

# Behaviour Guidelines in MSF-OCBA Missions 05 / 2007

**BEHAVIOUR GUIDELINES IN MSF-OCBA MISSIONS**

## INTRODUCTION

There's been a great deal written and even more said about behaviour/conduct in MSF, and the issue has also been addressed in various different ways by other NGOs and international organisations/agencies such as the UN. MSF has decided to address this controversial and sensitive matter in order to provide teams and individual staff members with clear guidance on the issues at stake, as the way they are handled can influence our interventions. No magic formula exists for controlling individual behaviour, and we are not trying to find one. There are different tools (the MSF charter, the Chantilly principles, codes of conduct, the international staff guide, reports etc.) that should discourage inappropriate<sup>1</sup> behaviour in the field, but it still happens, and probably always will. MSF often works in highly stressful contexts (strict security rules, isolation, long working hours, different cultural contexts, etc.), which can result in changes to normal behavioural patterns, with individuals lowering their usual standards or losing sight of benchmarks relating to acceptable behaviour. This can have very negative consequences on the missions, MSF's work and the individuals themselves. The success of MSF as an organisation has been built on the dedication and effectiveness of the people working in it. The opposite is also true: the behaviour of MSF personnel can have a direct impact on operations, security, teams and any individuals working or not with MSF. **MSF does not profess moral authority, passing judgement on individuals' behaviour, but it nonetheless cannot ignore the impact of certain behaviour on its very reason for existing.**

MSF-OCBA does not intend to establish strict behavioural dos and don'ts. It considers that raising awareness, and above all installing individual responsibility, constitutes a more effective approach, even if it takes more time. To progress, people have to understand what is at stake themselves, and strict rules, prohibition or "zero tolerance" regarding behavioural issues will not encourage this process (sometimes even the contrary). Nevertheless, these issues have to be tackled, requiring at least the provision of a reference framework, to be transmitted to the field and used by the management line when questions and problems arise.

**These guidelines are addressed to international<sup>2</sup> and national<sup>3</sup> MSF-OCBA staff working in the field.**

They describe a reference framework clarifying MSF's concerns regarding personnel behaviour and **should become a tool to help prevent, identify and manage behaviour proving incompatible with MSF's principles and purpose.**

More specifically, you will find a description of the behaviour considered by MSF-OCBA to be inappropriate, how it can impact on a mission, how to analyse it and some tools to help with its prevention and identification. You will also find a presentation of the Behaviour Committee, which, acting as a parallel channel to the management line, advise on cases of inappropriate behaviour.

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<sup>1</sup> In these guidelines, "inappropriate behaviour" means conduct contradicting MSF's principles and purpose due to the negative impact it has on other people and/or MSF's capacity to intervene. See below.

<sup>2</sup> International staff means all employees working in the field and holding an MSF contract (with any section), and who were hired outside the country they are working in, i.e. expatriates, visitors from headquarters and regional staff.

<sup>3</sup> National staff means all employees working in the field with an MSF contract (with any section) hired in the country they are working in.

## 1. Genesis

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There have been many problems in the field due to “inappropriate” behaviour and abuse of power (and such problems have been occurring for years). A few were made public. The first and biggest media scandal concerned the West African affair of 2002, (sexual exploitation/abuse of IDP’s by NGO’s and IO staff). All MSF sections have addressed this issue since, aiming to prevent and identify problematic behaviour which can lead to abuse of power and/or sexual exploitation in the field (towards beneficiaries but also amongst MSF teams). The operational centers have created different tools including: the carnet de route (“Volunteer’s handbook”), the international staff guide, codes of conduct, advisory groups, debate in FAD, etc.

At international level, various reports have been produced on the abuse of power (2005) and a Memorandum of Self-Evaluation of MSF also covered this issue.

The IC<sup>4</sup> and GDs<sup>5</sup> have made different resolutions that have accelerated the introduction of tools for managing these situations.

-The IC in Amsterdam, June 2002, made a resolution on sexual abuse:

*“The IC asks that each section develop clear policies which define the means by which such abuses of power can be: prevented, identified, penalised. We understand that the consequences of the inequalities between the deliverers of humanitarian aid and recipients are an everpresent danger. We insist that the movement develops strategies to maintain continued monitoring of the effectiveness of the policies developed”.*<sup>6</sup>

-The GD18 in Barcelona, November 2004:

*“The GD18 has asked the 5 operational centres to report on the policies they have put in place to prevent, identify and penalise abuses of power, as well as grey zones which still need to be looked into, such as the follow up of victims: do we provide them medical care and is there a need to go further?”*

-The GD19 in Montréal, June 2005:

*“The Executive is committed to ensuring that proper mechanisms are in place and that the staff is briefed on these mechanisms to report abuse of power. The 5 operational centres will report on additional steps taken at the next GD19 in November. A discussion paper will be drafted on the general standards of MSF regarding behaviour”.*

-The IC in London, November 2005: resolution on behaviour & abuse of power:

- A- *All staff working within MSF are personally responsible for their conduct and MSF will hold them accountable for any actions contrary to the MSF Charter and principles, in particular abuse of power.*
- B- *The systems of complaints for issues relating to any actions contrary to the MSF Charter and principles, in particular abuse of power, must be described and widely publicised throughout the movement.*
- C- *The use of this system must be reported on an annual basis at the IC.*
- D- *The IC requests the GD19 to follow up on this dossier and to report back to the November 2006 IC meeting.*

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<sup>4</sup> International Council (presidents of all sections)

<sup>5</sup> General Directors

<sup>6</sup> Excerpt from the minutes

In MSF-OCBA, different tools exist for raising awareness on behaviour issues, such as the international staff guide which includes a section on behaviour in the field. In 2006 the Associative Board requested that a working group be set up for discussing behavioural matters and proposing adequate measures and procedures to deal with them in line with the different resolutions. Having framed what MSF OCBA understands by abuse of power and inappropriate behaviour and proposed mechanisms to address relevant cases, both are hereby presented in these guidelines, the working group became a permanent body named Behaviour Committee.

## 2. What does MSF-OCBA consider (in)appropriate behaviour?

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**MSF's purpose is to contribute to the protection of life and the alleviation of suffering out of respect for human.** It bases its action on principles and values such as humanity, impartiality and non-discrimination, neutrality, independence, personal commitment and professionalism, as enshrined in medical ethics, human rights and humanitarian law, and set out in the MSF Charter. These principles and values need to be defended by the organisation and its members during their contribution to MSF's response.

Hence "appropriate behaviour" for MSF means behaving coherently with MSF's purpose and principles, over and above any individual's moral judgements, beliefs and creeds, as it is MSF personnel that give life to MSF's purpose and principles. As a result, **MSF as an organisation is deeply concerned by individual behaviour and acts that affect, directly or indirectly, other human beings, albeit one person or a group of people, in contradiction with its very purpose & principles.**

But the issue is too complex, given the diversity of situations and people involved, to allow the definition of a simple list of "appropriate behaviour" to be applied in all circumstances. Instead of such a normative approach, MSF-OCBA will systematically **assess whether and to what extent some individual's behaviour or act proves "inappropriate" according to the impact it really has, and not solely the behaviour or act in itself.**

Hence before taking any decision regarding someone's attitude or behaviour, and so as to avoid moral judgements and preconceptions, it is important to look at the impact the behaviour in question has had, directly or indirectly, on other human beings, and to what extent it can be considered as "inappropriate" when carried out by MSF personnel. With this in mind, we can look at individual **behaviour that affect individual(s) – member(s) or not of MSF - and/or the population MSF is striving to assist.**

The direct and indirect impact upon individual(s) can be contemplated from four angles: individual behaviour can impact on another person's **well-being**, affecting him/her directly, physically or psychologically, generating suffering and constituting a lack of respect for the person's dignity; it can also be in breach of **legal** provisions aiming to protect the dignity of the person because he/she belongs to a vulnerable group (e.g. minors, women, patients, employees); it can have consequences on someone's **security**, being exposed to unnecessary risk as a result of someone else's behaviour(s) or act(s); and finally it can impact the MSF **team** as whole, causing conflicts and difficulties affecting each individual as well as the team's overall functional capacity.

The direct and indirect impact on the beneficiary population can, in turn, be contemplated from four angles: individual behaviour can have a negative impact on a population's **perception** of MSF's intentions and actions, generating distrust or rejection of the care provided as a result; it can impact on the **program** itself, with someone's behaviour or act(s) affecting its capacity to provide the necessary care and response required by the population; it can generate **legal** difficulties for the organisation which impact on its response capacity; and finally it can affect team **security**, with someone's behaviour or act(s) impeding the team's capacity to continue providing the population with the care it needs.

Given that all these elements are interdependent and the difficulties in measuring the impact of someone's behaviour on some of the points listed above, **any circumstances should be systematically evaluated against these six points (well-being, legal, security, team, program & perception), thereby providing the necessary elements to decide whether or not someone has behaved "inappropriately" because of the impact of his/her acts, and the severity of this impact.**

In summary, the six points used to evaluate the impact and seriousness of MSF personnel's behaviour are:

- **well-being**, i.e. to what extent certain behaviour has shown disrespect for someone's dignity, and whether the person felt affected as a result. The impact can be either physical or psychological, and concerns first and foremost the subjective experience of the person affected
- **legal**, i.e. to what extent certain behaviour has breached legal norms, locally and/or internationally, that either protect other human beings (international conventions recognised as being universal and non-derogatory, such as the Convention on the Child, the Geneva Conventions, or the International Labour Organisation norms) or threaten the organisation's presence and/or response capacity
- **security**, i.e. to what extent certain behaviour has constituted or generated an unnecessary risk for people's safety and/or has provoked an incident, and/or has had consequences on MSF's capacity to maintain its response to the beneficiary population
- **team**, i.e. to what extent certain behaviour has constituted or generated unnecessary problems or conflict with a team that prove(s) detrimental to its normal functioning and/or capacity to respond to the population's needs & suffering
- **programs**, i.e. to what extent certain behaviour has damaged the quality or capacity of MSF's response to the population, be it through the use of assets, the disruption of normal functioning or the professional standards applied
- **perception** of MSF, i.e. to what extent certain behaviour has damaged the perception of MSF held by the local populations and/or actors, and as a result, how it has jeopardised MSF's capacity to respond to that population's needs & suffering and/or the confidence of the population regarding MSF's intentions and actions

Any behaviour that seems to have constituted a serious breach of the organisation's principles and purposes, and hence have had a direct or indirect effect on individual(s) and/or the beneficiary population, should measure up (to varying degrees) against all these six points. As each context and situation is unique, the specific impact of common behaviour will vary, and therefore needs to be analysed each time in order to define whether it was indeed "inappropriate", and how "severe" the impact proved to be, from these different perspectives reflecting MSF's purpose and principles.

### 3. Procedures and tools

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#### 3.1 Management line

Early identification of and communication on behaviour considered as inappropriate by MSF OCBA are key elements in our efforts to avoid and prevent problems.

Here are some recommendations to be implemented in all missions:

- *At coordination level:*
  - Provide thorough briefings to both international and national staff on the impact behavioural issues can have in the mission

- Familiarise international staff with the local laws and customs of the country
- Inform international and national staff about existing tools in case they want to report inappropriate behaviour
- Encourage the staff to contact the coordination team when there are problems with inappropriate behaviour
- Prepare workshops and debates on this issue.
- Identify situations which could give rise to inappropriate behaviour, especially power abuse, and monitor them
- Carry out regular evaluations of international and national staff, as they provide good opportunities for identifying/preventing inappropriate behaviour

Demonstrating awareness and understanding – and not sanctioning – is clearly the best way forward for helping MSF personnel to understand the importance of coherence between individual behaviour and MSF's purpose and principles and be more vigilant on this difficult and complex issue.

➤ *At individual level amongst international and national staff*

If there's a situation one's does not like or does not feel comfortable with the attitudes of other team members, **the best thing to do is to talk about it**. It is possible either to talk directly to the person involved, or to another team member to have a second point of view. It's important to clarify things and understand what's happening. For example, international staff can sometimes be confronted with new situations for which they have no previous experience or training - team management, for example, or having access to large amounts of money, or interacting with other cultures, etc. Inappropriate behaviour can arise from stress, or lack of experience, for example.

If the analysis of this person's behaviour (measuring the impact by using the tools provided in these guidelines) demonstrates that it really has had an impact on an individual, the project, the beneficiaries, etc., it should be reported to the management line, and it is their responsibility to address the issue.

Everyone knows that it is not always easy to report such situations in MSF. Nevertheless, it is important to address them as soon as they arise, thereby preventing things from deteriorating even further.

Responsibility for dealing with cases of inappropriate behaviour lies with the management line (*see diagram below*). As mentioned above, if someone considers that the management line is not functioning properly – through inefficiency or for whatever justified reason – there is the possibility of reporting the case to the Behaviour Committee, which will use its internal procedures to investigate (see below point 4 for details).

More specifically, one's can contact the following to report a case of inappropriate behaviour:

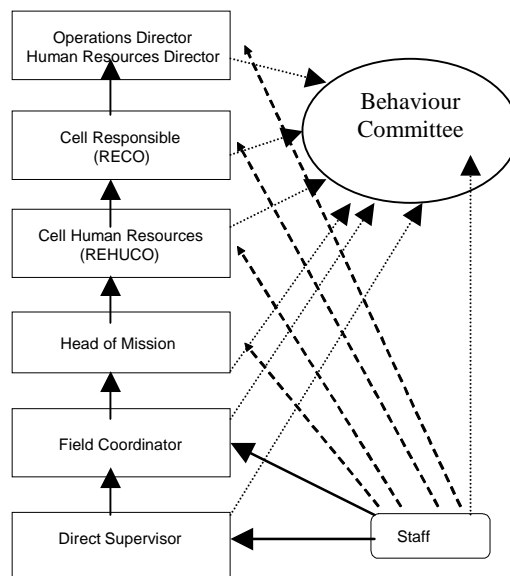
Report of case should be done to the immediate supervisor in the management line. But this doesn't mean that it is not possible to have direct contact with someone higher in the hierarchy, e.g. the head of mission. In summary, the logical hierarchical management line should be used. But if there is some justified reason why it is not possible, another person can be contacted even if he/she is not the direct supervisor of the person reporting the case. It is not because the case can't be reported to the direct supervisor that it should not report at all. On the contrary, the report should be carried to another person in the management line.

Again, in summary, the idea is to contact direct supervisors, but if it's impossible, or if the problem persists after having been reported, another contact with a person of higher status in the management line should be made.

For all staff, if for some reason (people involved, no adequate response, fear of measures, etc.) normal communication channels can't be used, the Behaviour Committee can always be contacted.

*To contact the Behaviour Committee see point 4.5 below.*

The flow chart below illustrates the various possibilities for reporting, with a plain black arrow representing the normal hierarchical management line, the broken black arrows indicating non-direct hierarchical lines and finally the broken light arrows showing the reporting flow towards the Behaviour Committee (different reporting possibilities exist according to the context and circumstances).



### 3.2 Behaviour Committee

The purpose of the Behaviour Committee is to nurture everyone's understanding and capacity to address inappropriate behaviour issues, fostering change rather than imposing it through norms and codes. MSF may interfere in the private lives of its personnel if behaviour is having a negative effect on MSF's purpose and principles. But any limits set on certain acts or behaviour should result from a strict evaluation of their possible contradiction with these purpose and principles, and not be based on individual ethics or cultural judgements.

-The Behaviour Committee was created to reinforce existing tools for handling behavioural issues. Independent from the management line, it aims to look into cases of inappropriate behaviour, make recommendations, monitor their implementation and report to the Associative Board.

The Behaviour Committee addresses its recommendations to the management lines, which then takes the final decision whether to implement them or not. The Behaviour Committee does not intend to substitute existing responsibilities, but rather serve as an

advisory body providing support for addressing such issues from their identification through to their resolution, with a monitoring role on how far its recommendations are being followed.

-One's will normally contact the Behaviour Committee to lodge a complaint about the behaviour of MSF personnel that is considered to be incompatible with MSF's purpose and principles and having a negative impact on the mission, affecting either an individual, the team and/or the population.

The Behaviour Committee can also be contacted to obtain further information about the procedures involved in behavioural cases.

Finally, any suggestions to improve/prevent inappropriate behaviour in the field are welcome. The Behaviour Committee is interested in any opinion and/or ideas on how to improve MSF's response in this domain.

As mentioned above, the Behaviour Committee acts as a parallel channel for reporting a case of inappropriate behaviour when the normal one is not functioning correctly or when someone does not feel comfortable tackling the issue with anyone in the management line.

What are the Behaviour Committee responsibilities?

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**\* Its main tasks are:**

- To define what MSF-OCBA considers to be (in)appropriate behaviour
- To define who is responsible for applying these guidelines according to contexts, levels and status of people (national staff, international staff, HQ field visitors)
- To advise on the management of cases concerning behavioural issues referred from the field according to established internal procedures
- To recommend actions to be taken
- To define an information and training strategy to raise awareness on this issue
- To provide advice to different departments concerning appropriate behaviour, working closely on this issue with the field human resources team
- To provide advice to any employee in the field if they cannot obtain it via normal communication channels
- To carry out research, to set standards for issues related to behaviour.

⇒ **It is not :**

- A tribunal that will pass judgement on whether behaviour is moral or not. Should some cases be condemnable under law, it will consider the appropriateness of pursuing legal action and make recommendations accordingly
  - A decision-making body that will substitute existing responsibility lines and/or impose its recommendations. Its role is first and foremost to advise coordination teams, cells and relevant departments, who maintain primary responsibility for addressing such issues and deciding how to proceed
  - An "internal affairs service" gathering information and building files on MSF personnel. It is not part of any department and accounts directly to the directors and the Associative Board. Confidentiality will be respected in so much as it does not cover up situations and impair the tackling of problematic issues. The committee does not initiate by itself a process but acts on request/solicitation.
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### How is the Behaviour Committee composed?

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It is composed of 6 HQ members, all with differing profiles so as to have varying perspectives when discussing the impact of behaviour on and its coherence with MSF's mission.

More specifically it is composed of the two directors of human resources (MSF-Spain & MSF-Greece), one person in charge of legal and administrative personnel issues, one person from the HR Psychosocial Care Unit, one Operational Cell medical referent and one person from the Humanitarian Affairs Unit. No member has a direct hierarchical link with the field.

The HRD<sup>7</sup> chairs the group. At the same time s/he is also a member of the Management Team in MSF-OCBA and therefore provides a link between the Behaviour Committee and the Associative Board for reporting cases.

It has been decided that the Associative Board should be informed about behaviour cases on an annual basis.

If a member is professionally or personally involved in any particular situation, he/she will not participate in the discussions and recommendations concerning this case in order to maintain objectivity on a permanent basis.

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### Confidentiality

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Confidentiality is a critical issue. It has to be managed correctly in order for people to trust in and report to the Behaviour Committee. Confidentiality as such is not an objective but a means of protection.

Recommendations to the field will involve different levels of information. Not everybody will be informed of everything, and the information will not be the same for everyone. The Behaviour Committee will choose in each case who should be informed and how.

Before the recommendations are communicated, the person who lodged the complaint will be informed about who the Behaviour Committee intends to involve in addressing the situation, so that s/he can ask for special protection if necessary (leaving the project/mission, for example).

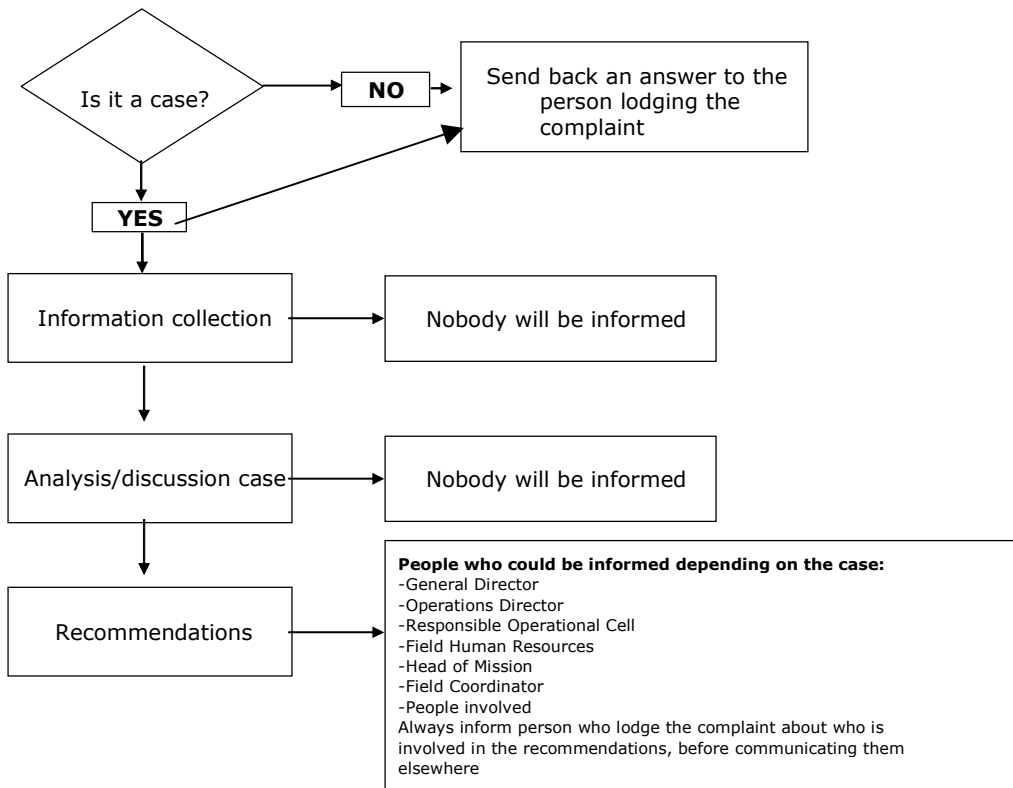
Nevertheless, it should be understood that strict confidentiality is neither possible nor advisable if problems are to be addressed. If the case has serious implications, the Board Management Team and/or the Associative Board will have to be informed, for example.

Confidentiality will always be discussed with the persons involved so as to identify the best way to both inform and protect people.

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<sup>7</sup> Human Resources Director

For more clarification, see the process below:



#### How can you contact the Behaviour Committee?

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You can contact the Behaviour Committee by e-mail, by post using the following addresses:

-e-mail address: [behav.bcn@msf.org](mailto:behav.bcn@msf.org)

-Mail address: Calle Nou de la Rambla, 26 -08001 Barcelona- Spain

Please indicate on the envelope: attention Behaviour Committee.

You can address your complaints either individually or collectively.

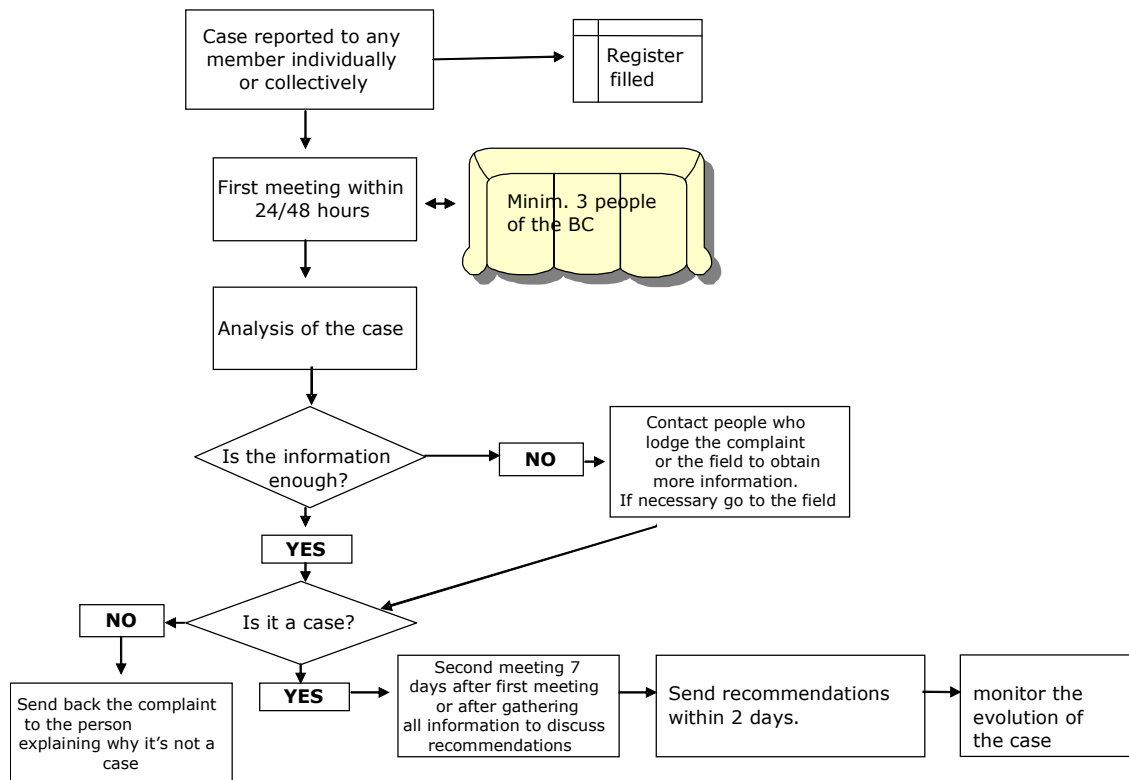
In order to discuss the case, we need to have a minimum of information on the consequences of the behaviour on the mission and the steps taken to try and solve the problem. Remember we are not judging the behaviour itself but its negative impact in the field. See point number 3 for the details on the points in a mission that can be impacted by inappropriate behaviour.

#### Accountability

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The chairman of the Behaviour Committee informs the Associative Board about behavioural issues on an annual basis. Maximum confidentiality will be respected. The information will include the number of cases, their impact on missions and how they have been resolved.

### The way the Behavioural Committee works



The timeframes involved in this process might vary slightly, depending on the case.

### Analyses of impacts: some illustrations

Here are some illustrations of the most common types of abuses encountered in MSF operations, each of which is analysed in terms of its impact on the points outlined above. In each case, the gravity of the impact is graded on a 1-4 scale. Such analyses - and the information gathering and understanding that accompany them - should precede any recommendations made on personnel's behaviour.

We would like to be very clear that there are no predefined values regarding possible impact on each point. Values will be discussed by several members of the management line and depend on the context and other factors, so each case of inappropriate behaviour will have its own impact value. The illustrations below are a tool to guide you on how to analyse the seriousness of a case, but they are not normative. For example, two similar cases of inappropriate behaviour can have different values, depending on the context, the team, local laws, etc.

The same goes for measures. Each sanction will be defined for each individual case, and the value of the impact will be one element, amongst others, taken into account when deciding which measures, if any, should be applied. There are no predefined measures in relation to the value accorded. The management line will decide at the time, for each case, whether it will apply measures or not.

Measures, if any, should only be contemplated once the impact analysis has been carried out following detailed, case by case investigations proving that a person's behaviour was "inappropriate" whilst avoiding moral judgements on the act itself and focusing uniquely on the necessity of coherence between MSF personnel and the organisation's purpose and principles in the relief of human suffering and defence of respect for people's dignity.

One important point to note: the analysis should be based on proven/tangible facts and the demonstrated impact of the behaviour in question including the “risk of” – impacting security, for example, or the team, etc. - but as long as the risk foreseen is directly linked with the facts.

1. *MSF is running a sexual and reproductive health project with special focus on STIs and sexual violence victims. One of the international staff nurses receives a girl in consultation who was raped two months ago. She is pregnant and asks for an abortion. She knows that it is illegal but she feels that it is her only option if her life is to go on. The nurse knows that MSF offers safe abortions for short pregnancy cases in the project, but as she doesn't agree with abortion, she tells the patient it is not possible and the pregnancy has to go ahead. Some weeks later another member of the international staff finds out what took place with this patient, which leads to a heated argument about MSF practice and ethics.*

The FieldCo decides to organise a meeting to discuss the issue with other members of the international staff. During the discussion the Fieldco asks the nurse to explain why she took this when she knew MSF's policy. The nurse simply replies that she doesn't agree with abortion, and thus is not going to encourage it. She adds she has every right to object as a medical professional.

Another medical team member, whilst recognising this right, reminds her she should have asked someone else to manage the case instead, emphasising the possible consequences of the nurse's personal choice on the girl: unsafe abortion with serious consequences on her health or even death, rejection by her community, an unwanted, abandoned or murdered child. The FieldCo also reminds the nurse that such unilateral decision can have serious consequences for the MSF program and it is possible that other women will not ask for MSF's help in the future. The nurse nonetheless refuses to recognise the problem for the project and the population as a whole, maintaining her attitude based on her right to “conscience objection”.

Impact				
Wellbeing				
Legal				
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Finally they manage to agree on according a value to the consequences of her behaviour in the project:

-*Well being*: the girl could die from an unsafe abortion, rejection by her community etc., so very serious impact on her well being, which is accorded the highest value possible: level 4.

-*Legal*: No impact on this point

-*Perception*: MSF is offering safe abortions for short pregnancy cases which some of the population might not like or might not agree with, but as MSF is carrying out this practice, it should be offered to all women requesting it. Abortion is a controversial issue in the community, and some people will support the nurse, others won't. The value accorded is level 2.

-*Programs*: Even if the nurse's behaviour could have a serious impact on the programme if no other woman asks for an abortion, it is preferable to avoid judging impact on a “risk of” basis, using real impact instead. The value accorded is level 2.

-*Security*: No impact on this point

-*Team*: The nurse's unilateral decision has caused a rupture in the team's dynamic. She did not take other team members into consideration, and some of the team are really upset about what may happen to the pregnant girl. The value accorded is level 2.

2. *Members of the national staff have reported that a male member of the national staff has been buying sexual favours from a young girl, an MSF beneficiary living in an IDP camp, by giving her a watch and others little presents. After investigation the HOM learns that the girl is 16 years old.*

When the situation is explained to the employee, he does not understand where the problem lies as giving presents to girlfriends is a common practise in his country and her parents are perfectly aware of and happy about the situation. He argues that his behaviour does not

constitute legally reprehensible “child abuse” in his country as marriage and sexual relationships are allowed at 15, despite the fact that the HoM reminds him that his behaviour is illegal according to the International Convention of Childrens’ Rights to which MSF adheres (and this is explicitly set out in the documents given to all the mission’s staff members, whether international or national).

The HOM decides to organise a meeting with other coordination team and senior national staff members to analyse the problem and define the level of seriousness of the national staff’s behaviour. The discussion is tense and difficult as perceptions are so varied. The CFA argues that it is a clear breach of MSF rules concerning sexual relationships with minors, and so a clear abuse of economical dominance. The Medco is sure that although it is difficult to measure the well being of the girl, it must be affected as she is obliged to have sexual relationship with someone she has not chosen, having a negative psychological impact, and in addition she could become pregnant, etc. The HoM is very concerned about the population’s perception of the national staff, arguing that letting this happen sends a signal to the community that it is normal, and the reaction of the staff member in question demonstrates how such a situation is not taken seriously, yet it cannot be mitigated by cultural justifications. The senior national staff refers to MSF rules which are clear and consider that although the girl’s family accepts the situation as a way of surviving, it should not be accepted by MSF as an organisation working with vulnerable populations.

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Finally the impact was scaled as following:

- Well being*: we don’t have sufficient elements to judge the impact on the well being of the girl so no impact
- Legal*: serious impact for MSF in regard to the international convention, and not the national law, even if no real consequences affecting the organisation in the mission country. Level 4 accorded
- Perception*: an impact due to the fact that the national staff has raised the behaviour as an issue. Generated a long discussion on whether or not should be scaled at level 3 as the population can perceive such acts as normal NGO behaviour, but finally accorded level 2 because the population is not sufficiently informed
- Programs and security*: no impact at the moment. Long discussion on possible impact but HoM highlights the fact that behaviour has to be scaled according to present impact, and not “risk of”, as anything could happen in the future. Even addressing the issue could entail a security impact if the employee is fired, and is related to powerful people in town...
- Team impact*: level 2 as impact on the national staff team even if they are not affected as individual themselves

3. *There has been a great deal of work and stress in the project lately following an emergency response to flooding. Everybody has worked long hours and the personnel are tired. One day, the logistician tells a driver to prepare the car, but the driver doesn’t hear him and continues to chat and laugh with another driver. The logistician, upset about being ignored and thinking that the driver is doing it on purpose, goes over to him and punches him. The Logistics Coordinator arrives when the two are about to fight and hears the driver threatening the logistician.*

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Once the situation has calmed down, the Logistics Coordinator talks to the two separately: the logistician explains that he gave an order to the driver who mocked him, which upset him; the driver, in turn, explains that he was chatting with a colleague when the logistician came up and hit him for no reason; he refuses to continue working with that “madman” logistician and threatens to take his own course of action if nothing is done by MSF, which shows no respect for anyone. The Field Co., the Log Coord. and the Log Assistant discuss the case and finally agreed on according the following values to the impact (see chart):

4. *The MSF team has spent months planning a weekend at a beautiful lake some four hours drive from the base. The day before their departure they are informed by the local*

authorities that some bloody diarrhoea cases have been reported, which may be the beginning of an outbreak. The authorities ask if an MSF nurse and logistician can accompany the hospital team to assess the needs and start planning should the epidemic be confirmed. Some of the international staff present during these discussions raise strong objections to the Fieldco's proposition to cancel the trip to the lake, arguing that the situation can wait for two days. The Fieldco, playing down the emergency, decides to provide a negative response to the authorities' request, telling them the team would return after the weekend and look at the results of the hospital assessment then.

The remaining team members return from the field later in the day and learn that the others have refused to cancel the trip and turned down the authorities' request for help. A heated argument erupts and the coordination is informed. The Medical Coordinator, who has received an alert from the MoH and was already preparing a response, orders the team to accompany the hospital, and decides to visit the field himself to control the damage caused to MSF's image.

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Team				

The case is discussed by the HoM, Medco, Fieldco and some members of the international staff, who finally agree to accord the following impact values (see chart):

5. A new international doctor arrives in the field to be the medical leader of a team of national staff clinical officers and nurses carrying out outreach activities in far off communities. At first the national team are a little taken aback by her "harsh" criticisms. But as the months go by, the international doctor warms to those members of the team who are open to all her changes. Soon the team feels divided between those who have her favour and those she considers "worthless". The latter are left out from meetings, deprived of information on when they are to take place and then blamed for not attending; when giving their opinion, they are summarily rebuffed with comments such as "what do you know?" "you are lousy and would be better off keeping quiet". These team members gradually find themselves isolated. The rest of the outreach team is aware of the situation, but does not dare say anything because the expatriate is pleasant to them, and they do not want to become part of the "unwanted" group.

The team's dynamics are so obviously collapsing, with visible impact on the quality of its work, that the Fieldco begins to register that something is going on. Concerns increase when the expatriate doctor, with whom the Fieldco has a good relationship, bluntly announces that part of the team is useless and should be replaced, and is pleased when one of this "useless" group goes on sick leave. Paying private evening visits to some of the team members' homes, the Fieldco starts to put together the pieces of a process of harassment that has generated sleeping problems and high levels of anxiety for many, to the point of not being able to work. Everyone talked of their difficulties with the expatriate's treatment of her team members, and confirmed their fear of retaliation if they discussed it with the coordinators.

Impact				
Wellbeing				
Legal				
Perception				
Programs				
Security				
Team				

The Fieldco, having gathered information from all parties involved, informs the HOM, the latter informs human resources in headquarters and the following impact values are finally accorded (see chart):

6. A recently arrived expatriate, who enjoys drinking and partying and finds the team spirit a bit dull, decides to step up the alcohol procurement for the house and organise a party. Everyone has a good time and parties late that night, getting to work as early as always the next morning, having asked the cleaner to be discreet with the bottles as it is officially forbidden to buy alcohol. The illicit purchase of alcohol and organisation of parties continues on a regular basis. But very soon some of the national staff start to take their distance with the newly arrived expatriate, until one day a senior staff member, highly respected by all, threatens to resign if the newly arrived expatriate is not removed.

Visiting the project at the time, the HoM talks to the staff member in private, who explains that since the arrival of the expatriate in question, the team has been buying and abusing illicit products and that some religious leaders have started requesting national staff to take their distance with « those immoral foreigners ». He feels sorry as he likes what MSF does, and does not have a personal issue with those who drink, unlike some other team members. He knows that it is common in the capital, but argues that it is less of a big deal there than in the more conservative communities. Given the current rumours, he cannot be seen continuing his collaborating with the current team, and in particular with the expatriate purportedly responsible for this behaviour.

Impact				
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Perception				
Programs				
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Team				

After talking with the people involved, the case was discussed by the Fieldco and the HOM who agreed to accord the following impact values (see chart):

- MSF is running a STD/AIDS project with special focus on commercial sex workers in the capital. One of the male international staff member regularly brings different girls to the house in the MSF car. Some women in the team feel uneasy about this situation, but do not dare raise the issue with the coordination. One evening, whilst carrying out a home visit to a patient living in a notorious neighbourhood, an international nurse sees the MSF car parked in front of a bar well-known for prostitution, where the male international staff member in question has gone for a drink. She decides to inform the HoM.

Further enquiries and discussions with national staff members and members of the community reveal that the male expatriate often visits such places in this particular neighbourhood, picking up girls without any consideration for the possible negative perceptions such behaviour could generate for MSF and its program. When confronted, the expatriate argues that he never goes out with prostitutes, but rather with girls he parties with, as he does in his home country. While acknowledging that he gives these girls gifts and invites them for drinks, and that there is a narrow line between prostitution and interested-intercourse in such neighbourhoods, he refuses to recognise that his attitude was “out of place” in view of MSF’s project and its target population in the town.

Impact				
Wellbeing				
Legal				
Perception				
Programs				
Security				
Team				

The final analyses and impact value was accorded by the Fieldco and the HoM (see chart).

Some key points to remember when analysing a situation:

- Be fair and objective, listening to all the parties involved. If just one is missing, you might miss important elements. Sometimes the person is not aware that his/her behaviour is a problem, or accusations could be false.
- After gathering the information, you have to evaluate if the behaviour in question has had a negative impact on the mission. Carry out the exercise of analysing the impact as we’ve showed you in the illustrations above. Analyse the seriousness of the impact on the mission, point by point. Use guides such as the international staff guide, the general staff regulations, etc. Discuss your conclusions with other people to have other perspectives on the issues at stake. Remember the objective is not judging the behaviour itself but its impact.
- Depending on the extent and seriousness of the impact, you should speak with the people involved, trying to help them understand the gravity of the situation, whilst reporting the situation through the normal hierarchical channels.

Once the situation is resolved (actions taken which may not be measures), we strongly recommend that the evolution of the case be monitored in order to ensure that it really has been sorted out, the consequences have been addressed and there are no further developments. Measures/sanctions will be taken by the management line according to the level of responsibilities defined for each managers, the Behaviour Committee won’t in any case take measures directly but make recommendations.

#### 4. Conclusion

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These guidelines set out the position of MSF-OCBA with regards to the management of inappropriate behaviour in the field.

To summarise, we have presented the main ideas and concepts:

- These guidelines intend to provide a framework for the range of personnel behavioural difficulties encountered in the field and contradictory or harmful to MSF's purpose and principles
- Behavioural problems are to be analysed and evaluated according to their impact on individuals, teams and/or populations, and not judged by themselves
- The management line is and remains in charge of addressing such behaviour, from identification to taking appropriate measures, but will be supported and advised in its efforts
- The Behaviour Committee has been set up as an advisory group to support such issues being addressed. It constitutes an independent body aiming to support (and not substitute) all individuals and levels of responsibility within MSF-OCBA. Anyone is entitled to contact it for advice and/or information regarding a situation of concern
- These guidelines are a first attempt to define, analyse and provide systematic management for cases of inappropriate behaviour that are considered incompatible with MSF's purpose and principles
- Awareness and understanding remain the best approach for preventing inappropriate behaviour. Early reporting of such cases is in turn a condition for early action and limiting damaging consequences
- These guidelines concern all international and national staff working for the MSF-OCBA operational center in the field.

#### 5. Frequently Asked Questions (FAQ)

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- *I consider the behaviour of a colleague inappropriate, but I'm not sure to what extent it has negative consequences in the field; can I contact the Behaviour Committee?*

The first thing you should do is to discuss it with other team members and your coordinator. If you are still not satisfied or have lingering doubts, and you believe your concern goes beyond personal judgement, the Behaviour Committee can help you to clarify whether the situation in question falls within the proposed framework and constitutes inappropriate behaviour.

- *If a member of MoH staff has demonstrated inappropriate behaviour that has an impact on the mission, can the Behaviour Committee provide advice on the situation?*

At present, we are primarily concerned with MSF-OCBA international and national staff working in the field or carrying out a field visit, and we do not include MOH staff. Nonetheless, if you are concerned that a specific situation involving MoH staff may be damaging an MSF intervention, and you need advice on how you could address such an issue, you are welcome to get in touch with the Behaviour Committee. You should bear in mind, however, that this situation has a direct impact on the operational set-up and ought to be discussed with and addressed by the operational line-management.

- *Will the Behaviour Committee inform the person making the complaint of its intentions?*

If the Behaviour Committee considers there is a case, the person will be informed, but discretion will be maintained during the phases of information collection and analysis. Confidentiality will only be discussed during the recommendations phase, and treated case by case, identifying the best way to protect the person making the complaint and the people involved. The person making the complaint will always be informed about which levels of



responsibility are to receive recommendations, allowing him/her to ask for protection if necessary.

- *Can the Behaviour Committee take any decisions about employees regarding behaviour issues?*

No. The Behaviour Committee makes recommendations on the cases it is requested to look into. The recommendations are communicated to different levels of responsibility following the confidentiality process, which varies from case to case. Decisions are taken by the appropriate levels of responsibility in the management line.

- *As international staff, can I get expelled from the mission for having sexual relations with prostitutes?*

As MSF-OCBA does not intend to judge the acts in themselves, nor edict general rules, but rather consider the consequences of personnel behaviour, each situation is different, and will be analysed and valued on a case by case basis. In some circumstances, having sexual relations with prostitutes could indeed be considered as incompatible with MSF's purpose and principles, and depending on the consequences the relationship has, it could transpire that the most appropriate measure available is your removal from the mission. Though extreme, such conclusions have been drawn in the past for the sake of the mission.

- *My behaviour was very similar in the 2 missions I've done. But I've had a lot of trouble with the team and security in the second one and I almost got expelled.*

Similar patterns of behaviour can have radically different consequences depending on the context you are in. You should not assume that you know everything because you have acquired some field experience, as each context is different and its specificity needs taking into consideration. Good briefings, as well as open discussions with other team members, are critical from this point of view, raising your awareness of specific behaviour that could have a negative impact on MSF's intervention, in that mission.

- *Where is the limit/border between professional and private lives whilst you are on mission?*

The limits for national staff should be the same as for HQ staff (when they are not on field visits), meaning that when they finish their work with MSF-OCBA at the end of the day, it should be interpreted as if they dissociate themselves from the organisation. But, contrary to the HQ staff, they may be in contact with beneficiaries outside their working hours, and they are bound to MSF principles during these moments (example of sexual abuse of beneficiaries by national staff in Sierra Leone). It is a delicate issue to tackle but the field teams have to be aware of it and ready to intervene in what could be considered as the private lives of the national staff.

Regarding international staff (and HQ staff on visit), there are no borders... because wherever they go, they are seen as an "MSF personnel", and therefore their behaviour will automatically be linked with the organisation, even outside working hours. Again, nothing is automatic and straightforward, and a lot depends on the context (impact analysis). It is not the same thing going out to a club or bar in Nairobi where there are hundreds of internationals, not all linked to humanitarian community, as going for a drink in the unique bar of the little town or village where MSF is the only foreign entity present.

MSF is aware that this is a sensitive topic to tackle and you may have the sensation of having no private life at all in some contexts. In fact, everything is related to the main concept contained within these guidelines: the impact that your behaviour might have in your project/mission, so you always need to watch out that your behaviour does not contradict MSF's principles and values in order not to jeopardise MSF's work.

- *Which are the most serious/common cases?*

The most serious cases involve **sexual abuse of minors**<sup>8</sup> and **physical violence**. If such a case is proven, the consequences will be significant as the recommendations will be severe.

Nonetheless, these cases are rather exceptional. The most common ones generally concern abuses of power, and vary in degree and gravity. This has been the MSF movement's main concern over the years, as reflected in the various international decisions taken<sup>9</sup>.

- *What kind of recommendations could be formulated for an employee whose conduct has proved damaging to an MSF mission?*

There are no predefined recommendations, as each case is different. Measures can vary from oral warnings for light incidents; removal from a position or mission if the consequences are more serious; a complete work ban applied by all MSF sections for proven incompatibility of attitude; and in severe abuses, notification to the appropriate judiciary authorities (in cases of intentional abuses of minors, MSF is obliged to denounce the employee to his/her country's legal system).

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<sup>8</sup> International Convention of Children Rights defining minor of age below 18

<sup>9</sup> See History section

**Annexes****MSF-OCBA International and National Employee's Chart**

**This document/chart will be signed by each employee with his/her contract as a reminder of the main principles concerning behaviour on mission**

**MSF's purpose is to contribute to the protection of life and the alleviation of suffering out of respect for human dignity** . MSF bases its humanitarian action on the principles and values of: impartiality, non-discrimination, neutrality, personal commitment, professionalism and medical ethics.

MSF-OCBA expects its personnel to understand and respect these principles and values, incorporating them into their professional behaviour and demonstrating them in all circumstances in which they are considered to represent the organisation.

MSF as an organisation is deeply concerned by individual behaviour and acts that affect, directly or indirectly, on other human beings, albeit one person or a group of people, in contradiction with its very purpose & principles.

International and national staff should thus undertake to:

- Refuse physical or psychological abuse of people or conduct that degrades other persons' well being
- Refuse the exploitation of people's vulnerability in the broadest sense (economic, social, etc.) carried out by colleagues or superiors
- Refuse to take undue advantage of the particularities of MSF personnel's position.
- Respect the opinions, knowledge, religions and beliefs of other staff members and the local population so long as they are not in contradiction with our humanitarian principles
- Take into account the consequences that individual behaviour may have in the mission

**➤ Bibliography**

Here are further documents which may offer you guidance on how to analyse cases of inappropriate behaviour. They are available in the field (if you can't find them in your project, request them from the capital team).

- MSF charter
- Chantilly principles
- La Mancha
- The International Staff Guide (MSF OCBA)
- The International Guide for National Staff

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