

**INTER-AGENCY STANDING COMMITTEE**

**IASC PRINCIPALS HIGH-LEVEL ROUND TABLE DISCUSSION  
EXTERNAL REVIEW ON PROTECTION FROM SEXUAL EXPLOITATION  
AND ABUSE AND SEXUAL HARASSMENT**

**Summary Record and Action Points**

**23 November 2021, Geneva**

**Introduction**

Mr. Martin Griffiths, Emergency Relief Coordinator and Chair of the IASC thanked the present and past IASC Champions for their leadership on protection from sexual assault and sexual harassment (PSEAH) over the last decade. He confirmed that, despite progress already achieved, PSEAH would continue to be a priority for the humanitarian community and his top priority. He acknowledged that all IASC members have been working to diligently prevent and respond to this most egregious form of abuse by staff and partners of their respective organizations. For every humanitarian worker and for every leader, ensuring that effective actions to protect from SEA and sexual harassment is a personal responsibility and commitment. Mr Griffiths thanked UNPFA for commissioning the external Review and expressed interest in the findings and recommendations

Dr. Natalia Kanem, UNPFA Executive Director and IASC PSEAH Champion introduced the Review. She explained that, during the 2021 Championship, she had overseen delivery of five key initiatives which included the commission of this external Review of the IASC's collective progress on PSEAH over the past decade. This round table provided an opportunity for IASC leaders to collectively discuss the findings and the conclusions of the Review report. Principals were encouraged to frankly examine the evidence and to determine whether the correct conclusions had been drawn, to identify opportunities for course correction, and to commit to a way forward further improve collective practice and results. She observed that the discussion should present Principals with the opportunity to understand what is working, how best to capitalize on good practice, and to agree where additional support and change of practice are still required.

Dr. Kanem noted that the IASC should:

- Identify priority recommendations from the Review and agreement on how best to implement them.
- Endorse a forward action plan, including measurable objectives.
- Commit to establish and contribute to a joint funding mechanism to sustainably resource collective PSEA activities in high- risk countries.

She reminded participants that, as leaders, they had the power and the responsibility to change practice where it is required. This would include leading on strengthening reporting mechanisms and building on the investments already made on the IASC inter-agency community-based complaint mechanism (CBCMs); investing in quality support and assistance for survivors when incidents of PSEAH occur and by enhancing accountability against misconduct at all levels including at the investigation

stage. It is also the responsibility of leaders to ensure that they are listening to women and girls speak of their experience.

Dr. Kanem said that it was now time to move from the ad hoc approach described in the Review to a more structured and predictable approach based upon knowledge and lessons identified. In this respect the Review confirmed what the IASC Principals, as leaders, already knew which is that PSEAH requires predictable resources and accountable mechanisms to ensure the risk of PSEAH is managed at country level. She thanked the IASC Secretariat and the members of the Review Advisory group for their commitment to the Review process and invited the round table participants to an open and honest discussion.

## **Presentation of External Review Findings**

Participants had received the Executive Summary and the Recommendations of the external Review on PSEAH ahead of the round table. The Presentation of findings and conclusions was made by Ms. Moira Reddick, the independent consultant who conducted the Review.

Ms. Reddick explained the purpose of the review was to provide an independent assessment of progress made by the IASC since the last IASC review of PSEA in 2010 and this included reflections on the impact and effectiveness of the IASC approach to PSEAH. She briefly outlined the methods adopted and stressed that most of the primary data had been collected through 159 individual interviews. Of those 159 interviews, 80 were with country-based staff and partners of IASC members. The Review therefore strongly represents field experience. Data gathered was validated by a field visit to Haiti at the end of the data analysis period. In Haiti, local organisations and limited community consultation was undertaken. The Review was supported by a cross-IASC technical Advisory Group.

Findings from the Review indicate that significant progress has been achieved since 2010, including the design of Community-Based Complaints Mechanisms, identification of good practices, reinforcement of country-level responsibilities, formalization of key PSEA concepts, and dissemination of guidance and tools. The IASC Principals were found to have identified appropriate strategic outcomes and to have made appropriate commitments in the 2018 Strategy and these commitments should be maintained.

However, challenges remain. For example, it is difficult to measure progress against the IASC strategic outcomes because monitoring is not in place and targets were not set over time. It also took several years for foundational work to be completed and resourcing has been ad-hoc, consequently implementation has also been ad-hoc, and there is a lack of evidence to assess if mechanisms are appropriate.

The Review was organized around four key themes: the victim-centred approach; inter-agency community engagement; leadership; and sexual harassment.

On the victim centered approach, while there was a broad consensus amongst the IASC on the criticality of this approach, there is no agreed IASC-wide understanding of how this would be applied. In addition, country level staff were not aware of what this meant in practice and lacked understanding of the role and contribution of the Office of the Victims' Rights Advocate (OVRA). Additionally, GBV services are not seen as a collective responsibility and are chronically underfunded. The IASC should take collective action to ensure adequate resourcing of GBV services which are not available to SEA victims or GBV survivors.

The IASC has invested in an inter-agency tool for community-based complaint mechanisms (CBCMs), which has been collectively designed and piloted over the decade. Across the IASC, there is a perception that this model is too complex for country level application without significant and sustained resourcing. Application of the model requires support and collaboration across all sectors, monitoring capacity in the field, and the ability to listen to and feedback to communities. In most contexts, support has been lacking and lessons have not been applied. The Review found several IASC members asked how the CBCM guidance can be modified and applied at country level. The IASC should consider the future of the inter-agency CBCM approach, and it is evident that all members will only re-commit if they can be assured challenges can be overcome. IASC members should also consider the implication of not recommitting to the inter-agency approach to avoid multiple community engagement mechanisms.

On leadership, PSEA is perceived as a leadership responsibility and understood to be a clear deliverable at both HQ and field levels. In a marked change since 2010, leaders understand how to communicate on PSEA and what they are to deliver. However, at country level leaders do not feel they have the resources to deliver, and that guidance could be further streamlined. The IASC leadership has made commitments on sexual harassment since about 2018 but there is a lack of awareness of these commitments at country-level. Staff at country level feel they are not confident in how to move ahead on sexual harassment and are not clear of what is required from them.

The models of the PSEA Coordinator and the PSEA Network are now defined, and responsibilities clarified. However, there has not been consistent capacity and presence in the field, even in high-risk contexts, and it is not possible to determine if these are leading to sustained change and results. There are very few cases where capacity has been sustained through the two- or three-year period estimated to be required to embed practice. Monitoring and performance management has also been *ad hoc* and evaluation of effectiveness is highly personalised. A more coherent system is required. This may include centralised funding for high-risk contexts where the HC is able to demonstrate that HCT cannot resource the PSEA Coordinator position or PSEAH activities. This may also apply to new humanitarian crisis.

Increased clarity from Principals on how the IASC intends to ensure investigations become more victim centred is urgently required. Individual IASC members have initiated work to enhance investigation capacity but additional leadership attention is needed to determine how the investigative function should fulfil the responsibilities of a Victim Centred Approach. The purpose of the OCHA Fund for investigations into SEA and sexual harassment should be reconsidered. The IASC should establish collective independent investigation capacity in high-risk contexts

Ms. Reddick concluded on the necessity to move from a yearly planning to a five-year plan if the current IASC strategic outcomes were to be retained. There will be a need to establishing targets within that timeframe; to secure predictable funding; to shift from an emphasis on institutional reporting of process to conducting real-time monitoring of implementation in high-risk locations; and to produce evidence that the IASC approach lead to change and should be mandatory in every humanitarian context.

IASC Principals were invited to reflect on the funding gaps and challenges ahead and on how to ensure better collaboration at field level. The Review had found that the IASC made the right decision to work together 10 years ago, however some IASC members were indicating doubt that continuing inter-agency work would deliver the necessary results.

## **Roundtable discussion – Summary of key points**

The IASC Principals welcomed the 2021 IASC PSEAH Review. They appreciated the recognition of progress that has been achieved and the validation of the strategic priorities. They also acknowledged the recommendation that a more structured and systematic approach is required to continue the acceleration of effective PSEAH at country level. Most acknowledged that a multi-year approach to implementation was needed. Several members raised the lack of dedicated resources for PSEA at country level as a concern and a constraint. There was shared acknowledgement that increasing PSEAH effectiveness and delivering a victim centred approach is also highly dependent upon increased support to GBV programming. They noted that increased focus on delivery of a victim centred approach should include attention to child victims and the length and quality of support and assistance. It will be important to consider how smaller IASC members and partners will be able to deliver on agreed responsibilities.

The IASC Principals were pleased to see progress on coordination and leadership and that the Review recognised the intersection and integration of SEA and sexual harassment. They agreed that gains should be reinforced and will require an ongoing commitment to evolution and change in organisational culture. Several members explicitly addressed organisational culture and stressed that the issues faced are behavioural and entrenched in power imbalances and gender dynamics within our organisations. Prevention is not enough, investment in difficult conversations at every level of our organisations is important as every staff member should be an agent of change. The PSEA Coordinator or the HC cannot bear the responsibility alone. Every staff member needs to understand that PSEAH is part of their job. The IASC Principals noted with concern that the Review found opportunities to embed PSEA within clusters/sectors had been missed despite this being a clear recommendation of the 2010 Review.

Participants concurred about the need to prioritise support to country level leadership to enable them to deliver upon their responsibilities. A key concern expressed is the absence of a predictable coherent mechanism for ensuring capacity and resourcing for activities collectively and that investments in enhanced monitoring should be part of this process.

The IASC Principals welcomed the Review findings that, in the last ten years, many good tools have been developed. They strongly felt that the focus should now be on implementation, which should be monitored for effectiveness. Some expressed concern about the weight of any additional reporting and monitoring, and stressed that monitoring should be light and supportive of country level efforts. It was agreed that there was a need to deliver stronger evidence that the models, already invested in by the IASC, were working.

There was a shared understanding that a priority should be to advance a shared IASC understanding of how commitments to a victim centred approach would be delivered in practice and at country level. In addition to reinforcing the collective responsibility to provide services to victims and survivors, members agreed that accountability mechanisms should be bolstered. This would include committing to Clear Check and the Misconduct Disclosure Scheme, considering how the IASC can collectively ensure that independent investigations are timelier and more transparent, and improving reporting of allegations. The IASC Principals acknowledged that trust amongst communities and staff was not yet fully restored. Some members recommended that organisations should be encouraged to share analysis of cases to promote learning while acknowledging that this would only be possible if it assured that this would not result in punitive behaviour from donors. Continued dialogue on how to increase this collective trust is required. Addressing stigma is an area that needs additional attention.

There was agreement that the IASC inter-agency community-based complaints mechanism (CBCM) was not currently functioning as intended at country level. There is already considerable learning on the implementation challenges and proposals on how the inter-agency CBCM may be simplified and reconfigured. It was agreed that consideration of these proposals will be an urgent priority. There was shared acknowledgement that without appropriate capacity on the ground and support to PSEA approaches the inter-agency CBCM may remain challenging to implement. Several members expressed the need for an explicit decision on how best to move forward. The importance of the inclusion of local organisations within any consultation on inter-agency CBCM was stressed.

Scaling up support to national and local organisations on PSEAH was stressed by all Principals. Local organisations should be included within PSEA Networks. Training and Funds that already exist to support such capacities and local communities were highlighted.

There was agreement that the IASC should consider how to support the establishment of investigation capacity at country level in identified high risk contexts.

The participants agreed with the conclusions of the Review report and there were no further questions for the consultant.

### **Concluding remarks by Dr. Kanem, IASC PSEAH Champion and UNFPA Executive Director**

Dr. Kanem indicated that the discussion and agreement on the findings and conclusions provided a strong sense of the continued commitment to collective endeavour and a shared understanding of areas where course correction was urgently required. She noted that some areas will require more in-depth consideration such as the operationalization of the responsibilities of the victim-centred approach, including investigations. Dr. Kanem stressed that priorities included strengthening the ability to monitor and measure results, and to work with partners to ensure sustainable resourcing at country level.

Dr. Kanem thanked all participants in the high-level round table discussion for these meaningful exchanges which will inform and advance shared goals. She reminded all participants that the risk of abuse exists, whenever we operate as humanitarian actors, because of the extreme power differentials, and hoped that a new, bold, and urgent action plan can be put in place. Dr. Kanem stressed that investing in effective PSEAH structures will encourage victims to come forward. She added that justice must be delivered when victims do step forward, by fostering a culture of integrity, accountability, and respect. This culture should start in our own workplaces.

As the UNFPA PSEAH 2021 championship comes to an end, Dr. Kanem emphasized that she built upon the work of the previous IASC Champions, and she will remain available and committed to working with the incoming Champion. She concluded by repeating how proud she is of progress made but also sad that there is so much still to be done, and by reaffirming she remains hopeful.

### **Follow-up Actions**

1. Publish the IASC External Review on PSEAH **[IASC Secretariat]**
2. Draft a multi-year Action Plan based upon the recommendations in the IASC External Review on PSEAH for consideration of the IASC Principals **[IASC Secretariat in consultation with incoming IASC PSEAH Champion]**

## List of Participants

1. Mr. Martin Griffiths, Under-Secretary-General for Humanitarian Affairs, **OCHA**, and Emergency Relief Coordinator, **IASC**
2. Dr. Natalia Kanem, IASC PSEAH Champion 2021 and Executive Director **UNFPA**
3. Ms. Sofia Sprechmann Sineiro, Secretary General, **CARE International**
4. Ms. Jennifer Poidatz, Vice President for Humanitarian Affairs, **Catholic Relief Services**
5. Mr. Laurent Thomas, Deputy Director-General, **FAO**
6. Mr. Robert Mardini, Director General, **ICRC**
7. Ms. Mirela Shuteriqi, Director of Policy, **ICVA**
8. Ms. Amy Pope, Deputy Director General, Management and Reform, **IOM**
9. Mr. Sam Worthington, President and CEO, **InterAction**
10. Mr. Ramesh Rajasingham, Acting Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator a. i., **OCHA**
11. Ms. Michelle Bachelet, United Nations High Commissioner for Human Rights, **OHCHR**
12. Ms. Jane Connors United Nations Victims' Rights Advocate, **OVRA**
13. Ms. Abby Maxman, Chair, SCHR (President and CEO, Oxfam America)
14. Mr. Gareth Price Jones, Executive Secretary, **SCHR**
15. Ms. Kelly Clements, Deputy High Commissioner, **UNHCR**
16. Mr. Cornelius William, Director of Child Protection, **UNICEF**
17. Ms. Jane Holl Lute Special Coordinator on Improving the United Nations Response to Sexual Exploitation and Abuse, **UNOSC**
18. Cecilia Jimenez-Damary, **UN Special Rapporteur on the human rights of internally displaced persons**
19. Dr. Tedros Adhanom Ghebreyesus, Director-General, **WHO**
20. Mr. Andrew Morley, President and CEO, **World Vision International**