

## Country Examples of Practice

### IOM's observations from PSEA implementation in-country

The entries in this collection of practices are organized following the Sections and Chapters of the 2016 [Best Practice Guide on inter-agency Community-Based Complaint Mechanisms](#) (“BPG”). In 2020 these examples will be inserted in the BPG as part of a comprehensive update.

## BPG Section A: Ensuring Support and Active Engagement in the CBCM

### Chapter 1: Humanitarian agencies

#### **1. Engaging senior management**

Active engagement from agencies participating in the CBCM is absolutely vital to the success of the mechanism. A tip in the Best Practice Guide is to have Senior Management of agency field offices as key points of contact. The North-West Syria Cross Border response organized a briefing for the Heads of Offices in country on PSEA Network activities, the role of the Steering Committee providing oversight to the PSEA Network, and unpacking the CBCM and its functions. Afterwards, TORs of the PSEA Network and SOPs of the CBCM were shared with senior leadership.

#### **2. Engagement with the inter-cluster coordination group**

The inter-cluster coordination group (ICCG) can play various roles in PSEA in country, and it is good practice for the Network to engage with the ICCG as best fits for all actors. In Turkey, the ICCG is a high-level awareness-raising forum sharing information to the various clusters, and the Turkey action plan includes PSEA updates to the ICCG. In Lebanon, the ICCG has direct oversight over the PSEA Network, a more hands on role. In Yemen, the Inter-Cluster Coordination Mechanism is consulted on PSEA activities (i.e. to sensitize cluster leads on the CBCM and coordinate referrals of complaints) but they are not actively involved in decision-making - as the inter-agency CBCM is an agency-run initiative, it is an important perception that the Clusters are not participating directly. The Clusters and the ICCG should in any arrangement understand the issue of SEA, support the Network, and help share information about the inter-agency CBCM and PSEA in country.

In Mali, the PSEA Network has identified the inter-cluster group as a gateway for PSEA coordination. Collaboration between the PSEA Network and the inter-cluster group allows information sharing on activities and trends and facilitates integration of PSEA throughout the clusters. The Mali Protection Cluster in particular plays a strong role, as it collects data, including data on PSEA, and within the cluster partners have been trained on PSEA.

#### **3. Engaging Red Cross/Red Crescent actors in PSEA in country**

In the North-West Syria Cross Border response in Gaziantep, it was essential to engage the Red Cross / Red Crescent actors in country, as they have strong linkages to local systems. Although these actors are often not involved in UN-wide inter-agency coordination bodies, the Whole of Syria PSEA Coordinator identified that working with them would better enable the PSEA Network to gain support from national authorities in Turkey and local councils in Syria, including gaining access to hard to reach populations in Syria. After a meeting with the PSEA Coordinator, the Turkish Red Crescent Society (TRC) nominated a PSEA Focal Person and a PSEA training for TRC staff was conducted. The TRC Director attends senior management meetings to report on the collaboration between the PSEA Network and TRC.

#### **4. Engagement with clusters and translation of materials**

In Iraq, the PSEA Coordinator made formal presentations to the different clusters to introduce PSEA into their agendas. She created resource materials, 2-pagers, and translated them into Arabic and Kurdish languages. It can be strategic to get resource materials translated into local languages before giving presentations on PSEA to the cluster leads and sectors.

### Chapter 2: National NGOs, CBOs, and community structures

#### **5. Participation of NGOs in the PSEA Network**

It is important for local NGOs to participate in the PSEA Network to influence decision-making at the strategic level. Local NGOs often bring the perspective of members of the affected community, know about reporting barriers and cultural preferences in reporting and handling complaints, and have a local institutional memory. In Somalia, due to the high number of NGOs in country the PSEA Task Force only had UN members at the national level, but at the regional level Networks were co-chaired by UN agencies and NGOs. Now the lead of the NGO consortium is represented in both the HCT and national PSEA Task Force.

It can also be useful to distinguish between members and observers in the PSEA Network, to ensure that there is an accountability to membership while remaining inclusive. In Cox's Bazar, the PSEA Network TORs stipulate that Network membership is open to all UN agencies, INGOs and NGOs operating in CXB that either 1) have an SEA complaint handling and response policy in place, or 2) commit to developing an internal complaint handling and response procedure. Participation as an observer in the CXB PSEA Network is open to all UN agencies, INGOs and NGOs operating in CXB regardless of their internal PSEA procedures. The Network meetings including members and observers are aimed at capacitating observer agencies that do not yet have internal PSEA procedures in place. The additional "member only" meetings fully utilize the talents of higher-capacity members.

#### **6. Assessment of policies of local NGOs**

In the Democratic Republic of Congo (DRC), the PSEA Network carried out an assessment of PSEA policies of local NGOs, as it is important to understand the different capacities and needs of NGOs in the prevention and response to SEA. While many agencies assess their implementing partners internally, joint assessments can lead to greater understanding of where there are system-wide gaps in capacity that can be addressed collectively.

#### **7. Supporting NGO investigations**

The PSEA Network has an interest in the ability of local organizations to investigate SEA allegations against their staff, as the accountability of each organization impacts the perceived accountability of all organizations. In Central African Republic, local NGOs rarely have capacity to conduct their own SEA investigations. In the past, if the CAR organization was a UNHCR partner, UNHCR has offered to conduct the investigation directly, on authorisation from the local organisation. In contrast, in Mali it is "very obvious" that implementing partners cannot ask their UN partner for authorisation to investigate. There, the best way to support investigations and ensure transparency and justice was deemed to be funding an independent investigation. This happened in 2016; the UN partner did not intervene but rather paid for the investigation. (Note: these examples pre-date the release of the [UN Protocol on SEA Allegations Involving Implementing Partners](#)).

## **8. Increasing accountability of NGOs by signing voluntary commitment**

It can be difficult to engage local NGOs in coordination activities if they are not bound to PSEA commitments through partnership agreements. One way to involve local organizations is to put voluntary accountability measures in place. For instance, in Yemen and Chad, the PSEA Network Work Plan has included a voluntary commitment for NGOs to uphold PSEA principles and follow up on complaints received (essentially an entry way to begin developing PSEA procedures).

## **9. NGO involvement beyond the PSEA Network**

In Mali, the PSEA Coordinator involved NGOs beyond the PSEA Network. As some NGOs were highly capacitated in setting up and maintaining a well-functioning complaints mechanism, the PSEA Coordinator invited these actors to be part of a “core team.” The core team assisted the PSEA Coordinator with setting up the agenda of PSEA Network meetings, providing trainings, etc.

## **10. Commitment incentives**

In the North-West Syria Cross Border response, OCHA has created a humanitarian platform that supports NGOs and civil societies. Local organizations can only work with the platform if they sign onto several humanitarian commitments, one of which is the *2006 Statement of Commitment to eliminate SEA*.

## Chapter 3: Host governments

## **11. Government engagement in victim services**

In Chad, government ministries are directly involved in access to victim services. As victim sometimes want to report a complaint when accessing services, the PSEA Network engages with the authorities to convey how survivors can access the inter-agency CBCM.

## **12. Government participation in the CBCM oversight body**

In Ethiopia’s Melkadida refugee camp, there was initial resistance from the government body in charge of security issues in country over the idea of an inter-agency CBCM. To overcome the resistance, an agreement was reached that the government body would have standing participation in the CBCM’s oversight body to keep them apprised and foster government support for the CBCM.

## **13. Reporting against State actors**

In Nigeria, camps are directly managed by the government and state actors have regular direct contact with beneficiaries. Because they can expect to receive reports against State actors, relevant government representatives have been invited to trainings and planning sessions on the inter-agency CBCM.

## **14. Identifying entry points in governments**

In Iraq, a good practice to ensure government participation was to identify an entry point in the Prime Minister’s office. The PSEA Coordinator was able to refer SEA allegations against government actors through this established entry point. In order to establish this entry point, the PSEA Coordinator built the trust of government officials by seeking government approval, consultation, support, and maintaining good relations.

## Chapter 4: Affected community

### **15. Code of Conduct initiative drafted by the community**

One initiative in Kenya, which had involved local committees in the dispersal of aid, unfortunately found that the committee members were abusing their power. They agreed on an informal Code of Conduct for the committee drafted by the community, and a structure that rotated committee membership to represent various community groups.

### **16. KAP surveys**

In Bangladesh, there were several A Knowledge, Attitude and Practices (KAP) surveys carried out with the affected community to create messaging on PSEA that suits the stated needs of the community. From the KAP survey, the PSEA Coordinator and the PSEA Network created a communications strategy. As a joint initiative of the UN communications group and PSEA actors, this bottom-up approach was a key example of community involvement targeting different audiences.

### **17. Targeted focus group discussions to engage groups with specific needs**

In DRC, to engage groups with specific needs (e.g. children that are heads of household are especially common) the PSEA Network held targeted focus group discussions to understand their attitudes around revealing sexual abuse and to identify the environments in which they feel most comfortable reporting it.

## BPG Section B: Structuring and establishing an inter-agency CBCM

### Chapter 1: Setting up the CBCM infrastructure

### **18. Consult with GBV sub-Cluster and Protection Cluster on how they perceive their involvement**

It is key to consult with the Protection Cluster and GBV sub-Cluster to determine their involvement in the PSEA structure. For instance, in Malawi, where the PSEA Network is seated directly under the Protection Cluster, they play an active oversight role. In other contexts, like North East Nigeria, Clusters wish to be perceived as separate from the PSEA mechanism, to reinforce that PSEA is a misconduct issue that involves all clusters/actors in a response and is not relegated to a “protection issue.”

### **19. Assistance by Peer 2 Peer to set up PSEA structures in country**

In Mali, the PSEA Network was established by the HCT with support of Peer 2 Peer. The Peer 2 Peer Support team, formerly known as the Senior Transformative Agenda Implementation Team (STAIT), has a unique role to support Humanitarian Coordinators and Humanitarian Country Teams to strengthen the delivery of collective humanitarian assistance and protection in field operations. In response, the Network was established co-lead by Save the Children and UNFPA. The HC also played a role, which helped in receiving funds for dedicated staff, awareness raising, etc. Once in 2 months the Network reports to the HC on activities.

## **20. Linking a CBCM to the broader PSEA agenda and action plan**

South Sudan first established a National PSEA Taskforce with clear TORs and a PSEA Work Plan. In total 18 locations across the country were identified for establishing an inter-agency CBCM. At each of the 18 sites there are focal points from at least one UN Agency present as well as field-level Task Forces to take the lead for establishing, activating and maintaining the CBCM. The activation of the 18 sites also became one key action in the 7-Point Leadership Action Plan on PSEA. That Action Plan was developed by the DSRSG/RC/HC together with the PSEA Taskforce Co-Chairs. The national Task Force TORs can be adapted for the Field-Level Task Forces and tailored to the local needs at the given site. The UNCT (which includes the UN mission) signed the CBCM SOPs in June 2017. Annexes to these SOP includes the Complaint Intake Form and Flow-management chart. The SOPs and its annexes are valid for both national and field level.

### *Senior Management*

## **21. Linkages to senior management**

It is critical that efforts to establish a CBCM should be carried out in close coordination with the acting RC/HC. In Iraq, the PSEA Coordinator had no direct link to the HC, rather reporting to the head of one agency. One of the solutions for this lack of direct contact is creative engagement with Clusters. PSEA was not included in the Humanitarian Response Plan, but through bilateral networking and group trainings with cluster coordinators and showing up regularly at their meetings, the Coordinator got PSEA mainstreamed into project proposals that access the pooled funds.

## **22. Information-sharing about incoming cases with senior leadership**

In Nigeria, an SEA allegation was referred to an agency's HQ, in line with that agency's internal SEA reporting procedures. As Nigeria did not have information sharing agreements allowing for anonymized SEA updates to be made to the CBCM, no one in Nigeria outside the concerned agency knew of the allegation referral. This reported case was shared with the Emergency Relief Coordinator who, as part of his HC oversight role, contacted the Nigeria RC/HC about the case. The RC/HC, having not heard about the case, could not provide a concrete response. As a result, out of discussions in the Nigeria PSEA Network, it was agreed that any agency that receives an SEA allegation should confidentially notify the office of the RC/HC either directly or through the PSEA Coordinator as the highest accountability for SEA in country lies with him. A status report (again confidential) on the case is then expected to update the RC/HC on progress. This, in addition to the quarterly reports from the PSEA Coordinator, keeps senior leadership abreast of sensitive developments.

### *Steering Committee*

## **23. No need to create a new Steering Committee if there is an existing equivalent high-level guidance and oversight body**

In North-East Nigeria, there is an Operational Humanitarian Country Team (OHCT) in addition to the HCT, which is made up of all heads of offices and already meets regularly. Rather than creating a new Steering Committee to oversee PSEA in country, PSEA was imbedded into the OHCT agenda.

In both Yemen and Chad, PSEA was already a regular agenda item for the HCT and creating a new high-level body was not deemed possible. To make the discussion of PSEA at the HCT meetings more meaningful and concrete, "oversight of implementing the CBCM action plan" was added to the HCT's agenda.

#### **24. Focal Points at different levels of the response**

Based on need due to scattered responses and high levels of staff, some countries – e.g. Iraq and Lebanon – have created two separate Focal Point TORs: PSEA Focal Points at the national level and CBCM Focal Points at the technical field level. In other contexts where the UN/INGOs cannot directly access the affected population, for instance in Yemen, North-West Syria, and parts of NE Nigeria, they have created a two-layered Focal Point system – hub and field – where the PSEA Focal Points are from the UN/INGOs, and the CBCM Focal Points are made up from national NGOs and implementing partners. Creating Focal Points at different levels of the response increases engagement with NGOs and allows Focal Points to focus on the activities relevant to their level of the response.

#### **25. Level of seniority of Focal points**

It is important to nominate Focal Points at the right level of seniority within their organization. Too junior and they cannot speak for their organization at meetings or have easy access to senior management. However, too high seniority can be a challenge, especially if all of the PSEA Focal Points in the Network are not similarly senior. In South Sudan, it was observed that when a Focal Point was too senior (e.g. deputy level), there was a lower attendance in the Network meetings because conflicting priorities consistently pulled them away. Where a response has the political will to have senior level Focal Points, naming more junior staff member as an additional or alternate Focal Point to attend coordination meetings can be a practical solution.

In Bangladesh, the Focal Points are senior level staff, i.e. heads of offices and heads of programmes, as it was perceived that they need to be able to initiate and promote institutional change in their respective organizations. It was important for them to get buy-in in this program through higher ranks of coordination. However, for meetings of the PSEA Network and other technical initiatives, organizations send their alternate technical level Focal Points.

#### **26. Focal Points – national staff**

In Mali, there was always a PSEA Focal Point as well as an alternate appointed for each agency, who consisted of a mix of international and national staff, a mix of more senior and less senior, different backgrounds (technical and more senior), as well as male and female. Ideally, the technical staff would be the alternate for everyday work, and the more senior staff member would be the formal Focal Point, for optics and representation.

In Somalia, it was helpful to consistently have one PSEA Focal Point from national staff. The national staff have a good understanding of the community, bring a different perspective to the Network discussions, and are important for institutional memory.

#### **27. Coordinating Focal Points at different levels**

Most organizations today have nominated at least one PSEA Focal Point at the country level. However, many responses face extensive spread throughout the country, with little coordination between the regions and the capital, meaning that Networks are starting to identify the need for Focal Points at both the national and sub-national level. This raised the question of how to coordinate these various Focal Points. In Malawi, the Network had national level PSEA focal persons, and created “district level focal persons” in 12 disaster affected districts. There were separate coordination and communication structures at both levels: national and district-specific work plans; monthly coordination meetings for

each with the PSEA Coordinator traveling to support the district meetings; sharing monthly reports between the districts and with the national Network, including a website to upload and share documentation; a WhatsApp group for each district joined by the Coordinator; and training opportunities shared with focal persons at all levels. All these intersecting activities were guided by a protocol on what information can be shared.

### **28. PSEA Network**

A strongly established PSEA Network cannot guarantee that an SEA scandal will never hit the country, but it can help ensure that the relevant in-country actors are prepared and well-informed if and when cases do hit the media. Strong Network TORs – like those in Cox’s Bazar, Bangladesh – that provide for open information sharing, a clear place within the humanitarian architecture including senior level oversight, and an articulated work plan can support a response toward an accountable PSEA program.

#### *PSEA Coordinator*

### **29. Dedicated PSEA Coordinator role**

Another way to make a CBCM more sustainable and accountable is to have dedicated personnel working on PSEA in country. There are currently full-time inter-agency PSEA Coordinators (or persons carrying out dedicated positions similar to the PSEA Coordinator role) in Bangladesh, DRC, Ethiopia, Iraq, Mozambique, Myanmar, Somalia, South Sudan, and Syria (Damascus and Cross-Border Response).

### **30. Support staff member for the PSEA Coordinator**

The Iraq Coordinator identified the good practice of having not just one but two dedicated staff working on inter-agency PSEA Coordination. There, the PSEA Coordinator spent more than half her time organizing and delivering trainings for NGO and UN workers, in the process building trust with staff. Requests for technical support as well as reports of SEA subsequently increased throughout the year. In the case of Iraq, it would have been even more beneficial to have another full-time staff, perhaps even for administrative support to organize meetings, trainings, etc. An additional dedicated PSEA support staff member also ensures continuity of activities when the other person is unavailable.

## Chapter 2: Scope of the CBCM

### **31. SEA or broader?**

In Iraq, there is a general accountability hotline in country, receiving complaints on SEA and other misconduct issues. The PSEA Network trained its staff to recognize SEA and where to send SEA complaints. In DRC, CBCMs were originally set up for SEA but people used the channels for a lot more issues, forcibly broadening the scope of the mechanism. One of the CDT roles now is to channel non-SEA complaints back to relevant actors.

### **32. Identifying SEA allegations within GBV case management**

In the Pilot CBCM in Ethiopia, it was very challenging to identify the SEA allegations within GBV case management, as it is not built to filter for SEA. As a result, the number of SEA allegations received significantly lowered in comparison to the year before, when there was a stand-alone mechanism for SEA allegations. This shows the importance of collaboration and information-sharing between GBV

and PSEA actors, as well as the importance of training of case workers in identifying SEA and referral mechanisms.

### Chapter 3: Safe and accessible channels for reporting SEA

#### ***33. Mapping existing safe reporting mechanisms***

The PSEA Network, with support from the PSEA Coordinator, should carry out a mapping of all PSEA systems in country, including all existing complaint mechanisms in country. It is essential to carry out a mapping of existing safe reporting mechanisms, as the safety of the affected population when reporting should be central. In Lebanon, the Network identified safe PSEA procedures and created a two-page resource from existing mechanisms, in order to not duplicate efforts and to meet the needs of the community.

#### ***34. Cultural sensitivities in reporting channels***

In Yemen, one agency has a hotline for SEA complaints. All staff who answered the calls were men, and if the caller was female, she often would not be willing to share a sensitive complaint with a male hotline operator. The agency realized the problem and recruited female staff to answer the hotline. Hotlines in general are good for general complaints, but for sensitive complaints, additional considerations must be taken into account, e.g. who will answer the phones, what hours the hotline is open, and what the follow up will be if someone calls off hours, addressing language barriers, etc.

#### ***35. Capacitating complaint channels: call center operators***

Call centers, or “hotlines” are increasingly common channels and are frequently used to receive and process sensitive complaints such as SEA. Experience demonstrates that call center operators must not only be trained in the recognition, receipt, and referral of SEA complaints, but operators must also be trained in general principles of handling sensitive complaints and speaking with complainants. In Liberia, call agents were trained on Psychological First Aid, and on referring cases to the six counsellors working at the call center for Psychosocial Support.

#### ***36. Creating a generic address for PSEA Complaints***

Creating a generic email address overseen by the PSEA Coordinator or other dedicated staff, for example “psea\_[country]@un.org,” can support the sustainability of PSEA efforts in country and the accessibility of the CBCM. The email address will allow for continuity despite personnel turnover, as long as there is consistent handover. As seen in Iraq, a generic email address can be included on a number of awareness raising materials, including posters, pocket cards, etc. that don’t need to be changed when the PSEA Coordinator leaves the country. Furthermore, this channel also encourages that complaints are raised through the PSEA Coordinator, who can then have a better sense of SEA incident trends in-country.

#### ***37. Health facilities as an entry point to receive allegations***

The PSEA Network in Central African Republic has identified Health Facilities as an entry point to receive allegations of SEA. The majority of cases are reported to health facilities, so other tools (hotlines etc.) are used, but people testify when they have access to health care – this is a carrot that can help to identify SEA cases. Formally integrating the health structures as channels of the CBCM makes it possible to detect the cases not reported or shared by victims through other channels.



### **38. Shared reporting channels**

In South Sudan, the PSEA Task Force has their own hotline and email regarding SEA allegations and receiving questions on how to report on SGBV (mostly from staff). The email is managed by the Task Force co-chairs and referring the case to the agency concerned. The hotlines have a shared system, as they are shared by several organizations, but the numbers coming in are compiled. The cases coming in through the hotline are still supposed to be reported through the task force, anonymized for information sharing.

## Chapter 4: Intake and review of complaints

### **39. Anonymizing Complaint Intake Records**

In line with the principles of confidentiality, safety and security, and minimizing psychosocial risks to complainants, the SOPs for the Southern Ethiopia CBCM include coding the intake information by date and location – e.g. Case 04062018/05.

### **40. Maintaining Complaint Confidentiality**

Sudan uses a Misconduct Tracking System (MTS) for handling sensitive complaints. Limited access is given to this central database managed by the CDU/DFS. Instead of emails or faxes, very confidential documents are uploaded onto this system to maintain “need to know” access. When the case is referred to OIOS for investigation, the system’s template contains a box to be checked indicating a strong need for confidentiality. Additionally, the subject line of all correspondence dealing with SEA does not contain names of perpetrators.

### **41. Linking with other actors to avoid the duplication of complaint handling**

In Iraq, the same SEA allegation was raised to both the PSEA Network and the GBV sub-Cluster. Their systems were so confidential, both groups were working on the same complaint at the same time without realizing it. They both expended resources that could have been saved by linking their systems. Upon realizing this duplication, the GBV sub-cluster and PSEA Network increased their efforts to consult and map each other’s efforts, to avoid future duplication of complaint handling.

## Chapter 5: Referring SEA allegations for investigation and follow up

### **42. Clear role of the PSEA Coordinator in complaint handling**

The Somalia PSEA Guidance Note stipulates that the PSEA Coordinator is responsible for referring cases to the concerned agency via an email to the Representative or Executive Director, with a copy to the designated PSEA Focal Point within 24 hours. All allegation and complaints concerning any member organization of the HCT 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 keep the PSEA Coordinator informed for accountability and follow-up purposes.

### **43. Complaint referral structure should be clear**

In the Philippines, an NGO had a well-functioning complaints mechanism receiving regular complaints. However, from the moment an inter-agency CBCM was introduced, the NGO was no longer receiving complaints. Following an evaluation, it was found that this was due to lack of knowledge of the PSEA Coordinator as to where to refer SEA complaints. All participants of the CBCM – especially the PSEA

Coordinator – must know how to refer SEA allegations to the agency concerned. The referral pathways for all organizations operating in the response must be clear in the CBCM SOPs.

#### ***44. Avoiding SEA disclosure during referral***

While hiring a dedicated specialist to focus exclusively on PSEA and take on the function of allegation referral (i.e. “PSEA Coordinator”) is a demonstrated good practice, the Iraq Coordinator found one potential complication: All actors on site will know that if the Coordinator is reaching out with questions about an incident, she must be asking about possible SEA. This linkage between the actor and the subject matter could potentially expose sensitive complaint details when the Coordinator is just in the process of learning enough to make the referral (as many cases will be reported without sufficient information to refer). The Iraq Coordinator developed a system of having trusted allies (ex. Camp management, GBV specialists, etc.), through which she could discreetly and anonymously make inquiries to double-check information to perform her complaint referral function. Ideally, PSEA Network Focal Points can also be used to gather such information. For example, for a report about SEA committed during a food distribution, she would ask the WFP Focal Point to discreetly gather more information about who held a distribution on the date in question. By making inquiries through trusted colleagues, the Coordinator de-linked the inquiry from the issue and avoided unnecessary disclosures.

#### ***45. Diagram of complaint referral pathways***

The CAR PSEA Network has developed a visual diagram of their complaint referral pathways, presenting the different pathways and how to proceed if the alleged offender is Mission staff, from the international forces (non-UN), or a humanitarian actor. Because there are different mechanisms for each, the diagram is presented as a poster visualizing all the different steps so that actors in the field are clear on what should be done under different scenarios. This means that staff do not have to search for information before they refer; they can look at the diagram and know where to refer/contact that person directly.

#### ***46. Referral system without formal SOPs***

While Mali does not yet have formal SOPs on inter-agency complaint referral, the Network members have agreed amongst all the Focal Points on how to refer cases from UN agencies and NGOs. The Core Team then organised a workshop with the Focal Points at regional and central levels; the outcome was unanimous acceptance of the referral structure.

#### ***47. Coordination with different referral systems***

In Southern Ethiopia, a representative of the CBCM is a standing member of the GBV Case Management Committee (CMC), where the CBCM representative documents the SEA case and refers it to the committee for GBV handling. The CMC in turn refers relevant cases to the Mobile Courts/ Sharia Courts, which arrest, investigate, prosecute and sentence criminal SEA cases. This system of linkages between the CBCM and the national / local justice system allows follow up on cases even when the accountability of the CBCM is limited.

## Chapter 6: Ensuring a sustainable mechanism

### **48. Securing funding**

In DRC, it has been difficult to secure funding for PSEA. To address this, the HCT included PSEA as one of the benchmarks to be achieved by the L3 activation. CERF funded a PSEA project within the “innovative” allocation they launched to support L3 benchmarks, focused on inter-agency mechanisms. The DRC Humanitarian Fund launched a specific allocation to support strategic HCT priorities in DRC, including AAP and PSEA. These projects are now being finalized and their implementation will allow to ensure sustainability of inter-agency activities put in place so far, including by the CERF project.

### **49. Institutionalizing the CBCM**

In Malawi the CBCM is housed under the Protection Cluster. As the emergency context has lessened, Malawi will soon change from a “humanitarian setting” to a “development setting.” The PSEA Network there is now working on ways to institutionalize the CBCM – including increased engagement with development actors and the government – to ensure that the changing context does not result in a disruption of CBCM activities.

## BPG Section C: PSEA Awareness Raising

### Chapter 1: Humanitarian Staff: Training and Capacity building

#### **50. Staff inductions**

In Bangladesh at the 2017 emergency onset, many incoming surge staff were very junior and on short-term contracts, making a challenge for Human Resources Departments to give induction trainings to the huge numbers of untrained staff arriving, plus large numbers of daily laborers and volunteers. HR needed to have clear instruction in how to deliver the CoC/PSEA content in inductions. The PSEA Network, supported by the PSEA Coordinator, worked up a two-pager with accompanying slides to walk HR through PSEA inductions for each type of staff, worked into the induction practices that they already had in place.

#### **51. Tracking staff trainings**

The Resident Coordinator Office in DRC is making sure that all staff are trained in PSEA by putting it in the HCT Compact. The office tracks the number of people who are trained and by whom.

In Mali, once the Network was established and a Work Plan was drafted, it indicated the need for PSEA training of all staff. The Network developed a tracker for the Coordinator to see the list of people who were trained, separated by inductions and trainings. Attendance lists are collected for proof of numbers trained.

#### **52. Training of Trainers for Sector Coordinators**

In Iraq, the PSEA Coordinator carried out a Training of Trainers for Sector Coordinators, intending to filter PSEA trainings throughout the sectors. After this training, many more SEA cases were reported.

### **53. Raising the Profile of the PSEA Network via [www.humanitarianresponse.info](http://www.humanitarianresponse.info)**

Among others, the PSEA Networks of Cox's Bazar and Mozambique use the [www.humanitarianresponse.info](http://www.humanitarianresponse.info) as a PSEA database. The advantages are that it is a website that humanitarian workers are already using, and that it can store relevant materials (e.g. "Key Docs", "Latest Docs" etc.). It provides a space for "upcoming events," which allows the PSEA Network to share information about upcoming and past meetings. It also has the possibility to provide automatic links to Contacts, which can increase visibility of PSEA Coordinators and co-chairs and make them easy to reach.

### **54. Visual materials**

In 2019, Chad created visual materials to raise awareness on SEA and sexual harassment in the workplace (accessible [here](#)). The laminated documents were placed in the seat pockets of the UN HAS flights in Chad, the idea being to make use of captive passenger's available time to sensitise them on SEA and sexual harassment issues, while also ensuring that the contact details of the national complaints cell was made accessible to the humanitarian community.

## Chapter 2: Affected communities

### **55. Community preference for awareness raising**

In Ethiopia, during early consultations, the community expressed a preference for hearing messages delivered by members of the community, more than from aid workers. PSEA Focal Points responded by training interested community volunteers in PSEA/CBCM awareness raising and supported them to conduct events in their own community.

### **56. Handling cultural sensitivities in awareness raising**

The PSEA Network in Yemen creates awareness raising materials for the community without using the words "sexual" and "gender-based violence" as these are taboos in Yemen cultural context. The CBCM works remotely with the community-based structures to create awareness in culturally sensitive manner – using "PEA" for the community and PSEA for staff messaging.

### **57. Common Awareness Raising campaigns**

Both the Bangladesh and Yemen PSEA Networks have jointly created posters targeted to staff, encouraging staff to report SEA. The images and messaging were jointly designed by the Focal Points, and a space on the poster is left blank so each organization can fill in the contact details of their PSEA Focal Point / CFM to receive complaints. Common messaging minimizes efforts for the Network member agencies while creating a coherent message, and the blank "contact" slot allows agencies to tailor the awareness materials for efficient reporting.

## BPG Section E: Monitoring and evaluation of the CBCM

### Chapter 1. Monitoring and evaluation with programme adjustment

#### **58. Information sharing with the PSEA Coordinator**

The PSEA Guidance Note, including the information-sharing protocol of Somalia, has endorsed sharing anonymized information on cases. The Note stipulates that the PSEA Coordinator is to receive

anonymized information about all complaints and investigations, in order to report back on trends on SEA on the country level. This was found necessary in order to assess whether the system is healthy, and how it should improve.

#### **59. PSEA Newsletter including case status**

In Iraq, there was a quarterly newsletter with a summary of the anonymized cases and actions taken by the PSEA Coordinator, including the number of cases, types of cases, and from what type of organisation. The newsletter stated the percentage of the cases that underwent an investigation, and the percentage of cases that were unknown to be investigated to the PSEA Coordinator. The percentage of unknown cases were to encourage follow up of organizations on their complaint handling.

#### **60. Information sharing by GBV-IMS**

The Gender-Based Violence Information Management System (GBV-IMS) is a data gathering and analysis tool whose results *can* be used to inform on SEA under strict oversight of the GBV-IMS Task Force (see FAQs on inter-agency PSEA #44). In Mali, the PSEA Coordinator was double hatting as the GBV sub-cluster coordinator. Because of her relationship with the GBV cluster, it was possible to establish confidential information-sharing protocols between the GBV-IMS and the PSEA Network. This however required the PSEA Coordinator to work intensively with GBV case managers and help them to distinguish between GBV and SEA cases within the database, by analysing the context of the case and the perpetrators.

#### **61. Information sharing and capturing SEA data**

In South Sudan, the SOPs signed by the UNCT allowed for complaint reporting directly to the PSEA Task Force Co-Chairs. However, most allegations bypassed the Task Force as they were directly reported from staff to their agency's investigation unit following their internal complaint handling procedures. This contributed to the low numbers of known SEA cases in South Sudan. Therefore, the PSEA Task Force Co-Chairs introduced a new agenda item in January 2018 for the monthly Task Force meetings: Updates by each agency on *anonymized SEA allegations* and PSEA initiatives. Here each Focal Point – from the UNCT, UN Mission, and NGO Forum – confirms if new SEA allegations have occurred within their organization, allowing the Task Force to be aware of complaints that have arisen in South Sudan while staff can report however is easiest for them. This measure has already increased the logging of SEA cases. Furthermore, agencies with such cases are encouraged to submit basic update information about the case to the Co-Chairs, if known. That basic info can help to prevent duplication of reported cases. A case management tool in the form of an Excel sheet is utilized and was also added as an Annex to the South Sudan SOPs. Having all these actors involved, and their obligation to report anonymized SEA allegations to the PSEA Task Force, promotes a good overview of SEA prevalence in country.

#### **62. Information-sharing and building trust**

Sharing anonymized information on SEA allegations with some individual or body – ideally the PSEA Coordinator or Network – is a highly recommended practice to be able to identify trends in SEA and improve programming. However, sharing information about SEA allegations, given organizations have no explicit obligation to do so, remains a very difficult issue in some contexts. In this regard, the PSEA Coordinator in Iraq stresses the need to build relationships and trust with organizations on the ground. If the PSEA Coordinator is contracted by one organization, other organizations might have the impression that she was sharing information with this one agency. The Iraq Coordinator made great

effort to clarify with organizations what information she would share and would not share and the uses she would make of the SEA data. It is important for the PSEA Coordinator to stress that it is an independent role, and that s/he is bound to strict confidentiality with regards to SEA information.

### ***63. Risk assessment and program adjustment***

The experience of CAR MINUSCA demonstrates adjustment based on risk assessment and collaboration between UN actors and military. During high level monthly meetings with the authorities, MINUSCA would give updates on PSEA trends and risks. One of the risks was that military structures were located too close to the affected population and the local population did not have a separate entrance door. Therefore, there was an increased risk for children that were using this door to enter the military camps. The solution to mitigate risk was to install big gates to the military structure and move the camps to limit access by the vulnerable population.

### ***64. Multi-sectors risk assessment informing PSEA***

In Bangladesh, the Gender in Humanitarian Action Working Group Advisor engaged the GBV Coordinator, a Child Protection specialist, the PSEA Coordinator, and field coordinators in a multi-sector assessment of the overall risks in Cox's Bazar operations. The assessment used a combination of field observation, key informant interviews, and desk review of Protection assessments to create a guidance document for sectors in the response, outlining observed risks and specific actions each sector could take to reduce said risks. The PSEA Coordinator was able to use this guidance to work with specific sectors to mitigate SEA risks, implementing this guidance.