The Sudan PSEA Network

Joint Framework for Action on Prevention and Response to Sexual Exploitation and Abuse (JFA- PSEA)

2019 - 2020

We the undersigned members of the development and humanitarian community in Sudan, hereby commit to implement and monitor in a coordinated and coherent manner, the approved Joint Framework for Action on prevention and response to sexual exploitation and abuse (JFA-PSEA) as a reflection of our full accountability to the affected populations we are committed to serve, with dignity and respect.

respective signatures on this day of July, 2019. Names and Signatures of Participating Agencies / Organizations: Name: Name: Organization: Organization: Name: Name: Organization: Organization: ----------Name: Name: Organization: Organization: Name: Name: Organization: Organization: _____ -----Name: Name: Organization: Organization: -----______ Name: Name: Organization: Organization: Name: Name: Organization: Organization: Name: Name: Organization: Organization: Name: Name: Organization: Organization: Name: Name: Organization: Organization:

WHEREFORE, the heads/representatives of agencies/organizations here present have appended their

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As the primary body for coordination and oversight of prevention and response to sexual exploitation and abuse by all development and humanitarian actors, *the Sudan PSEA Network* is committed to a *coherent and coordinated approach* to strengthen PSEA efforts in Sudan. The approach informed a mapping survey conducted in March 2019. The mapping provided baselines on existing mechanisms, current gaps and recommendations to strengthen collective and individual efforts by all development and humanitarian actors in Sudan. Following the mapping exercise, the Network developed this *Joint Framework for Action* on PSEA (JFA-PSEA), outlining the priority results that the Network members will work jointly to achieve in Sudan from 2019 to 2020.

The JFA-PSEA rests on 6 core areas for action¹: **PSEA policy operationalization, coordination and cooperation, prevention and internal mainstreaming, advocacy, complaints and investigations, and survivor support**.

Total estimated budget for 2 years	USD 850,000.00
Contributions	
WFP (P4 PSEA Coordinator)	USD 500,000.00
Care International for the Sudan INGO Forum (National	USD 160,000.00
PSEA Coordinator)	
UNICEF	USD 80,000.00
UNDP	USD 20,000.00
UNFPA	USD 20,000.00
UNHCR	USD 20,000.00
Switzerland	USD 50,539.00
FAO	USD 20,000.00
Total	USD 870,539.00

In kind contributions by member organizations and donors, such as the UK Department for International Development (DfID); and the Swedish International Development Agency (SIDA) supporting the position of the Gender Advisor to the RCHC are duly recognized.

The JFA-PSEA is a living document which shall provide a basis for continuous tracking of progress and resource needs on PSEA by all development and humanitarian actors across Sudan.

By appending their respective signatures to the original copy of the Joint Framework for Action on PSEA all representatives of member organizations commit to support joint efforts and proactively implement individual actions towards accomplishing the JFA-PSEA.

The JFA-PSEA shall remain open for signatures by agencies / organizations who are not able to sign it on the below date and may subsequently wish to do so. Such agencies / organizations will signify their interest to the RCHC's Office through the Gender Advisor, who shall then present the same to the next meeting of the Sudan PSEA Network. Once the offer to sign is accepted, it shall be effected by such an agency / organization and returned to the custody of the RCHC's Office.

¹ Based on the key elements of the IASC MOS-PSEA: 1. Management and coordination; 2. Engagement with and support of local community population including raising beneficiary awareness on PSEA and support to establish effective community-based complaints mechanisms; 3. Prevention: Effective and comprehensive mechanisms to ensure awareness-raising on SEA amongst personnel; effective recruitment and performance management; and 4. Response: Internal complaints and investigation procedures are in place.

Priority Results	Indicators	Baselines	Targets/ Benchmarks	Key Actions	Timeframe	Bud	dget	Lead	Progress
			Benchmarks			2019	2020	agency/iesper activity	
Priority Result A: PSEA Policy/Operationalization	ation								
Outcome 1. All development and humanita	rian actors have in	creased kno	wledge on standa	rds of conduct, S	EA/safeguard	ing and of the	e systems in p	olace on preventi	on,
reporting and survivor-centric response.			_		_	_	·	·	
Output 1.1: All entity focal points trained on standards of conduct, gender-responsive and child-friendly, SEA/safeguarding and survivor-centric response and reporting systems.	1.1.1 No. of focal points trained on gender-responsive and child-friendly, safeguarding and the PSEA prevention and response system.	Nil	All focal points trained on Gender- responsive and child-friendly safeguarding and PESA prevention and response system; and	1.1.1. Gender- responsive and child-friendly guidelines for SEA/safeguarding and training materials developed.	Oct – end 2019	20,000.00		Network (consultant/task team on capacity building to be formed); IAALG, UNICEF	
		Nil	capacity for SEA risk assessment.	1.1.2. Training of all network focal points conducted.	Oct – end 2019	20,000.00		Network/members; Task team on capacity building; IAALG	
	Nil		1.1.3. IASC Standard TOR for all PSEA focal points reviewed, customized for Sudan and disseminated.	Immediately	Nil	Nil	Task team on capacity building; IAALG		
Output 1.2: All member organizations act to reinforce compliance by implementing partners to PSEA policies and response.	1.2.1. No. of development and humanitarian actors requiring compliance by implementing	Uneven approaches	100% of humanitarian and development actors report compliance to PSEA policies.	1.2.1. Due diligence and commitment as part of granting mechanism for IPs.	Ongoing	Per agency/entity	Per agency/entity	Per agency/entity	
	partners to PSEA policies.	As above		1.2.2. Include budget for PSEA policy implementation in IP grants.	Immediately	Per agency/entity	Per agency/entity	Per agency/entity	
		As above		1.2.3. Include PSEA compliance measures as part of due diligence assessment of partner organizations.	Immediately	Per agency/entity	Per agency/entity	Per agency/entity	
		As above		1.2.4. Sensitization, orientation and capacity building by humanitarian	Continuous	Per agency/entity	Per agency/entity	Per agency/entity	Fatima to share update on UNICEF

Priority Results	Indicators	Baselines	Targets/	Key Actions	Timeframe	Вι	ıdget	Lead	Progress
			Benchmarks			2019	2020	agency/iesper activity	
				and development actors for IPs.					partner trainings.
		Nil		1.2.5. PSEA Mapping baseline updated for progress, challenges and needs.	Every 6 months	n/a	n/a	PSEA Coordinator / Mapping Task Team	
Outcome 2. All development and humanita	rian interventions	in Sudan rei	nforce complianc	e with PSEA safeg	uarding comr	nitments an	d policies		
Output 2.1: PSEA response is consistently integrated into the UNDAF and HRP	2.1.1. UNDAF and HRP integrate PSEA.	PSEA content in HRP. Nil in UNDAF.	100% all planning and programming frameworks incorporate PSEA.	2.1.1. Include PSEA in UNDAF, HRP, Humanitarian Protection Strategy, funding allocation strategies	immediate	n/a	n/a	UNCT, HCT (ISCG, RCF, UNDAF working groups)	
		Nil		2.1.2. Develop a country specific PSEA marker for assessing compliance and integration of PSEA across all UNDAF and HRP programmes and projects.	June 2020	20,000.00	Nil	UNCT, HCT (ISCG, UNDAF working groups)	
Priority Result B: Coordination and Coopera	ation		<u> </u>		<u>'</u>		_		
Outcome 3. The Resident and Humanitarian		the UNCH-H	CT are supported	at senior manage	ement and ted	chnical-level	s to lead, ove	rsee and deliver o	n the
PSEA commitments visa the Sudan Joint Fra							,		
Output 3.1: A full-time PSEA Coordination team, reporting to the RCHC through the Gender Advisor, providing day-to-day technical support and expertise for the Sudan	3.1.1. Full-time PSEA Network Coordination team in place.	P5 Gender Advisor to the RCHC currently acting as	P4 level full-time PSEA Coordinator hired.	3.1.1. Open recruitment in Q3 - Complete recruitment by Q4	Oct. – end 2019	250,000.00	250,000.00	RCHC office / WFP	
PSEA Network		Network Coordinator	NOB National PSEA Specialist hired.	3.1.1.1. Open recruitment in Q3 - Complete recruitment by Q4	Oct. – end 2019	80,000.00	80,000.00	RCHC office / INGO	
			Operational costs for PSEA Coordination team.	3.1.1.2. Cost-share / voluntary contributions.	Oct. – end 2019	20,000.00	20,000.00	RCHC office / UNDP	

Priority Results	Indicators	Baselines	Targets/	Key Actions	Timeframe	E	Budget	Lead	Progress		
			Benchmarks			2019	2020	agency/ies per activity			
Output 3.2: PSEA Network structure in place as oversight mechanism for all development and humanitarian actors in Sudan	3.2.1. Sudan PSEA Network in place, led by the RCHC with resources and expertise to deliver on commitments	Sudan PSEA Network revived in Nov. 2018. Has two thematic groups (IAALG and RCF) and	Network revived in Nov. 2018. Has two thematic groups (IAALG and	Network revived in Nov. 2018. Has two thematic groups (IAALG and	PSEA Network has thematic working groups and task teams to take forward PSEA action plan commitments	3.2.1. PSEA Network TOR revised to reflect relevant working structures (e.g. IAALG and RCF), actors and responsibilities.	Every 6 months	n/a	n/a	PSEA Network	
		RCF) and two task teams (Advocacy and Mapping).		teams (Advocacy and	3.2.2. PSEA Network mandates task teams on needs bases to execute specific objectives: e.g. capacity building, cross-learning, mapping, advocacy and communications etc.	On needs basis	n/a	n/a	PSEA Network		
				3.2.3. Working groups and task teams report to the network on responsibilities, achievements and issues.	Bi-monthly	n/a	n/a	Working Groups and task teams			
Output 3.3: Transitional arrangements for PSEA response post UNAMID.	3.3.1. Integration of post UNAMID PSEA response into the Joint Framework for Action	Concept Note for transfer developed	Transitional Action Plan for post UNAMID PSEA response developed and adopted within the JFA	3.3.1. UNAMID transition plan reviewed and agreed.	Immediate	n/a	n/a	PSEA Network			
	3.3.2. Number of community Focal points on PSEA from UNAMID handed over to relevant network members.	Nil	100% of community focal points on PSEA are handed over before UNAMID exit by June 2020	3.3.2. Phased introduction and transition to PSEA network. Refresher training.	Start Dec 19 – End June 2020	13,000	Nil	UNAMID, UNICEF – PSEA Network			
Output 3.4: PSEA issues integrated into other coordination frameworks such as ISCG, RCF, PMT, GTG, INGO Forum, DCG	3.4.1. Integration of PSEA as an agenda item into	Nil	Agenda of Coordination structures reflect PSEA periodically.	3.4.1. Discussions with coordination leads on PSEA integration.	Continuous	n/a	n/a	RCHC			

Priority Results	Indicators	Baselines	Targets/ Benchmarks	Key Actions	Timeframe	Bud	dget	Lead	Progress
			Benchmarks			2019	2020	agency/ies per activity	
	coordination frameworks	Nil		3.4.2. PSEA as standing agenda item on coordination structures	Quarterly	n/a	n/a	Coordination leads: ISCG, RCF, PMT, GTG, INGO Forum, DCG	
Priority Result C: Prevention & Internal Mai	nstreaming								
Outcome 4. Every child and adult within co	mmunities receivin	g humanitar	rian and developn	nent services are	aware of thei	r rights, expe	cted standard	behaviors by	
development/humanitarian actors and kno	w where/how to re	eport SEA inc	cidents.						
Output 4.1: Community mobilization, consultation and awareness raising on PSEA in each community receiving and/or affected by development/humanitarian assistance.	4.1.1. Percentage of sites reached with communications materials on PSEA, how to report on SEA and how to access survivor-centered	No joint key messages.	100% of sites provide information on rights of affected populations, SEA and how to report SEA and receive	4.1.1. Key prevention messaging for dissemination by all network members.	May/June 2019	n/a	n/a	The Advocacy & Communications Task Team	
	assistance. (disaggregated by type of PSEA communication materials developed for each population group identified).	Only UNAMID has prevention messages.	assistance.	4.1.2. Key messages adapted for diverse programming locations and disseminated (flyers, posters, audio-visuals, trainings, notice boards, bulletins)	Continuous	Per agency/entity	Per agency/entity	Per agency/entity	
	4.1.2. Percentage of community awareness and sensitization programs on PSEA, targeting also men and boys	Nil	100% of community awareness sessions include men and boys.	4.1.3. Community sensitization programs developed, and awareness sessions conducted for all community members; disaggregated by sex and age.	Continuous	Per agency/entity	Per agency/entity	Per agency/entity	
	4.1.3. No. of community sensitization programs targeting men and boys	Nil	At least 1 alternative community awareness session for each one conducted above, specifically	4.1.4. Specific awareness sessions for men and boys.					

Priority Results	Indicators	Baselines	Targets/ Benchmarks	Key Actions	Timeframe	Bud	lget	Lead	Progress
			benchmarks			2019	2020	agency/ies per activity	
			targeting men and boys.						
	4.1.4. No. of community sensitization programs targeting women and girls	Nil	At least 1 alternative community awareness session for each one conducted above, specifically targeting women and girls.	4.1.5. Specific awareness sessions for women, girls and adolescents.					
Outcome 5. All member organizations of the		eate and ma			ion of sexual	exploitation a	ind abuse.		
Output 5.1: All staff members of development/humanitarian actors in Sudan are aware of SEA principles, standards of behavior and reporting channels.	5.1.1. Percentage of network member organizations who provide ongoing/continuous awareness for staff members on SEA codes of conduct, policies, guidelines and reporting mechanisms	48% staff of network members have completed an online PSEA course. 55% of network members provide face to face PSEA	100% of network members provide ongoing/continuous awareness for staff members on SEA codes of conduct, policies, guidelines and reporting mechanisms.	5.1.1. All staff of network member organizations complete mandatory PSEA online course. 5.1.2. All member organizations adopt more faceto-face and direct approaches for dissemination of	Ongoing Continuous	Per agency/entity Per agency/entity	Per agency/entity Per agency/entity	Per agency/entity Per agency/entity	
		training for staff within the past year		PSEA policies and guidelines to all staff; especially trainings and institutionalization of PSEA orientation for new staff in addition to corporate channels like contract signing.					
	5.1.2. Percentage of country and field offices which have notice boards/flex charts prominently displayed on the code of conduct and	Nil	100% of offices have notice boards/flex charts prominently displayed on the code of conduct	5.1.4. Messages adopted on SEA/safeguarding and reporting and response system for all staff in all	Continuous	Per agency/entity	Per agency/entity	Per agency/entity	

Priority Results	Indicators	Baselines	Targets/ Benchmarks	Key Actions	Timeframe	Bud	dget	Lead agency/ies	Progress
			Benchmarks			2019	2020	per activity	
	the PSEA reporting system		and the PSEA reporting system	locations and offices. 5.1.5. Communication materials developed on PSEA					
				code of conduct and reporting mechanism and disseminated to all staff members and partners.					
Output 5.2: SEA risks assessment /compliance integrated into protection analysis, programming, and assistance	5.2.1. Percentage of member organizations who include SEA risks in their programme risks registers/frameworks	81% have not conducted SEA risk assessments within the past 2 years	100% of member organizations conduct SEA risk assessment annually.	5.2.1. SEA risk assessment conducted annually to inform design of programmes and adopt appropriate prevention measures.	Annually	Per agency/entity	Per agency/entity	Per agency/entity	
	5.2.2. Percentage of SHF projects which integrate SEA compliance in their implementation strategy.	Approach not yet systematic.	100% of SHF projects integrate SEA compliance in their implementation strategy.	5.2.2. Pooled funding mechanism e.g. SHF to be linked to PSEA compliance.	Every 6 months	Nil	Nil	OCHA/UNDP	Training of SHF Partners by OCHA on July 15
Priority Result D: Advocacy									
Outcome 6. Increased commitment and co							1	DOSANIA	
Output 6.1: The PSEA Network to develop key advocacy messages	6.1.1. Status of development and implementation of key SEA prevention	Draft framework done.	All PSEA Network members endorse and adapt key advocacy messages.	6.1.1. Adoption of the advocacy and communications framework	immediate	n/a	n/a	PSEA Network	
	and response messaging.	Nil		6.1.2. Development of key messages on PSEA and review of UNICEF draft letter to the Government of Sudan on	August 2019	n/a	n/a	Advocacy and Communications task team.	

Priority Results	Indicators	Baselines	Targets/ Benchmarks	Key Actions	Timeframe	Bud	dget	Lead	Progress
			Deficilitatiks			2019	2020	agency/ies per activity	
				country level PSEA response					
		Nil		6.1.3. Endorsement of key messages on PSEA and the letter to the Government of Sudan.	September 2019	n/a	n/a	PSEA Network	
		Nil		6.1.4. Dissemination of letter to the Government of Sudan	August 2019	n/a	n/a	RCHC	
		Nil		6.1.5. Dissemination of key PSEA advocacy messages	Continuous	Per agency/entity	Per agency/entity	PSEA network members	
Priority Result E: Complaints and Response Outcome 7: Every affected child and adult report SEA (through community-based con	recipient of develo								
Output 7.1: Integrated country-wide community-based complaint mechanism to respond to PSEA.	7.1.1. Status of development of a mutually agreed country wide CBCM model	Nil	Multiple confidential reporting channels are made available to cater to the	7.1.1. PSEA Legal Framework analysis for Sudan completed and disseminated7	June 2019	n/a	n/a	Care International,	Almost completed.
		Nil	diversity of the population and differing levels of access (PLWD, Older Persons, children)	7.1.2. Organize learning exchange to study scope and effectiveness of existing CBCMs, recommend and develop a mutually agreed country wide CBCM model which integrates response to PSEA.	July - Sept 2019	1,000.00	Nil	IAALG, UNICEF, UNHCR and UNAMID – Complaints and Response Task Team	Learning exchange conducted on July 10.

² A Community-based complaint 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

Priority Results	Indicators	Baselines	Targets/	Key Actions	Timeframe	Bud	dget	Lead	Progress
			Benchmarks			2019	2020	agency/iesper activity	
		Nil		7.1.3. Endorse CBCM model which integrates response to PSEA.	Sept 2019	n/a	n/a	Sudan PSEA Network	
	7.1.2. Inter-agency SOPs on integrating PSEA in CBCMs established 7.1.3. Percentage of staff and community actors trained on SOPs. 7.1.4. Percentage of children and adults	No CBCM SOPs existing.	100% of affected population can access at least 1 safe and accessible channel to report SEA. One national hotline in place for Sudan.	7.1.4. Develop inter-agency SOPs on CBCMs (integrating child-friendly and gender-responsive approaches) based on consultations with all relevant stakeholders, including communities.	Sept 2019	1,000.00	Nil	IAALG, UNICEF UNHCR and UNAMID	
	who have access to a PSEA reporting mechanism.	As above		7.1.5. Roll-out of inter-agency SOPs on CBCMs (integrating child-friendly and gender-responsive approaches) starting with trainings of PSEA focal points and community focal points.	October 2019 onwards	Per agency/entity	Per agency/entity	PSEA network members	
		4 national hotlines exist		7.1.6. PSEA reporting hotline established for Sudan	Dec 2019	20,000.00	???	UNOPS / UNDP /	
Output 7.2: Multidisciplinary and gender- balanced Immediate Response Team (IRT) to log complaints, make referrals, conduct preliminary assessment.	7.2.1. PSEA Network has capacity to provide immediate response to PSEA reports available	No response SOPs or Protocol in place.	A pool of 5 qualified personnel (with attention to gender balance) are available to provide	7.2.1. Develop and endorse SOPs and Protocol for IRT; including interface with CBCMs	August 19	10,000.00	Nil	IASC, Consultant(s), UNAMID, PSEA Network	
	within the network	Nil	immediate response to SEA reports	7.2.2. Agree standing fund for IRT	Sept 2019	10,000.00	10,000.00	PSEA Network	
		Nil	SOPs and Protocol for IRT.	7.2.3. Nominate and train personnel to the IRT; including text	Sept 2019	20,000.00	Nil	PSEA Network, UNICEF	

Priority Results	Indicators	Baselines	Targets/ Benchmarks	Key Actions	Timeframe	Bud	dget	Lead	Progress
			Delicilliaiks			2019	2020	agency/ies per activity	
				exercise on PSEA response by IRT					
		Nil		7.2.4. Customize and rollout standard UN PSEA incident reporting form	Sept 2019	n/a	n/a	PSEA Network	
	7.2.2. 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).	Nil	All complaints related to SEA that are reported to the PSEA Network and responded to within 7 days	7.2.5. Establish mechanism (Database) to track response to PSEA through CBCMs, actions taken by IRT and feedback provided to complainant	Sept 2019	n/a	n/a	RCHC / PSEA Network	
Priority Result F: Support to Survivors						C			
Outcome 8. All child and adult SEA survivor Output 8.1: PSEA Network has in place	s receive effective 8.1.1. All protocols	<mark>context rele</mark> I _{Nil}	vant healthcare, r	nental and psych 8.1.1. Map existing	osocial, and s	afety and sec	curity services	Task team on	
referral pathways for survivor assistance, as part of an integrated approach with GBV services.	for referral and provision of services for SEA survivors are implemented in line with GBS referral pathways and are		pathway integrated within PSEA Network SOPs. Referral pathways meet the minimum	referral pathways, and SEA services, and identify of gaps.		,		Survivor Support to be established (including UNFPA, UNHCR, UNAMID, UNICEF, WHO, INGO), UNICEF	
	aligned with international standards Percentage of SEA referral pathways that are in place and functioning per the	Nil	requirement as per the geographical coverage of the network members. 100% of the affected population	8.1.2. Adapt the standard protocols for referral and provision of services for SEA to the context of Sudan	August 2019	n/a	n/a	Task team on survivor support	
	geographical coverage of the network members. Number of facilities providing full	Nil	(esp. women and children) can access GBV services.	8.1.3. Adopt above protocols for referral and provision of services for SEA	September 2019	n/a	n/a	Per agency/entity	
	package of SEA services for survivors.	Nil		8.1.4. All members of the network, including IPs are oriented and adopt	September 2019	n/a	n/a	Per agency/entity	

Priority Results	Indicators	Baselines	Targets/ Benchmarks	Key Actions	Timeframe	Bud	dget	Lead agency/ies	Progress
			Benchmarks			2019	2020	per activity	
		Nil		the standard protocols for referral and provision of services for SEA survivors. 8.1.5. Advocate for establishment of new and strengthening of existing referral pathways.	Continuous	n/a	n/a	RCHC	
Output 8.2: SEA survivor assistance is provided through existing Gender-Based Violence (GBV) or Child Protection programming and resourced accordingly through the UNDAF, HRP (or other funding mechanisms).	8.2.1. 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-	Nil	All SEA survivors receive effective context relevant healthcare, mental and psychosocial, and safety and security services.	8.2.1. Identify service delivery points that provide SEA healthcare and psychosocial supporting including confidential counseling.	August 2019	n/a	n/a	Task team on survivor support	
	centered assistance. (disaggregated by age and sex and type of assistance received) Number of SEA survivors timely received quality service	Nil		8.2.2. Advocate for strengthening the capacity of identified service providers on provision of quality SEA healthcare and psychosocial support services for survivors.	Continuous	n/a	n/a	RCHC	
		Nil		8.2.3. Establish mechanism to track survivor-centered assistance (disaggregated by age and sex and type of assistance received)	Dec. 2020	n/a	n/a	PSEA Network	
					Total Budget	490,000.00	360,000.00	\$ 850,000.00	

¹ 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.