PSEAH IMPLEMENTATION QUICK REFERENCE HANDBOOK

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CHSAlliance

AUTHORS

Corinne Davey and Lucy Heaven Taylor, GCPS Consulting UK, 2017

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GLOSSARY

Affected populations – the individuals, groups, and communities that are affected by a humanitarian crisis. This can also be used to refer to populations affected by issues of development.

Associated personnel – Associated personnel whilst engaged with work or visits related to [NGO], including but not limited to the following: consultants; volunteers; contractors; programme visitors including journalists, celebrities and politicians[1].

At-risk adults –

1. Any person aged 18 years and older who may be at risk of abuse or exploitation due to their dependence or reliance on others for services, basic needs or protection, and according to context, for example, in humanitarian situations.
2. An adult may also be at risk/ vulnerable when in a relationship (social or work) with another who seeks to misuse their position of authority or trust to control, coerce, manipulate or dominate them.
3. An adult may also be at risk if their decision-making capacity is impaired and/or they do not have the support to make a decision[2].

Being at risk is not a 'fixed' characteristic but rather changes due to a range of factors, and can change over time. For example, a person living with a disability may not be at risk in their own usual environment but may become so if they are displaced and away from their usual coping mechanisms.

Child – any individual under the age of 18, irrespective of local country definitions of when a child reaches adulthood.

Child protection – preventing and responding to violence, exploitation and abuse against children – including [but not limited to] commercial sexual exploitation, trafficking, child labour and harmful traditional practices[3].

Code of conduct – a set of standards about behaviour that staff and volunteers of an organisation are obliged to adhere to.

Community-based Complaints Mechanism – a system blending both formal and informal community structures, built on engagement with the community where individuals are able and encouraged to safely report grievances – including SEA incidents – and those reports are referred to the appropriate entities for follow up[4].

Complaint – specific grievance of anyone who has been negatively affected by an organisation's action or who believes that an organisation has failed to meet a stated commitment.

Complainant – the person making the complaint, including the alleged victim/ survivor of the sexual exploitation, abuse or harassment, or another person who becomes aware of the wrongdoing.

Complaint mechanism or procedure – processes that allow individuals to report concerns such as breaches of organisational policies or codes of conduct.

[1] Bond *Safeguarding templates* undated
[2] CBM *Safeguarding Policy* 2018
[3] UNICEF *Child Protection Information Sheet What is Child Protection?*
[4] IASC *Best Practice Guide to Inter-Agency Community-Based Complaints Mechanisms* 2016

Confidentiality – an ethical principle that restricts access to and dissemination of information. In investigations on sexual exploitation, abuse, fraud and corruption, it requires that information is available only to a limited number of authorised people for the purpose of concluding the investigation. Confidentiality helps create an environment in which witnesses are more willing to recount their versions of events and builds trust in the system and in the organisation.

Focal point – a person designated to receive reports of cases of sexual exploitation, abuse and harassment, and support the organisation in implementing PSEAH.

Investigation of sexual exploitation, abuse or harassment – an internal administrative procedure, in which an organisation attempts to establish whether there has been a breach of SEAH policy(ies) by a staff member or members.

PSEAH (Protection from Sexual Exploitation and Abuse and Sexual Harassment) – the term used by those working in the international humanitarian and development sector to refer to measures taken to protect people from sexual exploitation, abuse and harassment by their own staff and associated personnel.

Referral pathway – the various support and referral services available to victims/survivors of SEAH.

Report – where an individual or individuals report a concern regarding SEAH.

Safeguarding – the responsibility of organisations to make sure their staff, operations, and programmes do no harm to children and adults at-risk nor expose them to abuse or exploitation[5]. This term covers physical, emotional and sexual harassment, exploitation and abuse by staff and associated personnel, as well as safeguarding risks caused by programme design and implementation. Many organisations now also use this term to cover harm caused to staff in the workplace.

SEAH – the term used to refer to sexual exploitation, abuse and sexual harassment.

Sexual abuse – an actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions[6].

Sexual exploitation – any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another[7].

Sexual harassment – a continuum of unacceptable and unwelcome behaviours and practices of a sexual nature that may include, but are not limited to, sexual suggestions or demands, requests for sexual favours and sexual, verbal or physical conduct or gestures, that are or might reasonably be perceived as offensive or humiliating[8]. Sexual harassment has widely been understood to relate to the workplace (see 'Workplace sexual misconduct' below), but is also included in the spectrum of behaviours that are not acceptable conduct by our staff, be it in the workplace or with affected populations.

[5] Bond www.bond.org.uk
[6] United Nations Secretariat, 9 October 2003, *Secretary General's Bulletin on Special Measures for Protection from Sexual Abuse and Sexual Exploitation, 2003/13 (ST/SGB/2003/13)*, United Nations.
[7] ibid
[8] Endorsed in the UN General Assembly Resolution A/RES/73/148 on 17th December 2018

Sexual misconduct – includes sexual harassment, sexual exploitation and sexual abuse.

Speak Up policy – an organisational policy which encourages staff members to report concerns or suspicions of misconduct by colleagues. Those making reports are protected from any negative consequences of reporting these concerns.

Survivor or victim – the person who is, or has been, sexually exploited or abused. The term 'survivor' implies strength, resilience and the capacity to survive. The term 'victim' has protective implications, as it implies the victim of an injustice which we should seek to redress. Therefore, this resource uses both terms. People who have experienced SEAH may choose different terms to describe their experience.

Victim/Survivor-centred approach – an approach in which the victim/survivor's wishes, safety, and well-being remain a priority in all matters and procedures[9].

Whistleblower Protection policy (or Disclosure of Malpractice in the Workplace policy) – a policy which encourages staff members to report concerns, the disclosure of which are typically in the public interest, particularly in countries where whistleblowing is part of national legislation. Concerns are typically those regarding a criminal offence, health and safety, damage to the environment or miscarriage of justice. Reporting on PSEAH can fall within an organisation's Whistleblower Protection policy. Whistleblowers are often protected by law and cannot be treated unfairly or lose their job because they report these concerns.

[9] Protection from Sexual exploitation and Abuse Statement by the Inter-Agency Standing Committee (IASC) Principals 2015

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INTRODUCTION

Background

PSEAH (Protection from Sexual Exploitation and Abuse and Sexual Harassment) is a term used by those working in the international humanitarian and development sector to refer to measures taken to protect people from sexual exploitation, abuse and harassment by their own staff and associated personnel. We also now use it to mean protecting staff and associated personnel from sexual harassment or misconduct within the workplace.

The contexts we work in bring us into contact with at-risk children and adults in the communities with which we work. As aid workers, we have access to goods and services that put us in a position of power over these communities and individuals. Unfortunately, a minority of people use this power imbalance to exploit, abuse and harass others. The humanitarian and development community has developed standards and approaches to prevent and respond to such abuses of power.

In recent times, the sector has become more aware of the issues of abuse of power within the workplace, as well as in the work we do with affected populations. The humanitarian and development community has had policies and measures in place for many years that are designed to create safe and productive workplaces which are free of abuse such as bullying, discrimination and sexual harassment. (In a number of countries this is mandated by national legislation.) Since 2018, agencies have now been examining and strengthening these policies, as well as analysing in more detail the issues of gender, diversity and power imbalance that are the root causes of these abuses of power.

The humanitarian and development community is committed to preventing sexual exploitation, abuse and harassment in our work. However, the issue is a complex and sometimes it can seem hard to know where to start.

Purpose of the handbook

The purpose of this handbook is to demonstrate how aid workers and organisations can implement practical measures to prevent sexual exploitation, abuse and harassment, in line with the Core Humanitarian Standard PSEAH Index. The Handbook takes the key areas from the PSEAH Index and provides examples of how this can look in practice. It also provides a real-life case study for each of the areas covered, so you can learn from the work of other NGOs.

The primary audience for this Handbook is smaller and/or national NGOs who may have fewer resources to implement PSEAH. However, it can be used by any organisation or institution involved in the delivery of humanitarian and development assistance.

This Handbook was update in 2020 to reflect new learning and practices in PSEAH.

How to use this handbook

This handbook is designed to provide guidance and ideas when you are developing PSEAH measures. Each chapter takes a key element in implementing PSEAH and discusses what needs to be in place. It then takes you through a step by step guide of how to implement these measures, followed by a Learning Example.

CHS Alliance uses the term SEAH to refer to the spectrum of behaviours that are not acceptable conduct by our staff, be it with affected populations or in the workplace. Some of the Learning Examples in this Handbook use the term PSEA, as this was the term used by that organisation at the time of writing to refer to sexual misconduct against affected populations. All chapters in this Handbook focus on SEAH against affected populations, except the chapter on sexual misconduct in the workplace.

International standards on PSEAH

The most widely used standards with regard to PSEAH are the **Core Humanitarian Standard** and the **IASC (Inter-Agency Standing Committee) Minimum Operating Standards for Protection from Sexual Exploitation and Abuse for UN and non-UN staff**.

The CHS is a broad quality and accountability framework describing the essential elements of principled, accountable and high-quality aid. Protection from sexual exploitation, abuse, and harassment is incorporated throughout the Standard. The Standard is a verifiable standard, meaning organisations can measure and improve their performance against it. One of the verification tools is the PSEAH index, which is an amalgamation of the CHS indicators that specifically relate to PSEAH and include specific PSEAH requirements. These are outlined below:

CHS Indicator	Specific PSEAH Requirement	Chapter in PSEAH Handbook
1.2. Programmes are appropriately designed and implemented based on an impartial assessment of needs and risks and an understanding of the vulnerabilities and capacities of different groups.	Programmes need to be designed and implemented based on an assessment of SEAH risks and understanding of SEAH vulnerabilities of different groups.	*Designing safe programmes and projects*
2.1. Programmes are designed taking into account constraints so that the proposed action is realistic and safe for communities.	Programmes need to take into account organisational and contextual constraints so that the proposed action is safe in relation to PSEAH for communities.	*Designing safe programmes and projects*

CHS Indicator	Specific PSEAH Requirement	Chapter in PSEAH Handbook
3.6. Programmes identify and act upon potential or actual unintended negative effects in a timely and systematic manner, including in the areas of people's safety, security, dignity and rights, sexual exploitation and abuse by staff, culture, gender, social and political relationships, livelihoods, the local economy, and the environment.	Programmes need to identify and act upon potential or actual unintended negative effects relating to SEAH.	*Developing and implementing a Community-based Complaints Mechanism* *Responding to reports of SEAH*
3.7. Policies, strategies and guidance are designed to prevent programmes having any negative effects such as, for example, exploitation, abuse or discrimination by staff against communities and people affected by crisis, and to strengthen local capacities.	The organisation needs to have documented policy, strategies and guidance in place to prevent SEAH.	*Developing and implementing PSEAH policy and procedures*
3.8. Systems are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	The organisation needs to have systems in place to safeguard personal information relating to SEAH incidents that could put affected people at risk.	*Responding to reports of SEAH*
4.1. Information is provided to communities and people affected by crisis about the organisation, the principles it adheres to, the expected behaviours of staff, and its programmes and deliverables	Information provided to communities needs to cover the organisation's commitment and expected staff behaviours in relation to PSEAH.	*Engaging communities and people affected by crisis*
4.5. Policies for information-sharing are in place and promote a culture of open communication.	The organisation needs to have an information sharing policy that addresses PSEAH.	*Engaging communities and people affected by crisis*
5.1. Communities and people affected by crisis are consulted on the a. design, b. implementation, and c. monitoring of complaints handling processes.	Communities and affected people need to be consulted on how the complaints handling process will accommodate SEAH.	*Developing and implementing a Community-based Complaints Mechanism*
5.2. Complaints are welcomed and accepted, and it is communicated how the mechanism can be accessed and the scope of issues it can address.	Complaints handling mechanism needs to welcome and accept reports relating to SEAH, and communities need to know how and what to report.	*Developing and implementing a Community-based Complaints Mechanism*

CHS Indicator	Specific PSEAH Requirement	Chapter in PSEAH Handbook
5.3. Complaints are managed in a timely, fair and appropriate manner. Complaints handling mechanisms prioritises the safety of the complainant and those affected at all stages.	Complaints or reports relating to SEAH need to be managed in a timely, fair, appropriate and safe manner.	*Responding to reports of SEAH*
5.4. The complaints-handling process for communities and people affected by crisis is documented and in place. The process covers programming, sexual exploitation and abuse, and other abuses of power.	The organisation needs to have a documented complaints-handling and investigations process that addresses SEAH, is victim/survivor-centred, and sets out mandatory reporting obligations relating to SEAH.	*Developing and implementing a Community-based Complaints Mechanism* *Responding to reports of SEAH*
5.5. An organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes has been established.	The organisation needs to have an organisational culture that takes SEAH complaints seriously and acts upon them according to its PSEAH Policy and processes.	*Ensuring staff, volunteers and associates understand and work to PSEAH requirements* *Responding to reports of SEAH*
5.6. Communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	The organisation needs to ensure that affected people are fully aware of the expected behaviour of staff in regard to PSEAH, and organisational PSEAH commitments.	*Engaging communities and people affected by crisis*
5.7. Complaints that do not fall within the scope of the organisation are referred to a relevant party in a manner consistent with good practice.	The organisation needs to refer SEAH complaints/reports that do not fall within the scope of the organisation to a relevant party in a manner consistent with good practice.	*Responding to reports of SEAH*
6.1. The roles, responsibilities, capacities and interests of different stakeholders are identified.	The roles, responsibilities and capacities of partners and other stakeholders to prevent SEAH need to be identified.	*Implementing PSEAH requirements with partners, suppliers and contractors*
6.4. Information is shared with partners, coordination groups and other relevant actors through appropriate communication channels.	Information relating to PSEAH needs to be shared with partners, coordination groups and other relevant actors.	*Implementing PSEAH requirements with partners, suppliers and contractors*

CHS Indicator	Specific PSEAH Requirement	Chapter in PSEAH Handbook
6.6. Work with partners is governed by clear and consistent agreements that respect each partners mandate, obligations and independence, and recognises their respective constraints and commitments.	The organisation needs to have clear and consistent agreements with its partners specifically addressing PSEAH obligations.	*Implementing PSEAH requirements with partners, suppliers and contractors*
8.1. Staff work according to the mandate and values of the organisation and to the agreed objectives and performance standards.	Recruitment, screening and staff performance processes need to promote safeguarding from SEAH	*Developing and implementing PSEAH policy and procedures*
8.2. Staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them.	Staff need to adhere to PSEAH policies, including mandatory obligation to report and understand the consequences of not adhering to them.	*Assigning specific responsibilities for PSEAH* *Ensuring staff, volunteers and associates understand and work to PSEAH requirements*
8.7. A code of conduct is in place that establishes, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate against people.	The organisation needs to have a code of conduct that includes the obligation of staff and associated individuals and entities, not to sexually exploit, abuse or harass people and to comply with reporting obligations.	*Developing and implementing PSEAH policy and procedures*
8.9. Policies are in place for the security and wellbeing of staff.	The organisation needs to have policies in place for the safeguarding of staff to protect them from sexual exploitation, abuse and harassment, and retaliation, including a Whistleblower Protection policy.	*Sexual Misconduct in the Workplace*
9.5. The risk of corruption is managed, and appropriate action is taken when corruption cases are identified.	Serious misconduct needs to be taken seriously and acted upon.	*Responding to reports of SEAH*

Note the PSEAH Index – with the specific requirements to fulfil the indicators – is documented in full detail in the CHS Alliance Verification Framework[10].

[10] https://www.chsalliance.org/get-support/resource/chs-verification-framework/

The IASC is a committee of UN agencies and NGOs involved in the delivery of humanitarian assistance. They developed the PSEA Minimum Operating Standards to support agencies in implementing PSEA measures. The eight areas covered by the IASC Minimum Operating Standards are:

Minimum Operating Standard	Chapter in PSEAH Handbook
1. Effective policy development and implementation	*Developing and implementing PSEAH policy and procedures*
2. Cooperative arrangements	*Implementing PSEAH requirements with partners, suppliers and contractors*
3. A dedicated department/focal point is committed to PSEA	*Assigning specific responsibilities for PSEAH*
4. Effective and comprehensive communication from headquarters to the field on expectations regarding raising beneficiary awareness on PSEA	*Engaging communities and people affected by crisis*
5. Effective community-based complaints mechanisms, including victim assistance.	*Developing and implementing a comprehensive complaints mechanism*
6. Effective recruitment and performance management	*Developing and implementing PSEAH policy and procedures* *Ensuring staff, volunteers and associates understand and work to PSEAH requirements*
7. Effective and comprehensive mechanisms are established to ensure awareness-raising on SEA amongst personnel	*Ensuring staff, volunteers and associates understand and work to PSEAH requirements*
8. Internal complaints and investigation procedures are in place	*Responding to reports of SEAH*

Further support

Tools and resources that support you to implement the steps in each chapter can be found on the CHS Alliance website at www.chsalliance.org.

If you are interested in understanding better how well you are implementing PSEAH measures, the CHS Alliance can advise on how you can access the CHS verification options; self-assessment, or independent verification and certification (the latter two are carried out by independent HQAI auditors).

CHS Alliance encourages organisations to assess themselves using one of these options. From this assessment you can derive a PSEAH index score giving a comprehensive picture of the different elements contributing to effective work on PSEAH in an organisation. This not only enables your own organisation to improve, it also provides valuable data to track progress on PSEAH across the sector. CHS Alliance member organisations are able to access support from the CHS Alliance as they work to improve.

PSEAH HANDBOOK AT A GLANCE

PSEAH Policies and Procedures	• A PSEAH, or similar, policy • A Whistleblower Protection policy • Procedures which describe how the policy is implemented throughout the organisation • An implementation plan
Assigning specific responsibilities for PSEAH	• The Board has accountability for PSEAH as part of its role • Senior management takes responsibility for ensuring PSEAH measures are implemented • The Board and leadership teams are responsible for creating an organisational culture which supports PSEAH • Organisations assign focal points for PSEAH • PSEAH responsibilities are reflected in role and job descriptions
Ensuring staff, volunteers and associates meet PSEAH requirements	• All staff, volunteers and associated personnel sign the organisation's code of conduct • All staff, volunteers and associates receive induction and (where relevant) annual refresher training on PSEAH • Staff members are aware of their obligation to report SEAH/misconduct and are aware that there is a policy for protection from retaliation • Supervision and performance appraisals include discussions on the level of understanding of PSEAH, adherence to code of conduct and participation in trainings (or similar) that include PSEAH
Engaging communities and affected populations on PSEAH	• Communities that aid organisations work with are fully aware of the expected behavior of the organisation's staff, including organisational commitments made on the prevention of sexual exploitation, abuse and harassment • Communities that aid organisations work with know how to complain if these commitments are not met • Appropriate awareness-raising tools and approaches are used with communities, which are relevant to age, language and capacity
Implementing PSEAH requirements with partners, suppliers and contractors	• Partners, suppliers and contractors are assessed for their contact with children, at-risk adults and affected populations, and capacity to implement PSEAH measures • Clauses on PSEAH are included in all contract agreements • Where required, PSEAH training is delivered to partners, suppliers and contractors • PSEAH measures, and SEAH cases, in partner, supplier and contractor organisations are monitored
Designing safe programmes and projects	• Potential risks of sexual exploitation, abuse and harassment presented by programmes and projects are identified and addressed • Programme designs respond to or are adapted to mitigate risks of SEAH • Project plans include activities on PSEAH awareness and sensitivity • Budgets include funding lines for capacity building and communications on PSEAH

Sexual misconduct in the workplace	• Clear commitments to an organisational culture that recognises issues of gender, power and privilege, encourages diversity and speaking up • A PSEAH policy or policies that describe prohibited behaviours in the workplace and outlines the organisation's commitment to preventing and responding to workplace sexual harassment • Procedures which describe how the policy is implemented throughout the organisation • Formal and informal opportunities to speak up on sexual misconduct
Developing and implementing a Community-based Complaints Mechanism	• A confidential, victim/survivor-centred report handling protocol • Designated staff with responsibility for receiving and managing reports • Appropriate, accessible and confidential reporting channels that have been designed in consultation with the community , including channels that are designed to proactively enable reports of SEAH • A referral process for reports which do not fall within the scope of the CBCM
Responding to reports of PSEAH	• Written procedures on responding to reports or concerns relating to SEAH, which are victim/survivor-centred and ensure confidentiality • A mapping of referral pathways for victims/survivors of SEAH • Investigations are undertaken in line with the relevant standards and guidance • Investigations are undertaken by experienced and qualified professionals • Substantiated complaints result in consistent disciplinary action

DEVELOPING AND IMPLEMENTING PSEAH POLICY AND PROCEDURES

CHS Indicator	Specific PSEAH Requirement
3.7. Policies, strategies and guidance are designed to prevent programmes having any negative effects such as, for example, exploitation, abuse or discrimination by staff against communities and people affected by crisis, and to strengthen local capacities.	The organisation needs to have documented policy, strategies and guidance in place to prevent SEAH.
8.1. Staff work according to the mandate and values of the organisation and to the agreed objectives and performance standards.	Recruitment, screening and staff performance processes need to promote safeguarding from SEAH.
8.7. A code of conduct is in place that establishes, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate against people.	The organisation needs to have a code of conduct that includes the obligation of staff and associated individuals and entities, not to sexually exploit, abuse or harass people and to comply with reporting obligations.

What should be in place

- A PSEAH, or similar, policy (such as a Safeguarding Policy) which describes the standard of behaviour expected of the organisation's staff and representatives, and which specifically prohibits sexual exploitation, abuse and harassment:
  - The policy should reflect where possible the organisation's values and state how these values are intended to create safe, equitable and inclusive organisations
  - The policy should be victim/survivor-focused (i.e. the victim/survivor's wishes, safety, and well-being remain a priority in all matters and procedures).
- A Whistleblower Protection policy that protects staff who report SEAH in good faith through the organisation's whistleblowing/Speak Up mechanisms.
- Procedures which describe how the policy is implemented throughout the organisation.
- An implementation plan, identifying gaps in implementing PSEAH and actions to address the gaps, which is reviewed and updated regularly.

How to do it

1. Develop a PSEAH policy. You can develop your policy by:
   - Running a consultation with staff, raising awareness on what PSEAH means and asking for their inputs on what the policy should say (ensure the consultation is run with groups of staff from different intersecting identities e.g. older and younger female staff, staff identifying as LGBTQ+); or
   - Using an example of a PSEAH policy from elsewhere and adapt to suit your organisation and the context in which you work. You should involve staff by circulating the draft and asking for comment before finalising.
2. Check your PSEAH policy:
   - Reflects organisational values which are explicit on e.g. non-discrimination, diversity and inclusivity, recognising power and privilege
   - Identifies the organisation's commitment to the IASC Six Core Principles Relating to Sexual Exploitation and Abuse
   - Recognises the rights of all children, adults at-risk, affected populations and staff and associated personnel to be protected from sexual exploitation, abuse and harassment
   - Applies to all staff, volunteers and associates at all times
   - Identifies and manages risk
   - Includes the organisation's code of conduct
   - Integrates PSEAH measures into all areas of the organisation.
3. Organisations which have already developed a policy and procedure for sexual harassment in the workplace (often linked to policies on discrimination and other workplace issues such as bullying) should check that policy meets the requisite standards.
4. If your organisation gathers content from affected populations for research or communications materials, ensure you have policies and procedures in place to prevent SEAH that might arise from inappropriate use of content and safely store data on individuals.
5. If your organisation conducts online activities, ensure you have an Online Safeguarding policy or equivalent.
6. Develop PSEAH procedures or refer to relevant organisational procedures/ guidelines which include PSEAH measures. The procedures should include:

Procedure	PSEAH measures
Recruitment	• Job adverts include PSEAH commitments • Gaps in employment history checked during interview • Questions related to PSEAH asked during interview • At least two references taken, preferable verbally, from previous employers which include questions on candidate's conduct, behaviour • Criminal records check is conducted, where possible • Consider a self-declaration form, where staff declare that they have no previous convictions or dismissals that prevent them from working with children or at-risk adults • New employees sign contracts which include PSEAH and the organisation's code of conduct • Consider becoming a signatory to the Inter-Agency Misconduct Disclosure Scheme. This is an interagency scheme that commits to systematically asking for, and responding to requests for checks with previous employers on SEAH issues
Induction/ training	• Induction includes at least a briefing on PSEAH • All staff receive a half day training on PSEAH – recognising and responding to risks and concerns • Annual refresher training opportunities provided
Performance management	• Performance management discussions include understanding of PSEAH and an opportunity to raise concerns • Where performance management includes working to values or competencies, these include PSEAH
Whistleblowing	• A policy or procedure which encourages people to report on concerns without fear of reprisals
Discipline and grievance	• SEAH is explicitly stated as grounds for discipline which may result in termination of employment
Programming guidelines	• Programming guidelines include identifying and mitigating risks of sexual exploitation, abuse and harassment in programmes to make them safer
Risk Register	• SEAH risks are included in the organisation's Risk Register • SEAH is treated as a separate risk category • Major SEAH risks have an assigned owner
Partnership arrangements	• All contracts with partners/suppliers/contractors include clauses on PSEAH • Capacity building for partners includes capacity to implement PSEAH measures • Partner monitoring includes PSEAH measures and SEAH reports
Complaints/ reporting	• Complaints/reporting mechanism developed to receive and respond to reports of SEAH

7. Develop a PSEAH implementation or work plan which identifies the gaps in the organisation in implementing PSEAH measures, and states what action will be taken to address the gaps, by whom and when.
8. Monitor the implementation plan on a quarterly basis to ensure that the organisation is making steady progress towards fully implementing PSEAH policy and procedures.
9. Review the PSEAH policy and procedures every two years to ensure they are fit for purpose.

Learning Example

Developing and implementing an anti-harassment policy in India

The programme

EFICOR is a national organisation engaged in development, advocacy, disaster response and training. EFICOR supports some 38 projects across India, focusing primarily on disaster management, climate change, health and urban poverty. They work with a range of communities and people including those with disabilities. Their staff are spread across the projects, with a number of them based in fairly remote communities.

Information on how to make a complaint relating to the policy

The issue

EFICOR had been working with a child protection policy and a gender policy. In 2010 the Supreme Court in India issued a recommendation that organisations introduce anti-harassment policies and procedures. EFICOR took this opportunity to introduce a new anti-harassment policy, which replaced their gender policy, to cover sexual harassment, abuse and exploitation both within and outside the workplace.

What EFICOR did

EFICOR adopted a consultative process in developing the policy. The initial draft of the policy was developed by EFICOR's Planning, Action, Coordination Team (PACT) during their annual meeting and agreed by the Board of Trustees. EFICOR used a policy from another organisation to help inform the draft. All staff were then consulted on this draft; discussions focused on potential challenges in implementing the policy and other concerns staff had. The results of this consultation were used to produce a final draft of the policy which was signed off by the Board. The policy is accompanied by a set of procedures which describes what needs to be done for recruitment, induction/training, reporting concerns and disciplinary actions relating to sexual harassment. All staff were required to sign the policy upon its introduction during their annual staff retreat. The process of developing, consulting and signing off the policy took a year and a half.

Key procedures that EFICOR have implemented to support the policy are:

- **Recruitment** – EFICOR ask candidates to complete application forms and declare they are free from convictions relating to abuse of children. Candidates are asked about any gaps in their employment history during the interview. They are required to provide two references; EFICOR also contacts the previous employer to check whether there are concerns over the candidate's behaviour. Background checks are done on successful candidates.
- **Induction/training** – all new employees receive a briefing on the policy and are asked to sign it. Staff have the opportunity to discuss the values they work to during the annual staff retreat.
- **Performance appraisal** – this triggers a renewal of contract which is accompanied by a letter reminding staff of the policies they must work to.

Information on the anti-harassment policy being delivered during a maternal health project

What happened as a result

EFICOR's leadership has been instrumental in developing and implementing the policy and models the behaviour expected of staff. The Board monitor the progress in implementing the policy.

Due to the process of developing the policy, and the reminders and discussions that take place each year, staff understand the policy well and "hold one another accountable". The policy is going to be translated into local languages to ensure all stakeholders fully understand.

Learnings

- The Board of Trustees and senior leadership teams plays a vital role in leading the development and implementation of the policy. They need to model behaviours and create a culture for preventing and responding to harm and abuse within and outside the organisation.
- Check what national legislation or policy exists that supports PSEA, and use this as a foundation for your organisation's policy and measures.
- If using a policy from another organisation, it must be adapted to suit the context and organisation. Cultural practices with regard to issues such as childcare need to be well understood.
- Always consult staff in the development of the policy – it creates ownership, buy-in and awareness.
- There needs to be a balance between focusing on SEA for women and SEA for men – it is not just an issue which impacts on women.
- Larger, more well resourced, organisations may be able to implement a policy within existing funding. Smaller organisations may need support and some additional funding may be required.

ASSIGNING SPECIFIC RESPONSIBILITIES FOR PSEAH

CHS Indicator	Specific PSEAH Requirement
8.2. Staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them.	Staff need to adhere to PSEAH policies, including mandatory obligation to report and understand the consequences of not adhering to them.

What should be in place

- The Board (or equivalent governance structure) has accountability for PSEAH as part of its role.
- Senior management takes responsibility for ensuring PSEAH measures are implemented.
- The Board (and leadership teams are responsible for creating an organisational culture which supports PSEAH. An organisational culture which supports PSEAH is one in which:
  - staff understand the organisation's shared values which help to prevent SEAH
  - staff have the opportunity to discuss and challenge attitudes, behaviours and practice that underpin SEAH
  - senior leadership model the organisation's shared values which help to prevent SEAH
  - the organisation's policies and practices address issues of gender, diversity and empowerment.
- Organisations assign focal points for PSEAH, who support the development and implementation of PSEA policy and procedures.
- PSEAH responsibilities are reflected in role and job descriptions.

How to do it

1. Ensure that maintaining an organisational culture which supports PSEAH is built into job descriptions and performance management for senior leadership staff.
2. At least once every three months, include an item on PSEAH on your Senior Management Team meeting agenda. Discuss progress and challenges with implementing the PSEAH policy and implementation plan and how the organisational culture is either driving or hindering progress with implementation.
3. Present a progress report on implementing the PSEAH policy to your Board at least annually.
4. Identify staff members who can serve as focal points on PSEAH. These staff members should be relatively senior and/or hold roles which already implement PSEAH measures, such as human resources staff. Focal points should ideally reflect the diversity of staff who may wish to report sexual harassment, exploitation or abuse, and be 'trusted'.

5. Be clear on the role the focal points will play. The role will need to include:

- Awareness raising/training for staff, stakeholders and communities
- Documenting who has signed the PSEAH policy and code of conduct and who has received training on PSEAH
- Supporting teams and departments to conduct risk assessments on their departmental systems and processes to ensure that PSEAH measures are integrated effectively
- Receiving reports on PSEAH and referring to the correct team or staff member for follow up.

6. Identify PSEAH responsibilities for other staff. These are typically:

Role	Responsibility
Board	• Ensuring that PSEAH policies, procedures and approaches are in place and being implemented • Foster and maintain an organisational culture which supports PSEAH • Accountability for serious SEAH incidents
All staff	• Adhere to the PSEAH policy and code of conduct, report concerns
All Managers	• Foster and maintain an organisational culture which supports PSEAH • Ensure all new employees receive the PSEAH policy training as part of their induction. • Ensure PSEAH measures are implemented within their area of responsibility and risk assessments conducted on systems, processes and activities. • Follow up, and address, SEAH issues appropriately and consistently
HR staff	• Implement the necessary measures when recruiting new staff and volunteers • Ensure all new employees receive a copy of the PSEAH policy and code of conduct, prior to, or at the time of, issuing an employment contract. Signed copies must be place in their personnel file. • Serve as focal points (where appropriate) or be identified as the relevant personnel for addressing sexual misconduct within the workplace and SEAH of communities by staff
Programme staff	• Ensure that communities are aware of the PSEAH Policy and how to report concerns • Serve as focal points (where appropriate) for SEAH of affected populations e.g. as a trusted person to whom affected populations can report SEAH • Conduct SEAH risk assessments of all programmes • Ensure safe programming/ Design safe programmes

7. Write PSEAH responsibilities into job descriptions and include it in performance management/appraisal discussions.

Learning Example

Assigning responsibilities for PSEA in a refugee programme in Kenya

The programme

The Refugee Consortium of Kenya (RCK) promotes and protects the rights and dignity of refugees, asylum seekers, internally displaced people and other forced migrants in Kenya and the wider East African region. The organisation was established in response to an increasingly complex and deteriorating refugee situation in Kenya and the region.

RCK provides legal aid services and psychosocial counseling; advocates for policy change and raises awareness on the rights of refugees. The organisation works in Nairobi and urban centres and in camps hosting refugees.

Workshop on PSEA code of conduct

The issue

RCK had introduced some PSEA measures in 2004. In 2010 RCK began work with UNHCR and, as a requirement of the partnership, had to include PSEA commitments in all contracts and demonstrate that the organisation was actively implementing PSEA measures across the organisation. RCK needed key people within the organisation to support PSEA implementation.

What RCK did

RCK decided to assign focal point responsibilities to key staff in the organisation.

The national focal point role was assigned to the HR/admin officer in Nairobi. RCK recognised that the HR/admin officer is an important role for PSEA. The HR/admin officer had the necessary authority to recommend or take decisions in relation to staff, and she was able to work professionally, be objective and manage information confidentially.

RCK also recognised, however, that this role did not have contact with the refugee communities where abuse might be taking place. They needed to assign focal point roles to project managers who worked in the camps and the urban communities in which RCK operated.

The focal points have been given a number of responsibilities for PSEA. The HR/admin officer is responsible for:

- Delivering induction/training to staff on PSEA
- Reporting concerns or issues with PSEA implementation to the Senior Management Team
- Receiving reports and coordinating the response to any reports that arise.

The project managers are responsible for:

- Holding monthly staff meetings during which they discuss PSEA
- Holding quarterly meetings with refugees during which they discuss PSEA
- Receiving reports from refugees.

The senior management team hold a monthly review of concerns or issues that have arisen with PSEA implementation, and report as necessary to their Board of Trustees.

Key staff have received introductory training on PSEA and participated in events on investigations.

Excerpt from booklet produced by RCK to support monthly discussions with children on SEAH

What happened as a result

RCK have been able to demonstrate that PSEA measures are being implemented throughout the organisation. All staff are trained and have the opportunity to discuss PSEA on a regular basis so awareness on PSEA and code of conduct is high. Coordination on PSEA across the organisation is strong – particularly between the focal points.

Lines of reporting are very clear; refugees know who has responsibility for receiving and responding to reports and the team can manage issues professionally.

RCK has also been able to identify where their gaps may be. For example, they are exploring different avenues for encouraging reports on PSEA to build refugee confidence in reporting. Further training will be needed for key staff to manage cases and conduct investigations.

Learnings

- Need to commit to being accountable on PSEA – having funds to implement PSEA measures is not enough.
- Include a proportion of costs for implementing PSEA measures in all project proposals.
- Ensure job descriptions reflect responsibilities, and that time is allocated for PSEA work.
- Make sure focal points have a good relationship with the communities you are supporting – it is difficult for people to report if they do not know the focal point, or if they do not trust them.

ENSURING STAFF, VOLUNTEERS AND ASSOCIATES UNDERSTAND AND WORK TO PSEAH REQUIREMENTS

CHS Indicator	Specific PSEAH Requirement
5.5. An organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes has been established.	The organisation needs to have an organisational culture that takes SEAH complaints seriously and acts upon them according to its PSEAH Policy and processes.
8.2. Staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them.	Staff need to adhere to PSEAH policies, including mandatory obligation to report and understand the consequences of not adhering to them.

What should be in place

- All staff, volunteers and associated personnel sign the organisation's code of conduct, or equivalent, which includes PSEAH.
- All staff, volunteers and associates receive induction and (where relevant) annual refresher training on PSEAH which includes the organisation's values and how they help prevent SEAH.
- Staff members are aware of their obligation to report SEAH/misconduct and are aware that there is a policy for protection from retaliation (often called a Speak Up or Whistleblower Protection policy) in place.
- Supervision and performance appraisals include discussions on the level of understanding of PSEAH, adherence to code of conduct and participation in trainings (or similar) that include PSEAH.

How to do it

1. All staff, volunteers, and associated personnel should sign a copy of the organisation's code of conduct (or equivalent) when joining the organisation. This can be annexed to their contract and, where necessary by employment law, form a part of the contract. Note that, as an organisational policy, the Code of Conduct still applies even to staff who have for any reasons not signed it.
2. Contractors, suppliers and other personnel associated with the organisation should also be made aware of the code of conduct. See the chapter on *Implementing PSEAH requirements with partners, suppliers and contractors.*

3. Staff should be briefed on their obligations in terms of PSEAH when joining the organisation. It is not enough just to sign the code of conduct – they need to be made aware of its contents. Inductions should include:
   - The organisational values, culture and contribution these make to PSEAH
   - What is expected of them in terms of their own behaviour and conduct
   - What role they play on PSEAH in their team or department (their specific responsibilities for integrating PSEAH measures in their work)
   - What are the implications of breaching the code of conduct?
   - How to report any concerns they might have regarding SEAH (and that staff should not attempt to investigate or resolve situations themselves).
4. Regular refresher training should be held on PSEAH, covering the above points.
5. Awareness raising materials can also be used to remind staff of the code of conduct. These could be in the form of posters or leaflets displayed in the office and distributed to staff.
6. Procedures such as performance review, annual appraisal and so on could include a section on adherence to the code of conduct, and participation in training.
7. Staff should be performance managed on whether they are implementing their role and responsibility for PSEAH effectively (see the chapter on *Assigning specific responsibilities for PSEAH*).
8. Senior managers should be performance-managed on whether they are creating a culture and environment to help prevent sexual harassment, exploitation and abuse – for example modeling the organisation's values, ensuring that inductions and training are taking place, communicating to staff that they will take any complaint or concerns seriously, and following up any SEAH issues appropriately and according to the organisation's procedures.

Learning Example

Communicating principles and values to YEU staff in Indonesia

The programme

YEU is the Emergency Unit of YAKKUM – the Christian Foundation for Public Health, based in Indonesia. YEU provides humanitarian assistance across Indonesia and the East Asia region.

The issue

YEU has an organisational code of conduct, which covers issues of PSEA. The code of conduct has been part of all staff contracts since 2011. However, the challenge was to raise staff awareness on PSEA, so it became a 'living' part of their work – not just something that they signed with their contract, then forgot about.

What YEU did

YEU set up a series of procedures to ensure that PSEA became part of regular management processes. This includes:

- Inductions on the organisation's principles and code of conduct, which includes PSEA
- Quarterly management meetings to address pressing issues of PSEA, review PSEA policy, etc
- Annual all-staff meetings in order to refresh staff on organisational values and norms, including PSEA – and share experience of dealing with PSEA issues from the field
- Displaying agreements with communities on the walls of field offices, which include code of conduct and remind staff of the specific behaviour that is expected of them

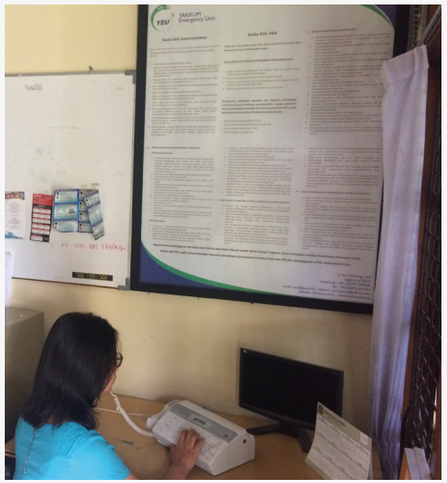
YEU public health programme in Mentawari Island

- Implementing 360° feedback for staff performance (where both managers and subordinates can feed back on staff performance), which includes breaches of the code of conduct
- Including PSEA in other associated policies, such as the communication policy, the information disclosure policy etc – so it is visible across the organisation.

What happened as a result

YEU report that the results have been very positive – staff are more aware of PSEA issues as a result of rolling out these procedures.

In addition, working on PSEA has been helpful for acceptance in the community. YEU are a Christian organisation working in a majority Muslim country. Introducing PSEA has shown the community that YEU are really thinking about how they can work together respectfully, and has helped to develop trust.



YEU Code of Conduct displayed on the office wall

Learnings

- Be aware of staff turnover, or whenever there is mobilisation of volunteers, especially for short-term assistance. You will need to re-introduce PSEA for each specific context.
- PSEA is relevant for all staff – from senior staff to security, drivers, gardeners. There is no excuse.
- In smaller offices, sometimes managers have to 'switch roles' if there is a PSEA issue. Make sure they have additional training on how to deal with it.
- For all organisations, it is useful to link PSEA to organisational values and principles. For Christian and other faith-based organisations, PSEA can be linked to faith teachings.
- Think about how to roll PSEA out to partners – not just other NGOs, but hospitals and others.
- Be aware that zero complaints/reports does not mean an absence of cases, but seek to review the enabling environment for the delivery of complaints/reports.

ENGAGING COMMUNITIES AND PEOPLE AFFECTED BY CRISIS

CHS Indicator	Specific PSEAH Requirement
4.1. Information is provided to communities and people affected by crisis about the organisation, the principles it adheres to, the expected behaviours of staff, and its programmes and deliverables.	Information provided to communities needs to cover the organisation's commitment and expected staff behaviours in relation to PSEAH.
4.5. Policies for information-sharing are in place, and promote a culture of open communication.	The organisation needs to have an information sharing policy that addresses PSEAH.
5.6. Communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse.	The organisation needs to ensure that affected people are fully aware of the expected behaviour of staff in regard to PSEAH, and organisational PSEAH commitments.

What should be in place

- Communities that aid organisations work with are fully aware of the expected behavior of the organisation's staff, including organisational commitments made on the prevention of sexual exploitation, abuse and harassment.
- Communities that aid organisations work with know how to complain if these commitments are not met.
- Appropriate awareness-raising tools and approaches are used with communities, which are relevant to age, language and capacity.

How to do it

1. Pull out the key messages from your organisation's policies on PSEAH that communities need to know. What should communities expect from the organisation and its staff in terms of sexual exploitation, and abuse and harassment? What is unacceptable conduct? How can they report any concerns?
2. Profile the community you are communicating with and the different identities within community groups, such as different genders, ages, whether they are living with disability, or any other contextually relevant or potentially marginalised diversity. Be aware of different intersecting identities and how they impact on:
   - different risks of SEAH,
   - communication needs to understand SEAH and how they want to report it.

3. Consider how to communicate these key messages in a way that is relevant and accessible to the different identities within community groups. Consider the following points:
   - Is everyone within this group literate?
   - What languages do they speak?
   - If your messages are translated, it helps to have them proof-read by another party to make sure the message is correct and appropriate
   - Do certain members in the community have more power than others?
   - How will that impact on communicating SEAH and encouraging reporting e.g. can SEAH be discussed openly with communities, with young women in communities?
4. Develop your communication materials. There are many different ways to communicate messages, and a mixture of different types can be used. Here are some suggestions:
   - Posters
   - Leaflets
   - Acting out plays
   - Radio programmes
   - Focus group discussions.
5. Involve the different groups within the community throughout the process of developing your key messages communication materials. This will help ensure that your messages are appropriate, sensitive and likely to get the right message across.
6. Always make sure that the different community members have a mechanism to report SEAH that works for them and that everyone knows how to report through these mechanisms. See *Developing and Implementing a Community-based Reporting Mechanism*.

Learning Example

Involving the community in PSEA messages in Ethiopia

The programme

GOAL implement a wide-scale humanitarian programme in Ethiopia, providing programmes including emergency seeds, water and sanitation, and community-based management of malnutrition. They have a large number of staff across many regions, most of them Ethiopian nationals.

Testing the designs with the community

The issue

GOAL Ethiopia has a code of conduct that addresses PSEA, but found that the reality was, staff were signing it then filing it away without really being aware of its contents. GOAL decided that they would look at ways that they could bring the code of conduct to their staff and to the communities they were working with.

What GOAL did

First of all, GOAL decided to identify the key messages in the code of conduct. They asked team members to help define the four top priority messages from the code of conduct. They did this by conducting a country-wide survey.

Working with the monitoring and evaluation team, the humanitarian programme manager selected one office in each region of the country. They then held a meeting with staff in that office, and put a piece of flipchart paper on the wall for each of the points in the code of conduct. Staff were asked to mark what they thought were the top four most important points. In addition, the GOAL team surveyed staff in the country office. They put out the flipcharts on a wall in the office, and left them for a week. Staff could mark the flipcharts whenever they wanted, for example when they were going for lunch. All the responses were then added to a database, and the overall top four priorities were calculated. The four key priority messages were:

- Do not accept bribes
- Do not abuse children
- Do not exclude different groups in the community
- Do not sexually exploit people.

Next, GOAL's media officer came up with some designs and images that he felt matched the four key points. The images were then taken out to communities, and were discussed with a wide group of people – different tribes and clans, beneficiaries and non-beneficiaries. At this stage, the designs did not have any writing on, as the team wanted to see if the communities understood the messages that the images were trying to convey.

There was a lot of feedback, which was all fed back to the country office. Some couldn't be taken into account, but most could. Text was also added to the images in the different local languages spoken where GOAL works. The images were then made into posters and displayed wherever possible – at the country office, in warehouses, in field offices, and so on.

Some of the original designs....

...and the finished version

What happened as a result

As a result of the measures taken, GOAL began to receive feedback from the community, which was dealt with through the appropriate channels. The fact that PSEA was chosen as one of the four key messages shows that GOAL staff in Ethiopia take it very seriously, and communicating this to the community demonstrates GOAL's commitment on this.

Learnings

- Ensure you have the participation and buy-in of key staff to roll the message out to communities. It is often assumed that this trickles down from senior management – it does not.
- Do not be afraid to approach donors to fund your PSEA activities.
- No need to create extra meetings for community feedback – add it on the meetings that are already planned.

IMPLEMENTING PSEAH REQUIREMENTS WITH PARTNERS, SUPPLIERS AND CONTRACTORS

CHS Indicator	Specific PSEAH Requirement
6.1. The roles, responsibilities, capacities and interests of different stakeholders are identified.	The roles, responsibilities and capacities of partners and other stakeholders to prevent SEAH need to be identified.
6.4. Information is shared with partners, coordination groups and other relevant actors through appropriate communication channels.	Information relating to PSEAH needs to be shared with partners, coordination groups and other relevant actors.
6.6. Work with partners is governed by clear and consistent agreements that respect each partner's mandate, obligations and independence, and recognises their respective constraints and commitments.	The organisation needs to have clear and consistent agreements with its partners specifically addressing PSEAH obligations.

What should be in place

- Partners, suppliers and contractors are assessed for their contact with children, at-risk adults and affected populations, and capacity to implement PSEAH measures.
- Clauses on PSEAH are included in all contract agreements.
- Where required, PSEAH training is delivered to partners, suppliers and contractors (particularly where these organisations will have contact with affected populations).
- PSEAH measures, and SEAH cases, in partner, supplier and contractor organisations are monitored.

How to do it

1. Assess all partners, suppliers and contractors before the contracting arrangements are agreed:
   - Will the organisation/company be working directly with children, at-risk adults and affected populations (as these groups may be at most risk of sexual exploitation, abuse and harassment)?
   - For partners: what are the values that your organisations share? How do these contribute to PSEAH?
   - What is the status of the organisation/company PSEAH measures?
   - Do they have a PSEAH policy and code of conduct?
   - How well have the policies and values been implemented throughout the organisation?

     (The responses to these questions will help you decide what support to provide to the partner/supplier/contractor)
   - Recognise that many partners already have good practice in PSEAH – even if they do not use terms such as PSEAH or safeguarding to describe it. Be prepared to learn from their experience.
2. Develop contracts for organisations/companies which include PSEAH requirements and commitments (if necessary) to support the organisation/company to meet requirements.

3. Ensure that staff and volunteers of organisations/companies working directly with children, at-risk adults and affected populations sign onto a code of conduct, either yours or that of the organisation's/company's (if it is of an acceptable standard).
4. Decide on the best approach for training the organisations/companies on PSEAH, based on the context and resources available.
5. Deliver a short briefing to all organisations/companies on PSEAH.
6. Include the organisation/company staff in staff training events if they are directly implementing activities or have significant contact with children, at-risk adults and affected populations.
7. Agree with organisations/companies how to exchange information on PSEAH. This should include:
   - Progress with implementing PSEAH measures to be included in reports on progress with projects or services (where appropriate)
   - What are the obligations for reporting concerns or cases which arise regarding the organisation/company to your organisation.

Partners are commonly defined as those organisations which are contracted to deliver programmes and projects, or providing funding.

Suppliers are commonly defined as organisations or companies that have been contracted to provide goods, equipment and other supplies that are being used by the organisation generally, including for the delivery of programmes and projects.

Contractors are commonly defined as organisations or companies that have been contracted to deliver specific services, such as construction work.

Learning Example

Implementing measures to prevent sexual exploitation and abuse (and other harm) of children with partners, suppliers and contractors

The programme

Plan International is a global international development and humanitarian organisation focused on children's rights and equality for girls. Plan International has programmes in over 70 countries and works extensively with national and local partners.

The issue

As an organisation focused on children and adolescent girls, Plan International has had policies and procedures in place for preventing harm (including sexual exploitation and abuse) to children for more than 15 years. The growing scale of Plan International's partnerships, the types of organisation partnered with, and the use of suppliers and contractors for its work, meant that Plan International must ensure that these organisations are able to work to international standards for child safeguarding, which include preventing sexual abuse and exploitation of children.

What Plan International did

Plan International's Safeguarding Policy outlines minimum standards for engaging with partners, suppliers and contractors. The minimum standards require Plan's offices to assess all partners' capacity to implement measures to prevent harm to children. The assessment informs the overall decision of whether or not to work with the partner. The assessment is based on ten key questions – if the partner has a policy and code of conduct, how it recruits and inducts staff, the partner's reporting/complaints mechanisms, how child safeguarding measures are embedded in its operations and programme interventions, and its arrangements for monitoring the measures that prevent harm. Plan International will not go ahead with the partnership if they consider that the organisation presents a significant risk for children which it is unwilling to address. Increasingly, however, all organisations with whom Plan International partners are actively interested in strengthening their organisational capacity to prevent harm to children and welcome support from Plan International to do so.

All agreements made with partners, suppliers and contractors include a clause on preventing harm to children. As Plan International is committed to safeguarding children generally, the requirements for partners, suppliers and contractors includes informing Plan International if *any* of their staff members is being investigated for harm to children, including SEA, regardless of whether they are working directly with children through the partnership or not.

The commitments described in the partnership contract, informed by the assessment, might include support to the partner for developing a policy, shared training, linked reporting/complaints mechanisms and exchanging outcomes from the monitoring of the measures for preventing harm to children.

Plan International is now supporting its national and local partners to support smaller civil society organisations (CSOs) to put minimum (suitable) standards in place for preventing harm to children. Plan International helps the national or local partner to run workshops with the civil society organisations to raise awareness on the importance of measures to prevent harm, and to agree on the measures that the civil society organisations will adopt.

What happened as a result

Plan International's approach to implementing these measures with partners, suppliers and contractors has progressed from one based on contractual compliance to an approach which contributes to improved outcomes for children's safety more generally, such as increased awareness in communities, changes to local laws and a range of organisations with appropriate policies and procedures. This has arisen from the way in which Plan International looks at the risks involved (not only considering the actual contact that organisations have with beneficiaries, but also how robust partners are in developing and implementing measures to prevent harm generally), and the investment Plan International has made in building capacity of partners, contractors, and suppliers (where necessary).

Learnings

- Resources are required for supporting partners, suppliers and contractors to have the necessary measures in place Costs for preventing harm should be built into all relevant project and programme budgets – this is easier to do where the costs can be included in capacity building plans for partners (which donors tend to favour).
- A large number of partners, suppliers and contractors work with more than one organisation – are the other organisations also supporting them on measures to prevent harm? This is worth finding out to avoid duplication of effort and save resources.
- Sharing, and maximising, capacity building of partners between organisations would be valuable e.g. if one organisation is delivering capacity building interventions for partners, if possible, extend the invite to partners of other organisations working in the same location.
- In countries where the governments have legislated on SEA or harassment, use this as a driver for ensuring that partners, suppliers and contractors have the necessary measures in place.

DESIGNING SAFE PROGRAMMES AND PROJECTS

CHS Indicator	Specific PSEAH Requirement
1.2. Programmes are appropriately designed and implemented based on an impartial assessment of needs and risks and an understanding of the vulnerabilities and capacities of different groups.	Programmes need to be designed and implemented based on an assessment of SEAH risks and understanding of SEAH vulnerabilities of different groups.
2.1. Programmes are designed taking into account constraints so that the proposed action is realistic and safe for communities.	Programmes need to take into account organisational and contextual constraints so that the proposed action is safe in relation to PSEAH for communities.

What should be in place

- Potential risks of sexual exploitation, abuse and harassment presented by programmes and projects are identified and addressed.
- Programme designs respond to or are adapted to mitigate risks of SEAH.
- Project plans include activities on PSEAH awareness and sensitivity.
- Budgets include funding lines for capacity building and communications on PSEAH.

How to do it

1. Assess the context in which the programme is to take place – identify the general risks and issues related to sexual exploitation, abuse and harassment in communities and the different intersecting identities of those who appear most at risk of sexual exploitation, abuse and harassment. Communities, and particular members within communities, experiencing abuse, exploitation and harassment are more at risk of it being perpetrated by staff and associated personnel, and those contracted to deliver programmes.
2. Map the patterns of behaviour within families and communities when designing programmes and projects – who fetches water, who manages household income. These patterns of behavior might make certain family members with particular intersecting identities more vulnerable to SEAH, such as adolescent girls whilst fetching water from remote water points.
3. Identify how the programme/project might exacerbate the risk of SEAH – will certain groups within the community *not* be receiving goods and services that puts them more at risk of exploitation? Does the programme/project design exacerbate SEAH risks, for example water points are isolated or toilets not lit or separated by gender?
4. If your programme is operating or is managed remotely, consider the specific risks associated with this. What contact do your organisation, partners, and associated personnel have with affected populations? Is it face to face, or online? Consider how you will monitor in-person contact with affected populations by partners and associated personnel, if your organisation does not have direct oversight of this. If contact is online, ensure you have specific PSEAH measures in place for this.

5. For online programme activities, assess all the ways in which contact takes place. Is it one-on-one contact (for example for monitoring surveys), as part of a group (for example community consultations, focus group discussions), or on social media platforms (for example connecting people around an advocacy campaign?) Any online contact should have PSEAH measures in place to the same level as in person contact.
6. Design programmes/projects to address risks identified, and ensure the mitigation measures work across different groups; include costs for prevention, awareness raising, training on SEAH and response in programme/project budgets.
7. Incorporate awareness raising and communications on PSEAH into programme/project activities.
8. Monitor, with the communities you are working with, whether the programme/project is safe – ask specific questions about whether harm or abuse has arisen because of the delivery of goods and services, whether that has been reported, and what would help to prevent this arising in future. Conduct the monitoring with community members with different intersecting identities. Do not rely only on those with power within communities to feed back that the programme is safe.
9. Adapt, or redesign, any programme/project that is presenting a risk of SEAH.
10. Identify and document existing local and national child protection mechanisms and related support services for referral.

Learning Example

Participatory research to better prevent sexual exploitation and abuse

The programme

Empowered Aid is a multi-year, multi-country participatory action research project led by the Global Women's Institute (GWI), part of the George Washington University. The research examines the mechanisms through which humanitarian aid is delivered, and how these processes might inadvertently increase the risks of SEA within affected populations, in order to address them. Its goal is to support the creation or adaptation of aid delivery models that actively work to reduce power disparities and give women and girls—as those most affected by SEA and other forms of gender-based violence—a sustained voice in how aid is delivered.

The issue

While existing SEA response mechanisms are important in creating accountability in the humanitarian sector, much of the focus on addressing SEA has been on reporting mechanisms and actions against perpetrators. More focus needs to be been given to pro-active measures to prevent abuse and exploitation from occurring in the first place. There has been little examination of the processes through which humanitarian aid is delivered and how these processes might increase the risks of SEA. GWI believe that more consideration is needed to create aid delivery models that actively work to reduce power imbalance, and give women and girls a sustained voice in how aid is delivered.

What GWI did

For this phase of the project, GWI undertook research in Lebanon and Uganda.

In Lebanon, GWI partnered with CARE International. Together they undertook participatory action research with a core group of 26 Syrian refugee women and girls in northern Lebanon. They also undertook interviews and focus group discussions with the wider community. The research focused on how food, cash, shelter and water, sanitation and hygiene (WASH) aid delivery processes may increase risk of SEA for refugee women and girls.

A risk mapping of a distribution site in Lebanon created by women and girls © The Global Women's Institute at the George Washington University.

In Uganda, GWI partnered with IRC. Here, they undertook participatory action research with a group of 29 South Sudanese refugee women in refugee settlements in northern Uganda. As with Lebanon, they also undertook interviews and focus group discussions with the wider community. In Uganda, the research focused on increased risk of SEA for women and girls in food, fuel and firewood, shelter and WASH aid delivery processes.

Participatory action research is a method that proactively acknowleges and addresses power imbalance between the affected population and researchers/humanitarians. It enables people to take an active role in asking and answering questions about their own lives.

What happened as a result

The research found that SEA by aid and non-aid actors was pervasive in all types of aid explored. Distribution mechanisms were failing to create an environment in which women and girls were actively protected from SEA.

In Lebanon, the following key takeaways were identified:

- SEA and GBV was most noted in relation to shelter aid and cash distributions, followed by WASH and food.
- SEA was most frequently mentioned in relation to interactions at the point of distribution; and also mentioned across all other points of the distribution cycle including transporting items home,finding out about aid, during registration/ verification exercises, and safely storing or maintaining aid.
- Women and girls were acknowledged as those most vulnerable to SEA by all participants. Adolescent girls— especially those without parents—and widows were noted as especially at risk, as well as women and girls who are a family provider or caretaker (head of household) and those who lack income (either themselves or from a spouse)

Although the context was different, the key takeaways from Uganda were similar:

- SEA was most noted in relation to food distributions, followed by shelter; while other forms of GBV were most frequently described in relation to accessing WASH (water points, latrines, sanitary materials) and fuel and firewood.
- SEA was mentioned in relation to all points of the distribution cycle, including: finding out about aid, registration/verification, at the point of distribution (which received the most mentions), traveling to/from distribution sites (especially when carrying heavy or bulky aid, such as food, home), and safely storing aid.
- Women and girls were acknowledged as those most vulnerable to SEA by all participants. Adolescent girls— especially those without parents—and widows were noted as especially at risk.[1]

Women discuss a community risk map they have created in Uganda © The Global Women's Institute at the George Washington University.

Recommendations emerging from this research are listed below. The next phase of the project will put this information to use in demonstrating how contextual safeguarding approaches can be applied to aid distribution systems, and will include producing a 'toolkit' of resources that can be further adapted to fit other contexts.

Recommendations

- Aid distribution systems must be adapted to more fully meet women and girls' needs for shelter materials, cash assistance, WASH and food items in ways that minimize opportunities for exploitation and abuse by aid as well as non-aid actors. The most important way to do that is to ensure women & girls are part of program design.
- Increase access to GBV services—such as healthcare, psychosocial support, and case management—while ensuring access to such services is not contingent on reporting specific instances of abuse, in recognition of the powerful deterrent this can be.
- Recognize women and girls as experts in contextual safeguarding and actively engage them in mechanisms designed to improve aid processes and protect against SEA.
- Specifically, senior management and safeguarding leads must take responsibility to reflect on their organization's role in creating a 'conducive context' for abuse.

SEXUAL MISCONDUCT IN THE WORKPLACE

CHS Indicator	Specific PSEAH Requirement
8.9. Policies are in place for the security and wellbeing of staff.	The organisation needs to have policies in place for the safeguarding of staff to protect them from sexual exploitation, abuse and harassment, and retaliation, including a Whistleblower Protection policy.

What should be in place

- Clear commitments to an organisational culture that recognises issues of gender, power and privilege, encourages diversity and speaking up. These commitments are often best articulated through the organisation's values.
- A PSEAH policy or policies which prevent different forms of workplace sexual misconduct, that describe prohibited behaviours in the workplace (linked where appropriate to discrimination and protected characteristics e.g. ethnicity, disability) and outlines the organisation's commitment to preventing and responding to workplace sexual harassment.
- Procedures which describe how the policy is implemented throughout the organisation.
- Formal and informal opportunities to speak up on sexual misconduct which include reporting to managers, focal points or other trusted representatives within the workplace.

How to do it

1. Be explicit on how the organisation's values contribute to creating an organisational culture which prevents and responds to sexual misconduct in the workplace. See *Assigning Specific Responsibilities for PSEAH.*
2. Develop a diversity and inclusion strategy which articulates how the organisation is encouraging diversity, recognising power and privilege and working towards a safer organisation for all different groups of staff and associated personnel.
3. Develop leadership behaviours which are explicit on fostering and maintaining an organisational culture which prevents and responds effectively to sexual misconduct in the workplace. See *Assigning Specific Responsibilities for PSEAH.*
4. Ensure relevant policies include definitions of types of workplace misconduct, including sexual misconduct, and be clear on what is unacceptable. Sexual misconduct includes sexual harassment, but also other types of misconduct such as sexual exploitation and sexual assault, as well as accessing and/or sending images of abuse through laptops, mobile phones, etc.
5. Ensure that accessible mechanisms are in place to allow staff to safely, confidently and confidentially report sexual misconduct. This should include a Speak Up mechanism and a Whistleblower Protection policy.

Here are some key considerations for developing a Speak Up mechanism:

- Get senior management support for the mechanism from the start
- Consult with different groups of staff on proposed channels for reporting workplace sexual misconduct
- Ensure that the mechanism can manage complaints and reports in a confidential and timely manner which ensures the safety of all involved
- Ensure that staff members understand the rationale for the reporting mechanisms introduced, the importance of maintaining confidentiality if they receive disclosures, and that those with specific responsibilities can receive and deal with complaints and reports confidently
- Communicate with staff so that they understand how they can raise a complaint or make a report, and what these can cover
- Ensure a Whistleblower Protection policy is in place. See *Developing and implementing PSEAH policies and Procedures*.

6. Create 'safe spaces' for different groups of staff to discuss issues that affect them, for example women's groups (for older and younger female staff), groups of staff identifying as LGBTQ+, groups of staff from different communities. These can be in-person or online.

Learning Example

Feminist Leadership Principles

The programme

ActionAid is a global federation working for a world free from poverty and injustice. They work with people living in poverty and exclusion, civil society organisations, social movements and supporters. They deliver grassroots programmes, provide emergency relief and campaign for things such as women's economic rights, tax justice and climate justice.

ActionAid's work falls into four broad areas: women, politics and economics, land and climate, and emergencies. They have a particular focus on women's rights, which is a thread that runs through all their work.

The issue

Back in 2004, ActionAid started addressing the challenges that women were facing in the organisation. Spaces were created to identify what the issuues were and the best approach for dealing with them.

Through a series of conversations over time, ActionAid realised that in order to address the issues facing women in the workplace, it needed to really examine how power and leadership worked within the organisaion.

Feminist leadership came after numerous conversations looking for the best approach to deal with women's rights issues in the organization and eventually to deal with the issues of power that had been identified. Feminist Leadership became a natural choice. It took a lot of conversations to get buy-in because of the label "feminist", but eventually with persistence and courage under the founder's belt, the principles were arrived at.

What ActionAid did

ActionAid brought in an expert in Feminist Leadership to guide them through the process. A staff member in senior leadership was charged to take the work forward. The organisation realised it needed to identify some 'guiding stars' – an articulation of what kind of behaviours it wanted to see in its staff. Hence the Feminist Leadership Priniciples were born. They are:

1. Self-awareness

Working towards accepting our vulnerabilities, as well as recognising and valuing our own strengths and those of others.

2. Self-care and caring for others

Taking care of our own emotional and physical well-being and encouraging and supporting others to do the same.

3. Dismantling bias

Checking our own and institutional privilege and power based on advantages we have such as gender, class, race, ability and other factors.

4. Inclusion

Building diverse teams and responding to different barriers to participation.

5. Sharing power

Creating a space for others to lead.

6. Responsible and transparent use of power

Being clear, timely and transparent in making decisions.

7. Accountable collaboration

Ensuring collective goals are clearly defined and mutually owned. Holding ourselves and others accountable for achieving them.

8. Respectful feedback

Seeking, giving and valuing constructive feedback as an opportunity for two-way learning.

9. Courage

Taking initiative, learning from mistakes and not fearing failure.

10. Zero tolerance

Calling out any form of discrimination and abuse of power and ensuring our own conduct is free from any kind of harassment and exploitation.

ActionAid decided that implementation of the Feminist Leadership Principles needed to be housed somewhere where it made sense. They decided on the Human Resources and Organisational Development department, as this department worked across the whole organisation. Although leadership on the roll-out came from the top, ActionAid decided to focus on individuals – how they could change their behaiviour to achieve a critical mass of change in the organisation.

What happened as a result

The roll-out was not without its challenges. Feminism as a term was resisted by some staff, both male and female. The organisation also had to challenge its assumptions on what difficulties people were facing in the organisation – the dynamics were not just male to female.

To address this, safe spaces were provided for discussion on what it was that ActionAid was doing, and why. These discussions gave staff a chance to talk through their concerns in an open and honest way.

Now, the Feminist Leadership Principles are known across the whole organisation, and are a 'common language' in all 45 countries where ActionAid works. They make it clear to staff what is expected of them in terms of conduct – and they are everyone's business. They give people an opportunity to call out the conduct of others and say 'that's not how we do things'.

That's not to say it is easy. ActionAid works in many different locations with their own cultures and political environments, and there is a long way to go to embed and internalise the Principles. But now that everyone knows them, it becomes easier to indentify negative behaviour.

Learnings

- Feminist Leadership Principles are not just for larger NGOs! In fact it can be easier in smaller NGOs. It does not require resources – as long as there is leadership from the top and the organisation is able to have a critical mass of champions in their staff to support it, it can be achieved.
- Feminist Leadership should be housed in a team that has access to all aspects of the organisation.
- However – it can't be just one team that implements it. It has to be taken up by the whole organisation.
- The journey varies from office to office. It is not an overnight process, but a series of conversations over time.

DEVELOPING AND IMPLEMENTING A COMMUNITY-BASED COMPLAINTS MECHANISM

CHS Indicator	Specific PSEAH Requirement
3.6. Programmes identify and act upon potential or actual unintended negative effects in a timely and systematic manner, including in the areas of people's safety, security, dignity and rights, sexual exploitation and abuse by staff and others delivering assistance, culture, gender, social and political relationships, livelihoods, the local economy, and the environment.	Programmes need to identify and act upon potential or actual unintended negative effects relating to SEAH.
5.1. Communities and people affected by crisis are consulted on the a. design, b. implementation, and c. monitoring of complaints handling processes.	Communities and affected people need to be consulted on how the complaints handling process will accommodate SEAH
5.2. Complaints are welcomed and accepted, and it is communicated how the mechanism can be accessed and the scope of issues it can address	Complaints handling mechanism needs to welcome and accept reports relating to SEAH, and communities need to know how and what to report.
5.4. The complaints-handling process for communities and people affected by crisis is documented and in place. The process covers programming, sexual exploitation and abuse, and other abuses of power.	The organisation needs to have a documented complaints-handling and investigations process that addresses SEAH, is victim/survivor-centred, and sets out mandatory reporting obligations relating to SEAH.

What should be in place

- A confidential, victim/survivor-centred report handling protocol.
- Designated, trained staff with responsibility for receiving and managing reports.
- Appropriate, accessible and confidential reporting channels that have been designed in consultation with the community, including channels that are designed to proactively enable reports of SEAH.
- A referral process for reports which do not fall within the scope of the CBCM.

How to do it

1. If your organisation does not already have a CBCM (Community-Based Complaints Mechanism) in place, you will need to develop one. Resources are widely available to help you to develop a CBCM, and set up a safe, confidential, secure and accessible mechanisms which work for different groups within communities.
2. Define the purpose and scope of your mechanism. Will it receive all types of complaints and feedback, or just reports of SEAH? Will it be part of a Joint Inter-Agency CBCM?

   Organisations are increasingly developing joint Inter-Agency CBCMs, some focusing on SEAH. Find out if there is a joint Inter-Agency CBCMs in your area of operation, and consider whether you would like to participate. Participating in a joint complaints mechanism will usually mean agreeing to common standards and procedures for dealing with SEAH for all members.
3. If not in place already, ensure you have an internal protocol for receiving reports of SEAH which is confidential and victim/survivor-centred (i.e. prioritises the wishes, safety, and well-being of the victim/survivor). Assign staff responsibilities for reports handling, such as: who will have immediate responsibility for reports as they come into the organisation, how they will be assessed for follow up, and who they will then be referred to on what basis. See *Responding to Reports of SEAH.*
4. Ensure your internal protocol for responding to reports includes what to do with reports that are outside the scope of the CBCM, for example:
   - Reports relating to other organisations. How will these be referred?
   - Reports relating to SEAH not caused by the organisation's staff or programmes. Ensure a referral mapping is in place – see below
   - Reports that allege criminal incidents. The organisation will need to determine on a case-by-case basis whether referral to the authorities is safe and appropriate for all concerned, with the best interests of victim/survivors as a priority.
5. Raise staff awareness on the protocols. For staff with specific roles, ensure training is provided. For all staff, be clear that any reports they receive on SEAH should be referred directly to a named senior manager within the organisation. Staff should understand the importance of following this procedure. They should be clear that they must not try to investigate themselves, and that they must not discuss the report with anyone else outside of the reporting chain. They must also understand their own responsibility to report any concerns they might have regarding colleagues or partners and SEAH.
6. Once the internal reports handling protocols are in place, develop your reporting channels for the community. Consult with communities on what existing structures they have for reporting concerns, and how they would like to report to the organisation. Ensure that different groups in the community are consulted, including people of different genders, ages, those living with disability, or any other contextually relevant or potentially marginalised groups.
7. Have more than one reporting channel for your CBCM. Possible channels could include SMS, email, letter, telephone hotline, information desk, or face-to-face meeting, amongst others – depending on what is identified by your community consultation.

   Consider how safe and confidential these channels will be for someone reporting SEAH, the power dynamics and risk of retaliation, literacy levels and language barriers, access to phone data, how confident they would be to use them.
8. Communicate with communities so that they understand how they can raise a complaint or make a report, and what these can cover.
9. SEAH is by its nature a sensitive issue. Consider carefully whether you have developed communication channels that proactively enable reports about SEAH. When consulting the community or staff about your reporting mechanisms for SEAH, be sure to consult diverse groups on how they might feel comfortable in reporting SEAH. Look also at how you can use existing activities to pick up concerns regarding SEAH – such as trainings on SEAH, work with women's groups, or outreach work on gender-based violence.

10. Monitor and review your mechanisms for enabling SEAH reports on an ongoing basis to check:
    - Are the mechanisms receiving reports? What kind of reports are they receiving? If your channels are not picking up reports of SEAH, explore the possible reasons for this
    - Who is making reports e.g. are certain groups of staff reporting more than others?
    - Are the mechanisms appropriate for staff and communities? Do both staff and the community feel comfortable using it?
    - Do the mechanisms put users at further risk?
    - Are reports of SEAH, being followed up appropriately within your organisation?
11. When you open up the possibility of SEAH reports, it is absolutely vital that you follow them up. Raising concerns of SEAH can be distressing for the person reporting, and we have a responsibility to take it seriously. Not following up such serious concerns could lead to a breakdown of trust between your organisation and staff or the community who have raised the concerns. See *Responding to reports of SEAH*.

Learning Example

PSEA complaints mechanisms on the Thai-Burma border

The programme

The Committee for the Co-ordination of Services to Displaced Persons in Thailand (CCSPDT) is a network of NGOs and community-based organisations working with displaced people in camps along the Thai-Burma border.

The issue

CCSDPT wanted to provide an environment where refugees, particularly those most vulnerable in their communities, knew they were able to access services free from abuse and exploitation.

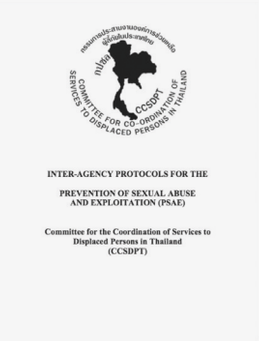
What CCSDPT did

First of all, CCSDPT developed an inter-agency protocol for dealing with reports of SEA. The protocol included:

- The channels through which reports might be received
- Assigning Focal Points to deal with and refer incoming reports
- Clear guidance on management responsibilities for dealing with reports once they were received
- Procedures for investigating reports of SEA
- How to refer reports made about another network member
- Support to victims/survivors of SEA
- Establishing a steering committee to ensure reports were being dealt with according to the protocol.

CCSDPT member agency staff at work

Member agencies then implemented a widespread roll-out of PSEA measures to the camps. Entry points for reports were designed, including through existing structures such as community-based organisations, the sexual and gender-based violence committees, complaints boxes, or reporting directly to the agency.


INTER-AGENCY PROTOCOLS FOR THE

PREVENTION OF SEXUAL ABUSE AND EXPLOITATION (PSAE)

Committee for the Coordination of Services to Displaced Persons in Thailand (CCSDPT)

The CCSDPT Protocols

Awareness raising was then conducted through community-based organisation representatives. This included PSEA messaging in local language on caps and bags, and through theatre and radio broadcasts.

What happened as a result

Cases of SEA began to be reported to CCSDPT, and were dealt with according to the protocol. Three years after the mechanisms were introduced, an assessment found that the community perceived that SEA had significantly reduced.

From the Compendium of Practices on Community-Based Complaints Mechanisms, IASC, 2012.

Learnings

- Consult with beneficiaries and CBOs on your complaints mechanism from the design stage onwards, otherwise it can affect use and sustainability.
- Consult with vulnerable groups, such as new arrivals to the camp, single women and children on reporting mechanisms.
- Consider different community languages and customs from the start.
- Consider how to ensure the momentum on PSEA is maintained once dedicated resources are no longer available.

RESPONDING TO REPORTS OF SEAH

CHS Indicator	Specific PSEAH Requirement
3.6. Programmes identify and act upon potential or actual unintended negative effects in a timely and systematic manner, including in the areas of people's safety, security, dignity and rights, sexual exploitation and abuse by staff culture, gender, social and political relationships, livelihoods, the local economy, and the environment.	Programmes need to identify and act upon potential or actual unintended negative effects relating to SEAH.
3.8. Systems are in place to safeguard any personal information collected from communities and people affected by crisis that could put them at risk.	The organisation needs to have systems in place to safeguard personal information relating to SEAH incidents that could put affected people at risk.
5.3. Complaints are managed in a timely, fair and appropriate manner. Complaints handling mechanisms prioritises the safety of the complainant and those affected at all stages.	Complaints or reports relating to SEAH need to be managed in a timely, fair, appropriate and safe manner.
5.4. The complaints-handling process for communities and people affected by crisis is documented and in place. The process covers programming, sexual exploitation and abuse, and other abuses of power.	The organisation needs to have a documented complaints-handling and investigations process that addresses SEAH, is victim/survivor-centred, and sets out mandatory reporting obligations relating to SEAH.
5.5. An organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes has been established.	The organisation needs to have an organisational culture that takes SEAH complaints seriously and acts upon them according to its PSEAH Policy and processes.
5.7. Complaints that do not fall within the scope of the organisation are referred to a relevant party in a manner consistent with good practice.	The organisation needs to refer SEAH complaints/reports that do not fall within the scope of the organisation to a relevant party in a manner consistent with good practice.
9.5. The risk of corruption is managed, and appropriate action is taken when corruption cases are identified.	Serious misconduct needs to be taken seriously and acted upon

What should be in place

- Written procedures on responding to reports or concerns relating to SEAH, which are victim/survivor-centred and ensure confidentiality.
- A mapping of referral pathways for victims/survivors of SEAH.
- Investigations are undertaken in line with the relevant standards and guidance.
- Investigations are undertaken by experienced and qualified professionals, who are trained on sensitive investigations such as allegations of SEAH.
- Substantiated complaints result in consistent disciplinary action.

How to do it

1. Make sure your organisation has confidential, victim/survivor-centred policies and procedures in place for responding to reports or concerns relating to SEAH. There are templates and resources available to help you with this.
2. Undertake a mapping of reporting and referral pathways. This means identifying the formal authorities to whom reports should be made if the incident is criminal in nature, as well as formal and informal support services available in your area for victims/survivors of SEAH. You should assess all of these pathways to ensure they are safe, accessible and relevant. If there are other organisations working on PSEAH, gender and GBV issues in your area, check whether mappings have already been undertaken, or explore opportunities for joint mapping.

   You should have a contact list ready for when an incident occurs, so you can access support for the victim/survivor (if they are under 18 years old), or if the victim/survivor is an adult, support them to make decisions on which services to access should they want to.
3. When your organisation receives a report, or hears of a concern about SEAH, it should be handled immediately through your report handling procedures. Regardless of what the outcome of the report or concern might be, the first priority is always the safety and well-being of the victim/survivor. Support should be provided immediately when a concern is raised – and for as long as the victim/survivor requires it.

   Your funder, and some statutory bodies may require that they are informed of reports of SEAH that come into your organisation. Check your funder and legal requirements.
4. Even if there is not sufficient information to follow up on a report or concern, it should be recorded anyway. It may be useful in identifying a pattern of harm.
5. If an investigation is required, it is advised that it is undertaken by experienced and qualified professionals, who are trained on sensitive investigations such as allegations of SEAH. If there is no-one within your organisation with these qualifications and training, you should consider accessing external resources to help you. Contact CHS Alliance for further information.

   It is extremely important that reports relating to SEAH are investigated properly. If you do not follow due process, it can make it harder for you to discipline or dismiss a staff member. Staff members who have been the subject of concerns may move on to work for other organisations without the issue having been addressed. Staff members who are the subject of an allegation are entitled to a fair process to determine what actually happened, rather than being subject to gossip and rumours.
6. A case of SEAH can have an impact on staff morale. By the time a report is made, there might already have been months of rumours and concerns circulating in the affected office, and in the wider community. Staff may then feel excluded by the investigation, as confidentiality requirements mean they can know nothing about it. They may feel let down by the conclusion. The organisation may well have to invest time in restoring staff and community morale, by listening to their concerns and reassuring them that due process has been undertaken, whilst explaining why some aspects of the case need to remain confidential.

Learning Example

Developing SEA case management practices in Trócaire

The programme

Trócaire is the overseas humanitarian and development agency of the Catholic Church in Ireland. Trócaire works with local partner organisations in over 20 countries. Since 1973, Trócaire has been challenging injustice and providing support to people living with its effects.

Trócaire's Vision, Mission and Values state that they believe in the intrinsic dignity of every person, celebrate difference and aim to create relationships of mutual respect wherein the rights and dignity of every person are respected. Trócaire's work is inspired and informed by Catholic Social Teaching, one of the fundamental principles of which is the dignity of each individual. The right to freedom from all forms of exploitation and abuse is implicit in this principle. Underpinned by Trócaire's organisational value of accountability, it is their policy to safeguard all individuals involved in Trócaire's work against risks of exploitation and abuse.

Trócaire does not tolerate exploitative or abusive behaviour by anyone associated with the implementation of Trócaire's work. Trócaire also requires that partner organisations share their safeguarding commitment and have in place policies and systems to both prevent and respond to abuse and exploitation by their organisational representatives.

The issue

Trócaire believes that it is important to create safe environments, to reduce the potential for things to go wrong. However, when there is a complaint, it is important that the organisation's response is appropriate, professional and limits any further possible stress or impact. Mechanisms and aproaches need to be developed to achieve this.

As Trócaire works in partnership it was important that their mechanisms not only cater for complaints relating to Trócaire but also those relating to partners they work with.

What Trócaire did

Trócaire put the following procedures in place for responding to complaints and reports of SEA:

All safeguarding complaints arising in country programmes are referred to the Safeguarding Case Management Committee. Members of Safeguarding Case Management Committee (SCMC) are Head of Region/Unit, Country Director (overseas cases) and the Head of Safeguarding.

The Safeguarding Case Management Committee conduct an initial review of the case and make recommendations for next steps. Considerations are based on who is the alleged Subject of the Complaint in the first instance:

a. Trócaire staff or representative (Trócaire's policies apply)
b. Partner staff (Partnership Agreement applies)
c. Other organisations (other arrangements may / may not apply e.g. consortia)

The Safeguarding Case Management Committee advise the Leadership Committee (Chief Executive Officer and Divisional Director) that a complaint has been received, the initial assessment and proposed next steps.

In all instances SCMC will consider:

- If there is sufficient evidence to form a complaint or if further information is required? Steps to gathering further information are considered to ensure that any action does not jeopardise a potential investigation or present a protection risk for anyone concerned.
- Does the complaint allege a criminal offence? Understanding the local context is essential for decision making. Each Trócaire office has in place a 'Context Mapping Document' which outlines key legislation on child protection, assault and employment rights, reality of implementation of this legislation and in-country support networks. Using this as a reference the SCMC can make an informed decision of whether:
  a. There is a possible criminal offence & when Trócaire are required to report
  b. Risks and protection concerns
  c. Support networks to refer parties to

For complaints relating to a Trócaire staff member a representative from the Human Resources Department joins the Safeguarding Case Management Committee.

- Investigations conducted by Trócaire are informed by CHS Alliance Guidelines for Investigations. It is our preference to have an external investigator either fully conduct the investigation or be part of the investigation. Trócaire will only conduct the investigation in instances where it is not possible to engage a suitably qualified investigator (none immediately available, access or security issues in country).
- When investigations are complete a disciplinary process may be instigated in line with Trócaire's policies.
- Findings are reviewed to assess if other actions are required (e.g. review of policies, practices, training etc)
- A lessons learnt session is conducted by the Safeguarding Case Management Committee.

Safeguarding week in Myanmar © Trocaire

Partners

Trócaire Partnership Agreements include a requirement for partners to inform Trócaire of Safeguarding allegations. When this occurs Trócaire will require partners to complete 'Template for Reporting a Safeguarding Concern'. Trócaire will review this document and seek clarification to ensure that appropriate steps were taken. Trócaire offer support if appropriate (e.g. managing investigation, lessons learnt sessions).

Where Trócaire receives a complaint directly about a partner staff the initial assessment will consider the following:

a. Why was the complaint forwarded to Trócaire and not the partner?
b. Are there protection concerns?
c. Does the partner have robust systems in place consistent with managing the complaint themselves?
d. Does the partner require support in order to manage this complaint?
e. Should Trócaire request an external investigation or oversight?

In addition to case management procedures, Trócaire has the following processes in place:

- Confidentiality for all involved in the investigation process – includes confidentiality agreements for investigators.
- Guidelines for support to survivors involved in a safeguarding concern – considerations for a survivor centred approach as well as considerations for others involved in the process.
- Filing, storage and retention of safeguarding case records – includes secure restricted access filing system and protocols for sharing information.

Learnings

- Not all complaints come via established complaints mechanisms

  While it is important to have accessible and safe channels in place for people to raise concerns; safeguarding concerns can emerge via other means – e.g. talking to a trusted person, during training as participants reflect on safeguarding or during monitoring visits.

- No two cases are the same but being prepared is essential

  Every case is different. This can depend on the nature of the complaint, who reports it, the local context and other factors. However, having systems in place to respond to cases with clear decision-making processes as well as advance knowledge of the context is critical.

- The need to continue to review, learn and update practice

  Trócaire can never say that their work in relation to safeguarding is done. There is always learning from implementation and in keeping up to date with best practice within and beyond our sector. Trócaire continue to strive to ensure that our safeguarding policies and practices are relevant.

www.chsalliance.org