FREQUENTLY ASKED QUESTIONS ON INTER-AGENCY PSEA

IOM's lessons learned from
PSEA implementation in-country

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1. INTRODUCTION

Frequently Asked Questions on inter-agency PSEA: IOM's lessons learned from PSEA implementation in-country (hereafter: FAQs on inter-agency PSEA) stems from IOM's experience in rolling out the 2016 IASC PSEA toolkit as tasked by the IASC Principals, and ongoing dedicated support to collective in-country PSEA programs. The FAQs capture the recurring challenges brought to the Global IOM inter-agency PSEA Project team by in-country practitioners. IOM's goal in collecting these FAQs is to support in-country and global PSEA stakeholders by addressing the real challenges faced in inter-agency PSEA implementation.

The FAQs in this format are a temporary resource and will be used for the 2020 update of the *[Best Practice Guide on inter-agency Community-Based Complaint Mechanisms](#)* *(CBCMs)*. **Country examples of practice** have been bundled separately and will also be integrated into the Best Practice Guide update.

The primary **target audience** of this document are technical PSEA actors at the country level that are implementing an inter-agency PSEA Program. Senior leadership in-country will also benefit from the key messages and unpacking of core PSEA concepts. Additionally, the FAQs are relevant for in-country and global actors that are working on related issues (e.g. AAP, GBV, Protection, Child Protection, and Gender actors), as they also aim to clarify synergies and linkages between these actors and a PSEA in-country Program.

Because establishing and maintaining an inter-agency CBCM is an integral part of a broader inter-agency PSEA program, the issues raised during IOM's rollout of the Best Practice Guide by necessity expanded beyond the scope of CBCMs. The **scope** of the FAQs is therefore broader than the scope of the Best Practice Guide. Terminology used in these FAQs will match this broader scope to cover the entire in-country program. For instance, while the Best Practice Guide uses the terms PSEA/CBCM Focal Points and PSEA/CBCM Coordinator, these FAQs will refer to the same actors as PSEA Focal Point and PSEA Coordinator respectively, to encompass their broader role in the inter-agency PSEA Program.

This resource is divided in two parts:

1. The "**Fundamentals**" are a chapeau to the FAQs and aim to unpack common misconceptions on core PSEA concepts as identified during the roll out of the Best Practice Guide. These misconceptions are leading to serious challenges in the design and implementation of collective PSEA. The "Fundamentals" provide guidance for the broadest possible audience concerned with inter-agency PSEA, be it at the strategic or technical level.

2. The main body consists of the most essential and **"Frequently Asked Questions (FAQs)"** by in-country practitioners that IOM has received when rolling out the Best Practice Guide. The answers derive from lessons learned by IOM's inter-agency PSEA team during the past three years of technical support and provide guidance on a wide variety of issues faced by PSEA Networks, Coordinators, and anyone implementing a collective PSEA program in-country.

2. IOM'S PSEA MANDATE

From 2011 to 2018, former IOM Director General Mr. William Swing served as the Inter-Agency Standing Committee's (IASC) Champion on Protection from Sexual Exploitation and Abuse (PSEA). While holding the Championship IOM commenced a project with the generous funding of the United States Bureau of Population, Refugees and Migration to support effective and accountable inter-agency PSEA coordination. This project continues today following Director General Swing's retirement and passing of the Championship to fellow IASC members, in light of the IASC Principals' 2016 directive for IOM to work in collaboration with the Emergency Relief Coordinator to ensure that the Best Practice Guide and Global SOPs are rolled-out and to champion for their implementation. As the only agency delivering a **dedicated project** to support inter-agency PSEA at the country level on behalf of the IASC, in 2019 IOM leverages its significant experience to advance inter-agency PSEA initiatives globally.

IOM is exercising a unique mandate in providing technical assistance on request to in-country PSEA Networks and Humanitarian/UN Country Teams on collective PSEA activities, including establishing inter-agency CBCMs. This technical assistance and support can be directly requested to IOM (PSEA-CBCM@iom.int) or through the IASC Results Group 2 Helpdesk (helpdesk-aap-psea@unhcr.org). Since 2016, IOM has provided technical assistance in-person or remotely to more than 40 countries.

These FAQs aim to capture IOM's lessons learned from years of support to collective in-country PSEA stakeholders. The IOM inter-agency PSEA team hopes that by sharing this learning with a wide audience, it will support ongoing inter-agency PSEA programs in-country to refine their good practices and identify solutions to recurring issues.

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3. FUNDAMENTALS

This section aims to unpack common misconceptions on core PSEA concepts that have led to challenges in implementing inter-agency PSEA programs. This is fundamental information that should be understood by all PSEA stakeholders, both technical and leadership, and the content of this section can be used when drafting advocacy messages. This section aims to create a common understanding of four key concepts: inter-agency CBCMs, defined roles of PSEA actors, and linkages with both GBV and AAP actors.

The Fundamentals section identifies what information is directly drawn from the *Best Practice Guide* on inter-agency CBCMs, the common misconceptions or main challenges identified in the roll out of the Guide, and potential solutions to these challenges. It also points to useful tools/resources.

a. Unpacking inter-agency Community-Based Complaint Mechanisms (CBCMs)

What is an inter-agency CBCM?

The Best Practice Guide defines an inter-agency CBCM as:

"[…] a 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."

The inter-agency CBCM relies upon and links the internal complaint mechanisms of participating organizations through agreed procedures (called Standard Operating Procedures) for the referral of SEA allegations to the relevant organization. The inter-agency CBCM is **not** a new complaint and feedback mechanism (CFM) – i.e. it is not in itself a new means to receive complaints. An inter-agency CBCM connects and complements the CFMs that already exist, while also linking to assistance referral pathways to ensure survivors receive assistance.

Distinguish between CFM and inter-agency CBCM: When speaking of an organization's internal complaint mechanism, the terms CBCM and CFM can be used interchangeably. This is distinguished from an inter-agency CBCM, which is a system of linking internal complaint mechanisms. To avoid confusion, this document uses the term CFM for the internal complaint mechanism of an organization, and inter-agency CBCM for the system linking all CFMs together.

An inter-agency CBCM links all the following structures:

1. **Existing complaint and feedback mechanisms (CFMs)** that can handle any complaints, including SEA complaints (e.g. agency-run complaint boxes and phone numbers)
2. **Existing informal feedback channels** based on community structures that can receive and handle any complaints, including SEA complaints (e.g. midwives and safe spaces)
3. Newly **created formal or informal channels** to fill any outstanding gaps of the affected community to safely complain about SEA after mapping existing channels 1 & 2.

More information on designing the inter-agency CBCM is in FAQ #33

An inter-agency CBCM is working when a complainant can go to any formal CFM or informal channel and their complaint gets to the right organization for follow up, while they receive the services they need. **Agreed referral pathways for complaints and victim assistance services, as part of SOPs, are the bare minimum to speak of an inter-agency CBCM.** Complaint monitoring, information sharing, meaningful community engagement and more are necessary for the joint CBCM to follow good practice, but the SOPs are always required.

The terms "channel" and "mechanism" are used interchangeably in practice to mean any method by which to receive a complaint. The term channel is used more frequently for informal entry points, while mechanisms (such as complaint and feedback mechanisms) are used to indicate formal structures. One potential distinction can be that "complaint mechanism" refers to the formal structures to not only receive complaints but also the protocols that govern complaint handling once the allegation is received. Stakeholders can use whichever terminology is preferred, as long as all stakeholders understand the same meaning. What is important to note is that complaints received through informal structures are NOT less valid or taken less seriously than when received through a formal structure.

What is an inter-agency CBCM not?

An inter-agency CBCM is not an office, a call centre, or any other physical "thing". The reporting channels – i.e. where a complainant brings an allegation – are physical and do need to be accessible. But the inter-agency coordination between those channels exists independently of any one location. The inter-agency CBCM at base is the linkage of these channels through agreement on complaint referral, and therefore is not tied to any particular place.
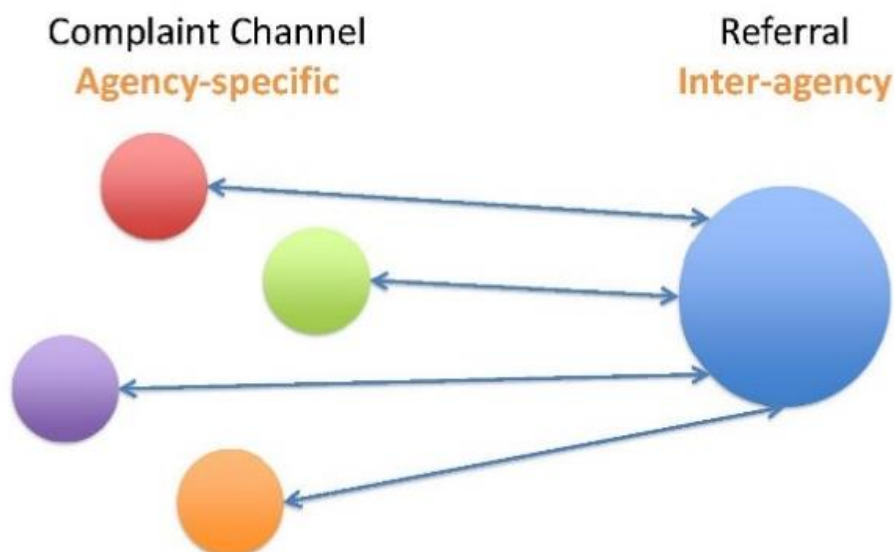
A second common misconception is that the *complaint channel* of a CBCM should be inter-agency. It is the *referral* pathways agreed upon by organizations and included in the SOPs that makes it inter-agency. Common services (e.g. a hotline operated by multiple agencies) are <u>not</u> the same thing as inter-agency CBCMs. The CBCM will very often make good use of a common service, and in practice this may be the primary means for receiving community complaints in-country. But initiating such a common channel is not required to implement an inter-agency CBCM, and where in place they are still individual channels to be linked like all others through the referral pathways. The referral pathways are the only way to consistently achieve the aim of an inter-agency CBCM as stated in the Best Practice Guide: that a complainant can go to *any* complaint channel with a complaint about any organization and his/her complaint will reach the appropriate agency for follow up. A common complaint channel alone does not achieve this aim.

Third, a *community-based* complaints mechanism does not mean that it is managed by the community. It also does not mean that it is a community initiative. The inter-agency CBCM is call such because it should be designed based on input from the community to make it responsive to the community's needs. Under the IASC definition the system is designed and managed by trained personnel.

Caveat: In Peacekeeping contexts there is a "CBCM" program that is actually a community-led means of receiving allegations, conducting outreach and awareness-raising on reporting. The "Peacekeeping CBCM" program is a great example of an informal structure through which to become aware of allegations, and should be linked to the inter-agency CBCM by offering clear instruction on how complaints received through the Peacekeeping CBCM program will be referred to the relevant agency for follow up. In some locations, the Peacekeeping CBCM programs have already received allegations which have been passed on to AFPs or inter-agency CBCMs by the Conduct and Disciple Teams. Stakeholders in integrated missions merely need to be careful of not confusing the two separate initiatives.

Why do we need inter-agency CBCMs?

Inter-agency CBCMs are necessary to overcome the following recurring challenges:

Source image: AAP and PSEA Linkages presentation for World Vision (2018)

Agreeing on CBCM Standard Operating Procedures (SOPs), in line with the Global Standard Operating Procedure[1] helps organizations to know how to refer a complaint to the relevant organization. This will tackle the challenge that communities do not always differentiate between the perpetrators (2). Referral pathways, which can be as simple as a contact list, provide a solution to the challenge that mechanisms often can't handle complaints about other actors. (4)

Linking individual agency CFMs and informal channels into an inter-agency CBCM will make it more likely that complaints will be acted upon. As complaints can be referred to the relevant organization, communities do not need to distinguish which organization their perpetrator works for. This will make it easier for them to access any reporting channel of the inter-agency CBCM they prefer using, addressing the challenge that communities often do not know how to complain (1)

One common argument to push back against the need to establish an inter-agency CBCM is that organizations have their own complaint mechanisms and dependence on a joint mechanism would undermine organizations' accountability. In contrast, when the IASC definition of an inter-agency CBCM is understood (see above), it is clear that the CBCM relies heavily upon the CFMs of each participating organization, and the referral pathways ensure the relevant organization can follow up effectively.

The inter-agency CBCM also aims to solve the issue that existing AAP mechanisms often struggle to deal with SEA complaints. (3) As the inter-agency CBCM links existing mechanisms directly to the person/unit responsible for SEA in an organization, these (AAP) mechanisms will be strengthened to be able to handle sensitive complaints. The staff working in existing AAP mechanisms will be trained to deal with complaints of SEA, to make optimal use of existing mechanisms that are already in place.

Inter-agency CBCMs are also important to obtain information about the prevalence and risk of SEA in country because it facilitates information-sharing across agencies (see FAQs #42-42). This helps to understand trends of SEA and can improve programs across the response.

Based on the 2016 Global SOPs, IOM is developing a Guidance Note providing a step-by-step approach on how to create Standard Operating Procedures, as the framework and procedures that govern the inter-agency CBCM.

Why is a common understanding of an inter-agency CBCM important?

Advocacy
In seeking the buy-in of stakeholders to set up an inter-agency CBCM, it is important that everyone is on the same page about what an inter-agency CBCM is an what it is not. Setting up an inter-agency CBCM (see FAQ #33) takes time and work to ensure buy-in of all stakeholders in country. Agreeing on referral pathways takes more work at the outset but will in the long run lead to a more effective and cost-efficient complaint handling system in country. A PSEA Network, consisting of member organizations, has proven an excellent forum to ensure buy-in of all stakeholders in country and to agree on these referral pathways for complaints and victim assistance services.

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[1] *Global Standard Operating Procedures (SOPs) on Inter-Agency Cooperation in community-based complaint mechanisms (CBCMs)*, as endorsed by the IASC Principals in June 2016. Available in French, Arabic, and Spanish as an Annex to the *IASC Best Practice Guide on inter-agency Community-Based Complaint Mechanisms*

Points to raise when advocating for setting up an inter-agency CBCM:

- ✓ We won't strengthen our collective accountability by setting up more hotlines alone. While having multiple complaint channels is good practice, it does not provide that necessary connection between organizations. An inter-agency CBCM guarantees that the complaint will make it from that initial complaint receipt to the responsible agency.

- ✓ An inter-agency CBCM takes less work and costs less, because it builds of existing structures. The purpose behind creating the inter-agency CBCM concept was to find a system that was easy for both staff and communities to use. The human resource cost is in drafting, agreeing upon, and using the Standard Operating Procedures. The financial cost is in creating new reporting channels where needed to fill gaps, which *organizations should already be doing anyway*.

- ✓ An inter-agency CBCM allows each agency to keep their own chosen complaint and feedback mechanism(s).

Obtain funding

It is challenging to obtain funding to establish an inter-agency CBCM if there is a fundamental misunderstanding in country of what an inter-agency CBCM is. To create sustainable funding for a CBCM stakeholders should be targeting their support to existing CFMs and victim service programs, rather than a new and expensive complaint channel.

Accountability and learning

At the global level, it is useful to know how many inter-agency CBCMs there are and how they are working. It is impossible to measure the success of an inter-agency CBCM if everyone is using a different definition. It is not clear to date how many inter-agency CBCMs exist, because of different understandings of what it is and the different forms it takes. Common understanding and application of the inter-agency CBCM definition will allow for improved monitoring and accountability.

b. The PSEA Structure in country

Because PSEA does not belong to a cluster or sector so it can remain cross-cutting, in-country implementation has for years been ad hoc and the responsibility for who works on what activities remained undefined. The 2015 IASC Principals Statement on PSEA went a long way to addressing this challenge by formally seating PSEA within the humanitarian architecture, and since then the roles and responsibilities of different PSEA stakeholders have become much clearer.

Proposed PSEA Structure at Country Level
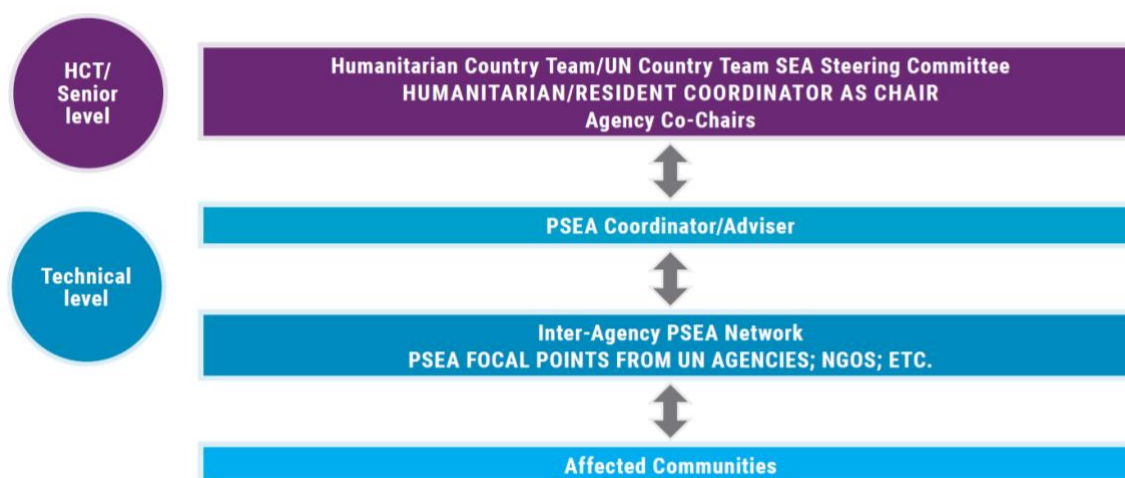
This diagram is based on guidance in the Best Practice Guide and drawn from the 2018 IASC Plan for Accelerating PSEA in Humanitarian Response at Country Level. This visual depicts a proposed PSEA structure at country level, with a clearly delineated role for senior leadership, technical support and implementation, and community participation. Not every in-country inter-agency PSEA structure must look exactly like this diagram (e.g. in a development setting the leadership role falls to the RC and UNCT), but the senior and technical roles must be filled by the appropriate bodies and communities must be engaged.

The senior-most UN official (RC/HC) has the ultimate responsibility on inter-agency PSEA in country. The RC/HC chairs the HCT/senior level body (purple) at the strategic level, consisting of heads of organizations. The senior-level body holds the primary accountability, decision-making, and oversight authority for PSEA activities at country level. This senior-level body oversees the inter-agency technical body implementing PSEA (blue), which serves as the primary forum for PSEA coordination between organizations. The PSEA Coordinator reports directly to the RC/HC, updates senior leadership, and provides support to the PSEA Network.

Members of the affected community provide inputs to the PSEA program so it is culturally appropriate and needs-based. The PSEA Network, in coordination with AAP actors and others working with the affected community, engage the affected population in program design, implementation, and adjustment.

The PSEA Network

The PSEA Network is the inter-agency body charged with coordinating between organizations in-country. A robust PSEA Network is needed for an effective and relevant inter-agency PSEA program as well as to support strong organizational structures for PSEA. Each Network needs Terms of Reference (TORs) to define its structure, membership, oversight, and meeting logistics. The PSEA Network also needs a measurable PSEA Work Plan, which sets out clear goals and transparent measurement of indicators. It is informed by identified risks and based on the community's needs.

ℹ️ PSEA Networks continue to experience obstacles to fully institutionalize PSEA in a sustainable way within their responses, leaving gaps that jeopardize the momentum of joint initiatives due to staff turnover, de-prioritization, and lack of support and allocated time for PSEA Focal Points to devote to PSEA activities.

To overcome these issues, it is important to have clear Network Work Plans that distribute responsibility for PSEA activities across organizations, that the senior-level body and technical-level PSEA stakeholders are mutually supporting each other, and that the responsibilities of all stakeholders are clearly defined for everyone in country. For instance, the senior oversight body should be a forum to bring issues from the PSEA Network that require solutions (e.g. human and financial resourcing).

Generic TORs inter-agency PSEA Focal Points (forthcoming), the PSEA Network (forthcoming), and the PSEA Coordinator are aimed at harmonizing the roles and responsibilities.

> **More information on the different roles and responsibilities under the PSEA Structure at country level is in FAQs #1-13.**

The inter-agency PSEA Program

The PSEA Program is the collective in-country prevention and response approach to SEA at both the technical and strategic level as depicted above. It encompasses the work of the PSEA Network (e.g. Work Plan implementation) and the senior-level body overseeing PSEA (e.g. the high-level PSEA Strategy). The purpose of the inter-agency PSEA program in country is to strengthen collaboration between agencies to build capacity on PSEA within organizations. At the same time, strong internal PSEA capacity will strengthen the inter-agency agenda of the collective PSEA structure.

The inter-agency CBCM is one part of the inter-agency PSEA Program. Other parts of the inter-agency PSEA program often include management and coordination with other actors, engagement with and support of affected populations, as well as prevention activities.

How defining the PSEA Structure and Program has influenced other sectors

The IASC has in recent years clarified the roles and responsibilities of inter-agency PSEA stakeholders. Therefore, the work that previously was taken on by other actors (Gender-based Violence, Accountability to Affected Populations, Child Protection, Gender, Protection, etc.) on inter-agency PSEA has now become the role of the defined PSEA structure in country. This has created a switch of mentality when working with other sectors from how are they *responsible* for PSEA (e.g. Gender specialists conducting an SEA risk assessment as there was no one else to do it) to how they can *engage* with PSEA

(e.g. GBV and PSEA specialists collaborating on risk-mitigation activities based on similar risk factors). In order to not duplicate activities, coordination with these actors is key and the defined PSEA actors will rely upon them.

Other sectors play an important role in setting up inter-agency PSEA structures. For instance, where no PSEA Network is in place, the GBV sub-cluster can play a leading role in advocating for the HC and HCT to put in place such a Network with a dedicated PSEA Coordinator and Focal Points in line with the Global SOPs and inter-agency best practices on CBCMs.[2]

The downside of the clarified PSEA Structure is that whenever the role of the actors in defined, it can create the impression of an exclusive responsibility. It is not the exclusive responsibility of the inter-agency PSEA Structure to prevent and respond to SEA. Throughout this document, guidance will be provided on linkages between inter-agency PSEA actors and other relevant sectors.

c. Linkages with the GBV sub-cluster

Recent years have seen a renewed prioritization of PSEA including widespread recognition of the obligation to assist survivors of SEA. However, this message has caused some confusion over who holds responsibility for providing services to survivors. An inter-agency PSEA Program does not create separate services for survivors, and the PSEA Coordinator / Network are not responsible for providing assistance directly to survivors. Rather, PSEA stakeholders make sure that survivors of SEA have access to services that already exist. In most contexts, members of the Gender-based Violence (GBV) sub-cluster will provide direct assistance to survivors of SEA, because they deliver the kind of specialized services that SEA survivors often require, with due consideration for confidentiality and survivors' safety. By including pathways for referring survivors to existing GBV services in the CBCM SOPs, PSEA stakeholders avoid duplication and encourage investment in existing services that can be sustained. Most importantly however, this helps to mitigate the risk that SEA survivors are stigmatized, isolated, excluded, or discriminated against.[3] It is the responsibility of PSEA

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[2] Handbook for Coordinating GBV Interventions in Emergencies, p. 37.
[3] Best Practice Guide p.119 and Handbook for Coordinating GBV Interventions in Emergencies, p. 36.

stakeholders to ensure that the services available for GBV survivors are also made accessible to survivors of SEA.

It is not the responsibility of the PSEA Coordinator or PSEA Network to assess the quality of services provided to SEA survivors by GBV specialists or other actors. The Network and GBV sub-cluster should however work together to ensure that existing services are accessible for SEA survivors and tailored to meet their needs. It is important to keep the PSEA Coordinator and GBV Sub-cluster Coordinator roles distinct to avoid potential conflicts of interest whilst promoting coordination to ensure that SEA survivors receive the care and assistance they are entitled to. One way to ensure coherence and promote GBV guiding principles and a survivor-centered approach within the PSEA Program is for the GBV Sub-cluster Coordinator to be a standing member of the PSEA Network.

One common challenge faced in country is a lack of sustainable funding for GBV services. Given that SEA survivors should have access to the same assistance as other survivors of GBV, funding appeals for PSEA should include resources for GBV services. Funding of GBV services inherently funds the victim assistance activities of a PSEA program.

The forthcoming UN Uniform Protocol on the Provision of Assistance to Victims of SEA aims to provide a

SEA prevention and response programs have a tendency to be inward-focused, e.g. internal policymaking, staff trainings, internal investigations, SEA prevention and response programs have a tendency to be inward-focused, e.g. internal policymaking, staff trainings, internal investigations, etc. This is especially true following the pressure being placed on organizations to demonstrate PSEA activities in light of increased attention on PSEA in the media and from donors since 2018. To make an in-country PSEA Program outward-focused, that is *accountable to* the affected population it exists to serve, coordination with AAP actors in country is the key to success. The AAP activities of community engagement, information sharing, and CFMs are the cornerstone of a localized, needs based PSEA program. To avoid duplication of efforts, this means that PSEA actors need to not only follow AAP principles, but actively engage with AAP actors – whether part of an AAP collective or managing

common set of norms, standards, and existing frameworks to strengthen a coordinated and system-wide approach to the provision of assistance and support to victims of SEA. The protocol reaffirms that assistance and support to victims should, to the extent possible, be integrated into available and accessible services, programs, and networks for survivors of GBV. It also stresses that only persons with proper training should provide services to victims; it is important to recall here that PSEA stakeholders are often not GBV specialists.

The 2019 Handbook for Coordinating GBV Interventions in Emergencies from the GBV AoR / Global Protection Cluster is quick-reference tool that provides practical field-level guidance for GBV actors, and includes a thorough chapter on coordination with PSEA stakeholders.

> **More information on linking the inter-agency CBCM to victim assistance services is in FAQs 35-38**

d. Linkages with Accountability to Affected Populations (AAP)

individual agency projects. One means of securing this collaboration is for the AAP Coordinator / Advisor to be a standing member of the PSEA Network.

This reliance on linkages between PSEA and AAP is especially relevant for inter-agency CBCMs. The affected community is the end user and client of the inter-agency CBCM, and their buy-in makes or breaks its success. As a recurring example, in-country PSEA programs experience the challenge of complaints mechanisms not functioning effectively (i.e. not being used by the community) when community preferences are not taken into consideration. It is therefore pivotal to make the appropriate links between PSEA (processes that rely on community input) and AAP (processes that retrieve community input) to ensure that affected people are at the heart of all PSEA work. It is the role of both AAP and PSEA actors working together in-country to identify concrete opportunities to mutually support each other's initiatives.

The following diagram outlines the results of meaningful collaboration between AAP and PSEA:
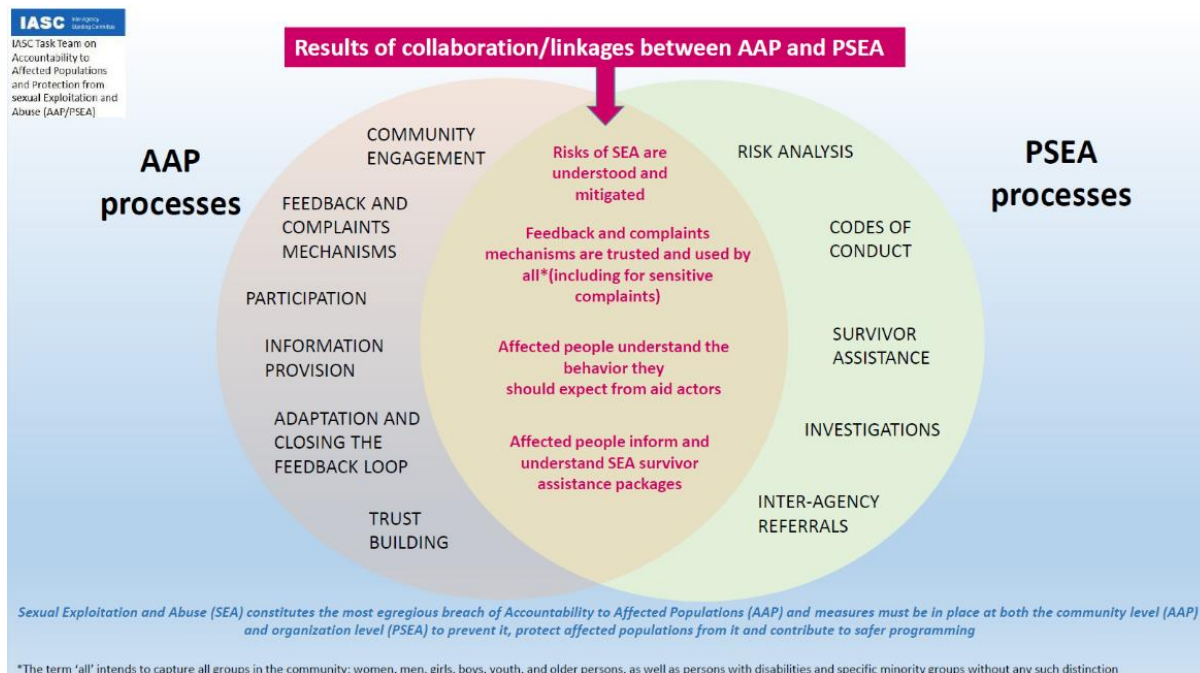
Source diagram: IASC Task Team on AAP/PSEA

This diagram depicts, for example, the effect of linkages in CBCM design: In the design phase of the inter-agency CBCM, creating new channels should be prioritized where there are gaps in access, i.e. certain populations or people inw certain geographic areas of the response have no reporting mechanism they can safely reach. To uncover these gaps, AAP colleagues can help. When setting up a new channel, AAP colleagues can provide information to ensure that the channel is trusted and used by all. AAP actors can help consult community members on how they prefer to report sensitive complaints. In return, because most complaint and feedback mechanisms do not (and should not) exclusively receive SEA allegations, PSEA actors should train the staff working CFMs (AAP actors) on how to receive and effectively handle sensitive complaints. All AAP channels included in the inter-agency CBCM must know how to handle SEA allegations.

Establishing systems that are truly based on community needs can be difficult under the short time frames currently demanded of PSEA initiatives. Community engagement takes time. The need for expediency must be balanced against getting the systems in place in the right way, in order to establish a truly effective PSEA Program.

> **More information on how the PSEA Network engages with the affected population is in FAQs 15 and 25**

> **More information on designing the inter-agency CBCM is in FAQ #33**

4. FREQUENTLY ASKED QUESTIONS ON INTER-AGENCY PSEA

The PSEA structure – Roles and responsibilities

1. What are the responsibilities of senior-most UN leadership in country?

The UN Resident and Humanitarian Coordinator (RC/HC) have the overall responsibility for PSEA in country. HCs and RCs coherently have the system-wide responsibility to:

- ✓ Create and maintain an environment that prevents sexual exploitation and abuse

- ✓ Ensure that protection from sexual exploitation and abuse is integrated into humanitarian / development coordination structures

- ✓ Ensure that a country-level action plan to address sexual exploitation and abuse is developed and implemented

- ✓ Ensure that a quality, victim-centred assistance mechanism is operational

Concrete steps to carry out these responsibilities are in the RC/HC Handbook on Emergency Preparedness and Response. (Revision due March 2020)

This means that, and as re-affirmed by the Management and Accountability Framework of the UN Development and Resident Coordinator System, the senior leadership responsibilities on PSEA do not change when an emergency is triggered and the HC role is appointed. Substantively, there is no difference between the RC and HC role in PSEA. PSEA minimum standards remain the same from development to emergency response, and therefore the responsibilities of an RC and HC on PSEA in terms of what to do stays the same.

However, how these responsibilities are carried out will change when an emergency is triggered. The coordination bodies the HC will oversee will change, for instance, when the cluster system comes into play.

The coordination role with government will change and engagement with the population differs as an emergency creates more risk for SEA to happen. Humanitarian principles come into play as well as new collective funding mechanisms. What exists from the development settings (e.g. referral pathways, locations of complaint channels) will sometimes need to be adapted.

For the coherent leadership role of the Special Representative of the UN Secretary General (SRSG) in an integrated mission context, see the (forthcoming) UN Manual on SEA.

2. What are the reporting requirements of senior leadership on PSEA?

There is not one global body dedicated to oversight of all in-country PSEA implementation; the Office of the Special Coordinator (OSC) on SEA is dedicated to improve the UN-wide response on SEA, and the Inter-Agency Standing Committee (IASC) is dedicated to strengthen the humanitarian sector's approach to PSEA (both UN and non-UN entities). Therefore, reporting on in-country collective SEA prevention and response activities is done through the regular accountability lines of Resident and Humanitarian Coordinators. In an emergency context this is done through the HC to the IASC Chair, the Emergency Relief Coordinator. To date this has included dedicated discussions on PSEA during the annual HC Retreat, and at the time of this writing the IASC is developing a more concrete accountability mapping that will allow HCs to report their PSEA initiatives against standardized indicators.

What must be noted is that UN senior leadership at the collective level (RC/HCs) are *not* responsible for reporting on numbers of complaints received in-

country. For one, this would duplicate the case reporting that individual agencies are responsible for – UN agencies report cases quarterly at HQ-level to the Secretary General, the data on which is collected by the OSC and can be found live here. For another, given the systematic underreporting of SEA it is not recommended to assess the success of a collective PSEA program on the basis of case numbers. Rather, HC reporting should be focusing on actions taken in-country to prevent and respond to SEA, including in the IASC priority areas.

3. Which body should oversee collective PSEA implementation in country?

Because PSEA is the responsibility of organizations to implement, and this responsibility rests in the head of each organization, oversight of inter-agency PSEA activities should be done by the senior-most body in country in which the heads of organizations are represented. This body supports at the strategic level the design, implementation, and monitoring of technical PSEA Network activities. The Best Practice Guide breaks down the concrete role of this oversight body. It is important that all entities participating in the inter-agency PSEA Program are represented in this body, as necessary to ensure ownership, transparency, information sharing, burden sharing, and visible leadership amongst the member organizations.

PSEA cannot be a box-ticking activity for this body, as it needs to be proactively addressed at the decision-making level to find solutions to the ongoing challenges that will be faced. One method to avoid deprioritization of PSEA is to make it a standing agenda item, another is to hold ad hoc PSEA-specific meetings as issues arise that need leadership attention. How PSEA is addressed by this senior-level group should be agreed upon internally based on what will work best for them. It is the role of the PSEA Network and/or PSEA Coordinator to raise concrete issues that arise during implementation the seek leadership support; it is the role of the RC/HC to ensure that this forum has the space to provide it.

4. Do we need to create a "Steering Committee"?

The Best Practice Guide and subsequent global guidance refer to a "Steering Committee" as the senior-level body responsible for overseeing PSEA at country level. It is *not* necessary to create a new oversight body if there is already a high-level body in place that could oversee PSEA implementation in country. The "Steering Committee" title simply refers to the role of PSEA oversight when exercised by leadership. In many contexts the HCT takes on the Steering Committee function, as PSEA is already embedded in the standard HCT Terms of Reference. Others have chosen to seat PSEA in the UNCT, being the more senior body.

In every response, it should be agreed early on whether it is necessary to create a separate and dedicated oversight body for PSEA implementation, or whether PSEA will be worked into an existing high-level oversight group.

5. Why is it necessary to hire a dedicated and independent PSEA Coordinator?

A full-time independent PSEA Coordinator, who reports directly to the most senior humanitarian leadership in country (RC/HC), was endorsed by the IASC Principals in the 2016 Global SOPs and reinforced in the 2018 IASC Plan for Accelerating PSEA in Humanitarian Response at Country Level, calling for a dedicated Coordinator in all humanitarian contexts. A dedicated PSEA Coordinator has been repeatedly found critical to maintain the momentum and good practices of inter-agency PSEA programs at the country level, particularly in emergency response sites where PSEA activities can be deprioritized amongst life-saving activities.

The full-time PSEA Coordinator position recognizes that working on PSEA is an additional responsibility added on top of the regular role of staff in-country. While organizations maintain the responsibility to implement PSEA structures and activities (following the MOS-PSEA), in practice it can be difficult to find time and resources to add PSEA on top of one's job description. The PSEA Coordinator therefore supports organizations in-country to perform their existing roles

by encouraging burden- and information-sharing, making PSEA more efficient and harmonized.

In addition to supporting organizations internally, the PSEA Coordinator role has also proven invaluable to push forward the inter-agency PSEA program. It is best practice that monitoring the in-country PSEA Work Plan (see FAQ #12), maintaining the inter-agency CBCM (see FAQ #34), overseeing and representing the PSEA Network (see FAQs #8-9), and reporting to leadership (see FAQs #1-2) are delivered by an individual working full-time on PSEA and not affiliated with any single agency.

The Generic PSEA Coordinator TORs describe the role, responsibilities, and skill set required of a PSEA Coordinator and can be used for recruitment. They were developed based on existing IASC PSEA Guidance, consultations with past and present PSEA Coordinators, and global specialists from the IASC Results Group 2 on Accountability and Inclusion and the UN Victims' Rights Advocate. They were circulated in 2019 by the ERC and are accessible here.

As the PSEA Coordinator reports directly to the RC/HC and exists in large part to support his/her senior leadership role in PSEA, the RC/HC should be actively involved to source funding and recruit the in-country PSEA Coordinator.

Because PSEA is rarely a full-time function, and the role of PSEA Coordinator has only recently been defined, it has proven difficult to find candidates with the appropriate skillset and technical experience. To address this gap and build up the pool of capacitated individuals that can take on the PSEA Coordinator role, IOM has developed a training that capacitates participants the perform the role as outlined in the Generic PSEA Coordinator TORs. The design of the PSEA Coordinator Training was informed by existing guidance as endorsed by the IASC, the outcomes of a Consultation hosting past and present PSEA Coordinators, as well as inputs made by the Steering Committee and AAP, GBV, Protection, Child Protection, and Gender experts. Participants to the training are connected with NorCap to apply for their deployment roster, and the participant list is shared with the IASC secretariat.

6. How does a country program recruit a PSEA Coordinator?

While the demand for PSEA Coordinators is increasing, identifying appropriate candidates has proven challenging. Sourcing sustainable funding for a Coordinator is also a rising challenge, as the Coordinator's salary is one of the only costs of an in-country PSEA Program that is not covered by existing agency commitments (e.g. MOS-PSEA). In light of the rising demand for dedicated in-country PSEA Coordinators, IASC members have taken steps to facilitate recruitment from the global level.

In 2019 several agencies – including UNICEF, WFP, WHO, and UNHCR – committed to fund and recruit dedicated PSEA Coordinators in countries prioritized by the IASC. Recruitment is underway as of writing this resource and should fill gaps in minimum sixteen countries. Separately, given that RC/HCs are already in practice of seeking PSEA support through the NorCap roster, NRC is currently taking steps to strengthen its roster system to better respond to requests for PSEA deployments. It is anticipated that in 2020 direct recruitments for PSEA Coordinators will be possible through the NorCap roster.

7. What happens if there is no PSEA Coordinator in our response?

As the PSEA Coordinator position is one of the few collective PSEA activities that requires external funding, not every country will have a PSEA Coordinator in place. If there is no PSEA Coordinator in country, their responsibilities (as outlined in the Generic TORs) should be delegated to other actors in country. The PSEA Network co-chairs will in most cases take over many of the technical level PSEA Coordinator responsibilities. More strategic-level activities, such as developing and overseeing the high-level PSEA Strategy, can be taken on by co-chairs at the HCT level, by a Senior Adviser on Gender, or staff within the RC/HC office.

In countries where there is a PSEA Coordinator he/she will need to go on leave, may experience contract breaks, or may be otherwise unavailable over time. Whenever the Coordinator is not active for any reason, the same delegation of duties needs to be in place.

8. How does the PSEA Coordinator role compare to the PSEA co-chairs role?

Co-chairs of the PSEA Network have been in place as long as there have been PSEA Networks. Traditionally the PSEA Focal Points of the co-chair organizations oversee PSEA Network meetings and in practice they are often the most active members in terms of producing Network deliverables. One reason it is necessary to divide Network responsibilities under a PSEA Work Plan is so the co-chair focal points are not shouldering the majority of Network activities alone.

The PSEA Coordinator role is new and given that the Coordinator is charged with overseeing the PSEA Network, this means the role division between Coordinator and co-chairs needs to be articulated. This should be made clear in the Network TORs, and can be based on several factors: the relative seniority level between the Coordinator and the co-chair Focal Points, their comparative interests and specialty areas, the amount of time the co-chair Focal Points can realistically devote to the Network activities, etc.

One factor to consider when dividing the Coordinator and co-chair role is sustainability. The PSEA Coordinator role is not intended to be a long-term position, rather a support role in place as long as needed to roll out the PSEA program and capacitate Network members to keep sustaining the program themselves. The role has not existed long enough to learn lessons on how long the dedicated Coordinator function should exist, but by observation it should be at minimum one year.

In contrast the co-chair positions are long-term functions held by organizations in the operation, intended to provide sustainable leadership to the PSEA program. While the organizations that are appointed as the co-chairs may rotate, and the Focal Points representing the co-chairs in the Network certainly will change over time, the co-chair positions remain permanent. This makes it ideal for the co-chair organizations to maintain historical memory of PSEA in the response and to champion PSEA at the senior oversight level.

9. What role does the PSEA Network play?

The PSEA Network is the primary body for technical-level coordination and oversight of PSEA activities in country and reports directly to the senior-level oversight body, through the PSEA Coordinator or Network co-chairs. The PSEA Network ensures that there is information sharing and coordination of PSEA activities across organizations. It acts as both a support body for its members and functions to monitor the individual and collective PSEA achievements in-country. Each PSEA Network should have Terms of Reference that make clear the Network roles and responsibilities, membership, and meeting schedule.

The Network is made up of the PSEA Focal Points representing the organizations operating in country. For the Network to be functional, Focal Points should have clear roles and responsibilities and be selected according to agreed-upon minimum criteria in country. It is important that Focal Points are senior enough to bring about change in their respective organizations and can leverage with senior heads of organizations. All Focal Points, in case of absence, should have a briefed alternate to replace them in PSEA Network meetings to maintain institutional and collective knowledge on PSEA developments.

Generic PSEA Network TORs that can be contextualized in-country are currently under development within the IASC.

The PSEA Network is well-placed to identify and share good practices in PSEA implementation in its particular context, while also recognizing where the challenges and blockages are in reaching the goals of the PSEA Work Plan. It is the role of the PSEA Network to bring these challenges to the decision-making body overseeing PSEA in-country so that solutions (financial, political, or otherwise) can be found. Very often PSEA Networks that do regularly report to leadership are reporting an activities and numbers in a cursory way. The Steering Committee (see FAQs #3-4) is the forum to find solutions, and they can only do so if the Network provides concrete observations and clear asks for support. Building this transparent relationship between the technical PSEA Network and leadership is a strong practice, as it allows decision-making to be well informed, encourages that PSEA is meaningfully addressed by leadership, and in turn provides direct support to the PSEA Network.

10. What is the relationship of the PSEA Network with the organizations operating in country?

The members of the PSEA Network are the organizations operating in country that commit to taking part in this technical body. Each member organization is represented by one PSEA Focal Point. The presence of the PSEA Network does not lessen the responsibility of individual network member organizations to develop, implement, and strengthen internal PSEA programs, in line with the PSEA Minimum Operating Standards. The PSEA Network monitors the PSEA activities of Network members in order to avoid duplication and fill gaps.

The PSEA Network, and if in place the PSEA Coordinator, supports and advocates for the agencies in country to strengthen and if requested to help establish internal PSEA policies. The PSEA Network and Coordinator merely have a support role regarding improving and enforcing internal organizational policies, as the responsibility for internal PSEA policies and procedures rests with the senior management of organizations in country. PSEA Focal Points, as representatives of their organizations in the PSEA Network, can play an important role in institutionalizing the inter-agency PSEA Program commitments within their agencies. The PSEA Focal Point is the most important connection between the PSEA Network and the organizations in country. The PSEA Focal Points need to create the buy-in of the organization in the collective, and to feed in the collective commitments in the internal structure of the organization.

11. How do we create an accountable PSEA Network?

A common problem is that PSEA Networks are getting established as a "collection of PSEA Focal Points" without developing a strategy for what makes a network effective. There needs to be early and collective discussion on factors that can keep the Network accountable, e.g. the profile of Focal Points, the Network's TORs, the Network Work Plan, where the Network is seated, and what body will oversee their work. Creating a PSEA Network is a senior

leadership responsibility (RC/HC), to be supported by heads of organizations.

Another potential challenge is having a wide variety of capacities of PSEA Focal Points, making it difficult to maintain a robust and accountable Network. If some Focal Points are well-equipped to identify and take on PSEA initiatives and others are untrained on core PSEA concepts, it is hard to make Network activities and meetings relevant for everyone. To prevent this variance, all heads of office should know the recommended profile of a PSEA Focal Point so that Focal Points are appointed at a standard level. Where varying capacities within the Network already exist, capacity building on the PSEA Focal Point role should be prioritized early on to get everyone on a similar page.

Because a network is only as strong as its members, the PSEA Network has an interest in all its member organizations having strong internal policies on PSEA. All members of the PSEA Network should to meet the Minimum Operating Standards on PSEA. The existence of a PSEA Network does not take away the responsibility of each organization to have these minimum standards in place. It is not the Network's role to monitor all internal policies of organizations. However, Network membership can be an incentive for organizations to strengthen their internal PSEA structures. To promote accountability when setting up the Network and drafting TORs, leadership can agree on commitments that organizations will make to be involved with the Network, e.g. committing to achieve the MOS in full or demonstrating the organization can handle an SEA allegation if received.

12. How does a PSEA Network prioritize its activities and divide its responsibilities?

The PSEA Network prioritizes and divides its activities by designing a collective PSEA Network Work Plan. The Work Plan activities should be measurable, have fixed deadlines, and each activity should be led by an identified Network member or members committed at the senior level, so that it is simple for the senior level oversight body to monitor achievement of activities and/or find solutions when deadlines are missed.

Determining which Network member should take the lead on which activities can be based on existing capacities and interests. For example, an organization

that has a strong relationship with government ministries can take the lead on developing the Network's government engagement strategy.

Prioritizing activities is in part based on common sense and natural sequencing, for example the community must be engaged on how they wish to receive messaging before a community messaging campaign is developed. Prioritization should also be based on an in-country SEA risk assessment. If for example in one zone food distributions are being carried out by newly arrived frontline staff that have not yet been trained on appropriate conduct with beneficiaries, that training should be a priority.

13. What are the roles and responsibilities of an in-country PSEA Focal Point?

The PSEA Focal Point is a staff member of an organization in country and represents this organization at PSEA Network meetings while actively participate in fulfilling the Network's Work Plan. Internally, the Focal Point assists his/her Head of Office to meet their senior leadership PSEA responsibilities and promotes mainstreaming of PSEA within the organization. Focal Points must be of a sufficient level of seniority to coordinate directly with senior leadership in their organization on implementation of internal PSEA strategies, and to make decisions on behalf of their organization in the Network. Terms of Reference for the PSEA Focal Point should be agreed upon with the head of office so that it is clear how the Focal Point will deliver his/her PSEA responsibilities in tandem with his/her regular function.

One way to combat PSEA knowledge loss due to staff turnover in a response is to standardize handover of information when a PSEA Focal Point leaves and a new one comes in. This handover should be made explicit in the Focal Point TORs and/or it can be an explicit function of the PSEA Coordinator/Network co-chair(s) to induct newly nominated Focal Points.

Generic PSEA Focal Point TORs that can be used by organizations that have not already developed their own in HQ are currently under development within the IASC.

The inter-agency PSEA Program

14. How do we make our inter-agency PSEA Program sustainable?

Inter-agency PSEA activities need to be embedded into the humanitarian response to be able to withstand staffing and context changes. From practice, we have seen that successful PSEA Programs are often due to one or two people who have devoted significant time and effort to PSEA. Although the work of impassioned individuals is important, to be sustainable long-term the PSEA program cannot be reliant on "key personalities." Rather, having clear roles for all PSEA actors that distribute responsibility for activities will overcome staff turnover. Embedding PSEA responsibilities within titles (e.g. the PSEA Coordinator, the Network co-chairs, agency Focal Points), rather than individuals, is what institutionalizes these roles following good practice.

The other side of a sustainable program is not treating PSEA as a stand-alone issue, but rather integrating (or "mainstreaming") PSEA within the projects, programs, departments, and sectors of organizations in country. PSEA - often described as a cross-cutting issue for this reason - should not be siloed from other areas of specialization. Steps taken to avoid SEA happening (both called "prevention" and "risk reduction" activities) must be mainstreamed in every facet of the humanitarian/development response. Sustainable PSEA does not require spending money and time on new and separate PSEA initiatives. It requires taking the time to consider how each activity an organization does – whether delivering aid, working with the community or local actors, or office administration – can be used to reduce the likelihood that a staff person can get away with sexual misconduct. It is therefore important to insert PSEA indicators, activities, etc. into day-to-day activities of all sectors and departments. In particular, it is important to have strong linkages with AAP, GBV, Protection, Child Protection, and Gender colleagues due to the inherent similarities and crossovers with PSEA.

15. How do we "contextualize" the inter-agency PSEA Program?

"Contextualization," or "localization" of the PSEA Program simply mean that the program as designed and implemented meets the real needs of the affected population and the realities under which aid personnel are working. This is to make the work in country more accountable and more effective. PSEA Network Work Plan – a fundamental tool to monitor Network activities – should be contextually appropriate. I.e. informed by the community and based on the needs identified by them. The Work Plan is "contextualized" when it includes activities designed to reduce the likelihood of SEA in the response and strengthen organizations to respond the SEA effectively based on needs and gaps as identified in a risk assessment.

The primary means of ensuring that the PSEA program is contextually appropriate is the work with the affected community. Many tools exist to support Focus Group Discussions, satisfaction surveys, and other means of engaging the community to learn their preferences, social norms, language barriers, etc to tailor the PSEA program to meet their needs and wishes. The need for this early and regular community engagement is one of the reasons it is strongly encouraged for the PSEA Network to work in close coordination with the AAP Working Group / AAP stakeholders in country (see Fundamentals section (d)).

Common means of contextualizing the PSEA program include translating materials into local language(s), conscious selection of complaint channels to fill access gaps for vulnerable populations, tailoring community awareness messages based on cultural norms about sex, and staging implementation of the PSEA Work Plan based on ongoing relations with local actors. It is often perceived that a different PSEA programs is needed in a complex crisis compared to a stable setting. While indeed the strategy for how to implement activities will be different (see FAQ #1) the core activities inherent to any PSEA Program remain the same no matter what the setting.

One concrete method of contextualization is ensuring that the inter-agency CBCM respects the relevant national laws. The PSEA Network can play a role in mapping national laws that will impact SEA and attach these to the CBCM SOPs. It is also important to be aware of cultural, legal and religious influences that affect how complaints are reported. This includes concerns of retaliation for having reported (and received) SEA incidents emanating from both within the community and within an agency, and ensuring appropriate security.

The PSEA Network and/or PSEA Coordinator can play a key role in awareness raising about the country's legal system, mandatory reporting laws, as well as the legal, cultural, or social ramifications for victims (e.g. potential detention for victims). These actors need to ensure that staff members receiving SEA allegations are aware of UN-wide rules on mandatory reporting and national mandatory reporting laws.

16. How do we implement an inter-agency PSEA Program in a remote operation context?

There are challenges linked to implementing an inter-agency PSEA Program in a remote management context. Because the UN and international NGOs are not directly implementing community engagement initiatives, complaint intake channels, and other PSEA-related activities, there is a limitation to the oversight that the humanitarian response has over the program. It is key to note that the risk of SEA occurring is not necessarily directly increased in a remote management operation; it is however significantly more difficult to monitor.

Best practice is to build strong relations with the field staff and other local implementing actors, and devote sufficient priority to building their PSEA capacity. Strengthening the PSEA programs of implementing partners is a core responsibility for all UN agencies under the UN Protocol on SEA Allegations Involving Implementing Partners but is especially necessary where implementation of the inter-agency PSEA Program relies entirely on the local NGOs who are directly interacting with the population of concern. Conducting PSEA awareness raising as Trainings of Trainers, so that knowledge can cascade to all relevant actors, is a good practice to follow. Where possible and travel practicalities allow it, inviting implementing organizations to be involved with the

PSEA Network can allow for information sharing and improve monitoring.

Before conducting a new PSEA activity, it is important to verify with other sectors, clusters, working groups, etc. whether comparable activities have already been carried out and what adaptable tools and resources already exist. As PSEA is a cross-cutting issue, it is good practice to pull lessons from other actors and initiatives. For instance, before carrying out a joint risk assessment, the Network should verify whether the GBV sub-cluster or Protection Cluster have already done a risk assessment to pull evidence from regarding SEA risks. Similarly, before designing a new awareness raising package in country, it is possible that individual Network members have already designed a contextualized Code of Conduct training that the Network can insert PSEA content in. Before creating a new PSEA Network Work Plan, it is worth comparing other existing protection-oriented Work Plans and comparing their mainstreaming model with other clusters.

The PSEA Network is the ideal forum to compare existing resources and inserting PSEA in what already exists. The purpose of collective PSEA is to save organizations time and effort by avoiding duplication and promoting shared lessons.

Prevention

17. What actually works to prevent SEA?

For all the years devoted to fighting SEA since 2002, there is little data to show what actually works to stop sexual exploitation and abuse before it occurs. Therefore, we do what we can based on deterrence theory and common sense. Proven techniques to deter misconduct in criminal practice focus on changing a potential offender's desire or intent to abuse, increasing the risk or fear of being caught, and reducing the opportunity to commit the offense.

Applying this theory to PSEA, we can see that prevention activities that focus on creating buy-in and better programming on a system-wide scale are more likely to prevent individual instances of misconduct. This puts the recent UN focus on culture change and SG reporting in a positive light. Working cultures that visibly demonstrate at the highest level that SEA will

not be tolerated are reasonably likely to reduce a potential offender's intention to knowingly commit abuse. Transparent data on disciplinary action taken against SEA offenders is reasonably likely to give pause to a potential offender for fear of the possible consequences.

Where we can do significantly better on SEA prevention is in our trainings and our basic programming. It is an excellent first step that the UN-wide and humanitarian communities have all committed to comprehensive trainings for all personnel on PSEA – all staff need to know what PSEA and proper behaviour are and how to report misconduct. But staff trainings alone are not going to convince a potential offender not to offend, nor do they instruct staff how to take positive action in their day-to-day work to reduce the opportunity for abuses to occur. For this we need to focus much more attention on system-wide risk-reduction activities that make all programming safer for the affected population. The GBV AoR and Global Protection Cluster have done significant work on "better programming" in recent years and PSEA stakeholders can learn much from this framework of strengthening all sectors to deliver activities in a way that reduces opportunity for misconduct to occur. Increased collaboration with GBV and Protection actors at both the field and global level on prevention strategy will help reduce the risk of SEA far more than siloed PSEA initiatives.

18. Why do we need to have repeated staff trainings on PSEA?

While basic PSEA trainings alone will not prevent SEA from happening, it is a preliminary step in any PSEA program that all personnel understand appropriate behaviour and how to report inappropriate conduct. The UN-wide mandate that all staff be trained on PSEA is complicated in practice by regular staff turnover, especially in emergency contexts supported by surge teams. Management offering repeated staff trainings both increases the likelihood that all staff will have a training made available to them, and also conveys the message that leadership takes PSEA seriously.

Offering regular opportunities for PSEA trainings should not be confused with repeating the same content for the same staff ad nauseum. It is effective

to continuously emphasize key messages, but pulling staff away from their jobs for the same PSEA content every three months is not the purpose of repeated trainings. Rather it should be an opportunity to reinforce the basics, update staff on current developments from the PSEA program, and address questions and challenges raised by staff about PSEA implementation in their own work. Handled this way, regular trainings become a forum for open dialog that allow concerns to be raised and doubts alleviated.

19. How can the PSEA Network support staff trainings?

It is not the responsibility of the PSEA Network as a collective to train all staff in country on PSEA. Staff trainings, including induction and refresher trainings on standards of conduct for personnel, is an individual organizational responsibility in line with the Minimum Operating Standards on PSEA.

Staff trainings and trainings for implementing partners are often carried out by the PSEA Focal Points that represent their organization in the PSEA Network. The PSEA Network is therefore ideally placed to keep track of staff trainings in country to avoid duplication and to harmonize messages. In particular, the PSEA Network should insert harmonized messages on the inter-agency CBCM in staff trainings (who can report to it, how, and how complaint referral works). As this information about the in-country CBCM would not be included in organizational staff trainings, the PSEA Network should actively engage with organizations through their PSEA Focal Points to make sure this information is included. As observed from practice, there is rarely enough content in organizational PSEA trainings on how to complain and almost never information on how to reach the inter-agency CBCM. It is the role of the Network to introduce this content. As an additional hurdle, many larger agencies have PSEA trainings set by HQ that can be near-impossible to modify. Therefore, the PSEA Network may need to provide key messages to be shared with personnel outside of trainings (e.g. through posters or informational pamphlets).

As an awareness raising tool, the UN "No Excuse" pocket cardshttp://dag.un.org/handle/11176/400598 include a concise and portable statement of the UN rules and prohibitions related to sexual exploitation and abuse and provide contact details for reporting allegations. The "No Excuse" card is available in all official and some local languages, and which can be customized to meet the needs of individual organizations.

The PSEA Network can keep a list of who is providing which trainings, as well as who is (and who is not) being trained. If appropriate, the PSEA Networks can explore the option of developing an inter-agency training or share and refer to relevant materials as necessary. The PSEA Network can also provide support on contextualizing global trainings with in-country content and translations.

The IASC Task Team on AAP/PSEA, in collaboration with Translators Without Borders, published a plain-language version of the Six Principles of PSEA in 101 Languages.

The Network can, when appropriate and feasible, reach out to support untrained organizations. Where there is a large number of organizations in country that do not have internal capacity to train their staff, the Network can organize a Focal Point Training of Trainers to trickle the knowledge down, or coordinate partner trainings with one or two common UN partners to ensure smaller organizations understand the PSEA responsibilities under their partnership agreements.

20. What trainings can the PSEA Network help to arrange?

- The PSEA Network can help coordinate trainings for all PSEA Focal Points on their specific PSEA roles and responsibilities. All Focal Points should be strong on the PSEA basics, understand how to support their organization against the MOS-PSEA, and at minimum be familiar with the in-country PSEA Work Plan.

- As the inter-agency CBCM will receive complaints on many different issues, including programming feedback, the PSEA Network can train sectors/clusters on what the inter-agency CBCM does and prepare them to receive complaints from the inter-agency CBCM if they relate to their respective programming. At the same time, if the inter-agency CBCM is observing trends on increased SEA risk in specific areas of programming, relevant Cluster Coordinator(s)

should be prepared to engage with the PSEA Network.

- The PSEA Network can train victim assistance service providers on how to recognize SEA, specific needs of SEA survivors (see FAQ 37), and equip them to both accept referrals from the CBCM and support survivors to report if desired.

- Heads of organizations should be supported on the institutional systems they need to put in place, what it means to actively oversee a PSEA Program, and properly support their PSEA Focal Point. The PSEA Coordinator with support of the Network can hold a workshop for the PSEA oversight body, and/or bring in global support to conduct such an event. To make a request for a global support mission, contact helpdesk-aap-psea@unhcr.org or PSEA-CBCM@iom.int.

21. How can the PSEA Network help Human Resource departments prevent SEA?

Human Resources departments play an important role in the prevention of SEA. They can help to keep offenders out of the organization by ensuring that practices are in place to guard against hiring persons who have a (pending) allegation of misconduct against them. HR can also insert PSEA content in staff induction trainings, partnership contracts, and job evaluation criteria, all building to a better culture.

For good PSEA practice in Human Resource departments, see the CHS Alliance's PSEA Implementation: Quick Reference Handbook

At the organizational level, PSEA Focal Points provide a direct link to the HR structures within their organizations, and management should provide a forum for HR to work with the Focal Point and identify how the organization can best integrate PSEA into their practices. The PSEA Network and the PSEA Coordinator can play a key role in ensuring that best practices are cascading down to organizations in country, by supporting the Focal Points with key messages for HR and on request even offering targeted PSEA trainings to HR on their role in SEA prevention.

PSEA Focal Points should share with their HR the following two global initiatives that have been introduced to prevent the re-hiring of perpetrators.

- "Clear Check" is a database aimed at preventing UN personnel who were dismissed for substantiated allegations of SEA, or who left an organization while an investigation was pending, from being deployed or reemployed within the system.

- The SCHR Misconduct Disclosure Scheme establishes a minimum standard for organizations to share information as part of their recruitment process about people who have been found to have committed SEA or sexual harassment during employment. Fourteen NGOs are currently are implementing or in the process of implementing the Scheme.

Engaging key stakeholders

22. How can the PSEA Network engage local NGOs in country?

Good practice strongly advises to engage local organizations in designing and delivering the in-country PSEA program. Input and involvement from local organizations supports accountability, as these entities work closer to the community. This closeness – especially in a remote management response (see FAQ #16) means staff of local organizations are more likely to be aware of SEA risks, incidents, and community preferences to make the program more effective; their direct community connection can also increase the opportunities to commit sexual misconduct. These entities can also have a presence in the community long before and after the UN / INGO presence; securing their participation in the PSEA program can promote its sustainability after the context changes. Best practice is therefore to involve local organizations in the response by seeking their input and engagement, making all aware of the humanitarian / UN-wide PSEA framework, and strengthening their internal systems for PSEA (codes of conduct, complaint handling, etc.).

It is the role of the PSEA Coordinator (or where absent the PSEA Network) to reach out to non-Network members and encourage buy-in to the PSEA program. Key messages during this outreach include sharing the benefits to the organization of making PSEA commitments. In some contexts the PSEA Network is one of the only ways that small organizations have a forum to engage UN entities, and the PSEA coordination body has strengthened partnerships in-country overall.

Involvement of local organizations can take many forms, including inviting them as full members of the PSEA Network, to sign onto the CBCM SOPs, or to become involved in discreet Work Plan activities. There will be a practical need to balance having an inclusive PSEA Network open to all organizations, with manageable Network coordination. While it is good practice to bring local NGOs to the table as full Network members, the huge number of organizations in many contexts - coupled with what is often a wide disparity in PSEA capacity - can make Network meetings and collaboration unwieldy. The senior management PSEA oversight body (UNCT/HCT/other) will need to decide its Network membership scope. One practice that countries are exploring is to have a fully inclusive PSEA Network, and a smaller Task Force of Focal Points within that Network from organizations that have the time and PSEA capacity to coordinate on program deliverables, making the Network meetings an inclusive forum for information sharing, raising challenges, and securing buy-in on deliverables of the TF. Another practice is to include a representative to the in-country NGO coalition in the PSEA Network; this makes it possible for all Network members to equally burden share and meetings can be used for raising any relevant PSEA issues, and the coalition representative brings the Network decisions and calls for inputs to the members of the NGO coalition.

Where the PSEA Network is limited to UN agencies, the collective PSEA program will be accessible to local organizations only through their partnerships with UN agencies (see FAQ #24). This increases the burden on UN agencies to disseminate PSEA developments and capacity building opportunities bilaterally to their implementing partners. An inclusive PSEA Network is not only more transparent for smaller organizations but can support UN members meet their responsibilities to their implementing partners in a communal forum.

23. How does the PSEA Network engage implementing partners?

It is a UN agency's responsibility in country, when taking on an implementing partner (IP) to assess and if needed raise their PSEA awareness and capacity from the moment they are selected. From a practical stance, it is in the entire humanitarian / UN-wide community's interest that all organizations have PSEA capacity (see BPG Introduction for key messages on why PSEA is everyone's concern). "Having PSEA capacity" means, at a minimum: having a clear understanding of what SEA means and what staff duties and responsibilities are in preventing and reporting incidents, and having the ability to handle SEA allegations including a code of conduct or policy that prohibits and allows disciplinary action for committing SEA.

The obligation in UN agencies to assess and capacitate IPs is captured in the UN Protocol on SEA Allegations Involving Implementing Partners, adopted in 2018 to ensure that UN agencies do not partner with organizations that fail to address SEA. In 2019 UNICEF developed an IP Toolkit, including a self-assessment and relevant guidance for IPs to strengthen their own policies and procedures to help implement the Protocol. In addition, a task force within the UN Working Group on SEA is working to come to agreement on minimum standards for IP assessments to limit the number of times a partner agency needs to be assessed.

The PSEA Network, as an alliance of UN and ideally non-UN organizations, should engage NGOs as equal partners (see FAQ #23). That said it can additionally support its UN members to build their IP capacity by organizing joint awareness initiatives and by keeping record of trainings/assessments done. The Network can, for example, pool funds to bring in an external trainer to deliver a workshop on developing/strengthening PSEA policies and procedures for partners, such as the SEA Investigations Training offered by CHS Alliance.

It is important for PSEA Network members to recall that not all IPs have the same PSEA capacity, and that often an IP may be an INGO or other organization that has a very robust PSEA internal structure. This is why assessments are relied upon during partner selection,

and again why it is good practice for non-UN organizations to be Network members.

24. How can the PSEA Network support community outreach?

While many organizations engage in their own PSEA awareness raising activities, the PSEA Network can support these activities by creating joint key messages. Network members working together on messaging initiatives saves time and effort for all organizations and helps promote that PSEA messaging to the community is consistent in country. The Network can promote joint messages about the rights of affected populations, the fact that humanitarian assistance is never conditioned on sexual favours, appropriate behaviour of personnel, and how to report a complaint. One simple method of joint messaging is for the Network to collectively design a poster, with space left empty to insert organization-specific content. For example, the same poster on how to report SEA could be used by all organizations, with each organization entering their reporting information on their own poster. This saves each organization from having to develop their own campaign, while presenting a uniform message to the community.

25. How does the PSEA Network engage with Sectors/Clusters?

The PSEA Coordinator and Network engage and coordinate with all Clusters/Sectors to ensure PSEA mainstreaming during planning, policy development, and programming. PSEA mainstreaming means working with all stakeholders across the humanitarian or development architecture to reduce risk of SEA as a cross-cutting issue. Working with Sectors or Clusters – as the existing coordination body for each sectoral issue – is an efficient way to mainstream PSEA. If you are not in a response with an activated cluster system, there are still bodies coordinating work on these sectoral areas which means the same lessons and practices from engaging the cluster system apply.

The PSEA Coordinator will take a leading role in coordinating with Cluster Coordinators on behalf of the PSEA Network. Where there is no PSEA Coordinator, this engagement is often led by the Network co-chairs, of members of the PSEA Network with inherent ties to each Cluster (e.g. the UNHCR PSEA Focal Point with liaise with the Protection Cluster).

In practice engaging with clusters will be context- and personality-specific, so it is helpful for the PSEA stakeholders to have a clear plan with identified entry points, to guide each Cluster to target activities throughout their program cycle, and to directly approach and work with each cluster separately. Each cluster will need targeted and specific messaging on SEA risks within their programming. For example, there is increased risk of SEA due to more time in close proximity to beneficiaries (e.g. food distribution). It is important to work with clusters to identify their own points of increased risk, and target those for safety measures. It is the role of the PSEA Coordinator/Network co-chair to explore which concrete activities to carry out with each Cluster and help them develop their action plan or – more often – integrate PSEA into their existing action plan.

The Inter-cluster coordination group is a forum to promote PSEA mainstreaming and engage the cluster leads. The PSEA Coordinator (or the Network co/chairs) should represent the PSEA Network and update on relevant PSEA activities during inter-Cluster meetings and report back to the PSEA Network on developments and updates that may impact the PSEA Work Plan implementation. At the same time, Cluster Coordinators are strongly encouraged to attend PSEA Network meetings in order to improve two-way coordination between clusters and the Network.

Some (sub-)Clusters and working groups, such as AAP/CwC, GBV, Protection, and Child Protection, may have PSEA responsibilities in their TORs. Similarly, some deliverables of a PSEA program (e.g. CFMs and victim assistance) rely on the work that is under the responsibility of these actors. With these particular actors, the PSEA Network should be closely aware of any work these particular Clusters do on PSEA to ensure it aligns with the PSEA program, and vice versa to ensure that the PSEA Program is aligned with the principles of Protection, GBV, et al. For instance, the PSEA Coordinator needs to engage with Protection and Child Protection actors to ensure that PSEA programming is child-friendly and harmonizes

with the overall protection agenda in the response. Coordination with these actors is also imperative to avoid duplication of activities. For instance, the Gender Advisor or Protection Coordinator already having conducted a risk assessment for the response will likely duplicate any findings of a subsequent SEA risk assessment.

The special linkages between PSEA stakeholders and the GBV sub-Cluster and AAP actors are included in the Fundamentals section (parts (c) and (d)).

26. How do PSEA stakeholders engage with the host government?

The Best Practice Guide provides a chapter on how to Engage with the Host Governments. When it comes to PSEA, engagement with the government involves two key areas: 1) ensuring that relevant government ministries understand the PSEA program early on, and 2) agreeing on a means to handle allegations of sexual misconduct against state actors.

The stakeholders that will engage the various government actors on PSEA will be the senior individuals within the UN (or other) that already have an established working relationship with the government. It is the role of senior leadership to educate the host government on PSEA as a UN-wide priority. It is the role of the PSEA Network / Coordinator to help leadership develop a government engagement strategy. This strategy should identify entry points within each of the various relevant ministries and departments of the host government, have a clear overview of the desired deliverables from the engagement, and have a targeted communication strategy with agreed key messages on PSEA. (e.g. "SEA happens everywhere, we want to know about allegations.")

The various government ministries, military, and civilian authorities can play a hugely varied role in a humanitarian response, which will impact their understanding of the PSEA framework and their direct connection to the affected population. The relationship with the host government will change significantly when it is actively providing aid on behalf of the humanitarian response. Their impact may also differ depending upon how active they are overall in the response's coordination structure (e.g. if they sit on the HCT) and how strong their capacity or investment

on PSEA-related issues is (e.g. if the host government has effective legislation on sexual abuse). The PSEA Coordinator/Network needs to take these various factors into account when devising an engagement strategy.

State actors can, unfortunately, also abuse and exploit members of the community and therefore need to be part of the PSEA Network's targeted prevention and response planning. It is advisable to be prepared for reports received through the inter-agency CBCM of sexual misconduct by state actors. It is not necessary to get caught up in debates over whether government actors "can commit SEA" or if it is strictly a form of UN misconduct. If a humanitarian, development, or UN Mission actor learns of an allegation of sexual abuse or exploitation by a state actor, he or she needs to know how to report that incident. Early discussions with the host government - following the government engagement strategy - about the appropriate referral pathways for allegations against state actors are recommended where appropriate based on the relationship with the government. Whatever agreement is reached will be inserted in the CBCM SOPs.

Alleged abuse by state actors can also implicate other forms of sexual misconduct, including forms of sexual violence in conflict, which necessitate referral to other mechanisms governed by national and international laws. To be prepared for this issue, it is helpful to map national laws related to GBV and SEA and attach this mapping to the inter-agency CBCM SOPs.

For support in drafting CBCM SOPs and handling allegations against state actors, see the (forthcoming) Guidance Note on CBCM SOPs. For a helpful chart of legal mandates related to GBV in a humanitarian response, see Annex 3 of the Handbook for Coordinating GBV Interventions in Emergencies.

27. How does an inter-agency PSEA program coordinate with the UN Mission?

In countries where a peacekeeping operation or other UN mission is located, the Special Representative of the Secretary-General (SRSG) has leadership responsibilities on PSEA, supported by the Conduct and Discipline Team (CDT) which has its own PSEA mandate. Hence, the UN Mission has a parallel PSEA structure to the humanitarian/development response

in country, and these parallel structures should engage in an organized and systematic way.

To promote coordination at the strategic level, the SRSG and RC/HC should clarify their various PSEA oversight roles early on. This will include chairing the senior leadership coordination bodies and their various PSEA strategies. For more on the breakdown of these leadership roles, see the (forthcoming) UN Manual on PSEA. The PSEA Coordinator can play a tactical role here. While the Coordinator does not have direct oversight of the PSEA program of the UN Mission, his/her role as advisor to leadership makes the Coordinator an informed party that can support all UN leadership in carrying out their PSEA responsibilities on a strategic level.

To promote coordination on technical PSEA activities, it is a best practice that the UN Mission - represented by the CDT - is a member of the PSEA Network. Coordination between the CDT and the PSEA Network can help ensure harmonization of PSEA messages to staff and the community, avoid duplication of efforts, share SEA trends and lessons learned, and ensure that complaints can be referred between the PSEA Network and the Mission. If the UN Mission is not a member of the PSEA Network, the PSEA Coordinator can alternatively liaise bilaterally with the CDT.

As noted in the Best Practice Guide, the CBCM SOPs must have complaint and victim assistance referral pathways in place to refer to actors outside the inter-agency CBCM. This includes referrals to the UN Mission. These referral pathways are the bare minimum engagement between UN Mission and members of the inter-agency CBCM in country.

28. How should a PSEA Network communicate with donors?

Donors can play a key role in strengthening in-country PSEA Programs and play an important role in holding humanitarian organizations to account. Especially since 2018, many donors are asking for PSEA "results" from organizations. How donors approach PSEA can greatly impact the prioritization of activities in country. Donor reporting requirements directly impact what organizations will prioritize, and can lead organizations from box-check activities to measuring good practice (e.g. "Do you have a complaint mechanism?" vs "Did you use input from the affected population when designing your CFM?").

With this in mind, it is good practice for donors to engage with PSEA Networks. Involvement can include full membership in the Network or joining the Network for specially scheduled meetings to discuss points of interest. The Network can keep donors informed of ongoing collective initiatives. It is also an opportunity to share good practices and key messages with donors so that donors are maximizing their role to support effective SEA prevention.

In 2018 the IASC AAP/PSEA Task Team developed Key Messages for Donors on PSEA. Derived from this document, key points to raise with donors are:

- A high number of reported cases means that the complaints mechanism is trusted, well-functioning, and accessible. Therefore, donor reporting requirements should shift from quantitative (e.g. number of cases) to quantitative (more in-depth review of the quality of reporting systems) measurements, as requesting case numbers alone gives the impression that high numbers are negative.

- Funding to support AAP activities is necessary to ensure that AAP is at the heart of all PSEA work, to advance access to justice for survivors of SEA, and to provide sustainable funding for complaints mechanisms.

- In order to ensure sustainability of PSEA programs, multi-year funding should be available for PSEA initiatives, support should be given to civil-society organisations (e.g. those that are often first responders and those providing legal aid), and donors can support initiatives that aim to mainstream AAP and PSEA into the Humanitarian Program Cycle (HPC).

Monitoring and Evaluation

29. How do we measure success of the PSEA program?

The PSEA Network Work Plan outlines the activities the Network aims to achieve, ideally in line with good

practice and based upon a risk assessment and community consultation. Therefore, measuring the completion of the Work Plan activities is one means to measure success. It is essential to design a PSEA Network Work Plan with specific, measurable, achievable, relevant, and time-bound (i.e. SMART) indicators. It also needs to be clear who is responsible, accountable, and who needs to be consulted, or informed (i.e. RACI) for each activity. This will allow objective measurement of workplan deliverables and support regular reporting of achievements – and challenges – to leadership and donors. Recall that as the RC/HC are ultimately responsible for the success of the PSEA program, it is their responsibility to push organizations to step in with financial and human resources if activities are not being accomplished.

Achievement of the Work Plan deliverables only goes so far, however, as even a perfectly executed Work Plan cannot guarantee the ultimate goal of a PSEA program, i.e. fewer SEA incidents through safer programming. Measuring the actual reduction of SEA incidents is realistically more than a PSEA Network can be tasked to do, as our understanding of incidents is so skewed by underreporting in every context. Until we can effectively increase SEA complaints by breaking down reporting barriers to better understand the real number of incidents, we cannot effectively measure when the number of incidents is decreasing. The next best thing, given that the community is the end-user and client of the PSEA program, is to measure community satisfaction and perception of the PSEA program. Learning from the affected population through Focus Group Discussions, satisfaction surveys, etc. whether they perceive an improvement in the aid community's behaviour following from PSEA program activities is a truly meaningful way of measuring if the PSEA program has achieved its goals.

30. Why should the PSEA Network carry out a joint SEA risk assessment?

One of the activities of the PSEA Network is to carry out a joint PSEA risk assessment, identifying potential risk factors and areas of concern, supported by the PSEA Coordinator. The risk assessment outcomes will inform strategic decision-making of senior leadership and the PSEA Network Work Plan. As with many other PSEA activities done by the Network,

joining forces to work on activities together saves time and effort, and avoids duplication. The joint assessment saves multiple Network members from having to conduct their own assessment, and leaders to common understanding of the findings amongst all members.

An SEA risk assessment, depending on its design, can gather data on 1) the risk of SEA occurring in the context and 2) the risk that organizations will be able to effectively respond to an allegation if it reaches them. The risk assessment can therefore be used to inform how the Network can take steps to reduce the likelihood of SEA happening (e.g. PSEA mainstreaming), and steps to build the capacity of all organizations to handle allegations.

A joint risk assessment provides a baseline which makes it easier to monitor success, helps prevent future SEA through program adjustment, and raises awareness around SEA risk among stakeholders. A joint risk assessment can identify early SEA trends and patterns that the Network can use to offer concrete guidance to organizations and clusters on how to reduce the risk of SEA in their programming. As such, a joint risk assessment can be an important first step to mainstream PSEA and its results can feed into the HNO and hence the HRP. (see FAQ #48) A joint risk assessment also provides an evidence base to priority goals of senior leadership and should be used in the design of the PSEA Network Work Plan. Future activities of the PSEA Network, as well as relevant cluster activities, should be adapted according to the outcomes of the joint risk assessment.

31. How does the PSEA Network carry out a joint SEA risk assessment?

There is limited guidance on how to conduct a joint SEA risk assessment as PSEA Networks are only recently attempting to carry them out. From what experience there has been, Networks conducting a risk assessment should consider first and foremost if a large-scale risk assessment is even needed, or if existing assessments by other sectors have already identified the "incident risk" factor. SEA risk will have significant cross over with the findings of GBV, Protection, Child Protection, and/or Gender assessments, so a Network should begin with a desk

review of other relevant risk assessments to save time and effort.

Where additional data is needed, the Network should use field observation and key informant interviews to learn, for example, the behaviour of staff delivering aid (e.g. does their physical interaction with beneficiaries respect cultural norms?), the knowledge of staff on where to report misconduct, the awareness of the population on the proper behaviour of staff, and other factors depending on the context that will identify how likely it is that misconduct may occur in the normal process of aid work. It is particularly relevant to observe opportunities for misconduct when persons are receiving aid or accessing services, and focus on programs with an increased likelihood of SEA due to heightened vulnerability and close physical engagement with staff. It can be highly beneficial to conduct this field observation exercise together with GBV, Gender, and/or Child Protection actors to both share lessons across the sectors and avoid duplication of efforts.

The IASC GBV Guidelines include an abundance of detail on what GBV risks to look for in the various sectors throughout the Program Cycle.

To determine the risk of complaint mishandling, an assessment should also look at agency structures to prevent and respond to SEA. This looks at the preparedness of organizations to effectively address SEA based on the internal systems they have in place. Network members can for instance contribute to this by completing a self-assessment survey based on the MOS-PSEA, which the PSEA Coordinator can analyse to identify gaps that need strengthening amongst Network members.

Once a risk assessment in completed and specific risks are identified, the Network can use this analysis to offer targeted guidance to actors across the response on how to reduce SEA risks. It is important to tailor the messages of risk reduction to the audience and to be specific in recommendations.

A useful tool to carry out a full SEA risk assessment is the DPKO/DFS SEA Risk Management Toolkit. While most of this guidance is directly applicable to the UN Mission context, lessons, indicators, and relevant links can be drawn from this tool.

Designing and implementing an inter-agency CBCM

32. How do we create an inter-agency CBCM?

Steps to Establish a CBCM

- **Getting people on board** with the concept of an inter-agency CBCM
- **Mapping** existing complaint and feedback mechanisms (CFMs)
- **Strengthening** CFMs that already exist to handle sensitive allegations
- **Establishing** new channels where there are gaps in access to reporting
- **Raising Awareness** on the inter-agency CBCM and how to use it
- **Linking** via complaint/ assistance referral pathways (SOPs)

The most senior leadership in country (HC/RC and HCT/UNCT) has the overall responsibility to make sure an inter-agency CBCM is in place (for why CBCMs are needed, see the Fundamentals section). The PSEA Network, consisting of member organizations, are the technical body that will set up the inter-agency CBCM. Setting up the inter-agency CBCM should be one of the activities of the PSEA Network Work Plan so burden of activities can be shared across the Network and progress can be monitored. The PSEA Coordinator and Network co-chair organizations support the PSEA Network in the process, but *do not* do all the work themselves.

This summary of actions should be read in conjunction with the relevant chapters in the Best Practice Guide. Derived from practice, the following 6 actions are to be undertaken by the PSEA Network when designing the inter-agency CBCM, supported by the PSEA Coordinator, Network co-chairs, and external stakeholders.

a. Getting the necessary people on board to establish an inter-agency CBCM

The Chapter on "Ensuring support and active engagement in the CBCM" of the Best Practice Guide provides an overview of who to engage and how. A key step in getting the necessary people on board is to unpack the IASC definition of an inter-agency CBCM, including its goals and benefits. For the definition of an inter-agency CBCM, see the Fundamentals section.

b. Mapping existing complaint and feedback mechanisms (CFMs)

The PSEA Network maps existing complaint and feedback mechanisms (CFMs) as part of creating a CBCM to identify gaps in the community's safe access to reporting mechanisms. This is how to learn where additional channels are needed to make the CBCM safe and accessible for everyone. It is important to coordinate with Accountability to Affected Populations (AAP) staff that operate community reporting mechanisms, as they are aware of existing mechanisms that are accessible and safe to the community.

Following the CBCM definition, the mapping should assess both formal and informal mechanisms for bringing complaints. While anyone can report SEA, this does not mean that every person is a formal or even informal reporting channel that needs to be included in a Network's mapping. For formal systems, the Network should look at the CFMs of each organization, i.e. their formal channels for reporting and their complaint handling policies that are triggered by complaints that come to them. For informal channels, such as safe spaces or community channels like midwives that the community knows and trusts with reports, the mapping should be limited to existing protection service providers that are already identified and have been engaged on receiving and referring SEA allegations to an organization.

c. Strengthening CFMs that already exist to handle sensitive allegations

Any existing CFM, or informal channel a community member is likely to report sensitive information to, should be ready to receive and handle SEA allegations. A follow up to the mapping of CFMs (above) is to identify channels that may potentially receive sensitive allegations but are not prepared to do so – e.g. a teacher running an afternoon program for adolescent girls on behalf of an NGO has not been trained to distinguish SEA from other GBV – and building their capacity. The PSEA Network trains all actors staffing CFM channels (often AAP colleagues), as well as GBV, Child Protection, and other actors who may work with SEA survivors or receive an SEA allegation, to recognize SEA and where to send allegations in the inter-agency CBCM.

d. Establishing new channels where there are gaps in access to reporting

Establishing new channels should be a last resort for the inter-agency CBCM, as by definition it builds on the CFMs or channels that already exist. Based on the mapping outcomes and informed by community preferences, the PSEA Network can support its members to establish new entry points to fill the gaps in reporting access so that there are safe, accessible, and contextually appropriate channels for any member of the community to reporting sensitive allegations, including vulnerable populations. AAP actors, community members, and relevant organizations should be consulted to identify what to put in place where. The PSEA Network works with the affected community to learn their preferred means of communicating with humanitarian workers and reporting complaints, and barriers to reporting, when proposing new complaint channels for organizations to set up.

One of the most common new channels a Network can support is a collective channel – i.e. a hotline or call centre. Such mechanisms can be effective when set up with clear protocols on complaint handling, well-trained operators, and an evidence-base that the community desires to report via phone and has access to phones. Should the PSEA Program have such an evidence base and funding to do so, a common phone line can be one means of receiving and referring complaints to the concerned organization. It is key to understand, however, that creating such a call centre does not remove the need to link up the rest of the CFMs in the response (below). One inexpensive new channel that has proven quite effective in humanitarian responses is to create a common reporting email overseen by the PSEA Coordinator.

e. Linking all through complaint/assistance referral pathways (SOPs)

Once it is understood where the various existing CFMs are in country, they all need to be "linked" to

create the CBCM. Linking the various CFMs, i.e. having agreement of all stakeholders on how to refer allegations from a CFM to the appropriate unit of the concerned agency, is what makes the CBCM "inter-agency." The complaint referral agreements are captured in CBCM Standard Operating Procedures (SOPs). Among their many benefits, agreed upon CBCM SOPs help to ensure confidentiality of a complaint both for the complainant and alleged perpetrator, as the staff receiving the complaint will be able to refer to the correct unit of the concerned organization instead of asking around who is responsible.

The PSEA Network drafts the inter-agency CBCM SOPs, in line with the Global SOPs, to outline what to do when complaints are received by one organization/CFM implicating personnel of another organization, or personnel whose entity is unknown. The in-country SOPs must be endorsed by senior leadership of all CBCM members, that is: organizations that agree to follow the CBCM SOPs which may be broader than the PSEA Network membership.

The IASC Global Standard Operating Procedures on Inter-Agency Cooperation in Community-Based Complaint Mechanisms ("Global SOPs") is a generic resource that needs to be contextualized, but must be used as the basis of CBCM SOPs to ensure compliance with the policies and procedures of IASC member agencies.

> In practice drafting the CBCMs SOPs is usually done by a volunteer task force made up of a handful of PSEA Focal Points as a key Work Plan activity, which is then circulated throughout the full PSEA Network until agreement is reached at the technical level. The senior leadership body tasked with overseeing the PSEA Network (i.e. HCT or other) is responsible for final endorsement of the CBCM SOPs, as the CBCM SOPs bind agencies to collective responsibilities, and considering the sensitive/political nature of the content.

The SEA complaint referral pathway can be as simple as having a Contact List of the personnel in each organization who will receive SEA complaints. It can also be useful to create a visual diagram of the referral pathway as an annex of the SOPs. These pathways are the core of the CBCM SOPs and creating a CBCM

can be as simple as gaining formal agreement on these pathways. However, given that SEA complaint receipt is very rarely straightforward, involving rumours and unknown perpetrators and implicating national legislature, a Network is well-served to identify how its members will handle these more difficult fact patterns in the SOPs, so that anyone receiving a complaint knows how to proceed when a complaint is in front of them. The SOPs are also the resource to capture the principles under which PSEA stakeholders will work, the roles and responsibilities of different actors in the CBCM, and make linkages to the victim assistance referral pathways of the GBV sub-cluster (see FAQ #35).

To support CBCM SOPs drafting of these more difficult questions, IOM is developing a Guidance Note to help tailor the Global SOPs, marking each place tailoring needs to be done and factors for decision-makers to consider.

f. Raising awareness on the CBCM and how to use it

A CBCM is only useful if both staff and the community know what the CBCM is, and the role they play in its use. In brief, the PSEA Network needs to ensure that all staff know that the CBCM exists, and that community members know how to use it. Section C of the Best Practice Guide includes information and good practice in awareness raising for Staff (Chapter 1) and for the Community (Chapter 2).

While PSEA Focal Points should in particular be trained to receive SEA complaints, in practice any aid worker that interacts with community members may receive a complaint in person or witness misconduct. Every staff member needs to know what to do if they encounter SEA and be familiar with the agreed complaint handling procedures so they report to the right place.

Victim assistance service providers especially should be familiar with the CBCM SOPs and complaint referral pathways. Survivors who come first to health or psychosocial services to deal with abuse should be supported by service providers to report through the CBCM where SEA is present. Service providers should therefore be trained on how to recognize SEA, specific needs of SEA survivors, and be equipped to both accept referrals from the CBCM and refer survivors to report.

At a minimum all organizations operating in country should be aware of inter-agency CBCM, even if not actively participating in the in-country PSEA Program. The Coordinator should try to get all entities to agree to receive complaints from the CBCM should they arise, even if that entity has not formally signed on to the SOPs. No member of the PSEA Network should ever be in a position where they have a complaint and do not know how to proceed with it; this is the ultimate goal behind the CBCM SOPs.

33. What is the agreed complaint handling process in an inter-agency CBCM? (To be converted into graphic)

1. Receive SEA allegation

2. Immediate follow up to victim/complainant (manage expectations) as possible

3. Use CBCM SOPs to refer the victim to relevant assistance services (GBV services or other as identified)

4. Use CBCM SOPs to refer the allegation to the organization that employs the alleged perpetrator

5. Investigation by the organization employing the alleged perpetrator

6. Provide feedback to the complainant on status and outcome of the investigation (as possible)

Linking the inter-agency CBCM to victim assistance services

34. Who provides victim assistance to SEA survivors?

In most humanitarian responses, the GBV sub-cluster is responsible for the direct provision of assistance to all victims of all forms of gender-based violence. As made clear in the (forthcoming) Uniform Protocol on the Provision of Assistance to Victims of SEA, the PSEA Network is not duplicating the victim assistance process, and the PSEA Network will need to work with GBV actors and other victim assistance providers on site to ensure that the inter-agency CBCM procedures systematically connect to available services.

The PSEA Network supports the GBV sub-cluster, Child Protection sub-cluster, or any other victim service providers to conduct a mapping exercise of available services and gaps for health, safety and security, legal, psychosocial, and material support. The PSEA network works with existing service providers to incorporate existing GBV referral pathways into the CBCM SOPs to provide immediate support for complainants and survivors of SEA. Existing assistance referral pathways for victim assistance services are to be included in CBCM SOPs where they already exist to avoid creating parallel systems.

GBV coordination actors and PSEA Network members work together to identify gaps in GBV services and access for the affected population. This includes ensuring services are tailored to meet the needs of SEA survivors, but also do not provide unintended adverse effects when compared to services for survivors of other types of GBV.

While GBV sub-cluster members do directly provide assistance to SEA survivors, GBV specialists are *not* responsible for guaranteeing the physical safety of survivors of SEA whose complaints are under investigation by individual organizations. GBV service providers should be informed of potential SEA implications during referral to be able to inform survivors about the particular safety risks and options available to survivors of SEA in their context (see FAQ #37).

For more on avoiding unintended harm through service provision and safety of SEA survivors, see the Handbook for Coordinating GBV Interventions in Emergencies (pp. 36-39).

35. What is the role of the (Field) Victim Rights Advocate?

The UN Victims Rights Advocate was appointed in August 2017 by the UN Secretary General to strengthen the support that the United Nations gives to victims and to ensure that a victim-centred approach is integrated into SEA prevention and response. Field victims' rights advocates (FVRAs) were appointed in September 2017 to the four peacekeeping operations with the highest number of SEA allegations. Their role is to ensure that a victim-centred, gender- and child-sensitive, and non-discriminatory approach is integrated into all activities to support and assist victims in those countries. Where there is a Field VRA or Senior Victim Rights Officer (SVRO) in the context, it will be important for the PSEA Coordinator / Network to coordinate with the FVRA/SVRO and the GBV sub-cluster Coordinator to ensure consistency of the UN-wide approach to SEA prevention and survivor support.

36. What makes assistance needs for SEA survivors different from other GBV survivors?

The needs of survivors of SEA and other forms of GBV are substantively similar, which is why the victim assistance services coordinated by the GBV sub-Cluster should be used for both cases (see FAQ #35). While SEA survivors are owed the same assistance as any survivors of GBV, it is important to note how support needs may differ in practice due to the nature of SEA.

There may be heightened visibility around cases of SEA, due to the fact that the perpetrator is affiliated with a mandate to deliver aid or to serve and protect. Additional oversight could include, for example, monitoring of the assistance provided; engagement of communications colleagues to respond to requests from the news media; and, importantly, the protection of information and considerations for any addition risk

to victims that may incur as a result of the visibility of these cases.

By definition, SEA involves an abuse of power by individuals responsible for providing basic humanitarian or other life-saving assistance. Receiving victim assistance may be complicated when it occurs within a context where humanitarian aid is ongoing by the agency of the alleged perpetrator. Victims can be reluctant to receive support services out of fear that it could stigmatize him/her to the aid-delivering organization.

The accountability process (i.e. investigation and potential disciplinary action) in place for SEA allegations unlike other forms of GBV can directly impact the specific assistance needed by survivors. Additional forms of assistance may be needed during the investigation and/or judicial process of the SEA case. This could include, for example, psychosocial support before, during, and after an investigative interview; safeguarding during the investigation processes; providing information to victims on the status of their cases (case feedback itself being its own form of "assistance"); or logistical support such as transportation to support the investigation.

37. What if there are no available victim assistance services in place?

When drafting the CBCM SOPs and linking victim assistance referral pathways, it is important to consider all possible actors that are providing assistance services in the response. When victim assistance services are not provided by the GBV sub-cluster or the GBV sub-Cluster does not exist, it is recommended to explore other actors (e.g. Protection, Child Protection, etc.). When services are simply not available and setting up new services is not possible, the solution is sometimes to move the victim to a different region or even response. The safety and consent of the victim must always be prioritized before doing so.

The IASC and GBV AoR have jointly developed a "GBV Pocket Guide" to address this very question in detail. The Guide is available here and as an app for Apple and Android.

Investigations

38. What can the PSEA Network do to strengthen its members' investigation capacity?

The inter-agency PSEA Network and CBCM actors do *not* conduct investigations. All organizations participating in the inter-agency CBCM should have a system in place that can handle complaints in a confidential way, including investigation and disciplinary action when warranted. For organizations without a designated investigation unit (i.e. non-UN or INGOs) it is not required that the organization itself conduct its own investigations internally – they can be outsourced – but each organization should have an internal complaint system in place that specifies the steps of processing an SEA allegation and who has responsibility at each step.

The PSEA Network can provide guidance – from the Coordinator or voluntary members with expertise – on investigation capacity to organizations in need. Guidance can include support to build internal investigation capacity of organizations – e.g. bringing in a facilitator to conduct an investigations training; or a workshop on drafting investigation protocols. For organizations that want to set up or strengthen their internal investigations procedures, there are guidance materials from CHS Alliance, InterAction, and Safer Edge, as well as the Best Practice Guide on inter-agency CBCMs.

For organizations that will not have the capacity to investigate internally, investigations can also be carried out externally if their complaint handling procedures allow for it. One effect of the UN Protocol on SEA Allegations Involving Implementing Partners is that the UN partner takes on the burden of investigation if their IP cannot or will not do so. Given the already-overburdened nature of UN investigation teams, additional options should be explored:

- Organizations can call upon an existing roster system, such as Justice Rapid Response, to send a trained investigator that will follow international standards for investigation. Very often in emergencies, the deployed external investigator will need a local contract in order to enter the response; this is a way that UN

Network Members can support their fellow members.

- A Network can agree to form an Investigators pool, where trained investigators in-country can be made available to conduct investigations at the request of other organizations in-country

- The OCHA Investigation Fund can provide rapid grants to organizations to reimburse for costs incurred in investigating cases of SEA and sexual harassment, including the cost of investigators.

The Roster and Pool options *must* have the agreement of senior management in-country that they want such a system in place, and be carefully defined via Terms of Reference / in the CBCM SOPs so as to not encroach on the investigation policies of agencies where internal capacity does exist. The PSEA Network can play a support role in all the above options by pooling funds to bring in trainings, sharing examples of procedures, and otherwise brainstorming solutions together to build the capacity of all members.

39. When is an allegation referred to national authorities?

- If an SEA allegation constitutes a criminal offence under local or national law, the authorities have an interest to investigate separate from the investigation of the concerned organization. In some countries, national legislation may require mandatory reporting by certain entities for certain types of offenses. In such cases, the consent of the survivor needs to be balanced with mandatory reporting to local authorities.

The procedure for when to refer an SEA allegation to law enforcement authorities will be different for NGOs and the UN. A UN Country Office will *not* refer allegations to the authorities; this referral occurs from HQ. For organizations conducting investigations in-country, the referral to authorities will most likely be done at the country level as soon as it is recognized that there is a potential criminal offence, following internal procedures. Whether an entity is a national or international organization may also determine the extent to which it is obligated to follow mandatory

reporting practices outlined in national laws. Part of drafting the CBCM SOPs is to learn and capture the proper procedure in country for these different situations.

An individual referring an allegation to the appropriate organization's investigation unit – e.g. the PSEA Coordinator or a PSEA Focal Point referring a complaint outside of his/her own organization – will not be the person to make a referral to authorities; this is the role of leadership within the concerned organization whether in country or in the UN HQ.

The UN has developed a system-wide uniform policy on balancing the disclosure of information to national authorities with principles of confidentiality when receiving and handling allegations of sexual exploitation and abuse by persons acting under a United Nations mandate.

Information Sharing and Reporting

40. What information should be shared between organizations in country on PSEA?

One added value of having an inter-agency PSEA program is that lessons and data learned by one organization can circulate to other organizations and improve programming overall. For this circulation of knowledge to be effective a PSEA program should practice information sharing in agreed upon areas.

A key step in information sharing is to establish the PSEA Network, as the forum for sharing ongoing initiatives, achievements, and challenges in PSEA implementation. In countries where PSEA Networks do exist there is inevitably greater PSEA awareness in the overall context, including what practices are effective and what challenges exist in a particular context. Where no Network exists to share achievements and implementation plans between organizations, there is an observable lack of coherence between organizations and duplication of efforts invariably occurs. The PSEA Network is where PSEA Focal Points can share what their organizations are doing on PSEA and find support to address the challenges along the way.

In most contexts where there is a PSEA Network it has not been difficult to gain senior level agreement to share information on PSEA activities. What has been a greater challenge is gaining agreement to share information on complaints raised in country. Information sharing on complaints in order to identify and address SEA trends is one of the primary purposes of the Network overseeing the inter-agency CBCM, so that risk reduction activities can be implemented or improved. Information sharing is also needed to report anonymized trends to the RC/HC as he/she should have an overall informed view of SEA in the context. The Network needs to know where the SEA issues and risks are so that programs can be adjusted, and senior management must have knowledge of allegations in country for any sort of collective accountability.

A PSEA Network will need to devise means of sharing information on SEA allegations in-country, because SEA complaint handling procedures as they currently exist do not allow this information to be learned naturally. Even when an inter-agency CBCM does exist, under the globally agreed referral pathways most complaints will bypass handling in-country by being reported directly to member agencies. Once complaints are referred to investigation units, it is extremely rare for in-country actors to learn status updates on opened cases. It is therefore impossible for the PSEA Network or Coordinator to monitor and understand the SEA trends in country without an additional effort of information sharing.

41. How do we promote information-sharing between organizations on SEA allegations in country?

Only if information-sharing practices are in place will PSEA stakeholders will be able to monitor SEA trends in country. To promote anonymized information sharing on known SEA allegations in country, the PSEA Coordinator / Network co-chairs will need to gain agreement from heads of organizations to share such data (see FAQs #41-42 for advocacy messages). Information sharing does *not* mean sharing personally identifiable information about any party to the complaint; it merely means sharing with an identified person or persons the fact that a complaint was received and referred, and as agreed additional non-identifying data, so that a designated

person (ideally the PSEA Coordinator) can have an overall understanding of complaints occurring. While not required in order to share anonymized information in order to learn SEA trends, leadership signing an Information Sharing Protocol can help garner buy-in and avoid resistance at a later date.

The Central African Republic (CAR) Information Sharing Protocol covers all types of information sharing in the UN-wide system in CAR. This includes sharing case outcomes, in order to "to improve collaboration and to ensure the responsible collecting, referring and handling of SEA allegations."

Some observed and proposed solutions to information sharing on allegations include:

- One observed good practice in sharing anonymized complaint information is for Focal Points to notify the PSEA Network of known incidents during regular meetings. The PSEA Focal Point is often the person in any given organization most likely to know of complaints within their organization, and raising the anonymized information to the Network allows for transparency about incidents while avoiding duplication of reporting.

- Another observed solution is for the PSEA Focal Point or Head of Office to notify the PSEA Coordinator directly when an SEA investigation is opened; for UN agencies / INGOs this will follow from a notice from HQ that the investigation has begun remotely. While only sharing information on opened cases rather than all reported incidents has been an attractive compromise in some countries, given the variety of reasons to not open an investigation that have nothing to do with the validity of the complaint, a country is limiting its collective knowledge of useful SEA information using this method.

- Another possibility is for the PSEA Network to make scheduled requests for SEA incident reports to the SEA investigation units of their member agencies. It is already a practice for UN investigation units to inform Heads of Office when cases are opened in their country, but there is currently no information passed down on all complaints received. Although this method of direct application would allow country offices to capture all SEA incidents to pass on to the Network, it would entail extra

work for investigation units that are already overstretched, especially if multiple countries were to take up this practice.

42. What are all the different reporting requirements in place?

With the increased attention on PSEA in recent years, there has been some confusion about various reporting requirements in place. A PSEA Coordinator (or other adviser) is recommended to clarify the different reporting and referral requirements that apply to different PSEA stakeholders.

In-country PSEA stakeholders should be concerned about three types of reporting/referral:

- **Mandatory reporting** = all staff's mandatory responsibility to report known or suspected SEA through internal channels

- **Inter-agency referral** = sending sensitive complaint details of a specific allegation confidentially to the concerned organization

- **SEA Reporting** = anonymized sharing of known allegations, for awareness and advocacy

For "SEA reporting," the PSEA Coordinator/Network co-chairs will compile records and share anonymously with in-country senior leadership (i.e. the RC/HC and any other body identified in the CBCM SOPs). This reporting of SEA incidents is in addition to the PSEA Coordinator's regular "*PSEA* Reporting" to in-country senior leadership on developments and challenges in PSEA in-country to ensure continued engagement and address gaps in PSEA implementation on the broader PSEA Program. These reporting requirements are necessary to provide senior leadership with an overall informed view of SEA in the context.

The above are not to be confused with the following reporting responsibilities:

- SEA reporting by UN agencies to the Secretary General, and

- SEA reporting to donors as required by some agency contracts.

Reporting on specific allegations to the UNSG and to donors under contract agreement is not the responsibility of anyone in-country. Reporting to donors and the Secretary General on SEA are done at the agency HQ level, and usually only after a case has been opened.

43. Can we learn information on SEA incidents from GBV actors?

Yes, because SEA is a form of GBV and survivors may seek support services before or instead of making a complaint, GBV colleagues delivering services are a key source of learning about SEA incidents. Engagement with GBV actors on how and when to bring survivors to report through the inter-agency CBCM is one of the CBCM activities of the PSEA Network. The ability to receive complainants from GBV service providers should be captured in the CBCM SOPs. This increases the likelihood that individual complaints will be brought to the CBCM.

A more controversial method of learning about SEA is from the GBV-IMS. The GBV sub-Cluster have a confidential database to track GBV cases, called the GBV Information Management System (IMS). The GBV-IMS was created to harmonize data collection by GBV service providers in humanitarian settings and provide a simple system for GBV service providers to collect, store, and analyse their data, and to enable the safe and ethical sharing of GBV-related data.[4] *The GBV-IMS is not built or intended to track SEA allegations.* However, the database can be modified by users in-country and in some contexts the GBV-IMS Task Force has chosen to filter data to track when the perpetrator is a humanitarian aid worker or from the UN Mission, thus screening for SEA criteria within the GBV database. While the GBV-IMS can be adapted to screen SEA data, it is *not appropriate* to turn this raw information directly over to the PSEA Network. Aside from confidentiality and consent concerns with sharing this raw data, the GBV-IMS screens for very specific data points in a limited scope of cases; attempting to extract lessons from the un-analysed data from the GBV-IMS can give a highly-inaccurate assessment of the true scope of incidents.

Barring giving the PSEA Network direct access to the GVB-IMS data, the lessons learned from the GBV-IMS can and are being shared with PSEA Networks and used to promote accountability of perpetrators of SEA. The GBV-IMS Task Force analyses and reports on the database content as part of their role and keeps a running list of actors and bodies that they agree in advance will receive these reports. The PSEA Network can be added to this list to learn from the GBV-IMS analysis. GBV-IMS Task Force members can also be members of the PSEA Network, to facilitate safe information sharing.

Whatever practices are endorsed to promote information exchange with GBV actors, it is important for PSEA actors to ensure confidentiality regarding the exchange of information, and to build trust between PSEA and GBV actors in this respect. Information sharing protocols and practices should be discussed and agreed upon, including processes for sharing any relevant data collected as part of the GBV-IMS or other systems.[5]

44. How do we respect both victim consent and mandatory reporting obligations?

The mandatory reporting obligation for all staff can in practice conflict with the right of the survivor to choose how s/he would like to address the complaint. PSEA stakeholders will need to balance this potential conflict between the rights of the survivor and the safety of the broader community, and a good place to do so is by offering clarity in the CBCM SOPs.

Best practice is to train all aid workers who may be in direct receipt of first-hand reports of SEA on how to communicate the limits of confidentiality before a disclosure is made. This does not fully resolve issues of confidentiality, informed consent, and mandatory reporting but it provides the survivor with an opportunity to reflect on what they choose to disclose. The Inter-agency GBV Case Management Guidelines (p. 51-52) provide sample scripts on how to explain confidentiality and its limits in an interview.

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[4] GBV IMS Steering Committee: Overview of the GBV IMS.
[5] Handbook for Coordinating GBV Interventions in Emergencies, p. 36.

45. How do we close the feedback loop after referring an SEA allegation to the investigating agency?

Providing feedback to victims is the responsibility of the organization investigating the SEA case. Under any justice system, closing the feedback loop means that a victim has the right to feedback about the progress and outcome of the investigation. This includes key steps in the progress about the complaint, including acknowledgement of receipt by the concerned agency, the decision to investigate or not, the outcome of the investigation, and disciplinary measures taken.

The practical challenge faced by in-country PSEA stakeholders is that where they are the first point of contact with a complainant, they will continue to receive requests for updates from the complainant. In-country actors have no right to case updates from investigation units under current policy and protocols, so even if feedback is being provided to victims UN and INGO country offices remain unaware. This is creating significant accountability and reputational challenges between communities and PSEA actors in-country.

To mitigate the effects of this practical challenge, actors in-country should make every effort to manage complainant expectations and explain information sharing limitations when receiving complaints. Complainants should be informed – wherever possible – that the PSEA Focal Point, or whoever is receiving the complaint (e.g. call centre staff), has no control over what will happen to the complaint after it is referred to the agency concerned, but that complaint handling will follow an established procedure and not be set aside without reason. It can be the role of the PSEA Network to train staff receiving allegations on providing this immediate feedback. The Network can create scripts clarifying what feedback should be provided when receiving allegations, which can be attached to the CBCM SOPs.

Funding the PSEA Program

46. How can we sustainably fund the inter-agency CBCM?

We need to change of how we think about funding the inter-agency CBCM. The humanitarian community still thinks of "funding an inter-agency CBCM" as putting money into an individual common service, like a hotline or a call centre. As indicated in the Fundamentals section, an inter-agency CBCM requires extra staff efforts at the beginning to set it up but – under the IASC definition – very little direct funding to maintain. The aspects of a complaint system that cost money – running complaint channels and providing survivor assistance – are not costed to an inter-agency CBCM because it builds off pre-existing channels and services from member organizations.

Taking into consideration the six fundamental steps when establishing an inter-agency CBCM under the IASC definition (see FAQ #33), PSEA stakeholders can determine what funding is necessary in each of these steps. Most steps (mapping, stakeholder engagement, drafting SOPs, capacity building) require no direct funding, rather active coordination and dedicated efforts shared by members of the PSEA Network.

The step of establishing new channels to fill gaps does have a cost, but here is where sustainability of the inter-agency CBCM can be improved by advocating for sustainable funding for AAP complaint and feedback mechanisms than can handle SEA. As the inter-agency CBCM is a shared responsibility of all participating organizations, it is a common responsibility to jointly seek funding for the CFMs that comprise its reporting channels, and to advocate for donor funding to particularly effective CFMs. Likewise, the cost of funding services to support SEA survivors is borne by the GBV sub-cluster and sustainable funding "to the CBCM" can be delivered by funding existing or new GBV services. Given that PSEA is a "cross cutting issue," the HCT, PSEA Network, GBV sub-cluster, and AAP working group ideally can confer and agree upon cost sharing for coordination and

implementation of SEA survivor assistance and CFMs when drafting appeals.[6]

The Trust Fund to support victims of SEA does not – contrary to its name – provide compensation to victims but rather provides funding to specialized services (medical care, legal services, and psycho-social support, etc.) that deliver assistance and support to complainants, victims, and children born as a result of SEA, and to address service gaps in the provision of assistance and support. This fund should be used to support GBV services.

The PSEA Coordinator position is the only full staff expense in a PSEA program and plays a fundamental role in the sustainability of the CBCM. As donors often prefer to fund activities over staff positions, funding the PSEA Coordinator position in country has proven challenging. Funding for the position is being identified in a variety of means including but not limited to dedicated project funding, pooled in-country funds, or use of the NorCap roster. As of this writing, four IASC members (UNICEF, WFP, WHO, and UNHCR) have committed at HQ to fund and recruit the position in country. In a country where there is no PSEA Coordinator, outreach can be made to HQ (via the RCO to OCHA, or the Network co-chairs to their HQs) to discover existing recruitment plans or options.

47. How can we fund the PSEA Program through the Humanitarian Response Plan?

It is enormously helpful to get PSEA into the Humanitarian Response Plan (HRP) because it helps to ensure that PSEA activities are properly and sustainably resourced throughout the financial year, while it also helps to mainstream PSEA activities as part of the shared vision of how to respond to the assessed and expressed needs of the affected population. While there has been less practice in getting PSEA in the UN Development Assistance Plan (UNDAF), the following narrative applies to development strategies as well.

There are two ways that PSEA has been represented in the HRP: as a cross cutting theme across all sections, much like Protection is mainstreamed throughout the HRP, and/or as its own individual chapter. The latter is becoming increasingly common, with PSEA receiving a spotlight as part of the plan under Coordination or Strategic Objectives. However, a stand-alone chapter in the HRP does not integrate PSEA into the plans of each cluster, so it is preferable to integrate PSEA from the onset of HRP development.

It is good practice is to integrate PSEA indicators in the humanitarian needs assessments overseen by OCHA, the findings of which shape the Humanitarian Needs Overview (HNO). The HNO is then used as a basis for the design of the HRP. The PSEA Coordinator, on behalf of the PSEA Network, should coordinate with OCHA and the various clusters to incorporate PSEA into their HNOs. Integrating PSEA in each cluster chapter stresses the importance of building strong relationships with each of the clusters. As clusters will operate very differently, it will be important to understand each one and tailor an approach to communicating and working with them. For example, integrating PSEA indicators into the Protection cluster may take the form of incorporating SEA risks into the protection analysis. In contrast, integrating PSEA in Shelter/NFI may look specifically at the need to train distributions staff on PSEA.

Tool: The IASC AAP/PSEA Task Team and REACH have compiled a Menu of AAP Questions for Multi-Sector Needs Assessments – these questions (including language barriers, reporting preferences, perceptions of aid workers, etc.) can be used to determine PSEA indicators.

Other ways to fund the PSEA Program are through agency commitments to allocate funds (e.g. as part of drafting the PSEA Network Work Plan and assigning lead agencies to activities), through donors who have a particular interest in PSEA, other international funding mechanisms e.g. the Victim Trust Fund (see FAQ #47) and the OCHA investigations fund (see FAQ #39), or in-kind support.

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[6] Handbook for Coordinating GBV Interventions in Emergencies, p. 36.

QUICK TIPS

✓ PSEA stakeholders have the responsibility to promote a common understanding in country of what an inter-agency CBCM is, why we need it in country, and what the different steps are to design it.

✓ Existing complaint mechanisms are integrated to a well-functioning inter-agency CBCM. Building the capacity of existing actors in country to receive SEA cases is paramount. Organizations do not need to set up new complaint and feedback mechanisms to be part of an inter-agency CBCM unless a gap in access is observed. The referral pathways that make the CBCM inter-agency, and not individual mechanisms.

✓ Clearly defined roles and responsibilities for all actors of the inter-agency PSEA structure are key. Knowing who does what will enable actors to identify gaps in the PSEA Program. If senior leadership is not taking up its responsibility due to conflicting priorities, global guidance can help PSEA actors to support senior leadership in their responsibilities. The PSEA Coordinator position can provide guidance to senior leadership in fulfilling their PSEA obligations.

✓ The inter-agency CBCM will never work effectively if agencies in country refuse to share anonymized SEA case information. The inter-agency CBCM needs to be aware of anonymized SEA incidents in order to monitor SEA trends in country. If no one has an overview of the issues in country, it is impossible to improve the PSEA Program and to work with other actors to improve their programs.

✓ PSEA processes in-country can only succeed if they have strong linkages with AAP processes and AAP actors. This is not only true when designing and implementing the inter-agency CBCM, but for the entire PSEA Program.

✓ All PSEA Focal Points should be selected in line with agreed criteria to effectively fulfil their role.

✓ PSEA should be seen from a victim-centered perspective, and not (only) as a reputational risk for organizations. A victim-centered approach also means providing timely feedback and outcomes of investigations.

✓ PSEA cannot be a siloed discipline. There are various PSEA activities that rely entirely on other actors in a response. For example, GBV actors provide victim assistance services, while AAP actors operate CFMs as part of the inter-agency CBCM.

✓ It is important to include PSEA in other programs and to involve as many actors as possible. Mainstreaming PSEA in other cluster/sector programs will increase sustainability. Targeted messages on how to reduce SEA risks should be provided to specific clusters and other stakeholders.

✓ There are strong links between sexual harassment in the workplace (staff-staff) and the prevalence of SEA (staff-community). Building a healthy and respectful work environment by holding perpetrators of sexual harassment to account while protecting whistleblowers will have a direct effect on reducing SEA.

✓ The PSEA Program needs sustainable funding. One of the ways to obtain sustainable funding is to insert PSEA indicators in the HNO (as a separate cross-cutting issue or through other clusters) and obtain funding via the HRP.

✓ Increased coordination with GBV actors regarding victim assistance and principled approaches is fundamental. Strengthened coordination, cost-sharing, and building bridges both on the technical level in country as well as the global level (e.g. via GBV AOR) is needed.