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CLOSING THE ACCOUNTABILITY GAP TO BETTER PROTECT VICTIMS/ SURVIVORS OF SEXUAL EXPLOITATION, ABUSE AND HARASSMENT IN THE AID SECTOR

Project Report, Phase I

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ABBREVIATIONS

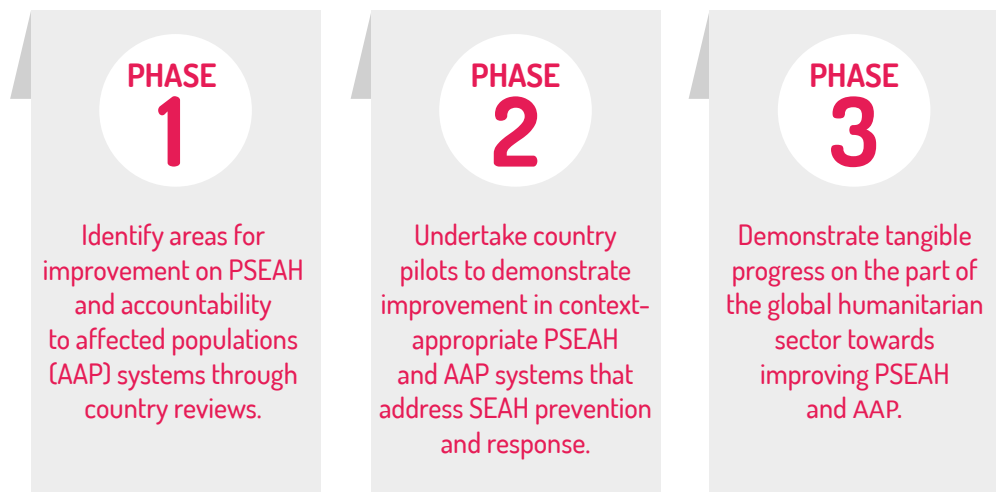
AAP	– accountability to affected persons
CBWN	– community-based women networks
CPJ	– Centre for Peace and Justice
CSO	– civil society organisation
EHRCO	– Ethiopian Human Rights Council
RSB	– Ethiopia Safeguarding Resource and Support Hub
FDMN	– forcibly displaced Myanmar nationals
FGD	– focus group discussion
IASC	– UN Inter-Agency Standing Committee
IDP	– internally displaced person
INGO	– international non-governmental organisation
ISS	– International Institute of Social Studies
JRP	– UN Joint Response Plan
NGO	– non-governmental organisation
PAR	– participatory action research
PSEAH	– prevention of sexual exploitation, abuse and harassment
SEAH	– sexual exploitation, abuse and harassment
SGBV	– sexual and gender based violence
VAW	– violence against women
WCLAC	– Women’s Centre for Legal Aid and Counselling



EXECUTIVE SUMMARY

In 2020, the CHS Alliance, together with the International Institute of Social Studies (ISS), Erasmus University, supported by the Netherlands Ministry of Foreign Affairs, started a project called Closing the accountability gap: better protecting victims/survivors of sexual exploitation, abuse and harassment (SEAH).

The project was born out of recognition that current efforts to address SEAH are inadequate, and that SEAH cannot be tackled solely from within and by the aid sector itself. Instead, what is needed is a bottom-up victim/survivor-centred approach to prevent, address and redress SEAH (PSEAH), relevant to local contexts and led by communities. The project was designed in three phases:



Three countries were identified for the country reviews: Bangladesh (Cox's Bazar area); Ethiopia; and the Occupied Palestinian Territories (OPT). These countries were selected because they represent different contexts of the humanitarian response: external displacement and massive refugee population (Bangladesh); internal displacement and/or a significant returnee population (Ethiopia); protracted political conflict experienced by the local population (OPT).

These contexts are characterised by violence; gross power imbalance between local people and aid actors; mass displacement; restricted access to services; dismantled family and societal structures; lack of protection mechanisms; and a strong presence of aid actors that can amplify the risk of sexual exploitation, abuse, and harassment.

The country reviews comprised three different methodologies: desk review, data from the CHS Alliance PSEAH Index, and participatory action research¹ in each of the three countries.





BANGLADESH

Gender-based violence (GBV) among refugees in Cox's Bazar is very common. This is reflected in high rates of SEAH and attempted SEAH by aid workers in the Cox's Bazar humanitarian response. Research found that 48% of respondents report attempts by aid workers to have sexual relations with community members. SEAH is often perpetrated by camp volunteers from the refugee community, due to the position of power they find themselves in.

Despite this, there is a low level of knowledge among aid staff of their responsibilities in terms of PSEAH, particularly those from the host community with refugee-facing roles. The aid sector is collectively putting in place structures to address gaps in PSEAH, but weaknesses remain, particularly in raising awareness of staff obligations in relation to SEAH; and consultation with communities on designing and implementing systems to address SEAH that are culturally appropriate.

Aid organisations' formal reporting mechanisms are seen as weak and 'tokenistic', allowing impunity among perpetrators. There are also many barriers to reporting SEAH, including concerns around confidentiality, stigmatisation and retaliation. Language barriers were also a problem, as both verbal and written interactions are not in local languages. Even if SEAH reports are made, there is a lack of redress. Affected populations therefore prefer to use informal channels for SEAH reporting and redress.



ETHIOPIA

Social norms and attitudes are significant factors for GBV, including SEAH. These norms and attitudes create an environment where SEAH is widely tolerated at societal level, even among community members and within some aid organisations. There are no documented studies on the prevalence of SEAH in the aid sector in Ethiopia, but research has identified that 42% of internally displaced persons (IDPs) reported having knowledge of SEAH occurring.

Research in 2020 found that 79% of staff members reported having received training on SEAH. Despite this, previous PSEAH efforts appear to have left little or no trace, and there appeared to be a lack of institutional memory. Furthermore, efforts to address PSEAH were seen as top-down, and mostly led by the donors and international aid organisations' global headquarters. To address these gaps, a widespread roll-out of training and resources has taken place, with materials translated into multiple local languages.

Most aid organisations in Ethiopia appear to have some form of complaints mechanism, but only approximately half of these are community based – i.e. designed in consultation with the community, with safe, appropriate reporting channels for different groups in the community to use. There are multiple barriers to reporting SEAH to aid organisations, including lack of trust in the system, and reporting mechanisms not being in local languages. Further, girls, women and widows are identified as experiencing additional barriers in reporting SEAH.





OPT

The complex intersection of occupation and patriarchal social norms influence GBV in OPT. Discussion of SEAH in public spaces is not common and is reflected in low reporting figures – according to statistics, only 0.7% of GBV survivors seek help.

There is an established aid sector in OPT, comprising international and national NGOs, and UN agencies as well as civil society organisations (CSOs) and networks working on GBV and violence against women (VAW). However, some aid organisations lack the interest and political will to work on PSEAH. Internally this can be due to organisational and staff culture, and externally, this can relate to the difficulty in publicly discussing SEAH. Moreover, aid organisations demonstrate uneven coordination between themselves, and even less coordination with local service providers.

Some international non-governmental organisations (INGOs) make assumptions about cultural sensitivities in order to avoid working on PSEAH. From a national perspective, international PSEAH standards are perceived as Western-based and not locally appropriate. Affected populations are not included in the development of these policies.

Reporting mechanisms are identified as a key weakness in addressing SEAH in OPT. Weaknesses are identified throughout the entire processes of aid organisations' complaint-handling systems. From the affected population's perspective, there is a lack of trust in these reporting mechanisms. Further, they cited a lack of a reporting culture in OPT, stating that people prefer to use channels such as family and personal relations for reporting, and mediation to resolve concerns. Reporting mechanisms are not seen as user-friendly or timely, appropriate or accessible, and people are unaware of how to use them. And – reflecting findings for most areas of PSEAH – communities were not consulted when the mechanisms were developed.

LESSONS LEARNED

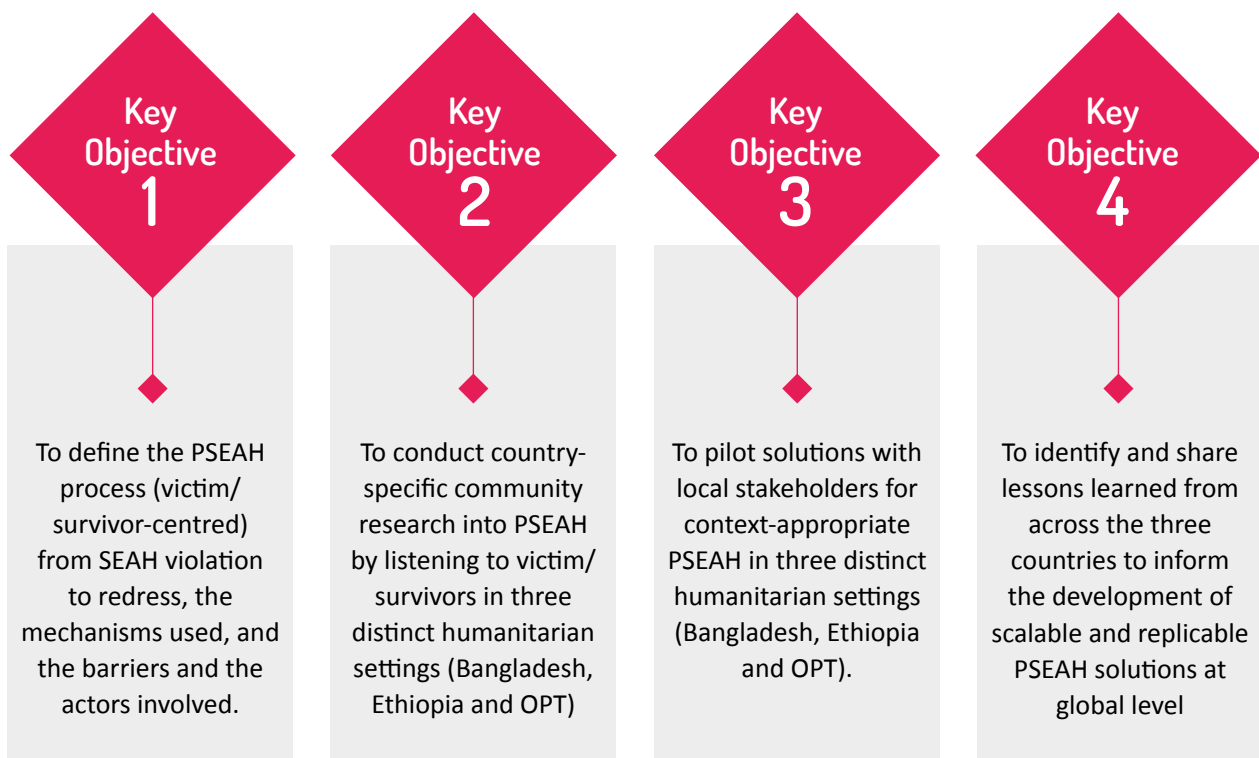
Once the research was complete, a review meeting of key PSEAH stakeholders was held to analyse and discuss the findings. Lessons learned from Phase one can be summarised as:

- SEAH is often singled out for specific attention but in reality occurs in a larger context of bad behaviour, mistreatment, malpractice, bribery, and corruption on the part of aid actors.
- Since the inception of the PSEAH Networks, most aid actors in the three countries have put PSEAH policies and reporting channels in place, but they are not consistently and systematically used in safe and accessible ways for communities.
- Aid actors are not consistently listening and responding to the experiences of community members who are the real experts on what it will take to fully address SEAH in their context.



- In relation to PSEAH, trust is very low among affected communities. Victims/survivors are very reluctant to speak out about their experience – least of all with a humanitarian agency.
- Victims/survivors are encouraged to come forward to disclose and report sexual violations, but their complaints are not adequately followed up. Survivors are often left on their own to navigate and cope with the adverse cultural, psychosocial, security and legal consequences that follow disclosure and complaint.
- Aid agencies underestimate the cultural inhibitions to speak out not just about aid agencies but about sexual violence in general. The barriers that victims/survivors must surmount to report violations are complex.
- When victims/survivors do break their silence, they share their grievances and seek support and relief through trusted intermediaries/community entry points such as women's and rights-based organisations or community leaders.

The proposed objectives for Phase two are as follows:



The project must ensure that affected communities are meaningfully involved in every facet of this project – from research to consultation, to implementation, to M&E and overall decision-making.



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ACKNOWLEDGEMENTS

This Project report has been produced in the context of a project to Close the Accountability Gap to Better Support Victims/Survivors of Sexual Exploitation, Abuse and Harassment (SEAH) in the aid sector. The project is a collaborative effort between CHS Alliance, International Institute of Social Studies, Erasmus University. It is informed by field work carried out by the Centre for Peace and Justice (CPJ) at BRAC University in Bangladesh, the Ethiopian Human Rights Council (EHRCO) in Ethiopia and the Women's Centre for Legal Aid and Justice (WCLAC) in the OPT in 2022. It was made possible with support from the Ministry of Foreign Affairs of the Netherlands.



INTRODUCTION

PROJECT BACKGROUND

In 2020, the CHS Alliance together with the International Institute of Social Studies (ISS), Erasmus University and with support of the Ministry of Foreign Affairs of the Netherlands launched collaboration on a project to Close the Accountability Gap to Better Support Victims/Survivors of Sexual Exploitation, Abuse and Harassment (SEAH) in the aid sector.



Current efforts to address SEAH are inadequate and cannot be tackled from within and by the aid sector itself

The project was born out of the recognition that current efforts to address SEAH are inadequate and cannot be tackled only from within and by the aid sector itself. Instead, what is needed is a bottom-up victim/survivor centred approach to PSEAH, relevant to local contexts and led by communities.

The overarching goal of this project is to improve the response to sexual exploitation, abuse and harassment in a holistic and integrated way that puts the needs of the victims/survivors at the centre.

This is a multi-year project focusing on:

PHASE 1

Identifying gap areas in AAP and PSEAH systems through country reviews

PHASE 2

Piloting solutions led and designed by communities themselves

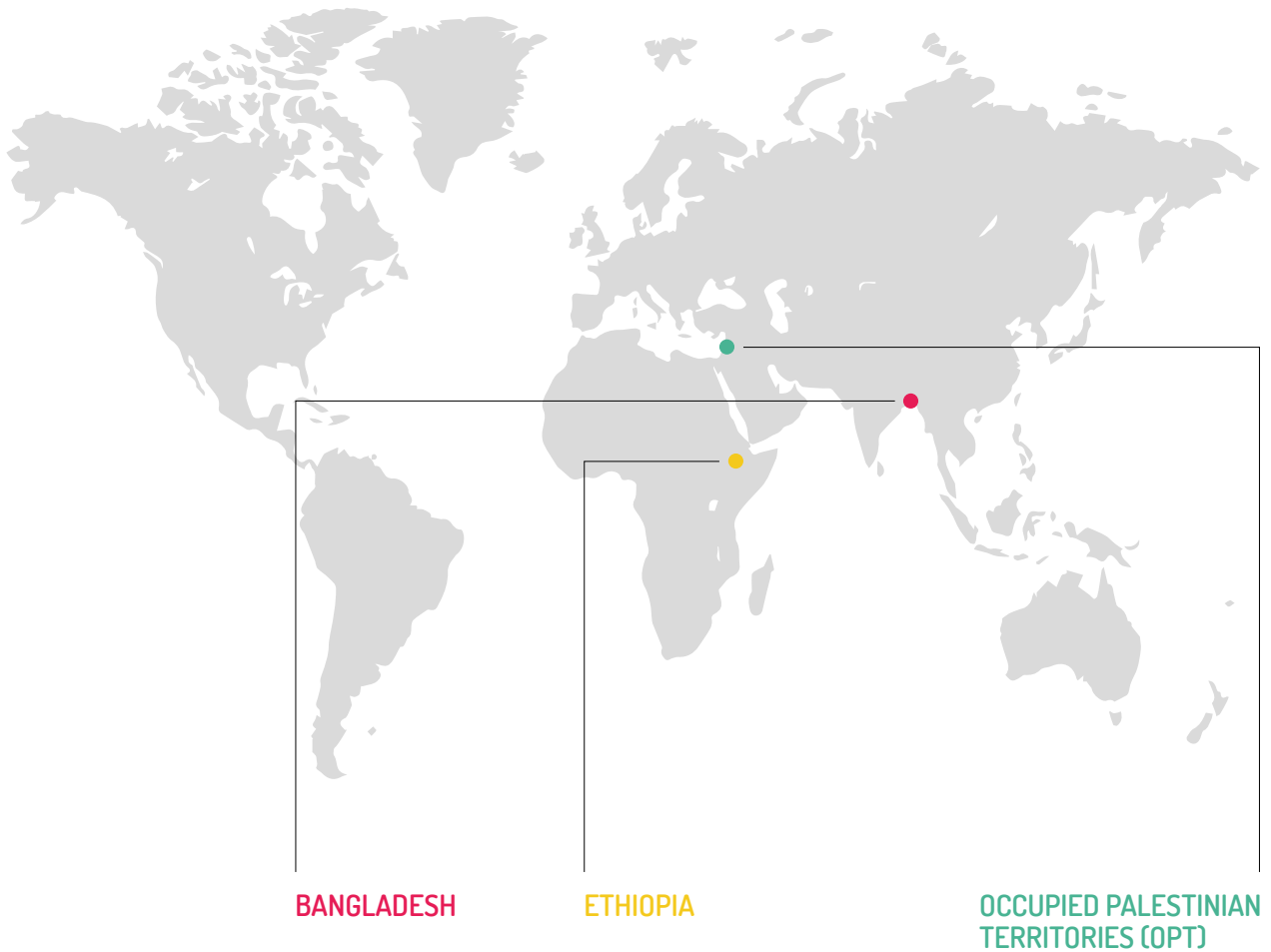
PHASE 3

Bringing learnings from the country pilots to the broader aid sector

This report summarises the findings from phase one.



THREE HUMANITARIAN SETTINGS



DEFINITIONS

What is SEAH?

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

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.

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.

Sexual harassment has widely been understood to relate to the workplace, but it 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.

What do we mean by and PSEAH and PSEAH systems

PSEAH is defined by CHS Alliance as ‘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’.

PSEAH systems are the means by which we prevent, enable the reporting of, and respond to SEAH caused by our organisations. Information on PSEAH systems can be found [here](#).

What do we mean by AAP and AAP systems

AAP is defined by CHS Alliance as ‘the process of using power responsibly. AAP is taking account of, and being held accountable by, different stakeholders, primarily those who are affected by the exercise of such power’.

AAP systems are the way in which we implement an accountable approach across our programming. It entails consulting and involving affected populations in the planning, design, implementation, and evaluation of our programmes. Further, it welcomes, enables and acts on feedback and complaints from affected populations about our staff and programmes. Information on AAP systems can be found [here](#).



What do we mean by a survivor-centred approach?

A victim/survivor centred approach is ‘an approach in which the victim/survivor’s wishes, safety, and well-being remain a priority in all matters and procedures’.² This means supporting the victim/survivor to access any services that they need if they wish to do so, and at their pace. It also means that the interests of the survivor should inform the design and implementation of the organisation’s PSEAH internal processes (such as complaints handling, to investigation and redress). Most importantly, the survivor’s dignity, experiences, considerations, needs, and wishes should be the priority in all decision-making.

METHODOLOGY

Situational analysis

Desk reviews were used to provide an overview of the AAP and PSEAH landscape in each of the pilot countries. The desk review was informed by literature, existing reports and data.

PSEAH Index Analysis

The CHS PSEAH Index is a tool used to assess organisational performance of PSEAH systems, derived from the CHS Verification Framework.

The CHS Verification Framework comprises indicators for the requirements (Key Actions and Organisational Responsibilities) for each of the nine CHS Commitments on quality and accountability. Organisations are assessed against each indicator, through a process ranging from self-assessment to audit by an external body. The PSEAH Index extracts performance data from indicators specifically related to PSEAH, to form a picture of that organisation’s performance on PSEAH.³⁴ The indicators relating to PSEAH can be found in Annex 2 of this report.

For this project, PSEAH Index performance data was examined for more than 50 aid organisations operational in each of the three pilot countries, up to November 2021.

Participatory Action Research

Participatory Action Research (PAR) was undertaken in each of the three pilot countries to research local views, experiences, and responses to SEAH. In Bangladesh, field research focused on the Rohingya refugee community living in the Kutapalong area, in the Ukkiya sub-district of Cox’s Bazar. In Ethiopia, research focused on the Somali region. In OPT, research took place in Jerusalem and the West Bank.



PAR is an approach that focuses on learning and not merely extraction of data. It allows for community views and experiences not normally discussed with the community to be visible, and identifies solutions for PSEAH stakeholders as opposed to the other way around. Because PAR methods require that participants are involved in co-designing the whole research process, researchers need first and foremost to gain the affected people's trust – for this reason, ISS partnered with local organisations. Further, these organisations needed experience in research and gender or human rights issues.

After an extensive search process, ISS partnered with three local partners: Centre for Peace and Justice (CPJ) at BRAC University in Bangladesh; the Ethiopian Human Rights Council (EHRCO) in Ethiopia and the Women's Centre for Legal Aid and Justice (WCLAC) in the OPT.⁵ The PAR findings in the three pilot countries are summarised in this report. The full findings and recommendations can be found in the report produced by ISS, *Closing the Accountability Gap: Perspective and Experiences on SEAH*.

PAR in Bangladesh

In Cox's Bazar, Bangladesh, the PAR was conducted by the Centre for Peace and Justice (CPJ) at BRAC University. The research team consulted participants in the Rohingya refugee committee living in various camps in the Kutupalong area. This community consists of both registered refugees who came to Bangladesh in the 1990s, and refugees who came from Myanmar in 2017.

Research participants from the affected community were selected based on CPJ's connections with the existing community-based women's networks (CBWN), which are informally organised in the camps. CPJ reached out to the following CBWNs during the formative research:

- Education and Wisdom Development for Rohingya Women
- Rohingya Women for Justice and Peace
- Rohingya Women Development Forum
- Literature and Handicraft for Rohingya Women

At first, leaders from these CBWNs were interviewed to guide the development of research design and tools. Subsequently, CBWN leaders randomly selected members from their own community to participate in our consultations. In total, three informal discussions and four group consultations were conducted with 33 participants from five camps. Furthermore, five key informant interviews with relevant stakeholders working in humanitarian agencies and organisations were conducted. More information on the methodology can be found in the report, *Closing the Accountability Gap: Understanding Community Perspectives and Experiences on SEAH*.



PAR in Ethiopia

In Ethiopia, the PAR was conducted by the Ethiopian Human Rights Council (EHRCO). The Somali regional state was selected for this study, as it is one of the few regional states of Ethiopia where a large number of local and international aid organisations operate. Additionally, it is one of the regional states where frequent and severe sexual exploitation, abuse, and harassment often happen. The study focused on the capital city of the regional state, Jijiga. The city is selected as it was believed to be the most representative city, with a variety of different ethnic and religiously diverse populations that make up the region. The research was conducted in 12 randomly selected Kebeles.⁶

The research comprised two elements: a survey and a consultation using qualitative interviews and focus group discussions. The survey was administered by health extension workers and social workers selected and trained from each of the Kebeles. A total of 391 survey questionnaires were distributed to randomly selected households, with one family member per household completing the survey. Thirty-three questionnaires were found not to be properly completed. Accordingly, 358 questionnaires were included for analysis.

The consultations were conducted with different participants. Residents from different parts of the Kebeles were selected and participated. Participants in the consultations included boys, girls, religious leaders, women, and groups of women and men, as well as lower income groups. A total of 80 focus group discussion (FGD) participants were able to take part in eight different FGDs. The consultations were conducted with the help of a Somali-Amharic translator.

PAR in OPT

PAR research was conducted in OPT by WCLAC, which used three research methodologies: a literature review, semi-structured key informant interviews, and FGDs. The project was conducted in Jerusalem and the West bank. Interviews were held with 16 stakeholders from both within and outside the humanitarian system, and included researchers, activists, NGO actors, and OPT PSEAH Network members.

Five FGDs were held with aid recipients in the West Bank and East Jerusalem. The majority of focus group participants were female (56 out of 57).

What is PAR (Participatory Action Research)?

PAR allows vulnerable communities to work as equals with facilitators in collectively understanding and analysing their own issues to produce new knowledge and generate social change.⁷ Through PAR, the voice and views of communities becomes central (they are the experts) and the researcher becomes the learner. Four fundamental values underpin PAR – empowerment, support relationships, learning and social change. PAR researchers adopt a participatory perspective or worldview, which asks them ‘to be both situated and reflexive, to be explicit about the perspective from which knowledge is created, to see inquiry as a process of coming to know, serving the democratic, practical ethos of action research’.⁸

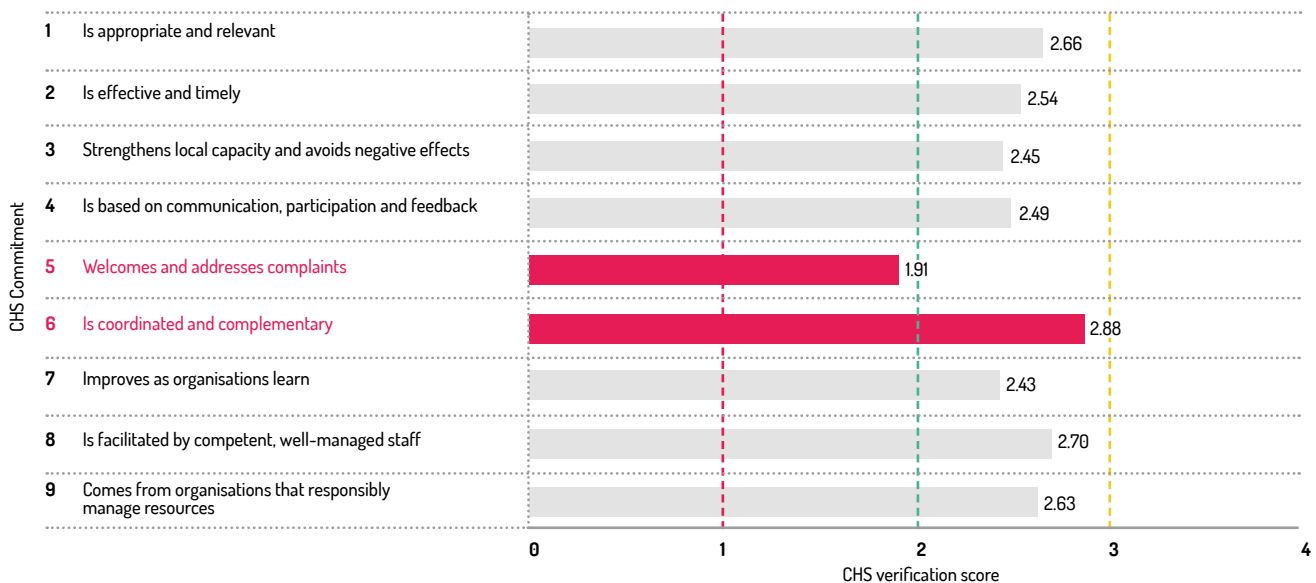


COLLECTIVE ACCOUNTABILITY GAPS

Graph 1

CHS-aggregated score at commitment level

Communities and people affected by crisis can expect that they receive assistance that...



When measuring accountability against the CHS, organisations are assessed on a scale from 0-4 and receive a score. A score of 3 and above is deemed as 'meeting' the CHS Commitment. Graph 1 presents the collected data from all organisations who have undergone a verification in 2020-21. Accountability is assessed at organizational level by triangulating data and information from staff, partners and communities. Based on available data, the CHS verified organisations are not yet meeting their commitments.

At commitment level, **Coordinated and complementary assistance (commitment 6) is by far the highest performing commitment and where the humanitarian response is the strongest (2.88)** demonstrating that organisations work well together and with others in the humanitarian sector.

Complaints Mechanisms (commitment 5) is the lowest performing commitment (1.91) and where accountability is the weakest across the 3 project contexts. This is not surprising based on the known sectoral challenges of establishing effective and trusted complaint mechanisms. It is nonetheless alarming as it demonstrates the challenge humanitarian actors face to protect people from sexual exploitation and abuse (SEA), and that despite efforts made to strengthen these protections such efforts are inadequate.



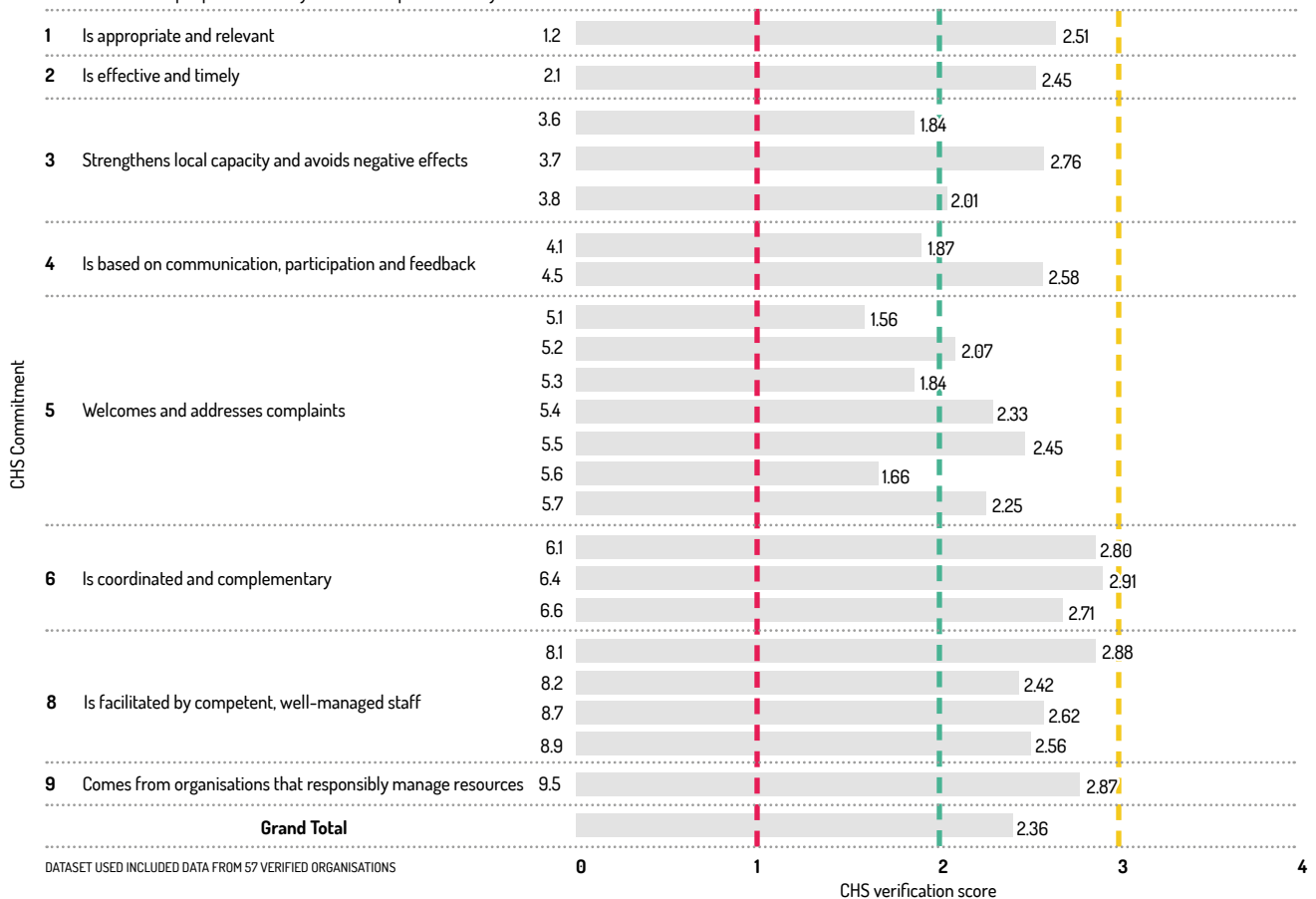
PSEAH INDEX ANALYSIS

Analysis of the [PSEAH Index](#) data from organisations operational in the three pilot countries revealed some common challenges on PSEAH policy and practice.

The overall PSEAH index score for these three countries is 2.36 out of a potential total of 4.0, underscoring that while there is progress among aid actors on PSEAH, it is not systematic and significant gaps still remain.

PSEAH Index

Communities and people affected by crisis can expect that they receive assistance that...



The following indicators scored highly:

Indicator 6.1 Identify the roles, responsibilities, capacities, and interests of different stakeholders.

Indicator 6.4 Information is shared with partners, coordination groups and other relevant actors through appropriate communication channels.

Indicator 8.1 Staff work according to the mandate and values of the organisation and to agreed objectives and performance standards (this is not specific to PSEAH).

The following indicators were low scoring:

Indicator 3.6 Identify and act upon actual or unintended negative effects in a timely and systematic manner, including areas of: a. people's safety, security, dignity and rights; b. sexual exploitation and abuse by staff; c. culture, gender, and social and political relationships; d. livelihoods; e. the local economy; and f. environment.

Indicator 5.1 Consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.

Indicator 5.3 Manage complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages.

Indicator 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 PSEAH Index includes three indicators that specifically reference PSEAH measures, and one that references the Code of Conduct: they are indicators 3.6, 5.6 and 8.7. Of these, two appear as low scores above. None appears in the list of high scores.

Strengths

From this analysis, we can see that organisations working in Bangladesh, Ethiopia and OPT have scored well for indicators that cover internal systems and policies, and working with other stakeholders

Weaknesses

Weaknesses relate to rolling-out systems and policies to community level. Specifically, the pilot countries scored low on informing communities about what they should expect in terms of staff conduct and commitments on PSEAH. They also scored low on involving communities in the design, implementation and monitoring of complaints-handling processes, which has been shown in practice to reduce the efficacy of complaints handling. This is combined with low scores on identifying and acting upon actual or unintended negative effects, and handling of complaints.



These scores indicate in particular the common barriers communities face when it comes to SEAH reporting and redress: from knowing what they can complain about, to having appropriate systems to facilitate complaints, to complaints being effectively followed up and managed when they are received by the organisation. These gaps identified through the PSEAH Index analysis is a pattern that was also identified in the desk review and in the field research for this project.

By examining the data of organisations operational in each country, it is possible to identify some specific trends.

Bangladesh scores the lowest across the three countries analysed in relation to indicator 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'. This could include data on SEAH that could put victims/survivors and others at risk. Without these systems in place, it is hard to see how communities can trust that their complaints will be handled sensitively and without added risk and harm.

Ethiopia scores high on indicator 6.3, 'Participate in relevant coordination bodies and collaborate with others in order to minimise demands on communities and maximise the coverage and service provision of the wider humanitarian effort', which relates to sharing information with partners, coordinating bodies and other relevant actors. However, when examining indicator 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 score drops significantly to 2.14 which is comparatively lower than Bangladesh and OPT. This means that organisations may not be referring SEAH cases that do not fall within the scope of the complaints mechanism to the relevant bodies.

Ethiopia also scores low for indicator 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'. Without a Code of Conduct to set out what is expected of staff, it is harder to determine what constitutes a breach of PSEAH policy. Also when it comes to having a complaints policy in place, indicator 5.4, Ethiopia scores lower than Bangladesh and OPT.

OPT scores highly on indicators relating to policies, strategies and guidelines that contribute to PSEAH (particularly 8.1, 'Staff work according to the mandate and values of the organisation and to agreed objectives and performance standards'). In contrast, low scores across programmatic indicators such as 4.3 indicate that organisations do not systematically engage and consult people and communities on PSEAH programming, prevention and response.

Additionally, OPT scores high for indicator 9.5, 'Manage the risk of corruption and take appropriate action if it is identified', but low on indicator 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', suggesting that this focus on risk does not extend to safeguarding personal information that could include data on SEAH.



BANGLADESH



BACKGROUND

Bangladesh hosts one of the largest refugee camps in the world, in Cox's Bazar district. Approximately one million Rohingya people have been living there since the 2017, when mass exodus took place following the military crackdown in Rakhine State, Myanmar. A wide range of aid actors including international, national, and local organisations have been working to address the humanitarian needs of forcibly displaced Myanmar nationals (FDMN),⁹ known as Rohingya refugees, who are living in the camps located in the Cox's Bazar.

Difficult living conditions, limited livelihood opportunities and high aid dependency and presence have produced vulnerability, risks, and have also contributed to SEAH in the camps. Rates of sexual and gender-based violence (SGBV) among Rohingya refugees in Cox's Bazar are high, with hundreds of cases of sexual assault and harassment being reported every week.¹⁰ Adolescent girls are particularly vulnerable to child/forced marriage, trafficking, and sexual violence, and face heightened obstacles to accessing services.

Vulnerability in the camp is exacerbated by the fact that, despite the UN Joint Response Plan (JRP) acknowledging that 'the Rohingya refugee crisis is at its core a protection crisis', protection programming accounts for only 7.5% of the overall appeal.¹¹



SEAH in the humanitarian sector

SEAH takes place in a larger context of discrimination and disrespectful behaviour toward the Rohingya community, and in particular women. SEAH also intersects with bribery and corruption and overall abuse of power by a range of those aid actors present.¹²

Recent research¹³ revealed that the perceived prevalence of SEAH among the community is very alarming, as 48% of respondents reported attempts by humanitarian workers to have sexual relations with members of the community, and 53% acknowledged it as a big problem in their community. Despite this, SEAH by humanitarian actors is scarcely discussed, due to fear of disruption or even withdrawal of aid and services.

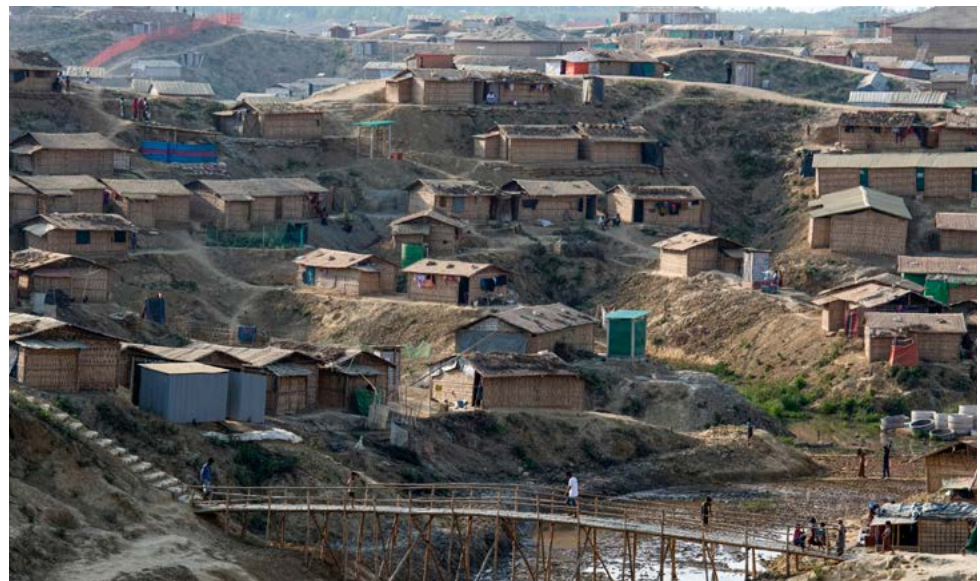
According to local community women, forms of SEAH involve asking women and girls for personal information including their mobile phone number, and making calls, or sending messages that are unwanted. Other forms and patterns of SEAH involve making unannounced visits at shelters, request for accompaniments outside of the camp, making deceitful marriage proposals and physical touching. Extreme incidents of abuse, ending in the hospital for treatment have also been reported by women in the camp.¹⁴

Places where SEAH is mainly perpetrated include distribution centres, camp offices and service points. However, it also takes place in shelters, marketplaces, health centres, learning centres and washrooms.¹⁵

Seeking basic services puts women at higher risks of SEAH.¹⁶ Children and adolescent girls are particularly exposed to risk as they are principally responsible for collecting food rations and other goods from distribution centres.



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Kutupalong refugee camp, Cox's Bazaar, Bangladesh.





Rohingya
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and authority
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the camps

The PAR¹⁷ found that Rohingya women and girls face SEAH from service providers, volunteers, NGO staff and authority figures in the camps.¹⁸ Among them Rohingya volunteers tend to have more access to perpetrate SEAH as they live in the camp, compared to office-based humanitarian workers with whom interaction is minimal. Communities identify that volunteers are able to misuse their association with humanitarian organisations to intimidate and exploit women and girls in their community, often leading to abuse. The community volunteers do not have any contractual obligations to uphold SEAH, but are, as the PAR observed, obliged to follow the code of conduct of associated agencies and organisations.

SEAH knowledge and practice

Research for the PSEAH Network Communication Strategy¹⁹ indicated a high knowledge of what constitutes SEAH among the affected community, with 75% of respondents knowing the nature of SEAH and 83% agreeing that “it is of course not okay for a humanitarian worker to collect Rohingya girl’s telephone number and ask for a private meeting”, and 86% not accepting that “it is completely normal for a man to use his power as a humanitarian or NGO worker to touch a ‘beautiful’ girl in an impermissible way”. The report, however, suggests that the understanding of who the humanitarian workers are is not very clear among the community – only 5% know who humanitarian workers are and 64% have no idea how a humanitarian worker should behave.

75%

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behave”

SOURCE: PSEAH NETWORK, COX BAZAR, 2020



The PAR identified that while Rohingya women themselves are clear on what constitutes SEAH, the sector's own definitions and use of language around the subject mean that they are not communicating effectively with the community. Organisations perceived that Rohingya women's lack of understanding of what the sector defines as SEAH, and what they can report, was the problem, rather than addressing their (the organisations') own use of language and communication. One of the PSEAH focal points mentioned that very often they receive reports that are not SEAH incidents, sometimes they even get calls to hotline numbers from volunteers if their work contract is not renewed. SEAH hotline numbers are also being used to report domestic violence and other kinds of 'non-SEAH' incidents, which are then referred to relevant sectors. This indicates poor messaging by organisations on what can be reported and how. Rohingya women and girls also raised the concern that systems used by organisations are not effective and appropriate, as they don't take into account the culture and language of the Rohingya community.



There is a
huge lack of
experience
and expertise
in PSEAH
among
Bangladeshi
aid workers

Volunteers and field-level staff also were not trained in what conduct is considered unacceptable for staff and associated personnel. For example, according to the PSEAH focal person who dealt with such cases, often preferential treatment in exchange for sexual favours is not considered as SEAH by victims/survivors or perpetrators.²⁰ Victim/survivors are not made aware of their right to assistance without providing anything in exchange, and therefore only report the incident after the preferential treatment stops.²¹

Many local and national NGOs do not have their own PSEAH or safeguarding policies and instead are expected to follow technical or funding partners' policies when SEAH complaints are made. There is little direct monitoring of this, other than donors withdrawing funding in cases of non-adherence. However, the new UN JRP stresses the need to have PSEAH policies, and following the UN Inter-Agency Standing Committee (IASC) guideline for implementing partners has led to a visible increase in the number of PSEAH memberships in PSEAH Network (currently 166+). Some funding partners such as Oxfam are also setting a good example of capacitating local implementing partners to formulate PSEAH and safeguarding policies to improve accountability.

Local-level humanitarian organisations have recently become more interested in PSEAH after the incorporation of PSEAH in the latest JRP. More and more organisations are now applying for PSEAH Network membership as a requirement. However, most of them have no policies to deal with SEAH incidents and are expected to follow funding partners' policies in case of complaints. Loopholes remain since implementing partners are not directly liable to address SEAH incidents by their staff and volunteers.

The International Organization for Migration (IOM) focused on the SEAH issue in particular in a 2018 evaluation²² which highlighted the fact that there is a huge lack of expertise and experience in PSEAH among the Bangladeshi aid workers. The report recommends a number of measures to be taken in relation to strengthening the agency's internal protection capacity. The lack of understanding of PSEAH among NGO staff has also been noted in another evaluation reviewing the protection work of German-funded NGOs conducted by the Aktion Deutschland Hilft (ADH).²³



The participatory evaluation raised the concern about NGO workers' worrying tendency to confuse PSEAH with protection work and often using them interchangeably. While this may lead us to think that PSEAH is getting more emphasis, it indicates that the sector is not clarifying its terms appropriately among NGO staff.

Review of the PSEA Network Strategy and Action Plan 2021²⁴ suggests that a well-developed plan has been formulated to tackle SEAH by aid workers and ensure protection of the affected communities.

Aid agencies in Cox's Bazar include UNHCR, IOM, UNICEF, International Rescue Committee, Save the Children, Plan International, Care International, Oxfam, Danish Refugee Council, World Vision, to name a few.²⁵ Many of these agencies have safeguarding initiatives, but have not released any substantive data regarding the nature and rate of SEAH in the Cox's Bazar region, or the number of complaints resulting in protection measures.

While these organizations are not focused on accountability in the sense of hard data or publicising cases, notable courses of action that have been taken include UNHCR and IOM's launch of a US\$934 million plan to safeguard Rohingya refugees, specifically in child and SEA safeguarding. Many organizations are launching awareness-raising campaigns and safeguarding initiatives, such as those encouraging a 'speak up' culture to encourage staff to speak up in order to protect Rohingya refugees.²⁶ The Cox's Bazar PSEAH Network was established to refer victims/survivors to service providers and ensure that partnering agencies have effective internal reporting and investigation procedures.

Donors and funding partners should play a stronger role to hold their implementing partners to account. Currently, most donor and funding partners simply withdraw funding in case of non-adherence or if funded agencies fail to resolve SEAH incidents. An exception is Oxfam, which capacitates implementing partners to formulate PSEAH/safeguarding policies if they have none. Other donors/funding partners can also initiate such measures to capacitate organisations and sensitize implementing partners' employees for better accountability.



Complaint
mechanisms
were often
seen as
tokenistic

SEAH reporting and redress

Reporting of SEAH is limited. There is general knowledge that SEAH incidents can and should be reported, and field research indicates that there is community knowledge of available SEAH reporting mechanisms, although it is partial.²⁷

Complaint boxes, hotline numbers, GBV centres, and *Shantikhana* (women's safe spaces) are recognised formal reporting mechanisms. In addition, Camp in Charge (CiC) office (appointed by the Bangladesh government for site management and administration) is considered as a reporting channel even though it is not formally recognised as such.²⁸ Community members also use informal reporting channels for SEAH including majhi (a Rohingya community member appointed as head of a camp block, predominantly male), medical centre doctors, and GBV support volunteers etc. Majhis often tend to refer victims/survivors to take the matter to the CiC office since they work in coordination with them.





Field research
identified
access,
confidentiality
and privacy
concerns
with existing
reporting
mechanisms

Due to publicity surrounding various PSEAH interventions, reluctance to report has decreased and Rohingya women and girls are now reporting SEAH incidents more often. Yet several challenges with both formal and informal reporting mechanisms persist.²⁹

Women who experience SEAH tend to avoid reporting due to social stigma and discriminatory cultural norms within the Rohingya community and inadequate institutional measures taken after reporting.³⁰ Research³¹ among adolescent girls found that factors such as inadequate security, a sense of impunity among perpetrators, and an inaccessibility to (or lack of) justice for survivors of SGBV in the camps, all play into a rise in sexual harassment, abuse, and exploitation. Inaccessibility of formal and informal justice systems and reliance on camp governance mechanisms make reporting instances of both SGBV and SEAH nearly impossible for many women and girls.³² Complaint mechanisms were often seen as tokenistic, and perpetrators of sexual abuse, especially from the local staff and camp authority figures enjoy impunity due to ineffective mechanisms.³³

“I have witnessed a few cases of SEAH and helped the survivor girls to file complaints and seek treatment. I went along to the complaint box with them none of these incidents have been followed up. No one came to investigate further. It has been more than a year now.” CBO Women Leader

Other key barriers include a lack of trust in formal reporting mechanisms. Field research identified access, confidentiality and anonymity concerns with existing reporting mechanisms. These include placement of complaints boxes in public spaces where privacy and anonymity cannot be assured, language barriers (lack of knowledge in Rohingya dialect), no self-reporting options available to community members and the fact that those who document complaints are often known to the survivor and their community.

“In one case where the girl was working as a volunteer and was harassed by another male volunteer who was a local men were dismissed from her job after complaining it to higher management. The supervisor of the team dismissed her since it was creating pressure on him from the upper management to resolve the issue.” CBO Women Leader

The research also found that female volunteers tend to avoid reporting SEAH at work for fear of losing their jobs. Perpetrators usually have social and political power, or networks with local influential people which makes it difficult to report. Victims/survivors’ parents also avoid reporting to maintain their dignity in society and avoid stigma. Sometimes, perpetrators pay off victims/survivors’ families to keep quiet, and even threaten them.





Communities
report a lack
of protection
for witnesses,
victims/
survivors
and their
families

Where reports are made, further issues were identified with how those reports are handled by organisations. Gaps reported include the infrequent opening of complaints boxes, leakages and disclosures of personal information, delays in complaints handling, lack of feedback to the victim/survivor once a report has been made and no follow-up of complaints.

There is also a lack of confidentiality during investigation procedures, with investigators visiting and conducting investigations at victim/survivors' shelters in full view of community members, allowing people to assume and speculate upon what has happened. This compromises the anonymity of the victim/survivor and the confidentiality and integrity of the investigation. It may also adversely affect and stigmatise the victim/survivor and their family.

Another prominent accountability gap identified through the research are the weak victim/survivor support programmes (protection and access to services). Communities report a lack of protection for witnesses, victim/survivor, and their families.³⁴

Another study also reported that complaints from Rohingya communities are often taken too lightly by camp management agencies and government authorities alike.³⁵ Community members' observation of humanitarian workers' close association with camp authorities at the site-management level often made them hesitant to seek support.³⁶ The attitude towards SEAH and sensitivity towards SEAH victims/survivors among the SEAH focal points could also be improved. Focal persons' own biases towards what is morally right or wrong can often cloud their judgment. There is a need to sensitize PSEAH focal points on how to be non-judgemental, avoid victim-blaming and shaming, and be sensitive towards victims/survivors.



50% of
respondents
reported
attempts by
an aid worker
to have sexual
relations with
community
members

Lack of appropriate redress for SEAH was also identified as an issue. The most crucial factor behind non-redress is the withdrawal of reports by victims/survivors' families. The reasons behind the withdrawal of reports are an informal/unofficial solution at CiC office; threats/coercion by the perpetrators; settling in return of monetary compensation; and not being able to pay bribes in order to continue the complaints procedure.



SUMMARY OF KEY POINTS FROM THE BANGLADESH COUNTRY REVIEW

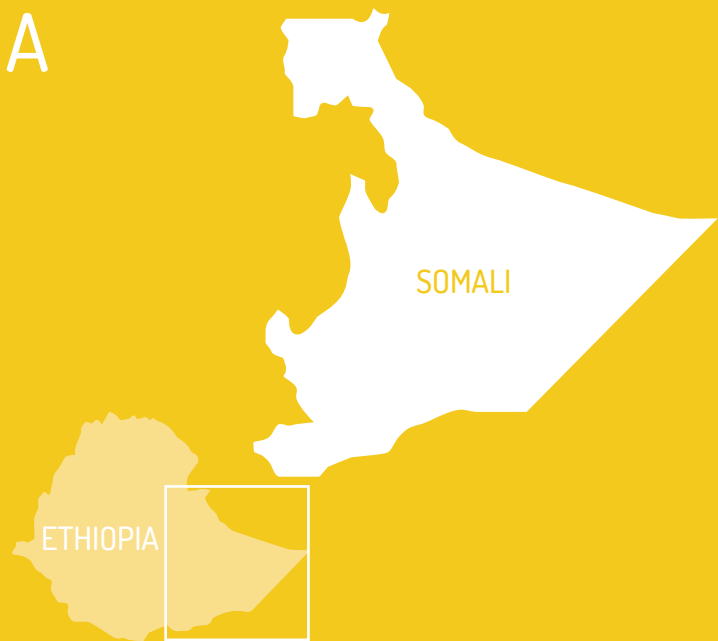
Rates of GBV among refugees in Cox's Bazar are very high. This is reflected in frequent instances of SEAH and attempted SEAH by aid workers involved in the Cox's Bazar humanitarian response. Research found that almost 50% of respondents reported attempts by aid workers to have sexual relations with community members. SEAH is often perpetrated by camp volunteers from the refugee community, due to the position of power in which they find themselves.

Aid worker staff have low knowledge of their responsibility of terms of PSEAH, particularly those from the host community who have refugee-facing roles, and among volunteers. The aid sector is collectively putting in place structures to address the gaps in PSEAH, but weaknesses remain, particularly in awareness raising and consultation with communities on designing and implementing systems to address SEAH that are culturally appropriate.

Formal reporting mechanisms implemented by aid organisations are seen as weak and 'tokenistic', allowing impunity for perpetrators. There are many barriers to reporting SEAH, including concerns around confidentiality and subsequent stigmatisation or retaliation. Language barriers were also mentioned, as both verbal and written interactions are not in local languages. Even if reports are made, there is a lack of redress. Affected populations therefore prefer to use informal channels for the reporting and redress of SEAH.



ETHIOPIA



BACKGROUND

Ethiopia's population faces significant internal displacement. According to IOM's Displacement Tracking Matrix, as of July 2021 there were over four million IDPs in the country.³⁷ A significant portion of these displacements are conflict-induced, largely related to ethnic and border disputes. The country is also particularly vulnerable to many natural causes of disaster such as droughts, floods and locust swarms, each producing displacement around the country. IOM reports that currently around 835,000 individuals are displaced due to conflict across 422 displacement sites in the Somali region.³⁸





Social norms
and attitudes
throughout
Ethiopia play
a large part
in creating an
environment
in which
SEAH can be
perpetrated

SEAH in Ethiopia

Social norms and attitudes in Ethiopia are significant factors in violence, including SEAH. Patriarchal norms, gender inequalities and discrimination against vulnerable groups underpin sexual violence, corporal punishment, and the normalisation of such practices. These elements create an environment in which SEAH is widely tolerated at a societal level, among community members and even within some aid organisations.³⁹

Various institutions testify to the many efforts made by the government and civil society over recent decades to combat SEAH in the country. These include the Ministry of Women's, Children, and Youth Affairs, special police units aimed at protecting children and women, and a special bench within the federal criminal court specifically to hear cases of violence against women and girls in a sensitive manner.⁴⁰ However, there is no single, consolidated law against GBV or violence against women and girls in Ethiopia, and the existing legal provisions "established by the Ethiopian government to protect women and children are often under-funded, partially implemented, and not widely effective".⁴¹ Additionally, early marriage and other harmful traditional practices, such as female genital mutilation, are widespread despite being a criminal offence.⁴²

Until recently, sexual harassment was not recognised in local legal instruments relating to labour law and currently there is no requirement in Ethiopia for any employer or institution to report on SEAH in the workplace, making it extremely difficult to assess the extent of such misconduct or the current state or response.⁴³ Furthermore, since there is no entity that requires any employer or any institution to report on incidences of SEAH in Ethiopia, SEAH is dealt with differently by each organisation (if at all).⁴⁴

For the staff of aid organisations in particular, the fact that Ethiopia's criminal code has criminalised homosexuality could create risk on their ability to safeguard staff. "For many international organisations, 'localisation' of global safeguarding standards means editing the document to quietly pass around the issue of sexual orientation and avoid discussion about the impact of the policy on the ability of organisations to safeguard staff, children and adults at risk who might identify as LGBTQI."⁴⁵

Social norms and attitudes related to gender can appear differently in rural and urban contexts, for example, many rural women in Ethiopia face limited freedom of movement. "They require permission from a husband or male household member for long distance travel, overnight stays outside the village, travel to health centres or markets, or to the temple, mosque or church, or to engage in business."⁴⁶ Women may not be able to reach designated SEAH referral centers, reporting mechanism points, and/or relevant authorities due to this limited movement. This can effect how SEAH is reported – if at all.



The norms and attitudes throughout Ethiopia play a large part in creating an environment in which SEAH can be perpetrated, and how survivors of this violence are seen in society. *Shengo* is a public place in the community where all collective decisions or arbitrations are conducted. Socio-traditional norms do not encourage women to be vocal at shengo, and they usually do not take part or only in order to express complaints. Most importantly, the *shengo* “does not always show respect to survivors’ interests and being labeled a survivor presents its own challenges, with women frequently stigmatised by society if they are abused”.⁴⁷

The PAR found that 38%-40% of respondents had heard of cases of SEAH in their communities. For most answers, there was a similar proportion of respondents who (strongly) agreed or (strongly) disagreed with the statements put before them, which seems to imply a divide in local communities in relation to awareness of SEAH concepts and SEAH cases, as well as attitudes towards it.

SEAH knowledge and practice

There are no documented studies on the scale of SEAH, who the perpetrators are, who the victims/survivors are, and the factors that mitigate or facilitate SEAH in the aid sector in Ethiopia.⁴⁸ While there have been no documented studies on the scale, there is reporting that highlights the type of SEAH that is occurring, insight as to why it is happening, and the scale of SEAH awareness.

The PAR identified that, in response to the question ‘I have heard of the attempted abuse of trust or the position of vulnerability for sexual ends within my community’, 29% (strongly) agreed, while 41% (strongly) disagreed, and 26% remained neutral. There was a similar result for the statement ‘I have heard of intimidation for sexual ends in work environments’. Presumably, for both questions, the respondents understood the statement to include humanitarian and aid workers. The fact that the majority (29%) of respondents indicated that SEAH incidences often take place in IDP camps is another sign that the humanitarian aid sector is implicated in SEAH.



Hilaweyn Refugee Camp, Dollo Ado, Somali Region, Ethiopia.



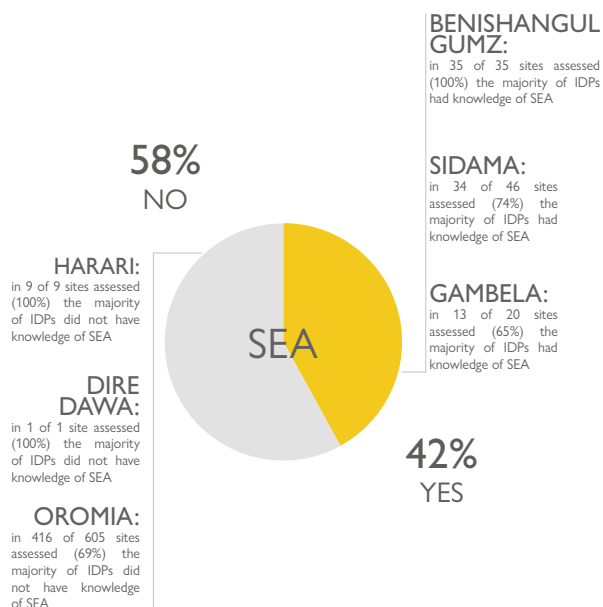
Most participants knew of the existence of different humanitarian aid organizations in their areas. FGD participants demonstrated awareness of the meaning of SEAH and largely agreed that there are issues with exploitation, abuse, and harassment in their neighborhoods. The participants further discussed these through different stories. Additionally, the participants mentioned that few organisations support victims/survivors in places such as regional hospitals and some police stations.

In 2018, CARE conducted a Rapid Gender Analysis in Dilla town, Gedeb, and Yirgachafe woredas⁴⁹ as a result of the conflict between Guji Oromo and Gedeo communities which displaced over one million people.⁵⁰ The RGA found that “IDPs reported clearly that there are cases of sex for survival practiced by girls. When girls are not directly targeted by assistance, they can resort to survival sex as a means to meet their basic and specific needs.”⁵¹

In 2021, the IOM’s Displacement Tracking Matrix, in coordination with the Ethiopia PSEA Network, conducted a PSEA risk assessment and mapping. The mapping was disaggregated by ‘sites’ – concentrations of IDPs receiving assistance – and ‘villages’, which comprised both returning IDPs and host communities (see Figure 1).

Figure 1: Knowledge of (and source of knowledge of) SEAH by region studied

Knowledge of SEA by site and region

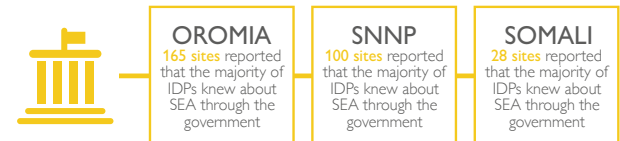


Source of knowledge of SEA by site and region*

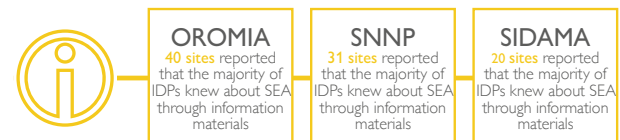
COMMUNITY ENGAGEMENT: 530 sites



GOVERNMENT: 323 sites



INFORMATION MATERIALS: 118 sites



Note: In the regional sections, only the top regions are shown, so the regional figures may not add up to the national figures quoted in the national sections.

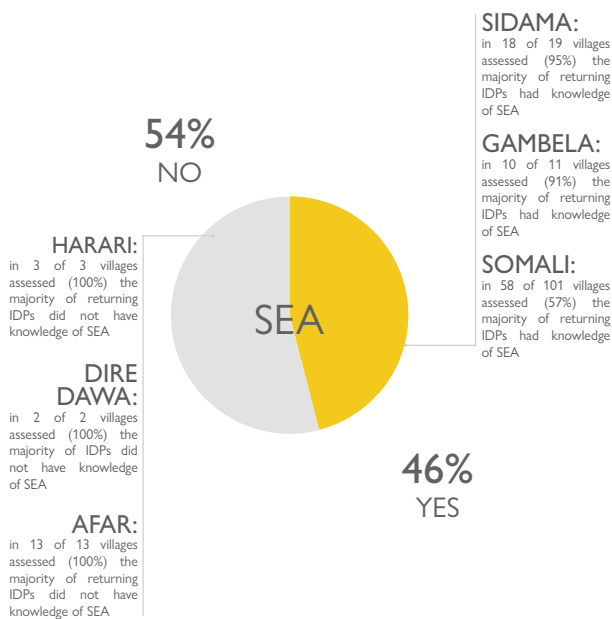
Source: IOM Displacement Tracking Matrix, Ethiopia, 2021.

Note: An asterisk (*) appears above a chart when respondents were allowed to provide more than one answer to a question.

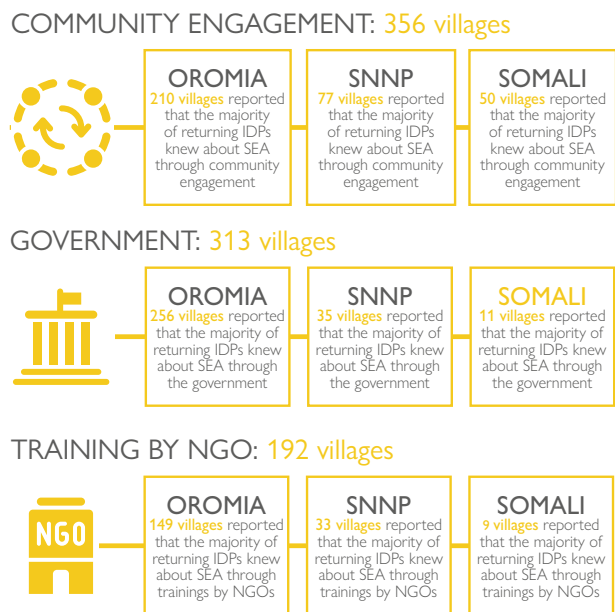
Based on the national findings of the site assessment, 58% of sites reported that the majority of IDPs had no knowledge of aid agencies' responsibilities on SEAH.⁵² The chart in Figure 2 indicates ways in which the majority of IDPs knew of aid agencies' responsibilities on SEAH in various sites.⁵³

Figure 2: Knowledge of (and source of knowledge) of SEAH by village and region studied

Knowledge of SEA by village and region



Source of knowledge of SEA by village and region*



Source: IOM Displacement Tracking Matrix, Ethiopia, 2021.

As for the national findings of the village assessment, 54% of villages reported that the majority of returning IDPs had no knowledge of aid agencies' responsibilities on SEAH,⁵⁴ while 46% of villages reported that the majority of returning IDPs did have knowledge of aid agencies' responsibilities on SEAH.⁵⁵ The chart from the report pictured above indicates ways in which the majority of IDPs know of aid agencies' responsibilities on SEAH in various villages.⁵⁶ According to this assessment, the most common source of knowledge on aid agencies' responsibilities on SEAH is from community engagement, followed by government, and finally training by an NGO.

The SEAH and safeguarding discussion in Ethiopia is led by a relatively small number of key stakeholders, including International Medical Corps, International Red Cross, Save the Children, UNFPA, UN Women, World Food Programme, and UNHCR, which illustrates a significant gap in the safeguarding architecture within the country.⁵⁷ A three-year Civil Society Support Programme (CSSP2) (August 2018 – August 2021) was funded by the UK's Department for International Development (DFID) to bolster civil society in Ethiopia.⁵⁸ CSSP2 trained over 120 civil society organizations (CSOs) in basic safeguarding approaches throughout 2018 and 2019. Despite this training, data suggests that monitoring and learning around safeguarding remains low among these organisations.⁵⁹



Previous
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SEAH
investigators
or trainers

The Ethiopia PSEA network, consisting of over 40 members,⁶⁰ conducted an inter-agency mapping of efforts in April-June 2020, aiming to provide an overview of existing PSEA prevention and response mechanisms by network members, to identify gaps, and to identify resource needs in-country.⁶¹ The mapping contained data from the 29 respondents who completed the survey, representing 88% of Network members. The mapping found that 97% of network members have a PSEA policy, of which 38% were directives from members' head offices.

When asked to identify dedicated PSEA staff, respondents reported having PSEA focal points in Addis Ababa (93%) and in field offices (51%). Furthermore, 86% of respondents in Addis Ababa and 37% of those located in field offices reported having alternate PSEA focal points available. Less than 62% of the PSEA focal points and their alternates received training from their respective agencies and organisations on their role and responsibilities, including on receiving and reporting allegations as well as on confidentiality. While 93% of organisations reported having a whistleblower policy to ensure protection regarding retaliation and confidentiality, only 52% had a formalised PSEA responsibility in their job description and in their performance appraisal. Finally, around 72% of individuals reported being allocated time commensurate to their PSEA responsibilities.

With respect to identifying prevention measures within their own organisations and agencies, 79% of respondents reported that all staff had received training on SEAH misconduct as a part of their induction process. Additionally, 68% reported receiving face-to-face training on PSEA within the last year but in conjunction with this, only 34% of respondents reported that all staff had completed the mandatory PSEA online course. Seventy-nine percent of respondents reported signing a Code of Conduct, including specific PSEA clauses, while 75% of respondents reported that other non-staff employees, such as consultants, secondees, contractors, and United Nations Volunteers had to sign a similar Code of Conduct. A majority of respondents (65%) reported that PSEA is integrated into the risk management policy and framework of their respective organisations, however only 20% of respondents reported that their organisation had conducted an in-country SEAH risk-assessment within the past two years.⁶²

The Ethiopia PSEA⁶³ network, established in 2018, is the only existing network in Ethiopia dedicated to the issue.⁶⁴ The 41+ members include the Ethiopian Red Cross, the Government of Ethiopia/Technical Ministries, INGOs, Networks/Hub – AAP/Safeguarding, NGOs, Protection Cluster/CP-GBV AoR, and UN agencies.⁶⁵





The Ethiopia
PSEA Network
training
package
was made
available
in English,
Amharic,
Oromo,
Tigrinya
and Somali

Research conducted in 2020 by the Ethiopia Safeguarding Resource and Support Hub (RSH) indicated that previous training initiatives had made little impact and there was no national cohort of established SEAH investigators or trainers.⁶⁶ The majority of interventions appeared to be donor-driven and organisation-specific, with some exceptions. Overall, the research identified a lack of institutional memory as a consequence of subsequent short-term assignments.⁶⁷ Initiatives have subsequently been put in place to address the gaps identified in this report. In 2020, with financial support from UN Women, the RSH, and the Ethiopia Humanitarian Fund, the Ethiopia PSEA Network Training Package was made available in English, Amharic, Oromo, Tigrinya, and Somali.⁶⁸ Adapted for the Ethiopia context, this training was designed to support the delivery of in-person as well as online trainings to improve the knowledge, understanding and skills of focal points, clusters, and key partners.⁶⁹ In 2021, 197 of the total 215 focal points received the PSEA training and the Inter-Cluster Coordination Groups were provided access to the online learning materials and recordings.⁷⁰

In addition to the Ethiopia PSEA Network Training Package, the Ethiopia PSEA Network has developed national and regional-level information campaign(s) with linked information, education and communication materials.⁷¹ “The information campaign(s) is two-fold, targeting both stakeholders as well as affected populations (two cultural contexts available).”⁷² Campaigns have been made available in Amharic, Tigrinya, Afaan Oromo, Somali, and English, and implemented in Addis Ababa, Oromia (West Guji), SNNP (Gedeo), Somali (Fafan, Dawa, Liban, Afdar, Siti, and Arer, and Tigray (Shire and Mekelle).⁷³ Free campaign materials are available to order by all PSEA Network members.⁷⁴

Finally, UN Women, UNICEF and UNFPA’s jointly published *GBV Pocket Guide: Survivor Support* is “intended to provide non-GBV specialists with concrete and practical information on how to support a survivor of gender-based violence in a context where there is no gender-based violence actor available”.⁷⁵ This joint effort, on behalf of the Ethiopia PSEA Network, is endorsed by the Ministry of Women’s, Children, and Youth Affairs.⁷⁶

SEAH reporting and redress

Mapping completed by Ethiopia PSEA Network members in 2020 showed that 89% of respondents reported having a complaint mechanism in place, and 86% reported having clear procedures for confidentiality for referring complaints and allegations of SEAH. However, notably only half of these complaints mechanisms (55%) were reported to be community-based. “The refugee and IDP communities in Gambella, Afar, Oromia, Amhara, Somali, and the Southern Nations, Nationalities and People’s (SNNP) region were identified as the current locations of the existing community-based complaint mechanisms.”⁷⁷

The study identified barriers to using the reporting mechanisms. At IDP sites, these were listed as lack of trust in confidentiality, lack of reporting due to fear, and language barriers. The wider host communities surveyed (including IDPs) also reported these barriers, and additionally noted that girls, women and widows faced additional barriers in reporting SEAH.





There is
significant
interest
across the
civil society
sector in the
development
of a broad
code of
conduct

According to the PAR, trauma and shame associated with SEAH were also identified as barriers to reporting, explaining the low reporting levels.⁷⁸ Similarly, 30% of respondents believed that they would be socially discriminated against and face more of the same incidents upon reporting SEAH incidents. This indicates a low levels of trust in the confidentiality and effectiveness of available reporting mechanisms.⁷⁹

It is clear that the weakening and fragmentation of the civil society sector as a result of restrictive legislation has affected the way in which the aid sector engages with the issues brought up in these studies.⁸⁰ Most organisations have their own separate policies, guidelines, and reporting and referral procedures.⁸¹ The government agency responsible for overseeing civil society organisations does not appear to have a specific mandate for monitoring SEAH. However, there is significant interest across the civil society sector in the development of a broad code of conduct as a possible entry-point for integrating SEAH standards.⁸² A past challenge has been to make PSEAH resources available in local languages. Efforts have been made to address this gap and to improve the availability of resources designed for national and local users through a standing agreement between the PSEAH Network and Translators without Borders (an NGO).⁸³

SUMMARY OF KEY POINTS FROM THE ETHIOPIA COUNTRY REVIEW

Social norms and attitudes are significant factors in GBV, including SEAH. These norms and attitudes create an environment where SEAH is widely tolerated at societal level, among community members and even within some aid organisations. There are no documented studies on the prevalence of SEAH in the aid sector in Ethiopia, but research has identified that 42% of IDPs reported having knowledge of SEAH occurring.

Research in 2020 found that 79% of staff members reported receiving training on SEAH, but previous PSEAH efforts appear to have left little or no trace, and there appeared to be a lack of institutional memory. Furthermore, efforts to address PSEAH were seen as top-down, mostly led by the donors and global headquarters of international aid organisations. To address these gaps, a widespread roll-out of training and resources has taken place, with materials translated into multiple local languages.

Most aid organisations in Ethiopia appear to have some form of complaints mechanisms in place but only half of them are community based – i.e. designed in consultation with the community, and with safe, appropriate reporting channels for different groups in the community to report. There are multiple barriers to reporting SEAH to aid organisations, including lack of trust in the system, and reporting mechanisms not being in local languages. Further, girls, women and widows were identified as experiencing additional barriers in reporting SEAH.



OCCUPIED PALESTINIAN TERRITORIES



BACKGROUND

The Occupied Palestinian Territories (OPT) have fragmented geography with political, socioeconomic, and legal consequences and challenges for Palestinians. OPT is separated into the West Bank (divided into different areas, A, B, C), the Gaza Strip and East Jerusalem. As of 2018, 22,000 Palestinians were internally displaced, living in overcrowded small shelters, rented accommodation, damaged, or partially reconstructed homes, or staying with host families. The Gaza Strip witnessed an overall deterioration of shelter conditions and the increased exposure of many families to extreme weather conditions, safety risks and reduced privacy. Increased levels of violence have been experienced in displaced families, by 49% of women and 42% of children.⁸⁴





SEAH in OPT is shaped by the intersectionality of longstanding violence and the patriarchal nature of Palestinian society

SEAH in OPT

Stakeholders working on SEAH are operating in a complex context, where SEAH is not discussed publicly – a silence reflected in the low SEAH reporting figures. According to the Palestinian Central Bureau of Statistics (PCBS), in 2011, only 0.7% of GBV survivors sought help.

SEAH in OPT is shaped by the intersectionality of long-standing violence, and the patriarchal nature of Palestinian society.⁸⁵ Occupation and patriarchy intersect to reproduce a “cultural consensus in which political and socioeconomic dominance symbolise[s] the dominance of men and masculinity over women”.⁸⁶ Patriarchy combined with occupation in OPT makes Palestinian women’s lives subject to double discrimination.⁸⁷

Since 2005, women’s organisations have demanded improved GBV legislation and protection, but political commitment has been lacking and change has been slow.⁸⁸ Until March 2018, Palestinian law in the West Bank allowed alleged perpetrators to escape prosecution and avoid imprisonment if they married their victims/survivors. To this day, changes in the law are not yet fully enforced on the ground.

The establishment of a national referral system for women victims of violence in 2014 and some achievements in developing the legal framework to protect women from violence have been useful, but the legal situation in Palestine concerning PSEAH remains complex. Importantly, the national referral system does not equally cover all constituencies, and it excludes men and children. The Penal Codes applied in Palestine do not include provisions that criminalise sexual harassment, and a host of other internationally recognised rights for women and girls.⁸⁹

There is a lack of effective sexual and reproductive health and rights and well-being services for SEAH survivors. For instance, there is no available testing for sexually transmitted infections, HIV post-exposure prophylaxis, or forensic evidence gathering. There is a lack of awareness of harmful practices that violate the fundamental rights of the survivors, such as virginity tests in the Gaza Strip. There is a lack of formal and safe abortion services for pregnancies resulting from SEAH. There is also a lack of access to quality mental health services.

While access to shelter is somehow available in Gaza and West Bank, Jerusalem is under-served. The additional problem is that access to safe shelters is denied to persons living with mental and physical disabilities, LGBTQ, women in conflict with the law (such as sex workers and women accused of adultery), girls, and drug addicts. This potentially discriminates against persons who are particularly vulnerable and at risk. Men are also under-served. Moreover, demanding access to shelter for these constituencies may entail further criminalisation, e.g. in the case of non-married women sexually active in Gaza, since all female sex (consensual or not) outside marriage is considered a crime.⁹⁰





There is no
intervention
that addresses
perpetrators

SEAH in the humanitarian sector

The humanitarian aid sector addresses the protection needs of an estimated 2.1 million people in OPT (1.32 million in the Gaza Strip, 0.75 million in the West Bank and East Jerusalem), of whom 934,000 are children, 458,000 are girls under 18, and 560,000 are adult women.⁹¹ However, there is very little data available about SEAH prevalence in the humanitarian sector in OPT. The PSEAH Network has been able to gather data (retroactively) on 21 cases dating back to 2019, when the Network was established. Types of claims show that SEAH cases are often compounded with other types of abuses. The entry points for the majority of these cases were varied - including the investigation unit, or through a partner in the community-based complaints mechanism. The police referred two cases to the pertained agency. These cases affected 34 individuals including women, men, young people, and children. Furthermore, while referral to psychosocial support is relatively common, access to other services is rare and limited and there is absence of life saving services that are not accessible for victims/survivors that are also in conflict with the law. Similarly, there is no intervention that addresses perpetrators.⁹²

SEAH knowledge and practice

Humanitarian actors in OPT include around 83 international NGOs.⁹³ These INGOs are embedded in multiple accountability frameworks and relations, including with headquarters and national actors. In addition, there are around 135 national NGOs, mainly accountable to their boards, general assemblies/members, communities and donors.⁹⁴ Finally, 22 UN entities, primarily accountable to the UN Secretary-General, benefit from certain privileges and immunities regarding accountability with regard to national authorities.⁹⁵



Shujayea, Gaza Strip/Palestine.





Most partners
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and have
reporting
channels

Aside from SEAH in the aid sector, there is a long history of organisations and civil society committees working on GBV, SGBV and VAW in OPT. There are two coalitions⁹⁶ that work to raise public awareness and put pressure on decision-makers to see GBV and VAW as society-level issues. Feminist CSOs work with victims/survivors of violence to provide them with psychological, social and legal support, such as WCLAC and SAWA.⁹⁷

In 2018, the Humanitarian Country Team founded the Palestinian Prevention of Sexual Exploitation and Abuse (HCT PSEA) Network, currently chaired by UNRWA and the Palestinian NGO PUI. The Network aims to advance PSEAH across the humanitarian community in OPT, in line with IASC guidance. Sixty organisations have designated 79 PSEA Focal Points and 17 claim handlers.⁹⁸

Since the inception of the PSEAH Network, most partners and agencies have been assessed against PSEAH standards and have reporting channels. However, awareness and trust when it comes to PSEAH is very low among affected communities, and innovative initiatives to support those abused are needed. The Multisectoral Needs Assessment, which gathered evidence for the HNO 2022, highlighted that 74% of respondents did not know where and how to complain, or held negative views about the consequences of doing so. The annual review by SAWA of their helpline also shows that men are almost twice as likely to have better access to counselling than women.⁹⁹

The PAR also identified gaps and obstacles in approaches to PSEAH in the aid sector in OPT. The research identified a disconnect in how international actors and targeted communities perceive and approach accountability and SEAH. Internal and external factors make several actors lack interest and the political will to work on PSEAH. There are also structural and organisational weaknesses in their capacities (e.g. staff levels) that stop them offering a sustainable, effective protection mechanism, as well lack of coordination, and absence of a national vision. Finally, the inherited (from British, Jordanian, Egyptian, Ottoman) legal and legislative systems remain a significant obstacle to efficient PSEAH redress.

In terms of accountability generally, the researchers found several concerns relating to humanitarian organisations. Respondents identified their needs not being met, fake promises and insufficient or even harmful interventions. Furthermore, participants raised the issues of delay in implementation, corruption, unfairness (in selection criteria), hypocrisy, and lack of transparency about finance and budgets.

In terms of PSEAH mechanisms specifically, the research found that despite the recent increased interest among national and international organisations in PSEAH, some national and international organisations lack the political will and interest to work on SEAH comprehensively. This lack of interest and political will is due to external and internal factors. External factors relate to difficulties in discussing SEAH publicly, and internal factors relate to the organisational and staff culture concerning SEAH.



Some participants identified cultural sensitivity as the main reason for them not to work on, or keep a low profile, on PSEAH – but conversely some interviewees contested this and argued that some actors use cultural sensitivity as a pretext to avoid working on PSEAH. It was found that some INGOs refuse to address topics related to confronting abusive practices – especially those of a sexual nature – or to create safeguarding systems, all under the pretext of cultural sensitivity. In some cases, when abuse was reported, international workers would excuse it on the basis of cultural differences. Thus, organisations avoid speaking about these subjects, operating according to the assumption that society is culturally conservative and needs nothing more than policies that regulate its behaviours.¹⁰⁰

Some interviewees raised the question of the top-down approach in PSEAH policies, as policies are copied from the donors and imposed on international and national NGOs, with no adaptation to the local context. Most importantly, the communities targeted by these NGOs not included in the development of these mechanisms. The independent researcher commented on this, saying: “The IASC’s Minimum Operating Standards on PSEAH are western and white... They copied the policies from the West with no adaptation to the context. The Western organisations had such problems, so they imposed it on the local organisations. They imposed this discourse on local organisations.” SEAH policies are not only imposed on national organisations. Some interviewees worked for international bodies and said that the “headquarters policies on SEAH were imposed on them (national offices)”.



Affected
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protect
them

This is not to suggest that there should be no PSEAH policies – rather, it indicates that dealing with PSEAH is not a technical or a policy question. PSEAH policies must be developed using a participatory approach that involves local communities and considers the context. The research also identified that INGOs show little collective vision or strategy on PSEAH, and that they demonstrate uneven coordination between themselves, and even less coordination with GBV service providers in the Gaza Strip.¹⁰¹

SEAH reporting and redress

There is a consistent lack of awareness among affected people about available reporting mechanisms. Affected people have little awareness of their rights and accountability systems that should exist to protect them, as organisations have not effectively raised awareness on this. There are varying degrees of understanding about whether reporting policies are implemented. PSEAH focal points face a complexity of issues that individually and collectively create significant obstacles to understanding and addressing SEAH.

There is also confusion around the acronym ‘SEAH’. In Arabic, exploitation and abuse refers to anybody committing these acts, and not only to humanitarian workers. In this regard, NGO’s definitions of SEAH narrow the concept without reflecting the worries of communities and organisations. This results in confusion and two different understandings and perceptions of SEAH on the part of local communities and international organisations.





Clear
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and abused
than to face
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negative
consequences
of reporting

Experience and documentation have shown that there is a general reluctance among community members to use existing reporting channels and that this reluctance is particularly strong among women and girls. PSEAH Network consultations¹⁰² yielded clear feedback from women that they often considered it easier to continue to be harassed or abused than to face the perceived negative consequences of reporting.

The PAR confirmed this, with most FGD participants reporting that they were not aware of complaint mechanisms against wrongdoings by the aid sector. A female participant said: “We didn’t know that we could complain.”

When FGD participants were asked if they would report any wrongdoing, the majority said they would not, believing that “it isn’t worth it; I leave it to God [to punish the perpetrator.”

Others said they would not fill in an official complaint, and some said they would prefer a mediation approach. “I don’t want the person to lose their job,” another female participant said: “I won’t bother because I think no one will read my complaint. Probably they have lots of complaints, so most likely, no one will pay attention to my complaint.” An employee of an international organisation working in the Gaza Strip said: “I see why people don’t report; we don’t have a reporting culture. We usually use different channels to solve issues – family and personal relations. Also, people fear that filing an official complaint might cause harm or create another problem.”

Some interviewees said that people have minimal information on existing services and access to them, lack of trust and confidence in reporting mechanisms, and lack of assurance of confidentiality further plays a role.

The literature review and some interviewees also supported this view, arguing that reporting and complaint mechanisms are not user-friendly, timely, appropriate or accessible. They also reported that people are not aware of how to use them, and that they were not consulted when these mechanisms were developed. People avoid reporting because there is no predictability of what will happen next, and there are no models or examples to show what happens if someone reports a case of SEAH.¹⁰³ An environment of mistrust of humanitarian workers was identified, as one focus group participant highlighted: “They don’t trust us, and we do not trust them.”

Support services for survivors of SEAH in OPT were also found by the study to be weak, providing few options for aid organisations to refer cases. A lack of trust was observed with potential protection bodies, such as the police. In OPT, police stations tend to avoid official procedures in GBV or SEAH cases and use informal channels, including mediation with the family. Despite amendments to some Palestinian laws, the legal profile in OPT concerning PSEAH is also problematic, further eroding people’s trust in the system.





They don't
trust us, and
we do not
trust them

Notably, interviewees from feminist organisations said that women's organisations sometimes accompany women to the police station to deter the police from persuading women not to file an official complaint. A social worker at a leading women's organisation said: "That's why the existence of women's organisations is important; they accompany women when they go to the police, and that changes the police reaction because women's NGOs insist on reporting and filing official complaints. But not all women have someone from the women's NGOs when they go to the police to report." This is a useful practice which could potentially be replicated in the aid sector.¹⁰⁴

SUMMARY OF KEY POINTS FROM THE OPT COUNTRY REVIEW

The complex intersection of occupation, and patriarchal social norms influence GBV in OPT. Discussion of SEAH in public spaces is not common and is reflected in low reporting figures – according to statistics, only 0.7% of GBV survivors seek help.

There is an established aid sector in OPT, comprising international and national NGOs, UN agencies, as well as CSOs and networks working on GBV and VAW. Despite this, some aid organisations lack interest and political will to work on PSEAH. Internally this can be due to organisational and staff culture. Externally, this can relate to the difficulty in discussing SEAH publicly. Moreover, aid organisations demonstrate uneven coordination between themselves, and even less coordination with local service providers.

Some INGOs use cultural sensitivities as a convenient pretext not to work on PSEAH. From a national perspective, international PSEAH standards are perceived as Western-based and not locally appropriate. Affected populations were not included in the development of these policies.

Reporting mechanisms were identified as a key weakness in addressing SEAH in OPT. Weaknesses were identified throughout the entire processes of aid organisations' complaints handling systems. From the affected population's perspective, there is a lack of trust in these reporting mechanisms. Further, they cited a lack of a reporting culture in OPT, stating that people prefer to use different channels, such as family and personal relations to report, mediate and resolve concerns. Reporting mechanisms were not seen as user-friendly, timely, appropriate or accessible, and people were not aware of how to use them. Finally, reflecting findings for most areas of PSEAH, communities were not consulted when the reporting mechanisms were developed.



AREAS FOR IMPROVEMENT IDENTIFIED IN PHASE ONE



Victims/
survivors are
encouraged
to come
forward to
disclose and
report sexual
violations,
but their
complaints
are not
adequately
followed up

Once the research was complete, the findings were validated. For this purpose, a review meeting was held in Bangladesh, and a national workshop in OPT. Unfortunately, due to the security situation at the time, it was not possible to hold a meeting in Ethiopia.

From this process, the following lessons were learned:

- SEAH is often singled out for specific attention but in reality occurs in a larger context of bad behaviour, mistreatment, malpractice, bribery, and corruption on the part of aid actors.
- Since the inception of the PSEAH Networks, most aid actors in the three countries have PSEAH policies and reporting channels in place but are not consistently and systematically putting them into practice in a way that is safe and accessible for communities.
- Aid actors are not consistently listening and responding to experiences of community members who are the real experts on what it will take to fully address SEAH in their context. There is a prevailing gap in engaging with affected communities on the design and implementation of accessible and safe complaint mechanisms. These issues are well within the responsibility and full control of aid actors to address if leadership, commitment, and resources are brought to bear.
- In relation to PSEAH, trust is very low among affected communities. In all three countries very few SEAH complaints were channelled through to the PSEAH coordinators – and where complaints did arrive, it was often because they had been left unaddressed or poorly addressed by another aid actor and was “leaked”. Victims/survivors are very reluctant to speak out about their experience – and least of all with a humanitarian agency.
- Victims/survivors are encouraged to come forward to disclose and report sexual violations, but their complaints are not adequately followed up. Victims/survivors are often left on their own to navigate and cope with the adverse cultural, psychosocial, security and legal consequences that often follow a disclosure and complaint.





Community
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are critical to
work with in
the PSEAH
space as
independent
advocates,
service
providers
and watchdogs
of the aid
world

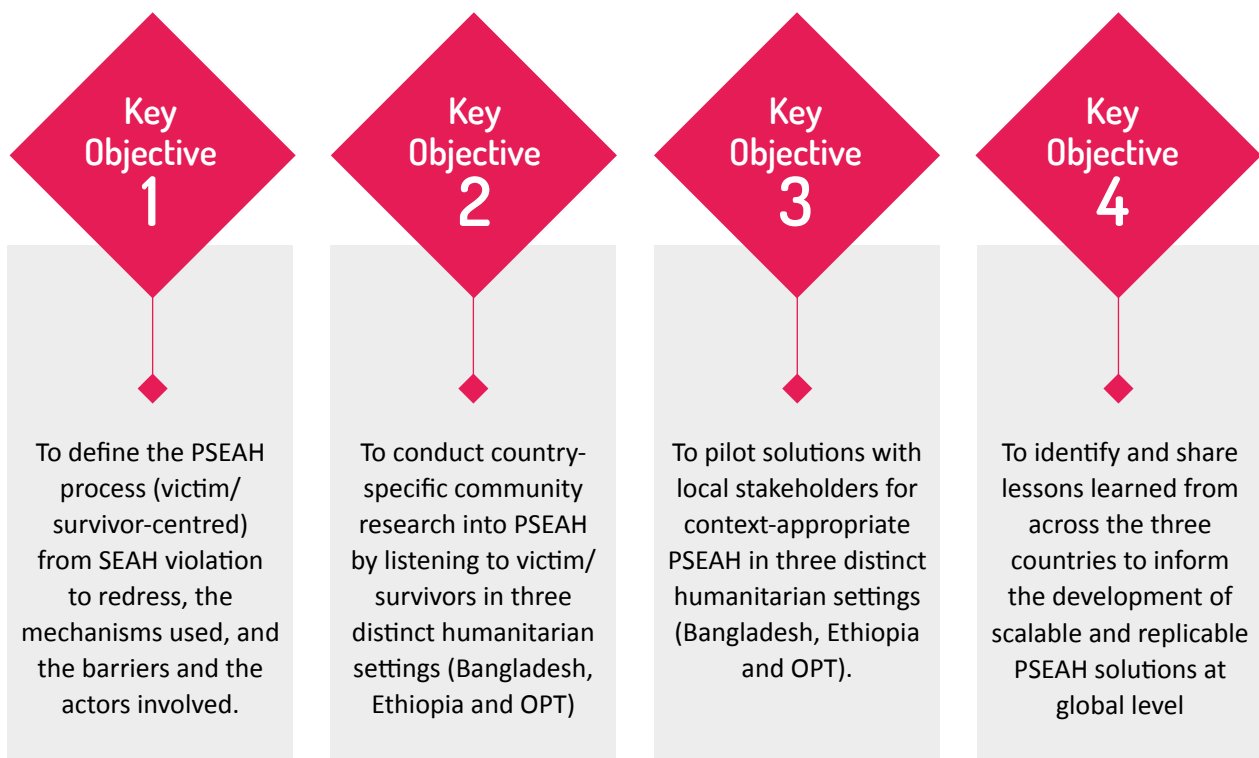
- Aid agencies underestimate the cultural inhibitions to speak out not just about aid agencies but about sexual violence in general. The barriers which victims/survivors must surpass to report violations are complex. Many of these barriers are common across contexts, including deeply entrenched social and cultural norms around gender roles and reluctance to report sensitive topics such as sexual violence. Victims/survivors are regularly subjected to harassment and violence in their everyday lives by a whole range of perpetrators, including family members, authority figures as well as aid actors. Addressing such gender and cultural barriers takes consistent and long-term efforts to shift over time, which is beyond the scope of this project. However, engaging and creating synergies with local human rights, women's rights and sexual and reproductive health and rights actors working on these issues remains key.
- When victims/survivors do break the silence they share their grievances, seek support and relief through trusted intermediaries/community entry points such as women's and rights-based organisations or community leaders. Intermediaries/community entry points are integral to the community and have a community-based perspective of SEAH. This makes them critical actors to work with in the PSEAH space as independent advocates, service providers and watchdogs of the aid world. Some of these trusted intermediaries/entry points already support victims/survivors of sexual violence outside of existing PSEAH infrastructure.



RECOMMENDATIONS AND IMPLICATIONS

It is recommended that the second phase of this project works together with victims/survivors through their trusted intermediaries/community entry points from affected communities to identify the PSEAH measures needed to effectively respond to SEAH in a victim/survivor-centred way that is culturally informed and appropriate.

The proposed objectives for Phase two are as follows:



Affected communities should be meaningfully involved in every facet of this project – from research to consultation, to implementation, to M&E and overall decision-making.



ENDNOTES

- ¹ See page 10
- ² IASC Principles (2015) Protection from Sexual exploitation and Abuse Statement by the Inter-Agency Standing Committee.
- ³ The PSEAH Index has subsequently been updated as a stand-alone tool with PSEAH Requirements for each relevant CHS Commitment. The updated tool can be found here <https://www.chsalliance.org/get-support/resource/pseah-index/>.
- ⁴ Ibid.
- ⁵ ISS, (2022).
- ⁶ Wards, e.g. small administrative units in Ethiopia.
- ⁷ Cohen & Mullender, (2005).
- ⁸ Reason and Bradbury (2006), 7 cited in Kindon et al (2007).
- ⁹ Government of Bangladesh describes the Rohingya population, who arrived since 2016, as Forcibly Displaced Myanmar Nationals (FDMN). This report uses the word 'refugee' for ease of reference and in a non-legal sense.
- ¹⁰ Strategic Executive Group and Partners. (2018). Joint Response Plan for Rohingya Humanitarian Crisis March-December 2018. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/JRP%20for%20Rohingya%20Humanitarian%20Crisis%20-%20FOR%20DISTRIBUTION.PDF>.
- ¹¹ Ibid.
- ¹² BRAC University, (2022) Participatory action research, Bangladesh
- ¹³ PSEA Network, (2020), PSEA Communication Strategy, Cox's Bazar, Bangladesh
- ¹⁴ BRAC University, (2022) Participatory action research, Bangladesh
- ¹⁵ Ibid.
- ¹⁶ Ibid.
- ¹⁷ Ibid.
- ¹⁸ Ibid.
- ¹⁹ PSEA Network, (2020), PSEA Communication Strategy, Cox's Bazar, Bangladesh.
- ²⁰ BRAC University, (2022) Participatory action research, Bangladesh
- ²¹ Ibid
- ²² Ibid
- ²³ Mierop et al., (2019), Independent Evaluation of the Aktion Deutschland Hilft e.V. (ADH) Joint Appeal to "Rohingya Myanmar Bangladesh", Aktion Deutschland Hilft e. V. (ADH) and HERE-Geneva, available at <https://www.alnap.org/help-library/independent-evaluation-of-the-aktion-deutschland-hilft-ev-adh-joint-appeal-to-%E2%80%99Crohingya>.
- ²⁴ ISCG, PSEA Network, (2021), PSEA Network Action Plan and Strategy, Cox's Bazar, Bangladesh.
- ²⁵ "Charity Ratings - Rohingya Refugee Crisis." CharityWatch. Accessed September 13, 2021. <https://www.charitywatch.org/>.
- ²⁶ "UN Launches Response Plan TO 'SAFEGUARD the Well-Being and Dignity' Of Rohingya in Bangladesh | | UN NEWS." United Nations. United Nations. Accessed September 13, 2021. <https://news.un.org/en/story/2021/05/1092162>.
- ²⁷ BRAC University, (2022) Participatory action research, Bangladesh
- ²⁸ Ibid.
- ²⁹ Ibid.
- ³⁰ Ibid.
- ³¹ Inter-Agency Research Report Gender Amongst Rohingya Refugees and Host Communities.
- ³² UNHCR, ActionAid. An Intersectional Analysis of Gender Amongst Rohingya Refugees and Host Communities in Cox's Bazar, Bangladesh. Inter-Agency Research Report. (2020).
- ³³ Ibid.
- ³⁴ BRAC University, (2022) Participatory action research, Bangladesh.
- ³⁵ Olney, J., & Hoque, A., (2021), Views of Rohingya Refugees: Engagement and Experiences with Humanitarian Agencies in Cox's Bazar, Bangladesh, CPJ, Brac University and The Asia Foundation, available at https://cpj.bracu.ac.bd/wp-content/uploads/2021/06/Views-of-Rohingya-Refugees-on-Engagement-and-Experiences-Humanitarians_Policy-brief.pdf
- ³⁶ Ibid.
- ³⁷ Ethiopia National Displacement Report 9. Site assessment Round 26 & Village Assessment Survey Round: June-July 2021.
- ³⁸ This analysis is from CHS Alliance. All other analysis in the section is from International School of Social Studies, Erasmus University (2022) 'Closing the Accountability Gap: Understanding Community Perspective and Experience on SEAH'
- ³⁹ Semhal Getachew, (2020). Country Safeguarding Assessment: Ethiopia. Resource and Support Hub. https://safeguardingsupporthub.org/sites/default/files/2020-12/Ethiopia%20Country%20Assessment%20report_May%202020_full.pdf
- ⁴⁰ Ibid.
- ⁴¹ Ibid.
- ⁴² Ibid.
- ⁴³ Ibid.
- ⁴⁴ Ibid.
- ⁴⁵ Ibid.
- ⁴⁶ CARE, (2018). CARE Rapid Gender Analysis SNNP Region Ethiopia—Gedeo crisis response. http://www.careevaluations.org/wp-content/uploads/CARE-Gedeo-RGA-report-FINAL_180814.pdf
- ⁴⁷ Ibid.
- ⁴⁸ Semhal Getachew. (2020). Country Safeguarding Assessment: Ethiopia. Resource and Support Hub. https://safeguardingsupporthub.org/sites/default/files/2020-12/Ethiopia%20Country%20Assessment%20report_May%202020_full.pdf
- ⁴⁹ 'Woredas' are districts.
- ⁵⁰ CARE, (2018). CARE Rapid Gender Analysis SNNP Region Ethiopia—Gedeo crisis response. http://www.careevaluations.org/wp-content/uploads/CARE-Gedeo-RGA-report-FINAL_180814.pdf
- ⁵¹ Ibid.
- ⁵² Sites included 8 of 8 sites in Harari, 79 of 82 sites in Afar, and 294 of 440 sites in Oromia.
- ⁵³ Ibid.
- ⁵⁴ Villages included 3 of 3 in Harai, 2 of 2 in Dire Dawa, and 13 of 13 in Afar.
- ⁵⁵ Villages included 18 of 19 in Sidama, 10 of 11 in Gambela, and 58 of 101 in Somali.
- ⁵⁶ Ibid.
- ⁵⁷ Ibid.



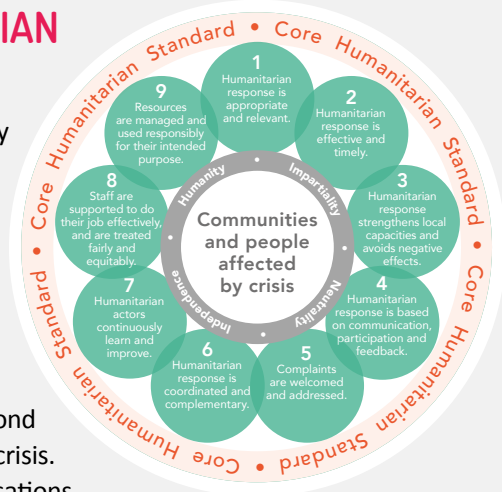
- ⁵⁸ Council. (2021). Civil Society Support Programme, Phase II (CSSP II). <https://aidstream.org/who-is-using/GB-CHC-209131/24390>
- ⁵⁹ Semhal Getachew. (2020). Country Safeguarding Assessment: Ethiopia (p. 32). Resource and Support Hub. https://safeguardingsupporthub.org/sites/default/files/2020-12/Ethiopia%20Country%20Assessment%20report_May%202020_full.pdf
- ⁶⁰ See Appendix 1 for list of members.
- ⁶¹ Ethiopia PSEA Network & OCHA. (2020). Ethiopia: Mapping of Efforts to Address Sexual Exploitation and Abuse. <https://safeguardingsupporthub.org/documents/ethiopia-mapping-efforts-address-sexual-exploitation-and-abuse-snapshot>.
- ⁶² Ibid.
- ⁶³ The PSEA Network in Ethiopia does not include H for harassment in its title, in recognition that for some of its member agencies, sexual harassment is dealt with through separate processes and legislation.
- ⁶⁴ Ethiopia PSEA Network. (2021). Ethiopia PSEA Network. <https://psea.interagencystandingcommittee.org/sites/default/files/2021-08/Overview%20of%20the%20Ethiopia%20PSEA%20Network%20-%20Presentation%20by%20IA%20PSEA%20Coordinator%20to%20ASC%20-%20August%202021.pdf>.
- ⁶⁵ Inter Agency Standing Committee, (2021). Ethiopia. <https://psea.interagencystandingcommittee.org/location/southern-and-eastern-africa/ethiopia>
- ⁶⁶ Ibid.
- ⁶⁷ Ibid.
- ⁶⁸ Ibid.
- ⁶⁹ Ibid.
- ⁷⁰ Ibid.
- ⁷¹ IASC, (2022). Ethiopia PSEA Training, IEC and Survivor Support Resources Published. <https://psea.interagencystandingcommittee.org/update/ethiopia-psea-training-iec-and-survivor-support-resources-published>
- ⁷² Ibid.
- ⁷³ Ethiopia PSEA Network. (2021). <https://psea.interagencystandingcommittee.org/sites/default/files/2021-08/Overview%20of%20the%20Ethiopia%20PSEA%20Network%20-%20Presentation%20by%20IA%20PSEA%20Coordinator%20to%20ASC%20-%20August%202021.pdf>.
- ⁷⁴ Ibid.
- ⁷⁵ IASC, (2022). Ethiopia PSEA Training, IEC and Survivor Support Resources Published. <https://psea.interagencystandingcommittee.org/update/ethiopia-psea-training-iec-and-survivor-support-resources-published>.
- ⁷⁶ Ibid.
- ⁷⁷ Ethiopia PSEA Network & OCHA, (2020). Ethiopia: Mapping of Efforts to Address Sexual Exploitation and Abuse). <https://safeguardingsupporthub.org/documents/ethiopia-mapping-efforts-address-sexual-exploitation-and-abuse-snapshot>.
- ⁷⁸ EHRCO (2022) Participatory Action Research, Ethiopia
- ⁷⁹ EHRCO (2022) Participatory Action Research, Ethiopia
- ⁸⁰ Semhal Getachew. (2020). Country Safeguarding Assessment: Ethiopia. Resource and Support Hub. https://safeguardingsupporthub.org/sites/default/files/2020-12/Ethiopia%20Country%20Assessment%20report_May%202020_full.pdf.
- ⁸¹ Ibid.
- ⁸² Ibid.
- ⁸³ Ibid.
- ⁸⁴ NRC, (2018).
- ⁸⁵ Patriarchy here is a system through which men exercise power and dominate women by controlling society's governmental, social, economic, religious, and cultural institutions (Cohn, 2013).
- ⁸⁶ Nandy, (1989).
- ⁸⁷ UN Women, (2018).
- ⁸⁸ Al Ashqar (2014); Beck & Al Issa, (2020); Daher-Nashif, & Shalhoub-Kevorkian, (2015); Giacaman, & Johnson, (2013); Al-Jarbawi & Khalil, (2008); Al Issa-Abed Rabo, (2017); Keller et al., (2006).
- ⁸⁹ This paragraph from CHS Alliance. Unless otherwise stated, all other analysis in the section is from ISS (2022). 'Closing the Accountability Gap: Understanding Community Perspective and Experience on SEAH'
- ⁹⁰ Ibid.
- ⁹¹ HNO, (2022).
- ⁹² PSEAH National Workshop report, OPT.
- ⁹³ Members of the Association of International Development Agencies (AIDA): <http://www.aidajerusalem.org/our-members/>.
- ⁹⁴ Members of the Palestinian National Organisations (PNGO): <https://en.pngoportal.org/>.
- ⁹⁵ <https://unsco.unmissions.org/un-country-team-0>.
- ⁹⁶ The Palestinian Non-governmental organisation against domestic violence against women- Al Muntada, founded in 2000, and Amal Coalition to Combat Violence Against Women in the Gaza Strip, founded in 2009.
- ⁹⁷ PSEA members and the only organisations working on GBV and VAW that target areas that the governmental mechanisms and services don't cover, such as East Jerusalem and area C.
- ⁹⁸ PSEA Network, OPT (2020).
- ⁹⁹ Annual Facts sheet shows that the helpline provides assistance to 4,741 female callers, versus 8,002 male callers.
- ¹⁰⁰ Abu Asab & Naseredin (2021); PSEA Network,(2020).
- ¹⁰¹ WCLAC (2022) Participatory Action Research, OPT
- ¹⁰² In 2020 the Network conducted consultation with more than 170 participants from Gaza, WB and East Jerusalem, including women and girls and vulnerable constituencies.
- ¹⁰³ Abu Asab & Naseredin (2021); PSEA Network,(2020).
- ¹⁰⁴ Ibid.



ANNEX 1

THE CORE HUMANITARIAN STANDARD (CHS)

The CHS is the global accountability reference for humanitarian aid. It ensures that aid is meaningful, effective and responsive to the needs of crisis affected populations. Through its 9 commitments, the CHS sets the standards for how humanitarian organisations should behave, respond and work with people affected by crisis. The CHS encompasses how organisations address allegations of gross misconduct SEAH. Its framework allows people affected by crisis but also donors and governments to hold humanitarian organisations accountable for their activities and staff's behavior. There is a moral imperative for organisations to measure performance against the CHS. There are different ways to measure performance against the CHS:



Self-assessment is designed to be a learning exercise; it helps an organisation gain an understanding of their capacity and performance against the CHS. The process is validated by the Alliance.

Independent Verification provides organisations with an external, independent assessment of capacity and improvement against the CHS.

Certification also provides organisations with an external, independent assessment, and, depending on the result, provides a certification of compliance against the CHS

THE CHS PSEAH INDEX

In October 2020, the CHS Alliance published an updated PSEAH Index as part of its verification tools, to give organisations verifying their performance against the CHS the ability to determine whether they have the policies and practices in place to protect people in vulnerable situations.

The PSEAH Index encompasses:

Organisational Responsibilities which are policies and processes defining what staff in an organisation should do

Key Actions describing practices in place and therefore what staff actually do

https://d1h79zlgfht2zs.cloudfront.net/uploads/2021/10/CHS_PSEAH_Index-102020-EN.pdf

ANNEX 2

PSEAH INDEX



COMMITMENT INDICATORS

KEY ACTIONS

ORGANISATIONAL RESPONSIBILITIES

Commitment 1: Communities and people affected by crisis receive assistance appropriate and relevant to their needs.

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.

Commitment 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.

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.

Commitment 3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at risk as a result of humanitarian action.

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.

3.7 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.

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.

Commitment 4: Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them

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.

Commitment 5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

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.

5.3 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.

5.6 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 regards to PSEAH, and organisational PSEAH commitments.

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.



PSEAH INDEX



COMMITMENT INDICATORS

KEY ACTIONS

ORGANISATIONAL RESPONSIBILITIES

Commitment 6: Communities and people affected by crisis receive coordinated, complementary assistance.

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 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.

Commitment 8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers

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

8.1 Staff work according to the mandate and values of the organisation and to the agreed objectives and performance standards.

Staff need to adhere to PSEAH policies, including mandatory obligation to report and understand the consequences of not adhering to them.

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.

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.

Commitment 9: Communities and people affected by crisis can expect the organisations assisting them to manage resources effectively, efficiently and ethically.

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.

For more information on the PSEAH Index https://d1h79zlgfht2zs.cloudfront.net/uploads/2021/10/CHS_PSEAH_Index-102020-EN.pdf