

**BRIEF N°1 on AAP & PSEA: ‘Reminding our Commitments and Principles’**  
**To Humanitarian – Development – Peace Building actors in Ethiopia**

This briefing paper is aligned with the [2020 Ethiopia Humanitarian response Plan \(HRP\)](#). It is issued to support all actors involved in the context of the [COVID-19 crisis](#) preparedness and response and will be regularly updated and contextualised. The objective is to both remind and raise awareness on **Accountability to Affected populations (AAP)** and **Prevention of Sexual Exploitation and Abuse (PSEA)** as there are increased risks in a crisis context. Therefore meeting our Commitment to AAP and PSEA is critical and especially relevant from the preparedness stage and should be aligned with other preparedness plans, e.g. the desert locust and the national elections.  
 => **AAP and PSEA should clearly appear and be allocated resources into multi sectoral contingency and response plans.**

**Accountability to Affected Populations (AAP) is at the core of overall humanitarian accountability.**  
**Sexual Exploitation and Abuse (SEA) is a serious breach of accountability.**

<b>AAP</b>	<p><b>Accountability to Affected Populations (AAP)</b> is an active commitment to use power responsibly by:</p> <ul style="list-style-type: none"> <li>• <b>Taking account of the community</b> - Giving communities influence over decision making in a way that accounts for their diversity, and allows the views of the most at-risk to be equally considered</li> <li>• <b>Giving account to the community</b> - Transparently and effectively sharing information with communities</li> <li>• <b>Being held to account by the community</b> – Giving communities the opportunity to assess and if appropriate sanction your actions.</li> </ul> <p align="right"><i>IASC-Inter-Agency Standing Committee</i></p>	<b>SEA</b>	<p><b>Sexual Exploitation and Abuse (SEA)</b> - Particular forms of GBV that have been reported in humanitarian contexts, specifically alleged against humanitarian workers.</p> <p><b>Sexual Exploitation:</b> Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.</p> <p><b>Sexual Abuse:</b> The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.</p> <p align="right"><i>PSEA Best Practice Guide: Inter-Agency Community-Based Complaint Mechanisms (page XI)</i></p>
<b>IASC 4 Commitments on AAP and PSEA</b>	<b>IASC 6 Core Principles Relating to SEA</b>		
<ul style="list-style-type: none"> <li>• Commitment 1: <b>Leadership</b></li> <li>• Commitment 2: <b>Participation and partnership</b></li> <li>• Commitment 3: <b>Information, feedback and action</b></li> <li>• Commitment 4: <b>Results</b></li> </ul>	<ol style="list-style-type: none"> <li>1. Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.</li> <li>2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.</li> <li>3. Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.</li> <li>4. Any sexual relationship between those providing humanitarian assistance and protection and a person benefitting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work.</li> <li>5. Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.</li> <li>6. Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment.</li> </ol>		
See this useful <a href="#">InterAction 6-minute training video</a>			



## COVID-19 and the Core Humanitarian Standard (CHS)

As the world races to respond to the global outbreak of COVID-19, it is vital that the **views and rights of people affected** are not forgotten.

The [Core Humanitarian Standard on Quality and Accountability \(CHS\)](#) is an important tool that sets out our sector's core commitments to affected people. It can guide us in taking a principled and people-centred approach to the way we manage the response and adaptation to COVID-19.

This is a public health, social and economic crisis that is truly global in scale. With restrictions in travel and movement, national and localised health care, civil society and humanitarian organisations will play a critical role. All people should have equal access to health services and treatment, **without discrimination, and be treated with dignity and respect**. **Key CHS commitments of relevance for the response to this pandemic are:**

### Commitment 1: Humanitarian response is appropriate and relevant

COVID-19 is exacerbating the risks of the most vulnerable people. Considering the diverse needs of people **and** adapting the response to make sure it is inclusive to different groups is more important than ever.

- ➔ Increase attention to the diverse needs of people at all stages. Please see this useful guidance from [IFRC, OCHA and WHO COVID-19 specific Guidance](#).
- ✚ **Adopt an INCLUSIVE LENS through all programming stages:** identify and consider people with special needs as they experience the highest degree of socio-economic marginalization, e.g. women, the elderly, adolescents, youth and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities.
- ✚ **Prioritise care for the elderly and people with underlying medical conditions.**
- ✚ Conduct **participatory needs' assessments** and allow for **flexibility and adjustments of programmes and activities from the onset**.

### Commitment 2: Humanitarian response is effective and timely

To respond to COVID-19, programmes will need to quickly adapt. Quick and effective decisions are required as the situation rapidly evolves. This reinforces the need for flexibility and adaptability.

- ➔ Adapt activities and revise plans as needs rapidly change.
- ➔ Consider lessons learnt and prior experiences, especially from previous pandemics and the Ebola outbreaks and relevant guidance e.g. [WHO's COVID-19 guidance](#).
- ✚ Identify and use **national lessons from past experiences**, e.g. [#COVID—19: Lessons of past, present and the future](#), the [Inter-Agency Humanitarian Evaluation of the Drought Response in Ethiopia](#), etc.
- ✚ Ensure **linkages between emergency-development-peace building** approaches and activities: conduct **joint monitoring** enabling programme adaptation
- ✚ **Carefully consider diverting needed resources from existing programmes** to respond to this outstanding emergency.

### Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects

COVID-19 is resulting in travel restrictions for aid workers and repatriation of international staff. The already great contributions of national and local partners will significantly increase.

- ➔ Utilize all opportunities to support the lead response of national and local partners.
- ➔ Reinforce remote management mechanisms and learn from previous experiences, paying attention to managing risk.
- ✚ **Support local capacity building of health actors and Government health office/MoH and health institutions** in responding to this emergency, eg training health workers, personal protective equipment, medical supplies, etc.
- ✚ **Adopt a DO NO HARM LENS through all programming stages**

The impact of COVID-19 on behaviour is unknown but it will likely bring changes and social disruption that may lead to **increased risks of sexual exploitation and abuse, challenges to public safety, fraud and other criminal activity**. Therefore, pay increased attention to **potential negative behaviour**.

- ✚ Circulate **PSEA Codes of Conduct and other safeguarding measures**
- ✚ **Remind staff of the need to comply AND inform communities about their Rights**
- ✚ Provide **initial or refresher training on PSEA**. See this useful [InterAction 6-minute training video](#).
- ✚ Review, initiate/strengthen **joint feedback and complaints mechanisms**, including an updated **list of Agencies' PSEA Focal Points**

#### **Commitment 4: Humanitarian response is based on communication, participation and feedback**

To succeed in the fight against COVID-19, people must understand, accept and respect the rules put in place to manage the spread. While communication is critical, some classic methods of engaging with communities (such as group discussion, face-to-face meetings) are compromised. Social norms will need to be modified to prevent disease transmission.

- ➔ Update communication and feedback channels by increasing the use of technology and remote communication channels, such as radio.
- ➔ Promotion and distribution of clear, consistent and accurate messages pertaining to COVID-19 are essential. Effective community engagement can assist with identifying and addressing rumours or misinformation.
- ➔ Ensure communication is contextualized. Community perceptions and beliefs can support or hinder the response, so it is extremely important to understand and address these.
- ✚ **Involve communities locally in designing and updating remote communication messages and channels; Explore innovations, such as radio, using religious leaders...**
- ✚ **Design communications messaging and dispatch jointly locally, including the MoH prevention and protection messaging**
- ✚ **Ensure that communication and mechanisms comply with relevant and accessible local languages, formats, cultural styles and channels**

#### **Commitment 6: Humanitarian response is coordinated and complementary**

Our response to COVID-19 demands coherent collaboration at a time when our resources will be stretched.

- ➔ Collaborate with relevant groups: communities, national governments, national and local health services, donors, private sector, scientists, humanitarian organisations, partners and relevant networks.
- ✚ **Rely on and reinforce existing regional and local mechanisms**
- ✚ **COVID-19 will affect the entire population in multiple ways: an effective inter-sectoral approach will avoid gaps and overlaps**

#### **Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably**

Everyone is exposed to the risks of this pandemic and will experience additional stress in response to COVID-19.

- ➔ Frontline staff should be provided with the necessary protective equipment and material required to do their job safely.
- ➔ Ensure your staff is aware of risks and how to protect themselves and others. Pay attention to additional stress for staff and consider psychosocial support. Support staff in taking care of their relatives as needed.

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**Note:** This is work in progress shared by the [CHS Alliance](#), Head of Policy, Advocacy & Learning, [Bonaventure Sokpoh](#).

- ✚ <= These bullet points have been added to provide **concrete suggestions in the Ethiopian context**

## AAP/PSEA Resources in Ethiopia

### Financial resources allocated for AAP/PSEA activities for the COVID-19 preparedness and response in Ethiopia

- TBD

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### Contacts in Ethiopia for more information and support:

- PSEA Global Coordinator, RCO: [Sylvie Robert](#)
- PSEA Network, co-chairs: [Maria Kjersem](#) and [Amarech Agidew](#)
- IAAWG-Inter-Agency Accountability Working Group in Ethiopia, Chair: [Daniel Merhatsidk Mekonnen](#)

### Suggested further reading:

- [ALNAP](#)
- [DisasterReady](#)
- [IASC Results Group 2 on Accountability and Inclusion](#)
- [Relief Web](#)

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If you wish to contribute, share feedback and/or inputs for the upcoming briefing paper on AAP/PSEA, please contact:

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**Contextualised feedback and examples of suggested activities in Ethiopia would be especially welcomed!**