

PHILIPPINES HCT PSEA Country-Level Framework

The PSEA Country-Level Framework outlines the priority results that HCT members with its PSEA TF will work jointly to achieve in all humanitarian response and in response preparedness. It is intended to be reviewed as necessary to identify gaps and challenges for purposes of adjustments as maybe necessary, and to capture activities that contribute to achieving the results as determined through a consultative process amongst members of the PSEA TF eventually adopted by the HCT. The Framework provides the basis for tracking progress and resource needs on inter-agency PSEA activities by the HCT through the PSEA TF and all other partners as maybe relevant.

Priority results	indicators	Targets/ Benchmarks	Key actions	Time frame	Budget/ Funding Source	Lead agency/ ies per activity
Part A: Priority Results for PSEA						
Outcome 1. Safe and accessible reporting: Every affected child and adult recipient of humanitarian assistance has access to a safe, gender and child-sensitive pathways to report SEA (through community-based complaints mechanisms) ¹ that reach where humanitarian assistance reaches, are appropriate to the context and are accessible to the most vulnerable).						
Output 1.1. Safe, accessible, gender and child-sensitive mechanisms are in place for reporting SEA ¹ SH, particularly in high-risk areas.	PSEA Inter-Agency Referral Pathway adopted by the HCT	PSEA TF members consulted and engaged in the development of the PSEA Inter-Agency Referral Pathway	PSEA TF Referral pathway finalized	Q1 2019	PSEA TF joint undertaking and funding co-shared	UNICEF OCHA UNFPA
	% of PSEA TF members and humanitarian agencies/ organizations trained on the PSEA Inter-Agency Referral Pathway, Child Protection Reporting Mechanism, GBV Referral Pathway, Code of Conduct, PSEA Core Principles	Informed/updated and knowledgeable humanitarian workers, relevant stakeholders and communities of exiting Reporting channels, Code of Conduct, PSEA Core Principles	IEC actions undertaken to inform/share the PSEA Inter-Agency Referral Pathway, Child Protection Reporting Mechanism and GBV Referral Pathway Conduct of training on PSEA TF referral pathways, Child Protection Referral Mechanisms and GBV Referral Pathway. To include Orientation on PSEA Code of Conduct, Core Principles, Minimum Standards	Continuing Continuing	PSEA TF joint undertaking and co-shared funding	UNICEF, UNFPA, HCT Communications Group

¹ A 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-up. See further information https://interagencystandingcommittee.org/system/files/best_practice_guide_inter_agency_community_based_complaint_mechanisms_1.pdf

Priority results	indicators	Targets/ Benchmarks	Key actions	Time frame	Budget/ Funding Source	Lead agency/ ies per activity
	<p># of HCT members and its partners with confidential community-based reporting channels appropriate for vulnerable groups (especially women and children, elderly, IPs, persons with disabilities)</p> <p>At least two confidential reporting channels are available for diverse community population</p>	<p>Community perceptions and communication preferences are captured on a regular basis (informally and formally through needs assessments, surveys, focus group discussions etc). All data are disaggregated by sex, age and disability at a minimum</p> <p>Confidential reporting channels available for diverse population</p>	<p>Mapping of community-based reporting channels</p> <p>Utilize the Pre-crisis Information Mapping and Consultation Platform of the Community Engagement CoP and expand to conflict affected areas (conduct) to identify preferred communication channels by the community</p>	2Q – 3Q 2019	Cost-shared by HCT members and other humanitarian agencies/ organizations	<p>OCHA –Lead agency, information to be provided by members</p> <p>PSEA TF, Community Engagement CoP and GiHA CoP</p> <p>- TO BE PILOTED IN Mindanao (Marawi Response)</p>
	One risk assessment per emergency scenario	Available risk assessments pre-crisis and for protracted emergencies	Conduct Risk Assessment(s) to identify perceptions and critical areas of concern; overview of vulnerabilities through the collection of SADD; results shared widely (HCT members, ICCG, PSEA TF members, other thematic areas and stakeholders as maybe needed.	Continuing	Joint undertaking and co-funding	OXFAM with IOM
	# of SEA / SH reported through PSEA TF and responded to within 7 days	Conducive reporting of SEA / SH complaints through the PSEA TF; referred to appropriate agency/organization; recorded	<p>PSEA TF members report back to PSEA TF on SEA / SH complaints received and processed</p> <p>Develop a template for reporting; electronically available</p>	<p>As needed</p> <p>2Q 2019</p>	Joint undertaking-co-funding	RC/HC UNICEF – P3
Output 1.2. Community mobilization, consultation and awareness raising on PSEA in each community receiving and/or affected by humanitarian assistance.	<p># of PSEA TF members with existing Community-based Complaint Mechanism (CBCM)</p> <p>% of the affected population (disaggregated by sex and age) reached through consultation in</p>	Process of consultations with beneficiaries (disaggregated by sex, age and any other specific vulnerability criteria) in identifying feedback/ complaints channels is completed and documented	<p>Map and review PSEA TF member's CBCM and develop a common mechanism if needed</p> <p>Consultations with affected population to evaluate existing CBMCs for</p>	Q3 – Q4 2019	Joint undertaking-co-funding	<p>CBCM led by UNHCR, UNHabitat</p> <p>IOM</p>

Priority results	indicators	Targets/ Benchmarks	Key actions	Time frame	Budget/ Funding Source	Lead agency/ ies per activity
	the establishment of community-based complaint mechanisms (CBCM), awareness activities and community mobilization interventions on PSEA including how to report SEA/SH-related complaints. ⁱⁱ	Preventive mechanisms and actions drawn from community consultations are integrated in awareness raising activities and community mobilization	effectiveness and compliance with human rights principles. Document community expressed preferred communication approaches and complaint mechanisms. Develop info /educational materials on PSEA fitted for community awareness - raising (work with HCT Communications Group)			IOM IOM
	% of sites reached with communications materials on PSEA, how to report on SEA and how to access survivor-centered assistance. (disaggregated by type of PSEA communication materials developed for each population group identified).	100% of sites provide information on how to report SEA and receive assistance. Materials developed and disseminated in line with community priorities including on how to report SEA/SH and how to access survivor-centered assistance.	UNICEF to assist in the dissemination of referral pathway mechanism among its partners and in the TF, by ensuring all contracts include the PSEA commitments Conduct info drives in SEA-risk areas	4Q 2019 and beyond	Joint undertaking-co-funding	PSEA TF Chiar (UNICEF for 2019 – July 2020)
Outcome 2. Quality survivor assistance: Every child and adult complainant/survivor is offered immediate, quality assistance (medical care, psychosocial support, legal assistance, reintegration support)						
Output 2.1. SEA/SH survivor assistance is provided through Gender-Based Violence (GBV) or Child Protection programming, and resourced accordingly through the Humanitarian Response Plan (or other funding mechanisms) in humanitarian contexts where this framework applies. ²	% of SEA/SH complainants/survivors who have a) been referred to survivor-centered assistance, as part of ongoing CP and GBV programming, and b) accessed survivor-centered assistance (disaggregated by age and sex and type of assistance received)	Survivors with reported allegations are referred for assistance and received support at least within 48 to 72 hours.	PSEA TF members to report back to PSEA TF on any case received for referral and response Monitor effectiveness and functionality of the PSEA TF Referral Pathway/CBCM Review existing client satisfaction materials and advocate to government to develop and implement client exit interview.	As needed 2020 and beyond	Joint undertaking-co-funding	RC/HC – P3 (UNICEF for 2019 WHO
	% of the affected population, women, men, girls and boys that can access GBV assistance. ⁱⁱⁱ	Affected population (women, men, girls and boys) can access GBV services. Satisfied with assistance received following a complaint on SEA/SH	Map PSEA TF Members survival support groups to include GBV support group.	Continuing	Joint undertaking-co-funding	UNFPA with PSEA TF Principals

² This can and should also include existing protection system which provides the basis for support to SEA survivors.

Priority results	indicators	Targets/ Benchmarks	Key actions	Time frame	Budget/ Funding Source	Lead agency/ ies per activity
		Improved services and satisfied clients measured through the conduct of a client exit interview for purposes of improving provision of assistance for GBV survivors.		Continuing		
	# of availability of health staff trained on clinical management of rape + emergency contraception + PEP	Survivors are attended by health staff trained in CMR and have access to emergency contraception + HIV PEP	Allocation of resources for the Training and purchase of supplies	As needed	Joint undertaking; co-funding; funding support from other sources	UNFPA/WHO with other agencies funding Post Exposure Prophylaxis (PEP)
Output 2.2 PSEA Networks have in place Protocols and Guidelines for survivor assistance, as part of an integrated approach with GBV services.	Available PSEA Protocols and Guidelines for Provision of Services for SEA/SH survivors. Status of implementation by PSEA Network of protocol for referral and provision of services for SEA survivors (in line with GBV referral pathways).	GBV referral pathway and child protection referral mechanisms integrated within PSEA Network SOPs. Gender responsiveness and child friendly criteria clearly identified and integrated into standard operating procedures (SOPs) of committee members handling the complaints	Develop the PSEA Protocols and Guidelines on Reporting, Investigating ³ and Provision of Services (prompt, safe and survivor-centered) for SEA/SH survivors; finalize document and present to HCT for adoption	As needed	Joint undertaking-co-funding; funding support from other sources	PSEA TF Principals, UNWomen, Save the Children and Plan International, OXFAM
	# of training/orientation conducted and % of PSEA TF members and local partners and personnel trained/knowledgeable on PSEA Protocols and Guidelines for Reporting, Investigating and Provision of Services for SEA/SH Survivors to include Data Privacy and Protection	PSEA Protocols and Guidelines adhere to data protection and privacy laws	Common PSEA orientation package developed and used for awareness raising, integrating the highlights of the CHS PSEA Investigation Training Training/Orientation of all agencies, including HOAs on PSEA Protocols and Guidelines for Reporting, Investigating and Provision of Services for SEA/SH Survivors; emphasize respective roles and responsibilities	Continuing	Joint undertaking, co-funding; funding support from other sources	All members of the PSEA TF, lead by UNHCR UNICEF and UNDP

³ Investigating refers to protocols and guidelines that are relevant for inter-agency actions and would be a reference for PSEA TF member agencies without existing or have not developed its safeguarding mechanisms or investigation protocols which maybe is more appropriate.

Priority results	indicators	Targets/ Benchmarks	Key actions	Time frame	Budget/ Funding Source	Lead agency/ ies per activity
	# of government inter-agency committees and networks trained/oriented on integrating SEA/SH, GBV and Child Protection Protocols and Referral Pathways	Increased government capacity (knowledge, skills and understanding) on the importance of integrating PSEA/SH protocols in existing government GBV and Child Protection Referral Pathways	Training/Orientation of members of government inter-agency committees and networks policy, coordination, implementation and monitoring and evaluation mandates related to GBV and Child Protection	Continuing	Joint undertaking; co-funding; funding support from other sources	PSEA TF Principals (UNICEF and UNFPA)
Outcome 3. Accountability and investigations: Every child and adult survivor of SEA who is willing has their case investigated in a prompt, safe, and survivor-centered way.						
Output 3. 1. PSEA Networks adopt, implement and track progress against Protocols and Guidelines for prompt, safe and survivor-centered investigations at country-level.	Report on status of implementation of PSEA Protocols and Guidelines on prompt, safe and survivor-centered investigation and reporting	Regular reporting to review Protocols and Guidelines appropriateness	Develop matrix to track implementation progress of PSEA Protocols and Guidelines on Reporting, Investigating and Provision of Services for SEA/SH Survivors	As needed	Joint undertaking-co-funding	PSEA TF Principals (For 2019 UNICEF, UNWomen, Save the Children and Plan International, OXFAM)
	% of SEA/SH survivors informed of and/or supported to participate in relevant accountability processes, including investigation. ^{iv}	Vulnerable groups and members of the community are consulted and able to provide recommendations on how to support them in reporting, investigation and knowledge building PSEA TF members, its partners and staff are informed and responsible in sharing of the hotline and email account	PSEA Protocols and Guidelines on Reporting, Investigating and Provision of Services to SEA/SH Survivors are incorporated in HCT members and its partners regular safeguarding mechanisms Provide regular feedback to HCT and the PSEA TF on actions to reports received from SEA/SH survivors Designate a hotline or assign an email account for community reporting; ensure confidentiality and adherence to data protection and privacy law; develop the guidelines to include identifying account administrator Review or map existing PSEA TF member's internal policies and mechanisms on reforms for perpetrators like counselling and psychosocial interventions	As needed	Joint undertaking; co-funding; other fund sources	PSEA TF Members PSEA TF Chair and co-chair RC/HC + P3 PSEA TF Members to share information

Priority results	indicators	Targets/ Benchmarks	Key actions	Time frame	Budget/ Funding Source	Lead agency/ ies per activity
			Strengthen inter-agency reference checks among members of the PSEA TF			PSEA TF HR Sub-Group
Part B: PSEA Country-Level Structure						
Outcome 4: PSEA inter-agency structure at country-level: The Humanitarian Coordinator and Humanitarian Country Team are supported at senior management and technical-levels to lead, oversee and deliver on the above 3 PSEA Outcomes.						
Output 4.1 IASC Members take on the PSEA Co-Chair role to support the Humanitarian Coordinator to deliver on PSEA at the HCT/ UNCT level, and co-chair the PSEA Network at technical level.	Status of designation of agency co-chairs for the PSEA Steering Committee (principal level, HCT/UNCT) and the PSEA Network (technical level)	PSEA TF members are accountable in providing updates on changes of focal points and ensure active and meaningful participation Chair and co-chair on two years leadership rotation as per ToR	Review of the ToR as maybe needed to adopt to changing environment and capacity Regular updating of the PSEA TF directory	Continuing		PSEA TF Principals (Chair, Co-chair, Secretariat)
	Status of development and implementation of the HCT PSEA Action Plan, including clearly defined roles and responsibilities of each actors.	PSEA TF consulted on the development of the Annual Workplan.	Develop and endorse the PSEA TF Annual Workplan (adopted from the Country Framework); conduct semestral evaluation of the plan	2019-and beyond,		PSEA TF Principals (Chair, Co-chair, Secretariat)
Output 4.2 A full-time PSEA Coordinator (with medium to long-term secured funding) is in place, with a direct reporting line to the HC/RC, that provides day-to-day technical support and expertise for the inter-agency PSEA Network, and in the absence of a Field Victims' Rights Advocate (FVRA) acts as focal point for victims' rights and assistance.	Status of deployment/hiring of a local full-time PSEA Network Coordinator	NO level full-time PSEA Coordinator is in place	Hire or Designate a full time PSEA Coordinator	As needed	Joint undertaking-co-funding	UNICEF for 2019 until July 2020
	Sustained PSEA TF	Functional and operational PSEA TF	Agenda discussion in the HCT	2 nd Qtr. 2019		
Output 4.3. An inter-agency PSEA TF is in place with the resources and expertise necessary to	Expanded PSEA TF membership and establish relevant task teams as determined and needed	PSEA Network is established and reports regularly to HCT/ICCG, via the chairperson or its co-chair	PSEA TF to convene on a bi-monthly basis Establish a PSEA TF at the sub-national level	2Q 2019 As needed		PSEA TF Principals (UNICEF and OCHA)

Priority results	indicators	Targets/ Benchmarks	Key actions	Time frame	Budget/ Funding Source	Lead agency/ ies per activity
deliver on PSEA outcomes (above).	Integration of PSEA Protocols and Guidelines on Reporting, Investigating and Provision of Services to SEA/SH Survivor in the Humanitarian Response Overview, ICCG Contingency Plans, Protection Strategy, CHS PSEA Index ⁴ (or similar documents), where relevant	PSEA TF Annual Workplan is costed and resourced amongst members of the PSEA TF and when possible is included in funding request	PSEA TF members to review and provide inputs to humanitarian resource documents, plan and determine how PSEA will be mainstreamed	As needed	Joint undertaking and co-funding	RC/HC – P3
	All partners (HCT and PSEA networks) meet required minimum standards such as the MoS and CHS PSEA Index to enable appropriate complaints receipt and handling.	100% of partners meet required minimum standards such as MoS and CHS PSEA index.	Regular updating / reporting of PSEA TF members adherence to Minimum Standards, CHS PSEA Index. Code of Conduct/PSEA Principles	Continuing		RC/HC – P3
	Available localized PSEA TF Facilitator’s Training Manual Available Pool of PSEA Resource Persons	Capacity of PSEA TF Focal Points on conducting orientations and trainings are built Ready and available PSEA Experts for trainings and orientations	Sharing of resources a PSEA TF Facilitator’s Training Manual Participation to PSEA trainings locally and internationally	As needed	Joint undertaking; cost-shared	ILO and UNHCR
Output 4.4. PSEA technical focal points from all HCT members are designated and actively contribute to the PSEA Network’s delivery of PSEA outcomes (as per the above).	# of HCT/UNCT members and its partners have appointed a PSEA technical focal point to the PSEA TF	UN Agencies and all its partners and stakeholders have a designated PSEA Technical Focal Point	Regular updating of the PSEA TF Directory and constant follow-up to other agencies/ organizations of to determine how many have designated PSEA focal point persons	As needed	Joint undertaking	CARE
	Annual Score Card to Report on PSEA TF Performance	Ensure operational and functional PSEA TF with capable human resource and costed annual work plan; quality and appropriateness of services	Develop the survey questions of the Annual Score Card to be accomplished by the community, partners and other stakeholders	Annual	Joint undertaking and cost-shared	RC/HC – P3

⁴ <https://www.chsalliance.org/news/latest-news/towards-a-revised-psea-index>

ⁱ Type of mechanism and targeted locations to be determined by each HCT based on context and existing channels/mechanisms for reporting already functioning. This could include, for example, phone hotlines, SMS, PSEA focal points, service points, etc. This could involve broader complaint channels that are strengthened with the necessary safeguards for reporting SEA, or training of PSEA focal points within protection-related services to support reporting and referrals, and/or other systems, and/or a combination of the above, as appropriate per the country context.

ⁱⁱ This should include the consultation of communities, particularly women and children, in the design of SEA-sensitive community-based complaint mechanisms.

ⁱⁱⁱ The tracking of access to services is a core function of the PSEA Network's role in strengthening response to SEA. Current gaps in SEA assistance coverage (as provided through GBV/ CP programmes) should be systematically addressed by HCT members, as well as through CERF/CBPFs.

^{iv} This may include civil and criminal proceeding, as well as other redress measures.

For additional information and resources:

<https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse>

<http://www.pseataaskforce.org/>

https://interagencystandingcommittee.org/system/files/best_practice_guide_inter_agency_community_based_complaint_mechanisms_1.pdf