

## **Interim Technical Note**

# **PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA) DURING COVID-19 RESPONSE**

## **Version 1.0**

WHO, UNFPA, UNICEF, WFP, IOM, OCHA,  
CHS Alliance, InterAction, and  
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Endorsed by IASC Principals

**The COVID-19 Pandemic is a public health, social and economic crisis that is global in scale. With restrictions on travel and movement, civil society and humanitarian organizations play a critical role in supporting governments to respond. All people should remain safe from sexual exploitation and abuse while receiving humanitarian aid, including health services and treatment, without abuse or exploitation. If sexual exploitation or abuse does occur they should have access to safe and confidential reporting channels and services.**

Protection from Sexual Exploitation and Abuse (PSEA) must be integrated into the response to COVID-19. As with any emergency, PSEA prevention and response should be a central part of coordinated humanitarian action. The crisis does not create new responsibilities; rather, PSEA actions during the COVID-19 pandemic should strengthen existing PSEA commitments to protect and assist people receiving humanitarian assistance.

## INCREASED RISKS

As seen in previous public health emergencies, when the humanitarian response scales up the risk of SEA increases. Women and children in particular face heightened protection risks. The surge in new responders (including non-traditional humanitarian responders) combined with high demand and an unequal supply of food and health supplies increases risks.<sup>1</sup>

Children are at particular risk of potential harm where school closures interrupt school-based services and interventions for at-risk children. Greater difficulties in accessing health services, as well as increased burdens and separation from caregivers (due to quarantines, or severe illness/death), may lead to SEA against children, in particular girls, including child/forced marriage or transactional sex.<sup>2</sup>

Disruption to livelihoods, public services and the freedom of movement can exacerbate SEA

risks for already-vulnerable populations, such as refugees, migrants and internally displaced people, as well as the marginalized. Scarce resources, in particular access to health services, may result in a concentration of power which could be wielded to the detriment of people in vulnerable situations. Food shortages, induced by the health emergency, can also increase vulnerabilities and lead to negative coping strategies, thereby increasing risk of SEA.

The use of isolation measures may limit access to information on PSEA, and restrict the access of SEA victims to reporting channels and GBV and sexual and reproductive health (SRH) services.<sup>3</sup>

## Recommended Actions

COVID-19 has resulted in travel restrictions which affect aid workers, reducing access to affected populations due to curfews and stay-at-home orders. In accordance with their responsibilities, humanitarian agencies and the HCT/UNCT should work together to organize the following areas of work.<sup>4</sup>

The contributions of national and local partners should increase; however, even local stakeholders may contend with more limited face-to-face engagement. The recommended actions below may therefore need to be adapted to be carried out remotely, online, through partnership, as well as other means.

1 While response to the Ebola Virus Disease (EVD) brought specific employment opportunities, it also brought exploitative practices when it comes to hiring and retention for such openings. The influx of EVD responders and associated cashflow may also inadvertently have created conditions which favours economic or sexual exploitation and abuse. (*Gender Analysis: Prevention and Response to EVD in DRC*, Nidhi Kapur, January 2020, )

2 CARE, "Gender implications of COVID-19 outbreaks in development and humanitarian settings", March 2020, p.4

3 In addition to facing greater difficulties in accessing services and reporting channels due to isolation measures, GBV services (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted in one-stop crisis centers in tertiary level hospitals when health service providers are overburdened and preoccupied with handling COVID-19 cases. See [The COVID-19 Outbreak and Gender](#).

4 This note is from 30 March 2020. It will be updated periodically to address emerging operational needs and developments where necessary, and to reflect ongoing consultations with stakeholders including affected communities.



## REDUCING RISKS

- ✓ Designate a PSEA Focal Point to identify SEA risks in the implementation of the COVID-19 response and outline actionable and feasible measures on how to minimize these SEA risks.
- ✓ Examine and mitigate potential SEA risks in healthcare delivery settings, including through comprehensive training of healthcare personnel; the introduction or reinforcement of PSEA Codes of Conduct for all healthcare providers; and by ensuring access to safe and appropriate complaints and feedback mechanisms in healthcare settings.
- ✓ Implement risk mitigation measures in quarantine facilities and areas under curfew, especially for groups at heightened risk of Gender-Based Violence, including SEA. This could include, for example, shelters, alternative care settings, transit centers, daycare facilities, and other settings where women and children depend on assistance. Identify, and respond to, additional protection issues in these contexts.



## PREVENTION

- ✓ Circulate PSEA Codes of Conduct (CoC) and other safeguarding measures and remind staff of their obligation in this respect. Make sure that staff and contractors are trained and aware of their responsibilities and obligations as it relates to the CoC.
- ✓ Utilize all opportunities to support the response of national and local partners, and ensure they are trained on PSEA.
- ✓ Develop key messages for the Resident/Humanitarian Coordinator (RC/HC) to reinforce PSEA requirements and ensure the RC/HC is fully engaged to ensure that the requisite systems are in place and functioning so that allegations are responded to

and risks are mitigated. Management personnel of humanitarian organizations should reaffirm the zero tolerance commitments in respect of SEA when communicating with humanitarian responders, and underline that PSEA focal points and investigative bodies are on high alert given the heightened risks of SEA. There will be sustained scrutiny of responders; every effort will be made to ensure complaint channels remain open and perpetrators held accountable.

- ✓ Ensure regular safeguards are maintained during recruitment procedures (in particular of health personnel). In light of expedited recruitment procedures, it is important that core safeguards (background checks, criminal record checks) are maintained to ensure previous SEA offenders are not re-recruited. The same applies to volunteers.
- ✓ Adapt, translate and disseminate key messages on PSEA through radio, tv, social media, print and other mediums. Ensure that key messages are included in public health messaging. Examples:
  - All kinds of humanitarian aid is free. No sexual or other favor can be requested in exchange of humanitarian assistance.
  - The UN and the humanitarian community have a policy of zero tolerance of sexual exploitation and abuse.
  - Any case or suspicion of sexual exploitation and abuse by UN or humanitarian workers can be reported to (insert hotline or contact of PSEA focal point/s).



## ESTABLISH SAFE AND ACCESSIBLE REPORTING CHANNELS, AND PROMOTE A SPEAK UP CULTURE

- ✓ Establish or strengthen existing complaint channels to receive and handle sensitive complaints, including SEA across the COVID-19 response. Where in-person complaint and feedback channels are suspended because of social distancing, ensure that other channels are developed and maintained, with full attention to preserving safety, confidentiality and victim-sensitivity. As

first responders, particularly healthcare actors, may have the most direct contact with affected populations, they should be trained on PSEA and how potential disclosures of SEA can be handled safely, appropriately and confidentially.

- ✓ Affected communities (in particular women and girls) should be consulted on preferred alternatives to in-person complaints (phone, online, other). Any change in traditional complaint mechanisms must be sufficiently highlighted to communities in relevant languages and through relevant sources –message trees, radio announcements, social media and community groups. Posters in treatment centres, while useful, should not be relied upon as the sole source of this information.
- ✓ Strengthen the leadership and meaningful participation of women and girls and others who may face exclusion in all decision-making processes to address the COVID-19 outbreak.<sup>5</sup>
- ✓ Ensure information on complaint mechanisms currently available is mainstreamed in public health messaging (in particular about the presence of PSEA focal points within health structures)



## PROVIDING SUPPORT AND PROTECTION

- ✓ Train all PSEA focal points on the requirements to promptly refer survivors of SEA for assistance through existing GBV pathways, in line with the UN Victim Assistance Protocol.
- ✓ Work with the relevant government ministries and service providers, including the Gender-based Violence (GBV) and Child Protection sub-clusters or working groups, to integrate the referral pathways for assistance and support within PSEA complaint channels. Work with relevant stakeholders to train COVID-19 responders on how to safely and confidentially report and refer survivors to trained GBV actors. Ensure that the PSEA network utilizes the most updated GBV referral pathways.

- ✓ Ensure community sensitization and awareness-raising materials are available and visible in local languages in all treatment centres, with clear information on how to report SEA. Communication methods and materials should be accessible for women and girls and other groups at heightened risks of SEA (in particular persons with disabilities). They must also be disseminated through online and phone channels (and any other channel deemed safe by affected communities and in line with public health safety measures).



## COORDINATION

Response to COVID-19 demands coherent collaboration across organizations, particularly when resources will be stretched.

- ✓ Collaborate with in-country PSEA Network to share information on high-risk areas and communication campaigns.
- ✓ Identify PSEA focal points within health structures and inform health staff about the role of PSEA focal points
- ✓ Clearly define roles and responsibilities for all actors within the inter-agency PSEA structure (RC/HC, UNCT/HCT, PSEA Coordinator, and PSEA Network) on how to collectively prevent and respond to SEA. If appointed, the PSEA Coordinator position can provide guidance to PSEA Network members and senior leadership in fulfilling their PSEA obligations in the COVID-19 response. The senior-level body responsible for overseeing PSEA Network at country level should oversee the actions taken to minimize the risks of SEA during the COVID response in country.
- ✓ Ask for remote support where needed. The IASC has access to technical resources that can assist with advice, guidance and good practice. Reach out through your agency PSEA Coordinator or to the [IASC Secretariat](#).

<sup>5</sup> See [The COVID-19 Outbreak and Gender](#).

# RESOURCES



## IASC 6 CORE PRINCIPLES RELATING TO SEXUAL EXPLOITATION AND ABUSE (SEA)

1. "Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.
3. Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.
4. Any sexual relationship between those providing humanitarian assistance and protection and a person benefitting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work.
5. Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.
6. Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment."



## UN PROTOCOL ON THE PROVISION OF ASSISTANCE TO VICTIMS OF SEXUAL EXPLOITATION AND ABUSE

outlines a common set of norms and standards for a coordinated, system-wide approach to the provision of assistance and support, which prioritizes the rights and dignity of victims of sexual exploitation and abuse.



**IASC STRATEGY** on PSEA and **Acceleration Plan** describe PSEA commitments at the outset of the response. In 2018 the IASC prioritized three areas of work toward accelerating PSEA at country level: Safe and accessible reporting

channels, Quality assistance to survivors, and Improved accountability.

The **Core Humanitarian Standard on Quality and Accountability (CHS)** sets out core commitments and provides a principled and people-centered approach. As the world races to respond to the global outbreak of COVID-19, it is vital that the views and rights of affected people are respected. Key CHS PSEA commitments relevant to this response include Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects and Commitment 5: Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints. Commitment 6: Humanitarian response is coordinated and complementary

**IASC Minimum Operating Standards on PSEA** ensure there is a common set of requirements that all agencies follow.

IASC Gender Alert on COVID-19



## GENDER BASED VIOLENCE TOOLS AND RESOURCES FOR COVID-19 RESPONSE

Includes Guidance Note on GBV Service Provision and **Case studies/best practices/examples from the field**

**COVID-19 resources to address gender-based violence risks in other sectors** This page contains COVID-19-specific resources and pulls from the knowledge-base of Ebola, Zika and Cholera outbreaks.

**COVID-19: Inclusive Programming-Ensuring Assistance and Protection Addresses the Needs of Marginalized and At-Risk People** guidance and messages from the ICRC Operations Diversity Inclusion, Sexual Violence and Protection from Sexual Exploitation and Abuse teams, in collaboration with the Global Adviser on Children.

**InterAction No Excuse for Abuse** Video (Subtitles available in Arabic, English, Filipino, French, Indonesian, Portuguese, Spanish, Swahili, and Turkish) is to educate staff, including contractors and short-term workers, on the six core principles of PSEA. **Training:** Courses and modules knowledge of sexual abuse and exploitation and how to address it.