

Tips for strengthening Protection against Sexual Exploitation and Abuse through UNICEF programming

Protection from Sexual Exploitation and Abuse (PSEA) is an agency-wide responsibility requiring action from management, operations, human resources, programme sections and others. When it comes to programming, all sectors have a critical role to play in designing and implementing their interventions in a way that minimizes SEA risks and helps connect survivors of SEA and other forms of GBV to appropriate care. The *IASC Guidelines on Integrating Gender-based Violence Interventions in Humanitarian Action (GBV Guidelines)* provide practical recommendations, by sector, on how to achieve these aims.¹ Below is a summary of some of the key considerations.

ALL SECTORS

- Promote active participation of women, children and adolescents (particularly adolescent girls) in initial needs assessments, as part of routine monitoring throughout the duration of the project and during evaluations.
- Work with Protection/GBV actors to understand what groups might face barriers to accessing services and adapt programming to minimize these barriers.²
- Ensure staff and implementing partners have updated information on available GBV response services, especially medical and psychosocial/case management services; understand how to safely and appropriately provide referrals for GBV survivors; and receive training and refresher support on the procedures for reporting SEA cases.³

**** KEY TO REMEMBER** – Ensuring immediate care for the survivor must be a top priority, regardless of who the perpetrator is.
- Ensure all staff (UNICEF and implementing partners) as well as individual/institutional contractors and volunteers have received training on PSEA and signed the code of conduct.
- Strive for gender balance of staff – at least 50% female – particularly for activities that involve direct contact with women and children (distributions, community outreach, feeding centres, health clinics, child friendly spaces, schools/temporary learning spaces, home visits, etc.).
- Assess the potential costs and procedures associated with accessing a service and if/how they could create or encourage opportunities for exploitation (fees, registration processes, identification requirements, etc.).
- In alignment with child protection guidance and best practice, design programming in a manner that minimizes, and preferably eliminates, scenarios in which a staff member, volunteer or any other service provider is alone with one or more children for extended periods of time.
- Proactively communicate information about aid distribution procedures to the community (“Aid is free”; beneficiary criteria; administrative requirements; how to report inappropriate behavior by humanitarian workers; etc.).
- Work with the community to better understand where – and from whom – women and children seek support on sensitive issues.

Essential to know: Adolescent girls constitute one of the highest-risk groups for GBV, including sexual exploitation and abuse. Children with physical or intellectual disabilities also face increased risk.

¹ www.gbvguidelines.org

² For a list of at-risk groups, see pages 11-12 of the IASC GBV Guidelines.

³ Information regarding available GBV response services can be obtained through the GBV sub-cluster/GBV working group.

CHILD PROTECTION

- Build capacity of community-based child protection mechanisms on how to respond to cases of GBV, including SEA.
- Support GBV service providers to ensure facilities and services are accessible and appropriate for children and adolescents, keeping in mind the diversity of access needs for different groups of children/adolescents such as girls and boys with disabilities, those from minority groups, etc.
- Locate child-friendly spaces and other PSS/ recreational activities in locations that are safe, accessible and “public” (not isolated or hidden, not too far from other communal areas, etc.).
- Ensure adequate supervision and monitoring of family tracing and reunification activities, particularly when children are traveling with UNICEF/ IP staff and/or staying overnight in an interim location or with a foster family.
- Support the development and implementation of standard operating procedures (SOPs) that specifically address how to manage GBV cases involving children.
- Conduct regular visits to interim care centres and detention centres (for children in conflict with the law) to assess GBV/SEA-related risk. Consider how risks may differ depending on a child’s age, gender and other characteristics (ethnicity, disability status, sexuality, etc.).
- Work with GBV specialists to develop child- and adolescent-friendly messaging on GBV (“safe/unsafe touch”, etc.) and how children can report abuse.



EDUCATION

- Locate schools/TLS in locations that are safe, accessible and “public” (not isolated or hidden, not too far from other communal areas, etc.).
- Assess the costs associated with school/vocational training placements and if/how they could create opportunities for exploitation (school fees, uniform/identification requirements, school supplies, long distance to school/transportation required, etc.).
- Work with GBV/Protection actors to better understand the dynamics that might deter students from reporting abuse (gender, age, language, cultural expectations around authority/hierarchy, fear of retaliation, etc.).
- Help ensure female students’ and teachers’ menstrual hygiene management needs are met, (both to improve school attendance and to reduce risk of sexual exploitation in exchange for MHM supplies).
- Clearly post GBV referral pathways as well as rules against sexual harassment, exploitation and abuse in educational facilities.
- Promote the participation of females in PTA/SMCs, student clubs and teacher/staff committees.
- Attempt to minimize – or eliminate altogether – situations where a student’s advancement is entirely depending on a single teacher.
- Include GBV and psychological first aid (PFA) in capacity building plans for teachers and other school staff.
- Ensure regular supervision of teachers and other school staff.
- Create multiple channels for students, teachers and other school staff to express their opinions/ concerns (discussion groups, anonymous feedback mechanisms, etc.)

HEALTH

- In order to minimize stigma and increase accessibility, consider integrating GBV response services, such as clinical management of rape, into existing health interventions (sexual and reproductive health, antenatal services, etc.)
- Ensure health services provide survivor-centred care (respecting confidentiality, ensuring safety, protecting sensitive information, etc.)
- Ensure the presence of same-sex, same-language health workers and interpreters when possible.
- Provide a confidential and private space for examinations and conversations about sensitive issues (sexual and reproductive health concerns, GBV, etc.)
- Coordinate with other Health partners to address gaps in clinical management of rape supplies/ training and to ensure proper drugs, equipment and trained staff are available to treat both adult and child survivors of sexual violence.
- Work with GBV/Protection actors to assess potential barriers to accessing health services/facilities for different groups of GBV survivors (adolescent girls, people with disabilities, male survivors, etc.)
- Display information on available GBV services and SEA reporting mechanisms in Health facilities.
- Identify existing community supports (midwives, women's organizations, etc.) that can support survivors in seeking health care and reporting incidents of SEA.
- Ensure health staff understand mandatory reporting laws (if applicable) and have been trained on how to communicate their reporting obligations to survivors. Develop a support structure for health staff to seek support on difficult cases as they arise.
- Work with GBV/Protection actors to determine what programme modifications may be needed to reach particularly vulnerable groups and/or to care for survivors who are not comfortable coming to the health facility (home visits, mobile clinics, meeting a survivor at a neutral location, etc.).
- Train all health staff – including security guards, receptionists, lab technicians, interpreters, etc. – on the basics of survivor-centered care and, if relevant, the GBV referrals/SOPs in the location.
- Ensure proper measures are in place to protect confidential patient information (locked filing cabinets, password protected computers, etc.).



Photo: Frank Dejongh, 2019

NUTRITION

- Assess power dynamics within households that can influence different household members' access to food and responsibilities for providing food (Who eats first? Who eats most? Are certain members of the family more affected than others when there is a food shortage? Who is responsible for ensuring the family's nutritional needs are met?).
- Aim to identify the factors that may increase a family's vulnerability from a nutrition perspective (adolescent mother, female-/child-headed household, polygamous family, widow, etc.)?
- Work with GBV/Protection actors to assess potential barriers to accessing nutrition services/facilities for different groups within the population (child-headed households, people with disabilities, etc.)
- Take note of any issues or challenges beneficiaries report regarding registration, ration cards, etc. and inform those responsible (Camp Management, etc.)
- Display information on GBV services and SEA reporting mechanisms in Nutrition facilities.
- Consider co-locating Nutrition services with a health facility and/or a women-friendly space to help facilitate referrals for GBV survivors, including SEA cases.
- Share information about available GBV response services and SEA reporting mechanisms during mother-to-mother support group discussions.



Photo: Martine Perret, 2019

WASH

- Assess power dynamics within households that can influence different household members' access to water and responsibilities around water provision; and sanitation facilities.
- Assign females to roles that directly interface with the community, such as hygiene promoters and latrine/bathing facility/water point monitors.
- Ensure women are represented on WASH committees.
- Consult with communities – especially women and girls – about what coping mechanisms are used when water is in short supply.
- Assess how long women and girls spend collecting water.
- Ensure female students' menstrual hygiene management needs are met (both to improve mobility/dignity and to reduce risk of sexual exploitation).
- Consider soap making and/or production of reusable sanitary pads as a joint WASH/livelihoods activity.
- Provide water containers that are manageable for individuals with limited strength/mobility. Consider alternative options (such as transporting water to the home) for elderly, people with disabilities, etc.

C4D

- Help other programmatic sections to identify where/how communities feel most comfortable accessing information about humanitarian aid and services. Support colleagues in other sections to use these channels to regularly distribute accurate information on beneficiary criteria, registration/distribution procedures, how to report inappropriate behavior by humanitarian workers, etc.
- Work with Protection/GBV actors to understand what groups face barriers to accessing services in various sectors.⁴
- Support Protection/GBV actors to create simplified versions of the referral pathway (using locally-appropriate drawings, symbols, etc.) for use in community outreach activities. **NOTE: GBV awareness raising should only be conducted in locations where GBV response services are already available.
- In collaboration with GBV specialists, ensure community-based feedback/complaints mechanisms respect global standards for safe and ethical GBV data management and information sharing (protecting confidentiality of incident data, creating linkages to response services, etc.).⁵

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⁴ For a list of at-risk groups, see pages 11-12 of the IASC GBV Guidelines.

⁵ See WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf).