



SENIOR PSEA
TECHNICAL SUPPORT
MISSION TO THE
DEMOCRATIC
REPUBLIC OF THE
CONGO

Emergency Directors' Group

IASC Inter-Agency
Standing Committee

Acknowledgements	Page 2
Background and Context	Page 3
Mission Objectives and Methodology	Page 4
Summary of Key Findings and Recommended Actions	Page 6
PSEA Coordination and Governance	Page 8
Safe and Accessible Reporting Mechanisms	Page 12
Survivor-centred Assistance	Page 18
Accountability	Page 21
Ebola response	Page 26
Annex I. IASC Senior PSEA Field Support Team: Mission Terms of Reference	Page 30
Annex II. IASC Senior PSEA Field Support Team: Mission Programme	Page 32
Annex IV. PSEA Strategy	Page 38

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The members of the Field Support Mission reiterate the IASC commitment to provide continued technical support to the DSRSG/RC/HC, HCT and PSEA Network in their efforts to further strengthen the country-wide PSEA system and prevent further abuse.

BACKGROUND AND CONTEXT

The Democratic Republic of the Congo remains home to one of the largest and most complex humanitarian emergencies in the world. As of November 2020, the DRC had the highest number of people in the world who are food insecure (21.8 million). With over 5.2 million people displaced, it is the second largest crisis of displacement in the world (after Syria). This dismal humanitarian situation is largely provoked by conflicts located mostly in the Eastern provinces of Ituri, North Kivu and South Kivu, some of which have been on-going for over 20 years. The population of the DRC is also regularly exposed to large-scale, lethal epidemics such as measles, cholera and Ebola. In 2020, over 270 humanitarian organizations, operating under the leadership of the Humanitarian Coordinator, made a collective request of over USD 2 billion to deliver emergency relief assistance, in often difficult conditions of access and security, to over 9 million Congolese. Only 35% of this funding was received in 2020.

The tenth outbreak of Ebola in the DRC was declared in August 2018 in North Kivu, Ituri and South Kivu. The DRC Ministry of Health declared a public health emergency. In May 2019 in response to security constraints, the UN scaled up the response, appointing an Emergency Ebola Response Coordinator, and the IASC subsequently activated the Humanitarian System-Wide Scale Up protocols for the control of infectious disease events. At the peak of the response, 2,800 personnel were deployed under the auspices of WHO as part of the Ebola response.

In January 2020, the Operational Peer Review identified weaknesses in protection from sexual exploitation and abuse and noted that there had been allegations during the Ebola response. In July 2020, an Operational review of exposure to corrupt practices in humanitarian aid in the DRC was published. This review was commissioned by the Anti-Fraud Task force established by the HCT and identified areas for further inquiry, including sexual exploitation and abuse. In response, the IASC Technical Experts Group on PSEA and the DRC PSEA network coordinators were jointly reviewing lessons from the Ebola response and to further identify needed resources.

Following the publication of reports of sexual exploitation and abuse in the DRC by the New Humanitarian and Thomson Reuter Foundation, affecting several IASC member organizations and other partners in the Ebola response, the IASC came together to put survivors at the center, hold perpetrators to account, and equally important, find out why, despite continued efforts to prevent sexual exploitation and abuse, the system is still failing to prevent these violations.

The IASC Principals called for immediate and urgent action and the Emergency Directors Group (EDG) called for the deployment of an IASC field support mission to provide the needed technical support and assistance to the HC, HCT and the National PSEA Taskforce. The team deployed immediately, from 22 October- 13 November. Please see Terms of Reference in the Annex.

The mission is complimentary to the joint/coordinated investigation processes by the different humanitarian actors. On 15 October, the WHO announced the creation of an Independent Commission on Allegations of Sexual Exploitation and Abuse in the Democratic Republic of Congo during the Response to the tenth Ebola Outbreak, with the role of establishing the facts, identifying and supporting survivors, while ensuring that abuse is prevented and perpetrators are held accountable. Several NGOs named in the reports have conducted separate investigations.

On 19 October, the Special Coordinator on improving UN response to SEA convened a UN-wide response mechanism, resulting in support to a coordinated approach to investigations, an agreement that UNFPA would coordinate victims' assistance with the support of the Office of the UN Victims' Rights Advocate, and the reactivation of the dedicated PSEA Communications group led by the Department of Global Communications (DGC).

MISSION OBJECTIVES AND METHODOLOGY

Objectives

1. Support the Humanitarian Coordinator and the in-country PSEA Network to address gaps in coordination, services, and to lay the groundwork for effective coordination between investigations, protection and communications. The team will also share observations for strengthening prevention, response and accountability to affected populations for PSEA.

SCOPE

2. The IASC has committed to scaling up protection from sexual exploitation and abuse (PSEA) from the outset of all humanitarian responses, and to supporting Humanitarian Coordinators and Humanitarian Country Teams (HC/HCTs) to deliver effectively on PSEA. In response to serious concerns about allegations raised in the media of sexual exploitation and abuse during the Ebola response in eastern DRC, on 11 October the IASC Emergency Director's Group called for a support mission.
3. The mission focused on reviewing the existing structure(s), services, and preventive measures in place in order to put forward recommended actions to strengthen the response. The PSEA Field Support Mission did not have an investigation focus and was carried out as a distinct exercise from ongoing investigations and the Independent Commission. The following areas were assessed:
 - a. **PSEA coordination architecture and Governance at the national and sub-national levels:** Bolster coordination capacity in the PSEA Network, with a focus on Kinshasa, Goma/ North Kivu, Bunia/ Ituri, Kananga/ Kasai, Mbandaka/ Equateur, and other locations if time allows, and identifying resources for sustained coordination support;
 - b. **Safe and accessible reporting mechanisms:** Identify community-based reporting and referral mechanisms and any gaps in these, and support the PSEA Network to immediately fill these gaps, strengthen existing channels, and fostering inter-agency mechanisms to assess the safety and accessibility of reporting channels and that they are trusted by communities, and making required changes; reinforce awareness-raising strategy so affected populations are aware of the prohibition of SEA and existing reporting mechanisms;
 - c. **Survivor-centred assistance:** Support an inter-agency/ joint approach to scaling up existing Gender-Based Violence (GBV) and Child Protection services in line with the Inter-Agency Minimum Standards on GBV in Emergencies, and ensure child and adult victims and survivors of sexual exploitation and abuse have access to quality services in accordance with the UN Victims' Assistance Protocol;
 - d. **Accountability:** Review institutional accountabilities for PSEA as well as the systems in place to hold individual perpetrators accountable, as core contributors to an overall system and culture of prevention. This includes an examination of the relevant prevention efforts; recruitment procedures; role of the Government; criminal sanctions; context analysis and their contributory factor to lack of accountability;
 - e. **Ebola response review:** Conduct a rapid review of the systems established for protection from sexual exploitation and abuse during the 10th and 11th Ebola responses in DRC, in order to better

understand gaps and what lessons can be drawn for future public health emergencies. This includes a review of if/how programming included SEA risk mitigation.

Methodology

4. The Field Support mission met with PSEA Network representatives at the capitol, regional and sub-regional levels, Representatives and Heads of Mission of UN agencies, INGOs, national NGOs, and community groups engaged in humanitarian response operations, as well as the previous and ongoing Ebola responses including MONUSCO leadership and CDT. Additionally, the team met with provincial Government Representatives.
5. Group and bilateral interviews were carried out to understand the gaps and lessons learned at the collective and individual agency levels on the four thematic focus areas (PSEA coordination and governance; safe and accessible reporting mechanisms; survivor-centred assistance; and accountability and prevention), and on PSEA measures in the previous and ongoing Ebola responses. A document review was conducted of the relevant and available work carried out to prevent and respond to SEA in DRC by humanitarian actors, including at an inter-agency level.
6. The Field Support Mission visited Goma, North Kivu; Beni and Butembo, North Kivu; Bunia, Ituri; Mbandaka, Equateur; and Kinshasa.

Composition of the interagency mission Team

The composition of the PSEA Field Support team was determined by the Emergency Director's Group (EDG) through nomination of senior representatives with a background in PSEA. The team was comprised of the following: Peter Ekayu, Deputy Head of the IASC Secretariat (co-lead); Tristan Burnett, a.i. IOM Deputy Director of Operations and Emergencies (team lead); Andreas Mlitzke, WHO Director, Office of Compliance, Risk Management and Ethics; Houda Chalchoul, UNHCR Senior Legal Officer; and Katherine Wepplo, UNICEF Child Protection Expert, and worked in close collaboration with the IASC Senior PSEA Coordinator Wendy Cue, Geneva, Switzerland. Efforts were made by the IASC NGO coalitions put forward an NGO representative to participate in the Mission but were ultimately unable to deploy at short notice.

All members of the support team acted on behalf of the IASC and did not represent their respective agencies during this exercise. OCHA provided substantive and logistical support throughout the mission, with direct liaison and technical support from in-country leadership: Emmanuelle Osmond, OCHA Deputy Head of Office in Kinshasa; Fidelia Fifame Odjo, National PSEA Coordinator/UNFPA Kinshasa; and Nadine Puechguirbal, Senior GenCap Advisor Kinshasa.

SUMMARY OF KEY FINDINGS AND RECOMMENDED ACTIONS

The IASC is committed to scaling up protection from sexual exploitation and abuse (PSEA) from the outset of all humanitarian responses, and to supporting Humanitarian Coordinators and Humanitarian Country Teams (HC/HCTs) to deliver effectively on PSEA. In response to serious concerns about allegations of sexual exploitation and abuse during the Ebola response in eastern DRC, the IASC deployed a support mission from 22 October – 13 November to review existing structure(s), services, and preventive measures in place and to put forward recommended actions to strengthen the response. In accordance with the terms of reference, the profile of the team members, and given that there are ongoing and planned investigations on SEA by concerned agencies and an Independent Commission, the team did not investigate allegations.

The humanitarian leadership in the Democratic Republic of Congo – including the Humanitarian Coordinator, Deputy Humanitarian Coordinator, and the Humanitarian Country team – recognizes the serious nature of the SEA allegations and is taking concerted steps to prioritize PSEA and strengthen the country-wide prevention and response measures throughout all aspects of humanitarian programming. This includes a detailed assessment of the existing system, identifying gaps, and receiving recommendations on how to address them. During the time period of the IASC mission, the DSRSG/HC/RC and the HCT/UNCT revised the PSEA strategy to further strengthen a system-wide approach to guide this work.

The following is a summary of key findings and recommendations for the HC/HCT in the Democratic Republic of the Congo, as well as global-level recommendations to address overarching issues found reflected in the DRC.

Country-level findings and recommendations:

- The HC/HCT adopted a new strategic framework for PSEA that aims to reinforce a system-wide approach to prevention and response at the national and sub-national levels. Given the complexity of DRC, a senior-level PSEA coordinator and additional roaming and sub-national coordination capacity should be established that regularly report to the HC/RC and HCT/UNCT. The PSEA network should adopt a rotating co-chair structure and ensure that all humanitarian agencies contribute to the implementation of the network action plan.
- The current reporting channels should be assessed for their effectiveness, taking into consideration that the mechanisms for humanitarian personnel and those for affected populations (particularly women and children) must be appropriate, safe, and accessible. Inter-agency standard operating procedures must be established to refer allegations between agencies. Complaint channels at the community-level should be harmonized.
- There is uneven access to services for survivors of gender-based violence in DRC, which includes for SEA. There is a need to scale up socioeconomic support and legal aid, in particular, as part of a holistic approach. Communication with affected populations on PSEA should be rights-based, so that survivors know how to report and access support. Protection and support to survivors in the context of investigations should be scaled up, based on the approach currently established for child survivors.
- Institutional and individual accountability for SEA are critical factors for prevention. National and local government stakeholders must be supported to take a pro-active role to hold perpetrators accountable. The HC/HCT should establish pooled investigative capacity so that all humanitarian agencies can promptly investigate allegations of SEA.
- While the risk of SEA in DRC is a long-standing issue, the public health response to the 10th Ebola outbreak in eastern DRC created the conditions for exacerbated SEA risk. The overall response was characterized by a large influx of cash, a disproportionately male workforce made up of people coming from outside the local community and an overall context of insecurity. Investigators should be

immediately deployed to follow up on the allegations that have been reported, with reporting channels scaled up to enable people to come forward.

Global recommendations:

- Revise IASC scale-up procedures to establish PSEA at the outset of all public health and humanitarian responses going forward, including the resources necessary to establish effective inter-agency coordination and prevention and response systems. This should include the immediate deployment of an inter-agency PSEA coordinator to support the HC/HCT to establish a PSEA network and the release of funds to establish prevention and response systems from the outset of the response.
- Strengthen the IASC’s monitoring of inter-agency PSEA coordination and systems for prevention and response in order to promptly escalate systemic risks to the IASC Principals, through the EDG. This should include humanitarian system-wide implementation of the IASC PSEA Country-Level Framework and related indicators, and outline the priority, system-critical actions that must be established from the outset of the response.
- Develop a global framework for cooperation with government on PSEA within the context of all public health and humanitarian responses, which establishes shared obligations and a coordination structure for receiving and referring SEA allegations.
- Donors, including International Financial Institutions (IFIs), should establish a robust framework for working with national governments and stakeholders on PSEA in order to support system-wide adherence to PSEA and complementarity with the obligations of UN and I/NGO humanitarian actors. This could take into account existing approaches and working methods on fraud and GBV, for example.
- Develop a framework to promote accountability for SEA survivors, that includes enhanced training for field practitioners on the assessment and fact-finding related to possible SEA allegations, coordination between protection actors and investigators, and related support to victims that choose to participate in accountability proceedings.
- The UN iReport system, which streamlines all UN agency reporting on misconduct, should provide country-based statistics for all entities in line with CDT disclosures. This will increase accountability and transparency at the country-level and contribute to empowering SEA survivors, building confidence of affected communities and staff in the UN’s commitment to the zero-tolerance policy, and deterring misconduct.

PSEA COORDINATION AND GOVERNANCE

OVERVIEW (“CHAPEAU”)

The IASC has an endorsed coordination structure for PSEA which stems from the responsibilities of the Humanitarian Coordinator, and which establishes a senior-level accountability and oversight role of the Humanitarian Country Team (HCT). This coordination structure includes designated agency co-chairs comprised of mid to senior-level representatives that play an oversight and day to day support role to the PSEA Network, on behalf of the HCT. A dedicated, full-time PSEA coordinator sits in the Humanitarian Coordinator’s (HC) office and supports the work of the PSEA Network to deliver on a strategy and work plan, together with PSEA focal points from agency members. Based on this approach, which is further elaborated in the IASC Plan for Accelerating PSEA in Humanitarian Response at Country-Level, the Humanitarian Coordinator (and/or Resident Coordinator, depending on the context) would be responsible for leading the HCT (and/or UNCT) on PSEA and overseeing the technical-level PSEA activities.

The mission considered the current PSEA coordination structure in DRC against the established IASC coordination and governance structure for PSEA globally, as well as across similar large-scale humanitarian operations. Given the factors in DRC of an ongoing internal conflict, humanitarian crisis, public health emergencies and the nexus with peace and development, all of which can give rise to the risk of sexual exploitation and abuse, the mission considered how PSEA was being coordinated across the Humanitarian Country Team, the UN Country Team, with MONUSCO, as well as within the public health response. Considering that sexual exploitation and abuse in DRC is a long-standing issue of concern, the mission also considered the extent to which the coordination structure was “fit for purpose,” with the appropriate level of seniority as well as technical capacity to deliver on PSEA effectively.

Finding 1: Need to reinforce a system-wide approach to PSEA

In terms of overall coordination on PSEA, the Humanitarian leadership has recently adopted a new PSEA strategy that provides an overarching framework and establishes a country-wide architecture for better addressing PSEA. Further efforts to strengthen country-wide coherency and ensure that strategic goals are implemented at the operational level is needed. In 2018, a network was established at the national level under the HC/HCT that included both PSEA and AAP activities and was coordinated by OCHA. In 2019, a PSEA coordinator was placed in the HC’s office and the PSEA Network was established. This was a critical step to increase accountability of the humanitarian community on PSEA and build upon the long-standing coordination (2016 and prior) between MONUSCO, UNICEF and UNFPA in response to SEA allegations of SEA MONUSCO personnel. MONUSCO was not a member, of the national PSEA network, which had some ramifications for the technical capacity within the PSEA Network, given its PSEA activities at the provincial level and its role in assessing SEA risks and/or responding to potential allegations involving humanitarian actors. Clarifying cooperation modalities, while respecting humanitarian principles, may serve to enhance working collaboration and facilitate the sharing of resources, best practices, and technical expertise on PSEA.

Whereas the IASC promotes an inter-agency approach to PSEA coordination, recommending a co-chair structure, the work on PSEA in DRC has largely been supported by a single agency with UNFPA providing PSEA coordinators and serving as the chair of the PSEA network, with Save the Children International serving as the co-chair to the national network. At the time of the mission, a 7-member steering committee was in place within the PSEA Network in Kinshasa, providing valuable technical support, however, without the clear leadership functions that are important for enhancing broader accountability at the capitol level.

Following the declaration of the 10th Ebola epidemic in August 2018, and the subsequent IASC scale-up in May 2019, the Ebola Emergency Response Coordinator requested UNFPA to assist in establishing a PSEA Ebola Network. This was initially co-chaired by IRC and UNFPA, (later CARE and UNFPA) until dedicated capacity

within the EERO was recruited in October 2019 and supplemented with an additional coordinator in March 2020, given the geographic expanse of response sites¹. Following the declaration of the end of the 10th Ebola epidemic, the PSEA Ebola Network merged with the subnational network in Goma and put forward a transition plan of action with clear priority activities and recommendations, to ensure a sustainable response to SEA in ebola health zones and to build upon the learning and incorporate complaint mechanisms into the broader humanitarian response.

Finding 2: Uneven senior-level responsibility and oversight of PSEA, particularly at sub-national level

The PSEA Network, through the PSEA Coordinator, provided periodic updates to the HC and HCT on PSEA activities but was unable to report on the aggregate number of allegations reported per province and actions taken to ensure prompt victim assistance, given agencies' internal data protection and confidentiality protocols. The Humanitarian Coordinator (HC/RC/DSRSG) has conveyed strong commitment to addressing SEA in DRC and has pushed forward efforts to strengthen the response and task HCT members with specific responsibilities. The current coordination structure, however, requires further refinement and clarity in order to equip the HC/HCT/UNCT/MONUSCO to fulfil their senior-level responsibilities on PSEA and requires consistent and informative updates on progress and challenges by individual agencies and by the collective. At the provincial and local levels, PSEA initiatives and challenges identified were reported to the PSEA Coordinator and Network and not embedded within the overall governance structure of the humanitarian response (e.g. CRIO/ CLIO).² Agency heads at the various levels of the humanitarian and Ebola response coordination structures were not regularly briefed in ensuring that PSEA was effectively being integrated, nor was PSEA proactively discussed at inter-agency meetings at the operational level. Much-needed training on the technical aspects of PSEA, including on general focal point responsibilities and on establishing community-based (e.g. accessible) complaint mechanisms took place in many response sites, including in Bunia and Mbandaka. Senior leadership (e.g. HCR agency heads) oversight on PSEA training(s) to ensure full participation of agency focal points and managers, how they support the coordination structure and strategy, and alignment with the country action plan, is critical.

Finding 3: Need for dedicated, senior-level PSEA Coordinator capacity at national and sub-national levels

UNFPA is currently fulfilling all PSEA coordination functions in DRC and has continued to do so in line with its GBV functions and to fulfil a coordination gap since the first national PSEA Network was launched in 2018. At the Kinshasa level, UNFPA has placed a national PSEA coordinator in the HC's office to fulfil the role of national PSEA Coordinator for DRC. Outside of Kinshasa, UNFPA GBV sub-cluster coordinators have been double-hatted to also serve as inter-agency PSEA coordinators in many sub-national settings, while in other locations the position remains empty although there are current recruitment efforts to fill those positions by the HC's Office, given the criticality of the function. In 2019, WHO committed to placing a dedicated inter-agency PSEA Coordinator for North Kivu, based in Goma, and this position is currently under recruitment. Once UNEERO was established for the Ebola response, a dedicated PSEA coordinator was hired to lead the PSEA Network. This work has now been shifted back to UNFPA. There are current efforts to actively recruit an additional four sub-national/sub-regional coordinators, who would work in direct coordination with the national coordinator.

The complexity and challenges of coordination in DRC are substantial, in light of the multiple humanitarian responses and coordination structures to address protracted conflict and displacement, environmental impacts, and recurring epidemics. Country-wide PSEA coordination is additionally challenging given agencies' internal complaint handling procedures and data protection/confidentiality safeguards, and the cross-cutting

¹ Beni and Butembo

² A CRIO is an inter-agency regional committee (Comite Regionaux Inter-Organizations) and a CLIO is an inter-agency local committee (Comite Locaux Inter-Organizations)

nature of PSEA necessitating individual agency and collective responsibilities to mainstream PSEA in all programmes and embed prevention and response within all layers of the humanitarian architecture, as well as all stages of the response. This function is relied upon by both the HCT/UNCT/MONUSCO and the inter-agency PSEA network members. Therefore, in the context of DRC, it is critical that the position is at a sufficiently senior level in order to leverage agency accountability, prioritization and sustained engagement, and requires substantial experience in leading complex coordination processes. National PSEA coordination requires promoting accountability at the highest levels and driving the system-wide strategy and overseeing implementation of the action plan, while sufficiently empowering and delegating technical-level activities to sub-regional/national coordinators. The mission commends UNFPA for filling the leadership gap and recognizes that diversified burden-sharing in coordination roles and (sub)network chairmanship is important to reinforce accountability and leadership.

Finding 4: PSEA Network and the resourcing PSEA activities

A revised national PSEA Action Plan was issued in November 2020, in line with the DSRSG/HC/RC's commitment to re-prioritize and update SEA prevention and response activities in DRC. This incorporated key recommendations from the Ebola PSEA network's transition strategy and action plan, following its incorporation into the humanitarian PSEA network in Goma after the end of the 10th Ebola epidemic. In other provinces with PSEA sub-national networks, there were challenges with developing and finalizing action plans, underscoring the need to ensure dedicated or roving PSEA coordination capacity.

In terms of the resourcing PSEA activities, the previous action plan for the PSEA Network in Kinshasa received US \$1.5 million in funding, the majority of which was allocated to the coordination lead agency to carry out activities on behalf of the network. A core activity for the previous action plan was to create a hotline, in an effort to establish an inter-agency entry point for SEA allegations. A new action plan for the PSEA network has now been adopted by the HCT, which includes significant funding for the PSEA hotline. It was not clear at the time of the mission if the \$2.5 million in funding that had been mobilized to support the national PSEA network action plan would be shared and distributed across multiple agencies in order to promote a joined-up approach.

RECOMMENDATIONS

1. Establish a system-wide strategy for PSEA in DRC that includes the HCT and UNCT, and with clear collaboration/linkages to MONUSCO, that sets forth a common set of priorities and a joint approach for working together to deliver and monitor results.
2. Adopt a rotating co-chair structure with senior management of 2 agencies (which could include, for example, UN and NGO) providing oversight of the network.
3. Put in place SOPs that establish a clear governance and accountability structure for the PSEA Network and each member, which includes receiving and responding to allegations of SEA, assistance to victims, and overarching principles of a victim or survivor-centred approach.
4. To ensure that PSEA is implemented from the outset of all humanitarian responses in DRC, and to prevent and respond to SEA within the context of all humanitarian response operations, establish at minimum a sub-national PSEA coordinator and network in all locations where there is a cluster presence.
5. To strengthen PSEA coordination at the national level, the HC/RC should competitively select a dedicated PSEA Coordinator (ideally at P5 level) that regularly reports to the HC and the HCT/UNCT on progress and gaps. In addition, PSEA coordination roaming capacity should be placed in Kinshasa to

meet needs, promote coherence between national and sub-national PSEA activities, provide technical support, and monitor progress.

6. In addition to Goma, inter-agency PSEA coordinators should be established for Ituri (Bunia), South Kivu (Bukavu), Equateur (Mbandaka), Kasai (Kananga), and other provinces where there is a rapid escalation in humanitarian needs.
7. All coordinators should serve in an inter-agency capacity, be fully trained on PSEA, and report regularly to the national PSEA coordinator in Kinshasa, and update their respective CRIO/CLIO to ensure accountability and action throughout all layers of the humanitarian coordination system
8. The national PSEA network action plan should be aligned with the strategic priorities in the national system-wide PSEA strategy, and should include core indicators that monitor progress. Sub-national or provincial-level PSEA network action plans should be aligned with the national PSEA strategic priorities and adapted to the local context.
9. Review the prioritization and sequencing of PSEA network activities to ensure that effective systems are established prior to carrying out day to day activities e.g. Establish/clarify SOPs on complaint handling and referral procedures for inter-agency SEA allegations, and incorporate into training curriculum for humanitarian agencies and community members.
10. An inter-agency, joint approach should be taken to delivering on PSEA network action plan, with a clear designation of the roles and responsibilities for all agencies. Resources should be distributed across, and contributed by, agencies to deliver on the activities, to increase shared ownership and responsibility.

SAFE AND ACCESSIBLE REPORTING MECHANISMS

OVERVIEW (“CHAPEAU”)

The IASC is committed to ensuring that all members of the affected population, including women and children, have access to a safe and accessible channel to report SEA. The IASC Six Principles on PSEA set forth an obligation for all humanitarian workers to report SEA allegations. The IASC Minimum Operating Standards on PSEA and the related UN framework on PSEA (ST/SGB/2013/13; UN Protocol on SEA allegations involving implementing partner) are part of the IASC’s operational framework on reporting, which is reflected in commitments made to scale up safe and accessible reporting in the IASC Plan for Accelerating PSEA in Humanitarian Response at Country-Level. The IASC Best Practice Guide on Community-Based Complaint Mechanisms for PSEA establishes operational guidelines that support inter-agency PSEA Networks to deliver on this commitment. This includes the establishment of inter-agency Standard Operating Procedures, information-sharing protocols or similar to support the inter-agency receipt and referral of SEA allegations.

The IASC mission reviewed the status of safe and accessible reporting mechanisms for SEA based on overall global policy frameworks, with a focus on the following areas: i) community-based complaint mechanisms and similar channels at the community level, including for women and children; ii) internal reporting channels for humanitarian agency personnel, including complaint handling procedures and whistle-blower protection; and iii) inter-agency mechanisms for the receiving, handling and referring SEA allegations across agencies, and to establish a coherent manner to facilitate community-based reporting.

The new PSEA Strategy 2020-2023, adopted by the HCT on 26 November 2020, has made great strides to address gaps in the current system, and includes as one of its four fundamental objectives to “establish a coordination structure that harmonizes different interventions to prevent and respond to sexual exploitation and abuse.” It is important to note that the fourth pillar of response in the new strategy focuses on access to safe and confidential gender-sensitive, age-sensitive and disability-sensitive channels to report SEA thoroughly contextually appropriate community-based complaint mechanisms. This is in line with the HCT agreement to strengthen the existing system, including through increased information-sharing and transparency and for enhanced protection of whistle-blowers, witnesses and survivors. Furthermore, the national PSEA Network and Coordinator is receiving dedicated support from the Senior Advisor on Gender (GenCap) and is focused on disseminating contact information for reporting to communities, installing a toll-free number for the national hotline and ensure links at the regional levels, and implement complaint mechanisms in Goma, Kananga, Kalemie, and Bukavu.

The following findings and recommendations are based on documentation of the national PSEA Network and sub-national networks that was available at the time of the inter-agency mission, the documentation on the Ebola PSEA Network³, on interviews with humanitarian agencies and community groups:

- ***Finding 1: Challenges with community-based complaint mechanisms***

Complaint mechanism modalities: A significant number of complaint mechanisms have been established in humanitarian response sites across the DRC, underscoring prioritization by many organizations. A mapping exercise on agency complaint mechanisms in the Ebola response, carried out in May 2020, revealed over 64 mechanisms in 31 health zones across North Kivu and Ituri provinces.⁴ However, the mechanisms are fairly disjointed without a structured approach, and are largely based on two modalities, hotlines and suggestion boxes. Based on interviews, neither entry point is being effectively utilized by beneficiaries or community

³ The Ebola Network was merged with the Goma-based subnetwork.

⁴ This exercise was conducted based on the PSEA Strategy for the tenth Ebola response, which was developed in Sept. 2019

members to report SEA allegations, drawing into question whether these were designed based on community feedback about preferred methods to report.

Suggestion boxes: As reported by agencies, literacy can be an impediment to communities' use of suggestion boxes. Complaints and/or feedback that are received are predominantly about service delivery and assistance provisions, rather than SEA or other sensitive or protection-related issues. For suggestion boxes to function as an effective means to receive SEA complaints, strong safeguards and procedures are needed for lockage and retrieval. However, interviews with IDPs and community groups indicated that they would not trust using these as a reporting point.

Hotlines: Some challenges associated with the use of hotlines as an effective entry point for community reporting include unreliable phone coverage in the area, access to phones, as well as available phone credit for those hotlines that are not toll-free and thus inaccessible for certain populations. Some NGOs did report that they have received SEA allegations through their hotlines, although this was not consistent across all agencies. The current inter-agency hotline run by the PSEA network is not free, however, this is currently being redesigned to be toll-free hotline and staffed with trained operators. For the hotlines managed at the Kinshasa and Goma levels, one of the key determinants of accessibility is to have multi-lingual operators that are conversant in local dialects.

In-person reporting: According to interviews, most allegations are relayed through in-person reporting or informal yet trusted sources such as through a staff member or via anonymous SMS. Proactive and visible commitment to PSEA, such as direct interaction with communities (e.g. focus group discussions) resulted in increased reporting according to some NGOs. This requires longer-term efforts to foster community trust in both the agency and the individual receiving the allegation.

Some notable work has been done to establish face-to-face reporting channels that rely on existing community structures and that include local women leaders as PSEA focal points. Based on this approach, the local PSEA focal points carried out community dialogues and sensitization on PSEA and where referral pathways for survivors link to GBV services. The majority of cases received through these focal points involve GBV, rather than SEA complaints. Based on key informant interviews with women representatives, the fact that the focal points were receiving allegations indicated this to be a trusted and preferred reporting mechanism. However, there remain barriers to disclosing SEA. This includes the prevalence of sexual exploitation and the high level of impunity for sexual violence in DRC, and the perception that the cost of reporting would be steep in relation to any possible benefit of doing so. Interviewees indicated that there is a lack of understanding of what constitutes SEA, aside from sexual assault, and that transactional sex is deemed as "employment competition" or a strategic/survival-based coping mechanism rather than a gross form of misconduct. (e.g. transactional sex for employment, vaccines, or benefits) It was reported that there is little incentive for survivors to report - because of the lack of a direct benefit or "reparations" (even with an arrest), or that the complaint would have negative and unmanageable repercussions on employment, at home, and in the community. Finally, an overarching challenge for a face-to-face approach to reporting is that it requires physical access and would require a sufficient number of trained focal points to be able to reach the more remote affected communities.

Community awareness and trust: Some of the cited challenges related to community members' willingness to report include the lack of awareness on PSEA and how to access complaint mechanisms, as well as fear that humanitarian staff may interfere with an investigation at the agency or law enforcement levels. There is a distrust in agencies' commitment to justice, which is compounded by the lack of feedback on the status of the complaint and, in some circumstances, where "the alleged perpetrator is back in the camp the following week."

- ***Finding 2: Under-reporting by humanitarian staff, and corresponding delays in responding to allegations by investigative or intake units***

Referral procedures: All humanitarian actors need to have a clear understanding of the referral pathways, whether for inter-agency or agency-specific complaints mechanisms, for victim assistance and allegations. While there was solid understanding by agency leadership and staff on their respective internal complaint handling procedures, there are not clear inter-agency allegation referral pathways. There is a noticeable lack of understanding by humanitarian staff, including agency heads at the sub-national level, of referral procedures (including contact information for investigation intake) for allegations involving other agencies, or if any action could be taken at all. Some actors reported that they had to contact various individuals in the respective agency where the alleged perpetrator was working before learning the correct pathway, which decreases confidentiality and delays the time for victims to be assisted and for allegations to reach the appropriate investigative units. At the time of the mission, the PSEA Network was in the process of developing SOPs for reporting and an information-sharing protocol with the goal of endorsement by the end of 2020.

In addition, the lack of PSEA protocols with Government and civil society, despite their prominent role in responding to the Ebola epidemic, was viewed as an impediment to reporting.

Confidentiality vs reporting obligations: It is important to establish a balance between reporting obligations and confidentiality requirements and ensure that this is widely understood by all humanitarian workers. GBV service providers (e.g. health-care services) expressed formidable challenges in reporting SEA cases due to the difficulty in balancing the duty to report SEA allegations with a survivor-centred approach according to which, inter alia, confidentiality needs to be maintained. Information cannot be disclosed without the informed consent of the person concerned. As reported during the mission, SEA victims who approached some of the service providers requested that any information related to the incident not to be released or shared. In this case, SEA victims are reported as GBV survivors. Currently, there is not a Gender-Based Violence Information Management System (GBVIMS) in country, which records the types of violence, survivor profiles, perpetrator profiles, the context in which the incidents were committed, and the responses and services provided to survivors.

Fear of retribution: National NGOs expressed concern that reporting allegations against INGOs or UN agency staff were either dismissed or could result in retribution, including loss of implementing partner contracts or interference with law enforcement during the investigation and/or prosecution stage. They noted the lack of a formal mechanism through which national actors can submit misconduct complaints to humanitarian leadership without being dismissed.

Humanitarian agencies' national staff are reportedly reluctant to report against colleagues in DRC. This is exacerbated by the fact that a large percentage of staff are on short-term contracts or consultancies that are frequently issued during rapid scale-ups, which impacts both agency loyalty and willingness to submit reports against staff with better contracts.

- ***Finding: Inter-agency PSEA complaint mechanism has not been implemented***

The basis for an inter-agency PSEA complaint mechanism is in the development and endorsement of standard operating procedures, and information-sharing protocol or similar which establishes common procedures for receiving, handling and referring SEA allegations across agencies. The SOPs usually include a common set of principles, inter-agency cooperation on community-based reporting, and obligations for referring survivors for assistance. On the basis of a common set of standard operating procedures, an inter-agency community-based reporting system may be established which can allow people to report through a common channel. When set

up effectively, this can streamline communications with affected populations and avoid a proliferation of mechanisms. Where this is set up at the outset, any training, community sensitization and related activities can promote clear and consistent information about how to safely and confidentially report SEA.

While the PSEA Network has established an inter-agency hotline, which is currently being redesigned to increase access, there is not a functional interagency system that harmonizes and links with agencies' internal complaint and feedback mechanisms. This impacts the ability to monitor responsiveness to complaints, identify and react to general trends, as well as for sustainability and continued access to services when individual agencies leave. In addition, the inter-agency community-based complaint mechanism that was piloted in Goma in 2015 was no longer utilized nor was there awareness of its existence by humanitarian workers, including from agencies that actively participated in the CBCM. The tools developed by the pilot, however, are being applied in various PSEA activities in DRC.⁵

RECOMMENDATIONS

1. **Assess existing mechanisms:** Multiple entry points that are culturally adapted and accessible are critical for a safe, accessible and effective complaint mechanism. Entry points may be different for staff and community members, as well as for members of a camp population versus those in an urban setting. In addition, staff reporting SEA of a beneficiary and staff reporting sexual harassment against a colleague may require specific approaches. Therefore, establishing entry points must be based on consultations with target groups given their distinct needs and the differing contexts. An in-depth assessment of existing mechanisms (agency-specific and inter-agency) is needed to determine accessibility, safety, community preference and trust, as well as appropriate contextual and operationally relevant considerations. Following the assessment, task HCT members with ensuring that their respective agency mechanisms are adapted and report back on the changes made. It is also important to clarify the balance between "reporting obligations" and "confidentiality" and ensure that this is understood by humanitarian actors and conveyed during in-person reporting.
2. **GBV and SEA reporting and referral pathways:** To ensure complementarity between GBV and SEA reporting and referral mechanisms, and to capture SEA related information and report cases received by GBV actors to the appropriate channels, to the PSEA network SOPs should ensure that the referral pathways for assistance are formally integrated and disseminated as part of the implementation of the reporting channels. The PSEA Network should also work with the GBV and CP AoRs to review any bottlenecks to reporting and ensure that all protection actors are trained on the SEA reporting pathways.
3. **Recording and storing SEA complaints:**
 - a. In addition to in-take forms, a secure system for safely and confidentially compiling, storing, and tracking SEA allegations received, and for documenting the responses taken – including survivor referrals to assistance providers, allegation referrals to investigation units, and feedback to survivors - is critical, both for individual agency systems as well as for joint reporting mechanisms. The system should have security safeguards and encryption software in line with data protection principles, as opposed to storing data in hard copy or in an excel file.
 - b. The PSEA Network should work in close coordination with the GBV and Child Protection sub-clusters at the national and sub-national levels to integrate assistance referral pathways for all victims that come forward to report.

⁵ IASC Best Practice Guide on Community-Based Complaint Mechanisms

- c. Monitoring SEA trends is critically important to identify the types of SEA occurring in DRC and the environment in which it occurs (e.g. NFI distributions, healthcare provision, or during a recruitment process), in order to design targeted interventions and adjust programme delivery models.

4. Capacity-building frontline actors:

- a. Train service providers/case workers on the required steps for obtaining informed consent, including informing the survivor about confidentiality and potential limits to confidentiality and mandatory reporting requirements.
- b. Empower implementing partner personnel to identify and report SEA through clear, safe and accessible channels.
- c. Strengthen national NGOs capacity through targeted training on reporting mechanisms and referral procedures and standards e.g. what to do if they encounter an SEA case. National/local NGO forums can play an important role in raising awareness on PSEA, how to access complaint mechanisms, or be a conduit for in-person reports, given their links with communities and fluency in local languages) as well as access to remote and hard-to-reach areas. They can also contribute to sustainability and continuity of efforts in the absence of or following the departure of international actors. Maintaining an active role in PSEA, however, is limited by funding.

5. Community engagement and feedback:

- a. Meaningfully engage women, men, girls, and boys of diverse backgrounds in designing community-based feedback and reporting mechanisms and consult them on preferred safe and accessible means to communicate sensitive matters such SEA. This should include establishing multiple communication channels tailored to the different needs and capacities of beneficiaries (women, children, older persons, persons with disabilities, illiterate etc), with an enhanced focus on developing safe and effective in-person reporting channels. In addition, confidentiality safeguards need to be observed while collecting/receiving feedback and referrals, for survivor safety and to build community trust.
- b. Develop innovative ways to disseminate information on PSEA and how to access reporting mechanisms, such as including messages and reporting channels on NFI packages. Alternative methods could include help desks, dedicated e-mail accounts, two-way SMS systems, social media and mailboxes. Use relatable language beyond the abstracts of PSEA terminology and scientific definitions to enable the community to fully construe the issues relating to PSEA. This would pave the path towards changing community perceptions and allow survivors/victims access to due process.
- c. Use relatable language beyond the abstracts of the PSEA terminology and scientific definitions to enable the community to fully construe the issues relating to PSEA. That would pave the path towards changing the communal perceptions and allow survivors/victims access to due processes of relevance.
- d. Strengthen the role of national and local NGOs in outreach to communities and engaging them in the prevention and the design of the preferred reporting mechanisms

6. Clear referral pathways for allegations:

- a. Allegation referral pathways need to be established, including to and from CDT-MONUSCO to ensure that allegations are quickly referred. The information-sharing protocol and an information

sheet with the contact details for all agencies' investigation/intake units should be shared with all agency representatives at the national, CRIO and CLIO levels, including how to address allegations involving staff, IPs/contractors, UN agencies and authorities.

- b. Government entities should be engaged to establish two-way referral pathways for allegations involving national actors, such as the Prosecutors Office.

7. Protection against retaliation:

- a. *"Agencies need to establish a safe space for all staff to disclose, from a D1 to a driver."* Staff, rights-holders, community members and other stakeholders must be able to lodge their concerns and/complaints without fear of reprisal or unfair treatment as a consequence. Agencies need to ensure that complaints are handled with confidentiality and without risk to employment, sub-contractor/IP contracts or other forms of retribution or harassment of the beneficiaries as a result of highlighting a genuine problem. Confidentiality is crucial to achieving satisfactory results because it protects the complainant, the subject of the complaint and other witnesses.
- b. Actively encourage staff to report, make it easier to report in practice (e.g. Speak-up helpline, phone, email or app), and strengthen assurances on safeguards in place for protection from retaliation, safety, security and support.
- c. Administrative Instruction on Protection Against Retaliation developed/or re-circulated if existing to all staff to foster an environment in which everyone feels comfortable to come forward and safe to speak up and to be protected from risk or actual retaliation or threat of retaliation after reporting misconduct.

SURVIVOR-CENTERED ASSISTANCE

OVERVIEW (“CHAPEAU”)

Gender-based violence, including conflict-related sexual violence as well as sexual exploitation and abuse, is a long-standing issue in DRC and the work to combat GBV has been ongoing for decades. Despite efforts to hold perpetrators accountable, there remains an overall sense of impunity for sexual violence.

Survivor-centred assistance for SEA is a core priority for the IASC, as outlined in the IASC Plan for Accelerating PSEA in Humanitarian Response at Country-Level. Taking into account GBV standards and best practices on assistance to survivors, the UN Victim Assistance Protocol outlines the core principles, standards, roles and responsibilities of UN system entities and their partners to promptly refer and provide assistance to victims of SEA. The Protocol also covers key considerations for child victims/ survivors, and the importance of strengthening linkages with the existing child protection and GBV referral pathways. The mission to DRC reviewed the systems currently in place for SEA survivors, taking into account the global frameworks on survivor-centred assistance, and based on the existing GBV and child protection services and referral pathways. This included an examination of the roles and responsibilities, and overall coordination for victim assistance. To the extent possible during the field visits, the mission team also reviewed the availability and access to services, and their quality.

The mission met with GBV actors in all locations that the team travelled to, including providers of medical assistance, psychosocial support, basic material assistance and socioeconomic reintegration, legal services, school reintegration and protection. This included representatives and specialists from the UN, international and national NGOs, local and community-based organizations and government ministries that coordinate and provide GBV services. The mission also met with community leaders, women’s groups and youth groups and visited service providers to get feedback about the availability and quality of services.

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Finding 1: Availability and access to quality GBV and Child protection services

The mission found there to be uneven availability of GBV services in DRC, with some long-standing GBV service providers operating in the east while also finding gaps in services in Mbandaka and elsewhere. Feedback from key informant interviews indicated that there were increased gaps in services in more remote areas, and women facing challenges to reach existing services. In terms of child protection, there were similar gaps in availability and access to services, particularly in light of the significant risks of violence that children face in DRC.

In discussions with community leaders, women’s and youth groups, the mission found that a number of participants in these key informant interviews that took place in the Ebola-affected areas in the East said that they knew at least one or more survivors of SEA that involved humanitarian workers. Some stated that the level of tolerance or normalization of SEA in DRC, and the related fear of stigmatization of victims to come forward, created barriers for victims to access the available services. At the same time, the mission found that many GBV actors did not have sufficient screening systems in place that would enable them to identify whether the case was possible SEA, and protocols for handling such cases. While it is critical that any survivor of GBV, including SEA, be able to freely access services without obligation to disclose information about the details of their case, it is also important that information about PSEA and the rights of victims be made widely available, with service providers trained to screen and report SEA to designated PSEA focal points in a manner that still respects and maintains a survivor-centred approach, including obligations towards survivors in terms of safety and confidentiality.

Regarding the quality of services, the mission found there to be heightened gaps in legal aid and socioeconomic reintegration. For example, one long-standing legal aid provider in Beni had two qualified lawyers that could receive and handle cases. This legal aid provider was a well-established actor in the fight against impunity for conflict-related sexual violence but was less familiar with the legal obstacles that victims of sexual exploitation and abuse may face, particularly if a case was tried in a foreign jurisdiction. In terms of socioeconomic support and reintegration, the mission met with women community leaders that headed microenterprise initiatives, as well as women's and youth groups. The mission found that the existing socioeconomic support services were perceived as insufficient by local women and that a one-size-fits-all approach was often taken in terms of the activities. For example, some women stated that the options were too limited – for example, not every woman can or wants to learn hairdressing. In Bunia, the mission visited a UNFPA-supported women-friendly space that taught basket making, and a UNICEF-supported child-friendly space that equipped adolescent girls and young women to make COVID-19 masks as an income generating activity. These services were perceived by the affected populations as helping to mitigate the risk of GBV and SEA for adolescent girls, given that it is children in this age group that are most at risk of sexual exploitation or other forms of violence in DRC.

In terms of psychosocial support, the mission found that a more nuanced approach was needed to respond to victims of sexual exploitation and abuse within the context of the Ebola response in eastern Congo. Based on the interviews conducted, SEA was perceived by the community, including by women and youth, as being widespread and led to an overall betrayal of trust. The feedback provided to the mission team was that in addition to individual counselling for survivors, there was a recognized need for collective, community based psychosocial support that could include community dialogues or women's dialogues.

Finding 2: Coordinating assistance for SEA survivors

MONUSCO CDT, UNICEF and UNFPA have an established way of working to ensure that any victims of SEA involving MONUSCO personnel received prompt assistance, in line with the UN Victims' Assistance Protocol. There was no parallel or similar mechanism established under the PSEA Network and humanitarian community more broadly. As a result, the mission was not able to identify or review whether humanitarian actors operating in the Ebola response or within the humanitarian response more broadly promptly systematically referred or provided survivors with assistance. SOPs or similar had not yet been put in place to formally integrate the obligations to provide assistance for victims SEA and the referral pathways for doing so. As the GBV sub-cluster lead, UNFPA is the designated lead for the overall coordination of SEA victim assistance in DRC. However, UNFPA has a limited operational presence in some regions of DRC, and services in those areas are less widely available.

Finding 3: Protection and support needs for SEA survivors during investigations

In consultations with women's and youth groups, the mission found that there was an overall concern that participation in investigation could expose victims and create protection risks. In terms of measures in place to provide protection and support to victims during investigations, UNICEF and MONUSCO OIOS have developed a set of guidelines on support to child victims during investigations of SEA, with select partners trained and equipped to provide accompaniment and psychosocial support to child victims. While the guidelines have been operationalized, they are still considered as draft pending a formal review and endorsement by UN headquarters. While legal aid and psychosocial support service providers, where present, had the general capacity and skills to scale up this kind of support to victims in the context of investigations, they had limited knowledge about the investigation procedures and standards of humanitarian agencies more broadly that would be necessary to support victims during this process.

RECOMMENDATIONS

1. Adopt an inter-agency approach to the scale up of GBV/CP services, with a focus on expanding coverage and improving the quality of assistance.
2. In areas of DRC where UNFPA has an operational presence, designate several agencies within the GBV sub-cluster as co-leads to coordinate GBV/SEA victim assistance and the scaling up of services. In terms of scale up and support to child victims of SEA, UNICEF should take the lead to coordinate the assistance and work with the Child Protection AoR, the GBV sub-cluster and the PSEA network. UNICEF should work with UNFPA to make sure that all existing GBV and CP referral pathways for adult and child victims of SEA are fully integrated within the PSEA network SOPs.
3. Develop clear SOPs or integrate into the broader SOPs for the PSEA network, the formal integration of the GBV referral pathways, including obligations set out in the UN Victim Assistance Protocol for the prompt referral of survivors for assistance, irrespective of whether they choose to file a formal report or participate in an investigation.
4. Develop awareness raising campaigns that use a rights-based approach, with information about how victims can access services and what options affected populations have for recourse if they experience or witness actual or attempted SEA. Related to this, scale up psychosocial support within communities to increase access to PSS services and to include more community-based dialogues with women's groups.
5. Support legal aid providers, including with national women's legal aid organizations, with additional training and capacity development to support victims of sexual exploitation and abuse that come forward to access justice and participate in criminal, civil or related proceedings.
6. Develop partnerships with women-led socioeconomic empowerment groups in order to enhance and diversify the approach to socioeconomic support for GBV survivors, including SEA, based on the needs and interests of survivors and as informed by what has been found to be economically viable at the community level.
7. Put in place a clear coordination structure between protection actors and investigators, in advance of the WHO-led commission to investigate SEA during the Ebola response and any related investigations. Designated protection actors and investigators should have the necessary training and experience to provide a coordinated approach to working with SEA survivors, as part of a survivor-centred approach.
8. Review, finalize and adopt the MONUSCO OIOS/ UNICEF guidelines on protection and support to child SEA survivors during investigations, and expand the scope to include adults. Implement the guidelines across all HCT/UNCT members, with GBV and Child Protection actors trained to provide the necessary protection and support.

ACCOUNTABILITY

OVERVIEW (“CHAPEAU”)

The mission team reviewed institutional accountabilities for PSEA as well as the systems in place to hold individual perpetrators accountable, as core contributors to an overall system and culture of prevention. This included an examination of the relevant prevention efforts; recruitment procedures; role of the Government; criminal sanctions; context analysis and their contributory factor to lack of accountability.

The mission team reviewed these areas based on the existing global frameworks for institutional and individual accountability, which include, in summary, the following: In terms of institutional accountability for humanitarian agencies on PSEA, the IASC set forth Minimum Operating Standards in 2012. On the UN side, all UN entities are required to submit annual PSEA action plans to the UN Secretary General and publicly report SEA allegations on a real-time basis. Regarding agency response to allegations of SEA and the promotion of individual accountability, there has been ongoing work to strengthen investigation capacity of humanitarian agencies under the IASC, as well as the implementation of an inter-agency misconduct disclosure scheme by humanitarian agencies which aims to keep perpetrators of SEA from being re-hired. The UN has implemented a similar screening system for UN personnel. Regarding individual accountability for SEA, particularly for civil and criminal offences, the UN Secretary General has outlined measures for working with Member States on their own efforts to act more swiftly on credible allegations, promote greater transparency in national judicial and administrative processes, and achieve justice and closure for victims. (See: A/71/818) The role of the UN Victims’ Rights Advocate is set forth to promote accountability of perpetrators and access to justice for victims, through ensuring that the full effect of local laws are brought to bear in order to achieve remedies for victims.

The HCT adopted a four-year strategy to support prevention and response to sexual exploitation and abuse (SEA) in November 2020. The strategy is bold and progressive in its scope. It ensures a survivor-centred approach and entrenches a strong accountability mechanism that reinforces both individual, institutional, and collective accountability, emphasising responsibility to prevent and sanction misconduct as well as inaction in the face of such behaviour for action. However, more needs to be done to make zero tolerance for SEA a reality. The responsibility for the implementation of measures agreed upon in the Strategy rests primarily with the heads of IASC partner agencies operating in DRC. The UN Resident Coordinator (RC)/Humanitarian Coordinator as the Representative of the Secretary General in the Country is mandated to ensure the coherent implementation of the Strategy, based on requirements under the Secretary General’s Bulletin (A/71/818). Each IASC partner agency operating in DRC as well as their implementing partners and contractors are obliged to create and maintain an environment that prevents sexual exploitation and sexual abuse. Managers at all levels have a responsibility to support and develop systems that maintain this environment, including but not limited to ensuring compliance with their agency Code of Conduct and nomination of senior level PSEA focal person, setting up internal protocols for investigation of cases, taking disciplinary actions in case the offense is proven, and providing necessary support to the victims/survivors. Accountability to Affected Populations (AAP), is a central component of preventing and responding to SEA, including commitments to engage in consultations and share two-way feedback. The Accountability Framework acknowledges that preventing SEA is considered integral to all operations, and one of the key objectives is to “systematically communicate with affected populations using relevant feedback and communication mechanisms” throughout all phases of the programme cycle.

Finding 1: Perception of impunity

The team heard allegations of sexual abuse across all the field locations visited; Beni, Butembo, Bunia, and Mbandaka, largely within the context of the Ebola response. The abuses were manifested in different forms; abuse of recruitment processes for sexual favours, sexual activity with prostitutes, inclusive of child

prostitution. Respondents in Butembo reported the most abuses by humanitarian and government health workers within the Ebola 10 response, in what community members, state authorities and local and international NGOs termed systemic, entrenched and widespread. Anecdotal information indicated a thriving prostitution network in Butembo city during the height of the Ebola response, with potential links to trafficking in minors for sex. Complaints were made by local civil society and the Department of Gender, however, there was no reprieve. Attempts were made to close the brothels and repatriate the trafficked and abused girls to their areas of origin. There are numerous anecdotes of sexual exploitation and abuse, related to recruitment processes, as narrated by local aid workers.

These reports have reinforced historical perceptions of impunity by UN/humanitarian actors, stretching decades back. There have not been criminal sanctions for violation of the affected population by humanitarian staff. There is a feeling lessons are not being learned, as was clearly articulated by a senior humanitarian official, ***“we’re not learning lessons, merely documenting practice unless the lessons are actually applied.”***

Finding 2: Prevention gaps

There are ongoing efforts to support awareness raising on SEA within the affected population. However, these are not linked to primary prevention measures on addressing GBV and consistent approaches for addressing root causes and empowerment of women and girls were lacking. There is no evidence of social mobilisation efforts to support social norm change. Internal mechanisms on prevention by IASC partner agencies were of limited consistency. Some agencies emphasise mandatory courses for all staff and signing of codes of agencies. This, however, does not translate into behaviour changes. Perceptions on SEA range from denial, defensiveness, to justification of SEA based on what is considered context specific circumstances, especially the nexus to poverty and alleged transactional nature of relationships in DRC, situated within the wider pervasiveness of conflict related sexual violence and gender based as well as cultural acceptance of SEA by community members. Some humanitarians consider themselves the “victims” as communities seek benefits from humanitarian workers. Aid workers referred to consensual relationships with the affected population, alleged schemes to extort humanitarian staff and community offering women for humanitarian assistance and protection.

Finding 3: Addressing indications of SEA in the absence of formal allegations

A number of SEA concerns were reportedly brought to the attention of Ebola response managers, but were not referred and treated as unactionable rumours in the absence of a formal allegation by a victim or complainant. These were missed opportunities to address potential cases and assist victims, as well as to ramp up prevention and response measures. Considering that the vast majority of the alleged abuses in the Ebola response were in the context of employment, there was not a high incentive to report while there was still a perceived benefit.

Finding 4: Risk mitigation

A mandatory risk assessment was recently conducted by agencies, under the leadership of the HC/RC/DSRSG, which has contributed to a better understanding of key gaps in the humanitarian system. Some NGOs carry out periodic “spot checks” in implementation sites and have dedicated safeguarding staff deployed in each response. In addition, the PSEA Ebola Network carried out joint field assessments, and took steps to mitigate SEA risks during the COVID-19 pandemic by strengthening CBCMs and the Ligne Verte during COVID-related travel restrictions which impacted access to communities and ability to monitor programmes. Overall, however, there has not been consistent effort by humanitarian agencies and partners to review their respective programmes for potential SEA risks, nor to track patterns of behaviour, such as frequenting prostitution areas.

RECOMMENDATIONS

1. **Compliment the complaints-based system to ensure a more proactive approach to support prevention.** Humanitarian leadership needs to act on initial alerts. While agencies do not investigate rumours, some immediate action can and should be taken as rumours are indicators of potential patterns of misconduct. This could include community consultations on PSEA and to assess the effectiveness of the complaint mechanism entry points in that particular location and modify according to the feedback; analyze relevant programme delivery methods that relate to the forms of SEA in the rumours and adjust as appropriated and increased risk mitigation measures. These actions may contribute to prevention, facilitated reporting, and increased trust by communities. Allegations or rumours that are not acted upon can result in further deterioration of trust in the humanitarian system: *“We are leaving a negative image behind that will fester for decades on women and children.”*

Furthermore, senior management⁶ should be held accountable for:

- a. Ensuring full understanding, engagement in, and enforcement of all PSEA commitments at the internal agency and collective levels. The roles and responsibilities of agency leadership and staff must be clearly defined for each level of the humanitarian response architecture.
 - b. Gender parity, both at the senior management and operational levels.
 - c. Taking action to ensure that all allegations are safely and quickly referred to the appropriate channel and that rumours are treated as potential indicators of misconduct and are followed up with immediate operational action.
 - d. Training and tasking line managers to identify patterns of behavior that raise red flags within their respective organizations, and actively taking steps to address them.
 - e. Enhanced management oversight and monitoring of personnel with direct engagement with beneficiaries and those in charge of recruitment processes.
 - f. Reviewing administrative and management procedures, including local-level recruitment and procurement processes, to ensure that there are sufficient safeguards and levels of scrutiny to prevent and identify misconduct.
 - g. The HCT and their member organizations should conduct regular risk assessments at the collective and individual agency levels to identify potential hotspots.
 - h. Periodically assess staff, third-party contractors and volunteers on performance and behavior.
2. **Culture change and promoting Zero Tolerance to “inaction”:**
 - a. Administrative measures should be instituted to ensure the removal of alleged perpetrators from any contact with beneficiaries or members of the affected community during the investigative and/or legal process.
 - b. Continued and regular training for all managers and staff on the zero tolerance policy; the types of SEA (including the issue of “consent” and the difference with GBV); and on unconscious bias, which can lead to deniability and excuses based on strategic and survival-based negative coping mechanisms and attempts to shift blame to victims. The various forms of SEA should be fully understood by agency staff and that standards of conduct apply regardless of culture or context. Furthermore, agency leadership has a responsibility to actively enforce Code of Conduct breaches. Finally, include PSEA in agency-specific deployment packages and incorporate into UNDSS briefings.

⁶ This refers to HCT representatives

3. **Community Engagement:** The HC/HCT should take the lead to ensure efforts are responsive to the voices of the affected population, guided by the principles of partnership and respect, and establish/strengthen community-based complaints and feedback mechanisms. There must be deliberate efforts to strengthen the voice and agency of community members, and work with and empower community structures and systems to enhance community trust and partnership in addressing SEA. Beneficiary feedback should inform the design, implementation and monitoring of PSEA programmes and the development and maintenance of complaint and feedback mechanisms. Furthermore, proactive and regular community sensitization campaigns should be carried out on SEA, the zero-tolerance policy, and how to report.
4. **Engagement with Government:** Establish a clear framework for cooperation with the government within the context of public health and other humanitarian response operations. This could be embedded within the UNDAF (or similar) and HRP (or similar) to establish a joint commitment with the Government on SEA prevention and response. In addition, as government actors have an increased role in direct implementation during epidemic response, a clear agreement should be established on referral procedures, investigations, and prosecutions. This could include the designation of a government focal point to handle SEA allegations involving government actors, to address legal and paternity claims, and to promote and strengthen access to justice for survivors.
5. **Investigation capacity:** Ensure that resources are available to support national and local organizations with developing internal PSEA policies and building investigation capacity. This can include technical training on investigations, as well as establishing an investigation pool for agencies that lack sufficient resources or the capacity to carry out an internal investigation.
6. **Risk Assessment and Mitigation:**
 - a. The PSEA Network should conduct a risk analysis at the onset of a public health or humanitarian response, and at regular intervals thereafter, to identify key risk factors that would be conducive to SEA, report these findings to the HCT, and enact targeted prevention and response measures. Risk factors could include, for example, risks related to the distribution of cash and other forms of assistance, hiring practices, gender imbalance in response teams, existence of brothels, as well as underlying risk factors within local contexts such as sexual exploitation, etc.
 - b. In addition, a common set of PSEA requirements, such as those outlined in the UN PSEA common assessment, should be met by all humanitarian actors in advance of receiving Country-Based Pooled Funds and/or deploying staff as part of a public health or other humanitarian response operation.
 - c. To prevent re-recruitment of offenders, UN agencies should actively use the OneHR joint UN Centre for Human Resources that was launched in June 2018 for cross-checking international professional candidates.⁷ A similar effort to prevent re-recruitment should be developed at the country level for locally-based recruits into the UN systems, and for INGO and national NGOs engaged in epidemic or humanitarian response.
7. **Transparency:** The HC and HCT members should release (anonymized) country-based statistics on allegations received; investigations; outcomes and case trends. This will empower survivors, build

⁷ It includes employment, academic record, and qualitative reference verification plus a Clear Check process by which former UN personnel are screened 'against the following United Nations databases: Sexual Exploitation and Abuse (SEA); Sexual Harassment and Abuse; and Security Council Sanctions List' to identify those 'dismissed owing to substantiated allegations of sexual exploitation and abuse or who left the organization with a pending investigation or disciplinary case'.

confidence with affected communities and staff members in agencies' complaint handling and commitment to end impunity, and act as a deterrence measure. Such information would also allow for better analysis and understanding of the prevalence and types of SEA, necessary to inform targeted prevention measures, and highlight key areas of risk.⁸ All UN statistics are compiled through the UN i-report system, which is managed by the UN Office of Human Resources Management (OHRM) on behalf of the UN Office of the Special Coordinator on PSEA and is strongly encouraged to disaggregate data by country.

8. **Donor role:** Advocate to include risk mitigation lines in budgets, rather than a "PSEA line". This will also help ensure that misconduct issues are addressed holistically and not in a piece-meal fashion. Financial contributions for PSEA Coordination and other core collective functions are important, however, these should not be at the expense of other key protection activities that remain chronically under-funded e.g. GBV and child protection activities. Finally, donors, including International Financial Institutions, have a key advocacy role in promoting concrete PSEA commitments and adherence to those commitments with national counterparts. Finally, donors should assess humanitarian agencies' PSEA commitment based on the prevention and response systems in place rather than solely on the existence of complaints.
9. **Sustainability:** The HCT PSEA Strategy should link to long-term frameworks such as the UN Sustainable Development Framework and be integrated into HDPN programming. A PSEA transition plan should be developed following the down-scale or end of a response to ensure continued access to reporting mechanisms and direct services.

⁸ For UN agencies, all statistical reporting is compiled through the UN iReport managed at UN Headquarters.

EBOLA RESPONSE

OVERVIEW (“CHAPEAU”)

The 10th Ebola epidemic in DRC was declared on 01 August 2018 and affected 29 Health Zones in the provinces of North Kivu, Ituri and South Kivu. It was only declared over on 25 June 2020, having resulted in 3,470 probable and confirmed cases, out of which there were 2,287 deaths and 1,171 Ebola survivors. The response to the epidemic involved a massive effort led by the Ministry of Health, with primary support from WHO, which deployed over 2,690 personnel to respond to the outbreak, and from dozens of UN agencies, international and national NGOs. The Humanitarian Coordinator, supported by OCHA, helped coordinate the non-health aspects of the response. In May 2019, the UN Secretary-General established a strengthened coordination and support mechanism, the UN Ebola Emergency Response Office (UNEERO) led by an Emergency Ebola Response Coordinator (EERC). The response to the 10th epidemic took place in a complex environment characterized by conflict and violence, which on occasions was directed at responders.

The PSEA Network in the Ebola Response was established after the outbreak of the epidemic in 2018, with senior leadership support from the Deputy Humanitarian Coordinator and technical guidance from the GBV sub-cluster coordinator, however, was not sufficiently prioritized by the coordination structure and implementing agencies, nor mainstreamed across programming. In October 2019, the PSEA Network was reestablished under the Ebola Emergency Response Coordinator (EERC) in an effort to better address PSEA in EVD activities and strengthen community engagement, particularly with women, girls and marginalized groups. The chairmanship was shared between UNEERO (UN) and CARE International (INGO), and was supported by two PSEA Coordinators⁹ recruited by the World Bank and UNFPA and included a Steering Committee and Coordination Network of 30 humanitarian organizations. The Network developed a Strategy and Action Plan, for which seed funding was provided by UNEERO. The PSEA Ebola Network conducted PSEA focal point trainings, carried out joint field missions to assess SEA risks, developed and endorsed a Code of Conduct, and created tools on survivor-centred assistance, reporting, and communications. Lessons learned and best practices were documented, and member activities assessed.

In addition, a sub-national network was established in Mambassa, Ituri with UN agencies, INGOs, national NGOs and local groups. This was viewed as an important collaboration between NGOs where local actors received PSEA training and actively engaged in awareness-raising, complaint handling, and direct service provision to affected communities.

In May 2020, a Transition Plan for the post-Ebola 10 transition period between July – December 2020 was drafted, identifying priority activities and putting forward key recommendations. It also outlines how the PSEA Ebola Network and activities will be absorbed into the Goma sub-national network covering eastern DRC. The Transition Plan was given to the HC/RC/DSRSG and Deputy HC, the UNEERO team, and the national PSEA Network and Coordinator – and the elements are captured in the new PSEA Strategy and Action Plan.

The eleventh Ebola outbreak was declared on 01 June 2020, prior to the end of the tenth epidemic. In response, the PSEA Ebola coordinator initiated a risk assessment, and identified complaint and feedback mechanisms in place and PSEA focal points including previous focal points in North Kivu who had been transferred to Mbandaka.

⁹ The two Coordinators were recruited in October 2019 and March 2020 respectively, until the end of the epidemic in June 2020. They were seated in the Ebola Response Coordination Office.

Despite the efforts listed above to initiate processes on PSEA at the start of the tenth Ebola response, it was generally noted that it was “too little or too late” in many of the contexts and was not systematically prioritized by actors, including by the Ebola Commissions. Sensitization efforts were delayed and some were viewed as focusing on the negative consequences of engaging in sexual exploitation upon staff and agencies, rather than on the impact on victims and affected communities – emphasizing a survivor-centred and human rights-based approach.

The team heard allegations of sexual abuse across all the field locations visited; Beni, Butembo, Bunia, and Mbandaka, largely within the context of the Ebola response. This included abuse during recruitment processes, in exchange for goods and services, and sexual activity with prostitutes, including potential minors.

This dynamic had a negative impact on the effectiveness of the Ebola response. Communities doubted the seriousness of the disease or perceived ulterior motives in the actions of humanitarian aid workers, considering the close contact and interaction which humanitarian workers had with sex workers and other women. It also compromised the safety of the response team, as the attack on humanitarian workers may have been in part due to the prevalence of SEA.

There are varying levels of knowledge and appreciation of SEA among staff. During interactions with humanitarian workers, perceptions ranged from strong commitment and concern, to dismissiveness and justifying SEA based on the context e.g. poverty, alleged transactional nature of relationships in DRC as a negative coping mechanism, and the perceived acceptance of SEA by community members. There were also views that some humanitarians considered that they were “targeted” by extortion efforts to gain assistance or other benefits. Other aid workers referred to consensual relationships with the members of the affected population.

Community trust has been eroded as a consequence of the alleged sexual exploitation and abuse, as well as a lack of effective engagement with communities in the rapid response to the tenth Ebola outbreak. Communities viewed the amount of funds allocated to the Ebola response as excessive as compared to the protection and assistance needs, both on public health and in response to ongoing attacks by non-state armed groups. This is further compounded by historical allegations of sexual abuse and exploitation by United Nations peacekeeping personnel between 2006 and 2007 in which a perception of impunity by UN was engrained among the community. Hence efforts should be made to strengthen accountability to affected persons and effective mechanisms to enhance risk communication with communities.

Finding 1: PSEA was not sufficiently prioritized by all response agencies, and despite the establishment of the PSEA Ebola Network, targeted activities were not carried out at the outset of the response. This impacted later efforts to effectively prevent SEA.

Finding 2: The national and sub-national Ebola Commissions, which were co-led by the Government and one UN agency respectively and that took decisions on the epidemiological aspects of the response, did not specifically address PSEA or include protection within the response. These Commissions were dedicated to case management; epidemiological management; prevention, infection, and control; security and community engagement.

Humanitarian (UN and I/NGO) staff and local NGOs did raise SEA concerns during the response. Some of the concerns were around rumours of ongoing misconduct, but it was unclear what action should have been taken at the time. A significant number of agencies established complaint and feedback mechanisms, and the PSEA Ebola Network coordinator received SEA allegations directly. However, there were insufficient linkages between the mechanisms and information on how to report and refer allegations involving other agencies,

which led to inaction. Furthermore, some NGOs reported that early concerns over gender and SEA were not addressed.

Finding 3: There was a gender imbalance and negative power dynamic in the response, which was male dominated especially at the management level. This in part contributed to limited attention and focus on SEA prevention and response, including good faith efforts to respond to indicators of potential SEA and other forms of misconduct. Staff who did report SEA incidents were disproportionately female, underscoring the need for agencies to enforce their respective whistle-blowing policies. The presence of women is critically important to counter-act the power imbalance and enhance a protection lens within activities.

Finding 4: The lack of community engagement from the onset of the tenth Ebola response, both in the design and implementation of activities, permeated the relationship between response teams and the communities, and further deteriorated trust and the willingness to report. It also hindered the ability to utilize and build upon community prevention mechanisms, and to inform the design of safe and effective entry points for reporting.

Finding 5: The tenth Ebola outbreak occurred in an area with an ongoing armed conflict, which posed physical security and protection concerns. However, engagement with security actors to play an active role in the Ebola response had a direct impact on humanitarian principles and community trust in the response actors, which may have further inhibited community reporting and contributed to an environment conducive to SEA.

Finding 6: There was a lack of control over access to and use of agency clothing/logos and vehicles, specifically WHO, by non-staff. This contributed to confusion and may have impacted reporting e.g. identifying which agency the alleged perpetrator worked for.

Finding 7: Lack of controls in the management of staff surge and a huge resource envelope, with limited oversight, provided room for abuse. Recruitment processes lacked transparency and oversight. The authority for recruitment of national staff was largely delegated to the local level, often to one individual who operated with a high degree of autonomy and without a secondary level of scrutiny to identify breaches in hiring standards and ensure qualifications of the recruit. This contributed to an environment conducive to SEA. Furthermore, communities were aware of recruitment decisions based on transactional sex, which is Sexual Exploitation and Abuse, and further eroded trust in the humanitarian system. In Butembo, communities reported that sex workers, street vendors and other persons without technical qualifications were given contracts to work as part of the Ebola response. WHO is currently examining its recruitment procedures to ensure greater transparency and accountability in DRC, which will inform its global processes.

RECOMMENDATIONS

1. Prioritize community engagement during programme development and implementation in order to foster trust and transparency, and when designing complaint and feedback mechanisms (particularly those designed to receive SEA allegations) that build on the knowledge and resources of community systems to support prevention efforts, reporting and response.
2. Ensure that all facets of epidemic response are guided by and adhere to humanitarian principles.
3. Management of recruitment processes needs to be prioritized, ensuring a centralized process with strengthened oversight and safeguards, particularly for locally-based recruitment, and that promotes a standardized approach to avoid misconduct and recruitment malpractice. Furthermore, standards of conduct must be adhered to by all agency staff, implementing partners, and local and national authorities engaged in the response.

4. As the lead agency for all public health responses, and to support the establishment and integration of PSEA from the outset of an epidemic response, WHO should deploy a PSEA unit to be embedded within the epidemic response team and which can support an overall inter-agency response by the PSEA network. All other humanitarian agencies that are involved in or contribute to a public health response should deploy a PSEA specialist or dedicated focal point at the outset of their agency's engagement. PSEA team should be embedded in each major epidemic response operation, tasked with mainstreaming PSEA across all activity areas, and charged with enacting concrete prevention and response measures.
5. IASC partners should refine their scale-up and response models with a focus on keeping sufficient oversight for recruitment, procurement and other activities to limit the risk of SEA. Establishing clear procedures and standards at the start of a response are of particular importance in epidemics, given the expediency of activities to contain the outbreak and the heavy engagement by national authorities.

Annex I. PSEA Senior Technical Support Mission: Terms of Reference

What: IASC Protection from Sexual Exploitation and Abuse (PSEA) Field Support Team Mission to the Democratic Republic of Congo (DRC), 2020

Timing: 22 October to 13 November 2020

Background and Context

1. The IASC has committed to scaling up protection from sexual exploitation and abuse (PSEA) from the outset of all humanitarian responses, and to supporting Humanitarian Coordinators and Humanitarian Country Teams (HC/HCTs) to deliver effectively on PSEA. In response to serious concerns about allegations raised in the media of sexual exploitation and abuse during the Ebola response in eastern DRC, on 11 October the IASC Emergency Director's Group called for a support mission. The mission focus areas include:
2. **PSEA coordination architecture and Governance at the national and sub-national levels:** Bolster coordination capacity in the PSEA Network, with a focus on Kinshasa, Goma/ North Kivu, Bunia/ Ituri, Kananga/ Kasai, Mbandaka/ Equateur, and other locations if time allows, and identifying resources for sustained coordination support;
3. **Safe and accessible reporting mechanisms:** Identify community-based reporting and referral mechanisms and any gaps in these, and support the PSEA Network to immediately fill these gaps, strengthen existing channels, and fostering inter-agency mechanisms to assess the safety and accessibility of reporting channels and that they are trusted by communities, and making required changes; Reinforce awareness-raising strategy so affected populations are aware of the prohibition of SEA and existing reporting mechanisms;
4. **Survivor-centred assistance:** Support an inter-agency/ joint approach to scaling up existing Gender-Based Violence (GBV) and Child Protection services in line with the Inter-Agency Minimum Standards on GBV in Emergencies, and ensure child and adult victims and survivors of sexual exploitation and abuse have access to quality services in accordance with the UN Victims' Assistance Protocol;
5. **Accountability:** Review institutional accountabilities for PSEA as well as the systems in place to hold individual perpetrators accountability, as core contributors to an overall system and culture of prevention. This includes examining the relevant prevention efforts; recruitment procedures; role of the Government; criminal sanctions; context analysis and their contributory factor to lack of accountability. **Ebola response review:** Conduct a rapid review of overall gaps and lessons learned in relation to PSEA in the context of the Ebola response, and provide recommendations to inform future responses. This includes a review of if/how programming included SEA risk mitigation.

Objectives

6. Support the Humanitarian Coordinator and the in-country PSEA Network to address gaps in coordination, services, and to lay the groundwork for effective coordination between investigations, protection and communications. The team will also share observations for strengthening prevention, response and accountability to affected populations for PSEA.

Composition of the interagency mission Team

7. **The composition of the PSEA Field Support team was determined by the Emergency Director's Group (EDG) through nomination of senior agency representatives with a background in PSEA. The team was**

comprised of the following: Peter Ekayu, Deputy Head of the IASC Secretariat (co-lead); Tristan Burnett, a.i. IOM Deputy Director of Operations and Emergencies (team lead); Andreas Mlitze, WHO Director of Ethics and Risk Compliance; Houda Chalchoul, UNHCR Senior Legal Advisor; and Catherine Wepplo, UNICEF Child Protection Expert, and worked in close collaboration with the IASC Senior PSEA Advisor Wendy Cue, Geneva, Switzerland. All members of the support team acted on behalf of the IASC and did not represent their respective agencies during this exercise. OCHA provided logistical and support throughout the mission, with direct liaison and technical support from the OCHA Deputy Head of Office in Kinshasa, the National PSEA Coordinator, and the GenCAP Senior Gender Advisor.

Methodology

8. The Field Support Mission to DRC was carried out at the direct request of the Emergency Director's Group, which was tasked by the IASC Principals to provide immediate and collective support to the RC/HC/ DSRSG and the Humanitarian Country Team in strengthening SEA prevention and response measures. During the preparation of the mission, calls were organized with the PSEA Coordinator and OCHA to agree on the scope of the mission.
9. The Field Support mission will meet with PSEA Network representatives at the capitol, regional and sub-regional levels, Representatives and Heads of Mission of UN agencies, INGOs, national NGOs, and community groups engaged in humanitarian response operations, as well as the previous and ongoing Ebola responses including MONUSCO leadership and CDT. Additionally, the team will meet with provincial Government Representatives.
10. Group and bilateral meetings were arranged to get perspectives on gaps and lessons learned at the collective and individual agency levels on the four thematic focus areas (PSEA coordination and governance; survivor-centred assistance; safe and accessible reporting mechanisms; and accountability and prevention), and on PSEA measures in the previous and ongoing Ebola responses.
11. The Field Support Mission visited Goma, North Kivu; Beni and Butembo, North Kivu; Bunia, Ituri; Mbandaka, Equateur; and Kinshasa.

Main findings and Recommendations

12. **The Field Support Team will produce a narrative report** with an analysis of the current SEA prevention and response measures in place, identify best practices and gaps, and put forward concrete recommendations that are contextually appropriate in the DRC context. The report will be shared with the EDG and the DSRSG/RC/HC within 3 weeks of the completion of the mission, with final submission to the IASC Principals for further action and dissemination.

Follow up

13. Briefing to IASC, EDG, Donors and other groups as appropriate.

Annex II. PSEA Senior Field Support mission programme

DAY 0: SATURDAY, 24 OCTOBER – GOMA

TIME	ACTIVITY	PARTICIPANTS
14:00	Technical support team meeting – coordination and logistics planning	IASC; IOM; UNICEF; WHO; OCHA-Kinshasa; PSEA Coordinator

DAY 1: SUNDAY, 25 OCTOBER – GOMA

TIME	ACTIVITY	PARTICIPANTS
14:00	Coordination meeting (OCHA Goma)	IASC; IOM; UNICEF; WHO; OCHA-Kinshasa; PSEA Coordinator
17:00 – 18:00	MONUSCO Human Rights	UNICEF; IOM
19:30	Oxfam US (phone)	IOM

DAY 2: MONDAY, 26 OCTOBER – GOMA

TIME	ACTIVITY	PARTICIPANTS
13:30-14:00	UNICEF Country Director	IASC; IOM; UNICEF; WHO
14:00-15:00	RC/HC/DSRSG	IASC; IOM; UNICEF; WHO; UNHCR
15:00-16:00	HCT – Kinshasa and Goma (Forumungi; IOM; UNICEF; ECHO; MC; DFID; OCHA; DRC)	IASC; IOM; UNICEF; WHO; UNHCR
16:15	Goma CRIO (sub-regional HCT: Forumungi; CARE; NRC; UNFPA; WV; IRC; ALIMA; Solidarite; Oxfam; ACF; UNICEF; Mercy Corps; OCHA; DRC; FONAH)	IASC; IOM; UNICEF; WHO; UNHCR

DAY 3: TUESDAY, 27 OCTOBER - GOMA

TIME	ACTIVITY	PARTICIPANTS AND VENUE
9:00 – 10:00	MONUSCO OIOS	UNICEF; WHO
10-12:30	INGO consultations (Mercy Corps; ACF; NRC; IRC; DRC; Oxfam; CARE; World Vision; Save the Children; Solidarite; Forumungi coalition)	IASC; IOM; UNICEF; WHO; UNHCR

11:30	MONUSCO CDT	IASC; WHO
14:00	Governor of North Kivu; Provincial Minister of Social Affairs	IASC; IOM; UNICEF; WHO; UNHCR; OCHA-Goma
15:30	PSEA Network – Goma (PSEA Goma Coordinator; Co-chair CARE)	IASC; IOM; UNICEF; WHO; UNHCR
16:00	UN Working Group on PSEA (NY) – briefing on scope of mission	IOM

DAY 4: WEDNESDAY, 28 OCTOBER – BENI AND GOMA

TIME	ACTIVITY	PARTICIPANTS AND VENUE
9:15	<u>Goma</u> : National PSEA Coordinator; OCHA Kinshasa	IOM; UNHCR
14:00	<u>Goma</u> : DSRSG David Gressly	IOM; UNHCR
	Travel to Beni	IASC; UNICEF; WHO
16:00-17:30	<u>Beni</u> : Heal Africa – GBV actor	IASC; UNICEF; WHO

DAY 5: THURSDAY, 29 OCTOBER – BENI AND GOMA

TIME	ACTIVITY	PARTICIPANTS AND VENUE
9:00 – 10:30	<u>Goma</u> : Danish Refugee Council, Country Director	IOM; UNHCR
10:30 – 11:00	<u>Goma</u> : CARE Country Director	IOM; UNHCR
11:00	<u>Goma</u> : Mercy Corps Country Director	IOM; UNHCR
14:15	<u>Goma</u> : NE Protection Cluster Co-chair, NRC	IOM; UNHCR
16:00	<u>Goma</u> : ACF Country Director	IOM; UNHCR
9:00 – 10:00	<u>Beni</u> : Meeting with local community leaders	IASC; UNICEF; WHO
10:00 – 11:30	<u>Beni</u> : Meeting with local GBV sub-cluster members (medical, PSS, legal, socioeconomic reintegration actors) with SEA complaint mechanisms	IASC; UNICEF
11:30 – 12:45	<u>Beni</u> : SOFEPADI	IASC; UNICEF
13:30 – 15:30	<u>Beni</u> : Focus group discussion with local women	IASC; UNICEF
15:30 – 17:00	<u>Beni</u> : Focus group discussion with youth leaders	IASC; UNICEF; WHO

DAY 6: FRIDAY, 30 OCTOBER – BUTEMBO AND GOMA

TIME	ACTIVITY	PARTICIPANTS
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8:30	<u>Goma</u> : NRC Country Director	IOM; UNHCR
18:00	<u>Goma</u> : DSRSG/RC/HC	IOM; UNHCR
10:00-11:30	<u>Butembo</u> : GBV sub-sector (head of Ministry of Gender Affairs, Caritas, World Aid, Fepsi, SAFDEF, Coope, Centre Promotion Socio Sanitaire, Femme Juridistes, ADF, Mercy Corps, GOAL)	IASC; UNICEF
11:30 – 12:00	<u>Butembo</u> : Mayor of Butembo	IASC; UNICEF; WHO
12:30 – 14:00	<u>Butembo</u> : SAFDEF	IASC; UNICEF; WHO
14:30 – 15:30	<u>Butembo</u> : Danish Refugee Council	IASC; UNICEF
15:30 – 17:00	<u>Butembo</u> : Community leaders/ focal points for the Danish Refugee Council community-based complaint mechanism	IASC; UNICEF
DAY 7: SATURDAY, 31 OCTOBER – BUTEMBO AND GOMA		
TIME	ACTIVITY	PARTICIPANTS AND VENUE
09:30 – 11:00	<u>Butembo</u> : LOFEPACO	IASC; UNICEF
11:30 – 13:00	<u>Butembo</u> : Youth parliament Butembo	IASC; UNICEF
DAY 8: SUNDAY, 01 NOVEMBER – BUTEMBO AND GOMA		
TIME	ACTIVITY	PARTICIPANTS
19:15	Team meeting	IASC; IOM; UNHCR; UNICEF
DAY 9: MONDAY, 02 NOVEMBER – BENI AND GOMA		
TIME	ACTIVITY	PARTICIPANTS
10:00	<u>Goma</u> : IRC Country Director	IOM; UNHCR
12:00	<u>Goma</u> : PSEA/GBV Goma Coordinator	IOM; UNHCR
15:30	<u>Goma</u> : World Vision Country Director	IOM; UNHCR
14:30 – 15:30	<u>Beni</u> : UNICEF CP Specialist for Ebola response	IASC; UNICEF; WHO
15:30 – 16:30	<u>Beni</u> : Great Lakes Legal aid GBV service provider	IASC; UNICEF; WHO
DAY 10: TUESDAY, 03 NOVEMBER – BUNIA AND GOMA		
TIME	ACTIVITY	PARTICIPANTS

10:00	Travel to Bunia	IASC; IOM; UNHCR
12:00	<u>Goma</u> : PSEA/GBV sub-cluster coordinator	IOM; UNHCR
14:30	<u>Goma</u> : CLIO meeting	IOM; UNHCR; IASC
15:30	<u>Goma</u> : World Vision, National Director	IOM; UNHCR
DAY 11: WEDNESDAY, 04 NOVEMBER - BUNIA		
TIME	ACTIVITY	PARTICIPANTS
9:00	OCHA Bunia sub-office head	IASC; IOM; UNHCR
10:00 – 11:00	Fmr. DHC Julian Harneis (phone)	IASC; IOM; UNHCR
11:00	MONUSCO - CDT	IOM; UNHCR; IASC
14:30-17:30	Visit to Kigonze IDP camp	IOM; UNHCR; IASC; UNICEF
DAY 12: THURSDAY, 05 NOVEMBER – BUNIA		
TIME	ACTIVITY	PARTICIPANTS
9:30 – 11:30	FONAH (national NGO coalition)	IOM; UNHCR; UNICEF
11:40 – 13:00	FECONDE; CARITAS (PSEA Network Mambassa)	IOM; UNHCR; UNICEF
14:30 – 16:00	Bunia-based PSEA focal points (UNFPA, UNICEF)	IOM; UNHCR; UNICEF
16:00 – 17:00	GBV sub-cluster	IOM; UNHCR; UNICEF
17:00 – 17:40	UNEERO Ituri	IOM; UNHCR
18:00 – 19:30	UN sub-office heads (UNHCR; UNICEF; WFP; IOM; OCHA)	IASC; IOM; UNHCR; UNICEF
DAY 13: FRIDAY, 06 NOVEMBER – BUNIA/GOMA		
TIME	ACTIVITY	PARTICIPANTS
	Travel to Kinshasa	UNICEF; WHO
17:45	MONUSCO – Head of Goma Office	IOM; IASC; UNHCR; WHO
DAY 14: SATURDAY, 07 NOVEMBER - GOMA		
TIME	ACTIVITY	PARTICIPANTS
11:30	DHC Diego Zorilla	IASC; IOM; UNHCR; WHO
17:00	UNHCR Goma sub-office head	IASC; IOM; UNHCR; WHO
18:30	IFRC sub-office head (Ebola lead)	IASC; IOM; UNHCR; WHO

DAY 15: SUNDAY, 08 NOVEMBER - KINSHASA

TIME	ACTIVITY	PARTICIPANTS
	Travel to Kinshasa	IASC; IOM; UNHCR

DAY 16: MONDAY, 09 NOVEMBER – MBANDAKA

TIME	ACTIVITY	PARTICIPANTS
	Travel to Mbandaka	IASC; IOM; UNHCR
11:00	OCHA bilateral	IASC; IOM; UNHCR
13:15	Governor of Equateur; provincial ministers of Gender and Health, Cabinet Director	IASC; IOM; UNHCR
16:15	CLIO meeting	IASC; IOM; UNHCR
18:00	(national) Minister of Health	IASC; IOM; UNHCR
16:00 – 17:30	Meeting with donors (Kinshasa)	UNICEF

DAY 17: TUESDAY, 10 NOVEMBER - MBANDAKA

TIME	ACTIVITY	PARTICIPANTS AND VENUE
9:40	UNICEF bilateral	IASC; IOM; UNHCR
10:15 – 10:50	Provincial Minister of Health	IASC; IOM; UNHCR; UNICEF
11:00	IOM sub-office	IASC; IOM; UNHCR; UNICEF
14:50	IRC sub-office	IOM; UNHCR; UNICEF
17:00	Women's Lawyer Assoc. and Youth Leaders	IASC; IOM; UNHCR; UNICEF

DAY 18: WEDNESDAY, 11 NOVEMBER - MBANDAKA

TIME	ACTIVITY	PARTICIPANTS
9:00 – 10:00	WHO Mbandaka (WHO regional – Brazzaville)	IASC; IOM; UNHCR; UNICEF
11:45	Women's Lawyer Assoc (con't)	IASC; IOM; UNHCR; UNICEF
	Travel to Kinshasa	IASC; IOM; UNHCR; UNICEF

DAY 20: THURSDAY, 12 NOVEMBER – KINSHASA

TIME	ACTIVITY	PARTICIPANTS
8:00 – 9:00	RC/HC/DSRSG David MacLauchlan-Karr	IASC; IOM; UNHCR; UNICEF; WHO

9:00 – 10:00	UNCT debrief (RC/HC/DSRSG)	IASC; IOM; UNHCR; UNICEF; WHO
14:00	PSEA Coordinator; OCHA Kinshasa; Senior GenCap Advisor	IASC; IOM; UNHCR; UNICEF
ongoing	Drafting; PSEA national strategy review and input	UNHCR; UNICEF
	WHO departs - GVA	
16:30	HCT debrief (RC/HC/DSRSG; DHC)	IASC; IOM; UNHCR; UNICEF
DAY 21: FRIDAY, 13 NOVEMBER – KINSHASA		
TIME	ACTIVITY	PARTICIPANTS
9:30 – 11:30	World Bank	IASC; IOM; UNHCR; UNICEF
12:00 – 13:00	WFP Kinshasa	IASC; UNHCR
	IOM departs - GVA	
DAY 22: SATURDAY, 14 NOVEMBER – KINSHASA		
TIME	ACTIVITY	PARTICIPANTS
	UNICEF; IASC; UNHCR depart	
SATURDAY, 05 DECEMBER – GENEVA/NY (FOLLOW-UP)		
TIME	ACTIVITY	PARTICIPANTS
17:00 – 19:00	(fmr) PSEA Ebola Network Coordinator	IASC; IOM; UNHCR; UNICEF

Stratégie pour la Protection contre l'Exploitation et les Abus Sexuels RDC 2020 – 2023

Table des matières

- I. Introduction
- II. Contexte
 - A. Analyse de la situation
 - B. Les efforts actuels de la PSEA en RDC
- III. Principes directeurs
- IV. Stratégie PSEA en RDC 2020 – 2023
 - A. Approche élargie du système PSEA en RDC
 - B. Résultats attendus
 - C. Supervision et Coordination de la PSEA
- V. Suivi et Évaluation
- VI. Financement de la Stratégie PSEA en RDC

I. Introduction

La Stratégie de Protection contre l'Exploitation et les Abus Sexuels (PSEA) définit la vision, les objectifs et les valeurs que les acteurs humanitaires et du UNCT en République Démocratique du Congo (RDC) promeuvent, et les actions concrètes qu'ils mènent en la matière, et ceci en collaboration avec leurs différents partenaires tout en considérant les différents mandats et activités que ces organisations mènent.

L'exploitation et les abus sexuels (EAS) constituent des atteintes intolérables aux droits fondamentaux de la personne et représentent une véritable trahison des valeurs fondamentales du système humanitaire fondées sur la bienveillance, le respect, l'intégrité, la confiance et la responsabilité et, par conséquent, ne sauraient être cautionnés.

Inspirée par ces valeurs, la présente stratégie est fondée sur une culture de **tolérance zéro** envers toute forme de faute professionnelle à connotation sexuelle, sur une culture de la prévention, la dissuasion, l'égalité des genres et la redevabilité à tous les échelons des organisations concernées.

Les acteurs humanitaires travaillent dans un environnement caractérisé par **des écarts de pouvoir importants** et par des inégalités profondément enracinées, notamment des inégalités basées sur le genre. Des conditions qui peuvent donner lieu à des comportements sexuels répréhensibles sont omniprésentes dans cet environnement et infligent des **dommages intolérables** aux victimes et à leurs familles. Ces comportements vont à l'encontre des valeurs intrinsèques que défendent les acteurs humanitaires et portent atteinte à la sécurité du personnel, à la réputation ainsi qu'à la crédibilité du travail humanitaire et de développement en général.

La stratégie actuelle vise quatre objectifs fondamentaux:

- Mettre en place une structure de coordination qui harmonise les différentes interventions pour prévenir et répondre aux exploitations et abus sexuels ;
- S'assurer que les victimes sont au cœur de tout ce que nous faisons pour lutter contre les comportements sexuels répréhensibles ;
- Guider la façon de prévenir, d'identifier, de remédier et de sanctionner les comportements sexuels répréhensibles ainsi que l'inaction face à ces comportements
- Affirmer tant la responsabilité individuelle du personnel des organisations du réseau contre les comportements sexuels répréhensibles, comme la responsabilité institutionnelle des organisations du réseau de prendre toutes les actions nécessaires dans ce domaine.

Cette stratégie sera contextualisée au niveau des hubs humanitaires pour sa mise en œuvre. Elle fera aussi l'objet de révision tous les ans.

II. Contexte

A. Analyse de la situation

L'exploitation et les abus sexuels commis par les personnes travaillant pour l'organisation des Nations Unies (ONU) et la communauté humanitaire et de développement infligent des dommages aux femmes, filles, hommes et garçons que nous servons. Les actes d'EAS¹⁰ compromettent la crédibilité de l'ONU et de tous les partenaires et enfreignent le principe

¹⁰ L'EAS se définit comme :

Exploitation sexuelle : Fait d'abuser ou de tenter d'abuser d'un état de vulnérabilité, d'un rapport de force inégal ou de rapports de confiance à des fins sexuelles, y compris mais non exclusivement en vue d'en tirer un avantage pécuniaire, social ou politique.

Abus sexuels : Toute atteinte sexuelle commise avec force, contrainte ou à la faveur d'un rapport inégal, la menace d'une telle atteinte constituant aussi l'abus sexuel.

central de ne pas nuire (« *do no harm* »). L'ONU et ses partenaires reconnaissent leur responsabilité de leadership pour renforcer la lutte contre l'EAS en RDC afin de parvenir à un véritable système de responsabilité collective.

Dans le contexte de la RDC, de nombreux facteurs contribuent à des rapports de forces inégales et, par conséquent, à une augmentation du risque d'EAS. Ceux-ci incluent notamment : les inégalités de pouvoir entre les femmes et les hommes, les garçons et les filles ; le déploiement massif des acteurs humanitaires ; la vulnérabilité accrue des populations due aux épidémies et aux conflits ; le pouvoir d'achat élevé et l'accès aux ressources des acteurs humanitaires parallèlement à la pauvreté chronique et au manque d'opportunités économiques pour les femmes ; une tendance à accepter et normaliser les violences sexuelles et basées sur le genre et par conséquent l'EAS ; les insuffisances des actions de prévention et de réponses aux EAS ; les déplacements massifs de populations ; la vulnérabilité accrue des enfants non accompagnés ; l'impunité etc.

Le terme « exploitation et abus sexuels » comporte des actes graves, comme le viol, la prostitution, la traite de personnes et les relations d'exploitation sexuelle telles que des rapports sexuels en échange d'argent, d'emploi, de nourriture ou de médicaments et/ou avec la promesse de sécurité. Le risque d'exploitation et abus sexuel est une problématique préoccupante en matière d'aide au développement, d'aide humanitaire et responsabilité sociale des organisations internationales. Tous les membres de la communauté humanitaire et d'aide au développement ont la responsabilité de s'assurer de la protection contre l'exploitation et les abus sexuels des personnes qu'ils assistent.

Les Nations Unies et toute la communauté humanitaire et de développement appliquent une politique de tolérance zéro vis-à-vis de l'exploitation et des abus sexuels par leurs personnel et les personnels affiliés, y compris leurs partenaires de mise en œuvre, conformément à la circulaire du Secrétaire général des Nations Unies intitulée « Dispositions spéciales visant à prévenir l'exploitation et les abus sexuels en 2003 (ST/SGB/2003/13) ». Cette stratégie est guidée par les principes qui soulignent le cadre de responsabilité envers les populations affectées (*Accountability to Affected Populations framework*), ainsi que la centralité de la protection dans l'action humanitaire.

Le gouvernement congolais, les partenaires locaux et la société civile, notamment les associations à leadership féminin doivent être davantage impliqués dans le travail de PSEA dès le début et tout au long des interventions de l'aide humanitaire et de développement. Cela nécessite des ressources pour renforcer leurs capacités et les impliquer dans des missions de consultation et d'évaluation sur le terrain.

B. Les efforts actuels de la PSEA en RDC

L'EAS n'est pas une problématique nouvelle en RDC. Des progrès ont été fait pour lutter contre les EAS, mais on constate que ces efforts pourraient bénéficier d'une plus grande cohérence. Le but de cette stratégie est de promouvoir une approche plus coordonnée des initiatives qui ont été prises dans le pays, et d'en impulser de nouvelles dans le but de prévenir les cas de EAS, détecter les cas qui pourraient se produire, poursuivre les auteurs et protéger les victimes.

La crise humanitaire en RDC reste l'une des plus longues et complexes au monde. Les conflits et le manque de protection qui affectent les populations civiles, les épidémies dévastatrices comme la rougeole ou la maladie à virus Ebola, associés à des niveaux élevés de pauvreté et à des carences structurelles persistantes, ont aggravé les besoins humanitaires dans de nombreuses régions du pays. En 2020, 25,6 millions de personnes ont besoin d'une assistance humanitaire, soit 10 millions de personnes de plus qu'en décembre 2019¹¹.

Dans un système si complexe et où la population est déjà très vulnérable, il convient de développer une stratégie permettant de lutter efficacement contre l'exploitation et les abus sexuels, en reconnaissant son caractère structurel, en renforcent les actions communes sur la prévention et en impliquant toutes les parties prenantes, y compris les acteurs étatiques.

¹¹ Plan de réponse humanitaire révisé en République démocratique du Congo 2020 (juin 2020), disponible sur : <https://www.humanitarianresponse.info/en/operations/democratic-republic-congo/document/rd-congo-plan-de-r%C3%A9ponse-humanitaire-2020>

L'EAS représente un échec de la part des organisations à fournir protection et soins aux communautés, en particulier aux membres les plus vulnérables de la population.

Sous la supervision générale de la coordination humanitaire, le réseau national PSEA a été mis en place en août 2018 et est composé de 115 organisations, dont 67 ONG nationales, 33 ONG internationales et 15 organisations des Nations Unies (Agences, Fonds, MONUSCO-CDT) et des bailleurs de fonds. Dirigé par l'UNFPA, le mécanisme de coordination est responsable de la mise en œuvre des directives PSEA et de la prise en charge des victimes d'exploitation et d'abus sexuels. En décembre 2018, dans le cadre de la réponse à la 10e épidémie d'Ebola au Nord-Kivu, plus de 300 acteurs humanitaires ont été formés à la PSEA, des lignes directrices ont été distribuées et le mécanisme de plainte à base communautaire étendu et renforcé dans les zones de santé ciblées.

III. Principes directeurs

Approche centrée sur les victimes : l'approche centrée sur les victimes se fonde sur un ensemble de principes et de compétences conçus pour guider les professionnels — quel que soit leur rôle — dans leurs échanges avec les victimes (surtout les femmes et les filles, mais aussi les hommes et les garçons) de violences sexuelles ou d'autres formes de violence. L'approche centrée sur les victimes vise à créer un environnement favorable dans lequel les droits des intéressés sont respectés et privilégiés, et dans lequel les victimes sont traitées avec dignité et respect. Cette approche aide à promouvoir le rétablissement de la victime et sa capacité à identifier et exprimer ses besoins et souhaits, ainsi qu'à renforcer sa capacité à prendre des décisions sur d'éventuelles interventions.

L'approche à base communautaire : cette approche qui consiste à inclure les personnes affectées par les situations d'urgence en tant que partenaires clés, associés à l'élaboration de stratégies ayant trait à l'assistance à leur apporter et à leur protection, est indissociablement liée à une approche humanitaire axée sur les victimes.

L'approche à base communautaire repose sur le principe que les bénéficiaires de l'aide humanitaire ont « le droit de participer aux prises de décisions qui affectent leur existence » ainsi que « le droit à l'information et à la transparence » et que les responsables de l'aide humanitaire sont tenus de respecter ces droits. En plaçant les bénéficiaires au cœur même du processus des décisions opérationnelles, l'approche à base communautaire vise à ce que :

- Les personnes touchées par une situation d'urgence/d'épidémie soient mieux protégées ;
- La capacité de ces personnes à trouver, élaborer et appliquer des solutions soit renforcée ;
- Les ressources humanitaires soient utilisées de manière plus efficace.

La gestion axée sur les résultats : elle n'est pas un ensemble d'outils ou d'instructions, ni une fin en soi. C'est une façon de penser les projets et les programmes qui permet d'améliorer les pratiques de gestion, d'améliorer l'efficacité organisationnelle et d'obtenir de meilleurs résultats en matière de développement.

La sureté et la confidentialité : les plaintes peuvent être émises de manière anonyme. Tout sera fait pour que la confidentialité soit garantie tout au long de la procédure de traitement de la plainte et seul le personnel essentiel à la procédure aura accès aux informations permettant d'identifier les individus associés à une plainte.

IV. Stratégie PSEA en RDC 2020 – 2023

A. Approche élargie du système de PSEAA en RDC – HCT/UNCT/MONUSCO

Cette stratégie du réseau PEAS vise à promouvoir une approche cohérente et harmonisée de la prévention et de la réponse aux EAS conformément aux pratiques des Standards Minimums Opérationnels du IASC¹².

Le but ultime est d'établir un système dans le pays pour prévenir et répondre aux EAS ainsi que d'assurer des services de prise en charge holistique accessibles aux victimes. Les communautés, les individus, les acteurs humanitaires et les autorités doivent savoir comment signaler les incidents et doivent être certains que leurs plaintes seront traitées de manière efficace, sûre et confidentielle.

A travers l'action collective, le réseau met à disposition de ses partenaires des outils pratiques et du matériel en vue de faire remonter les plaintes.

Toutefois, cette approche élargie du système PSEA n'enlève en rien la responsabilité individuelle des entités membres du réseau quant à la prévention, l'instauration de mécanismes de détection des cas, d'investigation et de sanction. Les membres du réseau PSEA doivent par ailleurs s'engager à développer un protocole de partage des informations pour leur permettre de partager régulièrement avec le HC/RC les statistiques sur les cas de SEA. La mise en place de ce protocole sera discuté au sein du réseau afin de définir les modalités de partage de ces informations.

La Stratégie s'articule autour de quatre piliers d'action : **1) Coordination et gestion ; 2) Soutien et engagement auprès des populations ; 3) Prévention et 4 ; Réponse.**

Les résultats escomptés sont les suivants :

Coordination et gestion

Résultat 1 : La coordination et la gestion des programmes de lutte contre l'exploitation et les abus sexuels sont renforcées et efficaces.

Indicateurs:

- a. Une politique énonçant les normes de conduite en matière de PSEA existe au sein du réseau et le plan de travail pour sa mise en œuvre est en place ;
- b. Des rapports réguliers sont effectués auprès du HCT/UNCT sur les activités PSEA, soulignant les défis et les progrès du plan d'action ;
- c. Un Protocole de partage d'information est discuté, signé et mis en place par les membres du réseau.
- d. Des informations non-confidentielles sur la prévention et le rapportage des cas sont récoltées et partagées auprès des membres du réseau (analyses, leçons apprises, etc.)
- e. L'engagement avec les homologues gouvernementaux au sujet du PEAS est formalisé.

Soutien et engagement auprès des populations

Résultat 2: Les communautés sont impliquées, mobilisées et sensibilisées sur les situations d'EAS

Indicateurs :

- a. Des outils de sensibilisation pour mener des campagnes de lutte contre EAS (radio, etc.) sont développés et les messages disséminés dans les langues locales des communautés ;
- b. Des campagnes de sensibilisation ciblées sont organisées au sein des communautés de manière régulière ;
- c. Un accès à des informations de qualité est fournie aux communautés afin d'améliorer leur compréhension des situations d'EAS.

Prévention

¹² Minimum Operating Standards, Protection from Sexual Exploitation and Abuse by own Personnel (MOS-PSEA), IASC, 2012

Résultat 3: Tous les partenaires et membres du réseau ont des procédures de PEAS basées sur les Directives internationales du IASC, au sein de leur organisation

Indicateurs:

- a. Le personnel reçoit une formation de recyclage annuelle sur les normes de conduite, les mécanismes pour déposer des plaintes et les implications en cas de violation de ces normes ;
- b. La formation sur les conséquences de l'inconduite (mentionnant spécifiquement l'EAS) fait partie du processus d'induction pour les nouveaux venus ;
- c. Les membres du personnel sont conscients de leur obligation de signaler les EAS / inconduites et sont au courant de l'existence d'une politique de protection contre les représailles ;
- d. Un formulaire standard pour le recrutement du personnel est développé, adopté et mis à la disposition des ressources humaines.

Réponse

Résultat 4:

4.1 : Rapportage sûr et accessible : Chaque enfant et adulte affecté-e recevant de l'aide humanitaire a accès à des voies sûres et confidentielles, sensibles au genre, à l'âge et aux personnes en situation de handicap, pour signaler l'EAS par le biais de mécanismes de plainte communautaires qui sont appropriés au contexte:

Indicateurs :

- a. Des termes de références claires de rapportage des allégations sont développés et adoptés par les membres du réseau et mis à la disposition de la communauté ;
- b. Des mécanismes de plaintes adaptés aux réalités des communautés existent et sont accessibles dans toutes les réponses (humanitaire et de santé publique).

4.2 : Assistance de qualité aux victimes: chaque enfant et adulte plaignant-e/victime se voit offrir une assistance immédiate et de qualité basée sur leurs besoins (soins médicaux, psychosociaux, assistance juridique, aide à la réintégration ainsi qu'une assistance sécuritaire)

Indicateurs:

- a. Une assistance holistique adaptée à la PEAS (soins médicaux, psychosociaux, assistance juridique, aide à la réintégration ainsi qu'une assistance sécuritaire) est disponible et accessible ;
- b. Des standards minima de soutien aux victimes incluant les responsabilités de l'auteur et de l'organisation sont mis en place.

4.3 : Responsabilités et enquêtes: Chaque soupçon, rumeur ou allégation d'EAS doit systématiquement donner lieu à une procédure d'investigation de manière rapide, sûre et dans une approche centrée sur le/la victime.

Indicateurs:

- a. Des pool d'investigateurs existent dans le réseau et sont accessibles en cas de besoin.
- b. Des politiques et procédures d'investigation existent au sein des organisations ;
- c. Les organisations ont l'obligation de rapporter tout soupçon, rumeur ou allégation d'EAS dans le but de déclencher une investigation (fact-finding) de la part de la coordination ou de l'organisation elle-même si elle dispose des moyens de le faire ;
- d. Un feedback sur les conclusions et sur les mesures prises suite à l'investigation est donné au plaignant-e/à la victime.

B. Supervision et Coordination

Niveau national

Fonctions de supervision du HCT et du UNCT: Le HCT et le UNCT, tous deux présidés par le DSRSG / HC / RC, assureront régulièrement des fonctions de supervision au Réseau National PSEA. Le Réseau National PSEA rendra compte directement au HCT/UNCT sur une base mensuelle à travers sa Coordinatrice. Le HCT et le

UNCT seront chargés de superviser les progrès réalisés par rapport aux résultats prioritaires énoncés dans la présente stratégie. Les co-leads seront choisis sur la base du volontariat et par consensus des membres du réseau, parmi les ONGs pour assurer une supervision et un soutien au jour le jour au Réseau national afin d'appuyer l'atteinte des résultats.

RC/HC/(D)SRSG: Il est en dernier lieu responsable de s'assurer qu'un programme PEAS fonctionne dans le pays et est activement conseillé par la Coordinatrice PEAS. The Management and Accountability Framework (MAF) est la source de responsabilité des Coordonnateurs Résidents, et note que les responsabilités de la haute direction en matière de PSEA ne changent pas lorsqu'une situation d'urgence est déclenchée et que le rôle de HC est nommé. Le rôle de leadership correspondant du HC est articulé dans la Déclaration des directeurs du IASC 2015.

Réseau national PSEA: La mise en œuvre des résultats attendus par rapport à la stratégie à l'échelle du système PSEA de la RDC sera coordonnée par le biais du réseau national PSEA, qui comprend les points focaux PSEA désignés des agences humanitaires, des fonds et programmes des Nations Unies, des ONG Internationales et locales ainsi que de la MONUSCO. Les termes de références du réseau national PSEA décrivent la manière de travailler et la collaboration globale entre les points focaux PSEA désignés. Le plan d'action du réseau national PSEA reflétera la stratégie à l'échelle du système et soutiendra sa mise en œuvre dans tout le pays, notamment pour assurer une cohérence globale avec les groupes de travail infranationaux / provinciaux sur la PSEA.

Niveau provincial

Sous Réseaux PSEA: Les réseaux PSEA seront renforcés ou établis au niveau sous régional, y compris dans tous les pôles où existe une réponse humanitaire. Un sous-réseau PSEA sera mis en place au début de toute intervention humanitaire ou de toute réponse de santé publique, si ce n'est déjà fait. Tous les réseaux infranationaux PSEA mettront en œuvre le plan d'action du réseau PSEA selon la spécificité du contexte de l'intervention humanitaire.

Suivi des activités du réseau par le Senior Management au niveau régional: Le leadership des CRIO et / ou CLIO, respectivement, assurera un suivi régulier des activités quotidiennes des réseaux PSEA infranationaux de PSEA. Au niveau des CRIO, la Coordination sera assurée par les Coordonnateurs régionaux qui devront rendre compte régulièrement au niveau national de l'évolution des activités et des défis relatifs à chaque zone. Les interventions doivent être planifiées avec le CRIO/CLIO avec le soutien technique de la Coordination nationale.¹³

IV. Suivi et Evaluation

Le réseau national PSEA élaborera et mettra en œuvre un plan et des outils de suivi et d'évaluation pour suivre régulièrement les progrès de la stratégie PSEA. Un soutien au suivi et à l'évaluation sera mis en place pour garantir une approche cohérente et le suivi des progrès. Le plan d'action national du PSEA comprendra des indicateurs pour assurer le suivi des progrès. Des données de base seront collectées, mises à jour tous les

¹³ TDR des Coordonnateurs régionaux

trimestres et partagées avec le HCT et le UNCT dans le cadre du suivi régulier des résultats. Les indicateurs du PSEA seront également inclus dans le Plan de réponse humanitaire, le Cadre de l'UNSDC et autres.

Le réseau national PSEA, sous la direction du HCT et du UNCT, recrutera un-e consultant-e indépendant-e pour évaluer les progrès de la stratégie PSEA à mi-parcours de sa mise en œuvre, en vue d'apporter les ajustements nécessaires à sa bonne réalisation.

v. Financement de la stratégie PSEA en RDC

La stratégie PSEA pour la RDC est estimée à XXXX par an. Le financement sera fourni par XXXXX

ANNEXE 1: Plan d'action du réseau PSEA

ANNEXE 2: Termes de Référence du Réseau PSEA