Prevention of Sexual Exploitation and Abuse Network - Pakistan

Asia Pacific Regional Webinar on PSEA and COVID-19
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Country Context

Pakistan is one of the most disaster-prone countries in the world:

3.5 million people affected by various crises vulnerability has increased due to COVID-19, including:

- 1.4 million Afghan Refugees
- Internally displaced populations – 600,000
- Host communities

Climate Change
Pakistan is among top 10 most affected countries in the world

Poverty
Projected increase due to COVID-19 (IMF) from 24.3 % to 40%

Increased need for PSEA incorporation in COVID-19 response
Core Functions of PSEA

- Accountability to affected populations
- Addressing within organizations as part of the organizational culture
- Checks in recruitment process
- Compliance on PSEA standards as part of standing agreements with partners
- Reports and complaints mechanism

Established in **2016**
Reactivated in **2018**-ToR
developed

- **30** member org. including
  - **12** UN agencies and
  - **18** I/NGOs representing PHF and NHN

**Chair:** UNFPA

**Secretariat:** OCHA

Training Task Force lead:
UNHCR

Referral Task Force lead:
CARE International
Key Milestones

2016
establishment of PSEA network Pakistan

2018

- Reactivation of PSEA Network by UNFPA
- Stakeholders Mapping
- Capacity Assessment survey
- Training of PSEA focal points by UNFPA regional office
- Assessment of referral mechanism for PSEA

2019

- PSEA Country-Level Framework – Pakistan
- Community Based Complaint Response Mechanism and Referral System on PSEA- endorsed by HCT,
- ToRs for PSEA focal points and PSEA coordinator
- TOT on PSEA for members
- Training of govt. partners on PSEA
- IEC material development

2020

- COVID response
- PSEA mechanism in development context
- AAWAZ II (Voice) and KPMD (KP Merged Districts)
<table>
<thead>
<tr>
<th><strong>COVID-19 Response</strong></th>
<th><strong>Prevention</strong></th>
<th><strong>Coordination</strong></th>
<th><strong>Response</strong></th>
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<td></td>
<td>Awareness raising and training of humanitarian workers and partners on PSEA and GBV</td>
<td>Strengthening PSEA network and GBV coordination structures</td>
<td>Establishment of helplines</td>
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<td>Communication messages on PSEA and GBV</td>
<td>Sharing IEC Material and IASC guidelines PSEA</td>
<td>Referral pathways</td>
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<td>Orientation of health case workers on PSEA and GBV</td>
<td>Technical briefing by IASC Senior GenCap Advisor</td>
<td>Tele Psycho-social Support Services to women and children (including other vulnerable groups),</td>
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<td>IEC material</td>
<td>• IASC guidelines on PSEA</td>
<td>Remote case management,</td>
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<td>• Global context and usability of fund for PSEA communication and outreach</td>
<td>Mechanism establishment on Reporting and accountability</td>
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<td>• Roll out PSEA Community Based Complaint Response Mechanism and Referral System</td>
<td>Dignity kits provision in shelter homes and designated health facilities as a neutral entry point to enhance PSEA by sharing information</td>
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<td>• GBV Survey through PSEA network to assess domestic violence status under COVID-19 lockdowns and strengthen response mechanism.</td>
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PSEA in Development Context: Investing in and Using Government Institutions and Mechanisms

• PSEA related technical and capacity building support of the regular UN AFP programmes to the federal and provincial **offices of ombudspersons** and low enforcement entities;

• Government existing **helplines and psychosocial support services** established with the support of UN AFPs have been repurposed/reinforced for COVID-19 response;

• Integrate PSEA in the design of COVID-19 related interventions from the onset.
  (e.g. UNDP and UNFPA are about to establish model quarantine camps with women and girl safe spaces, monitoring and reporting mechanisms).
Challenges

- Local culture and attached stigma
- No proper reporting mechanisms in place
- The reporting mechanisms are either weak or non-existent
- Lack of awareness of PSEA by referral partners
- Access issue hindering direct reporting

- Resources for system strengthening community based complaint mechanisms.

Reasons

- Network members (UN agencies, INGOs, NGOs, CBOs) have different level of capacities to respond to PSEA.

- The PSEA Network members focus on different beneficiaries/persons of concerns/target populations (e.g. local populations, IDPs and refugees) which affects response and reporting mechanisms.

- Reports are kept confidential for safety and security purpose.
Way forward

• Dedicated PSEA coordinator.

• Update interagency PSEA response plan.

• Standardize and strengthen approaches and policies in support of PSEA compliance and accountability across the PSEA Network.

• Expand PSEA referral pathways and case management.