

Hieronder de antwoorden van Artsen Zonder Grenzen op onze vragen. Deze antwoorden hebben wij ontvangen op vrijdag 23 september om 12:08 uur.

Q&A - Bureau Buitenland

Were you aware of the problem?

Our primary concern was for the wellbeing of the child. Upon receiving the initial complaint when the child and her mother came to the MSF clinic in October 2021, we immediately offered medical care and psychological support to the child.

An incident risk assessment was then conducted to identify needed protection measures and to avoid any additional harm on the alleged survivor.

Throughout the internal investigation process we communicated all steps and considerations to the family of the child. We advised the family that, should they want to report to the police, MSF would support them and fully cooperate and share all needed information.

However, we do acknowledge the responsibility we also have to ensure any complaints made about are staff are actively investigated. In line with MSF's international standards for 'Sexual Exploitation, Abuse and Harassment (SEAH) cases, we conducted an initial phase of an investigation but did not find any evidence to substantiate the allegations.

If there is new substantiated information that supports the allegation and is inconsistent with the conclusions of our initial investigation, then MSF would reopen the case. We would urge anyone with any such information to make use of MSF's confidential reporting systems.

How long did you know it?

Our primary concern was for the wellbeing of the child. Upon receiving the initial complaint when the child and her mother came to the MSF clinic in October 2021, we immediately offered medical care and psychological support to the child.

Upon receiving the initial allegation, as per our protocol, the MSF staff member in question was suspended whilst we gathered information to understand what happened before taking a decision on appropriate measures. In line with MSF International Standards for Case Management of Sexual Exploitation, Abuse and Harassment, we conducted an internal investigation.

What has MSF done so far to solve the problem?

We know that in many of the places where we work, including in South Sudan, many of our patients and community members can face increased vulnerability to abuse and exploitation due to issues such as poverty, displacement, gender norms and other factors. We therefore have a high responsibility to implement robust safeguarding measures to ensure the protection of the people we serve and prevent any harm.

MSF staff are trained on our internal complaint procedures: how to report abuse and to whom to report to. The grievance mechanism is also open to everybody and accessible for patients and community members. We continuously provide awareness sessions about SEAH and behaviour to patients and in the communities we support. These include explaining our reporting channels and sensitisation on the typology of abuse and inadequate behaviours. However, we are conscious that more effort is needed to create awareness and trust by implementing secure community-based complaint mechanisms.

MSF has several behavioural focal points in both our projects and in coordination in South Sudan, who are trained on prevention of sexual exploitation, abuse and harassment.

In South Sudan, approximately 20 awareness sessions on abuse prevention with a special focus on sexual abuse exploitation, and harassment towards communities, patients and beneficiaries have been carried out across our projects in the past 18 months, including in Malakal.

We are constantly reinforcing the prevention and awareness sessions as well as case management practice through their different phases from welcoming a complaint to final reporting and monitoring, according to case management international standards. If alleged cases are brought to our knowledge by the media, other organisations or any other source, we will conduct an internal investigation.

What does MSF do at the moment to prevent more cases of sexual abuse?

As a responsible employer, MSF is committed to doing as much as we can to prevent abuse from happening. When abuse does happen, we will work hard to detect those cases, investigate as necessary, deploy fair and consistent processes, sanction those responsible and support the victims or survivors. However, we are aware that this is a problem that will need continued effort and vigilance – there is no quick fix. We know we still have work to do.

We make clear to all MSF staff that abuse will not be tolerated. All staff are required to abide by MSF's 'Behavioural Commitments' and any other MSF codes of conduct that apply in their offices/countries of work. Where abuse is detected, the perpetrators are sanctioned, with the most serious cases resulting in dismissal and a ban on them ever working with MSF again.

However, we are aware that we do not detect all the cases of abuse that take place – we are especially concerned that the people we assist are not making use of our reporting mechanisms as much as they should. That is why we are prioritising efforts to increase reporting from these people, as well as from among our staff.

How does MSF handle complaints about sexual abuse by its own aid workers?

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Does MSF has an declaration how it's possible that there is so less guidance on the aid workers in camp Malakal? / Do you have an explanation for why there is so little supervision of the aid workers in the Malakal camp?

We have the same faults and problems as other sectors, and societies at large do. A point that is specific to the aid sector is that we focus on working in crisis settings, and in many crisis settings where we work, there's often a general lack of protection mechanisms for victims/survivors, a high level of violence, and impunity is common, and where populations – including those we strive to help and at times our own staff - may be highly dependent on external assistance. It is difficult to quantify how far this may lead to more people abusing power, but arguably there are many situations where this could be possible.

The vast majority of staff that work for MSF are local/national staff that are part of the communities in the locations where we work. The alleged incident reported that involved a person that works for MSF occurred outside of our facilities and whilst the accused person was off-duty. As an employer, for an event which occurred outside the workplace and did not involve contact with the alleged victim through their work role, we conducted an internal investigation in the remit of what we can do as an employer. But as we haven't found evidence to substantiate a disciplinary measure against one of our employees, our decision can only reflect this process.

How many cases in camp Malakal are reported?

Protection of victims/survivors is MSF's number one priority and maintaining their confidentiality is part of that protection. The whole reporting and whistleblowing mechanism relies on the trust MSF staff and the people we assist have in our capacity to manage reported abuse in an effective and confidential manner. In the event identifiable information is made available, this confidentiality is undermined and the whole system is jeopardized.

Any information that could allow the identification of the people who are involved in a case (the victim/survivor and alleged perpetrator), could put at risk the confidence of the system that was built

over more than 15 years in MSF. MSF does not want to provide information on nationality and/or country of occurrence of the abuse to prevent publicly exposing or stigmatising the victims/survivors or the persons who reported the case.

In many contexts where MSF works, naming the type of events, country and nationality may also create a security risk for victims/survivors, witnesses and people involved in MSF fields of intervention and may put our medical activities at risk, which would impact the people we assist.