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HAP Humanitarian Accountability Partnership

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Beneficiary perceptions regarding the effectiveness of measures to prevent sexual exploitation and abuse by humanitarian aid workers: a HAP commissioned study

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Foreword

This report was commissioned by the Humanitarian Accountability Partnership (HAP) International as part of its contribution to improving policies and practice on prevention of sexual exploitation and abuse (PSEA) in humanitarian action.

HAP International is a partnership of aid agencies that work towards improving the quality and accountability of humanitarian aid. The cornerstone of HAP international is the 2007 HAP Standard in Humanitarian Accountability and Quality Management, the first international standard designed to assess, improve and recognise the accountability and quality of humanitarian programmes. Following a recent review of the 2007 edition of the standard, PSEA was included into the requirements of the 2010 Standard in Accountability and Quality Management.

This report was commissioned to gain further insight into how beneficiaries of humanitarian aid perceive the effectiveness of efforts undertaken to prevent SEA and to identify ways to improve outcomes. The main question the study sought to address was the extent to which beneficiaries feel safer as a result of measures introduced by aid agencies, including both policies and response mechanisms. This highlights the fact that aid agencies collaborating in this study were making efforts to address SEA, and the findings herein offer assistance in improving systems and approaches in the spirit of continued adherence to zero tolerance stances. A better understanding of SEA and beneficiaries' perceptions of the effectiveness of PSEA measures in humanitarian interventions are critical to making meaningful progress in addressing a particularly grave and controversial occurrence. The HAP Secretariat and HAP member agencies that contributed to this work hope that the report will stimulate debate and serve as a platform from which policies and practice on PSEA can be strengthened across the sector.

It should be noted that it was not within the scope of the study to investigate or verify allegations that were made in the course of beneficiary discussions, to determine actual rates or prevalence of SEA, nor to identify or name agencies at the centre of allegations. All allegations made were confidentially referred to the relevant agency for further investigation.

Foreword

The research behind this report would not have been possible without the collaboration of a number of HAP member agencies and various other international and national NGOs, who provided information to the HAP Secretariat and supported the research team in gaining access to field sites. It should be noted that aid beneficiaries who contributed to the study were not necessarily beneficiaries of organisations that facilitated the research.

The HAP Secretariat
Geneva, 2010

Authors' acknowledgements

The authors would like to thank HAP for its continued focus on this critical issue, and for the support and assistance its staff provided throughout the research process and in the drafting of the report.

Much gratitude must also go to the host organisations – HAP members who were good enough to provide local assistance and support of various kinds; and others who facilitated the whole process in the countries that were visited.

In addition, we are deeply indebted to those partner organisations – other international NGOs, local NGOs and CBOs – which organised visits to their projects, gave up time to talk about their work and arranged meetings and interviews with local beneficiary populations.

And most importantly of all, we wish to express our sincere thanks and appreciation to all the women and men, girls and boys who took part in the research. We feel privileged to have shared a small part of their lives, and hope that we have adequately reflected the views and opinions they were generous enough to provide.

Organisations that participated in and facilitated this study

Agence d'Aide à la Coopération Technique et au Développement (ACTED)

Catholic Office for Emergency Relief and Refugees (COERR)

Christian Aid

Drug Abuse Resistance Education (DARE)

FilmAid International

Groupe d'Appui aux Repatriés et Réfugiés (GARR)

Haiti Response Coalition

International Organisation for Migration (IOM)

International Rescue Committee (IRC)

Jesuit Refugee Service (JRS)

Lutheran World Federation

National Council of Churches of Kenya (NCCK)

RACAVIL (Haiti)

Save the Children UK

Thailand Burma Border Consortium (TBBC)

United Nations Development Fund for Women (UNIFEM)

United Nations High Commissioner for Refugees (UNHCR)

United Nations Stabilisation Mission in Haiti (MINUTSAH)

World Education (WE)

World Vision

ZOA Refugee Care

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Acronyms

BPRM	Bureau of Population, Refugees and Migration
BBC	Beneficiary-based consultation
CBO	Community-based organisation
CCCM	Camp Coordination and Camp Management
CCSDPT	Co-ordination of Services to Displaced Persons in Thailand
CP	Child protection
CPRS	Child Protection Referral System
DRC	Democratic Republic of Congo
FAI	FilmAid International
FGD	Focus group discussion
GBV	Gender-based violence
HAP	Humanitarian Accountability Partnership
IASC	Inter-Agency Standing Committee
IGP	Income generating project
IO	International organisations
IRC	International Rescue Committee
JRS	Jesuit Refugee Service
KnWO	Karenni National Women's Organisation
KYO	Karen Youth Organisation
LWF	Lutheran World Federation
MINUSTAH	United Nations Stabilization Mission in Haiti
MoI	Ministry of Interior
NGO	Non-governmental organisation
ODI	Overseas Development Institute

PSEA	Prevention of sexual exploitation and abuse
PSAE	Prevention of sexual abuse and exploitation
RTG	Royal Thai Government
SEA	Sexual exploitation and abuse
SAE	Sexual abuse and exploitation
SGBV	Sexual and gender-based violence
STD	Sexually transmitted disease
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees

Executive summary

This research, conducted in Haiti, Kenya and Thailand, was commissioned by the Humanitarian Accountability Partnership (HAP), and sought to capture the views of beneficiaries of humanitarian assistance on the effectiveness of measures put in place to prevent sexual exploitation and abuse (PSEA) by humanitarian workers. This study is a follow up to similar research, also on behalf of HAP, conducted by Lattu in 2008[1]. It examines whether organisations have worked effectively on PSEA measures in the intervening three years, such that beneficiaries now feel safer, more confident to report exploitation and abuse, and more assured that reports will be addressed appropriately.

The review analyses the findings and recommendations of existing research, and examines humanitarian organisational policies, guidelines and standards for PSEA. It includes the views of UN and NGO personnel working in the three countries on how these policies and procedures are being implemented, what support they are receiving to set up appropriate mechanisms to protect vulnerable people from SEA and, most importantly, the views of beneficiaries on the effectiveness of these measures.

The choice of the focus countries was made in part to provide some comparison over time, since Kenya and Thailand were featured in the previous study. In addition, the three countries cover different regions of the world, and represent different contexts and scenarios in relation to PSEA implementation. In Kenya, a PSEA initiative ended shortly before Lattu's 2008 research. Two years on, there was now the opportunity to track the sustainability of previous PSEA efforts. Research in Kenya was also conducted in Kibera, one of the largest urban slums in Africa, which allowed for a comparison of measures adopted in an urban development context with those in the camps. In Thailand, a three-year initiative on PSEA was ending, which offered useful learning on the impact of a consistent and concerted effort. The recent earthquake in Haiti provided an example of how PSEA measures are being implemented in the context of a large-scale, rapid onset disaster.

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[1] *To complain or not to complain: still the question*, Lattu, K, HAP International 2008, available at http://www.hapinternational.org/projects/publications.aspx

Consultation with groups of women, men, girls and boys inform the main findings of the research. A total of 732 beneficiaries participated in the study across the three countries, of which 411 were female and 321 male. The researchers elicited community opinions on exploitation and abuse by humanitarian workers but set this in the context of the exploitation and abuse that camp and host communities experience at the hands of other perpetrators, including members of their own communities. In doing so, the researchers were able to explore the impact of initiatives, such as those on gender-based violence (GBV) and child protection, to understand how these have been coordinated with organisational policies to ensure protection from exploitation and abuse by humanitarian workers.

Beneficiaries in all locations, to a greater or lesser extent, reported that they still feel at risk of exploitation and abuse by humanitarian workers.

In addition to sexual abuse and exploitation by humanitarian workers, the report describes high levels of violations occurring in the beneficiary populations at the hands of others.

Organisational efforts to discuss issues of SEA with beneficiaries appear variable from location to location. Some organisations have put in place effective awareness-raising mechanisms, such as hiring a protection officer, holding regular group meetings, or the use of theatre and drama. These are proving effective in Thailand and in some camps in Haiti. However, the most common feedback from beneficiaries is that organisations have not discussed SEA with them, and that little has been agreed between organisations and beneficiaries to prevent SEA taking place.

Under-reporting is still a major issue. Most beneficiaries say they would report SEA by humanitarian workers, but the actual number of reported cases does not appear to bear this out. Reporting depends on a number of factors, principally whether beneficiaries are clear on how to make the report, and the extent to which the reporting mechanism is considered confidential. Providing information to beneficiaries is a major challenge.

The use of complaints boxes has not been well received by beneficiaries in Kenya because they are not perceived as being confidential. The lack of clear reporting mechanisms, including identified people to report to, is also a significant barrier to complaining. This reflects an opinion in all three countries. Most beneficiaries who were able to describe the reporting process, articulated a route they had devised themselves rather than a formal reporting mechanism designed by the organisations. In asking beneficiaries what formal process might help them in reporting, women generally wanted organisations to establish a specific place where reports could be made.

Reporting also depends on whether or not beneficiaries see the incident as exploitative (consensual sex between humanitarian workers and beneficiaries

may not necessarily by considered exploitative) and whether beneficiaries feel they have enough evidence to make a report. At times, it appears simply to be a matter of staff attitude.

It is clear from the research, however, that the risk of exploitation and abuse of beneficiaries by humanitarian workers decreases when PSEA initiatives are consistently implemented. In Haiti, the risk was seen as highest in the immediate aftermath of the earthquake before PSEA initiatives were introduced. In Kenya, the 2004 – 2007 PSEA project was perceived to have made improvements in the situation for beneficiaries. However, since the three-year project ended and PSEA was incorporated into GBV work, some declines were noted. In Thailand, a concerted and coordinated effort has seen the cases of SEA by humanitarian aid workers reduce significantly.

The recommendations in this report aimed at improving the effectiveness of agencies' PSEA efforts are drawn from both beneficiaries' suggestions and the researchers' analysis. The recommendations are grouped in five clusters.

Delivery of aid

The delivery of aid describes how insufficiency of food and non-food items, coupled with poorly planned distribution, leads to increased vulnerability in camp contexts, and therefore an increased risk of sexual exploitation.

Key recommendations:

➢ Organisations consider more carefully the structures through which they distribute goods and services, and the way in which these are accessed by beneficiaries, in order to reduce the incentives and opportunities for SEA by all staff, volunteers, leaders and camp residents.

➢ Planning for potential SEA risks and related issues in the early stages of an emergency situation, along with more effective accountability mechanisms with communities.

Organisational efforts on PSEA

Organisational efforts on PSEA focus on aligning protection programmes and harmonising reporting mechanisms so that these address the full range of violence, exploitation and abuse that beneficiaries are experiencing.

Key recommendations:

➢ The relationship between PSEA and other related programmes (principally SGBV and child protection) needs to be redefined so that SEA by humanitarian workers is addressed in a manner relevant and appropriate to the context in which it is taking place.

> ➤ The harmonisation of confidential reporting mechanisms needs to be achieved in consultation with camp residents so the mechanisms are used effectively.

Recommendations are also made on how the leadership within organisations needs to follow through on commitments and be accountable for the standards and principles that they have signed.

Human Resources

Human Resources recommendations are concerned with scaling up current efforts to introduce codes of conduct, and implementing training and development activities for all humanitarian workers.

Key recommendations:

> ➤ Organisations extend their accountability frameworks and codes of conduct to protect all groups from exploitation and abuse by workers and, when necessary, make the focal point role a full time responsibility.
> ➤ Organisations are also urged to train investigators capable of handling serious and sensitive complaints, or to have access to trained investigators.

Work collaboratively with beneficiaries

Work collaboratively with beneficiaries on awareness raising, prevention mechanisms and reporting systems so that these are relevant and well targeted. This includes the recommendation to pay particular attention to the most vulnerable groups.

Key recommendations:

> ➤ Regular consultations with beneficiaries to obtain their input into planning and monitoring of measures that have been put in place.
> ➤ Work with beneficiaries to develop appropriate and effective means of communicating on PSEA.
> ➤ Agree with beneficiaries the reporting mechanisms will work best for them, and involve them from the outset in their design and development.

Funding for SEA work

Key recommendations:

> ➤ The overall recommendation here is that all organisations should finalise PSEA action plans, and that the budget for implementation should be identified and built into project proposals.
> ➤ Advocate with donors on longer term funding for mainstreaming PSEA activities.

The report has been structured as follows: the introduction provides a background on PSEA efforts since 2002, other research that has been conducted, and the contexts in which research for this report was carried out. The main body of the report is designed to give the reader a sense of the beneficiaries' voices - the section titles are formed as beneficiaries' questions, and populated with actual quotes obtained during the country visits. Following the section on conclusions and recommendations, the report provides individual chapters focused on each country visited, giving more detail on the circumstances there, and the issues and perceptions of particular relevance to beneficiaries located in those countries.

1   Introduction

1.1   Background

In 2002, a report by UNHCR and Save the Children UK on sexual violence against refugee and internally displaced people in West Africa highlighted the phenomenon of sexual exploitation and abuse (SEA) of vulnerable populations (mainly women and girls) at the hands of humanitarian workers.

In response to the ensuing outcry, the Inter-Agency Standing Committee established a Task Force on Protection from Sexual Exploitation and Abuse (PSEA) in humanitarian crises, which culminated in the Secretary General's Bulletin on special measures for protection from SEA[2]. This document included six core principles[3] to be incorporated into codes of conduct, and staff rules and regulations of member organisations of the IASC and their partner agencies. A range of other measures was also identified in the Secretary General's Bulletin in an attempt to ensure interagency cooperation on PSEA through coordinated action and robust frameworks for prevention and response to such issues.

This crisis in humanitarian response also triggered a wider focus on accountability in general. The apparent gap between the basic principles and values underpinning humanitarian action and the exploitative and abusive practices of a significant number of humanitarian workers described in the West Africa report became the subject of intense scrutiny.

Agencies, such as the Humanitarian Accountability Partnership International (HAP), argued for PSEA to be placed in the context of increasing accountability towards beneficiaries and ensuring greater respect and dignity for the communities served by aid agencies. The HAP 2007 Standard[4] provides

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[2] Secretary-General's Bulletin on Special measures for protection from sexual exploitation and sexual abuse ST/SGB/2003/13 (2003)

[3] The six principles are:
- Sexual exploitation constitutes gross misconduct and is grounds for dismissal
- Sexual activity with persons under 18 is prohibited
- Exchange of money, employment, goods or services for sex is prohibited
- Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged
- There is an obligation to report concerns about possible abuse by co-workers
- An environment which prevents sexual exploitation must be created, and managers have particular responsibilities to support and develop systems which maintain this environment

[4] HAP 2007 Standard in Humanitarian Accountability and Quality Management

principles and benchmarks for agencies aimed at improving quality and accountability, especially towards beneficiaries. A recent review of the Standard has resulted in the inclusion of PSEA requirements into the benchmarks.

A particular feature of the problem described in the West Africa report was the difficulty of beneficiaries to complain about the abuse and exploitation they were experiencing. HAP in particular has identified the need for complaints mechanisms to be developed by humanitarian agencies, in cooperation with beneficiaries, in order to support increased accountability. Indeed, HAP would argue that the issue cannot be treated piecemeal, and that any efforts to address SEA need to be part of such broader approaches to treat affected communities with dignity and respect.

Children in Kibera camp, Kenya, 2010
Photo: Smruti Patel, HAP International

In addition, initiatives such as the Building Safer Organisations project and The Keeping Children Safe Coalition emerged after the West Africa scandal to develop standards, procedures and training materials for agencies conducting or managing investigations into cases of sexual exploitation, and to strengthen their protection policies and practices. The tools and approaches developed by these two initiatives have been used by many agencies to support their efforts on PSEA.

A more recently established UN/NGO Task Force[5] (2005) continues to coordinate agency efforts in this area and took up the work of the Inter-Agency Standing Committee (IASC) Task Force referred to above. The Task Force works on four pillars of protection from sexual exploitation and abuse:

1. Engagement with and support of local populations
2. Prevention
3. Response
4. Management and coordination

The Task Force supports the establishment of UN and NGO policies and develops measures to prevent and respond to sexual exploitation and abuse through a range of tools available via its website[6].

Protection (including a focus on organisational protection measures) is achieving further prominence in the sector through a range of standards that have been produced of late by the likes of ICRC[7] and the ongoing revision of the Sphere Project guidelines[8] to include protection as a key activity across all sectors in humanitarian response. The HAP Standard review included a working group on handling complaints of exploitation and abuse as a result of research findings and HAP members' requests that the 2010 Standard needed to be more explicit with regard to prevention of sexual exploitation and abuse by aid workers.

In short, since this issue came to public light, there has been a welter of initiatives designed to provide UN agencies and NGOs with the means of developing standards of conduct (as well as guidance on implementing these standards), conducting training for staff, partners and other representatives, and developing mechanisms and procedures for reporting, monitoring and responding to complaints of exploitation and abuse on the part of humanitarian workers, as well as to support programming on protection.

1.2 Research on PSEA

Despite this, and aside from some encouraging signs of progress, research commissioned by HAP (Lattu, 2008 and Banos Smith, 2009), and conducted by Save the Children (Csaky, 2008) and the IASC (Reddick, 2010) has

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[5] The Executive Committees on Humanitarian Affairs and Peace and Security (ECHA/ECPS) United Nations and Nongovernmental Organization Task Force on Protection from Sexual Exploitation and Abuse

[6] www.un.org/pseataskforce

[7] *Professional standards for protection work carried out by humanitarian and human rights actors in armed conflict and other situations of violence,* ICRC, Geneva 2009

[8] *Sphere Humanitarian Charter and Minimum Standards in Disaster Response,* 2004

found considerable gaps and shortcomings in how UN agencies and NGOs understand and implement PSEA measures.

Research conducted with communities and beneficiaries on how they perceived abuse; who was vulnerable, who perpetrated abuse, how it was reported and how it was dealt with, found that 'every kind of child sexual abuse and exploitation imaginable' (2008b, 5) was taking place in emergency situations. Whilst the focus of research has been on SEA committed by those associated with international organisations, it is clear that there are inextricable links with the local context, 'where abuse is prevalent in the local community, children are more likely to be abused by staff associated with international organisations, and vice versa' (2008b, 9).

Consultation with women on perceptions of abuse and humanitarian staff conduct, Mushunguri, Democratic Republic of Congo, 2010
Photo: Ester Dross, HAP International

One of the biggest challenges has been the chronic under-reporting of abuse. The majority of people participating in the research said they would not complain about exploitation and abuse. The reasons for this reluctance included: fear of losing material assistance; threat of retribution or retaliation; acceptance of, or resignation to, abuse (2008b); and the perceived lack of channels through which to complain (2008a); the lack of familiarity with formal complaint handling in the particular culture and history of the community (2009a).

This reluctance has been compounded by failures in responses to allegations. When communities feel there are more appropriate local mechanisms to deal with it, international organisations can be 'left out of the response... altogether' (2008b, 16). There is some evidence, however, that communities are gaining an increasing understanding about standards of conduct for humanitarian aid workers, and disciplinary actions taken against staff for breaching those codes were catching communities' attention (2008a). Sexual and gender-based violence (SGBV) programmes had also captured refugee time and attention (ibid) and had increased awareness on SEA.

Whilst many organisations have stated standards and codes of conduct for personnel, many managers in emergency response situations are still unaware of the obligations placed upon them (2010). Reddick (2010) asserted that a cultural shift had taken place at the highest levels in the peacekeeping sector, but not in the humanitarian sector. It was clear, however, that 'where PSEA activities have gained traction within the humanitarian world, key actors have identified the engagement and leadership [by] senior management as a crucial success factor' (2010, 21). This was confirmed elsewhere as overall senior management support and commitment to complaints mechanisms – and to accountability to affected populations in general – was seen as essential; where accountability was a corporate priority and senior management dedicated its time and effort, changes were easier to implement at all levels (2009b).

Unfortunately, PSEA is not generally receiving the level of senior management attention required to ensure that managers in the field are clear about their responsibilities and implementing them.

1.3   Aim of this research

This review attempts to ascertain current beneficiary[9] perceptions of PSEA in refugee and IDP camps in Haiti, Kenya and Thailand, and those of residents in an urban slum area in Kenya.

In the Kenya and Thailand camps, the research provides an insight into perceptions and practice in long established camps catering for large refugee populations. It highlights shifts that have taken place since 2007 when the last beneficiary-based research on this issue was conducted and recommendations were made in these locations.

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[9] As in the first beneficiary based consultation, the term 'beneficiary' has been adopted to describe those who took part in this research in the humanitarian context, indicating their situation of being beneficiaries of humanitarian aid.

In Haiti, the research examines perceptions and practice in a relatively recent emergency situation which resulted in large numbers of IDPs living in many camps. The research in this location provides some insight into the effectiveness of PSEA measures established in the context of a huge, rapid onset emergency.

The research in an urban slum area in Kenya considers how PSEA is addressed within a 'development' context and lessons that can be drawn from that experience.

Three years on from the first consultation, this review examines whether or not beneficiaries feel safer, more confident to report exploitation and abuse, and more assured that reports will be addressed appropriately. Community opinions on exploitation and abuse by aid workers are set in the context of the exploitation and abuse they are experiencing at the hands of other perpetrators, including camp residents and members of the host community. It also considers the impact of initiatives such as those on gender-based violence, and whether the recommendations from previous studies on PSEA have been implemented.

This research endorses the IASC definition[10] of humanitarian aid workers as everyone who works within a structure set up by the aid community to manage, coordinate and deliver goods and services. The term 'beneficiary' is used to refer to 'beneficiaries of assistance … that are receiving assistance (food, housing, aid, etc…) as a result of a conflict, natural disaster or other humanitarian crisis, or in a development setting'[11]. This term is used throughout the report as shorthand to refer to all participants in the research that were being served by agencies in the countries visited. It is not meant to imply any lack of respect or in any way to diminish the dignity of these individuals.

1.4   Methodology

The review analyses the findings and recommendations of existing research, and examines organisational policies, guidelines and standards. It includes the views of UN and NGO personnel working at the sites on how these policies and procedures are being implemented, and what support they are receiving to set up appropriate mechanisms to protect vulnerable people from SEA from aid workers and members of the wider community.

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[10] The IASC Task Force on PSEA reporting in 2002 defined 'humanitarian workers' as including 'all workers engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, to conduct the activities of that agency.'

[11] Secretary General's Bulletin, *ibid 2002*

Consultation with groups of women, men, girls and boys, disaggregated by age and gender, was the main method adopted by the review. A total number of 732 beneficiaries participated in the study across the three countries, of which 411 were female and 321 male. Conduct of the consultations was adapted to the age and interests of the participants through such means as drawing, mapping and role play. Transect walks and informal interviews with beneficiaries were used in an attempt to reach the more marginalised community members.

1.4.1 Confidentiality and consent

Confidentiality for participants was assured by not using names and not referring to groups specifically when providing quotes or feedback. Where possible, consent forms were provided so that adults, parents and children had an opportunity to consider whether they wanted to participate in the consultations. The researchers did not elicit details on specific cases which were referred to. Where details were provided, and they involved named organisations, the researchers fed these back to the relevant organisations confidentially.

1.4.2 Limitations

As with most field research, constraints of time and logistics meant that the study did not go exactly to plan and some compromises had to be made.

Whilst consultations were planned with a range of adults and children, the age range of the beneficiaries who actually participated is skewed towards those under 40 years of age. Heavy rains in the Kibera camp in Kenya the night before the consultation with senior citizens meant that these had to be cancelled, and in Haiti it was possible to meet with senior citizens in only two of the camps visited, although a number of elders were part of consultations in Thailand. Children aged between 13 and 17 years are also more represented than those in the younger age group.

The main method used for this research was Focus Group Discussion (FGD). Planned transect walks and participatory methods were curtailed to some extent, due mainly to constraints of time. Some of the focus groups were larger than planned, which made detailed discussions more difficult but allowed for a wider cross-section of beneficiaries to participate. Ideally more individual, in-depth interviews and community discussions would have been conducted, but again, time did not allow for this.

In Thailand, independent interpreters hired from the beneficiary communities proved to be inadequate, and so PSEA Team members i.e. those that had

been responsible for delivering training and other PSEA initiatives, had to support interpretation within the interviews and consultations involving those who had received these inputs, which may well have had a bearing on responses received.

A full analysis of the underlying causes of SEA is beyond the scope of this paper, although reference is made where possible and applicable to contributory factors and prevailing circumstances that increase the likelihood of such occurrence.

2 Contexts in which the research was conducted

2.1 Rationale for focus countries

Both Kenya and Thailand were countries that featured in the previous beneficiary based consultation published by HAP International in 2008, and so were selected again to provide some comparison over time. Kenya was of particular interest in that a PSEA initiative ended there shortly before the last study was carried out and so provided some opportunity to track the sustainability of previous PSEA efforts. Kenya was also chosen in order to include an urban, development context by way of further comparison to the camp-based focus of other countries. Thailand is at the end of a 3-year initiative on PSEA so also provided good learning from that exercise. Haiti was chosen as an example of a recent emergency to examine how far PSEA measures are now being implemented as integral in the latest large-scale, rapid onset disaster response.

2.2 Haiti

Over 1000 camps have been established since the earthquake in January 2010, which left 6.1 million people homeless[12]. In many camps, access to services remains extremely limited, and aid distributions vary considerably. Tents and tarpaulins are in disrepair, and food distribution sporadic. Food for work and cash for work schemes were introduced in May 2010.

Organisations have attempted to ensure that the most vulnerable have access to services but no organisation has felt able to disband ineffective camp committees. Security is also a major issue. At times, organisations experience difficulties accessing camps. A few are not serviced at all beyond deliveries of basic amenities, which need to be distributed by army personnel.

The PSEA initiatives began relatively quickly following the earthquake, with the appointment of a PSEA Coordinator. Progress since then has been slow, and the PSEA Coordinator's contract has now come to an end only six months after the initiative got underway.

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[12] http://oneresponse.info/disasters/haiti/Pages/default.aspx

2.3   Kenya

Kenya hosts an estimated 340,000 refugees who have fled from Somalia, Southern Sudan, Ethiopia, Uganda, DRC, Burundi and Rwanda [13]. They are largely located in 3 camps around Dadaab, near the Somali border and in Kakuma camp in North West Kenya. The government does not provide support to refugees who leave the camps, and refugees are not permitted to earn a living while in Kenya.

Kakuma is situated near the Ugandan, Southern Sudanese and Ethiopian borders. The host population is the pastoralist Turkana people, whose traditional way of life can no longer be supported in the area, and who are themselves dependent on food aid from the government. According to UNHCR, the population in Kakuma is currently 72,600 refugees[14].

From 2004 to 2007 a PSEA project was implemented in Kenya by a consortium consisting of IRC, CARE International in Kenya, FAI, and UNHCR with funding by BPRM. Plans were then made by the participating organisations to mainstream PSEA into their programmes and operations. The consortium was joined at a later stage by LWF.

Since the PSEA project finished, the emphasis has shifted to SGBV and PSEA is now being dealt with under that umbrella. Agencies in Kakuma felt that currently there is inadequate coordination between them, and a loss of momentum on PSEA.

Kibera is a densely populated slum in Nairobi. Estimates of the population vary widely, some authorities claiming it to be as many as 1 million[15], though there has never been an official census. Living conditions are very poor with a lack of basic services, high unemployment and a lack of security.

Kibera has a multi-ethnic population, and has been subject to ethnic and political tensions, most notably following the 2007 Kenyan election. In Kibera there is no over-arching programme that is aimed specifically at the prevention and response to SEA by development workers, and no systematic and coordinated efforts to put codes of conduct and reporting procedures in place, though individual organisations working in the slum may have their own PSEA and child protection policies.

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[13] 2010 UNHCR country operations profile – Kenya

[14] ibid, UNHCR

[15] UN-Habitat (2004), *Africa on the Move. An urban crisis in the making*

2.4   Thailand

148,000 refugees live in nine remote camps near Thailand's border with Myanmar (Burma)[16]. Refugees have fled a civil war, which has been ongoing for 60 years. A generation has now been born and raised in the crowded camps, which by law they are forbidden to leave. Barred from employment by the Royal Thai Government (RTG), refugees rely on humanitarian assistance. This dependence on aid renders refugees highly vulnerable to abuse by persons employed by agencies, their member organisations, CBOs and staff.[17]

The 3-year PSEA project is housed within IRC[18], but serves all 18 agencies delivering services to the refugee population and their CBO partners. The first two years of the project focused primarily on the NGOs in terms of development of a code of conduct and expected standards of behaviour from humanitarian workers. Collaboration between NGO actors and the major NGO-funded CBOs to hold employees accountable, and to develop systems to prevent abuses of power has been very much a focus of Year 3, as have Codes of Conduct for NGO staff, and efforts to include Thai security forces in the process. Funding for the 3 year PSEA project ends in September 2010.

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[16] IRC-UK website and IRC internal documentation on refugee population surveys
[17] ibid
[18] The prevention initiative is called PSAE by IRC but for consistency with use of the term elsewhere in the report, it is referred to here as the PSEA project

3 Are we still at risk of sexual exploitation and abuse...

3.1 By humanitarian workers?

Beneficiaries in all the countries reported that they were still at risk of exploitation and abuse by humanitarian workers. However, the degree to which beneficiaries are at risk differs between countries, depending on the context in which the beneficiaries are living, how the PSEA initiatives are being implemented and who beneficiaries consider to be humanitarian workers.

In Thailand, the IRC PSEA project has made a concerted and coordinated effort over the past three years to ensure effective measures are agreed and implemented across a wide range of agencies. The result appears to be that the cases of SEA by humanitarian workers have reduced and the main risk of SEA is reported as being from the camp security forces.

In Haiti, the PSEA initiatives are still in their infancy in many respects but, despite the challenges of progressing the work, the introduction of these initiatives has at least provided a focus on SEA. The cases discussed

'Previously, NGO staff would come to the camp, have relationships with female residents who would then get pregnant. The NGO staff did not take on their responsibilities and would just go on their way. We do not have these cases now.' (Camp Committee, Thailand)

by beneficiaries in Haiti had taken place in the immediate aftermath of the earthquake, before the PSEA initiatives were introduced. Beneficiaries in this location, however, tended to consider humanitarian aid workers as national or international staff paid by organisations, rather than those who are more informally engaged by organisations, highlighting again the need for agencies to provide information about the agency, the staff and their code of behaviour, and the way to raise complaints.

In Kenya, the PSEA initiatives in Kakuma camp, which began some time ago, have now been brought under the umbrella of SGBV. The focus on

'The person in charge of making the list of people eligible for the cash for work schemes will put your name on the list in exchange for sex' (Women's group, Haiti)

PSEA has therefore lost its impetus and beneficiaries reported that SEA by paid international and national staff as well as incentive workers and volunteers is still taking place.

'The work on PSEA has died. Before there was a lot of activity but much less now, even though the problem is still serious.'
(Camp Leaders, Kenya)

All beneficiaries, however, reported that the risk of SEA by humanitarian aid workers is just the tip of the iceberg when seen in the broader context of SGBV. The risk of SEA by humanitarian aid workers is still significant[19], but is part of a bigger picture of abuse and exploitation taking place more generally.

3.2   By others?

The scale of sexual exploitation taking place in some situations by those in positions of power, or those who can offer something extra, appears to be quite staggering. The pattern of exploitation depends on how access to goods and services is controlled, and which resources are most lacking for the communities.

In Haiti, food distributions had ceased at the time of this research with the intention of replacing these with cash for work schemes. These replacement schemes had not yet reached all camps, and even where they were in place, were still not covering all vulnerable residents. It was reported in a number of camps that some residents who could manage to give away something of the food they had, were offering this in exchange for sex, highlighting the need to ensure that programming decisions are made with safety and the needs of the most vulnerable in mind.

'Every day we hear of women offering sex for food... sometimes she has sex with many men just for one plate of food'
(Men's group, Haiti)

In camps which had cash for work schemes, these too had become a vehicle for exploitation, particularly where organisations rely on committees to provide the list of eligible residents. The elderly in one camp requested that they be considered separately from younger women because they were finding it difficult to get on a list when no one was interested in having sex with them. Some organisations are

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[19] Thailand: between 2008 and 2010 12 incidents were reported involving seven different organisations.

Haiti: five incidents were discussed by beneficiaries during this research which took place since the earthquake. The PSEA Coordinator has records of more.

Kenya: there were a number of incidents discussed by beneficiaries involving paid international and national staff as well as volunteers, incentive and camp-based staff. No official figures were available.

attempting to overcome this by operating from several lists to ensure the most vulnerable are reached. However, in a situation where nearly everyone is desperate to work, and cash for work schemes are covering so few (in one camp 100 out of 4000), the potential for exploitation remains high.

In both Kakuma, Kenya and in Haiti, the lack of work opportunities for camp residents has also apparently led to an increase in prostitution as a form of income.

> *'Women get raped on the road and when out collecting firewood. There are also robberies at night when women get raped. This is sometimes by other residents and sometimes from outside.'* (Young man, Kakuma, Kenya)

Communities may also be at considerable risk of sexual abuse, although it is not clear just how widespread that abuse is because beneficiaries' willingness to discuss this varied greatly between countries. In those camps where beneficiaries were more open about it, the risk seems to be predominantly from other residents and those living in neighbouring communities, where the security provision for the camps is lacking or where security forces themselves are part of the problem.

> *"We've heard about cases involving the military, and we also see a problem with the villagers.'* (Women's organisation, Thailand)

Beneficiaries in Haiti and Kenya reported that it was worse during times of chaos or tension.

> *'After the election things were very serious. The event was used to punish women through sex'* (Community leader, Kibera, Kenya)

What was apparent in most of the camps is that beneficiaries are not feeling safe. Where safety is compromised, and exploitation apparently frequent, the risk of sexual abuse is also greater.

4 Which of us is most vulnerable...

4.1 To sexual exploitation?

The group perceived as most vulnerable to exploitation was women, mostly single, with children. Not only is this group the one most frequently targeted by those looking to exploit, but beneficiaries pointed out that it is these women who will often approach men themselves.

> *'Women who don't have anything go to a man'* (Men's group, Haiti)

Residents in one camp in Haiti described these women as 'holding out' on the first couple of days after the earthquake and the move to a camp, to see whether food aid would be available. When it became apparent that they were unlikely to get what they needed for themselves, and their children particularly, they would begin the offer.

In extreme situations families are also resorting to desperate measures, and these seem to include offering their daughters for an exchange. Beneficiaries in several camps in Haiti noted increased pregnancies amongst young girls, which they felt was due to exploitation. In Kenya, similar behaviour was also taking place in both the camp and the urban slum.

> *'The situation for our daughters is also very bad. All the men want to have sex with them'.* (Women's group, Kakuma, Kenya)

> *'Women put a pot of water on the stove to boil and then tell their daughters 'Go and use what you have to get something to put in this pot.'* (Woman community leader, Kibera, Kenya)

4.2 To sexual abuse?

There were frequent discussions about the safety in camps generally for girls, whether they had actually experienced sexual abuse, were frightened about it or were being sexually harassed. Conditions within the camp, such as the location of toilets and showers, and inadequate lighting were cited as contributing to harassment taking place.

> *'Girls are raped if they leave the house to go and use the toilet after 6pm.'* (Young woman, Kakuma, Kenya)

In a few cases, it was the lack of security of the accommodation and lack of parental supervision that provided opportunities for abuse.

> *'A fifteen year old girl was raped in her home while her parents were away.'* (Young person, Thailand)

Exploitation and abuse is also being experienced by boys but they are quite likely an underreported group. In both Kenya and Thailand, cases were discussed of abuse of boys. In Haiti, young girls asked whether it was possible for boys to be raped and seemed to understand how this would take place, but did not state that it had happened.

> *'Boys are also sodomised, but they keep quiet about it'* (Girl, Kibera, Kenya)

In both Kenya and Thailand, orphans were cited as a particularly vulnerable group, either because the family were allowing the abuse to take place or because the orphans were living in an institution rather than a family type environment.

> *'Children who are adopted are not seen as part of the family and are abused.'* (Girl, Kibera, Kenya)

> *'A girl who lived in my Boarding House was raped by one of the security forces.'* (Orphan, Thailand)

Whilst abuse of children is by no means the only abuse taking place, the impression was that it is quite prevalent and needs urgent attention by the organisations working in these countries.

5   How are we affected?

In all three countries the impact of both exploitation and abuse in the community in general are quite devastating, particularly for young girls. For many, the shame of having experienced this leads to a range of issues such as isolation, prostitution, mental health problems and suicide. Other impacts are an increased tendency to drop out of school, unwanted pregnancy (sometimes in very young girls), HIV and STDs and forced and early marriage.

> *'Girls who were raped lost their self esteem and many became prostitutes'* (Turkana woman, Kibera, Kenya)

A link between SEA and GBV is also being made by beneficiaries. In Haiti, some organisations have done a fair amount of awareness-raising on GBV and in a few of the camps researched, beneficiaries were able to discuss this issue openly. A few of the men's groups consulted felt that the SEA that was now taking place was in fact leading to an increase in GBV between spouses:

> *'Gender-based violence is happening because the husband can't provide anymore. The woman goes somewhere else to make an exchange and then the husband gets jealous and beats the wife'* (Men's group, Haiti)

For many, the perceived necessity of being exploited, or the feeling that nothing much can be done about the violence and abuse experienced, is likely to mean that they are not reporting or seeking help. This makes it difficult to accurately assess the scale of the problem and ensure that there are the necessary services available to deal with it.

Men's groups described the increased desire of men to exploit women as rooted in traditional attitudes, but exacerbated in situations which have challenged men's perspective on their sense of masculinity and role within families. Men who have lost their jobs and their ability to 'provide' for their family are more willing to exploit other women; because as they described it, their wives are not interested in having sex with them, or because their wives are offering sex to other men in exchange for goods or services.

In Thailand, the celebration of festivals tends to include lots of drinking, which communities thought led to abuse. In Haiti and Thailand, community members fed back that abuse was also likely to take place if there weren't appropriate facilities for women, e.g. a lack of private bathing, which led to increased temptation for men:

> *'Bathing places are unsafe – they are open and without privacy, and men can see women and girls washing. Some sexual assaults have taken place there.'* (Girl, Thailand)

Whilst some of the reasons cited above are challenging for organisations to address, the approach to camp management, aid distribution and service delivery in Haiti may have made the situation worse. The support provided by organisations often seems to have been designed or implemented without proper analysis of vulnerabilities and associated risks. This has meant that the aid agencies have either created structures and mechanisms which lend themselves to exploitation, or they are using inherently exploitative structures created by communities. The latter were particularly obvious in Haiti where self-appointed camp committees had formed without beneficiary participation, and in some cases were exploiting their role as distributors of aid or in selecting participants in cash for work schemes. Camp structures and aid mechanisms created by aid agencies without thorough consultation with beneficiaries also tended to be exploited by those with power, particularly so if these structures and mechanisms were not regularly monitored with beneficiary participation:

> *'Organisations did things in a rush. They did assessments and some people were not part of the distributions. Women think if they say anything they won't get anything anymore'* (Camp Committee, Haiti)

5.1 How are we protected?

Children inside Ifo Camp, Dadaab, Kenya, 2010
Photo: Maria Kiani, HAP International

The level of discussion on the issue of SEA was variable in all the countries. Beneficiaries in some of the

'We have done theatre on this and talked about solutions.' (Women's group, Haiti)

camps in both Haiti and Thailand were able to cite certain awareness raising initiatives.

> *'We received information on PSEA through a drama run last year.'*
> (Young person, Thailand)

In a few of the camps in Haiti, organisations had either introduced a protection officer, were regularly monitoring the camp, or discussed the issue in regular meetings with camp committees and, sometimes, other residents.

Communities in which these mechanisms were operating were knowledgeable about the issue, and more confident and comfortable in discussing it. Usually the

'We [camp committee] speak to people and do sensitisation. We sit and chat about things not to be done'
(Camp Committee, Haiti)

discussions covered GBV and SEA, so residents were able to distinguish between the two, and understand that things need to change. These mechanisms seem to help invite reports of violence and abuse generally, and are most likely to reduce the likelihood of SEA by humanitarian aid workers. It was not clear, however, that the mechanisms were reducing the scale of the exploitation between camp residents. Beneficiaries fed back that the camp and living conditions would need to change for that exploitation to diminish.

However, aside from the good practice examples cited above, the most common feedback from beneficiaries was that organisations had not discussed SEA with them and little had been agreed between organisations and beneficiaries to prevent SEA taking place. Even in Thailand where the PSEA project seemed to have had the greatest impact, camp residents still revealed a lack of awareness on the issue:

> *'I'm not aware of any efforts being made by agencies to address SEA.'*
> (Boy, 16, Thailand)

In Haiti, few beneficiaries participating in the research had had an opportunity to talk regularly with organisations about SEA. It wasn't clear that those organisations working on child protection had worked well enough with children and beneficiaries on appropriate protection mechanisms. In Kakuma, Kenya, newly arrived women seemed to lack information and assistance to manage camp life in general, including the problem of SEA.

6   Are we confident to report...

6.1   SEA by humanitarian aid workers?

Most beneficiaries said they would report SEA by humanitarian aid workers. In Haiti, however, none of the cases that beneficiaries knew about had been reported. In Thailand, many said they felt confident that they could report with confidentiality, but there was confusion on how that report might be made, and what might happen to them as a result.

In Kenya, single women with children who are the most vulnerable to SEA are least well informed and have the most barriers to reporting. They are confused by the different reporting mechanisms for PSEA and SGBV. They often used the phrase 'we are chased away'. The following were cited as key barriers to reporting SEA by humanitarian aid workers in all three countries:

> *'Reporting may be dangerous, you may lose your job.'* (Boy, Kibera, Kenya)

Young men and young women, especially those involved in community groups, said they would report, but many had reservations when it came to their bosses or supervisors. In Thailand, young people were the most concerned about repercussions if they reported, but did not describe what those repercussions might be.

> *'We heard gossip about [staff] having sex in the toilets. She was willing so not reported'* (Men's group, Haiti)

In these situations it is not so much safety that is an issue, but the lack of awareness that these types of sexual interactions between organisational staff and beneficiaries are inappropriate and exploitative and should be reported.

> *'We need proof to report'* (Men's group, Haiti)

This was quite a common theme in discussions with camp residents. As there is often little proof, particularly if the person being exploited or abused is reluctant to come forward, others who might be able to make a complaint tend not to do so. In Thailand, a few beneficiaries stated that they would need to be eye witnesses to an incident in order for them to report it - simply hearing about a possible abuse they felt would not give them sufficient grounds to report.

> *'If we did hear of sexual exploitation by organisation staff there is no one to report to anyway'* (Women's group, Haiti)

The lack of perceived interest by organisations in receiving complaints deters people from reporting. In Haiti, the criticism was often that organisations were

not spending any time in camps, so residents would be unlikely to report to them if SEA by aid workers did take place. In Kenya, the most vulnerable groups of women found it difficult to get their complaints heard.

> *'Staff are hired to listen but they chase us away.'* (Single woman, Kakuma, Kenya)

> *'I would want to report an incident, but I don't know how to do this.'* (Young woman, Thailand)

This reflects an opinion in all three countries. Most beneficiaries, who were able to describe the reporting process, articulated a route they had devised themselves rather than it being a formal reporting mechanism agreed with organisations. Only a few beneficiaries in Thailand were able to cite a responsible person within the camp to whom they could report. In asking beneficiaries what formal process might help them in reporting, women generally wanted organisations to establish a specific place where reports could be made.

> *'They should put a tent on camp that has somebody we can report to'* (Women's group, Haiti)

> *'We would like an office that is just for women that is open in the community at regular times so we know that when we go we will be attended to.'* (Women, Kakuma, Kenya)

There were also concerns about the confidentiality of using certain mechanisms which are often the 'standard' for reporting systems introduced by organisations, e.g. complaints boxes.

> *'People don't use the complaints boxes. If someone sees you putting a letter in there they will make you feel ashamed, will make fun of you and make up songs to sing about you.'* (Girl, Kibera, Kenya)

Language barriers also came up as in issue in Haiti and Kenya. In Kenya, a beneficiary had tried to report exploitation through a translator who was supposed to facilitate the case. In her own language, he asked her for money to put her case forward. Naturally the national staff member to whom the report was supposed to go did not understand the exchange so nothing was done to address it. In Haiti, beneficiaries in one camp would prefer to report to the security forces but they spoke a different language and it was, therefore, impossible to do so.

The above feedback suggests that not enough has been done to ensure that SEA by humanitarian workers is reported. Agencies still need to strengthen codes of conducts and policies to ensure increased reporting, and beneficiaries still need to feel confident that reports will be dealt with appropriately; they need to understand better that they can report unsubstantiated concerns as

well as cases for which they have actual proof; and they need to understand what constitutes malpractice by humanitarian workers. Such feedback also highlights the necessity of agreeing with residents which reporting mechanisms will work best for them.

6.2   SEA by others?

Many people participating in this research are not reporting SEA by other residents because they fear reprisals. This fear has arisen from the lack of security generally, and the incidence of violence in the communities. It is further compounded when the security forces are part of the problem, as in Thailand:

> *'A woman was assaulted in the toilets and it was witnessed by others. They didn't report it... they were worried about their own safety.'* (Resident, Thailand)

In other instances, exploitation by residents goes unreported because reporting is perceived as unlikely to make any difference, either because the 'normal' reporting route is to camp committees made up of people who are in 'as desperate a situation as we are', or because the formal judicial system is unable to deal with reports appropriately.

Other than corruption within the system, which was a common thread throughout all three countries, it was the general inefficiency and lack of interest or commitment by judicial

> *'The police don't take any notice of women. To attend to her case they will ask her for money, if she doesn't have any they will ask her for sex or beat her.'* (Men's, group, Kakuma, Kenya)

staff, which made people feel that reporting violence and abuse was pointless. In Kibera, Kenya, people felt that the 'one stop shop' in Kenyatta Hospital was working well and that it gave a good service, but there was still a problem of achieving a prosecution. When women and girls are raped, the lack of medical evidence usually means the cases are dismissed.

Many community members are reluctant to report because they feel ashamed. Overcoming this barrier in all countries visited is a real challenge. In Haiti, even in communities where awareness raising has been systematic, it remained unlikely that survivors would report to those in authority. The reporting of cases, therefore, tends to rely on other community members, but even where cases are reported, other members of the family may withdraw the case:

> *'A neighbour raped a child and the mother took her to the hospital, but the grandmother intervened and said that she would disown her daughter if she proceeded with the case.'* (Woman, Kibera, Kenya)

Generally, the beneficiaries participating in this research have made very few reports on any violence or abuse. This underlines the difficulties faced by agencies in encouraging reporting of SEA cases. In addition, beneficiaries were either unaware of the outcomes of the cases which had been reported, or their perceptions were that nothing had been done about them.

> *'There was an NGO man who was using children sexually. The case has not been resolved up until now. The man has money and he is still working.'* (Turkana woman, Kakuma, Kenya)

In some cases, their suspicions could be well founded. One PSEA Coordinator described how an allegation against a humanitarian worker was investigated by an agency, which engaged external investigators for this task. However, the agency then chose to ignore recommendations from the investigation to take action against their member of staff.

Inadequate case handling will not promote reporting, even if the reporting mechanisms are improved. Organisations and authorities need to be able to demonstrate that they can manage cases appropriately and that they have a wider commitment to accountability, as demonstrated by adherence to the HAP Standard, for example.

7 Recommendations for creating safer environments

All respondents were asked what they thought should be done to create safer environments in the future. Their responses, and analysis of the different contexts in which this research took place, provide some conclusions and concrete recommendations, which can be applied throughout the aid and development sector. These conclusions and recommendations have been grouped in five clusters below.

The section on the delivery of aid describes how insufficiency coupled with poorly planned distribution is leading to increased vulnerability in camp contexts, and whilst such conditions are not necessary and not sufficient for SEA to take place, it is clear that they do lead to an increased risk. The lack of a comprehensive PSEA effort in development contexts makes it likely that SEA is showing a similar pattern to that in emergencies. This section also offers recommendations on working with judicial systems to ensure that all vulnerable people are protected.

Children watching a community consultation on complaints handling in Mushunguri, Democratic Republic of Congo, 2010
Photo: Ester Dross, HAP International

Secondly, the conclusions on organisational PSEA efforts focus on aligning protection programmes and projects and, most importantly, harmonising reporting mechanisms so that these address the range of violence, exploitation and abuse that beneficiaries (and wider communities) are experiencing. This section also describes the need for organisations to cooperate effectively in order to provide better protection. The need for effective complaints mechanisms is dealt with below in the section on beneficiary participation.

The third set of recommendations on Human Resources concern scaling up current efforts on introducing codes of conduct and implementing training and development activities for all humanitarian workers, and ensuring that those responsible for PSEA within organisations are given the appropriate time and authority.

The fourth section on beneficiary participation argues for a greatly increased effort by organisations to work collaboratively with beneficiaries on awareness raising, prevention mechanisms and reporting systems so that these are relevant and well targeted within the context of a broad organisational accountability framework.

Finally, the conclusion on funding is that PSEA efforts lack adequate finance and so the requirement for more resources dedicated to protection should be built into project and grant proposals.

7.1 Aid delivery, dependency and vulnerability to SEA

'Women need help with income generation to decrease the exchange of sex for money and the need to work outside the camp' (Camp resident, Thailand)

The underlying causes of SEA by agency workers and camp residents are multiple and complex. Sexual exploitation, in particular, needs to be understood in relation to how access to goods, services, jobs and information are controlled by humanitarian workers. In a camp situation, control over any form of resource may serve as an opportunity for exploitation and abuse.

Respondents were only too well aware that their underlying vulnerability was a strong driver of SEA. Researchers are of the opinion that agencies should take greater responsibility for the way that camp organisation, practices and provisions contribute to the levels of SEA and make greater efforts to address these.

> ➢ The manner in which goods and services are distributed (whether set up by the organisations themselves or otherwise) needs to be more carefully thought through by organisations if they wish to reduce the scale of exploitation.
> ➢ Greater attention needs to be paid to the way in which access to services and resources is controlled, and steps taken to reduce the incentives and opportunities for SEA by all staff, volunteers, leaders and camp residents.
> ➢ This would include an examination of camp structures, including the degree to which women are involved in management, decision-making and control of resources.

7.1.1   In a development setting

In the urban slum and unauthorised settlement of Kibera, Nairobi, respondents described an environment of widespread SEA in which the resources and services made available by NGOs are used to support abuse and extort sexual favours from vulnerable people. In addition to SEA taking place in a more stable, development context, according to residents, both government and NGO staff and volunteers also took advantage of the post election violence to participate in sexual violence. So it is possible to see how longer-term development contexts can give rise to SEA and also that such environments can easily transition into volatile situations wherein existing problems of SEA are compounded by breakdowns in the rule of law and structures that might otherwise mitigate the risk of SEA to some extent.

> ➢ Research into SEA by NGO workers occurring in development contexts needs to take place.
> ➢ Greater attention needs to be given by NGOs to the way in which their operations provide opportunities for SEA in the development context.
> ➢ Emergency preparedness plans should take account of the impact of possible upsurges in SEA.

7.1.2   In the early stages of an emergency situation

It was clear from beneficiaries in Haiti that, six months after the earthquake, very little planning had been done with them. It would seem a reasonable expectation that, six months on, a more participatory approach could have been adopted, including robust risk assessments and mitigation strategies that would help organisations and camp communities to overcome some

of the SEA taking place, or at least understand better what are the main contributory factors.

Particular attention also needs to be paid by agencies to SEA issues related to camp committees and the role they play in distribution of aid. Certainly, where agencies establish or work with existing structures to facilitate distributions, this must take place in line with humanitarian principles and good practice, including those aimed at preventing SEA, but even where agencies are not directly or indirectly responsible for such arrangements, committees should be encouraged where possible to adopt public codes that are explicit about PSEA.

> ➢ Plans for camps should be discussed with camp communities in organised representative groups as soon as possible after an emergency has taken place. The risks presented by those plans, and what could be done to overcome them, should be discussed, particularly in terms of violence and abuse.
> ➢ Further to this, potential PSEA risks and issues, and measures to address these should be included in emergency preparedness planning.
> ➢ Agencies should ensure that committees or other camp/community structures engaged in the distribution of aid are accountable, and operating in line with humanitarian principles and good practice, including those relating to PSEA.

7.1.3 Abuses and lack of accountability of authorities, police, military and security guards

> *'The police should be honest. The whole community should go to the police and talk to them. And make sure that they improve.' (*Boy, Kibera, Kenya)

In all three countries, government authorities were responsible for acts of serious exploitation and abuse. In Thailand there is reportedly a particular problem with the Thai military and the security guards (Or Sors) violating camp residents. It is a huge irony and a great source of anger and frustration for camp residents that those engaged to ensure their safety and protection are often the ones perpetrating abuse and exploitation. Aside from the individual violations, the knowledge that military and camp security staff are amongst the worst perpetrators, creates a climate of fear and a sense of unease for ordinary camp residents.

In other settings, the police fail to progress cases reported to them, and frequently take bribes offered by perpetrators.

> ➢ UNHCR staff at the highest level, with the support of the most senior agency staff, must bring pressure to bear on the relevant authorities and ministries to force engagement of the police, security and military authorities in some form of PSEA initiative.
> ➢ Cases of SEA involving the police, military and security staff must be recorded and documented.

7.2   Organisation of PSEA efforts

It has been well understood for some time that PSEA cannot work piecemeal – it needs to be part of broader, integrated efforts to improve accountability to communities, and to treat them with respect and dignity. The HAP 2007 Standard in Humanitarian Accountability and Quality Management, and its revised version of 2010, provides a set of principles and standards that agencies should adhere to in order to ensure accountability and the overall quality and effectiveness of their operations. Fully addressing PSEA must be part of wider concerns to include beneficiaries in relief and development efforts. Part of this is about shifting the power imbalance that exists between agencies and beneficiaries, and partly it relates to instituting a robust framework (policies, procedures, codes of conduct, complaints mechanisms, etc.) to ensure all those involved in aid and development (including beneficiaries) are operating in ways that ensure the safety and protection of all concerned. The following sections highlight some areas for particular attention emerging from this study.

7.2.1   Integration of PSEA with other protection initiatives

It was clear in all three countries that SEA by humanitarian workers represented a relatively small proportion of the wider GBV problem. It was also clear that SEA by humanitarian workers is more likely to take place in environments that enable the problem generally, rather than it being an independent phenomenon.

There is not a clear-cut division between the agency and camp residents but rather a spectrum, through paid staff, camp-based incentive staff, camp leaders, and community volunteers. The separation of PSEA from the other programmes focused on violence and abuse is somewhat artificial and certainly does not exist in the minds of the beneficiaries, who are preoccupied by the overall levels of risk of sexual violence to which they are subject.

PSEA initiatives highlight this specific area of violation, and SEA by humanitarian workers is an issue of particular concern to agencies as well as being one that they can have control over through efforts to introduce broad accountability measures and PSEA initiatives specifically. The benefits of focusing on PSEA

separately can be seen in Kenya and Thailand where PSEA initiatives over the course of a number of years have had a positive effect on the problem. However, it is important for agencies to recognise that for beneficiaries, their main concern is to be safe from all forms of harm and that addressing SEA by humanitarian workers, for them, makes more sense when it is aligned with other efforts designed to ensure their protection and to respond to violations they may experience, regardless of whether the perpetrator is linked to an agency or not.

Linking PSEA more with other SGBV programmes, however, must be done in a manner which ensures that awareness raising, systems and mechanisms to prevent and respond to SEA are tailored to take account of all forms of SEA that are taking place. In addition, it is important that SGBV, PSEA and child protection figures be reported separately, so that trends can be followed, and the focus of activities adjusted appropriately.

In addition to the benefits of PSEA initiatives generally, it may be fair to assume that in terms of the general context of SGBV, aid workers can play an important role in setting a good example or reinforcing existing appropriate behaviour within communities. By raising awareness on PSEA issues, organisations may make a significant contribution to empowering vulnerable groups and influencing behaviour at community level. Nevertheless, it is crucial that efforts to tackle SGBV issues in general are addressed by agencies and that PSEA is clearly seen as a strand of work supporting these efforts.

> ➢ The relationship between PSEA by humanitarian workers and other related programmes (SGBV, child protection, HIV and AIDS) needs to be redefined. There needs to be better integration through which SEA by humanitarian workers is addressed as relevant and appropriate in the context of other programmes concerned with the issue of sexual violence.
> ➢ There also needs to be a disaggregation of data so that agencies are able to track trends in the reporting of SEA cases by different categories of staff as well as by beneficiaries in order to plan where to focus their efforts.

7.2.2　Establishing effective reporting procedures

As previously mentioned reports have pointed out, and as this research further underlines, the need for effective complaints policies and procedures is critical to beneficiaries feeling confident to report issues and concerns, including serious matters such as PSEA. Within an overall accountability framework, beneficiaries must be provided with the means by which to report concerns. These mechanisms, in order to be fully relevant and effective, must

be designed and developed in full cooperation with beneficiaries themselves. In addition, agencies must make clear to beneficiaries how these procedures will work, and ensure that all reports are handled appropriately and effectively. Responses to serious and sensitive issues such as SEA must be dealt with confidentially and expeditiously; the health, safety and protection needs of those concerned are especially important, as is the provision for securing possible legal redress.

One aspect of reporting and response that beneficiaries identified is the fact that PSEA and SGBV programmes have developed separately and often use different reporting procedures. A confidential reporting procedure for SEA cases has been developed, but there is no such commitment for SGBV cases. This has caused confusion among beneficiaries.

It seems inappropriate to expect beneficiaries to select between different reporting mechanisms based on the identity of the person who has abused them, particularly when the boundaries between staff and camp residents may not be clear to them, as in the case of incentive staff (who are classed as staff) and camp leaders (who are not staff but act as the link between the agencies and the community). Beneficiaries should be able to use a number of entry points, which converge into one complaints handling mechanism, with the complaint then being responded to accordingly, depending on its nature.

Along with these reporting mechanisms, organisations must be better prepared to undertake proper investigations and respond appropriately to investigation outcomes. Pooling of trained staff between agencies can facilitate this.

Action taken as a result of investigations must be fed back to the PSEA network and the person who raised the complaint. The organisation concerned should also decide how to communicate this more widely, balancing the need for confidentiality with the expectations that action will be taken.

> ➢ Confidential reporting mechanisms should be harmonised as far as possible, so that all cases of SGBV (including SEA by humanitarian workers) can be easily reported and then responded to appropriately by the relevant humanitarian agencies and/or community organisations. These reporting mechanisms should be set up in consultation with camp residents, especially those who are most vulnerable. Based on the nature of the cases, they should then be dealt with through appropriate channels.
> ➢ Organisations working in camps should collaborate on the development of reporting mechanisms to manage reports of violence, abuse and exploitation, and in the investigation of cases.

> ➢ Reports on each investigation and outcomes should be made available to the relevant organisation Head Office, and the UN Humanitarian Coordinator should receive an aggregated summary of cases that have been reported, including key actions and outcomes.

7.2.3 Leadership, commitment and coordination between organisations

'After the end of the PSEA project there were changes in management. The heads of agencies are not part of the process now and the commitment is not the same.' (Agency Director, Kenya)

The importance of management commitment to combating SEA by agency workers has been noted in previous reports and was again substantiated by this research. In Kenya, the involvement of the agency directors in the PSEA project coordination meetings gave impetus to the process, which has now been lost since funding for PSEA ceased.

It was noted in Thailand that not all agencies have developed implementation plans for the PSEA measures to which they are committed under the project. However, it was clear that a small number of more active agencies could have a significant overall impact and in effect pull a broader group of organisations along, although the researcher felt that the Directors group of the coalition of agencies there should take on a greater leadership, accountability and oversight role in order to achieve greater consistency in implementation.

An additional recommendation is that coalition and membership bodies that have a specific focus on SEA and child protection should consider how best to hold organisations to account on their practice in emergency response. HAP International does this though the certification process, and through explicit measures in the new 2010 Standard; the Keeping Children Safe Coalition is also clearly well placed to support this kind of oversight function. Agencies must demonstrate that their commitments to accountability overall, and PSEA, in particular are being realised in practice, or at least that strenuous efforts are being made even in the most demanding of circumstances such as Haiti.

The commitment to coordination between organisations is also crucial to develop effective, streamlined measures of protection in camps and other locations, and to monitor and respond to trends within each at-risk population.

> ➢ Given the on-going problem of SEA by aid workers, and the limited success of the measures put in place to date, a follow up high level event should be convened to consider how previous commitments can be translated into real leadership within agencies, resources, dedicated staff, planning, monitoring, accountability for PSEA, and the practical leadership and management action to deliver on these.
>
> ➢ HAP International and Keeping Children Safe Coalition should reinforce among their members the need to ensure their PSEA, accountability and child protection practices are in place and closely monitored, particularly in emergency response.
>
> ➢ Further research and monitoring to be done of PSEA coordinating mechanisms in all humanitarian contexts to ensure their effectiveness and to identify key learning from these.

7.3 Human Resources

7.3.1 Codes of conduct, training and induction for all staff

Overall, agencies must ensure a comprehensive approach to ensuring staff are trained, developed and supported to understand and meet accountability commitments and to prevent SEA. Having a code of conduct is an important part of establishing accountability, but staff and other representatives must be supported in developing the right knowledge, skills, attitudes and behaviours such that accountability commitments and specific behaviours and principles outlined in the Codes are consistently met. These commitments and responsibilities include reporting requirements so that actual or potential SEA incidents are raised immediately and as a matter of course. Staff development mechanisms including performance review should be employed to ensure staff are supported to work within agency codes and accountability frameworks more generally.

The use of codes of conduct has still not been extended to all staff, incentive staff and volunteers in the three locations. Not all organisations working in the camps in Haiti and Thailand have introduced codes of conduct. In Kenya, although all staff and incentive staff signed codes of conduct, this has not been extended to camp leaders and volunteers.

In Kenya, most staff receive an induction on entry to the agencies, but there is less focus on the training of incentive staff who play a big role in coordinating the access to goods and services in the camp, and are therefore in positions in which they could exploit beneficiaries.

The formation of networks means that resources can be pooled and organisations with limited capacity can take advantage of those with greater capacity on PSEA.

Implementing these prevention mechanisms needs to become a matter of course for all organisations working in either development or emergency contexts. Organisations should not wait until they respond to an emergency to protect the communities with whom they work from SEA by their staff. Efforts also need to be sustained beyond the life of specific PSEA projects. Institutional memory is short and sustained efforts based on a strong management commitment are required.

In fact, although the use of codes of conduct by NGOs working on child protection has now become part of accepted good practice, the adoption of accountability frameworks and codes of conduct that address NGO staff behaviour in relation to other vulnerable groups is patchy in the development sector. Coordination on the development of accountability frameworks and codes of conduct should be extended from the humanitarian sector and the child protection sector to protect all vulnerable groups.

> ➢ NGOs working in the development sector should extend their accountability frameworks and codes of conduct to protect all groups from exploitation and abuse by workers during development activities.
> ➢ All organisations should commit to ensuring staff and volunteers understand and sign a code of conduct.
> ➢ Agencies should strengthen Codes of Conducts and policies to ensure increased reporting of SEA.
> ➢ PSEA networks should organise regular induction/training events on SEA and child protection for staff. Greater involvement of incentive staff, camp leaders and volunteers in awareness raising and discussions about PSEA is necessary.
> ➢ PSEA should be integrated into HR Development systems and mechanisms (such as performance review) to ensure ongoing learning and development in this area.

7.3.2 Protection focal points

The lack of progress on PSEA initiatives in both Kenya and Haiti is due, at least in part, to the fact that being a PSEA focal point is generally just one responsibility amongst many for the staff member concerned. Given the scale of the issue and the effort that is required to make a difference to the people in the camps, the researchers conclude that focal points should have this as a full time responsibility in their organisations, especially where SEA is

widespread. Attention also needs to be paid to the capacity of all staff on SEA and child protection.

> ➢ Assign focal point role as a full time responsibility. Where appropriate the staff member concerned should have SEA, GBV and child protection as their responsibility, which would ensure that the gaps and divisions created by the clusters are addressed within the organisations.
> ➢ All organisations with sufficient capacity to do so, and within robust organisational accountability systems, should develop investigators capable of handling serious and sensitive complaints, including those relating to SEA.

7.4   Participation of beneficiaries

> *'We need a more culturally sensitive approach in the refugee camp context, one that has real meaning and relevance for the whole community.'* (Women's Organisation representative, Thailand)

Consultation with beneficiaries, particularly with vulnerable groups, is key to developing mechanisms that are culturally acceptable and appropriate to the conditions of the camp, and that beneficiaries will use. Many groups of beneficiaries in all three locations welcomed their participation in this research and felt they understood the issue much better as a result. One group in Thailand pointed out that the research would have benefited from involving beneficiary groups in the design and planning process.

Some approaches that beneficiaries appreciated were identified, such as the approach by one international NGO in Haiti of placing protection officers in their managed camps. In addition, consensus seemed to emerge on some issues, such as the desire by women in Kakuma to be able to report to NGO staff in an office that could be used by women only.

Particularly impressive were many of the groups of girls, boys and young women who had numerous ideas about what could be done. Attitudes and behaviours towards the opposite sex are established very early, and educational activities need to start before children reach puberty.

The protection efforts by all organisations require scaling up. Organisations need to spend time discussing with beneficiaries SEA and other violence and abuse issues, and agree with them what can be done to prevent and raise awareness on it.

Organisations working in camps should:

> ➢ Plan regular consultations with beneficiaries to obtain their input into planning and monitoring of measures that have been put in place.
> ➢ Work with beneficiaries to develop appropriate and effective means of communicating on PSEA.
> ➢ Agree with beneficiaries the reporting mechanisms will work best for them and involve them from the outset in their design and development.
> ➢ Support education on gender relations and sex education in elementary and secondary schools.
> ➢ Support peer education and leadership programmes among girls, boys and young people.

7.4.1   Attention to vulnerable groups

> *'I tried to report my problem but they said I was just a mad refugee woman and chased me away.'* (Single woman beneficiary, Kakuma)

> *'More outreach and awareness raising is needed - leaflets and posters are not very helpful if the people receiving them are illiterate.'* (Beneficiary in Thailand)

Single women and girls, especially those with children, remain very vulnerable to SEA and appear to have little support from their communities. Factors that add to vulnerability include language barriers and illiteracy. In Kakuma, these women had often tried to report their concerns but without success.

Some of the young people's groups seemed very interested and willing to be further engaged on this issue. They are a potential resource that could be used for awareness raising and the provision of information to the more vulnerable members of their communities.

> ➢ Research and develop processes through which vulnerable groups can receive more support from within their own communities, including the possibility of mobilising young people.
> ➢ Develop mass media communications that are geared towards illiterate community members in their own languages.
> ➢ Provide greater support and information to newly arrived single women and girls, especially those with children.

7.5   Funding for SEA work

Funding for SEA work must be built into proposals to ensure funds are available. For this to work well, organisations need to finalise and cost their PSEA action plans; consider whether these do indeed address the scale of SEA taking place in camps, and what they might want to do to mitigate this; and then decide how to spread that cost across project proposals, forming part of proposals for SGBV, child protection and other related programmes such as HIV and AIDS.

> ➢ All organisations should finalise PSEA action plans and the budget for this should be identified and built into project proposals.

8   Haiti

> ❛ I remember a young girl crying [soon after the earthquake] because she lost her tent. I asked her why she didn't get another one and she told me that the man from the organisation said she could have another tent if she had sex with him. ❜
>
> (Women's group, Haiti)

8.1   Introduction

The earthquake on 12 January 2010 in Port-au-Prince left some 1.6 million people without housing, and many without access to work, schooling or health services. Over 1.000 camps have been established: some sprang up immediately after the earthquake in neighbourhoods where people had been living or on open spaces that people moved to; others camps were created by the humanitarian aid sector either to move people from land which was no longer sustainable to live on (because the landowner wanted it back or because of an environment risk e.g. flooding) or in an attempt to manage numbers and deliver services. Most camps have Camp Committees, which have either been formed through self-nomination or set up by humanitarian organisations.

In the immediate aftermath of the earthquake there were rumours of sexual exploitation and abuse by humanitarian aid workers. Once the PSEA Coordinator was appointed there were actual reports.

Haiti was chosen for this research to consider similarities and contrasts between longer-term refugee camps and numerous camps housing internally displaced people from a relatively recent emergency.

8.2   Context

As in most emergencies, there are those amongst the local population who are now more dependent on others for their survival than they were before the earthquake. Others, ironically, may have more access to services such as water than they had previously. In many camps, however, access to education and health remains extremely limited. Aid distributions vary considerably

according to which organisations (if any) are servicing the camps, and how the camps are run. Many families received a form of shelter immediately following the earthquake; tents and tarpaulins are now in need of replacement or repair. Camp residents stated that food distributions have been sporadic at best. General food distributions ceased in May 2010 to be replaced by cash for work schemes. These have not yet reached all camps and do not appear to be always well targeted at those most in need. Eligibility for the cash for work schemes is not clear to many residents. In some camps such schemes operate as food for work, which residents find difficult to understand and accept. In Leogane, the aid effort appears to be less extensive than that taking place in Port-Au-Prince.

The UN Camp Coordination and Camp Management (CCCM) is working alongside the Government of Haiti and nearly 200 partner organisations to support communities[20]. CCCM has established the Displacement Tracking Matrix, intended to assess levels of service and raise awareness about difficulties in 95% of the camps. Camp management, however, whether by camp committees or organisations, seems variable in quality. All the camps visited had camp committees but no beneficiary participating in this research had participated in choosing them. Some committees have put in place good processes for registering residents, issuing ID cards and identifying camp needs. In one camp, however, these efforts have been rendered useless by the creation of an 'official' committee of the landowner. In an attempt to ensure the camp doesn't settle well on his land, this committee takes delivery of goods and services to avoid distribution to residents. In another camp, a self-appointed committee is reported by camp residents to be distributing only 80% of deliveries to those holding ID cards. Residents without cards are too frightened at the prospect of retaliation to report that they are not receiving aid. Managed camps (those set up with an organisation manager) did not report much better conditions. Their camp management doesn't communicate any plans or decisions being made on their behalf. Overwhelmingly, residents feel that they have been made promises by organisations and committees which have not been delivered, and they have no idea what their future holds for them.

Organisations have attempted to overcome these obstacles (sometimes by delivering directly, in other cases by operating from four beneficiary lists[21]) to try to ensure that the most vulnerable are targeted. However, no organisation has felt able to disband camp committees which are not operating effectively.

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[20] Information drawn from http://oneresponse.info/Disasters/Haiti/Pages/default.aspx
[21] IOMs list, organisation's camp profile, list provided by main camp committee, list provided by sub committees

Security is a major issue. All camp residents participating in this research said they felt unsafe: the biggest fears are flooding, theft and violence in the camps. Forms of violence ranged from in-camp fighting and retaliation, gender based violence (common in Haiti prior to the earthquake) and violence perpetrated by non-camp residents accessing the sites. Tensions are also running high in camps concerning support being offered by the aid sector. At times, organisations experience difficulties accessing camps. A few camps are not serviced at all beyond deliveries of basic amenities, which need to be distributed by army personnel.

Informal feedback suggested that, even within the same organisation, emergency and development personnel often aren't able to work together in a coordinated fashion. This limits organisations' ability to capitalise on local knowledge, practices and planning mechanisms and to deliver appropriate services.

8.3   Methodology

The research in Haiti focused on twelve organisations and ten camps. Those organisations participating in the research included UN agencies, international NGOs (including HAP International members) and two local NGOs. These organisations provided access and introductions to the camps in which they work. In-depth discussions on the issue of PSEA were possible with seven of these organisations.

Beneficiaries from eight camps in Port-Au-Prince and two in Leogane participated in the research. Four of the camps had developed spontaneously following the earthquake; of these, two had a relatively strong community cohesion borne of having been a community in an adjacent neighbourhood. Seven of the camps were now managed by an organisation with others providing goods or services. Three were unmanaged but had camp committees. One of the seven managed camps was a resettlement camp which had been created by the aid sector to overcome congestion elsewhere.

Consultations took place with the following groups: five women's groups; four men's groups; two elderly groups; seven children's groups (five of ages between 13 and 17 years, two of ages between 7 and 13 years); one youth group; one group of people with disabilities; and four camp committees.

8.3.1   Limitations

The main limitations were the last minute arrangements made with organisations once in Haiti, and security concerns which prevented the researcher from organising the research as designed. Not all organisations

facilitating camp visits were able to discuss PSEA with the researcher or to receive feedback on findings. No transect walks were possible, and some of the groups (particularly the children) were very large in number which posed challenges in discussing issues in depth.

8.4   Background to the PSEA initiatives

8.4.1   PSEA Network and Coordination

In the initial weeks following the earthquake there were rumours that sexual exploitation was being perpetrated by deliverers of humanitarian assistance and since then there have been formal allegations.

To assist Protection from Sexual Exploitation and Abuse (PSEA) efforts by UN and NGO actors, a PSEA Coordinator was assigned under the auspices of the Humanitarian Coordinator. The Coordinator set up the In-country Network, conducted trainings for the agencies' focal points, and developed a common action plan. She also attempted to set up a joint complaints mechanism, although this was not put in place until after she left.

Positive feedback on the PSEA network was the level of interest shown by the appointed focal points, and their enthusiasm in putting in place the requisite mechanisms. However, it had apparently been difficult to secure commitment from organisations to offer staff as focal points in the first place, and all focal points had the PSEA responsibility as one of many others. Their workloads otherwise were large and they were therefore unable to devote the time required to work on PSEA effectively, e.g. they were only able to attend a one day training on focal point responsibilities. It was not clear how their role on PSEA was viewed within their organisation, how committed organisations were to support them and how management within the organisations was held accountable for PSEA work.

All organisations were requested to turn the common action plan into their own organisational plan. Of the fourteen organisations involved, only six responded with a plan by the deadline.

The PSEA Coordinator's contract came to an end during this research and there is nothing concrete in place for a replacement. It was not clear at the time of writing, how the PSEA initiative will be taken forward despite best efforts by the Coordinator to encourage organisations to take responsibility for different components.

8.4.2   Organisational efforts on PSEA

Codes of conduct, training and induction

Child focused NGOs, particularly those working in Haiti prior to the earthquake, have measures in place to tackle SEA of children, by organisational personnel as well as the wider community. These include codes of conduct, induction and training for all staff and volunteers.

Some international NGOs have codes of conduct for expatriate personnel but not necessarily for local personnel. Training and induction is limited in some of these organisations because their headquarters haven't provided global tools on PSEA, but have left it to the local office to organise (yet another responsibility amongst many in a time of emergency response).

One of the UN bodies involved in the research provides induction on PSEA to all their staff arriving in Haiti.

Consultation and awareness raising

In one camp, three organisations are collaborating on protection efforts and organising FGDs in the communities on safety issues, including sexual exploitation. They are challenged by the unfamiliarity not only of looking at these issues, but also with using FGDs as a mechanism to elicit information.

At the time of the visit, the Haiti Response Coalition was about to launch a pilot awareness raising mechanism in two camps on violence and abuse. The pilot was to be implemented in Tabarre Issa (a resettlement camp managed by an NGO) and Champ de Mars (an unmanaged camp of 50,000 residents) using community mobilisers to visit communities to discuss concerns and specific cases. However, the camps subsequently closed and so the pilot did not go ahead.

One international and two local NGOs involved in this research said they had conducted awareness raising activities, one primarily on GBV, the other on all forms of abuse and exploitation.

Otherwise, as highlighted below, there was very little consultation and awareness raising reportedly taking place by organisations on safety issues, including sexual exploitation.

Reporting and investigation mechanisms

Many INGOs said that they are finding it difficult to introduce reporting mechanisms and to support local partners to strengthen procedures on PSEA. Potential models, however, are in development.

The HAP country team was working with three of their members in one camp to develop a formal reporting mechanism for beneficiaries.[22] This mechanism will be for general reporting but will also cover PSEA.

The Haiti Response Coalition's pilot will introduce a hotline for reports. This hotline will refer callers to appropriate services and NGOs if the reports are incidents concerning their members of staff.

One agency piloted a telephone line for three months to improve dialogue between themselves and disaster survivors.

MINUSTAH set up a Conduct and Discipline Team in 2005 to handle all staff misconduct, but with an emphasis on PSEA.

All organisations seem to be limited in either authority or capacity to conduct investigations. While it is true that most allegations have not had sufficient details or evidence to conduct a proper investigation, in one case, where an investigation has taken place, feedback from the PSEA network was that the organisation concerned ignored recommendations. Organisations seem to find it challenging to organise themselves to investigate concerns, and to agree on what might be the best means of doing so as a coordinated body.

Monitoring

Some organisations monitor the camps on services and conditions. Only a few participating in this research monitor the camps for violence and abuse. One local NGO that monitors ten camps, primarily on women's rights, is finding it challenging to persuade people to report violence and abuse. They rarely learn about abuse or exploitation from the victims themselves but from other residents. The committees only discover cases when in the camps; no resident comes forward voluntarily to the organisation to report. Very often these monitoring committees have to work through the camp committees, and if the abuse or exploitation was conducted by a member of the committee itself it is rarely reported. The monitoring committees' assessment of the situation generally (although no actual figures were provided) is that the overwhelming majority of cases are being perpetrated by other camp residents, secondly UN personnel and thirdly NGO staff. Other organisations tend to organise monitoring exercises once they have heard rumours of sexual exploitation by staff. This is done in an attempt to ascertain the validity of the rumour without using a formal investigative process - partly to overcome residents' resistance to report formally, and partly because some organisations feel that rumours may be circulated 'politically' to discredit NGO efforts. These monitoring activities have not discovered any evidence of SEA by staff.

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[22] http://www.hapinternational.org/pool/files/collaboration-and-innovation-developing-a-joint-complaint-and-response-mechanism.pdf

One organisation has put protection officers in the camps they manage directly. The protection officer is reportedly a useful means through which to discuss the issue and understand the extent to which exploitation and other forms of violence are taking place. In other camps in which this organisation works, a local NGO which worked on violence prevention before the earthquake has been instrumental in monitoring the scale of violence. This NGO reported cases of some form of violence in over 98 camps, the most significant being sexual violence, the second being sexual exploitation. The NGO has trained a number of representatives to deal with cases arising, and monitors the distribution of aid by the committee. The NGO could not, however, say that the scale of exploitation has been much reduced through these efforts, just that awareness has increased and reports more readily made.

Funding

This was not fully explored but feedback from a few organisations cited funding as a challenge. PSEA efforts were not fully built into appeals and were therefore somewhat of an 'add on' to the emergency response activities.

8.5   Beneficiary perceptions on safety and SEA

8.5.1   General safety

The safety problems uppermost in beneficiaries' minds tend to be: risks associated with the possibility of another natural disaster, theft, general violence and health. All felt at risk in living in tents or prefabricated shelters, often in very close proximity to one another and without access to a trusted security force. There have been enough cases of theft and violence without proper redress to make this risk real. Many unmanaged camps do not have an adequate security force on hand. Police might live in the camps but are generally not interested in tackling criminal actions that take place there. Managed camps have a community security group but inadequate formal security: either two police on hand in the morning only (serving thousands) or a UN security force that can't speak French.

8.5.2   Violence and abuse in Haiti

Beneficiaries stated that gender based violence (GBV) was very high in Haiti before the earthquake. This was accepted as a cultural norm but both men and women spoke of it as a situation which needed to change, in part because they had been involved in work conducted by organisations on GBV. The scale of GBV in the camps was difficult to determine from beneficiaries' responses alone. In one camp, the men and women were very open about it taking place all the time. In another, residents tended to say that it happened but not to

them or not in that camp. A few of the men's groups fed back that some GBV was now linked with sexual exploitation in the camps: if married women were exchanging sex for goods or money with other camp residents, they tended to experience GBV at the hands of their husbands because of their actions. These men also attributed an increase in GBV to the changed status of men since the earthquake. They are no longer working and have no significant role to play within the partnership, which leads to tensions on both sides.

Beneficiaries also described sex for work as a Haitian phenomenon prior to the earthquake. This had, apparently, been so extensive that television programmes had been made to raise awareness on the issue. All beneficiaries participating in this research reported that they knew of this, and a very few said they had experienced it directly. It was not clear in which sectors it took place predominantly – beneficiaries were unable to say – but there was potential for it taking place across the board.

8.5.3   SEA in the camps

The biggest sexual exploitation risk for camp residents was from other residents or members of the camp committee (not necessarily set up by NGOs, but frequently utilised by them). Sex for work, or for a place on a cash for work register, was cited as the predominant area of exploitation. Sex for food was second, and sex for shelter, third. Examples differ between those camps receiving aid and those not. Camps receiving aid distributed by camp committees spoke of only 80% of distributions reaching residents and 20% being held back by committees for their own benefit. Residents described some items coming into the camp as being very valuable and therefore being distributed as exchange items, highlighting the power of the committees and responsibility of NGOs to ensure that the power is not abused. One example given was the issue of coupons by guards that were worth 500 Haitian dollars[23](equivalent to just over USD60).

In camps not receiving aid directly, sexual exploitation is experienced predominantly by women without a partner, and more so by widowed/single mothers. It did not appear that those offering items in exchange for sex necessarily have a surplus to trade, but women are so desperate in unserviced camps that they are willing to exchange sex for a plate of food or 20 Gourdes (less than 50 US cents).

Some residents spoke of girls as young as twelve and thirteen becoming pregnant which, they believe, is because their parents are pushing them into sex exchanges.

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[23] It was not clear what these coupons were for.

Willingness to discuss this issue varied between camps. In many of the camps residents spoke of it without reservation. In one camp the elderly, women and children's groups were extremely reluctant to discuss exploitation within the camp; the men's group was comfortable to say that it is happening all the time, but frightened to be specific. Camp committees usually began discussions on the issue by saying that they had never heard of it and that it didn't take place within their camp. During the course of the conversation, however, it usually became apparent that exploitation is taking place, and the committees asked the researcher how it could be overcome.

There were also a number of examples of sexual abuse taking in the camps. These range from sexual harassment of young girls by camp residents to rape of elderly women and young girls, some as young as nine or ten. Residents in one camp described men giving women pills that make them dizzy and therefore more susceptible to abuse.

8.5.4 SEA by humanitarian aid workers

There were five separate incidences of SEA by humanitarian workers described by beneficiaries during this research, all of which took place in the immediate aftermath of the earthquake when camps were in disarray and there was a lack of information on PSEA and how to report it. Two examples were the offer of a replacement tent and the offer of work in exchange for sex; a third was consensual sex between a resident and humanitarian staff. One incident involved the rape of a young girl who asked a staff member for a lift back to her camp. The fifth incident wasn't described in enough detail to determine what took place. All beneficiaries stated that there was currently no SEA by humanitarian workers taking place in their camps. Their definition of a humanitarian worker, however, was a paid national or international staff rather than the IASC's broader definition.

8.6 Involvement of communities in safety measures

8.6.1 Understanding the risk and issue

Around 40% of those consulted have received information or been involved in SEA discussions by five organisations. Those beneficiaries described one organisation as having provided information to camp residents in the months immediately following the earthquake by moving from tent to tent. In another camp, the beneficiaries explained that the organisation working there raised the issue every now and again with the camp residents in organised meetings, sometimes in combination with GBV. Adults and adolescent girls in yet

another camp were able to describe the efforts of an organisation to discuss the possibility of SEA, but the boys were not. The sub committees in a camp where an organisation has put a protection officer in place were the most informed about risk. Roughly 70% of the beneficiaries had heard about the risk of SEA from humanitarian aid workers, specifically on radio broadcasts or through gossip.

Children who participated in this research were focused primarily on health, shelter and environmental concerns, sometimes because these were the issues raised with them by organisations, and sometimes because they had been primed to do so by parents. Older girls, in some camps, spoke of feeling at risk of sexual harassment by camp residents, but reported that these issues had not been discussed with them by organisations. One group of young girls, who spoke indirectly of the possibility of sexual abuse taking place in the camp, said they were pleased to have had the opportunity to discuss the issues with the researcher as they believed that the organisation working there did not have the time to talk with them.

8.6.2 Developing and implementing safety measures

The safety measures being implemented in the camps, and the involvement of communities in their development, were relatively limited according to the beneficiaries. No beneficiary involved in this research had participated in a mapping exercise with an organisation to ascertain risks and mitigate them.

Work with the communities on safety measures regarding GBV was reported as the most prevalent, but even here it was not uniform across the camps. The best example provided was regular awareness raising and regular monitoring of camps by organisational personnel. It is through these activities that the organisation is able to work most effectively to support women, getting them help and reporting extreme cases.

In some camps the beneficiaries said that safety measures could be improved by providing women with separate, private bathing facilities, which they felt would reduce the potential of SEA.

Nearly all beneficiaries felt that information provision and awareness raising on SEA generally was desperately needed in the camps so that women could take better measures to protect themselves. Overwhelmingly, however, beneficiaries stated that only when residents had opportunities for work would the situation improve. Whilst the provision of food to the most vulnerable would be a short term fix, the problem was essentially the lack of money or the prospect of being able to earn any, along with the lack of anything useful to occupy one's time with.

8.7   Reporting concerns

Whilst there were no formal reporting mechanisms set up that beneficiaries could describe, the majority said they would report sexual exploitation by humanitarian aid workers. How they would report it differed across the camps and tended to depend on how involved organisations were in camp life. In a number of camps, beneficiaries said they would report to the camp committee or to the camp security group. Where organisations tend to deliver and depart, beneficiaries said they would report to MINUSTAH, not because they trust the organisation especially but because they see them working at every level in Haiti and believe they would be able to address the issue more swiftly. Beneficiaries in camps where organisations are playing a more active role said they would feel confident to report to that organisation. In other camps, male residents said they would find which organisation the person worked for, and go directly to that organisation's office rather than report to another organisation that happened to be working in the camp. Children said that they would report initially to their parents.

This feedback, however, conflicted with the response to specific examples of humanitarian aid worker SEA. None of the SEA cases by humanitarian aid workers had been reported officially. In the case of the offer of a replacement tent for sex, the young woman was asked by another resident why she hadn't reported it to the staff's manager. Her response was that they were all the same. The offer of sex for work that a beneficiary received directly was not reported because sex for work is such a 'cultural norm'. The sex between a camp resident and UN soldiers was not reported because it was perceived as consensual and therefore not worth reporting. Some residents also felt that they needed actual proof to report a concern. None of the beneficiaries participating in this research had heard of any reports being made against a humanitarian aid worker.

Sexual exploitation taking place between camp residents is not reported to anyone. In some camps, residents are terrified of retaliation by camp committee members or neighbours, even where organisations are helping the situation with their approach to distribution. There have been enough cases of retaliation taking place to make this a real possibility. In other camps it goes unreported simply because nobody thinks it possible to avoid sexual exploitation in current conditions. Some organisations felt that beneficiaries lacked information on the legal process and how long this might take. Adolescent girls who had experienced sexual harassment were reluctant to report this to their parents in case they weren't believed.

The only abuses that seemed to result in reports were clear cases of rape, and these were generally reported to the local authorities. One case involving a young girl was reported, and the perpetrator arrested and imprisoned. This gave that camp confidence that these sorts of cases would be dealt with

appropriately. However, this was not uniform across all camps. Young girls in one camp said they hadn't reported sexual abuse because they had been threatened with death if they did.

8.8 Conclusions and recommendations for humanitarian organisations providing services in Haiti

8.8.1 PSEA Network and Coordination

Despite efforts by the PSEA Coordinator and the interest of the focal points, progress with PSEA initiatives seems to be very slow. In the one meeting the researcher attended, the organisations were hesitant in taking on responsibility for moving forward key activities, such as organising investigative efforts. It was not clear how much authority or time the focal points have for SEA, and the absence of a PSEA Coordinator is very likely to limit further network initiatives unless organisations can take more of a lead than they have to date.

The separation of initiatives on GBV and PSEA seems to be leaving SEA perpetrated by other than humanitarian workers without organisational responsibility. In reality, people experiencing violence and abuse tend to think of it as one and the same, regardless of who perpetrates it and, therefore, who is ultimately responsible to help prevent it.

Given the above, the conclusion drawn here is that the cluster arrangements and the PSEA/GBV responsibilities need reviewing to ensure that all violence and abuse is covered, and with an integrated approach as far as possible.

Whilst there are differences in opinion amongst organisations about how much time is needed for the focal point role, the lack of progress on PSEA initiatives must come down, at least in part, to the fact that this is generally just one responsibility amongst many for the staff member concerned. Given the scale of the issue, the number of camps organisations are working in, and the push needed to make a difference to the people in the camps, the researcher concludes that the SEA focal points should have this as a full time responsibility in their organisations, at least for a period of time until the network and organisations can say with confidence that their initiatives on SEA are proving effective.

Recommendation

> ➤ Assign focal point role as a full time responsibility. Where appropriate the staff member concerned should have SEA, GBV and child protection as their responsibility, which would ensure that gaps and divisions created by the clusters are addressed within organisations.

8.8.2 Organisation efforts on PSEA

Bearing in mind that the researcher was only able to view a snapshot of the initiatives in Haiti, the conclusion drawn is that organisational efforts on PSEA have generally been limited with a few exceptions.

Project planning, risk assessment and mitigation

It was clear from beneficiaries' feedback that there has been very little actual planning done with them. This limits the efficacy of emergency response plans, understanding risks and taking mitigating action. Whilst shortcut planning was perhaps necessary in the immediate aftermath of the earthquake, six months on it would seem a reasonable expectation that planning in the camps is done with a more participatory approach, adhering to the relevant principles and standards on humanitarian response. Robust risk assessments and mitigation strategies would help organisations and camp communities to overcome some of the SEA taking place, or at least understand better what is particularly contributing to it. Organisations need to recognise when the mechanisms they have set up in the camps to make decisions on aid or its distribution are increasing the risk of SEA. If the informal feedback on the inability of the emergency and development personnel to work together reflects a general situation, this too will hamper planning and delivery as the expertise offered by both is not contributing to an overall workable process.

Recommendations

> ➤ Plans for camps should be discussed with camp communities in organised representative groups, along with the risks presented by those plans and what can be done to overcome them, particularly in terms of violence and abuse.
> ➤ Agencies must recognise that SEA can be perpetrated by humanitarian aid workers. This includes violations by anyone engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community to conduct the activities of that agency (IASC 2002).

Codes of conduct, training and induction

All organisations must ensure that their personnel and volunteers understand and sign a code of conduct. There are plenty of examples of codes of conduct that can be quickly and easily adapted by agencies in the absence of available time to develop anything new.

All staff should also be run through induction and training on SEA and child protection. If organisations are struggling to manage this, the PSEA network could play a role in organising regular sessions that staff can attend, facilitated by experts from within the organisations.

Recommendation

> ➢ All organisations commit to ensuring all staff and volunteers read, understand and sign a code of conduct. The NGO checklist for developing or revising codes of conduct produced by HAP can be used as a reference. Agencies must also make public their codes of conduct and ensure rigorous monitoring of their application, through mechanisms such as internal audit, staff appraisals and exit interviews. The PSEA network should discuss the feasibility of organising regular induction/ training events on accountability in general and SEA and child protection for staff in particular.

Funding for SEA work

Funding for SEA work must be built into proposals to ensure funds are available. For this to work well, organisations need to finalise and cost their PSEA action plans; consider whether these do indeed address the scale of SEA taking place in camps and what they might want to do to mitigate this, and then decide how to spread that cost across project proposals.

Recommendation

> ➢ All organisations finalise PSEA action plans, ensure that these address the issues appropriately, and are costed and built into project proposals.

Capacity to work on SEA

Apart from the need to increase the focal point capacity to deal with SEA, the conclusion drawn from observations during this research is that capacity in SEA and child protection needs to be built in frontline staff and others working with those staff and communities. The lack of discussion with beneficiaries is probably as much to do with staff discomfort to talk about this as with the time to do so. This will be particularly so for discussions with children on protection. Feedback from a few organisations was that staff were not used to conducting

FGDs, and particularly not on these issues. Organisations should work collaboratively on capacity building using existing resources and expertise, and ensure that this covers work with children on protection.

Recommendation

> ➢ Organisations include capacity building of all appropriate staff on SEA in their PSEA action plans. The PSEA network agree how organisations can collaborate on this initiative.

PSEA reporting and investigation mechanisms

The lack of formal reporting mechanisms in many of the camps visited, and the contradiction in beneficiaries' comments between their asserted willingness to report and the fact that they hadn't done so, suggests that organisations cannot be confident that incidences of SEA by humanitarian aid workers are coming to light. Organisations must, therefore, make it a priority to set up proper reporting mechanisms for camps. The model that HAP was working on with two of its members in one camp (although not observed) would be a useful one to draw on, as well as the Haiti Response Coalition pilot. The reporting mechanism should be one model or approach that all organisations working in that camp collaborate on, and not individual organisational mechanisms which will just prove confusing to residents. Reporting mechanisms should also be able to manage all reports of serious incidents including violence, abuse and exploitation that are taking place. Implementing separate mechanisms for GBV, SEA by humanitarian aid workers, SEA by others etc. will again prove confusing for residents.

Along with the need for effective reporting mechanisms goes the need for competent investigators. Organisations with focal points in the PSEA network should be able to offer a staff member who can be trained in investigations by HAP in order to create a pool of staff competent to carry out investigations – these people can be drawn from the pool as and when a case arises.

The PSEA network should be informed that cases raised through the network are being handled appropriately, and feedback provided to the person who raised the complaint. The organisation concerned should also decide how to communicate this more widely, balancing the need for confidentiality with the expectations that action be taken. Reports on each investigation and outcomes should be made available to the relevant organisation Head Office and an aggregated summary of cases that have been reported, key actions and outcomes made available to the UN Humanitarian Coordinator.

Recommendations

> ➤ Organisations working in camps collaborate on the development of joint reporting mechanisms to manage reports including those relating to violence, abuse and exploitation.
> ➤ All organisations capable of doing so offer a staff member to become a PSEA investigator.
> ➤ Staff working in Haiti who have already been trained by HAP to investigate could be called on to conduct investigations.

Management commitment

The potential lack of management commitment to PSEA is not new to this research; it has been highlighted in the other research referenced in this publication, along with recommendations on addressing it. The only additional recommendation is that coalition and membership bodies with a specific remit on SEA and child protection should consider what further measures might be required to hold organisations to account on their practices, particularly in emergency response where adherence to standards can be difficult to maintain.

Recommendation

> ➤ Coalition and membership bodies agree with members how their SEA, beneficiary accountability and child protection practices can be strengthened and adequately monitored as part of any emergency response.

8.8.3   Involvement of communities in safety measures

Consultation and information provision

As stated above, the lack of a concerted effort on consultation and information provision is a significant limitation to both organisations' and communities' understanding of the issue and ability to address it. All beneficiaries welcomed their participation in this research and felt they understood the issue much better as a result. There are some good practices taking place which organisations could consider adopting, for example:

- The approach by one international NGO of placing protection officers in their managed camps appears to be working well for raising the awareness of SEA and GBV, as well as providing a platform for discussion.

- The proposed piloting of mobile response teams by the Haiti Response Coalition should be considered closely by organisations for replication elsewhere.

Organisations working on GBV could support consultation and information provision on SEA, as there are enough resource people within Haiti for this to be possible through coordination in the PSEA and GBV networks.

Recommendation

> ➢ All organisations working in camps plan consultations and information provision for women, men and children on accountability, codes of conduct and violations or breaches, including violence, abuse and exploitation, drawing on existing good practice.

Reporting

Putting in place proper reporting mechanisms has been covered above. It is worth reiterating here, however, that those reporting mechanisms need to work for the communities they serve, so discussions with those communities on what would work, what barriers exist to reporting, and how these might be overcome are vital.

Recommendation

> ➢ Agree with the camp residents and wider communities on an appropriate reporting mechanism, and work with them on how to overcome existing barriers to reporting.

9   Kenya

'
People don't use the complaints boxes. If someone
sees you putting a letter in there they will make you
feel ashamed, will make fun of you and make up
songs to sing about you.
'

(Girl, Kibera, Kenya)

9.1   Introduction

Kenya was selected for inclusion in the first beneficiary-based consultation[24] in 2007 because of its reputation as a model of collaboration for PSEA. The 2007 consultation was conducted in Kakuma refugee camp. It was therefore decided to return to Kakuma for the 2010 BBC for comparative purposes.

In view of the overlaps between the humanitarian and the development spheres of work, the fact that many organisations work in both, and the increasing interest by development organisations in adopting accountability frameworks, it was also decided to conduct consultations in Kibera, Nairobi, one of the largest slums in the world.

The visit to Kenya was conducted in July 2010 and consisted of an orientation by the host organisation, six days of meetings and consultations in Kakuma, and three days of consultations in Kibera.

9.2   Context

9.2.1   The refugee situation in Kenya

Kenya shares its borders with, and is in close proximity to, several countries that have undergone protracted and complex humanitarian crises over the last two decades. In 2009, it was hosting around 340,000 refugees[25], though the projections for 2010 were estimated at a population of 400,000 refugees. This

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[24] *To complain or not to complain: still the question,* Lattu, K, HAP International 2008
[25] 2010 UNHCR country operations profile – Kenya

makes it the country with the sixth highest refugee population in the world[26]. Most of the refugees are from Somalia, Southern Sudan and Ethiopia, though there are also significant numbers from Uganda, DRC, Burundi and Rwanda.

Due to the Kenyan government's practice of 'encampment', the majority of the refugees in Kenya are confined to Kakuma camp, which is located in the far north west of the country near the Ugandan, South Sudanese and Ethiopian borders, and three camps in the vicinity of Dadaab, which is located near the Somali border.

Following the Comprehensive Peace Agreement in Sudan in 2005, voluntary repatriation of Sudanese refugees from Kenya has been taking place with the encouragement of both governments. Repatriations have also been occurring to DRC, Burundi and Rwanda.

While the number of refugees in Kakuma started to decline due to the repatriations, the camps in Dadaab have been under serious strain due to ongoing influxes of refugees from Somalia, the population there reaching around 300,000. UNHCR has therefore started to transfer refugees from Dadaab to Kakuma. During 2009, 13,100 refugees were transferred.

According to UNHCR, the population in Kakuma currently consists of 72,600 refugees, of whom 57% are Somalis, 29% Sudanese, 8% Ethiopians, 3% Congolese. There are also small numbers of refugees from other African countries.

Dadaab and Kakuma are located in two of the least developed and most inhospitable areas of the country. Kakuma is situated in Turkana West District, which is home to the pastoralist Turkana peoples. Security is an issue due to the availability of small arms from the insurgencies in neighbouring countries. Due to climate change and environmental degradation, the area has been transformed from savannah to a semi-desert that can no longer support the pastoralist way of life. There are few livelihood options and people are dependent on food aid from the government.

Although in practice refugees in Kenya are required to live in the Dadaab and Kakuma camps, a significant number have made their way to Nairobi and, in lesser numbers, to other towns and cities; though they do not receive any direct assistance once they are outside the camps. According to UNHCR these number around 46,000, but other sources estimate that there are up to100,000[27]. According to research conducted by ODI, reasons given by

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[26] UNHCR (2010). *2009 Global Trends: Refugees, Asylum-seekers, Internally Displaced and Stateless Persons.* Division of Programme Support and Management, UNHCR.

[27] Panavello, S. et al. (2010). *Hidden and exposed: urban refugees in Nairobi, Kenya.* HPG Working Paper. ODI.

refugees for choosing to leave the camps included the lack of security and the lack of livelihood opportunities in the camps.

9.2.2   Kibera urban slum

Kibera is a large, densely populated, unauthorised settlement situated on government-owned land in Nairobi. It is said to be the largest slum in Africa, though there has never been an official census, and estimates of its population vary widely from 350,000 to 1 million. Living conditions are very poor with a lack of basic services, high levels of pollution, high levels of unemployment and a lack of security.

Kibera has a multi-ethnic population, though members of the Luo tribe now predominate. The balance of ethnic groups varies between the different villages within the area, and over the years Kibera has been subject to ethnic and political tensions.

In 2007, Kibera was engulfed by the post election violence, which resulted in 1,200 people being killed nationwide and around 600,000[28]people being internally displaced. During the crisis there were reports of opportunistic sexual violence being perpetrated by gangs of youth[29]. A humanitarian response to the crisis was launched and was coordinated by the Kenyan Government and the Kenyan Red Cross Society.

A recent study by Amnesty International concluded that gender based violence is endemic in Nairobi's slums and settlements, that it largely goes unpunished, and that it contributes to making and keeping women poor[30]. The prevalence of HIV in Kibera is estimated as being double that of the Kenyan population as a whole.

9.3   Methodology

9.3.1   Kakuma

The research methodology used in Kenya followed the overall approach developed for the study. A review was conducted of the documents that describe the PSEA measures put in place in Kakuma by the main organisations working in the camp.

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[28] In depth Kenya's post election crisis. www.irinnews.org
[29] Bayne, S. (2008). *Post election violence in Kenya. An assessment for the UK Government.* DFID Kenya.
[30] Amnesty International, (2010), *Insecurity and Indignity, Women's Experiences in the Slums of Nairobi,* Kenya.

In preparation for the country visit, a briefing document describing the BBC process was sent to the host agency, and disseminated to the other agencies working in Kakuma. The guide questions for the FGDs and consent forms for participation by beneficiaries in the consultations were also sent to the host agency and shared with the translators.

Information was gathered in Kakuma over a period of six days. Meetings and discussions were held with 10 staff from 5 different agencies to discuss the PSEA measures that had been put in place.

Initial meetings of camp residents were held with camp leaders[31] and community leaders[32] to present the nature and purpose of the research, and to solicit ideas on how the consultations should be conducted.

Consultations were conducted with 110 camp residents, of whom 68 were women and girls and 42 were men and boys. The ages of the participants ranged from 12 years to 94 years[33]. The consultations were held with groups of beneficiaries organised by age and gender as follows: girls under 14 years; boys under 14 years; youth (girls); youth (boys); women; men. Due to heavy rains the planned consultation with senior citizen women and men had to be cancelled.

Additional consultations were held with particularly vulnerable groups: single women who were new arrivals (the most recent having arrived 6 weeks previously); single Sudanese women who were long-stay residents in the camp (up to 18 years of residence); and a group of girls who work as commercial sex workers in the camp.

Participants in the groups were drawn from all the main nationalities and ethnic groups represented in the camps including: Sudanese, Somalis, Ethiopians, Congolese, Burundians and Rwandese. English-speaking members within the groups translated for their peers, and translators were provided when necessary.

Consultations were also held with groups of leaders, women and young women from the Turkana host community. There were an additional 39 participants in these groups, consisting of 12 men, 15 women, and 12 young women under 25 years of age.

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[31] Camp leaders are elected by the different communities (ethnic groups) in the camp. These are unpaid positions. Their responsibilities are to liaise between the communities and the agencies.

[32] Community leaders are leaders of the community groups that have been established in the communities by the agencies.

[33] The 94 year old was a camp leader. Due to the cancellation of the consultations with senior camp members because of rain, the rest of the beneficiaries were all under 35 years of age.

The main method of consultation used was the FGD, but consultations were also adapted to the age and interests of the group and included drawings, role play, mapping, community visits and individual interviews. While the consultations with youth and adults were explicitly focused on SEA, those with younger children started with a discussion of safe and unsafe areas in the camp. Issues of SEA were only pursued when these were first mentioned by the children.

Feedback and discussion of the findings of the consultations were provided to agencies heads and camp leaders at the end of the visit.

9.3.2   Kibera

The activities in Kibera followed a similar pattern to those in Kakuma. Host agency staff based in the area mobilised the participants for the consultations. An initial meeting was held with 15 community leaders (9 men and 6 women), who were engaged in a range of activities in Kibera, such as working with SGBV, vulnerable children, disability issues, youth, housing, peace building, and community policing.

Consultations were then conducted with a total of 58 community members (26 men and boys, and 32 women and girls) in gender and age disaggregated groups: girls, boys, young women, young men, women, men. Community walks and visits were also made in the area. Feedback and discussion of the findings were provided to the community leaders and the host agency.

9.3.3   Limitations

Due to limited time in which to organise the consultations, not all the participants received the consent forms or were aware of the nature and purpose of the meeting. However, recent work by agencies on SGBV meant there was little hesitation to participate in the consultations and discuss the topic.

Consultations were planned with senior citizen men and women in Kibera, but heavy rains in the camp the night before the consultation meant that these had to be cancelled. The age range of the beneficiaries who participated in the consultations is therefore heavily skewed to those under 35 years of age.

Due to the limited time available, the main method used for the study was the FGD. Many of the groups consisted of up to 16 individuals, which made detailed discussions difficult. Ideally more time would have been spent engaged in individual in-depth interviews and community visits to flesh out and validate the findings. More time in Kibera would also have allowed contact with the main agencies working in the area.

9.4 The PSEA Project of the Kenya Refugee Programme

In 2003, an Inter-Agency Code of Conduct for Humanitarian Workers in the Kenya Refugee Programme was drafted, adopted and signed by UNHCR and international humanitarian organisations working in Kenya. This came to be known as 'the Kenya Code'.

From 2004 to 2007, a PSEA project was implemented in Kenya by a consortium consisting of IRC, Care International in Kenya, FAI, and UNHCR with funding by BPRM. Heads of agencies were involved in consortium meetings, thus generating considerable commitment and momentum.

The PSEA project consisted of: the development of protocols and standards; awareness raising of staff, refugees and host community members through multi-media activities including film; training of staff, community leaders, teachers, the police and the business community; and the establishment of complaints mechanisms (commonly known as the Nairobi Protocols).[34]

The project represented a huge effort to address the problem of SEA, and plans were then made by the participating organisations to mainstream PSEA into their programmes and operations.

Since the PSEA project finished the emphasis has shifted to SGBV, and PSEA is now being dealt with under that umbrella. Consortium meetings specifically on PSEA have ceased. In Kakuma, LWF is the lead agency on SGBV and currently holds weekly inter-agency SGBV coordination meetings. This, however, is not an appropriate venue for discussing PSEA cases as it would breach confidentiality. Agencies in Kakuma felt that currently there is inadequate coordination between them, and a loss of momentum on PSEA.

Programmes of support are also implemented by the humanitarian organisations with the host Turkana community. However, given that the community is one of the poorest in Kenya, the resources dedicated to their wellbeing are perceived as inadequate. There have been confrontations between the refugees and the host community, and demonstrations were also made against the humanitarian agencies last year.

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[34] Protocols available at: http://www.humanitarianreform.org/humanitarianreform/ Portals/1/cluster%20approach%20page/Kenya/GBV/SEA%20Interagency%20 ProtocolsFINAL.doc

9.4.1   Current organisational efforts on PSEA

LWF has two PSEA focal points in Kakuma and two trained investigators, all of whom are women. UNHCR has two focal points, one man and one woman, the latter being trained as an investigator. Other organisations working in the camp are also required to appoint a focal point. If they have no trained investigator, they refer their cases to LWF or UNHCR.

All international, national and incentive staff[35] are required to sign a code of conduct. Organisations generally conduct an orientation on PSEA for new staff, though this is more consistent and thorough for the national staff than for the incentive staff. Some awareness-raising sessions are held by the LWF focal points for newly arrived refugees and for the general refugee population, though the intensity of PSEA awareness-raising has been much reduced since specific funding for it under the PSEA project ceased.

Complaints boxes were established as part of the PSEA project. These are located in prominent positions in the camp and in the hospital and clinics that are run by the IRC. Beneficiaries should also be able to contact focal points directly, through phone or appointment, to make a confidential complaint.

Many staff who were trained during the PSEA project have moved on. There has also been a turn-over of the refugee population and many of those who benefitted from the PSEA project activities have left. To address this, LWF is about to start a new programme which will involve increased awareness raising, the identification and training of focal points in the community, and the hiring of a full time 'community liaison officer' whose main role will be to handle complaints and cases.

The SGBV programme consists of awareness raising, including for men and boys; training of staff; material support to vulnerable women; IGPs; and counselling for survivors, provided by JRS. Complaints mechanisms for SGBV cases are different from those for SEA, beneficiaries being encouraged to report through community structures or the field posts, rather than directly to agency staff, except in the case of a serious emergency.

Monitoring

Data on SGBV and PSEA is collected together and is not disaggregated in reporting formats. It is therefore difficult to track the trends in PSEA. However, the overall number of reported cases of SGBV (which include PSEA cases) has been noted to be increasing during recent reporting periods. In addition, one of the focal points noted that cases of PSEA reported to her during the

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[35] 'Incentive staff' are refugees who work for the humanitarian agencies for an allowance. Refugees in Kenya are not permitted to be formally employed.

first half of this year have already reached the number reported in the whole of the previous year.

9.5 Beneficiary perceptions on safety and SEA: Kakuma

9.5.1 General safety

Beneficiaries reported that the general safety of the camp had improved in recent years and that there were fewer armed incursions into the camp. The host community leaders also said that in the past their community had reacted against the refugees in a violent way when problems arose, but that with the help of peace building activities they now tried to resolve issues through dialogue.

Single women, however, still felt vulnerable to attacks and robberies, during which rapes and beatings take place. These attacks were reported to be perpetrated both by refugees and by host community members.

Some beneficiaries felt that sexual exploitation had decreased because, through the SGBV programme, women now knew better how to protect themselves and how to report. There were mixed views about whether sexual abuse was increasing or decreasing.

9.5.2 SEA in the camp

Sexual exploitation and abuse (SEA) was perceived by all the groups consulted to be a serious, ongoing problem in the camps. The situations in which SEA was reported to have occurred are mapped in Annex 4[36].

The picture that emerged was of sexual exploitation occurring in a wide range of situations and at all levels of camp life. Beneficiaries reported its occurrence in exchange for food and non-food items, access to basic services and job opportunities, and as a survival mechanism in exchange for money and food. Perpetrators were said to include camp residents, camp and community leaders, incentive staff, national and international staff.

Sexual exploitation in schools was a frequently mentioned concern. This was reported to take place in exchange for admission to school and in exchange for good marks. Many of the groups also said that women and girls are frequently asked for sexual favours in exchange for jobs. Many women felt that

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[36] Annexes are available online at: http://www.hapinternational.org/pool/files/annexes-change-starts-with-us.pdf

the situation amounted to a stark choice between having a job and providing sexual favours, or not having a job. Sexual favours are also demanded in exchange for ration cards and for food at the distribution centre. This may occur to enable a pregnant woman or a disabled person to have priority in the queue, or to enable a woman to receive a full or extra ration.

Sexual abuse was still a serious concern. There were certain parts of the camp that were identified as being risky, such as the dry river bed that runs through the camp, and certain activities, such as gathering firewood. The risk of sexual violence increases at night. Women and girls living in the absence of an adult male presence felt particularly insecure and reported constant sexual harassment and sexual violence.

Single women and girls, especially those with children, were most vulnerable to exploitation and most likely to use of sex as a means to survive. The resulting pregnancies increased their need for resources pushing them into a vicious cycle of increasing dependency. Very poor families were also reported to encourage their daughters to have sex in exchange for money and basic needs. Some women and girls were actively engaged in commercial sex work.

Experiences in the camp were mirrored by the situation of women and girls in the Turkana community. Participants described a situation in which, in the absence of other means of survival, women and girls accept sexual relations with agency staff and refugees in return for food, money and jobs. The resulting pregnancies can then lead to a life of prostitution or earning a living through illicit brewing. They were concerned about the problem of HIV and AIDS and knew of women who had died, leaving orphaned children behind.

Although women and girl refugees are the most vulnerable to SEA, it was reported that men and boys are also victims, though less frequently and that there are also incidents of sexual harassment of agency staff by refugees.

9.5.3   SEA by humanitarian aid workers

Beneficiaries said that SEA by paid international and national staff does happen but it is limited because there is awareness that staff can be fired if they engage in sexual relations with a camp resident. The examples given were mainly of situations in which incentive staff and leaders control access to goods and services, such as during triage at the hospital and the distribution of food and non-food items.

The Turkana women and girls identified both agency staff as well as camp residents as being perpetrators of sexual exploitation and abuse in the host community.

9.5.4   Involvement of communities in safety measures

The camp leaders remembered the PSEA activities that had been conducted between 2004 and 2007 and recognised that recently there had been a greater focus on SGBV.

Beneficiaries who were part of community groups formed to raise awareness of SGBV, such as the 'Kibera Brotherhood', felt involved in activities to prevent and respond to cases of SGBV. However, those who were most vulnerable, such as single women and girls, did not feel involved. A group of women who were newly arrived at the camp said that they were not given any information on PSEA, and inadequate information about other aspects of how the camp functions and where to go and what to do.

Single women who had been longer in the camp had more awareness, but even the one or two who were part of a community women's group felt that what was being done had little relevance to their situation. One agency was working with a group of commercial sex workers and was trying to engage them in less risky activities, but they did not see that there were any other options open to them.

9.5.5   Reporting concerns

The youth, both young men and women, were most definite about being confident and willing to report. However, the young women said that some girls would not report due to shame or fear. The young men stated that they would encourage girls to report, but that it may be dangerous in some situations and that it may result in the loss of a job.

The men's group indicated that in theory they would report, but qualified this by saying that they would not report when the perpetrator was a boss or a family member.

The women's groups expressed most reluctance to report, due to dependence on perpetrators for support and jobs and due to difficulties they had experienced in the past in attempting to report. The commercial sex workers said they would not report as they had made their choice and had to live with the consequences.

Many concerns were raised about the reporting procedures, particularly by the women's groups. As the young women said, different problems need to be reported in different ways. The newly arrived women in particular lack knowledge and understanding about where to go and what to do. They said that they had put in complaints at several offices but no action had been taken.

Language and illiteracy are barriers for many women, both requiring the involvement of others to make a complaint. One girl who had been beaten by

her stepfather said that a translator had demanded money to take her case forward in the presence of the national staff who did not understand what was being said. Women stated that sometimes they are sent away, being told that they are just complaining or that they are a 'mad refugee woman'.

Women fear lack of confidentiality, particularly when they have to report to other refugees. The complaints boxes are little used. The young women said that if someone is seen putting a letter in a complaints box she will be victimised and songs will be made up about her.

The PSEA procedures provide for access to the focal points who are based in the agency compound. However, SGBV procedures discourage complainants from coming directly to the compound. Many women reported trying to bring their complaints to the agency compound but being turned away by security guards, who may make further demands for money or sex.

9.5.6   Response

The groups told of mixed experiences when cases are actually reported. A case was cited of a teacher who offered sex for money. An investigation was carried out, and the teacher left, though the group was not sure whether he was transferred or dismissed. The dismissal of NGO staff clearly sends a strong signal that impresses the beneficiaries.

Overall, however, there were many concerns about the response to cases of PSEA. Beneficiaries had little confidence that cases reported through the complaints boxes would be dealt with. They also had little confidence in the police, and reported that cases are often not processed, or are delayed due to bribes. In addition, families often withdraw cases and resolve them privately.

One agency also provides a community counselling service, but none of the beneficiaries consulted had used this. A haven is run by this agency for camp residents who have serious protection issues. The daughter of one of the beneficiaries included in the consultation had been taken there for three months following an assault by police.

9.6   Recommendations for humanitarian organisations providing services in location

Beneficiaries and the Turkana participants had many ideas about what could be done to prevent and respond to SEA. Some felt that empowering women and girls through opportunities for education, literacy classes, vocational training and jobs would improve their situation. Others felt that there needed to be better supplies and improved services to avoid the situation in which women felt obliged to offer sex in exchange for goods and services.

Groups also expressed the need for greater awareness-raising and training. They proposed that awareness raising should be conducted through different media such as film, drama, discussions and debates, and the provision of information in schools for children and teachers. Training should be received by the focal points, leaders and security guards.

Many women felt that reporting mechanisms should be improved. They would like an office exclusively for the use of women, in which reporting could take place directly to national staff, with a regular schedule so that they could be sure of being seen.

Beneficiaries also called for more effective follow up and treatment of cases and more effective action against perpetrators.

The Turkana community leaders felt that certain obstacles to harmony between the host community and the refugees needed to be addressed. They also felt that the hiring of more local staff would reduce the need to bring staff from other parts of Kenya who have to come without their families, thus increasing the risk of SEA. They felt that ongoing dialogue between themselves, the refugee community and agencies would be beneficial.

9.7   Conclusions and recommendations

9.7.1   Viewing SEA by humanitarian workers in the context of the wider phenomenon of SEA in the camp

According to beneficiaries, SEA by humanitarian staff still takes place, both within the camp and within the host community. Actual trends cannot be followed because PSEA cases are reported together with other cases of SGBV. However, beneficiaries thought that SEA by staff is relatively infrequent as they are few in number and have less access to vulnerable women than the refugee staff, camp leaders and volunteers.

SEA and the broader phenomenon of SGBV is still a widespread and ongoing problem that occurs at all levels of camp life. Sexual exploitation, in particular, needs to be understood in relation to how access to goods, services and information is controlled by staff, incentive staff, camp leaders and volunteers. In the abnormal environment of the camp, control over any form of resource may serve as an opportunity for exploitation and abuse.

Recommendations

> ➢ Although humanitarian organisations do have a particular responsibility to ensure that their staff do no harm, greater attention needs to be paid to the way in which access to services and resources is controlled, and steps taken to reduce the incentives and opportunities for SEA by all staff, volunteers, leaders and camp residents.
> ➢ This would include an examination of camp structures, including the degree to which women are involved in management, decision-making and control of resources.
> ➢ Greater involvement of incentive staff, camp leaders and volunteers in awareness raising and discussions about PSEA is necessary.

9.7.2   Addressing the causes of PSEA

The causes of much of the SEA perpetrated in the camps and the host community lie in the abnormal existence of dependency in which refugees are forced to live in one of the poorest areas of Kenya where there are very limited livelihood options. The root causes are multiple and complex, including Kenyan refugee legislation and practice, cultural traditions and the way in which the control of access to resources and services is organised in the camp.

A detailed analysis of root causes is beyond the scope of this report. However, one obvious issue is the food ration, which currently stands at 2,100 kcals per person per day. Given that food is used to barter for other essential items that are not provided on a regular basis, such as clothes, this is insufficient for families without other means of support, and it makes them very vulnerable to offers of basic provisions in exchange for sex.

Recommendation

> ➢ An analysis of the root causes of the widespread phenomenon of SEA in Kenyan refugee camps should be conducted and programmes of advocacy, capacity building and service delivery established on the basis of the findings.

9.7.3   Defining the relationship between PSEA and other related programmes

The division between PSEA and other related programmes appears artificial and confusing for beneficiaries. The previous beneficiary-based consultation took place shortly after the end of the PSEA project when activities were at their peak. Since then PSEA activities have declined, but have been replaced by the SGBV programme with its related concerns. This has shifted the focus of attention to a broader agenda in which SEA specifically by humanitarian workers has, to a large extent, been lost. It seems that the opportunity was missed to continue PSEA messages in the context of the SGBV programme. The same could be said of the child protection programme.

As the SGBV agenda overlaps with that of PSEA, it probably has had an impact on SEA by humanitarian workers (as well as by camp residents) by raising beneficiary awareness. Young people, particularly those who are directly involved in the programme through their participation in community groups, felt that women are more prepared to defend themselves, and that the problem of sexual exploitation as a whole may have improved. However, single women with children were much less positive about the programme, and felt that they had few choices, many of them engaging in sex for survival, or commercial sex.

The widespread prevalence of SEA must be a significant risk factor in the spread of HIV in the refugee camp and among the host community. A sentinel survey conducted in the camp in 2007 showed the prevalence of HIV to be 1.2% compared with 3.6% among the host community (UNHCR). The commercial sex workers said that they do not use condoms, though they are widely available in the camp. Camp leaders also stated that, generally, men in the camps do not use condoms. Both groups are aware of the threat of HIV but see immediate survival as a more pressing problem.

The Turkana women and girls made the link between SEA and HIV and AIDS, having seen women from their community die of AIDS. The HIV/AIDS programme is another opportunity to integrate messages about SEA, including that perpetrated by humanitarian workers.

Recommendations

> ➢ The relationship between SEA by humanitarian aid workers and other related programmes (SGBV, child protection, HIV and AIDS) needs to be redefined. There needs to be better integration in which SEA by humanitarian workers is addressed as relevant and appropriate in the context of each of the programmes concerned with the issue of sexual violence.

> ➤ There also needs to be a disaggregation of data so that agencies are able to track trends in the reporting of cases of SEA by different categories of staff as well as by beneficiaries in order to plan where to focus their efforts.

9.7.4   Harmonisation of reporting procedures

The PSEA and SGBV programmes provide different reporting procedures. There is the facility for PSEA cases to be reported directly to agency focal points, while SGBV cases are encouraged to report first to community leaders or to the field posts. This appears to have caused confusion, and women were trying to report SGBV cases directly to staff in the agency compound without success. The problem seems to have been compounded by the turnover of staff and security guards who control access to the agency compound and have not been trained in PSEA. The complaints boxes are very little used due to concerns about privacy and whether the cases will be acted upon.

There was little awareness of the difference in the reporting procedures between PSEA and SGBV. Youth and those who were members of community groups appeared to be aware of reporting procedures for SGBV and willing, at least in theory, to report.

Although the few instances of firing NGO staff that the beneficiaries knew about had impressed them, they were concerned about the confidentiality of reporting, the slowness of response and the lack of action, particularly on the part of the police.

It seems inappropriate to expect beneficiaries to select between different reporting mechanisms based on the identity of the person who has abused them, particularly when the boundaries between staff and camp residents may not be clear to them, as in the case of incentive staff (who are classed as staff) and camp leaders (who are not staff but act as the link between the agencies and the community).

Recommendation

> ➤ Confidential reporting mechanisms should be established in consultation with camp residents, especially those who may be most vulnerable, for example single women and girls, to which all breaches, including cases of SGBV and SEA by humanitarian workers can be reported. The cases should then be dealt with through appropriate channels, based on the nature of the cases.

9.7.5   Attention to vulnerable groups

Single women and girls, especially those with children, remain very vulnerable and appear to have little support from their communities. Factors that add to vulnerability include language barriers and illiteracy. These women had often tried to report their concerns but without success.

Some of the young people's groups seemed very interested and willing to be further engaged in this issue. They are a potential resource that could be used for awareness raising and the provision of information to the more vulnerable members of their communities.

Recommendations

> ➢ Research and develop mechanisms through which vulnerable groups can receive more support from within their own communities, including the possibility of mobilising young people.
> ➢ Develop mass media communications that are geared towards illiterate community members in their own languages.
> ➢ Provide greater support and information to newly arrived single women and girls, especially those with children.

9.7.6   Funding

Agencies were very active on PSEA when there was dedicated funding for the project. The intention was that once the project had finished, PSEA would be mainstreamed into agency operations. However, since the project funding finished, there has been very little specific activity on PSEA and the feeling was that it had been 'mainstreamed away'.

In practice, a budget is needed to continue any significant activity to prevent and respond to SEA by humanitarian workers. Rather than launch further separate projects, it is proposed that a budget is integrated into each humanitarian programme and project, based on an assessment of the risk of humanitarian worker abuse taking place in the context of that programme and project.

Recommendation

> ➢ The risk of humanitarian worker abuse of beneficiaries should be assessed in relation to each humanitarian programme and project, and a budget included for measures to reduce the risk and deal with any cases.

9.8   Measures taken against SEA in Kibera

PSEA as a programme was implemented in the context of the Kenya Refugee Programme in Kakuma and Dadaab. There is no such over-arching programme that is aimed at the prevention and response to SEA by development workers in a location such as Kibera. Consequently, there are no systematic and coordinated efforts to put codes of conduct and reporting procedures in place.

Organisations that work in both the refugee and urban poor settings may, however, apply their PSEA codes of conduct to all their staff, including those who work outside the refugee setting. The IRC has a 'Mandatory Reporting Policy' for all staff, including volunteers working in all its programmes. This policy, includes mandatory reporting on exploitation and abuse of beneficiaries, whether in the humanitarian or development context.

In addition, there is a growing move towards child protection policies and codes of conduct for organisations working with children. In Kibera, for example, the staff and volunteers of the Binti Pamoja reproductive health programme for adolescent girls (a programme of the NGO, Carolina for Kibera) are required to sign a code of conduct.

In Kibera, there were many SGBV activities being implemented by different organisations, including the Women's Justice and Empowerment programme funded by PSI, of which the FilmAid activity in Kibera is a part. The perpetration of sexual exploitation and abuse by agency workers was not a specific focus of this programme.

9.9   Beneficiary perceptions on safety and SEA in Kibera

9.9.1   SEA in Kibera

Participants in the consultations agreed that SEA and SGBV had been a problem in the camp before the elections, but that it had not been spoken about. Since the election violence, the situation has improved. However, some groups felt that the problem of SEA was not currently decreasing and that it was unlikely to do so while the problem of poverty persists.

During the post election violence, participants reported that there were widespread abuses by government officials, NGO staff, the police and the residents themselves, particularly by gangs of youth.

As in Kakuma refugee camp, sexual exploitation is widespread. Participants gave examples of sexual exploitation for money, goods and services in the context of schools, security services, government and NGO projects and in

the interactions between Kibera residents. This included sexual favours being demanded in exchange for good marks in school, jobs and participation in youth activities such as sports activities and talent shows.

Women and girls engage in survival sex, some parents encouraging their daughters to bring money into the family in this way. Women who are on their own with children are particularly likely to take the option of engaging in commercial sex work to survive. Orphans are also very vulnerable, being offered a place to stay in exchange for sex.

Sexual abuse was also reported as being widespread. Particularly dangerous areas of the settlement were identified in which rape and defilement is a risk, such as the railway lines, the forest and the areas where youth gangs congregate; but women and girls experience the whole of the settlement as being dangerous at night. They also talked about the risk of domestic violence at home, and rape that occurs during violent robberies of homes. See Annex 5[37] for a summary of the situations in which SEA takes place in Kibera.

9.9.2   SEA by NGO workers

Many of the residents spoke about the occurrence of SEA by NGO workers. This took place during the election violence and in the context of the humanitarian operations that were launched after it, but it is still a widespread problem today.

Residents reported an ubiquitous problem of sexual exploitation in exchange for jobs, including with NGOs. Women and girls were seen as having to choose between a job in exchange for sexual favours, or no job at all. Volunteers engaged in NGO programmes were also reported as requiring sexual favours in exchange for programme benefits, some volunteers engaging in sexual relationships with multiple women in the community on this basis. Sexual favours are also demanded by NGO workers and volunteers from youth who take part in talent shows and sports events.

Residents thought that some NGOs and CBOs were set up, not to do bona fide work, but to take advantage of the situation in Kibera for sexual purposes. They described how the organisation of interviews and workshops in hotels were used as a thinly disguised cover for exploitative and abusive sexual activity.

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[37] Annexes are available online at: http://www.hapinternational.org/pool/files/annexes-change-starts-with-us.pdf

Although women and girls are most at risk, boys are also sometimes victims of SEA. For example, one of the residents talked about a boy being obliged to sleep with a female NGO director in exchange for a job.

9.9.3   Involvement of communities in safety measures

PSEA programmes tend to be implemented in the humanitarian context, rather than in urban poor settings, such as Kibera. However, some of the residents participating in the consultations had been involved in broader SGBV, HIV and AIDS and reproductive health projects. As a result of these, some women and girls felt that they were more aware about PSEA and were better able to protect themselves and negotiate difficult situations. However, the women felt that men were not interested in hearing about women's and children's rights through these projects.

It was noted by the young women's group that although there is a big focus on HIV by the NGOs, messages about prevention are not linked to sexual exploitation and abuse, but rather to the avoidance of multiple partners.

Some of the men felt that their participation in such projects was limited in the sense that NGOs come with fixed programmes and do not consult adequately with the residents about the root causes of the problems or how they should be addressed.

The girls and boys who participated in the consultations, and who were surprisingly knowledgeable, had heard about safety issues through discussions in church, and from volunteers coming to their schools and to their houses.

The group of young men, some of whom were involved as volunteers, were very vocal about the way that NGO operations were run in the settlement. In general, national and international NGOs facilitate local CBOs to actually implement the programmes, but they felt that there were inadequate resources given to do the work, inadequate recompense to the volunteers and inadequate supervision on the ground by the NGOs. This contributed to an environment in which NGO operations were used as an opportunity for exploitation and abuse, and again underlines the need for agencies to develop good accountability mechanisms and robust policies and procedures to address these issues.

9.9.4   Reporting concerns

The women and girls were most definite about their willingness to report if they knew of a case of exploitation or abuse and said that they would report, even if the perpetrator was a neighbour or relative.

The men were more cautious and, though in theory they thought that they should report, in practice they had reservations due to fear of revenge or abuse by the authorities to whom they would report.

The young women thought that men would not report if they themselves were abused. Some examples were also given of girls refusing to report because they wanted the continued support of the abuser, including some who are under 18 years of age.

Residents were clear about where to report and had confidence in the 'one stop shop' service provided by the Kenyatta Hospital. However, there was no specific mechanism for reporting abuse by NGO workers to the organisations concerned. Residents thought it would be difficult to get to see a manager to whom a case could be reported.

Residents knew of many cases that had been reported to the authorities but the vast majority had failed to progress to a prosecution. This was due to lack of medical evidence, such as in the case of rape, withdrawal of cases following private agreements reached by the families concerned and bribery of the police by perpetrators. Residents knew that if NGO workers were found to be involved in SEA in the community then they would be dismissed, and had heard of one or two examples in which this had happened.

9.10 Recommendations for humanitarian organisations providing services in location

Residents had many ideas about what should be done to improve the problem of sexual exploitation and abuse in Kibera. This included tackling the root causes through poverty alleviation, education and combating corruption. They felt that there should be changes in the way that the government and NGOs work, including greater consultation with residents, attention to ethics and transparency, greater supervision by NGOs of projects on the ground, increased resources and payment of the people implementing the projects rather than the provision of allowances to volunteers.

There were many suggestions about awareness-raising and training on SGBV, including the examination of the cultural values that are expressed in the relationship between men and women. Sex education in schools was thought to be particularly important. It was felt that men could be reached through awareness raising at venues they frequent, such as sports venues, social clubs and churches.

To facilitate reporting to NGOs, residents felt there should be suggestions boxes on NGO premises and in public places.

The youth and children felt it was particularly important to see that change starts with each person and each family, and that they themselves were resources that could be used. As the young women said, 'change starts with us, talk to us!'

9.11 Conclusions and recommendations

9.11.1 SEA is a widespread problem affecting many areas of life in Kibera

On the evidence of these consultations, sexual exploitation and abuse in Kibera is a very widespread problem, the underlying causes of which are multiple and complex. The lack of access to land, the lack of livelihood opportunities and the poor provision of basic services mean that people have limited options for obtaining the means of survival. In addition, the unauthorised nature of the area and the tensions of a politicised, multi-ethnic environment mean that many of the manifestations of SEA are remarkably similar to those in Kakuma refugee camp.

Recommendation

➢ Agencies need to understand the causes of SEA in the urban slum setting and develop advocacy and capacity building programmes to address these.

9.11.2 The resources and services made available by NGOs are used as an opportunity for SEA

Perpetration of SEA by NGO workers occurs in the context of the much wider problem of sexual violence in the settlement as a whole. The goods and resources made available by NGOs are used as opportunities to abuse and extort sexual favours from vulnerable people. Perpetrators include NGO staff and volunteers.

According to residents, both government and NGO staff and volunteers took advantage of the post election violence to participate in the sexual violence that was rife.

A complicating factor is the large number of NGOs and CBOs operating in the area, not all of which may be bona fide organisations. Residents thought that some of these organisations were specifically set up to provide opportunities for SEA in the area.

Residents felt that NGOs working in the area should pay greater attention to ethical issues and transparency in their interactions with residents. In particular they felt that there needed to be greater supervision by NGOs of the work on the ground, which is left largely to CBOs.

In fact, although the use of codes of conduct by NGOs working on child protection has now become part of accepted good practice, the adoption of accountability frameworks and codes of conduct that address NGO worker behaviour in relation to other vulnerable groups, such as women, is patchy in the development sector.

If these findings in Kibera are substantiated in other development settings, then the coordination of the development of accountability frameworks, standard setting and codes of conduct should be extended from the humanitarian sector and the child protection sector to protect all vulnerable groups.

Recommendations

> ➢ Research into the risk of SEA by NGO workers occurring in the development sector needs to take place.
> ➢ Greater attention needs to be given by NGOs to the way in which their operations provide opportunities for SEA in the development context.
> ➢ NGOs working in the development sector should extend their accountability frameworks, standard setting and codes of conduct to protect all vulnerable groups from exploitation and abuse by workers during development activities.

9.11.3 Programmes to address the issue of SGBV in the area should be used as opportunities to prevent SEA by NGO workers and volunteers

Sexual violence in Kibera is being tackled through the SGBV and peace and security programmes. There is no specific focus on PSEA by NGO staff as part of these programmes. In addition, although there are many activities on HIV and AIDS in Kibera, these focus their preventive messages on avoiding multiple partners and do not include the risk of the spread of HIV through sexual violence.

NGOs should develop confidential reporting mechanisms in which complaints can be channelled to senior NGO managers. Awareness raising on these mechanisms should be integrated with awareness raising on reporting to the authorities.

Recommendations

> ➢ SGBV, child protection and HIV/AIDS programmes should be used as opportunities to raise awareness of staff, volunteers and communities of the responsibilities of development workers towards the populations with which they work.
> ➢ Confidential reporting mechanisms that channel complaints against NGO workers to senior NGO staff should be developed.

9.11.4   A focus on capacity building, particularly of young people

The people of Kibera, particularly its young people, are its biggest asset. Among the residents who took part in the consultations there were many who expressed their desire to participate in further discussions and activities on this issue. In addition, residents felt that NGOs should involve them much more in programme design.

Particularly impressive were the girls and boys (between the ages of 11 and 14) and young women who had many good (and idealistic) ideas about what could be done. Attitudes and behaviours towards the opposite sex are established very early, so educational activities need to start before children reach puberty.

Recommendations

> ➢ Support education on gender relations in elementary schools.
> ➢ Support peer education and leadership programmes among girls, boys and young people.
> ➢ Develop participatory approaches to project development, including advocacy with local and national government.

10 Thailand

> ' Women need help with income generation to decrease the exchange of sex for money and the need to work outside the camp. '
>
> (Camp resident, Thailand)

10.1 Introduction

In October 2007, the International Rescue Committee (IRC) on behalf of the Co-ordination of Services to Displaced Persons in Thailand (CCSDPT) initiated a joint three-year project to strengthen prevention and response mechanisms to sexual abuse and exploitation (SAE).[38] To date, the project has made significant progress in establishing common mechanisms; however, instances of sexual abuse by humanitarian workers continue. Acts of SEA committed by camp-based refugee employees of NGOs, CBO staff and Thai military personnel have in particular been identified as a recurring problem.

The project has targeted the main CBOs/leadership bodies, and worked with others that were interested in participating. Thai Or Sors, all male government security volunteers living in and around the camps (up to 80 per camp), are also direct beneficiaries and are only paid a stipend. There are numerous, well documented cases of SEA, extortion and other abuses by Or Sors. They have a code of conduct, but it is weak and largely unenforced.

10.2 Context

Some 148,000 refugees live in nine remote camps near Thailand's border with Myanmar (also known as Burma). Refugees have been fleeing Myanmar for decades to escape civil strife, political upheaval, persecution and economic stagnation. Many are members of the Karen or Karenni ethnic groups who speak their own languages and follow their own customs.

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[38] Organisations in Thailand use the term Sexual Abuse and Exploitation (SAE) rather than the common form of SEA preferred by agencies in other countries. For consistency, we will refer to SEA throughout the document including the Thailand chapter to avoid confusion.

Civil war has been ongoing in the Karen and Karenni homelands for sixty years. A generation of refugees has been born and raised in the crowded camps, which by law they are forbidden to leave. They live a life of continued uncertainty with no immediate prospects of retuning home. Barred from employment or other livelihood activities by the Royal Thai Government (RTG), refugees rely heavily on the humanitarian assistance provided CCSDPT, UNHCR, and the RTG. Many CCSDPT agencies provide services in partnership with local CBOs who employ hundreds of staff per camp and have the most regular contact with beneficiaries. Dependence on aid renders refugees highly vulnerable to abuse and acts of professional misconduct by persons employed by agencies, their member organisations, CBOs and staff.

Twelve incidents[39] of SEA were recorded under the joint initiative and these involved serious sexual offences (5 rapes and 3 sexual assaults) as well as 2 cases of sexual exploitation. Three of the 5 rape cases and 2 of the sexual assaults involved individuals under the age of 18, with one rape being of an 11-year old girl. All victims were female.

10.3 Methodology

A desk review was conducted of key documents relating to the joint PSEA initiative. This was followed by a field visit to Thailand. To set the context, meetings were held with CCSDPT agency representatives in Bangkok and in two field locations, Mae Hong Son (MHS) and Mae Sot (MS). Visits to a camp in each location were also carried out - Ban Mai Nai Soi in MHS and Mae La in MS. The camp visits included meetings with CBOs and representatives of beneficiary groups, as well as meetings with camp residents not associated with any formal group. The groups were mixed in terms of age, gender and other characteristics, and included planned sessions as well as random samplings of mixed cross-sections of the beneficiary population.

Meetings with all groups took the form of semi-structured interviews. Other tools were used with particular groups – CBOs were asked to complete a ranking exercise to determine relative perceptions of key progress indicators; and groups of children undertook a social mapping exercise in order to explore their perceptions of safety regarding SEA in the camps.

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[39] It must be noted that these figures are in no way definitive. This is compiled information received upon request from CCSDPT agencies. It represents partial data as not all agencies supplied figures, and it concerns only staff members who are directly employed by CCSDPT agencies (therefore not those who are employed by a CBO which receives funding from an NGO). Also, it does not include the full picture of abuse by Or Sor personnel.

10.4   The PSEA project

The PSEA project is housed within IRC, but serves all 18 CCSDPT agencies and their CBO partners. The first two years focused primarily on CCSDPT NGOs in terms of development of a code of conduct and expected standards of behaviour from humanitarian workers. In the second year the project began engaging with CBOs but their codes were not finalized until the beginning of the third year. However, there was little overall collaboration between CCSDPT actors and major NGO-funded CBOs to hold employees accountable, or to develop systems to prevent abuses of power. This has been very much a focus of Year 3, as have codes of conduct for NGO staff, and efforts to include Or Sors in the process. Funding for Year 3 ended in September 2010. The goal of the PSEA project in Year 3 has been for all humanitarian actors to create and maintain an environment in which camp residents are able to access services free from SEA, and to enable refugee assistance stakeholders to prevent and respond to cases of SEA.

The PSEA team has focused on assisting CBOs in the development of SEA reporting and investigation mechanisms that meet international standards, as well as clearly articulating acceptable standards of behaviour for their employees. Activities have been undertaken to increase awareness among beneficiaries about their rights, entitlements, and CCSDPT and CBO SEA policy. Mechanisms have been put in place to prevent and respond to SEA, including PSEA induction procedures, auditing service provision using PSEA checklists, Code of Conduct requirements for staff members, and overall coordination.

10.4.1   Structure of the PSEA project

The management and coordination of the project was first provided by IRC on behalf of the CCSDPT in the first phase of the project and later through a PSEA Steering Committee, a central CCSDPT body, which ensures the synchronization of PSEA work with other protection and assistance programs. The Steering Committee sits within the Bangkok CCSDPT Protection Working Group and meets at least once every quarter to discuss project priorities.

Key non-CCSDPT agencies, such as UNHCR and IOM, are closely involved in PSEA activities through provincial level working groups and PSEA workshops. UNHCR has appointed PSEA Focal Points in all field sites that have participated in focal point workshops. Similarly, IOM personnel have attended field-based workshops on PSEA and are acting as focal points within their own organisations.

The project has also utilised CCSDPT agencies' close links with CBO partners and refugee leaders. PSEA staff work with NGO focal points to ensure that

capacity building activities with CBOs are well coordinated and resources targeted appropriately.

The PSEA project works closely with UNHCR in approaching MoI to develop activities relating to Or Sors. The project also coordinates with international networks and specialist organisations working on PSEA issues globally.

A PSEA Coordinator and four PSEA Trainers provide project management, coordination, capacity building and technical support to other agencies; and direct information, communication and education to beneficiaries.

10.4.2   Overall coordination

PSEA Steering Committee meetings are attended by 18 CCSDPT agency and sector representatives. The Committee has discussed critical PSEA issues (e.g. documentation of incidents, reporting and referral protocols between agencies and UNHCR) and developed monitoring tools (UNHCR notification form; CCSDPT SEA case reporting form).

10.4.3   Code of Conduct

By May 2009 all 18 CCSDPT organisations had signed the Interagency Code of Conduct. This is now a requirement for all new members. Partners receive information about the standards of behaviour expected from humanitarian workers, and a toolkit (including training and reference materials and other useful resources) to share these principles with their own employees.

10.4.4   PSEA training

Nearly 350 people from key organisations and in-camp administration/ governance bodies have had full-day trainings on preventing and responding to SEA. Those trained include section leaders, camp committee representatives, SGBV and GBV committee members, camp security personnel and CBOs. Code of Conduct training has featured as a primary component of PSEA field-based focal point training.

10.4.5   PSEA focal points network

Over 80 CCSDPT PSEA focal points received training, which included debating and analysis exercises, used to compile concerns, queries and discussion points with regard to the Code of Conduct. These were compiled into a Code of Conduct toolkit delivered to all agencies to support internal training.

10.4.6   Awareness-raising with beneficiaries

The CCSDPT Code of Conduct has been translated into all the major languages used amongst the beneficiary population. Messaging on the Code of Conduct as well as professional standards expected of humanitarian workers – developed in collaboration with both beneficiaries and agency staff - was delivered through public information materials. The messaging was based primarily on CCSDPT agencies' "Zero Tolerance for SEA" motto. The materials used to deliver this message included posters, flyers, caps, t-shirts, umbrellas, backpacks, pens, etc. displaying the Zero Tolerance and CCSDPT logos, which were distributed at PSEA trainings and in-camp awareness sessions. PSEA diaries containing provisions and requirements of the Code of Conduct in Karen, English, and Burmese were also produced and distributed.

Different methods have been used for disseminating information to the beneficiary community: speaking with small groups (1-30 people), speaking to larger groups (30+), one-on-one meetings, and presentations on PSEA to large groups at cultural or sporting events.

10.4.7   Complaints mechanism and other protocols

Inter-agency protocols govern procedures to prevent and respond to SEA. These are supplemented by annexes[40] covering more detailed procedures and systems, such as referral services, informing UNHCR of SEA, and the terms of reference of an investigation team.

10.4.8   Conducting investigations within CCSDPT agencies

In March 2009, IRC hosted an intensive week-long training workshop run by HAP/BSO on investigating allegations of SEA. 14 CCSDPT agency staff members completed minimum level training requirements for conducting such investigations. Additional training was recently carried out to render 32 investigators fully capable of carrying out investigations on SEA and to expand the pool of CCSDPT investigators. Further training was recently carried out with a further 12 persons from CCSDPT agencies attending. Total number of persons having received investigation training is now 46.

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[40] Annexes are available online at: http://www.hapinternational.org/pool/files/annexes-change-starts-with-us.pdf

10.4.9   Mainstreaming

CCSDPT agencies have implemented changes to their programmes and operations in order to reduce the risk of sexual abuse by staff members. This has included: public affirmation of adherence to the Code of Conduct; displaying Code of Conduct in offices; rotation of long-term staff; reference checking of new staff; and prohibiting time spent unsupervised with women and children. A PSEA checklist was developed covering various aspects of prevention and response to SEA, including in-programme activities in different sectors.

10.4.10 Monitoring

The project has been monitored extensively for progress and effectiveness. Agencies have been monitored through completion of the PSEA checklist, an online survey and information on progress collected at workshops and other forums. This information also provided for good practice sharing and exchange.

Monitoring levels of beneficiary awareness was carried out through KAP (Knowledge, Attitude, Practice) surveys conducted in two camps on separate occasions.

10.5   Beneficiary perceptions on safety and SEA

10.5.1   General perceptions

In speaking to camp residents, the consensus was that there had been some problems of SEA previously but that now the issue has significantly reduced.

Before the PSEA initiative, Thai authorities[41] lived in camps with no rules to guide them, no codes of conduct, and at that time crime was high between the Thai authorities and the residents. SEA, particularly in the form of exchange of money for sex between Thai authority/NGO staff and camp residents was common (although the problem with NGO staff was less visible) and this was happening very often.

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[41] It should be noted that until 2007 the Thai military were based inside the camps. A soldier at that time was responsible for shooting a camp resident (a student) who was killed, which prompted huge protests, and since then the Thai military have been based outside of the camps. This protest and the withdrawal of the military is seen as responsible for a major decrease in SAE although in addition, NGOs started working on PSAE at the same time.

CBO staff of one of the Women's Organisations dealing with cases of SEA highlighted local Thai villagers and camp residents as the main perpetrators. They'd never heard of any humanitarian workers being involved in SEA.

Another women's organisation dealing with GBV cases had not seen or heard of any cases involving humanitarian workers. They had heard about cases involving Thai military and they also see a problem with Thai villagers. The team believes education, information giving, and awareness raising had been effective in reducing SEA.

This picture of a significantly reduced problem was by-and-large endorsed by camp residents who are not part of any formal group, CBO or camp structure.

10.5.2   Beneficiary awareness of PSEA

Beneficiary awareness of PSEA remains a challenge. Random interviews with camp residents and discussions at community meetings revealed a lack of awareness of the PSEA initiative. None of three mothers interviewed at random had seen PSEA leaflets, nor did they know how to report a problem. A meeting with five boys aged 16 to 18 revealed that none had received any information on PSEA. They were not aware of the efforts being made to address SEA and said they would not feel confident to report an incident.

A random interview with a group of five women and three men confirmed that one of the women had seen a poster about PSEA but couldn't read it. The group felt it was difficult to answer questions about PSEA as they hadn't received any information about it. The women said that they were concerned about SEA, were worried for themselves and their children, and that it was an important issue for them, although it was not seen as a problem relating to humanitarian workers. They were not aware of any efforts by the NGOs on PSEA. The group asked where they could go to report any issues and were advised to go to KnWO (women's organisation) although they did not know about this CBO or even where it is situated in the camp.

This low level of awareness was mirrored in meetings with larger community groups. Some said that they had been informed about PSEA, but quite a long time ago. There were posters on the wall explaining the agency codes of conduct and complaints mechanisms, and the groups said they had seen these but they could not read, however they did look at the pictures.

In discussing agency efforts to reduce and prevent SEA, people said that they stay mainly in their section and so don't really know about NGOs. It was necessary to explain about NGOs to the group as they had no real concept of such entities and so understandably had even less notion of organisational efforts to manage staff conduct.

One group of young people had received information on PSEA via a drama run last year by the PSEA team in Mae La camp. The group struggled to recall the key points of the training but between them remembered that NGO staff are not allowed to have relationships with beneficiaries or anyone under the age of 18.

It was disappointing not to find more awareness in the group of around 120 ordinary camp residents that was canvassed, as previous surveys carried out by IRC indicated very high levels of awareness. These surveys demonstrate that it is possible to achieve very high levels of awareness following concerted information-giving initiatives. However, this study underlines the effects of turnover due to resettlement and new arrivals and therefore the need for continuing effort in disseminating messages regarding PSEA. Levels of literacy mean that the wide distribution of PSEA leaflets and the display of posters is having limited effects, and the challenge remains to transmit the messages after initial blanket coverage. Finding interesting and relevant ways of getting the messages across is also crucial.

Of the people interviewed who had been to the PSEA training, there seemed to be very variable rates of retention of information provided, and in most cases the knowledge was sketchy. One man said that he knew about reporting as he remembered the flow charts, but some words were in English and he didn't remember them. An adolescent girl said she remembered that the NGOs were not to do things wrong and that there was some kind of monitoring, although she seemed to think this would be done by security staff.

One women's organisation felt that generally the refugee community does not know or understand the work of the PSEA project.

10.5.3   Staff awareness

An unscheduled visit to one team working for a CCSDPT agency tested the knowledge and use of the code of conduct. Everyone said that they had been trained in the code of conduct, had signed it, and are given reminders so as not to forget it.

A field staff representative from one NGO was clear that her agency had seen a difference with educational workers, and that training had helped them to distinguish between GBV and SEA. By contrast, a representative of another NGO felt that people in the camps are confused by PSEA, GBV, SGBV, the different codes of conduct of the different agencies. He compared the situation in refugee camps in Nepal where UNHCR funds all of the agencies as implementing partners, and therefore services overlap and there is more sense of integration and coordination with UNHCR acting as an umbrella body.

10.5.4   SEA in the context of other protection issues

If an SEA case involves the Thai authorities, victims feel they can't report it, whereas if the perpetrator belongs to an NGO they can. Thai military and security staff do not have a code of conduct, nor are they held to account for abuse. Women and young people recounted numerous stories of sexual violence perpetrated by soldiers, local villagers, Or Sors and within communities, giving the impression that such abuse is commonplace. A women's organisation stated that individuals under the age of 18 are at increased risk and that the perpetrators are mainly camp residents. It is mostly 16 to 25-year-olds who are the victims and the most at risk, and within this age group it is young women who are most vulnerable. There have been some cases involving men but very few.

In camps there are sometimes festivals that include significant consumption of alcohol and this can also lead to problems of GBV. Community leaders estimated that in terms of frequency, in some years there may be no incidence of GBV, but in others possibly up to a maximum of three cases per year.

10.5.5   Involvement of communities in safety measures

The project has made efforts to ensure the involvement of beneficiaries in the following ways:

- Outreach activities to raise awareness
- Messaging on the Code of Conduct delivered through public information materials
- PSEA posters containing artwork created by refugee youth

One Camp Committee said that they were involved in initial meetings where they were informed about the PSEA project. They were asked for their comments and suggestions, so the meeting was not simply about providing information on the project but was seeking input from beneficiaries. CBOs were also involved in this consultation as the PSEA Team held meetings with all relevant groups.

Despite efforts to include beneficiaries in this way, it was felt by a number of respondents that more could be done. A desire for more cooperation and equality regarding decision-making was expressed. This theme was taken up by one of the women's groups, which felt that generally CCSDPT and its member NGOs decide important issues that affect refugee life without community involvement. It was also felt very strongly that for an issue with such an obvious focus on women, it is 'disappointing, but not surprising', that women were not systematically included from the start.

10.5.6   Reporting concerns

CCSDPT agencies have developed a reporting mechanism to accompany the code of conduct. Detailed guidance exists on the use of the complaints procedure and provision is made for complaints received inside and outside the camps.

There are several other reporting options within camps, and a number of respondents suggested they would go, or prefer to go, to the camp committee, a group constituted under the overall camp governance body, which administers camp security and justice. Some cases involving camp residents will be dealt with through camp law, but in cases of PSEA, the relevant agencies will be involved and deal with the matter accordingly.

Camp committees felt that reporting to the agencies could be done with a fair degree of confidence, and that the issue would be taken seriously. However, there were concerns about possible repercussions of reporting a case.

One of the women's groups said that even after three years of the PSEA project, no one seems able to explain how a woman or girl in a camp can easily and safely raise her SEA case. They point out that there is no list of names of camp-based focal points available for Karen women, and that the PSEA project has failed to design a complaints mechanism that is clear and safe for women and girls.

Confusion was apparent in another women's organisation, which received a one-day PSEA training workshop in June. In the training they looked at the different routes by which cases would go if they were a SGBV case or a PSEA case. According to the group, the trainer explained that SGBV is for cases that happen in the camp, but if the incident involved beneficiaries outside the camp then that is a PSEA issue to be dealt with by the agency. The group then agreed (wrongly) that if the case involved an NGO stipend staff, then it is simply a camp level issue and should fall under SGBV as this is not an issue for the NGOs.

CCSDPT representatives felt there is confusion regarding the different referral systems for GBV, SGBV, PSEA , etc. Beneficiaries are not very clear, so will tend to go to those they know, which is often the section leaders. As for cases involving children, there is a separate procedure: the Child Protection Referral System (CPRS). Child protection (CP) reporting in the camps is considered as very weak by the CCSDPT agencies. Although there is a CP reporting protocol in place, it is not clear that CP staff involved in the process have sufficient capacity in terms of training. The PSEA team has been targeting training for key persons so that they are clear regarding the referral systems and what happens - efforts *are* being made to provide clarity for those people within the referral systems, but they don't seem to be working very efficiently.

10.5.7   Receiving support

There is a well-established response mechanism that has been developed to deal with SGBV issues and includes a variety of agencies (NGOs and CBOs as well as camp structures). With PSEA and GBV the response is essentially the same. There is also a child protection referral system, although some scepticism was expressed as to how well this functioned in practice.

Once SEA and GBV complaints are made, a crisis response is provided and medical staff ensure access to emergency medical attention as required. They also arrange legal advice.

Camps have safe houses where victims can be protected, although there are various challenges here. Security guards have now been employed at one location due to violent intrusions by men in pursuit of partners sheltering from them, and the women running these centres have to face such problems regularly. Some agencies questioned how safe they were.

10.6   Recommendations for humanitarian organisations providing services in location

All respondents were asked about further supports and initiatives they would like to see on PSEA.

Key measures were:

- Including the refugee community in the planning of the PSEA initiative
- Addressing PSEA with the Thai authorities through increased lobbying and with the local villagers
- Help for women with income generation to decrease the exchange of sex for money and the need to work outside the camp
- Including more warnings about the risk of SEA outside the camp in PSEA awareness-raising sessions
- Greater coordination among agencies involved in protection to strengthen services provided to victims
- More outreach and awareness raising - leaflets and posters are not very helpful if the people receiving them are illiterate

- More information targeting youth

- All CCSDPT/NGO projects that focus on women to include a significant number of women at all stages

- A more culturally sensitive approach in the refugee camp context, one that has real meaning and relevance for the whole community

10.7 Conclusions and recommendations

10.7.1 Key success factors

The PSEA project represents a successful initiative to date, although there is clearly much more work to do. Factors contributing to its success include:

- Senior management commitment on the part of CCSDPT agencies

- Dedicated funding and human resources, i.e. the PSEA Team

- Interagency agreements on codes and other protocols

- Comprehensive provision of training for staff and partners

- Comprehensive provision of information to beneficiaries

- Development of supporting materials – toolkits etc, for staff, publicity materials for community

- Mainstreaming approach with a view to getting PSEA installed in agency systems, procedures, etc.

- Complaints mechanism linked to existing structures

- Close cooperation with refugee community leaders, representatives and civil society organisations on implementation of the initiative

- Encouraging ownership of PSEA via encouragement of and support to CBOs in developing their own codes of conduct

- Reporting of allegations of sexual abuse and exploitation to CCSDPT agencies by beneficiaries

- The strong sense of ownership amongst those CCSDPT agencies that were active in the project

10.7.2 Future issues/challenges

There have been shortcomings in the project, and major challenges remain, including:

• Impending removal or reduction of dedicated resources threatens sustainability of progress

• Lack of full engagement by all CCSDPT agencies

• Lack of full and meaningful engagement with community in planning, design and delivery of PSEA

• Integration of PSEA into SGBV and protection programming more generally, including child protection

• Maintaining and increasing staff and beneficiary awareness levels

• Addressing obstacles to reporting

• Dealing with the main protection risks and perpetrator groups

• Implementation of the project as a border-wide (700-800 kilometers of border) initiative remains difficult

High risk groups

The perceived likelihood of SEA involving agency staff seems to have decreased dramatically. However, all camp residents emphatically underlined the recurrence of SEA committed by Or Sors. Concerns also focus on Thai military and Thai villagers. The figures on reported cases suggest that camp-based staff and auxiliary staff such as drivers can still represent a risk amongst agency staff.

Recommendations

➢ Solutions must be found to the problem of the Thai military and Or Sors. All residents live in fear of them and it is wholly unacceptable that they should flout their protection roles and violate residents with impunity. UNHCR staff at the highest level, along with the support of CCSDPT Directors, must bring pressure to bear on the relevant authorities and ministries to force engagement of these actors in some form of PSEA initiative.

➢ Cases of SEA involving the military and Or Sors must be recorded and documented.

➢ Discussions should also be initiated at the most senior levels and in the relevant provincial institutions with senior level police to address the issue of responses to attacks on camp residents by Thai citizens.

Continuing information, communication and education on PSEA

Full outreach sessions to communities have not happened in all camps, and there is a continuing need to refresh those communities that have had inputs, as awareness levels quickly erode.

Recommendations

> ➢ Outreach sessions could be more effective if delivered as role plays or exercises to involve the audiences rather than simply delivery of information.
> ➢ CCSDPT agencies to collaborate in funding a continued PSEA joint resource to support agencies in further capacity-building.
> ➢ Better use to be made of existing refugee groups and structures – mobilising youth via the refugee youth organisations, integration with GBV/SGBV, for example – to increase the involvement of beneficiaries themselves in increasing awareness.

Continuing implementation and monitoring of PSEA measures

Not all agencies have developed implementation plans for rolling out the Code of Conduct and other PSEA measures. The project has made efforts to encourage and support implementation by giving each agency the tools, information sharing opportunities, and good practices to develop roll-out plans, but to ensure momentum is not lost and that minimum standards are met consistently, it will be essential for agencies to re-commit to the implementation process.

Recommendations

> ➢ The Directors group of the CCSDPT should take on a greater leadership, accountability and oversight role in relation to PSEA by setting targets and requiring regular progress reporting against these by all agencies.
> ➢ A PSEA strategy and 3-year plan should be developed to include priorities, approaches, key tasks and targets, timelines and how this will be achieved.
> ➢ The strategy and planning process should be a participatory process, including from the outset representatives of the refugee communities, especially those from women's organisations.
> ➢ Strategic planning should consider the integration of PSEA and SGBV reporting and response structures, and consider the extent to which existing strategies and approaches for sensitisation on SGBV could also support messaging on PSEA.

> ➢ The Steering Committee for the PSEA work should be bolstered and given a fresh mandate to ensure that detailed plans are developed and implemented by all CCSDPT agencies and that necessary supports and resources are made available.
> ➢ A review/evaluation of progress on further implementation should be scheduled at the 18-month stage of the 3 year process (ideally an external review).
> ➢ Better data gathering and transparency on reported case numbers is required by all agencies. Information on PSEA cases should be compiled and disseminated to relevant agencies to increase awareness of the problem and the need to continue efforts in this area.

Mainstreaming and technical assistance

Similar challenges remain in terms of mainstreaming activities. The PSEA team conducted an online survey on institutionalization of PSEA mechanisms. There was encouraging news with agencies reporting 86.7% of staff had received information on the Code of Conduct and behaviour standards, and a 75% raise in beneficiary awareness through conversations between staff and community members.

However, the survey revealed some gaps and weaknesses as well:

• Only 33.3% allot time and resources to PSEA for day-to-day operations.

• Only 50% carry out targeted outreach and awareness-raising activities.

• During awareness-raising with beneficiaries, only 50% explain what happens after a complaint is made.

<u>Recommendations</u>

> ➢ Mainstreaming as an aspect of implementation requires further and continued support, and efforts to encourage and enable agencies through exchange, joint working and collaboration of various kinds should be strengthened.
> ➢ Planning for future developments in this area should include continued training and networking of focal points, further capturing of good practice through workshops, and collation and dissemination of PSEA activities.

11 Overall recommendations from the study

The main recommendations made in the report relate under these five headings are as follows:

Delivery of aid

➢ The manner in which goods and services are distributed (whether set up by the organisations themselves or otherwise) needs to be more carefully thought through by organisations if they wish to reduce the scale of exploitation.

➢ Greater attention needs to be paid to the way in which access to services and resources is controlled, and steps taken to reduce the incentives and opportunities for SEA by all staff, volunteers, leaders and camp residents.

➢ This would include an examination of camp structures, including the degree to which women are involved in management, decision-making and control of resources.

In a development setting

➢ Research into SEA by NGO workers occurring in development contexts needs to take place.

➢ Greater attention needs to be given by NGOs to the way in which their operations provide opportunities for SEA in the development context.

➢ Emergency preparedness plans should take account of the impact of possible upsurges in SEA.

In the early stages of an emergency situation

➢ Plans for camps should be discussed with camp communities in organised representative groups as soon as possible after an emergency has taken place. The risks presented by those plans, and what could be done to overcome them, should be discussed, particularly in terms of violence and abuse.

➢ Further to this, potential PSEA risks and issues, and measures to address these, should be included in emergency preparedness planning.

➢ Agencies should ensure that committees or other camp/community structures engaged in the distribution of aid are accountable and operating in line with humanitarian principles and good practice, including those relating to PSEA.

Abuses and lack of accountability of authorities; police, military and security guards

➤ UNHCR staff at the highest level, with the support of the most senior agency staff, must bring pressure to bear on the relevant authorities and ministries to force engagement of the police, security and military authorities in some form of PSEA initiative.

➤ Cases of SEA involving the police, military and security staff must be recorded and documented.

Organisational efforts on PSEA

Integration of PSEA with other protection initiatives

➤ The relationship between PSEA by humanitarian workers and other related programmes (SGBV, child protection, HIV and AIDS) needs to be redefined. There needs to be better integration through which SEA by humanitarian workers is addressed as relevant and appropriate in the context of other programmes concerned with the issue of sexual violence.

➤ There also needs to be a disaggregation of data so that agencies are able to track trends in the reporting of SEA cases by different categories of staff as well as by beneficiaries in order to plan where to focus their efforts.

Establishing effective reporting procedures

➤ Confidential reporting mechanisms should be harmonised as far as possible, so that all cases of SGBV (including SEA by humanitarian workers) can be easily reported and then responded to appropriately by the relevant humanitarian agencies and/or community organisations. These reporting mechanisms should be set up in consultation with camp residents, especially those who are most vulnerable. Based on the nature of the cases, they should then be dealt with through appropriate channels.

➤ Organisations working in camps should collaborate on the development of reporting mechanisms to manage reports of violence, abuse and exploitation and in the investigation of cases.

➤ Reports and outcomes on each investigation should be made available to the relevant organisation Head Office, and the UN Humanitarian Coordinator should receive an aggregated summary of cases that have been reported, including key actions and outcomes.

Leadership, commitment and coordination between organisations

➢ Given the on-going problem of SEA by aid workers, and the limited success of the measures put in place to date, a follow up high level event should be convened to consider how previous commitments can be translated into real leadership within agencies, resources, dedicated staff, planning, monitoring, accountability for PSEA, and the practical leadership and management action to deliver on these.

➢ HAP International and Keeping Children Safe Coalition should reinforce with their members the need to ensure their PSEA, accountability and child protection practices are in place and closely monitored, particularly in emergency response.

➢ Further research and monitoring must be done of PSEA coordinating mechanisms in all humanitarian contexts to ensure their effectiveness and to identify key learning from these.

Human Resources

Codes of conduct, training and induction for all staff

➢ NGOs working in the development sector should extend their accountability frameworks and codes of conduct to protect all groups from exploitation and abuse by workers during development activities.

➢ All organisations should commit to ensuring staff and volunteers understand and sign a code of conduct.

➢ Agencies should strengthen codes of conducts and policies to ensure increased reporting of SEA.

➢ PSEA networks should organise regular induction/training events on SEA and child protection for staff. Greater involvement of incentive staff, camp leaders and volunteers in awareness raising and discussions about PSEA is necessary.

➢ PSEA should be integrated into HR Development systems and mechanisms (such as performance review) to ensure ongoing learning and development in this area.

Protection focal points

➢ Assign a focal point role as a full time responsibility. Where appropriate the staff member concerned should have SEA, GBV and child protection as their responsibility, which would ensure that the gaps and divisions created by the clusters are addressed within the organisations.

➢ All organisations with sufficient capacity to do so and within robust organisational accountability systems, should develop investigators capable of handling serious and sensitive complaints, including those relating to SEA.

Work collaboratively with beneficiaries

Organisations working in camps should:

➢ Plan regular consultations with beneficiaries to obtain their input into planning and monitoring of measures that have been put in place.

➢ Work with beneficiaries to develop appropriate and effective means of communicating on PSEA.

➢ Agree with beneficiaries the reporting mechanisms that will work best for them and involve them from the outset in their design and development.

➢ Support education on gender relations and sex education in elementary and secondary schools.

➢ Support peer education and leadership programmes among girls, boys and young people.

Attention to vulnerable groups

➢ Research and develop processes through which vulnerable groups can receive more support from within their own communities, including the possibility of mobilising young people.

➢ Develop mass media communications geared towards illiterate community members in their own languages.

➢ Provide greater support and information to newly arrived single women and girls, especially those with children.

Funding for SEA work

➢ All organisations should finalise PSEA action plans that are fully costed and built into project proposals.