Independent, Comprehensive Stocktaking Exercise to assess WHO's Institutionalization of the Prevention of and Response to Sexual Misconduct

World Health Organization (WHO)

Stocktaking Report
Volume 2 – Annexes

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Annex A: Terms of Reference

Terms of Reference – Approved Version - 31 October 2024

Independent Comprehensive Stocktaking Exercise to assess WHO's institutionalization of the Prevention of and Response to Sexual Misconduct

1. Background

In 2021, and in response to serious allegations that were assessed by an Independent Commission, the World Health Organization (WHO), under the leadership of its Director-General, initiated unprecedented Organization-wide efforts to develop and scale up systems to prevent and respond to sexual misconduct (a concept that brings together all forms of sexual exploitation, sexual abuse and sexual harassment). To kick-start this process, the WHO Secretariat developed and implemented an expansive management response plan for 2021-2022 (MRP) along with an implementation plan ending in December 2022. In monitoring the implementation plan, the Secretariat implemented 92% of its 150 actions (see Report), with the remaining open ones carried forward into the Three year strategy for PRS (2023-2025).

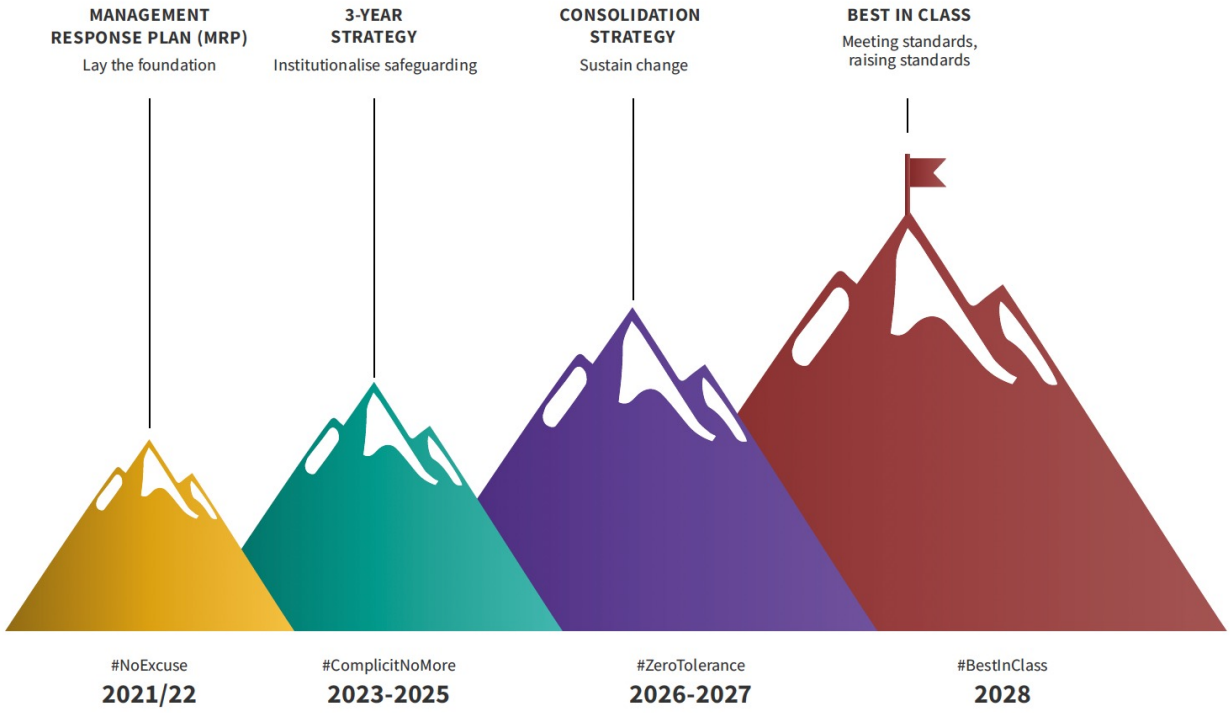

Figure 1: The overarching strategy approach to achieve Zero tolerance for sexual misconduct; Page 2 of Preventing and responding to sexual Misconduct WHOs three-year strategy

The latter Strategy marshals WHO's efforts and seeks to translate into institutional policy, processes and practice the highest standards of integrity and accountability within the Organization and its

operations. The strategy outlines key actions and initiatives to ensure that all forms of sexual misconduct are effectively prevented and addressed.

Part of the Strategy are a Theory of Change (Framework) (see Annex B) and an Accountability Framework that sets accountabilities for the entire workforce. It is operationalized and monitored through annual implementation plans (so far, 2 for Year 1 and for Year 2).

Since 2021, Member States and the Secretariat, including its independent accountability functions[1], have conducted extensive oversight and monitoring of WHO's efforts aiming at the prevention of and response to sexual misconduct. In addition, there have been numerous external assessments conducted by various entities of WHOs and other UN organizations' protection form sexual exploitation and abuse (PSEA) and sexual harassment (SH) work. Scope and terms of reference differ but represent an opportunity to collate and analyze emerging findings, lessons and gaps to underpin the stocktaking exercise. The latter include the Multilateral Organization Performance Assessment Network (MOPAN)[2], the UN Joint Inspection Unit (JIU), the IASC, and by bilateral development agencies such as USAID's Bureau for Humanitarian Affairs. Annex A contains a list of these.

The previous reviews, assessments, etc. of WHO's work on the prevention of and response to sexual misconduct have focused on elements or systems components, while this stocktaking exercise will focus more on the degree to which prevention of and response to sexual misconduct have been institutionalized across the Organization and what remains to be done to consolidate progress. Findings of the exercise will inform the 2026-27 Consolidation Strategy (see Fig 1). A full evaluation of WHO's Three-year Strategy is scheduled to be conducted in early 2027 by WHO's Evaluation Office[3].

2. Request for an independent, comprehensive stocktaking exercise

In May 2023, PBAC38 reviewed the Secretariat's report to EB152 on Prevention of sexual exploitation, abuse and harassment, and in its report to WHA76 (A76/39 (May 2023)) recommended that:

> "(d) once the majority of key actions and reforms have been implemented, but no later than May 2025, organize a **comprehensive stock-taking exercise, conducted by an independent entity** and overseen by the Independent Expert Oversight Advisory Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, in order to evaluate whether those actions have led to the intended results for WHO's three-year strategy, including its accountability systems and culture;"

Similarly, in the PBAC39 report to EB 154 (January 2024), EB154/4, the PBAC recommended:

> "….to pursue a **comprehensive stocktaking review** no later than January 2025 to assess whether the key actions and reforms contained in the three-year strategy have led to the intended results for WHO's accountability systems and culture, in line with the prior recommendation of the thirty-eighth meeting of the Programme, Budget and Administrative Committee."

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1 Internal oversight services (IOS), external auditor, evaluation office, as well as independent audits requested by Member States (e.g. PwC audit).

2 The MOPAN assessment found that: (1) "WHO has significantly strengthened its infrastructure and capacity to prevent and respond to sexual misconduct, underpinned by dedicated and clear leadership" and (2) "WHO needs to maintain the attention paid to address sexual misconduct and abuse so that permanent culture change can result".

3 To be included in the 2026-2027 WHO biennial evaluation workplan, to be presented to PBAC43/EB158 in January 2026 for approval.

3. Purpose of the Stocktaking Exercise

The purpose of this stocktaking exercise is to assess the progress made by WHO against agreed milestones to date (including results, targets and standards). Given the short timespan since inception of WHO's activities for the prevention of and response to sexual misconduct, a review of outcomes seems not yet possible thus an input-/output-based assessment will be conducted. The exercise is to review systems, policies, and practice for sexual misconduct prevention, as well as progress made in relation to WHO's underlying organizational culture (as highlighted in the PWC audit and relevant implementation plans) since 2021. It should also review the progress made with respect to recommendations on governance and operational structure arrangements highlighted in previous reviews and governing body documents and related to the operationalization of sexual misconduct prevention and response accountabilities amongst different departments and offices. The exercise should provide a concise summary of challenges and gaps identified and provide actionable recommendations for enhancing the effectiveness of WHO's current strategy and its implementation. It should directly feed into a consolidation strategy for the years 2026-27.

4. Objectives

The specific objectives of the stocktaking exercise are to:

- Review and conduct a synthesis of findings, lessons, issues, and recommendations from internal and external reviews, and governing body documents with relation to sexual misconduct prevention and response since 2021;
- Assess the degree of institutional change, at this time and based on implementation plans' actions and outputs, of the current Three-year strategy on preventing and addressing sexual misconduct within WHO;
- Identify any early achievements, major enablers, challenges, and gaps in the implementation process;
- Provide recommendations for (a) improving the implementation of the current strategy in the remaining period; (b) further enhancing and ensuring institutionalization of prevention of and response to sexual misconduct goals and results across the Organization, with a view to ensuring sustainability; and (c) to improve the effectiveness of WHO's sexual misconduct prevention and response efforts and to address identified gaps through the consolidation strategy 2026-2027.

5. Scope of Work

The stocktaking exercise will cover the following areas for the period of October 2021 to October 2024:

- Review findings, issues, recommendations and lessons learned documented in previous audits, reviews and assessments (e.g. Independent Commission, PWC audit, MOPAN, JIU early findings, etc.), and to what extent their recommendations are being addressed;
- Review of the implementation status of key actions and initiatives outlined in annual implementation plans, particularly focusing on (a) the degree of institutionalization of change; (b) policy, procedural and practice changes, (c) organizational culture change, (d) accountability improvements, and (e) structural and division-of-labor efficiencies between departments and offices that impact the prevention of and response to sexual misconduct;
- Analysis of data and reports related to incidents of sexual misconduct and the effectiveness of response mechanisms, the protection from retaliation, and disciplinary and other post-investigation processes;

- Assessment of the level of integration and systemization of the prevention of and response to sexual misconduct in WHO's emergency response operations and community-facing operations;
- Assessment of the training and awareness-raising activities conducted as part of the strategy, as well as other actions to bring about changes in the workplace culture that are supportive of the prevention and response to sexual misconduct;
- Stock take of the support and resources provided to survivors of sexual misconduct and identification of areas for improvement;
- Review the degree and depth to which WHO has managed to consistently take a victim-/survivor-centered approach.
- Review of the sufficiency of the existing Theory of Change, results framework, and monitoring and evaluation mechanisms in place to track progress.
- Based on independent assessments, evaluations, studies, datasets (e.g. MOPAN, JIU, UN-OSCA, UN EG), compare progress made by WHO with progress made by other UN agencies.

6. Methodology

The stocktaking exercise will be "light" and employ a mixed-methods approach, including:

- Desk review of relevant documents, reports, and data, including previous assessments, audits and evaluations made by the independent accountability functions (internal/external audit, evaluation), IEOAC, IOAC, and WHO governing bodies, as well as through external reviews and assessments (MOPAN, JIU, US-BHA, etc.), and data collected through various WHO and UN surveys (internal WHO; CEB, UN Annual Survey);
- Key informant interviews with key stakeholders, e.g., WHO staff, management, independent oversight bodies (IEOAC, IOAC) and external partners;
- As time and resources permit, use of new surveys and questionnaires to gather feedback from stakeholders; and focus group discussions with selected groups of staff and partners;
- Analysis of quantitative and qualitative data to identify trends and patterns, including from existing monitoring and evaluation frameworks for the Three-year Strategy, and related institutional monitoring (e.g. tracking of implementation of Member State recommendations of Governing Bodies; IOS audit follow-up tracking, etc.);
- Validation workshop(s) with key stakeholders to review preliminary findings.

7. Deliverables

The key deliverables of the stocktaking exercise are a/an:

- Inception report outlining the detailed methodology and work plan;
- Interim report summarizing preliminary findings and progress;
- Validation workshop(s) with key stakeholders;
- Final report presenting the comprehensive findings, analysis, and recommendations;
- Presentation of the final report to (a) WHO senior management; and (b) the IEOAC and IOAC.

8. Timeline

The stocktaking exercise will be conducted over a period of five months, with the following key milestones:

- Inception phase: Month 1 (after team selected)
- Data collection and analysis: Months 1-3
- Drafting of interim report: Month 4
- Validation workshop(s): Month 4-5
- Finalization and presentation of the report: Month 5

Indicative timeline*:*

- Bidding and selection of independent team: early December 2024
- Inception report: December 2024
- Data collection/analysis: December 2024 – February 2025
- Draft interim report: February 2025
- Validation workshop(s): late February 2025
- Final report (including review by the IEOAC, IOAC): 3rd week March 2025
- Discussion/consideration at IEOAC and IOAC meetings (depends on schedule): March-April 2025

9. Team Composition

The stocktaking exercise will be conducted by independent experts (whether a firm or a team of expert consultants) to be recruited, with global/UN experience in safeguarding, sexual misconduct prevention and response, organizational change assessment, and in conducting evaluations. Experts should also have knowledge of stocktaking methodologies. The following areas of expertise are required:

- Expertise in sexual misconduct prevention and response;
- Expertise in organizational change with knowledge of sexual misconduct organizational policies;
- Expertise in quantitative and qualitative data collection and analysis, and evaluative methodologies;
- Global and field experience in development/humanitarian/disease outbreak settings.

10. Stocktaking exercise management

The WHO department for the Prevention of and Response to Sexual Misconduct (PRS) in the Office of the Director-General will provide the budget line for the exercise and will be the technical unit supporting the exercise. Procurement for the services of an independent service provider (consultants or a firm) will be through an open RFP process. Service providers on the Evaluation Office's LTA roster[4] will be invited to apply. The IEOAC will participate in the selection of the entity/consultants.

Director, PRS will coordinate with WHO regional and country offices, as well as external stakeholders and facilitate comprehensive data collection and stakeholder engagement.

The WHO Evaluation unit (EVL), in its corporate role, can provide expert advice at the scoping/design phase; and by providing quality assurance at key points, notably reviewing the inception report draft as well as the draft and final reports.

To ensure independence, and as noted in document A76/395, the Secretariat and/or team will have unfettered access to the IEOAC and periodically consult with the IEOAC and the IOAC (including outside of their meetings), in particular regarding (a) the development/approval of the ToRs, (b) the provision of methodological/outreach advice, (c) the review of the inception report (d) the monitoring of the implementation of the exercise, (e) the review of interim findings and report, and (f) the review the final draft report. In addition, members of the IEOAC and IOAC may be invited to participate in validation workshop(s).

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4 The roster contains firms and experts in evaluation.

5 The stocktaking exercise should be "conducted by an independent entity and overseen by the IEOAC and IOAC…".

11. Reporting

The team will submit its final report to the Office of the Director-General and will simultaneously inform (CC the report) to the Chairs of the IEOAC and of the IOAC. The IEOAC and IOAC may include their comments and further recommendations concerning the final report in their respective reports to the PBAC and WHA. The Secretariat could include its "management response" in its progress report (Director-General) to the WHA (and PBAC, EB).

12. Budget

Bidders are expected to submit a detailed budget based on the above requirements. The budget will be reviewed as part of the selection process.

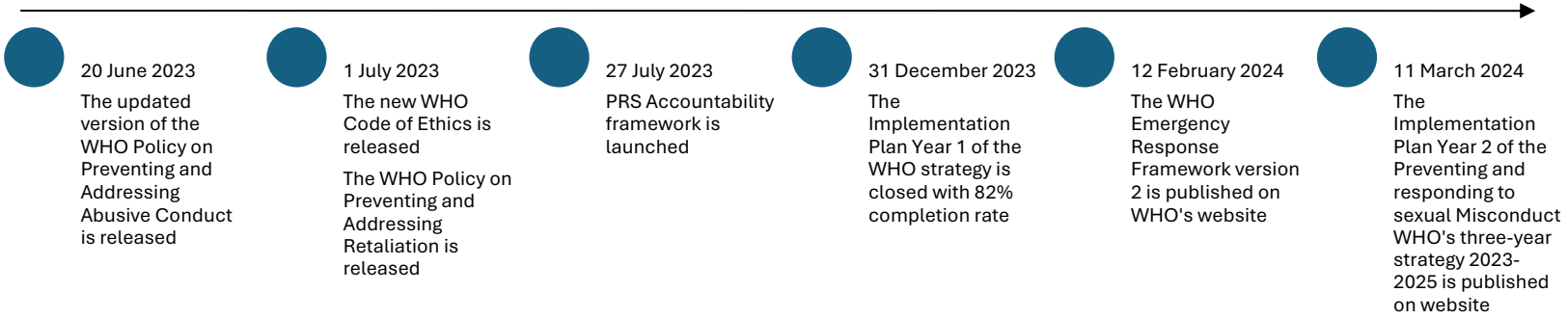
13. Selection criteria

Technical Criteria	Max. Score
Technical Quality: This includes evaluating the proposed methodology, draft work plan, and respect for the overall timeline.	30
Past Performance and Experience: The evaluation considers the bidder's past performance and experience in similar projects. This includes reviewing previous work and relevant references.	20
Qualifications and competence: Assesses the expertise, suitability and engagement of the personnel proposed for the assignment	20
Innovation and Added Value: Proposals that offer innovative solutions or additional value beyond the basic requirements may receive higher scores. This could include unique approaches, additional services, or enhancements that improve the overall stocktaking exercise outcome	10
TOTAL	**80**

Criteria evaluated as:	Based on the following supporting evidence:	Corresponds to the score of:
Excellent	Excellent evidence of ability to exceed requirements	100%
Good	Good evidence of ability to exceed requirements	90%
Satisfactory	Satisfactory evidence of ability to support requirements	70%
Poor	Marginally acceptable or weak evidence of ability to support requirements	40%
Very Poor	Lack of evidence to demonstrate ability to comply with requirements	10%
No submission	Information has not been submitted or is unacceptable	0%

ANNEX A – Timeline; Oversight and assessment reports; Strategies, policies

1. Timeline


20 June 2023
The updated version of the WHO Policy on Preventing and Addressing Abusive Conduct is released
1 July 2023
The new WHO Code of Ethics is released
The WHO Policy on Preventing and Addressing Retaliation is released
27 July 2023
PRS Accountability framework is launched
31 December 2023
The Implementation Plan Year 1 of the WHO strategy is closed with 82% completion rate
12 February 2024
The WHO Emergency Response Framework version 2 is published on WHO's website
11 March 2024
The Implementation Plan Year 2 of the Preventing and responding to sexual Misconduct WHO's three-year strategy 2023-2025 is published on website

2. List of oversight reports, assessments, etc.

Internal – Secretariat and Governing Bodies

- Reports (and recommendations) of **the Independent Expert Oversight and Administration Committee (IEOAC)** EBPBAC35/2 (Jan 2022); EBPBAC36/2 (May 2022); EBPBAC37/2 (Jan 2023); EBPBAC38/2 (May 2023); EBPBAC39/2 (Jan 2024); EBPBAC40/2 (May 2024).
- Reports (and recommendations) of the **Independent Oversight Advisor Committee for Health Emergencies (IOAC):** EB146/16 (Dec 2019); Statement to EB148 (Jan 2021); A74/16 (May 2021); EB150/34 (Jan 2022); A75/16 (May 2022); A76/8 (May 2023); A77/7 (May 2024).
- Reports of the **Office of Internal Oversight Services**
  - **Internal Audits** – PRS (PRSEAH) issues are a routine component of country audits, and reported to the WHA in the annual IOS report: A74/35 (May 2021); A75/36 (May 2022); A76/23 (May 2023); A77/23 (May 2024)
  - **Investigation for PRS** (PRSEAH) are routinely reported in both the annual IOS report to the Health Assembly, and in stand-alone progress reports to the PBAC, EB and WHA in addition to public-facing website updated monthly: https://www.who.int/about/office-of-internal-oversight-services/dashboards/sexual-misconduct-and-abusive-conduct
- **External auditor reports**: 2023 Financial and Compliance Audit
- Reports (and recommendations) of the **Programme Budget and Administration Committee (PBAC)** **EB150/5** (Jan 2022); EB152/4 (Jan 2023)
- Reports (and recommendations) of the **Executive Board (EB**) EB145/2019/REC/1 (May 2019); EB147/2020/REC/1 (May 2020); EBSS/5/2020/REC/1 (October 2020); EB148/2021/REC/1 (Jan 2021); EB149/2021/REC/1 (Jun 2021); EB150/2022/REC/1 (Jan 2022); EB151/2022/REC/1 (May 2022); EB152/2023/REC/1 (Jan 2023); EB153/2023/REC/1 (May 2023).
- **Director-General reports** to the EB and WHA (progress)
  A74/36 (May 2021); EB150/33 (Jan 2022); **A75/29** (May 2022); EB152/31 (Jan 2023); EB154/30 (Jan 2024)
- **Annual Letter from the Director-General to the UN Secretariat General** on a yearly basis – not public link available
- **Quarterly Mission Briefings/Information Sessions** given by the Secretariat on PRS (Geneva): WHO | Member States Information session and GB briefings

Donor compacts

- Inclusion of specific Secretariat activities and monitoring indicators in donor agreements (including conditionalities); donor reports: UK, USA…

External:

- 2021: Final Report of the Independent Commission on the review of sexual abuse and exploitation during the response to the 10th Ebola virus disease epidemic in DRC
- 2022: PwC Audit and management response
- 2022: JIU report : Review of he management of implementing partners in UN System Organizations; (included in Report on JIU report for PBAC38)
- 2023: IC review of recommendations – report never issued (Mr Gogo)
- 2023: Organizational Culture
- 2023: MOPAN Assessment of WHO (2019-2023) Report and related materials
  WHO Assessment - MOPAN Partner Survey results
  Reports of other multilateral organizations assessed by MOPAN (since 2020)

- 2024 (ongoing): JIU *Review of policies and practices to prevent and respond to sexual exploitation and abuse (SEA) in the United Nations system organizations*
- 2024 (ongoing) USAID Bureau of Humanitarian Affairs evaluation

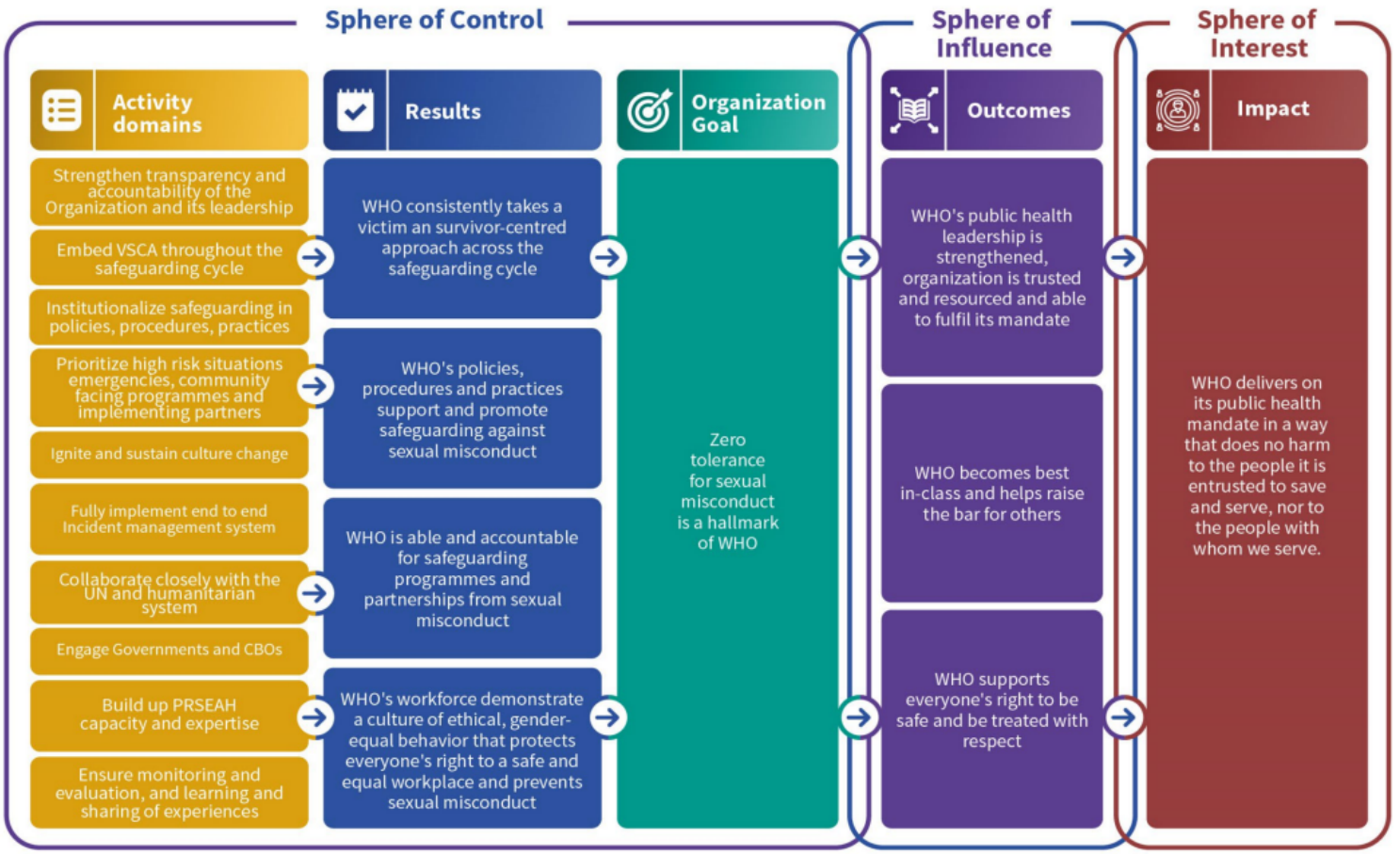
3. Secretariat strategies, plans, policies

- Management Response Plan 2020-2021
- Implementation plan (MRP) 2020-2021
- Report of MRP implementation, 2022
- Three Year Strategy
    - ToC,
    - Accountability Framework,
    - 1-Y M&E frameworks
- IC report and its implementation plan (here the responses included the IC, the IOAC recs, the EB and PBAC and some of the USG letter, in addition to some of PWC)
- WHO Policies
    - Code of Ethics (Sept 2023)
    - WHO Policy on Preventing and Addressing Sexual Misconduct (March 2023),
    - WHO Policy on Preventing and Addressing Abusive Conduct (June 2023)
    - WHO Policy on Preventing and Addressing Retaliation (July 2023)
    - Code of Conduct to prevent harassment, including sexual harassment, at WHO events (Aug 2021)
- WHE Emergency Response Framework (ERF)
- Prevention and response to sexual misconduct: WHO stakeholder review conference 2023 (Sep 2024)

4. International guidance, norms

- 2020 MOPAN Measuring multilateral performance for SEAH; Technical note; Brief; Lessons learned (March 2023)
- IASC: Statement by the Inter-Agency Standing Committee (July 2024); Joint UN-Government Famework (July 2024)
- OECD: DAC Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance: Key Pillars of Prevention and Response (July 2019)

ANNEX B – Theory of Change framework



*Victim-survivor-centred approach (VSCA)
** Community-Based Organizations (CBOs)
*** Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH)

For more information, contact PRSEAH@who.int

Annex B: Stocktaking Tool

Pillar 1: Governance and Strategy

Pillar 1		Governance and Strategy	PRS Strategy Objective							
		This pillar establishes the leadership, governance model, institutional arrangements, and a clear value proposition to strengthen whole-of-organization participation in, and a commitment to, achieving a Best in Class WHO in terms of PRS. The objective is to attain leadership endorsement, strengthen institutional mandates, and inter-departmental (and across three levels) cooperation and coordination through a shared vision and understanding of the value of PRS, and the roles and responsibilities to achieve the vision.	WHO consistently takes a victim and survivor-centred approach across the safeguarding cycle							
Ref	Question/ Indicator	Scoring Guide	Guidance	Scoring Response	Interview Response	Other prompts		Score	Weight	Weighted Score
1.1	**Leadership**: Is there an "advocate" in WHO that is leading, engaging and promoting the benefits of PRS across the organization (and at three levels), with implementing partners and Member States?	Don't know 0 = None. 25 = Informal role. 50 = Defined role and person/unit exists with vision. 75 = Actively driving change across organization with tangible outcomes. 100 = Actively driving change across organization, implementing partners and influencing Member States with tangible outcomes.	**This indicator assesses the strength of the advocate promoting PRS.** There should be a clearly identifiable individual(s) or unit (s), senior and influential, that is actively leading, engaging and promoting PRS vision and associated benefits across all stakeholder groups, resulting in tangible outcomes . This is essential for awareness, desire and reinforces change.					0	1	0
1.2	**Coordinated Response** : The achievement of the PRS Vision (procedures but also change management) requires multiple WHO departments working towards the same results (e.g. IOS, HR, Finance, DGO). How well have interdepartmental coordination/cooperation mechanisms been put in place to facilitate decision-making for PRS implementation?	0 = None. 25 = Ad hoc coordination and cooperation at WHO HQ 50 = Informal but regular interdepartmental committee/meeting organized, and maintained 75 = Formal ToR, appropriate representation, regular meetings, decisions tracked at WHO HQ 100 = Formal ToR, appropriate representation, regular meetings, decisions tracked at WHO HQ and includes Regional Offices	**This indicator identifies the maturity of the Coordinating Body.** The governance model provides an environment for the strategic thinking, planning and decision-making necessary to develop, implement and sustain PRS management practices across the organization. At the top level is the Coordinating Body that provides leadership, direction and oversight (corporately speaking). Different names may be used but the coordinating Body must have the responsibility and powers to make the necessary changes to deliver the benefits. The PRS may also be part of a larger transformation/change agenda.			Reference the Accountabilty Departments meetings, formal/informal, decision-making etc Are all policy elements in place to support this?		0	1	0
1.3	**Humanitarian/Emergency: :** Is there a separately defined approach/strategy for humanitarian/emergency contexts and situations at WHO that addresses the unique challenges of such situations?	0 = None. 25 = Ad hoc 50 = Some written direction but incomplete 75 - Mostly complete, strategy and approoach exist but need either updating or revisions 100 = Completely, strategy and approach fully developed	**This indicators identifed the integration of PSEA into emergency strategies and governance.** Can touch on work with ISAC, OCHA. Note, Emergency Response Framework (ERF) is captured under Pillar 2: Policy			Work with ISAC, how do WHO standards match with ISAC?				
1.4	**Division of Labour**: The structural and division-of-labor efficiencies between departments and offices that impact the prevention of and response to sexual misconduct are clearly defined and implemented?	Don't know 0 = None. 25 = Informal arrangement. 50 = New institutional roles and responsibilities across all levels of organization being formulated. 75 = A clear set of mandates, legal arrangements/policies, principles and guidelines agreed by all institutional stakeholders. 100 = A clear set of mandates, legal arrangements, principles and guidelines agreed and fully implemented by all institutional stakeholders.	**This indicator identifies how institutional PRS roles and responsibilities have been assigned to departments/offices.** The provision of clarity on institutional roles and responsibilities across all levels of the organization for strategic and operational tasks associated with PRS implementation should be an integral part of the change management program involving mandates, legal arrangements/policies, principles and guidelines/procedures. An effective and cooperative management of PRSwill not happen without this intervention. Some approaches may involve institutional reforms, and others just clarity on mandates.					0	1	0

1.5	**Established Working Groups**: Have specialist Working Groups (subject matter experts) been established to provide advice and guidance to the Advocate?	0 = None. 25 = Leads / representatives of working groups appointed. 50 = Terms of reference and priority Working Groups established. 75 = Priority Working Groups actively advising the Advocate and the Coordinating Body. 100 = Full range of Working Groups established and actively advising the Coordination Unit and the Governing Body.	**This indicator identifies the range of Working Groups established and active.** Specialist Working Groups (or sub-committees), comprising multi-stakeholder, subject matter experts, are required to advise the Coordination Body and or advocate . Typically, these may include working groups focused on strategy, data, capacity and education, legal and policy, financial, and communication and engagement, performance monitoring etc..			Please name the groups If there are no groups, should there be?		0	1	0
1.6	**Strategy:** Is there a PRS Strategy that identifies the vision, mission, goals and objectives of the PRS initiative?	0 = None. 25 = The Coordinating Body and/or Advocate has formed a committee with terms of reference to formulate the strategy. 50 = Strategy is developed wand is current and applicable. 75 = Strategy is developed h, and is current and applicable, is promoted across the organization and implementation is monitored. 100 = Strategy undergoes assessment and renewal on a regular schedule.	**This indicator assesses the maturity of a PRS Strategy.** This is a strategy to achieve the long-term and overall aim of implementing the PRS. The strategic formulation process must be inclusive, and the implementation of the strategy will usually be incrementally achieved across specific parts of the organization. The Strategy should connect to and aligned with other broader strategic and policy objectives of the organization.					0	1	0
1.7	**Strategic Alignment**: Was the process to formulate the PRS strategy fully inclusive? and did it involve capturing the requirements of all key stakeholders and partners?	0 = None. 25 = Only WHO HQ representatives were involved 50 = Only WHO representatives were involved (including RO and COs) 75 = WHO (including RO and Cos) and other stakeholders were involved. 100 = All stakeholders and partners were included. (donors, MS, implementing partners, others)	**This indicator assesses the range of stakeholders involved in shaping the PRS Strategy** The formulation of the PRS strategy involves capturing the requirements of all the key stakeholders. This capture of requirements should be fully inclusive, however, the strategy is often incrementally implemented with the scope expanding over time.			Please explain (and, if relevant, please identify who was or was not included in the process)		0	1	0
1.8	**Audit and Compliance:** Has an audit function been assigned to any organizational unit to ensure compliance with the new policy (ies), procedures for across the organization (all levels)?	0 = None. 25 = Policy ownership is identified by no auditing 50 = Audit function has been assigned but no audits yet completed. 75 = Audit function assigned, plans and resources in place, auditing commenced in limited fashion. 100 = Comprehensive auditing function in place and functioning.	**This indicator assesses the status of auditing and compliance.** Global nature of WHO (COs, ROs) , and need to demonstrate the change is credible and trusted, means visible auditing and reporting should be carried out based on plan developed in consultation with stakeholders, and sustained.					0	1	0
							WEIGHTED TOTAL SCORE			0
							Number of Questions		7	
							Total Weighting		7	
							AVERAGE UNWEIGHTED SCORE	0		

Pillar 2: Policy

Pillar 2		Policy	PRS Strategy Objective
		This pillar establishes a robust policy and legal framework that is essential for instituting change and compliance throughout the organization. The objective is to address current policy and legal issues by improving the policies associated with, and having an impact on, SEAH. This is achieved by proactively monitoring the implementation of relevant corporate policies, including mandating responsibility fordata/reporting, and keeping abreast of issues and challenges arising.	WHO policies, procedures and practices support and promote safeguarding against sexual misconduct

Ref	Question/ Indicator		Guidance	Scoring Response	Written/Verbal Response	Other prompts		Score	Weight	Weighted Score
2.1	**Policy**: Is there is a Policy on the Prevention of and Response to Sexual Misconduct that is complete and up-to-date?	Don't know 0 = None. 25 = No standalone policy but referred to in other corporate policies 50 = Policy is draft/policy is in place but incomplete and in need of revision 75 = Policy is mostly complete, up-to-date but lacking a few elements 100 = Policy is complete and up-to-date	**This indicator assesses the strength of the policy on PRS.** The policy should have the following characteristics: have a clear purpose, scope, effective date, identify what is being replaced and what is related, definitions, standards, accountabilities, processes/procedures among others					0	1	0
2.2	**Supportive Policies:** Are there other policies that support the PRS policy (such as HR policies, Code of Conduct, Retaliation, Abusive Behaviour) that are complete and up-to-date?	Don't know 0 = None. 25 = Some supportive polcies but not all and not up-to-date 50 = Some supportive polcies but not all - some up to date and some being drafted 75 = Most supportive policies are up-to-date but still some gaps 100 = All policies are in place and up-to-date	**This indicator assesses the degree supportive policies are in place (system approach).** There are other policies that need to be updated, current, comprehensive and complementary in order for PRS to achieve results. What are they, are they in place?							
2.3	**Humanitarian/Emergency:** Have WHO emergency response/humanitarian operations, through policies, procedures and practices, integrated PRS?	0 = None. 25 = Ad hoc 50 = Some written direction but incomplete 75 - Mostly complete, framework exists but needs either updating or revisions 100 = Completely, framework fully developed	**This indicator assesses the the integration of PSEA in emergency related policies and frameworks such as Emergency Response Framework (ERF).** The framemwork should have the commitments, value based statements, accountabilities if differrent in emergency situations, and clear procedures			This is referencing the ERF				
2.4	**Accountability Frameworks**: Accountabilities for all position in the organization have to be clarified so roles and responsibilities are clear on the implementation of any policy. Does the Policy on the Prevention of and Response to Sexual Misconduct have clear accountabilities?	0 = None. 25 = Ad hoc 50 = Some clarity but not complete 75 - Mostly complete, 100 = Completely, accountabilities clarified for entire organization	**This indicator assesses the degree to which roles and responsiblities on PSEA have been clarified.** They should clarify and communicate clearly to accountable officials and functions the obligations they have in preventing and responding to sexual misconduct and therefore also guide their learning and capacity development activities, and inform the support they need from the Organization.							
2.5	**Compliance:** Is there a Compliance Strategy or something similar that defines how individuals are encouraged to comply with policies and how compliance will be monitored?	0 = None. 25 = Ad hoc 50 = Some policies are assessed, others not, not always clear on methods 75 - Mostly complete, methods clear but not always followed 100 = Completely, compliance methods clear and followed	**This indicator assess if the Organization has a strategy/means to assess compliance with internal policies - namely PRS and other supportive policies.** This would look at for example, internal audit functions, supervisory reviews and other means to assess compliance on an ongoing basis, along with corrective actions and if they are followed up.			Is it standard procedure when developing policies to include how their implementation will be assessed? Cost implications? Or working across accountability departments? Is the policy owned by anyone?				
							WEIGHTED TOTAL SCORE			0
							Number of Questions		1	
							Total Weighting		1	
							AVERAGE UNWEIGHTED SCORE	0		

Pillar 3: Implementation Management

Pillar 3		Implementation Management	PRS Strategy Objective							
		This pillar is about the management of the implementation of the PRS Strategy including strong project management processes in place and performance management including assessment of results. The objective is to manage time, costs and scope of the strategy to deliver activities, produce necessary outputs that will lead to expected results.	WHO policies, procedures and practices support and promote safeguarding against sexual misconduct WHO is able and accoutnable for safeguarding programmes and partnerships from sexual misconduct							
Ref	Question/ Indicator		Guidance	Scoring Response	Written/Verbal Response	Other prompts	Other comments	Score	Weight	Weighted Score
3.1	**Implementation Plan PRS**: Is there an existing Implementation Plan that details how the PRS will meet its strategic goals and objectives, when, by whom and with what budget?	0 = None. 25 = the plan is being developed. 50 = A draft full Action Plan has been formulated, but awaits agreement by all stakeholders. 75 = The full Action Plan is fully developed, signed off, and being implemented. 100 = The full Action Plan is fully developed, signed off, being implemented and progress monitored, and the Action Plan maintained.	**This indicator assesses the status of defining and implementing an action plan.** The Action Plan will reflect the complexity of the task of implemeting PRS and is typically spread across appropriate horizon periods rather than a plan for the complete vision. It should be incrementally delivered to lower the risk and there is no prescriptive order for implementation.							
3.2	**Implementation Plan – Supportive Policies:** Is there an existing Implementation Plan that details how supportive policies (Abusive Conduct, Retaliation) will meet their objectives, when, by whom and with what budget?	0 = None. 25 = the plan is being developed. 50 = A draft full Action Plan has been formulated, but awaits agreement by all stakeholders. 75 = The full Action Plan is fully developed, signed off, and being implemented. 100 = The full Action Plan is fully developed, signed off, being implemented and progress monitored, and the Action Plan maintained.	**This indicator assesses the status of defining and implementing an action plan.** The Action Plan will reflect the complexity of the task of implemeting supportive pollicies and is typically spread across appropriate horizon periods rather than a plan for the complete vision. It should be incrementally delivered to lower the risk and there is no prescriptive order for implementation.			By each policy: Abusive Conduct, Retaliation, Code of Conduct				
3.3	**Humanitarian/Emergency:** Do WHO emergency/humanitarian operations integrate and apply PRS policies, procedures, and practices	0 = None. 25 = Ad hoc 50 = Some written direction but incomplete 75 - Mostly integrated 100 = Completely integrated	**This indicator assesses the the integration of PSEA in emergency related procedures and practices.**			If so, how?				
3..4	**Delivery**: What is the implementation status of key actions as outlined in the strategy and annual implementation plans including on procedural and practice changes as well as on agreed milestones.	For each of the following: 0 = not implemented 25 = limited, in progress but very behind schedule 50 = in progress but delayed 75 = in progress and on track 100 = completed successfully	**This indicator assess the extent that planned activities have been delivered.**				Relate this to the Theory of Change			
	a) strengthen the transparency and accountability of the Organization and its leadership					query on challenges, best practices, lessons learned				
	b) prioritize high risk situations, emergencies, and community facing programmes and implementing partners						Relates to Governance and Strategy			
	c) Engage governments and community-based organizations						Relates to Governance and Strategy			
	d) collaborate closely with the UN and humanitarian system						Relates to Governance and Strategy			
	e) embed VSCA throughout the safeguarding cycle						Relates to Policy and Implementation Management			
	f) Institutionalize safeguarding in policies, procedures and practices						Relates to Policy and Implementation Management			
	g) fully implement end to end incident management system						Relates to Policy and Implementation Management			
	h) ensure monitoring, evaluation, learning and sharing of experiences						Relates to Policy and Implementation Management			
	i) Ignite and sustain culture change						Relates to Change Management			
	j) Build up PRSEAH capacity and expertise						Relates to Change Management			

3.5	**Achievement of Results**: Is the PRS Strategy implementation on track to achieve intended results?	For each of the following: 0 = unlikely to be achieved 25 = expect limited achievement 50 = some progress but hard to achieve/ challenges/gaps in activities 75 = making good progress, may need more time / partial achievement likely / hard to quantify 100 = expect achievement of result by 75 = in progress and on track 100 = completed successfully / no further progress possible	**This indicator is assessing the likelihood of the current strategy, 2023-2025 will achieve its results by end of 2025**. It can assess the i) appropriateness of the objective/result, ii) should it carry forward into consolidation, iii) does it need to be revised/reviewed			what has to happen to achieve results by Dec 2025? Are they appropppriate (SMART), should they be carried forward?				
	a) WHO consistently takes a victim and survivor-centred approach across the safeguarding cycle									
	b) WHO policies, procedures and practices support and promote safeguarding against sexual misconduct									
	c) WHO is able and accountable for safeguarding programmes and partnerships from sexual misconduct									
	d) WHO's workforce demonstrate a culture of ethical, gender-equal behavior that protects everyone's right to a safe and equal workplace and prevents sexual misconduct									
3.6	**Best practices**: Has the PRS integrated best practices, identified challenges and mitgation aand any gaps in policies and plans?	0 = None. 25 = very few best practices, all in-house expertise 50 = some best practices, external experts . 75 = Significant best practices, evidence of external experts, communites of practice 100 = World class, based on best practices, supported by external experts, literature,	**This indicators assess the extent to which best practices have been integrate into the PRS strategy and plans.** This would normally occur through consultations with experts, document and literature review, networks such as MOPAN and ISAC etc.							
3.7	**Communications**: How well does WHO communicate:	0 = None. 25 = a little 50 = some 75 = signicant amount 100 = a lot, satisfying need	**This indicator assesses the improtant funciton of communications (reach, usefulness, use) of PRS materials.**							
	i) expecatations (zero tolerance)									
	ii) the written policies									
	iii) the recourse mechanisms									
	iv) the safety/non-retaliatory nature of such mechanisms									
3.8	**Monitoring and evaluation**: Is the a monitoring and evaluation framework for the Strategy and is data collected as identified (frequency) and reported for decision-making?	0 = None. 25 = the PMF is being developed. 50 = A draft PMF has been formulated, but awaits finalilzation. 75 = the PMF is fully developed, and being implemented. 100 = The PMF is fully developed, being implemented and reporting being made for decision-making	**This indicators assesses the ability of PRS to monitor and report on its own progress against agreed upon plans and objectives.** Generally, would look for a theory of change/logic model, strategy, implemnetation plan, and a performance measurement framework that is actively used to do regular reporting to governance/oversight/management. Tracking of decisions can also be included here.							
							WEIGHTED TOTAL SCORE			#DIV/0!
							Number of Questions		0	
							Total Weighting		0	
							AVERAGE UNWEIGHTED SCORE	#DIV/0!		

Pillar 4: Resources and Sustainability

Pillar 4		Resources and Sustainability	PRS Strategy Objective
		In this context, sustainability refers to the sustainability of results. It is assumed that at some point the PRS Departments' mandate will have been completed and all related activities mainstreamed into respective DGO Units. At that time, will the results achieved be sustained into the future?	Resources supports all of the activities of the PRS, and therefore contributes to all results.

Ref	Question/ Indicator		Guidance	Scoring Response	Written/Verbal Response	Other prompts	Other comments	Score	Weight	Weighted Score
4.1	**Sustainability:** Are the activities developed, led and delivered by PRS sustainable?	0 = Not sustainable 25 = very little will be sustained, mostly reverting back 50 = some things will be sustained but not everything 75 = most things will be sustained, but there will continue to be gaps and issues with culture 100 = everything will be sustained, including changes in organizational culture	**This indicator assesses the probability of sustainability.** Looking into the future, what is the likelihood that the changes made will be sustained if there is no PRS department? Meaning not just procedures and practices, but leadership and culture change.				One rated question, three open ended questions			
	a) If the PRS department were to disband, would the policies continue to be implemented, processes and procedures followed and would the expected results of the PRS Strategy be realized and sustained?	Open question								
	b) What must occur to ensure institutionalization and sustainability?	Open question								
4.2	**Financial:** Is there a consistent level of resourcing to maintain existing infrastructure and activities for PRS strategy implementation?	0 = None. 25 = very insufficient funding 50 = insufficient funding 75 = well funded but lacking for important activities/investments 100 = very well funded								
4.3	**People:** The PRS includes the PRS Department, PRS Focal Points, and Field Coordinators. Is there sufficient staffing of PRS and with the requisite knowledge, skills, and abilities?	0 = no staff 25 = limited staffing 50 = some staffing but many gaps 75 = mostly staffed but a few gaps 100 = very well staffed								
3..4	**Technology:** Technology refers to any non-existing corporate software, hardware or web presence that is required to achieve the results of the Strategy. Are there adequate technology resources for achieving the results of the Strategy?	For each of the following: 0 = none, no needs assessment 25 = some needs identified but no investment 50 = needs and solutions identified but no investment 75 = needs and solutions identified and some investment, in progress 100 = solutions have been fully implemented								
							WEIGHTED TOTAL SCORE			#DIV/0!
							Number of Questions		0	
							Total Weighting		0	
							AVERAGE UNWEIGHTED SCORE	#DIV/0!		

Pillar 5: Change Management

Pillar5		Change Management - PCT					PRS Strategy Objective			
		Leadership/Sponsorship defined Prosci's research studies with thousands of participants revealed that active and visible sponsorship was the number one contributor to successful change. Executives and senior managers who authorize, fund and charter change initiatives must also lead and sponsor these changes. They already make decisions related to strategy, resources and schedule. These same leaders must participate actively and visibly throughout the project, build coalitions of sponsorship and communicate directly with employees about why the change is needed. Business leaders must also show how the change is aligned with the vision and strategy of the organization. The role of "sponsor of change" is not one that can be delegated or assigned; it is tied to and dictated by the actual change that is being implemented.	**Project Management defined** Project Management is the set of processes and tools applied to business projects to develop and implement a change. One of the key components of effective Project Management is having the change defined – you must know what is changing (processes, systems, job roles, organizational structure, etc.) in order to manage that change effectively. Project Management also involves an understanding of the trade-offs between time, cost and scope of a change. Finally, Project Management is the application of the discipline called "project management" that is a structured approach for managing tasks, resources and budget in order to achieve a defined deliverable.	**Change Management defined** Change Management is the application of a structured process and set of tools for leading the people side of a change to achieve a desired outcome. Change Management requires two perspectives – an individual perspective (leading individuals through change) and an organizational perspective (how groups are managed through a change process). Effective Change Management mitigates the risks of productivity loss, negative customer impact and employee turnover, while maximizing speed of adoption and ultimate utilization of the change throughout the organization. Change Management is the final element of the PCT model and is essential for achieving the business results associated with a change.			WHO's workforce demonstrate a culture of ehtical, gender-equal behavior that protects everyone's right to a safe and equal workplace and prevents sexual misconduct			

Ref	Question/ Indicator		PRS Related Change	Organizational Culture Change	Additional Comments		Guidance	Score	Weight	Weighted Score
LEADERSHIP										
1	The change has a primary sponsor	0 = None/Not at all 25 = small, partial 50 = some 75 = mostly, majority 100 = completely, all								
2	The primary sponsor has the necessary authority over the people, processes and systems to authorize and fund the change.									
3	The primary sponsor is willing and able to build a sponsorship coalition for the change and is able to manage resistance from other managers and supervisors.									
4	The primary sponsor will actively and visibly participate with the project team throughout the entire project.									
5	The primary sponsor will resolve issues and make decisions relating to the project schedule, scope and resources.									
6	The primary sponsor can build awareness of the need for the change (why the change is happening) directly with employees									
7	The organization has a clearly defined vision and strategy.									
8	This change is aligned with the strategy and vision for the organization.									
9	Priorities have been set and communicated regarding this change and other competing initiatives.									
10	The primary sponsor will visibly reinforce the change and celebrate successes with the team and the organization.									

	PROJECT MANAGEMENT									
1	The change is clearly defined including what the change will look like and who is impacted by the change.									
2	The project has a clearly defined scope.									
3	The project has specific objectives that define success.									
4	Project milestones have been identified and a project schedule has been created.									
5	A project manager has been assigned to manage the project resources and tasks.									
6	A work breakdown structure has been completed and deliverables have been identified.						WBS - a tool used for activity definition and sequencing - see https://www.workbreakdownstructure.com/			
7	Resources for the project team have been identified and acquired based on the work breakdown structure.									
8	Periodic meetings are scheduled with the project team to track progress and resolve issues.									
9	The primary sponsor is readily available to work on issues that impact dates, scope or resources.									
10	The project plan has been integrated with the change management plan.									
	CHANGE MANAGEMENT									
1	A structured change management approach is being applied to the project.									
2	An assessment of the change and its impact on the organization has been completed.									
3	An assessment of the organization's readiness for change has been completed.									
4	Anticipated areas of resistance have been identified and special tactics have been developed.									
5	A change management strategy including the necessary sponsorship model and change management team model has been created.									
6	Change management team members have been identified and trained.									
7	An assessment of the strength of the sponsorship coalition has been conducted.									
8	Change management plans including communications, sponsorship, coaching, training and resistance management plans have been created									
9	Feedback processes have been established to gather information from employees to determine how effectively the change is being adapted									
10	Resistance to change is managed effectively and change successes are celebrated, both in private and in public.									
							WEIGHTED TOTAL SCORE			#DIV/0!
							Number of Questions		0	
							Total Weighting		0	
							AVERAGE UNWEIGHTED SCORE	#DIV/0!		

Pillar5		Change Management - ADKAR				PRS Strategy Objective			
		Awareness: what is the nature of the change? Why is the change needed? What is the risk of not changing? (I understand why) **Desire**: What's in it for me? Personal choice. A decision to engage and participate. (have decided to...) **Knowledge**: Understanding how to change, training on new processes and tools, learning new skills (I know how to..) **Ability**: demonstrated capability to implement the change, achievement of the desired change in behavior.(I am able to...) **Reinforcement**: actiona that increase the likelihood that a change will be continued, recognition and rewqards that sustain the change. (I will continue to...)				WHO's workforce demonstrate a culture of ehtical, gender-equal behavior that protects everyone's right to a safe and equal workplace and prevents sexual misconduct			

Ref	Question/ Indicator		Ranking PRS Related Change	Additional Comments		Guidance	Score	Weight	Weighted Score
		AWARENESS							
1	Describe your awareness of the need to change?	Open question				This is focsed on PRS Change.			
2	List the motivating factors or consequences related to this change that impact your desire to change (compelling reasons, and objections)	Open question							
3	Rank on the following scale the degree you arew ware of and understand the reasons for this change.	0 = No awareness. 25 = a little awareness 50 = some awareness, but not all reasons 75 = mostly aware, understand most reasons but have questions 100 = completely aware of all reasons for change, risk of not changing							
		DESIRE							
4	Understanding your reasons for change and any objections, rank your desire to change	0 = No desire. 25 = a little desire 50 = some desire, 75 = a lot of desire to change 100 = complete desire to change							
5	List the skills and knowledge you need to support this change, both during and after the transition:	Open question							
		KNOWLEDGE							
6	Do you have a clear understanding of the required skills and knowledge necessary for change?	0 = No understanding. 25 = a little understanding 50 = some understanding, 75 = mostly understand 100 = completely understand							
7	Have you received training or education in these areas?	0 = None 25 = very little training or information 50 = some training and information 75 = a lot of training and information but still require some more 100 = have all the information and training I need							
		ABILITY							
8	To what extend do you have the ability to implement the new skills, knowledge and behaviors assocaited with this change?	0 = No ability. 25 = a little ability 50 = some ability, 75 = a lot of ability 100 = total ability							
9	Considering the skills and knowledge required, what challenges do you see in implementing this change? What are the barriers?	Open question							
		REINFORCEMENT							
10	To what degree are you receiving reinforcement for demonstrating the change.	0 = No reinforcement 25 = a little 50 = some 75 = a lot of reinforcement but still require some more 100 = all I need							
11	What are the reinforcements that will help you to retain the change?	Open question							

WEIGHTED TOTAL SCORE			#DIV/0!
Number of Questions		0	
Total Weighting		0	
AVERAGE UNWEIGHTED SCORE	#DIV/0!		

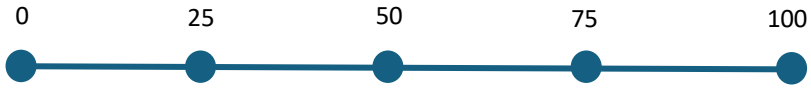
Annex C: Master Interview Guide

Introduction

The World Health Organization (WHO) has commissioned TDV Global to conduct a stocktaking exercise of the work of the Prevention and Response to Sexual Misconduct (DGO/PRS). The PRS Department reports to the Director-General and is responsible for creating the institutional capacity and operational capability for sexual misconduct prevention and response across the Organization. It works in close coordination and collaboration with all leadership, accountability, enabling and programme functions across the three levels of WHO.

This interview is part of the stocktaking process to benchmark the work on PRS since 2022. Because of your important role and engagement with PRS you have been identified as a valuable resource to provide input to this process. The interview will take approximately 60 minutes to complete. Only those questions that are relevant to your experience with PRS will be covered. Please be assured that your responses will be confidential. The information gathered from interviews will be reported at the aggregate level, and individual responses will not be attributed to you in any report.

Note in many cases we will be asking you to rank the extent or degree to which something has been done or is already in place. This will be complemented with any other comments you wish to make. The ranking scale is generally as follows, with **0** being equal to **NONE** and **100** equal to **COMPLETELY**:



Demographic Information (Internal Use Only)

Date:	Name:
Gender:	Prefer not to say:
Location:	Activity:
Level of engagement:	

The stocktaking is organized into five (5) pillars: 1) **Governance and Strategy**, 2) **Policy**, 3) **Implementation Management**, 4) **Resources**, and 5) **Change Management**.

Questions

Pillar #1: Governance and Strategy

This pillar establishes leadership, governance model, institutional arrangements to strengthen whole-of-organization participation in, and a commitment to, achieving a Best in Class WHO in terms of PRS. The objective is to attain leadership endorsement, strengthen institutional mandates, and inter-departmental (and across three levels) cooperation and coordination through a shared vision and understanding of the value of PRS, and the roles and responsibilities to achieve the vision.

For all questions, rank the extent/degree to which things are done or are in place from **0, 25, 50, 75, 100**, and then comment. There is also the option that the question is not appliable to you (**N/A**) or you have no knowledge (**Don't Know**).

1. **Leadership**: To what extent is there an "advocate" in WHO that is leading, engaging and promoting the benefits of PRS across the organization (and at three levels), with implementing partners and Member States?

2. **Coordinated Response**: The achievement of the PRS Vision (procedures but also change management) requires multiple WHO departments working towards the same results (e.g. IOS, HR, Finance, DGO, etc.). To what extent have interdepartmental coordination / cooperation mechanisms been put in place to facilitate decision-making for PRS implementation?

3. **Humanitarian/Emergency**: To what extent is there a separately defined approach/strategy in terms of PRS for humanitarian/emergency contexts and situations at WHO that addresses the unique challenges of such situations?

4. **Division of Labour**: To what extent have the structural and division-of-labour efficiencies between departments and offices that impact PRS been clearly defined and implemented?

5. **Established Working Groups**: To what extent have specialist Working Groups (subject matter experts) been established to provide advice and guidance to the Advocate?

6. **Strategy**: To what extent does the PRS Strategy identify the vision, mission, goals and objectives of the PRS initiative?

7. **Strategic Alignment**: Was the process to formulate the PRS Strategy fully inclusive? To what extent has this process captured the requirements of all key stakeholders and partners?

8. **Audit and Compliance**: Has an audit function been assigned to any organizational unit to ensure compliance with the new PRS policy (ies), procedures, etc. across the organization (all levels)?

Pillar #2: Policy

This pillar establishes a robust policy and legal framework that is essential for instituting change and compliance throughout the organization. The objective is to address current policy and legal issues by improving the policies associated with, and having an impact on, sexual exploitation, sexual abuse, and sexual harassment (SEAH). This is achieved by proactively monitoring the implementation of relevant corporate policies, including mandating responsibility for data/reporting, and keeping abreast of issues and challenges arising.

For all questions, rank the extent/degree to which things are done or are in place from **0, 25, 50, 75, 100**, and then comment. There is also the option that the question is not appliable to you (**N/A**) or you have no knowledge (**Don't Know**).

9. **Policy**: To what extent is the Policy on the Prevention of and Response to Sexual Misconduct complete and up to date?

10. **Supportive Policies**: To what extent do other WHO policies (e.g., HR policies, Code of Conduct, Retaliation, Abusive Behaviour, etc.) support the PRS policy?

11. **Humanitarian/Emergency**: To what extent have WHO, through its emergency response/humanitarian operations policies, procedures and practices, integrated PRS?

12. **Accountability Frameworks**: WHO must ensure that all organizational positions have clear accountabilities and well-defined roles and responsibilities when implementing any policy. To what extent does the Policy on the Prevention of and Response to Sexual Misconduct have clear accountabilities?

13. **Compliance**: Does WHO have a compliance strategy or something similar that defines how individuals are encouraged to comply with policies and how compliance will be monitored? To what extent does this compliance strategy support the PRS policy and other supportive policies?

Pillar #3: Implementation Management

This pillar is about the management of the implementation of the PRS Strategy, including strong project management processes in place and monitoring and assessment of results. The objective is to manage time, costs and scope of the strategy to deliver activities, produce the necessary outputs that will lead to expected results. Please see the attached Theory of Change (**Appendix A**).

For all questions, rank the extent/degree to which things are done or are in place from **0, 25, 50, 75, 100**, and then comment. There is also the option that the question is not appliable to you (**N/A**) or you have no knowledge (**Don't Know**).

14. **Implementation Plan PRS**: To what extent is there an existing Implementation Plan that details how the PRS will meet its strategic goals and objectives, when, by whom and with what budget?

15. **Implementation Plan – Supportive Policies**: To what extent is there an existing Implementation Plan that outlines how supportive policies (e.g., Abusive Conduct, Retaliation, etc.) will meet their objectives, when, by whom and with what budget?

16. **Humanitarian/Emergency**: To what extent does WHO implementation plans for emergency/humanitarian operations integrate and apply PRS policies, procedures, and practices?

17. **Delivery**: To what extent have the following key PRS actions, as outlined in the PRS Strategy and annual implementation plans, been delivered?

a) strengthen the transparency and accountability of the Organization and its leadership	

b) prioritize high risk situations, emergencies, and community facing programmes and implementing partners	
c) engage governments and community-based organizations	
d) collaborate closely with the UN and humanitarian system	
e) embed VSCA throughout the safeguarding cycle	
f) institutionalize safeguarding in policies, procedures and practices	
g) fully implement end to end incident management system	
h) ensure monitoring, evaluation, learning and sharing of experiences	
i) Ignite and sustain culture change	
j) Build up PRSEAH capacity and expertise	

18. **Achievement of results**: To what extent is the PRS Strategy implementation on track to achieve the following intended results?

a) WHO consistently takes a victim and survivor-centred approach across the safeguarding cycle	
b) WHO policies, procedures and practices support and promote safeguarding against sexual misconduct	
c) WHO is able and accountable for safeguarding programmes and partnerships from sexual misconduct	
d) WHO's workforce demonstrate a culture of ethical, gender-equal behaviour that protects everyone's right to a safe and equal workplace and prevents sexual misconduct	

19. **Best practices**: To what extent has the PRS integrated best practices to address identified challenges and mitigations and any gaps in policies and plans?

20. **Communications:** How well does WHO communicate: expectations (e.g. zero tolerance), written policies, recourse mechanism, safety/non-retaliatory nature of such mechanisms?

21. **Monitoring and evaluation**: To what extent is there a monitoring and evaluation framework for the PRS Strategy and is data collected and reported for decision-making?

Pillar #4: Resources and Sustainability

In this context, sustainability refers to the sustainability of results. It is assumed that at some point the PRS Departments' mandate will have been completed and all related activities mainstreamed into respective DGO Units. At that time, will the results achieved be sustained into the future?

For all questions, rank the extent/degree to which things are done or are in place from **0, 25, 50, 75, 100**, and then comment. There is also the option that the question is not appliable to you (**N/A**) or you have no knowledge (**Don't Know**).

22. **Sustainability**: To what extent are the activities developed, led and delivered by PRS sustainable? Please comment on the following:

a) If the PRS department were to disband, would the policies continue to be implemented, processes and procedures followed?	
b) Would the expected results of the PRS Strategy be realized and sustained?	
c) What must occur to ensure institutionalization and sustainability?	

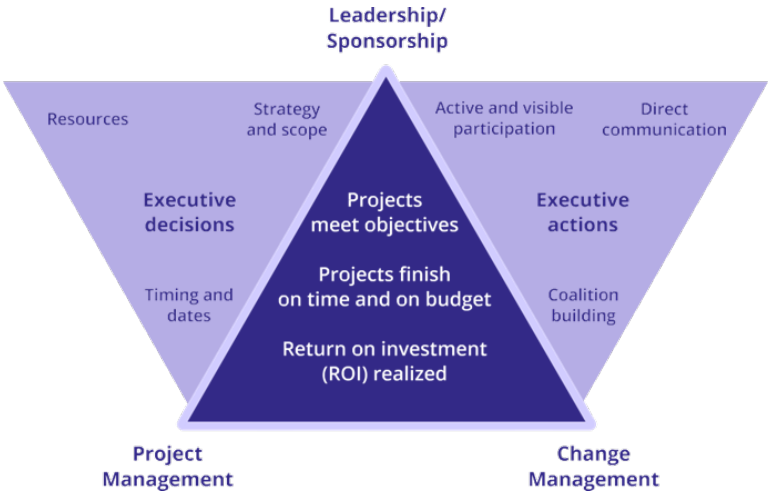
23. **Financial**: To what extent is there a consistent level of resourcing to maintain existing infrastructure and activities for PRS Strategy implementation?

24. **People**: The PRS includes the PRS Department, PRS Focal Points, and Field Coordinators. To what extent does the PRS have sufficient staffing and the requisite knowledge, skills, and abilities?

25. **Technology**: Technology refers to any non-existing corporate software, hardware or web presence that is required to achieve the results of the PRS Strategy. To what extent are there adequate technology resources for achieving the expected results of the PRS Strategy?

Pillar #5: Change Management

For this particular pillar of the stocktaking, we will be looking first at change readiness as it relates directly to the specific PRS initiative, as then secondly WHO organizational culture as it relates to PRS broadly speaking.



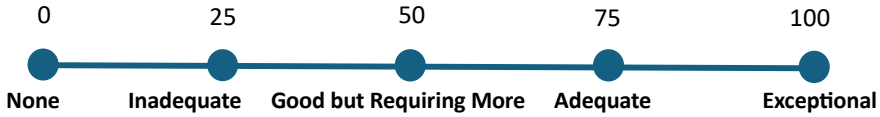
The **PROSCI® PCT™ Model** (see figure above) will be the change assessment tool that will be applied. The three factor assessments are:

1) **Leadership/Sponsorship:** This factor assesses the extent that WHO executives and senior managers lead and sponsor change initiatives.

2) **Project Management:** This factor assesses the extent that WHO project management processes and tools applied to a program help develop and implement a change.
3) **Change Management:** This factor assesses the extent that the application of a structured process and set of tools for leading both the individual and organizational sides of a WHO change initiative to achieve the desired outcome.

The following ranking framework will be used to assess each change factor.

Ranking



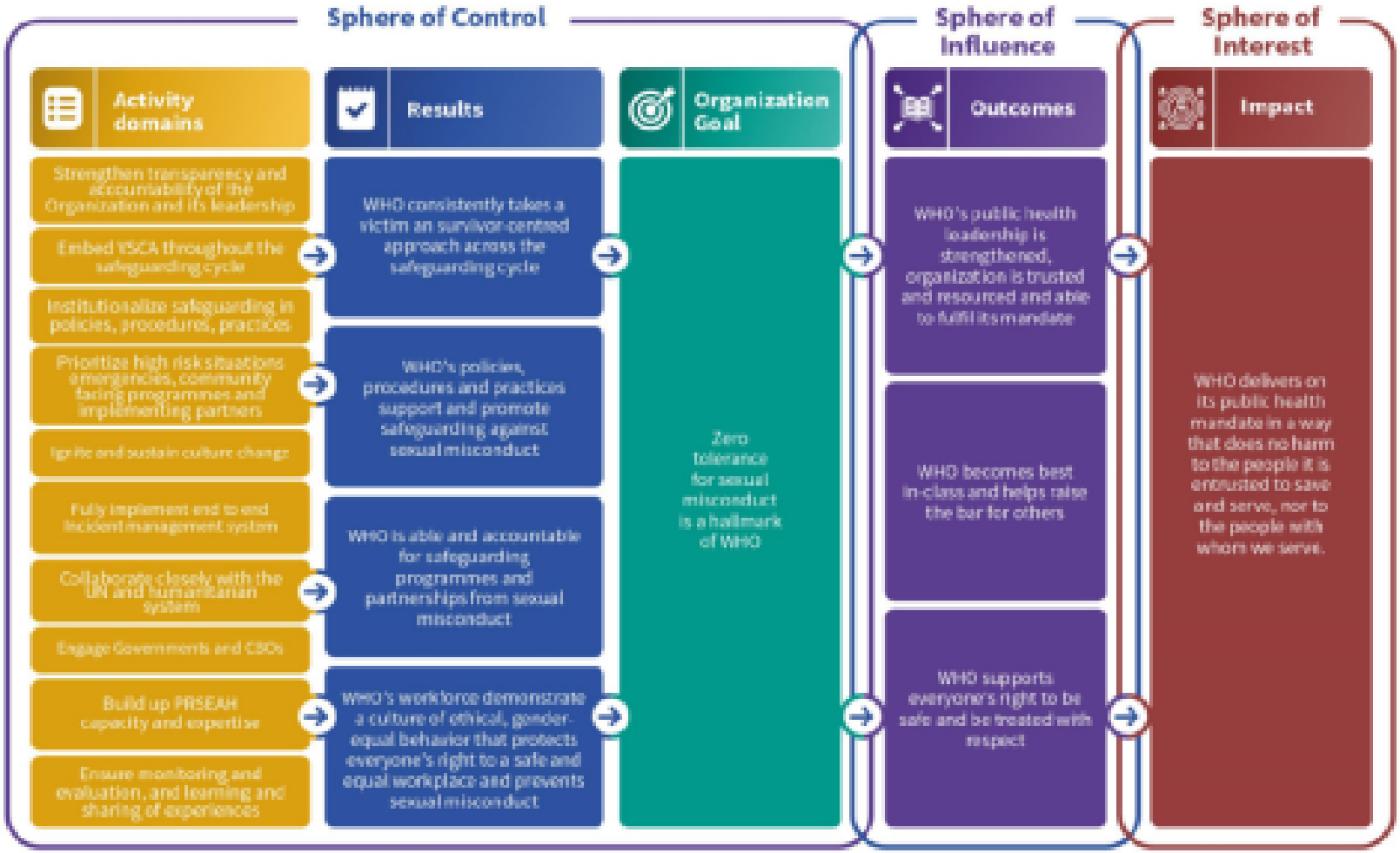
Leadership/Sponsorship Factor Assessment	PRS Initiative	Organizational Culture Change Related to PRS
1. The change has a primary sponsor.		
2. The primary sponsor has the necessary authority over the people, processes and systems to authorize and fund the change.		
3. The primary sponsor is willing and able to build a sponsorship coalition for the change and is able to manage resistance from other managers and supervisors.		
4. The primary sponsor actively and visibly participates with the project team throughout the entire project.		
5. The primary sponsor resolves issues and make decisions relating to the project schedule, scope and resources.		
6. The primary sponsor builds awareness of the need for the change (why the change is happening) directly with employees.		
7. The organization has a clearly defined vision and strategy.		
8. This change is aligned with the strategy and vision for the organization.		
9. Priorities have been set and communicated regarding this change and other competing initiatives.		
10. The primary sponsor visibly reinforces the change and celebrates successes with the team and the organization.		
Score:		

Project Management Factor Assessment	PRS Specific	Organizational Culture Change Related to PRS
1. The change is clearly defined including what the change will look like and who is impacted by the change.		
2. The project has a clearly defined scope.		
3. The project has specific objectives that define success.		
4. Project milestones have been identified and a project schedule has been created.		
5. A project manager has been assigned to manage the project resources and tasks.		

Project Management Factor Assessment	PRS Specific	Organizational Culture Change Related to PRS
6. A work breakdown structure has been completed and deliverables have been identified.		
7. Resources for the project team have been identified and acquired based on the work breakdown structure.		
8. Periodic meetings are scheduled with the project team to track progress and resolve issues.		
9. The primary sponsor is readily available to work on issues that impact dates, scope or resources.		
10. The project plan has been integrated with the change management plan.		
Score		

Change Management Factor Assessment	PRS Specific	Organizational Culture Change Related to PRS
1. A structured change management approach is being applied to the project.		
2. An assessment of the change and its impact on the organization has been completed.		
3. An assessment of the organization's readiness for change has been completed.		
4. Anticipated areas of resistance have been identified and special tactics have been developed.		
5. A change management strategy including the necessary sponsorship model and change management team model has been created.		
6. Change management team members have been identified and trained.		
7. An assessment of the strength of the sponsorship coalition has been conducted.		
8. Change management plans including communications, sponsorship, coaching, training and resistance management plans have been created.		
9. Feedback processes have been established to gather information from employees to determine how effectively the change is being adapted		
10. Resistance to change is managed effectively and change successes are celebrated, both in private and in public.		
Score		

Annex A: PRS Theory of Change



Annex D: List of Documents

Ref	Document Name	Date
A.	**PRS Documents and WHO documents**	
A.1	Quarterly Member States Briefing PRSEAH (Q3, 2024)	Oct 2024
A.2	Quarterly Member States Briefing PRSEAH (Q2, 2024)	June 2024
A.3	Quarterly Member States Briefing PRSEAH (Q1, 2024)	March 2024
A.4	Quarterly Member States Briefing PRSEAH (Q3, 2023)	Oct 2023
A.5	Management Response to Report of the Independent Commission	Oct 2021
A.6	Implementation Plan of the WHO Management Response, Version 8	Jan 2023
A.7	Report on Management Response, 2021-2022	2023
A.8	Preventing and responding to sexual misconduct, WHO's three-year strategy, 2023-2025	2023
A.9	Strategy framework (Theory of Change)	2023
A.10	Accountability framework	2023
A.11	Monitoring and evaluation framework, Year 1 Implementation plan	2024
A.12	Prevention and response to sexual misconduct: WHO stakeholder review conference 2023	Sept 2024
A.13	Inclusion of Sexual Misconduct Prevention in WHO ePMDS	ND
A.14	WHO Action Plan to PRSEAH (UN template)	ND
A.15	Details on Initiatives	ND
A.16	Summary overview of WHO inter-agency work 2021-2023	ND
A.17	Contract with IOM, IASC Community-based Complaints Mechanism	2023
A.18	Victim and Survivor Support Officer, Job Description	2023
A.19	WHO's Survivor Assistance Fund, Terms of Reference	ND
A.20	WHO Learning Pathways on Preventing and Responding to Sexual Misconduct	ND
	11th WHO Global Management Meeting, PRSEAH Session	ND
A.21	REPORT OF THE WORKSHOP ON PSEAH LEADERSHIP AND MANAGEMENT TOWARDS EFFECTIVE EMERGENCY RESPONSE TO EARTHQUAKE IN TURKIYE AND SECURITY CRISIS IN NORTHWEST OF SYRIA.	Nov 2023
A.22	Thought Exchange Session 2	2023
A.23	Thought Exchange Session 3	2023
A.24	Guidance Note to UN Entity Field Operations on Sharing Incident Information on Sexual Exploitation and Abuse with the Senior Most UN Official in-Countr	
A.25	Email to UN Senior Officials from PRS	May 2023
A.26	PRSEAH in Agreements with WHO's Implementing Partners	ND
A.27	Information Note: 07/2023 - Finalizing the 2022 and conducting the 2023 ePMDS (with attachment)	Feb 2023
A.28	Contract, Funding of positions of inter-agency PSEA coordiantors in Nigeria and CAR	Dec 2022
A.29	PSEA Coordinator Report, CAR, Nov 2023	Nov 2023
A.30	PSEA Coordinator Report, UNFPA, Q3, 2023	
A.31	PSEA Coordinator Report, UNFPA, Q2, 2023	
A.32	Capacity Building Session on PSEA Capacity Assessment Module in UN Partner Portal	
A.33	Call for Proposals, CSO Dialogue PRSEAH	

Ref	Document Name	Date
A.34	Consultation on PRSEAH	Oct 2023
A.35	Briefing Note on Government engagement for the prevention and response to Sexual misconduct by our workforces.	ND
A.36	DRAFT Capacity Assessment framework for safeguarding from sexual misconduct for Government entities	
A.37	PRS List of Documents and available training	
A.38	SEAH Risk Assessment Tool	
A.39	Financial and Compliance Audit, year ending 2023	
A.40	WHO 2nd Annual Stakeholder Review Conference for the Prevention and Response to Sexual Misconduct, Dec 2024 (see videos)	Dec 2024
A.41	Video: Passcode: @y?kxa33 https://who.zoom.us/rec/share/9wsmjhU1Qf3YW50pL2T9aYB3DuxN3VGPq7qcbRw1q2yBt38Ebqf_dZ-2hdw0YTpG.53zY5SnaZCPbZKLM	Dec 2024
A.42	Video: Passcode: ?9Cvg%R$ https://who.zoom.us/rec/share/xuan7FZZMhYHjJODAyJhWnnLiKKD7rKNWFKXEiby1JtQjLbTqKux543UOArwI7T.7kFSTbwaLFoAtOyW	Dec 2024
A.43	Let's Talk Survey, What you said	Sept 2021
A.48	Implementation Plan Year 2 (2024)	
A.49	Video – Quarterly Member State Briefing PRSEAH July 2023	July 2023
A.50	PRS Budget (Excel file)	Jan 2025
A.51	PRS Budget (Excel file)	Jan 2025
A.52	Implementation Plan Year 3 (2025)	Feb 2025
A.53	WHO SEAH Risk Mapping per Country Office	2024
A.54	Internal Control Framework (PRS)	2024
A.55	List of trainings	2025
A.56	PRS Risk Register	2024
A.57	Risk Assessment Tool for SM	2024
A.58	Risk Management Tool - screenshot	2025
A.59	Recommendations for Enhancing the Incident Management System for Victims and Survivors of Sexual Misconduct – PRS Department	Feb 2025
A.60	PRS Technical Officer Report	Oct 2023
A.61	WHO Risk Treatment and Response Plan – PR07: sexual misconduct not prevented or addressed	ND
A.62	PRS WHO Workforce Engagement data	May 2025
A.63	Podcast and OpenWHO PRSEAH Channel data	May 2025
A.64	PRS valuation of OpenWHO Online course	ND
B.	**Governing Body Documents**	
B.1	Report of the IEOAC to the PBAC	Jan 2022
B.2	Report of the IEOAC to the PBAC	May 2022
B.3	Report of the IEOAC to the PBAC	Jan 2023
B.4	Report of the IEOAC to the PBAC	May 2023
B.5	Report of the IEOAC to the PBAC	Jan 2024
B.6	Report of the IEOAC to the PBAC	May 2024
B.7	IOAC Report to EB (EB146/16)	Dec 2019
B.8	IOAC Statement to EB148	Jan 2021
B.9	IOAC Report to WHA74 (A74/16)	May 2021
B.10	IOAC Report, PRSEAH, to EB (EB150/34)	Jan 2022
B.11	IOAC Report to WHA75 (A75/16)	May 2022
B.12	IOAC Report to WHA76 (A76/8)	May 2023

Ref	Document Name	Date
B.13	IOAC Report to WHA77 (A77/7)	May 2024
B.14	Report of Internal Auditor to WHA74 (A74/35)	May 2021
B.15	Report of Internal Auditor to WHA75 (A75/36)	May 2022
B.16	Report of Internal Auditor to WHA76 (A76/23)	May 2023
B.17	Report of Internal Auditor to WHA77 (A77/23)	May 2024
B.18	Report of PBAC of the Executive Board (EB150/5)	Jan 2022
B.19	Report by DG to EB, Prevention of sexual exploitation, abuse and harassment (EB152/31)	Dec 2022
B.20	Executive Board (EB145/2019/REC/1)	May 2019
B.21	Executive Board (EB147/2020/REC/1)	May/Nov 2020
B.22	Executive Board (Special Session) (EBSS/5/2020/REC/1	Oct 2020
B.23	Executive Board (EB148/2021/REC/1)	Jan 2021
B.24	Executive Board (EB149/2021/REC/1)	June 2021
B.25	Executive Board (EB150/2022/REC/1)	Jan 2022
B.26	Executive Board (EB151/2022/REC/1)	May 2022
B.27	Executive Board (EB152/2023/REC/1)	Jan 2023
B.28	Executive Board (EB153/2023/REC/1)	May 2023
B.29	Report by DG to WHA A74/36	May 2021
B.30	Report by DG to EB, Prevention of sexual exploitation, abuse and harassment (EB150/33)	Jan 2022
B.31	Report by DG to WHA, Prevention of sexual exploitation, abuse and harassment (A75/29)	April 2022
B.32	Report by DG, Prevention of sexual exploitation, abuse and harassment (EB152/31)	Dec 2022
B.33	Report by DG, Prevention of sexual exploitation, abuse and harassment (EB153/31)	Dec 2023
B.34	Report of IEOAC to PBAC December 2024	Dec 2024
B.35	Report of DG to EB, 156/28	January 2025
C. Assessments and Audits		
C.1	Audited Financial Statements for year ended December 31 2023 (WHO) (A77/20)	May 2024
C.2	Final Report of the Independent Commission on the review of sexual abuse and exploitation during the response to the 10th Ebola virus disease epidemic in DRC	2021
C.3	Review of the management of implementing partners in UN system organizations, Joint Inspection Unit (JIU/REP/2021/4)	2021
C.4	DG Report on JIU Report (EBPBAC38/6)	April 2023
C.5	MOPAN Assessment Report	2024
C.6	MOPAN Assessment Annexes	2024
C.7	Confidential Note, CEB Task Force on Addressing Sexual Harassment, 2022	ND
C.8	Independent Review of WHO Leadership Culture for Prevention of and Response to Sexual Exploitation, Abuse and Sexual Harassment, CALI	Feb 2023
C.9	Management Response Update, PwC Audit	Oct 2024
C.10	PWC Audit Report	Aug 2022
C.11	Evaluation of Mainstreaming Protection from Sexual Exploitation, Abuse and Harassment in WHO Health Emergency Operations	May 2025
C.12	Annual survey on facts and perception of UN personnel related to the prohibitions of sexual exploitation and abuse: 2022 findings for WHO	2022

Ref	Document Name	Date
C.13	Annual survey on facts and perception of UN personnel related to the prohibitions of sexual exploitation and abuse: 2023 findings for WHO	2023
C.14	Annual survey on facts and perception of UN personnel related to the prohibitions of sexual exploitation and abuse: 2024 findings for WHO	2024
C.15	Briefing for WHO Leadership, UN Annual Survey 2024	Dec 2024
C.16	Independent Evaluation of PSEAH in WHE Operations	May 2025
D. International Guidance and Norms		
D.1	MOPAN | Multilateral Organisation Performance Assessment Network	Website
D.2	Measuring Multilateral Performance on Preventing and Responding to SEA and SH, Note for practitioners, MOPAN	2021
D.3	Lessons in Multilateral Effectiveness: Progress on PSEAH? From Words to Deeds, Brief, MOPAN	2023
D.4	Measuring Multilateral Performance on Preventing and Responding to SEA and SH, Brief	2023
D.5	Statement by the Inter-Agency Standing Committee, Protection from Sexual Exploitation and Abuse and Sexual Harassment	July 2024
D.6	Joint UN-Government Framework for PSEA, Briefing Note	July 2024
D.7	OECD DAC Recommendation on Ending Sexual Exploitation, Abuse and Harassment in Development Cooperation and Humanitarian Assistance: Key Pillars of Prevention and Response	July 2019
D.8	Updated Guidance Note: Requirements and procedures for all United Nations entities on sharing of information on allegations of sexual exploitation and/or abuse related to United Nations staff and related personnel and implementing partner personnel with the most senior United Nations official in country.	
E. WHO Corporate Policies		
E.1	WHO Code of Ethics	
E.2	WHO Policy on Preventing and Addressing Sexual Misconduct	2017 Rev 2023
E.3	WHO Policy on Preventing and Addressing Abusive Conduct	June 2023
E.4	WHO Policy on Preventing and Addressing Retaliation	July 2023
E.5	Code of Conduct to prevent harassment, including sexual harassment, at WHO events	Aug 2021
E.6	Emergency Response Framework	2024
F. Others		
F.1	Annual Letter – WHO DG to UN SG	Jan 2024
F.2	Five years of Transformation: what worked and what didn't, Directions for future organizational change at WHO	Sept 2024
F.3	Action Plan – WHO Policy on Preventing and Addressing Abusive Conduct	Oct 2023
F.4	Concept Note: A behaviourally informed organizational culture change	March 2024
F.5	Roadmap: A behaviourally informed organizational culture change	ND
F.6	Roadmap: A behaviourally informed organizational culture change, Presentation	ND
F.7	WHO Organizational Culture Change Strategy,	Dec 2024
F.8	WHO Organizational Culture Change Strategy,	March 2025
F.9	Thirteenth General Programme of Work	
F.10	Fourteenth General Programme of Work	

Annex E: Online Survey

Introduction

Thank you for your participation in this survey. The World Health Organization (WHO) has commissioned an independent and comprehensive stocktaking exercise to assess WHO's institutionalization of the prevention of and response to sexual misconduct (PRS).

The stocktaking exercise, overseen by the Independent External Oversight Advisory Committee of the WHO Executive Board, is expected to assess the progress made by WHO against agreed milestones to date (including results, targets, and standards).

As part of this stocktaking exercise, this survey will be used to collect feedback from PRS focal points at regional and country levels. Because of your important role in this regard, you have been identified as a valuable resource to provide input to this process.

The survey includes questions contributing to the administration of the ProSci ADKAR Model, a tool used to measure changes in institutional culture and management (i.e., change management) at the individual level. These questions will address survey respondents' individual levels of Awareness, Desire, Knowledge, Ability, and Reinforcement for these changes within the context of the implementation of WHO's PRS Strategy. The survey also includes questions from a stocktaking assessment tool which address the tool's five key pillars: (1) Governance and Strategy, (2) Policy, (3) Implementation Management, (4) Resources and Sustainability, and (5) Change Management Assessment.

The survey will take approximately 15 minutes to complete.

Please be assured that your responses will be confidential. The information gathered from the survey will be reported at the aggregate level, and individual responses will not be attributed to you in any report.

For your responses to be included in the stocktaking exercise, please complete the survey by XXX. If you prefer, you can obtain an electronic copy of the survey in MS Word format by e-mail request to Stephanie Norlock at s.norlock@tdvglobal.com and email your response or fax the completed survey to 1-613-231-3970. If you are experiencing technical problems to access the survey or during the session, please contact us at s.norlock@tdvglobal.com or call 1-613-231-8555 ext. 264.

Questions

1. At what level do you serve as a WHO PRS Focal Point?
- National
- Regional
- I do not serve as a PRS Focal Point

Please specify your country or region: _____

Please specify your gender:

- Male
- Female
- Other
- Prefer not to say

Pillar #1: Governance and Strategy

The following questions are sourced from the stocktaking project's customized stocktaking assessment tool.

2. **Leadership**: Is there an "advocate" in WHO that is leading, engaging, and promoting the benefits of PRS across the organization (and at three levels), with implementing partners and Member States?

   - Don't Know
   - 0 = None
   - 25 = Informal Role
   - 50 = Defined role and person/unit exists with vision
   - 75 = Actively driving change across organization with tangible outcomes
   - 100 = Actively driving change across organization, implementing partners and influencing Member States with tangible outcomes

3. **Coordinated Response:** The achievement of the PRS Vision (procedures but also change management) requires multiple WHO departments working towards the same results (e.g., IOS, HR, Finance, DGO). How well have interdepartmental coordination/cooperation mechanisms been put in place to facilitate decision-making for PRS implementation?

   - Don't Know
   - 0 = None
   - 25 = Ad hoc coordination and cooperation at WHO HQ
   - 50 = Informal but regional interdepartmental committee/meeting organized, and maintained
   - 75 = Formal ToR, appropriate representation, regular meetings, decisions tracked at WHO HQ
   - 100 = Formal ToR, appropriate representation, regular meetings, decisions tracked at WHO HQ and includes regional offices

4. **Humanitarian/Emergency**: Is there a separately defined approach/strategy for humanitarian/emergency contexts and situations at WHO that addresses the unique challenges of such situations?
   - 0 = None.
   - 25 = Ad hoc
   - 50 = Some written direction but incomplete
   - 75 - Mostly complete, strategy and approach exist but need either updating or revisions
   - 100 = Completely, strategy and approach fully developed

5. **Division of Labour:** The structural and division-of-labour efficiencies between departments and offices that impact the prevention of and response to sexual misconduct are clearly defined and implemented?

   - Don't Know
   - 0 = None
   - 25 = Informal arrangement
   - 50 = New institutional roles and responsibilities across all levels of organization being formulated
   - 75 = A clear set of mandates, legal arrangements/policies, principles and guidelines agreed by all institutional stakeholders
   - 100 = A clear set of mandates, legal arrangements/policies, principles and guidelines agreed and fully implemented by stakeholders

6. **Audit and Compliance:** Has an audit function been assigned to any organizational unit to ensure compliance with the new policy (ies), procedures for across the organization (all levels)? Please provide any comments as related to the above:

   - 0 = None.
   - 25 = Policy ownership is identified but no auditing
   - 50 = Audit function has been assigned but no audits yet completed.
   - 75 = Audit function assigned, plans and resources in place, auditing commenced in limited fashion.
   - 100 = Comprehensive auditing function in place and functioning.

Please provide any comments as related to the above:

Pillar #2: Policy

The following questions are sourced from the stocktaking project's customized stocktaking assessment tool.

7. **Policy:** Is there a Policy on the Prevention of and Response to Sexual Misconduct that is complete and up to date?

   - Don't Know
   - 0 = None
   - 25 = No standalone policy but referred to in other corporate policies
   - 50 = Policy is draft/policy is in place but incomplete and in need of revision
   - 75 = Policy is mostly complete, up to date but lacking a few elements
   - 100 = Policy is complete and up to date

8. **Supportive Policies**: Are there other policies that support the PRS policy (such as HR policies, Code of Conduct, Retaliation, Abusive Behaviour) that are complete and up to date?
   - Don't know
   - 0 = None.

- 25 = Some supportive policies but not all and not up to date
- 50 = Some supportive policies but not all - some up to date and some being drafted
- 75 = Most supportive policies are up to date but still some gaps
- 100 = All policies are in place and up to date

9. **Accountability Frameworks:** Accountabilities for all positions in the organization have to be clarified so roles and responsibilities are clear on the implementation of any policy. Does the Policy on the Prevention of and Response to Sexual Misconduct have clear accountabilities?

- Don't Know
- 0 = None
- 25 = Ad hoc
- 50 = Some clarity but not complete
- 75 = Mostly complete
- 100 = Completely, accountabilities clarified for entire organization

Please provide any comments as related to the above:

Pillar #3: Implementation Management

The following questions are sourced from the stocktaking project's customized stocktaking assessment tool.

10. **Delivery:** What is the implementation status of key PRS actions as outlined in the strategy and annual implementation plans, including procedural and practice changes as well as on agreed milestones

	Don't Know	0 = Not Implemented	25 = Limited, in progress but very behind schedule	50 = In progress but delayed	75 = In progress and on track	100 = Completed successfully
a) Strengthen the transparency and accountability of the Organization and its leadership						
b) Prioritize high risk situations, emergencies, and community-facing programmes and implementing partners						

	Don't Know	0 = Not Implemented	25 = Limited, in progress but very behind schedule	50 = In progress but delayed	75 = In progress and on track	100 = Completed successfully
c) Engage governments and community-based organizations						
d) Collaborate closely with the UN and humanitarian system						
e) Embed VSCA throughout the safeguarding cycle						
f) Institutionalize safeguarding in policies, procedures, and practices						
g) Fully implement end-to-end incident management system						
h) Ensure monitoring, evaluation, learning, and sharing of experiences						
i) Ignite and sustain culture change						
j) Build up PRSEAH capacity and expertise						

11. **Communication**: How well does WHO communicate:

	Don't Know	0 = None	25 = A Little	50 = Some	75 = Significant Amount	100 = A lot, satisfying need
a) Expectations (Zero Tolerance)						
b) The written policies						
c) The recourse mechanisms						
d) The safety/non-retaliatory nature of such mechanisms						

Please provide any comments as related to the above:

Pillar #4: Resources and Sustainability

The following questions are sourced from the stocktaking project's customized stocktaking tool.

12. **Sustainability: Are** the activities developed, led, and delivered by PRS sustainable?

    - Don't know
    - 0 = Not sustainable
    - 25 = Very little will be sustained, mostly reverting back
    - 50 = Some things will be sustained, but not everything
    - 75 = Most things will be sustained, but there will continue to be gaps and issues with culture
    - 100 = Everything will be sustained, including changes in organizational culture

13. What must occur to ensure PRS Strategy institutionalization and sustainability?

14. **People:** The PRS includes the PRS Department, PRS Focal Points, and Field Coordinators. Is there sufficient staffing of PRS and with the requisite knowledge, skills, and abilities?

    - Don't Know
    - 0 = No staff
    - 25 = Limited Staffing
    - 50 = Some staffing but many gaps
    - 75 = Mostly staffed but a few gaps
    - 100 = Very well staffed

Please provide any comments as related to the above:

15. **Technology:** Technology refers to any non-existing corporate software, hardware or web presence that is required to achieve the results of the Strategy. Are there adequate technology resources for achieving the results of the Strategy?
16.
    - 0 = none, no needs assessment
    - 25 = some needs identified but no investment
    - 50 = needs and solutions identified but no investment
    - 75 = needs and solutions identified and some investment, in progress
    - 100 = solutions have been fully implemented

Pillar #5: Change Management (ADKAR)

The following questions are sourced from the ProSci ADKAR assessment, and seek to measure the level of awareness, desire, knowledge, ability, and reinforcement that WHO PRS focal points such as yourself perceive in relation to WHO PRS strategy implementation and related cultural change.

Awareness: '*What is the nature of WHO PRS' organizational culture change? Why is the change needed? What is the risk of not changing?'*

17. Describe your awareness of the need to change

18. List the motivating factors or consequences related to this change that impact your desire to change (compelling reasons, and objections)

19. Rank on the following scale the degree you are aware of and understand the reasons for this change:

- 0 = No awareness
- 25 = A little awareness
- 50 = Some awareness, but not all reasons
- 75 = Mostly aware, understand most reasons but have questions
- 100 = Completely aware of all reasons for change, and risks of not changing

Desire: *'What's in it for me? As a personal choice, what is my desire to engage and participate in WHO PRS' organizational change?'*

20. Understanding your reasons to change and any objections, rank your desire to change.

- 0 = No desire to change
- 25 = A little desire to change
- 50 = Some desire to change
- 75 = A lot of desire to change
- 100 = Complete desire to change

21. List the skills and knowledge you need to support this change, both during and after the transition.

Knowledge: *'Understanding how to change, training on new processes and tools, learning new skills (e.g., I know how to contribute to WHO PRS' organizational change…)*

22. Do you have a clear understanding of the required skills and knowledge necessary for change?

- 0 = No understanding
- 25 = A little understanding
- 50 = Some understanding
- 75 = Mostly understand
- 100 = Completely understand

23. Have you received training or education in these areas?

- 0 = None
- 25 = Very little training or information
- 50 = Some training and information
- 75 = A lot of training and information but still require some more
- 100 = Have all the information and training I need

Ability: *'Demonstrated capability to implement the change (i.e., WHO PRS organizational change), achievement of the desired change in behaviour (i.e., I am able to…)'*

24. To what extent do you have the ability to implement the new skills, knowledge, and behaviours associated with this change?

- 0 = No ability
- 25 = A little ability
- 50 = Some ability
- 75 = A lot of ability
- 100 = Total ability

25. Considering the skills and knowledge required, what challenges do you see in implementing this change? What are the barriers?

Reinforcement: '*Actions that increase the likelihood that a change (i.e., WHO PRS' organizational change) will be continued, recognition and rewards that sustain the change (i.e., I will continue to…)'*

26. To what degree are you receiving reinforcement for demonstrating the change

- 0 = No reinforcement
- 25 = A little reinforcement
- 50 = Some reinforcement

- 75 = A lot of reinforcement, but still require some more
- 100 = All the reinforcement that I need

27. What are the reinforcements that will help you to retain that change?

Thank you!