

**Independent Evaluation:
Integrating and Mainstreaming Protection from Sexual
Exploitation, Abuse, and Harassment (PSEAH) in WHO Health
Emergency Operations**

12 June 2025

Damian Lilly, Independent Consultant, Evaluation Team Leader

Evaluation Purpose and Objectives

Purpose of the evaluation

- **Accountability** - assess progress in reaching internal commitments and plans so that barriers and challenges can be addressed
- **Learning** - generate key lessons learned from WHO's initial phase of strengthening its approach to PSEAH in emergency operations in line with the WHE three-year Strategic Plan of Action on PSEAH

Specific Objectives of the Evaluation

- **Measure Short and Long-Term Outcomes** - evaluate the extent to which the WHE PSEAH program has achieved its stated goals and objectives
- **Assess Program Implementation** - determine the alignment of PSEAH activities in graded response operations with the ERF 2.1 and IASC outcome measures
- **Pinpoint Factors Influencing Implementation** - identify the enabling factors and the barriers that facilitated program delivery or hindered its effectiveness
- **Inform Strategic Decision-Making** - provide actionable recommendations to WHE Programme, WHO & other stakeholders

Evaluation Object and Scope

The object of the evaluation was PSEAH within WHO emergency operations. It was not WHO's corporate approach to Protection from Sexual Misconduct for which a separate stock-taking exercise has been undertaken.

The scope of the evaluation was:

- **Temporal** - covered interventions and progress from 2021 to mid 2024
- **Geographical** - reviewed actions at global, regional and country level to address PSEAH in operations
- **Programmatic and Organizational** - reviewed WHE Operational frameworks (implementation strategies, plans and guidance) and collaboration with / contributions to IASC

Evaluation Criteria and Questions

The evaluation was guided by the following four OECD-DAC criteria and related questions:

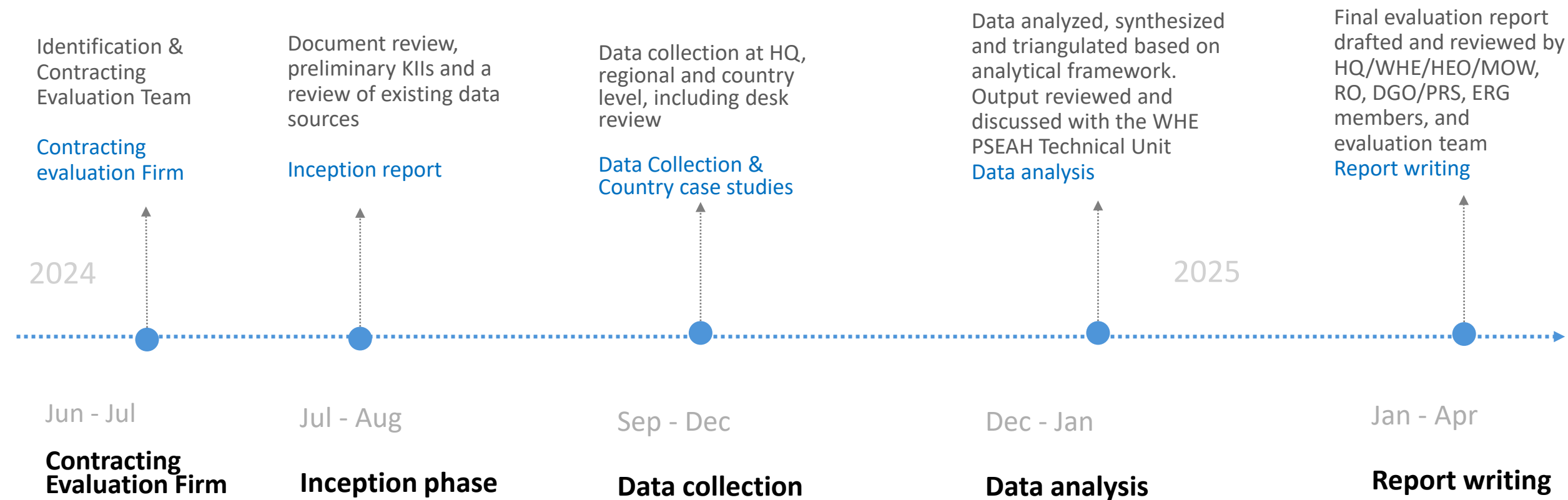
- **Relevance** - To what extent has the design of the WHE Programmes' PSEAH activities been relevant to the PSEAH risks in WHO Emergency Operations and commitments with global standards?
- **Effectiveness** - To what extent has the WHE Programme achieved its stated goals and objectives on PSEAH, both for WHO and as part of the Inter-agency mechanisms?
- **Coherence** - How has the WHE Programme ensured coherence across graded emergencies and with broader PSEAH efforts within WHO and at the Inter-agency level?
- **Sustainability** - To what extent has measures been implemented by the WHE Programmes to ensure long term sustainability of its PSEAH initiatives ?

Evaluation Methodology

Non-experimental design with mixed methods (quantitative and qualitative)

- **Primary Data: 72 key informant interviews (KIIs)** - through semi-structured interview guide and using purposive sampling to select individuals considered to be best placed to provide informed perspectives
6 Country Case studies: Field missions were conducted in Mozambique and Malawi while the other four (oPt, Türkiye, Nigeria and Haiti) were conducted remotely. **Criteria used for sampling case study countries:** Geographical representation, different type of crisis, balance between acute and protracted crises, presence or absence of IASC PSEA networks, high vs low PSEAH risk based on SEARO, prioritization by IASC
- **Secondary Data: 110 key documents** - including WHO and WHE key global-level documents, regional and country level WHO/WHE documents, and external documents relating to IASC and others
- **Limitations** — (1) delays in approving the inception report and starting data collection; (2) limited availability of interviewees; and (3) lack of ownership of the process by key stakeholders.

Evaluation Timeline



Key Findings: Relevance

Policy framework, guidance and operational frameworks

- **Finding 1:** The WHE programme has taken significant steps to strengthen its operational frameworks, guidelines, SOPs, tools and standards in relation to PSEAH, however, there is not yet evidence of them being comprehensively implemented at the country level and so evidence of how well they are aligned with the needs of beneficiaries is lacking.

Risk Assessments

- **Finding 2:** Many PSEAH risk assessments are now being conducted more systematically in graded emergencies but not always and it is unclear whether mitigating measures are systematically implemented.

Key Findings: Effectiveness

Capacity strengthening

- **Finding 3:** Significant investments have been made by WHO to strengthen its institutional capacities to address PSEAH in emergency operations at the three levels of the organization (global, regional and country), however, there have been gaps and these capacities have been fragmented with parallel and ineffective management structures established.

Recruitment safe-guarding measures

- **Finding 4:** Recruitment safeguarding measures have been introduced and are being robustly implemented for WHO staff working in emergency operations

Planning

- **Finding 5:** PSEAH is now being more systematically integrated into the Strategic Response Plans to graded emergencies, although there are questions as to whether all planned actions were being implemented and monitored.

Resource mobilization

- **Finding 6:** PSEAH is being included in resource mobilization efforts to fund WHO emergency operations, but this does not necessarily mean that it is leading to increased funding for activities and WHO does not yet have a solution for funding PSEAH within its emergency operations.

Partner agreements

- **Finding 7:** PSEAH is now being more systematically incorporated into partner agreements with NGO/CBO implementing partners, although there is more work to be done in moving beyond a contractual reference to the issue towards ensuring substantive protection of communities, while WHO partnerships with national authorities remain a significant risk area.

Key Findings: Effectiveness (2)

PSEAH in emergency scale up

- **Finding 8:** WHO has taken steps to ensure that PSEAH is integrated in its scale up procedures and activities in the event of a graded emergency and these are being implemented in those emergencies that were assessed.

Safe and accessible reporting

- **Finding 9:** WHE is contributing to and increasing awareness of inter-agency reporting mechanisms for allegations of PSEA in emergency operations and WHO has strengthened its investigation capacity to process reported cases albeit with ongoing delays.

Victim Support Services & Assistance

- **Finding 10:** Victim support services and assistance has remained a weak area for WHO PSEAH overall. A newly created global position in 2023 is beginning to strengthen policy in this area, although this has not led to being consistently operationalized at the country level. It is managed under PRS, not WHE.

Monitoring and Evaluation

- **Finding 11:** M&E systems to monitor progress on the implementation of PSEAH strategies and compliance with procedures in emergency operations have been introduced, however, they are only producing superficial information relevant to process indicators rather enabling an assessment of impact.

Key Findings: Coherence

Internal coherence within WHO

- **Finding 12:** The distinction made in WHO in its approach to PSEAH between emergency and non-emergency contexts within its guidance, frameworks, reporting, institutional structures and management arrangements has been incoherent, caused significant confusion amongst staff and resulted in inefficiencies. While there are specific PSEAH challenges in emergencies, there is a need for a unified and centralized approach to the problem across the organization.

Coordination

- **Finding 13:** PSEAH has been integrated in the coordination mechanisms for graded emergencies and more broadly in the organization, but these processes could be streamlined.

External coherence with the UN and the IASC

- **Finding 14:** WHO has increasingly and considerably contributed to, and has aligned its approaches with, IASC and UN processes to address PSEAH and is now an important actor on the issue.

Key Findings: Sustainability

Training and capacity building

- **Finding 15:** Significant trainings have been conducted to increase the awareness and understanding of WHO staff working in emergency operations about their responsibilities regarding PSEAH, and the actions they are required to take to address this. This has helped institutionalize the approach to the issue contributing to sustainability.

Safe programming and mainstreaming

- **Finding 16:** With a strong focus on prevention and risk management there has been less progress made in defining an approach to safe programming within WHE operations and mainstreaming this into different programmatic intervention and engaging more with communities.

Engagement with host Governments

- **Finding 17:** WHO has taken some steps to ensure that host governments are beginning to address PSEAH, however, its engagement with national authorities continues to be a risk area for WHO.

Recommendations (1 & 2)

Recommendation 1: WHO should focus on how it can sustain its institutionalized approach to PSEAH in emergency operations and develop the means to monitor and measure whether the strengthened processes and procedures are having an impact on reducing the risk and incidence of SEAH in operations.

Suggested actions:

- to commit to sustainable funding of PSEAH in emergency operations covering staffing, safe programming of operations and contributions to collective actions
- to develop a long-term plan for its staffing for PSEAH
- to develop a unified reporting framework for measuring progress on PSEAH in emergency operations, including community perception surveys

Recommendation 2: WHO should restructure its approach to PSEAH by ensuring that dedicated capacity focused on SEAH in WHO emergency operations is included in the WHO single centralized and unified organizational entity to provide overall leadership, coordination and technical guidance given the specific risks experienced and operational support required.

Suggested actions

- to restructure its institutional structures, especially in HQ
- to conduct a review of its PSEAH staffing capacity for emergency contexts with the aim to maximize efficient use of limited resources
- to develop and/or revise the Terms of Reference for PSEAH key personnel to clearly articulate the responsibilities for PSEAH mainstreaming in emergency operations
- to adopt common language and terminology in line with UN and IASC common language
- to further integrate the approaches to risk assessment between corporate and emergency responses

Recommendations (3 & 4)

Recommendation 3: WHO should strengthen its approach to PSEAH in health emergencies working in partnership with relevant line ministries to ensure host governments are fully engaged in implementing their PSEAH responsibilities to reduce the risk of SEA and to prevent risks that WHO might be associated and potentially complicit with misconduct.

Suggested actions:

- to map how its country offices are currently engaging with host governments
- develop guidance on how to address PSEAH in partnerships with the Ministry of Health and other line Ministries
- to ensure practical follow-up to proposals to Member States, with dedicated initiatives focusing on high risks countries

Recommendation 4: WHO should strengthen its approaches to safe programming and engagement with inter-agency mechanisms for collective actions to prevent SEA and contribute to the collective actions of accountability to affected populations.

Suggested actions

- to develop a clearer approach and strategy for safe programming and engagement with Inter-agency mechanism, and with dedicated funding and resources
- to coordinate through and collaborate with inter-agency mechanisms to address victim support services with a focus in areas of response operations
- to strengthen capacities and guidance to create more targeted awareness and understanding of PSEAH safe programming and contributions to collective actions, monitor progress and identify collective actions

Recommendations (5)

Recommendation 5: WHO should develop a tailored approach to PSEAH specifically in the context of health emergencies without IASC structures to rely upon.

Suggested actions:

- to develop guidelines/checklists for PSEAH in health emergencies in different contexts
- to collaborate with the IASC and the UN PSEAH working group to provide leadership to develop inter-agency strategy and SOPs for collective actions during health emergency response operations in non-IASC countries.

Next Steps

- **Recommendations to be reviewed as part of the consolidation phase in the context of the current reform and future directions**
 - **A Management Response, accompanied by an Implementation plan Prepared**
- **Final evaluation report will be published together with the management response & implementation plan**