



NOTES FOR FACILITATORS:

This presentation is intended to serve as a **2 hour Webinar** with a small group of FPs. **For regional sessions**, it's recommended to invite 2-3 FPs (including field FPs) from a maximum of 4 operations. **At country-level**, the Webinar can be delivered for groups of up to 8 FPs (from COs, SOs, FOs). The smaller the group, the more in-depth the discussion.

The **aim** of the webinar is to build FP capacity and increase effectiveness of PSEA implementation, through guided peer to peer exchange and facilitated analysis of existing operational measures.

Specifically, the **objectives** of the webinar are:

- (i) to stimulate in-depth practical discussion on **our actual operational responses to SEA cases** and on our **SEA prevention and coordination work**,
- (ii) learn from each other (**identify promising practices**), and
- (iii) **identify actions to improve** PSEA prevention and response in each operation.

Methodology: During the webinar, we will jointly analyse an SEA case study (introduced by short video) based on real events. The facilitator will guide participants through structured group discussion, and participant exchange. Participants are expected to apply what they know, develop new ideas, share information, analyse effectiveness of operational responses, and identify best practice, gaps and risks. The focus is highly practical – *what is our actual operational response, what is working, what specifically needs to improve*. Participants are encouraged to share innovative practices from their COs.

To help the transition from one topic/section to another (e.g. from reporting, to supporting the victim'), you can briefly summarize the good practices that have been shared and note the follow up steps.

Structured discussion and key questions: 3-4 key questions are shown for each slide/section. Follow up questions are shown in *italics*, which can be used to probe further, or to explain the key question in more detail. Select the questions most relevant for your group and the discussion, you do not need to ask them all. Not all FPs will individually respond to all sections.

Facilitator: The Facilitator should have a solid understanding of PSEA policy and practice within their organisation, at operational level. It is recommended for Regional FPs to facilitate first sessions for country-level FPs, who can then adapt and use the resource to deliver further sessions to other country-level FPs or PSEA teams within their operations.

Participant selection (grouping): participants can be grouped by size or type of operation (e.g. emergency, or advocacy), so that the participants represent a similar level of PSEA implementation. You may also wish to group neighbouring operations, or by language. For advocacy focused operations, you can adapt or remove the questions that are not relevant to their working context.

Agenda (*can be adjusted according to most relevant topics for the group*):

Introduction and welcome remarks, 8 min
Video, initial reactions, SEA or SH? 12 min
How would we find out - community? 20 min
How would we find out – internal? 10 min
Supporting the victim – 15 min
VCA – 10 min
Liaising with an SEA investigation – 10 min
Prevention – 10 min
Working with others – 15 min
Going forward, next steps, required support, M&E, and close – 10 min

WELCOME & OPENING REMARKS: (8 min)

1. Welcome the participants and do a **brief** round of introductions.
2. Explain the purpose of the webinar (see (i), (ii), (iii) above).
3. Explain that the number of participants is kept small, to allow for in-depth exchange and discussion. All participants are expected to actively share and engage, and are encouraged to share innovative practices from their operations. This is a safe space for honest reflection and exchange, it is not an assessment or test. Participants should feel confident to openly talk about shortcomings as well as sharing successes.
4. To guide this discussion, we are going to use a case study to discuss the responses to SEA in the operations/offices, and the challenges, where the participants work. The case study does not represent all SEA cases, but is based on real events, and raises a lot of common themes in SEA cases.

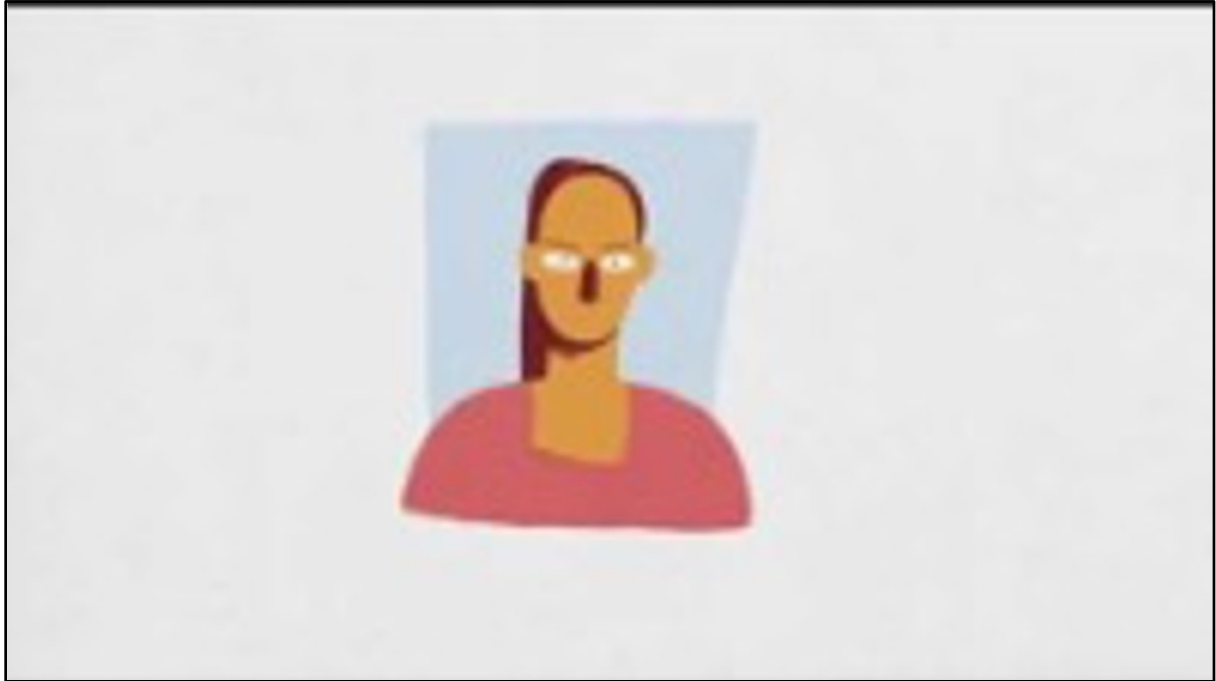
NOTE ON DISCLOSURE OF SEA CASES:

1) Disclosure of confidential case information

- Ask participants to ensure that they do not reveal any confidential case information when sharing examples from their operation. This includes names or other identifying information (location, date, job title) of victims, witnesses or perpetrators in an ongoing or previous case.
- If a participant does disclose confidential information, intervene to remind them of the need for confidentiality.

2) Disclosure of a potential SEA case

- If a participant discloses information regarding a potential (unreported) SEA case, intervene to remind them that all suspicions or concerns must be reported according to the applicable reporting requirements of your organisation. While the call is a safe environment to discuss SEA realities, for potential cases it is important to limit information sharing on a strictly 'need to know' basis.



Gouta video (7 min)

NOTES FOR FACILITATORS:

Show **Gouta video**, the case study (press the right arrow key or click twice on the image).

Video also available here: <https://youtu.be/FjFd5lOn75M>

Ask participants for **initial reactions** to Gouta's story – how did the story **make you feel?**

Could this happen in your operation?

[Do not yet engage with questions of definition (is this SEA?) or response, this happens on the next slide!]

NB: This animated version of the Gouta case study was developed from an original case study produced for staff learning by the International Organization for Migration.



SEA or SH? (5 min)

NOTES FOR FACILITATORS:

Ask the participants if, in their view, the story represented an example of (i) SEA, of (ii) SH, of (iii) both, or if it is (iv) neither SEA or SH
Ask them to vote using the 'chat' box.

You will likely receive different responses.

The **correct answer is (iii), the case study can represent both SEA and SH.**

KEY MESSAGE: The distinction is not in the act, but the status of those involved. If the victim is a person of concern, and the perpetrator is a humanitarian worker, the case is always treated as SEA.

SEA – because Gouta is a refugee, and Victor is abusing his power and privilege as a humanitarian worker in seeking a sexual relationship with Gouta. He is providing her with extra assistance and he helped her find a community volunteer position – she fears she may lose this extra help if she asks him to stop sending her nude pictures. Note that

Victor and Gouta do not yet have a sexual relationship, but the sending of pictures can be considered as an attempt or threat, to establish an exploitative sexual relationship.

SH, because as a community volunteer, Gouta can be considered as a humanitarian worker herself, and as such, Victor is sexually harassing a fellow humanitarian worker by sending her nude pictures. *However, in light of the strong power differential with Victor being an international staff and Gouta being a refugee, it may make most sense to treat this situation as an SEA situation.*

NOTE: Participants need to be able to recognize the case as a situation of SEA, they do not need to provide the legal definition of SEA or SH.

What Next?




In your operation ...

1. How would we find out?
2. How would we ensure support for Gouta?
3. During investigation, how would we protect her?
4. How do we prevent such cases?



NOTES FOR FACILITATORS:




Inform the participants: Now we will explore with you, **STEP-BY-STEP** what would happen and what steps would be taken if this case would have happened in your offices / work environments.



How would we find out?

OPTION 1: From the victim or from community members

- ▶ Channels to report or seek help?
- ▶ How do these function in practice?

How would we find out? - Community (20 min)

NOTES FOR FACILITATORS:

When looking at responding to a case like the Gouta case in our operations, we first need to think about **how we would learn about the case**.

On this slide, we look at situations when **someone from the persons of concern community or host community is the source of the information on the SEA allegations**.

Remind participants of who the **characters** on the slide are:

Gouta – the victim, a refugee

Dalmar – a community member and family member [uncle] of Gouta

Nuru – a community member, also a refugee, and friend of Gouta

Ask one or two participants the questions below:

1) In your operation, **what channels** would each of these three persons have to report SEA or seek help?

(do not accept theoretical answers – really ask how these work in each context, very practically:


e.g. how would Gouta know that the reporting channel exists? How long would a refugee have to walk to reach the complaint box? Would others be able to see her using it? Do women have equal access to mobile phones? What is the literacy rate?, What is the community's preferred mechanism for giving feedback and is this catered to?

2) Would Gouta, Dalmar or Nuru be likely to use these channels – **what are the obstacles to reporting? (probe!!)**

3) How many SEA complaints has your office received, from victims / community members in the last year?

Do you think this is representative of how much SEA is happening in your operation? Why / why not?


Select the questions most relevant to the discussion. Allow other participants to share about their operations. Insist that they are specific and practical when bringing up examples.



How would we find out?

OPTION 2: From humanitarian workers

- ▶ Reporting channels - Locally, for your staff and partner staff?
- ▶ Reporting channels - to HQs?



How would we find out? - Internal (10 min)

NOTES FOR FACILITATORS:

On this slide, we look at situations when a **humanitarian worker – from your organisation or partner staff - is the source of the information on the SEA allegations.**

Remind participants of who the **characters** on the slide are:

Amina – NGO Field Assistant

Roberta – NGO Head of Office

NGO staff – staff member of the Implementing Partner, a local NGO

Ask two participants the questions below:

- 1) In your operation, **with whom** would each of these three persons **speak**, to ensure an SEA case is followed up locally, so as to make sure the victim is supported?
- 2) In your operation, **what channels** would each of these persons have to **report SEA to**


HQs? If the implementing partner staff reports to someone in his NGO, **how would your organisation be informed** (as is obligatory for IPs)?

(Remind colleagues of the obligation to report SEA, and the channels available in your organization. Regarding the local follow-up, ask participants about their SOPs – *who would get involved in an SEA case in their office?*)


Do not accept theoretical answers – *Would staff in your office feel comfortable to use the reporting channels to HQs? If not, why not - how can we help to reduce those barriers?*

Would staff in your office feel comfortable to seek advice locally? From whom?

Are you aware of SEA cases where NGO IPs reported to staff in your operation? Is the channel clear to IPs? Do they know who to contact and what to expect?



Supporting the victim



- ▶ What **support** would Gouta need?
- ▶ Strength of **GBV programmes**?
- ▶ How would **referrals** work in your operation? Who does what?
- ▶ How do you ensure **confidentiality**?

Supporting the victim (15 min)

NOTES FOR FACILITATORS:

Discuss the areas of assistance, thinking of what Gouta (or other SEA victims) may need:

1) What support would Gouta need?

She may need support in the following areas:

- A) Safety/security (if case is reported and investigations would start – risks need to be assessed)*
- B) psychosocial*
- C) material / livelihoods – would you re-register Gouta to the community volunteer list?*
- D) Medical support (may not apply to Gouta?)*
- E) Legal support (may not be immediately relevant in Gouta's situation?)*

2) Is this support available through existing GBV programmes? If not, how is this managed?

3) How do referrals work? Who does what?

Possible follow up questions on referrals:

- 1) Who in your duty station would be informed about the case?*
- 2) Who would refer Gouta to other service providers to obtain the right help? Who [staff of which organization] would serve as case manager for an SEA case in your operation?*
- 3) How would these referrals take place (in writing, in person, by telephone?). How are referrals regulated in your duty station's (interagency) SOPs?*

4) How do you ensure confidentiality in referrals and case management?

How is data documented and stored? What information is shared and to who? What feedback would you give Dalma (Gouta's cousin) on what happened to his report, and what he should expect to happen next?



VCA (10 min)

NOTES FOR FACILITATORS:

Introduce the topic of VCA by reading the definition (source: UNHCR/HCP/2020/04, *Policy on a Victim-Centred Approach in UNHCR's response to Sexual Misconduct*: www.unhcr.org/5fdb345e7.pdf):

“a way of engaging with victim(s) that prioritizes listening to the victim(s), avoids re-traumatization, and systematically focuses on their safety, rights, well-being, expressed needs and choices, thereby giving back as much control to victim(s) as feasible and ensuring the empathetic and sensitive delivery of services and accompaniment in a non-judgmental manner.”

VCA is about what we do, but also how we do it.

Ask the participants: *Who here has spoken individually with a SEA victim?*

If someone has, ask them what they can share from the experience – what did they learn? Did they gain any new perspective?

If no-one, what does this mean for our understanding on victim experience?

The questions below refer to the 10 principles of VCA. **Start by asking one participant to chose one of the 10 principles they are most interested to discuss, and ask them 1-2 of the questions shown below corresponding to each principle. Do the same for the next participant, up to 3 participants.** Pick the most relevant questions to the discussion, you do not need to ask them all.

1. At the end of the video, Gouta is concerned about her **safety**. How do you assess her security risks and create a safe environment? *How do you avoid exposing her to further risks during and after investigation? How do you respond to signs that the victim may not be doing well?*
2. **Assistance and support**. How would you make sure Gouta is able to access services she has been referred to? *How do you explain the realities or limitations of available support to a victim, without them losing confidence in your organisation? How do you respond if the victim says they don't want to use these services?*
3. **Non-discrimination**. How do you ensure your support is accessible to all? *How can you signal to communities that it is safe to disclose information about sexual acts or situations not accepted by local norms (e.g. same sex sexual contact, sex outside of marriage)? How do you ensure the language you use, and the way you behave, does not discourage the victim from engaging with you?*
4. **End to end, holistic approach**. Who counsels and accompanies the victim through the process? How do you prevent the victim from having to repeat what happened to different entities and services, while respecting their confidentiality? *How do you decide what longer term support is needed, even after an investigation has been closed?*
5. **Giving back control**. How do you ensure victims feel in control of the process? *What do you tell the victim about the progress of investigation, and disciplinary proceedings, once the perpetrator is confronted with the allegations?*
6. **Confidentiality and informed consent**. How do you explain exactly who will know what, and when, within your organisation? How do you ensure they fully understand the meaning of their consent? *If they are worried about confidentiality, how do you reassure them, while also making clear the limits? If there is a breach in confidentiality, who tells them, and what happens next?*
7. **Ask and listen**. How do you prepare yourself and the meeting venue to receive the victim in the most supportive way? If they come to see you but seem uncomfortable or not willing to speak, what do you do? *How do you establish a rapport? How about*

if they start to disclose an allegation, but then stop and want to leave? What is the need-to-know information for your role?

8. **Keeping victim informed.** Who updates the victim on the case, and at what points? How can they reach you if they have questions or want an update? *How do you deliver news which may have a negative impact (e.g. if there is not enough evidence to substantiate the allegation)?*
9. **Child victims.** How do you give special consideration to engaging with children? *Would the same focal point in your operation deal with an allegation from a child victim as an adult victim? How do you prepare yourself and the meeting venue differently for children?*
10. **Due process.** How do you explain to the victim, the due process and rights of the alleged perpetrator if disciplinary measures are taken forward (e.g. to know the details of the allegation against them, the identity of the complainant)? *At what points do you check-in with them to ensure they wish to continue?*



Liaising with an SEA investigation

- ▶ Who in your office is **in contact with the investigation unit**?
- ▶ Who keeps the victim **informed**?
- ▶ **Victim (and witness) protection** – keeping them safe?



Liaising with an SEA investigation (10 min)

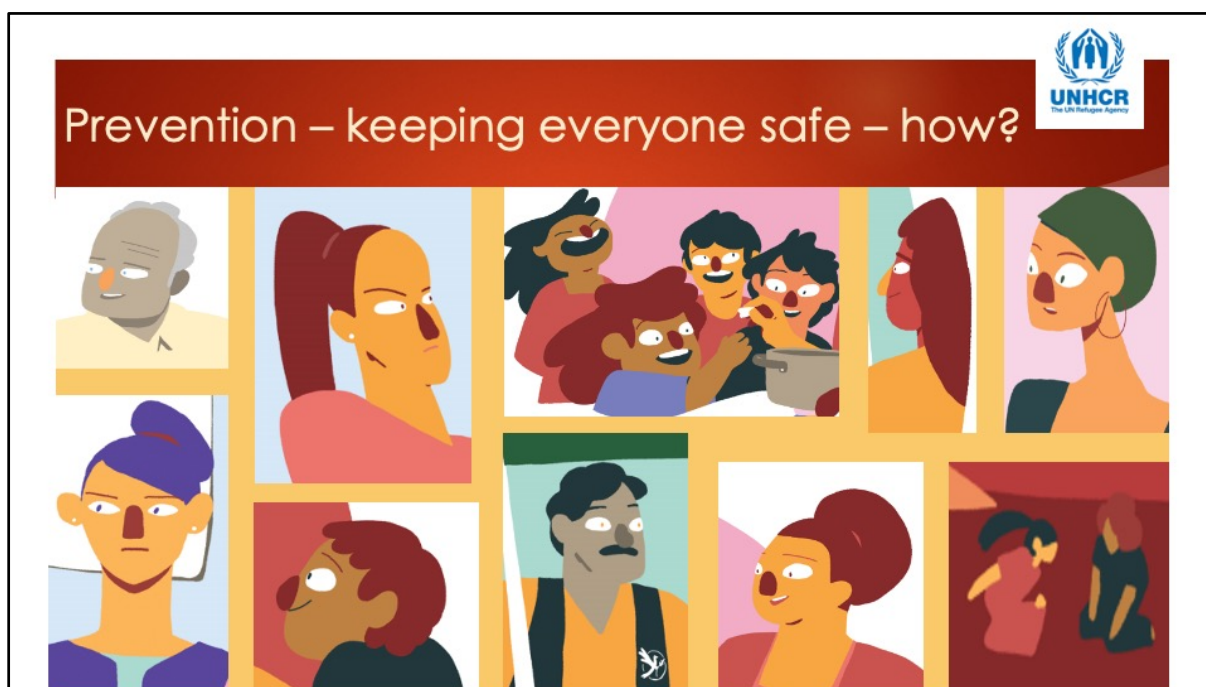
NOTES FOR FACILITATORS:

In the case study, Roberta decides not to report the case, but to conduct her own investigation.

If it has not already discussed by the participants, **ask: what were your reflections on her actions? Could this happen in your operation? To what extent do staff understand why they must report, and not try to investigate themselves?**

Go through the 2-3 questions on the slide.

- 1) Who in your office is in contact with the investigation unit?
- 2) Who keeps the victim informed? At what points?
- 3) Victim and witness protection – keeping them safe? *How are protection interventions coordinated with an ongoing investigation?*



Prevention (10 min)

NOTES FOR FACILITATORS:

Select 3-4 questions on prevention most relevant to the discussion. Have a discussion on effective prevention between the participants.

1. How do you engage with communities of persons of concern on what SEA is and how to report? *Women? Men? Girls? Boys? Older people? People with disabilities? LGBTQI+ groups? Community leaders? Host communities? Religious leaders? How often?*
2. How do you consult on their preferences for and views on existing complaints and feedback mechanisms? *How often? How do you let them know you have taken their preferences into account?*
3. How have you adapted your activities in the COVID19 pandemic? *What do you overcome COVID19 challenges to community engagement or providing protection services?*
4. Do you train partner personnel on SEA? *How? How often?*
5. Do you train our own personnel on SEA? *How? How often?*

6. What more would need to be done in your operation to effectively prevent SEA?
7. Which staff in your office are involved in prevention, training, awareness-raising?
8. Does anyone work specifically with men?
9. Does your operation work on root causes of SEA – *gender inequality; power differentials; harmful local, traditional, cultural or religious norms or practices? How? With whom?*



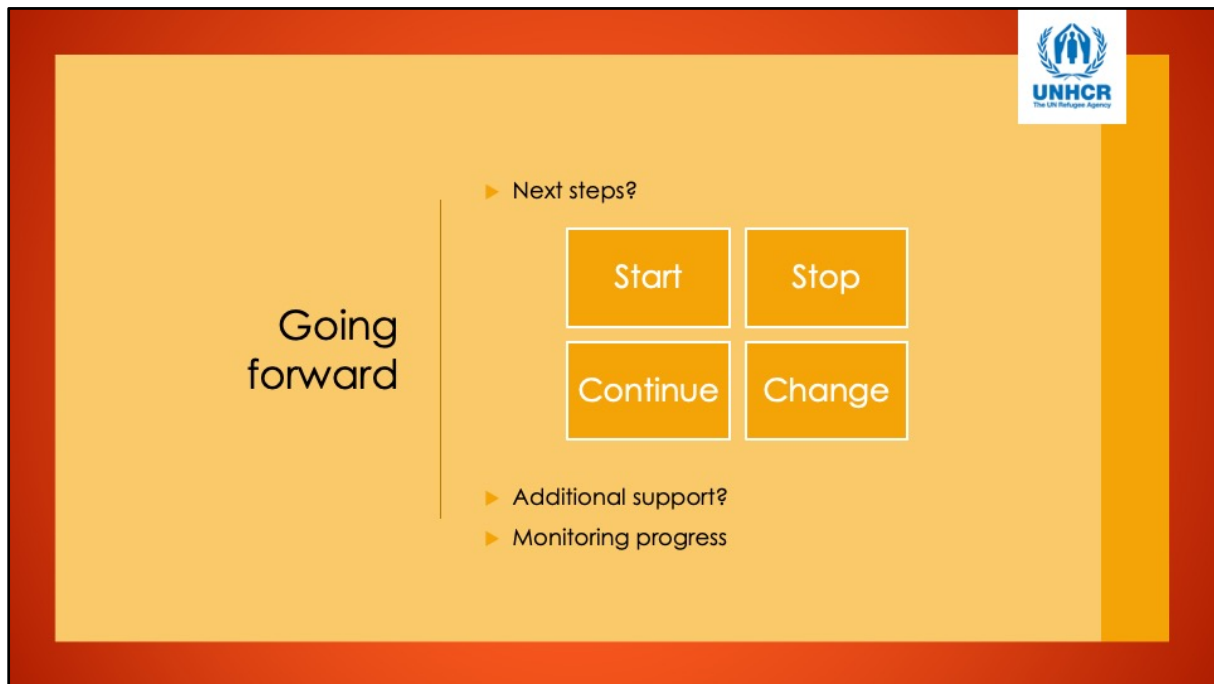
Working with others (15 min)

NOTES FOR FACILITATORS:

Ask one of the participants the first question below, the next question to another participant, etc. Focus the discussion on practical examples, what works best to coordinate effectively. Avoid focus on normal challenges of coordination or limitations of other agencies or partners.

- 1) To what extent is your PSEA implementation joint with other agencies, *e.g. do you have a joint community complaints mechanism, risk assessment, action plan, training of common IPs? How does this work in practice? Do you coordinate mostly within a country level UN PSEA Task Force, or wider UN & NGO PSEA Network? Which is more helpful for what purpose, and why?*
- 2) What has worked well in terms of interagency coordination, and why? *E.g. joint complaints mechanism, dividing tasks such as translation, co-funding, opening up training to other agencies. What is needed to improve coordination?*

- 3) How do you engage the Government in prevention and response? *How do you advocate for their active engagement? How do you follow up on cases reported against Government actors – including local authorities and community structures?*



Going forward and close (10 min)

NOTES FOR FACILITATORS:

Reflecting on the session, ask each participant to post in the chat box to share 1 action that they will either **START, STOP, CONTINUE or CHANGE** for their own operations, by considering:

- How do they want to take this forward? What will they start doing, and is there anything they will stop doing? What will they continue, and what will they change? What are the priority issues for their locations? *(Make sure the focus is on specific action points, and note these down to share in post-conference follow up)*

2) Ask each participant to also post in the chat box what specific additional support is required?

- *What's missing from HQ, regional, organisational-level support, how can HQ better serve field operations in this area?*
- *What would they like to see more of from supporting HQ/regional teams?*

3) How will they monitor progress and evaluate impact? *Is a workplan or action plan in place, with set timeframes and measurable targets?*

Provide information on the next steps for you (the facilitator) and your office, and planned follow up from the conference.