

IOM is committed to the protection against sexual exploitation and abuse (PSEA) in all its work. Sexual exploitation and abuse occurs when an IOM worker or partner facilitating or providing services and assistance, abuse their position of power and trust to sexually abuse and/or exploit communities and beneficiaries. IOM seeks to prioritise safety and dignity in its programming, and to ensure meaningful access, accountability, participation and empowerment for all individuals it assists. Sexual exploitation and abuse (SEA) can occur in every type of programme where IOM workers and partners interact with affected communities, and assisted individuals, but each programme has its own set of distinct risks. **This Checklist supports IOM workers in preventing, mitigating and responding to SEA in health assessments. It should be used in combination with the Proposal Development SEA Risk Mitigation Checklist, as well as the SEA Risk Mitigation Checklist with Partnerships (as applicable).** For more information regarding existing sectoral SEA Risk Mitigation Checklists, contact IOM's global PSEAH unit at [PSEAH-SH@iom.int](mailto:PSEAH-SH@iom.int).

Migration Health Assessments are among the most well-established migration management services offered by IOM. For several destination countries, migration health assessments are by law a mandatory requirement for both immigrants and refugees, or a consolidated practice, and are conducted prior to departure or upon arrival in the country of destination. Migration Health Assessments consist of a physical and mental health evaluation made for the purposes of resettlement, international employment and education, enrolment in migrant assistance programs, family reunification, or obtaining a temporary or permanent visa or residency.

If unchecked, SEA risks can emerge at different points of the health assessment process. Below are some examples of incidents of sexual exploitation and abuse (SEA) that may occur during health assessments.

### Examples of Sexual Exploitation and Abuse (SEA) situations in health assessments

- 1. Health assessments often require touching a patient, such as through palpation, inspection, percussion and auscultation, and conducting a health assessment may lead to follow-up consultations or more comprehensive and thorough exams with the same patient. This intimate contact between the health service provider and the patient creates opportunities for SEA.**



*"The doctor asked me to undress immediately when I entered the room and I felt very scared also because I was alone. I sensed that there was something wrong because my sister did the exam the day before and she was not asked to remove her clothes".*

*"At a health assessment clinic, a doctor touched me in an inappropriate way and made comments about my looks that made me feel very uncomfortable".*

- 2. Successfully passing a health assessment can be a precondition for being able to access wider types of assistance, benefits or programmes, such as visas, resettlement etc. This grants health service providers power, which can be used to exploit individuals.**



*"At the IOM clinic, a nurse told me that I can pass the health assessment without any problem if I go out with her from time to time".*

*"I am part of IOM's resettlement programme and someone working at the IOM clinic asked me if I wanted to be his "special friend" so he can make sure that me and my family get resettled".*

- 3 Patient/client information is sensitive and must be kept confidential. If not safely managed and stored, this information can be inappropriately used as leverage for committing SEA.**



*"Someone working at an IOM clinic took my phone number from my files and has been calling me to go out with him".*

*"The nurse told me he would share some sensitive information on my health file, something that makes me uncomfortable, with my parents if I didn't agree to exchange intimate phone messages with him".*

# RISK MITIGATION MEASURES FOR HEALTH ASSESSMENTS



## DESIGN AND PLANNING STAGES

1. Resources are allocated to PSEA under the activity's budget.



For further guidance, please consult the **Proposal Development SEA Risk Mitigation Checklist**.

2. Check with HR (and PSEA Focal Point) that staff working in the project, i.e., that will be involved in the health assessments, have been vetted, received mandatory training on PSEA and signed a Code of Conduct<sup>2</sup>. This includes all staff working at the clinics, from guards, cleaners, drivers, translators, chaperons, doctors, nurses, receptionists, intake staff, phone operators and any other staff.
3. When working with partners :
  - All contracts and MOUs signed with implementing partners, (financial) service providers, traders, vendors, government counterparts etc. contain PSEA clauses whereby partners commit to mitigate and respond to SEA.
  - All implementing partners involved in the project have been assessed for PSEA capacities through the [United Nations Partner Portal](#), a capacity development plan is developed

jointly with the partners, and they are supported to meet minimum standards on PSEA.



For assistance on assessing the PSEA capacity of your partners, contact IOM's PSEA Focal Point in your mission and/or IOM's global PSEAH Team ([PSEA-SH@iom.int](mailto:PSEA-SH@iom.int)).

3. Community awareness of PSEA is raised in a manner that is both context- and culturally- appropriate. Awareness materials (such as posters and pamphlets), informed by community needs and preferences, on staff conduct and/or that aid is free and/or how to report misconduct are visible and/or handed out to clients/beneficiaries/community members in the local language(s), in visual form, or communicated orally to clients/beneficiaries/community members throughout to the activity.
4. Safe and accessible complaints and feedback mechanisms have been established or strengthened, and have procedures in place for handling SEA complaints, including referring survivors to assistance and reporting SEA using IOM's reporting channels ([We Are All In platform](#) and [OIOintake@iom.int](mailto:OIOintake@iom.int))<sup>4</sup>.



## IMPLEMENTATION

1. Health Assessment Clinics are monitored twice a year to ensure there is no protection risks for clients, beneficiaries and staff. In health assessment clinics conducting over 500 assessments per day, operating in emergency contexts or in direct contact with high volumes of vulnerable individuals being resettled, an assessment of protection risks should be conducted every 3 months. For more information on tools available, please contact IOM's global PSEAH Team ([PSEA-SH@iom.int](mailto:PSEA-SH@iom.int)).

### FACILITY

2. There is a health staff who is the focal point for Gender-Based Violence (GBV), including SEA; this should be a staff member who has been trained on how to respond to a GBV incident in a safe and ethical manner and knows how to explain mandatory reporting for SEA cases.
3. Health facilities are in safe areas that are easily accessible to users, especially vulnerable groups, such as women and girls and persons with disabilities.
4. There are safe and accessible toilets in the facility or nearby, separated for men and women.
5. Patient information is safely stored, password protected and only accessible to those who need to access it as part of the health assessment process.

### COMMUNICATING WITH CLIENTS/PATIENTS

6. Before the assessment is conducted, ensure the process (including what happens during a health assessment) is well explained to ALL patients in a non-technical manner and

in a language that can be understood. Ask if clients have any questions about the process and the health assessment before the consultation.

7. Ensure that patients understand their right to bring a chaperon, especially for male and female clients coming alone, and that the use of chaperons is respected. For more guidance, please consult the [Guidelines on the Use of Chaperones in IOM Migration Health Activities](#).
8. Explain the role of the health service providers, including nurses and doctors, in conducting the health assessment. Clarify that health service providers cannot decide if someone is eligible for resettlement or any other type of assistance. This responsibility and decision rests with the embassy, the host country's government, or the relevant entity supporting the respective programme.
9. Display and communicate in an accessible and appropriate manner:
  - What is payable and free.
  - Rules and code of conduct.
  - How to report misconduct.



Use multiple accessible formats, including age-appropriate mechanisms for children (with the support of a Child Protection specialist), to ensure messaging is effectively communicated to persons with disabilities, low literacy individuals or individuals facing language barriers.

<sup>2</sup> For more information on Human Resources aspects pertaining to PSEA, please refer to section A2 (HR linked to PSEA) of the [IOM's PSEA Toolkit & Checklist](#).

<sup>3</sup> For more information on PSEA inclusion into partner agreements, please refer to section B1 (Working with partners on PSEA) of the [IOM's PSEA Toolkit & Checklist](#).

<sup>4</sup> For more information on complaints and feedback mechanisms, please refer to section B3 (Complaints and Feedback Mechanism) of the [IOM's PSEA Toolkit & Checklist](#).

## CLIENT/PATIENT ENGAGEMENT

10. Ensure, as much as possible, that female staff is present during engagement with female or child patients, from the registration stage to the health assessment to discharge (e.g.: if the doctor is male, ensure a female nurse is present).
11. Before physical contact with adults and children, doctors and nurses explain why the touching is required and obtain their consent (and consent of the caregiver, as appropriate).
12. Consultations and examinations are carried out in a private and confidential space and personal information is maintained confidentially.

### BOX A: KEY STEPS IN RESPONDING TO A COMPLAINT OF SEXUAL EXPLOITATION AND ABUSE (SEA)

#### 1. Ensure SEA survivor gets the assistance they need

- Address **urgent needs** immediately, including medical and safety.
- Find a **safe location** for you and the survivor to speak.
- Explain **mandatory reporting** to the survivor: if the survivor tells you that an IOM/ any aid worker committed SEA, you have an obligation to report to your organization; give the survivor the option of choosing if they want their personal information to be included in the confidential report to investigators or not.
- Inform the survivor about **available services** - know who your **service providers** are (Health, Safety, MHPSS) and use GBV/ CP/Protection **referral pathway**, if there is one.
- Ensure **informed consent** when referring to services: ensuring that a survivor agrees to access services on the basis of their having full information, including risks and benefits; them being competent to decide; and no coercion, threats or promises of benefits being used to secure that consent.
- Remind the survivor they can **seek services later**.

#### 2. Report through existing mechanisms

- IOM's [We Are All In](#) Platform or [OIOintake@iom.int](mailto:OIOintake@iom.int)
- In case you need further support, contact your PSEA Officer or Focal Point.

### BOX B – USEFUL RESOURCES

- [IOM's PSEAH Toolkit and Checklist](#)
- [IN/203](#) - Migration Health Assessments in IOM: An Accountability Framework
- [Guidelines](#) on the Use of Chaperones in IOM Migration Health Activities
- For best practice resource on Information and Education Materials for PSEA in Health Assessments, please contact [PSEA-SH@iom.int](mailto:PSEA-SH@iom.int).