

Prevention of Sexual Exploitation and Abuse

Guidance Notes

HCT – Somalia May 2019

1. Introduction

Background: Sexual Exploitation and Abuse (SEA) by aid workers directly contradicts the principles upon which humanitarian action is based and represents a protection failure on the part of the aid and peace keeping community. SEA inflicts harm on those whom the humanitarian community are seeking to protect, as well as jeopardizes the credibility of all assistance agencies. The revelations of the extent of the problem in West Africa in 2002 led to a number of initiatives by the humanitarian community to address the matter.

Somalia humanitarian response is large with many actors. The aid personnel, who are in high power position interact directly and indirectly with affected populations, who have high levels of vulnerabilities. The differential power is a risk factor in Somalia. Limitation on access to reporting mechanisms amongst affected populations due to social exclusion and marginalization, including gender discrimination, heightens the vulnerability of the affected populations to SEA.

In recognition of the global concern over SEA, 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. In 2002 the IASC adopted six core principles intended to set forth standards to prevent SEA:

Six Core Principles Relating to Sexual Exploitation and Abuse

- 1. Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.*
 - 2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defense.*
 - 3. Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.*
 - 4. Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.*
 - 5. Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.*
 - 6. Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct*
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These principles were incorporated into the UN Secretary General's Bulletin on SEA in 2003. The bulletin outlines a zero-tolerance policy toward SEA, obliges UN staff to report incidents of abuse, and is binding on all UN staff, including all agencies and individuals who have cooperative agreements with the UN. Subsequent voluntary agency commitments, such as the 2006 Statement of Commitment on Eliminating Sexual Exploitation and Abuse by UN and Non-UN Personnel, as well as internal agency policies, have substantially broadened the international commitment to fight SEA and have established standards of conduct that are applicable to all "personnel" and at all times.

Despite this collective articulation of commitment, abuses by aid workers continue. The 2015 independent Whole of System Review of Protection in Humanitarian Action noted that despite progress, "systematized engagement with affected populations and peer-to-peer accountability is still lacking." Researchers noted concerns that PSEA requires a specialized approach, including confidential complaints and investigations procedures at both the system and individual agency level. In 2012 the IASC Task Force on PSEA identified inter-agency cooperation in the creation and maintenance of community-based complaints mechanisms (CBCMs) as a key component in the prevention and response to SEA. For complaints to come forward, local communities and affected populations need to be informed that humanitarian assistance is free and never conditioned on sexual favors. Beneficiaries of humanitarian assistance and humanitarian staff both need to be informed how to access the appropriate complaints mechanism if SEA occurs, and receive feedback on reported cases, especially in a humanitarian response situation where multiple agencies are present. Furthermore, an effective CBCM requires inter-agency coordination to ensure consistent messaging and that access to the mechanism is as broad and straightforward as possible for potential complainants.

HCT support the vision of a humanitarian environment in which people caught up in crises feel safe and respected and can access the protection and assistance they need without fear of exploitation or abuse by any aid worker, and in which aid workers themselves feel supported, respected and empowered to deliver such assistance in positive working environments.

Sexual Exploitation and Abuse (SEA) must not be tolerated. It is an unacceptable breach of the fundamental rights of the people we serve and of those with whom we work, as well as a deep betrayal of our core values. The Somalia HCT Strategy on Centrality of Protection listed **strengthening PSEA across all sectors** as a priority and identified for the *"HCT to re-affirm its support for PSEA through the accountability compact of the HCT and requested for periodic updates on PSEA, including development of a PSEA network and clear guidance and follow up mechanisms for PSEA allegations, including engagement with the UN Mission and AMISOM on this issue."* Peer to Peer mission conducted in July 2018 noted that **there is no collective effort under the HCT on addressing the challenge of PSEA**. The HCT taskforce has since been reactivated with IOM and UNHCR as the co-chairs and with a dedicated PSEA Taskforce Coordinator.

These Prevention of Sexual Exploitation and Abuse Guidance Notes (PSEA Guidance Notes) have been developed to facilitate joint actions by humanitarian agencies/organizations in response operations to protect beneficiaries from SEA, establish a common HCT response system to ensure coordinated and effective responses to potential SEA cases, and enhance the collective capacity of the agencies and affected populations to prevent and respond to SEA committed by aid workers. These PSEA Guidance Notes addresses some aspects of the functioning of the PSEA TF and the CBCMs in general terms. A

context-specific Standard Operating Procedures (SOP) for each CBCM site will subsequently be developed in line with best practice guide.

The PSEA Guidance Notes will serve as a guidance for inter-agency cooperation on PSEA as experience has shown that coordination is vital for effectively operationalizing the humanitarian community's commitment to PSEA.

2. Objectives:

The objective of these PSEA Guidance Notes is to provide system-wide clarity on a general model of PSEA work in Somalia by facilitating joint efforts to protect affected populations and those staff delivering aid. The process of developing these PSEA Guidance Notes has therefore been collaborative and has incorporated feedback from HCT members and has been endorsed by the Steering Committee (The HCT).

It is important to note that the PSEA Guidance Notes are in no way intended to change or override the existing organization-specific internal policies on PSEA. Rather, they are procedures to supplement internal policies and reinforce common action to prevent and respond to SEA as one aid community.

Scope: These PSEA Guidance Notes cover and provide clarity on the following areas in the context of Somalia:

- Roles and responsibilities of PSEA stakeholders;
- Key principles in preventing and responding to SEA; and
- A common procedure for responding to SEA complaints:
 - i. Receiving and referral of SEA complaints;
 - ii. Victim assistance provision; and
 - iii. Investigations.

The PSEA Guidance Notes cover all HCT members in Somalia, and their personnel, including contractors and volunteers.

3. Definitions

Sexual Exploitation and Abuse (SEA): Particular forms of gender-based violence that have been reported in humanitarian contexts, specifically alleged against humanitarian workers, including contractors and volunteers.

Sexual Exploitation: Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual Abuse: The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Protection from SEA (PSEA): Policies, guidelines, procedures, mechanisms, systems, and activities to reduce the risk of SEA and mitigate the effects caused by violations.

Sexual Harassment versus SEA: Sexual exploitation and abuse occurs against a beneficiary or vulnerable member of the community, while sexual harassment occurs when one employee makes continued, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, to another employee, against his or her wishes. It is important to note that sexual harassment is not covered by these PSEA Guidance Notes. It is equally prohibited under UN policies. The distinction between the two is important so that agency policies and staff trainings can include specific instruction on the procedures to report each.

Locations with elevated risk: Specific locations in Somalia determined by the PSEA Task Force to have elevated risk due to the presence of Aid Personnel and local population, as well as the type of interactions between them. The number of these locations is limited to ensure focused collective action and accountability.

Survivors: Anyone who experiences an incident of sexual exploitation and sexual; abuse or someone who has experienced an attempt of SEA against him/her.

Perpetrator: A person (or group of persons) who commits an act of SEA or other type of crime or offence.

Complainant: Person who brings an allegation of SEA to attention in accordance with established procedures. This person may be a SEA survivor or another person who is aware of the wrongdoing.

Subject of the Complaint (SOC): Person alleged to have perpetrated the misconduct in the complaint.

Community-Based Complaints Mechanism (CBCM): A CBCM is a system blending both formal and informal community structures, where individuals are able and encouraged to safely report incidents of SEA. Local communities are involved in developing and approving the CBCM so that the structure is both culturally and gender-sensitive. The mechanism should have multiple entry points, allowing both beneficiaries, communities and staff the opportunity to report at the organizational level – internally through the network's or field agency focal points – or at the community level. The primary concern of the mechanism is to aid known and potential SEA survivors, and also fulfill a prevention function through awareness-raising efforts. A PSEA CBCM should not be a separate, parallel system to other complaints and feedback structures in a given area, but rather link to and build on existing structures to create one system for handling feedback and complaints.

Whistle-blower: For the purposes of these PSEA Guidance Notes, a whistleblower is a type of complainant, not the survivor, who is a humanitarian aid worker making a report of SEA. Organizational whistleblowing policies encourage staff to report concerns or suspicions of misconduct by colleagues by offering protection from retaliation for reporting, and clarify the rules and procedures for reporting and addressing such cases. Therefore the definition, scope, and protection measures may differ between organizations. CBCM principles (e.g. confidentiality) apply to whistleblowers as they would to any

complainant, and internal agency policies shall protect whistleblowers on SEA from retaliation, so long as the report is made in good faith and in compliance with internal agency policies.

In-the-air allegation refers to rumours or concerns of sexual exploitation and abuse (SEA) emanating within a particular setting but not necessarily directly reported by anyone, and where the institutional affiliation of the alleged perpetrator(s) is uncertain or unknown.

4. Principles

All members agree to cooperate and assist each other to the fullest extent in preventing and responding to SEA, while respecting prudent risk-management procedures.

One HCT: SEA is a collective responsibility of the humanitarian actors. Each member of HCT is responsible for maintaining and mainstreaming its own internal mechanisms and procedures in its programmatic, operational and human resource management activities.

Safety: To avoid any additional harm, the safety of survivors of SEA shall be ensured at all times during reporting, investigation by the concerned agency, and victim assistance provision. Complaints mechanisms must consider potential dangers and risks to all parties involved, and incorporate ways to prevent additional harm

Confidentiality: The confidentiality of complainants, survivors and other relevant parties must be respected at all times. All SEA-related information must be kept confidential and identities must be protected. Where physical records are kept, documents must be stored safely to prevent accidental disclosures. All complainants must be made aware of confidentiality procedures. 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.

Transparency: The functioning of reporting mechanisms shall remain transparent. All potential and actual survivors of SEA must be fully informed about how the complaint mechanism works, including the reporting process. PSEA policies and reporting channels within agencies also need to be transparent, and communicated to those in the field, including every employee and contract worker.

Survivor Centered Approach: Humanitarian response agencies have committed to actively prevent and respond to SEA and to ensure that all responses are developed in a manner that balances respect for due process with a survivor-centered approach in which the survivor's wishes, safety, and well-being remain a priority in all matters and procedures. Furthermore, all actions taken should be guided by respect for choices, wishes, rights and dignity of the survivor.

The SEA survivor/complainant has a right to:

- be treated with dignity and respect -not exposed to victim-blaming attitudes
- choose the course of action in regards to reporting to local authorities
- privacy and confidentiality

- non-discrimination (based on gender, age, race/ ethnicity/clan, ability, sexual orientation, HIV status or any other characteristic)
- receive comprehensive information to help her/his make her/his own decision
- to receive feedback (process and outcome)
- be informed about the investigation process

Inclusivity: The PSEA systems and mechanisms will be take special consideration to counter the risk of exclusion of some affected population based on gender discrimination and social exclusion of marginalized groups, including minority clans, other marginalized clans, persons with disabilities and IDPs.

Accessibility: The mechanism must be accessible to all potential complainants and sufficient information must be given on how to access the complaints mechanism, making the process accessible to the largest possible number of people. This includes identifying and instituting various entry points that are both cultural and context-appropriate. To facilitate reporting and avoid stigmatization, anonymous reports must be treated with the same gravity as other cases.

Accountability: All HCT members in Somalia are responsible to create and maintain systems and mechanisms that promote PSEA. The HCT will hold agencies accountable to take immediate and firm action against perpetrators and to improve negative working environments

5. Roles and Responsibilities

The annual PSEA Taskforce work plan is owned by the DSRSG/RC/HC, who is ultimately accountable for addressing SEA in the humanitarian sector in Somalia. To assist him/her in discharging this responsibility, the steering committee, comprising of heads of agencies/HCT, is responsible for overseeing the implementation of the Task force annual work plan. The PSEA Taskforce in Somalia comprises of PSEA focal points from all HCT agency members.

At the agency level, the Head of Office is accountable for addressing SEA in their agency. The PSEA Focal points assist him/her in implementing the individual agency PSEA work plans.

HCT Members in Somalia: Individual agencies are responsible for SEA investigations and sanctions against personnel found responsible for SEA according to their own policies and procedures. They participate in the work of the PSEA Task Force under its ToRs, comply fully with these PSEA Guidance Notes and support joint PSEA action as agreed, including support for CBCMs. Agencies are responsible for sharing relevant information with the PSEA Task Force according to the PSEA Guidance Notes. They meet once a quarter to review the implementation of the PSEA Task force workplan and share internal agency work on PSEA

Steering Committee: This body is comprised of the high-level management (i.e. head of office or sub-office) of HCT agencies at the country or sub-office level to guide and support the design, implementation and monitoring of the PSEA activities. Steering Committee members facilitate the identification or nomination of Focal Points from their respective agencies, take PSEA-related decisions on behalf of their

agencies, implement accountability and quality standards, and mobilize resources to support the implementation of PSEA systems and mechanisms. See Annex 2 for detailed responsibilities

Co-chairs of the PSEA Task Force: Ensures that the Task Force works according to its ToRs.

Taskforce Coordinator: The Coordinator is fully dedicated to initiating, overseeing, and coordinating PSEA activities in Somalia. He/she is responsible for engagement with the Humanitarian Country Team in order to advocate for high-level commitment and broad engagement at the country level. The Coordinator will also notify the IASC Task Team on AAP/PSEA to ensure that global level forums maintain a current understanding of country-based activities and that operational agencies' headquarters are informed and can make sure that their Heads of Office at country level understand the need to actively participate.

The Taskforce Coordinator has a holistic view of PSEA issues in Somalia, liaises between agencies and with the host government, conducts regular inter-agency meetings, and generally keeps PSEA momentum moving forward. She/he reports on PSEA activities to the HCT and any other appropriate structures on a regular basis, and advice and assist members as required, as well as coordinate with the UNSOS/UNSOM's actions on PSEA activities. She/he is a sufficiently senior staff member who is well-trained in PSEA, data protection, victim assistance, and confidentiality measures.

The Coordinator is neutral, acting on behalf of the taskforce, regardless of his/her employing agency. In this capacity, one of the functions of the Coordinator is to review the complaints received through the CBCM for referral to the concerned agency and victim assistance, and consolidate the SEA statistics to feed into annual SG's PSEA report. Given this review and referral function, the Coordinator is a permanent position, and not a function in addition to other job duties.

Integrated Office (DSRSG/HC/RC): Supports the taskforce work at the HCT and allocates resources for PSEA work in Somalia

PSEA Taskforce: This comprises of PSEA focal points from HCT members. The taskforce implements collectively systems and mechanisms that protect the affected populations from sexual exploitation and abuse. They are guided by an annual workplan. Some of the responsibilities of the taskforce include:

- Conduct SEA assessments in high-risk areas
- Serve as a key body in reviewing in-coming SEA complaints, including in-the-air allegations and determining follow-up action
- Develop and update an inter-agency referral pathways document to ensure timely and consistent survivor support,
- Hold agencies accountable to one another in developing a PSEA action plan and implementing that plan against strategic performance indicators
- Ensure PSEA is integrated across key interagency planning processes for Somalia humanitarian community

PSEA Focal Points: The HCT members designate PSEA Focal Points and alternates, who form the PSEA Taskforce in Somalia. The Focal points lead PSEA activities within their agencies and common activities in Somalia and report on progress and on specific cases to the Task Force as required. Agencies are encouraged to nominate their own PSEA Focal points in every field office location. (See Annex 1 for a detailed PSEA Focal Point TOR)

PSEA CBCM Focal points: In the areas where PSEA CBCM are established, the local level focal points, with support from the PSEA coordinator, will agree on the PSEA CBCM Focal points (maximum of 3). The Local CBCM focal points will manage, and support local channels and procedures to receive allegations, assess, document cases using an agreed upon incident report form, and refer survivors for immediate assistance if needed. A specific CBCM SOP will also be developed for the specific locations where PSEA CBCMs will be established. The CBCM focal points will refer all complaints that are received through the CBCM for referral and investigation through the PSEA coordinator at the national level as required by these PSEA Guidance Notes.

6. Procedures

Referral Pathways: SEA survivors have a right to access services. These services are offered through the GBV referral mechanisms (health, legal, psycho-social, security, and other sectors). The PSEA taskforce, in collaboration with the GBV and Child Protection Sub-clusters, will develop/review and update regularly the referral pathways in various locations in Somalia. The referral pathways will be made available to all HCT members.

Setting up CBCMs and designating Focal Points: The PSEA Task Force will ensure that joint CBCMs are established and CBCM focal points are designated in all locations identified by the taskforce members (Locations with elevated risk). The names and contact information of the CBCM focal points must be disseminated to all HCT members with a presence in the location. A lead agency/agencies will be identified in the CBCM location. The lead agency/agencies will coordinate, with other actors in the location, PSEA/CBCM activities to raise awareness, and to enable and facilitate any allegation of SEA complaints in the location through CBCMs.

Receiving and assessing complaints through CBCMs: The primary concern when establishing SEA reporting channels for affected populations in communities in specific locations is accessibility and safety. Multiple entry points will assist, allowing different methods of reporting. For Somalia, with inputs from community members in locations with elevated risks, SEA concerns or cases can be reported through a common telephone hotline, women and girls' friendly spaces, suggestion boxes, verbal complaints through CBCM focal points including trusted community leaders in the specific locations and any other locally agreed upon mechanism. With the support of PSEA Taskforce at the national level, the lead agency/agencies in a site will design a context specific CBCM following good practices and global commitments to prevent and respond to SEA. The Local PSEA CBCM focal points will manage, and support local channels and procedures to receive allegations, assess, document cases using an agreed upon incident report form, and refer for immediate assistance if needed. A specific CBCM SOP will also be developed for the specific locations where PSEA CBCMs will be established. The CBCM focal points will

refer all complaints that are received through the CBCM for referral and investigation through the PSEA Taskforce Coordinator at the national level as required by these . The Taskforce Coordinator will in turn refer the SEA allegations to the concerned agencies for investigations according to internal policies, within 48hours.

The PSEA Task Force will work with local level agency focal points to agree on members of the local PSEA CBCM Focal points (maximum of 3).

Information will be made available to the community about whom they should report to and what assistance they can expect from the existing GBV referral mechanisms (health, legal, psycho-social, security, and other sectors). All potential and actual SEA survivors will be fully informed of the status of their case handling, and the case handling process. All complainants and survivors have the right to receive feedback on the development and outcome of their cases.

Receiving and assessing allegations/complaints through internal agency mechanisms: SEA allegations received directly by agency staff will be dealt with according to internal agency procedures and policies, and coded details shared with the PSEA coordinator for consolidation of statistics and accountability.

Referring allegations to other agencies/members of HCT: All HCT members must convey all relevant information received about allegations involving other agencies to taskforce coordinator, who will in turn refer to the agencies that are subject to these allegations within 48 hours, including information from whistleblowers. Once a case is referred to the relevant entity, PSEA Focal person representing this organization is obliged to report to the PSEA taskforce coordinator on the investigation process taken within the organization for accountability and follow up purposes. Periodicity of submitting report on the follow-up should be agreed upon, at the time, the complaint is referred to the organization.

The taskforce coordinator is responsible for referring specific cases to the agency with an email to the representative or executive director with a copy to the designated PSEA focal point in the concerned entity within 24 hours. All allegation and complaints concerning any HCT members must be duly reported and considered by the agency that receives the allegation, according to its own rules and procedures. The entity is also obliged to inform the PSEA Task force coordinator for accountability and follow up purposes.

In the case that the SEA constitutes a criminal offense, it is the decision of the entity conducting the investigation to refer cases to the proper law enforcement authorities in conformity with their internal procedures and with informed consent from the survivor. Given the gravity of SEA and the vulnerable nature of SEA survivors, the complainants/survivors should be referred for assistance through the GBV referral pathways in the location to access legal, psychosocial assistance and other services, when appropriate (for instance through GBV sub-cluster members). In the event that a complaint does not warrant a referral or full investigation, such reports will be compiled to inform procedures and planning going forward. The PSEA Task Force, nonetheless may decide on steps to address concerns in other ways, (for example, addressing matters of poor practice via training, a change in working arrangements or a change in procedures).

Anonymized information about cases may be brought up in meetings of the PSEA Task Force as required.

Referring “in-the-air” allegations to the PSEA Task Force: All HCT members must convey all relevant information to the PSEA taskforce coordinator about any allegations where it is not certain or where it is unknown, which agency may be responsible for the alleged violation. Furthermore, agencies may also convey information about any allegations that are deemed significant in other ways, including information about non-HCT members. The PSEA Task Force coordinator advise HCT/Steering committee on follow-up and assist as required.

Informing the HCT leadership in Somalia: Any HCT member that is the subject of complaints or allegations or conducts SEA related investigations must inform the HCT leadership in Somalia (DSRSG) about this as required, and according to their own policies and procedures. The PSEA Task Force coordinator must inform the HCT leadership about all SEA cases and in-the-air allegations.

Rapid mutual support for survivors of SEA:

a. Conducting preliminary assessment: Any agency receiving a complaint or allegation of SEA should prioritize survivor’s immediate protection needs and physical, emotional and social wellbeing. If they do not have the capacity to do so, an immediate request should be made to another relevant agency for assistance (GBV actors). Regularly updated referral pathways in a specific location will be availed to all HCT members. All assessment of SEA survivors should be done by someone trained or by a designated PSEA focal person, taking into account the need for safety, confidentiality, respect and non-discrimination. Complainants who are not alleged survivors, including whistleblowers, may also require a physical security assessment and other safeguards to protect their interests.

b. Facilitating access to essential services: Based on identified needs and the consent of survivors of SEA, SEA survivors should be referred for essential services including medical care, psychosocial support, safety and security or legal assistance. Where applicable, GBV programs and staff should serve as entry points for facilitating essential services for survivors of SEA. If there is no GBV program or protection related staff in the location, SEA survivors should be referred as appropriate to other locations to access essential services in a safe and confidential manner.

Investigating SEA Complaints: In line with internal complaint policies and procedures, every HCT member agency is responsible for conducting investigations of SEA concerns or allegations involving their own Personnel, contractors, consultants and volunteers, as provided for under these PSEA Guidance Notes. All investigations of SEA should be carried out in a safe, confidential, transparent and timely manner. Although SEA complaint handling procedures vary, agencies must communicate their investigation status and findings and must provide basic information on each incident and consolidated cases on a quarterly basis under these PSEA Guidance Notes to the HCT leadership. After the investigation has been completed, the investigating entity should alert the relevant parties, including the PSEA Task Force coordinator, about the status of the investigation and action taken.

Providing feedback on the status of the complaint: The complainant and the survivor (if separate) have an interest in receiving feedback on the case, including from the Task Force Co-chairs. The subject of the complaint also has interest to know the status of the case filed against him or her. It is the responsibility of the investigating agency to provide this feedback and to determine what information is provided.

Recording and tracking SEA cases: HCT members report the number and type of allegations, survivors and alleged perpetrators (none identifying information if already with the specific agency) to the PSEA Task Force coordinator on incident cases and consolidated report on a quarterly basis, including information about new as well as on-going cases that remain under investigation. The reporting on specific cases may include: when the complaint was received; when/whether investigation has commenced; when the investigation is concluded; and the outcome of the investigation. The Task Force may engage with agencies to jointly analyze occurrences, patterns and general challenges and develop prevention and mitigation strategies. The Task Force report to the HCT and other relevant structures on a quarterly basis and to the HQ- IASC PSEA on an annual basis.

7. Monitoring and evaluation

The annual PSEA taskforce work plan is drafted and shared with the HCT for endorsement. The taskforce collectively implements the workplan and meet monthly to share update on its implementation. e progress is updated quarterly and shared with the Task force steering committee.

Individual agency work plans: Each agency will draft its internal annual PSEA work plan and share with the HCT task force coordinator for support and peer accountability. The progress is updated quarterly and shared with the Taskforce coordinator, for collective update to the HCT/Steering Committee.

ENDORSEMENT- May 2019
 PREVENTION OF SEXUAL EXPLOITATION AND ABUSE GUIDANCE NOTE
 HCT SOMALIA

	AGENCY	NAME	DESIGNATION	SIGNATURE
1.	DSRSG/RC/HC	George Conway	DSRSG/RC/HC a.i.	
2.	IOM	Dyane Epstein	Chief of Mission	
3.	UNHCR	Takeshi Moriyama	Representative a.i	
4.	SOMALIA NGO CONSORTIUM	Nasra Ali Ismail	Acting Director /Deputy Director	
5.	USAID/OFDA	Emily Gish	Regional Advisor	
6.	UNDP	Jocelyn Mason	Resident Representative	
7.	OCHA	Justin Brady	Head of Office	
8.	UNFPA	Anders Thomsen	Representative	
9.	WHO	Mamunur Malik	Representative	
10.	UNICEF	Werner Schultink	Representative	
11.	WFP	Laurent Bukera	Representative and Country Director	
12.	UN-HABITAT	Doudou Mbye	Representative	
13.	CARE INTERNATIONAL	Abdullahi Abdi Iman	Country Director	
14.	DANISH REFUGEE COUNCIL	Simon Muteti Nzioka	Country Director	
15.	NOMADIC ASSISTANCE FOR PEACE AND DEVELOPMENT (NAPAD)	Francis G. Kage	Country Director	
16.	NORWEGIAN REFUGEE COUNCIL	Victor Moses	Country Director	
17.	SAVE THE CHILDREN	Timothy Bishop	Country Director	
18.	FAO	Serge Tissot	Representative	
19.	OHCHR	Kirsten Young	Representative	
20.	CANDLELIGHT FOR ENVIRONMENT, EDUCATION AND HEALTH	Abdirizaq Bashir Libah	Country Director	

21.	DFID	Seb Fouquet	Head of the humanitarian, health and resilience team	
22.	ECHO	Johan Heffinck	Head of office ECHO Somalia	
23.	GERMANY	Sigurd Rothe	Policy Officer Somalia Unit	
24.	ICRC	Gauthier Lefèvre	Deputy Head of Delegation	
25.	OIC	Mohamed Abdullahi Egal	Executive Secretary	

ANNEX 1. PSEA Focal Points TOR

PSEA Focal Points Terms of References

Role Description

PSEA Focal Points (FPs) are appointed by his/her Head of organization to coordinate the implementation of the Secretary-General’s Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse (ST/SGB/2003/13). S/he will undertake this both within his/her agency/organisation and as a member of the HCT PSEA Taskforce.

The Focal Point designation is a role or “hat” and not necessarily a position. It can either be assigned to existing personnel or new personnel can be hired to carry it out.

PSEA FPs represent their agencies at working level in the HCT PSEA TF and are jointly responsible for advising the TF Steering Committee on matters related to PSEA in the operation.

The FPs Share with the PSEA Coordinator / Taskforce Chair(s) relevant updates on PSEA activities of their agency. Additionally, they report back to their agencies on PSEA progress and knowledge gained from working with the Network.

Each HCT member agency should designate at least one Focal Point and an Alternate to carry out the PSEA responsibilities of the agency, according to their respective organisation profile and management structure to ensure the necessary level of decision-making to fulfil the responsibilities of the role. Wherever possible consideration should be given to the selection of both operational and human resource staff.

Meetings

PSEA Focal Points shall attend the regular meetings (monthly and ad hoc meetings as necessary), convened by the PSEA task force coordinator, in order to share PSEA updates and experiences, confer with the PSEA Coordinator/co-chairs, and jointly address issues related to trainings, awareness raising activities, and complaints mechanisms when necessary. Regular meetings should facilitate information-sharing on each agency’s measures in place to prevent and address SEA, documented incidents (maintaining confidentiality), and incident follow-up.

Responsibilities

Institutional	<ul style="list-style-type: none">• Work with senior management within their organization to strengthen structures under the Somalia PSEA Guidance Notes and implement internal PSEA Action Plan• Ensure that the identity of PSEA focal points is known throughout the organization and that contact details are made widely available• Make appropriate recommendations to own organization or agency management on enhancing prevention and response strategies eg PSEA content included in staff inductions, etc• Mainstream PSEA across all agency`s projects or activities
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Awareness-raising activities	<ul style="list-style-type: none"> Plan and organize trainings for personnel within their organizations (and partners where applicable) on PSEA, the agency’s code of conduct, and internal and joint complaint mechanisms Plan and organize awareness campaigns for local communities on PSEA, which emphasize beneficiary rights and how to report SEA
Complaints	<ul style="list-style-type: none"> Act as an in-person channel to receive SEA complainants and coordinate accordingly as per Agency reporting line for PSEA Work with the PSEA Coordinator / GBV sub-sector to ensure that survivors are referred to appropriate assistance services Ensure that all SEA involving Child survivor will be shared with UNICEF PSEA Focal Points Share the SEA allegations received internally to taskforce coordinator for consolidation of statistics and peer accountability. These should be coded (non-identifying information only)
Coordination	<ul style="list-style-type: none"> Serve as the main channel for sharing PSEA information between agencies at relevant coordination meetings Respond to requests for information on PSEA activities
Joint complaint mechanism management	<ul style="list-style-type: none"> Contribute to identification and establishment of joint complaint mechanisms in the Somalia operation Contribute to the exchange of experiences and best practices during implementation, monitoring, and evaluation Support the PSEA Coordinator in complaint monitoring and providing complainant/survivor feedback when needed

PSEA Focal Points shall advocate with their Human Resources and/or senior management to ensure that the above PSEA responsibilities are reflected in their job evaluation. This is necessary so that they may devote the time for continued and meaningful engagement with the PSEA, including: attending coordination meetings, trainings, awareness-raising events for the community, and other PSEA activities.

A PSEA Focal Point should never investigate a complaint;
The Focal Point should not engage in counselling complainants (unless they are formally trained to do so and the responsibility is in their TORs).

Profile

- The PSEA Focal Point must be a staff of a PSEA taskforce member agency. S/he must be able to easily access the management team and should be at a sufficient level to be able to initiate institutional change.
- The Focal Point must have the following skills and experience:
 - Proven integrity, objectivity, and professional competence
 - Demonstrated sensitivity to cultural diversity and gender issues
 - Ability to maintain confidentiality (i.e. trained in data protection)
 - Fluency in relevant languages
 - Demonstrated experience working directly with local communities

Training

In addition to regular PSEA staff trainings, PSEA Focal Points must receive trainings to assist them in successfully fulfilling their inter-agency duties. These include:

- As the PSEA representatives of their agencies to the affected community, Focal Points must be trained in the guiding principles of complaint mechanisms, including the standards of confidentiality, safety, and health/psychosocial needs of survivors
- As the primary persons receiving complaints, Focal Points should be thoroughly familiar with the entire inter-agency complaint handling process
- Focal Points should be trained on other forms of misconduct in addition to SEA, in order to enhance their ability recognize SEA when it is mixed with other issues
- Focal Points should be familiar with the policies and procedures of other agencies in the Network, to ensure that accurate information is provided to complainants and so as to manage complainant expectations during intake
- Focal Points should also be familiar with general investigation procedures for the PSEA taskforce agencies, as well as international standards on evidence gathering, so that the intake process does not jeopardize subsequent agency investigation
- Where the state and/or local governments in which the complaint mechanism is situated has mandatory reporting laws related to SEA incidents, it is the responsibility of the PSEA Focal Points to be up-to-date on relevant national laws and to incorporate them into complaint mechanism procedures and information packages for survivors/complainants, as appropriate.

These Terms of Reference shall be reviewed on an annual basis and revised as appropriate.

Contacts

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Annex 2: PSEA Taskforce Steering Committee Roles

This body is comprised of the high-level management (i.e. head of office or sub-office) of HCT agencies in Somalia to guide and support the design, implementation and monitoring of the PSEA activities. The steering committee meets quarterly to review the implementation of the Task force workplan and share internal agency work on PSEA.

Steering Committee members have the following responsibility (mainly through the PSEA focal points):

- a) To ensure that all staff within his/her agency read, understand, acknowledge, and adhere to his/her agency's internal SEA complaints handling procedures, including the institutional Code of Conduct, internal reporting mechanism, victim assistance and support policy and procedures, and complaint management for staff. Staff involved in prevention of and response to SEA should in particular understand and sign a Code of Conduct (or similar) that adheres to international standards on PSEA.
- b) To raise SEA awareness among staff through induction trainings for new personnel and refresher trainings for current staff on PSEA, the Code of Conduct, the importance of complying with SEA policies, and procedures to report incidents.
- c) To support PSEA focal points and ensure they have direct access to the head of office (sub-office and country office) and agency headquarters to execute their functions:
 - i. Ensure that both human resources and programmatic sides are engaged in PSEA;
 - ii. Ensure that the designated focal points are actively engaged in the inter-agency PSEA taskforce, and allotted the staff time to regularly participate in the taskforce meetings;
 - iii. Incorporate PSEA responsibilities into their performance evaluation reports.
- d) To promote agency adherence to SEA prevention procedures as outlined in the IASC PSEA CBCM Best Practices Guide, including but not limited to:
 - i. Due diligence to prevent re-recruitment of offenders;
 - ii. Ensuring that victim assistance services are provided;
 - iii. Forestalling retaliation for whistleblowing on SEA allegations; and
 - iv. Requiring adherence to PSEA clauses in cooperative agreements.
- e) To raise the PSEA awareness and capacity of implementing partners (IPs) from the moment they are selected, including but not limited to:
 - i. Ensure that IPs have a clear understanding of what SEA means and what their duties and responsibilities are in preventing and reporting cases;
 - ii. Encourage IPs to engage with the PSEA and create/strengthen their own PSEA policies; and
 - iii. Include IPs in PSEA trainings, as much as possible, to ensure adherence and commitment to PSEA.

ANNEX 3: CASE MANAGEMENT FOR REPORTED SEA CASES

Case Log of Reported SEA Cases to the PSEA Taskforce								
Case no. & Agency of the alleged perpetrator	Date: Allegation received (TF Level)	Allegation reported to the agency representative on (Date)	Category of staff and number of subjects of complaints	Allegation (Brief and non-identifying information)	Expected feedback date	Progress(Investigation/status)	Results/outcome	Action
				Eg Transactional sex, rape, exploitative relationship, etc		<ul style="list-style-type: none"> Investigation ongoing Case closed before investigation 	<ul style="list-style-type: none"> Substantiated Unsubstantiated-insufficient evidence Unsubstantiated –allegations unfounded 	<ul style="list-style-type: none"> Closed Pending Disciplinary action ongoing

