

IASC PSEA Technical Advisory Group (TAG) Meeting
9 October 2024
15:00-16:30 (GVA/CET)

Meeting Summary

Agenda

- 1. Presentation on SEA Reporting Practices and Barriers Study.**
- 2. Point on the country-level action plans**
- 3. Update on PSEACap and PSEA Coordinator deployment**
- 4. Update on the TAG action plan.**
- 5. Updates on Field support**
- 6. AOB**

Action points from the last meeting were summarised, with a particular focus on the FST and the consensus reached in the ad hoc meeting on 7 October that FST discussions will be folded into the TAG. The IASC reported that the Champion, WFP, raised PSEAH during the IASC Deputies Meeting. There will also be a request for an update for the TAG on the implementation of the IASC 2022–2026 Vision and Strategy targeting the IASC Principals meeting. Concerns relating to PSEA in CAR were flagged at the Deputies Meeting by IOM, and TAG members have been asked to follow up with relevant colleagues in their agencies for more information.

Action Point: TAG members gather information about potential issues in CAR.

1. Presentation on SEA Reporting Practices and Barriers Study.

UNICEF gave a presentation on their SEA Reporting Practices and Barriers Study, a product of activity 1.6.1 of the TAG workplan. The study, funded by BHA, was launched last year with an evidence-based review of existing practices, in particular from the perspectives of women and girls. UNICEF focused on what SEA reporting methods work best for them at a community level, also designing a context-specific programming module for reporting tailored to women and girls. Programmatic guidance was also provided to support countries in strengthening community-based reporting mechanisms.

As part of the desk review of secondary data, over 20 global data sources from 12 countries were consulted. Key informants were then identified in the two pilot countries, Burkina Faso and South Sudan, with over 20 KIIs being carried out. The focus of the interviews was on challenges and barriers for existing mechanisms. The results showed increased access to reporting mechanisms but with the continued issue of low reporting. A key finding was that harmful gender norms made it challenging for individuals in the pilot countries to identify SEA as a violation to report. There was also limited community awareness of existing reporting mechanisms, with many informants never having received information on how to use them or participated in their design and implementation. Other inappropriate elements of mechanism design were identified, for example hotline staff being only men. There were also fears of retaliation and a preference for conflict resolution at the community level.

Burkina Faso was emblematic of these problems, with conservative social norms, families wanting to deal privately with incidences of SEA, hotlines being paid, limited access to mobile devices and connectivity, and low literacy rates. Suggestion boxes exist but they are seen as inaccessible and unsuitable. There was also low awareness of support services and the right of

victims/survivors to receive support. South Sudan had even less community awareness than Burkina Faso, alongside similar issues as described above.

UNICEF's main takeaways from this work are the importance of reporting mechanisms being co-designed by communities and that more needs to be done to ensure confidentiality and safety. A report on this work is being finalised and will be shared with the TAG in due course. UNICEF is also designing programming models for reporting in the two pilot countries, which will be piloted over the next 6 months. This will be followed by the drafting of a global programming guidance note.

The Victims' Rights Advocate highlighted the presence of the SVRO in South Sudan, who was consulted by UNICEF for this work, underlining their systemwide role. IASC PSEAH Team underscored the importance of close coordination with existing AAP coordination mechanisms.

2. Point on country-level Action Plans

OSCSEA gave a brief update on the new country-level Action Plan template that will be used for 2025. It will be empty and only contain required outcomes, rather than outputs or key activities. A sample country-level Action Plan will also be included. For specific activities, the budget can be noted. The template will be shared with the TAG on Friday 11 October for their comments by Friday 18 October. This new template will be shared with PSEA Coordinators in early November, however Coordinators who have started preparing their 2025 Action Plans with the old template can continue to do so for 2025. This is the case for many Coordinators, who reported that they would not be able to get UNCT/HCT endorsement by 31 December if they wait for the new template. Those who submit the new action plan will do so using Microsoft Forms, or via email if they have any technical problems. The IASC underlined the importance of a harmonised approach to country-level Action Plans, including the use of the 18 IASC indicators, to which linkages should be retained with any change in format.

Action Point: OSCSEA circulates the templates for the TAG. The deadline for comments is 18 October.

3. Update on PSEACap and PSEA Coordinator Deployment

The IASC and NORCAP gave a new update on PSEACap deployments, following on from the previous update to the TAG in August. There are still not dedicated PSEA Coordinators in all 15 high-risk countries according to SEARO, or indeed all SEARO countries. IASC also brought the TAG's attention to the Coordinator positions funded by agencies with contracts expiring before the end of 2024: Burkina Faso, Cameroon, DRC (Kinshasa), and Nigeria. UNFPA will gather further information on the status of these contracts. UNDP updated that a PSEA Coordinator has been deployed to Mozambique and that they will share contact details with the IASC. Burkina Faso and Cameroon are exploring the possibility of a PSEACap deployment, and a new PSEACap has been deployed to Mali at the beginning of October. The IASC also mentioned the PSEACap Advisory Group meeting on Monday 7 October, with the UK and the US both present. The UK said they consider PSEA Coordinators and PSEACap as a global good. The US asked about the lack of a PSEACap deployment in Syria. The IASC also underlined that 50% of the funding for the Project has already been mobilised for 2025.

Action Point: UNFPA follows up on the status of the PSEA Coordinator contracts mentioned above that are coming to an end in the next 3 months.

Action Point: UNDP follows up on the status of the PSEA Coordinator deployed to Mozambique.

4. Review on TAG Work Plan Progress (All)

A further review of Work Plan activities and progress was carried out. There was a detailed look at activities that fall under the Championship, with WFP feeding back on the launch of the Women's Advisory Group and informing colleagues about the Workshop on Harmonised Capacity Strengthening for Partners taking place in Brindisi in mid-October. Work on awareness raising materials and tools for risk identification and mitigation in the Cluster system are still a work in progress, with the Manual for Investigators and Results Framework closer to completion. UNICEF reported on its mission to Ukraine for training on the Victim Assistance Protocol, as well as its imminent mission to Pakistan for the same purpose. OVRA and UNDP offered feedback on working group meetings that took place for activities 1.2.1 and 2.3.1/2.3.2 respectively. UNDP brought the attention of the TAG to the wording of 2.3.2, highlighting that it cannot be a 'refresher' if nothing has been done before. For this activity, the working group is coming up with creative ways to engage staff on PSEA and the question of what acceptable behaviour is, as well as to identify at least 10 senior leaders within the UN system who are PSEA allies. Questions were asked about how to identify vulnerable staff in the context of 2.3.2, with UNDP suggesting to base this on their contract modalities. Relating to interagency complaint handling, IOM has suggested they have reached a key moment where change that needs to happen can be identified. Finally, IFRC wants to create a working group for activity 3.7.1 to help socialise and edit their 1–2 pager.

Action point: TAG members to add timelines and updates on the TAG Workplan.

5. Updates on Field Support

A presentation was then given by Ruth Krčmářová and Momo Anicet, the PSEACap Capacity Building Advisors, on a series of 6 capacity building sessions being held before the end of 2024, with each session taking place in both English and French. These sessions are supporting Commitment 3 in the IASC Vision and Strategy for 2022–2026 and will work on a mix of technical and soft skills. These 2-hour webinars will start on the week of 21 October and are open to PSEA Coordinators and PSEACap Roster members. There will be trainers from the TAG, IASC, GenCap, ProCap, and from among the ranks of PSEA Coordinators and PSEACap Roster members.

The training session topics are as follows:

1. Essential Soft Skills for PSEA Coordinators – Coordination, Negotiation, Advocacy and Fundraising for PSEA (21 October)
2. Organizational Culture Change for PSEA and Linkages with Gender Equality Initiatives (7 November)
3. Applying the Victim/Survivor-Centred Approach in Providing Assistance to SEA Victims (21 November)
4. AAP/Community Engagement Feedback and Referral (MOS #7) (28 November)
5. Government Cooperation and Integration of PSEA into National Frameworks (5 December/TBC)
6. PSEA Investigations – What do PSEA Coordinators Need to Know (12 December)

Sessions 3, 5, and 6 are open to only 25 participants, with sessions 1, 2, and 4 having no attendance limit. A minimum of 15 people must sign up for the French sessions and a minimum of 20 for the English sessions for them to go ahead. NORCAP wants to leverage TAG resources for these training sessions, with a special request for French speakers. The IASC requested that NORCAP make sure that their capacity building is lined up with efforts of OSCSEA and WHO.

WHO gave a quick update on the Mpox checklist, linking it to commitment 3 (*3.6.1 Integration of PSEA into infectious disease operations from the outset of an emergency, including during system-wide scale-up (checklist covering both, including system-wide scale-up)*) activity of the TAG Work Plan. WHO emphasised their bottom-up approach for this Checklist, explaining why consultations were at the country-level rather than the global level. The Checklist is still undergoing testing so there will be an opportunity for TAG members to provide feedback. The Checklist is for a medium level response, not a system-wide response. The Checklist was presented successfully at the ROSEA regional meeting and the next step is for TAG members supporting the Mpox response to coordinate with partners in field operations to sensitise and get feedback on the Checklist.

A brief update on the webinars held in DRC over the previous 2 weeks was also given by IASC PSEAH Team.

Action Point: IASC share the Mpox Checklist with the TAG for comments.

6. AoB

Annex**• List of Participants**

No	Name	Organisation
TAG Members		
1.	Alexandra Hileman	IOM
2.	Alon Plato	ICVA
3.	Anna Reichenberg	IOM
4.	Anne Marie Burns	World Bank
5.	Carina Hickling	NORCAP/PSEACap
6.	Caroline Zullo	InterAction
7.	Christos Mylonas	WHO
8.	Denise Hauser	OHCHR
9.	Desiree Bartosiak	WVI
10.	Elena Bezzolato	CHS
11.	Ivana Chapakova	UNICEF
12.	Joanne Dunn	IFRC
13.	Julia Schipper	UNOPS
14.	Julia Weinstock	UNICEF
15.	Karen Barnett	Mercy Corps
16.	Laura Silva	IFRC
17.	Livia Mueller	UN Women
18.	Luiza Lacerda Bogado	World Bank
19.	Madalina Georgiana Lumaicu	DRC
20.	Margaret Lamunu	WHO
21.	Nadia Abu-Amr	UNHCR
22.	Najla Nassif Palma	Victims Rights Advocate
23.	Nana Elsler	UN HABITAT
24.	Natalia Macdonald	WFP
25.	Paulien Vandendriessche	ICRC
26.	Samantha Hutt	CRS
27.	Sonja Wendlinger	OSCSEA
28.	Thymee Ndour	UNFPA
29.	Veerle Triquet	WFP
30.	Yanthe Cornelissen	UNDP
31.	Yoko Iwasa	UNHCR

OCHA/IASC PSEAH Team		
32.	Charlotte Helletzgruber	PSEAH Advisor
33.	Halid Zwedu Feleke	Associate Expert, PSEAH
34.	Joe Levy Brown	Intern, PSEAH
35.	Kirstie Farmer	PSEAH Advisor
36.	Tareq Ahed Ishaq Dababneh	Information Management Consultant
37.	Wendy Cue	Senior PSEAH Coordinator
38.	Yuliya Pyrig	Programme Management Officer
Guest Speakers		
39.	Momo Anicet	PSEACap
40.	Ruth Krčmářová	PSEACap