**FINAL DRAFT**

**Accelerating HCs/HCTs support to scale up Protection from Sexual Exploitation and Abuse:**

**IASC PSEA Field Support Team**

**Terms of Reference**

# **Introduction**

Women and children affected by crises - natural disasters, armed conflicts, and complex humanitarian emergencies - are particularly at risk of sexual exploitation and abuse because they are in need of humanitarian assistance. The Inter-Agency Standing Committee (IASC), the primary mechanism for inter-agency coordination of humanitarian assistance, holds a longstanding commitment to protection from sexual exploitation and abuse (PSEA). The 2017 Terms of Reference for Humanitarian Country Teams made PSEA a mandatory responsibility that requires a collective mechanism and approach. In 2018 under the leadership of UNICEF Executive Director Fore, IASC principals adopted a plan for accelerating PSEA in humanitarian response at country-level. This plan outlines priority outcomes for Humanitarian Coordinators and Humanitarian Country Teams to deliver, with the support of a dedicated inter-agency PSEA coordinator and PSEA network. These priority outcomes include: 1) safe and accessible reporting channels, 2) survivor-centered assistance, and 3) enhanced accountability, including investigations. The plan builds upon related work and standards on PSEA, such as the Core Humanitarian Standards on PSEA, the IASC Best Practice Guide on Community-Based Complaint Mechanisms, and the UN Victims’ Assistance Protocol, among others. Furthermore, NGOs have made commitments on PSEA as set out in the Humanitarian Charter and Minimum Standards in Humanitarian Response. Individual organisations, including NGOs, continue to innovate and cultivate good practices, upgrade training materials and provide key contributions to inter-agency PSEA networks.

Based on these developments, there is an increased need for coordinated inter-agency PSEA technical support to the Humanitarian Coordinators/ Humanitarian Country Teams that incorporates the latest developments on PSEA globally. In addition, it is increasingly essential to ensure that such support is well-coordinated – both in terms of how that support benefits collective capacity at a field level as well as how that support is coordinated at the global level.

# **Dedicated IASC PSEA Field Support Function**

The Inter-Agency Standing Committee Protection from Sexual Exploitation and Abuse Technical Expert Group, under the IASC Results Group 2 on Accountability and Inclusion, provides technical expertise on PSEA for the development of policy and practice for the humanitarian community. Nevertheless, field support requests on PSEA to date are often filtered through individual organisations, creating parallel streams for technical support at country-level. In order to strengthen an inter-agency approach to support Humanitarian Coordinators and Humanitarian Country Teams and to accelerate PSEA within humanitarian response at country-level, a dedicated IASC PSEA Field Support Team is established as part of the IASC PSEA Technical Expert Group[[1]](#footnote-1).

# **Objective**

Humanitarian Coordinators and Humanitarian Country Teams are supported to scale up PSEA in humanitarian response at country-level in a predictable, timely and effective manner through a coordinated inter-agency field support team. This includes remote and in-person technical support to HCs/HCTs and PSEA coordinators/networks to deliver on IASC PSEA priority outcomes and related commitments.

# **Structure and Membership**

The IASC PSEA Field Support Team is comprised of a dedicated inter-agency team of technical specialists with the capacity to provide remote and in-country field support. Membership includes approximately 5-8 specialists from UN and NGO members of the IASC PSEA Technical Expert Group. Membership in the IASC PSEA Field Support Team is open to any agency member of the IASC PSEA Technical Expert Group, provided that they have extensive expertise in PSEA in the field, including support at senior and technical levels; are knowledgeable of the latest global standards and their application in humanitarian response contexts; have the dedicated time and capacity to liaise closely as part of a team and the time and resources available to provide remote and in-person field support. The current agency members of the Field Support Team include InterAction, IOM, Oxfam, UNDP, UNFPA, UNHCR, UNICEF and WFP. The membership criteria will be reviewed periodically to ensure that the team effectively delivers PSEA support to HCs/HCTs based on identified needs.

The IASC PSEA Field Support Team is supported by an IASC PSEA Field Support Coordinator based in the IASC Secretariat.

# **Key Functions**

Key functions of the IASC PSEA Field Support Team include:

* Senior-level briefings for Humanitarian Coordinators and Humanitarian Country Teams to accelerate PSEA within humanitarian response at country-level;
* Technical support to inter-agency PSEA Networks in countries with humanitarian response to scale up capacity to deliver on IASC PSEA priority outcomes;
* Remote and in-person field missions, including a short-term deployable capacity to integrate PSEA from the outset of a humanitarian response;
* Dedicated training for inter-agency PSEA Coordinators;
* Support to track and monitor results, to identify resource and capacity gaps and to track progress as part of the IASC PSEA global dashboard;
* Support to integrate PSEA as part of the humanitarian programme cycle.

1. **Modality of working**

The coordinator of the PSEA Field Support Team will convene bi-weekly meetings, with regular communication by phone and email, in order to review and respond to support requests from the field. The coordinator will also convene a monthly call for inter-agency PSEA coordinators in order to exchange information, share good practices and allow field and global colleagues to provide relevant updates.

The coordinator is responsible for receiving, keeping track, and managing requests for PSEA field support, and for liaising with relevant stakeholders on behalf of the IASC for this purpose. PSEA field support team through the coordinator will:

* Ensure that requests under different responses modalities (training, policy, and guidance note development) are communicated to relevant support team members in a timely manner.
* Provide daily oversight of response to field request.
* Communicate and coordinate with PSEA Coordinators, PSEA Network members, RG2 help desk and other relevant field level actors on the daily implementation of PSEA Country Level Framework.
* Work with the Field Support Team to provide timely assistance to receive PSEA requests.
* Identify and report possible problems, conflicts, or contextual changes relating to PSEA coordination and response in the field to the Field Support Team.
* Monitor the evolving context of PSEA coordinators deployment and flag any potential PSEA concerns to the Field Support Team and Technical Expert Group chair.
* Monitor and track all PSEA field activities and deliveries of IASC PSEA Country Level Framework.
* Alongside the Field Support Team, conduct data collection regarding IASC PSEA Country Level Framework.

The PSEA Field Support Team will spread the word of its purpose and capacity through the IASC Results Group.

# **Outcomes and Outputs:**

The PSEA Field Support Team will focus on specific priorities and deliverables, include:

* **Safe and accessible reporting**: Technical support to roll out community-based complaint mechanisms, including the Standard Operating Procedures.
* **Survivor-centered assistance**: Roll out of the Victim Assistance Protocol, as a core function of the PSEA Network; coordination and integration of GBV referral mechanisms in PSEA responses and provision of practical guidance to country-level operations.
* **Enhanced accountability, including investigations**: Linkages between protection and investigations, as part of a survivor-centered approach;
* **Capacity development of partners**: Roll out of the Protocol on SEA Allegations involving Implementing Partners, including the development, and/or maximising the impact of training and related tools for partners; and Joint assessment tool;
* **SEA risk assessment**: Develop a common framework for SEA Risk Assessment, to be carried out at the onset of a humanitarian response and used to inform setting up the PSEA Network;
* **Effective PSEA networks**: Capacity development for inter-agency PSEA Networks to develop and implement action plans, monitor and track progress, strengthen partnerships, engage with local NGOs and government actors, communications and sensitisation with affected communities, promote a survivor-centered approach, etc.;
* **Strategic engagement with HCs/HCTs**, including inter-agency PSEA Coordinators, on the latest global policy developments and support;
* **Integration of PSEA within the Humanitarian Programme Cycle,** including IASC global PSEA indicators.

**Annex: IASC PSEA Country-Level Framework (Sample Template 2019)**

**IASC PSEA Country-Level Framework – Sample Template**

***The PSEA Country-Level Framework template outlines the priority results that HCT members will work jointly to achieve in all humanitarian countries.[[2]](#footnote-2) It is intended to be further adapted and contextualised at the country level, as appropriate. It is not intended to capture the full range of activities that contribute to achieving the results below, which would be determined at country levels. The Framework provides the basis for tracking progress and resource needs on PSEA across all IASC humanitarian countries.***

| **Priority results**  STRATEGIES  STRATEGIES  STRATEGIES  STRATEGIES  STRATEGIES  STRATEGIES  **Inputs:** Staff, financial resources, (RR/OR/ORE), equipment (computers, registers, phones), good practice examples, materials, consultants/technical assistance, vehicles | **Sample indicators** | **Targets/ Benchmarks[[3]](#endnote-1)** | **Key actions** | **Timeframe** | **Budget/ Funding Source** | **Lead agency/ies per activity** |
| --- | --- | --- | --- | --- | --- | --- |
| **Part A: Priority Results for PSEA** | | | | | | |
| **Outcome 1. Safe and accessible reporting:** Every affected child and adult recipient of humanitarian assistance have access to a safe, gender and child-sensitive pathways to report SEA (through community-based complaints mechanisms)[[4]](#footnote-3) that reach where humanitarian assistance reaches, are appropriate to the context and are accessible to the most vulnerable). | | | | | | |
| Output 1.1. Safe, accessible, child-sensitive mechanisms are in place for reporting SEA[[5]](#endnote-2), particularly in high-risk areas. | HCT Inter-agency SOPs on Community Based Complaint Mechanisms (CBCMs) on PSEA are established based on consultations with all relevant stakeholders, including communities, disseminated, and rolled out with appropriate staff trained.[[6]](#endnote-3) | E.g. CBCM SOPs endorsed by PSEA Network, including all HCT members.  Community perceptions and communication preferences are captured on a regular basis (informally and formally through needs assessments, surveys, focus group discussions, etc.).  Multiple confidential reporting channels are made available to cater to the diversity of the population and differing levels of access (PLWD, Older Persons, children) |  |  |  |  |
| Percentage of children and adults who have access to a PSEA reporting mechanism.[[7]](#endnote-4) | E.g. 100% of affected populations can access at least 1 safe and accessible channel to report SEA. |  |  |  |  |
| Number of complaints related to SEA that are reported to the PSEA Network and responded to within 7 days (Disaggregated by age, sex, and type of complaint (0-17; 18 and above).[[8]](#endnote-5) |  |  |  |  |  |
| Output 1.2. Community mobilisation, consultation and awareness raising on PSEA in each community receiving and/or affected by humanitarian assistance. | Percentage of the affected population (disaggregated by sex and age) reached through consultation in the establishment of community-based complaint mechanisms, awareness activities and community mobilisation interventions on PSEA including how to report SEA-related complaints.[[9]](#endnote-6) | E.g. Consultations with affected population and inform the establishment of CBCMs.  Evaluation of existing CBCMs for effectiveness and compliance with human rights principles |  |  |  |  |
| Percentage of sites reached with communications materials on PSEA, how to report on SEA and how to access survivor-centered assistance.  (disaggregated by type of PSEA communication materials developed for each population group identified). | E.g. 100% of sites provide information on how to report SEA and receive assistance.  Materials developed and disseminated in line with community priorities, including on how to report SEA and how to access survivor-centered assistance. |  |  |  |  |
| **Outcome 2.** **Quality survivor assistance:** Every child and adult complainant/survivor is offered immediate, quality assistance (medical care, psychosocial support, legal assistance, reintegration support) | | | | | | |
| Output 2.1. SEA survivor assistance is provided through Gender-Based Violence (GBV) or Child Protection programming and resourced accordingly through the Humanitarian Response Plan (or other funding mechanisms) in humanitarian contexts where this framework applies.[[10]](#footnote-4) | Percentage of SEA complainants/survivors who have a) been referred to survivor-centered assistance, as part of ongoing CP and GBV programming, and b) accessed survivor-centered assistance.  (disaggregated by age and sex and type of assistance received) | E.g. 100% of survivors with reported allegations are referred for assistance and received support within 48 hours. |  |  |  |  |
| Percentage of the affected population, particularly women and children, that can access GBV assistance.[[11]](#endnote-7) | E.g. 100% of the affected population (esp. women and children) can access GBV services.  e.g. Number of people satisfied with assistance received following a complaint of SEA |  |  |  |  |
| Output 2.2 PSEA Networks have in place referral pathways for survivor assistance, as part of an integrated approach with GBV services. | Status of implementation by PSEA Network of protocol for referral and provision of services for SEA survivors (in line with GBV referral pathways). | E.g. GBV referral pathway integrated within PSEA Network SOPs. |  |  |  |  |
| **Outcome 3. Accountability and investigations:** Every child and adult survivor of SEA who is willing has their case investigated in a prompt, safe, and survivor-centered way. | | | | | | |
| Output 3. 1. PSEA Networks adopt, implement and track progress against uniformed protocols/guidelines for prompt, safe and survivor-centered investigations at country-level. | Status of development and implementation of SOPs (or similar) within the PSEA Network for prompt, safe and survivor-centered investigations. | E.g. SOPs are endorsed by HCT |  |  |  |  |
| Percentage of PSEA Network members and local partner personnel trained on SEA guidelines and protocols for investigations, including survivor-centered principles. |  |  |  |  |  |
| Percentage of SEA survivors informed of and/or supported to participate in relevant accountability processes, including investigation.[[12]](#endnote-8) |  |  |  |  |  |
| **Part B: PSEA Country-Level Structure** | | | | | | |
| **Outcome 4: PSEA inter-agency structure at country-level:** The Humanitarian Coordinator and Humanitarian Country Team are supported at senior management and technical-levels to lead, oversee, and deliver on the above 3 PSEA Outcomes. | | | | | | |
| Output 4.1 IASC Members take on the PSEA Co-Chair role to support the Humanitarian Coordinator to deliver on PSEA at the HCT/ UNCT level and co-chair the PSEA Network at the technical level. | Status of the designation of agency co-chairs for the PSEA Steering Committee (principal level, HCT/UNCT) and the PSEA Network (technical level) |  |  |  |  |  |
| Status of development and implementation of the HCT PSEA Action Plan, including clearly defined roles and responsibilities of each actor. | All HCT members endorse, e.g. PSEA Action Plan. |  |  |  |  |
| Output 4.2 A full-time PSEA Coordinator (with medium to long-term secured funding) is in place, with a direct reporting line to the HC/RC, that provides day-to-day technical support and expertise for the inter-agency PSEA Network, and in the absence of a FVRA acts as a focal point for victims’ rights and assistance. | Status of deployment of a full-time PSEA Network Coordinator | E.g. P3/P4 level full-time PSEA Coordinator is in place |  |  |  |  |
| Output 4.3. An inter-agency PSEA Network is in place with the resources and expertise necessary to deliver on PSEA outcomes (above). | Status of establishing a PSEA Network | E.g. PSEA Network is established and reports regularly to HCT, via the PSEA Coordinator. |  |  |  |  |
| Integration of PSEA in the Humanitarian Response Plan (or similar), where relevant | E.g. PSEA Action Plan is costed and resourced through HRP |  |  |  |  |
| All partners (HCT and PSEA networks) meet required minimum standards such as the MoS and CHS PSEA Index to enable appropriate complaints receipt and handling. |  |  |  |  |  |
| Output 4.4. PSEA technical focal points from all HCT members are in place and actively contribute to the PSEA Network’s delivery of PSEA outcomes (as per the above). | Number of HCT members that have appointed a dedicated PSEA technical focal point to the PSEA Network |  |  |  |  |  |

1. [↑](#footnote-ref-1)
2. In 2019, during her tenure as IASC Champion on PSEA, UNICEF Executive Director Fore called for the establishment of a field support function to accelerate results on PSEA within humanitarian response at country-level. UNICEF is supporting a secondment to the IASC Secretariat to support the coordination and delivery of this work, in close collaboration with other agency members. [↑](#footnote-ref-2)
3. The targets provided in the template are intended as illustrative examples. Actual targets would need to be determined at country-level. [↑](#endnote-ref-1)
4. A Community-based complaints mechanism (CBCM) is a Complaints Mechanism system blending both formal and informal community structures, built on engagement with the community where individuals are able and encouraged to safely report grievances – including SEA incidents – and those reports are referred to the appropriate entities for follow-up. See further information https://interagencystandingcommittee.org/system/files/best\_practice\_guide\_inter\_agency\_community\_based\_complaint\_mechanisms\_1.pdf [↑](#footnote-ref-3)
5. Type of mechanism and targeted locations to be determined by each HCT based on context and existing channels/mechanisms for reporting already functioning. This could include, for example, phone hotlines, SMS, PSEA focal points, service points, etc. This could involve broader complaint channels that are strengthened with the necessary safeguards for reporting SEA, or training of PSEA focal points within protection-related services to support reporting and referrals, and/or other systems, and/or a combination of the above, as appropriate per the country context. [↑](#endnote-ref-2)
6. HCT SOPs can be adapted from the [global IASC SOPs](https://reliefweb.int/sites/reliefweb.int/files/resources/iasc_psea-global_standard_operating_procedures_june_2016_1.pdf). The SOPs provide the basis for inter-agency referral, sharing of information on and handling of SEA allegations, as an integral component of HCT prevention and response to SEA. The SOPs require all signatories to have an established internal SEA complaint handling procedure in place. [↑](#endnote-ref-3)
7. Access would be defined within the country context and against the type of complaint channels in place. This could include, for example, physical access, phone access, access based on age, gender, literacy, disability, etc., and/or a combination of factors. Please also note that this indicator refers to the estimated coverage of the population by the CBCM. [↑](#endnote-ref-4)
8. This indicator is intended to allow HCs/HCTs to track and measure the *use* of SEA-related complaint channels by affected populations, including by those who are most vulnerable, as a core component of their overall effectiveness. This indicator is to be read together with related indicators to understand the overall accessibility, trust in, and effectiveness of SEA-sensitive complaint channels by and for affected communities. It is not intended to replace or duplicate the external reporting obligations that agencies hold, for example the UN reporting of SEA allegations to the UN Secretary-General on a quarterly basis. [↑](#endnote-ref-5)
9. This should include the consultation of communities, particularly women and children, in the design of SEA-sensitive community-based complaint mechanisms. [↑](#endnote-ref-6)
10. This can and should also include of existing protection system which provides the basis for support to SEA survivors. [↑](#footnote-ref-4)
11. The tracking of access to services is a core function of the PSEA Network’s role in strengthening response to SEA. Current gaps in SEA assistance coverage (as provided through GBV/ CP programmes) should be systematically addressed by HCT members, as well as through CERF/CBPFs. [↑](#endnote-ref-7)
12. This may include civil and criminal proceeding, as well as other redress measures.

    **For additional information and resources:**

    <https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse>

    <http://www.pseataskforce.org/>

    <https://interagencystandingcommittee.org/system/files/best_practice_guide_inter_agency_community_based_complaint_mechanisms_1.pdf> [↑](#endnote-ref-8)