

R4V Protection Against
Sexual Exploitation and Abuse (PSEA)

Mapping Report

October 2020



Plataforma de Coordinación
Interagencial para Refugiados
y Migrantes de Venezuela

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GLOSSARY OF KEY TERMS

Code of conduct: A set of standards for behaviour that staff of an organization are obliged to adhere to.

Community Based Complaints Mechanism (CBCM): is a Complaints Mechanism system blending both formal and informal community structures, built on engagement with the community where individuals are able and encouraged to safely report grievances – including SEA incidents – and those reports are referred to the appropriate entities for follow-up¹.

Community Feedback Mechanisms (CFM): is a system which can be linked or separate to CBCM, which seeks open feedback from the community on service and assistance provided with the main aim of improving the quality of such services provided.

Gender Based Violence (GBV): is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed differences between males and females (i.e. gender). It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty².

R4V: is the response developed by the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela – Response for Venezuelans (R4V) which brings together over 150 organizations from across the region, who, jointly with donor entities, provide a coherent and coordinated analysis, strategic planning and response in the areas of emergency assistance, protection, and socio-economic and cultural integration of refugees and migrants from Venezuela and host communities in 17 Latin American and Caribbean host countries.

Sexual Exploitation and Abuse (SEA)³: Particular forms of GBV that have been reported in humanitarian contexts, specifically alleged against humanitarian workers.

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

Sexual Exploitation: means 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.

Survivor: a person who has SEA perpetrated against him/her or an attempt to perpetrate SEA against him/her. For the purposes of this report, a Complainant who reports SEA committed against him/herself is treated as a Survivor for the purposes of security and needs assessments (i.e. assistance is not dependent on the proof of a Complainant's allegation)⁴.

¹ Inter-Agency Standing Committee, (IASC), Inter-Agency Community-Based Complaints Mechanisms: Protection Against Sexual Exploitation and Abuse, April 2016

² Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action– Reducing Risk, Promoting Resilience and Aiding Recovery, 2015

³ UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13)

⁴ Inter-Agency Standing Committee, Inter-Agency Community-Based Complaints Mechanisms: Protection Against Sexual Exploitation and Abuse, April 2016

ACRONYMS

- AAP:** Accountability to Affected Persons
- CBCM:** Community-Based Complaints Mechanisms
- CFM:** Community Feedback Mechanisms
- CoC:** Code of Conduct
- CP:** Child Protection
- CwC:** Communication with Communities
- FGD:** Focus Group Discussion
- GBV:** Gender Based Violence
- GIFMM:** Interagency Group on Mixed Migration Flows (Colombia)
- GTRM:** Refugees and Migrants Working Group
- HAI:** Heartland Alliance International
- INGO:** International Non-Governmental Organization
- IASC:** Inter-Agency Steering Committee
- IP:** Implementing Partner
- KII:** Key Informant Interview
- MOS:** Minimum Operating Standards
- NNGO:** National Non-Governmental Organization
- PSEA:** Protection against Sexual Exploitation and Abuse
- PWG:** Protection Working Group
- R4V:** Response for Venezuelans
- RMRP:** Refugee and Migrant Response Plan
- RSSN:** Regional Support Space Network
- SEA:** Sexual Exploitation and Abuse
- SOP:** Standard Operating Procedure
- UNCT:** United Nations Country Team
- WVI:** World Vision International

INTRODUCTION

Protection against Sexual Exploitation and Abuse (PSEA) has become an issue at the forefront of the global humanitarian community’s agenda. Since 2002, with the adoption of the IASC Six Principles on PSEA⁵, a number of actions have been taken both at the global and field level to protect affected populations against sexual exploitation and abuse. Sexual exploitation and abuse (SEA) is a form of gender-based violence (GBV) committed by humanitarian actors, including development and peacebuilding actors. These actors include all persons with a contractual relationship with organizations working in the humanitarian and/or development sector, including UN, International and National NGO staff, implementing partners, volunteers, and contractors, including those working in the context of the refugees and migrants response. It is important to keep the distinction between two different forms of misconduct clear. While sexual harassment occurs between personnel/staff and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature, SEA occurs against a member of the affected population.

As of January 2021, there were an estimated 5.4 million refugees and migrants from Venezuela, who had left their country as a result of the political and socio-economic turmoil. Given the large number of arrivals, largely into Venezuela’s neighbouring countries, national capacities have been overburdened and unable to adequately meet the needs of the roughly 4.6 million refugees and migrants who have settled in countries of Latin America and the Caribbean.

The Inter-agency Coordination Platform for Refugees and Migrants from Venezuela – Response for Venezuelans (R4V)⁶ brings together more than 150 organizations from across the region, who, complementing Governments in the region and working jointly with donors, seek to provide a coherent and coordinated analysis, strategic planning and response in the areas of emergency assistance, protection, and socio-economic and cultural integration of refugees

and migrants from Venezuela in 17 Latin American and Caribbean host countries.

When personnel of R4V partner organizations commit acts of sexual exploitation and abuse (SEA) against the affected population who look for protection and assistance, it causes severe harm for the survivor. Acts of SEA directly impact the basic human rights, dignity and safety of the populations served by humanitarian actors. These acts can cause harm, stigma, fear, and shame for survivors, which can prevent them from seeking support. There are a number of different consequences for survivors of SEA but a few of the impacts may include: impact on mental health (e.g. fear, isolation, depression), physical impacts (e.g. unwanted pregnancy, sexually transmitted diseases, injuries), cultural and social impacts (e.g. being marginalized within the community) and economic impact (e.g. reduced access to safe income generation actions).

Furthermore, when personnel of R4V member organizations commit acts of SEA the values and principles of humanitarians are betrayed, and the trust and the credibility of the entire system is undermined. SEA is a serious human rights violation, as it is one of the most basic failures of accountability to the people whom the humanitarian system is supposed to protect. The R4V Platform links Accountability to Affected Populations (AAP) and PSEA actions as this nexus leads to improvement of understanding and reduction of SEA risks, SEA survivor access to complaints mechanisms, awareness of PSEA principle among the affected population, and that affected people inform how survivor support services are provided⁷. It is thus critical for humanitarian leaders to be at the forefront of the protection and response to SEA. Ensuring a systematic and cohesive response to SEA in emergency operations requires strong coordination between humanitarian actors. It is vital that R4V partner organizations remain accountable to the affected population, including refugees and migrants from Venezuela as well as host community members.

5 Inter-Agency Standing Committee, Six Core Principles Relating to Sexual Exploitation and Abuse, 2019 <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse>

6 For more information on the R4V response please see: <https://r4v.info/en/situations/platform>

7 IASC, Diagram: Results of Collaboration/Linkages between AAP and PSEA, 21 August 2019, <https://interagencystandingcommittee.org/iasc-task-team-accountability-affected-populations-and-protection-sexual-exploitation-and-abuse-2>

The R4V inter-agency response is supporting efforts towards collective PSEA commitments within the framework of the RMRP (Refugee and Migrant Response Plan). The R4V PSEA Mapping is an inter-agency initiative which was initially agreed within the Regional R4V Inter-Sector Coordination Group (ISCG) and has been conducted to identify existing initiatives within the different national and sub-regional R4V Platforms as one of the first steps in the process of strengthening PSEA throughout the region.

The key objective of the R4V PSEA Mapping was to conduct a stocktaking exercise of PSEA initiatives within national and sub-regional Platforms to provide a first step for regional PSEA strengthening as a joint effort between R4V Platform partners, as accountability towards PSEA standards is also a collective effort. The mapping aimed to analyse and draw on conclusions on existing activities and programs addressing PSEA, as well as identifying needs and gaps within the framework of the R4V partner organizations. The mapping

was guided by the Inter-Agency Steering Committee's (IASC) PSEA Minimum Operating Standards (MOS)⁸ based on the IASC Six Core Principles Relating to Sexual Exploitation and Abuse⁹. The MOS lays out four pillars which frame the main requirements of effective PSEA systems (1) Management and coordination, 2) Engagement with and support of local community population, 3) Prevention, 4) Response)) which have been employed as the core areas of analysis for the present R4V PSEA mapping.

Although PSEA is a core element of protection strategies implemented by humanitarian actors, it is worth remembering that PSEA is a cross-cutting issue. Working to prevent and address SEA is a collective responsibility for all humanitarian actors, which means that actors in all sectors of the R4V are expected to incorporate PSEA commitments in their programming and work. Mainstreaming of PSEA must therefore be a priority for all sectors, subsectors, working groups and platforms of the R4V interagency response.

METHODOLOGY

Data Collection Methods.

The R4V PSEA Mapping exercise undertook a mixed methods approach (qualitative and quantitative) to ensure that as much comprehensive information as possible on the types of PSEA practices that are being carried out was collected, including available resources and gaps or challenges experienced- both at inter agency and internal organisational level.

Key Informant Interview (KII) Tool.

A Key Informant Interview (KII) tool was designed based on the IASC PSEA Minimum Operating Standards and Indicators; the template covered the 4 pillars of PSEA- a common set of requirements that all agencies and organisations are expected to follow. The four pillars of the current PSEA framework are as follows:

- 1. Management and coordination:** Effective policy development and implementation; Cooperative arrangements; Dedicated department / focal point committed to PSEA
- 2. Engagement with and support of local community population:** Effective and comprehensive

communication from HQ to the field on (a) what to do regarding raising beneficiary awareness on PSEA and (b) how to establish effective community-based complaints mechanisms.

- 3. Prevention:** Effective and comprehensive mechanisms to ensure awareness-raising on SEA amongst personnel; effective recruitment and performance management.
- 4. Response:** Internal complaints and investigation procedures are in place, as well as survivor assistance procedures.

The KII tool was designed to meet the needs for collection

⁸ IASC, Minimum Operating Standards: Protection from Sexual Exploitation and Abuse by Own Personnel, 2012. <https://interagencystandingcommittee.org/iasc-task-team-accountability-affected-populations-and-protection-sexual-exploitation-and-abuse-4>
⁹ IASC, Six Core Principles Relating to Sexual Exploitation and Abuse, 2019 <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse>

of both quantitative and qualitative data in a simultaneous manner during the interview; this enabled the collection of data on specific indicators for quantitative analysis as well as to consolidate and analyse expressed gaps and challenges for example for qualitative analysis.

Quantitative methods.

For the quantitative data collection, a series of multiple-choice questions were subsequently highlighted or underlined the response the participant gave (e.g. Yes, No, Other). The ten questions for the quantitative questions were selected from the different indicator questions in the KII, they were selected once an initial sample of approximately ten KII had been conducted as to select only data points for quantitative analysis that respondents were able to provide a response to and provided a range of results (to seek to avoid having all the same result to a quantitative question as this would not require in-depth quantitative analysis). The template of the data table used of the quantitative analysis can be found in the annex.

As previously mentioned, the questions for the quantitative analysis derived from IASC PSEA MOS document and each pillar (4 in total) was assigned quantitative questions; this information was then transferred to a Data Collection Excel tool where data was manually entered responses

into the spreadsheet using the Traffic Light System but also included other response options such as 'In progress' or 'Unmet' so as to maximize the information that could be obtained regarding the indicators.

Qualitative methods.

For the qualitative questions, a KII tool was used which enabled a semi-structured approach to the interviews so that there was room for discussion and reflection which could then be manually typed during conversation and included as interview notes the KII Tool.

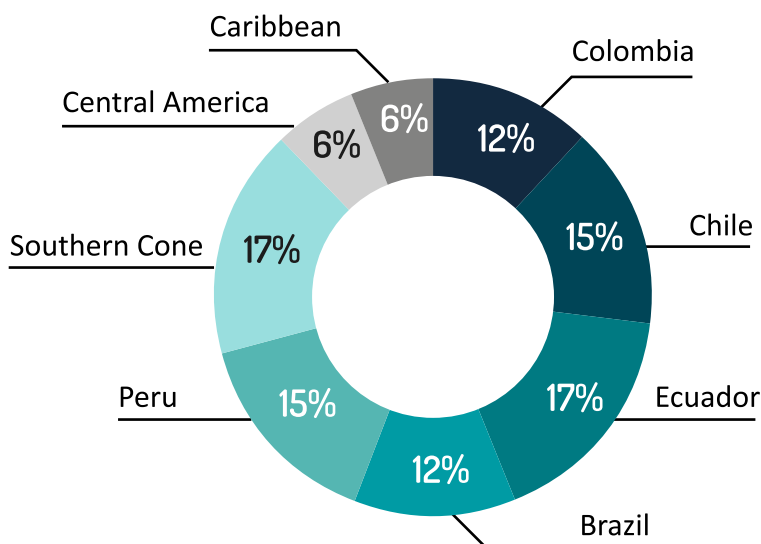
As previously mentioned, the questions for the qualitative analysis derived from IASC PSEA MOS document and each pillar (4 in total) was assigned qualitative questions; this information was then transferred to a Qualitative Data Analysis tool where responses were manually entered into the spreadsheet and subsequently grouped any similar topics/themes/issues raised by participants.

Participants Overview.

The data below indicates the general profile of the R4V PSEA Mapping participants, more detailed information can be found on the participants in annex.

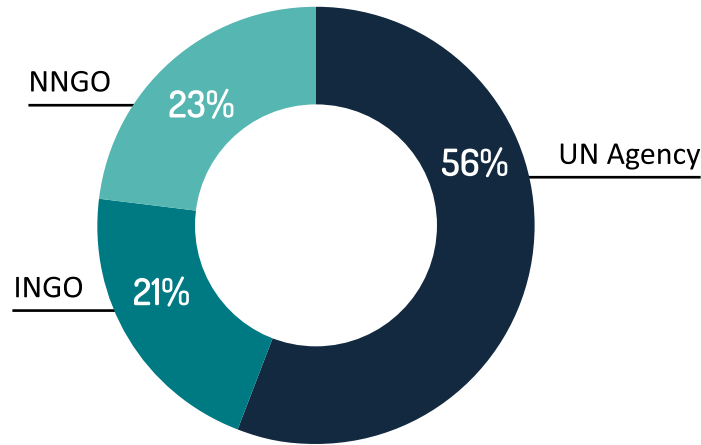
R4V Protection Against Sexual Exploitation and Abuse (PSEA) - Mapping Report, October 2020

Country/Sub-Region of R4V PSEA MAPPING Participants



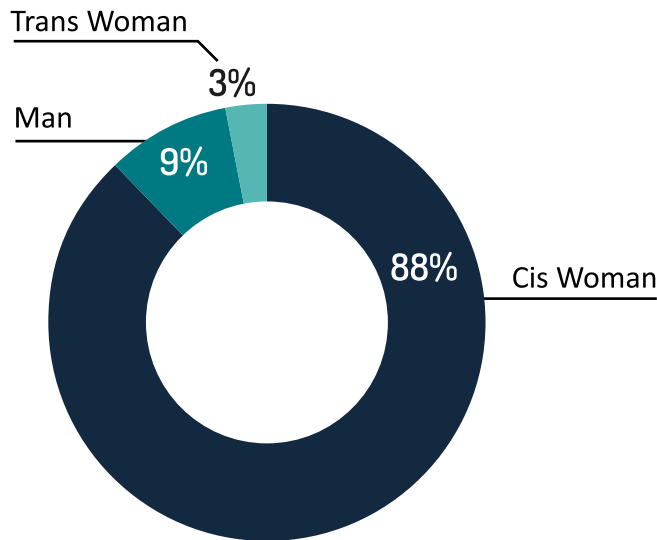
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Type of Actor of R4V PSEA Mapping Participants



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Gender of R4V PSEA MAPPING PARTICIPANTS



Participant selection.

Participants for this exercise were chosen primarily using a snowball sampling technique. A list of relevant contacts was initially given (UN staff with a degree of PSEA responsibility) across 4 sub-regions of the R4V Platform: priority countries were identified due to higher presence of Venezuelan refugee and migrant populations (Peru, Colombia, Ecuador, Chile and Brazil), other locations reached out to were the Southern Cone (Argentina, Uruguay, Par-

aguay and Bolivia), Central America and Mexico (Costa Rica, Panama and Mexico) and the Caribbean (Trinidad & Tobago, Curaçao, Guyana, Aruba and the Dominican Republic). Once UN personnel had been interviewed, the participants would then be asked at the end of each KII for an indication of which organisations (international and national/local) would be particularly relevant to contact either in the region or in the country in which the participant was based. It was requested that the recommenda-

tions for other partners to contact were all R4V Platform partners. Interviews were one hour long and took place virtually via Skype and Teams platforms. The initial sample size was large and response time varied greatly - in total 34 participants took part in the KII.

Consent was requested verbally before start of every interview and is captured in the question relating to consent in the KII tool for each interview, the interviews were not recorded due to connectivity and online platform issues. While the first draft of this report was being produced, the KII participants were consulted to validate the responses that were received during the interviews.

Methodology Challenges and Successes.

The methodological approach employed for the purposes of the R4V PSEA Mapping presented valued learning in terms of its challenges and successes.

Challenges.

- The short time frame vs scope of mapping delayed responses
- Snowballing technique as an entry point was challenging as access to the relevant R4V Platform partners required the involvement of those at higher levels of the coordination, creating a form of ‘filter down’ effect
- Reached national NGOs last
- Field level participation
- Protection sector focus

The limited timeframe to conduct this PSEA mapping exercise vs its scope meant that only a certain number of participants could be interviewed as was feasible in the timeframe and the engagement of participants relied on contacts being provided at each stage and further interview requests sent on a rolling basis, these took time to receive responses and then schedule the interviews. A further barrier related to this was the remote nature of the consultations. Delayed responses were common and on a few occasions the interviewers sent reminders to participants to seek to try and expediate the process of scheduling the interviews, the impact of this was exacerbated whereby the delayed responses were from initial snowballing contacts on which the mapping process relied upon to receive further contacts for interviews.

In addition, the snowball sampling technique also acted as the ‘entry point’ in gaining contact information regarding international and/or national actors which,

in turn, contributed to a certain degree of gate keeping which to an extent prevented the equal participation of all the relevant R4V Platform partners as access to some (mainly NGOs) relied upon the response of others (mainly UN agencies). Furthermore, as NGOs were contacted towards the end of the allotted time for conducting interviews, to the R4V PSEA Mapping engaged fewer national organisations than UN agencies, therefore leading to less field level participation which is crucial given that the risks of SEA and need for improve capacity is often, but not exclusively, related to more frontline field locations and those with more direct contact with the affected population. This is an important lesson learnt and to mitigate this in further R4V national Platforms could be engaged prior to the start of the mapping, providing them with terms of reference (ToR) and timeframes of the mapping, and requesting them to provide the participant’s contacts for each country, potentially with clearer participants criteria (amount, inclusion of international and national NGOs, inclusion of different sectors, inclusion of participants in different field locations, age, gender and diversity inclusion, etc.).

Lastly, a final challenge was a disproportionate focus on the Protection sector as, not surprisingly, participants acting as PSEA Focal Points predominately worked in Protection which led to discussions with a greater focus on this sector. However, as PSEA is a cross cutting issue for all sectors and the responsibility of all sectors to take appropriate action in line with standards, it would have been beneficial to engage more diverse sectors in the exercise to also understand their activities, good practices and needs as any recommendations and response developed from the mapping will also need to related to and include them.

Successes.

- There was positive participation from all, in general the participants expressed that they were happy to have a space to discuss this issue
- KII questions were well understood
- Inclusion of a diverse range of actors
- Strong protection and PSEA knowledge among participants

Participants all expressed gratitude and showed active engagement when taking part in the interviews. Many stated that they believed PSEA to be a critical and urgent issue therefore during interviews many stated that they were glad to take part which made conversations during the KIIs more in depth and fruitful. Although there was a certain dynamic of gatekeeping access to NGO participants mainly, there was also a level of support from the UN agencies/sector coordinators

for the inclusion and engagement of international and national NGOs as some helped to provide contacts and inform the partners of the mapping process to enable full participation.

Additionally, the R4V PSEA Mapping found that the KII questions that had been designed were generally well understood which also allowed the mapping to note the strong protection and PSEA technical knowledge among the participants; many offered profound insights and reflections on PSEA, gender, power dynamics and social norms. Although in certain interviews and areas there was some confusion around the difference between GBV and SEA related activities, mainly in relation to awareness raising and survivor referral pathways, in general participants understood fully the PSEA terminology, the questions and how they were relevant to a regional R4V PSEA mapping exercise.

Finally, a success was the range of organisations that took part - the participants organization’s mandates and missions provided age, gender and diversity inclusion- and also included faith-based organizations and NNGO/ INGO level.

Focus Group Discussions (FGD)

As a result of having a dedicated PSEA capacity in Colombia the country has made significant progress with regards to PSEA implementation at an inter-agency level. For this reason, it was decided to hold two FGD’s in Colombia – one with the PSEA Task Force¹⁰ and another with the PSEA Network comprised of PSEA Focal Points from the UN, INGO/NNGOs¹¹. The following section of the FGD tool refers to only to the

exercise conducted in Colombia, while the following sections summarize the finding of the exercise in all countries.

FGD Tool

Methodology

All participants from the PSEA Task Force and the PSEA Network in Colombia were invited by the PSEA Coordinator. Not every agency and organisation was able to attend but there were sufficient numbers for both groups (Task Force, 6 participants, and Network, 7 participants.)

FGD’s both took place on the online platform Teams and lasted 1.5 hours each.

Qualitative methods.

For the Qualitative questions, two different FGD Tools were devised (one for the Task Force and one for the Network) based on some of the answers and reflections that had already been received from the KIIs. Only 4 questions were designed for each group so that there was enough room for discussion and reflection which could then be manually typed during the conversation and included within the box provided within the FGD Tool.

An example of both FGD tools is demonstrated below:

FGD Task Force Tool:

1. MANAGEMENT AND COORDINATION
-What do you think is the main role / role of inter-institutional coordination in PSEA and to what extent are these roles working in your context?

2. COMMITMENT AND SUPPORT TO LOCAL COMMUNITIES
-What are the challenges, opportunities, and good practices for engaging with the affected community for PSEA?

3. PREVENTION
What are the needs for more in-depth / specialized training on PSEA?

4. RESPONSE
What have been the main achievements in terms of developing and strengthening the handling / management of SEA complaints within agencies and organizations and how can it be further developed?

10 The PSEA Task Force is comprised of GIFMM, IOM, UN Mission, UN Women, UNDP, UNDSS, UNFPA, UNHCR, UNICEF, UNODC, and WFP.

11 PSEA capacity in Colombia relies on one inter-agency structure: the PSEA Task Force. The PSEA Task Force has a dedicated PSEA Interagency Coordinator, whose contract is financed by WFP, UNICEF and IOM. The PSEA task force has rotating UN agency co-chairs to ensure technical leadership for PSEA inter-agency coordination. PSEA is coordinated across the UNCT, Humanitarian Country Team (HCT) and the national R4V platform known as GIFMM architectures. The PSEA task force promotes a PSEA Network, that integrates INGOs, NNGOs and UN Agencies.

PSEA Network FGD Tool:

1. MANAGEMENT AND COORDINATION

-How are PSEA-related issues and activities currently coordinated between different organizations in your context, and how could this coordination with respect to PSEA be strengthened?

2. COMMITMENT AND SUPPORT TO LOCAL COMMUNITIES

-How are services for survivors mapped? What services are available? How do they get to know this information? How does the staff / community come to know this? How is this information shared with them?

3. ONGOING CHALLENGES AND CHALLENGES

-What would you say is the biggest challenge for the organization in your context in implementing effective and quality PSEA activities? (examples of activities if you need: awareness within the community, staff training etc.)

4. CAPACITY AND SUPPORT NEEDS

-Can you please mention what PSEA capacity building is like in your organizations, especially for front line staff (field staff) working in the field? (e.g.: have your training and awareness for staff, there is a team, focal points in the field, dual role, etc.)

OVERVIEW OF FINDINGS

“If we do not receive reports of sexual exploitation and abuse, it is because we are not doing enough.” (R4V PSEA Mapping Key Information Interview respondent)

The R4V PSEA mapping identified a range of good practices relating to the different PSEA MOS pillars and indicators. Many of the good practices reflect efforts towards collective PSEA commitments within the framework of the R4V coordination activities and are mainstreamed across different sectors (mainly protection (including GBV), shelter, NFIs, food security, humanitarian transport and health). Although a number of gaps were identified in terms of PSEA capacities, opportunities have equally been pinpointed, to bridge these gaps collectively and increase accountability. The key findings of the R4V PSEA mapping are as follows:

Coordination: Although coordination between R4V platform members has produced concrete outcomes in terms of PSEA initiatives (e.g. communications with communities materials, joint capacity building, survivor referral pathways), there remains confusion around the different mech-

anisms for PSEA coordination in the refugee and migrant response. There is both a lack of awareness of coordination structures (such as not knowing how PSEA can be coordinated through R4V platforms or which working group specifically) especially among national NGOs (NNGOs), and there are multiple spaces for the coordination of PSEA (R4V, UNCT, OCHA cluster, other UN humanitarian coordination mechanisms); this entails potential overlapping and duplication of efforts. The existence of PSEA coordination through other UN and national coordination mechanisms raised concerns of duplication of efforts. In country platforms where there was more clarity regarding the mechanisms for PSEA coordination, there were more outputs in terms of inter-agency PSEA initiatives, messaging and accountability practices.

Policies and Protocols: Overall, participants have internal PSEA policies and procedures in place (73 per cent), yet this

was an area where national and local NGOs (NNGOs) require more support. Inter-agency PSEA protocols are under development in a number of the R4V platform countries (Colombia, Chile, Brazil)- these efforts should be supported as an initiative to bridge some of the capacity gaps and provide coordinated PSEA response. The good practice of the R4V Protection Working Group (PWG) in Ecuador having already established an inter-agency PSEA protocol could be shared with other country platforms to help guide them through this process.

Capacity Development: In general, partners are providing internal orientation on PSEA key principles and policy to their staff, however, there is an increasing tendency towards inter-agency PSEA training efforts for frontline staff with 33 per cent of respondents confirming that they had conducted or participated in inter-agency PSEA training. These training activities were mainly conducted as a collaboration between Protection Working Group or GBV Sub Working Group members led by a UN Agency (usually UNHCR or IOM) but also supported by technical focal points from UNFPA, UN Women and UNICEF. Nevertheless, more in-depth PSEA capacity development, especially directed to service providers and for case management is required.

“We need to lead by example, we are telling others what to do, when we don’t always do it or know about it ourselves.” (R4V PSEA Mapping Key Information Interview respondent)

Community Engagement: This was an area where the participants themselves identified the need for the most improvement and greater coordination of efforts to ensure common PSEA messaging and to increase reach. International and national NGOs have strong experience in engaging communities on accountability and PSEA. Community Based Complaints Mechanisms (CBCM) need reinforcement, accessibility needs to be probed in terms of understanding of the methods of placing a complaint (WhatsApp,

email, complaints boxes, websites) are known and accessible to all community members especially vulnerable groups (elderly persons, persons with disabilities, children, women, LGBTIQ+ persons, indigenous persons, etc.). Clarity is also needed on complaint procedures if reports implicating different R4V partners are channelled through the CBCM.

Survivor Response: Survivor assistance referral pathways are generally in place, approximately 38 per cent of the referral pathways referenced have been developed through inter-agency coordination. The services referenced are predominately those of the gender-based violence (GBV) and child protection (CP) referral pathways and not specially for SEA survivors, they are also usually related to state institution service providers, and INGOs and NNGOs. PSEA considerations have not always been integrated when developing these referral pathways as they make no reference to specific service provision considerations for survivors of SEA (e.g. mandatory reporting requirements and procedures, relevant national legal framework for SEA referral especially given that most of the referral pathways identified through the mapping were state actors, data sharing and survivor-centred approach in situations of mandatory reporting, etc.). Furthermore, concerns were raised over survivor-centred access and quality of services as many mentioned in certain locations services are not fully available, legal documentation is a barrier to access services especially for refugee and migrant survivors, discriminatory attitudes, and ‘revictimization’ through poor capacity to respond to survivors holistic needs in a timely way.

Complaints handling: Smaller local and national R4V partners expressed challenges regarding internal complaints and investigation capacity if they were to receive complaints. International NGOs (INGOs) were more aware of internal investigation processes. Inter-agency mechanisms for addressing complaints made against another member are mainly under development, the approach to inter-agency handling of complaints, if involving more than one partner, was to conduct bi-lateral coordination regarding the specific case and use each individual agencies protocols to address the case.

COMPREHENSIVE R4V REGIONAL PSEA MAPPING FINDINGS

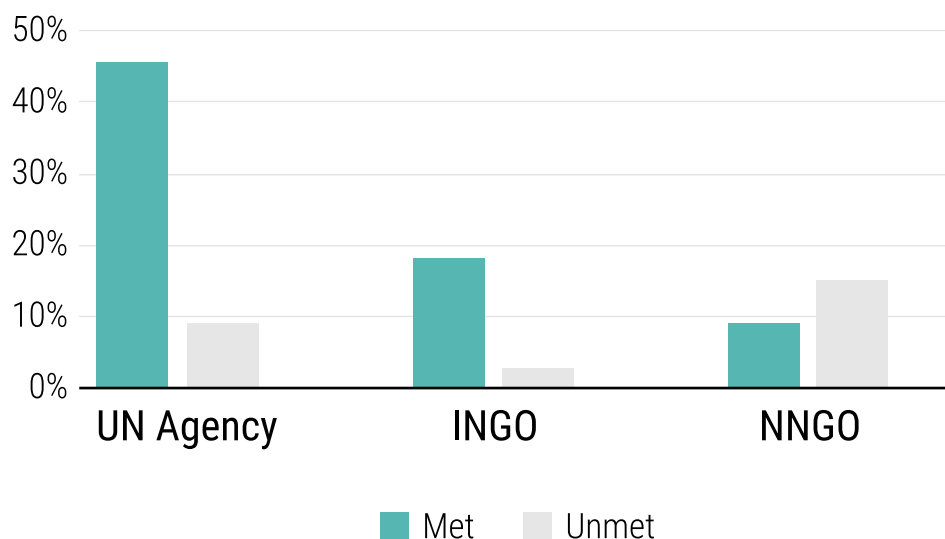
1. Management and Coordination.

The Management and Coordination pillar looked predominately at effective PSEA policy development and implementation through established procedures, systems of PSEA focal points, as well as inter-agency PSEA coordination and strategy activities. Internally, participants outlined the presence of PSEA policies and procedures, however NNGOs expressed the greatest limitations to this extent. Inter-agency coordination mechanisms for PSEA are blossoming across the region yet are sometimes elaborated within overlapping coordination forums. Nevertheless, inter-agency coordination has evidently served as a platform to build capacity related to the PSEA IASC standards.

1.1 PSEA Policy and Protocols

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R4V PSEA Mapping Participants with Internal PSEA Policy and Procedures in Place



The majority of participants mentioned the presence of internal organizational specific PSEA policy and procedures (73%), with particular reference to staff reporting procedures and complaints mechanisms. One of the NNGO's PSEA policy and procedures is in development, two have already implemented specific PSEA SOPs, and a few I/NNGOs did not have policies or procedures, showing need for capacity support to local actors for this crucial PSEA standard. Three UN participants mentioned that they do not have PSEA policy or procedures, but it is likely that it was misunderstood that this related to a country-level policy or procedure to compliment the global UN PSEA frameworks' application to country offices. One participant stated that they do not have a PSEA procedure as 'we don't do direct humanitarian field work' highlighting the need to raise greater awareness on the scope of application of PSEA policy (for example both inside and outside the work environment) and the wider PSEA risks for refugee and migrant populations beyond what are considered 'field locations' in the R4V Platform countries. This concept was reinforced by another participant sharing that many actors in the region did not have PSEA policy or protocols prior to the current refugee and migrant response as they were not conducting 'humanitarian' work. This shows the opportunity of supporting the development PSEA guidance across R4V actors in terms leaving a legacy which could also apply to wider development and host population contexts.

A significant effort to attempt to bridge the PSEA policy and protocols gaps, and to address the challenges related to the different R4V actors each having their own reporting systems, is the development of inter-agency PSEA protocols. KIIs identified that inter-agency PSEA protocols are under development through the PSEA Task Force in Colombia, as well as UNCT coordination platforms in other countries (Caribbean Sub-Region, Chile, Argentina). In Ecuador, the R4V Platform through the PWG (co-led by UNHCR and NRC) has produced an inter-agency PSEA protocol on reporting and complaints handling between R4V partners. All mapping participants from Ecuador cited the PSEA coordination and capacity building linked to the production of this protocol. However, also in Ecuador, the UNCT PSEA coordination, led by UNFPA, produced a 'Model for an Institutional Management Free from GBV' in 2019 as an inter-agency effort, which covers some issues of PSEA, but not at the procedural level. The protocol would also apply to many of the agencies in the R4V Platform. It could be beneficial for the R4V regional PSEA working group to reach out to the focal points for these initiatives (the UN agencies interviewed in this mapping for these locations) to discuss more in-depth their plans for developing these inter-agency protocols to ensure they are inclusive of the R4V partners and that they can potentially build upon existing inter-agency PSEA protocols and guidance (e.g. the Regional Safe Spaces Network RSSN PSEA guidance and protocol.)

It is important, as highlighted by one UN participant, that any inter-agency PSEA protocol should address the response procedures in case a SEA report is received against a state entity. This is currently not adequately considered in any of the PSEA procedures that were discussed with participants. Although complaints handling of potential SEA complaints against state actors may involve a number of complex considerations, they may still be received, therefore survivor protection and clear referral pathways are required. A coordination strategy and guidance for state actors as having a key role in the prevention and response of SEA (they were cited as the main survivor assistance services) could be considered.

Good Practice: Policy and Protocols

R4V Ecuador

Through the R4V Protection Working Group (PWG) in Ecuador an inter-agency PSEA protocol has been established and agreed upon by the GTRM ('Refugees and Migrants Working Group'- the Inter-sector coordination group of the national R4V Platform). The protocol indicated a clear inter-agency process for reporting and handling SEA complaints, it also provides guidance in inter-agency survivor assistance. Other activities linked to this strong PSEA coordination have been PSEA training for platform members (supported by a UNHCR, IOM, UNFPA and ADRA among others), the establishment of an inter-agency PSEA focal points network, and joint community consultations on PSEA and reporting mechanisms.

1.2 PSEA Coordination Structures

Although not part of the IASC PSEA Minimum Operating Standards (MOS), mechanisms for inter-agency PSEA coordination were situated through the R4V PSEA Mapping to highlight good practices and opportunities for reinforcement. In general, this question produced varied results and to some extent confusion regarding the multiple fora for coordination between agencies regarding PSEA. Thus far only Argentina, Colombia and Chile have been identified as having dedicated PSEA inter-agency coordination groups both under the UNCT and led by WFP and UNFPA respectively. Both in Argentina and in Uruguay, PSEA inter-agency coordination groups have been established under the UNCT. In that sense, inter-agency PSEA workplans are being developed and implemented. In Colombia, an

inter-agency PSEA Task Force exists under the UNCT with a full time dedicated PSEA inter-agency Coordinator (funded by WFP, and by UNICEF for the following 6 months of the contract) and rotating UN agency co-chairs. The Colombia PSEA Task Force also coordinates with the R4V Platform as most of its members are also R4V partners (some of which are R4V sector leads). In a number of other countries (Chile, Argentina, Uruguay, Ecuador, Brazil, and the Caribbean Sub-region) PSEA coordination through UNCT was referenced sometimes as linked to the UNCT Gender and Human Rights Working Group, as well as through the R4V Protection Sector or Gender-Based Violence (GBV) Sub-sector. Other channels for inter-agency PSEA coordination mentioned where: in Peru, a UN Humanitarian Net-

work for coordination was referenced. Mexico also created a Sub-Working Group on PSEA (part of the PWG and Shelter Working Group) that includes UN (UNHCR, IOM, UNICEF) and INGO (IRC, HIAS, MDM, CRS, STC, MSF) participation.

When planning and designing the R4V strategy on PSEA, it is important to keep in mind that some respondents were concerned around the potential ‘duplication’ of coordination efforts between UNCT and R4V, which often involve the same actors. It is important to mention that not all UNCT members are part of the R4V, and vice versa. Also, UNCTs usually do not include NGOs, which means that any potential duplication would only be partial, where the need to focus on R4V-based PSEA mechanisms remains key in order to include all R4V response actors and avoid accountability gaps. Nevertheless, efforts to raise awareness regarding the refugee and migrant response coordination role more generally of the R4V Platform may be required, in particular NNGOs and partners new to the platform and implementing refugee and migrant response programs displayed less awareness of inter-agency coordination platforms and processes (such as the RMRP). There is a lack of awareness of PSEA being coordinated through R4V coordination mechanisms, even whereby this coordination is taking place and produced concrete results (training, communications with communities, RMRP, etc.) NGOs were often not fully aware of or involved in these processes. This could also be as the PSEA focal points participating in the R4V PSEA Mapping were not those who participate in the coordination from their organizations, one NNGO participant mentioned that they didn’t know who participated in the coordination but that the coordinators email them to inform her of the main meeting points. It is important to clarify that the PSEA Task Force has the coordination role, but there are initiatives in the local GIFMMS and ELCs to train and ensure cooperation towards establishing good standards for PSEA and safe interventions in the areas where they operate, so the vast majority of these initiatives have been carried out in coordination with or with the support of the PSEA Task Force. The inclusion of workshops and planning at field level co-

ordination of the GIFMM in Colombia is a strong practice for ensuring an inclusive and accessible space for crucial frontline PSEA prevention and response. It may be a strain for smaller organizations to have the capacity to send staff to coordination meetings, however a dedicated PSEA coordination mechanism may help to target the PSEA focal points’ inclusion in inter-agency discussions and practise.

Efforts to reinforce the PSEA accountability and coordination role of R4V coordination at country-level could be complimented by capacity building and awareness regarding the existing regional R4V PSEA tools and guidance, including the Regional Safe Spaces Network’s (RSSN) Regional PSEA Network toolkit and Inter-Agency Community-Based Complaint Referral Mechanisms in the Americas.¹² Only two of the UN agency respondents referenced these tools but all participants preferred to use existing initiatives rather than design anything new. The focus group discussion (FGD) participants in Colombia shared three main benefits of PSEA inter-agency coordination which tie in with the needs and gaps identified throughout the mapping. 1) PSEA capacity building, especially for smaller/NNGOs, 2) the promotion of common PSEA standards especially in relation to accountability and reporting mechanisms, and 3) greater engagement with the community (affected population). This last point is interesting as it shows more directly the opportunity for impact on the ground from inter-agency PSEA coordination. Participants advocated that duplication of efforts (mainly in this instance referring to when different actors duplicate activities or share messaging without previous coordination which can entail that messages are conflicting or that the same message is shared through separate channels) would ultimately cause ‘confusion’ for the community, as they often don’t distinguish between actors ‘they don’t see the difference between the visibility jackets’, thus the importance of joint efforts. Inter-agency coordination of PSEA helps to increase scope and impact, as one FGD participant commented, ‘inter-agency work helps us to reach out to communities so that we can support and empower victims and communities to come forward’.

¹² <https://rssn-americas.org/themes/psea-sexual-harassment>

Good Practice: Coordination

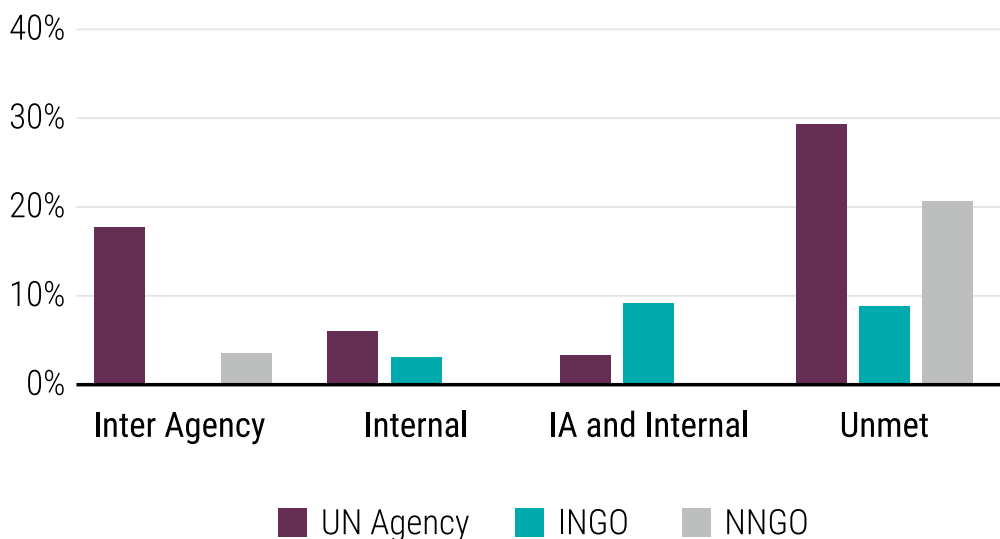
PSEA Task Force Colombia

The PSEA Task Force in Colombia provides a dedicated PSEA Coordinator (WFP and UNICEF employee that serves as interagency coordinator) and rotating UN agency co-chairs to ensure technical leadership for PSEA inter-agency coordination. The PSEA Task Force hosts bi-weekly PSEA Network meetings of NGOs to ensure inclusiveness and good practice sharing. The PSEA Task Force Colombia ties together different coordination forums such as the national R4V platform known as GIFMM and the UNCT to create greater impact and reach rather than duplication.

1.3 PSEA Strategy and Planning

R4V Protection Against Sexual Exploitation and Abuse (PSEA) - Mapping Report, October 2020

Awareness of Inter-Agency and/or Internal PSEA Plans and/or Strategy amount R4V PSEA Mapping Participants



Fifty-nine per cent of respondents either confirmed that no PSEA plans/strategies are in place or were unaware of their existence. In many cases participants state that PSEA is included in the RMRP but they were unaware of how PSEA was included and could not mention specific indicators, activities or plans. This may entail that the PSEA practitioners identified to participate in the R4V PSEA Mapping are not fully involved in inter-agency PSEA planning processes. For example, the regional R4V PSEA focal points shared that the RMRP Brazil 2021 references an ‘Inter-agency Community Outreach and Communications Fund on PSEA that has been established by the Protection sector’ however this was not shared by KII participants. It is important that those responsible for implementing PSEA activities and capacity building in their agencies are included in inter-agency PSEA planning and strategy development. INGOs and NNGOs have less awareness of inter-agency PSEA planning and strategy development, nevertheless INGOs did confirm the existence of internal PSEA plans, however they expressed concern that these are often contingent on funding. Inter-agency standalone PSEA plans have only been developed through the UNCT coordination, which notably only represent UN agencies.

The main RMRP PSEA indicators referenced were in relation to the development of inter-agency PSEA protocols, PSEA training for field staff, and community consultations and awareness, which is positive as these areas directly respond to the core gaps identified by the present R4V PSEA mapping. To reinforce these positive planning approaches, it may be beneficial to develop a PSEA planning template to supplement the RMRP with timeframes, activities, and roles and responsibilities clearly outlined.

Good Practice: Strategy and Planning**PSEA Planning GIFMM Colombia**

In Colombia field level PSEA planning workshops were organized through the local level GIFMM (Interagency Group on Mixed Migration Flows) coordination and supported by the PSEA Task Force. The workshops included a range of field actors and inclusively developed PSEA plans for each of the GIFMM field locations.

1.4 PSEA Focal Points

As the participants of the mapping were mainly the PSEA focal points of their respective agencies, it was not surprising that all of the respondents confirmed the presence of PSEA focal points in their agencies. The PSEA focal points participating in the mapping shared a number of challenges that they face in performing their role. Their main challenge is, as it is not a dedicated role, they have many other tasks and functions and this 'double hatting' limits their bandwidth to support PSEA activities. A common response was that they are focal points of other areas of work too and so feel like a lot has been added to their role making it difficult to effectively follow up on each area, this also limited their bandwidth to engage in PSEA coordination discussions. One respondent felt that she does 'a bit of everything' and another that she 'is the focal point of many things'. Smaller NNGOs in particular mentioned that they struggle to implement PSEA activities as they have limited staff numbers with many demands; this is linked to the comments of some UN agencies that as a result of the response, there has been a rapid growth of NNGOs and their internal systems, also in relation to PSEA systems, are still in the process of development. The limitation of bandwidth of PSEA focal points as responsible for PSEA activities essentially limits the capacity to implement the full range of PSEA MOS in the refugee and migrant response.

Few of the participants had terms of reference for their PSEA focal point role. However a number of good practices in relation to PSEA focal points were noted: UNCHR Costa

Rica has a network of PSEA focal points with implementing partners, Plan International and ADRA have focused technical training for PSEA focal points, HIAS Ecuador and UNHCR Peru, Ecuador and Colombia have PSEA focal points in field offices as well as the country office, and WVI Colombia's PSEA focal points are responsible for mapping survivor referral pathways in each location of implementation. During 2020, UNHCR Multicounty Office in Argentina (MCO-ARG)'s PSEA strategy involved a specific objective related to prevention and awareness, mainly implemented through a cycle of remote trainings directed to senior management and heads of unit from UNHCR MCO-ARG, all colleagues from partner agencies in Argentina, Bolivia, Paraguay and Uruguay, and all staff from MCO-ARG. UNHCR MCO-ARG has also a network of PSEA focal point with all partner agencies in Argentina, Chile, Bolivia, Paraguay and Uruguay. PSEA focal points from MCO-ARG's partner agencies are responsible for the implementation of feedback and response mechanisms. Besides, they are responsible for guaranteeing the mandatory report before IGO in case of identifying a SEA case.

These good practices regarding PSEA focal points show potential for the establishment of inter-agency PSEA focal points in the region, identifying both PSEA focal points within the R4V Platform members at national level and the development of a field-level focal points network to share learning and good practices.

Good Practice: Focal Points**PSEA Focal Points Community of Practice**

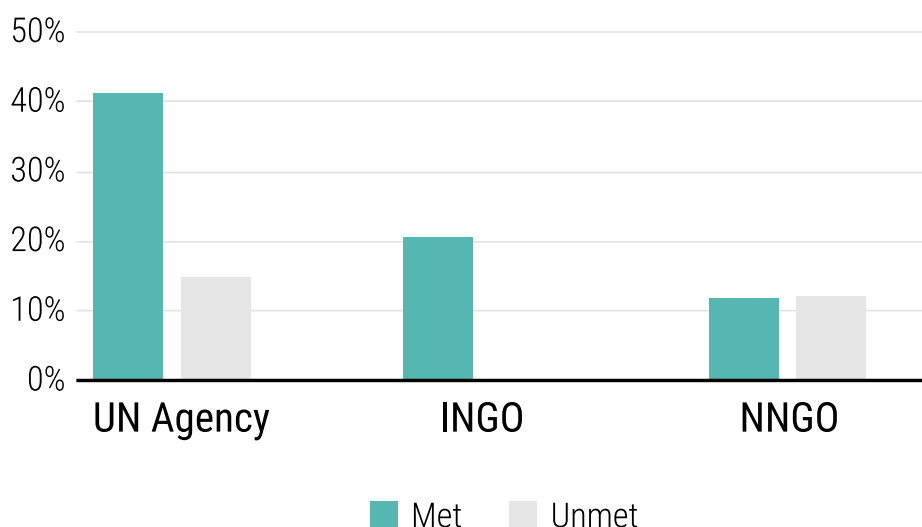
UNFPA Ecuador and Heartland Alliance International (HAI) Colombia participate in internal PSEA focal points networks, connecting them with other PSEA focal points globally or regionally to share learning, experiences and good practice related to PSEA activities. Communities of practice provide a space for focal points' capacity development and peer learning and support.

2. Engagement with and Support for Local Communities

The Engagement and Support to Communities pillar received mixed responses largely due to the current global pandemic (COVID-19) which has contributed to many PSEA activities related to community engagement has been postponed or cancelled for the most part of this year. Many of the questions asked to the participants were centred around PSEA awareness, PSEA sensitisation activities, different communication channels and strategies to engage and inform the affected population on SEA. Whilst there are many examples of good practice initiatives taking place (which have been included in this section) the findings demonstrate that the most engagement and direct support with communities was done mostly at the INGO/NNGO level as many participants from UN agencies expressed being too removed; geographically and in terms of scope of their role to support communities directly. This Pillar was also recognised by a majority of participants as the most challenging area yet the most pressing as much attention and efforts by individual agencies thus far has been placed on largely internal measures regarding PSEA such as staff training and policy development.

2.1 Community Based Complaints Mechanisms (CBCM)

R4V PSEA Mapping Participants with a Community Based Complaints Mechanism in Place



Generally speaking, most organisations answered ‘Yes’ to whether they had a CBCM in place (74%) at a minimum at the internal level. The representatives from UN agencies that answered ‘No’ (26%) stated that as a ‘regional hub’ or as technical support for the partners, this was not a mechanism that would benefit communities as the UN agencies were not directly implementing on the ground or in country where the CBCM would be established.

The question on whether there was a CBCM in place was of interest as it showed a level of ambiguity on what participants understood when asked if there was a CBCM in place. When discussing CBCMs, the majority of UN agencies and organisations confirmed having their own inter-

nal mechanisms most commonly in the form of a hotline, website and/or email address usually managed by a PSEA focal point and/or a Protection or GBV lead. Universally it seemed that the term ‘CBCM’ was used interchangeably by all the participants as many mentioned their Complaint and Feedback (CF) channel as the CBCM. Only INGO/NNGOs showed to have a true CBCM - one that attempts to integrate the role of formal and informal community structures in revealing SEA by community members, in an all-inclusive and culturally appropriate manner however, even with this in place for some INGO/NNGOs there were few examples of a CBCM existing at an inter-agency level.

Good Practices: CBCM Ecuador

Other relevant initiatives include the U-Report tool implemented at inter-agency coordination level to provide youth with PSEA information, the 2019 inter-agency community consultation for the development of CBCM mechanisms in Ecuador as well as the UNHCR and IOM chatbots for reporting, feedback and CwC in general, but also with the capacity to identify and internally refer incidents of SEA.

Nevertheless, when participants were asked additional questions regarding internal reporting mechanisms (also known as Complaint and Feedback Channels or C/F Channels) responses were very much uniform across UN agencies and organisations. An example of the question is below:

- **If a refugee or migrant seeks to file a complaint, how can they do so? Can you comment on the accessibility of the system?**

All participants confirmed that their agency/organisation had some form/s of virtual channels available for staff and communities. Most common practice seemed to be reporting channels in the form of an email address, hotline and/or a website. It was stated by at least half the participants that considering the current context we are operating in (COVID-19) the virtual mechanisms were more accessible. For example, in Peru since the start of the COVID-19 crisis UNCHR established a toll-free hotline service, which can receive complaints from the community. However, there were several organisations that have complaint boxes in the field also but mentioned that these were not being monitored as frequently as they should be due to the pandemic (or in some cases if at all).

It was encouraging to see that many C/F channels are in place however the most commonplace issue that was identified was the lack of engagement with communities regarding the accessibility of their agency's/organisations channels to which we will be speaking to later in this section of the R4V PSEA mapping report.

Good Practices: Complaint and Feedback Channel (C/F) ADRA, Ecuador

ADRA has distinct channels for making complaints because the affected population they support are constantly on the move and also it is not always possible to work very closely or for long with communities, therefore to make the CBCM more accessible they have multiple channels for receiving complaints including, email, toll/free phone number 24/7, posters and communications in shelters, schools, etc. depending on the sector and project.

Good Practices: Complaint and Feedback Channel (C/F)

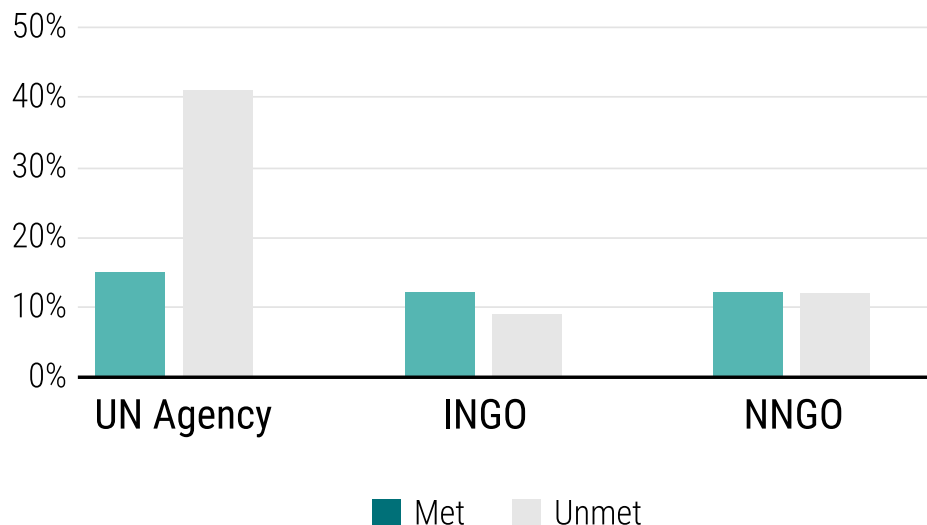
UNHCR, Peru

In Peru since the start of the COVID crisis to improve communications channels with refugees and migrants, UNCHR established a toll-free hotline service, which can receive complaints from the community. The staff of the hotline have been trained on how to receive and report SEA complaints and the hotline has a direct extension line whereby when callers initially dial the hotline they receive the automatic message and extension numbers, one of which is for making SEA complaints which connects directly with the UNHCR PSEA Focal Points phone to receive the complaint.

2.2 Community Consultations and Participation

R4V Protection Against Sexual Exploitation and Abuse (PSEA) - Mapping Report, October 2020

R4V PSEA Mapping Participants that Conduct Communtiy Consultations on PSEA



There were certainly very encouraging examples of meaningful and participatory consultations taking place systematically with the community across the different types of organisations; many also have these consultations mainstreamed into their project processes/due diligence to ensure it was routine.

However, for the agencies and organisations that did not meet this indicator (62%) the mapping received varied responses suggesting that the issues were of a contextual nature. For example, some of the challenges were: lack of capacity to prepare and conduct these consultations; consultations were inconsistent and made even worse by COVID-19 which now was an extreme barrier; consultations were not PSEA specific (some expressed that the consultation topics were led by what the community wished to discuss or many participants stated that consultations focused on legal rights, GBV/protection related concerns or general feedback/complaint awareness raising); organisations have little or no direct contact with the affected population. Nevertheless, all but two organisations confirmed that it was in their action plans as outstanding and most pressing.

Good Practices: Community Consultations

Instituto Nice, Brazil

Instituto Nice conduct consultations and awareness sessions with the community on many topics including SEA, access to health, discrimination and refugees' and migrants' rights. They work specifically with LGBTIQ+ persons and they have a centre for refugee and migrant integration where they also do a lot of awareness raising and rehabilitation, and service provision (legal, PSS, case management) for survivors.

Good Practices: Community Consultations

Scalabrini Chile and Peru

Scalabrini conducts consultations and community group discussions with the population staying in their shelters. Scalabrini is mainly implementing shelter services in Chile and Peru and has regular consultations and awareness sessions with population staying in the shelters to discuss protection concerns including PSEA.

Good Practices: Inter-Agency Communication Consultations

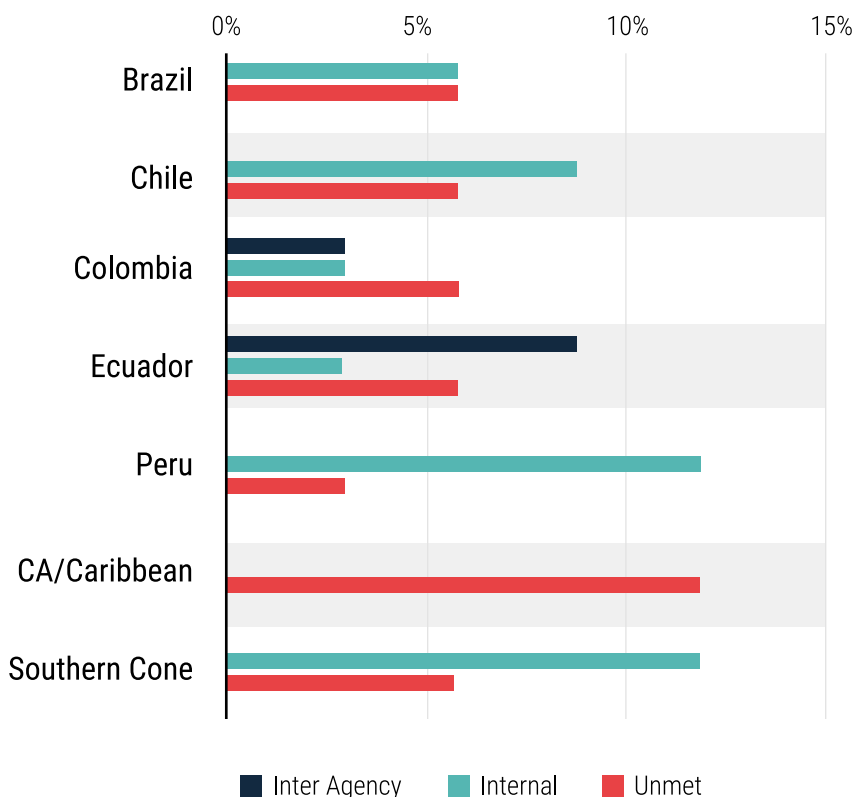
R4V Ecuador

In a transit centre in one department of the country, R4V partners carried out consultations with different groups in the community for men, women, adolescents, and elderly persons. This was also a safety assessment and to consult the community on the best way of developing a CBCM mechanism for this specific context/community.

2.3 Communications with Communities (CwC)

R4V Protection Against Sexual Exploitation and Abuse (PSEA) - Mapping Report, October 2020

R4V PSEA Mapping Participants with Inter-agency or Internal PSEA Communications with Communities Activites



Results varied vastly but overall, many organizations including UN agencies have awareness-raising material for staff and related personnel (56%) but a common issue arose across all interviews: the lack of material available that was designed specifically for communicating with the communities on PSEA; some participants explained that this was due to lack of funding for further development of materials at community level but others stated that it was simply a gap that needed addressing. Secondly, some of the material that was developed for communities and distributed was not SEA specific and there were few examples of material being developed at an inter-agency level.

During FGD's with participants in Colombia the two questions below were asked regarding communication material with communications

PSEA Task Force question

1. What are the challenges, opportunities, and good practices for engaging with the affected community for PSEA?

UN agencies stated that a key challenge regarding this topic was how the population is highly mobile due to mixed migration patterns and communities being constantly on the move, therefore, providing static communication material was difficult as it did not serve the needs of the affected population.

Other barriers mentioned was the remote management of these communications, the difficulty in gaining access to field (especially during Covid-19) and the fact that some agencies rely on implementing partners to ensure this is delivered at field level. However, there were many positive examples of good practice which for example, includes communication activities carried out with communities through messaging at food/NFI distributions and sending text messages.

PSEA Network question

- **Are there awareness-raising activities and materials at the internal / inter-agency level to communicate with communities regarding the reporting mechanisms and PSEA? Are these communications effective or how do you think they could be improved?**

Some of the key gaps identified by participants in the FGD was that there tends to be a strong focus on abuse occurring within communities (GBV) and not when abuse is perpetrated by humanitarian actors (SEA).

Nevertheless, R4V partners are demonstrating high levels of engagement and communications with communities with some good practice examples as indicated below:

Good Practices: Communication with Communities

UNHCR Ecuador

UNHCR Ecuador led the PWG in conducting a mapping of complaints mechanisms, PSEA focal points, and PSEA-related materials and tools, which were then used to develop a series of R4V CwC materials.

Good Practices: Communication with Communities**UNICEF Brazil**

To produce the CwC materials on PSEA, child protection implementing partners who work on adolescent outreach conducted consultations with them on information needs, appropriate language and the best reporting mechanisms for adolescents.

Good Practices: Communication with Communities**Profamilia Colombia**

Profamilia currently have information and messaging on their website and posters in their sexual and reproductive health (SRH) clinics on reporting mechanisms. They are also in the process of designing more PSEA CwC materials for the SRH clinics as they provide services for very vulnerable populations, including refugee and migrant women and girls, and the waiting area is a comfortable and quiet space for people to receive PSEA messages.

Good Practices: Communication with Communities**UNICEF, Colombia**

With the Communication with Communities team UNICEF produced key messages and communications, UNICEF have created adolescent group leaders/promoters to roll out key messaging to their peers, they are basic messages such as free services and how to report, the messages are very clear and short.

UNHCR MCO-ARG

UNCHR MCO-ARG has a multifunctional team to implement CwC strategy, including PSEA-SH work. A specific PSEA-SH section was opened in MCO-ARG's HELP website for Argentina, Bolivia, Paraguay and Uruguay, where information on prevention, awareness, reporting and reception channels was duly uploaded.

3. Prevention

With regards to prevention activities, results varied as some components, such as the existence of codes of conduct (CoC) encompassing PSEA standards are in place according to all respondents, whereas other areas, such as staff referencing and background checks were more contingent on internal capacities of individual actors, in particular smaller NGOs require capacity support in this area. In terms of PSEA capacity development, beyond internal inductions on

PSEA key principles and policy, there is a tendency towards inter-agency PSEA training for frontline field staff, Brazil, Colombia, Ecuador and Mexico respondents reported PSEA training organized jointly by R4V Platform members. It is worth mentioning that these PSEA trainings are not only delivered in the context of prevention activities, as they also encompass key aspects of response to SEA such as reporting mechanisms and accountability among others.

In Peru, UNICEF, IOM, UNFPA and UNHCR in the framework of the R4V response organized an inter-agency PSEA training for other GTRM platform partners.

In Ecuador, UN Women and UNHCR in the framework of the R4V response organized a series of PSEA trainings through the Protection Sector and delivered to R4V partners from a wide range of organizations in the country, including frontlines workers.

3.1 Prevention Mechanisms

Respondents were asked if their agencies have a Code of Conduct (CoC) in place which stipulates PSEA principles and policy, including in terms of staff's reporting obligations. All actors confirmed that they have a CoC in place which includes reference to PSEA policy and procedures. Respondents commented that all staff are required to sign the CoC as part of their contracting process and that an orientation on the CoC and PSEA policy is provided as part of the staff induction. This finding is reinforced by the results of the 2019 Colombia PSEA Task Force PSEA baseline survey with UN and NGOs actors¹³, which found that the majority of actors are aware of their PSEA obligations and have received orientation on the topic.

Moving beyond the implementation of CoC with staff, certain actors have channelled efforts into ensuring all collaborators sign their CoC and PSEA policy and receive orientation on these policies. These activities are crucial in ensuring that accountability includes all actors, collaborators and contractors with a role in the refugee and migrant humanitarian response. It also recognizes that certain stakeholders operate in areas of heightened risk of SEA such as border areas, transit sites, etc. Such activities should be scaled-up through R4V inter-agency mapping of different stakeholders to include in PSEA capacity building and adapt training tools to these contractors, service providers, volunteers, community based organizations, state

actors, etc., that speak to their particular understanding and roles in the regional refugee and migrant response.

The other indicator related to prevention systems was the existence of systems of reference checking and vetting for former misconduct as a core SEA risk reduction action. The indicator produced varied results, with INGOs being most aware of internal staff vetting procedures, UN agencies confirming the presence of these processes, and NNGOs identifying this as a gap due to limited internal capacity and resources to conduct such checks. Respondents identified contextual challenges to staff vetting including the dependency on national legal frameworks for criminal background checks which may not be fully operational and being unable to conduct background checks internationally as many staff have previous experience in different countries.

Some respondents were less clear on why internal systems of reference checking and vetting were important for the prevention of SEA, considering that these processes were not required by law in their context or when they knew personally the candidates it was not necessary to conduct such checks. This highlights the need to provide focused capacity development targeting PSEA focal points and agency management, as well as PSEA risk assessments with R4V partners. Good practices in recruitment processes were identified mainly with INGO respondents: 1) World Vision International (WVI) in Chile conducts full background checks of staff and clearly states this is essential for safeguarding of the vulnerable populations (mainly children and families) that they support, 2) Heartland Alliance International (HAI) Colombia includes PSEA questions in interviews with the PSEA focal point sitting on the interview panel, 3) All UNHCR Offices have a mandatory clearance check before any recruitment process for all types of contracts, both national and international.

Good Practice Prevention Mechanisms: IOM, Ecuador

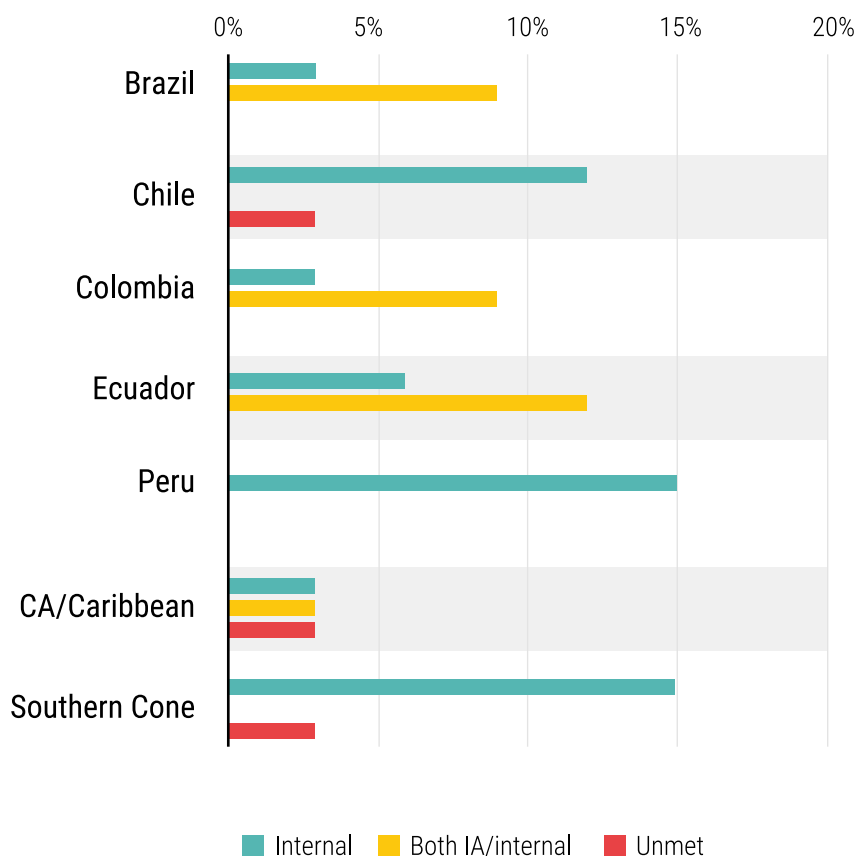
IOM Ecuador has conducted PSEA policy orientations and workshops for transport service providers (humanitarian transport services) and staff in hotel services (used as emergency shelters) including all frontline roles such as drivers, security staff, cleaner, as well as management. These roles provide essential humanitarian services to vulnerable populations in at-risk areas mainly in border regions. The orientation was important to help these services providers understand their obligations under PSEA policy, help them to identify and report cases, and also raise awareness of PSEA principles for prevention.

13 Colombia PSEA Task Force, 'Prevention of Sexual Exploitation and Abuse Survey Results, Colombia Baseline 2019'

3.2 PSEA Capacity Building

R4V Protection Against Sexual Exploitation and Abuse (PSEA) Mapping Report, October 2020

R4V PSEA Mapping Participants PSEA Training Conducted



Significant steps have been made, both at agency and inter-agency level, to ensure effective and comprehensive awareness-raising mechanisms on SEA amongst actors are in place. Beyond internal inductions on PSEA key principles and policy, there is a tendency towards inter-agency PSEA training for frontline field staff. In particular the need has been identified to target more frontline staff working directly with refugees and migrants, and to reinforce PSEA capacities in identified at risk areas such as border areas, transit centres and shelters. Due to the COVID-19 remote working context the demand for virtual PSEA training packages has increased.

Although a number of inter-agency PSEA training efforts have been conducted through R4V Platform members (in Brazil, Colombia, Ecuador, and Mexico), respondents nev-

ertheless identified a number of gaps in terms of PSEA training:

- The need to include more frontline humanitarian staff in PSEA capacity building
- Lack of standardized inter-agency PSEA training materials for the response
- Lack of materials in local languages as some respondents mentioned that PSEA training materials sent by their headquarters were not in Spanish and the respondents from Brazil felt that even fewer materials had been adapted into Portuguese

- Limited materials targeting different stakeholders learning needs (community, volunteers, contractors, religious organizations, management, service providers, state actors, PSEA focal points, hotline staff, etc.)
- Lack of concrete examples/case studies relevant to the specific country/local contexts

There is a resounding request from all of the R4V country platforms to provide adapted and standardized PSEA training packages, this process should be preceded by a capacity assessment and mapping of stakeholders for whom adapted materials should be produced, perhaps building on the experience of the PSEA capacity mapping conducted in Colombia to roll out adapted training for the local level R4V humanitarian coordination platforms (Interagency Group on Mixed Migration Flows -GIFMM).¹⁴

Training of Trainers (ToT) for PSEA focal points was identified as a more impactful and sustainable approach to rolling out PSEA training. Furthermore, in line with the suggestion of respondents, inter-agency materials should be compiled from existing tested resources where possible (some of which were shared by respondents). Very few respondents were familiar with global (e.g. IASC) or regional (e.g. the Regional Support Spaces Network-RSSN- PSEA Network toolkit) PSEA capacity development tools. Such tools could form the basis of standardized PSEA capacity building packages. Other good practices from the field that could be harnessed in further PSEA capacity development support could include:

- **Targeted training tools for key PSEA stakeholders:** IOM Ecuador training for transport and hotel service providers, UNFPA and UNHCR Brazil training for military personal in border areas, UNICEF Brazil training for adolescent community outreach groups.
- **Complimenting PSEA training with staff awareness raising:** IOM Mexico produced 'Cartas de Compromisos' ('Commitment Letters') for migrant shelters managed by civil society and those managed by the government on Preventing

Sexual Exploitation and Abuse, WVI Chile conducted as 'Safeguarding Awareness Week' and videos for staff¹⁵

Inclusion of power, gender and cultural norms awareness into PSEA training: this is a strong practice in terms of targeting the norms and attitudes that enable SEA. As one participant of a focus group discussion in Colombia commented that the cultural dynamic of harmful gender norms has specific impact on Venezuelan women as the host population 'naturalizes' GBV towards them and consider that 'they [Venezuelan women] accept abuse'. Efforts have been made to address this concern and how it links to risks of SEA and wider gender discrimination in the humanitarian response. HIAS Ecuador provided staff training on PSEA, including gender and power dynamics, and UNHCR Chile has conducted gender, positive masculinities and intersectionality trainings for staff, partner agencies and staff from the National Support Spaces Network.

- **Age, gender and diversity (AGD) inclusion in PSEA training:** Instituto Nice Brazil mainstreams LGBTIQ+ concerns into PSEA training to ensure actors are aware of specific SEA risks and response approach for this population, UNICEF Brazil provides child protection technical support for inter-agency PSEA capacity building efforts.
- **PSEA capacity building adapted for community stakeholder's needs:** beyond awareness raising and communication for the community regarding PSEA, a few agencies are looking to empowering the community to share messaging on PSEA and play a more active role in PSEA at community level. To achieve this, community volunteers/groups could be trained to provide PSEA awareness and messaging on complaints channels, such as the training of adolescent community outreach groups by UNICEF Brazil, or the training conducted by HIAS Ecuador which includes a PSEA component and is delivered to community promoters, normally formal and informal community leaders.

¹⁴ Colombia PSEA Task Force, 'Prevention of Sexual Exploitation and Abuse Survey Results, Colombia Baseline 2019'

¹⁵ World Vision Internal Chile, Safeguarding Awareness Video: <https://www.youtube.com/watch?reload=9&v=yboG11vabek>

Good Practice: Capacity Building**UNHCR Brazil**

UNHCR Brazil has conducted awareness sessions on PSEA for civil society partners and outreach volunteers, including all frontline providers. These trainings support the continuous capacity building efforts for the prevention, response, identification and reporting on SEA. In 2020, these activities have been adapted to the current context and were organized virtually.

Good Practice: Capacity Building**R4V PSEA Capacity Building Brazil**

Through the R4V coordination in Brazil inter-agency PSEA training has been conducted, this was supported by PSEA Mapping participants UNICEF and UNFPA Brazil, as well as UNHCR, among others. The training targeted border areas and transit centres in Roraima and Manaus. It included R4V platform members as well as local organizations more broadly and the state armed forces as they provide humanitarian response to refugees and migrants. Agencies shared facilitation of the PSEA training according to their areas of expertise.

Good Practice: Capacity Building**Heartland Alliance International, Colombia**

Heartland Alliance International Colombia in 2019-20 implemented a dedicated PSEA project, funded by Interaction, to strengthen PSEA capacity internally, equally one of the results of the project was to produce a PSEA tool kit for partners and staff. HAI shared this toolkit through capacity development to wider refugee and migrant response actors, supported by the PSEA Task Force Colombia. UN agencies in Colombia welcomed the initiative and indicated the need for more dedicated funding for PSEA projects of implementing partners to provide PSEA capacity building and technical support activities on the ground. More information can be found at: <https://www.heartlandalliance.org/program/latin-america-caribbean/colombia/scale-up>

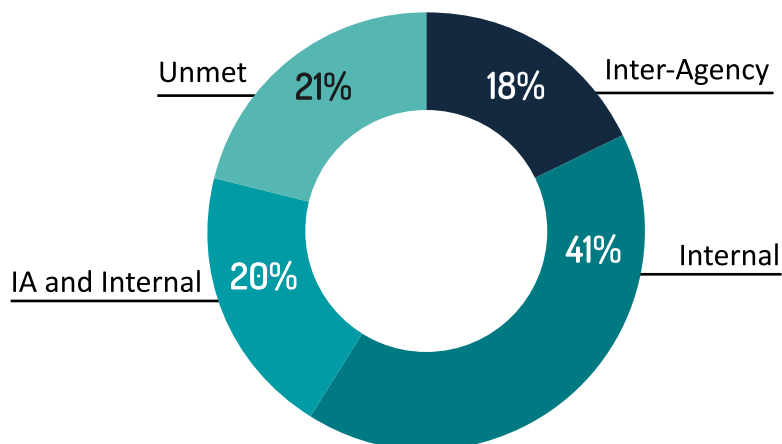
4. Response

Overall, many agencies and organisations had referral pathways in place to ensure appropriate and professional survivor assistance and almost 50 per cent had a referral pathway that had been coordinated through inter-agency collaboration. However, very few services were specific to SEA (most service provision was for Gender Based Violence (GBV) or Child Protection (CP) needs) and there were also some concerns regarding the capacity of state services and ensuring survivor-centred access to such services. With regards to SEA investigations, nearly all participants (90 per cent) stated having written procedures on complaints/reports handling in place (either internally or at inter-agency level). However, common concerns were shared by the participants on the complicated and sensitive nature of carrying out SEA investigations, the specialist support required, and a shared understanding of the risks an internal investigation can place on survivors, in addition to other factors.

4.1 Survivor Assistance

R4V Protection Against Sexual Exploitation and Abuse (PSEA) Mapping Report, October 2020

R4V PSEA Mapping Participants with referral pathways for survivor assistance



As shown (above) there were some examples of Inter-agency referral pathways but predominantly agency and organization specific examples were given. UN agencies were the most prepared with regards to having survivor referral pathways that were linked to the relevant Sectors (such as GBV) within the response and at INGO/NNGO level especially there was less clarity on what was meant by a ‘referral pathway’ for survivor assistance, how it could work and where the services could be mapped.

Additionally, the pathways mentioned in the KIIs were GBV service support and were not considering SEA survivor integration into the referral pathways for example factors such as heightened visibility of SEA cases due to media attention, abuse of power in SEA and the impact it can have on the response and community, mandatory reporting requirements for service providers, protection roles through investigation processes, the focused monitoring nature of SEA cases vs GBV due to organizational accountability to name a few.

Nevertheless some efforts to integrate SEA considerations into GBV referral pathways have been made: the PSEA Task Force in Colombia supported a visit from an expert in victim assistance to see how best to provide integrated assistance to survivors and avoid providing a response that could differentiate them from other survivors of GBV.

The few agencies and organisations that did not meet this indicator did however describe the work they were doing to address this gap - either by engaging internal or external specialist support or having an approved action plans

which included the urgent need to conduct a survivor support mapping within a confirmed timeframe.

Additional questions were asked regarding whether any specialised services for children survivors existed and whether SEA service providers had been trained on service provision regarding SEA and policy and practice. Participants all expressed great concern regarding the capacity of state services and global standards expected for survivors and for children survivors of SEA (especially survivor-centred and best interests of the child approaches) and confirmed that none of the services, as far as they were aware, were specific for SEA or whether service providers had received any specialist training on PSEA. As for service provisions that are not provided by the State, for example, those provided by international or national organizations offering PSS, participants stated that further training and capacity building is required so that they can ensure survivors are receiving proportionate and appropriate support.

During the FGD’s, certain issues were raised by INGOs and NNGOs from the PSEA Network in Colombia with regards to survivor support. Some of the concerns echo the responses and are as follows:

- In some areas there is a presence of armed actors, including illegal armed actors, which the community doesn’t want to report due to the perceived risks involved

- Inter-agency referral pathways are in place for GBV, however for state actors there are issues with regard to access and capacity.
- There is a need to strengthen internal capacity for GBV survivor-centered assistance (SRH, PSS, legal).
- In Colombia, the state is responsible for offering GBV survivor support, which also includes response to SEA, yet there are difficulties in accessing these services, especially health services. This means that although referral systems are in place, there are obstacles in accessing services.
- Lack of capacity of service providers to respond, including state service providers, especially in terms of CP. The state has many pathways for reporting violence, yet the community views them as ineffective and therefore are less likely to report.

Some recommendations specific to Survivor support going forward may be that, when conducting mappings of GBV service providers to verify the quality of the service and the access to information, it is important to include PSEA related questions to identify if and how PSEA is included in these services.

In this regard, it is worth focusing on three aspects: 1) SEA survivors will receive timely, quality and holistic services in line with the survivor centred principles throughout all processes and steps included in service delivery, 2) mandatory reporting of SEA is included in the specific service delivery protocol, which also covers considerations of survivor consent, confidentiality and data sharing¹⁶, 3) the service is able to provide ongoing support to the survivor in a safe way and has guidance in place for keeping the survivor safe and upholding survivor centred principles should a PSEA investigation, reporting or any other PSEA process, cause or risk further harm. An important consideration is that if the result of the investigation is negative, the survivor

still has the right to receive assistance and should still be provided with services.

- Develop SOPs and guidance on how SEA is integrated into the GBV/CP pathways - this should be part of the Inter-agency (IA) PSEA SOP.
- Provide training, awareness sessions and CwC material for survivor assistance and support service providers.
 - Ensure that service providers have the information readily available to communicate necessary information, including contacts information, to survivors.
- Improve the capacity of service providers to avoid re-victimization
 - Without the specialized training and understanding of the issue, service providers are at risk of re-traumatising and re-victimising survivors.
- Development of guidance and template for SEA survivors’ referral pathways and ensure service mapping is informed and takes into account the dynamics and trends of SEA
- Local, national and international organizations would greatly benefit from guidance notes and examples and/or templates of how referral pathways or mechanisms work and gain better awareness of what a referral pathway means and how to establish and implement this.
- With the GBV and CP sectors, develop a module on SEA case support for the inter-agency case management training curriculum (for service providers)
 - It is important to ensure written guidance is developed to inform all stakeholders on what SEA case support looks like, in particular for survivor service providers but also at the agency and organisational level.

Good Practice: Survivor Assistance

GTRM Peru (National R4V Platform)

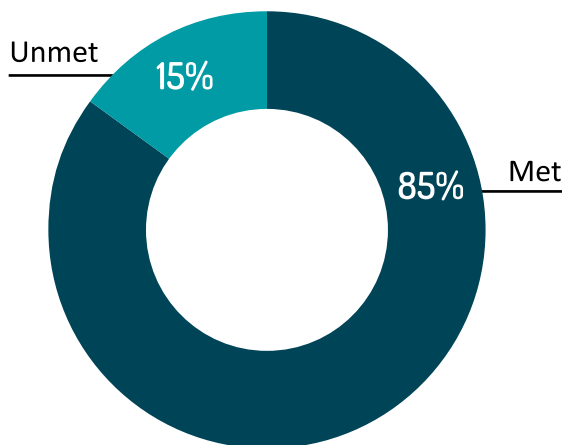
UNHCR Peru shared that the members of the R4V Protection Sector and Subsectors have jointly developed an inter-agency GBV referral pathway and updated this to consider the access to remote service provision in the COVID-19 context. The GBV pathway has also been communicated to the community through the development and dissemination of inter-agency R4V CwC materials.

¹⁶ More information can be found on pg. 51 of the Inter-Agency GBV Case Management Guidelines, 2017 <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>

4.2 Complaints and Investigation Procedures

R4V Protection Against Sexual Exploitation and Abuse (PSEA) Mapping Report, October 2020

R4V PSEA MAPPING PARTICIPANTS WITH WRITTEN PROCEDURES ON SEA COMPLAINTS HANDLING



Perhaps unsurprisingly, all UN agencies and most I/NNGOs have their own internal written procedures on managing and handling SEA concerns when reports come in, but there was only evidence of SOP regarding this at inter-agency level in Ecuador; this could well be due to the increased efforts across the aid sector on the focus of internal compliance of PSEA implementation and ensuring a clear organizational mandate outlining an agreed process for staff and associated personnel was developed.

Also, of interest were the responses from the wider questions around investigations and report handling/management that was asked as part of the KII. They were the following:

- **In general, are there any challenges or concerns you think that could arise in investigating SEA in your context?**

Many participants expressed their concern regarding the complexity of carrying out SEA investigations in many different aspects such as: -following a survivor centred approach vs internal investigations, capacity and relevant training and skills for conducting investigations, and concerns regarding investigation for communities in transit-people who are constantly on the move.

- **Are standard investigation operating procedures used to help to guide the investigation process in a timely, safe, survivor-centred manner?**

From the varied responses received it would be accurate to suggest that the word ‘standard’ that was used in the question to participants was perhaps a little too ambiguous as different agencies and organisations managed their own investigation SOP based on the capacity and/or resources it had and not much was known on whether this was survivor centred and what that truly meant or looked like in reality. There was also a call for further support required from UN agencies on best practice and dedicated technical support when managing SEA investigations.

RECOMMENDATIONS

To reflect the voices and experiences from the PSEA practitioners, a question relating to their recommendations and priorities on how the regional R4V Platform could better support them in implementing joint PSEA activities for the refugee and migrant response was asked in both the KIIs and FGDs. Below in **black bold** is a summary of **recommendations from the field** that align with the R4V PSEA Mappings identified recommendations and priorities. The recommendations from the field are alongside the **general recommendations brought forward by the R4V PSEA Mapping** which are in **bold blue**.

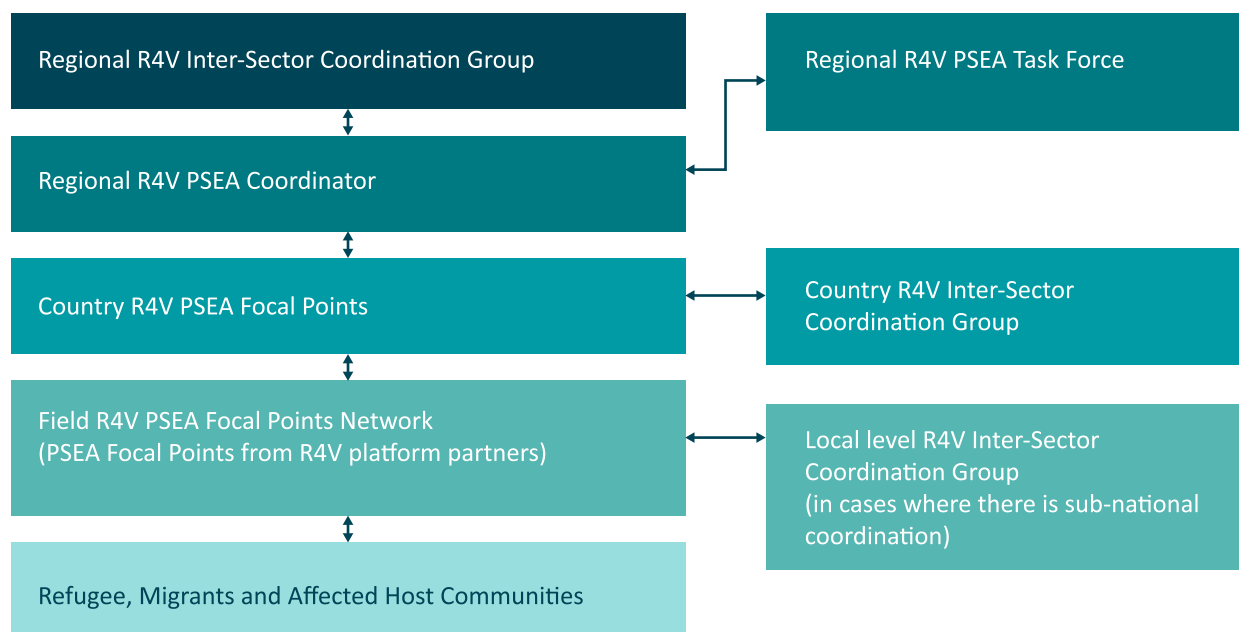
COORDINATION:

- Appoint a dedicated inter-agency regional PSEA Coordinator to lead on the R4V Platform’s PSEA coordination and capacity development activities. The R4V PSEA Coordinator could lead on the establishment of a **PSEA Community of Practice** with R4V PSEA Focal Points in each country platform, these would need to be identified through the inter-sector R4V coordination group. The PSEA Focal Points at country platform level would in turn lead country level inter-agency **R4V PSEA Network** of focal points from field level R4V Platform members, preferably from field locations in country to also **bring the coordination closer to localized coordination structures**. This coordination model proposed follows the recommendation of the IASC proposed PSEA structure at country level¹⁷ adapting it to include the regional response dynamic and locating it within the existing R4V structures. **The proposed R4V PSEA structure adapted from the IASC structure is elaborated in the below diagram**. The concept of an R4V PSEA Network at country level reporting to the R4V inter-agency platform coordination as opposed to a ‘Task Force’ not only seeks to **avoid duplication with the UNCT PSEA coordination**, it directly responds to the need to improve inclusion of field level humanitarian actors, especially international and national NGOs, into PSEA coordination. It would be led regionally by a full time dedicated inter-agency R4V PSEA Coordinator who would lead the regional R4V inter-agency Task Force and report up to the R4V inter-sector leadership and ultimately the IOM and UNHCR **regional R4V Coordinators**. The regional R4V PSEA Coordinator would then establish a network of R4V country level PSEA Focal Points (one per country, using existing inter-agency focal points where possible

to identify these), these **country PSEA focal points** would in turn identify **field PSEA focal points** in the PSEA partners and establish a **country level PSEA Network** reporting directly to the country-level R4V inter-sector coordination. In countries whereby local/field level R4V coordination platforms also exist alongside the national level, the field PSEA focal points should seek to establish either a sub-national/field level PSEA network where feasible and depending on scale of the coordination/response and risk level, or alternatively they should sit in the field level Protection Sectors/Working Groups (PS/PWG) to coordinate PSEA activities and this should be incorporated into the ToR of these PS/WG. The field level PSEA focal points should always be able to report to the field level R4V inter-sector coordination groups. However, this proposed country level structure does not pertain to Colombia whereby a PSEA Network is already in existence under the PSEA Task Force, rather in this case the R4V should support the inclusion of more R4V platform members in this mechanism and rely on the R4V country level PSEA Focal Point of an agency already participating in the PSEA Task Force who can be the link between the structure and R4V reporting up to the inter-agency R4V coordination group and also sharing all R4V PSEA strategy and activity through the PSEA Task Force and Network, a specific ToR would be required for this linking PSEA Focal Point role.

17 Inter-Agency Standing Committee (IASC) Plan for Accelerating Protection from Sexual Exploitation and Abuse (PSEA) in Humanitarian Response at Country-Level, December 2018, <https://interagencystandingcommittee.org/iasc-champion-protection-sexual-exploitation-and-abuse-and-sexual-harassment/iasc-plan-accelerating>

PROPOSED R4V PSEA COORDINATION STRUCTURE



- **The Regional PSEA Coordinator, Country-Level and Field R4V PSEA Focal points should all have ToRs developed**, corresponding to their roles and abilities in the proposed coordination structure above. It is recommended to select a PSEA country level Focal Point as a lead agency already active in R4V PSEA coordination where possible, it is also strongly advisable that this is an agency with field presence/activities providing humanitarian response to refugee and migrant population (either directly or through partners) to ensure understanding and connection with the field.
- As the ‘double hatting’ a significant challenge for the PSEA Focal Points identified it is recommendable that R4V partners put forward staff with field presence but also with bandwidth to follow up on tasks. **Protection/GBV staff are often recommended however this risks reinforcing the concept that PSEA is only the responsibility of the protection sector**, a **PSEA Focal Point core competencies, skills and essential knowledge assessment tool** could be developed and shared with R4V partners to help guide them on the profile required, which may also be from other sectors.
- Develop a **regional and national level inter-agency PSEA strategy and plan**, through individual PSEA strategy planning workshops in the proposed national R4V PSEA Networks and then a regional R4V PSEA strategy workshop including all of the national level PSEA Focal Points who can bring their plans and strategy inputs to regional level.

To reinforce positive planning approaches, it may be **beneficial to develop a PSEA planning template** to guide each country-level PSEA Network’s planning process of the joint inter-agency PSEA activities they will undertake with a timeframe, activities and roles and responsibilities clearly outlined. This could be complementary to the RMRP PSEA planning sections and provide more detail and coherence.

- To ensure the inclusive and active participation of all R4V partners into this proposed PSEA coordination structure and strategy/planning process efforts to raise awareness and inclusion of actors regarding existing R4V coordination mechanisms may still be required. This could entail an initial workshop to build awareness and capacity on R4V coordination, planning and strategy processes **targeting national and smaller NGOs**. A separate **workshop for R4V Platform and Sector/working group coordinators on how to build inclusive coordination** for local actors, identifying jointly challenges and proposing concrete actions for the R4V coordination to overcome this would equally be beneficial.

POLICIES AND PROTOCOLS:

- Raise **greater awareness on the scope of application of PSEA policy** (for example both inside and outside the

work environment) and the wider risks in the refugee and migrant context. This recommendation is linked to two key actions. **Firstly, PSEA risk assessments should be conducted with all R4V partners and guided by the regional, national and field PSEA focal points, a template risk assessment and guidance (training) on how to conduct these should be provided to PSEA Focal Points.** The results of the risk assessment should be anonymously compiled and used to adapt all PSEA training materials, guidance and protocols to the risks in the specific context. Secondly, staff awareness of the application of PSEA policy and reporting mechanisms can be provided joint with the training, using the risk assessment to adapt content and messaging.

- In order to **provide guidance and support for the development of an inter-agency PSEA protocol including reporting, complaints handling and survivor assistance procedures, the R4V Platform could reinforce the roll out of the RSSN PSEA toolkit and SOP template.** This would **avoid recreating tools and guidance that already exists within the region** and could be rolled out through the national level PSEA Focal Points and Networks through a dedicated workshop on the development of country level inter-agency PSEA protocols (borrowing as much as possible from the good practise of the R4V platform in Ecuador). Once in place, based on review and learning from the operation of PSEA SOPs at country-level, a regional level PSEA reporting and referral protocol could also be developed.

CAPACITY DEVELOPMENT:

- There is a resounding request from all R4V national and sub-regional **platforms to provide adapted and standardized PSEA training packages**, this process should be preceded by a risk assessment and mapping of stakeholders for whom adapted materials should be produced. **An R4V inter-agency mapping of actors** to include in PSEA capacity building would help to identify the need to adapt training tools to these actors **(including management level staff, security staff, cleaning staff, hotel staff, vendors, transport staff, community volunteers, service providers, state institutions, community based organizations, hotline and complaints mechanisms staff, etc.)** that speak to their particular understanding and roles regarding PSEA in the refugee and migrant response. **The training materials should be adapted to local languages, include concrete examples and case studies relevant to the particular contexts, include discussions on the relation between power, gender and harmful cultural**

norms and SEA, and also include strong age, gender and diversity discussions to ensure that PSEA actions are accountable to all of the affective population in an inclusive way. In line with the suggestion of respondents, inter-agency training materials **should be compiled from existing tested resources where possible** (e.g. RSSN PSEA tools, R4V Ecuador training materials, IASC tools, Colombia GIFMM training tools).

- Provide **focused capacity development targeting PSEA country level and field focal points** on comprehensive PSEA systems with concrete examples of risks as well as good practices. Focal points should also be capacitated on the role of a PSEA focal point. The capacity building for PSEA focal points should be continuous and mixed methods to include initial in-depth training on PSEA principles and systems, ongoing learning through the PSEA Network coordination mechanism meetings, and virtual training options where possible. Furthermore, a **Training of Trainers (ToT) for PSEA focal points** is a more impactful and sustainable approach to rolling out PSEA training.
- There is a **need for more dedicated funding for PSEA projects of NGO implementing partners** to provide PSEA capacity building and technical support activities on the ground, similar to the HAI project in Colombia dedicated PSEA funding could be allocated to R4V partners with strong capacity and commitment to inter-agency collaboration and capacity building.

COMMUNITY ENGAGEMENT:

- To avoid inconstancy and a ‘piece-meal’ approach to communicating PSEA to the community, participants have asked whether UN agencies could **provide standard PSEA messaging and communications for communities (CwC) tools.** It may also be useful for the regional **R4V PSEA working group to provide training on Communication with Communities during this pandemic and holding COVID-19 specific inter-agency sessions so that organisations and agencies can share good practices and troubleshoot ideas or suggestions** in overcoming this current barrier.
- Ensure all agencies and organisations hold the **same understanding and definition** with regards to PSEA terminology.
- **Profound training sessions to INGO/NNGOs/UN on definition of a CBCM, what are the benefits of establishing**

it for the community and for organisations, what are the differences between a CBCM and a C/F channel, how would it work? Etc.

- **An inter-agency SOP would be beneficial for smoother complaint handling and play a vital role when CBCM's are in place.** The example of R4V Ecuador and the RSSN toolkit could be used to support this process.

SURVIVOR RESPONSE:

- **Carrying out PSEA training for SEA service providers on referral pathways (especially State institutions),** focusing on the survivor-centred approach and best interests of child survivors and ensuring that SEA considerations are integrated into all steps of case management processes.
- **Do a quality assessment mapping of services when establishing referral pathways to see which are suitable and adequate for survivor referrals.** This is in line with the Humanitarian principle of Do No Harm to ensure we are not indirectly placing survivors in further harm or revictimizing them.
- The need to **raise greater awareness on the scope of application of PSEA policy (for example both inside and outside the work environment) to ensure that the policy is mainstreamed externally as well as internally and perhaps conducting a national level PSEA specific assessment** which looks at national legal frameworks, investigation practice into SEA, state capacity and laws which feed into the wider risks in the refugee and migrant context.
- **Working closely with gender, GBV and protection teams to better understand the root causes and how GBV is viewed within the community will allow aid workers to gain further insight into how to tackle SEA.**



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