	1 hour	Data Protection Officer
Health and safety (YMSG-HSS-006)	1 hour	Operations Coordinator
Role-specific training	Varies	Supervisor

8.2. Ongoing Training

- Volunteers are invited to relevant staff training sessions (space permitting).

- Annual refresher training on safeguarding (2 hours) required for all client-facing volunteers.
- Additional training provided as needed for specific roles.

8.3. Training Records

The Program Manager maintains a training log for each volunteer, including dates and topics completed. Records kept for 5 years after volunteer's last activity.

9. Supervision and Support

9.1. Designated Supervisor

Every volunteer is assigned a YMSG staff member as their supervisor. The supervisor is responsible for:

- Providing clear instructions and resources
- Being available for questions and support
- Monitoring volunteer performance and wellbeing
- Addressing any concerns promptly
- Completing regular check-ins (see below)

9.2. Check-In Schedule

Volunteer Type	Check-In Frequency	Format
Regular (weekly)	Fortnightly (30 minutes)	One-on-one
Occasional (event-based)	Before and after each event	Brief conversation

Intern (long-term)	Weekly (1 hour)	One-on-one with written notes

Check-ins cover: tasks completed, challenges, wellbeing, feedback, upcoming schedule.

9.3. Volunteer Wellbeing

- Volunteers who experience distress (e.g., after a difficult client interaction) may access confidential debriefing with their supervisor or Safeguarding Officer.
- Volunteers may request a change of role or reduction in hours if feeling overwhelmed.
- YMSG respects volunteers' mental health boundaries.

10. Expenses and Reimbursement

10.1. Eligible Expenses

YMSG reimburses volunteers for reasonable out-of-pocket expenses incurred while volunteering:

Expense	Limit	Conditions
Transport (public)	Actual fare	Receipt or written log required
Transport (private vehicle)	E2 per km	Pre-approved; mileage log required
Lunch	E50 per day	Only if volunteering 4+ consecutive hours
Phone/internet	E30 per month	Only if regular volunteer using personal phone for YMSG calls
Materials	Actual cost	Pre-approved by supervisor; receipt required

10.2. Reimbursement Process

1. Volunteer completes **Volunteer Timesheet and Reimbursement Form** (Appendix G-2)

2. Supervisor reviews and approves
3. Form submitted to Finance Officer
4. Reimbursement paid within 14 days (bank transfer or cash with receipt)

10.3. What YMSG Does NOT Reimburse

- Lost or damaged personal items
- Personal entertainment
- Travel to/from home to office on non-volunteering days
- Clothing or uniforms (YMSG provides branded t-shirts for events where possible)

10.4. Honorariums

Honorariums (nominal thank-you payments) are rare and require Executive Director approval. Honorariums are not wages and do not create an employment relationship. Typical honorarium: E200 per day for specialized skilled volunteering (e.g., professional counselor).

11. Code of Conduct for Volunteers

Volunteers must abide by the same Code of Conduct as staff (YMSG-CONDUCT-003), including:

- Professional boundaries with beneficiaries (no romantic/sexual relationships)
- Confidentiality
- No discrimination or harassment
- No soliciting gifts or loans from beneficiaries

- Reporting any safeguarding concerns
- No use of alcohol or drugs while volunteering

Violations will be addressed as per Section 14.

12. Volunteer Recognition

YMSG is committed to recognizing volunteers' contributions meaningfully.

12.1. Informal Recognition

- Verbal thank-you at check-ins and team meetings
- Including volunteers in staff appreciation events
- Birthday or holiday cards

12.2. Formal Recognition

Milestone	Recognition
50 hours of service	Certificate of Appreciation
100 hours of service	Certificate + YMSG branded gift (e.g., water bottle, t-shirt)
250 hours of service	Certificate + public acknowledgment on YMSG social media (with consent)
500+ hours of service	Certificate + letter of recommendation + named on donor wall (if applicable)
Annual Volunteer of the Year	Award presented at annual general meeting; small gift (value up to E500)

12.3. References

YMSG will provide a written reference letter for volunteers who complete at least 50 hours of service or 6 months of regular volunteering, upon request. The reference will confirm:

- Volunteer role and dates
- Tasks performed
- Skills demonstrated
- Reliability and conduct

13. Volunteer Records

The Program Manager maintains a **Volunteer Personnel File** for each volunteer, including:

- Application form and references
- Signed Volunteer Agreement (current and previous)
- Police clearance certificate (if applicable)
- Training records
- Check-in notes (summary)
- Incident or disciplinary records (if any)
- Recognition received
- Exit information (if volunteer leaves)

Retention period: Volunteer files kept for 5 years after last volunteer activity. Safeguarding-related records kept for 15 years.

Confidentiality: Volunteer files are confidential, stored in locked cabinet, accessible only to Program Manager, Executive Director, and HR (if designated).

14. Termination of Volunteer Relationship

14.1. Voluntary Termination (Volunteer Leaves)

- Volunteers should provide notice as per their agreement (typically 2 weeks for regular volunteers; 48 hours for occasional).
- Exit check-in conducted by supervisor to thank volunteer, gather feedback, and collect YMSG property (ID badge, keys, etc.).

14.2. Involuntary Termination (YMSG Ends Relationship)

YMSG may end a volunteer relationship for:

- **Performance issues** (e.g., repeatedly failing to show up, poor quality work despite support)
- **Policy violations** (e.g., breach of confidentiality, safeguarding violation)
- **Misconduct** (e.g., theft, harassment, substance use while volunteering)

14.3. Process for Involuntary Termination

Severity	Process
Minor (e.g., tardiness, forgotten task)	Verbal warning + improvement plan
Moderate (e.g., repeated absences, minor policy breach after warning)	Written warning + final probation period

Gross (e.g., safeguarding violation, theft, harassment)	Immediate termination without warning; police referral if criminal

Appeal: A volunteer terminated for misconduct may appeal in writing to the Executive Director within 14 days.

15. Volunteer Grievance Procedure

If a volunteer has a complaint about their treatment, supervision, or any aspect of their volunteer experience:

1. **Raise informally** with supervisor (within 7 days of incident).
2. If unresolved, **submit written complaint** to Program Manager (Appendix D-1 grievance form, marked "Volunteer Grievance").
3. Program Manager investigates and responds within 14 working days.
4. If dissatisfied, **appeal to Executive Director** within 14 days.
5. Executive Director's decision is final.

No retaliation against volunteers who raise concerns in good faith.

16. Insurance and Liability

16.1. Public Liability Insurance

YMSG maintains public liability insurance covering volunteers while performing approved volunteer activities (at Bigtree Complex or approved off-site events). Volunteers are not covered for travel to/from home.

16.2. Personal Accident Insurance

YMSG does not provide personal accident insurance for volunteers. Volunteers are advised to have their own medical insurance.

16.3. Volunteer Responsibility

Volunteers are expected to act reasonably and follow YMSG policies. Gross negligence or intentional misconduct may void insurance coverage and result in personal liability.

17. Interns and Students on Placement

Interns (unpaid) are treated as volunteers for policy purposes, with additional considerations:

- A **Learning Agreement** (signed by YMSG, intern, and educational institution) outlining learning objectives, supervision, and evaluation.
- Interns receive structured feedback and an end-of-placement evaluation report.
- Interns must meet all safeguarding and screening requirements.
- Interns are not guaranteed employment after placement.

18. Roles and Responsibilities

Role	Responsibility
Program Manager	Overall volunteer management; recruitment, training coordination, volunteer records, recognition program
Volunteer Supervisor (staff)	Day-to-day guidance, check-ins, performance feedback, wellbeing monitoring

Executive Director	Approves honorariums; decides appeals; signs off on immediate terminations for gross misconduct
Safeguarding Officer	Safeguarding training; investigating safeguarding concerns involving volunteers
Volunteers themselves	Follow policies; attend training; communicate availability and concerns; treat beneficiaries and staff with respect

19. Training for Staff Who Supervise Volunteers

Staff who supervise volunteers must complete additional training on:

- Volunteer management best practices
- Providing constructive feedback
- Recognizing volunteer burnout
- Handling volunteer grievances

20. Monitoring and Review

- **Quarterly:** Program Manager reports to Executive Director on volunteer numbers, hours contributed, retention rates, and any issues.
- **Annual:** Volunteer satisfaction survey (anonymous) covering orientation, supervision, recognition, and suggestions for improvement.
- **Policy review:** This policy reviewed annually by Program Manager and Executive Director.

21. Consequences of Policy Violation (by Volunteers)

Violation	Example	Consequence
Minor	Lateness without notification	Verbal warning
Moderate	Discussing client information outside YMSG (no breach reported)	Written warning + re-training
Serious	Breach of confidentiality causing harm	Termination + possible legal action
Gross	Sexual relationship with beneficiary	Immediate termination + police referral

22. Contact for Volunteer Management Concerns

YMSG Program Manager
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (mark VOLUNTEER – CONFIDENTIAL)
Tel: +268 2518 6612

23. Appendices

Appendix	Title
Appendix G-1	YMSG Volunteer Application and Agreement
Appendix G-2	YMSG Volunteer Timesheet and Reimbursement Form

(These appendices are provided in the separate Appendices document.)

24. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1June 2026

Next Review Date: 1 June 2027 (12 months from approval)

Policy Review Committee: Program Manager, Executive Director, Safeguarding Officer, Legal Advisor, Volunteer Representative

Bigtree Complex, First Floor, Office 17
Matsapha, P. O Box 7124 Manzini, M200, Eswatini

Email: admin@ymsg-eswatini.org
Tel: +268 2518 6612

Document Control

Field	Information
Document Title	YMSG Policy Manual
Effective Date	1 June 2026
Prepared By	YMSG Board of Directors and Management Team

Approved By	YMSG Board of Directors
Next Review Date	1 June 2027
Policy Owner	YMSG Executive Director

YMSG Policy No. 8: Equal Opportunity and Non-Discrimination Policy

Policy Number: YMSG-EQUAL-008
Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Executive Director
Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this policy is to affirm YMSG's commitment to equal opportunity and non-discrimination in all aspects of its work. YMSG believes that every young mother, child, staff member, volunteer, and partner deserves to be treated with dignity, respect, and fairness, regardless of their personal characteristics or background.

This policy ensures that YMSG provides services without prejudice, employs and manages staff fairly, and creates an inclusive environment where diversity is valued. YMSG recognizes that young mothers already face multiple forms of discrimination due to age, gender, and motherhood status. This policy therefore takes an active stance against any additional barriers to their participation.

2. Scope

This policy applies to:

- **All beneficiaries** – young mothers (aged 13–24) and their children accessing YMSG services
- **All staff** – full-time, part-time, temporary, probationary, and casual
- **All volunteers, interns, and contract workers**
- **YMSG Board of Directors and Advisory Committee members**
- **Job applicants** – during recruitment and selection
- **Partners, vendors, and service providers** – in their interactions with YMSG
- **Visitors and donors** – while on YMSG premises

This policy applies to all YMSG activities and decisions including:

Area	Examples
Service delivery	Eligibility for programs, quality of services, referrals
Employment	Recruitment, hiring, promotion, training, termination, pay
Volunteer management	Acceptance, placement, recognition, dismissal

Area	Examples
Governance	Board recruitment, committee assignments
Procurement	Vendor selection, contract awards
Office conduct	Day-to-day interactions among staff and with beneficiaries

3. Definitions

Term	Definition
Discrimination	Any distinction, exclusion, restriction, or preference based on a protected characteristic that has the purpose or effect of nullifying or impairing equal treatment.
Direct Discrimination	Explicitly treating someone less favorably because of a protected characteristic (e.g., "We don't serve unmarried mothers").
Indirect Discrimination	A rule or practice that appears neutral but disproportionately disadvantages people with a protected characteristic (e.g., requiring all staff to work Saturdays, which may discriminate against those with religious observance on that day).

Term	Definition
Harassment	Unwanted conduct related to a protected characteristic that violates dignity or creates an intimidating, hostile, degrading, humiliating, or offensive environment.
Victimisation	Treating someone unfavorably because they have made a complaint or supported someone else's complaint about discrimination.
Protected Characteristics	Personal attributes protected from discrimination under this policy (see Section 4).
Reasonable Accommodation	Adjustments made to enable a person with a disability or other protected characteristic to participate fully, unless this causes disproportionate burden.
Positive Action	Measures taken to address historic underrepresentation or disadvantage (e.g., targeted outreach to young mothers with disabilities).
Affirmative Action	Legally permitted preferential treatment to correct past discrimination (must be in compliance with Eswatini law).
Inclusion	Creating an environment where all individuals feel welcomed, respected, supported, and valued.

4. Protected Characteristics

YMSG prohibits discrimination based on the following protected characteristics (non-exhaustive list, consistent with the Constitution of Eswatini and international human rights standards):

Characteristic	Examples of Prohibited Treatment
Age	Refusing services to a young mother because she is "too young" (under 18) or "too old" (over 20).
Gender / Sex	Treating a young mother differently from a young father (if father seeks services).
Pregnancy or parenting status	Denying services because a young mother has more than one child or is pregnant again.
Marital status	Refusing services to an unmarried young mother or a divorced young mother.
Tribe / Ethnicity / National origin	Favoring or disfavoring a young mother because she is Swati, Zulu, Mozambican, etc.
Religion or belief	Forcing a young mother to pray or participate in religious activities she does not follow.

Characteristic	Examples of Prohibited Treatment
HIV/AIDS or other health status	Refusing counseling or services because a young mother is HIV-positive.
Disability	Denying services because a young mother uses a wheelchair, has a hearing impairment, or has a mental health condition.
Sexual orientation	Treating a young mother unfairly because she identifies as lesbian, bisexual, or queer.
Gender identity or expression	Refusing services to a transgender young mother or gender-nonconforming person.
Socio-economic status	Treating a young mother with less respect because she is very poor.
Criminal record (unrelated to role)	Refusing volunteer position to someone with a minor, non-relevant past offense (excluding safeguarding-relevant crimes).
Political affiliation	Favoring or disfavoring someone for supporting a particular political party.

Note: For employment, certain characteristics may be legitimate occupational requirements in limited circumstances (e.g., only female staff for intimate counseling services). Any such requirement must be documented and justified.

5. Non-Discrimination in Service Delivery

5.1. Eligibility for Services

All young mothers aged 13–24 who seek YMSG services are eligible regardless of their other characteristics. YMSG shall not:

- Refuse services based on any protected characteristic.
- Impose additional conditions or barriers on certain groups (e.g., requiring proof of marriage, parental consent for older minors seeking reproductive health services where law allows independent consent).
- Prioritize one group over another based on non-relevant characteristics (e.g., only serving young mothers from a particular chiefdom).

5.2. Quality of Service

YMSG shall provide the same quality of services to all beneficiaries, including:

- Same waiting times
- Same access to resources (e.g., sanitary pads, baby supplies)
- Same level of respect and attentiveness from staff

Example of prohibited discrimination: A counselor spending less time with an HIV-positive young mother or speaking to her in a dismissive tone.

5.3. Referrals

If YMSG cannot meet a young mother's needs (e.g., specialized mental health care), referrals must be made without discrimination. YMSG will maintain a list of inclusive referral partners who also adhere to non-discrimination principles.

5.4. Language Access

YMSG will provide services in English and Siswati. For young mothers who speak other languages (e.g., Portuguese, Zulu, Tsonga), YMSG will make reasonable efforts to arrange interpretation, including using volunteer translators or phone interpretation services.

6. Non-Discrimination in Employment and Volunteering

6.1. Recruitment and Hiring

YMSG is committed to fair and transparent recruitment. No applicant shall be discriminated against on any protected characteristic.

Recruitment practices:

Practice	Requirement
Job advertisements	Must state "YMSG is an equal opportunity employer. Women and persons with disabilities are encouraged to apply."
Shortlisting	Based only on job-related criteria (qualifications, experience, skills).
Interviews	Same questions asked of all candidates; no questions about marital status, religion, pregnancy plans, etc.
Selection	Based on merit and ability to perform role (with reasonable accommodation if needed).

Practice	Requirement
Background checks	Conducted equally for all final candidates; criminal record considered only as relevant to role (e.g., safeguarding).

Positive action: Where two candidates are equally qualified, YMSG may prioritize a candidate from an underrepresented group (e.g., a young mother herself, a person with disability) to diversify the workforce.

6.2. Employment Terms and Conditions

- **Pay and benefits:** Equal pay for equal work regardless of gender, age, or other characteristics.
- **Promotion:** Based on performance and qualifications, not favoritism or discrimination.
- **Training opportunities:** Available to all staff without bias.
- **Disciplinary actions:** Applied consistently regardless of protected characteristics.
- **Termination:** Never based on pregnancy, HIV status, disability, or other protected characteristic.

6.3. Pregnancy and Maternity

YMSG supports young mothers on staff and volunteers:

- Pregnant staff are entitled to maternity leave as per Eswatini labour law.
- Pregnant volunteers may take temporary leave and return to same role.
- No staff or volunteer shall be dismissed, demoted, or denied opportunities due to pregnancy or breastfeeding.
- YMSG will provide a private, clean space for breastfeeding or expressing milk at Bigtree Complex, Office 17 (upon request).

6.4. Staff with Disabilities

YMSG will provide reasonable accommodations to enable staff and volunteers with disabilities to perform their roles, including:

- Physical modifications (e.g., ramps – noting Bigtree Complex first floor may limit access; alternative ground-floor workspace arranged)
- Flexible working hours
- Assistive technology (e.g., screen readers, large-print materials)
- Sign language interpreters for meetings

Undue hardship exemption: YMSG is not required to make accommodations that would cause significant financial or operational difficulty. This decision must be documented and approved by Executive Director.

6.5. HIV/AIDS in the Workplace

- No HIV testing required for employment or volunteering.
- HIV status is confidential medical information.
- No staff or volunteer shall be dismissed or discriminated against because of HIV status.
- YMSG will provide reasonable time off for medical appointments related to HIV treatment.

7. Harassment and Bullying Prohibition

7.1. Definition of Harassment

Harassment is any unwanted conduct related to a protected characteristic that violates dignity or creates an intimidating, hostile, degrading, humiliating, or offensive environment.

Examples of harassment:

Type	Example
Verbal	Offensive jokes, slurs, name-calling, comments about body or appearance.
Non-verbal	Offensive gestures, displaying discriminatory images or posters.
Physical	Unwanted touching, blocking movement, physical assault.
Visual	Sending discriminatory emails, messages, or images.
Sexual harassment	Unwanted sexual advances, requests for sexual favors, sexual jokes, leering, sending explicit images.

7.2. Bullying

Bullying is repeated, unreasonable behavior directed at a person that creates a risk to health and safety.

Examples of bullying:

- Constant criticism or belittling
- Exclusion from meetings or social activities
- Spreading rumors or gossip
- Setting impossible deadlines or removing responsibilities without reason

- Shouting or aggressive behavior

7.3. Reporting Harassment or Bullying

- **Internal reporting:** Complainant may report to their supervisor, Human Resources (if designated), Executive Director, or any Board member.
- **Anonymous reporting:** Via suggestion box at Bigtree Complex or email admin@ymsg-eswatini.org marked "CONFIDENTIAL – Harassment Report."
- **Support:** Complainant may bring a support person to any meetings.
- **Investigation:** Initiated within 3 working days; concluded within 14 working days.
- **Protection:** No retaliation against complainant (zero tolerance – see Section 10).

7.4. Consequences of Harassment or Bullying

Severity	Example	Consequence
Minor	One off-color joke (apology given)	Verbal warning + training
Moderate	Repeated exclusion of colleague	Written warning + mandatory sensitivity training
Serious	Sexual harassment (non-physical)	Suspension + investigation; possible dismissal

Severity	Example	Consequence
Gross	Physical sexual assault or repeated severe harassment	Immediate dismissal + police referral

8. Accessibility and Reasonable Accommodation for Beneficiaries

8.1. Physical Accessibility

YMSG recognizes that Bigtree Complex, First Floor, Office 17 has limitations for persons with mobility impairments.

Measures taken:

- Alternative meeting arrangements offered (ground-floor space in Bigtree Complex if available, or home visits for mobility-impaired young mothers).
- Stairs have handrails.
- Staff are trained to offer assistance.

Future improvements: YMSG will prioritize renting or moving to a fully accessible office when financially feasible.

8.2. Communication Accessibility

Need	Accommodation
Hearing impairment	Written communication; sign language interpreter arranged in advance (48 hours' notice).

Need	Accommodation
Visual impairment	Large-print materials; verbal reading of forms; audio recording of key information.
Low literacy	Verbal explanation of all forms and policies; consent obtained orally with witness.
Intellectual disability	Simplified language; extra time for decision-making; support person allowed.

8.3. Young Mothers with Disabilities

YMSG will not refuse services to a young mother with a disability. Staff will work with the young mother and (with consent) a family member or disability support worker to identify reasonable accommodations.

9. Positive Action and Inclusion Initiatives

YMSG recognizes that some groups face historic or systemic discrimination. YMSG may take positive action to address this, including:

Initiative	Target Group	Example
Outreach	Young mothers in remote rural areas	Mobile services or transport assistance

Initiative	Target Group	Example
Peer support groups	HIV-positive young mothers	Dedicated safe space group
Scholarships or subsidies	Young mothers with disabilities	Transport or childcare support to attend programs
Leadership development	Young mothers from marginalized tribes	Mentorship and skills training
Awareness campaigns	All staff and beneficiaries	Regular training on disability inclusion, LGBTQ+ sensitivity

These initiatives are lawful and do not discriminate against other groups because they are designed to address specific barriers.

10. Protection Against Retaliation and Victimisation

10.1. Prohibition

YMSG strictly prohibits any form of retaliation or victimisation against a person who:

- Makes a complaint of discrimination or harassment
- Supports someone else's complaint (e.g., as a witness)
- Raises a concern about a potential violation of this policy

- Participates in an investigation

10.2. Examples of Retaliation

- Demotion, dismissal, or denial of promotion
- Unfair performance reviews
- Exclusion from meetings or training
- Threats, intimidation, or verbal abuse
- Increased scrutiny or nitpicking

10.3. Consequences of Retaliation

Any staff or volunteer found to have retaliated against a complainant will face disciplinary action up to and including immediate dismissal, and may be reported to police if criminal (e.g., threats of violence).

10.4. Support for Complainants

YMSG will offer:

- Access to counseling (up to 3 sessions)
- Adjustments to working or service arrangements to avoid contact with alleged harasser (if requested and feasible)
- Regular updates on investigation progress

11. Training and Awareness

11.1. Required Training for All Staff and Volunteers

Training Topic	Frequency	Duration
Equal opportunity and non-discrimination	Induction	2 hours
Unconscious bias	Induction + every 2 years	1.5 hours
Harassment prevention	Induction + annually	1 hour
Disability inclusion and reasonable accommodation	Induction + every 2 years	1 hour
LGBTQ+ sensitivity	Induction	1 hour

11.2. Training for Managers and Supervisors

Additional training on:

- Handling discrimination complaints
- Reasonable accommodation decision-making
- Preventing indirect discrimination
- Promoting inclusive teams

11.3. Beneficiary Awareness

- Posters summarizing this policy displayed in waiting area (English and Siswati).
- Young mothers informed of their right to non-discrimination during intake.

- Complaint channels explained (see Policy YMSG-GRIEV-004).

12. Monitoring, Reporting, and Review

12.1. Data Collection (Anonymized and Confidential)

YMSG will collect anonymized data to monitor equal opportunity:

Area	Data Collected
Beneficiaries	Age, gender, disability status, tribe (optional, self-identified), HIV status (aggregate only)
Staff	Recruitment pipeline (applicants, shortlisted, hired by characteristic)
Complaints	Number and type of discrimination/harassment complaints, outcomes

Data use: To identify patterns of potential discrimination and target positive action.

Confidentiality: Individual data protected under Policy YMSG-DATA-002.

12.2. Reporting

- **Quarterly:** Executive Director reports to Board on equal opportunity metrics (aggregate, no individual identifiers).
- **Annually:** Summary report shared with staff and (anonymized) with beneficiaries via newsletter.

12.3. Policy Review

This policy will be reviewed annually by the Executive Director and Board. Revisions made to reflect changes in Eswatini law, best practices, or identified gaps.

13. Complaints Procedure for Discrimination or Harassment

13.1. Internal Steps

Step	Action	Timeline
1	Complainant reports to supervisor, Executive Director, or via anonymous channel	As soon as possible
2	YMSG acknowledges receipt	Within 48 hours
3	Investigation (if complaint not resolved informally)	Initiated within 5 working days
4	Outcome communicated to both parties	Within 21 working days of report
5	Appeal to Board if dissatisfied	Within 14 days of outcome

13.2. Informal Resolution

For minor issues (e.g., insensitive comment not amounting to harassment), YMSG may offer mediation or facilitated conversation between parties, if both agree and complainant feels safe.

13.3. External Reporting

Complainants who are not satisfied with YMSG's internal process may report externally to:

External Body	Contact
Eswatini Human Rights Commission	+268 2406 8934
Department of Labour (for employment discrimination)	+268 2404 6000
Royal Eswatini Police (for criminal harassment or assault)	999

YMSG will not penalize any person who reports externally.

14. Roles and Responsibilities

Role	Responsibility
Executive Director	Overall accountability for this policy. Ensures resources for reasonable accommodations. Receives escalated complaints. Reports to Board.

Role	Responsibility
All managers and supervisors	Model inclusive behavior. Address minor issues promptly. Refer complaints appropriately. Ensure team members complete training.
All staff and volunteers	Comply with policy. Treat everyone with respect. Report concerns. Complete training.
Human Resources (or designated person)	Manages recruitment fairly. Tracks equal opportunity data. Coordinates training.
Board of Directors	Oversees policy implementation. Decides appeals. Approves positive action initiatives.

15. Consequences of Policy Violation

Violation	Example	Consequence
Minor	Making a non-malicious insensitive comment (apologizes)	Verbal warning + training

Violation	Example	Consequence
Moderate	Repeated exclusion of a colleague based on tribe or religion	Written warning + mandatory sensitivity training
Serious	Denying services to a young mother because of HIV status	Suspension + investigation; possible dismissal
Gross	Sexual harassment, physical assault, or retaliatory dismissal	Immediate dismissal + police referral

16. Statement of Commitment (To Be Displayed)

YMSG will display the following statement prominently at Bigtree Complex, Office 17 and include in all handbooks:

YMSG Equal Opportunity Statement

Young Mothers Support Group (YMSG) is committed to providing services, employment, and volunteer opportunities without discrimination based on age, gender, marital status, tribe, religion, HIV status, disability, sexual orientation, gender identity, or any other protected characteristic. We believe that every young mother deserves dignity, respect, and fair treatment. Harassment, bullying, and discrimination are not tolerated. All persons are encouraged to report concerns without fear of retaliation.

To report a concern: Speak to any staff member, use the suggestion box, or email admin@ymsg-eswatini.org marked "Confidential."

YMSG Executive Director
Bigtree Complex, First Floor, Office 17, Matsapha

17. Contact for Equal Opportunity Concerns

YMSG Executive Director (for policy matters or complaints involving senior staff)
Board Chair (for complaints involving Executive Director)
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (mark EQUAL OPPORTUNITY – CONFIDENTIAL)
Tel: +268 2518 6612

Anonymous reporting: Suggestion box at Bigtree Complex

18. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Executive Director, Human Resources (or designee), Community Representative (young mother or person with disability), Legal Advisor

YMSG Policy No. 9: Communication and Social Media Policy

Policy Number: YMSG-COMM-009

Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Communications Officer
Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this policy is to establish clear guidelines for all communication and social media activities conducted by or on behalf of YMSG. This policy ensures that YMSG's communications are professional, consistent, respectful, and protective of beneficiary privacy. It also sets boundaries for staff and volunteers regarding personal social media use to prevent harm to YMSG's reputation or to the young mothers served.

YMSG recognizes that social media and digital communication are powerful tools for advocacy, fundraising, and community engagement. However, they also carry risks of confidentiality breaches, cyberbullying, reputational damage, and boundary violations. This policy balances opportunity with responsibility.

2. Scope

This policy applies to:

- All YMSG staff (full-time, part-time, temporary, and probationary)

- All volunteers, interns, and contract workers
- YMSG Board of Directors and Advisory Committee members
- Consultants and partners posting content on behalf of YMSG
- Beneficiaries and community members when interacting with YMSG's official channels (guidelines provided)

This policy covers all forms of communication including:

Category	Examples
Official YMSG communications	Website, email newsletters, press releases, reports, brochures, posters
Official YMSG social media	Facebook, Instagram, Twitter/X, LinkedIn, TikTok, WhatsApp Business, YouTube
Personal social media of staff/volunteers	When identifying as YMSG representatives or discussing YMSG-related matters
Digital messaging	Email, WhatsApp, SMS, Messenger, Signal, Telegram
Traditional media	Radio, television, newspapers, magazines

Category	Examples
Photography and video	Images or recordings featuring beneficiaries, staff, or YMSG activities
Internal communications	Staff emails, WhatsApp groups, notice boards

3. Definitions

Term	Definition
Social Media	Websites and applications that enable users to create and share content or participate in social networking.
Official YMSG Channel	Any social media account, website, email address, or communication platform managed by YMSG.
Personal Account	A social media account owned and managed by an individual staff member or volunteer, not on behalf of YMSG.
Beneficiary Image	Any photograph, video, or illustration that identifies or could identify a young mother or child served by YMSG.

Term	Definition
Media Consent Form	A signed document authorizing YMSG to use a beneficiary's image, story, or voice (see Appendix A).
Identifying Information	Name, address, school name, community name, unique scar or tattoo, or any detail that could lead to identification.
Digital Footprint	The trail of data left behind when using digital platforms.
Trolling	Deliberately posting provocative or offensive content to upset others.
Impersonation	Creating a fake account pretending to be YMSG or a YMSG staff member.
Crisis Communication	Communication during an emergency or reputational threat.

4. Key Principles

YMSG's communication and social media activities are guided by the following principles:

Principle	Meaning
Beneficiary First	The safety, dignity, and privacy of young mothers and their children are paramount. No communication shall exploit or harm beneficiaries.
Transparency	YMSG communications shall be honest, accurate, and not misleading.
Consistency	All official communications align with YMSG's mission, values, and brand voice.
Confidentiality	Beneficiary information is protected as per Policy YMSG-DATA-002.
Respect	Communications shall be respectful toward beneficiaries, staff, partners, and even critics.
Professionalism	Staff and volunteers represent YMSG even on personal accounts; unprofessional behavior has consequences.
Legal Compliance	All communications comply with Eswatini laws (e.g., Data Protection, Cybercrime Act, Child Protection laws).

5. Official YMSG Communication Channels

5.1. Authorized Personnel

Only the following individuals may post, reply, or communicate on behalf of YMSG on official channels:

Role	Authority
Communications Officer	Full authority to create, post, edit, delete, and respond on all official channels.
Executive Director	Authority to post urgent or strategic content; may delegate to Communications Officer.
Program Manager	May provide content for approval but not post directly (unless authorized by Executive Director).
Other staff/volunteers	May not post on official channels without prior written approval from Communications Officer.

Exception: In an emergency (e.g., office closure due to flooding), any senior staff may post a brief safety notification, then notify Communications Officer within 24 hours.

5.2. Approved Official Channels

YMSG currently maintains the following official channels (list may be updated):

Channel	Purpose	Responsible
Website (ymsg-eswatini.org)	General information, reports, donor portal	Communications Officer
Facebook	Community engagement, event promotion, success stories (anonymized)	Communications Officer
WhatsApp Business	Appointment reminders, quick queries from beneficiaries	Program Manager
Email (admin@...)	Official correspondence	Executive Director
Instagram (if applicable)	Visual storytelling, advocacy	Communications Officer
LinkedIn	Partner engagement, recruitment, donor relations	Executive Director

No other accounts may be created in YMSG's name without Board approval. Any fake or impersonator accounts should be reported to the platform immediately.

5.3. Brand Voice and Tone

YMSG's official communications shall be:

- **Empathetic and supportive** – Reflecting care for young mothers

- **Professional and credible** – Building trust with donors and partners
- **Hopeful and empowering** – Focusing on resilience and solutions
- **Culturally appropriate** – Respecting Eswatini norms while challenging harmful practices (e.g., child marriage)
- **Inclusive** – Using gender-neutral language where appropriate; avoiding stereotypes

Tone to avoid: Patronizing, judgmental, sensationalist, graphic descriptions of trauma, political partisanship.

6. Beneficiary Privacy and Consent

6.1. Media Consent Form (Appendix A)

No image, video, story, or testimonial identifying a beneficiary (young mother or child) may be published or shared without a signed **YMSG Media Consent Form**.

The form must include:

- Clear explanation of where the image/story will be used (e.g., website, Facebook, donor report)
- Whether the beneficiary's name or identifying details will be included
- That consent can be withdrawn at any time (with written notice)
- That withdrawal will result in removal from future use but cannot retract already published content (e.g., printed reports)
- Separate signature for the beneficiary and (if different) parent/guardian for minors under 18
- Witness signature from YMSG staff

Exceptions (no consent required):

- Group photos where individuals are not identifiable (e.g., back of heads, crowd at event)
- Public events where photography is obviously taking place and signage is posted ("Filming in progress")
- Images used for internal training or monitoring (never shared externally)

6.2. Anonymization

When consent is not obtained or a beneficiary withdraws consent, YMSG may still share stories if **fully anonymized**:

Acceptable	Not Acceptable
"A 17-year-old mother in Matsapha"	"Thandiwe Dlamini, 17, from Matsapha"
"A young mother living with HIV"	"Nomcebo, who is HIV-positive"
"One participant said..."	"Mary said..." (even with first name only)

Caution: Even anonymized details may identify someone if combined (e.g., "only girl in a family of 10 in a small village"). When in doubt, do not publish.

6.3. Beneficiary Testimonials

- Testimonials must be voluntary, without coercion or payment (transport reimbursement allowed).
- Beneficiaries must be told they can decline without affecting services.
- Written or recorded testimonial must be accompanied by signed consent.
- YMSG shall not edit testimonials in a way that changes the meaning.

6.4. Children's Images (Offspring of Young Mothers)

Special protections for children (under 18):

- No identifiable image of a child shall be published without written consent of the child's parent or legal guardian (which may be the young mother if she has parental rights).
- Images should avoid full face shots where possible.
- No names of children.
- No images of children in states of undress (e.g., diaper ads, bath time), even with consent.

7. Content Guidelines for Official Channels

7.1. Permitted Content

YMSG may post:

- Program updates and event announcements
- Success stories (with consent/anonymization)
- Educational content (parenting, health, rights)
- Advocacy messages (ending child marriage, supporting young mothers)
- Donor acknowledgments and fundraising appeals
- Staff and volunteer spotlights
- Partner highlights
- Emergency notifications (office closures, service changes)

7.2. Prohibited Content

YMSG shall never post:

Category	Examples
Identifying beneficiary information without consent	Names, addresses, school names, photos without consent
Stigmatizing content	Shaming young mothers, graphic descriptions of trauma or abuse
Political content	Endorsing political parties or candidates (advocacy on issues is allowed)
Religious proselytizing	Promoting specific religious beliefs
Violent or graphic images	Photos of injuries, dead bodies, or violence
Confidential internal information	Staff salaries, unapproved strategies, donor identities without permission
Copyright-infringing material	Using photos or music without permission

Category	Examples
Hate speech or discriminatory content	Any attack on groups or individuals
Misleading or false information	Exaggerated claims about impact

7.3. Responding to Comments and Messages

- **Positive comments:** Like and thank (e.g., "Thank you for your support!").
- **Questions:** Respond promptly and helpfully within 48 hours.
- **Constructive criticism:** Acknowledge ("Thank you for your feedback. We take this seriously.") Do not argue. If appropriate, take conversation offline via direct message or email.
- **Trolling or abusive comments:** Do not engage. Delete spam, hate speech, or harassment. Block repeat offenders. Report serious threats to police.
- **Confidential information requests:** Never discuss beneficiary details in public comments. Reply: "Please email us at admin@ymsg-eswatini.org for private assistance."

7.4. Hashtags and Tagging

- Use official YMSG hashtags (e.g., #YMSG #YoungMothersSupport #Matsapha).
- Do not tag beneficiaries in photos without consent.
- Do not tag donors or partners without permission.

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8. Staff and Volunteer Personal Social Media

8.1. Identification as YMSG Representative

Staff and volunteers may list YMSG as their employer on personal social media profiles (e.g., LinkedIn, Twitter bio). However, they must include a disclaimer:

"Views are my own and do not necessarily reflect those of YMSG."

8.2. Prohibited Personal Posting

Staff and volunteers shall NOT post on personal accounts:

- Any confidential or internal YMSG information (client names, staff conflicts, unannounced projects)
- Negative or disparaging comments about YMSG, beneficiaries, colleagues, donors, or partners
- Images of beneficiaries or YMSG activities without following this policy (even on private accounts – screenshots can spread)
- Discriminatory, harassing, or illegal content that could harm YMSG's reputation if discovered
- Sexual or romantic content involving beneficiaries (zero tolerance – see Policy YMSG-CONDUCT-003)

8.3. Boundaries with Beneficiaries on Social Media

Allowed	Prohibited
Following YMSG official page	Sending friend/follow requests to beneficiaries on personal accounts

Allowed	Prohibited
Accepting friend request from a beneficiary (use professional judgment; if accepted, limit access and avoid private messaging)	Messaging beneficiaries on personal accounts except for pre-approved work purposes (use official channels instead)
Liking a beneficiary's public post about a positive achievement (e.g., graduation)	Commenting on beneficiary's personal or emotional posts (e.g., relationship problems, complaints about YMSG)

Best practice: If a beneficiary sends a personal friend request, respond: "For professional reasons, I keep my personal social media separate. Please contact me via YMSG's official channels at admin@ymsg-eswatini.org or +268 2518 6612."

8.4. Monitoring

YMSG does not routinely monitor staff personal social media. However:

- If a complaint is made about a staff member's personal post that violates this policy, YMSG may investigate.
- Posts that are public (not restricted) may be reviewed.
- Consequences apply regardless of privacy settings if content is shared beyond the intended audience.

9. Email and Messaging

9.1. Official YMSG Email

- Use YMSG email address for all YMSG business.

- Do not send confidential beneficiary information to personal email accounts.
- Do not forward YMSG emails to personal accounts without permission.
- Email signature must include: name, title, YMSG, Bigtree Complex address, phone number, and (optional) disclaimer.

Example email signature:

Thandiwe Nkosi
Program Manager
Young Mothers Support Group (YMSG)
Bigtree Complex, First Floor, Office 17, Matsapha
Tel: +268 2518 6612 | Email: thandiwe@ymsg-eswatini.org
This email and any attachments are confidential. If received in error, please delete.

9.2. WhatsApp and Other Messaging Apps

- **Official YMSG WhatsApp Business:** May be used for appointment reminders, quick answers to beneficiary questions. Do not discuss sensitive information (HIV status, abuse disclosures) – switch to phone call or in-person.
- **Staff WhatsApp groups:** For internal coordination only. No sharing of beneficiary identifying information. No inappropriate messages (discrimination, harassment, gossip).
- **Personal WhatsApp with beneficiaries:** Prohibited except for pre-approved, work-related, and time-limited purposes (e.g., a home visit staff member confirming arrival). Use YMSG phone or SIM if available.

9.3. Confidential Information by Email/Message

Information Type	Allowed via Email/Message?	Condition
Appointment reminders	Yes, with consent	No mention of reason (e.g., "HIV appointment")
General program information	Yes	-
Beneficiary name + address	With caution	Encrypted or password-protected attachment
HIV status, abuse history	No	Use phone call or in-person only
Staff salary information	No (except HR/payroll)	-

10. Photography and Video Guidelines

10.1. Taking Images

- Only authorized staff (Communications Officer, Executive Director, or designated person) may take photos/videos for external use.
- Smartphones may be used but must follow same consent rules.

- Never take photos of beneficiaries without asking permission first (even if consent form will be signed later).
- Never take photos in sensitive moments (crying, undressing, medical exams).
- Avoid taking photos that stigmatize (e.g., focusing on poverty, illness, suffering). Focus on dignity and strength.

10.2. Storing Images

- Images stored on YMSG password-protected computer or encrypted cloud storage.
- Do not store beneficiary images on personal phones or unencrypted USB drives.
- Delete images not used or after consent withdrawn.

10.3. Sharing Images Internally

- Staff may share images for training or monitoring purposes (e.g., attendance at workshop) but not for gossip.
- Do not share images of beneficiaries in staff WhatsApp groups unless necessary for operations (e.g., lost child identification).

10.4. Use of Stock Photos

- If YMSG cannot obtain real beneficiary images, stock photos may be used.
- Caption must clearly state: "Stock photo, not actual beneficiary" or similar.
- Do not use stock photos that misrepresent (e.g., using photo of African child from different country).

11. Crisis Communication

11.1. Definition of Crisis

A crisis includes:

- Death of a beneficiary or staff member
- Serious injury or abuse allegation
- Major financial irregularity or fraud discovery
- Media scandal or negative press
- Data breach affecting many beneficiaries
- Natural disaster affecting YMSG operations

11.2. Crisis Communication Team

Role	Responsibility
Executive Director	Approves all external statements; speaks on behalf of YMSG if needed
Communications Officer	Drafts statements; monitors media and social media
Safeguarding Officer	Input on abuse-related crises
Board Chair	Approves major statements (if time permits)

11.3. Hold Statement

Until full information is available, YMSG may issue a hold statement:

"YMSG is aware of [situation] and is gathering information. We take this matter seriously and will provide an update within [timeframe]. Our priority is the safety and wellbeing of the young mothers and children we serve. We cannot comment further at this time."

11.4. Who Speaks for YMSG

Only the Executive Director (or designated Communications Officer) may speak to media during a crisis. No other staff or volunteers shall respond to media inquiries or post about the crisis on social media (personal or official).

11.5. Internal Communication During Crisis

- Staff and volunteers briefed via internal email or meeting.
- Clear instructions on what they may say to external inquiries (e.g., "Please direct all media questions to the Executive Director").
- No speculation or blame internally.

12. Branding and Visual Identity

12.1. Logo Use

- YMSG logo must be used as provided (no stretching, color changes, or adding elements).
- Minimum clear space around logo: width of the letter "Y" in YMSG.
- Do not add the logo to personal social media profiles implying official representation.
- Partners may use YMSG logo with written permission.

12.2. Colors and Fonts

- Primary color: [Insert YMSG primary color, e.g., #FF6B6B or specific brand color]

- Secondary color: [Insert, e.g., #4ECDC4]
- Fonts: [Insert, e.g., Arial, Open Sans]

12.3. Photography Style

- Authentic, respectful, hopeful.
- Avoid posed "handshake" photos where possible.
- Capture young mothers in activities that show agency and strength.

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13. Training and Awareness

13.1. Required Training for All Staff and Volunteers

Training Topic	Frequency	Duration
Communication and social media policy	Induction	1.5 hours
Beneficiary privacy and media consent	Induction	1 hour
Social media boundaries with beneficiaries	Induction	30 minutes
Crisis communication (staff only)	Annually	1 hour

Training Topic	Frequency	Duration
Photography guidelines	Induction	30 minutes

13.2. Acknowledgment

All staff and volunteers must sign the **YMSG Social Media and Communication Acknowledgment** (Appendix B) annually, confirming they have read, understood, and agree to follow this policy.

14. Monitoring and Compliance

14.1. Official Channels

- Communications Officer monitors official channels daily.
- Monthly report to Executive Director on engagement, complaints, and any issues.

14.2. Personal Social Media

YMSG does not actively monitor personal accounts. However:

- Any complaint about a staff or volunteer's personal social media post will be reviewed.
- Public posts that violate this policy may be brought to YMSG's attention by third parties.
- YMSG may request that a staff member remove a problematic post.

14.3. Annual Audit

The Communications Officer will conduct an annual audit of:

- All official channels (accounts still active? security up to date?)

- Media consent forms (are they on file for all published images?)
- Compliance with anonymity guidelines

15. Consequences of Policy Violation

Violation Category	Example	Consequence
Minor	Posting without approval (non-sensitive content)	Verbal warning + reminder of authorization rules
Moderate	Posting identifiable beneficiary image without consent (removed promptly)	Written warning + re-training on consent
Serious	Discussing confidential client information on personal social media (even if private account)	Suspension + investigation
Gross	Deliberately sharing intimate images or using social media to harass beneficiary	Immediate dismissal + police referral
Criminal	Cyberbullying, impersonation, or revenge porn	Dismissal + criminal prosecution

16. Reporting Concerns

Staff, volunteers, or beneficiaries who believe this policy has been violated should report to:

- **Immediate supervisor** (if not implicated)
- **Communications Officer** (for content issues)
- **Executive Director** (for serious violations)
- **Anonymous reporting** via suggestion box at Bigtree Complex or email admin@ymsg-eswatini.org marked "CONFIDENTIAL – Comms Concern"

No retaliation against good-faith reporters.

17. Appendices (Summary)

Appendix	Content
Appendix A	YMSG Media Consent Form (beneficiary)
Appendix B	YMSG Social Media and Communication Acknowledgment (staff/volunteer)
Appendix C	Quick Reference Card – Dos and Don'ts for Social Media

These appendices are maintained as separate operational documents and are available from the Communications Officer.

18. Quick Reference – Dos and Don'ts

DO	DON'T
Obtain signed media consent before posting beneficiary images	Post identifiable photos without consent
Anonymize stories (no names, specific locations)	Share beneficiary personal information
Use official channels for YMSG business	Use personal accounts for YMSG work
Add disclaimer: "Views my own" when listing YMSG in bio	Post negative comments about YMSG or colleagues
Report any suspected violation	Engage with trolls or abusive commenters
Ask Communications Officer if unsure	Assume privacy settings protect you

19. Contact for Communication and Social Media Concerns

YMSG Communications Officer
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha

Email: admin@ymsg-eswatini.org (mark SOCIAL MEDIA – CONFIDENTIAL)
Tel: +268 2518 6612

For media inquiries only: Executive Director (same contact)

20. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Communications Officer, Executive Director, Safeguarding Officer, Legal Advisor, Community Representative (young mother or former beneficiary)

YMSG Policy No. 10: Record Retention and Document Management Policy

Policy Number: YMSG-REC-010

Effective Date: 1 JUNE 2026
Review Date: Annually from effective date
Policy Owner: YMSG Executive Director
Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

1. Purpose

The purpose of this policy is to establish a systematic framework for the creation, maintenance, retention, and disposal of all YMSG records. Proper record keeping ensures legal compliance, operational efficiency, audit readiness, and the protection of beneficiary confidentiality. This policy also ensures that records are destroyed securely and at the appropriate time, reducing liability and safeguarding sensitive information.

YMSG recognizes that records are critical assets. Poor record management can lead to lost information, data breaches, legal penalties, and loss of donor trust. This policy applies to all records regardless of format.

2. Scope

This policy applies to:

- All YMSG staff (full-time, part-time, temporary, and probationary)
- All volunteers, interns, and contract workers who create, handle, or manage records
- YMSG Board of Directors and Advisory Committee members
- Consultants and partners maintaining records on behalf of YMSG

This policy applies to all records in any format:

Format	Examples
Paper records	Client intake forms, case notes, consent forms, financial receipts, invoices, contracts, personnel files

Format	Examples
Electronic records	Word documents, spreadsheets, PDFs, emails, databases, scans
Multimedia records	Photographs, videos, audio recordings
Backup and archived records	Cloud backups, external hard drives, tape backups
Social media records	Posts, messages, comments on official YMSG channels

This policy covers the entire record lifecycle:

1. **Creation** – Generating or receiving records
2. **Classification** – Identifying record type and retention period
3. **Storage** – Physical and digital storage with security
4. **Access and use** – Who may view or modify records
5. **Retention** – Keeping records for required periods
6. **Disposal** – Secure destruction at end of retention period

3. Definitions

Term	Definition
Record	Any information, regardless of format, created or received by YMSG in the course of business that provides evidence of activities, decisions, or transactions.
Document	A discrete piece of recorded information (may or may not be a formal record).
Retention Period	The length of time a record must be kept before disposal.
Active Record	A record that is regularly used for current operations.
Inactive Record	A record no longer needed for current operations but retained for legal or historical reasons.
Permanent Record	A record that must be kept indefinitely (e.g., Board minutes, audit reports).
Vital Record	A record essential for YMSG to continue operating after a disaster (e.g., incorporation documents, insurance policies).

Term	Definition
Archival Record	A record of historical value retained permanently.
Disposal	The final destruction or deletion of a record.
Retention Schedule	A table specifying how long each record type must be kept.
Records Inventory	A log of all record types, locations, and retention periods.
Legal Hold	A suspension of normal retention/disposal because litigation or investigation is pending.

4. Key Principles

YMSG's record retention and document management are guided by the following principles:

Principle	Meaning
Compliance	YMSG follows all legal and regulatory retention requirements (Eswatini laws, donor agreements).
Confidentiality	Records containing personal or sensitive data are protected as per Policy YMSG-DATA-002.
Integrity	Records are complete, accurate, and unaltered (except authorized amendments).
Accessibility	Authorized personnel can locate and retrieve records within reasonable time.
Security	Records are protected from unauthorized access, loss, alteration, or destruction.
Timely Disposal	Records are destroyed when no longer needed, reducing clutter and risk.
Defensible Destruction	Disposal is systematic, documented, and verifiable (not arbitrary).

5. Record Retention Schedule

The following table specifies minimum retention periods for YMSG records. **Start date** for retention is the date the record was created or the date of last action (e.g., last service date for client files), whichever is later.

Record Category	Record Type	Retention Period	Disposal Method
Client Records	Intake forms, assessment notes	7 years after last service	Shred or secure digital deletion
	Counseling session records	7 years after last session	Shred or secure digital deletion
	Case management plans	7 years after last service	Shred or secure digital deletion
	Referral letters (client-specific)	7 years after referral	Shred or secure digital deletion
	Client consent forms	Duration of service + 3 years	Shred or secure digital deletion
	Safeguarding incident reports	15 years after last incident	Shred or secure digital deletion
	Client correspondence (emails, letters)	3 years	Shred or secure digital deletion

Record Category	Record Type	Retention Period	Disposal Method
Financial Records	Bank statements, deposit slips, cancelled cheques	10 years	Shred or secure digital deletion
	Invoices, receipts, petty cash vouchers	7 years	Shred or secure digital deletion
	Payroll records, timesheets	7 years after employment ends	Shred or secure digital deletion
	Tax returns (PAYE, VAT, etc.)	10 years	Shred or secure digital deletion
	Audit reports (external)	Permanent	Retain permanently
	Donor/grant agreements	10 years after grant ends	Shred or secure digital deletion
	Financial policies and procedures	Permanent (or until superseded)	Retain permanently

Record Category	Record Type	Retention Period	Disposal Method
Personnel Records	Staff personnel files (including applications, contracts, performance reviews)	7 years after employment ends	Shred or secure digital deletion
	Staff disciplinary records	7 years after employment ends (or 10 years for serious offenses)	Shred or secure digital deletion
	Staff training records	5 years after training	Shred or secure digital deletion
	Volunteer files (applications, agreements, logs)	5 years after last volunteer activity	Shred or secure digital deletion
	Background check results (police clearance)	3 years (or as long as person engaged)	Shred
Governance Records	Board of Directors meeting minutes	Permanent	Retain permanently
	Board resolutions	Permanent	Retain permanently

Record Category	Record Type	Retention Period	Disposal Method
	Constitution / founding documents	Permanent	Retain permanently
	NGO registration certificates	Permanent	Retain permanently
	Annual reports	Permanent	Retain permanently
	Strategic plans	10 years after superseded	Shred or secure digital deletion
Operational Records	Policies and procedures (current version)	Permanent (or until superseded)	Retain permanently
	Policies and procedures (old versions)	5 years after superseded	Shred or secure digital deletion
	Incident reports (non-safeguarding)	7 years	Shred or secure digital deletion
	Grievance records (non-safeguarding)	7 years after closure	Shred or secure digital deletion

Record Category	Record Type	Retention Period	Disposal Method
	Grievance records (safeguarding-related)	15 years after closure	Shred or secure digital deletion
	Vehicle logs and maintenance records	5 years	Shred or secure digital deletion
	Asset register	Life of asset + 5 years	Shred or secure digital deletion
Legal Records	Contracts (vendors, partners)	10 years after contract ends	Shred or secure digital deletion
	Lease agreements	10 years after lease ends	Shred or secure digital deletion
	Insurance policies	10 years after policy ends	Shred or secure digital deletion
	Litigation files	15 years after case closed (or permanent if precedent-setting)	Shred or secure digital deletion

Record Category	Record Type	Retention Period	Disposal Method
Communications	Media consent forms	Duration of use + 3 years	Shred or secure digital deletion
	Photos/videos (with consent)	As per consent form; otherwise 5 years	Secure digital deletion
	Social media posts (official channels)	3 years (backup)	Secure digital deletion
	Email correspondence (general, not client-specific)	3 years	Secure digital deletion
Training & Program	Training attendance logs	5 years	Shred or secure digital deletion
	Training materials	5 years after last use	Shred or secure digital deletion
	Program evaluation reports	10 years	Shred or secure digital deletion

Record Category	Record Type	Retention Period	Disposal Method
	Monitoring data (aggregate, anonymized)	10 years	Secure digital deletion
Miscellaneous	General correspondence (no legal or financial significance)	2 years	Shred or secure digital deletion
	Duplicate records (unofficial copies)	Destroy immediately when no longer needed	Shred or secure digital deletion

Note: If multiple retention periods apply, the **longest** period governs. For example, a client file that contains a safeguarding incident report must be kept for 15 years (not 7 years).

6. Legal Holds

6.1. What Triggers a Legal Hold

A legal hold suspends normal retention and disposal of records when YMSG has reasonable notice of:

- Pending or anticipated litigation (lawsuit against YMSG or involving YMSG records)
- Government investigation (e.g., tax audit, NGO board inquiry)
- Donor audit or investigation
- Safeguarding investigation involving potential criminal charges

6.2. Legal Hold Procedure

1. **Identification** – Executive Director or Board Chair identifies relevant records (electronic and paper).
2. **Notification** – Written notice sent to all staff: "LEGAL HOLD – Do not destroy any records related to [subject]."
3. **Suspension** – Normal retention schedules paused for affected records.
4. **Preservation** – Affected records moved to secure, access-restricted location (physical and digital).
5. **Release** – Legal counsel advises when hold can be lifted (typically after litigation concludes or investigation closes).

6.3. Consequences of Violating a Legal Hold

Destroying records under a legal hold is a serious offense that may result in:

- Disciplinary action up to dismissal
- Legal sanctions (contempt of court, spoliation of evidence)
- Civil liability

7. Paper Records Management

7.1. Creation and Classification

- Use standardized YMSG forms where available (e.g., intake form, incident report).
- Date and sign all records (with printed name).
- Classify records by type at creation (e.g., "Client Record – Confidential").

7.2. Filing Systems

Active Records (frequently accessed):

- Stored in labeled, hanging folders within locked filing cabinets at Bigtree Complex, Office 17.
- File naming convention: [Record Type] – [Beneficiary/Staff Name] – [Year] (e.g., "Intake – Dlamini, Thandiwe – 2026").
- Alphabetical or numerical indexing (maintained master index).

Inactive Records (not regularly accessed but within retention period):

- Stored in archive boxes (labeled with contents and destruction date).
- Stored in locked storage area (off-site if necessary).
- Master index of archive boxes.

7.3. Access to Paper Records

Role	Access Level
Executive Director	Full access
Program Manager	Full access to client and program records
Case managers	Access to own client files
Finance Officer	Access to financial records only
Other staff	Access on need-to-know basis, approved by supervisor

Access log: For sensitive records (safeguarding, personnel), maintain a log of who accessed, when, and why.

7.4. Removal of Paper Records

- No paper record may be removed from Bigtree Complex without written authorization from Executive Director.
- Borrowed records must be signed out (date, record ID, borrower, expected return date).
- Records returned within 14 days; overdue records followed up.

8. Electronic Records Management

8.1. File Naming Conventions

All electronic records must follow YMSG file naming convention:

Format: YYYY-MM-DD_RecordType_Subject_Initials

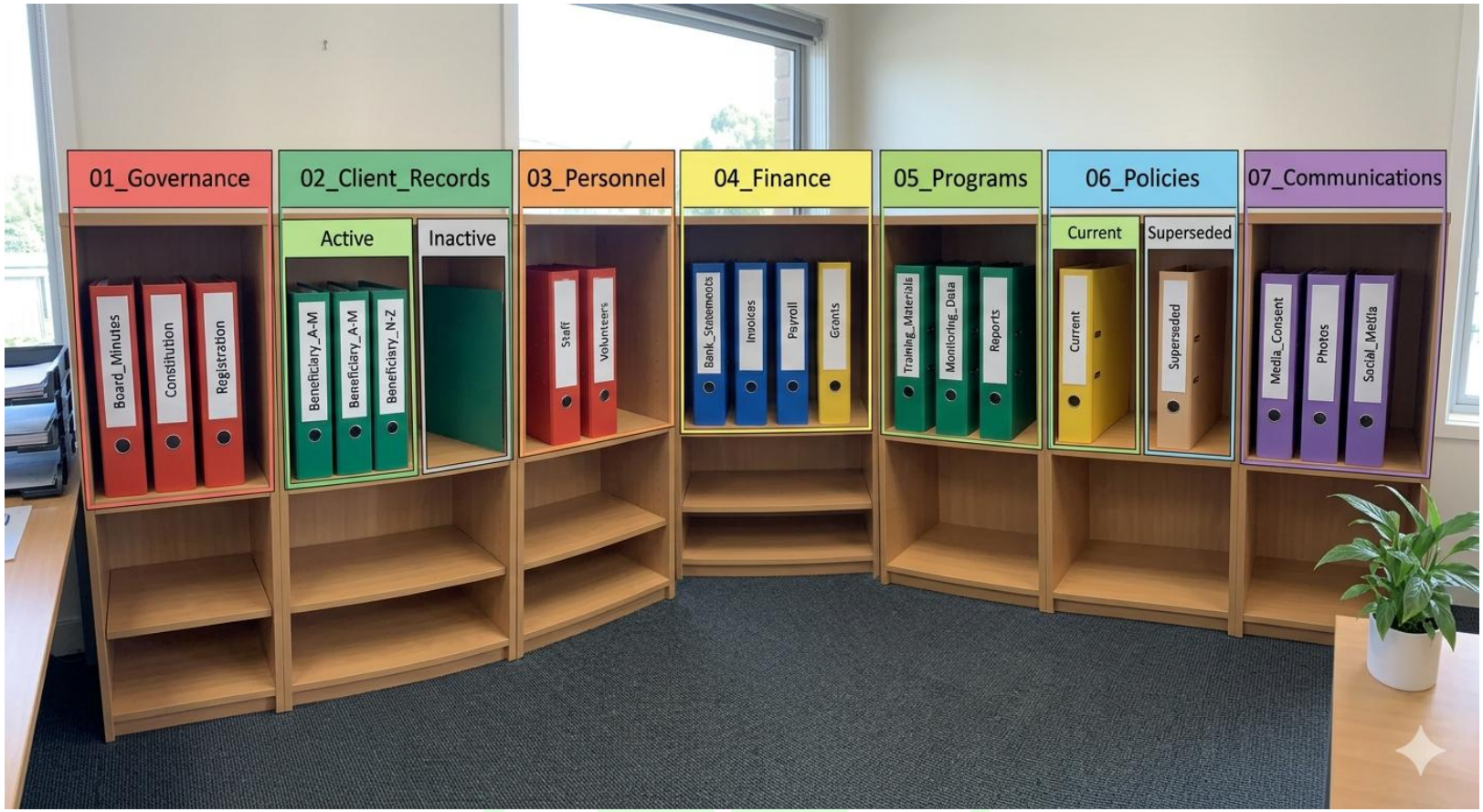
Examples:

- 2026-06-12_Intake_DlaminiThandiwe_TN.docx
- 2026-05-20_IncidentReport_HomeVisit123_SM.pdf
- 2026-04-10_BoardMinutes_TN.docx

Prohibited: Spaces, special characters (&, %, #), vague names ("draft1," "final2").

8.2. Folder Structure

YMSG will maintain a standardized folder structure (example):



8.3. Storage Locations

Record Type	Primary Storage	Backup Storage
Active electronic records	Encrypted cloud storage (e.g., Google Drive with 2FA)	Encrypted external hard drive (weekly backup, off-site)

Record Type	Primary Storage	Backup Storage
Inactive electronic records	Encrypted external hard drive (off-site)	Second encrypted external hard drive (different location)
Highly sensitive records (safeguarding, personnel)	Encrypted, password-protected folder; access restricted	Encrypted backup with separate password

8.4. Access Controls for Electronic Records

- Role-based access: Staff can only view folders relevant to their role.
- Individual user accounts (no shared logins).
- Two-factor authentication for all accounts accessing YMSG cloud storage.
- Access logs reviewed quarterly.

8.5. Version Control

- Use "Save As" for major revisions (e.g., Policy_v1, Policy_v2) – do not overwrite.
- Track changes in document properties or separate change log.
- Retain previous version for 5 years after superseded.

9. Vital Records Protection

9.1. Identification of Vital Records

Vital records are essential for YMSG to continue operating after a disaster. They include:

- Incorporation / registration certificates
- Constitution
- Board minutes and resolutions
- Tax identification numbers
- Bank account details and signatory lists
- Insurance policies
- Major donor and grant agreements (active)
- Staff emergency contact list
- IT system passwords (stored securely separately)

9.2. Protection Measures

- **Duplicate copies** stored in two separate secure locations (e.g., cloud + off-site hard drive).
- **Physical copies** stored in fireproof, waterproof safe (if available) or off-site bank safe deposit box.
- **Access** limited to Executive Director and Board Chair.

9.3. Disaster Recovery

- Vital records must be recoverable within 48 hours of a disaster.
- YMSG will maintain a written Disaster Recovery Plan (separate document) including who retrieves vital records and where.

10. Record Disposal

10.1. Secure Disposal Methods

Record Format	Approved Disposal Method
Paper (confidential)	Cross-cut shredding (not strip-cut). Shredder located at Bigtree Complex, Office 17.
Paper (non-confidential)	Recycling bin (no personal or beneficiary information).
Hard drives, USB drives, CDs/DVDs	Physical destruction (drilling, crushing) OR degaussing + shredding.
Electronic files	Secure deletion software (e.g., Eraser, DBAN) that overwrites data minimum 3 times.
Cloud files	Permanent deletion from cloud trash; confirm with provider that data cannot be recovered.

10.2. Disposal Procedure

1. **Review retention schedule** – Confirm retention period has expired and no legal hold applies.
2. **Second review** – A second staff member (not the one initiating disposal) double-checks eligibility.
3. **Documentation** – Complete **YMSG Record Disposal Log** (Appendix A) including:

- Record description and date range
- Retention period applied
- Disposal method
- Names of both staff authorizing
- Date of disposal

4. **Execute disposal** – Shred or delete using approved method.
5. **Retain log** – Disposal log kept for 5 years (to prove compliance).

10.3. Prohibited Disposal Methods

- Throwing confidential paper records in regular trash
- Deleting electronic files without secure deletion software (files can be recovered)
- Donating old computers without wiping hard drives
- Burning records (unless no alternative and safe; not permitted at Bigtree Complex)

10.4. Scheduled Disposal

YMSG will conduct a **quarterly records disposal review** (January, April, July, October) to identify records eligible for destruction.

11. Records Inventory and Audit

11.1. Annual Records Inventory

Each December, YMSG will conduct a records inventory:

- Identify all record types and locations (physical and electronic)
- Verify retention periods
- Identify records approaching destruction eligibility
- Identify missing or unaccounted records

11.2. Spot Audits

The Executive Director or Board may conduct unannounced spot audits of record keeping (e.g., are client files locked? Are disposal logs complete?).

12. Roles and Responsibilities

Role	Responsibility
Executive Director	Overall accountability for record management. Approves retention schedule changes. Authorizes legal holds.
Operations Coordinator	Daily management of paper filing systems. Maintains disposal log. Coordinates quarterly disposal.
IT / Data Protection Officer	Manages electronic record systems, backups, access controls, secure deletion.

Role	Responsibility
All staff and volunteers	Create complete and accurate records. Follow filing conventions. Protect records from unauthorized access. Do not destroy records without authorization.
Program Manager	Ensures client records are complete and up to date.
Board of Directors	Approves retention schedule. Oversight of legal holds.

13. Training and Awareness

13.1. Required Training for All Staff

Training Topic	Frequency	Duration
Record retention and document management	Induction	1.5 hours
Secure disposal procedures	Induction + annually	30 minutes
Legal holds and destruction suspension	Annually	30 minutes
File naming and folder structure	Induction	30 minutes

13.2. Training for Records Custodians (Operations Coordinator, Program Manager)

Additional training on:

- Records inventory
- Legal hold implementation
- Disaster recovery procedures

13.3. Acknowledgment

All staff and volunteers must sign the **YMSG Record Management Acknowledgment** (Appendix B) annually.

14. Consequences of Policy Violation

Violation	Example	Consequence
Minor	File not filed correctly; missing naming convention	Verbal warning + correction
Moderate	Leaving confidential paper records unlocked overnight (no breach)	Written warning + re-training
Serious	Destroying records before retention period expires (without legal hold)	Suspension + investigation

Violation	Example	Consequence
Gross	Destroying records under legal hold; deliberate falsification of records	Immediate dismissal + possible legal action
Criminal	Selling or stealing records for personal gain	Dismissal + police referral

15. Reporting Concerns

Staff, volunteers, or others who suspect record management violations (e.g., improper destruction, falsification) should report to:

- **Immediate supervisor** (if not implicated)
- **Executive Director**
- **Anonymous reporting** via suggestion box at Bigtree Complex or email admin@ymsg-eswatini.org marked "CONFIDENTIAL – Records Concern"

No retaliation against good-faith reporters.

16. Appendices (Summary)

Appendix	Content
Appendix A	YMSG Record Disposal Log (template)
Appendix B	YMSG Record Management Acknowledgment (staff/volunteer)
Appendix C	Quick Reference – Record Retention Periods (pocket card)

These appendices are maintained as separate operational documents and are available from the Operations Coordinator.

17. Quick Reference – Key Retention Periods

Record Type	Keep For
Client files	7 years
Safeguarding reports	15 years
Financial records	7–10 years
Personnel files	7 years after employment

Record Type	Keep For
Board minutes	Permanent
Audit reports	Permanent
Contracts	10 years
Media consent	Duration of use + 3 years

18. Contact for Record Management Concerns

YMSG Executive Director (for policy matters)
YMSG Operations Coordinator (for daily record management)
Young Mothers Support Group
Bigtree Complex, First Floor, Office 17, Matsapha
Email: admin@ymsg-eswatini.org (mark RECORDS – CONFIDENTIAL)
Tel: +268 2518 6612

19. Approval and Review

Approved by: YMSG Board of Directors

Date of Approval: 1 JUNE 2026

Next Review Date: 1 JUNE 2027(12 months from approval)

Policy Review Committee: Executive Director, Operations Coordinator, Data Protection Officer, Legal Advisor, Board Representative

Manual Purpose

This Policy Manual contains the official policies of the Young Mothers Support Group (YMSG). All staff, volunteers, board members, and partners acting on behalf of YMSG must read, understand, and comply with these policies. The policies are designed to:

- Protect the safety and dignity of young mothers and their children
- Ensure legal and ethical compliance
- Promote professional conduct and accountability
- Safeguard YMSG's resources and reputation
- Provide clear guidance for decision-making and operations

Acknowledgment

By signing below, I acknowledge that I have received, read, and understood the YMSG Policy Manual. I agree to abide by all policies contained herein. I understand that violation of any policy may result in disciplinary action, up to and including termination of employment or volunteer engagement, and may be reported to law enforcement where applicable.

Name (print)	_____
Role	_____

Signature	_____
Date	_____

Distribution

This manual is distributed to:

- All YMSG staff (digital and paper copy)
- All YMSG volunteers (digital copy; paper on request)
- YMSG Board of Directors
- Partner organizations (relevant policies only, by agreement)

YMSG Policy Appendices – Complete Set

Organization: Young Mothers Support Group (YMSG)
Address: Bigtree Complex, First Floor, Office 17, Matsapha, P. O Box 7124 Manzini, M200, Eswatini
Email: admin@ymsg-eswatini.org | **Tel:** +268 2518 6612

Appendix Index

Appendix Number	Title	Related Policy
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Appendix Number	Title	Related Policy
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Appendix J-1	YMSG Record Disposal Log	YMSG-REC-010
Appendix J-2	YMSG Record Management Acknowledgment	YMSG-REC-010
Appendix J-3	Quick Reference – Record Retention Periods (Pocket Card)	YMSG-REC-010

POLICY 1: SAFEGUARDING (YMSG-SAFE-001)

Appendix A-1: YMSG Safeguarding Incident Reporting Form

Instructions: Complete this form within 24 hours of any safeguarding concern, disclosure, or incident. Use black ink. Print clearly.

Field	Response
Incident Reference Number	YMSG-SAFE-_____ (office use)

Field	Response
Date of Report	_____ / _____ / _____ (DD/MM/YYYY)
Time of Report	_____ : _____ (24hr)
Reporter Name	_____
Reporter Role	Staff / Volunteer / Board / Other: _____
Reporter Signature	_____
Date of Incident	_____ / _____ / _____(DD/MM/YYYY)
Time of Incident	_____ : _____ (24hr)
Location of Incident	Bigtree Complex / Home visit / Outreach / Other: _____

Section A: Persons Involved

Role	Name (if known)	Age (approx)	Relationship to YMSG
Alleged victim (young mother/child)			
Alleged perpetrator			
Witness(es)			

Section B: Description of Incident (use additional page if needed)

What happened? (Use exact words if disclosure was made. Write verbatim.)

_____

_____

_____

When did it happen? (Date, time, frequency – single incident or ongoing?)

_____

Where did it happen?

_____

Was anyone else present? Yes / No – If yes, names: _____

Section C: Immediate Action Taken

Action	Yes/No	Details
Immediate safety ensured?	Yes / No	
First aid provided?	Yes / No	
Police notified?	Yes / No	Time notified: _____
Social Welfare notified?	Yes / No	Time notified: _____
Medical referral made?	Yes / No	
Safeguarding Officer notified?	Yes / No	Time notified: _____
Parent/guardian notified (if applicable and safe)?	Yes / No	

Section D: Follow-Up Required

Action	Responsible Person	Deadline

Section E: Sign-off

Role	Name	Signature	Date
Reporter			
Safeguarding Officer (received)			
Executive Director (if Level 3)			

Distribution: Original to Safeguarding Officer; copy to Executive Director; copy to confidential file.

Appendix A-2: YMSG Safeguarding Risk Assessment Form

Instructions: Complete before any high-risk activity (overnight camp, home visits in high-risk areas, events with children).

Field	Response
Activity Name	_____
Date(s) of Activity	_____ / _____ / _____ to _____ / _____ / _____
Location	_____

Field	Response
Assessor Name	_____
Assessment Date	_____ / _____ / _____

Section A: Risk Factors

Risk Factor	Low	Medium	High	Action Required
Number of beneficiaries (children under 18)	1-5	6-15	16+	
Number of beneficiaries (young mothers 13-24)	1-10	11-25	26+	
Staff-to-beneficiary ratio	1:5 or better	1:8	1:12 or worse	
Overnight component	No	Yes, single night	Yes, multiple nights	

Risk Factor	Low	Medium	High	Action Required
Private one-on-one sessions possible	No	Yes, with visibility	Yes, behind closed doors	
Transport required	No	Yes, group transport	Yes, individual transport	
Venue safety (lighting, exits, security)	Good	Adequate	Poor	
Previous incidents at this venue	None	Minor	History of concerns	
Known challenging beneficiaries	None	1-2	3+	

Section B: Mitigation Measures

Risk	Mitigation Action	Responsible	Deadline

Section C: Approval

Role	Name	Signature	Date
Assessor			
Executive Director (approval for high-risk)			

Appendix A-3: YMSG Staff/Volunteer Safeguarding Declaration

To be signed by all staff, volunteers, board members, and contractors before any client contact.

I, _____ (full name), hereby acknowledge that:

1. I have read and understood the YMSG Child & Young Mother Safeguarding Policy (YMSG-SAFE-001).
2. I understand my obligation to report any safeguarding concern within 24 hours to the YMSG Safeguarding Officer.
3. I understand that failure to report is a disciplinary offense.
4. I have never been convicted of any offense involving harm to a child or vulnerable adult (if yes, explain separately).
5. I agree to abide by the YMSG Code of Conduct regarding boundaries with beneficiaries.
6. I understand that any violation of the safeguarding policy may result in immediate dismissal and referral to police.

Signature: _____

Date: _____

Witness (YMSG representative): _____

Witness signature: _____

Appendix A-4: YMSG Consent for Photography (Safeguarding Context)

Note: This is a simplified version for safeguarding-relevant photography. For media/publication consent, use Appendix I-1.

I, _____ (parent/guardian of child OR young mother), give permission for YMSG to take photographs/videos of:

☐ Me (young mother)
☐ My child (name: _____)

Purpose of photography: ☐ Internal monitoring only ☐ Training materials (internal) ☐ Safeguarding documentation

I understand that:

- These images will NOT be shared publicly (social media, website, reports) without separate media consent.
- I may withdraw consent at any time by writing to YMSG.
- Withdrawal will not affect my services.

Signature: _____

Date: _____

YMSG witness: _____

POLICY 2: DATA PROTECTION (YMSG-DATA-002)

Appendix B-1: YMSG Client Consent Form (Data Protection)

To be completed during intake for each young mother.

Young Mother Name: _____

Date of Birth: _____ / _____ / _____

YMSG Client Number: _____

Section A: Information Collection

YMSG collects the following information to provide you with services:

- Name, contact details, address
- Age, marital status, family information
- Health information (including pregnancy and HIV status, if relevant to services)
- Personal circumstances (education, employment, income)
- Case notes and counseling records

Section B: Consent

☐ I understand why YMSG collects my information.

☐ I understand that my information will be kept confidential and secure.

☐ I understand the limits to confidentiality (risk of harm to self/child, court order, safeguarding reporting).

☐ I consent to YMSG collecting, storing, and using my personal data for the purpose of providing services to me.

☐ I understand that I may withdraw this consent at any time by writing to YMSG, and that withdrawal will not affect my services (except YMSG may be unable to continue services if information is essential).

☐ I understand that my information will be kept for 7 years after my last service, after which it will be securely destroyed.

Section C: Optional Consent for Data Sharing

☐ I consent to YMSG sharing my information with the following partner organizations for the purpose of referrals (tick and name organizations):

I understand that YMSG will share only the minimum information necessary.

Section D: Signature

Young Mother Signature	_____
Parent/Guardian Signature (if under 18 and not emancipated)	_____
YMSG Staff Signature	_____
Date	_____ / _____ / _____

Appendix B-2: YMSG Confidentiality Agreement (Staff/Volunteer)

To be signed annually by all staff, volunteers, board members, and contractors.

I, _____ (full name), in my role as _____ (position), agree to the following confidentiality terms:

1. Client Information

I will not disclose any personal or sensitive information about YMSG beneficiaries to any unauthorized person, including family members, friends, or on social media.

2. Limits to Confidentiality
I understand that I must break confidentiality if:

- A child or young mother is at risk of serious harm
- Required by court order
- Required by mandatory reporting laws (safeguarding)

3. Data Security
I will keep paper records locked, password-protect electronic records, and not share my login credentials.

4. Consequences
I understand that any breach of confidentiality may result in disciplinary action up to and including dismissal and legal action.

Signature: _____

Date: _____

POLICY 3: CODE OF CONDUCT (YMSG-CONDUCT-003)

Appendix C-1: YMSG Code of Conduct Acknowledgment

To be signed before starting any role and annually thereafter.

I, _____ (print name), hereby acknowledge that I have received, read, and understood the YMSG Code of Conduct (Policy No. YMSG-CONDUCT-003).

I agree to abide by all provisions of this code, including but not limited to:

- Professional boundaries with beneficiaries (no romantic/sexual relationships)
- No discrimination or harassment

- Confidentiality
- Financial integrity
- Reporting violations

I understand that any violation may result in disciplinary action, up to and including immediate dismissal or termination of my engagement with YMSG, and may be reported to law enforcement where applicable.

I have had the opportunity to ask questions and seek clarification.

Signature: _____

Date: _____

Witness (YMSG representative): _____

Witness signature: _____

POLICY 4: GRIEVANCE (YMSG-GRIEV-004)

Appendix D-1: YMSG Grievance Reporting Form

This form is confidential. You may submit anonymously.

Field	Response
Date	_____ / _____ / _____

Field	Response
Reporting channel	Suggestion box / In-person / Phone / Email / Letter / Outreach
Complainant name (optional)	_____
Contact (optional – phone or WhatsApp)	_____
Preferred language	English / Siswati
Preferred response method	In-person / Phone / SMS / WhatsApp / Letter / Email

Section A: What is your grievance about?

☐ Staff conduct (rude, discriminatory, boundary violation)
☐ Volunteer conduct
☐ Service quality (long wait, poor counseling, unavailable service)
☐ Accessibility (office hours, physical access, language)
☐ Safety concern
☐ Administrative issue (lost file, wrong information, delay)
☐ Financial matter (unexpected payment request)
☐ Other: _____

Section B: Description

What happened? (Describe in your own words – use additional page if needed)

When did this happen? (Date or approximate date)

Where did this happen?

Were there any witnesses? Yes / No – If yes, names (optional): _____

How would you like YMSG to resolve this? (Optional)

Section C: Office Use Only

Field	Response
Grievance number	YMSG-GRV-_____
Received by	_____
Date received	_____ / _____ / _____

Field	Response
Severity level	1 / 2 / 3
Assigned to	_____
Acknowledgment sent	Yes / No – Date: _____
Outcome date	_____ / _____ / _____
Appeal filed?	Yes / No

POLICY 5: FINANCIAL MANAGEMENT (YMSG-FIN-005)

Appendix E-1: YMSG Financial Integrity Acknowledgment

To be signed annually by all staff who handle finances.

I, _____ (print name), acknowledge that I have read and understood the YMSG Financial Management and Anti-Fraud Policy (YMSG-FIN-005).

I agree to:

- Follow all authorization and approval procedures
- Never authorize my own expenses

- Keep receipts for all expenditures
- Report any suspected fraud or irregularity immediately
- Never use YMSG funds for personal purposes

I understand that any violation, including fraud or misappropriation, will result in immediate dismissal and may result in criminal prosecution.

Signature: _____

Date: _____

Appendix E-2: YMSG Petty Cash Voucher

Field	Response
Voucher Number	PC-_____ (sequential)
Date	_____ / _____ / _____
Amount (figures)	E _____
Amount (words)	_____

Field	Response
Purpose of expense (be specific, not "miscellaneous")	_____
Recipient name	_____
Recipient signature	_____
Petty Cash Custodian signature	_____
Witness signature (second staff member)	_____
Receipt attached?	Yes / No (if no, explain: _____)
Budget line charged	_____

Appendix E-3: YMSG Goods Received Note (GRN)

Field	Response
GRN Number	GRN-_____ (sequential)
Date goods received	_____ / _____ / _____
Purchase Order Number (if applicable)	PO-_____
Supplier name	_____
Invoice number	_____

Section A: Goods Received

Item Description	Quantity Ordered	Quantity Received	Condition (Good/Damaged)

Section B: Sign-off

Role	Name	Signature	Date
Received by (not purchaser)			
Verified by (second staff, for items over E1,000)			

POLICY 6: HEALTH, SAFETY & SECURITY (YMSG-HSS-006)

Appendix F-1: YMSG Home Visit Safety Checklist

Complete before each home visit. Retain in client file.

Field	Response
Beneficiary name	_____
Home address	_____
Date of visit	_____ / _____ / _____
Staff member(s) conducting visit	_____

Section A: Pre-Visit Check

Question	Yes	No	N/A	Action if No
Have I visited this address before?	☐	☐	☐	
Is the area known to be safe?	☐	☐	☐	
Have there been any past safety incidents at this home?	☐	☐	☐	
Has the beneficiary confirmed the appointment?	☐	☐	☐	
Is the visit between 8:00 AM and 5:00 PM?	☐	☐	☐	Reschedule
Will I visit with another staff member (two-deep)?	☐	☐	☐	Request buddy
Does someone in the office know my destination and ETA?	☐	☐	☐	Inform office
Do I have a fully charged mobile phone?	☐	☐	☐	Charge phone
Do I have YMSG ID badge?	☐	☐	☐	Obtain badge

Section B: Sign-off

Staff signature	_____
Office notified (name of person)	_____
Time of notification	_____ : _____

Appendix F-2: YMSG Incident Report Form (Health & Safety)

Complete within 24 hours of any incident (injury, near miss, damage, security threat).

Field	Response
Incident Reference Number	YMSG-HS-_____
Date of incident	_____ / _____ / _____
Time of incident	_____ : _____
Location	Bigtree Complex / Home visit / Outreach / Event / Other: _____
Reporter name	_____

Field	Response
Reporter role	Staff / Volunteer / Beneficiary / Other: _____

Section A: Persons Involved

Name	Role (staff/beneficiary/visitor)	Injury? (Yes/No)	Details

Section B: Description of Incident

What happened? (Describe clearly – what, where, why, how)

What was the immediate cause? (e.g., wet floor, aggressive person, faulty equipment)

Section C: Action Taken

Action	Yes/No	Details
First aid provided	☐	By whom: _____

Action	Yes/No	Details
Ambulance called	☐	Time: _____
Police called	☐	Time: _____
Area made safe	☐	How: _____
Executive Director notified	☐	Time: _____

Section D: Follow-Up

Preventive action recommended:

Role	Name	Signature	Date
Reporter			
Operations Coordinator			

Appendix F-3: YMSG Office Safety Inspection Checklist

To be completed monthly by Operations Coordinator.

Area	Item	Satisfactory	Action Needed
Fire Safety	Fire extinguisher in place, not expired	☐	
	Smoke detector working (tested)	☐	
	Fire exit signs visible	☐	
	Evacuation map posted	☐	
	Exits unobstructed	☐	
Electrical	No overloaded sockets	☐	
	No damaged cords	☐	
	Emergency lighting working	☐	
Slips/Trips	Walkways clear of cables/boxes	☐	

Area	Item	Satisfactory	Action Needed
	Mats at entrance	☐	
First Aid	First aid kit stocked	☐	
	First aid log up to date	☐	
General	Locking cabinets working	☐	
	Visitor log being used	☐	
	Emergency contact numbers posted	☐	

Inspector name: _____

Date: _____ / _____ / _____

Follow-up actions completed by: _____ **Date:** _____

Appendix F-4: YMSG Community Event Safety Plan Template

Complete at least 7 days before any outreach event.

Field	Response
Event name	_____
Date(s)	_____ / _____ / _____
Location	_____
Expected number of beneficiaries	Young mothers: _____ Children: _____
Number of staff/volunteers	____
Staff-to-beneficiary ratio	1:_____

Section A: Risk Assessment

Hazard	Risk Level (L/M/H)	Mitigation
Weather (heat/rain)		
Road traffic (venue near road)		

Hazard	Risk Level (L/M/H)	Mitigation
Crowd control		
Unauthorized adults		
Missing child		
Medical emergency		

Section B: Emergency Plan

Item	Detail
Nearest clinic/hospital	Name: _____ Distance: _____ Phone: _____
Designated first aider(s)	Name(s): _____
Communication method	☐ Mobile phones ☐ Two-way radios ☐ Other: _____
Evacuation assembly point	_____

Item	Detail
Transport for emergencies	☐ YMSG vehicle ☐ Private car ☐ Taxi number: _____

Section C: Approvals

Role	Name	Signature	Date
Event lead			
Operations Coordinator			
Executive Director (if high risk)			

Appendix G-1: YMSG Volunteer Application and Agreement

Field	Response
Full name	_____
Date of birth	_____ / _____ / _____

Field	Response
Contact number	_____
Email	_____
Emergency contact name and number	_____
Availability (days/hours)	_____
Skills/interests	_____

Section A: Declaration

☐ I confirm that I have no criminal convictions that would make me unsuitable to work with young mothers and children (safeguarding declaration).

☐ I agree to undergo a police background check if required.

☐ I have read and agree to abide by the YMSG Code of Conduct (YMSG-CONDUCT-003) and Safeguarding Policy (YMSG-SAFE-001).

☐ I understand that YMSG may terminate my volunteer role at any time for policy violations.

Signature: _____

Date: _____

Section B: YMSG Acceptance

Role assigned	_____
Start date	_____ / _____ / _____
Supervisor	_____
YMSG representative signature	_____

Appendix G-2: YMSG Volunteer Timesheet and Reimbursement Form

Field	Response
Volunteer name	_____
Month/Year	_____

Section A: Hours Logged

Date	Start Time	End Time	Total Hours	Activity Description	Supervisor Initials

Total hours this month: _____

Section B: Reimbursement Request (if applicable)

Expense Type	Date	Amount (E)	Receipt Attached?
Transport			Yes / No
Lunch (if over 4 hours)			Yes / No
Other (specify):			Yes / No
Total requested		**E**	

Volunteer signature: _____

Supervisor approval: _____

Date: _____ / _____ / _____

POLICY 8: EQUAL OPPORTUNITY (YMSG-EQUAL-008)

Appendix H-1: YMSG Discrimination/Harassment Complaint Form

This form is confidential. You may submit anonymously.

Field	Response
Date	_____ / _____ / _____
Complainant name (optional)	_____
Contact (optional)	_____

Section A: Details of Complaint

What type of discrimination or harassment? (Tick all that apply)

☐ Age ☐ Gender ☐ Pregnancy/parenting status ☐ Marital status
☐ Tribe/ethnicity ☐ Religion ☐ HIV/health status ☐ Disability
☐ Sexual orientation ☐ Gender identity ☐ Socio-economic status
☐ Other: _____

Who was the alleged harasser/discriminator?

☐ Staff member (name if known): _____
☐ Volunteer (name if known): _____
☐ Beneficiary (name if known): _____
☐ Other: _____

What happened? (Describe – who, what, when, where)

Were there any witnesses? Yes / No – Names: _____

Has this happened before? Yes / No – If yes, when? _____

Section B: Desired Resolution

☐ Apology
☐ Training for staff/volunteer
☐ Reassignment of service provider
☐ Disciplinary action against respondent
☐ Other: _____

Section C: Office Use Only

Field	Response
Complaint number	YMSG-EQ-_____
Received by	_____
Date received	_____ / _____ / _____
Investigator assigned	_____
Outcome date	_____ / _____ / _____

Field	Response
Outcome summary	_____

POLICY 9: COMMUNICATIONS (YMSG-COMM-009)

Appendix I-1: YMSG Media Consent Form (Beneficiary)

To be signed before any photograph, video, or story is published externally.

Young Mother Name: _____

Child's Name (if applicable): _____

Section A: Permission

I give permission to Young Mothers Support Group (YMSG) to use the following (tick all that apply):

☐ Photographs of me
☐ Photographs of my child
☐ Video recordings of me
☐ Video recordings of my child
☐ Audio recordings of my voice
☐ My written story or testimonial
☐ My name and basic demographic information (age, community)

Section B: Where may YMSG use my image/story? (Tick all that apply)

☐ YMSG website (ymsg-eswatini.org)
☐ YMSG social media (Facebook, Instagram, etc.)

☐ YMSG printed reports and brochures
☐ Donor reports (restricted distribution)
☐ Media (newspapers, TV, radio – with separate consent)
☐ Internal training only (not public)
☐ Other (specify): _____

Section C: Terms

I understand that:

- I am giving this consent voluntarily and may withdraw it at any time by writing to YMSG.
- Withdrawal will not affect my access to YMSG services.
- YMSG cannot retract images/stories already published (e.g., printed reports).
- I will not receive payment for the use of my image/story.
- YMSG will not use my image/story in a way that is derogatory or harmful.

Section D: Signatures

Young Mother Signature	_____
Parent/Guardian Signature (if young mother under 18)	_____
YMSG Staff Witness	_____

Date	_____ / _____ / _____

Appendix I-2: YMSG Social Media and Communication Acknowledgment

To be signed annually by all staff and volunteers.

I, _____ (print name), acknowledge that I have read and understood the YMSG Communication and Social Media Policy (YMSG-COMM-009).

I agree to:

- Never post identifiable beneficiary images without signed media consent
- Never share confidential client information on personal social media
- Maintain professional boundaries with beneficiaries online
- Use official YMSG channels for YMSG business
- Add disclaimer "Views my own" if I list YMSG in my bio
- Report any policy violations I witness

I understand that violations may result in disciplinary action up to and including dismissal.

Signature: _____

Date: _____

Appendix I-3: Quick Reference Card – Social Media Dos and Don'ts

SIZE: Pocket card (10cm x 7cm) – Print and laminate

DO	DON'T
✅ Obtain signed media consent before posting beneficiary photos	❌ Post identifiable beneficiary photos without consent
✅ Anonymize stories (no names, specific locations)	❌ Share client personal information
✅ Use official YMSG channels for YMSG business	❌ Use personal accounts for YMSG work
✅ Add disclaimer: "Views my own" when listing YMSG in bio	❌ Post negative comments about YMSG, staff, or beneficiaries
✅ Report any suspected violation	❌ Engage with trolls or abusive commenters
✅ Ask Communications Officer if unsure	❌ Assume privacy settings protect you

YMSG Communications Officer: admin@ymsg-eswatini.org | +268 2518 6612

POLICY 10: RECORD RETENTION (YMSG-REC-010)

Appendix J-1: YMSG Record Disposal Log

Complete for each disposal event. Retain log for 5 years.

Field	Response
Disposal Reference Number	YMSG-DISP-_____
Date of disposal	_____ / _____ / _____

Section A: Records Disposed

Record Type	Date Range	Quantity (boxes/files)	Retention Period Applied

Section B: Authorization

I confirm that the retention period for these records has expired and no legal hold applies.	
Staff member 1 name and signature	_____

Staff member 2 name and signature	_____

Section C: Disposal Method

☐ Cross-cut shredded (paper)
☐ Secure digital deletion (software: _____)
☐ Physical destruction (hard drive crushing)
☐ Other: _____

Witnessed by: _____

Appendix J-2: YMSG Record Management Acknowledgment

To be signed annually by all staff and volunteers.

I, _____ (print name), acknowledge that I have read and understood the YMSG Record Retention and Document Management Policy (YMSG-REC-010).

I agree to:

- Follow file naming conventions and folder structure
- Keep paper records locked and electronic records password-protected
- Never destroy records without authorization
- Report any suspected record management violations

I understand that unauthorized destruction of records, especially under legal hold, may result in disciplinary action up to and including dismissal and legal liability.

Signature: _____

Date: _____

Appendix J-3: Quick Reference – Record Retention Periods (Pocket Card)

SIZE: Pocket card (10cm x 7cm) – Print and laminate

Record Type	Keep For
Client files	7 years after last service
Safeguarding reports	15 years
Financial records	7–10 years
Personnel files	7 years after employment
Board minutes	PERMANENT
Audit reports	PERMANENT
Contracts	10 years

Record Type	Keep For
Media consent	Duration of use + 3 years
Incident reports (non-safeguarding)	7 years
Grievance records (non-safeguarding)	7 years

Before destroying ANY record:

1. Check retention period
2. Ensure no legal hold
3. Get second staff approval
4. Log disposal

Questions? Contact Operations Coordinator at admin@ymsg-eswatini.org

Master Appendix Sign-Off

These appendices are approved as operational documents supporting YMSG Policies YMSG-SAFE-001 through YMSG-REC-010.

Approved by: YMSG Board of Directors

Date of Approval: 1 June 2026

Next Review Date: 1 July 2027 (12 months from approval)

Policy Review Committee: Executive Director, Operations Coordinator, Data Protection Officer, Communications Officer, Legal Advisor