IASC PSEA Country-Level Framework – JORDAN

The PSEA Country-Level Framework template outlines the priority results that HCT members will work jointly to achieve in all humanitarian countries.[1] It is intended to be further adapted and contextualized 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. The Framework provides the basis for tracking progress and resource needs on PSEA across all IASC humanitarian countries.

Priority results	Sample indicators	Targets/ Benchmarks[2]	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 has access to a safe, gender and child-sensitive pathways to report SEA (through community-based complaints mechanisms)[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 and survivor centered mechanisms are in place for reporting SEA[4], particularly in high-risk areas.	Inter-agency SOPs on Community Based Complaint Mechanisms (CBCMs) on PSEA established in 2016 based on consultations with all relevant stakeholders, including communities, are reviewed, approved and disseminated with appropriate staff trained.[5]	Community perceptions and communication preferences are captured on a regular basis and inform review of CBCRM[6] (informally and formally through needs assessments, surveys, focus group discussions etc).	CBCRM SOPs to be reviewed, updated, and endorsed by existing and additional organizations, increasing from	2020 Q3		PSEA Network CBCRM Committee

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[1] This applies to refugee and humanitarian context which could either be sub-national or regional in nature.

[2] The targets provided in the template are intended as illustrative examples. Actual targets would need to be determined at country-level.

[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

[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.

[5] HCT SOPs can be adapted from the global IASC SOPs. 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.

[6] INTER-AGENCY SEA COMMUNITY-BASED COMPLAINT REFERRAL MECHANISM

			32 to 45 members of PSEA Network, including all HPF members.			
		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]	100% of service users can access at least 1 safe and accessible channel to report SEA.	Carry out mapping update of reporting mechanisms.	2020 - 2021 Q3		PSEA Network
		The affected population is informed and provided all the necessary information on the PSEA mechanism in Jordan	Information is disseminated among the affected population			
	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]	Agreement with PSEA Network members on reporting mechanism in CBCRM, during review of CBCRM.	development of online data submission mechanism for statistical data.	2020 Q3-4		PSEA Network
Output 1.2. Community mobilization, consultation and awareness raising on PSEA in each community receiving and/or affected by humanitarian assistance.	Percentage of the service users (disaggregated by sex and age) reached through consultation in the establishment of community-based complaint mechanisms, awareness activities and community mobilisation	Awareness on PSEA complaint mechanism is monitored on regular bases	Development of mechanism to monitor progress on PSEA consultation, awareness	2020-2021		PSEA Network

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[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.

[8] This indicator is intended to allow HCs/HCTs to track and measure the *use* of SEA-related complaint channels by service users 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.

	interventions on PSEA including how to report SEA-related complaints.[9]		activities and community mobilization activities in humanitarian response, and inclusion in national response plan. Online training courses to be identified for staff.			
	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).	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-centred assistance.	PSEA Network to review available outreach materials, ensure available materials relevant to Jordan context.	by the end of 2020 and upon completion of the communication material communication materials UNFPA will ensure that 100% of supported facilities (clinics , WGSs youth centers) display materials .	UNFPA core funding . 750 $	PSEA Network UNFPA

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[9] This should include the consultation of communities, particularly women and children, in the design of SEA-sensitive community-based complaint mechanisms.

Outcome 2. Quality survivor assistance: Every child and adult complainant/survivor is offered immediate, survivor centered, quality assistance (medical care, psychosocial support, legal assistance, reintegration support)						
Output 2.1. SEA survivor assistance is provided through specialized 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]	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, sex, disability and type of assistance received.	100% survivors with reported allegations are counselled and those providing consent for assistance receive timely support. Review of CBCM to determine data and mode of reporting.	Collaboration between agencies is strengthened through training opportunities	2020 Q3		
	Percentage of the service users, particularly women and children, that can access GBV assistance.[11]	100% of the service users (esp. women and children) can access GBV services in line with international standards for survivor-centered approach. Percentage of survivors accessing SGBV services reporting satisfaction with services.	SGBV working group to share existing referral pathways Safe Referral trainings to be offered to PSEA Network members Questionnaire developed to analyze the quality of the services provided	2020	$17,200,000 as per JRP appeal, Refugee and Resilience combined; mixed sources.	UNFPA and UNHCR, additional agencies

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[10] This can and should also include of existing protection system which provides the basis for support to SEA survivors.

[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.

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).	100% of PSEA Network members trained on GBV Safe Referrals principles and referral pathways in context of PSEA. Rollout to PSEA Network members of SGBV referral contact point smartphone application.	Safe Referral trainings targeting PSEA Network members conducted.	2020		SGBV Sub-Working Group - UNHCR-UNFPA Co-chairs
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.	Percentage of PSEA Network members and local partner personnel trained on SEA guidelines and protocols for investigations, including survivor-centered principles.	Identification of resource person/source of training on investigation.		2020-2021	$25,000 (unfunded)	PSEA Network
Part B: PSEA Country-Level Structure						
Outcome 4: PSEA inter-agency structure at country-level: The Humanitarian Coordinator and Humanitarian Partners Forum 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 technical level.	Status of designation of agency co-chairs for the PSEA Steering Committee (principal level, HCT/UNCT) and the PSEA Network (technical level)	Establishment of PSEA Steering Committee to guide PSEA activities and CBCM. PSEA Network chaired at technical level by UN and NGO co-chairs.	Update of CBCM and PSEA Network TOR/SOP to reflect Steering Committee role. Annual election of NGO Co-chair.	2020		HCT Members
	Status of development and implementation of the HCT PSEA Action Plan, including clearly defined roles and responsibilities of each actors.	PSEA Action Plan is endorsed by all members.	Drafting and adoption of PSEA Action Plan.	2020		HCT Members
Output 4.2 A full-time PSEA Coordinator (with medium to long-	Status of deployment of a full-time PSEA Network Coordinator	P3/P4 level full-time PSEA Coordinator is in place	Identification of funding to support full-time	2020	$160,000-200,000 (unfunded)	HC/HCT

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 focal point for victims' rights and assistance. (To delegate the tasks of this role to the PSEA co-chairs) and if further training is required, we can recruit specialized trainers for support.			PSEA Coordinator.			
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 establishment of a PSEA Network	PSEA Network is established and reports periodically to HCT, via the PSEA Coordinator.	In place, reporting to be strengthened	Ongoing		
	Integration of PSEA in the Humanitarian Response Plan (or similar), where relevant	PSEA Action Plan is costed and resourced through HRP	PSEA to be included in coming planning round for Jordan Response Plan, or its replacement	201202021		UNICEF-UNHCR-UN Women supporting GoJ
	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. Need to check what each agency has established and begin from there	PSEA Network to provide familiarization on relevant standards		2020		PSEA co-chairs, with PSEA Network members
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	All HCT members have appointed focal point.	Confirmation with all members	2020-2021 Q2		PSEA Co-chairs

Output. PSEA technical focal points. trained		All PSEA focal points including at least one national focal point are trained (ToT) on PSEA and provided with materials to replicate the training in English and Arabic		Q3	Q4	ToT INTERSOS in coordination with UNHCR
COVID 19 Response						