# **IASC PSEA Country-Level Framework –Template for country adaptation**

***The PSEA Country-Level Framework template outlines the priority results that HCT members will work jointly to achieve in all humanitarian countries.[[1]](#footnote-1) 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 level in the country-level Work Plan (see attached). The framework provides the basis for tracking progress and resource needs on PSEA priority areas as identified in the IASC Acceleration Plan across all IASC humanitarian countries. Guidance on meeting Indicators of the Framework is provided in the accompanying Indicators Guidance Note.***

| **Priority results**STRATEGIESSTRATEGIESSTRATEGIESSTRATEGIESSTRATEGIESSTRATEGIES**Inputs:** Staff, financial resources, (RR/OR/ORE), equipment (computers, registers, phones), good practice examples, materials, consultants/technical assistance, vehicles  | **Sample indicators**  | **Targets/ Benchmarks[[2]](#endnote-1)** | **Key actions** | **Timeframe** | **Budget/ Funding Source** | **Lead agency/ies per activity** |
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| **Part A: Priority Results for PSEA** |
| **Outcome 1. Safe and accessible reporting:** Every affected child and adult recipient of humanitarian assistance has access to a safe, gender and child-sensitive pathways to report SEA (through community-based complaints mechanisms)[[3]](#footnote-2) 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[[4]](#endnote-2), particularly in high-risk areas.  | 1.1.1.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.[[5]](#endnote-3)A mapping of existing complaint and feedback mechanisms in the responseStaff operating complaint channels are trained to recognise SEA and know where to reportA variety of reporting channels appropriate to the local context are in place to fill reporting gaps as identified by mapping. | Standard Operating Procedures (SOPs) are endorsed by all HCT membersCommunity 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) |   |  |  |  |
| 1.1.2. Number and percentage of children and adults who have access to a safe channel to report sexual exploitation and abuse.[[6]](#endnote-4) | E.g. 100% of affected population can access at least 1 safe and accessible channel to report SEA. |  |  |  |  |
| 1.1.3. Number of allegations raised to the PSEA Network per monthand responded to within 7 days (Disaggregated by age, sex, and type of complaint (0-17; 18 and above).[[7]](#endnote-5) 1.1.4. % of member organisations that systematically share anonymised SEA allegations with the PSEA Network | Information Sharing Protocol (standalone or captured in the SOPs) includes an agreement of HCT members on sharing allegations with the Network and/or PSEA Coordinator |  |  |  |  |
| Output 1.2. Community mobilisation, consultation and awareness-raising on PSEA in each community receiving and/or affected by humanitarian assistance.  | 1.2.1. Percentage of adults and children (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.[[8]](#endnote-6) | E.g. Consultations with affected population inform the establishment of CBCMs.Evaluation of existing CBCMs for effectiveness and compliance with human rights principles |  |  |  |  |
| 1.2.2. Percentage of sites reached with communications materials on PSEA, how to report on SEA and how to access survivor-centred assistance. (disaggregated by type of PSEA communication materials developed for each population group identified).1.2.3. Number of individuals within the affected population (disaggregated by age and gender) reached with key messages and awareness-raising material on PSEA | 100% of sites provide information on the prohibition of SEA, how to report and receive assistance.Age and gender-sensitive materials developed and disseminated on how to report SEA and how to access survivor-centred 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.[[9]](#footnote-3)  | Existing service providers (e.g. GBV and Child Protection Programming) and current gaps in SEA assistance coverage are identified through mapping2.1.1. Number and percentage of SEA complainants/survivors who have a) been referred to survivor-centred assistance, as part of ongoing CP and GBV programming, and b) accessed survivor-centred assistance.(disaggregated by age and sex and type of assistance received) | E.g. 100% of survivors are referred for assistance and received support within 48 hours.Service mapping conducted jointly with the GBV and CP sub-clusters |  |  |  |  |
| 2.1.2. Percentage of the affected population, particularly women and children, that can access GBV and CP(?) assistance.[[10]](#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. | 2.2.1. Status of implementation by PSEA Network of protocol for referral and provision of services for SEA survivors (in line with GBV referral pathways).[[11]](#footnote-4) | E.g. GBV referral pathway integrated within CBCM-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-centred way. |
| Output 3. 1. PSEA Networks adopt, implement and track progress against uniformed protocols/guidelines for prompt, safe and survivor-centred investigations at country-level in line with organisational investigation protocols.  | 3.1.1. Status of development and implementation of SOPs (or similar) across the HCT for prompt, safe and survivor-centred investigations. | E.g. SOPs are endorsed by HCT that include common timeframe for the initiation of an investigation upon preliminary review and common standards for the protection and support to victims in the context of investigations# and % of SEA allegations where an investigation is initiated within 7-14 days, based on a preliminary review of the information received |  |  |  |  |
| Percentage of HCT members that have standards under which they conduct investigationsNumber and percentage of survivors who are informed of the outcome of the investigations3.1.2. PSEA Network members and local partner personnel trained on SEA guidelines and protocols for investigations, including survivor-centred principles. |  |  |  |  |  |
| 3.1.3. Number and 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 The role of the HC as PSEA lead is clear to all PSEA stakeholders | 4.1.1. The HC takes an active lead on PSEA and, where relevant, coordinates with the (D)SRSG  | HC circulates statement of purpose on PSEA HC supports drafting on in-country PSEA Strategy, making explicit the leadership role of the HC and HCT |  |  |  |  |
| Output 4.2 IASC Members take on the PSEA Co-Chair role to support the Humanitarian Coordinator to deliver on PSEA at the HCT level, and co-chair the PSEA Network at a technical level.  | 4.2.1. Status of designation of agency co-chairs for the PSEA Steering Committee (principal level, HCT) and the PSEA Network (technical level) | Steering Committee TORs, adaptation of the HCT TORs, or other clarity on the Co-chair role is endorsed |  |  |  |  |
| 4.2.2. Status of development and implementation of the PSEA Work Plan, including clearly defined roles and responsibilities of each actor.  | E.g. PSEA Action Plan is endorsed by all HCT members. |  |  |  |  |
| Output 4.3 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. | 4.3.1Status of deployment of a full-time PSEA Network Coordinator (with clear ToRs) | E.g. P4 level full-time PSEA Coordinator is in placePSEA Coordinator reports directly to the HC/RC |  |  |  |  |
| Output 4.4. An inter-agency PSEA Network is in place with the resources and expertise necessary to deliver on PSEA Action Plan | 4.4.1. Status of establishment of a PSEA Network (with clear TORs)  | E.g. PSEA Network is established and reports regularly to HCT, via the PSEA Coordinator. PSEA Network includes all HCT members, including representation from international and national NGOs |  |  |  |  |
| 4.4.2. Integration of PSEA in the Humanitarian Response Plan (or similar) | E.g. PSEA Action Plan is costed and resourced through HRP |  |  |  |  |
| 4.4.3. All organisations (HCT and PSEA networks) meet required minimum standards such as the MoS and CHS PSEA Index to enable appropriate complaints receipt and handling. |  |  |  |  |  |
| Output 4.5. 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). | 4.5.1. Number of HCT members that have appointed a dedicated PSEA technical focal point to the PSEA Network (with clear ToRs) | Training of PSEA Focal Points on their specialised role |  |  |  |  |

1. This applies to refugee and humanitarian context which could either be sub-national or regional in nature. [↑](#footnote-ref-1)
2. The targets provided in the template are intended as illustrative examples. Actual targets would need to be determined at country-level. [↑](#endnote-ref-1)
3. 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-2)
4. 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)
5. 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)
6. 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)
7. 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)
8. This should include the consultation of communities, particularly women and children, in the design of SEA-sensitive community-based complaint mechanisms. [↑](#endnote-ref-6)
9. This can and should also include of existing protection system which provides the basis for support to SEA survivors. [↑](#footnote-ref-3)
10. 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)
11. See the [UN Protocol on the provision of assistance to victims of sexual exploitation and abuse](https://www.un.org/en/pdfs/UN%20Victim%20Assistance%20Protocol_English_Final.pdf) (“UN Victims’ Assistance Protocol”), 12 Dec 2019. This could include, for example, the inclusion of reference and procedures for referrals and accessing services. [↑](#footnote-ref-4)
12. This may include civil and criminal proceeding, as well as other redress measures. [↑](#endnote-ref-8)