The Philippines PSEA Task Force Inter-Agency Referral Pathway

The protection from and prevention of sexual exploitation and abuse is guided by the United Nations Secretary-General’s Bulletins and Issuances by the Inter-Agency Standing Committee. These highlights the roles and responsibilities of organizations and personnel working within the UN, its partners and international humanitarian agencies. PSEA is an individual and organization’s responsibility.

In the Secretary-General’s Bulletin (ST/SGB/2003/13) defined the RC/HC’s role in supporting and creating an enabling environment for the establishment of PSEA Networks. This is similarly re-echoed in the IASC PSEA Global Standard Operating Procedures.

The Secretary-General’s Bulletin (ST/SGB/253), titled “Promotion of Equal Treatment of Men and Women in the Secretariat and Prevention of Sexual Harassment” provides the foundation for Protection from Sexual Exploitation and Abuse (PSEA). Sections 3 – 6 states the guiding principles of its implementation. The role of the Humanitarian Country Team (HCT) is to lead in the promulgation of these principles.

The organization of the PSEA Task Force (PSEA TF) is one of the HCT’s core responsibilities. The designated PSEA Task Force Focal Persons and the HCT Agency Heads should work together to ensure that sexual exploitation and abuse is prevented. This is regardless of affiliation across the humanitarian realm.

In 2016 the UNSG urged all RC/HC to strengthen the Zero Tolerance Policy on PSEA. All RC/HC’s were encouraged to ensure that PSEA TF at country level are organized and functional with their oversight and incorporating it in the HCT Compact.

The HCT are default members of the PSEA TF. It is composed of all the UN, INGO, NGO, Donor Agencies, Members of the Red Cross Red Crescent Movement, and private sector representative.

Purpose

The Philippines PSEA Task Force Inter-Agency Referral Pathway (PSEA TF IARP) intend to guide members on the process of reporting/referral of SEA cases when two or more agencies needs to respond. It also emphasized the role of individual organizations in the provision of appropriate assistance to survivors at the same time a means of ensuring that all members of the PSEA TF have preventive and protection measures, protocols and mechanisms in place.

The PSEA TF IARP defined that the TF does not have the authority to investigate referred incidents. This responsibility is with the individual organizations. It informs on the objective of the inter-agency referral pathways feedback mechanisms.

It is a contribution of the PSEA TF in the system-wide implementation of the Zero-Tolerance Policy to act on every transgression(s) specifically sexual exploitation and abuse by all UN and Humanitarian Organizations.
Definitions of Key Terms

For the purposes of this document some of the terms are defined to fit the context and appropriateness referencing to legally accepted definitions.

**Sexual abuse**
Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

**Sexual Exploitation and Abuse**
Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. Comment: All sexual activity with a child is considered as sexual abuse. "Physical intrusion" is understood to mean "sexual activity". “Sexual abuse” is a broad term, which includes a number of acts described below, including “rape”, “sexual assault”, “sex with a minor”, and “sexual activity with a minor”.

**Sexual Harassment**
Involves any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.

**Complaint**
A formal expression of dissatisfaction or discontent with something, or someone’s misconduct that requires a response. Information provided, whether by a complainant or any other person (source), indicating conduct that may be in breach of the UN Standards of conduct but that has yet to be assessed.

**Allegation**
A claim or assertion that someone has done something illegal or wrong, typically one made without proof.

**Source**
Refer to any member of the affected community or beneficiaries of assistance/service, personnel of any PSEA TF member organization and all NGOs, CSOs and implementing partners in the field or national and sub-national levels.

Commonly understood as a person who is, or has been, sexually exploited or abused. In the implementation of General-Assembly mandated activities, an individual, whose claims that he/she has been sexually exploited or abused by United Nations staff or related personnel have been established through a United Nations administrative process or Member States’ processes, as appropriate.

**Survivor**
Also refer to as victim(s) as indicated in below definition.

Reference is made to the term ‘Victim’ defined as a term used by legal and medical sectors, while the term ‘survivor’ is generally preferred in the psychological and social support sectors to a person who has experienced sexual or gender-based violence because it implies resilience.

**Witness**
A person who observed, or has direct knowledge of, something under investigation.

**Whistle-blower**
Any person or group of individuals who reports or refers SEA cases and can either be a witness or survivor.
**Concern Agency**
Any organization/agency member of the PSEA TF or humanitarian agencies where the person of concern or survivor is affiliated.

**The Referral Pathway**

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**Source of the SEA allegation**
TF Secretariat or Anyone from the TF core who will receive the complaint

*SEA cases reported to an Individual/Organization who is a member of PSEA TF

**Individual / Organization who received the complaint will inform the concerned Agency**
- Agency procedure will apply
- Concerned agency has the option to seek technical advice from the TF on how to deal with the case
- Turn-around time of 28 days for feedback

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*PSEA TF does not investigate SEA reported cases. Member agencies are expected to have their own SEA referral system / safeguarding mechanism in place.*

The Referral Pathway is one of the PSEA TF reporting mechanism in the community-based complaints mechanism (CBCM) that blends formal and informal community structures, where individuals are able and encouraged to safely report incidents of SEA. This intends to complement individual organization’s referral and reporting pathways especially at inter-agency level.

**Standard Incident Reporting**

**Reporting Channels**

These are communication channels used by the source or survivor to report incidents or provide information for referral. All CBCM officially used by PSEA TF members in their regular programs are also official reporting channels. Reporting channels should be safe and accessible known by all community members, beneficiaries of assistance, implementing partners and all personnel working

The following are unexhausted list:

1. Official mobile or phone numbers tagged as hotlines
2. Grievance and redress drop boxes
3. Social media
4. Emails
5. Written letter or notes
6. PSEA Focal Points
7. Help desks
8. Printed materials, e.g. flyers, project tarpaulins, banners, posters, business cards, etc.
9. Community Officials
10. Community Leaders
It is important that reporters are guided that incidents/cases referred are done in good faith and are not intended to discredit any individual or organization.

Sources of SEA Allegations

Incidents of SEA can be experienced by anybody members of the community, personnel of an organization or individuals in vulnerable sectors and groups. Sources of allegations can be from any of the following:

1. Any individual member of the community regardless of status
2. Any members of the PSEA TF
3. PSEA TF implementing partners
4. Beneficiaries of assistance
5. Concern individuals, group of individuals witness to the incident
6. Mandated professions to report SEA
7. Member of the family or household
8. NGOs / CSOs
9. Accountability/Community Engagement/Safeguarding/MEAL Officers, etc. authorized by the organization

Minimum information to be reported

The following shall be the minimum information needed for a report or referral:

1. If known by the witness or reporter, complete name of the survivor or the person of interest
2. Organizational affiliation of the survivor or the person of interest
3. Date the incident happened
4. Time the incident happened
5. Location of the incident

Principles in Handling Cases

1. Confidential
2. Survivor-centered approach
3. Safety and security of the survivor
4. Closing the loop. Feedback on status or actions taken on referrals and incidents reported shall depend on the source. For reports and referrals made by the survivor, the concern organization shall ensure that feedback is provided within 28 days.

5. Informed Consent. For adult survivors an informed consent shall be requested for any legal actions. For children survivors, PSEA Core Principle 2 will apply at all time.

Consent signifies the approval by the participant for the information to be used as explained. Consent is often given with limitations. It must therefore be specified whether all the data and information provided can be used, including the identity of the participant, or whether the information may be used on condition that the identity of the participants is kept confidential. The participant may deem some parts of their testimony to be confidential, and others not: this should also be clarified and recorded. Informed consent is voluntarily and freely given based upon
a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. They also must be aware of and have the power to exercise their right to refuse to engage in an action and/or to not be coerced. Children’s informed consent should take into consideration their evolving capacities. In the case of a child, informed consent should be voluntary with the informed consent of the child and a parent or guardian. Persons with disabilities may need specific support based on the nature of their impairment whether it be physical, intellectual, or mental, to give consent. Even if informed consent is granted, the information collector has an obligation to assess the potential implications of the use of that information on the safety of the person providing it, and on others involved, and to minimize any additional risk to the participants that may be incurred.

6. **Gender Sensitive.** Response mechanisms that include case management, provision of service and assistance must ensure to consider differentiated gender approach appropriate for the survivor. This includes, religion, tribal affiliation/ethnicity, sexual orientation, gender identity, age, disability and distinguishing profile like, level of education, language barriers, solo parent, etc.

7. **Safeguarding.** When applicable and appropriate, this principle shall be observed at all time especially on evidences relevant to the incident reported. This must be reported as soon as possible to authorities. PSEA TF members should not initiate action or attempt to collect evidence and verify information.

When needed and appropriated, coordinate with authorities to ensuring that evidence, such as blood and semen samples, that could otherwise be lost due to the passage of time, mishandling, improper collection or storage, is properly obtained, kept, recorded and preserved. This includes the making of a photographic record of locations where the incident is alleged to have taken place and the recording of identification details for potential witnesses.

### Roles and Responsibilities of the Receiving Organization

The PSEA TF does not have the role or responsibility of investigating any allegations or case referred or reported. Any PSEA TF member if not directly involved with the organization receiving the referral or report should not validate information but must ensure that it is reported to appropriate reporting channels or directly to the designated official to receive SEA referrals or reports.

The receiving organization’s PSEA policies, mechanisms and protocols apply and will have the following roles and responsibilities:

1. Must at all time keep information confidential
2. Identify PSEA related policies breached and conduct investigation to validate or gather additional information. Fact finding.
3. Provide support or assistance as maybe necessary or refer to recognized institutions that have mandates on SEA related cases
4. Ensure the whistle-blower policy is activated and applied when necessary
5. Ensure the safety and security of the survivor
6. Ensure that liabilities and sanctions are applied after due process is completed.
7. Report back to the PSEA TF using the Report Matrix
Communication Plan

To ensure that the Referral Pathway is propagated shall be part of the PSEA TF activities. Each member of the PSEA TF shall commit to ensure that in all PSEA/GBV related trainings or orientation targeting personnel, community members, beneficiaries of assistance

1. Provide orientation or include in PSEA Trainings/Orientation as a regular topic the PSEA TF Referral Pathway
2. Include in Staff Orientation – PSEA Task Force member agencies are informed of the accountability process in SEA reporting. Agency level FRM protocol should reinforce the PSEA referral pathway channels.
   a. Mandatory reporting;
   b. Non-retaliation policy;
   c. Disciplinary measures to false or malicious reporting.
3. Awareness-raising in the Community – PSEA TF member agencies must inform the community on Code of Conduct and PSEA policies of the organization
   a. Staff code of conduct
   b. Complaint Response /Feedback Mechanism
4. Awareness-raising with Implementing Partners including the national and sub-national government. When appropriate, trainings and orientations with implementing partners especially on topics relevant to violence against women and children.