IASC Inter-Agency Standing Committee

Interim Guidance

Checklist for Integrating PSEA in Country Preparedness and Response to MPOX

WHO, OCHA, Global Health Cluster, ICVA, UNICEF, UNHCR, UNFPA in consultation with other IASC PSEA Technical Advisory Group members

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Background

The IASC recommends a collective humanitarian approach to examining and mitigating potential risks of sexual exploitation and abuse (SEA) in health response operations, including in response to infectious disease outbreaks[1]. The WHO Mpox global strategic preparedness and response plan (6 September, 2024)[2] has integrated PSEAH measures and interventions as one of the key priority actions:

> ***Safeguarding operations from PSEAH:*** *Collaborate with inter-agency committees to integrate protection from sexual exploitation, abuse, and harassment (PSEAH) into all operations.* ***Implement a risk-based approach*** *focusing on* ***prevention, accessible reporting mechanisms, victim support services and strong leadership accountability****.*

Purpose

This Interim Guidance/Checklist[3] responds to the IASC recommendation for collective PSEA actions in humanitarian operations and the WHO risk-based approach to SEAH prevention and response outlined in the Mpox global strategic preparedness and response plan. [4]

It is intended for use by PSEA Coordinators and PSEA Network Focal Points, Clusters and Sector Leads, and Health sector Incident Managers to support prioritisation of PSEA critical actions as part of the emergency response plan from the outset of the operation.[5] In particular, it aims to guide the PSEA Networks and Agency Focal Points in the concerned countries to plan for and integrate critical SEA mitigation measures associated with aspects of the health response such as the rapid deployment of personnel; the engagement of multiple partners; the large scale use of volunteers and community health workers in vaccination campaigns and other community interventions; and the government-led health response.

The Checklist recognises that the in-country PSEA networks will update the existing inter-agency country-level action plan to address the collective PSEA measures determined by the HCT in the context of the Mpox response.

This checklist is a **quick reference card** - representing **minimum actions** for project managers delivering in the field and remote locations. For additional support and "how to" implement the checklist, please reach out to the PSEA Coordination Helpdesk <psea-coordination.helpdesk@un.org>.

[1] IASC Interim Technical Note PSEA during COVID-19 Response (March 2020)
[2] WHO Mpox global strategic preparedness and response plan (6 September, 2024), p14.
[3] This interim Guidance/checklist will be reviewed following field-tersting, to integrate lessons learned
[4] In August 2024, WHO and partners launched a global preparedness and response strategy to Mpox affecting DRC and neighbouring countries (Burundi, Kenya, Rwanda, and Uganda), also reported in Sweden and Thailand.
[5] The checklist can also be used as part of an evaluation of the response at the end of the epidemic.

PSEA Risk Mitigation, Prevention and Response Measures for the Mpox operational response

	Actions
1. Rapid deployment of personnel	Reference checks with specific questions about sexual misconduct completed for all recruitments/deployed personnel (use Clear Check/Misconduct Disclosure Scheme)
	A male-female ratio of staff to be recruited is defined, for each of the seniority levels (at least 40% female staff recommended)
	Women leaders are recruited/engaged in the most remote / frontline locations (target 60% women in frontline/remote locations)
	There are trained PSEA focal points within health/WASH structures/facilities and health care workers are informed about the role of PSEA focal points
	All personnel /aid workers responding to Mpox are briefed on PSEA standards and response protocols and have signed the CoC
2. Recruitment and use of Community volunteers	A high proportion of community outreach volunteers are women (Recommended: at least 60%)
	Volunteers are briefed on PSEA including reporting channels and abuse of authority and have signed the Code of Conduct
	There is a system for oversight of volunteer selection process (including reference check), and supervision arrangements
	Awareness raising of community feedback mechanisms is part of community volunteers' action plan and ToRs
3. Enhanced Community Protection Measures, Risk Communication	There are initiatives for collaboration with community-based organisations/including women-led as a way of informing communities and receiving feedback
	PSEA messages displayed at health facility level, treatment centres, WASH facilities, and disseminated to responders and community members using contextualized channels
	PSEA risk mitigation and response measures are integrated in school-based interventions for Mpox
	Community consultations conducted on specific SEA risk factors for MPOX and recommendations for risk mitigation
	Awareness raising campaigns conducted such as through radio etc focusing on how to report and available services
4. Clinical care and vaccination campaigns	Safety assessment of health facilities, isolation and treatment centres/vaccination sites conducted including recommended risk mitigation actions (includes physical accessibility privacy, presence of female staff, and information materials on PSEA)
	Community/Health workers (C/HW) are briefed on PSEA including reporting channels and have signed the Code of Conduct
	First responders, particularly healthcare workers are trained on PSEA and how to safely, appropriately, and confidentially refer a SEA complainant
	A system for oversight of C/HW selection process and supervision is established
5. Payment of per-diems	If cash transfers are planned, alternatives to on-hand distribution of cash were considered such as mobile money payments, or other identified as safer by the community

	Thorough evaluations of SEA risks associated with cash and in-kind distributions conducted, (including recommended risk mitigation actions)
6. Engagement of partners, contractors and affiliates	SEA prevention and response activities are included in MPOX projects submitted by partners of health cluster and other clusters contributing to the response (WASH, Logistics, etc), and budget is allocated for those activities
	Sub-agreements with Implementing partner (IP) contractors and vendors include PSEA clauses (including commitment to core principles, notification of SEA complaints received by IP, responsibility for investigation and victim assistance)
	Training to priority cluster/sectors WASH, Health, Logistic cluster on MPOX SEA risk mitigation conducted
	New IPs are assessed based on the common IP assessment within two month of beginning of operations
	Each vendor, contractor and service provider has in place the minimum PSEA standards based on contractual clauses
7. Accessible reporting mechanisms	Information on PSEA and community feedback and complaint mechanisms is mainstreamed into public health messaging
	As first responders, particularly healthcare actors, may have the most direct contact with affected populations, they should be trained on PSEA and how potential disclosures of SEA can be handled safely, appropriately and confidentially. PSEA Network SOPs on inter-agency SEA Referrals are updated with GBV/CP referral pathways and communicated to healthcare partners
	Where regular community feedback mechanisms are suspended or their accessibility is limited in MPOX priority areas, affected people are engaged to identify their preferred alternatives for reporting and referral
8. Victim Support Services	GBV and child protection services (CP) capacity is assessed and mapped in Mpox intervention areas, and gaps shared with GBV coordinators (collaborate with GBV-CP coordinators)
	SEA reporting channels are integrated into GBV and CP referral pathways and referral pathways are available in MPOX treatment centres/vaccination sites
9. Application of UN/Government engagement Framework for PSEA[1]	The national government /Health Sector has a nominated PSEA focal point to facilitate relevant coordination and engagement.
	There is a framework in place to support the national government to strengthen internal mechanisms on PSEA, such as signature of Codes of Conduct for personnel and facilitating UN-government mechanisms for referring of SEA allegations
	PSEA clauses are included in contractual agreements with Government entities in order to prevent SEA, ensure accountability and support victims

[1] The Joint UN-Government Framework for PSEA