

# Tanzania PSEA Network Standard Operating Procedures (SOPs)

Webinar

Guidance on intake, referral and feedback

# Agenda

Roles and Responsibilities

Guiding Principles

Intake, Reporting, Referrals

Non-Standard Scenarios

Victim Assistance

Investigations

Support & Feedback

Information Sharing

External Communications

Challenges & Participation



## Tanzania PSEA Network Guidance

Inter-Agency Sexual Exploitation  
and Abuse (SEA) Reporting, Referrals, and Feedback

TANZANIA PSEA NETWORK

# Background I

- The Tanzania PSEA Network Standard Operating Procedures (SOPs) were endorsed March 1, 2023 by the UN Country Team (UNCT).
- The SOPs are result of collective and consultative efforts by the Tanzania PSEA Network focal points.
- The SOPs define inter-agency steps and measures to be taken when there is suspected, or alleged, SEA committed by staff and/or implementing partners operating in development and refugee contexts.
- The SOPs aim to ensure a consistent approach for the PSEA Network, both national and sub-national levels, in implementing the Secretary-General's Bulletin ST/SGB/2003/13.
- The SOPs reflects the strong commitment made by the UNCT to actively respond to SEA in Tanzania.

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- Non-Standard Scenarios
- Victim Assistance Investigations
- Supporting Victims, Complainants, Whistle Blowers, and Witnesses
- Information Sharing with the Senior-Most UN Official
- External Communications
- Challenges
- Participation



## Background II

- The SOPs are not intended to change nor to override existing agency-specific guidelines on PSEA in Tanzania.
- The procedures are meant to reinforce common actions for all members for when reports need to be referred beyond one individual entity.
- In case of contradiction between the SOPs and any agency-specific rules, policies, and/or procedures on PSEA, the latter shall prevail.
- The SOPs will be complemented by effective linkages with gender-based violence and violence against children referral pathways; as well as awareness creation for staff, implementing partners, and beneficiaries.
- The SOPs also includes an **Information Sharing Protocol (Annex 8)** as guidance on how to confidential share information on SEA allegations.

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## Background III

- As lessons are learned, the SOPs will be updated by the Co-chairs (in close consultation with the PSEA focal points, as required).
- Any substantive changes will be brought to the attention of the RC and UNCT for consideration and approval. This will be ensured as a part of quarterly reporting to the UNCT on PSEA progress and challenges.

### Any questions?

If we can be of assistance, please do not hesitate to contact us.

- Hodan Addou, UN Women Representative, [hodan.addou@unwomen.org](mailto:hodan.addou@unwomen.org)
- Ousmane Niang, UNICEF Deputy Representative, [oniang@unicef.org](mailto:oniang@unicef.org)
- Maria Kjersem, PSEA Coordinator, [maria.kjersem@un.org](mailto:maria.kjersem@un.org)

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# Roles and Responsibilities I



RC  
Zlatan Milisic



UNCT



PSEA Network



Sub-Network  
Refugee Response



Coordinator  
Maria Kjersem



## Roles and Responsibilities II



PSEA Chair  
Hodan Addou UN Women



PSEA Co-Chair  
Ousmane Niang UNICEF



Focal Points



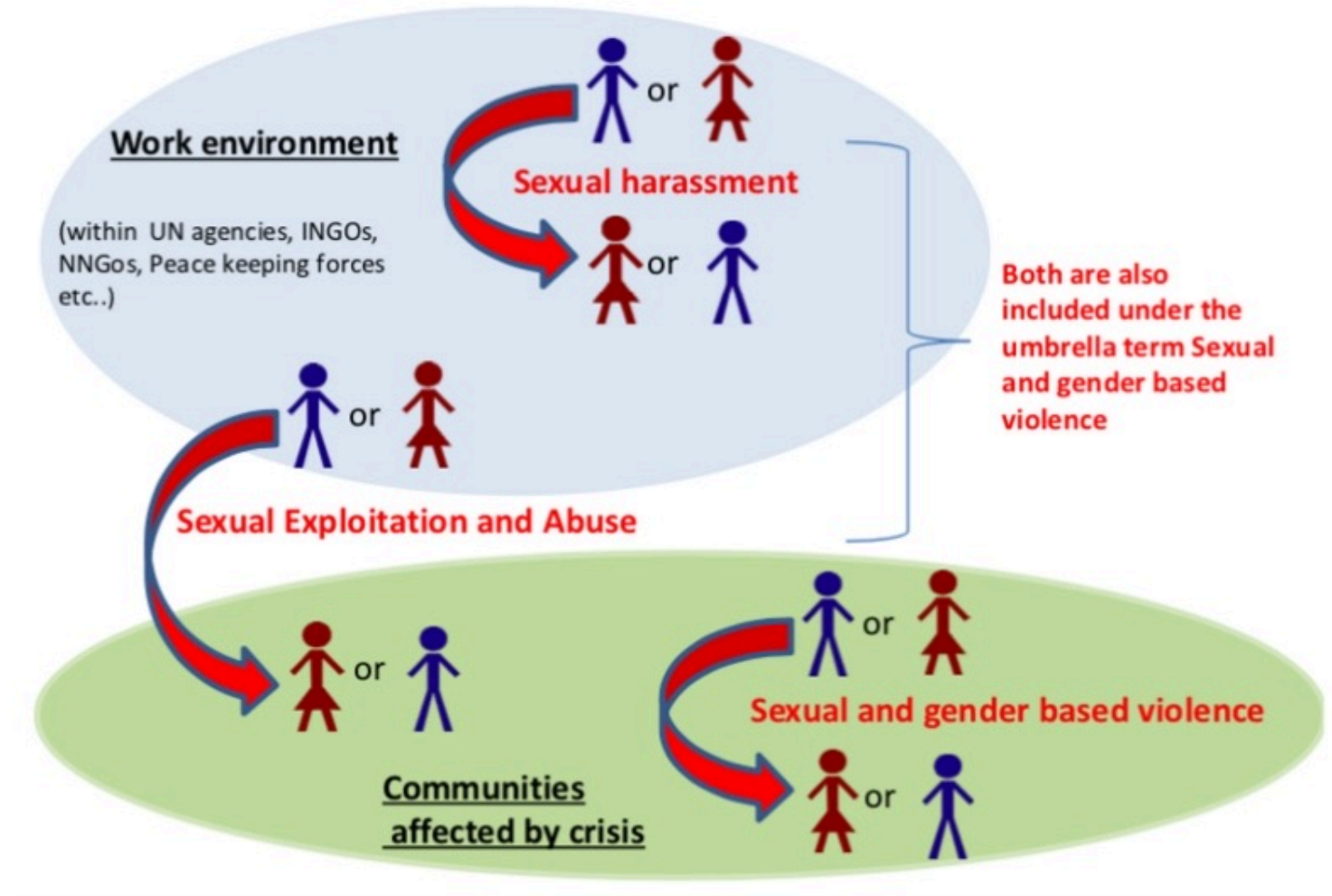
Partners



Concerned Entity

# Guiding Principles

- Victim-centred
- Best interest of the child
- Accountability
- Do No Harm
- Accessibility
- Mandatory reporting
- Confidentiality
- Transparency





# Intake

## TANZANIA PSEA NETWORK



## Procedures for Intake

SEA complaints in Tanzania may be reported directly by the victim or by anyone else who may have a suspicion and/or concern, e.g., staff, partners, volunteers, and affected communities.

Examples: PSEA Focal Points, community committees, helpline, online platforms, women centres, child friendly spaces, help desks, GBV and VAC services and referral mechanisms, and so forth.

It is important that anyone who may receive a SEA complaint make sure to:

- Treat the victim, or complainant (if different), with dignity and respect by always believing the victim.
- Explain to the victim/complainant the mandatory requirement to report all SEA allegations.
- Get basic incident information (use Annex 4).  
This consists of addressing: what, where, when, and who. *Never ask why!*



## Annex 4: Intake & Referral Form

This form is for intake and referral of SEA cases. All information needs to be kept confidential. Moreover, the complainant (and victim, if different) should be informed of mandatory reporting requirements (and limits of confidentiality) on SEA.

This form should never be shared with GBV and VAC service providers.

### Annex 4: SEA Inter-Agency Intake and Referral Form

This form is for intake and referral of SEA cases. All information needs to be kept confidential. Moreover, the complainant (and victim, if different) should be informed of mandatory reporting requirements (and limits of confidentiality) on SEA. *This form should never be shared with GBV and VAC service providers.*

Information pertaining to the complainant			
Name:		Nationality:	
Contact details:		Position (if applicable):	
Sex:		Age:	
How does the complainant prefer to be contacted?			

Information pertaining to the victim			
Name of victim (if not the complainant):		Nationality	
Sex:		Age:	
Contact Details:		Name and contact details of parents and/or legal guardians, if under 18:	
Has the victim given consent for the completion of this form?	Yes	No	Unknown
Is the victim receiving any type of aid? If known, include the name of the entity providing assistance.			
Date of incident(s):	Time of incident(s):	Location of incident(s):	
Brief description of incident(s) in the words of the victim/complainant:			
Brief description of service(s) provided to victim (if any):			
Explain any safety concerns to the victim, complainant, staff, and/or other beneficiaries.			
Has the victim, or does the victim, wish to report the incident to the police?			

Information pertaining to the alleged perpetrator	
Name of accused person(s):	Position/job title of accused person(s):
Agency of accused person, including address/location:	

Person completing form		
Agency receiving complaint:	Name:	Position/job title:
Signature:	Date:	

Referral to concerned agency/organisation	
Name and agency of PSEA Focal Point receiving referral:	Date of referral:

Acknowledgment of receipt	
Signature:	Date received:

## NEXT STEPS

If the person receiving the complaint is trained to (a) receive SEA complaints and to (b) refer victims via established referral pathways, such as a PSEA Focal Point, they should proceed.

If they are not, the staff member should directly refer the SEA complaint to either the PSEA Focal Point or the PSEA Network, who will take over the process.

Annex 3: Overview of all PSEA Network Focal Points in Tanzania



## For cases where the victim is the complainant

- An immediate assessment of the victim's health, safety, psychosocial, and other needs should be conducted. With informed consent, refer to appropriate case worker. [See Annex 6 for referral form.](#)
- Ensure that safety measures are applied by developing a plan to mitigate any risks of retaliation and/or harm. Keep in mind the intersectional and gendered needs of women, men, girls, and boys.
- It is the responsibility of the agency of the alleged perpetrator to ensure that the victim is referred for required assistance and services. [However](#), the agency receiving the allegation should still ensure that the victim is referred for initial assistance.
- Where the case constitutes a criminal matter, ensure the victim is informed of the option to report.
- Ask the victim how they would prefer to receive further communications about services as well as about the status of the case.



## Annex 6: Victim Assistance & Services Referral Form

This form should only be used for referral to service providers for support and assistance.

Only describe the minimum information required by the receiving entity to be able to respond to the referral. For referrals to GBV, VAC and SEA case management, do not provide details of the case.

### Annex 6: Victim Assistance and Services Referral Form

This form should only be used for referral to service providers for support and assistance.

Referral by		Referral to	
Entity:		Entity:	
Location:		Location:	
Focal Point Name:		Service Provider Name:	
E-mail:		Email:	
Phone:		Phone:	

Case information	
Only insert basic biodata and contact information which is needed for the case to access services.	
Name:	Address/Location:
Sex:	Phone number:
Age:	Preferred method and time of contact:

Caregiver information (When case is a minor, i.e., below 18 years in age).	
Name of caregiver:	Address/Location:
Sex:	Phone number:
Relationship to child:	Preferred method and time of contact:
Is the caregiver aware or informed of the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, explain:	

Need for specific services and assistance	
Indicate the service(s) for which you are referring to the case. Please refer to the service mapping to ensure the service is available and the case meets the eligibility requirements for the service.	
<input type="checkbox"/> Safety/Protection	<input type="checkbox"/> Legal services
<input type="checkbox"/> Immediate medical care	<input type="checkbox"/> Material assistance
<input type="checkbox"/> Dignity kits	<input type="checkbox"/> Socio-economic empowerment
<input type="checkbox"/> Mental health and psychosocial support	<input type="checkbox"/> Support for children

Case narrative
Describe the minimum information required by the receiving entity to be able to respond to the referral. This can include problem description, whether she or he receives other assistance, number in the household, and so forth. However, for referrals to GBV, VAC and SEA case management, do not provide details of the case.
Any risks or immediate safety concerns observed/expressed?

Consent
Read the disclosure with the individual. Inform the individual how his/her data will be used by the service provider and answer any questions she or he might have before they sign the disclosure. For children under 18 years, informed assent must be sought instead. Explain to the individual that she or he has the right to request that their information is not documented or retrieval of information at any time. She or he has the right to refuse to answer any questions and the right to ask questions about the referral process.
I, _____, acknowledge that the Focal Point has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. I understand that my information will be treated with confidentiality and respect and will only be shared as needed. By signing this form, I authorise this exchange of information.
Signature: _____ Date: _____

Before referral Check that you have considered all aspects of conducting a safe referral.	
<input type="checkbox"/> The individual has been informed of available service options and consented to go ahead.	<input type="checkbox"/> The individual has signed consent to release the information.



## In cases where the victim is not the person reporting

- Do **NOT** seek out the victim.
- Refer the information to the agency's PSEA Focal Point, who in consultation with the PSEA Network may conduct risk assessments and awareness raising activities in the identified area.
- Ensure that all information is well-documented during the in-person interview using the Complaint Intake & Referral Form (Annex 4).
- Where the case constitutes a criminal matter, ensure the complainant is informed of the option to report to the police and provide information regarding any support available for this process.
- Ask the complainant if they need any support and clarify how they would prefer to receive further communications about services and status of the case.

## Handling Child Cases

- If an SEA allegation or complaint reported is concerning a child (under 18 years), ensure that child safeguarding measures are in place.
- Ensure the child is referred to a professional with the required certification, training, and skills to support child victims of sexual exploitation and abuse, such as Child Protection Specialist.
- For children who are too young to understand information about their rights and service options, this information should also be shared with their trusted adult who can support the child.
- UNICEF can provide support on cases involving child SEA victims, if needed.





## Handling Child Cases

### INFORMED CONSENT/ASSENT GUIDELINES



Age group	Child	Caregiver	If no caregiver or not in child's best interest	Means
0–5	-	Informed consent	Other trusted adult's or caseworker's informed consent	Written consent
6–11	Informed assent	Informed consent	Other trusted adult's or case worker's informed consent	Oral assent, Written consent
12–14	Informed assent	Informed consent	Other trusted adult's or child's informed assent.	Written assent, Written consent
15–18	Informed consent	Obtain informed consent with child's permission	Child's informed consent and sufficient level of maturity takes due weight	Written consent

Source: Caring for Child Survivors (CCS) of Sexual Abuse Guidelines (2012), chapter 5. For more information visit [CCS Guidelines](#)

# Reporting

## Reporting Personnel of Own Agency: first steps

The staff member receiving the SEA complaint should refer the case to the organisation's established reporting mechanism or PSEA Focal Point within **24 hours**.

- **If, for whatever reason**, the staff member does not want to refer to their own PSEA Focal Point, they should refer the complaint to a member of senior management or directly to the agency's HQ-level complaints mechanism, in accordance with internal policies.
- **If, for a good reason**, the staff member does not want to report to internal mechanisms, she/he may report to the PSEA Coordinator or to one of the PSEA Network Co-chairs, who will report the case to the agency's reporting mechanism at the global level and inform the RC.

When receiving a complaint, the PSEA Focal Point should **NOT** investigate.



## Reporting Personnel of Own Agency: focal point role

### The PSEA Focal Point must:

- 1.** identify whether the victim has received requested assistance through established GBV referral pathways, within 24 hours, and ensure follow-up to resolve any blockages to assistance.
- 2.** Support the Head of Agency to directly inform the Resident Coordinator. For more information, see “Information Sharing with Senior-Most UN Official” and **Annex 5**.

UNCT in Tanzania agree that action should be taken on all cases within 24 hours. Whether a case constitutes SEA and requires investigation, should be determined within 72 hours.

The agency of the alleged perpetrator is responsible for applying relevant administrative procedures, including administrative leave/suspension while an investigation takes place. This does not constitute admission of culpability, pending the outcome of internal investigative procedures.

## Annex 5: Mandatory Information Sharing with RC

In November 2021, the Office of the Special Coordinator on Sexual Exploitation and Abuse (OSCSEA) instated a system-wide guidance on mandatory procedures for all UN Country Representatives on sharing information on sexual exploitation and abuse (SEA) allegations with the most senior UN official in the country.

This includes the 'Early Incident Reporting Form', which is to be submitted to the Resident Coordinator on all alleged SEA cases committed by UN staff and partners.

### Annex 5: UN Information Sharing with Resident Coordinator

In November 2021, the Office of the Special Coordinator on Sexual Exploitation and Abuse (OSCSEA) instated a system-wide guidance on mandatory procedures for all UN Country Representatives on sharing information on sexual exploitation and abuse (SEA) allegations with the most senior UN official in the country. Per the new Interoffice Memorandum and Guidance Note, the OSCSEA also shared the below mandatory 'Early Incident Reporting Form', which is to be submitted to the Resident Coordinator (RC) on all alleged SEA cases committed by UN staff and/or UN implementing partners.

Individual providing the report & contact details	Name
Agency	
Date information shared with Senior Official	

#### Allegation

Date of the first report to UN entity	
Date of alleged incident	
Allegation referred to the relevant investigative mechanism	Yes/No Date:
If yes, is an investigation ongoing	Yes/No

#### Victim

Gender	Female / Male / Other / Unknown
Age category	Adult / Child under 18 / Unknown
Nature of the allegation	
Victims' assistance provided	Yes/No
Brief description of assistance (medical, legal, security measures, etc.)	

**Note.** For additional victims, add as necessary.

#### Alleged Perpetrator #1

Gender	
General category of alleged perpetrator	

**Note.** For additional alleged perpetrators, add as necessary.

**Any related actions taken in response to the allegation, or issues of concern that require RC engagement**

Comment:

**Whether press coverage is likely (Yes / No)**

Comment:

# Inter-Agency Referrals



## Inter-Agency Referrals I

- If the complaint is received via a helpline or helpdesk, the operator will work with the PSEA Coordinator to refer to the PSEA Focal Point in the concerned agency.
- If the complaint is received via the One UN Tanzania PSEA webpage, the PSEA Coordinator will refer the case to the PSEA Focal Point of the agency of the alleged perpetrator for follow-up.
- If the complaint is received through an agency-specific CFM, the staff member receiving the complaint should refer to the reporting system of the agency of the alleged perpetrator. However, if the reporting system is unknown, the staff member should refer the complaint to the PSEA Focal Point of their own organisation ([PSEA Focal Point A](#)) within 24 hours of receipt.

Note: If, for whatever reason, the staff member does not want to refer to [PSEA Focal Point A](#), they should refer the case to the PSEA Coordinator or PSEA Network Co-chairs.

Note: In the absence of an PSEA Coordinator, this role will be delegated to the Co-Chairs.



## Inter-Agency Referrals II

- PSEA Focal Point A should then refer the allegation to the focal point of the agency of the alleged perpetrator (i.e., PSEA Focal Point B) within 24 hours (See Annex 4), taking note of the date as well as requesting confirmation of receipt.
- PSEA Focal Point B must acknowledge receipt of the complaint within 24 hours.

In cases where the organisation does not have an identified PSEA Focal Point B, the case may be reported to the Head of the Agency, unless there are circumstances that clearly indicate that this could be problematic (see Section 12 “Nonstandard Scenarios”).

- PSEA Focal Point A should, within 24 hours, inform the Inter-Agency PSEA Coordinator or one of the PSEA Network Co-chairs for monitoring and support.

## Inter-Agency Referrals III

- PSEA focal point B should report the incident immediately following internal procedures.
- PSEA Focal Point A and PSEA Focal Point B should NOT investigate.
- PSEA Focal Point B should identify whether the complainant (and, if separate, the victim) has received victim assistance and support, via pre-established GBV and VAC referral pathways, within 24 hours.

Note: It is the responsibility of the agency carrying out the investigation (i.e., the agency of the alleged perpetrator) to keep the complainant and/or victim notified in a safe and timely manner of status and outcome of any investigation, in accordance with internal protocols.

Note: The agency of the alleged perpetrator must inform the Resident Coordinator (as the senior-most UN official in the country). [See Annex 5 for more information.](#)

# Non-Standard Scenarios



## Non-Standard Scenarios

If the case is reported by a third party who does not know the identity of the victim, or the complaint is made anonymously, the allegation will still need to be referred to the appropriate unit in the concerned agency to determine if administrative follow-up and investigation would be advisable.

The victim's  
identity is unknown

If neither the victim nor the alleged perpetrator is known, or if there is a rumour of an SEA incident, the staff member should inform their own PSEA Focal Point. He/she should then inform senior management and assess whether there is sufficient information for an investigation to take place.

Up-in-the-air  
allegations

Recognising the high number of CSOs, faith-based charities, and volunteers engaged in aid delivery in Tanzania, allegations may be received regarding actors that are not an implementing partner of the UN. In such cases, allegations should still be reported to the PSEA Focal Point, who should inform the PSEA Coordinator.

Allegations not  
pertaining to partners

*See page 12-13 in SOPs for additional guidance for each of the scenarios*

## Non-Standard Scenarios

If the complaint implicates a member of the local community (who is not a volunteer/incentive staff), the case does not fall under the mandate of the PSEA Network. As such, the recipient should inform the complainant/victim of relevant options and services, including the option of reporting to the police.

Allegations pertaining  
to local community

If neither the victim nor the alleged perpetrator is known, or if there is a rumour of an SEA incident, the staff member should inform their own PSEA Focal Point. He/she should then inform senior management and assess whether there is sufficient information for an investigation to take place.

Allegations pertaining  
to Gov. partners

It is important that PSEA focal points always work with the Tanzania PSEA Network. This is because the Coordinator, Co-chairs and other focal points will be able to support various response measures. These actions may include but are not limited to:

- Awareness raising on PSEA with affected communities in the area.
- Engaging staff working in the area to ensure PSEA training, including Code of Conduct signing.
- Seeking information from community-level GBV/VAC workers.

*See page 12-13 in SOPs for additional guidance for each of the scenarios*

# Victim Support



## UN Victim Assistance Protocol Training, November 2022

All Tanzania PSEA Network member agencies shall provide support to victims as soon as information about an allegation is received. Assistance and support should be provided to victims by skilled and competent service providers in line with the 'do no harm' and victim-centred approach, with respect to GBV and VAC guiding principles, especially informed consent. **Please refer materials from the UN Victim Assistance Protocol Training.**





# GBV and VAC Support & Services in Tanzania

Types of essential services that can be made available to support victims of SEA:

- Immediate safety and protection measures
- Immediate medical care
- Dignity kits
- Mental health and psychosocial support
- Legal services
- Basic material assistance
- Socio-economic empowerment support
- Support for children born because of SEA

It is not within the mandate of the Tanzania PSEA Network to provide case management to SEA victims directly. This should be left to trained and certified GBV professionals.

The Tanzania PSEA Network, with support from protection-mandated organisations and the national child helpline C-SEMA (116), undertook a mapping of operational presence as well as GBV and VAC mechanisms in-country, December 2022-February 2023. The aim was to (a) identify entry points and critical gaps, and (b) develop easily accessible (online) referral pathways. The data from this undertaking is added to the digitised C-SEMA (116) directory of service providers. From this directory, the Tanzania PSEA Network has identified key entry points of trained GBV and VAC service providers for SEA victim-centred support and services.

To access the online directory and referral pathways, use the links below to create an account.

Mainland

•<http://providersbara.sematanzania.org/login>

Zanzibar

•<http://providers.sematanzania.org/login>

In addition, the below UN Medical and Psychological Support Team are available to provide guidance, support, and/or care to focal points, complainants, and/or witnesses within the system.

0800 750 129 - Dr. John A. Mugaya, Dar es Salaam (*toll free*)

0784 872 663 - Dr. Alfred Chinyeu, Zanzibar

0784 442 299 – Dr. Alexander Mihonye, Kasulu (Northwest Area)

0784 401 204 - Dr. Kabango Mutamba, Arusha (Northern Area)

0800 750 130 - Ms. Zinat Fazal, UN Stress Counsellor (*toll free*)

# Investigations

## Case is a criminal matter

When an incident of SEA constitutes a criminal offense, it is the decision of senior management of the investigating agency (in close coordination with their legal office in HQ) to refer the case to law enforcement in conformity with the entity's own internal procedures.

## Protection of victims and witnesses

Protection of victims and witnesses: Agencies are encouraged, in line with their internal accountability framework and systems, to alert the PSEA Network about SEA risks to ensure that adequate protection (risk assessment) is ensured from the start of the investigation.

## Lack of investigations capacity

In the event of an implementing partner lacking the capacity to investigate internally, the PSEA Network, upon request from the concerned agency, can support by identifying trained investigators (at the cost of the requesting agency).

# Trained investigators



An overview of trained PSEA investigators can be accessed here:

[https://drive.google.com/drive/folders/1f5lLxYsq80R5\\_LjYaAT5-vfJbpH4RTw?usp=share\\_link](https://drive.google.com/drive/folders/1f5lLxYsq80R5_LjYaAT5-vfJbpH4RTw?usp=share_link)



# External Communications

## Supporting Victims, Complainants, and Witnesses

The Country Representative will be in the lead on any external communications on SEA allegations concerning their entity. This also includes coordination with the RC and PSEA Coordinator on media requests based on advice from their respective HQ.

In line with the Secretary-General's reporting mechanism, the UN can announce:

- Nature of allegation(s),
- Date of alleged incident and date of complaint,
- Age, gender, and number of victims,
- Assistance provided to a victim(s),
- Category of perpetrator,
- Whether matter has been referred to an investigation entity within the UN System.

The UN and partners must never announce the name of the victim(s) or witnesses, nor provide information that could help identify them, such as location within the country.

# Challenges & Participation

## Challenges & Participation

In cases where challenges in implementing the Tanzania PSEA Network SOPs are raised, the below process will be followed to discuss the matter and determine appropriate actions to be taken and address the issue to facilitate inter-agency information sharing and referrals.

- A meeting will be convened between the PSEA Focal Point(s) of the relevant entity/entities as well as the PSEA Coordinator and Co-chairs to discuss the matter and to determine appropriate actions.
- If unresolved, the matter should be referred to the Senior Management within a week, including the RC who will address the matter. In this regard, the UNCT commits to attend ad-hoc meetings.

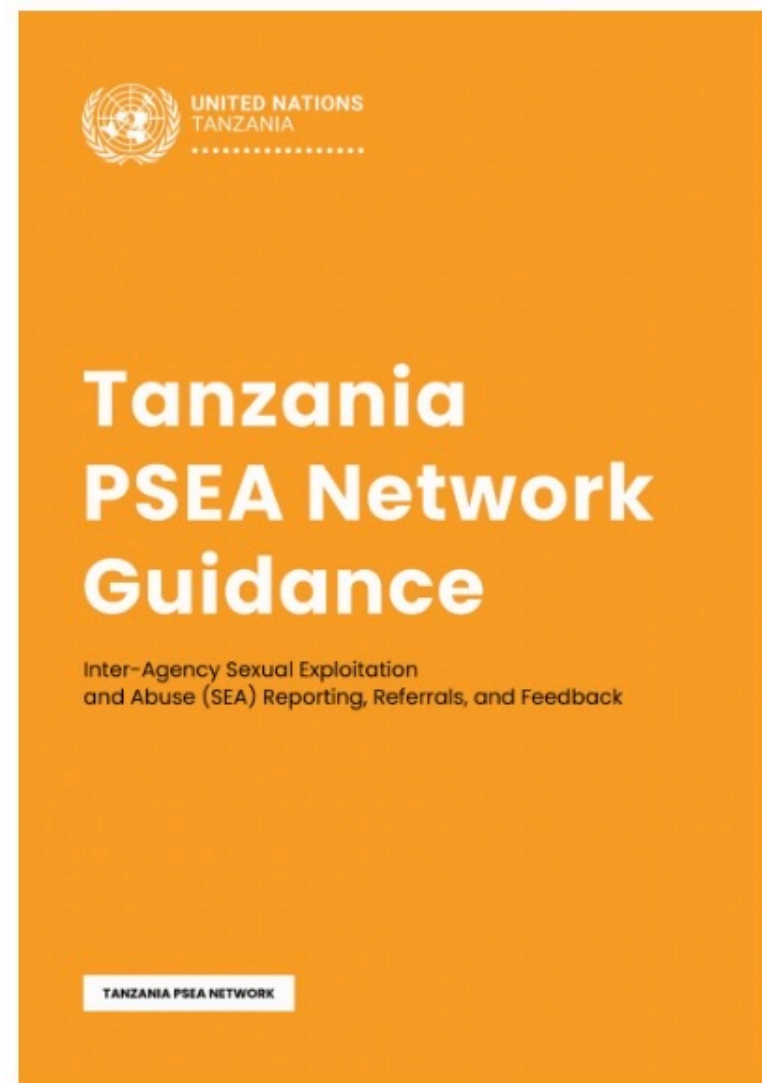
The SOPs shall be open for signature by all Tanzania PSEA Network members on an on-going basis, whereby all members will signify their interest to the to the PSEA Network Co-Chairs, who will take the necessary steps to formally accept new organisations into the SOPs and the PSEA Network.



# Overview of SOPs

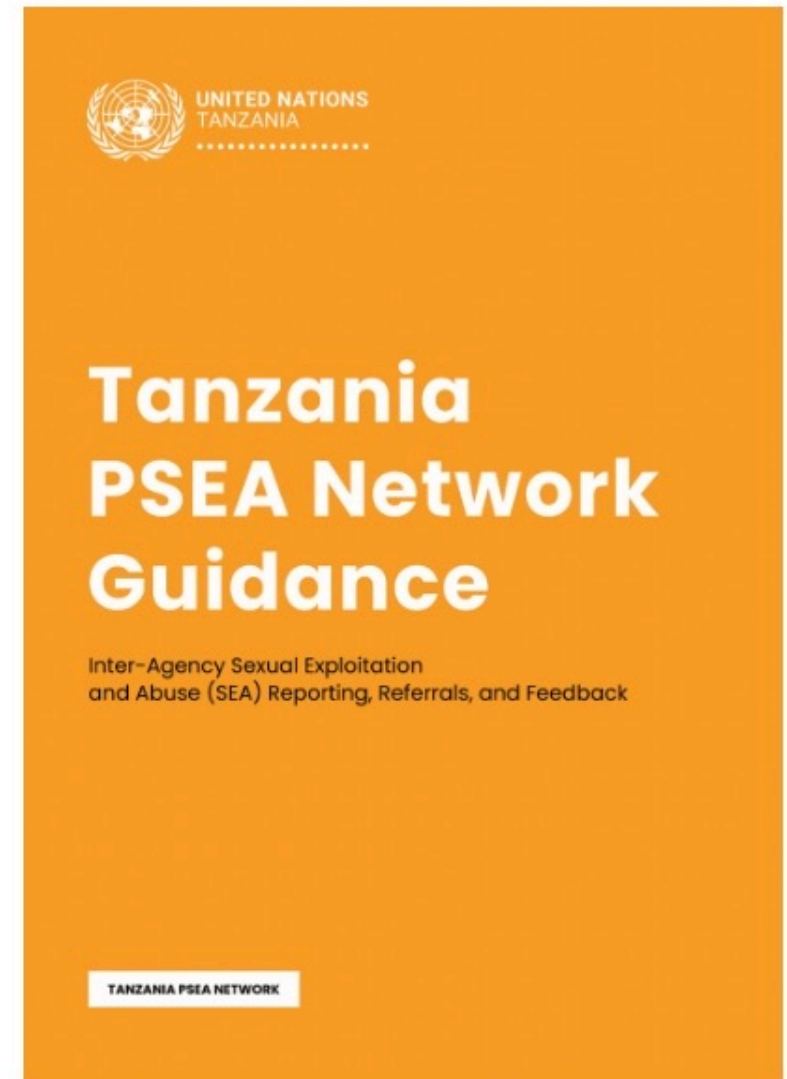
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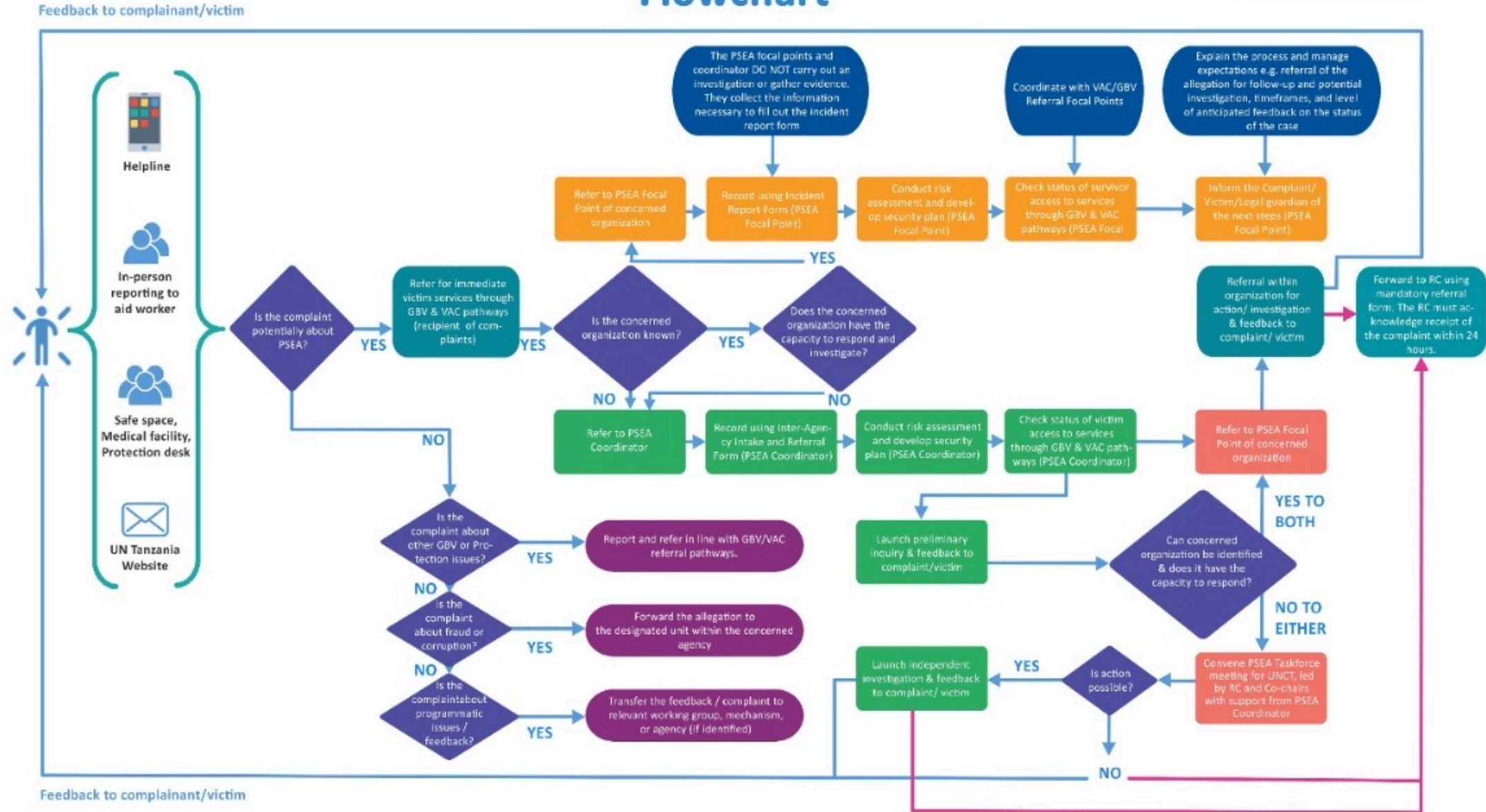
## Annex Overview

- Annex 1: Referral Flowchart
- Annex 2: Six Core Principles (in English and Swahili)
- Annex 3: Contact Details of PSEA Focal Points
- Annex 4: Inter-Agency Intake and Referral Form
- Annex 5: UN Information Sharing with RC Form
- Annex 6: Victim Assistance and Services Referral Form
- Annex 7: Referral Pathways: GBV and VAC Services
- Annex 8: Information Sharing Protocol
- Annex 9: PSEA Network ToR
- Annex 10: PSEA Focal Point ToR
- Annex 11: Code of Conduct



# Tanzania PSEA Network Referral Flowchart

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# Thank you!

Any questions?

If we can be of assistance, please do not hesitate to contact us.

- Hodan Addou, UN Women Representative, [hodan.addou@unwomen.org](mailto:hodan.addou@unwomen.org)
- Ousmane Niang, UNICEF Deputy Representative, [oniang@unicef.org](mailto:oniang@unicef.org)
- Maria Kjersem, UN RCO, [maria.kjersem@un.org](mailto:maria.kjersem@un.org)