

**IASC PSEA Technical Advisory Group (TAG) Meeting**  
**13 November 2024**  
**15:00-16:30 (GVA/CET)**

**Meeting Summary**

**Agenda**

- 1. PSEA and Standby Partners**
- 2. Update on PSEAH Strategy Implementation**
- 3. AOB**
  - Update on the PSEA Coordination Helpdesk (OSC and IASC)
  - Point on PSEA Coordinator deployments.
  - SEA Risk Overview Launch
  - IARA Consultation

**1. PSEA and Standby Partners.**

The Standby Partnership Network (SPN) gave a briefing on PSEA gaps noted in the deployment of standby partners and requested help in addressing some of these gaps. There are 16 UN agencies currently using standby partnerships and 56 deploying organisations.

Within the Standby Partnerships Network, PSEA has been strategically pursued since 2019 through the duty of care working group. Best practices standards have been drawn up for both UN agencies and deploying organisations.

Challenges: Standby partner agreements (MOUs), some of which have been developed more than a decade ago, do not currently always align with PSEAH policies. In addition, contract templates used by standby organisations should include language on PSEAH and disciplinary measures. Examples of good practice include the WHO Standby Partner agreement template which also calls for the removal of individuals from rosters who are under investigation.

The SPN noted that only 2 out of 11 standby partner rosters screen applicants on MDS. For those that do, it is not clear if this is done systemically. Some partners indicated that GDPR was an impediment for using MDS. In addition, a proof of completion of mandatory PSEA trainings is not always required.

Several UN Agencies of the SPN use ClearCheck to screen SBP deployees after selection and prior to deployment. Yet most UN agencies do not make ClearCheck mandatory. Potential deployees would ideally be screened on the standby partner side, although the Network noted that this screening occurs at the time of onboarding, which could be months or years before the individual is deployed by the standby partner. UN agencies are not communicating to standby partners when ClearCheck verification fails. A key issue identified by the SPN is that standby partner deployees cannot currently be added to the ClearCheck database.

On investigations, most UN agencies do not include language on who is responsible for carrying out investigations in their MOUs. The SPN believes that best practice is for a UN agency to carry out an investigation on standby partner deployees and communicate results with the deploying organisation. When they receive the investigation outcomes, they should remove the expert from their roster. The standby partner should have investigations capacity, with the SPN not confident that all do.

The SPN would need support from the TAG on developing language for a standard PSEA clause for MoUs, with some uniformity across agencies. Promotion of MDS membership, especially for Standby Partners so that it can be used as a tool for roster onboarding screening. Promotion of ClearCheck

membership and screening. Investigations involving Standby Partner deployees to be carried out by UN agencies by default. Push for the mandatory inclusion of Standby Partner deployees in ClearCheck following substantiated investigations by the UN (see ppt for more details).

### **Q&A, discussion**

It has been noted that MDS membership is part of the 2022–2026 IASC strategy. On ClearCheck, OSCSEA noted differing understandings of what to put into ClearCheck in terms of adding gratis personnel. DMSPC, which administers ClearCheck, is looking at reviewing gaps. OSCSEA plans to submit an official request to OLA regarding the use of MDS, by the UNS as well as to DMSPC regarding clearcheck.

Investigations being a challenging area because of the current timeframes. With an average timeframe of 2 years, UN investigations are often slower than the deployment period of a Standby Partner deployee. IFRC highlighted funding from USAID to support investigators training from CHS Alliance that makes it free. IASC suggested therefore changing the recommendation of the Standby Partners to the 'appropriate agency', so that capacity can be taken into account. They noted that NGO investigations take roughly 3 months. There are still questions over who the enforcement mechanism is with contractually.

On MDS: the issue of potential GDPR breaches could be prevented by asking specific information. NRC is also doing some work on MDS to make sure it can be launched legally in Norway. There are 3 UN agencies implementing MDS, with others interested.

### **Action Points for the Technical Advisory Group**

- **Recommend standard PSEA Clauses in MoUs:** Recommend standardized PSEA clauses that clearly define PSEA responsibilities and standards in the tripartite relationship.
- **Promote MDS Membership:** Advocate for both UN and SBP organizations to join and actively use the Misconduct Disclosure Scheme (MDS) to ensure transparency and accountability. OSCSEA to submit official request to OLA and to DMSPC re: MDS
- **Promote Clear Check Screening by UN agencies:** Advocate for all UN agencies to join and do Clear Check screening of SBP deployees before deployment. Additionally, mandate that UN agencies share any failed Clear Check results with the nominating SBP organization.
- **Investigations** Identify default investigation mechanism
- **Promote to include Standby Deployees in Clear Check following substantiated investigations by the UN:** Advocate for mandatory inclusion of Standby Deployees in the Clear Check database after the UN completes and substantiates an investigation.

## **2. Update on PSEAH Strategy Implementation**

IASC walked the TAG through the update on the implementation of the 2022–2026 PSEAH Strategy. This stems from an action point at the October 2024 IASC Deputies meeting. The IASC wants to put PSEA on the agenda for the in-person IASC Principals meeting in February. More efforts were needed to meet certain targets.

### **Commitment 1: Operationalisation of a Victim/Survivor-Centred Approach**

Need to gather evidence to operationalise a V/SCA, for example the training being conducted by UNICEF or the country solutions of various PSEA Networks. IASC said that a discussion on pooled funding at country level is necessary to make sure services were available to victims/survivors. IASC

noted significant advancement on the SEARP but the need to craft concrete next steps to be aimed for in 2025 and beyond under this commitment.

Yet, a number of positive developments needed to be highlighted, including the immediate protection assessment as part of the VCA, something additional that was not being done before the launch of the strategy. The more rights-based language used for survivors.

For investigations (target 1.3.1), the IASC noted positive developments, for example with the key performance indicators and investigators manual, despite these deliverables taking longer than the initial timeframe. IFRC is also now training investigations colleagues child-centred approaches.

### **Commitment 2: Promote lasting change in organisational culture, behaviour, and attitudes towards all forms of sexual misconduct**

The IASC suggested that it is challenging to show progress for Commitment 2. One possible way to do so would be through UNEG's training workstream on Sexual Harassment, which could be linked to this work. PSEA could also be linked to the regression of women's rights, which was discussed at the Deputies meeting in October. UNFPA mentioned the challenge of monitoring something that is notional.

### **Commitment 3: Provision of support to inter-agency PSEA country structures, prioritising identified high-risk contexts**

On Commitment 3, the IASC has noted the headway made with the deployment of in-country capacity through the PSEACap Project. There are, however, a few areas to still make progress, for example on resourcing PSEA at the country level (3.3). A report on the usages of pooled funds managed by OCHA to support PSEA still needs to take place. Considerable progress has been made on developing technical guidance (3.5). The pre-deployment packages, the inclusion of PSEA in HNRPs, the Mpox checklist all constitute significant achievements. The systemwide scale up checklist should be ready at the end of the year. UNHCR has just produced guidance on PSEA inclusion in refugee response plans. However, there was need to update several timelines under the Commitment 3, as some still have 2022 deadlines.

### **Action Points**

- TAG members will offer their comment on the strategy update by CoB 20 November.
- TAG workstream leads to propose concrete language on Tagre 1.1.1 regarding the revised approach. ( IOM, UNHCR).
- Explore linking elements of Commitment 2 to UNEG's training workstream on Sexual Harassment.
- Update timelines of delayed commitments.

### **3. AoB**

- **HNPW**

IASC requested that TAG members share details of any events they are planning to hold for HNPW, noting that the deadline for proposing a session is 6 December.

- **Helpdesk Update**

IASC and OSCSEA gave an update on the IASC-OSCSEA Joint Helpdesk. 51 requests have been made since September, with most having been resolved. Requests mainly come in via email, WhatsApp, and Teams. The most popular areas for requests are capacity building, coordination, and investigations, although there is no clear divide in request topics. Clinics will be offered on areas with the most requests. There will be on clinic at the end of November on action plans, as well as clinics on the SEARP in English and French, and TAG members will be involved to share their expertise.

The helpdesk also planned to develop draft FAQ to share with the TAG based upon common requests.

- **Point on PSEA Coordinator deployments.**

UNFPA said that the PSEA Coordinator vacancy for the Whole of Syria has been filled. There is a workshop taking place in December to explore best ways to operationalise the PSEA Coordination structure. Financing has been secured for the UNFPA-funded position in Kinshasa. For Nigeria, WHO is waiting to hear back from the regional office regarding the extension of the position until the end of June 2025.

- **SEARO**

There will be a launch event for the latest SEARO figures on 20 November, to which TAG members are invited. There will also be a deep dive into the SEARO data at the December TAG.

- **IARA Consultation**

IOM talked about starting a 1-year process to understand the challenges and opportunities for using IARA. They are currently setting up an oversight body and community of practice. An external evaluator is being recruited for field visits.

## Annexes

- **List of Participants**

No	Name	Organisation
<b>TAG Members</b>		
1.	Alon Plato	ICVA
2.	Angela Wiens	International Medical Corps/ICVA
3.	Ann Makome	OSCSEA
4.	Astrid Haaland	UNPFA
5.	Carina Hickling	NORCAP/PSEACap
6.	Christos Mylonas	WHO
7.	Coline Rapneau	CHS Alliance
8.	Denise Hauser	OHCHR
9.	Desiree Bartosiak	WVI
10.	Elena Bezzolato	CHS
11.	Eva Modvig	FAO
12.	Gareth Price-Jones	SCHR
13.	Georgina Lund	CARE
14.	Joanne Dunn	IFRC
15.	Julia Schipper	UNOPS
16.	Karen Barnett	Mercy Corps
17.	Laura Silva	IFRC
18.	Livia Mueller	UN Women
19.	Liz Pender	UNFPA
20.	Margaret Lamunu	WHO

21.	Mariam Khokar	IOM
22.	Paulien Vandendriessche	ICRC
23.	Petra Forsstrom De Leon	The Global Fund
24.	Samantha Hutt	CRS
25.	Sonja Wendlinger	OSCSEA
26.	Valeria Bove	OVRA
27.	Yanthe Cornelissen	UNDP
28.	Yoko Iwasa	UNHCR
<b>Guest Presenters</b>		
29.	Charlotte Elgar	FCDO
30.	Lauren Cheshire	Standby Partnership Network
31.	Lisa Martin	ZIF
32.	Megan Nobert	IOM
33.	Nicoleta Dumitru	WHO
<b>OCHA/IASC PSEAH Team</b>		
34.	Charlotte Helletzgruber	PSEAH Advisor
35.	Halid Zewdu Feleke	Associate Expert, PSEAH
36.	Joe Levy Brown	Intern, PSEAH
37.	Kirstie Farmer	PSEAH Advisor
38.	Nina Lacroix	PSEAH Advisor
39.	Wendy Cue	Senior PSEAH Coordinator
40.	Yuliya Pyrig	Project Management Officer