

PSEA Focal Points Network Meeting Minutes, 28 October 2019

Next PSEA Meeting: 13 November 2019 9-11 am, UNHCR Khalda, EMOPS Room

Date: 28 October 2019, 9-11 pm, UNHCR-EMOPS room

Agencies present: UNHCR, INTERSOS, Care, CVT, Collateral Repair Project, IOM, INTERSOS, NRC, Save the Children-Jordan, UNDSS, UNFPA, WFP, AMR, Blumont, JRF, NHF, NHF-IFN, JCLA, IOCC.

AGENDA:

- Update on coordination tools (Training matrix, SoPs, coaching)
- IASC Core principles revised
- GBV IMS TF presentation: PSEA thematic analysis
- Good practice presentation by CRP: internal complaint mechanism flowchart
- Demo of SGBV Amaali mobile app (SGBV referral pathways)
- AOB

Agenda item	Discussion points	Action point
Update on coordination tools	Introductions, agenda review. Updating SOPs: a TF will be created to work on updating SOPs. The TF will review old SOPs to check roles, referrals, practical tools, etc to make sure that everything is aligned with standards. Some members shared their interest to join the TF and they will start working on updating SOPs (CRP, WFP, UNFPA). Co-chair will share the core document and there will be around two meetings with email exchanges to prepare the SOPs. Deadline: one month and a half. TOR for PSEA to be updated and shared. TOR will indicate the meeting cycle and it was agreed amongst the group to have the network meeting on a monthly basis, every second Wednesday of each month. Jordan Humanitarian Fund (JHF) from OCHA is still under discussion. Suggested priority for PSEA. OCHA is still awaiting funding. Coordination tools: Coaching: some agencies suggested developing internal tools. Small coaching sessions will be provided for organizations who need support, mainly for local organizations and smaller organizations who are aiming to develop their mechanism. Training matrix: participants were asked to share their overview regarding conducted trainings to see the number of the staff who were trained.	 TF will start working on updating SOPs. Co-chair will share the core document for the SOPs. Co-chair will update TOR for PSEA network and share with members.



IASC six core principles were shared by email. Principles have been revised at the global level and several improvements were requested before. Principle (4) was updated and finalized to: "Any sexual relationship between those providing humanitarian assistance and protection and a person benefitting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work".	•	Co-chair will share DIFID enhanced due diligence + MOS on PSEA
Members asked about other global tools and the co-chair briefly mentioned IASC Minimum standards on PSEA as well as DIFID enhanced due diligence.		
GBV is severely under-reported due to fear and stigma, data only from survivors supported by GBV IMS TF members. The overall number of survivors assisted by members of the GBV IMS Task force in 2018 increased by 25% in comparison with 2017 data.	•	Co-chair to share presentation
Women and girls disproportionally affected by SGBV and represent 96.8% of survivors assisted by members of the GBV IMS TF. Men survivors were mostly subjected to sexual violence in detention in country of origin. Boys are also at heightened risk of SGBV in displacement.		
The main types of SGBV reported in 2018 were psychological abuse (47%), physical assault (27.9%) and denial of resources (10.8%).		
Context: mostly intimate partner violence, 71% reached help more than one month after the incident. Only 9% of survivors wishing to be referred to security services. 53% of survivors were unable to receive livelihood services / 44% did not receive cash assistance.		
Thematic: PSEA 0.15% SEA survivors, all reported to relevant complaint mechanisms. Assistance is decreasing, so risks of SEA are increasing. Severely under- reported, fear of stigma but also loss of assistance. Fear that confidentiality will not be respected during complaint process, Fear bias from authorities if perpetrators are Jordanians.		
Risk points: in kind distributions and cash assistance programs, home visits (male staff to single women). Religious charities without prevention structures like CoC. Harassment in community center, home, over the phone.		
Sexual narassment by male staff members in centers where refugees receives assistance. Recommendations: PSEA Network to review SOPs (survivor-centred approach, role of PSEA focal point versus SGBV case manager), trainings, Outreach to communities (Inter-Agency campaign, curriculum for PSEA		
	revised at the global level and several improvements were requested before. Principle (4) was updated and finalized to: "Any sexual relationship between those providing humanitarian assistance and protection and a person benefitting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work". Members asked about other global tools and the co-chair briefly mentioned IASC Minimum standards on PSEA as well as DIFID enhanced due diligence. GBV is severely under-reported due to fear and stigma, data only from survivors supported by GBV IMS TF members. The overall number of survivors assisted by members of the GBV IMS Task force in 2018 increased by 25% in comparison with 2017 data. Women and girls disproportionally affected by SGBV and represent 96.8% of survivors assisted by members of the GBV IMS TF. Men survivors were mostly subjected to sexual violence in detention in country of origin. Boys are also at heightened risk of SGBV in displacement. The main types of SGBV reported in 2018 were psychological abuse (47%), physical assault (27.9%) and denial of resources (10.8%). Context: mostly intimate partner violence, 71% reached help more than one month after the incident. Only 9% of survivors wishing to be referred to security services. 53% of survivors were unable to receive livelihood services / 44% did not receive cash assistance. Thematic: PSEA 0.15% SEA survivors, all reported to relevant complaint mechanisms. Assistance is decreasing, so risks of SEA are increasing. Severely under- reported, fear of stigma but also loss of assistance. Fear that confidentiality will not be respected during complaint process, Fear bias from authorities if perpetrators are Jordanians. Heightened risk: single women). Religious charities without prevention structures like Coc. Harassment in community center, home, over the phone. Sexual harassment by male staff members in centers where refugees re	revised at the global level and several improvements were requested before. Principle (4) was updated and finalized to: "Any sexual relationship between those providing humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work". Members asked about other global tools and the co-chair briefly mentioned IASC Minimum standards on PSEA as well as DIFID enhanced due diligence. GBV is severely under-reported due to fear and stigma, data only from survivors supported by GBV IMS TF members. The overall number of survivors assisted by members of the GBV IMS Task force in 2018 increased by 25% in comparison with 2017 data. Women and girls disproportionally affected by SGBV and represent 96.8% of survivors assisted by members of the GBV IMS TF. Men survivors were mostly subjected to sexual violence in detention in country of origin. Boys are also at heightened risk of SGBV in displacement. The main types of SGBV reported in 2018 were psychological abuse (47%), physical assault (27.9%) and denial of resources (10.8%). Context: mostly intimate partner violence, 71% reached help more than one month after the incident. Only 9% of survivors wishing to be referred to security services. 53% of survivors were unable to receive livelihood services / 44% did not receive cash assistance. Thematic: PSEA 0.15% SEA survivors, all reported to relevant complaint mechanisms. Assistance is decreasing, so risks of SEA are increasing. Severely under- reported, fear of stigma but also loss of assistance. Fear that confidentiality will not be respected during complaint process, Fear bias from authorities if perpetrators are Jordanians. Heightened risk: single women without community support. Risk points: in kind distributions and cash assistance programs, home visits (male staff to single women). Religious charities without prevention structures like CoC. Harassment in community center, home, over the phone. Se



Good practice presentation by CRP	 activities of all sectors). Advocate for stricter safeguards in recruitment procedures. Develop guidance for joint SGBV/SEA risk mitigation across sectors. Full report is available here: https://data2.unhcr.org/en/documents/details/69934 CRP shared their good practice on their process for handling complaints. They have two centres one in East Amman and one in the Downtown. The system was developed by Mercy Corps. They have five main ways for receiving feedback without using the hotline. 	
Demo of SGBV Amaali mobile App	Members were briefed on Amaali mobile application. This mobile application has been developed by the (SGBV SWG) in Jordan. This mobile application will provide beneficiaries with information on services to seek help and will provide staff with information on referral pathways. It also allows them to share risk points.	 Training on using App can be provided if needed
AOB	OCHA fund for PSEA: organizations can apply for a fund for investigation if they need funding to hire an independent investigator. <u>https://interagencystandingcommittee.org/system/files/ocha_se</u> <u>a_fund_flyer.pdf</u>	OCHA to share more info