

**Protection against Sexual Exploitation and Abuse (PSEA)
Standard Operating Procedures for the Community-Based
Complaint Mechanism in the State of Palestine**

SUMMARY

September 2021

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ACRONYMS

AIDA	Association of International Development Agencies
AoR	Areas of Responsibility
AWP	Annual Work Plan
CBCM	Community-Based Complaint Mechanism
CP	Child Protection
DCA	Dan Church Aid
FGM/C	Female genital mutilation/cutting
FP	Focal Point
GBV	Gender Based Violence
GBVIMS	Gender-Based Violence Information Management System
HCT	Humanitarian Country Team
HQ	Head Quarter
IASC	Inter-Agency Standing Committee
IGOs	Intergovernmental Organizations
INGOs	International Non-Governmental Organizations
MOS	Minimum Operating Standards
NCA	Norwegian Church Aid
NGOs	Non-Governmental Organizations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PNGO	Palestinian Network of Non-Governmental Organizations
PSEA	Prevention of Sexual Exploitation and Abuse
RC/HC	Resident and Humanitarian Coordinator
SEA	Sexual Exploitation and Abuse
SEAH	Sexual Exploitation, Abuse and Harassment
SGBV	Sexual and Gender Based Violence
SH	Sexual Harassment
SoC	Subject of Complaint
SoP	State of Palestine
SOP	Standard Operation Procedure
ToR	Term of Reference
ToT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAW	Violence Against Women

Members' Statement

We, [the signatories of these Standard Operating Procedures](#), re-affirm our determination to eradicate all acts of sexual exploitation and abuse by our personnel, and actively respond to incidents that are perpetuated against our beneficiaries. We recognize our leadership responsibility to strengthen the humanitarian community's fight against SEA, in order to achieve a true system of collective accountability, and we commit to provide the necessary resources to eradicate this wrongdoing.

1. INTRODUCTION AND SCOPE

The current document summarizes the commitments of Prevention of Sexual Exploitation and Abuse (PSEA) Network members to operationalize a common Community-Based Complaint Mechanism (CBCM), to report incidents of Sexual Exploitation and Abuse (SEA) in the State of Palestine. An extended version with full details for focal points (FPs) is added in the annexes, and shall be used for training purposes.

1.1 Inter-Agency Cooperation on PSEA

The State of Palestine (SoP) PSEA Network was created in 2018 and chaired by United Nations Children's Fund (UNICEF) and Dan Church Aid (DCA) /Norwegian Church Aid (NCA). In 2020 the chairs rotated and were handed over to Care International and United Nations Population Fund (UNFPA); United Nations Office for the Coordination of Humanitarian Affairs (OCHA) has been providing the function of Secretariat.

SEA by aid workers represents a failure by the aid community, it inflicts harm on those it promises to protect; [the Inter-Agency Standing Committee \(IASC\)](#) has prioritized efforts to prevent and respond to these abuses at both the agency level and through collective efforts in the field, and promoted adherence [to six core principles for humanitarian workers](#).

During the Humanitarian Country Team (HCT) meeting held on April 6th 2020; it was agreed to establish [a Joint PSEA CBCM](#) in the occupied Palestinian territory (oPt). The Standard Operation Procedures (SOPs) is the protocol that regulates the Joint PSEA CBCM. By joining the PSEA Network, one automatically endorses these SOPs. Privacy, confidentiality, respectful treatment, preserving dignity and informed consent are core entitlements of survivors. Therefore, there is no longer a time limit for denouncing an abuse and requesting protection and assistance ([see Secretary General 2017](#)).

1.2 PSEA Development in the State of Palestine

According to available data, SEA claims in the State of Palestine often arise where the aid worker in question is a community member, and/or where the alleged abuser is a government official. Since September 2020, there have been more than 12 allegations of SEA. The current system also collected and responded to high-sensitive SGBV cases and Sexual Harassment cases.

The PSEA network bears the responsibility of developing a safe and confidential protection system for survivors and bringing together the United Nations (UN) system, International Non-Governmental Organizations (INGOs) and Non-Governmental Organizations (NGOs) to prevent, assist and refer allegations of SEA. The SOPs do not change or override internal policies of participating agencies to the oPt PSEA Network, but rather complement their internal policies.

1.3 Scope of SOPs

These SOPs are intended to cover and provide clarity on the following matters:

- The roles and responsibilities of CBCM stakeholders;
- The key principles behind complaints case management in a CBCM;
- A standardized method of receiving and assessing SEA complaints in a CBCM; and
- Procedures for responding to SEA allegations, including referrals for: victim assistance provision, and investigation.

SOPs Target Users: case managers, claims handlers, service providers, and PSEA FPs at NGO, INGOs, Intergovernmental Organizations (IGOs), and UN agencies.

1.3.1 Types of Claims: SEA, SH and Link with AAP

The CBCM relies on the establishment of intake channels and communication materials developed with the full involvement of affected populations. Because communities may use the CBCM for all sort of claims, the complaints received can range from SEA to other general complaints; the SOPs therefore include guidelines for the appropriate transfer of non-SEA

complaints, which are detailed in §6.2.1 below. As per SGBV/ SEA claims, this protocol follows the classification made by the Gender-Based Violence Information Management System (GBVIMS): **Rape, Sexual Assault, Physical Assault, Forced Marriage, Denial of Resources, Opportunities or Services, Psychological / Emotional Abuse, Threats to life including femicide, and Cyber Harassment.**

Special Considerations on Sexual Harassment

When sexual harassment (SH) incidents occur under the scope of staff to staff, the CBCM shall refer the case to the concerned organization. SH cases can be referred for services but the CBCM does not cover for the service.

Special Considerations on GBV Highly Sensitive Cases

Similar to SH, the CBCM has no control over other types of claims that may be raised through the CBCM in result of an advocacy that targets sexual violence in liaison to abuse of power. Sexual and gender-based violence (SGBV) is also based on an unequal relation of power between victims and perpetrators. It is for this reason that one of the tasks of the coordinator is to assess if a claim is SEA. Gender based violence (GBV) claims that are not SEA are the concern of the GBV and/ or child protection (CP) areas of responsibilities (AoRs). As such the CBCM refers the claim to the appropriate cluster and logs the claim in the data management tool of the CBCM. Because GBV can entail serious life threats, if during the assessment of the claim, it is understood the need for emergency services, these can be triggered directly through the CBCM system. This is a measure that aims at minimizing the numbers of steps the survivor goes through to receive assistance, which does not have an impact on the quality because PSEA shares with the GBV/ CP AoRs the same mechanism to assist survivors.

2. ROLES AND RESPONSIBILITIES OF CBCM STAKEHOLDERS

The undersigned UN Agencies, Palestinian NGOs and International NGOs operating in the State of Palestine commit to integrate the SOPs of the Interagency CBCM into their systems and daily operations. Similarly, it is to note that global commitments on PSEA require systems to meet [minimum operating standards \(MOS\)](#), when internal systems are not consistent with MOS, an update of internal practices upon an assessment is needed. This is not to be confused with practices that meet MOS but that yet are not aligned with internal regulations. In this scenario, internal regulations prevail.

Structure of the CBCM

The PSEA network operates under the overall leadership of the Resident and Humanitarian Coordinator (RC/HC). The PSEA Coordinator reports directly to the RC while the Network is under the guidance of a steering committee. The PSEA Network is headed by two co-chairs and consists of designated FPs from all participating organizations. Additionally, Agencies will appoint claims handlers (which can be the FP or a separately appointed organization staff depending on organizational structure and preference). Dedicated case managers from strategic partners with expertise in GBV and Child protection assist in the management of cases. The work of the PSEA Network is coordinated by an International PSEA Coordinator, who is supported by two/three national coordinators, as well as one administrative support officer.

Heads of Agencies / Organizations – Ad-Hoc meetings and standard item in the HCT meetings

Heads of the offices of participating agencies at the country level guide and support the design, implementation and monitoring of CBCM activities. They have the following responsibilities:

2. To ensure that all SEA allegations/claims/ concerns received through the intake channels are reported to the Resident Coordinator/Humanitarian Coordinator and the PSEA Coordinator. Referral is done in accordance to SOPs and in less than 48h.
3. To ensure that all staff within his/her agency read, understand, acknowledge, and adhere to the agency's internal SEA complaints handling procedures;
4. To raise SEA awareness among staff;
5. To support CBCM/ PSEA FPs and ensure they have direct access to the head of office;
6. To promote agency adherence to SEA prevention procedures as noted in §4.1.1 below;
7. To raise the PSEA awareness and capacity of implementing partners (IPs);
8. To ensure that beneficiaries and community members or/and their representatives working with his/her agency have been involved in discussing SEA

AAP- PSEA Steering Committee:

In line with current efforts to enhance effectiveness in aid delivery and to align with the main goal of the Accountability to Affected Populations' (AAP), a small steering committee of five members will support the HCT in the decision-making process

with regard to PSEA and AAP. This committee will be formed by the Head of OCHA (representing the AAP perspective), the Chairs of the PSEA Network – one UN Agency, one representative of the Association of International Development Agencies (AIDA) (representing the PSEA perspective)- the Head of the Gender in Humanitarian Action Group (representing gender issues) and one representative of The Palestinian Network of Non-Governmental Organizations (PNGO).

PSEA Network

The network is the primary body for technical-level coordination and oversight of PSEA activities in line with the PSEA Work Plan and global strategy in the SoP. It is formed by the FPs and with two Co-chairs -one representative of a UN Agency and one representative of AIDA. The Network elaborates an annual work plan that sets the goals for the period and meets on monthly basis to assess progress. Senior management within each member organization is still accountable for PSEA within their organizations and must report biannually on the set of indicators established in the annual action plan.

PSEA Network Roles

The PSEA Coordinator is responsible for reporting on a monthly basis on network activities, progress against PSEA Network Work Plan indicators, and anonymized SEA trends to the Humanitarian Country Team.

Membership

Network membership is open to all UN agencies, INGOs, and NGOs and Cluster Coordinators in State of Palestine. Donors and governmental institutions, as per the current regulations, are not part of the network; yet the PSEA Coordinator is encouraged to establish lines of work that help to strengthen PSEA prevention and response. Engagement with the authorities is an area to be developed as per agreed action plan.

Organizations can join the PSEA Network meetings as observers in order to familiarize themselves. However, in order to benefit from technical assistance, assessment, capacity building, etc. they must endorse the SOPs, assign a permanent FP, involve senior management and elaborate an action plan to address PSEA MOS.

The PSEA Coordinator/co-chairs and the GBV sub-cluster Coordinator and CP AoRs participate in each other's meetings and events, and actively engage to ensure close linkages between PSEA and GBV interventions in the State of Palestine.

Meetings

The PSEA Network convenes monthly and additional ad-hoc meetings may be requested by any member. As network meetings should provide a supporting environment to discuss potentially sensitive challenges in PSEA, any information shared during meetings will be kept confidential on request following a victim-centered approach. Meetings must be accessible to all members, including to representative of the affected communities, as such they should make translation available. The offices of one of the co-chairs will support the secretariat role according to their capacities, this mainly imply support to the coordination of meetings and training and note taking of monthly PSEA Network meetings.

PSEA Focal Points

Each partner member agrees to nominate a PSEA Network FP with sufficient allocated time in their Terms of References (ToRs) to address PSEA tasks. FPs must be a national or international staff member with seniority to contribute substantively to decision-making and to technical issues, and with direct access to the most senior level in the organization.

PSEA FPs are Responsible for:

- Formalizing PSEA responsibilities of staff dealing with PSEA into their job descriptions, performance appraisals, or similar;
- Ensuring appropriate training for staff and appropriate time committed to PSEA so that they are able to perform their roles and responsibilities properly;
- Working with HR to reinforce PSEA language in contracts and agreements;
- Ensuring that PSEA is included in programmatic actions and fundraising;
- Ensuring that all IPs are assessed against Minimum Operating Standard and the UN assessment tool

CBCM Claim Handlers: are agents appointed from within CBCM member agencies whose role it is to collect and record complaints. They are responsible for receiving complainants in person to take statements using the standard Incident Report

Form. They provide support in community consultations, awareness campaigns, training, and monitoring of complaints. Claim handlers must have a clear understanding of their agency internal protocols to handle SEA allegations. Similarly, claim handlers can address language and cultural barriers that are an issue for agencies whose focal point is not an Arabic speaker. The CBCM SOPs and Claim handlers TORs follow detailed protocols, procedures, and policies that delineate how they report between the CBCM and their agency as well as how they refer claims that enter through the channels that pertain to another agency as explained in section §5 in this document.

PSEA/CBCM Coordinator: Every CBCM needs one person fully dedicated to initiating, overseeing, and coordinating CBCM/PSEA activities on site. In line with global commitments to address PSEA at country level and as per dispositions on the Secretary General Bulletin(s), the HC is fully engaged on the appointment of a PSEA/CBCM Coordinator. The specific responsibilities of the PSEA/CBCM Coordinator include engaging the Humanitarian Country Team in the design, launch, monitoring and evaluation of the CBCM mechanism. The coordinator is supported by two national coordinators and one administrative officer. The coordinator reports directly to the RC/HC.

3. GUIDING PRINCIPLES

All actors who participate in the joint CBCM in oPt agree to cooperate and assist each other to the fullest extent in preventing and responding to SEA.

Survivor Centered Approach

The survivor's wishes, safety, and well-being remain a priority in all matters and procedures; all actions taken should be guided by respect of choices, wishes, rights and dignity of the survivor. (Ref 2015 IASC Statement).

Community-Based

Consultations with the affected community are necessary to create a culturally sensitive and effective CBCM. Being a truly "community-based" complaint mechanism adds efficiency to the reporting mechanism by incorporating local solutions into the system. Community members are best situated to inform CBCM stakeholders on how to best structure the mechanism so that it will be used by community members, taking into account local culture, beliefs, attitudes, and preferences. Meaningful community consultation offers a unique means to understand and build trust within communities, as well to gain critical understanding of the real effectiveness of the CBCM in monitoring and evaluation. Engaging the community in programme design, adjustment, and monitoring of the CBCM will help identify aspects of the CBCM that must be adjusted and sustainable solutions owned by the community.

Special Considerations Regarding Children

All the principles defined in the SOPs apply to children, including the right to participate in decisions that will affect them. The complaint and victim assistance referral pathways in oPt are designed in consultation with actors who are trained to handle the special needs of child survivors of sexual abuse.

3.1 Right of Survivors

Right to Safety

The safety of the survivor shall always be ensured during reporting, investigation by the concerned agency, and victim assistance provision. Agencies will make efforts to ensure that the subject of the complaint does not have further contact with the survivor, considering the recommendations of the CBCM. Protection services may need to be involved to offer their services and support.

Right to Confidentiality

Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Obtaining consent of a whistleblower may not be required if his/her agency has a mandatory reporting policy for knowledge or suspicions of staff misconduct. **A confidentiality agreement must be signed by any person with access to CBCM data before performing their duties.**

Right to Dignity and Self-Determination

All those who come into contact with survivors have a role to play in restoring dignity and self-determination.

Right to Non-Discrimination

All people have the right to the best possible assistance without unfair discrimination based on gender, age, disability, race, color, language, religious or political beliefs, sexual orientation or social class.

Right to Information

All potential and actual survivors of SEA must be fully informed about how the complaint mechanism in the SoP works, including the reporting process and throughout the duration of the case handling. Complainants and survivors have the right to receive feedback on the development and outcome of their case, and the CBCM will make every effort to maintain lines of communication.

Accessibility

The PSEA mechanism must be accessible to all potential complainants. Anonymous reports shall be treated with the same gravity as other cases. CBCM members are responsible to make policies, internal protocols and reporting channels within agencies transparent, known, and accessible to different constituencies. Codes of conduct must be accessible in Arabic to ensure comprehension.

The CBCM stakeholders agree to uphold the following principles within the inter-agency complaint mechanism in oPt:

- **Partnership:** The best interests of an SEA survivor are served when protection agencies and service providers work together to provide holistic care.
- **Mandatory Reporting:** In recognition of the UN's zero-tolerance policy for SEA, the Secretary General's Bulletin on SEA and related agency/organizational policies oblige UN staff and implementing partners to promptly report all concerns or suspicions of SEA by fellow workers via established reporting mechanisms, whether or not the alleged perpetrator is from the same agency
 - ✓ **Reconciling Mandatory Reporting of SEA with confidentiality and survivor consent:** Survivors must be informed of duties of humanitarian workers towards mandatory reporting to the agency prior to raising an allegation. If consent is not reached, the allegations should be raised anonymously. The only reason for not raising an allegation at all would be safety consideration.
 - ✓ **Reconciling Mandatory Reporting of SEA with compulsory reporting to the authorities.** SoP's legislation establishes a compulsory reporting to the authorities on cases of sexual violence. This point is further explained in §6.1 below.

4. ESTABLISHING THE INTER-AGENCY CBCM

The SoP CBCM is a decentralized system; each stakeholder is responsible to maintain an intake channel; investigate all allegations received; coordinate with the interagency mechanism; enable an overview of all SEA claims to the HC/RC; and refer claims that pertain to other members in a safe and confidential manner. The PSEA Network creates opportunities and mobilizes members of the network to cover identified gaps and implements capacity building and awareness campaigns on behalf of the humanitarian community.

Objective of the Inter-Agency CBCM

CBCM links existing complaints mechanisms to make it easier for individuals to report incidents without having to find the right organization against which they have a complaint. CBCMs are built through engagement and consultation with communities to allow for a variety of means/intake channels for diverse individuals to safely, easily, and confidentially raise complaints – including incidents of SEA – with the expectation of a timely response.

SEA prevention activities must be conducted along with implementing the complaint referral procedures of the CBCM. Prevention activities are referenced in the [Secretary General's Bulletin on SEA \(2003\)](#), the [Statement of Commitment \(2008\)](#), and the [MOS-PSEA \(2012\)](#), as well as time and again proving a necessary part of operationalizing the complaints mechanism.

Reporting Obligations

In view of the decision of the HCT to establish a non-centralized interagency CBCM, FPs must elaborate an internal plan with clear objectives addressing identified gaps, covering all six core areas of PSEA and actions to sustain consultations with beneficiaries and awareness raising. These areas are: organizational policy, Management and HR, Training, Reporting, assistance and referrals, and Investigations. Herein, FPs commit to report biannually on the PSEA activities that took place during that period and against the IASC indicators as reflected in the action plan.

The GBV Subcluster and the CP AoR are part of the PSEA Coordination mechanism, and shall agree yearly on common actions to ensure a common understanding of the core responsibilities of the PSEA in-country network and its relation to the GBV/ CP coordination mechanism. SGBV subcluster and CP AoR must integrate PSEA in their action plans addressing common areas to assist survivors.

Victim Assistance Referral Pathway

The PSEA Coordinator bears the responsibility of ensuring that the FP of the agency of the allegation has referred the survivor to a PSEA case manager who is trained on the national referral system and service directorate. When some key services are not available or fail to meet basic standards, participating agencies agree that GBV and CP AoRs in coordination with the PSEA Coordinator and relevant stakeholders must advocate for the establishment of such service and support partners to meet required standards.

Complementary to these SOPs; the CBCM stakeholders have approved the consolidation of the UN protocol to assist survivors and the review of the national system in one single document titled: **Victims Assistance Protocol in State of Palestine**, which foresees the creation of a common fund to assist survivors, outlines the areas of responsibility and the structure available to assist survivors.

The SoP CBCM establishes that the FP of the intake channel will coordinate with the PSEA Coordinator to refer the survivor to a case manager trained in PSEA. The directorate of case managers is the result of the ongoing collaboration with SAWA. Referral pathways for assistance follow the national referral system as described in the GBV directorate. The case manager will be responsible for coordinating referrals. Highly sensitive cases will be coordinated with the Protection Cluster to seek alternatives from the National Referral System

5. COMPLAINT MECHANISM PROCEDURES

5.1 Receiving Complaints through the CBCM from the affected population

Each member has the responsibility of making available to their communities safe and confidential channels, and advertised them in supplies and communication materials being delivered to affected populations, including messages to beneficiaries through mobile services or other channels of engagement with communities. PSEA is an assurance mechanism in aid delivery and must be connected to all ongoing operations.

Intake Channels:

1. The Network has established an agreement with SAWA to make use of their toll-free number 1-800-500-121 (East Jerusalem), 121 (Gaza and West Bank), as an interagency intake channel. SAWA helpline is able to assist and refer cases of SEA; and their staff is trained to provide first aid assistance, counseling, and referrals of SEA. Advertising of SAWA does not replace but rather complements existing intake channels that target different audiences.
2. In case where a partner does not have a reporting channel, PSEA Network channel – in addition to the SAWA hotline- can be used in awareness materials: optconfidential@un.org

Each agency is responsible for:

- Advertising reporting channels whether individually established or those offered through the network.
- Handle SEA claims as per SEA Protocols.
- Refer other data received through the channels to the appropriate clusters in accordance to AAP reporting.
- Hold continuous consultations with communities on preferable ways of reporting and awareness raising.

Raising and Allegation- Filling the Significant Incident Report

In person complaints:

The Network will conduct Training of Trainers (ToT) for handling in person complaints, on a regular basis. Where complaints are made in person, the receiving FP or the incumbent frontline humanitarian worker shall use the significant incident report form designed for this purpose. It is the FP's responsibility to gather the relevant information from the complainant and enter it into the CBCM – this means to fill the incident report form; ensure that the SEA allegations¹ is sent to the PSEA Coordinator and follow these SOPs-. FP and PSEA coordinator must ensure the referral to the appropriate unit in the concerned agency via the process outlined in these SOPs. The PSEA Coordinator logs the allegation into the CBCM data base.

Mails, Complaint Boxes and other means to collect SEA complaints:

The person handling these channels must know how to do the triage of information and refer sensitive information to the nominate FP.

Safety and Confidentiality:

Access to full data in an allegation: Upon agreed consent, access to the full data included in the allegation is only granted to: the complainant and the survivor (shall they not be the same person), the FP raising the allegation, the FP of the agency to which the allegation pertains, the Head of Agencies (HoAs) of the pertaining agency and the bureau of investigations to which the allegation pertains. In order to ensure due diligence and adequate assistance and referral, the PSEA Coordinator also has access to full data in the complaint. This applies for allegations inside the organization and allegations that need referral. Case managers assigned to assist survivors will also receive full details in the allegation upon agreed consent. Authorities may receive a copy of the allegation only upon agreement of the survivor and made by the bureau of investigations of the incumbent agency.

Access to an anonymized allegation is only granted to the RC/HC, who is the ultimate responsible for SEA incidents in the mission; PSEA FP and GBV/ CP coordinators (when needed their assistance) and chiefs of the regional office and Head Quarters (HQs) of the incumbent agency.

In certain circumstances, an investigating agency may, with clear justification², reveal a survivor's name to the administrative body conducting disciplinary review without his/her consent, if there is insufficient corroborative evidence without his/her testimony. In such instances, CBCM stakeholders in State of Palestine, in consultation with the investigative agency, may take additional reasonable measures to shield the survivor/complainant from potential retaliation or stigmatization.

5.2 Reporting by Humanitarian Workers

Whether the allegation is against 1) a co-worker in the worker's same agency, or 2) against staff of another agency, the reporting procedure is to remain in line with the internal procedures of the aid worker's own agency. The same applies for complaints raised internally by staff's duty for mandatory reporting and complaints raised directly by a community member. If the person collecting the information considers that the formal referral path is compromised, he/she may raise the allegation directly to the PSEA coordinator.

5.3 PROCESSING COMPLAINTS

In order to determine if a claim is an SEA allegation (instead of an SH or GBV case), these are assessed by the PSEA Coordinator. The assessment is conducted under strict conditions of confidentiality to determine their nature and the level of sensitivity/priority. The role of the coordinator is not to substantiate a claim or determine whether there is sufficient basis for investigation, but only to determine if the complaint constitutes an SEA allegation and to refer the victim/survivor to the appropriate services.

Timing and Agreed Sequence of Response

The first 12 to 24 hours are essential to secure a rapid response that nourishes the relation of trust needed to effectively assist survivors. In these first hours; these are the main actions that need to be taken:

- The Claim Handler will acknowledge receipt of claim in the following 24h.

¹ All SEA allegations must be forwarded to the PSEA Coordinator to secure that these are logged in the system and due diligences have taken place. Sensitive data that may be or not SEA should be sent as well to the PSEA Coordinator for her assessment. This is important because often SH or SGBV case may involve as well SEA incidents that arise while providing support to survivors.

² This does not imply revealing the identity of the survivor to the subject of complaint as means to justify sanctions.

- If the claim is received in person, the intake person must refer the significant incident report to the FP in the following 12h, and maximum 24h.
- The Claim Handler refers the claim according to its internal procedures in the coming 12h/24h at the same time that acknowledges receipt and informs the PSEA Coordinator.
- The FP in coordination with the PSEA Coordinator conducts a rapid emergency and safety assessment and triggers a rapid intervention if necessary. They also agree, upon seeking consent, to assign a PSEA Case manager.
- The complainant is informed that a case manager would contact her/ him within the next 48h since the claim was received.
- The case manager enters in contact with the complainant in the following 48h, and organizes a first encounter.

CBCM members are responsible to secure sufficient human resources sustaining an intake channel in a manner that they can guarantee a response to an SEA claim in the following 24h after receipt.

5.3.1 Referrals for Immediate Assistance

Preliminary Assessment: Once an SEA allegation is received, an immediate assessment of the victim's health, security, and psychosocial needs will be conducted. Assistance to survivors and complainants is follow the consolidated Victims Assistance Protocol.

Mandatory Reporting to the Authorities: According to the national protocols established under the Ministry of Social Development; any case that shows any evidence of sexual abuse must be reported to the authorities. For these cases, reporting must be done by the bureau of investigations of the incumbent agency, upon consent of survivors, providing the minimum information requested by authorities and ensuring confidentiality in the process. The bureau of investigations will consider survivors' wishes not to report to the authority.

Referral for Services: The PSEA/CBCM Coordinator will be provided with full documentation on the referral (name, location, type of care provider, etc.) for oversight within the first two weeks that the case is assigned to a case manager.

In making the assessment for referral, the following considerations shall be taken regarding specific services:

1. Case management.
2. Health/medical response.
3. Psychosocial response.
4. Security and safety response.
5. Legal/justice response, when appropriate.

5.3.1 Referrals for Investigation and Possible Administrative Action

When an allegation is received through the inter-agency channels such as SAWA or the OCHA confidential email, the PSEA/CBCM Coordinator will directly forward all SEA complaints to the HQ responsible for receiving SEA complaints within the agency/organization where the subject of the complaint is employed with copy to the HoAs.

CBCM FP will always refer all claims to their own HQ and to the respective FP of the Subject of Complaint (SoC) with copy to the HoA and the PSEA Coordinator. If the claim involves a SoC concerning multiple agencies the FP who receives the claim has the responsibility to forward it to her/his HQ with copy to the PSEA Coordinator, who will inform the steering committee. One of the affected agencies will be designated as the lead agency for follow up; this decision should be made within 48 hours of receipt of the claim.

Recurrent Scenarios:

- In circumstances where the complainant is anonymous, but the SoC and the agency where s/he works is known, the allegation will still be forwarded to that HQ/ representative agency for follow-up in accordance with its investigation policy and procedures.
- If subject of the complaint is unknown, but the complainant and the SoC's agency is known, the allegation will be forwarded to that agency for follow-up.
- If the complainant is known, but neither the identity of the SoC or his/her employing agency is known, then the PSEA/CBCM Coordinator or an assigned PSEA case manager may interview the survivor in order to solicit more details about the allegation, keeping the best interest of the survivor as a priority and the need to minimize interviews in order to avoid re-traumatization and potential contamination of evidence.

- If neither the complainant, nor the identity of the SoC or his/her employing agency is known, then the allegation will be forwarded to the bureau of investigations of the agency that received the allegation. If the allegation was received through the CBCM intake channel (OCHA email or SAWA Hotline) and it involves a third agency, the allegation will be sent to the third agency as mentioned in the allegation.
- If the SoC is a Government official and the agency who funds the program is known, the claim must be forwarded to the FP/HQ of the agency that funds the program. If there are multiple UN agencies and it is not possible to identify the connection to a specific program/agency, the claim will be forwarded to the PSEA Coordinator and the steering committee will have 48h to decide on a leading agency.
- If the SoC is employed by an implementing partner involving UN funding, the claim will be forwarded to the PSEA Coordinator and to the FP of the UN agency in liaison to funding. If there are multiple UN agencies and it is not possible to identify the connection to a specific program, the claim will be forwarded to the PSEA Coordinator and the steering committee will have 48h to decide on a leading agency.
- If the SoC is employed by an NGO or Government entity with no UN funding connection, but with known donor's funding connection, the claim will be forwarded to the PSEA Coordinator and the Coordinator will ensure forward to Donors' HQ.

In all instances, the recipient agency must notify the coordinator of the report for data tracking purposes. The maximum CBCM processing time for a complaint before referral to the concerned agency will be as soon as reasonably possible, and no longer than 48 hours from the time the coordinator receives the complaint. The coordinator will also include a request to confirm receipt. The concerned agency should send a confirmation that the SEA allegation was received and that no further action is required by the CBCM Coordinator within two business days.

The CBCM does not investigate complaints. For organizations that lack the capacity to investigate internally, the CBCM shall remain available to assist in investigations upon request from the concerned agency. For this purpose, the action plan foresees the creation of a pool of trained investigators in country. The CBCM/PSEA Coordination acts as guarantor of the mechanism in place, and in such capacity also connects with the office of the Victims Rights' advocator. The Coordination liaises with this office.

5.3.2 Transferring non-SEA complaints

AAP Claims

A complaint that does not involve an SEA allegation, but rather a broader humanitarian assistance provision issue will be transferred to the appropriate cluster or pertaining agency as per agreed SOPs.

Sexual Harassment Claims

SH claims pertaining to staff to staff are often channeled through the CBCM, which will be referred to the pertaining agency and shall be treated as per SH internal policies.

5.3.3 Agency Sharing of Investigation Status and Findings to the CBCM

Member agencies' investigative units are strongly encouraged to share statistics on results of investigations and disciplinary measures taken if any, with the CBCM. They should provide regular updates about the status of any investigation to the CBCM in writing and/or at regular meetings and included in the biannual report. The CBCM promotes that complainants and survivors have the right to inquire about the status of the investigation of their case, and will receive official communication when the case is closed about the result of the investigation.

Investigations of cases concerning multiple partners

In cases where a claim pertains to multiple agencies, the claim will be first forwarded to the bureau of investigations of the first agency that received the claim, which will coordinate with all parties. If the claim is forwarded to the PSEA Coordinator, then a committee including representation from all the relevant agencies will determine the responsible agency for investigation. This may include carrying the investigation using the pool of independent investigators created as in accordance with the action plan, and the decision shall be taken in the following 48h from receiving the allegation.

5.4 Recording and Tracking Case Handling

Referrals for Investigation and Possible Administrative Action

CBCM members are responsible for ensuring that there is regular compilation and reporting of non-identifying SEA incident data, that is shared with the PSEA Coordinator. Reporting is established twice a year and shall include status of pending cases and results from closed cases; yet inquiries about ongoing allegations shall be timely answered and the PSEA Coordination must be informed of a new allegation in the upcoming 48h of receiving it. One of the main goals of establishing a CBCM is to enable the RC an oversight of all SEA incidents in the mission.

Data Tracking and Trends Analysis

Monitoring and evaluation data shall come both from consultations with communities (i.e., satisfaction surveys, KAP surveys, etc.) and statistical analysis of complaints within the oPt CBCM. Monitored data shall include statistical information that can be used to measure the effectiveness of the mechanism, including commitments on the action plan of CBCM partners, the common Annual Work Plan (AWP) for the CBCM and IASC global indicators. The PSEA Coordinator has the role to coordinate joint risk assessments, which SoP's CBCM commits to update every 3 years.

Cross Reference

The CBCM is engaged in creating a cross reference system based on the misconduct scheme

5.4.1 Provide Feedback to Survivors and Complainants

Informing the subject of the complaint is the responsibility of the investigating agency in line with internal policies; the investigative agency, or the CBCM upon agency request, shall be responsible for notifying the complainant (and if separate, the survivor) in a safe and timely manner, and no later than three months from the complaint date, of the status and outcome of an investigation.

The PSEA Coordinator can act as liaison with the office of the Advocate for the Rights of the Victims, shall those not be respected by the incumbent agency or where there is substantial concern that the system may fail a victim.

Signatory page for participating agencies

The following agencies endorse this mechanism and the above procedures for the Inter-Agency Community-Based Complaint Mechanism in State of Palestine.

We the undersigned, as representatives of our respective organizations, hereby agree and commit to fulfill our roles and responsibilities in adhering to these Standard Operating procedures:

_____	_____
[agency X representative]	[agency X representative]
_____	_____
[agency X representative]	[agency X representative]
_____	_____
[agency X representative]	[agency X representative]
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