INTER-AGENCY
PROTECTION FROM SEXUAL EXPLOITATION & ABUSE (PSEA) DEEP DIVE REVIEW REPORT
SOUTH SUDAN

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Key assessment information:

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Timeframe Review Undertaken:	September 2023 to January 2024
Location of Review Object:	South Sudan
Commissioning Organisation:	UN South Sudan, Resident Coordinators Office, Inter-Agency PSEA Task Team
Contracting Organisation:	UNFPA South Sudan
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Acronyms

AAP – Accountability to Affected Populations
ACE - Adverse Childhood Experiences
AoR - Area of Responsibility
CBCM – Community Based Complaints Mechanism
CDC – Centres for Disease Control and Prevention
CCCM - Camp Coordination and Camp Management
CSAAS - Child Sexual Abuse Accommodation Syndrome
CWD – Child with Disabilities
DSRSG/RC/HC - Deputy Special Representative of the Secretary General / Resident Coordinator / Humanitarian Coordinator
FGD – Focus Group Discussion
GBV – Gender-Based Violence
HCT - Humanitarian Country Team
HDG - Humanitarian Donor Group
IASC – Inter-Agency Standing Committee
INGO – International Non-Governmental Organisation
IDP - Internally Displaced Person
IP – Implementing Partner
KII's – Key Informant Interviews
MOPAN - Multilateral Organisation Performance Assessment Network
MOS – Minimum Operating Standards
MTR - Mid-Term Review
NNGO – National Non-Governmental Organisation
OECD-DAC - Organisation for Economic Cooperation and Development - Development Assistance Committee
OIOS – Office of Internal Oversight Services
PMM - Principals Management Meeting
PSEA – Protection from Sexual Exploitation and Abuse
PSEAH – Protection from Sexual Exploitation and Abuse and Sexual Harassment
PWD – Person with Disabilities
RCO – Resident Coordinators Office
SBC – Social and Behaviour Change
SEA – Sexual Exploitation and Abuse
SEAH – Sexual Exploitation and Abuse and Sexual Harassment
SGBV – Sexual Gender Based Violence
SH – Sexual Harassment
SMART – Specific, Measurable, Achievable, Realistic and Timebound
SOP – Standard Operating Procedure
SVRO – Senior Victim Rights Officer
UN – United Nations
UNCT - UN Country Team
UNMISS - United Nations Mission in South Sudan

Executive Summary

Introduction to the review

1. Protecting South Sudan's population from sexual exploitation and abuse (SEA) perpetrated by the humanitarian and development workforce remains an ever present and growing requirement. South Sudan, now in its twelfth year of independence, has an estimated 9 million people, including refugees, who will experience critical needs in 2024[1]. Supported by an international and national workforce of unknown quantity, adequately addressing the associated SEA risks to be found nationally remains a work in progress and one beset with cross-sectoral, upstream, and downstream challenges.

2. These challenges exist on multiple levels within six dimensions – the country context; prevention; safe, accessible, and appropriate reporting; victims' right to assistance; accountability and investigations; and inter-agency PSEA country level structure and strategy. Such are the extent of the SEA risks within each of these six dimensions, South Sudan was ranked fourth globally for SEA risk, by the IASC Sexual Exploitation and Abuse Risk Overview index in 2023. With only Yemen (1st), Afghanistan (2nd) and Syria (3rd) being ranked higher[2].

3. To address the challenges, South Sudan's Inter-Agency PSEA Task Force was established in 2007 and revitalised as a system-wide coordination body in 2016 under the leadership of the Deputy Special Representative of the Secretary-General (DSRSG), UN Resident Coordinator and Humanitarian Coordinator (RC/HC). The Inter-Agency PSEA Task Force, comprising of UN entity and civil society membership, collective commitment on PSEA was galvanised, albeit to varying degrees, with good progress being made in a number of areas via the System-Wide PSEA Strategy 2018-23 and its respective annual workplans, including the establishment of 15 field-level PSEA task forces in priority localities and community-based complaints mechanisms, with varied functionality, in these locations.[1]

4. In 2021, a mid-term review of the strategy was undertaken. Its findings being used to inform the strategic adjustments to be made within the inter-agency PSEA workplans for 2022 and 2023. Building on this and with the System-Wide PSEA Strategy ending in 2023, the UNCT / HCT proposed that the appropriateness of the PSEA mechanisms and programmes activated by the system-wide strategy be reviewed. To this end, this Inter-Agency PSEA Deep Dive Review report was commissioned in-order for its findings to inform the development of the next system-wide PSEA strategy.

Review objectives

5. The review comprises of four main objectives: (1) **Learning:** An assessment of the effectiveness of UN South Sudan's inter-agency approach on PSEA has been undertaken, to provide learning from both achievements and challenges, whilst identifying where there are opportunities to bolster both prevention and response to PSEA at all levels. (2) **Accountability:** Accountability-oriented evidence augments the reporting in the review through the triangulation of qualitative and open-ended evidence. In doing so, the review assesses the agility of UN South Sudan's inter-agency efforts to meet and respond to changing needs across PSEA programming and through organisational initiatives. The accountability component of the review connecting strongly with the parallel inter-agency PSEA risk assessment undertaken in the first quarter of 2024. (3) **Gender equity, child, and disability rights:** Given the equity, gender and power dimensions that contribute to the occurrence of sexual exploitation and abuse; gender and equity are cross-cutting objectives and lenses through which this review was undertaken. (4) **Formative and summative:** Evidence and learning were generated around South Sudan's inter-agency progress on PSEA (UN and NGOs), in-particular across the programming and strategic initiatives of the inter-agency *System Wide Implementation Strategy on PSEA in South Sudan (2018-2023),* how results have been achieved, in which contexts and why; what factors have

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[1] Aweil, Bentiu, Bor, Jamjang, Juba, Kuajok, Maban, Malakal, Mingkaman, Pibor, Rumbek, Torit, Yambio, Yei, Wau.

enabled or constrained progress and results; and how the UN and NGOs within South Sudan can build on these lessons to inform more effective strategies and practice in the future.

Review methodology

6. The basis of analysis used for this review were the (1) country context; and five outcomes of the UNCT / HCT PSEA Action Plan Template [2] - (2) prevention, (3) safe and accessible reporting, (4) victims' right to assistance, (5) accountability and investigations, and (6) the PSEA country level structure and strategy. Each of the six areas were comparatively reviewed against specific PSEA standards and international norm criteria through a process of benchmarking in-order to identify gaps in the strategic approach and with cooperating partners (see figure 1, p.21 - Review approach framework components; and Annex 2, Review matrix by evaluation criteria, p.134).

7. The review design combined elements of process evaluation and participatory approaches that were delivered through each of the six focus areas. Attention to learning underpinned the overall review approach, using elements of appreciative inquiry to collate insights on key areas through engaging with the most relevant stakeholders to identify robust, truthful evidence, without bias (see figure 2, p.22 – Overarching review design).

8. The review was operationalised within each of the six interrelated focus areas by the following activities – (1) **Literature** and document review; (2) 139 **key informant interviews** conducted nationally using the questions provided *in Annex 4, Key informant questions and data collection* - for inter-agency, donor, NGO actors at national and regional levels (*see Table 2, p.19 - Type and Name of Organisation Consulted in Key Informant Interviews*); (3) 41 **focus group discussions** undertaken nationally with community members by demographic (see Table 1, p.19- Number of Focus Group Discussions per Demographic, and Annex 3, the focus group discussion questions); (4) **Benchmarking** - an assessment of inter-agency strategic alignment and coherence with PSEA policy, procedure and UN-wide standards and practices on PSEA, by using the comparator benchmark indicators to be found in the Review Matrix, Annex 2); and (5) **Process evaluation** undertaken to understand the extent current processes, mechanisms, and procedures to implement the Inter-Agency PSEA Strategy (2018-23) and its workplans (2022 & 2023) exercised appropriate PSEA risk management due diligence with cooperating partners, and questioned whether such actions are appropriate given the differing organisational, sector, geographical, cultural and demographic contexts to be found with South Sudan. (see also Process evaluation, pages 26).

Most important findings and conclusions

9. This report details its findings across the chapters of (1) country context, (2) prevention, (3) safe, accessible, and appropriate reporting, (4) victims' right to assistance, (5) accountability and investigations, and (6) PSEA country level structure and strategy. An overview of the findings for each is provided as follows:

Country Context:

10. **Vulnerability overview** – the review noted that South Sudan's democracy standing [3] and corruption perception status [4] impact the strength of government institutions to deliver a robust PSEA agenda and framework. Seen as an important partner, concerns are levied at the potential lack of trust help-seekers may have in the ability of government institutions to provide assistance, protection, justice, and accountability. Additional concerns were noted, including the erosion of checks and balances that makes impunity and abuse of power more likely. These concerns extend to sub-optimal rule of law, where corruption in law

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[2] IASC PSEA Core Indicators Guidance Note (2022). To be found at:
https://psea.interagencystandingcommittee.org/resources/iasc-psea-core-indicators-guidance-note. Accessed, September 2023
[3] South Sudan, Bertelsmann Transformation Index democracy status score of 2.7, which places the country within the category of a hard-line autocracy. Only Eritrea (2.1.) and Somalia (1.7) are considered to be less democratic within the region.
[4] Transparency International's Corruption Perceptions Index scored South Sudan, 13 on a scale from 0 ("highly corrupt") to 100 ("very clean"), ranking South Sudan 177th of 180 countries assessed in 2023.

enforcement and multiple barriers to accessing rights exist for the vast majority of all beneficiaries and community members, despite these rights being enshrined in law [5]through South Sudan's accession to several key human rights treaties. Such challenges in accessing rights are compounded by the multiple challenges and intersecting crises that South Sudan continues to endure. The impact of heighten vulnerability to shocks and the relative power of humanitarian workers has provided fertile ground for SEA incidents to occur.

11. Challenges with accessing rights were found to also exist amongst the humanitarian workforce. Key experts citing wide-ranging factors behind workforce underreporting of SEA, including language barriers and variable levels of educational attainment meant that understanding and complying with PSEA policy standards was compromised. Additionally, workforce concerns of impunity, abuse of power, the influence of cultural norms, and lack of faith and trust in whistleblowing protections, especially with regards to workforce safety and security fears. Vastly variable capacities in investigations were seen to compound workforce concerns that accountability responses only harm the complainant. This perspective contributing to sub-optimal organisational cultures, including believing its futile to report due to the disconnect between whistleblowing protections and practice.

12. Also related to humanitarian workers non-disclosure, the idea of mandatory reporting implies that staff are subject to administrative sanctions if it is found they covered up, concealed, or ignored known SEA. However, punishments for not reporting were seen by key informants as not the best motivator to report. Additionally, key informants spoke of the harmful impact that mandatory reporting organisational procedure have, not only on reporting and disclosure, but also in creating dilemmas of how best organisations can reconcile the duty to report with the victims' best interests[3] and victim centred approach. Furthermore, mandatory reporting without consent in fact risks harming victims', as is discussed in chapter 5 of this review, *fear of consequence* was a prominent barrier to reporting across all demographics.

13. For the vast majority of all demographics, the values and norms surrounding respect of parents / elders, the patriarchy, female virginity, sex, and marriage remained the barometer to which communities gauged *right* and *wrong* by. On the one hand, widespread acceptance of community *solutions* to SEA incidents served as a familiar and accessible avenue for help-seekers, but on the other, the application of violence and forced marriage deterred many from speaking publicly. Within this, the rule of law, or the absence of, remains enduringly problematic for SEA victims' and complainants help-seeking and accountability at the community level.

14. Further, community members views of normative boundaries are also shaped by their adverse experiences that impact greatly their coping responses and their relationships with others, including creating a barrier for help-seeking and engaging with victim assistance services (see Diagram 3 – Communities exposure to adverse experiences may influence non-reporting of SEA, page 34). For children, it has been well established in empirical studies that many child victims of SEA do not disclose at all or disclose with a delay[4]. Although women and girls are the primary victims, it is equally worrying that the situation with regards to boys is overlooked. Global research indicates that girls are 2 to 3 times more likely to report SEA experiences than boys[5]. And studies on boys 18 to 24 years old who experienced sexual violence prior to 18 years of age showed non-disclosure rates of more than 70% in Zimbabwe[6]. Further, person with disabilities are 3.4 times more likely to experience maltreatment than children without disabilities and are less likely or unable to report due to their dependency on others, lack of control over their own lives, problems with communication, and social and physical isolation[7].

15. **Power overview -** Between January and November 2023, the humanitarian operational presence within South Sudan consisted of 272 organisations and 9 clusters. National non-governmental organisations (NNGO) totalled 170 (62.5% of total), there were 83 international NGOs (30.5% of total), 10 UN entities (3.6%

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[5] Article 9(3) of South Sudan's Transitional Constitution (2011) provides that ''All rights and freedoms enshrined in international human rights treaties, covenants and instruments ratified or acceded to by the Republic of South Sudan shall be an integral part of this Bill.''.

of total)[8] and 9 bi-lateral donor agencies (3.3% of total)[9]. OCHA Humanitarian Response Dashboard data provides that Jonglei State had the greatest number of affected populations targeted, followed closely by Upper Nile State, Warrap State and Unity State. Without reliable human resource data on the geographical locations of the humanitarian workforce to determine the level of potential SEA risk posed by having greater numbers of humanitarian personnel in each location; *'affected populations targeted'* is used as a proxy indicator for this.

16. UN Women Gender Scorecard data[6] and data provided by five resident UN entities shows greater numbers of men being employed than women across all four categories – (1) national staff, (2) international staff[7], (3) national long-term in-country consultants, and (4) international long-term in-country consultants. The greatest gender disparity was found within the national staff category, with 1,008 men employed compared to 282 women for the five UN entities that provided data. For the same entities, the disparity was smaller amongst international staff, with 200 men and 118 women employed ((FT/TA/UNV). These findings being mirrored nationally amongst international and national NGOs, with only one INGO (located in Pibor) and two NNGOs (located in Renk and Bor) having female staffing levels over 50%, of the 21 organisations interviewed.

17. The absence of gender parity is problematic on two fronts, (1) It is important for organisations to portray an image of equality. This helps to reinforce the *'zero tolerance'* message by curtailing unconscious and conscious bias in the treatment of others; curbs the predominance of harmful attitudes and behaviours and lays the foundation of an environment where ethics and integrity are at the forefront of organisational change and management; and (2) Global evidence from UN system-wide data on all SEA allegations (2017 to April 2024) made against UN staff and associate personnel, provides that 97% of these allegations were made against male perpetrators, compared with 3% of allegations being made against female perpetrators. This pattern is one mirrored by UN implementing partners globally, with 98% of all SEA allegations (2017 to April 2024) being made against male perpetrators.

Prevention:

18. **Alignment with international standards** - The inter-agency PSEA strategy and workplans (2018-2023) were assessed to have either *'not met'* or *'partially met'* the standards stipulated by the IASC Minimum Operating Standards on PSEA, MOPAN and the UN Implementing Partner PSEA Capacity Assessment. The strategy was deemed to have *'not met'* the standards on (a) cooperative arrangements and contract conditions, (b) PSEA FP's undertaking a functional role within organisations, (c) and with regards to the timeliness of investigations. However, these shortcomings were deemed to have been improved upon, albeit in varying degrees, by the inter-agency workplans for 2022 and 2023, that followed the mid-term of the strategy in 2021. Despite this improvement, both the 2022 and 2023 workplans were assessed to have *'partially met'* the international standards in all seven core areas – (1) organisational policy, (2) organisational management & governance, (3) human resource systems, (4) reporting, (5) assistance & referrals, (6) investigations and (7) corrective measures.

19. Key shortcomings were found to be:
a) Organisational Policy: UN entities and clusters - Insufficient recognition to address workforce barriers to reporting SEA and strengthen whistleblowing policy directives in-order that (1) workforce SEA reporting mechanisms overcome barriers to reporting, including the influence of cultural norms and attitudes, and (2) ensuring communication on whistleblowing protections is targeted by workforce demographic to alleviate/address particular concerns of each personnel category, including mechanisms in place regarding abuse of authority, impunity and staff safety and security fears.

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[6] Sex disaggregated staff data (2021).
[7] Staff were considered as those personnel on fixed term (FT), temporary appointment (TA), or UN Volunteer (UNV) contracts.

b) Organisational management and governance: Greater due diligence should be applied to UN implementing partners sub-contractors through appropriate oversight to ensure that IP sub-contractors "*take appropriate measures to prevent SEA and to take appropriate corrective measures when SEA occurs*"[10]. Thus, going beyond a contractual clause, to ensuring actual implementation of this requirement. Additionally, Key informants highlighted that some UN entities and some clusters / sub-clusters / working groups lagged behind on key actions to operationalise PSEA change management within their respective areas of responsibility and as such, strengthening the accountability and inclusion of these actors was deemed important to close this gap.

c) Human resource systems: Safe recruitment – Over reliance on Clear Check has provided an illusion of rigour in-which appropriate due diligence is not exercised over candidates recruited from outside the UN system or for UN candidates who may have worked elsewhere. Evidence from the KII's suggests that the majority of non-UN candidates are scrutinised by only standard reference checks. This is concerning for all recruitments, but it is particularly concerning for those recruited to beneficiary facing roles. With regards to PSEA training, strategic and workplan outputs lacked any specificity on what should be included in PSEA trainings (induction and refresher) and how it should be delivered. There was no requirement on refresher trainings specified in the outputs nor on training/accountability for senior managers to fulfil their responsibility[8] to create and maintain an environment that prevents SEA and upholds the code of conduct.

d) Reporting: Principles of reporting – Outputs do not comply with the principles of reporting – safety, accessibility, confidentiality, and transparency. Nor are the principles used as a vehicle to identify, address, and overcome barriers to reporting from community members. Proposed activities are top-down and not bottom-up. Bottom-up approaches would serve as a baseline for behaviour change activities, should an inter-agency community communication strategy be developed. Whereas outputs specify that reporting mechanisms should be child sensitive, there is no such specificity with regards to persons with disabilities – a major gap. There were also no outputs regarding workplace reporting nor the overcoming of workplace barriers to reporting.

e) Assistance and referrals: Victim assistance services – Absence of specific indicators on 'quality' and 'holistic' services represents a gap given that a major barrier to help-seeking relates to the unavailability / poor coverage of '*quality*' and '*holistic*' victim assistance services. There are no *safety and protection* outcomes / outputs. Given *'fear of the consequences'* is a notable barrier to reporting and / or help-seeking, then more should be done to overcome this barrier. Appropriate avenues for recourse and redress – recognising the shortcomings to deliver truly victim centred assistance in investigations and accountability processes, questions should be asked as to what constitutes "appropriate" recourse and redress and respond accordingly with concrete actions for reform.

f) Investigations: Timeliness - *Proportion of SEA cases reported that are closed within the year* indicator does not address the requirement for investigations to begin within 3 months. Children – Outcome highlights child victims' but there are no outputs that relate to this. Given the very specific needs of child victims' and the lack of in-country expertise in this area, then this is something that should be addressed.

g) Corrective measures: Every SEA incident represents a failure of the risk management framework to protect individuals from sexual exploitation and abuse. As such, each SEA incident should be assessed for the reasons it occurred (i.e. what gaps exist in the risk management framework?), what lessons can be learned and what improvements can be made to minimise the risk of a repeat occurrence. This should be reflected in the outcomes / outputs.

20. **Effectiveness** - Three of the four outputs were assessed to be '*moderately satisfactory',* with the output concerning 'safe recruitment' assessed to be '*unsatisfactory'*.

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[8] IASC Core Principle number 6– "Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment".[8]

21. Commitment and alignment: Thirteen of 22 actors (59%) consulted nationally considered that – *'PSEA is important, but we have limited human and financial capacity to address it adequately and receive little UN / donor support'*. Seven of 22 actors (32%) rated themselves as – '*PSEA is important, and we have the financial and human capacity to implement what is expected of us*.' Two of 22 actors (9%) rated themselves as '*PSEA is somewhat important, but it is one of many competing obligations imposed on us by the UN and other donors.'*

22. Recommendations: (1) Overcome the barriers to an inclusive inter-agency PSEA taskforce[9]; (2) Ensure training builds capacity and changes behaviours as part of an office-wide mainstreamed approach to i. standardise office wide roles and responsibilities, ii. office wide capacity building and systems strengthening, and iii. behaviour change communication and engagement, (3) Use social and behaviour change and gender-based violence methodologies to strengthen SEA prevention efforts to shift from spearheading training on *misconduct;* (4) Leave No One Behind - strengthen on-the-ground capacity for greater targeting of children and persons with disabilities in community engagement and awareness-raising efforts; (5) Include PSEA into Rapid Needs Assessments; (6) Measure the effectiveness of awareness raising and training efforts to change behaviours for both workforce and community members.

Safe, Accessible & Appropriate Reporting

23. **Alignment with international standards** - The findings show partial alignment of the Inter-Agency PSEA Strategy (2018-23) and its respective workplans (2022 & 23), for most outputs. The inter-agency PSEA workplan for 2023, showing improvement on previous years, with alignment to international standards in two areas (a) SEA risk assessment and contextualised needs assessment; and (b) Community consultation, mobilisation and awareness raising on PSEA.

24. Key recommendations are for, (1) Outputs to be more targeted and explicitly incorporate *'at risk'* groups. Actions should seek to overcome demographics invisibility, notably for children of all ages (in-school and out-of- school), persons with disabilities and children with disabilities; and (2) Similarly, with regards to training, there is also a need to be more targeted. Outputs relating to the *UN Implementing PSEA Capacity Assessment* are only relevant to the UN and its implementing partners. Therefore, it is important to recognise how standards are to be cascaded downstream and ensure explicit distinction between the roles and responsibilities of the UN and international non-governments. Explicit activities that target contractors, consultants, non-UN implementing partners, and managers are also highly recommended.

25. **Effectiveness** - Overall, the strategy and workplans were assessed to be '*moderately satisfactory'*. Key weaknesses were to be found with the lack of specific demographic targeting to a) identify and overcome barriers to reporting, b) sustainably engage each demographic in the design, implementation, and monitoring of the CBCM's, and c) develop community engagement strategies that are bottom-up and based on each demographics (per location) perspectives and understanding of SEA and reporting so-to establish a behaviour change baseline.

26. Progress on community-based complaints mechanisms and accountability to affected populations was found to be variable and location specific. The findings of the 9 locations reviewed identified that (1) 50 % of locations did not have child specific CBCM's; (2) 50% of locations did not have person with disability specific CBCM's; (3) Only 0.6% of the beneficiary population for one international NGO in Mingkaman have been reached with awareness raising materials; (4) Only 50% of organisations interviewed had standard

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[9] A number of key informants spoke of the UN centric nature of the inter-agency PSEA Taskforce strategic approach as a barrier to their participation and engagement. This UN centricity, by default, is also to be found in several outputs of both the *System Wide Implementation Strategy on PSEA in South Sudan (2018-23)* and it's respective workplans for 2022 and 2023. However, despite all PSEA Taskforce members being availed the same opportunities to engage at both the technical and steering committee level, challenges with engagement and accountable representation persist. A rising tide floats all boats equally and to achieve this requires more collaborative discourse between inter-agency actors to identify and overcome the barriers to actors inclusive, equal, accountable, and fruitful engagement in the taskforce and wider PSEA agenda. This should be undertaken by a) international NGOs, b) national NGOs, including the South Sudan NGO Forum membership, c) the clusters / sub-clusters / working groups and d) UN entities.

operating procedures for community-based complaints mechanisms (CBCM-SOP); (5) Only 64% of CBCM sites are monitored for effectiveness and (6) 70% of CBCM have a trained CBCM focal point.

27. Community barriers to reporting: Central to the effectiveness of community-based complaints mechanisms is that the design, implementation, and monitoring of them is based on demographics barriers. This includes the perceived acceptability of transactional sex as a means for survival and the widespread belief that SEA misconduct only includes those acts where force is used. Exploitative relationships were largely deemed unacceptable but for a different reason – duty bearer perpetrators fractured the trust communities placed in them.

28. Additionally, the limitations of community-based complaints mechanisms are important to recognise. Key experts spoke of concerns that the process undertaken by many organisations is insufficient and only compounds the invisibility of demographics, especially children and persons with disabilities. Recognising that there are notable limitations with only relying on organisation-led reporting mechanisms to identify harm and abuse is important. Reporting, disclosure, and detection represent three important and instrumental procedures to moving "*beyond the impasse*" in overcoming all demographics inherent vulnerability, invisibility, and lack of agency in seeking help.

29. The following provides an overview of the main barriers to reporting per demographic consulted.

a) *Children:* Specific attention should be given to the differing reporting behaviours of children. As mentioned, it is well established globally that many child victims of sexual harm and abuse do not report at all, or report with a delay[11]. For those that do report, it is far more common for child victims to disclose to someone about their abusive experiences, either immediately or with a delay[12]. This being compounded by the impact of adverse childhood experiences have had on their well-being, acceptance of violence and their perceptions of right and wrong. Further confined by social and cultural norms that lead them to fear the consequences of reporting, including forced marriage and provoking violent community responses, and distrust the parameters of confidentiality. This highlighting the important role that creating '*safety*' and removing '*consequences*' for children and adolescents brings in their importance for accommodating and increasing reporting from this demographic. This perspective being strengthened by the positive reporting behaviours noted in the FGDs conducted with school children who had received SEA sensitisation, alluding to the authority [and consequence] of parents/elders being supplanted by an alternate authority that was interpreted to give them '*permission*' to report SEA. Aside from this, other barriers were cited including a lack of trust due to perceived impunity and other more practical challenges, including lack of English language/ literacy skills and distance to the community-based reporting mechanism. A number of boys also cited that they felt stigmatised as potential perpetrators and as a result, were silenced by this perception and cultural norms of '*to be seen and not heard'*.

b) *Person with disabilities:* Men with disabilities cited a lack of trust as their most prevalent barrier to reporting. This was closely linked to whether they had positive experiences with the humanitarian sector or not. Central to negative experiences was the perceived lack of transparency in actors programming and operations. Women with disabilities also cited a lack of trust as their most prevalent barrier to reporting but the reasons for this stemmed from their fears for the safety but only if they were to report to international personnel. Perceiving that national personnel are less likely to evade accountability because they are well known within the community. Whereas girls with disabilities cited their preference for disclosing SEA incidents to their parents and / or community structures as their most prevalent barrier. This preference was due to its familiarity and having the SEA incident addressed by their cultural values. Other key barriers to reporting SEA cited by both men and women with disabilities was their preference to report to the police or via community structures. Reporting via community structures was due to familiarity and having the alleged SEA incident being addressed by their cultural values. Reporting to the police was due to accessibility, familiarity, and a belief that the police were best placed to hold the perpetrator to account. The primacy of cultural norms over accepting code of conduct norms was a common theme across all demographics consulted.

Adults and the Elderly: Adult Women *indicated* a significantly greater inclination to use established community-based complaints mechanisms than adult men in five locations - Aweil, Kuajok, Jamjang, Bor and Renk. Equally. elderly women cited a greater willingness to report via established community-based complaints mechanisms than elderly men. A lack of trust was their most frequently cited barrier to reporting. The lack of trust stemming from negative experiences, including perceiving entities as ineffective, biased, and corrupt. For other elderly women, their lack of trust was due to perceived impunity in accountability processes and the belief it was futile to report because of this. For elderly men the most prevalent barrier to reporting via established CBCM's was their preference for SEA incidents to be addressed by the community due to cultural norms and expectations of the community leadership. However, some feared the consequences of reporting via community structures, citing the prevention of violence against the perpetrator as their primary concern. Men were concern of being stigmatised for reporting SEA due to (1) SEA being perceived by themselves and largely treated as a '*women's issue*' by the aid community, and (2) fear of being labelled as a perpetrator when seen in what they consider to be 'women's only spaces. This mirroring the findings for boys. Reporting via community structures for men, women and elderly men was the most prevalent barrier to reporting via established mechanisms due to cultural norms and expectations of the community leadership. However, some feared the consequences of reporting via community structures, for example provoking violent responses. Several women stated that they would have to report SEA incidents to their husbands first to avoid being beaten.

Victims' Right to Assistance

30. **Alignment with international standards** – the '*UN Protocol on the Provision of Assistance to Victims of SEA*' presents a conundrum for the context of South Sudan by specifying victims' have access to holistic services based on '*existing services and programmes.*' For South Sudan, any reliance on *existing services and programmes* means that victims' right to access holistic services isn't met. A situation that is compounded by budget constraints, victims' own barriers to '*help-seeking*' and expectations of a referral pathway that safely links victims' to "*quality, competent and supportive services*"[13], where only 48% of health service providers were assessed by the South Sudan Health Cluster to provide only a moderate health service functionality. Concerningly, only 60% of organisations interviewed had access to child welfare services and 40% access to basic material assistance and livelihoods support. The implications of this for children and those fleeing harm and abuse being gravely concerning.

31. When compared against the *UN Victims' Rights Statement on Sexual Exploitation and Abuse (2023*) and *IASC Victim Centred Approach definition (2023)*, the inter-agency PSEA strategy was found not to have met any of their benchmark criteria[10]. Following the 2021 mid-term review of the strategy, this situation was improved somewhat, with the 2023 workplan having partial alignment with 7 key criteria and not met the standard for 2 of the criteria. Both the strategy and its corresponding workplans suffered from overly generic outputs. As such the key recommendations here are for more targeted outputs and corresponding indications, chiefly with regards to specific alignment with the *UN Victims' Rights Statement on Sexual Exploitation and Abuse (2023*) and *IASC Victim Centred Approach definition (2023)*.

32. **Effectiveness -** Two of the four outputs were assessed to be '*moderately satisfactory',* with the output concerning reporting and investigation outcomes was assessed to be '*unsatisfactory'*. Recommendations to improve the outputs are to (1) Address barriers to help-seeking through appropriate and targeted community engagement designed to overcome identified barriers, build trust, and enhance buy-in; (2) Address the shortfall in geographic coverage, accessibility, quality, and type of services to ensure holistic victim rights. In the absence of funding, this may include investing in transportation and building staff capacity; (3) Ensure follow-up on reporting and investigation outcomes that include (a) the continuation of holistic victim assistance, if needed, regardless of the outcome of the investigation, (b) feedback being provided to the victim, (c) the right of the victim to complain if their rights have not been upheld and (d) the

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[10] (1) Holistic support & assistance, including provisions for children; (2) Redress, the right to remedy, justice, and accountability; (3) Safety, security & well-being; (4) Informed consent; (5) Transparency & information; (6) Right to be heard; (7) Confidentiality & privacy; (8) Dignity, respect, non-discrimination & inclusion; (9) Right to complain of the treatment provided.

opportunity for the entity to learn lessons from why the SEA incident occurred and to what extent victims' rights were provided, and (4) Ensure victim rights to redress, justice, and accountability as per the UN Victims' Rights Statement and IASC principles.

33. Barriers to help-seeking - As with reporting sexual exploitation and abuse, the barriers to help-seeking are diverse and dependent on many contextual factors and is not a given. Decisions to seek help depend on how the victim labels the incident and as was found with transactional sex and exploitative relationships for survival, these were downplayed by communities as a '*livelihoods strategy'*. Conceptually, it is the direct relationship between the *'acceptability'* of these forms of victimisation and the victims' *'self-stigma'* that may affect their decision to seek help. Additional interpersonal and sociocultural barriers were also found, with key informants citing several at each level of the socio-ecological model, (1) Individual Level – (a) lack of awareness of victim rights and services available, (b) prior experience of victimisation, (c) lack of trust / belief in confidentiality, (d) fear of rejection from friends / family, (e) fear stigmatisation and victim blaming, and (f) preference for money than actual help. (2) Relationship / Community Level – (a) problems are addressed by the community, (b) Local leaders / family interference to maintain reputation, (c) victimisation, including perpetrators retaliating with violence, (d) belief its futile to seek help, and (e) help-seeking perceived as a sign of weakness. (3) Societal level – (a) lack of transportation and geographical remoteness, (b) lack of appropriate victim assistance services, (c) poor quality services, (d) lack of services provided in an appropriate language.

34. In addition, specific barriers existed for each demographic: (1) Persons with disabilities (a) limited mobility, hearing, vision, and greater dependence on others, (b) isolation & lack of support, (c) lack of access to information. (2) Boys (a) family disintegration and breakdown, (b) fear of speaking out against authority, (c) harmful alcohol and drug use, and (d) isolation and higher risk of poverty. (3) Girls (a) age, gender, and restricted social status, (b) domestic responsibilities that keep them isolated at home, and (c) dependence on exploitative relationships for basic needs. (4) Women (a) high levels of impunity for crimes against them, (b) poverty, malnutrition, and reproductive health problems, and (c) barriers to community participation and livelihood. (5) Men (a) engagement in unsafe livelihood activities, (b) harassment and abuse from law enforcement, (c) prior adverse experiences, and (d) harmful use of alcohol and drugs. (6) Elderly (a) age, gender, and restricted social status, (b) weakened physical status, disabilities, and illness, and (c) neglected health and nutritional needs. Across all demographics, key informants cited *'fear of rejection from family and friends'* in 62% of all responses and the primary barrier to help-seeking. *'Fear of stigmatisation and victim blaming'* was cited by key informants in 39% of all responses and the second most commonly cited barrier. Followed by '*no awareness of victim rights'* being cited in 17% of all responses.

35. Barriers to service provision – resource constraints we recited by 50% of key informants as the primary barrier, this was followed by a lack of transport, cited by 39% of key informants. Of concern, was the effectiveness of community-based complaints mechanisms being called into question by 17% of key informants to (a) identify SEA cases and (b) safeguard and refer the victim. This notion being supported by additional findings that 32% of organisations consulted did not have staff trained specifically on victim assistance and referrals and 63% of organisations consulted did not have referral standard operating procedures. As an average across the 17 organisations consulted, 86% of victims were offered holistic assistance and 32% were asked to provide feedback on the assistance they received. Child protection and gender-based violence referral pathways were the primary mode of referral, with a concentration of these pathways in Jonglei State, distracting attention from the large swathes of the country with no victim assistance provision at all.

Accountability & Investigations

36. **Alignment with international standards** - The United Nations pervasive focus on misconduct and rigid investigative pathways entrenched within United Nations procedure are known to do a disservice to victims', accountability and justice but remain staunchly inflexible and resistant to change. It is a case of '*never the twain shall meet'* with offices of legal affairs and the UN Office of Internal Oversight Services (OIOS) stuck in a realm that is not keeping pace with the UN's own protocols and procedure on victims' rights. The absence of *'victims' voice'*, key informants reported, is stark and heavily undermines any correct notions of

accountability and justice. As this research identifies, when addressing SEA incidents, justice often takes the form of "*amicable arrangements*" in the form of marriage, money, and food. Such victims are *"hidden"*, their rights not being upheld, and their well-being and safety needs not being met because they aren't coming into contact with crucial victim assistance services. Bridging the gap between informal and formal systems therefore represents a crucially important step forward.

37. To this, there should be reflection by inter-agency actors on their role in (a) facilitating accountability and assistance and (b) providing victim centred assistance in investigations at the national level that is aligned with the UN Victim Rights Statement (2023) and UN Protocol on the Provision of Assistance to Victims of SEA (2019). Unfortunately, the outputs contained within the inter-agency PSEA strategy and workplans lack the level of detail required to sufficiently compare them against international standards. specific attention to the realisation of truly victim centred investigations are needed to be made that extrapolates best practice and addresses the context specific challenges within South Sudan, chiefly (a) capacity gaps with implementing partners through the creation of a CSO investigators pool, (b) witness protection, (c) ensure the victims' voice is heard in UN investigation procedure from outset to conclusion, and (d) improve capacity in child-centred investigations.

38. **Effectiveness** - All three outputs were assessed to be '*moderately unsatisfactory*'. Specific attention to the realisation of truly victim centred investigations are needed to be made that extrapolates best practice and addresses the context specific challenges within South Sudan, chiefly (a) address capacity gaps with implementing partners through the creation of a CSO investigators pool, (b) witness protection, (c) ensure the victims' voice is heard in UN investigation procedure from outset to conclusion, (d) improve capacity in child-centred investigations, (e) overcome the 'evidence gap', and (f) monitor and evaluate the adequacy, appropriateness and effectiveness of compliance to international victim rights standards.

Inter-Agency PSEA Country Level Structure & Strategy

39. **Alignment with normative guidelines** - It is the '*United Nations Management and Accountability Framework of the UN Development and Resident Coordinator System (Sept 2021)*' that provides for the country-level structure and the assigning of roles and responsibilities on PSEA and accountability to affected populations (AAP), including strategic approaches, at the country level. Strategic results (outcomes) are provided by the IASC PSEA Country Level Framework template that UNCT/HCT members are to use in the development of their annual PSEA inter-agency workplans and strategy.

40. Recommendations to strengthen the PSEA accountability framework within the MAF (2021) are as follows: (1) Resident Coordinators Role (a) where relevant, develop criteria for each UN entity to measure progress against all indicators provided in the MAF and ensure accountability against them, (b) evolve the UNCT / HCT response on PSEA as per the findings of this review and the inter-agency PSEA risk assessment, (c) develop a stand-alone victim assistance strategy for inter-agency actors that supports and compliments the work of the SVRO, (d) ensure future PSEA strategy's and workplans are adequately funded, and (e) prioritise victim assistance funding. Average wait times for Trust Fund funds is 8 months. (2) UNCT / HCT (a) enhance UN entity buy-in and engagement, (b) ensure entities understand and are capacitated to fulfil their responsibilities, (c) each UN entity to develop annual PSEA and workplace sexual harassment workplans. (3) UN entities (a) strengthen inter-agency knowledge, collaboration, and accountability upon inter-agency strategic outcomes.

41. Accountability is central to avoiding a two-speed and poorly implemented national PSEA framework. A chain is only as strong as its weakest link and the current unevenness of actor buy-in and the disconnect between Juba and the field highlights enormous SEA risk between and within actors, including the national PSEA task force membership. Solutions to non or low participation and engagement, on the one hand include enhancing outreach, relevance, and the accountability of actors, but on the other is to overcome the funding gap through overcoming funding short-termism and other actions, including promoting cost-effectiveness by investing in monitoring and evaluation, forging synergies with government and building the capacity of non-governmental organisations (see also chapter 8).

42. **Effectiveness** - Four of the six outputs were assessed to be '*moderately satisfactory*', with the output concerning country level risk assessments being assessed as '*unsatisfactory*'. Specific recommendations are, (1) Ensure all UN entities are accountable to the key PSEA indicators of the MAF and additionally are required to create and implement cross-cutting best practice PSEA frameworks for their country operations. (2) In recognition of the enormous amount of work needed to be undertaken, staffing support for the inter-agency PSEA Coordinator should be funded and recruited for. (3) Overcome funding shortfalls by addressing long-term funding needs, invest in resource mobilisation expertise, find ways of doing more with less (see also chapter 8, page 115) and build sustainable PSEA partnerships with the government, (4) Address disconnects between Juba and field, including through accountable actions for national PSEA focal points, and (5) Ensure regular risk assessments for all 15 community-based complaints mechanism locations.

43. **Relevance:** Shortfalls were found in all dimensions of this study. Within the country context, cultural norms should be seen an as enabler to leveraging sustainable change within communities, not only in-terms of their buy-in for the design, implementation, and monitoring of CBCMs but also by building the capacity of local NGOs, engaging with line ministries and with regards to justice, the county courts.

44. For prevention, key elements were missing to standardise a crosscutting PSEA framework for all individual actors, including the clusters. As such the foundations of a transformative PSEA agenda are lacking. Relevant to this was the absence of any training aimed at building the capacity of workforce and managers to create and maintain an environment that prevents and responds to SEA and hold leadership to account for creating and maintaining it. Beyond this, key gaps existed with the identification and overcoming of workforce barriers to reporting, including enhancing faith and trust in whistleblowing protections, and addressing the impact of cultural norms and practices, including staff safety and security fears. Importantly, risks within recruitment were deemed a priority to address through the development of safe recruitment policy procedures and the creation of a national database of perpetrators to avoid rehiring. Finally, the enforcement of PSEA standards for sub-contractors should move beyond a contractual clause toward implementation, monitoring, and accountability.

45. With regards to safe, accessible, and appropriate reporting, much more needs to be done with regards to ensuring all reporting mechanisms adhere to the principles of reporting -safety, accessibility, confidentiality, and transparency – and are used to identify barriers to reporting but to also leverage a process of behaviour change amongst individual demographics within communities. Beyond this, the limitations of community-based complaints mechanisms should be recognised and addressed via other avenues, including disclosure and detection, as part of a bottom-up 'leave no-one behind' approach.

46. Ensuring victims' right to assistance presented several notable conundrums. Progress should be made to identify and close gaps in assistance to ensure adherence to the 2023 Victim Rights Statement and IASC victim centred approach principles and key actions. Each victims right should be strategically programmed for with their own outputs, indicators, and actions. In terms of victims' right to redress, accountability and justice, many structural challenges exist, including the absence of victims' voices in UN investigation procedure and investigation capacity shortfalls with UN implementing partners and national NGOs. Whereas the former may seem to be unsurmountable for now, the latter should be addressed through the creation of a national NGOs investigators pool. Barriers to help-seeking were demographic specific, albeit with variable overlap. As with the barriers to reporting, barriers to help-seeking should be incorporated into future behaviour change approaches.

47. For accountability and investigations, the United Nations pervasive focus on misconduct and rigid investigative pathways entrenched within United Nations procedure are known to do a disservice to victims', accountability and justice but remain staunchly inflexible and resistant to become truly victim centred. Further shortfalls were found with the limited [child friendly] investigative capacities and lack of focus to address the evidentiary gap. Great attention needs to be afforded to addressing each of these areas.

48. Despite opportunities to engage with the inter-agency PSEA country level structure and strategy are afforded to all actors there remains a lack of buy-in and engagement by some. Solutions point the creation of more accountable representation once a process of collaborative inclusive engagement with actors [by type] is undertaken to identify and overcome the barriers to actors inclusive, equal, accountable, and fruitful engagement.

49. **Effectiveness:** As part of prevention efforts, discrepancies existed with regards to the roll-out of mandatory PSEA trainings for consultants and other contractors. Further, the focus of PSEA training on 'misconduct' ignored addressing the human behaviour that lay behind workforce under-reporting of SEA and why perpetrators perpetrate. Efforts to understand and implement these parameters should be made. Workplan 2022 and 2023 outputs requiring '*leadership, managers and commanders know their personal and managerial responsibilities'* were assessed to be moderately satisfactory. To avoid a two-speed UN, greater accountability amongst UN entities should be prioritised.

50. Safe, accessible, and appropriate reporting had a number of shortfalls that need to be addressed. Efforts should be made to ensure that all projects and programmes within or near communities should have community-based complaints mechanisms (CBCMs). Existing and future CBCMs should adhere to the principles of reporting – safety, accessibility, confidentiality, and transparency – based on community engagement in the design, implementation, and monitoring of CBCMs. This should be matched with deficiencies in the number of CBCM focal points, targeting of specific demographics, routine risk assessments and reporting-referral pathways supported by standard operating procedures. Community engagement needs to shift from a top-down to a bottom-up approach and recognition needs to be made of the notable limitations of solely relying on CBCMs to identify cases, with moves toward detection e.g. community safety mapping, being considered a step in the right direction. Underpinning all of this, is to engage each community demographic with behaviour change communication aimed at overcoming the numerous challenges and barriers that each demographic identifies.

51. With regards to victims' right to assistance, Two of the four outputs were assessed to be '*moderately satisfactory',* with the output concerning reporting and investigation outcomes was assessed to be '*unsatisfactory'*. As previously mentioned, the approach to victim assistance needs to be transformed in order to be truly victim centred, supported by efforts that address the geographical coverage of services and provide holistic and quality services, whilst at the same time ensuring investigations become truly victim centred. Barriers to help-seeking should be addressed with behaviour change communication and deficiencies found with the ineffectiveness of CBCMs to identify SEA cases, safeguard and refer the victim should be addressed with capacity-building and ensuring pathways are supported with standard operating procedures.

52. The area of accountability and investigations was assessed to be '*moderately unsatisfactory'* for all three outputs. Concerns and recommendations can be found in paragraph 47 above. Three of the six outputs for inter-agency PSEA country level and strategy were assessed to be '*moderately satisfactory'*, with the output concerning country level risk assessment assessed to be '*unsatisfactory'*. Recommendations include the need to afford more support to the inter-agency PSEA Coordinators role, given the magnitude of the task ahead to coordinate the implementation of a national PSEA framework. Shortfalls with national PSEA focal points were found to exist with regards to task force meeting attendance and accountability to implement workplan activities. Both areas should be overcome through actionable and accountable workplans.

53. **Coherence:** This review found that the strategy and workplans were not being implemented equally and with appropriate levels of cooperation. Key actions here require that the challenges with engagement and accountable representation within the PSEA Taskforce be addressed. This should be supported the creation of momentum to strengthen actors' systems and capacity on PSEA as a cross-cutting, mainstreamed approach within organisations, including UN entities. Actors new to the PSEA agenda, for example, mine action, engineering, logistics etc. – should be supported with knowing how PSEA is relevant to their area of responsibility, so that they can also develop internal PSEA frameworks for their country operations.

54. **Efficiency:** With the inter-agency PSEA strategy (2018-23) being only 23% funded, efforts to implement a national PSEA framework are suitably compromised. Constant reliance on short-term funding undermines a long-term sustainable approach and innovative solutions must be found, including securing guidance from resource mobilisation specialists, and supporting actors with mainstreaming PSEA in programmes / projects so that it can be included in all funding proposals. The need to '*do more with less'* should run in parallel to this process, a drives toward cost-effectiveness are made, for example partnering more with cheaper national NGOs, and making an investment in monitoring and evaluation by being more SMART[11], so that strategic adjustments can be made upon the questions of what works and doesn't work well.

55. **Sustainability:** Previous concerns raised regarding the effectiveness of community-based complaints mechanisms and victim assistance should be addressed as a priority. Tailoring community engagement to local context and perceptions is vital to building trust, buy-in and the development of process that overcomes barriers to reporting and help-seeking. Beyond this, expectations to deliver upon a national PSEA framework should not be jeopardised by poor capacity and any shortfalls in this area should be identified and acted upon. Uneven levels of commitment and buy-in amongst actors has been highlighted previously and as such, purposeful actions to identify and overcome resource constraints and barriers to participation should be made.

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[11] Specific, Measurable, Achievable, Realistic and Timebound.

Chapter 1: Introduction

1. Protection from Sexual Exploitation and Abuse (PSEA) is a high priority for the United Nations Country Team (UNCT), Humanitarian Country Team (HCT), and the United Nations Mission (UNMISS) in South Sudan. With the current inter-agency PSEA strategy ending in December 2023, the UNCT and HCT will develop a new systemwide strategy for PSEA to run from 2024. The new strategy will be informed by the findings of this inter-agency PSEA deep dive review report, together with the Joint SEA Risk Assessment (2024), the midterm review of the PSEA Strategy (2021), and 2022/23 PSEA quarterly and annual reports.

2. This Inter-Agency Protection from Sexual Exploitation and Abuse (PSEA) Deep Dive Review was commissioned by the Inter-Agency PSEA Taskforce of South Sudan and funded by the European Commission (ECHO) and United Nations Population Fund (UNFPA). Technical support was provided by the Foreign, Commonwealth and Development Office (FCDO) of the British government.

3. The review is informed by primary research undertaken from October to December 2023 and provides an in-depth analysis of existing inter-agency PSEA mechanisms and programmes within South Sudan. Sixty-eight (68) focus group discussions with boys, girls, women, men, persons with disabilities and the elderly were undertaken, along with 139 key informant interviews with stakeholders in 16 locations nationally. In order to triangulate the data from the key informant interviews and focus group discussions, a comprehensive literary review was undertaken.

Context

Definitions

4. _Accountability to Affected Populations (AAP):_ an active commitment by humanitarian actors to use power responsibly by taking account of, giving account to, and being held to account by the people they seek to assist through demonstrated organisational commitment and leadership, transparency, community participation, SEA community-based complaints mechanisms and involvement of the affected community in PSEA programme design, monitoring and evaluation[14].

5. _Sexual Exploitation and Abuse (SEA),_ as defined within the international humanitarian and development sector, involves humanitarian, development workers and peacekeepers perpetrating sexual exploitation and abuse against beneficiaries and affected communities.

a) Sexual exploitation is defined by the UN as "_actual or attempted abuse of 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_".

b) Sexual abuse is defined by the UN as "_actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions_".[15]

6. _Sexual Harassment (SH),_ in contrast, is categorised within the international humanitarian and development sector to be sexual misconduct within the workplace and as such, is not addressed by this review. Sexual harassment is defined as "_any unwelcome sexual advance, request for sexual favour, verbal or physical conduct or gesture of a sexual nature, or any other behaviour of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation to another_". When defining sexual harassment, the parameters of what conceptually delimits notions of 'workplace' are broadened to account for the interaction between humanitarian and development personnel from different entities and organisations[16].

7. _Gender-Based Violence,_ is an umbrella term used to describe violence directed toward or disproportionately affecting someone because of their actual or perceived gender identity. The term 'gender-based violence' is primarily used to underscore the fact that structural, gender-based power differentials

around the world place women and girls at risk for multiple forms of violence. While women and girls suffer disproportionately, men and boys are also targeted[17]. Although sexual exploitation and abuse is a form of gender-based violence, as defined by the humanitarian and development sectors, the two are delimited by who the perpetrator is. The perpetrator of gender-based violence will not be employed by the humanitarian, development or peacekeeping sector as staff, related personnel, *including those of implementing partners, contracted individuals or entities and troop contributing countries.*

8. *Victim* is a person who is or has been sexually exploited or abused[18]. The term '*victim*' is primarily used in medical and legal sectors, while the term *survivor is primarily used by psychological and social support sectors to describe a person who has experienced sexual or gender-based violence because it implies resilience*[19]. *The term '*victim*' is used throughout this report in-order to align with the terminology of the UN Victim Rights Statement, UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse and the IASC Definition and Principles of the Victim Centred Approach.*

9. *Perpetrator is a person (or group of persons) who commits an act of sexual exploitation or abuse. For the purposes of alignment with the humanitarian, development, and peacekeeping sectors PSEA agenda, a perpetrator means a humanitarian, development and peacekeeping sector staff member, related personnel, including those of implementing partners, contracted individuals or entities and troop contributing countries*[20].

10. *Child is a person under the age of 18, in accordance with the UN Convention on the Rights of the Child, regardless of the age of majority or age of consent stipulated within South Sudan's pluralist legal system*[21].

11. *Children born as a result of sexual exploitation and abuse are children who are found by a competent national authority to have been born as a result of acts of sexual exploitation and abuse perpetrated by a humanitarian, development and peacekeeping sector staff member, related personnel, including those of implementing partners, contracted individuals or entities and troop contributing countries*[22].

12. *Implementing partner is an entity that a United Nations entity or other inter-agency actor, including non-governmental organisations, have entrusted with the implementation of a programme and/or project, or portion thereof, specified in a signed agreement, that details the assumption of responsibility and accountability for the effective use of resources and delivery of outputs. These may include Government institutions, inter-governmental organisations, and civil society organisations, including non-governmental organisations. Implementing partners' subcontractors are subsumed within this definition. Government institutions are not required to have their capacity on PSEA determined by the UN Implementing Partner PSEA Common Assessment process*[23].

13. *Contractor shall refer to a vendor selected to provide good or services for a humanitarian, development, or peacekeeping entity through official procurement processes*[24].

14. *Individual contractor and consultants refer to contracts for individuals recruited to perform specific tasks on behalf of a humanitarian, development, or peacekeeping entity*[25].

International Context

Arriving at now: A brief history of preventing sexual exploitation and abuse

15. The very nature of humanitarian and development work means that personnel's power, however obvious or subtle, may be used to sexually exploit and abuse those more vulnerable than them. Sadly, instances of sexual exploitation and abuse (SEA) in the humanitarian sector have been occurring for a significant length of time, and the protection from sexual exploitation and abuse (PSEA) has been a humanitarian and development sector-wide focus for many years. For the United Nations, PSEA was highlighted as a priority through the publication of the Secretary-General's Bulletin (2003). Since 2006, the Secretary General has been explicit about the United Nation's zero-tolerance policy on sexual exploitation and abuse perpetrated

by United Nation's personnel. This zero-tolerance policy being part of a wider remit to strengthen accountability, prevention, remediation, and enforcement [26] to address the abhorrent issue of sexual exploitation and abuse.

16. The journey toward this, began in 2002, with the '*West Africa food for sex scandal*'. Widely accepted within humanitarian and development circles to represent the beginning of the aid sectors journey in the development and implementation of measures seeking to prevent sexual exploitation and abuse and protect beneficiaries' and affected communities from it.[27]. Momentum was slow until in 2018, sexual exploitation and abuse garnered widespread public attention when allegations of SEA occurring within the humanitarian sphere made headlines worldwide. This galvanising all actors operating within the humanitarian and development sectors toward greater cooperation in preventing and responding to sexual exploitation and abuse. Laying out ambitious, and sometimes separate agendas, within and across the multilateral, bilateral, intergovernmental, and nongovernmental spheres.

17. Since 2018, the international community has collectively developed standards, commitments and complimentary PSEA and accountability to affected populations (AAP) approaches through such fora as the October 2018 *London Safeguarding Summit*[28], the *Inter-Agency Standing Committee (IASC) Results Group 2 on Accountability and Inclusion* [29] , *Grand Bargain Workstream 6* [30] , the *Organisation for Economic Cooperation and Development - Development Assistance Committee (OECD-DAC) Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance* [31] , the *Common Approach to Protection from Sexual Exploitation, Sexual abuse and Sexual Harassment (CAPSEAH)*[32], and the *Multilateral Organisation Performance Assessment Network (MOPAN)* development of indicators to measure multilateral performance on preventing and responding to SEA[33].

18. Despite over two decades of time elapsing since 2002, the 2021 '*Inter-Agency Standing Committee, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) External Review'* concluded global efforts to address SEA(H)[34] have not been timely, consistent, or sufficient[35]. Finding that although there is broad consensus as to what constitutes sexual exploitation and abuse, there has

> The 2018 and 2021 IASC Championship PSEAH Strategies were appropriate levers for change, but they did not sufficiently detail the change that was required to meet its strategic outcomes. (*IASC PSEAH External Review*).

been no uniform characterisation amongst the aid community as to what is an appropriate '*solution'* to the '*problem'* of SEA should be.

19. The IASC PSEAH External Review, noting further, that despite ambitious commitments by the international community to prevent and protect affected communities from sexual exploitation and abuse, understanding the barriers to '*effective'* implementation of its mechanisms has been lacking in the majority of country contexts. Continual emphasis of the principle of '*zero tolerance'* by organisations, has been shown to highlight a commitment in name only. Although there are global examples of progress made in individual contexts, such progress has <u>not</u> been part of systemic change. The 2021 IASC *External Review on PSEAH* emphasizing that although the 2018 and 2021 IASC Championship PSEAH Strategies were appropriate levers for change, they did not sufficiently detail the change that was required to meet its strategic outcomes[36]. Such inadequacies being found in key strategic areas, notably the victim centred approach, community engagement, leadership, coordination, and accountability[37].

National Context

20. The *System Wide Implementation Strategy on PSEA in South Sudan (2018-2023)* was developed under the leadership of the Deputy Special Representative of the Secretary General / Resident Coordinator / Humanitarian Coordinator (DSRSG/RC/HC) and underwent both a participatory and consultative process of development with Inter-Agency PSEA Task Force members, international and national non-governmental organisations (INGO / NGO) representatives, and received guidance from both UN Global and Field Victims' Rights Advocates, including input from the Secretary General's Special Coordinator on improving United Nations Response to SEA. The strategy was reviewed and endorsed through the structures of the United

Nations Mission in South Sudan (UNMISS) Principals Management Meeting (PMM), the Humanitarian Country Team (HCT), UN Country Team (UNCT) and approved by the Senior Management Group as the oversight and accountability body on PSEA in the country.

21. In 2021, a Mid-Term Review (MTR) of the *System Wide Implementation Strategy on PSEA in South Sudan (2018-2023)* was undertaken to determine the extent to which the strategy's objective and outputs have been achieved as per the *Results and Resources Framework for South Sudan's PSEA Strategy (2018- 2021)*. The MTR findings highlighted and emphasised the multiple challenges and factors, within South Sudan's complex programming environment, that influence the "success" of implementing a nationwide PSEA framework. These included the - Covid-19 pandemic, local cultural norms and perceptions of accountability, conflict, remoteness and geographical isolation, uneven levels of NGO and UN agency buy-in, limited PSEA capacities, funding, partnerships, weaknesses in community engagement, inadequate survivor support, the need to strengthen links with clusters and the field, visibly challenging impunity, ensuring accountability within and to each other, and overcoming the lack of consistency in how the PSEA agenda is interpreted and applied[38].

22. The *System Wide Implementation Strategy on PSEA in South Sudan (2018-2023)* was extended to end in December 2023 to allow development of a new systemwide strategy in an inclusive and participatory process informed by the PSEA deep dive review and country SEA risk assessment. As such, the UNCT and HCT have commissioned a PSEA deep dive review, to be conducted concurrently with the SEA risk assessment, the outcome of which, will inform the development of the new systemwide strategy. The Terms of Reference for the PSEA deep dive review, presented in Annex 1.

23. Underscoring the notable challenges that exist with adequately preventing and responding to sexual exploitation and abuse in South Sudan, the Inter-Agency Standing Committee (IASC) PSEA Secretariat *Sexual Exploitation and Abuse Risk Overview (SEARO)[39]* ranked South Sudan 4th out of 32 countries with ongoing humanitarian response operations, for its level of sexual exploitation and abuse risk. Only Yemen (1st), Afghanistan (2nd) and Syria (3rd) were categorised higher than South Sudan[40].

> The IASC PSEA Secretariat's *Sexual Exploitation and Abuse Risk Overview (SEARO) places* South Sudan 4th of 32 countries for its level of SEA risk.

Chapter 2. Inter-Agency PSEA Deep Dive Review Approach

Purpose, Objectives and Scope of the Review

Purpose

24. The *PSEA Deep Dive Review* was commission by South Sudan's Inter-Agency PSEA Task Force to provide a thorough analysis of South Sudan's existing PSEA mechanisms and programmes as per the objectives specified in the following section.

25. With the end of the current inter-agency PSEA strategy (2018-23), the findings of this PSEA Deep Dive Review Report are to inform the development of a new system wide strategy in 2024, alongside the mid-term review (2021), 2022 PSEA quarterly and annual reports, and the Joint SEA risk assessment (to be undertaken February to April 2024).

Objectives

26. Four main objectives of the review were established based upon the consultants understanding of the terms of reference. These are as follows:

a) **Learning:** The review assesses how, why and under which conditions, UN South Sudan's inter-agency approach to PSEA has been effective and where there are opportunities to bolster both prevention and response to PSEA at all levels. The review provides learning from both achievements and challenges across UN South Sudan's inter-agency PSEA efforts and identifies opportunities for process learning.

b) **Accountability:** The review assesses and reports on the evolving capacity of UN South Sudan's inter-agency efforts to meet changing needs in responding to and meeting system-wide commitments on PSEA. The review focuses on the relevance of UN South Sudan's inter-agency approach to PSEA across programming and through organisational initiatives. The accountability component of the review connecting strongly with the parallel inter-agency PSEA risk assessment to be undertaken in the first quarter of 2024 and will also be used to inform the development of the next inter-agency PSEA strategy. Accountability-oriented evidence augments the reporting in the review through the triangulation of qualitative and open-ended evidence.

c) **Gender equity, child, and disability rights:** Given the equity, gender and power dimensions that contribute to the occurrence of sexual exploitation and abuse; gender and equity are cross-cutting objectives and lenses through which this review was undertaken.

d) **Formative and summative:** The review focused on generating evidence and learning around, South Sudan's inter-agency progress on PSEA (UN and NGOs), in-particular across the programming and strategic initiatives of the inter-agency *System Wide Implementation Strategy on PSEA in South Sudan (2018-2023),* how results have been achieved, in which contexts and why; what factors have enabled or constrained progress and results; and how the UN and NGOs within South Sudan can build on these lessons to inform more effective strategies and practice in the future.

Scope

27. The scope of the review is comprehensive and forward-looking with an emphasis on assessing the effectiveness, relevance, coherency, efficiency, impact and sustainability of the existing inter-agency, donor, NGO and private sector protection from sexual exploitation and abuse (PSEA) mechanisms and programmes within South Sudan. Within this, a review of the appropriateness of existing coordination structures and funding modalities for PSEA work in South Sudan has also been undertaken.

28. The findings of the review provide concrete recommendations to inform development of a new systemwide mechanisms to address sexual exploitation and abuse in South Sudan.

29. The geographical scope of the review was national and includes an examination of the enabling and inhibiting factors for the prevention and response to SEA within the six focus areas presented in the methodology (see Figure 1).

30. The terms of reference stipulates that the inter-agency PSEA taskforce provides oversight of community-based complaints mechanisms (CBCM) in the following locations - *Aweil, Bentiu, Bor, Jamjang, Juba, Kuajok, Maban, Malakal, Mingkaman, Pibor, Rumbek, Renk, Torit, Yambio, Yei, Wau*. Each CBCM location provided an entry point for organisational and community / beneficiary lines of inquiry within the review, through focus group discussions and key informant interviews (KIIs).

31. For all locations, a total of 68 focus group discussions (FGDs) were undertaken nationally. These are disaggregated by demographic as follows:

Table 1: Number of Focus Group Discussions per Demographic

Children & Adolescents:	Adults:
14 FGDs were undertaken with boys / male adolescents (10 to 20 years).	13 FGDs with men (20 to 55 years),
11 FGDs with girls / female adolescents (10 to 20 years).	12 FGDs with women (18 to 46 years),
2 FGDs with girls with disabilities (15 to 17 years).	3 FGDs with the elderly women (40 to 60 years),
	4 FGDs with elderly men (40 to 80 years).
	7 FGDs with women with disabilities (18 to 45 years).
	2 FGDs with men with disabilities (18 to 45 years).
Total: 27 FGDs	**Total: 41 FGDs**

32. A total of 139 key informant interviews (KIIs) were undertaken nationally, with questions being asked within the six focus areas of the study presented in the methodology. Government, non-governmental organisations, diplomatic missions (bi-lateral organisations), United Nations entities, clusters, sub-clusters and working groups that participated, are as follows:

Table 2: Type and Name of Organisation Consulted in Key Informant Interviews

Organisation Type:	Organisation Name:
Government:	Yambio Hospital and the Ministry of Health, Juba.
National Non-Governmental Organisations:	Across South Sudan, Africa Development Aid (ADA Development), Africa Humanitarian Action (AHA), Community Initiative for Development Organisation (CIDO), Grass Roots Empowerment and Development Organisation (GREDO), Health Link, Help Restore Youth (HERY), Hope Restoration South Sudan (HRSS), Humanitarian & Development Consortium Africa, ITWAK Women's Empowerment Organisation, Mission to Alleviate Suffering in South Sudan (MASS), Omuk Women's Association, South Sudan Widows and Orphans Charitable Organisation (SSWOCO), South Sudan Health Association (SSUHA), South Sudan NGO Forum, The Rescue Initiative, Voice of Peace (VOP), Women Empowerment Centre in South Sudan (WECSS).
International Non-Governmental	ACTED, Care International, Danish Refugee Council, Humanity & Inclusion, IMA World Health, International Medical Corps, Inter-SOS, International Rescue Committee, Lutheran World Federation, Non-Violent Peace force, Norwegian

Organisations in South Sudan:	People's Aid, Plan International, Relief International, Samaritan's Purse, Save the Children, War Child, Welthungerhilfe, Women for Women International, World Vision International.
Diplomatic Representation and Bi-lateral Organisations in South Sudan:	British Embassy- Foreign Commonwealth and Development Office (FCDO), Embassy of Germany, Embassy of the Netherlands, and Embassy of Switzerland.
Clusters, Sub-Clusters and Working Groups:	Accountability to Affected Populations Working Group, Education Cluster, Gender Based Violence Sub-Cluster, Protection Cluster, Shelter Cluster, Logistics Cluster (WFP Juba) and WASH Cluster.
United Nations Entities and Departments in South Sudan:	Food and Agricultural Organisation (FAO Juba and Kuajok), International Organisation for Migration (IOM Juba), Office for the Coordination of Humanitarian Affairs (OCHA Juba), UN High Commissioner for Refugees (UNHCR Bentiu, Malakal, Yei), UN Programme on HIV / AIDS (UNAIDS Juba), UN Population Fund (UNFPA Juba and Wau), UN Children's Fund (UNICEF Juba), UN Mine Action (UNMAS Juba), UN Office of Project Services (UNOPS Juba), United Nations Mission in South Sudan Yambio (UNMISS Aweil, Yambio, Rumbek, Malakal), UNMISS Conduct and Discipline Team (UNMISS CDT, Juba), UNMISS Senior Victims' Rights Officer (SVRO, Juba), UN Resident Coordinators Office (RCO, Juba), World Food Programme (WFP Juba), World Health Organisation (WHO Juba).

33. The chronological scope of the review considers the timeline of the inter-agency *System Wide Implementation Strategy on PSEA in South Sudan (2018-2023)*. Special consideration has been given to the inter-agency PSEA workplans 2022 and 2023, that were developed and implemented, following the 2021 *Mid-Term Review* of the inter-agency PSEA strategy, which is also considered as part of the context of this review.

Review Methodology

34. In this section, the overarching review design, key principles, and methods utilised, which shape the proposed approach and understanding of the terms of reference, are presented.

35. The basis of analysis used was the IASC Core Indicators of UNCT / HCT PSEA Action Plan Template[41]. As such, the elements of inquiry are framed around the country context and the five outcomes of UNCT / HCT PSEA Action Plan Template (see Figure 1 below). Each of the five outcome areas were evaluated using the evaluation criteria of relevance, effectiveness, efficiency, coherency, impact, and sustainability (see Review Matrix, Annex 2). Inter-agency strategic outputs and outcomes on PSEA were assessed for their relevance against international norms and standards in-order to identify gaps in the strategic approach and with cooperating partners.

Next page.
Figure 1: Review approach framework components

Country Context

Outcome 1: Prevention

Including inter-agency actors & coop partners progress on PSEA

Outcome 5: PSEA Inter-Agency Country Level Structure & Strategy

IASC PSEA Core Indicators of UNCT/HCT PSEA Action Plan Template

Outcome 2: Safe & Accessible Reporting

Outcome 4: Accountability & Investigations

Outcome 3: Victims Right to Assistance

INTERNATIONAL PSEA NORMS & STANDARDS

UNEG EVALUATION CRITERIA

36. Each component denoted in Figure 1 above represents a 'focus area' of the review. The review design combining elements of process evaluation and participatory approaches that were delivered via these six focus areas[42]

37. A core aspect of the review was to identify organisational practice on PSEA within and across the multiple cooperating partner organisations (inter-agency, donor, NGO), government bodies and private sector entities that have a role in operationalising and/or implementing the inter-agency *System Wide Implementation Strategy on PSEA in South Sudan (2018-2023)*.

38. Attention to learning underpinned the overall review approach, using elements of appreciative inquiry to collate insights on key areas through engaging with the most relevant stakeholders to identify robust, truthful evidence, without bias. Figure 2 below presents the overall review design and Table 3 (next page) extrapolates on the elements of inquiry. The review matrix can be found in Annex 2.

Figure 2: Overarching review design

		DATA SOURCE
Desk review of normative instruments and international standards, relevant policies, procedure, IA PSEA strategy, other relevant directives, and evaluations (MTR 2001). Online and face-to-face key stakeholder engagement, including community members.		

EFFECTIVENESS + RELEVANCE + COHERENCY + EFFICIENCY + IMPACT + SUSTAINABILITY = APPROPRIATENESS

	METHOD
Benchmarking; systematic review; qualitative comparative analysis.	Process evaluation; qualitative comparative analysis.	Process evaluation; qualitative comparative analysis.

Enabling & Inhibiting Factors

REVIEW FOCUS AREAS

Country Context

| UNCT/HCT PSEA Action Plan

Outcome 1: Prevention | UNCT/HCT PSEA Action Plan

Outcome 2: Safe & Accessible Reporting | UNCT/HCT PSEA Action Plan

Outcome 3: Victims' Rights to Assistance | UNCT/HCT PSEA Action Plan

Outcome 4: Accountability & Investigations | UNCT/HCT PSEA Action Plan

Outcome 5: PSEA Inter-Agency Country Level Structure & Strategy |

PSEA INTERNATIONAL NORMS & STANDARDS

Inter-agency actors and cooperating partners progress on PSEA

PRINCIPLES & APPROACH

| Participatory & utilisation focused | Gender, child & disability rights focused | Victim centred | Learning & accountability |

METHOD

Analysis, synthesis, learning & validation of findings

OUTCOME

Review findings & recommendations for new systemwide mechanisms to address SEA in South Sudan

39. Data collection and analysis was guided the following elements of inquiry (see table 3 below), the guiding review questions (see Annex 2: Review Matrix), focus group discussion questions (see Annex 3) and key informant interview questions and data collection (see Annex 4).

Table 3: Elements of inquiry

| Review focus areas:	Elements of inquiry
Country Context	**Understanding SEA risks**, enabling & inhibiting factors in the country context: **Key actors:** i) Government engagement, buy-in, capacity & action, sustainability, ii) inter-agency actor engagement (including clusters), buy-in, coordination, capacity & sustainability. **Community / beneficiaries:** i) community help-seeking influences, culture, societal norms & individual capacities; ii) human rights and gender equality. **Country typology:** i) Laws, law enforcement, accountability for all forms of GBV & violence targeting LGBQI persons; ii) access to and provision of victim assistance services of all types; iii) geographical remoteness, localisation & leave no one behind agendas; iv) the conflict & inter-communal violence. **Covid-19:** Impact of Covid-19 on strategic implementation 2018-23 and whether it's still a factor.
Outcome 1: **Prevention**	**Inter-agency actors** Understanding the impact workforce composition, culture, and negative influences on PSEA. Understanding staff and associate personnel opinions and experience of workplace culture (internal and external) in relation to the context of the review. Understanding the extent personnel know and trust PSEA provisions in policies, procedures, and directives. Understanding the utility and effectiveness of PSEA policies, procedures, and directives. Understanding the extent and adequacy of PSEA positioning within individual UN entity governance and leadership dynamics? Understanding the adequacy and relevance of individual UN entity PSEA capacities and skillsets. Understanding the capacity and extent of organisational structures and systems for managing PSEA (reporting, investigation, response): Training - Human resources provides mandatory, regular training for staff - Screening ⍰ - Human resources supports screening of staff, contractors - Communications ⍰ -Regular communications on relevant policies related to SEA and SH - Risk management structures activities in place ⍰- Programming supports regular, culturally appropriate training and awareness raising for communities/beneficiaries. Understanding the extent and adequacy of accountability provisions. Understanding the adequacy and coverage of UN monitoring data on PSEA. **Cooperating partners** Understanding the strengths and weaknesses of the inter-agency response on PSEA / exercising appropriate due diligence in relation to different types of partnerships. For implementing partners, understanding the extent of UN IP PSEA Capacity Assessment uptake and challenges with implementation. **Programmes** Understanding the degree PSEA risks are considered, integrated, and managed within programme design and implementation (Assessment of harmonisation of protection, gender, AAP programming)
Outcome 2: **Safe & Accessible Reporting**	Understanding the extent of inclusive community engagement (involving persons with disabilities, children, women, and other vulnerable groups). Understanding each demographics barriers to reporting and help-seeking so appropriate mechanisms can be developed in the future. Understanding how SEA allegations are currently being reported and why. Understanding the appropriateness of community mobilisation, engagement and awareness raising to enhance community buy-in, ownership and long-term sustainable change. Understanding the influence of geography / remoteness on community / beneficiary help seeking behaviours and for cooperative partnerships and inter-agency organisations to provide an adequate response.

Outcome 3: Victims' Rights to Assistance	Understanding the influence of community / beneficiary help-seeking behaviours (perspectives, culture, trust, mental health etc.) as barriers / enablers in accessing victim support. Understanding the enablers and inhibitors to providing victim centred assistance (both short and long-term support) for each demographic (women, children, persons with disabilities). Action that prioritises rights of victims - Assistance to victims -Anonymity for victims Enforcement of standards, sanctions, disciplinary measures -Investigation -Disciplinary measures - Referral for criminal activity - Regular reporting and community engagement. Understanding the approach to M&E, measuring progress, and the gaps and challenges that exist. Understanding gaps in service provision and the reasons for them, including whether all beneficiaries are reached. Understanding child protection and GBV cluster / AoR challenges and opportunities in engaging on victim assistance service provision.
Outcome 4: Accountability & Investigations	Understanding whether a survivor responsive approach is provided within investigations. Understanding the approach to M&E, measuring progress, and the gaps and challenges that exist. Understanding gaps in service provision and the reasons for them, including whether all beneficiaries are reached. Understanding the impact of workplace culture & organisational capacities (strengths, weaknesses, and challenges) has in providing investigative functions within cooperative partnerships and inter-agency organisations to ensure that allegations are met with a robust investigative and survivor responsive approach (including *UN IP PSEA Capacity Assessment* uptake). Understanding whether a survivor responsive approach is provided within investigations. Understanding the adequacy of investigations undertaken in-terms of cooperation and required rigour.
Outcome 5: PSEA Inter-Agency Country Level Structure & Strategy	Understanding IA PSEA Strategy achievements, impact and lessons learned. Understanding inter-agency operational and reputational risks related to PSEA. Understanding future strategy implementation challenges and how to address them. Understanding the strengths & weaknesses of inter-agency arrangements guiding PSEA strategy implementation. Understanding if there is strategic alignment with international priorities / normative guidelines/ dialogue. Understanding funding needs and how to meet them. Understanding information, data and M&E processes, shortfalls, and challenges.

Review methods

40. **Literature and document review:** This included a review of relevant policies, strategies, guidance, and directives on PSEA across the international spectrum of organisations and best practice to assess the relevance and alignment of inter-agency strategic approach. Additionally, performance related data / information was used to measure inter-agency PSEA strategy country level results.

41. **Key Informant interviews (KIIs):** KIIs were conducted using the questions provided in *Annex 4* in the for government, national and international non-governmental organisations, diplomatic missions and bi-laterals, clusters, sub-clusters and working groups, and United Nations entities (see Table 2 above for organisations consulted). Key informants were selected on the basis of their contribution to one or more of the review focus and outcome areas (see table 3 above – Elements of inquiry).

42. **Localised FGDs:** Localised FGDs were undertaken with community / beneficiary members by demographic, inclusive of children and persons with disabilities nationally - Aweil*, Bentiu, Bor, Jamjang, Juba, Kuajok, Maban, Malakal, Mingkaman, Pibor, Rumbek, Renk, Torit, Yambio, Yei, Wau* (see Table 1 above for number of FGDs per demographic conducted).

43. The FGDs were informed by rights-based processes appropriate for each demographic. Child participation was authorised by parental / caregiver consent and FGD questions were asked in recognition of children's' evolving capacity. Adaptations were made for persons with disabilities to promote their participation (communication, understanding and access) and robust safeguarding measures were in place to empower all individuals to participate in the review, while mitigating the risk. This also included obtaining consent from all participants and child participants parents / caregivers, so that they are aware of the purpose of their participation and how the collected information will be used.

44. Within Annex 3, the focus group discussion questions used are provided. The intention being to explore community / beneficiary help-seeking behaviours, understanding of SEA and community-based complaints mechanisms, and the impact of culture.

45. **Benchmarking:** To enable the evaluation of relevance, effectiveness, efficiency, coherency, impact and sustainability of the Inter-Agency PSEA Strategy and individual organisations progress on PSEA, the review assessed their alignment and coherence by using comparator benchmark indicators and best practice (Inter-Agency PSEA Strategy, MOPAN, and UN IP PSEA Capacity Assessment).

    Kindly refer to the Review Matrix, Annex 2. The questions were developed to align with the comparator benchmark indicators stated.

46. Supported by the KIIs and FGDs, the synthesis of these findings provided answers to strategic progress; and the enabling and inhibiting factors to implementing a nationwide PSEA framework.

47. **Process evaluation:** Process evaluation (PE) was undertaken for two purposes:
  a. *Inter-Agency PSEA Strategy Progress & Challenges:* Helped to answer the review questions (see Annex 4. KII questions and data collection) on how strategic activities have been implemented, whether this has resulted in the intended outputs, and what worked well or not so well.
  b. *Inter-Agency Actors and Cooperating Partner Progress on PSEA:* MOPAN indicators (inter-agency actors) and the UN IP PSEA Capacity Assessment (cooperating partners) were used to gauge organisations progress on PSEA through desk review and key informant interviews. Although the premise of the UN IP PSEA Capacity Assessment is for the UN to exercise appropriate due diligence with its implementing partners on PSEA, its core standards were also used to understand the level of PSEA framework maturity (or absence of) amongst inter-agency cooperating partners.

48. As such, process evaluation (PE) provides crucial insights on:

a) Suitability and effectiveness of processes to implement the Inter-Agency PSEA Strategy (2018-23)? (*Relevance, coherence, effectiveness, efficiency, impact, sustainability*).
b) Effectiveness of processes and measures to manage PSEA risks within cooperating partnerships.
c) Whether the processes and measures had the intended effects, including reaching the target audience (personnel, partners, and beneficiaries)? and.
d) Whether and how external and internal factors have influenced implementation of the Inter-Agency PSEA Strategy (2018-23)? And managing PSEA risks within cooperating partnerships?

Figure 3: Overview of process evaluation focus
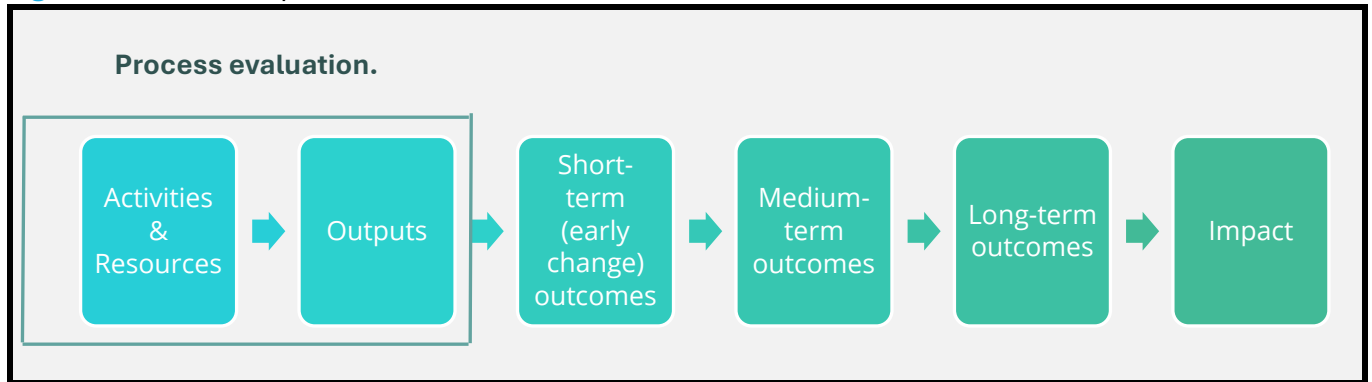
49. By examining the aspects outlined above, the review generated evidence on, first, the *quality* of measures taken in support of PSEA, second, on the *appropriateness* of the organisational support available in the execution of these measures and, third, on the extent to which the output-level results of these interventions, both individually and in the aggregate, contributed to desired PSEA results at outcome level. In conducting the process evaluation, special care was taken to distinguish the effects of deliberate actions taken by the inter-agency PSEA mechanism, from individual UN entities and other actors who independently contribute and/or influence the contextual factors.

50. The conceptualisation of a 'menu' of relevant influencing factors with regards to community / beneficiaries, the findings of the Mid-Term Review undertaken in 2021 of the Inter-Agency PSEA Strategy (2018-23) was used as the benchmark to develop specific questions to engage community / beneficiaries on during this reviews field research (see Annex 3).

Limitations to the review

51. Contextual challenges stemmed from the absence of baseline information, no centralised monitoring and evaluation framework, poorly defined indicators, and an imbalance between actors in how activities were interpreted and measured. Such challenges involved the unavailability of information, poor data, and uneven levels of stakeholder buy-in.

52. Focus group discussion participants and key informants' responses to the questions being asked of them was based on their understanding of PSEA. In most circumstances this led to usable information and data. However, in other circumstances the response did not align with the question and as such, left gaps in the data.

53. The findings are based on the focus group discussions and key informant interviews conducted. Although much effort was placed on consulting all demographics and a wide variety of key stakeholders, the information obtained is only representative of the sample size consulted and is therefore not representative of all perspectives of the entire demographic population in each area and key stakeholders.

54. As such, research gaps exist. In particular, children with disabilities and religious leaders were not consulted. Traditional leaders and government representatives were consulted but to a limited extent.
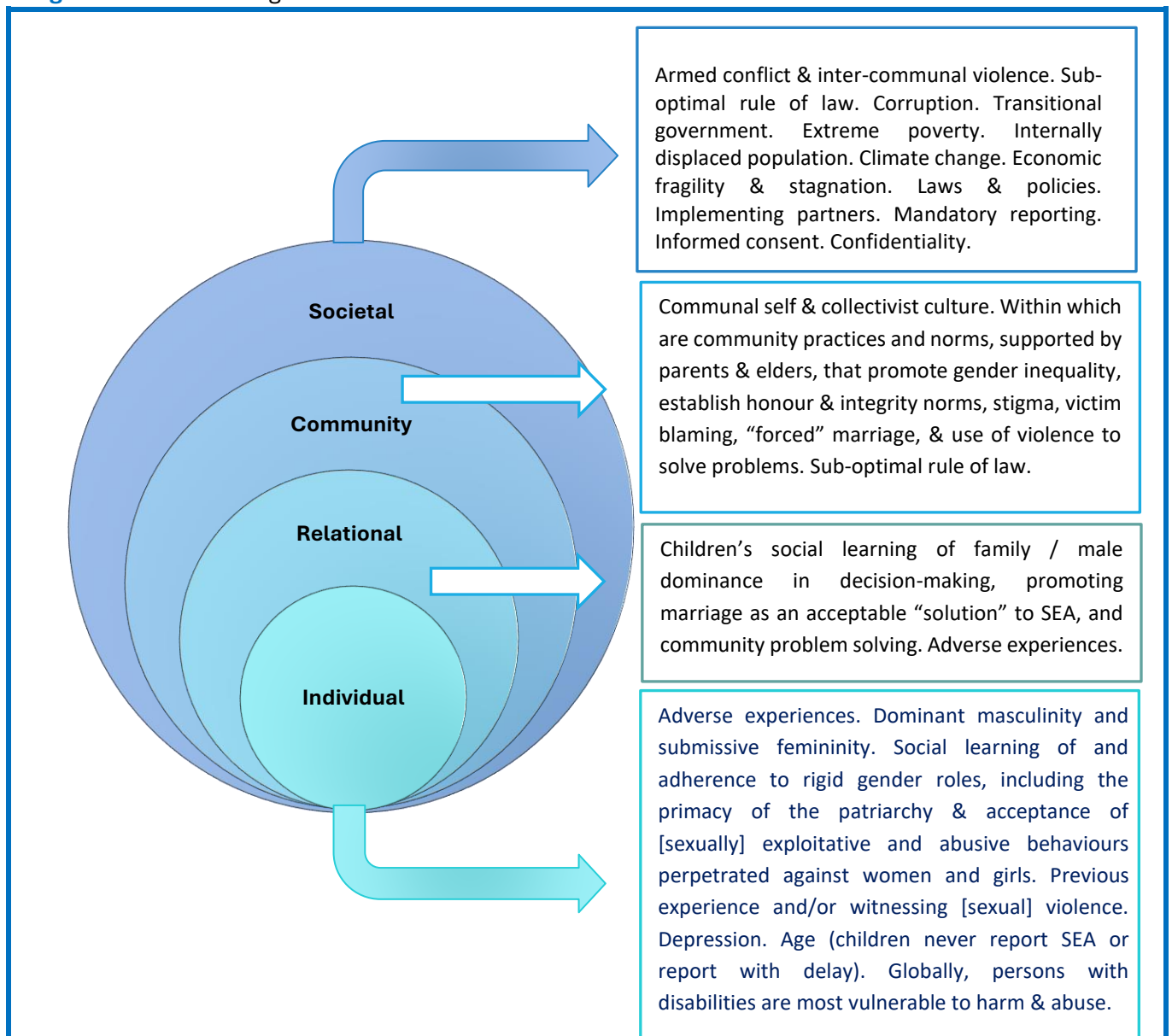
Chapter 3. Country Context

55. The IASC Sexual Exploitation and Abuse Risk Overview (SEARO) is a composite index that brings together indicators on a range of factors that can influence the risk of sexual exploitation and abuse. SEARO categorises 33 countries with ongoing humanitarian response operations according to their risk level and allows for comparison between the countries assessed.

56. Of the 33 countries on the SEARO Index, South Sudan was ranked 4th globally and 1st within Africa for its SEA risk. Only Yemen (1st), Afghanistan (2nd) and Syria (3rd) were assessed to be a higher SEA risk.[43]

Vulnerability Overview

57. The conditions that allow for the proliferation of sexual exploitation and abuse within the South Sudan country context are suitably nuanced, with an enormous amount of intersectionality influencing SEA perpetration and help-seeking. The *Socio-Ecological Model* below helps with understanding this intersectionality and provides insight to the most prominent conditions identified during the research for this study.

Diagram 1: Socio-ecological model

Societal

Community

Relational

Individual

Armed conflict & inter-communal violence. Sub-optimal rule of law. Corruption. Transitional government. Extreme poverty. Internally displaced population. Climate change. Economic fragility & stagnation. Laws & policies. Implementing partners. Mandatory reporting. Informed consent. Confidentiality.

Communal self & collectivist culture. Within which are community practices and norms, supported by parents & elders, that promote gender inequality, establish honour & integrity norms, stigma, victim blaming, "forced" marriage, & use of violence to solve problems. Sub-optimal rule of law.

Children's social learning of family / male dominance in decision-making, promoting marriage as an acceptable "solution" to SEA, and community problem solving. Adverse experiences.

Adverse experiences. Dominant masculinity and submissive femininity. Social learning of and adherence to rigid gender roles, including the primacy of the patriarchy & acceptance of [sexually] exploitative and abusive behaviours perpetrated against women and girls. Previous experience and/or witnessing [sexual] violence. Depression. Age (children never report SEA or report with delay). Globally, persons with disabilities are most vulnerable to harm & abuse.

Societal level

58. At the societal level, laws, policies, societal norms, and practices can contribute to providing an environment that enables rather than disables perpetrators of SEA, heightens SEA vulnerabilities for their victims, and influence – either negatively or positively - the approach to law enforcement, judiciary and victim assistance services takes in response to SEA incidents [44] Central to these approaches is the principles of '*do no harm*' and '*best interest*', themselves raising questions of the most appropriate course of action to undertake in any given scenario – should a victim of SEA be moved to a place of safety, disconnecting them from their family and community or would it be in their '*best interest*' to remain and let customary law take effect? (see Table 4 below).
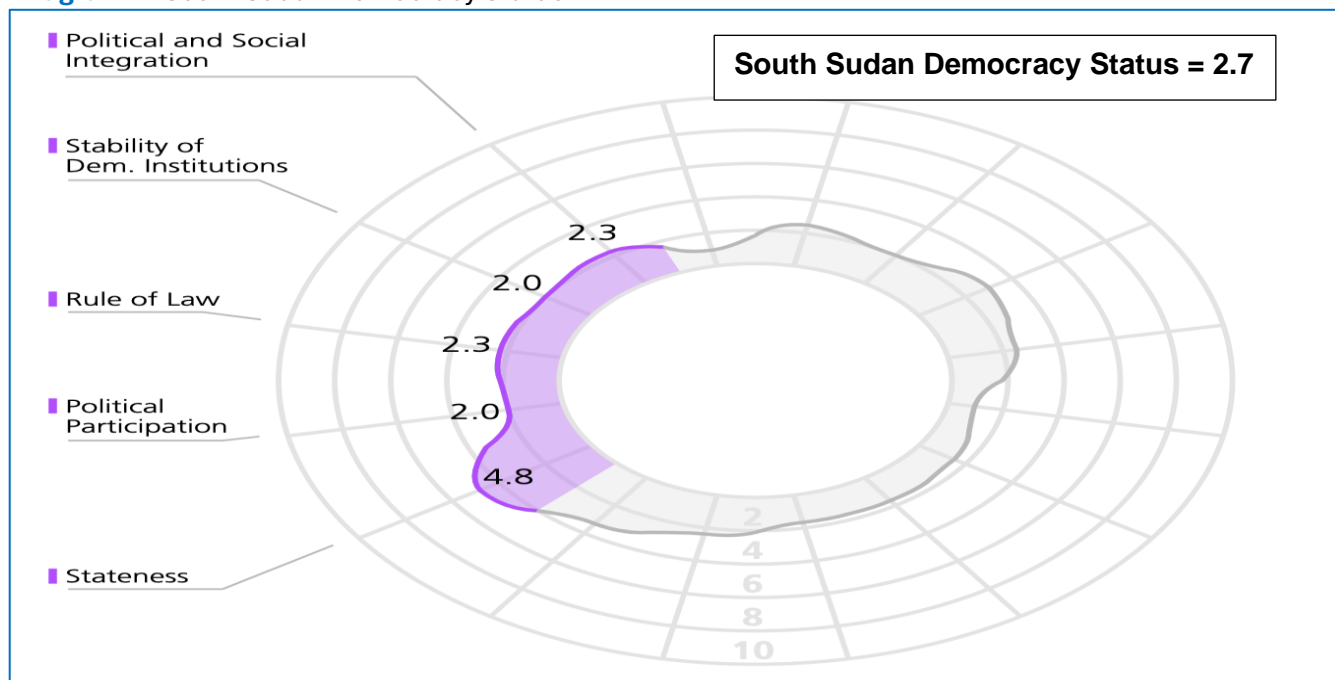
Table 4: *Enabling Environment for Perpetrators of SEA (SEARO Framework)*[45]

Dimension:	Enabling Environment			
Category:	Policy & Societal Norms		Human Rights & Gender Equality	
Component:	Laws, Policies & Practices, including customary laws that override government legislation to the disadvantage of the victim.	Rule of Law & Corruption Perception	Communities & Beneficiaries	Vulnerabilities to SEA

Democracy status

59. The Bertelsmann Transformation Index describes where a country stands on its way to democracy. As shown in diagram 2 below, it is composed of 5 criteria, evaluated on a scale of 1 to 10. Statistical evidence provided by the index shows South Sudan to have a democracy status of 2.7, which places the country within the category of a hard-line autocracy. Only Eritrea (2.1.) and Somalia (1.7) are considered to be less democratic within the region.

Diagram 2: South Sudan Democracy Status

South Sudan Democracy Status = 2.7

- Political and Social Integration
- Stability of Dem. Institutions
- Rule of Law
- Political Participation
- Stateness

2.3
2.0
2.3
2.0
4.8

2
4
6
8
10

Corruption perception

60. Transparency International's Corruption Perceptions Index scored South Sudan, 13 on a scale from 0 ("highly corrupt") to 100 ("very clean"), ranking South Sudan 177th of 180 countries assessed in 2023. In comparison, Denmark was ranked as the least corrupt country, with a score of 90. Syria and Venezuela were

deemed to be as equally corrupt as South Sudan, with all three countries sharing the same ranking. Only Somalia was assessed to be more corrupt than South Sudan with a score of 11 out of 100 and a ranking of 180th of 180 countries.

61. Corruption impacts the strength of government institutions, in many ways that are inimical to the implementation of a robust PSEA agenda:

a) Corruption impacts the level of trust that victims, witnesses, and other complainants have in the ability of government to provide assistance, protection, justice, and accountability. Most complainants are unlikely to report SEA if they view the people that they should be turning to for help, with suspicion.

b) Corruption disproportionality affects poor women and girls, particularly in their access to essential public services, justice, protection, and their capacity to engage in public decision making.

c) Abuse of power erodes systems of checks and balances, making "*correct procedure*" less likely. For example, many complainants won't disclose or report SEA to the police because the law enforcement and judicial system mirrors adverse patriarchal societal norms and provides many entry points for revictimization[46].

d) Impunity goes unchallenged, there is no accountability and wrongdoing go unpunished.

e) As such, the consequences of reporting SEA may outweigh the benefits for complainants, who may already be highly socio-economically vulnerable and have much to lose.

Rule of law

62. The rule of law should be emancipatory for those most vulnerable to sexual exploitation and abuse – chiefly, children, persons with disabilities and women. However, it is often the case in many countries around the world, that discriminatory laws, discrimination in the application of the laws, and overly complex and inaccessible justice systems, ignore and demean rather than empower and support.[47]

63. The PSEA agenda, by default, is a mechanism by which victims of sexual exploitation and abuse can hold humanitarian actors to account for the wrongdoing perpetrated by its workforce and partners. Decisions as to whether to pursue criminal accountability or not are left to each humanitarian actor to decide upon. For the United Nations, criminal accountability is not pursued by itself or any of its entities globally.

64. United Nations staff and associate personnel are not exempt from the consequences of criminal acts perpetrated at their duty station[48]. When allegations of SEA may amount to crimes, it is the role of the concerned UN entity to (a) refer 'credible' allegations to the Member State of the UN officials or experts on mission for appropriate action, and in such circumstances (b) cooperate with national investigations and prosecutions[49]. It is also the right of the host State – South Sudan – to exercise, where applicable, its criminal jurisdiction in accordance with the relevant rules of international law and agreements governing operations of UN missions and of NGOs.[50]

65. Many acts defined as sexual exploitation and abuse within the UN Secretary General's 2003 Bulletin – *Special measures for protection from sexual exploitation and sexual abuse* (ST/SGB/2003/13)[51] constitute forms of sexual violence prohibited under international human rights law[52], including child pornography, forced prostitution, rape, attempted rape, sexual assault, forced nudity and other forms of sexual exploitation and abuse.

66. South Sudan, as a member of the international community, has made commitments to uphold and protect human rights, including addressing the forms of sexual violence that constitute SEA as defined within the ST/SGB/2003/13[53] through its ascension to several international treaties. The most relevant are listed below.

Table 5: South Sudan's Treaty Ratification Status[54]   •*those most applicable to SEA*

#	Treaty:	Ratification Status:
1.	International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	Accession, 30th April 2015
2.	Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women	Acceptance, 30th July 2015
3.	CEDAW-OP, Art. 8-9 - Inquiry procedure under the Optional protocol to the Convention on the Elimination of All Forms of Discrimination against Women	Acceptance, 30th April 2015
4.	Convention on the Rights of the Child	Accession, 23rd January 2015
5.	Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	Accession, 27th September 2018
6.	Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	Accession, 27th September 2018
7.	Convention Against Torture and other Inhuman, Degrading Treatment or Punishment	Accession, 30th April 2015
8.	CAT, Art.20 - Inquiry Procedure under the Convention against Torture	Acceptance, 30th April 2015
9.	Convention the Rights of Persons with Disabilities	Accession, 5th February 2024
10.	International Covenant on Economic, Social and Cultural Rights	Accession, 5th February 2024
11.	Protocol to the African Charter on Human and Peoples' Rights, on the Rights of Women in Africa (Maputo Protocol)	Ratified, 7th June 2023
12.	African Charter on the Rights and Welfare of the Child[55]	*Not signed, ratified, or acceded to.*
13.	International Covenant on Civil and Political Rights	*Not signed, ratified, or acceded to.*
14.	International Convention on the Elimination of All Forms of Racial Discrimination	*Not signed, ratified, or acceded to.*
15.	1951 Convention relating to the Status of Refugees and its 1967 Protocol.	*Not signed, ratified, or acceded to.*

67. Article 9(3) of South Sudan's Transitional Constitution (2011) provides that ''All rights and freedoms enshrined in international human rights treaties, covenants and instruments ratified or acceded to by the Republic of South Sudan shall be an integral part of this Bill." [56] Therefore, even in the absence of domestication, South Sudan is obliged to uphold the principles within treaties it has acceded to and accepted. Notable gaps in this pathway, with regards to SEA, are the non-accession, signature and / or ratification of seven important treaties (see table 5 above).

Armed conflict, inter-communal violence, sub-optimal rule of law, extreme poverty, internal displacement, natural disasters, and economic fragility

68. South Sudan continues to endure multiple challenges and intersecting crises. In 2023, 9.4 million people required humanitarian assistance and protection services, including 4.9 million children and 2.2. million women. The 2.2 million internally displaced persons (IDPs) represented the world's fourth most neglected displacement crisis, with over 37,000 IDPs in Malakal alone[57]. Throughout the country the number of people requiring humanitarian support represented 76% of the country's total population, an increase of 500,000 from 2022.[58] Conflict and insecurity are significant drivers of people's need in South Sudan. Compounded further by conflict erupting in neighbouring Sudan that saw between April 16th, 2023, and November 30th, 2023, 417,910 refugees and returnees entering South Sudan. Of this total, 52% were children.[59] In addition, ongoing violence, and the cessation of food distribution in parts of Ethiopia also resulted in thousands of people returning to South Sudan[60].

69. South Sudan is also the second most vulnerable country globally to natural hazards, according to the 2023 INFORM Risk Index.[61] With an estimated 95% of the country's population depending on climate sensitive livelihoods, communities' vulnerabilities are amplified, increasing competition and resource conflict. With over 2.5 million children and women at risk of acute malnutrition in 2024, livelihood adaptions are necessitated. As a means of survival or by just aspiring for a better life, the opportunity for transactional sex and exploitative relationships is created and taken advantage of by perpetrators in the humanitarian workforce[62].

70. For children, '*survival*' and the need to contribute to their families', has resulted in increased incidents of early / forced marriage, greater school drop-out rates, child labour, joining armed groups, gangs, and criminal activity [63]. The relative power of humanitarian workers within communities of heightened vulnerability has provided fertile ground for the SEA incidents of transactional sex and exploitative relationships to grow. As discussed in chapter 5 of this review, such SEA incidents also contribute to increased levels of forced marriage, inter-communal conflict, and as previously mentioned, the '*livelihoods strategy*' of engaging in exploitative relationships and transactional sex.

Reasons why humanitarian workers do not report

71. The reasons why humanitarian workers do not report is suitably nuanced and dependent on several variables. During the course of this research, key experts spoke of wide-ranging factors behind underreporting that served to compound impunity and lessen the effectiveness of accountability procedure. Uneven levels of implementation of protection from sexual exploitation and abuse (PSEA) frameworks[64], including vastly variable capacities in investigations, and poor buy-in amongst some humanitarian actors was seen to significantly reduce the impact of strategic accountability responses due to sub-optimal organisational cultures existing and due diligence in investigations not being met.

72. The aspect of sub-optimal implementation and organisational cultures is relevant to understanding why humanitarian workers do not report incidents, as it highlights the absence of foundational elements in a standardised system. Some commonly cited organisational reasons for humanitarian workers failing to report include:

   a) Organisational barriers:
   - Lack of clear reporting procedures.
   - Hierarchical and misogynistic work environments.
   - Staff fearing losing their job if they were to report.
   - Lack of organisational expertise to appropriately respond.
   - Lack of or insufficient SEA training of staff.
   - Poor understanding of organisational policy / procedure amongst humanitarian workers (inc. Whistleblowing Policy) and of what SEA actually is. A situation compounded by language barriers and varied education levels.

   b) Cultural norms / attitudes, language and education barriers:
   - Hierarchical and misogynistic work environments.
   - Language barriers and different levels of educational attainment results in poor understanding of policies, obligations and rules.
   - Influence that tribalism has on perpetuating safety and security fears amongst international and national staff.
   - Acceptability of some forms of SEA if community '*solutions*' are applied. For example, the alleged perpetrator being '*fined*' and required to pay this fine by handing over a gun ('*Palgim*') or '*Seven Cows*'[12].

73. All this contributes to widespread impunity, and poor accountability. According to many of the key informants, one of the major organisational challenges, especially with regards to national non-

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[12] Information provided by participants of the Pibor Validation Workshop.

governmental organisations, is that concerns about their own organisational reputation and the potential loss of donor funding are prioritised over the victims at the core of the allegations.

Mandatory reporting

74. While mandatory reporting on SEA is a policy standard, some key informants were critical. Key informants spoke of the harmful impact that mandatory reporting organisational procedure have, not only on reporting and disclosure, but also in creating dilemmas of how best organisations can reconcile the duty to report with the victims' best interests[65] and victim centred approach. Furthermore, mandatory reporting without consent in fact risks harming victims' and "mandatory supporting" rather than a mandatory reporting seems the more plausible course of action.

75. In the context of humanitarian workers non-disclosure, the idea of mandatory reporting implies that staff are subject to administrative sanctions if it is found they covered up, concealed, or ignored known SEA. However, punishments for not reporting are not the best motivator to report. To understand this statement, it needs to be viewed within the wider context of organisations impunity and poor accountability. Research has shown that workplace sexual harassment victims' often do not report for fear that they will be blamed and punished by the organisation they work for, including fearing losing their jobs[66].

76. Several key informants noted that adherence to international human rights standards sometimes comes into conflict with the local cultural norms for some national staff, notably with regards to child marriage and exploitative relationships but also with regards to their respect for hierarchical organisational structures and the influence that tribalism has on perpetuating staff safety and security fears. Additionally, they argued that the mental health of both national and international staff, after experiencing decades of conflict or operating in fragile and conflict affected states (FCAS), resulted in harmful negative 'coping' behaviours, such as excessive drinking, which in turn may contribute to 'risk taking' and SEA. These possible risk factors, combined with a male dominated culture and poorly developed accountability mechanisms were suggested to significantly reduce the likelihood that reports would be made and to creating workplace cultures where women [and men] were silent in reporting sexual harassment (SH) and SEA conduct.

Community level

Communal self and collectivist culture

77. At the community level, the '*communal self'* is used to describe individuals' relational nature between themselves and their extended family and community. The South Sudanese often expressing their concerns in terms of "*we*" or "*us* [67].The exception to this being for those South Sudanese that live within a refugee setting where the relational nature of the "*communal self*" is often seen to change due to the loss of agency and safeguards that are associated with a common ethnic identity[68].

78. Within the focus group discussions conducted as part of the research for this review, participants indirectly spoke of the important role that this collectivistic and highly interdependent order of community function has within their cultural norms to influence victims, witnesses and concerned parties reporting and help-seeking. Within this, there exists multiple layers of intersectionality that concern cultural norms, the communal self, marriage, honour, violence, poverty, and gender as the most prominent barriers to the reporting of SEA.

79. For the vast majority of all demographics, the values and norms surrounding respect of parents / elders, the patriarchy, female virginity, sex, and marriage remained the barometer to which communities gauged all related courses of action by, including the use of violence, sometimes involving unlawful killings, as a method of delivering their perceived notion of '*justice*' to correct any wrongdoing, including SEA.

80. The communal self, community perception and cultural norms were therefore the benchmark from which '*right'* and '*wrong*' were understood. With one exception being children and adolescents within the 10 to 20

years of age cohort who had received SEA sensitisation from non-governmental organisations within school [see chapter 5 - Safe, Accessible and Appropriate Reporting, for more detail).

81. It is this collectivist culture that influences how individuals understand and report experiences of sexual exploitation and abuse[69]. Within South Sudan, '*fear of consequences'* should such harm and abuse become known within the community was found by this research to be the primary barrier to reporting or disclosing SEA for children. For adults, the primary barrier was a '*lack of trust'* in humanitarian actors *(*see chapter 5 – Safe, Accessible and Appropriate Reporting, for more detail).   Further, the widespread acceptance of community '*solutions*' to addressing the problem of SEA incidents also acted as either a '*fear of consequence'* or cultural barrier. With many community informants, citing victim-perpetrator marriage and / or violent retaliation as prevalent.

82. '*Fear of consequence'* and '*lack of trust'* intersects with and reinforces peoples prior experience of adverse experiences. With their views of normative boundaries being shaped by societal norms, harmful cultural practices and the burden of violence, there exists a strong correlation between people's exposure to adverse experiences (e.g. conflict, poverty, violence, sexual and psychological harm) poor mental health and chronic health conditions.

Sub-optimal rule of law

83. Sub-optimal rule of law remains enduringly problematic for SEA victims' and complainants help-seeking and accountability at the community level. With vast areas laying beyond the reach of the state, governed by traditional chiefs and tribal norms, who play an important role in delivering justice through customary courts and the provision of security for the community.

84. Provisions within section 93 of the Local Government Act (2009), establish the Customary Law Council as the highest customary authority within each council. With section 97(1) of the act providing for the establishment of Customary Law Courts. Section 96(3) of the act provides that *at least* 25% of the Customary Law Council should be a represented by women and section 97(2) provides that Local Government Authorities must ensure adequate representation of women administering Customary Law Courts. A provision that, in practice, has not been implemented. Leaving an inherent bias toward the patriarchy in decision making and continued contradiction with the human rights standards subscribed to be the State Party (notably the UN Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women).[70]

85. The proliferation of arms, the absence of '*reliable'* police and multiple barriers to accessing interagency community-based complaints mechanisms, see's recourse for sexual exploitation and abuse incidents being delivered via customary norms, that frequently involve forced marriage. As it stands the '*Draft Victims' and Witness Protection Law*', and also the '*Draft Anti-GBV Bill*', offer little protection. Impunity and corruption within the police force heightened some community members belief in the futility of reporting to them. Separate from customary courts and police, the delivery of revenge justice*,* by brothers of the SEA victim, through violence and murder was cited by many focus group participants as prevalent. (see chapter 5 for more detail)[71]

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Influence of' adverse experiences as a barrier to help-seeking

86. Adult and child victims of SEA are often also subject to other adverse experiences[72], and their views of normative boundaries are shaped by societal norms, harmful cultural practices, and the burden of gender-based violence. Adverse experiences have been shown to impact victims' mental health, coping responses and their relationships with others, including creating a barrier for help-seeking and engaging with victim assistance services. Factors that increase the likelihood of experiencing negative outcomes from an adverse experience are very apparent within the context of South Sudan and include: - (a) experiencing multiple adverse experiences; (b) poverty and economic hardship; (c) low levels of social support; (d) stigmatisation and victim-blaming; (e) poor mental health; (f) other vulnerabilities; and (g) no / low host community language skills.

Diagram 3 – Communities exposure to adverse experiences may influence of SEA[73].
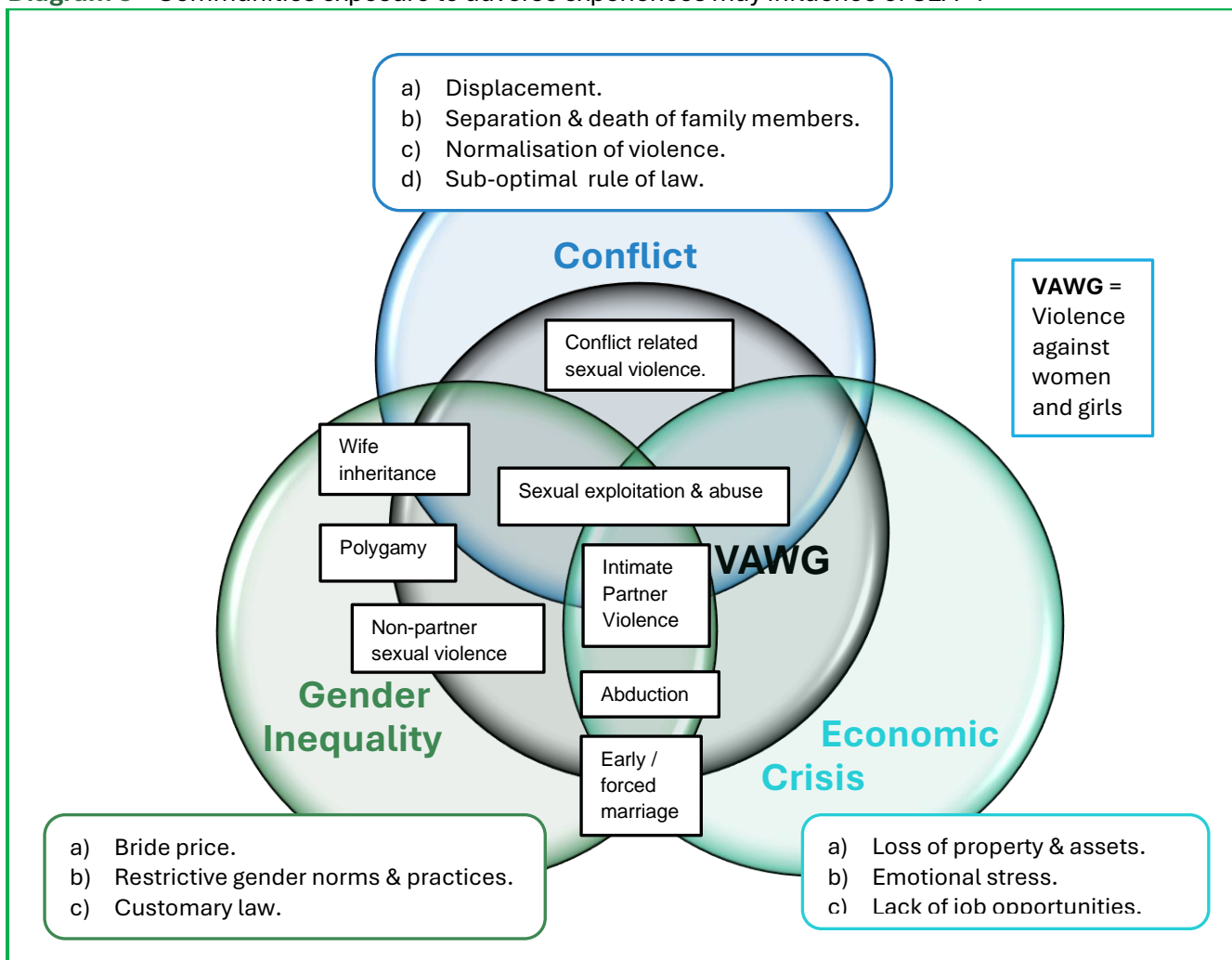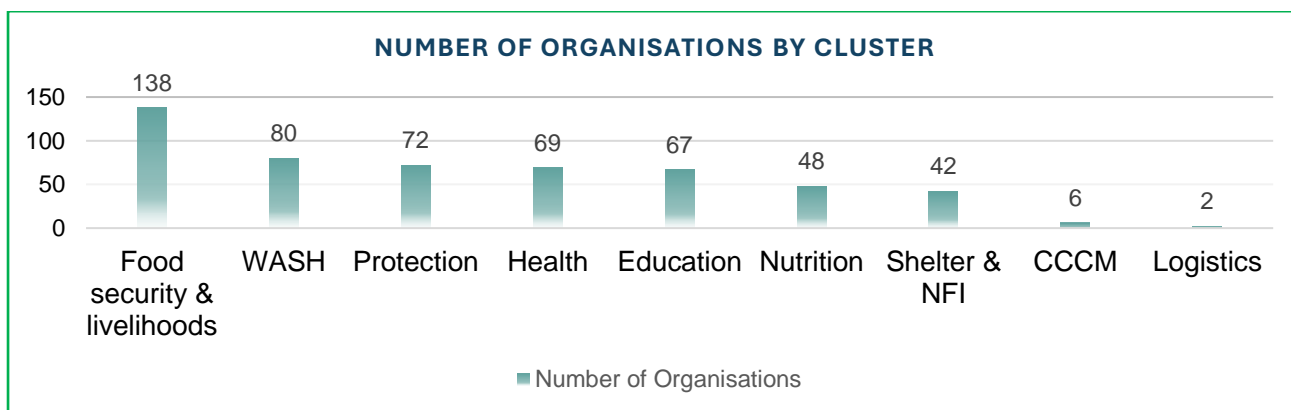

87. The CDC-Kaiser Permanente adverse childhood experiences (ACE) study [74] demonstrated that the cumulative effects on children of deep-rooted societal inequality, greater acceptance of violence and experiences of internal displacement and conflict; potentially influenced children's non-disclosure and reporting of SEA because of the impact that these childhood experiences have had on their well-being, acceptance of harmful practices and their perceptions of right and wrong.

88. SEA awareness raising and behaviour change are prerequisites for effective PSEA programming within communities. Despite this, the humanitarian sector communicates the '*PSEA message'* using terminology that is not aligned with communities' perceptions of '*right'* and '*wrong*' with regards to sex, gender, exploitation, and abuse. This misalignment being reportedly responsible for undermining the effectiveness of awareness raising and behaviour change efforts.

89. Amongst key informants, there was increased recognition of the need to learn from and utilise programming practices developed within gender-based violence and child protection sectors as a way of preventing SEA and delivering appropriate and effective victim assistance and accountability. However, the entrenchment of standardised normative thinking around PSEA was seen to limit greatly the *'appropriateness'* and *'effectiveness'* of SEA prevention and response approaches.

90. Sexual exploitation and abuse (SEA), as a form of [sexual] gender-based violence, closely relates to both gender-based violence and child protection areas of responsibility[13]. Despite this, both PSEA and SEA are treated as '*new*' agendas, without much cross-pollination between sectors on what does and does not work. Within the context of South Sudan this matters hugely, not only in terms of understanding the impact of culture but also with regards to understanding the impact of peoples' experiences within the conflict affected history of South Sudan.

Power Overview

91. Between January and November 2023, the humanitarian operational presence within South Sudan consisted of 272 organisations and 9 clusters. National non-governmental organisations (NNGO) totalled 170 (62.5% of total), there were 83 international NGOs (30.5% of total), 10 UN entities (3.6% of total)[75] and 9 bi-lateral donor agencies (3.3% of total)[76]. The highest organisational presence within the 9 clusters is to be found with the Food Security and Livelihoods Cluster consisting of 138 organisations; followed by Water, Sanitation and Hygiene with 80 and the Protection Cluster with 72 organisations[77].

NUMBER OF ORGANISATIONS BY CLUSTER

| Cluster	Number of Organisations
Food security & livelihoods	138
WASH	80
Protection	72
Health	69
Education	67
Nutrition	48
Shelter & NFI	42
CCCM	6
Logistics	2

92. Without reliable human resource data on the geographical locations of the humanitarian workforce to determine the level of potential SEA risk posed; OCHA Humanitarian Response Dashboard data on the number of beneficiaries targeted and reached by State is used here as a proxy indicator, albeit with its caveats.

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[13] When considering the protection from sexual exploitation and abuse (PSEA) agenda, aspects of risk and change management are also associated.

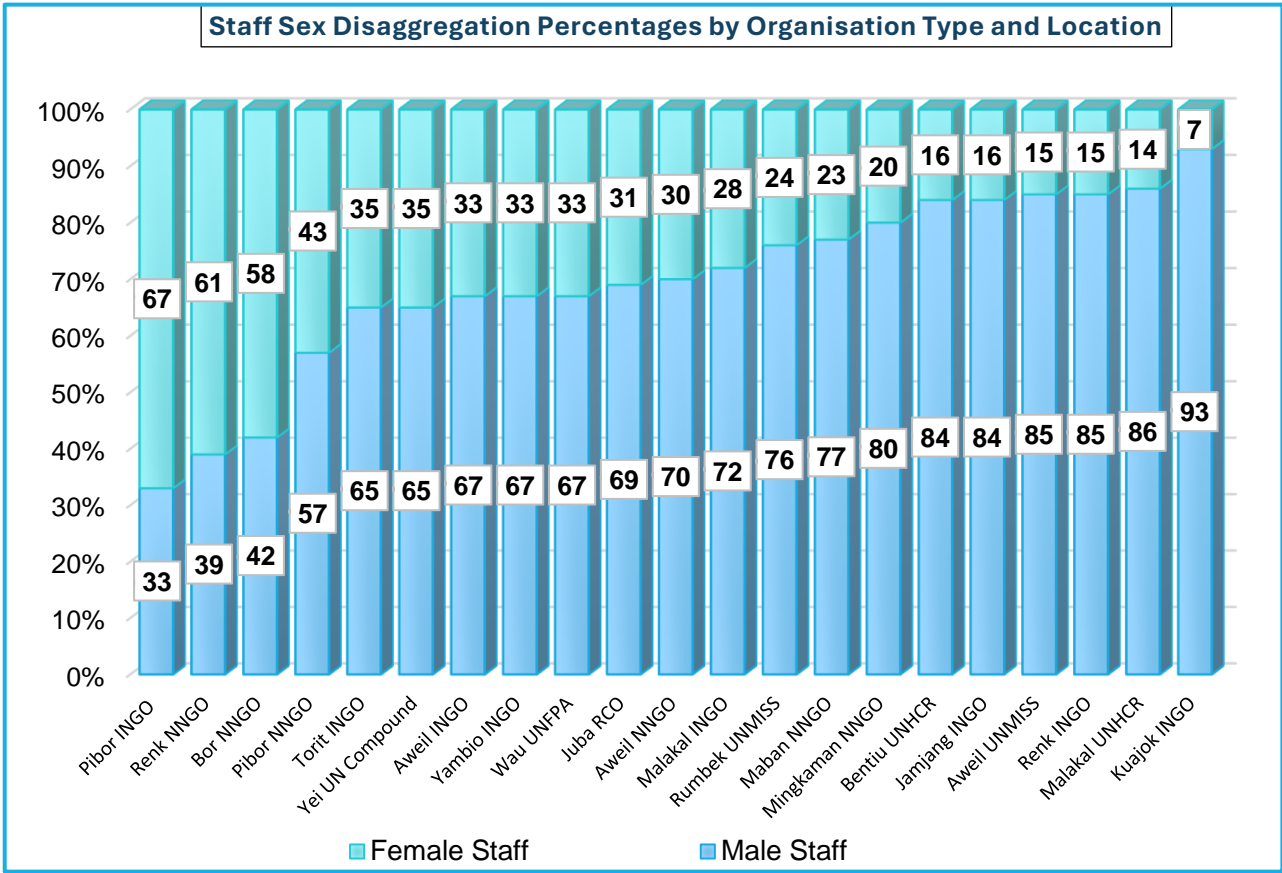**NUMBER OF PEOPLE TARGETED & REACHED BY STATE**
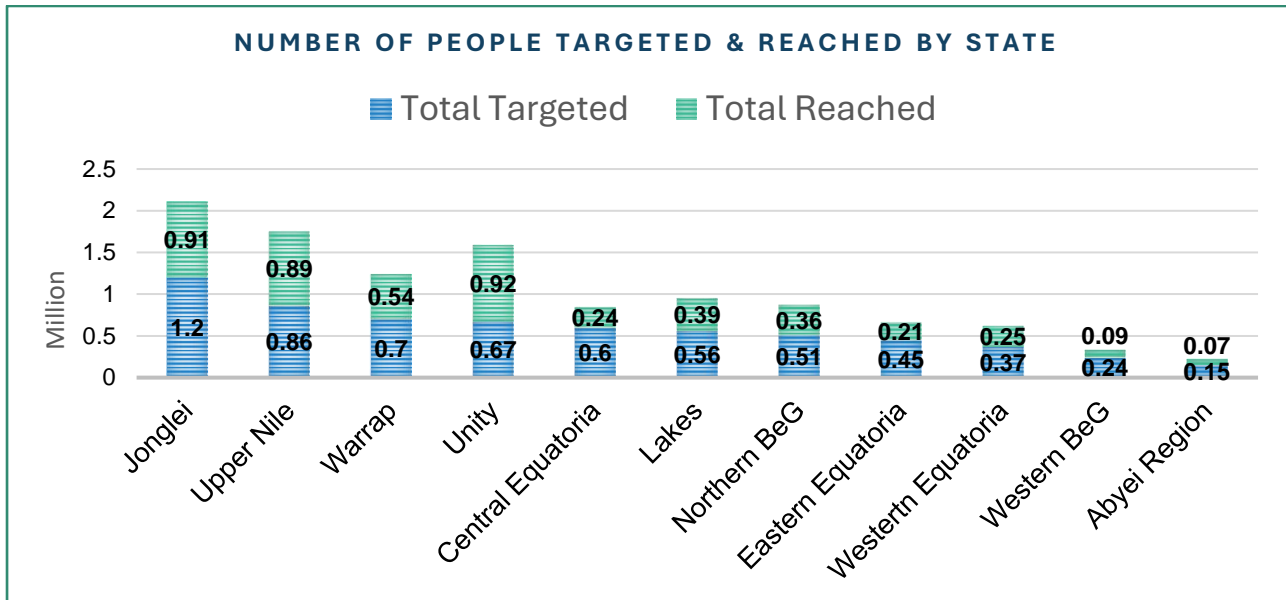
93. Jonglei State had the greatest number of affected populations targeted, followed closely by Upper Nile State, Warrap State and Unity State. The numbers of people reached was approximately the same for Jonglei, Upper Nile and Unity. Of all the states, Jonglei State is best served by gender-based violence and child protection referral pathways (*see chapter 6, Victim Rights to Assistance*).

94. Data provided by five resident UN entities shows greater numbers of men being employed than women across all four categories (see graph below). With the greatest disparity being found within the national staff category.

Personnel Sex Disaggregation for 5 UN Entities within South Sudan
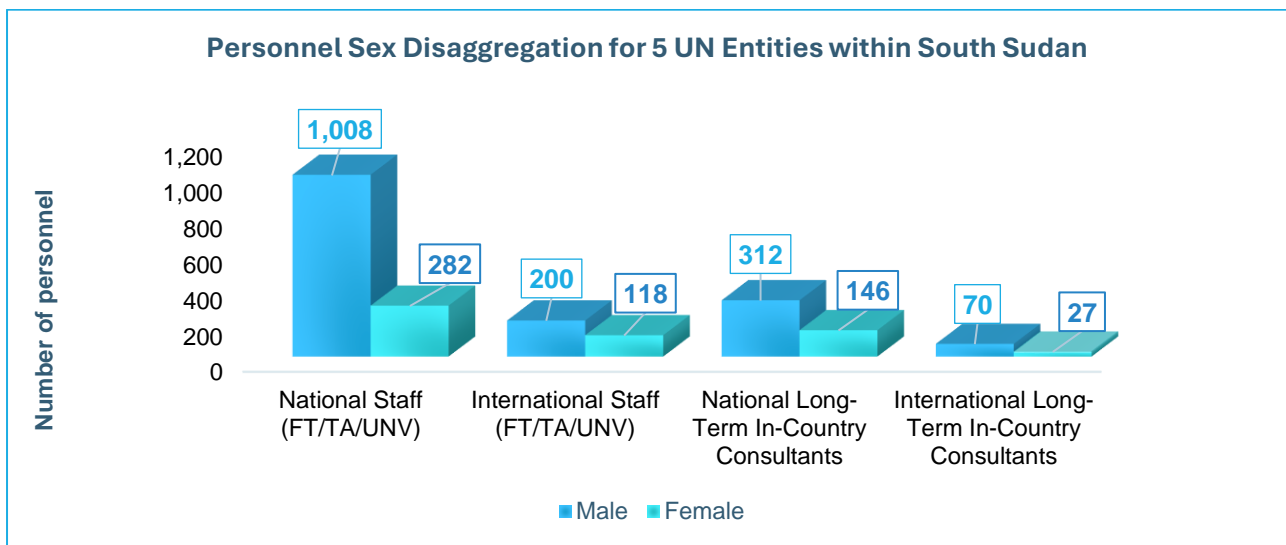
95. This finding being echoed by key informants asked to provide sex disaggregation data of their personnel operating within that specific location. Only 3 organisations of the 21 interviewed had female staffing levels over 50% (see figure below).

Staff Sex Disaggregation Percentages by Organisation Type and Location

Location	Female Staff	Male Staff
Pibor INGO	67	33
Renk NNGO	61	39
Bor NNGO	58	42
Pibor NNGO	43	57
Torit INGO	35	65
Yei UN Compound	35	65
Aweil INGO	33	67
Yambio INGO	33	67
Wau UNFPA	33	67
Juba RCO	31	69
Aweil NNGO	30	70
Malakal INGO	28	72
Rumbek UNMISS	24	76
Maban NNGO	23	77
Mingkaman NNGO	20	80
Bentiu UNHCR	16	84
Jamjang INGO	16	84
Aweil UNMISS	15	85
Renk INGO	15	85
Malakal UNHCR	14	86
Kuajok INGO	7	93

96. The benefits of gender parity within organisations are multiple and far reaching, as follows:

a) **Organisational culture:** It is important for organisations to portray an image of equality. This helps to reinforce the '*zero tolerance'* message by curtailing unconscious and conscious bias in the treatment of others; curbs the predominance of harmful attitudes and behaviours and lays the foundation of an environment where ethics and integrity are at the forefront of organisational change and management. Human resources are instrumental in achieving this by ensuring interview panels are gender balanced, and interview questions explore harmful attitudes, behaviours, ethics, and integrity.

b) **Most SEA incidents are perpetrated by men:** Global evidence from UN system-wide data on all SEA allegations (2017 to April 2024) made against UN staff and associate personnel, provides that 97% of these allegations were made against male perpetrators, compared with 3% of allegations being made against female perpetrators. Interestingly, data on the nature of the allegation show that alleged female perpetrators were accused of rape, exploitative relationships, sexual assault, solicitation of transactional sex – just like their male counterparts. Differences lay elsewhere, with allegations of '*other forms of sexual violence'* and the *'solicitation of child prostitution'* being only committed by alleged male perpetrators. Whereas '*trafficking for SEA'* was only perpetrated by females.

This pattern is one mirrored by UN implementing partners globally, with 98% of all SEA allegations (2017 to April 2024) being made against male perpetrators. For the period, there were 1381 SEA allegations made against UN implementing partner personnel globally, with 33 of these being made against alleged female perpetrators. UN staff and associate personnel were accused in slightly lower numbers, with one thousand allegations being made over the same time period.
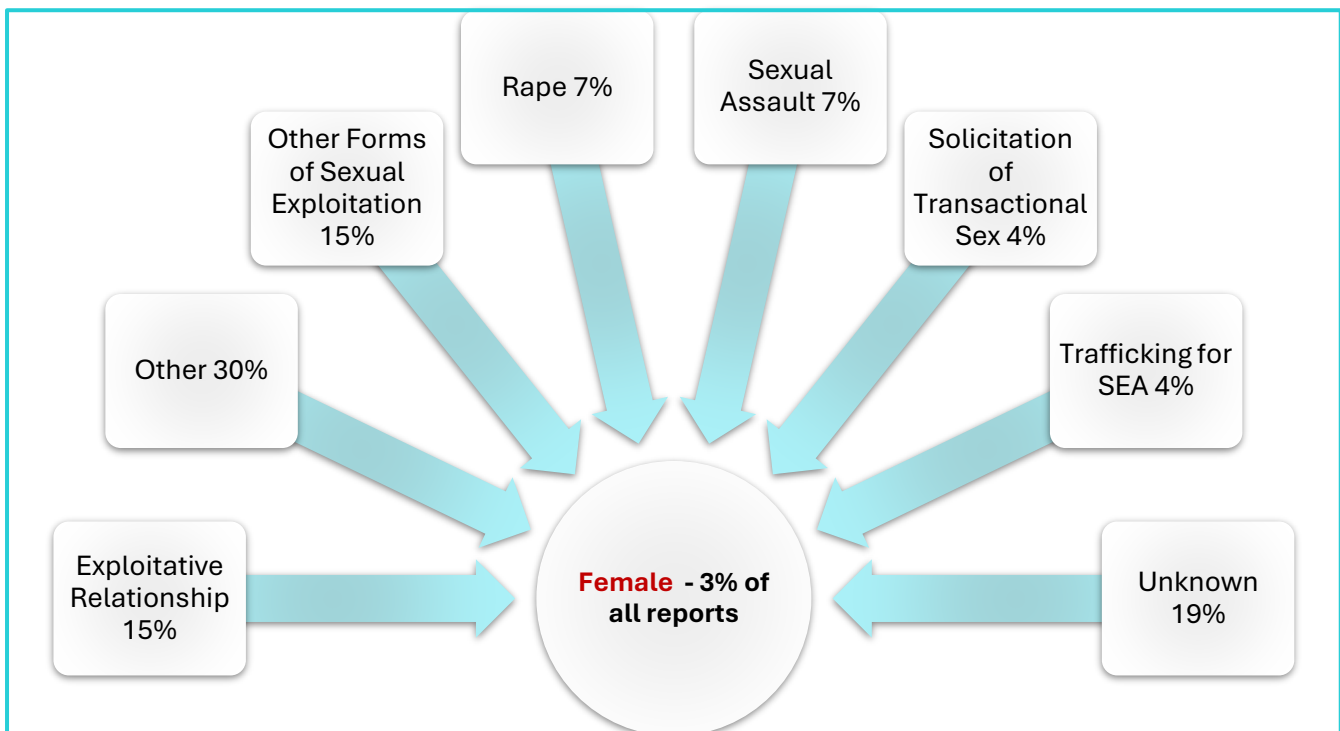
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Figure 4: UN System-Wide Data on SEA Allegations made Globally (2017 to April 2024)[14]

Men:

Women:

Chapter 4. Prevention

Alignment with international standards

97. IASC country-level priorities within Outcome 1, Prevention, of their model template are limited to awareness-raising and training activities. Although such outputs are an important part of any humanitarian organisations' prevention framework, they do represent only one component of wider organisational mechanisms and procedures that humanitarian actors should have in place and operational.

98. As shown by table 6 below, the key elements of an adequate prevention framework are formulated by the policy and procedural structures that an organisation has in place to guide and standardise approaches to the implementation of their wider PSEA framework, encompassing organisational management & governance, human resources, reporting, assistance & referrals, accountability & investigations, and corrective measures.

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Table 6: Inter-Agency PSEA strategy and workplans alignment with international prevention standards

IASC MOS-PSEA INDICATORS	MOPAN INDICATORS	UN IP PSEA CAPACITY ASSESSMENT INDICATORS	Alignment with Inter-Agency PSEA Strategy & Workplans, 2022 & 2023		
			System Wide Implementation Strategy on PSEA in South Sudan (2018-2023)	INTER-AGENCY WORKPLANS	
				2022	2023
NOTE: A number of key informants spoke of the UN centric nature of the inter-agency PSEA Taskforce strategic approach as a barrier to their participation and engagement. This UN centricity, by default, is also to be found in several outputs of both the *System Wide Implementation Strategy on PSEA in South Sudan (2018-23)* and it's respective workplans for 2022 and 2023. However, despite all PSEA Taskforce members being availed the same opportunities to engage at both the technical and steering committee level, challenges with engagement and accountable representation persist. A rising tide floats all boats equally and to achieve this requires more collaborative discourse between inter-agency actors to identify and overcome the barriers to actors inclusive, equal, accountable, and fruitful engagement in the taskforce and wider PSEA agenda. This should be undertaken by a) international NGOs, b) national NGOs, including the South Sudan NGO Forum membership, c) the clusters / sub-clusters / working groups and d) UN entities.					
Findings Summary: The inter-agency PSEA strategy and workplans (2018-2023) were assessed to have either 'not met' or 'partially met' the standards stipulated by the IASC Minimum Operating Standards on PSEA, MOPAN and the UN Implementing Partner PSEA Capacity Assessment. The strategy was deemed to have 'not met' the standards on (a) cooperative arrangements and contract conditions, (b) PSEA FP's undertaking a functional role within organisations, (c) and with regards to the timeliness of investigations. However, these shortcomings were deemed to have been improved upon, albeit in varying degrees, by the inter-agency workplans for 2022 and 2023, that followed the mid-term of the strategy in 2021. Despite this improvement, both the 2022 and 2023 workplans were assessed to have 'partially met' the international standards in all seven core areas – organisational policy, organisational management & governance, human resources, reporting, assistance & referrals, investigations, and corrective measures.					
ORGANISATIONAL POLICY					
Effective Policy Development and Implementation A policy stating standards of conduct, including acts of SEA, exists and a work plan to implement the policy is in place.	Policy, Action Plan and/or Code of Conduct Organisation- specific dedicated policy statement(s), an action plan and/or code of conduct addressing SEA are available, aligned to international standards and applicable to all categories of personnel. Mechanism to Track Status of SEA Policy Implementation Mechanisms are in place to regularly track the status of implementation of the SEA policy at HQ and at field levels.	Organisational Policy Adheres to ST/SGB/2003/13. The organisation has a policy document on PSEA. At a minimum, this document should include a written undertaking that the partner accepts the standards in ST/SGB/2003/13.	**PARTIALLY MET:** Enforcement and compliance with standards *Output 4: Increased enforcement and compliance with standards / policies on PSEA.* Output 4 indicators refer to UN IP PSEA Capacity Assessment and number of participating NGOs with internal policies & code of conduct on PSEA. These could be improved by (a) ensuring PSEA policies adhere to an accepted standard e.g. ST/SGB/2003/13, and (b) there is an indicator to measure number of organisations with mechanism to track status of SEA policy implementation.	**PARTIALLY MET:** OUTPUT 1.2 KEY ACTIONS *Implement 7-point leadership plan, develop workplans, update on policies, procedures & code of conduct.* The 7-point leadership plan only applies to UN entities (*see note above regarding accountable representation*) OUTPUT *1.3 KEY ACTIONS – Roll out the UN IP Capacity Assessment in South Sudan,* only applies to UN implementing partners (*see note above regarding accountable representation*). Contractors, private sector, and other types of partners outside of the taskforce are not considered. Nor are the partners of international NGOs. (*See also comments to the left on the inter-agency strategy*). **Workplan 2023** - *OUTPUT 4.3a: When working with IPs, adequate safeguards are in place and action is taken related to SEA.* An organisational policy on PSEA lays the foundation for all procedures,	**PARTIALLY MET:** *OUTPUT 1.1.d All personnel aware of whistleblowing policy (ST/SGB/2017/2/Rev.1).* A whistleblowing policy is also not a requirement of UN IPs via the UN IP PSEA Capacity Assessment. Recognising the substantial barriers to reporting for humanitarian personnel, it would be beneficial to roll-out and upscale this activity across all inter-agency actors, including clusters / sub-clusters and working groups.

					mechanisms, roles, and responsibilities required for actioning all 8 core standards of the UN IP PSEA Capacity. Therefore, an organisational policy on PSEA should be developed before '*reference checking and vetting policies*. **Workplan 2023** - *OUTPUT 4.3 b:* UN IP PSEA Capacity Assessment guidelines are implemented. And *OUTPUT 5.4 b key actions: 7-point leadership plan, update on policies, procedures and code of conduct and develop these in cases where they do not exist.* Only applies to UN entities (see comment for Output 1.2, 2022 workplan above)
ORGANISATIONAL MANAGEMENT & GOVERNANCE					
Cooperative arrangements – contract conditions SG's Bulletin (ST/SGB/2003/13) or respective codes of conduct are included in general contract conditions. Written Agreement on PSEA Standards Procedures are in place to receive written agreement from entities or individuals entering cooperative arrangements with the agency that they are aware of and will abide by the standards of the PSEA policy.	Cooperative arrangements – due diligence process for partners The organisation has clear standards and due diligence processes in place to ensure that partners prevent and respond to SEA. Organisations contribute to inter-agency efforts. The organisation can demonstrate its contribution to interagency efforts to prevent and respond to SEA at field level, and SEA policy/best practice co-ordination fora at headquarters level.	Cooperative arrangements – contract & partnership agreements The organisation's contracts and partnership agreements include a standard clause requiring sub-contractors, to adopt policies that prohibit SEA and to take measures to prevent and respond to SEA, including a clear prohibition of SEA, definitions aligning with ST/SGB/2003/13, 2003, obligation to inform IP upon receipt of SEA allegations, and to take appropriate measures to prevent SEA and to take appropriate corrective measures when SEA occurs.	**NOT MET:** Enforcement and compliance with standards *Output 4: Increased enforcement and compliance with standards / policies on PSEA.* Cooperative arrangements are not addressed by the strategy. Humanitarian actors have wide ranging cooperative arrangements that extend beyond implementing partners and consultants. Therefore, there is need to encompass and develop outputs / actions that seek to cascade standards downstream to contractors, the private sector etc. and their employees. This should also include actions the raise awareness and empower cleaning and security staff working for private sector companies, contracted by the UN and other inter-agency actors.	**PARTIALLY MET:** Output 1.3. b. UN IP PSEA Capacity Assessment requires UN implementing partners to have a contractual clause on PSEA that requires of IP's "*sub-contractors, to adopt policies that prohibit SEA and to take measures to prevent and respond to SEA*". UN IPs, via the capacity assessment, are only assessed on the clause meeting the minimum requirements and having 'the clause' operational. They are not assessed on the obligation of the IPs subcontractors "*to take appropriate measures to prevent SEA and to take appropriate corrective measures when SEA occurs*"[78], how this is made actionable and monitored and evaluated. This representing a substantial risk that should be mitigated. Additionally, the development of outputs / actions that encompass non-UN IPs would also be hugely beneficial. Advocacy on the new Draft NGO Act (as of October 2023) would perhaps be one avenue to explore and make actionable.	**PARTIALLY MET:** Output 4.3. b. UN IP PSEA Capacity Assessment guidelines are implemented. See comment and recommendations for workplan 2022 (immediate column to the left regarding Output 1.3) Output is PSEA Taskforce / UN centric (*see note above regarding accountable representation*).
PSEA Focal Point / Department:	Victim rights function for SEA:	Clear roles and responsibilities	**NOT MET:** Output 5 (a) support for dedicated PSEA Coordinator		**PARTIALLY MET:** Output 2.1.c Conduct training of

A dedicated department/focal point is committed to PSEA.	The organisation has a victims' rights function in place for SEA, either as a stand- alone or as part of existing structures, in line with its exposure to SEA. Dedicated Resources & Structures: Dedicated resources and structures are in place to support the implementation of a SEA policy and/or action plan at HQ and in programmes. (*see also human resources below*) Upstream accountability & reporting structures. The number of SEA allegations related basic information and actions taken are reported (for UN agencies: in line with UN standards for reporting and including implementing partner cases).	Although not mandatory, it is recommended by the *Interim Guidance (Dec 2022), Operationalisation of the UN Protocol on Allegations of SEA involving Implementing Partners*, that a UN IPs PSEA Policy should specify clear roles and responsibilities for operationalising the policy. This may include, designating a PSEA focal point to assume key responsibilities.	position to support work of the national and sub-national PSEA Task Forces; (b) support for coordination roles at national and field levels for the Task Force on PSEA, (c) regularly update lists of focal points for PSEA at agency level and in the field locations and develop their capacity for effective coordination. The specific role of PSEA focal points here is to support the work of national and sub-national PSEA task forces and not to have this specific functional role within organisations. Given the benchmark requiring humanitarian actors to have an organisational policy on PSEA, then this necessitates the requirement for clear roles and responsibilities of key personnel who would be responsible for operationalising the modalities of the PSEA framework it stipulates.	**PARTIALLY MET:** Output 2.1. d target / benchmark, Conduct training of CBCM focal points on PSEA CBCM. and Output 3.2. b. target / benchmark – ToR for Victim Assistance Focal Points already endorsed and focal points designated by some taskforce members. Output 2.1. and 3.2.b are relevant for all actors within the UN country-level architecture. However, key informant interviews highlight gaps in the level of buy-in amongst some actors and conversely the failure of appropriate accountability and inclusion mechanisms to bridge this gap. Output 4.4. a PSEA task force established and b. all PSEA Task force members (and focal points) have received training. and Output 4.5. PSEA technical focal points from all UNCT / HCT members are in place and actively contribute to the PSEA Taskforces delivery of PSEA outcomes. Despite the inclusiveness of the PSEA task force at national and sub-national level. Key informant interviews highlighted that some UN entities and some clusters / sub-clusters / working groups lagged behind on key actions to operationalise PSEA change management within their respective areas of responsibility. It is therefore recommended that this gap be closed through strengthening accountability and inclusion for these actors.	CBCM Focal Points on PSEA CBCM to be able to conduct awareness raising on PSEA, reporting allegations of SEA and referral of victims to assistance services. and Output 5.5 PSEA technical focal points from all UNCT/HCT members are in place and actively contribute to the PSEA Network's delivery of PSEA outcomes. See comment and recommendations for workplan 2022, immediate column to the left. Output is PSEA Taskforce / UN centric (*see note above regarding accountable representation*).
HUMAN RESOURCE SYSTEMS					
Recruitment and performance:	Dedicated Resources & Structures: Dedicated	Screening & vetting of job candidates: There is a	**PARTIALLY MET:** Output 4 c. develop system for and	**PARTIALLY MET:** Output 1.3. target / benchmark. Each PSEA Taskforce	**PARTIALLY MET:** Output 4.3.a. The UNCT/HCT has

Effective recruitment and performance management	resources and structures are in place to support the implementation of a SEA policy and/ or action plan at HQ and in programmes (covering safe reporting channels and procedures for access to sexual and gender-based violence services).	systematic vetting procedure in place for job candidates through proper screening. This must include, at minimum, reference checks for sexual misconduct and a self-declaration by the job candidate requesting that they confirm that they have never been subject to sanctions (disciplinary, administrative, or criminal) arising from an investigation in relation to SEA, or left employment pending investigation and refused to cooperate in such an investigation.	implement enhanced screening of personnel and good hiring practices for PSEA. Output is not supported by output target, indicators, or baseline information. This should be addressed, so that the indicator is sufficiently SMART. Output refers only to the development of a *'system'* and not key principles and criteria on good hiring practices. These should be developed in-order for there to be a standardised approach to recruitment by all humanitarian actors.	entity develops and implements policy for safe and secure recruitment and partnership. The Clear Check and/or the Inter-Agency Misconduct Disclosure Scheme are consulted. Output is not supported by output target, indicators, or baseline information. This should be addressed, so that the indicator is sufficiently SMART.	policies on reference checking and vetting for former misconduct or supervision and performance appraisals related to UN Implementing Partner PSEA Capacity Assessment and they are shared with UNCT/HCT. See comment and recommendations for workplan 2022.
				Workplan 2022 – Output, requires each PSEA Taskforce entity to develop their own safe recruitment policy. However, it is recommended that recruitment key principles and criteria should be standardised for all actors for there not to be any gaps in the risk management framework. There is no activity requiring actors to join the Misconduct Disclosure Scheme, which is a prerequisite to consulting it. There is no activity requiring tighter and more stringent vetting of personnel working closely with women, children, persons with disabilities are other SEA vulnerable groups. Output 1.3. is PSEA Taskforce / UN centric. (*see note above regarding accountable representation*).	
Awareness-raising on SEA for staff Effective and comprehensive mechanisms are established to ensure awareness-raising on SEA amongst personnel. Staff and Senior Management Regularly Receive Training[s] The policy/standards of conduct have been conveyed to current	Staff training on SEA policies. Staff training on SEA policies is conducted with adequate frequency.	Staff and associate personnel trainings on PSEA & relevant procedures The organisation holds mandatory trainings (online or in- person) for all personnel on PSEA and relevant procedures. The training should include: 1) a definition of SEA (that is aligned with the UN's definition); 2) explanation on prohibition of SEA; and 3) actions that personnel are required to take (i.e. prompt	**PARTIALLY MET:** Output 4 (d) support all staff, personnel and contractors involved in peace, keeping or aid work to undertake mandatory pre-deployment training on PSEA; (e) conduct mandatory refresher training and on-going sensitisation of staff, personnel, and contractors on PSEA. Output is not SMART because it does not specify what specifically the training on PSEA should address. Nor does it establish what key principles	**PARTIALLY MET:** Output 1.1. a) Proportion of United Nations staff and related personnel who have completed mandatory training on PSEA. b). All personnel are aware of the policy for protection against retaliation for reporting misconduct – to empower, encourage and protect staff who report cases of sexual exploitation and abuse (ST/SGB/2017/2/Rev.1) Output is UN centric, lacking actions to ensure mandatory SEA training for all humanitarian personnel throughout the country's humanitarian architecture. (*see note*	**PARTIALLY MET:** Output 1.1. c) The UNCT/HCT personnel know the standards on sexual exploitation and abuse (training, leadership dialogues, town-halls). Output is UN centric. (*see comment on workplan 2022 and note above regarding accountable representation*) Output 1.2. a) Managers monitor completion by all personnel in country of mandatory online and classroom training.

staff and senior management (at HQ and field level) on repeated occasions (such as inductions and refresher trainings).		reporting of allegations and referral of victims).	(e.g. code of conduct, whistleblowing), as a minimum, the training should contain. Additionally, it would be beneficial if linkages with 'organisational policy' are made (see above) with regards to roles and responsibilities, so that capacity is built in organisations to undertake this. Output does not specify specific training for workers/ management / senior management for IASC Core Principle number 6 to be realised – "*Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment*".[79] Output does not mention the element of refresher training and its frequency. The element of refresher training is instead mentioned in Output 4(e) and is a standing activity demonstrated through annual action plans.	*above regarding accountable representation*) Output does not specify what should be included in the SEA training. Nor does it establish linkages with the roles and responsibilities that 'should' be contained within organisations PSEA policies. No requirement for refresher training. (see comment on inter-agency strategy also). Output 1.1. b could be strengthened by first identifying humanitarian workers barriers to reporting SEA, including the extent of their faith and trust in whistleblowing policy provisions. Then develop actions that overcome these barriers. Output 1.2. a), All staff, personnel and contractors involved in peace keeping or aid work supported to undertake mandatory pre-deployment training on PSEA. B) Leadership communicates regularly and in varied formats to increase awareness and instil trust in the policies, including broadcasts on the duty to report misconduct. c) UNCT and HCT leaders certify that all allegations of sexual exploitation and abuse relating to areas within their responsibility have been accurately and fully reported. Output does not hold leadership / senior managers to account for administering IASC Core Principle number 6, to support and develop systems that maintain an environment which prevents SEA and promotes their code of conduct (IASC Core Principle number 6).	Output is UN centric. (*see comment on workplan 2022 and note above regarding accountable representation*) Output 1.2. b) Leadership communicates regularly and in varied formats in order to increase awareness and instil trust in the policies, including broadcasts on the duty to report misconduct. Output does not hold leadership / senior managers to account to support and develop systems that maintain an environment which prevents SEA and promotes their code of conduct (IASC Core Principle number 6). Output 1.3. a) All UN staff and related personnel complete the mandatory in-year refresher training and/or awareness briefings to personnel are conducted. Substantiation is done for those not completing the training. Output is UN centric. (*see comment on workplan 2022 and note above regarding accountable representation*)

REPORTING					
Community-based complaints mechanisms Effective community-based complaints mechanisms (CBCM), including victim assistance.	**Organisation takes prompt action.** The organisation takes prompt action on SEA allegations.	**Mechanism & Procedures for Personnel, Communities (inc. children) to Report SEA** The organisation has mechanisms and procedures for personnel, beneficiaries, and communities, including children, to report SEA allegations that comply with standards for reporting (*i.e. safety, confidentiality, transparency, accessibility*).	**PARTIALLY MET:** Output 3: Improved access to reporting mechanism and response services for victims of SEA a) to g). Output does not a) target children and the SEA vulnerable as part of the '*leave no one behind*' agenda. Output does not require CBCM's to comply with the standards for reporting (i.e. safety, confidentiality, transparency, accessibility) to overcome barriers to report (*see chapter 5, Safe and Accessible Reporting*). Output does not include workplace SEA reporting – what are humanitarian workers barriers to reporting? How can they be overcome? Output 2: Social and institutional structures, and the population are mobilised for the prevention of SEA, a) to d) Output could be strengthened by developing actions that are less top down and more bottom up in-order to work with communities on developing mutually beneficial activities that enhance buy-in, ownership, access, safety etc. (see chapter 5, Safe and Accessible Reporting).	**PARTIALLY MET:** Output 2.1. Safe, accessible, child- sensitive mechanisms are in place for reporting sexual exploitation and abuse particularly in high-risk areas, a) to e). Output does not require CBCM's to comply with the standards for reporting (i.e. safety, confidentiality, transparency, accessibility) to overcome barriers to report (*see chapter 5, Safe and Accessible Reporting*). Output does not include workplace SEA reporting – what are humanitarian workers barriers to reporting? How can they be overcome? Output 2.2. Community awareness campaign and outreach programme on PSEA developed and implemented, including through use of community dialogues, community theatres and in using multiple channels, a) to c). Output could be strengthened by developing actions that are less top down and more bottom up in-order to work with communities on developing mutually beneficial activities that enhance buy-in, ownership, access, safety etc. (see chapter 5, Safe and Accessible Reporting). Output could be strengthened with the addition of the development of an	**PARTIALLY MET:** Output 2.1. Safe, accessible, child-sensitive mechanisms are in place for reporting sexual exploitation and abuse' particularly in high-risk areas, a) to e). Output does not require CBCM's to comply with the standards for reporting (i.e. safety, confidentiality, transparency, accessibility) to overcome barriers to report (*see chapter 5, Safe and Accessible Reporting).* Output does not include workplace SEA reporting – what are humanitarian workers barriers to reporting? How can they be overcome? Output specifies that the mechanisms should be child sensitive. It is recommended that children with disabilities and adults with disabilities are also targeted as part of the leave no-one behind agenda. Output 2.2. Community mobilisation, consultation, and awareness-raising on PSEA in each community receiving and/or affected by United Nations assistance. Where there is an HC/HCT this would apply to all humanitarian partners.
Workplace SEA reporting Internal complaints and investigation procedures in place.					
Beneficiary awareness-raising on PSEA Effective and comprehensive communication from HQ to the field on expectations regarding raising beneficiary awareness on PSEA.	**Beneficiary awareness-raising on SEA policies** Awareness-raising on SEA policies is conducted with adequate frequency.				

			Output could be strengthened with the addition of the development of an inter-agency PSEA community communications strategy.	inter-agency PSEA community communications strategy.	Output could be strengthened by developing actions that are less top down and more bottom up. The development of an inter-agency PSEA community communications strategy would be a positive enabler.
ASSISTANCE AND REFERRALS					
Victim assistance linked to CBCM.

Effective community-based complaints mechanisms (CBCM), including victim assistance. | Organisation takes prompt action.

The organisation takes prompt action on SEA allegations. | System to refer SEA victims.

To be consistent with the IP Protocol and other UN SEA instruments, the organisation has a system to refer SEA victims to available support services available locally, based on their needs and consent. This can include active contribution to in-country PSEA networks and/or GBV systems (where applicable) and/or referral pathways at an inter-agency level. | **PARTIALLY MET:** Output 3 (a) engagement with communities and key stakeholders in establishing/strengthening Community Based Complaints Mechanisms including in defining provision of victim assistance services in all target locations; (c). Strengthen SEA case referral and the development of a referral pathway for victims' assistance. (f) liaise with Victims' Rights Advocate for provision of Victims Assistance services beyond those services being provided locally such as legal assistance, education and income generation and livelihood interventions.

Output contains three elements that concern victim assistance. However, there is only one indicator - *Per cent increase in number of SEA cases received and PSEA Task victims of SEA. provided with victim assistance services*. Each output element should have its own SMART indicator, baseline, and target. | **PARTIALLY MET:** Outcome 3: Safe, trusted, accessible, gender and child-sensitive mechanisms in place for reporting allegations and incidents of SEA, provision of quality victim-centred assistance (medical care, psychosocial support, legal assistance, reintegration support) including access to appropriate avenues for recourse and redress. Outcome contains three outputs, (a) the provision of victim assistance through child protection and GBV pathways, (b) implementation of victim assistance PSEA Taskforce protocol / SoPs, and (c) the PSEA Taskforce adopting, tracking, and implementing victim assistance standards during investigations.

Output 3.2. wording does not align with its indicators. Output states - *Referral pathways for victim assistance in place, as part of an integrated approach with GBV services*. Whereas its indicators relate to the status of implementation of the PSEA Taskforce protocol for referral and provision of services, and the tracking and data collection on victims' and victim assistance. | **PARTIALLY MET:** Outcome 3. Victims' right to assistance. Every child and adult victim/survivor/ complainant is offered immediate, quality assistance (medical care, psychosocial support, legal assistance, reintegration support).

Output 3.1.a does not have an indicator. Given that a major barrier to help-seeking relates to the unavailability / poor coverage of '*quality*' and '*holistic'* victim assistance services, then indicators should aim to track progress on both '*quality'* and '*holistic'* provision.

'*Safety and protection'* is an important victim assistance service missing from the outcome and related outputs. Given '*fear of the consequences'* is a notable barrier to reporting and / or help-seeking, then more should be done to overcome this barrier. |

				Outcome 3 - *appropriate avenues for recourse and redress*. The findings stipulated within this report should be utilised to redefine what is meant by *'appropriate'*.	
INVESTIGATIONS					
Investigation procedures in place Internal complaints and investigation procedures in place	Organisation takes prompt action. The organisation takes prompt action on SEA allegations.	Investigation procedures in place The organisation has a process for investigation of allegations of SEA and can evidence this. This may include a referral system for investigations where in house capacity does not exist.	**NOT MET:** Output 3 (d) follow up reporting and investigation outcomes by affected UN or NGO entity. Accompanying indicator - *Proportion of SEA cases reported that are closed within the year* – does not address the timeliness of investigations i.e. how long after a complaint was received did it take for an investigation to begin? Best practice dictates that investigations should be undertaken as soon as possible, following informed consent, given the balance of requirements for determining the scope of the investigation, risks, budget and resources available. Improvements in the timeliness of investigations are recommended.	**PARTIALLY MET:** Output 3.3 PSEA Taskforce adopts, implements, and tracks progress against uniformed protocols/guidelines for prompt, safe and victim-centred assistance during investigations at country-level. See comment for workplan 2023. See comment on workplan 2022 and note above regarding accountable representation.	**PARTIALLY MET:** Outcome 4. Accountability and investigations. Every child and adult victim/survivor of sexual exploitation and abuse who is willing has their case investigated in a prompt, and safe way in accordance with a victims'/survivors' rights approach. Outcome contains 3 outputs, (a) PSEA Networks adopt, implement and track progress against uniformed protocols/guidelines for prompt, safe and victim/survivor-centred assistance during investigations, (b) victims/survivors informed of and/or supported in relation to investigations, and (c) When working with implementing partners, adequate safeguards are in place and action is taken.
					Workplan 2023 – Outcome, highlights child victims' but there are no outputs that relate to this. Given the very specific needs of child victims' and the lack of in-country expertise in this area, then this is something that should be addressed. **Workplan 2023** - Output 4.1. (a) *UNCT/HCT members understand the standards under investigations are conducted.* Could be strengthened to also include – membership understands the consequences of perpetrating SEA. This should encompass both administrative and criminal aspects, as well as understanding the impact on the victim. With regards to UN personnel, reference is made to UN Resolution

				A/RES/75/132 (Dec 2020) on *Criminal accountability of UN officials and experts on mission*[80].[81]
CORRECTIVE MEASURES				
		Learns lessons from SEA allegations & implements action to reduce SEA risks. The organisation has taken appropriate corrective action in response to SEA allegations, if any. (*identify and reduce risks of SEA in programme delivery*)	**PARTIALLY MET:** Output 4 (a) enforce mandatory yearly internal capacity-assessment and action planning for each UN or NGO entity involved in PSEA.	**PARTIALLY MET:** Output 1.3. (b) UN Implementing Partner PSEA Capacity Assessment guidelines are implemented and (c) Follow-up is established for the implementing partners that do not meet the minimum threshold.	**PARTIALLY MET:** Output 4.3 When working with implementing partners, adequate safeguards are in place and action is taken related to sexual exploitation and abuse.
			Strategy & Workplans: Every SEA incident represents a failure of the risk management framework to protect individuals from sexual exploitation and abuse. As such, each SEA incident should be assessed for the reasons it occurred (i.e. what gaps exist in the risk management framework?), what lessons can be learned and what improvements can be made to minimise the risk of a repeat occurrence.		

T

Effectiveness

99. Table 7 below, provides an assessment of the prevention outputs contained within the inter-agency PSEA strategy and its respective workplans for 2022 and 2023.

100. Three of the four outputs were assessed to be '*moderately satisfactory',* with the output concerning 'safe recruitment' assessed to be '*unsatisfactory'*. Recommendations provided in the table below are summarised as follows:

a) **Overcome the barriers to an inclusive inter-agency PSEA taskforce:**

→ A chain is only as strong as its weakest link and to have a '*two speed'* inter-agency PSEA taskforce only reinforces this notion. While each actor and UN entity will have their own reasons for not engaging with taskforce at their fullest, this should not negate the necessity for all actors and UN entities to begin to take steps toward meaningful action on implementing comprehensive SEA prevention frameworks. For the South Sudan NGO Forum, their obligation extends to its membership and the development of mechanisms that not only cascade SEA prevention standards downstream but also carry the entirety of its membership along with taskforce initiatives and the evolving PSEA agenda.

→ UN centricity is to be found within several outputs contained within the '*Prevention Outcome'* of the inter-agency PSEA strategy and its respective work-plans. UN centricity, itself being cited by some key informants as the reason that they find it difficult to engage in the taskforce on an equal footing with the UN. Other key informants understood the reasons to be due to some taskforce members not taking advantage of the opportunities' availed to them. No doubt each member of the taskforce will have their own interpretation of the '*why's*' and '*how's*' but this should not dissuade them from participating and supporting any future efforts to identify and overcome the barriers of inclusivity.

b) **Ensure training builds capacity & changes behaviours as part of an office-wide mainstreamed approach:**

→ Standardise roles and responsibilities office-wide: As previously mentioned, a chain is only as strong as its weakest link. Capacity building and behaviour change represent an opportunity to *'standardise'* procedure across the network of humanitarian actors within the country.

- Key roles and responsibilities within organisations need to be standardised and guided. These include (a) managers / leadership, (b) human resources, (c) programmes, and (d) operations / partnerships, as a minimum.

- By actioning '*roles and responsibilities'* better alignment with the expectations of principle six of the *IASC Six Core Principles* would be made. This stating that humanitarian workers and especially managers, have a responsibility to create and maintain environments that prevent SEA and promote their code of conduct.

→ Office-wide capacity development and systems strengthening: In relation to the above, organisations PSEA Policy's should contain the '*roles and responsibilities'* of their personnel in all key areas of an adequate PSEA framework: (a) Management and coordination, (b) programmes and partnerships, (c) human resources, (d) SEA reporting, community engagement and community-based complaints mechanisms, (e) victim assistance and referrals, (f) accountability and investigations.

- As such, this constitutes a huge amount of change that organisations must address and manage. Most often than not, with limited resources to do so. In an era of declining funding, the need to do more with less is fundamentally important.

→ Behaviour-change communication & engagement: Capacity building and behaviour change initiatives, therefore, represent an opportunity to ensure that organisations PSEA frameworks are mainstreamed, sustainably driven, and personnel's harmful attitudes and behaviours are identified and overcome. Within gender-based violence programming there are a wealth of practices, knowledge and methodologies that can be used to support the development of behaviour change communication specifically for PSEA. An investment needs to be made in the genuine prevention of SEA.

→ Build capacity of local government structures to reinforce PSEA: Currently seen as a humanitarian undertaking, perceptions of system-wide approaches on PSEA need to shift to encompass the government also.

Table 7: Effectiveness of Inter-Agency PSEA Strategy, Workplans 2022 and 2023 with regards to Prevention

Findings Summary: Since the 2021 mid-term review of the strategy improvements in the area of prevention were seen in all but one area. With '*safe and secure recruitment and contracting measures'* not being featured in either the 2022 or 2023 workplans, this is one key area that needs to be addressed in future. All other areas were assessed to be '*moderately satisfactory'* due to progress being made against the outputs bar one, but failings were to be found in (a) the lack of staff training that is designed to overcome their specific barriers to reporting SEA, and (b) the lack of buy-in from all UN and NGO entities resulting in '*two-speed'* implementation.

OUTPUTS			RATING & JUSTIFICATION			
Strategy	Workplans		Strategy	Workplans		Strategy
2018-23	2022	2023	Mid-term 2021	2022	2023	End-term 2023
Outcome 4, Output 4 All staff, personnel, and contractors involved in peacekeeping or aid work supported to undertake mandatory pre-deployment training on PSEA.	**Output 1.1.** All United Nations staff and related personnel understand the UN standards of conduct on the protection from sexual exploitation and abuse.	**Output 1.1** Personnel understand the United Nations standards of conduct on the protection from sexual exploitation and abuse.	**Moderately Satisfactory:** Training across UN entities was not uniform. There was good uptake of mandatory PSEA training across the agencies but there remained discrepancies in the application of a) training of non-staff – volunteers, consultants, contractors etc, b) mandatory refresher training c) pre-deployment training, and d) on-going staff sensitisation throughout the year on PSEA.	**Moderately Satisfactory:** Training across UN entities remained ununiform. Data provided / collected for progress reports is not a percentage of each UN entities workforce. No data is collected for UNMISS, with 17,954 personnel (Feb 2023)[82]. **IASC Global Dashboard for South Sudan:** 12 thousand personnel PSEA trained / participate in a mandatory PSEA training / refresher. This being 91% of personnel deployed. **In Q1 2022,** only 12 out of 18 UN entities (UNMISS not included) contributed data. Reporting that 760 staff and related personnel (181 females and 479 males) had completed mandatory training. While 1189 staff and related personnel were aware of the policy on protection against retaliation	**Moderately Satisfactory:** Continued progress, with most UN entities conducting training for their staff and related personnel, including implementing partners through face to face and virtual refresher trainings. Communication materials were disseminated to staff and related personnel nationally. Most reporting entities provided onboarding training for new hires. Entities that revised their PSEA Policy, communicated such revisions to personnel.	**Moderately Satisfactory:** Although good progress has been made with regards to the roll-out of trainings, the approach is very top-down and does not alleviate the concerns shared within this report regarding why personnel do not report SEA (see Reasons why humanitarian workers do not report, in chapter 3, Country Context) and why some personnel do not perceive, for example, exploitative relationships as problematic (see 2023 Output 1.3 Quality training of personnel/ awareness- raising, below)

				from reporting misconduct (823 males and 366 females). **In Q3 2022,** only 4 of 18 UN entities contributed data. For these 4 UN entities, 1662 staff and related personnel (459 females and 1,203 males) completing mandatory training. And 887 staff and related personnel were aware of the policy on protection against retaliation from reporting misconduct (282 female and 605 male).		
Outcome 4, Output 1: Mandatory yearly internal capacity assessment and action planning for each UN or NGO entity involved in PSEA enforced.	**Output 1.2** Leadership, managers and commanders know their personal and managerial/command responsibilities to address misconduct and are aware of the procedures, rules and actions required to respond to incidents of misconduct.	**Output 1.2** Leadership, managers and commanders know their personal and managerial/command responsibilities to address misconduct and are aware of the procedures, rules and actions required to respond to incidents of misconduct.	**Unsatisfactory (U):** Not achieved. Organisations need to understand their capacity on PSEA as a mainstreamed element e.g. governance, accountability, human resources, programmes reporting, response etc. and act on deficit areas. The 7-point leadership plan was a good start but should be seen as a pre-cursor to the roll-out of a more detailed understanding of actors' capacity needs.	**Moderately Unsatisfactory:** For this reporting period only 8 of 18 UN entities contributed data in third quarter of 2022 (7 of 18 contributing data in the first half 2022). The same report acknowledged that NGO Forum's input was being awaited upon. Given this, consideration should be made of there being no reporting template for the UNCT-HCT PSEA Action Plan until July 2022; and not every entity participated in the orientation of the reporting template. Despite these challenges, evidence points to a two speed UN on implementing the PSEA agenda that needs to be overcome. For the UN entities that provided data, progress was moderately satisfactory. Leadership	**Moderately Satisfactory:** A lack of data on the number of contributing UN entities makes it difficult to determine if. Progress on this output is uniform amongst all UN entities or remains "two speed". From the level of UN participation gauged during the research for this review, it is highly likely that a "two speed" UN remained for 2023. For those UN entities engaged in the PSEA agenda, satisfactory progress was made. With leadership dialogues, town hall meetings, PSEA briefings in staff meetings taking place more frequently than the previous reporting period in 2022.	**Moderately Satisfactory:** As highlighted, a two-speed humanitarian and development sector within South Sudan extensively compromises a PSEA framework. Although the tone is set at the top, equal weight should be given to ensuring accountability amongst leadership.

|						
				dialogues took place in March, June, August, and September. Staff meetings being held in July and September. There was a PSEA Taskforce retreat in March 2022 to develop the 2022 workplan and dedicated UNCT meeting on PSEA. Leadership teams were trained on the SEA Policy and empowered to act against PSEA violations. A high-level mission to Bor, under the leadership of the DRSG/RC/HC, followed by a galvanising event.		
		Output 1.3 Quality training of personnel/ awareness-raising on sexual exploitation and abuse policies is conducted regularly.			**Moderately Satisfactory:** Good progress has been made in. this area with both induction and refresher training on PSEA being rolled out beyond UN entities to humanitarian partners. The UNMISS PSEA Focal Point also delivering PSEA mainstreaming training for new arrivals.63 NGOs conducted mandatory PSEA trainings. And the National PSEA Taskforce delivered a two-day training for partners in Renk.	**Moderately Satisfactory:** Despite good progress amongst UN entities and other humanitarian actors that chose to engage with the PSEA agenda. Concern is still levied for those actors, especially UN entities, that do not or only partially engage.
Outcome 4, Output 3: Systems for enhanced screening of personnel and good hiring practices for PSEA developed	**Output 1.3** Safe and secure recruitment and contracting measures/ safeguards are in place and action is taken related to sexual		**Moderately Satisfactory:** Progress was made in establishing the working group and formulating the activities needed to achieve the piloting, but the output was not achieved by end 2020.	**Unsatisfactory:** Safe and secure recruitment is a fundamental part of keeping would be SEA perpetrators from working for humanitarian organisations. With only 2 UN entities of 18 (11%), reporting activities in this area, more needs to be		**Unsatisfactory:** See comments for 2022 workplan.

and implemented.	exploitation and abuse. (Screening, cooperative arrangements, monitoring, and termination of arrangements (UN Protocol on Allegations of SEA Involving Implementing Partners)			done to understand the reasons behind this low engagement and what can be done to overcome it. Reliance on HQ human resource recruitment procedure can't be relied on to overcome national HR challenges. However, good progress was made in rolling out the UN IP PSEA Capacity Assessment, but national solutions need to be integrated into this also.		

2022 Output 1.1 Personnel understand the United Nations standards of conduct on the protection from sexual exploitation and abuse.

101. A code of conduct is just one component of the policy framework organisations should have. Central to the framework is an organisational PSEA policy that details roles, responsibilities, and procedures to administer an organisations PSEA framework, including human resources, partnerships, SEA reporting, victim assistance, and accountability and investigations. As such, an organisations PSEA policy may refer and extrapolate on areas by referring to other policies, for example – human resource policy, that provides more detail on what needs to be considered.

102. Key informants were requested to provide information on the number of organisational policies on PSEA that the organisation has and are known.
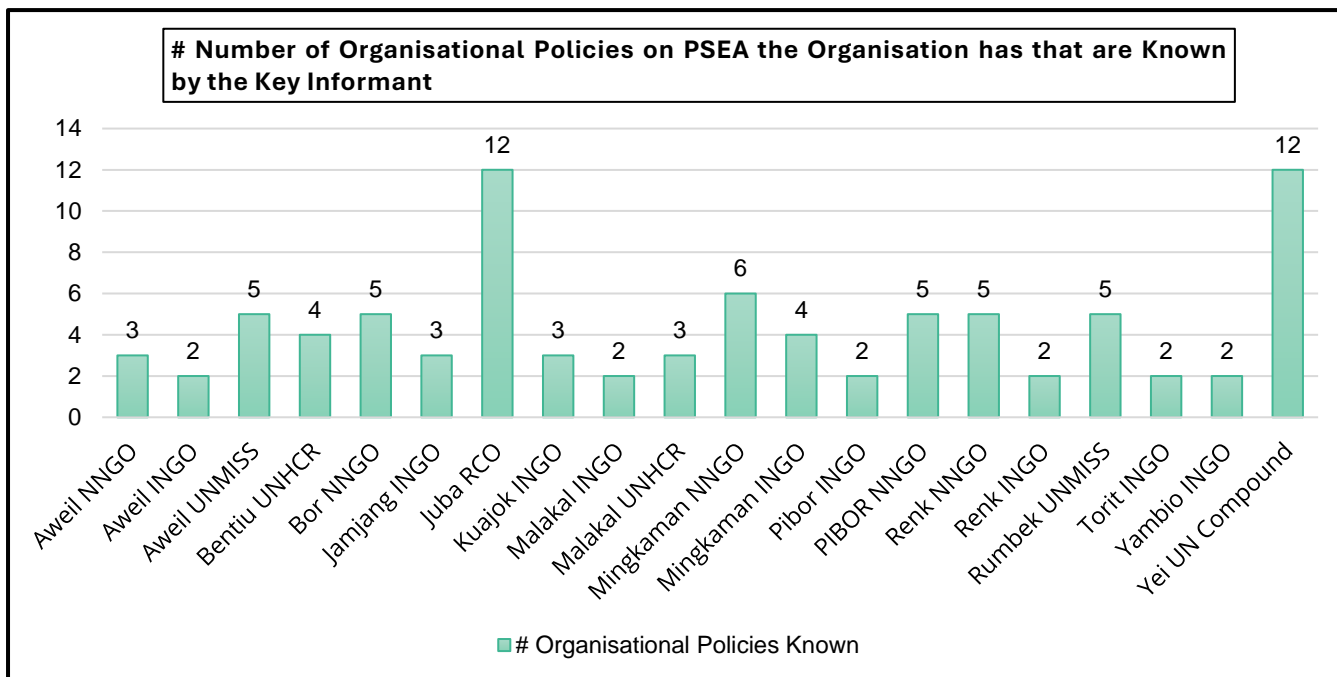
2023 Output 1.3 Quality training of personnel/ awareness- raising on sexual exploitation and abuse policies is conducted regularly.

103. Nationally, key informants were asked to provide data on the percentage of their staff who had received (a) induction training on PSEA as part of their onboarding process, (b) mandatory PSEA training for existing staff, (c) annual PSEA refresher training and (d) whistleblowing policy awareness training. The findings are presented in Figure 4 below.

Figure 4: Percentage of staff who received PSEA training by type of training, location, and organisation.

% Percentage of staff who received PSEA training by type of training, location & organisation
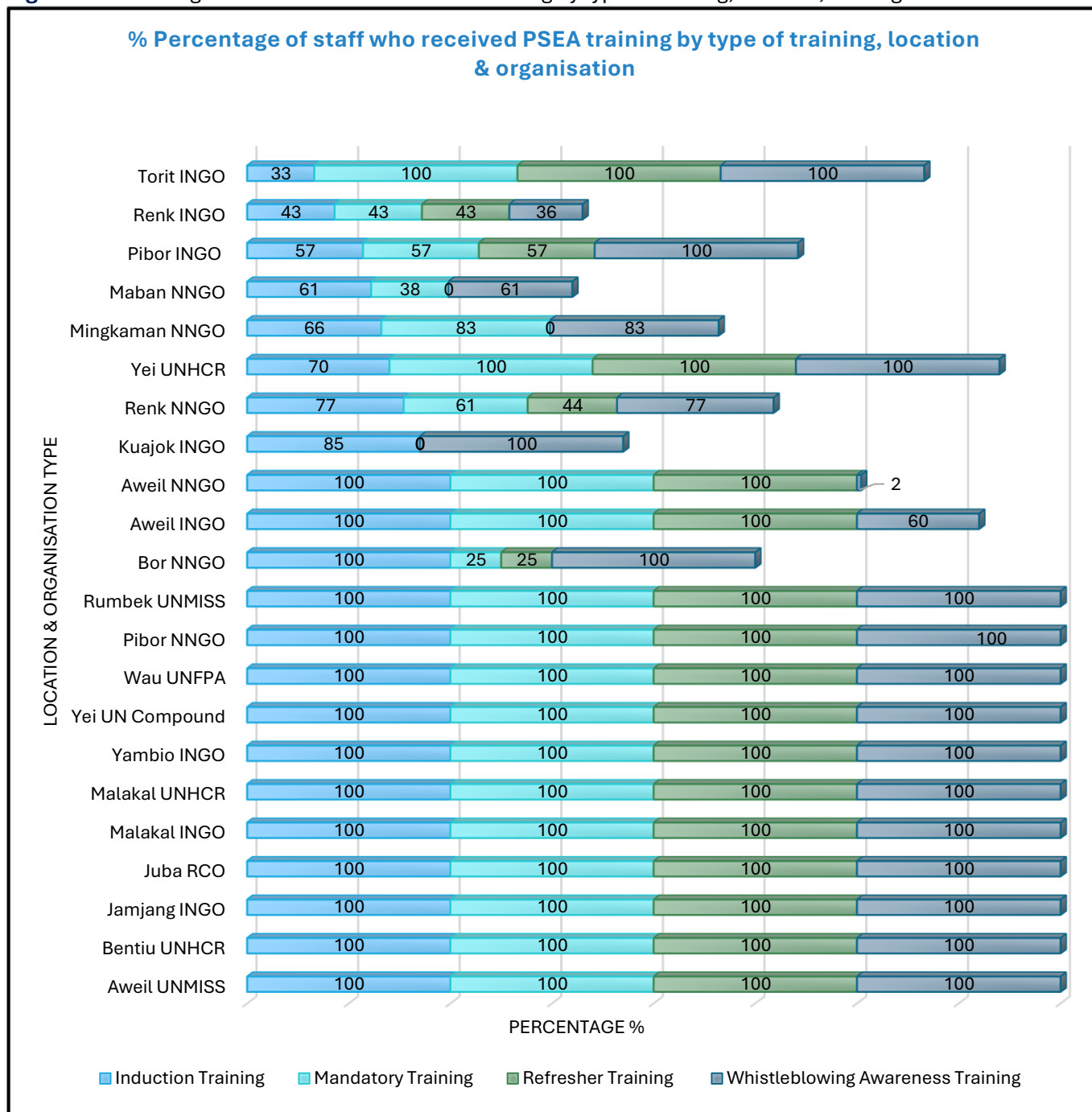
104. The findings are such that definitive conclusions cannot be made due to all three organisation types (INGO, NNGO & UN entity) being found in both the upper, middle, and lower percentage cohorts. As averages, refresher training is the least occurring training, with an average of 76% being trained. This is followed by mandatory training at 82%, then induction training at 86% and whistleblowing training at 87% of staff being trained as an average.

105. Key informants cited national staffs' *cultural beliefs* as a major inhibitor to behaviour change and their acceptance of international PSEA norms. All key informants consulted believed that national staff complied with their organisational code of conduct during work hours. However, several key informants felt that such compliance did not extend to staff off-duty once they returned to their communities. This situation being compounded by failings in reporting and accountability. Such inconsistent enforcement being reportedly due to personnel who perpetrate SEA having the money to make the situation disappear. This does not mean that international staff do not perpetrate SEA, publicly available UNMISS allegations data shows

international staff alleged to have committed rape, exploitative relationships, transactional sex, and solicitation of transactional sex[83].

Recommendations provided by key informants are:

a) More and ongoing refresher trainings, that also address the issue of cultural beliefs as a major inhibitor.
b) More awareness on accountability and the consequences of perpetrating SEA.
c) Provision of more information and communication materials.
d) Increase awareness to hard-to-reach areas, for example, cattle camps.

Output 1.2 Leadership, managers and commanders know their personal and managerial responsibilities to address misconduct and are aware of the procedures, rules and actions required to respond to incidents of misconduct.

106. As mentioned, core principle 6 of the IASC Six Core Principles (2019) affords that "*Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have responsibilities to support and develop systems which maintain this environment.*"

107. Key informants were requested to provide information on – "*Number of leaders / managers who know their personal and managerial responsibilities to address misconduct and are aware of the procedures, rules and actions required to respond to incidents of misconduct*".

108. The findings presented in figure 5 below are encouraging in one respect but in the other, indicate the notable improvements left to make for some organisations. Further, IASC core principle 6 is relatively broad and ambiguous because there is no indication of what responsibilities managers should adopt that "*support and develop systems*" that "*create and maintain an environment which prevents SEA and promotes the implementation of their code of conduct*". Some recommendations are provided, as follows:

a) *Terms of Reference – Management / Leadership* or designated oversight lead for PSEA role in office.
b) *Designated management responsibilities* to a) provide oversight of PSEA prevention and response, b) review and update relevant policies and guidance, c) facilitate and oversee SEA investigations and d) coordinate with other organisations - including donors - on SEA.
c) *Terms of Reference - PSEA Focal Point:* Four roles - 1) central point in reporting procedure in a locality /area/ work unit, 2) PSEA champion / ambassador/training officer 3) annual audit, 4) victim assistance services mapping.
d) *Designated HR responsibilities* - a) Conduct screening for past SEA violations, and other code of conduct and policy violations (e.g. fraud, corruption, abuse of power), as part of recruitment process, b) Ensure all personnel sign the organization's code of conduct, c) Integrate a PSEA clause in contract agreements, including when subcontracting, d) Support communication with personnel during investigation of SEA allegations, e) Keep PSEA-related documents of personnel on file, including signed codes of conduct.

Next page.

Figure 5: Managers with Specific Responsibilities to Address Misconduct, including SEA.

MANAGERS WITH SPECIFIC RESPONSIBILITIES TO ADDRESS MISCONDUCT, INCLUDING SEA
[AS % OF TOTAL LOCATION WORKFORCE]

◆ Managers with Misconduct Leadership Responsibilities [as % total location workforce]
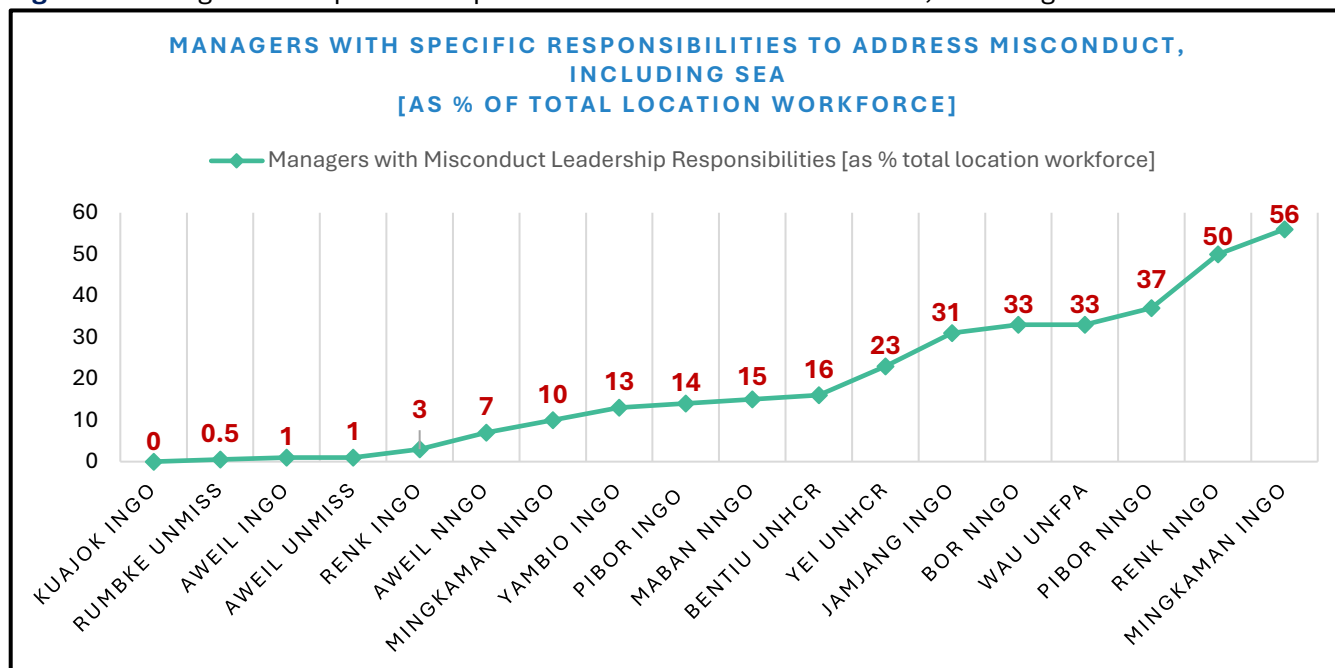
109. With reference to table 8 below, all organisations interviewed reported that they had at least one PSEA Focal Point for their location. Roles and responsibilities were established by a term of reference for all but two (9%) of the organisations interviewed. Further improvements can be made to ensure greater standardisation of focal point roles and responsibilities, including ensuring that (a) they report to a senior manager, (b) and that they have their capacity built in areas that the organisation has a deficit, for example, community engagement, establishing community-based complaints mechanisms, victim assistance and support and conducting investigations.

Table 8: PSEA Focal Points Numbers and Capacity

Location & Org. Type	Dept. or PSEA Focal Point (Y/N)	Reports to senior manager (Y/N)	Role has T o R. (Y/N)	Received Training On (Y/N)				
				Engaging Community on PSEA	Establishing +Maintaining CBCMs	Assessing + Responding to SEA Reports	Victim Assistance & Support	Conducting SEA Investigations
Aweil NNGO	Y	Y	Y	Y	Y	Y	N	N
Aweil INGO	Y	Y	Y	Y	Y	Y	Y	Y
Aweil UNMISS	Y	Y	Y	Y	Y	Y	Y	Y
Bentiu UNHCR	No Data Provided by Key Informant							
Bor NNGO	Y	Y	Y	N	N	Y	Y	N
Jamjang INGO	UN Implementing Partner PSEA Capacity Assessed – Full Capacity							
Kuajok INGO	Y	Y	N	N	Y	N	N	N
Maban NNGO	UN Implementing Partner PSEA Capacity Assessed – Receiving Capacity Building Support							
Malakal INGO	Y	Y	Y	Y	Y	N	Y	Y
Malakal UNHCR	Y	Y	Y	Y	Y	Y	Y	Y
Mingkaman NNGO	Y	Y	Y	Y	Y	Y	Y	Y
Mingkaman INGO	Y	Y	Y	Y	N	N	Y	N

Location & Org. Type								
Pibor INGO	Y	N	Y	Y	Y	Y	Y	Y
Pibor NNGO	Y	Y	Y	Y	Y	Y	Y	N
Renk NNGO	UN Implementing Partner PSEA Capacity Assessed – Receiving Capacity Building Support							
Renk INGO	UN Implementing Partner PSEA Capacity Assessed – Full Capacity							
Rumbek UNMISS	Y	Y	N	N	Y	Y	N	Y
Torit INGO	Y	N	Y	N	Y	Y	Y	N
Yambio INGO	Y	N	Y	N	Y	Y	Y	N
Yei UNHCR	No Data Provided by Key Informant							
Yei UN Compound	No Data Provided by Key Informant							
Wau UNFPA	Y	Y	Y	Y	Y	Y	Y	Y

2022 Output 1.3 Safe and secure recruitment and contracting measures/ safeguards are in place and action is taken related to sexual exploitation and abuse. (Screening, cooperative arrangements, monitoring, and termination of arrangements (United Nations Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners).

110. Human resources represent the first line of defence at keeping SEA perpetrators and those with the potential to perpetrate out of humanitarian organisations. Key informants were asked to provide information on whether their organisation (a) undertakes reference checks and vetting for prior misconduct of all new hires, prior to a contract being offered, (b) requires candidates to agree and sign their code of conduct, prior to being offered a contract, (c) whether staff members performance appraisals include adherence and participation in PSEA trainings, and (d) whether performance appraisals for senior management include the adherence to create and maintain an environment which prevents SEA and promotes implementation of the code of conduct.

111. For UN implementing partners that have been PSEA capacity assessed, then this was deemed sufficient for them to meet these criteria due to the requirements of core standard 3 – *Human Resource Systems*. The minimum requirements being (a) job candidates self-declare prior sexual misconduct, (b) reference checks should form a mandatory part of all recruitment processes and (c) all contracts (staff, volunteer, consultants) signed include a PSEA clause that lays out specific obligations.[84]

Table 9: Effective Recruitment & Performance Management

Location & Org. Type	Reference checks undertaken for misconduct, inc. SEA, for all new hires.	Candidates required to sign code of conduct before being offered contract	Performance appraisals include participation in PSEA trainings	Performance appraisals for senior management include maintaining an environment that prevents SEA.
Aweil NNGO	Y	Y	Y	Y
Aweil INGO	Y	Y	Y	Y
Aweil UNMISS	Y	Y	Y	Y
Bentiu UNHCR	No Data Provided by Key Informant			
Bor NNGO	Y	Y	Y	Y
Jamjang INGO	UN Implementing Partner PSEA Capacity Assessed – Full Capacity			
Kuajok INGO	Y	Y	Y	Y
Maban NNGO	UN Implementing Partner PSEA Capacity Assessed – Receiving Capacity Building Support			
Malakal INGO	Y	Y	Y	Y
Malakal UNHCR	Y	Y	Y	Y
Mingkaman NNGO	Y	Y	Y	Y

Mingkaman INGO	Y	Y	Y	Y
Pibor INGO	Y	Y	Y	Y
Pibor NNGO	Y	Y	Y	Y
Renk NNGO	UN Implementing Partner PSEA Capacity Assessed – Receiving Capacity Building Support			
Renk INGO	UN Implementing Partner PSEA Capacity Assessed – Full Capacity			
Rumbek UNMISS	Y	Y	Y	Y
Torit INGO	Y	Y	Y	Y
Yambio INGO	Y	Y	Y	Y
Yei UNHCR	No Data Provided by Key Informant			
Yei UN Compound	No Data Provided by Key Informant			
Wau UNFPA	Y	Y	Y	Y

112. Amongst the key informants interviewed, there was good coverage of the key human resource procedures provided in the table 9 above. A limitation of this assessment was that the effectiveness of these procedures was not evaluated. Although all four indicators represent good '*safe recruitment*' practice, within each there are correct procedural pathways that should be followed.

113. For example, it is widely known that in recruitment processes, perpetrators of SEA will [more than likely] hide any prior misconduct from potential employers. Therefore, the vetting process requires recruiters to be (a) suspicious of personal email addresses not linked to an organisation because the personal email may be that of the candidate's friend willing to hide the candidate's prior misconduct, (b) telephone candidate's previous organisations and enquire with their human resources and / or senior management about candidates. As a way forward, it would be hugely beneficial to develop *safe recruitment guidance* that organisations can follow during recruitments.

114. Although the UN has *'Clear-Check',* this will only identify prior misconduct perpetrated whilst working for the United Nations. Therefore, candidates who perpetrated SEA whilst working for a non-UN entity will not be identified.

115. The *Misconduct and Disclosure Scheme,* primarily used by the non-governmental sector, is an information sharing arrangement between member organisations. The extent of membership amongst South Sudan's non-governmental organisations is unknown, as to is the extent of the scheme's utilisation amongst international non-governmental organisations within South Sudan. Key informants cited the need for South Sudan to have its own misconduct database. Certainly, bold, and innovative solutions that eliminate the possibility of rehiring perpetrators need to be investigated.

Linkages with other methodologies

116. **Use Social and Behaviour Change and Gender-Based Violence Methodologies to Strengthen SEA Prevention:** Several key informants identified that the UN and other actors are still driven by spearheading training on *misconduct* and that a shift needs to come in recognising the disconnect between what is currently being done and understanding why we are not seeing desired levels of behaviour or attitudinal change. Moving forward, key informants cited the need for the next inter-agency PSEA strategy to be more focused on behaviour change and that good practices could be learnt from gender-based violence and behaviour change programming, for example UNICEF's Social and Behaviour (SBC) programme and the evidence-based violence prevention Ugandan NGO, Raising Voices[85]. Within which there are a wealth of practices, knowledge, and methodologies that could be adapted and utilised to invest in the genuine prevention of SEA with personnel and communities. Specifically, this means:

a) The utilisation of behaviour change communication to drive SEA behaviour change, both for humanitarian personnel and affected communities as part of a *leave no on behind* approach (see next).

b) Capitalise on behaviour change communication and begin to see culture as an enabler to overcoming the rigidity of PSEA

> "Unless awareness raising messages are connected to their culture [the communities] then they will believe that the messages are sent to destroy them". Key informant

programming that is perceived to implant international norms into pre-existing community structures that have existed for time immemorial. As one key informant stated, *"unless awareness raising messages are connected to their culture [*the communities] *then they will believe that the messages are sent to destroy them"*.

c) Use such pathways to ensure PSEA carves a *'niche'* that is distinctly separate from [sexual] gender-based violence to avoid confusion and maintain the specificity of the PSEA agenda for communities, humanitarian personnel, and partners.

117. **Leave No One Behind:** Key informants spoke of the need to strengthen on-the-ground capacity for greater targeting of children and persons with disabilities in community engagement and awareness raising efforts, especially in hard-to-reach areas.-raising efforts. Good practices from UNICEF's Social and Behaviour Change[86] programme, which see's PSEA included as part of a 'life-skills' package, could be capitalised on to ensure that the subject is brought out in a manner that is understood for school children. But at the same time recognise that although schools represent a good entry-point for some children there are many more out-of-school children and children with disabilities that need to be identified and included.

118. With this, key informants cited the importance of *not* seeing children and persons with disabilities as a homogenous group and raised the importance of recognising that they can be disaggregated by several factors that need to be separated to ensure appropriate targeting. This includes the need to specifically (a) understand how best to communicate PSEA to children under 10 years of age, and (b) not to leave out boys by developing awareness and training that step outside of the *'norm'* of the male perpetrator, female victim dynamic.

> **Best Practices:**
>
> - UNICEF Social and Behaviour Change programme.
> - Raising Voices evidence-based violence prevention programme.
> - Engaging Men [*and Boys*] through Accountable Practices (EMAP).

119. Best practice with regards to men and boys as victims of sexual violence centres on the provision of victim assistance and not behaviour per se. Where men and boys are addressed in behaviour change it is with regards to mitigating their behaviour as perpetrators, for example Engaging Men *[and Boys*] through Accountability Practices (EMAP).[87]

120. **Include PSEA into Rapid Needs Assessments:** Seen by some key informants as a weakness due to PSEA not being included due to its focus on *'needs'*. Including PSEA would provide an opportunity to '*sense check'* community awareness and behaviour change progress as part of a comprehensive monitoring and evaluation framework. Additionally, it would reinforce the strong message from the UNCT / HCT that PSEA should be part of a quality response that all humanitarian actors must commit to.

121. **Measure the Effectiveness of Awareness-Raising and Training:** Key informants uniformly reported that progress and the effectiveness of awareness-raising and training is not being done. Should the next inter-agency PSEA strategy include behaviour change then the effectiveness of these initiatives to change behaviour will require an appropriate monitoring and evaluation solution.

Difference and interconnectedness of humanitarian problems

122. **One Size Does Not Fit All:** Within South Sudan there exists a multitude of difference and interconnectedness between humanitarian and development actors and the programming that they undertake.

123. The extent of buy-in from inter-agency actors has been varied and in-part this stems from the uncertainty some actors have in how to specifically address PSEA for their organisation and sector. The overlay of difference means that much is presumed with regards to what approach to awareness-raising and training is required. As such, materials and approaches are not tailored to the audience, and this in-turn contributes to some actors being left behind. For example, those engaged in mine action, engineering, and logistics.

Commitment and Alignment

124. During the key informant interviews, actors were asked to rate on a scale from 1 to 4 (see Table 10 below and Annex 4), their commitment and alignment with inter-agency strategic efforts on PSEA. Fifty nine percent of actors interviewed considered their commitment level to be Scale 3 - *PSEA is important, but we have limited human and financial capacity to address it adequately and receive little UN / donor support.* Whereas 54% of actors considered their alignment to be Scale 4 - *Our organisation is part of the inter-agency PSEA Network, and we are aligned strategically by (a) actioning what the PSEA Network expects of us, and (b) implementing what is expected of us by our UN partner through UN Implementing Partner PSEA Assessment process.*

125. **Alignment:**

a) **Scale 4:** Twelve actors of 22 (54%) considered their organisations office, in its specific location, to be Scale 4: *Our organisation is part of the inter-agency PSEA Network, and we are aligned strategically by (a) actioning what the PSEA Network expects of us, and (b) implementing what is expected of us by our UN partner through UN Implementing Partner PSEA Assessment process.*

b) **Scale 3:** Six actors of 22 (27%) considered themselves to be Scale 3: *Our organisation is part of the inter-agency PSEA Network, and we have <u>not </u>been requested (a) by the network to take on any additional responsibilities / activities, or (b) by our UN partner to undertake the UN Implementing Partner PSEA Assessment process.*

c) **Scale 2:** Four of 22 actors (18%) rated themselves to be Scale 2: *Our organisation is part of the inter-agency PSEA Network, but we have no engagement with them on what they expect from us.*

126. **Commitment:**

a) **Scale 4:** Seven of 22 actors (32%) rated themselves as Scale 4: PSEA is important, and we have the financial and human capacity to implement what is expected of us.

b) **Scale 3:** Thirteen of 22 actors (59%) considered themselves to be Scale 3: PSEA is important, but we have limited human and financial capacity to address it adequately and receive little UN / donor support.

c) **Scale 2:** Two of 22 actors (9%) rated themselves as Scale 2: PSEA is somewhat important, but it is one of many competing obligations imposed on us by the UN and other donors.

Table 10: Commitment and Alignment Scale

Commitment Scale: **Scale 1:** Our organisation does not consider PSEA important. **Scale 2:** PSEA is somewhat important, but it is one of many competing obligations imposed on us by the UN and other donors. **Scale 3:** PSEA is important, but we have limited human and financial capacity to address it adequately and receive little UN / donor support. **Scale 4:** PSEA is important, and we have the financial + human capacity to implement what is expected of us.
Alignment Scale: **Scale 1:** Our organisation is not part of the inter-agency PSEA Network. **Scale 2:** Our organisation is part of the inter-agency PSEA Network, but we have no engagement with them on what they expect from us. **Scale 3:** Our organisation is part of the inter-agency PSEA Network, and we have <u>not </u>been requested (a) by the network to take on any additional responsibilities / activities, or (b) by our UN partner to undertake the UN Implementing Partner PSEA Assessment process. **Scale 4:** Our organisation is part of the inter-agency PSEA Network, and we aligned strategically by (a) actioning what the PSEA Network expects of us, and (b) implementing what is expected of us by our UN partner through UN Implementing Partner PSEA Assessment process.

Individual Organisations Commitment & Allignment to Inter-Agency PSEA Agenda

Chart legend: ■ Commitment ■ Alignment
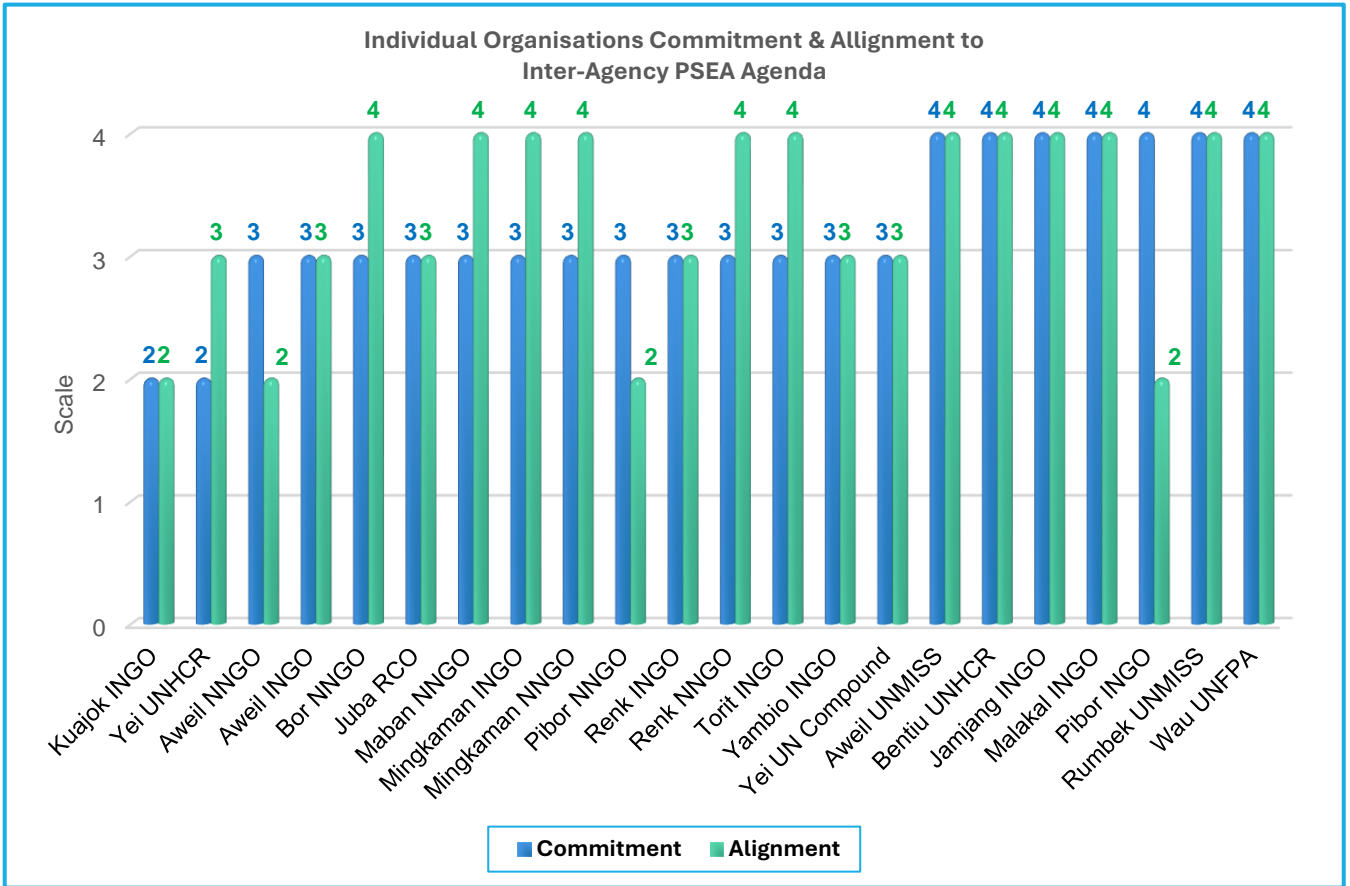
127. As an average by actor type, the difference between actor type for both commitment and alignment were negligible. The findings show that although the majority of actors (54%) considered their strategic alignment with inter-agency PSEA agenda to be a positive scale 4. The majority of actors (59%) felt that they had limited financial and human resource capacity to adequately deliver on PSEA expectations.

COMMITMENT & ALIGNMENT SCALE AVERAGES BY ACTOR TYPE

Chart legend: ▨ Commitment Average ▨ Alignment Average

PERCENTAGE OF ACTORS BY CATEGORY & SCALE

Chart legend: ▨ Commitment, % Actors ▨ Alignment, % Actors
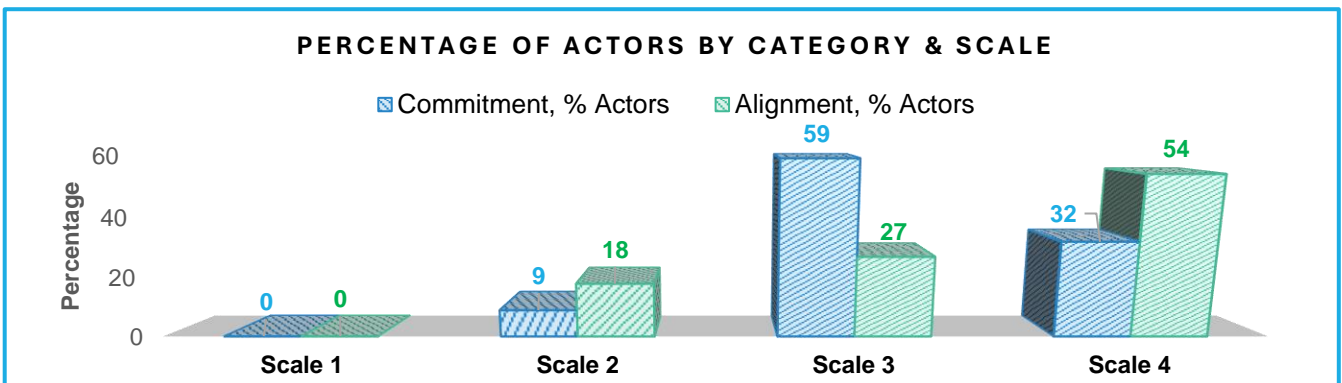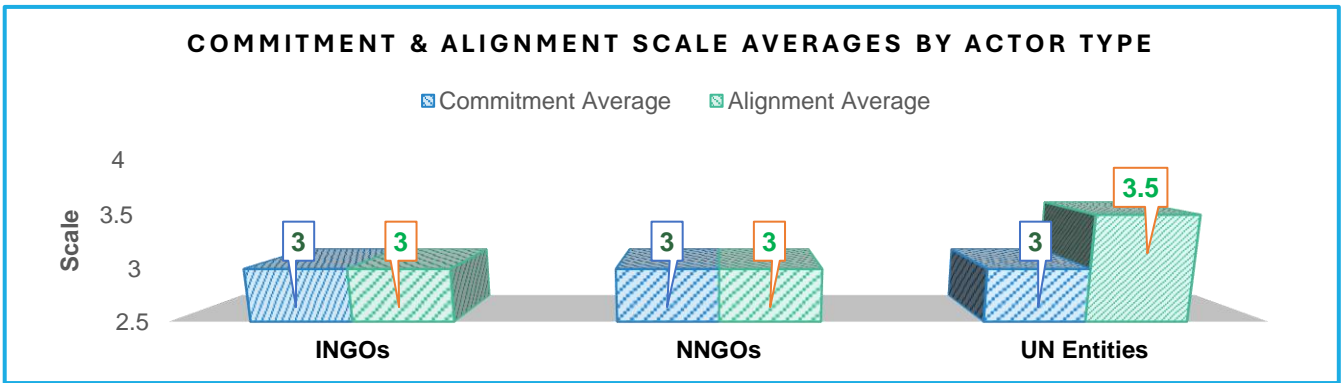
Chapter 5. Safe, Accessible and Appropriate Reporting

Alignment with international standards

128. The international standards that establish the outputs for '*Safe, Accessible and Appropriate Reporting'* are to be found within the *IASC Plan for Accelerating Protection from Sexual Exploitation and Abuse in Humanitarian Response at Country-Level (December 2018)*. Their outputs on '*Safe, Accessible and Appropriate Reporting'* provide the criteria from which the inter-agency system wide strategy (2018-23) and inter-agency PSEA workplans, 2022 and 2023, are assessed against for their alignment with this international standard.

129. The findings presented in Table 11 below show partial alignment of the Inter-Agency PSEA Strategy (2018-23) and its respective workplans (2022 & 23), for most outputs. The inter-agency PSEA workplan for 2023, showing improvement on previous years, with alignment to international standards in two areas (a) SEA risk assessment and contextualised needs assessment; and (b) Community consultation, mobilisation and awareness raising on PSEA.

130. Areas for improvement have been incorporated into the table below but by-way of an overview, the key recommendations are for:

a) Outputs to be more targeted and explicitly incorporate *'at risk'* groups. Actions should seek to overcome demographics invisibility, notably for children of all ages (in-school and out-of- school), persons with disabilities and children with disabilities.

b) Similarly, with regards to training, there is also a need to be more targeted. Outputs relating to the *UN Implementing PSEA Capacity Assessment* are only relevant to the UN and its implementing partners. Therefore, it is important to recognise how standards are to be cascaded downstream and ensure explicit distinction between the roles and responsibilities of the UN and international non-governments. Explicit activities that target contractors, consultants, non-UN implementing partners, and managers are also highly recommended.

Next page.

Findings Summary: Key discrepancies for the strategy and workplans existed in the absence of targeted community engagement involving each demographic in a) awareness raising, consultation and mobilisation activities, b) the design, implementation, and monitoring of CBCMs to ensure they comply with the CBCM principles of transparency, safety, accessibility and confidentiality, and c) engaging demographics on SEA risk assessments. Improvements for outputs 2 and 4 were noted, leading their respective 2023 workplan outputs to be assessed as compliant with international standards. However, this is notwithstanding the notable gap between workplan and practice that needs to be overcome (see p.55-75) with regards to shifting from a '*top down'* to '*bottom up'* approach. Compliance with output 3 was assessed to be 'partial' for the strategy and workplans 2022 and 2023. Suffering from a lack of specificity to target each workforce segment, identifying, and overcoming workplace barriers to reporting and responding accordingly with truly, safe, accessible, transparent, and confidential reporting mechanisms.

OUTPUTS: IASC Plan for Accelerating PSEA in Humanitarian Response at Country-Level (2018)	Alignment with Inter-Agency PSEA Strategy and Workplans, 2022 and 2023		
	System Wide Implementation Strategy on PSEA in South Sudan (2018-2023)	Inter-Agency PSEA Workplans	
		2022	2023
1. Safe, accessible, child- and gender-sensitive reporting mechanisms are in place for reporting SEA in all areas where assistance is delivered, including high-risk areas. Complaint channels build upon existing mechanisms, where present, and aim to strengthen community-based reporting mechanisms.	**Partial:** Output 3. *Improved access to reporting mechanism and response services for victims of SEA* meets most IASC expectations except for the requirement of reporting mechanisms to be child and gender sensitive. Disability rights are not mentioned by the IASC output, but it is recommended that they are included in a future inter-agency PSEA strategy.	**Partial:** Output 2.1. does not establish the requirement for the reporting mechanism to be gender sensitive. Instead, only *Safe, accessible, and child- sensitive* are included. The requirement for a focus on *high-risk areas i*s met. It is recommended that disability rights are also included.	**Partial:** See comments for 2022 workplan.
2.A SEA risk assessment and a contextualized needs assessment inform the development of new complaints channels and the reinforcement of existing channels, designed in consultation with communities as appropriate.	**Partial:** Output 1: *Risks of SEA reduced, and systems strengthened to identify, manage, and mitigate SEA risks* does not meet the requirement for contextual needs assessments to be undertaken, with community engagement, to inform, reinforce and design community-based complaints mechanisms.	**Partial:** Output 2.1. indicator (a) (b) and (c) key actions. And Output 2.2. indicator (a) key actions, both capture this IASC output well. However, the element of localised *SEA risk assessments* is missing. Output 4.6. refers to a *Country level risk assessment* but this is different from what is expected by the IASC Output.	**Met:** Output 2.2. indicator d: *Community perceptions and communication preferences are captured on a regular basis (informally and formally through needs SEA risk assessments, surveys focus group discussions, etc.), and used to improve services.*
3.Training of humanitarian agencies (managers, staff, contractors, partners, consultants, etc.) on PSEA, including how to report allegations in a safe and confidential manner.	**Partial:** Output 4: *Increased enforcement and compliance with standards and policies on PSEA* – Indicator 2: *Proportion of UN and participating NGO that report their staff/personnel have completed mandatory training on PSEA*. Does not align because (a) 'how to report' element is not explicit, (b) provides no assurances that the training is standardised and uptake is equal amongst inter-agency PSEA actors and partners, (c) and there no explicit mention of managers, contractors, consultants and implementing partners. Further, the strategy has no	**Partial:** Output 1.1. *All United Nations staff and related personnel understand the United Nations standards of conduct on the protection from sexual exploitation and abuse.* Output 1.1. targets / benchmarks sufficiently cover United Nations staff and related personnel but not contractors, consultants, and non-UN - implementing partners. For UN implementing partners, training will be addressed by *Output 1.3. regarding the UN IP PSEA Capacity Assessment*. The leadership dialogue actions and 7-point leadership action plan within Output 1.1.and 1.2. potentially cover '*managers'* but	**Partial:** See comments for 2022 workplan.

	outputs on workplace *'safe'* and *'confidential'* reporting. Nor identifying personnel's barriers to reporting and adapting reporting mechanisms that overcome them. Including, strengthening whistleblowing protections understanding and acceptance to encourage and support those within the workforce, with the less power, to 'Speak Up'.	this needs to be explicit and seek to comply with core principle six of the IASC Six Core Principles concerning the creation and maintenance of an environment that prevents SEA and upholds the code of conduct.	
4.Community consultation, mobilisation and awareness raising on PSEA in each community receiving humanitarian assistance.	**Partial:** Output 2: *Social and institutional structures, and the population are mobilised for the prevention of SEA*. Key indicators for this output do not refer to '*community consultation'*. Instead, they focus on (a) number of population reached with messages on PSEA/CBCM; (b) Number of CBCM sites in which the local community are supportive of PSEA and CBCM interventions; (c) Proportion of agency staff reached with awareness raising messages on PSEA.	**Met:** *Output 2.2. Community awareness campaign and outreach programme on PSEA developed and implemented, including through use of community dialogues, community theatres and in using multiple channels* Community dialogues and feedback activities are included within this output. This, however, could be strengthened with targeting of specific demographics, especially children, persons, and children with disabilities etc.	**Met:** See comments for 2022 workplan

Recognising the Limitations of Community Based Complaints Mechanisms

131. Community-based complaints mechanisms (CBCMs) are developed and sustained by humanitarian organisations as an instrument that communities and beneficiaries, can – in theory – utilise to hold humanitarian organisations to account for incidents of sexual exploitation and abuse and exercise their right to victim assistance. Central to the process of designing and developing CBCMs is a process of community consultations to ensure that the complaints mechanisms are developed in a way that overcomes the identified barriers to the reporting and help-seeking that each demographic within a community may have.

132. Key informants reported that there exists a notable learning curve for the humanitarian sector within South Sudan with regards to how best to achieve effective community led community-based complaints mechanisms (CBCMs) that are child, disability and victim centred, don't treat each demographic as one homogenous group, and overcome all barriers, inherent vulnerability, invisibility, and lack of agency in reporting and seeking help.

133. Key experts spoke of concerns that the process undertaken by many organisations is insufficient and only compounds the invisibility of all demographics, especially children and persons with disabilities, in SEA reporting, victim assistance and accountability processes. Experts in this field highlight that known cases of SEA represent the tip of the iceberg, while many of such cases are likely to go unreported or unidentified.

134. Recognising that there are notable limitations with only relying on organisation-led reporting mechanisms to identify harm and abuse is important. Reporting, disclosure, and detection represent three important and instrumental procedures to moving "*beyond the impasse*" in overcoming all demographics inherent vulnerability, invisibility, and lack of agency in seeking help.

135. Emphasising the importance of reporting, disclosure and detection pathways and moving away from solely a reporting model[88] involves taking the time to think about the practical application of how organisational processes link with local cultural perspectives and communities' relationship within them. Questions that need to be targeted include the following: What are each demographics help-seeking behaviours? Who do they feel comfortable talking to? Why isn't the community-based complaints mechanism utilised by all or some demographics? How can the traditional leadership, schools, health centres etc. be used to support the affected population accessing the referral pathway?

Understanding the barriers to the reporting and disclosure of SEA

The importance of cultural norms

136. The South Sudanese often express their concerns in terms of "*we*" or "*us*". Instead of "*self*", the concept of "*communal self*" is often used to describe the relational nature between themselves and their extended family and community[89]. The exception to this being for those South Sudanese that live within a refugee setting where the relational nature of the "*communal self*" is often seen to change due to the loss of agency and safeguards that are associated with a common ethnic identity[90].

137. Within the focus group discussions conducted as part of the research for this review, participants indirectly spoke of the important role that this collectivistic and highly interdependent order of community function has within their cultural norms to influence victims, witnesses and concerned parties reporting and help-seeking. Within this, there exists multiple layers of intersectionality that concern cultural norms, the communal self, marriage, honour, violence, poverty, and gender as the most prominent barriers to the reporting of SEA.

138. For the vast majority of all demographics, the values and norms surrounding respect of parents / elders, the patriarchy, female virginity, sex, and marriage remained the barometer to which communities gauged all

related courses of action by, including the use of violence, sometimes involving unlawful killings, as a method of delivering their perceived notion of '*justice*' to correct any wrongdoing, including SEA.

139. The communal self, community perception and cultural norms were therefore the benchmark from which '*right*' and '*wrong*' were understood. With one exception being children and adolescents within the 10 to 20 years of age cohort who had received SEA sensitisation from non-governmental organisations within school.

FGD participant quotes on the unacceptability of SEA.

"[Humanitarian workers] take advantage of us being lame. They promise us things in exchange of money and other materials, wealth, and many other things. They should know that we are disabled people who deserve so much care and attention not molestation" – FGD Kuajok, adult female, person with disabilities (18 plus age category).
"We actually don't tolerate such acts happening in our community because is against our culture and norms" – FGD Bor, adult female participant (30-45 years of age category).
"*The type of sexual misconduct that is unacceptable by humanitarian workers are, rape, bad touches, uncomfortable talks and sex in exchange for anything*" – FGD Rumbek, male child participant (10-15 years of age category)
"Sex for food, sex for job, sex for money, having a relationship UN/NGOs and sexual assault. All these elements are considered as unacceptable" – FGD Renk, adolescent girl participant (15-25 years of age category)
"*The perpetrator is beaten, sometimes to death if [he is] not saved by the traditional leader or his cabinet members. So, this shows, to what extent the community hates sexual exploitation especially rape".* FGD Rumbek, adult male, (age category not noted by FGD facilitator)

140. On the surface, community perspectives of '*right*' and '*wrong*' may appear to overlap somewhat with the international human rights norms surrounding SEA. But this is largely illusionary due to the distinctly different normative frameworks that each – the international and the national perspectives - are sat within.

141. As stated, there is an enormous amount of intersectionality between all the barriers to reporting that were identified. Such barriers exist on multiple levels, these being the individual, relational, community and societal, that are presented in the socio-ecological model on page 15.

Children and Adolescents *(10 to 20 years)*

Recognising child SEA victims differing reporting behaviours than non-victimised children

142. No victims of SEA were interviewed as part of the research for this study. However, global research on the reporting behaviours of adult and child victims of sexual harm and abuse allows for us to postulate that reporting and disclosure behaviours within the South Sudanese context will, most likely, vary considerably between adult and child victims of SEA and those that have not been victimised.

143. It has been well established globally that many child victims of sexual harm and abuse do not report at all, or report with a delay[91]. Quantitative evidence on child victims delayed or non-reporting within the United States suggests that non-reporting of sexual harm and abuse by child victims is more prevalent than their reporting[92]. Within the African context, studies on boys 18 to 24 years old who experienced sexual violence prior to 18 years of age showed non-disclosure rates of more than 70% in Zimbabwe[93]. The first study of disclosure among Kenyan youth who had experienced sexual violence prior to age 18, found that only 45% of the girl victims and 28% of the boy victims had disclosed their abusive experiences[94].

144. It is far more common for child victims to disclose to someone about their abusive experiences, either immediately or with a delay[95]. This includes the importance of recognising child sexual abuse accommodation syndrome (CSAAS) that posits that sexually abused children frequently display secrecy, tentative disclosures, and retractions of abuse statements as

> Sexually abused children frequently display secrecy, tentative disclosures, and retractions of abuse statements as opposed to making "official" reports via established reporting mechanisms.

opposed to making "official" reports via established reporting mechanisms. Concerningly, such evidence on children's non-disclosure suggests that child victims will endure sexual trauma throughout childhood and beyond without receiving the necessary support or interventions[96].

145. Understanding why child victims do not report or disclose therefore represents a crucial and important first step in ensuring children's rights and needs are met. The barriers to children's reporting, disclosure and/or help-seeking are complex and varied. Considering that children are not a homogenous group and can be disaggregated by a whole host of factors[97], efforts to meet the needs of each child and overcome their specific barriers to reporting, disclosure and help-seeking are lacking country-wide, key informants reported.

146. This picture is particularly concerning with regards to children with disabilities[98], in particular intellectual or mental health problems. According to global research[99], children with a disability are 3.4 times more likely to experience maltreatment than children without disabilities and are less likely or unable to report due to their dependency on others, lack of control over their own lives, problems

> Globally, children with a disability are 3.4 times more likely to experience sexual maltreatment than other children and are less likely to report.

with communication, and social and physical isolation[100]. Globally, persons with sensory[101], intellectual or mental health disabilities are victimised at higher rates than those with other forms of disability. Research suggesting that the odds of sexual victimisation among persons with disabilities are particularly high in African countries.[102]

147. Children with disabilities interviewed for this study did not cite any SEA victimisation (*although adult women with disabilities did*). However, this does not mean it doesn't occur. The findings showing the high vulnerability of this demographic due to their lack of help-seeking awareness, lack of access to community-based complaints mechanisms and their dependency on others:

"For me, I don't know where to report SEA unless I report to my father or my mother. So, they can go to community leaders. Elders are also the most trusted people in our community. Anything being done involves elders according to our Nubian culture". FGD Jamjang, Girls – Child with Disabilities, 15 to 17 years.

"We only know the traditional leaders and the government. If something happens, it should be reported to them". FGD Mingkaman, Girls – Child with Disabilities, 15 to 17 years.

"We can report to parents because UN/NGOs are not close to us and we are disabled". FGD Mingkaman, Girls – Child with Disabilities, 15 to 17 years.

148. Although girls are the primary victims, it is equally worrying that the situation with regards to boys is often overlooked. South Sudanese boys cited SEA victimisation by '*women*' and '*humanitarian workers*', during focus group discussions, as follows:

"Bad touches by a humanitarian worker are misconduct and its highly unacceptable because it makes us boys feel uncomfortable and that may lead to us failing our exams". FGD [*location redacted, South Sudan],* 10 to 15 years.

"Nowadays, we hear that big mamas working with NGOs are sexually abusing young boys in exchange for money or job". FGD [*location redacted, South Sudan],* 10 to 15 years.

"Most of these women who force us to have sex with them, they give us good money. So why should I report yet am gaining from the relationship?" FGD [*location redacted, South Sudan],* 10 to 15 years.

149. *Boys*, with no prior sexual victimisation, articulated non-permissive cultural norms and fear of *retaliation /* for their own safety, as the main barriers to their reporting. Others cited how negative stereotypes of boys, as perpetrators of forms of gender-based violence, led them to feeling stigmatised, silenced and believe in the futility of reporting. For *'cattle boys'*, their gendered role, meant they missed SEA awareness-raising sessions being held in the community.

> *"Even if I report, I am very positive that they would not take it seriously. As a boy, we carry less weight of evidence when reporting a case. For example, if a woman forces you to have sex with her and gives you money, even if you report, the police and even in the hospital, they will always want to see the evidence. Hahaha so tell me how would I provide evidence in that case? So, I would not actually report because after all I will be getting the support and money that I need from the humanitarian worker. Especially if I am to be offered a job".* FGD [location redacted, South Sudan], Boys / Adolescent Males 14 to 19 years.

150. If abused by male perpetrators, boys may be worried about being labelled homosexual. This being especially relevant within the African context, where homosexuality is often touted as '*non-existent'[103]*, is notably taboo and within South Sudan, same-sex sexual activity between males is criminalised (*Penal Code 2008, sections 248 & 249*), with a maximum penalty of 14 years imprisonment.[104] Further, socio-cultural taboos deter boys help-seeking because they fear stigmatisation, shame, discrimination, and rejection[105].

151. No child under 10 years of age was consulted during the research for this study. However, by leaning on international research, we can see that compared to adolescents, younger children (roughly pre-puberty) tend to be more inclined to disclose sexual abuse experiences to adults[106]. While younger child victims may not realise their experiences are abusive, adolescent victims may experience more feelings of guilt, self-blame, and shame, and be aware of the stigma often surrounding the issue of sexuality and sexual abuse[107]. The fear of negative consequences, retaliation, intimidation or anger by perpetrators, families and / or communities and feelings of solidarity towards the perpetrator may be a grave concern. Children may also perceive highly unequal relationships as being consensual[108] and thus not report them[109].

152. Of relevance to the South Sudan context, child victims of SEA are often also subject to other adverse experiences[110], and their views of normative boundaries are shaped by their experiences in the world around them. The CDC-Kaiser Permanente adverse childhood experiences (ACE) study [111] demonstrated that there exists a strong correlation between children's exposure to *adverse childhood experiences* (e.g., psychological harm, physical harm, sexual abuse and violence) and poor childhood mental health, chronic health conditions and developmental

> Adverse childhood experiences potentially influence children's' non and under reporting of SEA.

problems in late childhood.[112] The cumulative effects on South Sudanese children of deep-rooted societal inequality, greater acceptance of violence against children and women, the harmful impact of armed conflict, natural disasters, displacement and poverty; will potentially influence their non-disclosure and reporting because of the influence that these childhood experiences have on their well-being, acceptance of violence and their perceptions of right and wrong.

Barriers to reporting and disclosure for children not previously victimised.

153. Findings from the focus group discussions for both girls and boys provide variable results. Some children expressed that they would report SEA via established community-based complaints mechanisms (CBCMs); others through community structures, and some would not report at all.

154. Figure 6 below, illustrates the strong disparities nationally and between sexes (boys and girls) with regards to reporting via established community-based complaints mechanisms. Across all locations and sexes, the average willingness to report rating is 61%. With Yei, Yambio, Torit, Renk, Mingkaman, Malakal, Jamjang and Bor all having below average levels of willingness to report SEA via established mechanisms ratings. Mingkaman being extremely problematic, with a willingness to report rating of 0% for all demographics – men, women, elderly, boys, girls, persons, and children with disabilities.
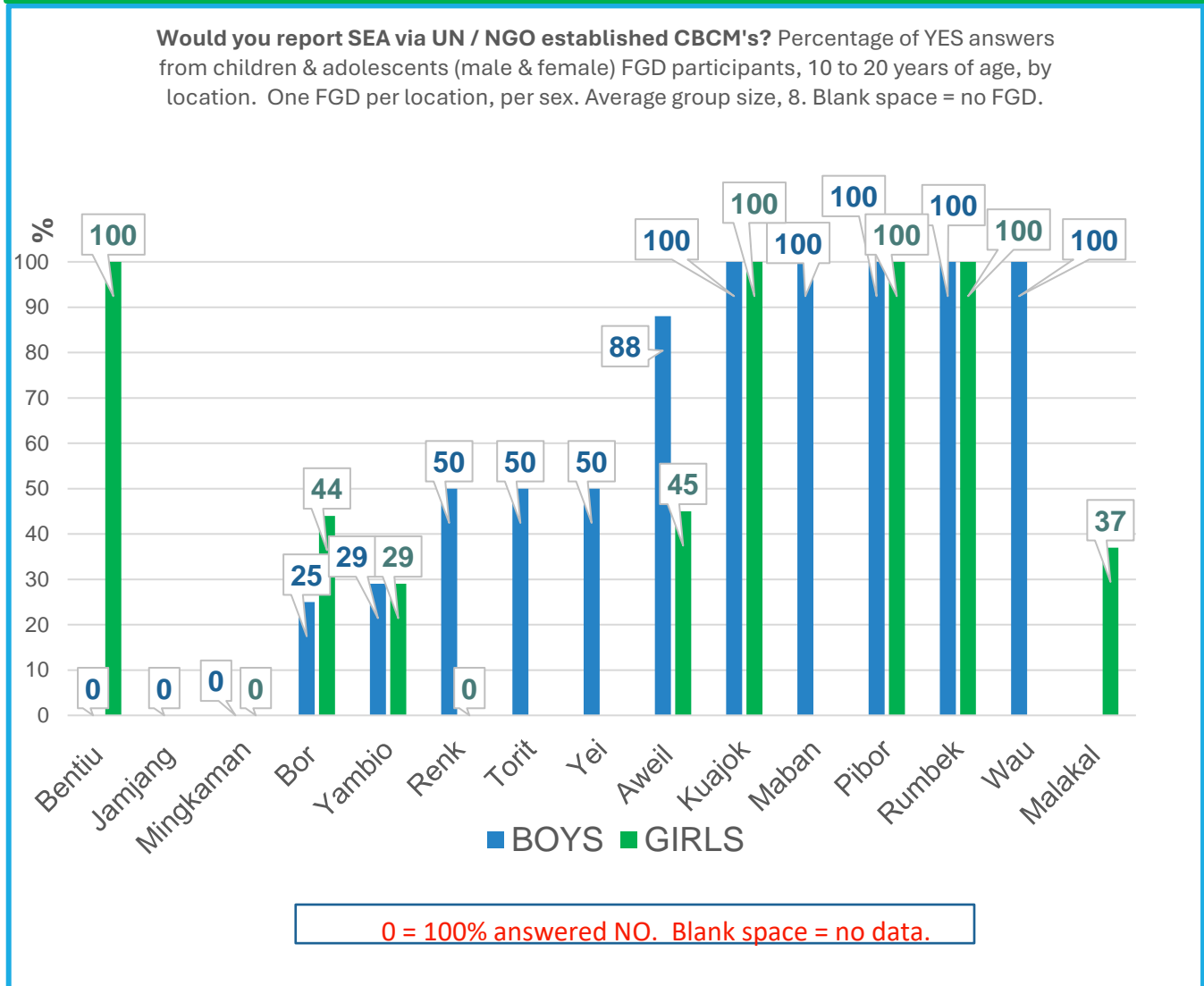
155. Kuajok, Pibor and Rumbek provide a good example of the value added gained when children are engaged within the school setting on SEA. The findings for Renk and Bentiu show significant disparities on reporting behaviour between the sexes. In Renk 50% of boy child participants said they would report SEA via established CBCMs, as opposed to 0% girl child participants. For Bentiu this disparity was even greater with 100% of girls and 0% of boy child participants indicating such reporting behaviour.

> The findings for Mingkaman are concerning, with 0% of all demographics stating that they would not report SEA via established CBCM's.

156. The findings for Mingkaman are concerning, with 0% of girl and 0% of boy child participants indicating that they would not report SEA via established CBCMs. A situation replicated by all other Mingkaman demographics - men, women, elderly, persons, and children with disabilities. Jamjang potentially paints a similar picture as Mingkaman. Despite no data being recorded by the facilitator of the girl child FGD in Jamjang, the transcripts show participants greater tendency toward reporting SEA to their parents and traditional leadership.

Figure 6: Children and adolescents, 10 to 20 years, responses to the question – would you report SEA via established CBCM's?

Note: The findings presented in Figure 6 below are based on individual focus group discussions of approximately 8 participants each and are therefore indicative and not representative of the total demographic population perspectives in each location (*One FGD per demographic, per location*).

Would you report SEA via UN / NGO established CBCM's? Percentage of YES answers from children & adolescents (male & female) FGD participants, 10 to 20 years of age, by location. One FGD per location, per sex. Average group size, 8. Blank space = no FGD.

0 = 100% answered NO. Blank space = no data.

157. Most children and adolescents within the 10 to 20 years of age cohort, who had received SEA sensitisation from non-governmental organisations in schools, articulated encouraging levels of understanding and willingness to substitute the primacy of community expectations surrounding '*consequences* and '*problem*' solving, for reporting SEA via established community-based complaints mechanisms:

→ *"Yes, we would report the case of sexual exploitation and abuse but some of us will not. For those who agree on reporting, this is because [they agree that it's the right thing to do] for a victim to report SEA cases in-order to seek justice, protect others from similar incidents, and empower themselves by holding perpetrators accountable. For those who said they will not report. This is due to concerns about potential negative consequences, such as retaliation or harm to their own safety or reputations". FGD Renk, Boys 15 to 20 years.*

→ *"HRSS trains us many times on SEA perpetrated by humanitarian workers in the community and how to report it. As a girl who is still under someone's care, I will not report an SEA perpetrator to the community. I better report him to the NGO so that they can solve the problem peacefully without even mention my name as I am the one who reported him."* FGD Bentiu, Girls 10 to 15 years.

→ *"For me as a child, I will prefer calling the toll-free line given by the TOCH organisation because the community won't listen to us boys. They always see us as young, so there is nothing we can talk before the big people".* FGD Kuajok, Boys, 10 to 15 years.

→ *"We hear about the reporting channel from school when the NGO comes around for the SEA/GBV campaign. They normally teach us about the danger of not reporting SEA cases happening in our community. And how best we can report without letting the perpetrators know"*. FGD Rumbek, Girls (age range not noted by FGD facilitator.

158. All children and adolescents, irrespective of their exposure to SEA sensitisation, articulated respect for authority, parents and elders within their community and in-turn spoke of their apprehension and fear of consequences if they were to report through community structures. The above quotes harness within them, children and adolescents' concerns surrounding the negative consequences of reporting SEA. These, in-turn, demonstrate the important role that creating '*safety*' and removing '*consequences*' for children and adolescents brings in their importance for accommodating and increasing reporting from this demographic.

159. South Sudanese children are raised to respect their elders and follow the directions given by adults in the family. Failure to comply with the directions given or to meet social and cultural expectations can lead to physical punishment, including children being lashed with a small stick[113] or worse, being murdered:

→ *"This state is the worst, in terms of communal conflict caused by sexual affairs with women and girls. You find that a girl is beaten to death by her own family because she may be dating a man who has no cows to support the family".* FGD Mingkaman, Elderly Male, 48 to 61 years

160. As such, for children and adolescents to report via established community-based complaints mechanisms, this demographic alluded to them requiring '*permission*' from an '*alternate authority'* (UN / NGOs working with schools*).* in-by a trusted and respected humanitarian organisation providing an *'alternative'* to the '*authority*' of parents and elders, '*permission*' for children and adolescents to report SEA is provided. Children and adolescents are assured of *'safety'* because the perceived *'consequences'* of reporting SEA have been removed, but only if *'confidentiality'* and *'anonymity'* are guaranteed.

161. The barriers to reporting findings presented in Figure 7 below are based on 25 focus group discussions held with children and adolescents (*14 FGDs Male, 11 FGDs Female*). Fear of consequence was cited in 10 focus group discussions with boys and 4 focus group discussions with girls as their primary concern. Lack of trust,

poor accessibility, a lack of awareness and concerns of CBCM confidentiality also ranked highly as children and adolescents' chief concerns of reporting SEA via established community-based complaints mechanisms. Despite '*fear of consequence*' being the primary concern and this fear largely being based on inimical parent and/or community responses, many children and adolescents still favoured reporting SEA to community elders and traditional leaders than established inter-agency CBCM's. Citing familiarity and friendless as the primary reasons for doing so. At the outset, this may appear to be contradictory – on the one hand, children were fearful and the other they had no fear at all. Such polarisation being explained by the differing approaches to be found within the cultural and ethnic diversity within South Sudan (see Figure 7 below)

Figure 7: Children & Adolescents Barriers to Reporting via Established CBCM's (10 - 20 yrs.)

Number of Focus Group Discussions Nationally Where Barrier to Reporting was Mentioned by Male & Female Children and Adolescents, 10 to 20 years (results based on 14 FGDs Boys, 11 FGDs Girls)
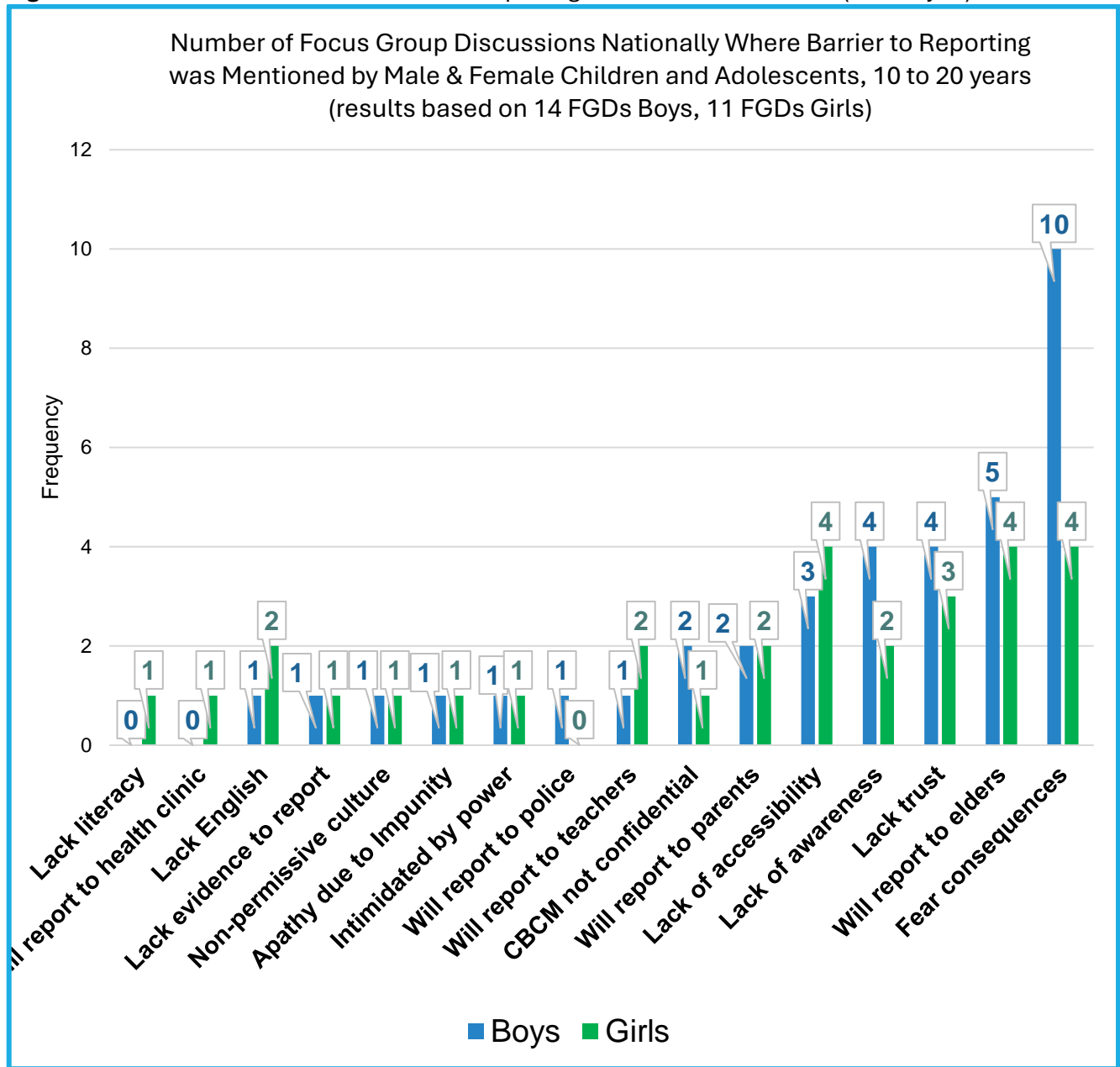
Reasons why some children would not report at all.

162. The fear and apprehension some children and adolescents felt, if they were to report SEA via community structures or if their report via established CBCMs was to become known, provided insight into the multiple barriers to reporting SEA via established CBCMs, that children faced.

163. Due to the prohibitive cultural norms surrounding talking about sex outside marriage, reporting SEA was seen by the majority of all demographics as inciting a number of consequences, including forced marriage, loss of dignity, parental chastisement and violence, provoking community violence, perpetrator retaliation, and for the minority, losing humanitarian assistance. For children, associated with the breaking of any cultural norm was the fear of what their parents' response would be. This underscoring the importance of confidentiality (and anonymity) in the reporting process, including for Dinka boys, who cited that as "*long as you are a boy, no one [in the community] will give you audience*"[15], preferring SEA reporting hotlines as way to be heard and circumvent traditional community structures.

164. Barriers to reporting via established CBCM's were most apparent for children who had not been engaged on SEA within school. '*Fear of the consequences'* was ranked as the highest barrier for boys and joint highest barrier for girls (see Figure 7 above). Within this, boys and girls feared: (a) forced marriage of the victim to the perpetrator, (b) fear of chastisement and provoking violent parental responses (*including murder*), (c) provoking violent community responses *(including murder)*, and (d) stigma and tarnishing their name (*non-permissive cultural norms*).

165. **Perception of CBCM not being confidential linked to fear of consequence***:* Due to children's fears of the consequences for reporting SEA, many required guarantees of the reporting mechanisms confidentiality. Each '*fear of consequence'* is discussed in the subsequent paragraphs below.

166. **Non- Permissive Cultural Norms:** For boys within the Dinka culture, anonymity within the reporting process afforded them the opportunity to be heard. Something that is culturally denied to them, as the following quote shows. For girls, they feared the stigma and indignity of speaking about sex outside marriage, something that is culturally taboo. Some boys in Pibor mentioned as a barrier to reporting that they weren't allowed to attend community PSEA awareness raising events because they have to look after the cattle.

> *"In our Dinka culture, so long as you are a boy, no one will give you audience. In fact, most boys just end up keeping quiet because they know that if they report, then nothing will be done. But when I use the toll-free number, I don't need to get permission, I just call and tell whoever is on call". FGD Kuajok, Boys, 10 to 15 years.*

167. **Fear stigma and indignity:** Victim blaming was not raised by children, instead children were more concerned with preserving their anonymity to avoid the consequences of having their name known, tarnishing their name and that of the community. For girls, this was the fear of being stigmatised because they talked about sex outside marriage. A cultural taboo, closely linked with the preservation of virginity and the keeping of sex for marriage. For boys, they feared parental chastisement for bringing it to the attention of the community that an unmarried girl and been '*spoiled*' for marriage. Other boys cited that they wouldn't report because they felt stigmatised and blamed by females for '*spoiling girls.*

> → "*Our culture doesn't allow girls to talk [about sex] when she is not married. It is a shameful behaviour*". FGD Mingkaman, Girls, 15 to 17 years.
>
> → "*In our community, if you go to report a SEA case and you are a boy, they will tell you that it is you boys who are spoiling girls, and you can get punished for that. So, it's not fair or friendly*". FGD Kuajok, Boys, 10 to 15 years.
>
> → "*It's possible that some members might be hesitant to confront the issues for fear of how it might reflect on the community as a whole*". FGD Malakal, Girls, 15 to 18 years.

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[15] FGD Kuajok, Boys, 10 to 15 years.

168. **Lack evidence and worry that they won't be believed because they are boys:** As stated above, in '*Fear of stigma and indignity*', several boys cited that they felt stigmatised and blamed for '*spoiling girls*', just because they were boys. This linked closely with some boys having a sense that they won't be believed or taken seriously if they were to report SEA, as the following citation notes.

> "Even if I report, am very positive that they would not take it seriously, this is because as boy, we carry less evidence when reporting a case". FGD Yambio, Boys, 14 to 19 years.

169. **Intimidated by humanitarian actor's power and perceived consequences:** Some girls feared for their reputations if they were to report SEA. This was born out of a mistrust of the UN / NGOs due to the perceived power imbalance between the complainant and humanitarian actor.

> "*We at times restrain from reporting because of fear and also mistrust for our safety. We believe the UN has more power and therefore some of us may fear for our reputations by reporting*". FGD Bor, Girls, 15 to 19 years

170. **Fear chastisement and provoking violent parent responses:** Children feared chastisement and potentially being beaten their parents if they were seen to have broken cultural norms or brought to light that cultural norms had been broken by another community members daughter.

> "*Young girls like us don't have right to report SEA and other related sexual activities perpetrated against women and girls in the community. If a girl reports something related to sexual relationship between a man and a woman or a girl, your parents would blame you and sometimes they will beat you*". FGD Mingkaman, Girls, 15 to 17 yrs.

171. **Fear provoking violent community responses:** Children also feared provoking violent community responses if their SEA report or disclosure should become known. Linked closely with children's fear of stigma, indignity and parental chastisement for themselves and the victim, was also the aspect of many possible scenarios that revolved around '*forced marriage*'. The resulting consequences being largely dependent on two possible scenarios: (a) whether the SEA victim was married, (b) or if unmarried, whether the perpetrator agrees to marry the unmarried victim or not. Violent beatings, possibly leading to the death of the perpetrator were always feared when the SEA victim was married and in incidences when the perpetrator refuses to marry the victim (*see more below in the Consequence of Forced Marriage*).

> "*Reporting SEA by a child like us is like lack of respect to other families. If you report SEA to the community leaders or to the NGOs when your parents are not aware of this report, they will blame you later because you are still a child under their responsibility. We children fear to report because if the community fight, your parents will get disappointed of you*" FGD Bentiu, Boys, 15 to 17 years.

172. **Fear provoking violent perpetrator responses:** Boys cited fear of provoking a [violent] perpetrator response if they were to report or disclose SEA. Only boys mentioned this as a concern and all talked about fearing for their safety, either soon after the report being made, during the investigation or once the perpetrator was released from prison. Boys almost always associated SEA with criminality and the perpetrator being sent to jail.

173. **Fear consequence of forced marriage:** This reporting consequence and barrier linked closely with the sanctity all demographics placed in sex being for marriage and the preservation of the victims and communities' reputations:

> "*I have a concern of reporting because of our safety. If you report somebody, he will do whatever it takes to make sure that he doesn't go to jail. He could look for you, either kill you or tell you to stop reporting this case otherwise something bad will happen*". FGD Bor, Boys, 15 to 17 years.

→ "*In our culture, virginity and respect is paramount and its every girl's pride to be a married virgin. Culturally it is a taboo to exchange our body for money or any materialistic thing in our community*" (FGD Bor, Girls).

→ "*Once a lady spends a night in a man's house by the virtue of the traditional norms she is to remain there as a wife*" FGD Aweil, Adult Male.

174. For the South Sudanese, any sex outside of marriage is deemed unacceptable, however "*a girl is free to date a man she likes, to be her husband*"[114] but abstain from sex until they are married. Underpinning this is the reality that adolescent females do have sex outside of marriage. However, "*she should hide their relationship from being known by her parents*"[115] .

> *"It is not good because the parents may force a girl to get married. They will say that you are spoiled, and no one will marry you later if you don't accept that man to marry you"*. FGD Bentiu, Girls 10 to 15 years.

175. Occurrences of transactional sex and exploitative relationships were widely cited by focus group participants of all demographics and largely blamed for the '*spoiling*' of girls for marriage. Wealth and money were seen as something to aspire to and as such, the linkages between extreme poverty and transactional sex / exploitative relationships were well known and cited. Children understood that money facilitated and provided the opportunity for humanitarian workers to use their power to '*take girls*' within the community. Such abuse of humanitarian workers powers often provoked anger amongst participants from all demographics. With it being widely perceived that humanitarian workers "*come around to mess with our daughters, sisters and even mothers just to spoil them and go*"[116].

176. As mentioned, communities interpret SEA perpetrated against unmarried female victims as the '*spoiling*' of them for marriage, irrespective of the 'crime' and / or misconduct committed. Unless the victim marries the perpetrator, then it is perceived that no-one else will marry her and the family will lose any '*bride price*'[16] that is to be paid. Given in cattle and increasingly often partially paid in money, it is the community elders that determine what a reasonable "*bride price*" would be. This determination being dependent on several factors, including the girls perceived virginity and "*purity*". In 2022, one cow was worth between 200 and 300 United States Dollars, substantially contributing to the commoditisation of daughters as a source of family income but complicating the situation for young men that lack the cattle or money to pay the bride price.

177. As such, reporting SEA was perceived as having something *'taboo'* be known. Therefore, ruining the image of both the community and victim. This underpinned the widely cited consequences children feared - chastisement and being beaten by their parents for '*spoiling*' the image of someone's daughter and denying the family bride price.

> *"The reaction of the community sometimes depends on what the man [perpetrator] has decided [with regards to marriage]. If he wants her and the family agreed, people will not fight but if he refuses her, people can fight unless if the elders from both sides advised the brothers of that girl"* FGD Bentiu, Boys, 15 to 17 years.

178. *Once* the reported SEA becomes known by the community, there are several perceived consequence pathways for children, victim and perpetrator that result from reporting or disclosing SEA via established community-based complaints mechanisms following a confidentiality breach. The consequence pathways are shown in Figure 8 below.

Next page.

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[16] Bride price being the compensation paid by the groom or his family to the bride's family for the loss of their daughter.

Figure 8: Perceived consequence pathways for children reporting or disclosing SEA.

Child complainant reports SEA via established CBCM & report becomes known in community due a lack of confidentiality

Female victim is married

- Victims husband & community vioilently beat perpetrator, possibly to death
- Parents chatise and beat child complainant for 'spoiling' married womans and community reputation. Girls - for also talking about sex outside marriage. Dinka boys - breaking cultural norms.

Female victim is unmarried

- Victim considered 'spoiled' and 'unmarriageable'.
  - Marriage seen as the solution but perpetrator does not agree to this.
    - Victims brothers and community violently beat perpetrator, possibly to death.
    - Parents chastise and beat child complainant for 'spoiling' an umarried girls chances of marriage, bringing trouble to the community and tarnishing its name. Girls - for also talking about sex outside marriage. Dinka boys - breaking cultural norms.
- Marriage seen as the solution and perpetrator agrees to this.
- Victim marries someone she [potentially] does not love. Family collect bride price.
- Violence avoided but girl is [potentially] pregnant & drops out of school.
  - Parents chastise and beat child complainant for bringing trouble to the community and tarnishing its name. Girls - for also talking about sex outside marriage.Dinka boys - breaking cultural norms.

179. **Fear loss of humanitarian assistance:** This fear of consequence was only cited in one focus group *discussion*. However, it does align closely with the lack of trust many child, adolescent and adult participants felt due to prior negative experiences, perceived power imbalances, misuse of funds, political bias and so on. As a barrier to reporting, fearing the loss of humanitarian assistance therefore should represent an important aspect of any future '*trust building*', awareness raising and community engagement efforts.

> *"We have an issue of food inside the camp. WFP stopped our food for months. People are suffering. If there is any case of SEA or GBV or any kind of violence in the community, then there will be no means of assistance that will be given these people".* FGD Jamjang, Boys, 15 to 17 years.

180. **Lack of trust and apathy due to impunity:** Boys and girls lack of trust stemmed from negative perceptions and/or experiences of the humanitarian sector. This included a perceived lack of transparency, fund mismanagement, including poor decision-making in how resources are allocated. Commonly, children cited a belief in the futility of reporting SEA because they perceived actors were more interested in reputational risk management than investigating SEA or pursue accountability. As a result, respondents feared for their reputations and safety.

> *"I do not trust most of these NGOs, because I guess when we report to them, they may not do anything. Especially if the perpetrator is from their own. They may want to protect their name and therefore, may sleep on the case".* FGD Bor, Girls, 15 to 19 years

181. **Lack of English language proficiency and literacy:** Some children felt that because they did not speak English or perhaps didn't have literacy skills, then they would be unable to report SEA.

Adults and children with disabilities

182. Focus group discussions were conducted with persons with disabilities (men and women), and children with disabilities (girls) in ten locations nationally (see figure 9 below).

183. Girls with disabilities consulted in Mingkaman replicated their able-bodied counterparts, with zero percent of participants indicating that they would report SEA via established community-based mechanisms. Jamjang providing slightly more positive indications of reporting behaviour, with 50% of girls with disabilities consulted indicating that they would report via established community-based complaints mechanisms. The findings for both Jamjang and Mingkaman are worrisome and indicative of the need for more comprehensive targeting and inclusion of children with disabilities in PSEA programming.

184. Equally concerning are the findings for men with disabilities. Men with disabilities articulating low willingness to report via established community-based complaints (CBCMs) in Renk (0%), Malakal (28%) and Bentiu (29%). For Aweil, 75% of men with disabilities consulted cited their willingness to report via established CBCM's. Replicating the cited reporting behaviour of women with disabilities in Aweil.

185. Women with disabilities cited positive indications of their willingness to report via established community-based complaints mechanisms, in all four of the locations they were consulted. One hundred percent of women with disabilities in Kuajok and Maban stated that they would report via established CBCM's. This reinforcing the positive trend indicated by children in these locations. As to do the results for Rumbek (75%). Women with disabilities cited willingness to report was greater than children for both Aweil (75%) and Yambio (67%). (see figure 6 above for child reporting results).

Figure 9: Adults and children with disabilities responses to the question – would you report SEA via established CBCM's?
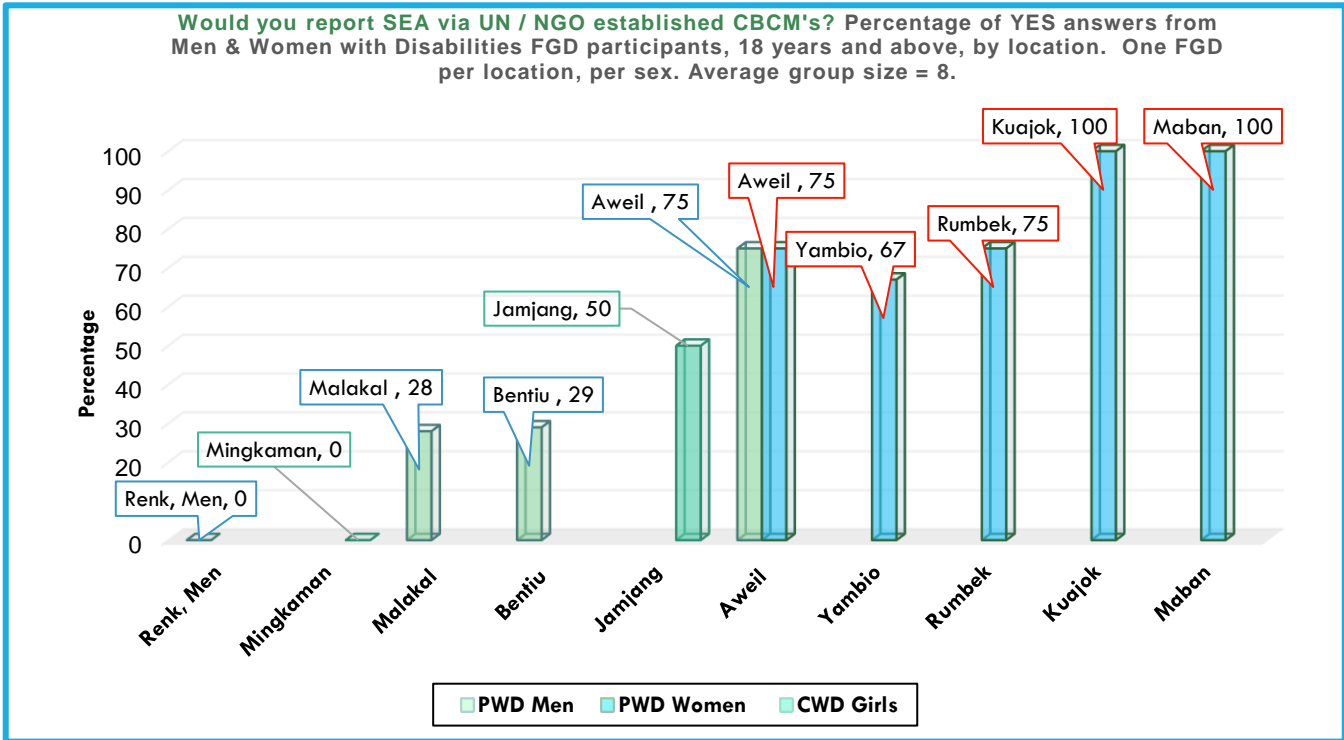
186. For men with disabilities, a lack of trust was the most prevalent barrier to reporting. In Aweil 75% of participants reported that they did not trust the UN / NGOs. For Malakal 72% and Renk the figure was 63%. However, all participants in Maban reported that they trusted the UN / NGOs for help due to positive

experiences with the humanitarian sector and the ability of actors to be accountable for their actions and demonstrate transparency within their operations. For those participants that reported a lack of trust, this was due to negative experiences and a perceived lack of transparency in actors programming.

187. For women with disabilities a lack of trust additionally stemmed from fears for their safety if they were to report international staff members. Feeling that they would report national staff because they are well known and won't escape accountability. Fear for their own safety was also articulated by male participants – "*I will consider safety first. Because we are disabled, we deserve to be safe, especially after reporting SEA. But the perpetrator can come after our lives and in our condition, we can't defend ourselves.*" FGD Aweil, Men with disabilities, 18 years of age and above. Fear of the consequences was closely linked to participants' concerns about a lack of confidentiality in the reporting process, as well as communication barriers, such as deafness.

188. Additionally, a predominant barrier to reporting via established CBCM's for both men and women with disabilities was their preference to report to the police or via community structures. Reporting via community structures was due to familiarity and having the alleged SEA incident being addressed by their cultural values. Reporting to the police was due to accessibility, familiarity, and a belief that the police were best placed to hold the perpetrator to account.

189. For girls with disabilities, the most prominent barrier to reporting via established CBCMs was their preference for disclosing SEA incidents to their parents and via community structures. However, a fear of the consequences of reporting any SEA incident undermined any potential disclosure – "*people fear reporting a sexual relationship between a man and a girl because you may not know whether they have agreed to get married or not, and they may be waiting to declare their relationship to their parents.*" FGD Jamjang, Girls with disabilities, 15 to 17 years of age.

190. The interaction with cultural norms and code of conduct behaviours saw participants perceive that sexual misconduct was unacceptable because their tradition forbids it. However, "*if a humanitarian worker finds love in the community and he genuinely wants to marry her, then they should be allowed to marry each other because that is nature, and you cannot deny someone the right to marry.*" FGD Aweil, Men with disabilities, 18 years of age and above. The primacy of cultural norms over accepting code of conduct norms was a common theme across all demographics consulted.

Number of Focus Group Discussions Nationally Where Barrier to Reporting was Mentioned by Adults & Children with Disabilities *(results based on 5 FGDs women with disabilities. 4 FGDs men with disabilities. 2 FGDs female children with disabilities)*

Legend: PWD Men, PWD Women, PWD Girl Child
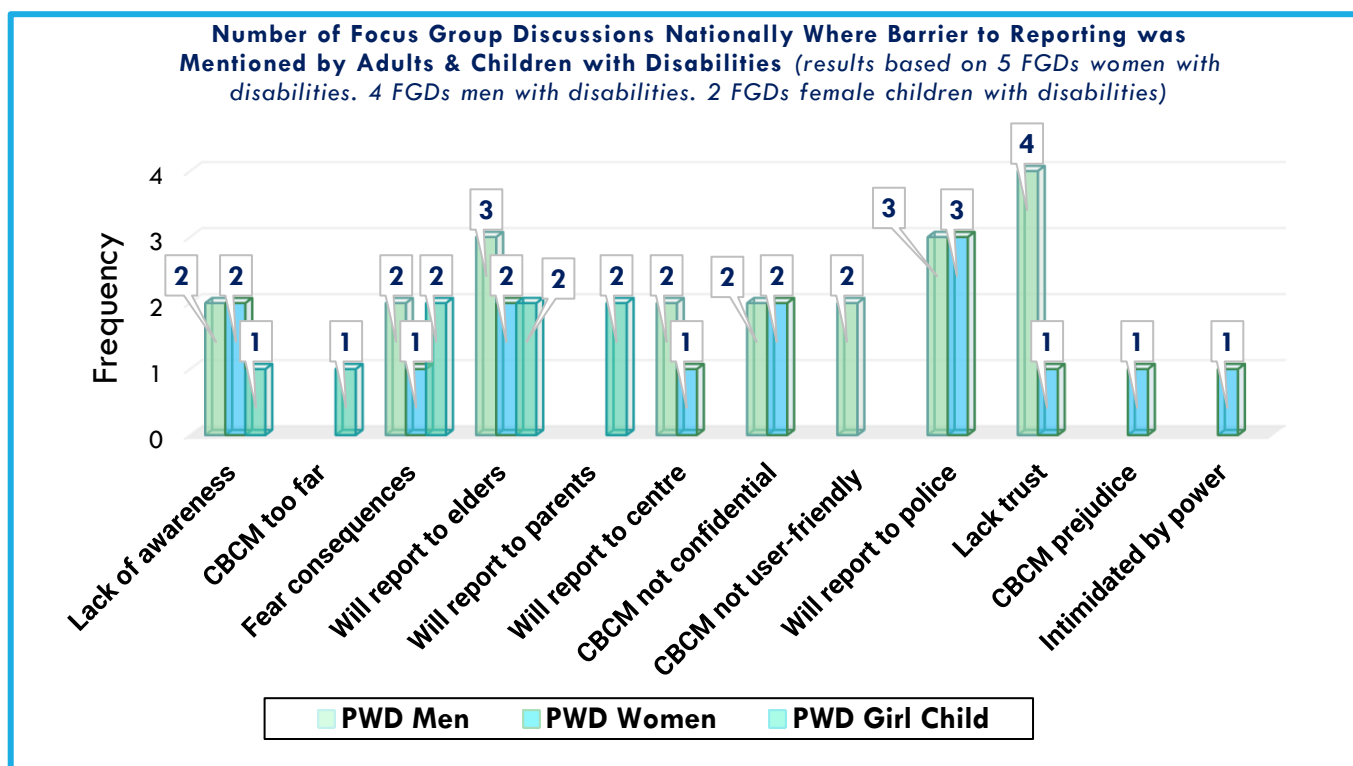
Adults and the Elderly

191. For the focus group discussions conducted with adults and the elderly, the findings for Mingkaman corresponded alongside other demographics, with 0% of adult men and women stating that they would not report SEA via established community-based complaints mechanisms. Men in Yei and elderly men in Jamjang also universally stated the same.

192. Adult women indicated a significantly greater inclination to use established community-based complaints mechanisms than adult men in five locations - Aweil, Kuajok, Jamjang, Bor and Renk. With the greatest disparities to found in Aweil, Kuajok and Jamjang. Whereas in Wau, Pibor, Maban and Yambio there was parity between the two demographics on their cited willingness to report SEA via established CBCM's.

193. Elderly women cited a greater willingness to report via established community-based complaints mechanisms than elderly men. Elderly women were consulted in four locations, with 100% of participants in Malakal and Renk, 75% Bor and 71% Yambio stating their inclination to report SEA. Sixty six percent of elderly men in Maban and 0% in Jamjang cited their willingness to report via established CBCMs, articulating a significantly lower tendency than both adult men and women in both locations.

> **Would you report SEA via UN / NGO established CBCM's?** Percentage of YES answers from men, women & elderly men, women, by location. One FGD per location, per demographic. Not all locations covered = no data.
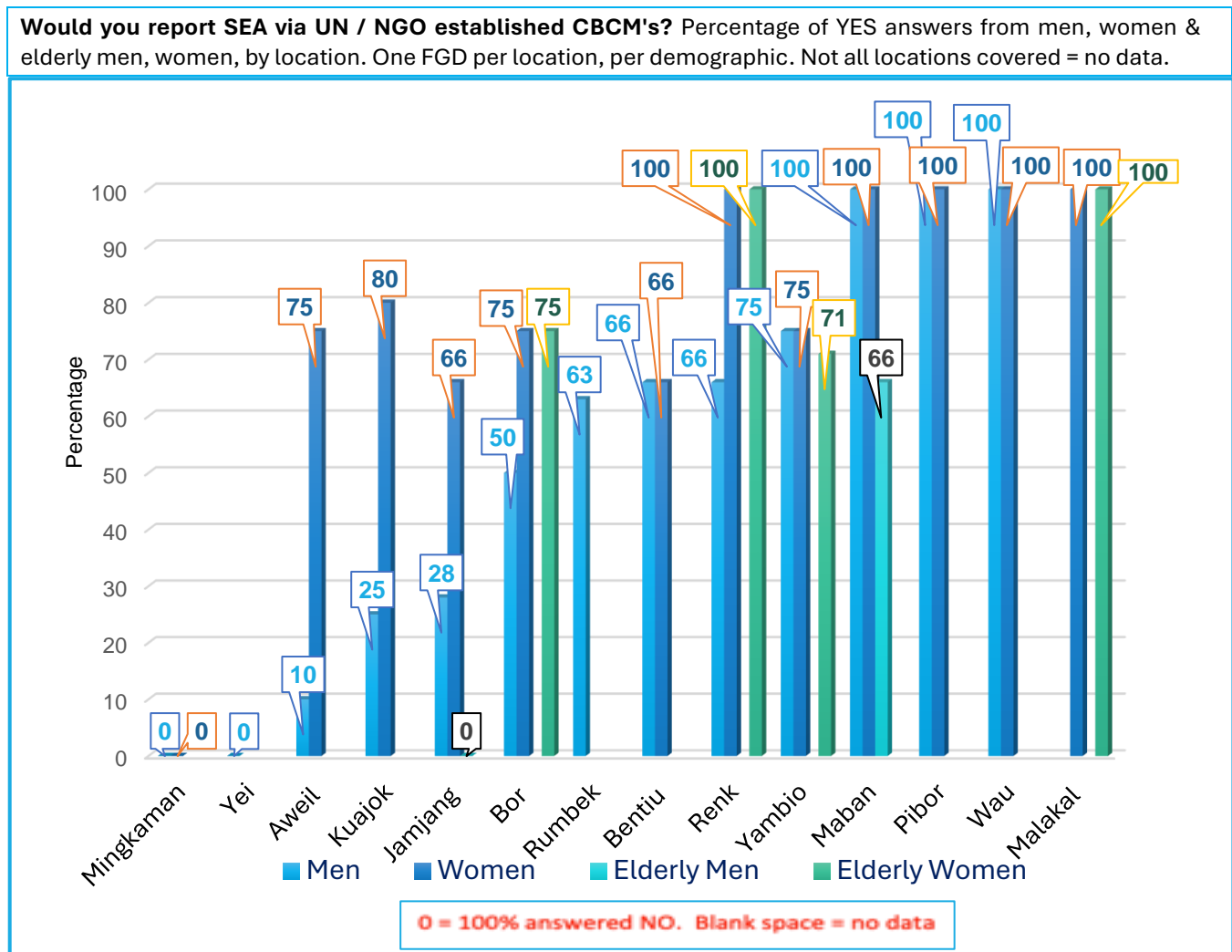
194. The most prevalent barrier to reporting via established mechanisms for men, women and elderly men was their preference for reporting via community structures. For elderly women, a lack of trust was most frequently cited barrier to reporting.

195. For some elderly women consulted, their lack of trust in humanitarian actors stemmed from negative experiences, including perceiving entities as ineffective, biased, and corrupt. For other elderly women, their lack of trust was due to perceived impunity in accountability processes – "*I do not trust most of these NGOs, because I guess when we report to them, they may not do anything, especially if the perpetrator is from their own. They may want to protect their name and therefore, may sleep on the case*". FGD Bor, Elderly women, 40 to 60 years of age.

196. The lack of trust in humanitarian actors also manifested itself as a fear of the potential consequences of reporting SEA that may result from the perceived power dynamics that leaves individuals vulnerable to consequence - "*If it's an International UN agency, we at times restrain from reporting because of mistrust and fear for our safety. We, as women, believe the UN has more power and therefore some of us may fear for our reputations by reporting. Even if the case might be confidential or not followed up to the end*" FGD Aweil, Women, (18 and above).

Number of Focus Group Discussions Nationally Where Barrier to Reporting was Mentioned by Men, Women, Elderly Men and Women. (results based on 13 FGDs Men, 12 FGDs Women, 3 FGDs Elderly Men, 3 FGDs Elderly Women)
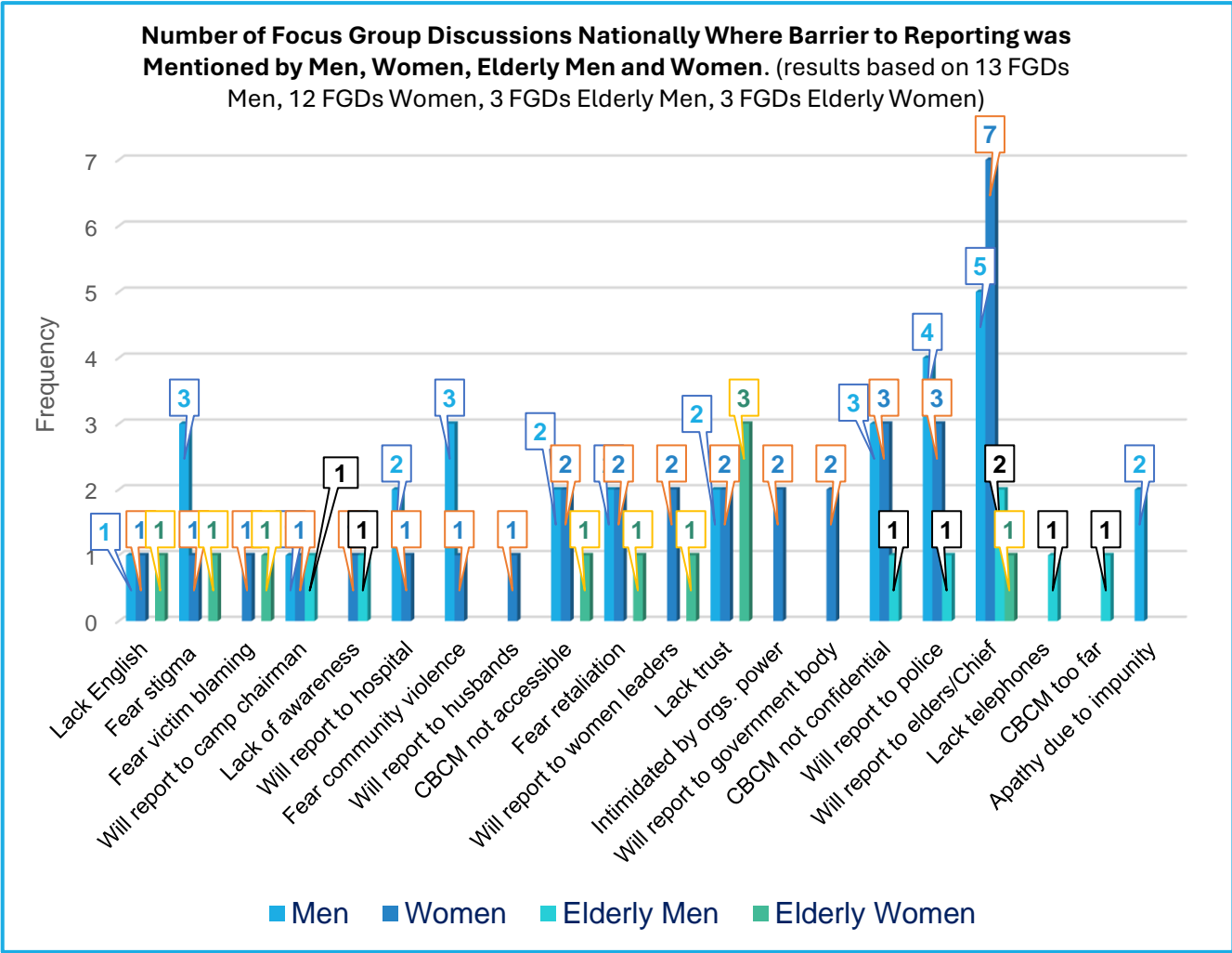
197. Reporting via community structures for men, women and elderly men was the most prevalent barrier to reporting via established mechanisms due to cultural norms and expectations of the community leadership. However, some feared the consequences of reporting via community structures - "*The victim can be safe, but the perpetrator could be harmed by the family of the victim. That's why as women, we fear to report SEA cases to the traditional leaders or elders in the community because the response of the family against the perpetrator causes violence and your husband will come and blame you later [for causing this violence]*" FGD Bentiu, Women, 21 to 45 years. Several women stated that they would have to report SEA incidents to their husbands first to avoid being beaten.

198. Concerns of stigmatisation were highest for adult men - *"Yes, we know where to report an SEA case, but that place is believed to be specifically for women and therefore any man seen there is treated with less attention because they labelled to be perpetrators and when seen there, insecurity is being caused". FGD Kuajok, Men, (20 years and above).* Such reasons follow a similar pattern to boys that were consulted and illustrate the need for specifically designed and targeted interventions for boys and adult men (see also *Reasons why some children would not report at all* above).

Community Perceptions of Transactional Sex and Exploitative Relationships

Transactional sex

199. Transactional sex is generally viewed as unacceptable, except when used as a means of survival. Alarmingly, participants in all child and adolescent focus group discussions across all locations reported having heard of transactional sex occurring within their communities. Most notably, this included "jobs for sex" and "food for sex," as well as "money for sex" involving schoolgirls and boys. Additionally, there were instances of girls being solicited for marriage by humanitarian workers

→ *"Most girls who are working in these big offices are believed to have given something to reach there. Even girls who work as cleaners, are at times, taken advantage of because of their status and vulnerability. The problem we have is that some of our girls have normalised this act and find it profitable because they get the money and jobs that they want".* FGD [location redacted], Girls.

→ *"Nowadays, we even hear that big mamas working with NGOs are sexually abusing young boys in exchange for money or job."* FGD [location redacted], Boys.

→ *"Humanitarian workers come around girls with a lot of money and then give them that offer of sex for money. Some of the girls from the poor background will take that as an advantage of getting money for survival".* FGD [location redacted], Girls.

→ *"During food distribution, there are some humanitarian workers who tell women and young girls to first sleep with them before they can be given food"* FGD [location redacted], Girls.

→ *"We have had four months now without food. This situation forces women and girls to accept any man whom they think can provide for their needs. There are many women and girls whose husbands/fathers are not in this camp. Now, taking care of the children without food is problem. With this situation, we have even lowered the bride price."* FGD Jamjang, Male Elder, 50 to 68 years.

→ *"Humanitarian workers come around girls with a lot of money and then give them that offer of sex for money. Some of the girls from the poor background will take that as an advantage of getting money for survival". FGD* [location redacted] *Girls.*

→ *"Some men who are working with NGOs do report themselves to our parents for marriage because they have money".* FGD [location redacted] Girls.

200. Participants from all demographics mostly recognised the unacceptability of transactional sex, except as a means for survival. Girls being acutely aware that the commoditisation and exploitation of human interaction was '*shameful'* but only because sex outside of marriage was deemed as such and would attract community outrage.

→ *"In our culture, virginity and respect is paramount and its every girl's pride to be a married virgin. Culturally it is a taboo to exchange our body for money or any materialistic thing in our community"* (FGD Bor, Girls).

→ *"Any sex outside marriage is unacceptable. Ok, a girl may have a boyfriend, but she should hide their relationship from being known by her parents"* (FGD Mingkaman, Girls).

→ *"To have sex with a man is because you love him and if you don't love him, you shouldn't accept him to touch your body. If he continues using his money or whatever he has to win your heart, love doesn't see what a man gives you".* FDG Jamjang, Women, 25 to 46 years

→ *"In our culture, if a man is giving you money, this man doesn't love you, he is just playing with you and one day he will leave you in pain".* FDG Wau, Women, 20 to 45 years

201. Additional concerns on the unacceptability of transactional sex stemmed from (a) a fear of getting HIV; (b) fear of getting pregnant; (c) having to drop out of school because of forced marriage and/or pregnancy; (d) awareness of their rights and knowing that transactional sex is wrong.

202. Acceptance of transactional sex stemmed from participants awareness of the role poverty plays in removing victims' freedom to choose alternative means of survival. However, this blurred their understanding of the concept of '*consent*'.

> *"While it's not ideal, some individuals may feel pressured to engage in such behaviour [transactional sex] due to economic hardship or desperation. In an unfair and competitive job market, some may see it as a mean of survival".* FGD Malakal, Girls (15 to 18 years)

203. Although women and girls articulated their aspirations to prioritise the values of equality, respect, human dignity, consent, and the establishment of meaningful connections between individuals. They demonstrated a lack of awareness of their rights and sexual exploitation and abuse conceptually. Knowledge of '*consent*' was limited solely to '*wilful*' encounters vis a vis '*forced*' encounters. The primacy of the patriarchy normalising '*coercive control*' and '*abuse of power*' behaviours within such prohibitive conduct as '*transactional sex*' and '*exploitative relationships*', has contributed to the view, that in the absence of force, victims '*wilfully*' engage with SEA perpetrators and therefore such behaviour is '*acceptable*'.

204. With regards to rape and other related prohibitive conduct deemed to be '*forceful*' and '*non-consensual*'', there was always condemnation from participants. Participants always equated the absence of consent with a perpetrators use of force.

Exploitative relationships

205. Exploitative relationships are largely seen as unacceptable but are unlikely to be reported: The presence of exploitative relationships was said by focus group participants to exist in the following contexts:

a) Adolescent boys victimised by female national staff.
b) Unmarried females victimised by male national staff.
c) Married female victimised by male national staff.
d) Females victimised by male international staff.

> *"No sexual misconduct is acceptable from humanitarian workers because we are their beneficiaries, and we deserve more care".* FGD Aweil, PWD Women (18 and above)

206. Humanitarian workers were seen by participants as duty bearers, providing much needed help and assistance. With perpetrators of exploitative relationships seen as weak, fracturing the trust placed in them and contributing to a sense of betrayal amongst communities.

→ *"Regarding SEA caused by UN/NGOs workers, the community might experience a mix of emotions, including anger, disappointment and sense of betrayal".* FGD Renk, Person with disabilities, 25 to 45 years.

→ *"Our culture forbids a man to go and expose his weakness like that. [If you do] you are considered a weak man. When meetings are being called in the community, you will not be considered to join because to them, men have strong hearts."* FGD Aweil, Adult Male, 18 and above.

207. Many examples cited by participants involved national staff perpetrators from the local community. This linked strongly with the related barriers to reporting of marriage, community '*problem*' solving and gender roles within the patriarchy. The evidence points to the different roles and responsibilities of national vis a vis

international staff being a determinant of access and association with beneficiaries and communities. Due to the larger numbers of national staff interfacing with beneficiaries / communities on a regular basis, the majority of perpetrators mentioned within focus group discussions were national staff (see footnote)[17].As such, international staff were not problematised in the same way, as the following quotes demonstrate:

→ *"You know, most of the SEA cases are perpetrated by nationals not foreigners. In our culture, women and girls are ashamed of having sexual relationships with foreigners. If it happens, it is always hidden because if it becomes known in the community that a married woman is having a sexual relationship with a foreigner, her husband will divorce her, and no one will marry that woman again. With an unmarried girl, the community will talk afterwards, saying she is a prostitute for having an affair with a foreign NGO worker. No one will accept to marry her, unless on condition of paying a few dowries to her parents because she is believed to be a spoiled girl who will play with any man." FGD Bentiu, Women, 21 to 45 years*

→ *"You know, a girl has no border. She can get married to any man whether a South Sudanese or non-South Sudanese. The only problem is if that man doesn't come through rightful procedures according to our tradition, that's where people should get disappointed, and that man would be in problem". FGD Mingkaman, Girls, 15 to 17 years.*

→ *"SEA cases committed by international humanitarian workers against young girls are not many compared to national humanitarian workers in this community. Ok, international humanitarian worker may have a feeling a find himself a girlfriend from the community, but the issue of language barrier would be a problem. But national staff would easily find a girl and get accepted. If this case is known, we can report to NGO such as HRSS". FGD Bentiu, Girls, 14 to 17 years.*

→ *"I think foreigners know Dinka and Nuer cultures very well. Those [SEA] cases are rarely happening. Ok, now if a foreigner is caught with someone's wife and people beat him, where will he get his society from to fight back? If his money is not enough to pay the fines, he should remain in prison for many years". FGD Mingkaman, Boys, 15 to 17 years.*

208. Participants viewed exploitative relationships as a community issue requiring community-based solutions. For unmarried females who were victimised, most community members regarded exploitative relationships negatively, but only if sexual activity had occurred between the individuals involved. The following quote highlights the significant influence of cultural norms in shaping the community's reaction. Key principles, such as the expectation of preserving sex for marriage, maintaining dignity, and safeguarding virginity, were seen as crucial boundaries that should not be crossed.

→ *"If an NGO worker is found with a young girl, when he is still dating her, it very rare for the community to react negatively or violently because the man has not yet declared himself to the family for him to be allowed to sleep with her sexually. But if he sleeps with her and she gets pregnant with that NGO worker, the community will always react violently if he denied her [marriage]. The brothers of the girl would plan to fight the man who impregnated their sister and denied her [marriage]. However, if he accepted to marry her as his wife, he should just pay the dowries and take his wife. The case will just be normal". FGD Bentiu, Women, 21 to 45 years*

209. For married females who are victimised, the situation was deemed as most serious, leading to violent consequences and in turn representing a notable barrier to reporting SEA via established community-based complaints mechanisms.

→ *"It is a serious problem if a man sleeps with someone's wife, people always resort to fight". FDG Jamjang, Girls, (age not noted by FGD facilitator)*

→ *"In our community sexual misconduct with someone's wife or daughter is very bad. No one should do it because if you are found doing it, you will be beaten to death or even shot dead". FGD Pibor, Adult Male, 18 to 25 years.*

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[17] UNMISS international and national allegations data can be found here: https://conduct.unmissions.org/sea-data-introduction. The data shows allegations against international personnel include rape, exploitative relationships, transactional sex and the solicitation of transactional sex.

Effectiveness

Table 12:	Effectiveness of Inter-Agency PSEA Strategy, Workplans 2022 and 2023 with regards to Safe, Accessible and Appropriate Reporting

Findings Summary: Overall, the strategy and workplans were assessed to be '*moderately satisfactory*'. Key weaknesses were to be found with the lack of specific demographic targeting to a) identify and overcome barriers to reporting, b) sustainably engage each demographic in the design, implementation, and monitoring of the CBCM's, and c) develop community engagement strategies that are bottom-up and based on each demographics (per location) perspectives and understanding of SEA and reporting so-to establish a behaviour change baseline.

OUTPUTS			RATING & JUSTIFICATION			
Strategy	Workplans		Strategy	Workplans		Strategy
2018-23	2022	2023	Mid-term 2021	2022	2023	End-term 2023
Output 3: Improved access to reporting mechanism and response services for victims of SEA **Output 3b.** Develop capacity for SEA complaints handling, reporting and evidence gathering and feedback system	**Output 2.1.** Safe, accessible, child-sensitive mechanisms are in place for reporting sexual exploitation and abuse particularly in high-risk areas.	**Output 2.1.** Safe, accessible, child-sensitive mechanisms are in place for reporting sexual exploitation and abuse particularly in high-risk areas.	**Moderately Satisfactory (MS)** More needs to be done with regards to conceptualising the CBCM's and making them truly responsive to the needs of communities. Presently complaints received concern programmes – not PSEA – and this illustrates the need for greater community engagement and more inclusive community engagement that includes children, persons with disabilities etc. The technical capacity and efforts regarding M&E have been low because key questions remain unanswered – has there been a reduction in SEA? Are we managing to change behaviours?	**Moderately Satisfactory (MS)** The establishment of interagency SOPs on CBCMs represented a positive step in laying the foundations of an appropriate framework. Given the size of the task, good progress was made with regards to establishing CBCMs in 15 sites and reaching 34,761 persons with awareness-raising. As per the comments for 2023 (see next), more needs to be done with ensuring that the CBCMs are safe, accessible and child sensitive.	**Moderately Unsatisfactory (MU)** This retrogression is based on the findings of this deep dive review, chapter 5 Safe, Accessible and Appropriate Reporting, which indicate the notable learning curve the PSEA TF is on with truly aligning CBCMs with the principles of reporting – safety, confidentiality, accessibility, and transparency. These deep dive review findings indicate the need for more appropriate CBCMs, reorientated with a focus on community engagement that develops the CBCMs from the Bottom-up", are based on overcoming barriers to reporting per demographic, and seek greater community ownership and buy-in for CBCM design, implementation, and on-going monitoring.	**Moderately Satisfactory (MS)** To summarise the comments, more needs to be done with ensuring that the CBCMs are bottom-up, safe, accessible and child sensitive. Supported by an M&E framework to answer the unanswered questions– has there been a reduction in SEA? Are we managing to change behaviours? The number of reporting entities for the output was extremely low and more needs to be done so all interagency actors see it as their responsibility to address.

.			**2023 workplan comments continued:** Recognition should also be made to the notable limitations of solely relying on reporting mechanisms to identify SEA incidents and consider parallel detection processes, for example community safety mapping.[18] There is strong evidence to suggest that despite best efforts to make CBCMs child-friendly, most child SEA will not be captured if the PSEA TF await complaints[117]. However, progress was made on CBCMs in some locations. The PSEA TF established a CBCM in Renk, informed by a SEA Risk Assessment. And a PSEA TF capacity building mission to Wau engaged with community / beneficiary members and recommended the need for a review and reconsider the composition of the CBCM. However, the TF's emphasis on training so-far should be made more appropriate and be reorientated to focus on community engagement and bottom-up CBCM development.			
Output 3a. Engagement with communities and key stakeholders in establishing/strengthening Community Based Complaints Mechanisms including in defining provision of victim assistance services in all target locations.	**Output 2.2.** Community awareness campaign and outreach programme on PSEA developed and implemented, including through use of community dialogues, community theatres and in using multiple channels	**Output 2.2.** Community mobilisation, consultation, and awareness-raising on PSEA in each community receiving and/or affected by United Nations assistance. Where there is an HC/HCT this would apply to all humanitarian partners.	**Moderately Satisfactory (MS)** Trainings have been sporadic and hindered by restrictions imposed during the Covid-19 pandemic. Although training did include 'feedback systems' – this link with the community was notably absent. Involving the community, responding to their needs, and enhancing community ownership is of paramount importance for the CBCMs effectiveness.	**Moderately Satisfactory (MS)** The number of beneficiaries reached with awareness-raising and community mobilisation activities was 34, 761. As mentioned elsewhere, this top-down approach will not enhance community ownership / buy-in and change behaviours. Therefore, although the activities undertaken speak to this output, there needs to be a shift in the approach.	**Moderately Satisfactory (MS):** Given the monumental task in reaching all beneficiaries nationally, great strides forward have been made with awareness raising. Most participants of the FGDs for this research had some knowledge of PSEA. However, as this chapter shows, there are numerous challenges and barriers to communities' acceptance, understanding and mobilisation on PSEA. Therefore, this output needs to be right-sized so that mobilisation, consultation, and awareness-raising activities should be bottom up and based (a) on overcoming the barriers and challenges specified by each community demographic, (b) and align with their cultural norms.	**Moderately Satisfactory (MS)** As per comments, there should be a shift in the approach from top-down to bottom up.

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[18] Community safety mapping - Children asked to draw the areas where they felt safe or not, or were asked where they felt most safe, in which areas within the community they felt less safe, and who they could turn to in case they did not feel safe. Exploring the children's understanding of right and wrong, also in relation to SEA, is understood to have gained positive results in identifying harm and abuse within communities (*JRR: Investigating Allegations of SEA of Children in Humanitarian Settings: Reflections from Practice, p.34-35. Endnote 101*)

Progress on Community Based Complaints Mechanisms & Accountability to Affected Populations

210. **Torit:** The findings for Torit, presented below, are based on the outcome of key informant interviews with 4 international NGOs and 2 national NGOs working in the area.

211. Key findings are as follows:
    a) Only 38% of the CBCM's were designed with community.
    b) Only 32.5% of children, 35% of women and 22.5% of men were reached with awareness raising materials. The most reached demographic was persons with disabilities (PWD) at 94% of total PWD beneficiary population reached.
    c) Only 8% of CBCM's were child specific.
    d) Only 12% of CBCM's were monitored for effectiveness.
    e) Only 13 CBCM Focal Points for 85 CBCM's.

KEY:			
CBCM's	Community Based Complaints Mechanism's.	**INGO**	International Non-Governmental Organisation
NNGO	National Non-Governmental Organisation	**SOP**	Standard Operating Procedure

Torit. *NB: Results based on 6 KII's undertaken with 6 NGO's and are not representative of the total number of beneficiaries' and CBCM's served within Torit and surrounding area by all organisations operating there.*

61, 086 total beneficiaries'	23,274 children
	2,577 persons with disabilities
	24,801 women
	10,434 men
85 CBCM's	7 children specific CBCM's (1 per 3,325 children)
	11 CBCM's for persons with disabilities (1 per 234 persons with disabilities)
	20 women specific CBCM's (1 per 1,240 women)
68% reached with awareness raising material	7,580 children (32.5% of total child beneficiaries reached)
	2,430 persons with disabilities (94% of total PWD beneficiaries reached)
	8,732 women (35% of total women beneficiaries reached)
	2,353 men (22.5% of total men beneficiaries reached)

2 NNGOs + 4 INGOs

2 NNGO's + 1 INGO with CBCM SOPs

32 CBCM's designed with community (38%)

13 CBCM Focal Points

37 SEA Risk Assessments undertaken (81% undertaken by 1 NNGO)- *January 2022 to November 2023.*

140 FGDs conducted (71% undertaken by 1 NNGO) - *January 2022 to November 2023*

44 surveys undertaken (91% undertaken by 1 NNGO) *- January 2022 to Novemeber 2023*

10 CBCM's monitored for effectiveness (12%)

212. **Yei:** The findings for Yei presented below are based on the outcome of 5 key informant interviews with national NGOs and one with UNHCR Yei.

213. Key findings are as follows:
    a) 92% of CBCM's were designed with the community.
    b) Only 6 children specific CBCMs are provided for 1,024 child beneficiaries. Compared with 9 CBCM's specifically for 89 persons with disabilities.
    c) Only 56% of the total beneficiary population has been reached with awareness raising material.
    d) Only 28% of CBCM's were monitored for effectiveness.
    e) 88% of all SEA risk assessments were undertaken by one international NGO.

Yei. *NB: Results based on 6 KII's undertaken with 5 NGO's and UNHCR Yei. They are therefore not representative of the total number of beneficiaries' and CBCM's served within Yei and surrounding area by all organisations operating there.*		
2,959 total beneficiaries'	1,024 children	**5 NNGOs + UNHCR Yei**
	89 persons with disabilities	**3 NNGO's + UNHCR with CBCM SOPs**
	1,254 women	**23 CBCM's designed with community (92%)**
	592 men	
25 CBCM's	6 children specific CBCM's (1 per 171 children)	**12 CBCM Focal Points**
	9 CBCM's for persons with disabilities (1 per 10 persons with disabilities)	**34 SEA Risk Assessments undertaken (88% by 1 NNGO)** - *January 2022 to November 2023*
	16 women specific CBCM's. (1 per 78 women)	**123 FGDs undertaken (93% by 1 NNGO)** - *January 2022 to November 2023*
56% reached with awareness raising material.	874 children (85% of total child beneficiaries reached)	**43 surveys undertaken (93% 1 NNGO)**- *January 2022 to November 2023*
	69 PWD (77.5% of total PWD beneficiaries reached)	**7 CBCM's monitored for effectiveness (28%)**
	1254 (100% of total women beneficiaries reached)	
	160 (27% of total men beneficiaries reached)	

214. **Yambio:** The findings for Yambio presented below are based on the outcome of 5 key informant interviews undertaken with one national NGO, two international NGOs, Yambio Hospital and UNMISS Yambio.

215. Key findings are as follows:

    a) 95% of the CBCM's were designed with the community.
    b) Only 4 children specific CBCM's for a total of 2,238 beneficiary children.
    c) 71% of the total beneficiary population have been reached with awareness raising material.
    d) Only 11.5% of persons with disabilities beneficiary population reached with awareness raising material.
    e) 100% of CBCM's were monitored for effectiveness.

Yambio. *NB: Results based on 5 KII's undertaken with 3 NGO's, Yambio Hospital and UNMISS Yambio. They are therefore not representative of the total number of beneficiaries' and CBCM's served within Yambio and surrounding area by all organisations operating there. Age parameters used by organisations to define a demographic varied. The age ranges presented here therefore utilise the lowest and highest age per demographic across the 8 organisations surveyed.*

14,069 total beneficiaries'	2,238 children (14-20 years)	**1 NNGO, 2 INGOs, Yambio Hospital + UNMISS Yambio**
	4,110 persons with disabilities (14-65 years)	
	6,866 women (25-45 years)	**1 NNGO, 1 INGO + UNMISS Yambio with CBCM SOPs**
	855 elderly (50 +)	
23 CBCM's	4 child specific CBCM's (1 per 560 children)	**22 CBCM's designed with community (95%)**
	0 CBCM's for persons with disabilities (0 per 4,110 persons with disabilities)	**22 CBCM Focal Points**
	2 women specific CBCM's. (1 per 3,433 women)	
71% reached with awareness raising material.	1,967 children (88% of total child beneficiaries reached)	**94% sites reached with PSEA communication materials.**
	475 persons with disabilities (11.5% of total PWD beneficiaries reached)	**18 SEA Risk Assessments, 2 Surveys, 23 FGDs - January 2022 to November 2023.**
	4,600 women (67% of total women beneficiaries reached)	
	855 elderly (100% of total elderly beneficiaries reached)	**23 CBCM's monitored for effectiveness (100%)**

216. Findings for an additional ten locations (one KII per location) are presented in the table below. A summary of the findings are as follows:

a) 50 % of locations do not have child specific CBCM's that are known by the key informant.
b) 50% of locations do not have person with disability specific CBCM's that are known by the key informant.
c) Only 0.6% of the beneficiary population for one international NGO in Mingkaman have been reached with awareness raising materials. This finding conforming to the focus group discussion findings for Mingkaman that illustrated 0% of any demographic would report SEA via established CBCM's.
d) Only 50% of organisations interviewed had standard operating procedures for community-based complaints mechanisms (CBCM-SOP).
e) Only 64% of CBCM sites are monitored for effectiveness.
f) 70% of CBCM have a trained CBCM focal point.

Table 13: Progress on CBCMs & AAP

#	Location	Org. No. + Type	No. beneficiary children	No. child specific CBCMs	No. beneficiary women	No. women specific CBCMs	No. beneficiary persons with disabilities	No. PWD specific CBCMs	CBCM-SOP?	No. sites with trained CBCM Focal Point	No. CBCM sites monitored for effected-ness	% pop. reached with PSEA comms material	No. SEA Risk Ass, Surveys + FGDs conduced
1	Aweil	1 NNGO	450	7 / 11	900	7 / 11	150	5 / 11	YES	6	0	60%	1 survey
2	Bentiu	UNHCR	No data	0 / 3	No data	2 / 3	No data	1 / 3	YES	2	1	30%	20 FGDs
3	Bor	1 NNGO	154	0 / 3	1530	0 / 3	1000	0 / 3	NO	2	2	55%	1 survey. 3 FGDs
4	Jamjang	1 INGO	No data	0 / 15	No data	0 / 15	No data	4 / 15	NO	2	4	No data	None
5	Maban	1 INGO	1,325	2 / 4	1450	2 / 4	50	1 / 4	NO	5	5	69%	5 FGDs
6	Malakal	1 INGO	146,253 women + children	0 / 4	146,253 wom + + children	0 / 4 but women girl centres	No data	0 / 4	YES	9	9	91%	1 Survey +? FGDs
7	Mingkaman	1 INGO	1,080	0 / 15	9,967	4 SGBV centres	0 / 15	4 / 15	YES	4	4	0.6%	3 SEA risk assessments
8	Pibor	1 NNGO	44	6 / 20	70	0 / 20	26	0 / 20	NO	20	20	100%	1 Survey + 4 FGDs
9	Pibor	1 INGO	2,340	6 / 9	1,680	3 / 9	300	0 / 9	YES	9	9	67%	9 SEA Risk Assessments 9 Surveys, 9 FGDs
10	Wau	UNFPA	1,500	1 child friendly space / 150 networks	6,000	0 / 150 networks	1,500	0 / 150 networks	No data	6	6	70%	2 SEA Risk Assessments 2 Surveys, 1 FGD
	TOTALS:	**10 orgs.**	**No accurate data.** *Data obtained in Malakal is too broad.*	**22 child CBCMs** *(inc. child friendly space)*	**No accurate data.** *Data obtained in Malakal is too broad.*	**18 women specific CBCM** *(inc. SGBV centres)*	**3,026 beneficia persons with disabilities**	**15 PWD CBCMs**	**5 SOPS (50%)**	**65**	**60**	**54%**	**14 SEA Risk Assessment 15 Surveys, approx. 43 FGDs**

Chapter 6. Victims' Rights to Assistance

Defining the Victim Centred Approach

> *"A victim/survivor-centred approach places the rights, wishes, needs, safety, dignity and well-being of the victim/survivor at the centre of all prevention and response measures concerning sexual exploitation and abuse (SEA) and sexual harassment (SH)."* IASC Victim / Survivor Centred Approach Definition, June 2023.

217. In June 2023, the Inter-Agency Standing Committee (IASC) adopted the above definition of the victim centred approach. This adoption being born out of the need for a common definition that all actors could unite behind in-order to achieve the objectives provided in Commitment 1 – *Operationalisation of the Victim Centred Approach*, of the IASC Protection from Sexual Exploitation and Abuse and Sexual Harassment (PSEAH) Vision and Strategy, 2022-2026[118].

218. Together with the *UN Victims' Rights Statement on Sexual Exploitation and Abuse (2023)*, the benchmarks and actions for a victim centred approach can be derived and the current inter-agency PSEA strategy and its workplans can be compared against.

219. Prior to the adoption of these commonly accepted parameters, the victim centred approach was defined by separate organisations, with there being no consensus on what constituted '*victim centredness*'[19]. For the United Nations, it's mandate for the provision of assistance and support to victims of sexual exploitation and abuse began in 2007, with the '*Comprehensive Strategy on Assistance and Support to Victims of Sexual Exploitation and Abuse by United Nations Staff and Related Personnel*' and later, the Secretary Generals Bulletin – '*A New Approach: Special measures for protection from sexual exploitation and abuse (February 2017)*'.

220. Derived from these UN approaches was the *United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse (December 2019)*. Which in turn, contributed to the implementation of the *Inter-Agency Standing Committee Plan for Accelerating Protection from Sexual Exploitation and Abuse in Humanitarian Response at Country Level*. Both seeking to achieve visible and measurable improvements for victims of SEA by elevating the voice of survivors themselves and putting victims'' rights and dignity first, ending impunity (*see Chapter 7, n Accountability & Investigations*), supporting SEA prevention and response efforts and reorienting the UN through awareness raising.[119]

Alignment with international standards

221. As discussed previously, the alignment of SEA with [sexual] gender-based violence (S/GBV) programming was seen by key informants as helpful in some regards and not in others. It was cited by several key informants of the importance of recognising the differences between S/GBV and SEA victim assistance pathways and the need for an appropriate strategic response to address this distinction.

222. Although child protection and S/GBV referral pathways provide the entry-point to assistance for SEA victims within South Sudan, the needs and rights of a SEA victim are deemed to be more holistic and integrated than

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[19] Within the UN system there were a number of victim rights protocols, resolutions, and strategy's dating back to 1985 as follows: General Assembly Resolution 40/34. Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (adopted 29 November 1985); UN Comprehensive Strategy on Assistance and Support to Victims (2007); Protection against retaliation for reporting misconduct and for cooperating with duly authorised audits and investigations (November 2017) and UN Protocol on the Provision of Assistance to Victims of SEA (Dec 2019).

those of an S/GBV victim[20]. Expectations of the '*UN Protocol on the Provision of Assistance to Victims of SEA'* are for United Nations entities (and vicariously inter-agency actors) to provide for the multiple dimensions and integrations of SEA victim assistance via a coordinated, system-wide approach that is based on '*existing services and programmes.'* And in here lies the conundrum.

223. Unfortunately, in the context of South Sudan, reliance on '*existing services and programmes'* to provide victim assistance would mean that victims' rights and needs not being met. Given this, the role of duty bearers in how to ensure rights based, holistic and integrated SEA victim assistance is suitably challenged and a question that needs to be answered. A situation that is compounded by budget constraints, victims' own barriers to '*help-seeking'* and expectations of a referral pathway that safely links victims' to "*quality, competent and supportive services*"[120].

224. Although not the focus of this research, data provided by the South Sudan Health Cluster shows that the road toward providing '*quality, competent and supportive services'* will be long. Forty-eight (48%) of health service providers were assessed to provide only a moderate health service functionality, 16% provided limited functionality and 18% were deemed to be non-functional (see pie graph below)

Health Service Functionality, 2023
South Sudan Health Cluster Bulletin, August to September 2023
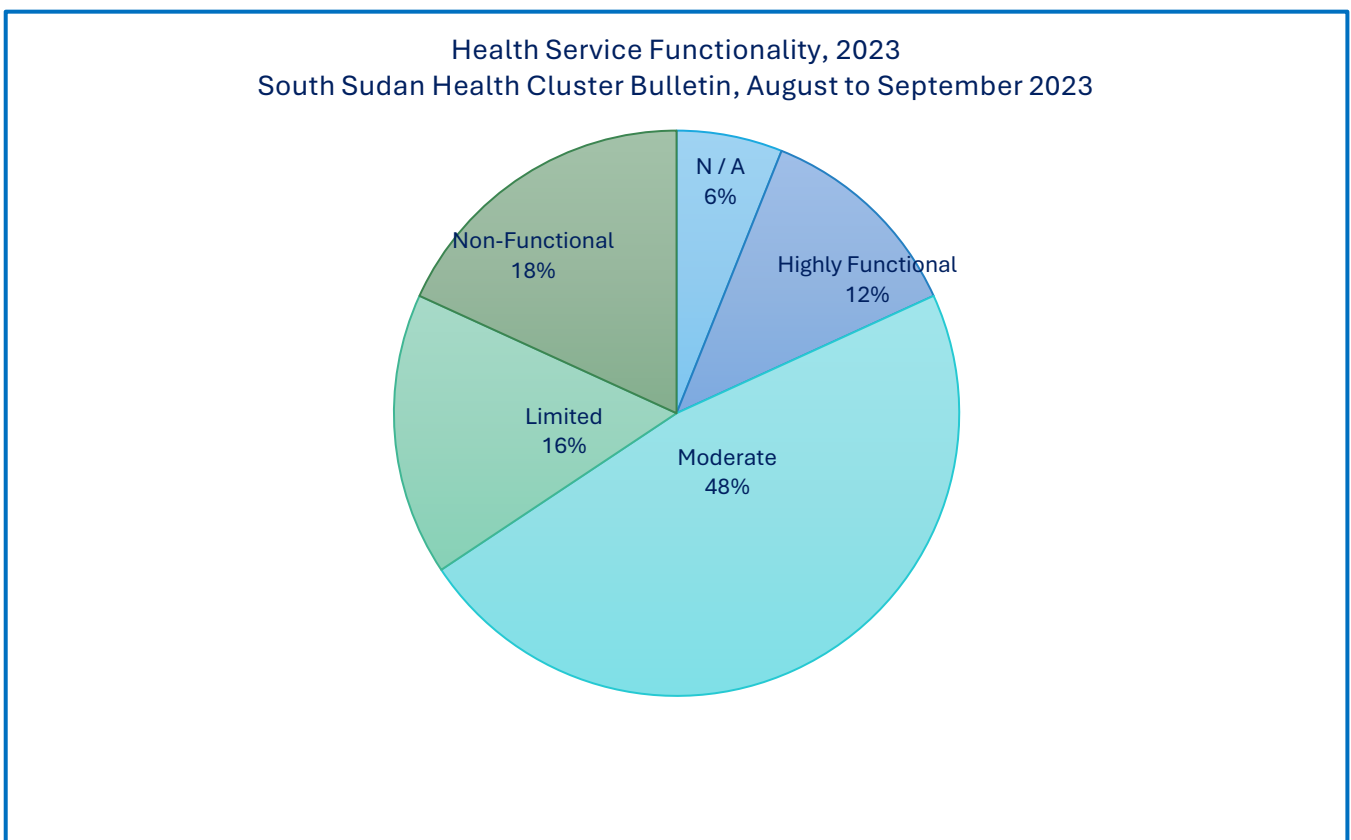
225. The following table details the extent of alignment of the inter-agency PSEA strategy and workplans 2022-23 with the IASC Victim Centred Approach Principles and Key Actions, and the UN SEA Victims' Rights Statement.

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[20] The *UN Protocol on the Provision of Assistance to Victims of SEA'* establishing victims' holistic and integrated rights to (a) safety and protection, (b) medical care, (c) psychosocial support, (d) education, livelihood support and basic material assistance, (e) legal assistance, (f) and support for children born as a result of SEA[20].

Table 14: Alignment of the inter-agency PSEA strategy and workplans 2022-23 with the IASC Victim Centred Approach Principles and Key Actions, and the UN SEA Victims' Rights Statement.

IASC Victim Centred Approach Principles & Key Actions (2023):		UN SEA Victim Rights Statement (2023)[121]	Alignment with Inter-Agency PSEA Strategy and Workplans, 2022 & 2023		
			Inter-Agency PSEA Strategy	Workplan, 2022	Workplan, 2023
Victim Assistance Service Provision					
1.	**Holistic Support & Assistance:** • Accessible and quality holistic assistance and support should be offered to all victims', irrespective of whether the victim initiates or cooperates with an investigation or any other accountability or resolution procedure. • Holistic assistance should include but be not limited to medical, psychological, socio-economic support, and legal services. And must be offered for as long as is appropriate. • Should the victim wish, a dedicated support may accompany them. **Provisions for Child Victims:** • Assistance and support must be provided in a manner consistent with the Convention on the Rights of the Child (CRC). • Children have the right to have their best interests assessed and considered as a primary consideration in all actions or decisions. • Children should be assured the right to express their views freely in all matters affecting them and their views should be given due weight in	**The right to receive assistance and support.** • Victims' have the right to receive assistance in accordance with their needs. • The provision of support is not dependent upon a victims' cooperation with an investigation / accountability process. • Victims' have the right to emergency assistance, medical care, sexual and reproductive health, psychological support, livelihood & basic material assistance. • Victims' have the right to be accompanied by a person they trust and in-keeping with their own wishes and best interests. • Victims under the age of 18 have the right for assistance to take account of their age and needs, including e.g. school reintegration. • Victims' have the right to refuse assistance at any time. This decision will not prevent them receiving it at a later stage if they wish.	**X – UNMET:** Output 3: Improved access to reporting mechanism and response services for victims of SEA. (c) *strengthen SEA case referral and the development of referral pathway for victims' assistance. and (f) liaise with Victims' Rights Advocate for provision of Victims Assistance services beyond those services being provided locally such as legal assistance, education and income generation and livelihood interventions;* This output fails in its alignment with the criteria because there are (a) no specific provisions for child victims' (nor persons with disabilities), and (b) no specified victims' right to receive assistance and support as detailed in the UN Victim Rights Statement (2023). The future strategy would benefit from addressing these shortfalls by being more targeted.	**∂ - PARTIAL:** Outcome 3: Safe, trusted, accessible, gender and child-sensitive mechanisms in place for reporting allegations and incidents of SEA, provision of quality victim-centred assistance (medical care, psychosocial support, legal assistance, reintegration support) including access to appropriate avenues for recourse and redress. OUTPUT 3.1 TO OUTPUT 3.3. Despite Outcome 3 specifying the provision of quality victim centred assistance by type. The outputs and corresponding indicators remain generic and not targeted to overcoming gaps and shortfalls in (a) accessibility, (b) quality, (c) holistic services by type, including specific provisions for child victims' (and persons with disabilities), and (d) victims' right to receive assistance and support. Output 3.1. a. refers to the roll-out of the UN Victims Assistance Protocol and Technical Note, but this	**∂ - PARTIAL:** Outcome 3. Victims' right to assistance. Every child and adult victim / complainant is offered immediate, quality assistance (medical care, psychosocial, support, legal assistance, reintegration support). Despite improvements on the 2022 workplan being made due to Output 3.1.a. seeking to (a) identify and address current gaps in SEA assistance, (b) roll out UN Victim Assistance Protocol and Technical Note on Victims' Assistance. And Output 3.2. ensuring victim referral pathways as per the UN Victim Assistance Protocol. The outputs and corresponding indicators suffer from being generic and not targeted to overcoming gaps and shortfalls in (a) accessibility, and (b) provisions for child victims' (and persons for disabilities. Although Output 3.1.b. does refer to '*quality assistance*', this is not defined. Output 3.1.

	accordance with the child's age and level of maturity.			should not negate the importance of having indicators and actions regarding each service type. The UN Victims' Assistance Protocols, *'special considerations for children'* and UNICEF's Technical Note should be realised.	does refer to the facilitation of victims' rights but has no corresponding actions or indicators for how this will be achieved.
2.	**Redress:** • Victims' have the right to seek remedies from perpetrators, via formal and informal processes. • If needed, victims should be supported to access remedies, including restorative justice, the pursuit of paternity and child support claims for victims', in cooperation with the relevant State.	**The right to a remedy** • Victims' have the right to seek remedies from perpetrators. • Such remedies will depend on the laws of the country. • Children born of SEA have the right to pursue the father to accept parental responsibility, including child support. Additional rights may include e.g. citizenship of their father. **The right to justice and accountability** • Victims' have the right to submit a complaint of SEA perpetrated by UN staff or related personnel and the UN has a responsibility to refer the complaint for investigation. • Victims' have the right to seek justice and accountability through criminal and civil processes, as well as administrative, disciplinary, and non-judicial mechanisms. • Victims' have the right to UN support in obtaining information on how to	**X – UNMET:** Output 3: Improved access to reporting mechanism and response services for victims of SEA. (d) *follow up reporting and investigation outcomes by affected UN or NGO entity;* Corresponding indicators of *'proportion of SEA cases closed within the year'* and *'per cent increase in number of SEA cases received and provided with victim assistance services'* fail to encapsulate the victims' rights to redress, remedy, justice, and accountability. Specifically, there are no outputs / actions / indicators regarding (a) supporting victims to access remedies, including (b) justice and	**X – UNMET:** Outcome 3: Safe, trusted, accessible, gender and child-sensitive mechanisms in place for reporting allegations and incidents of SEA, provision of quality victim-centred assistance (medical care, psychosocial support, legal assistance, reintegration support) including access to appropriate avenues for recourse and redress. Outputs b. and c. The training of PSEA Taskforce members on the protocols for victim centred investigations, and victims' being provided feedback on the outcome of investigations do not equate to (a) the provision of support to access remedies, (b) ensuring victims' right to justice and	**∂ PARTIAL:** Outcome 4. Accountability and investigations. Every child and adult victim/survivor of sexual exploitation and abuse who is willing has their case investigated in a prompt, and safe way in accordance with a victims'/survivors' rights approach. Output 4.2. provides that victims are informed of and supported in relation to investigations and accountability processes, including criminal proceedings and redress measures. However, the outputs indicators and actions centre on victims' being informed of the outcome of investigations. This does not address the victims' rights to redress, remedy, justice, and accountability because

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			access legal assistance and how best to seek justice and accountability, including in national proceedings. • Children born of SEA have the right to information and legal help to establish paternity and related claims.	accountability through criminal, civil, administrative, disciplinary, and non-judicial mechanisms, (c) the provision of information on how to access legal assistance and how best to seek justice and accountability, and (d) the rights of children born of SEA. Child rights aren't covered to a great extent by either the UN Victims' Rights Statement or the IASC principles but nonetheless this area remains a shortfall within the strategy.	accountability, (c) provision of information on how to access legal assistance and seek justice and accountability, and (d) there are no specific actions to ensure the rights of children born of SEA, nor children per se. Equally, persons with disabilities also are a demographic requiring specific targeted interventions to ensure their rights in this area.	they do not overcome the barriers and shortfalls in (a) securing victims' access to remedies, and in (b) supporting victims to pursue their right to justice and accountability in full recognition of the victims' concerns, mental health etc, and additional country context barriers to fulfilling this right. Additionally, there are no specific targeted actions for children born of SEA, children, and persons with disabilities. *(See also chapter 7:)*
3.	**Safety, Security & Well-Being:** • The safety and security of the victim is the primary consideration. • Adherence to the principles of "Do No Harm". • Assessment of potential risks for victims. • Provision of assistance that upholds their rights, needs, safety, dignity, and emotional well-being and protects them.	**The right to be protected.** • The UN will take action to protect victims' and witnesses, physical safety and further trauma or additional victimisation, in accordance with their wishes.	**X - UNMET** (a) Principles of the strategy, pages 3 and 4, underscore the importance of the victim centred approach as guide to all actions, including safety and well-being. However, this commitment was not articulated within the PSEA Outcome Statement indicators or Output 3 of the strategic framework; (b) Output 3: *Improved access to reporting mechanisms and*	**X - UNMET** (a) Outcome 3, refers to the provision of quality victim centred assistance (*medical care, psychosocial support, legal assistance, and reintegration support are mentioned*) but safety, security and well-being is not included within this. It's absence therefore compromises all of Outcome 3's outputs that refer to the roll-out of the UN Victim Assistance Protocol, provision of	**X - UNMET** (a) Outcome 3. Victims' right to assistance – no mention is made of safety, security, and well-being. (b) Output 5.6, key action includes conducting regular monitoring, safety, and protection risk assessments. However, the risk assessments undertaken for Malakal and Renk were to "*understand the risk of SEA occurrences[122]*" and not the

			response services for victims of SEA, contains no output indicators for safety, security and well-being; (c)PSEA Outcome Statement, Indicator 2: *Per cent of community members surveyed reporting improved safety from SEA,* refers to the prevention of victimisation and not ensuring the safety, security & well-being of victims'. Similarly, *Output 1: Risks of SEA reduced,* and its indicators are too broad for the *safety, security, and well-being* of victims' element to adequately captured.	victim assistance and so on.	safety, security, and well-being of victims.

	Victim Assistance Procedure				
4.	**Informed Consent:** • Victims should have a clear appreciation and understanding of the facts, implications, and potential consequences of an action before providing consent. • Consent from victims should be obtained (a) for the information they provide, (b) for permission to disclose the information to any party. • Victims should be informed about (a) their right to engage or not to engage in a process, (b)	**The right to decide how involved to be in UN processes**. • Victims' have the right to decide whether to participate or cooperate with UN proceedings.	**X – UNMET.** Principles of the strategy, pages 3 and 4, underscore the importance of the victim centred approach, including that *'victims' will remain at the centre of all actions guided by respect for their choices, rights and dignity'*. However, this is not supported by the outputs within the strategy. Output 3(c) does specify *'strengthen SEA case referral and the*	**∂ - PARTIAL.** OUTPUT 3.1. c) has as its benchmark / target *'survivor assistance provided based on informed consent'*. However, for a victims' rights to be realised there is a need to extrapolate by ensuring (a) clarity on *'informed consent* should equate to a' *'clear appreciation and understanding', (b)* the steps within the referral	**∂ - PARTIAL.** Output 3.1 b. c. and d. Despite improvements being made, there remains non-specific targets / benchmarks regarding *'informed consent'*. Unless indicators, benchmarks and key actions reflect specific victim rights and steps within the pathway to ensure them, then victims won't have their rights guaranteed to the fullest. (see also comments for workplan 2022).

	that management actions may be pursued without their consent and participation. • Victims should be informed about their right to withdrawal consent and participation at any time without impacting their right to assistance.		*development of referral pathway for victims' assistance;'* but its corresponding indicator concerns the '*number of SEA cases received and provided with victim assistance services'* and does not concern victim rights procedural pathways.	pathway that informed consent should be obtained, (c) and these should be supported by ensuring that the victim is informed of their rights regarding engagement, consent, and participation in victim assistance procedure.	
5.	**Transparency & Information:** • Provide the victim with regular, timely information in a language and format that is accessible. • Enable victims to evaluate and understand the consequences, including the benefits and risks of a course of action and make informed choices. • Ensure victims understand the due process rights of the alleged perpetrator(s) at the earliest time possible and ensure they understand how this may affect them.	**The right to get information.** • Victims' have the right to be informed, as early as possible, about the processes and procedures involved in reporting SEA. • Victims' have the right to receive information about all the services available to them. • Victims' have the right to be informed of the status of investigative process. • Victims' have the right to be informed about their role and the choices they need to make. • Victims' have the right to request information be provided in a language they understand, considering any disabilities. • Victims under 18 years of age have the right to receive information that considers their age.	**X – UNMET.** OUTPUT 3 c) and f) concern the referral pathway not specific procedures with regards to ensuring victims' right to <u>regular</u> and <u>timely</u> information. Within the research, language was found to be notable barrier to communities reporting and help-seeking, especially for children. Additionally, for persons with disabilities the format information is provided is an important factor. Overcoming this barrier will represent an important and instrumental step to ensuring community buy-in and victims' rights.	**∂ – PARTIAL** OUTPUT 3.1. c) regarding informed consent does not ensure the victims' right to (a) <u>regular</u> and <u>timely</u> information, and (b) in a language and format that is accessible. Output 3.1. a. refers to the roll-out of the UN Victims Assistance Protocol and Technical Note, which specifies that *'information should be provided on the full range of options available. Victims should be informed of the progress and outcomes of actions or processes that concern them'.* And children are '*provided with clear information as to what to expect'.* However, this is not specific with regards to ensuring	**∂ – PARTIAL** OUTPUT 3.1. b), c) and d) regarding informed consent does not ensure the victims' right to (a) <u>regular</u> and <u>timely</u> information, and (b) in a language and format that is accessible. Output 3.2.a) concerns the UN Victim Assistance Protocol and Technical Note (see comments for workplan 2022). Although the 2023 workplan is improved on 2022, there are no advancements in victims' right to information. It is recommended that targeted and specific outputs are developed for the future strategy and workplans to address this.

				victims' right to <u>regular</u> and <u>timely</u> information. Equally the protocol does not state that information should be provided in a language and format that is accessible.	
6.	**Ask, Listen and Engage:** • Victims should be asked, listened to and engaged without bias or judgement, using a trauma informed approach. • Victims should be shown empathy in all interactions. • Victims should not be made to feel guilt or responsible for what happened. • Victims should be empowered to share and participate, should they wish.	**The right to be heard.** • Victims' have the right to express their views and to be heard. • Victims' have the right to advocate on their own behalf and to identify their own needs. • Victims' views on their safety, well-being and dignity will be considered by the UN. • Victims' have the right to emotional and practical support. • Victims' have the right for their individual needs and circumstances that limit their right to be heard, to be considered. • Victims under 18 have the right for investigative procedures, interviews, and meetings to be conducted in a manner that takes account of their age. • Victims' have the right to associate and organise with other victims' if both parties wish to.	**X – UNMET** OUTPUT 3 c) and f) concern the referral pathway not specific procedures with regards to ensuring victims' rights in this area. Principles of the strategy, pages 3 and 4, underscore the importance of the victim centred approach as guide to all actions. The right to be heard could be implied within *Output 4: Increased enforcement and compliance with standards / policies on PSEA* but it is not explicit.	**∂ – PARTIAL** OUTPUT 3.1. c) regarding informed consent does not ensure the victims' rights in this area. However, Output 3.1. a. refers to the roll-out of the UN Victims Assistance Protocol and Technical Note, of which victims' *'have the right to decide on the assistance they need' (p.2)* However, the 2022 workplan does not have indicators / benchmarks to track and measure the implementation of victims' rights, including the right to be heard.	**∂ – PARTIAL** Output b, c and d regarding informed consent does not ensure the victims' rights in this area. Output 3.1. a. refers to the roll-out of the UN Victims Assistance Protocol and Technical Note, of which victims' *'have the right to decide on the assistance they need' (p.2)* However, the 2023 workplan does not have indicators / benchmarks to track and measure the implementation of victims' rights, including the right to be heard.
7.	**Confidentiality:** • Victims have the right to choose to whom they will or will not tell their story to. • However, victims must be informed of the limits of	**The right to privacy and confidentiality:** • The right to decide on what information to provide.	**X - UNMET** (a) Principles of the strategy, pages 3 and 4, underscore the importance of the victim centred approach as guide to all actions, including	**∂ – PARTIAL.** Output 2.1.a. Inter-agency SoPs on CBCMs footnote 5, p.4, "*the SoPs provide the basis for inter-agency referral, sharing of*	**∂ – PARTIAL.** (see comments for 2022, workplan).

	confidentiality e.g. mandatory reporting procedures and what these imply. • Victims understand how, why and what information is shared. • Victims understand the implications on the scope and conduct of a possible investigation and know their right to keep information confidential. • Humanitarian actors should ensure that robust data protection measures are in place.	• The right to request that information regarding their identity is not released outside the UN. • The right to know how provided information will be used. • The right to know that keeping information confidential may limit the investigation and accountability processes. • The right to be informed by the UN of any safety implications resulting from their complaint. • Victims' who are UN personnel have the right to know that identifying information will be transmitted internally in-order to hold the perpetrator accountable.	confidentiality. However, this commitment was not articulated within the PSEA Outcome Statement indicators or Output 3 of the strategic framework; (b) *Output 3: Improved access to reporting mechanisms and response services for victims of SEA,* contains no output indicators for confidentiality; (c) however, 'confidentiality' could be implied within *Output 4: Increased enforcement and compliance with standards / policies on PSEA* but it is not explicit (see next on inter-agency SoPs – workplans 2022 and 2023).	*information on and handling of SEA allegations"*. The South Sudan, Global IASC PSEA Dashboard (2022) recorded that Inter-agency SoPs have been developed, endorsed, and meet "a common set of standards"[123]. Output 3.1. a. refers to the roll-out of the UN Victims Assistance Protocol and Technical Note, of which the rights of victims to confidentiality is included. However, the 2022 workplan does not have indicators / benchmarks to track and measure the implementation of victims' rights, including confidentiality.	
8.	• **Dignity & Respect:** All actions taken should be guided by respect for the dignity, choices, wishes, needs, rights, culture, and values of the victim and consider their informed choices as a central priority. • **Non-discrimination & Inclusion:** Victims should receive equal and fair treatment. Assistance should be gender-responsive,	**The right to be treated with respect.** • The right to be treated with courtesy, compassion, professionalism, and fairness. • The right to have their culture, values and views respected. • The right for their needs & informed choices to be considered as a central priority.	**X - UNMET** Principles of the strategy, pages 3 and 4, underscore the importance of the victim centred approach as guide to all actions, including dignity and respect. 'Dignity and respect' could be implied within *Output 4: Increased enforcement and compliance with standards / policies on PSEA* but it is not explicit.	∂ – **PARTIAL.** Output 2.1.a. Inter-agency SoPs on CBCMs comply with a *"a common set of standards"* [124] (see above comments regarding confidentiality). Output 3.1. a. refers to the roll-out of the UN Victims Assistance Protocol and Technical Note which upholds victims' dignity rights and specifies that	∂ – **PARTIAL.** (see comments for 2022, workplan).

			(see next on inter-agency SoPs – workplans 2022 and 2023).	assistance shall be provided in a manner that is non-discriminatory. However, it is recommended that further explicit 'key actions' surrounding dignity and respect are mentioned to operationalise this right.	
9.	**Feedback:** • Victims' have the right to provide feedback on ongoing processes and procedures. • Entities should seek to learn from every situation. • Victims' have the right to complain should any victims' rights be breached, using individual IASC entity processes, as appropriate, or via the UN Ombudsman and Mediation Services and/or the Office of the Victim's Rights Advocate.	**The right to complain of the treatment you have received.** • Victims' have the right to complain to the United Nations and/or UN Office of the Victims' Rights Advocate if they believe their victim rights have not been respected. • Victims' will be kept informed of the status of their complaint and any action taken. • Victims' will be protected against reprisals from the UN if they make a complaint.	**X – UNMET** The right to complain is not included in the strategy's principles or Output 3 regarding response services for victims of SEA. *Output 4: Increased enforcement and compliance with standards / policies on PSEA* could be applicable if explicit linkages with the UN Victim Rights Statement and IASC Victim Centred Approach Principles & Key Actions were made.	**X - UNMET**. Output 3.1. a. refers to the roll-out of the UN Victims Assistance Protocol and Technical Note which does not refer to the victims' right to complain.	**X – UNMET** Output 3.1. a. refers to the roll-out of the UN Victims Assistance Protocol and Technical Note which does not refer to the victims' right to complain.

Barriers to Help-seeking

226. As with reporting sexual exploitation and abuse, the barriers to help-seeking are diverse and dependent on many contextual factors (*see also Chapter 5, Safe, Accessible and Appropriate Reporting)*. Seeking help after experiencing sexual exploitation and / or abuse is not given. Some may decide not to seek help, others will seek informal help from friends and family, and some may choose formal routes by reporting via established community complaints mechanisms or by accessing the victim assistance services available to them[125].

227. The decision to seek help depends on how victims' view and label the incident. As shown in chapter 5, victims' who do not label the incident[s] as sexual violence are less likely to report or seek help. As was seen with both transactional sex and exploitative relationships, victims' and the wider community minimised the severity and impact of the incident[s] to one of a *'livelihoods strategy'*. Consequently, such minimisation meant victims' and the community did not perceive either transactional sex or exploitative relationships as serious or severe enough to warrant help seeking.

228. The downgrading of transactional sex and exploitative relationships to one of a *'livelihoods strategy'* meant that these two forms of sexual exploitation and abuse were deemed *'acceptable'* and necessary courses of action for those driven to the limits by extreme poverty. Conceptually, it is the direct relationship between the *'acceptability'* of these forms of victimisation and the victims' '*self-stigma'* and shame that may affect their decision to seek help.

229. This avoidant coping style of survivors who experience such victimisation requires that the narratives surrounding the acceptability of transactional sex and exploitative relationships be changed, so that victims actively seek out help and complainants report.

230. Within chapter 5, much was written about the barriers to reporting sexual exploitation and abuse. In addition, victims' barriers to accessing victim assistance services and options for help are equally driven by the interpersonal and sociocultural barriers mentioned in this report. Additionally, victims' may be unaware of the options for help; they may believe that some service providers will be unable to help them; victims' may have difficulties finding options they trust; or there may be no options available that align with their need or are accessible for persons with disabilities, children and so on[126].

231. As part of the research for this study, key informants were asked what barriers existed for victims of sexual exploitation and abuse seeking help. These findings are summarised in Table 15, below:

Table 15: Barriers to Help-Seeking

Demographic:	Barrier to Help-Seeking:
All	**Individual Level** • Lack of awareness of victim rights. • Prior experience of victimisation and adverse experiences are a good predictive indicators for secondary victimisation, the cumulative effects correlating with poor mental health and greater acceptance of harmful practices. • Preference of victims to receive money than actual help. • Lack of trust and belief in confidentiality. • Fear of rejection from friends and family. Guilt over bringing shame on their family and themselves for seeking help. • Fear stigma and victim blaming, including being concerned about what the service provider / individual providing assistance may think of them. **Relational and Community Level's** • Socio-cultural barriers that mean *'problems'* are dealt with by the community, including the application of *'solutions'* like early and child marriage to maintain the family's and community's reputation. • Interference from local leaders and family seeking to maintain the family's and community's reputation. • Victimisation, including perpetrators retaliating with violence against the victim and those helping the victim, including service provider staff.

	• Victims believe it is futile to seek help due to high levels of impunity and lack of access to justice. • Help-seeking perceived as a sign of weakness. Difficulties in seeing '*problems*' as a reason to seek help. **Societal Level** • Lack of available means of transportation and geographical remoteness. • Climate change and flooding that make services inaccessible and prevents the referral of victims • Lack of appropriate victim assistance services. • Poor quality services, constrained by a lack of funding and limited staffing capacity. • Lack of services provided in an appropriate language. • Lack of awareness of the services available to them.
Persons with disabilities	• Limited mobility, hearing & vision, resulting in greater reliance on assistance & care from others. • Isolation & lack of social support / peer networks. • Physical, communication & attitudinal barriers in reporting violence. • Barriers to participating in their communities & earning livelihood. • Lack of access to reproductive health information & services.
Boys	• Family disintegration & breakdown. • Fear of speaking out against the authority. • Harmful use of Alcohol & drugs. • Isolation and higher risk of poverty.
Girls	• Age, gender & restricted social status. • Increase domestic responsibilities that keep girls isolated in the home. • Dependence on exploitative or unhealthy relationships for basic needs.
Women	• Lack of protection under the law & high levels of impunity for crimes against them. • Poverty, malnutrition & reproductive health problems. • Barriers to participating in their communities & earning livelihood.
Men	• Engagement in unsafe livelihood activities. • Harassment & abuse from law enforcement agencies. • Possible trauma from violence & abuse suffered before. • Harmful use of alcohol & drugs.
Elderly	• Age, gender & restricted social status. • Weaken physical status, physical or sensory disabilities & chronic diseases. • Neglected health & nutritional needs.

232. In terms of prevalence, key informants cited *'fear of rejection from family and friends'* in 62% of all responses and the primary barrier to help-seeking. '*Fear of stigmatisation and victim blaming'* was cited by key informants in 39% of all responses and the second most commonly cited barrier. Followed by '*no awareness of victim rights'* being cited in 17% of all responses.

Next page.

FACTORS CONTRIBUTING TO LOW LEVELS OF HELP-SEEKING BEHAVIOUR + UNWILLINGNESS TO RECEIVE ASSISTANCE AS A PERCENTAGE OF ORGANISATIONS RESPONSES (18 KII's in 12 locations)
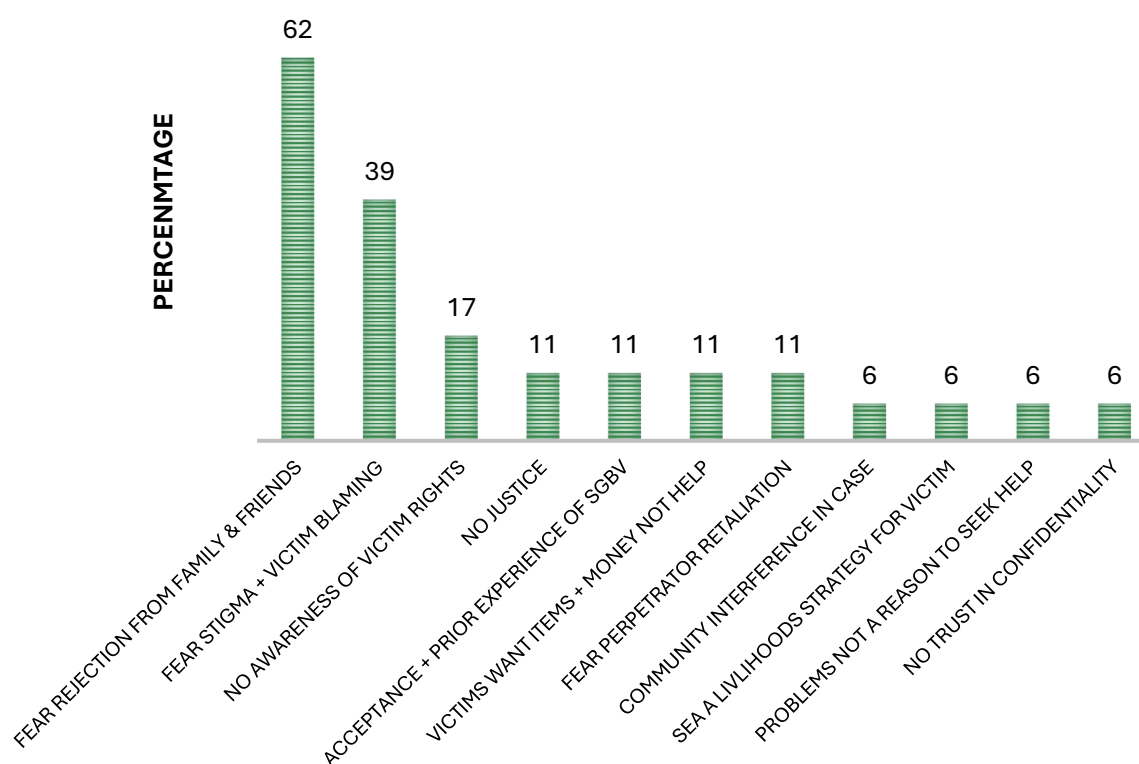
Effectiveness

233. Table 16 below, provides an assessment of the victims' right to assistance outputs contained within the inter-agency PSEA strategy and its respective workplans for 2022 and 20223.

234. Two of the four outputs were assessed to be '*moderately satisfactory',* with the output concerning reporting and investigation outcomes was assessed to be '*unsatisfactory'*. Recommendations to improve the outputs are provided in the table below and summarised here:

   a) Address barriers to help-seeking through appropriate and targeted community engagement designed to overcome identified barriers, build trust, and enhance buy-in.
   b) Address the shortfall in geographic coverage, accessibility, quality, and type of services to ensure holistic victim rights. In the absence of funding, this may include investing in transportation and building staff capacity.
   c) Ensure follow-up on reporting and investigation outcomes that include (a) the continuation of holistic victim assistance, if needed, regardless of the outcome of the investigation, (b) feedback being provided to the victim, (c) the right of the victim to complain if their rights have not been upheld and (d) the opportunity for the entity to learn lessons from why the SEA incident occurred and to what extent victims' rights were provided.
   d) Ensure victim rights to redress, justice, and accountability as per the UN Victims' Rights Statement and IASC principles (see chapter 7).

Table 16: Effectiveness of Inter-Agency PSEA Strategy, Workplans 2022 and 2023 with regards to Victim Rights to Assistance

OUTPUTS			RATING & JUSTIFICATION			
Strategy	**Workplans**		**Strategy**	**Workplans**		**Strategy**
2018-23	**2022**	**2023**	**Mid-term 2021**	**2022**	**2023**	**End-term 2023**
Output 3: Improved access to reporting mechanism and response services for victims of SEA. **3(c)** Strengthen SEA case referral and the development of referral pathway for victims' assistance;	**Output 3.1** Sexual exploitation and sexual abuse victim assistance is provided through GBV and Child Protection programming.	**Output 3.1** Sexual exploitation and sexual abuse victim/ survivor assistance is provided through Gender-Based Violence (GBV) or Child Protection (CP) programming which is familiar with sexual exploitation and abuse and the specific needs of victims/survivors.	**Moderately Satisfactory (MS)** – GBV referral pathway defined for South Sudan, with location specific GBV referral pathways in some States. Nonetheless, there remains notable gaps and challenges in the provision of survivor support services and with communities being able to access them. Training for GBV FPs in the field and for FP within the NGOs took place in Q4 2020. In 2021, the SVRO will make 3 presentations to the GBV cluster regarding the distinct nature of SEA (as opposed to GBV) and contribute to the building of capacity for GBV actors to identify SEA and provide the necessary assistance.	**Moderately Satisfactory (MS)** – Referral pathway mapping was undertaken and completed. However, the training of PSEA Taskforce members and relevant stakeholders on the UN Victims' Assistance Protocol and Technical was only completed for some, not all, stakeholders The mobilisation of funds for multi-sectoral victim centred assistance was limited to the SG Trust Fund. Cooperation and data sharing between inter-agency actors on the implementation of the Victims' Assistance Protocol was reported by the South Sudan's Victims' Rights Advocate to be still lacking.	**Moderately Satisfactory (MS)** – Women and girl friendly spaces (WGFS) were established for victims of SEA in Malakal, Bentiu and Pibor**.** Pre-existing services include GBV One Stop Centres and Child Friendly Spaces (CFS). In collaboration with GBV and child protection sub-cluster, victims of SEA were referred to GBV and child protection service points. Additionally, several reporting entities conducted training on PSEA standards, reporting and referral of allegations of SEA.	**Moderately Satisfactory (MS)** – Despite considerable progress being made, there remains a shortfall in geographic coverage, accessibility, quality of services and ensuring holistic victims' rights remains a challenge.
3(d) Follow up reporting and investigation outcomes by affected UN or NGO entity;	**Output 3.4.** Reporting and investigation outcomes followed up by the affected UN or NGO entity.		**Moderately Unsatisfactory (MU)** SVRO participated in PSEA taskforce meetings and her workplan has been incorporated into the Task Force. The SVRO has only been in post	**Unsatisfactory (U)** – Not all investigations conducted were deemed by the SVRO to be fully victim centred. Progress reports for 2022 did not refer to Output 3.4. The reason for this unknown.		**Unsatisfactory (U)** – UN and/or NGO entity follow-up on reporting and investigation outcomes should include (a) the continuation of holistic victim assistance, if needed, regardless of

			one year and therefore efforts around establishing the victim's assistance protocol for each agency is in the early stages.			the outcome of the investigation, (b) feedback being provided to the victim, (c) the right of the victim to complain if their rights have not been upheld and (d) the opportunity for the entity to learn lessons from why the SEA incident occurred & extent of victims' rights provision.
3(g) Regularly map and mobilise partners for inclusion in referral pathway for provision of victim centred PSEA services.	**Output 3.2** Referral pathways for victim assistance in place, as part of an integrated approach with GBV services.	**Output 3.2** PSEA Networks have referral pathways for victim/survivor assistance in place, as part of an integrated approach with GBV services.	<u>**Unsatisfactory (U)**</u> – A draft Victim assistance tracking form has been shared with PSEA taskforce members. As of Feb 2021, no data had been received by the SVRO and therefore no data has been collated and no annual report produced. Data remains hugely problematic for the sector as its not routinely collected or standardised.	**Moderately Satisfactory (MS)** – Although a system to monitor and track implementation of the integration of GBV referral pathways into PSEA Taskforce Protocol and the Victims' Assistance Tracking System were in place. It was reported by the SVRO that tracking was not coherent across the system.	**Moderately Satisfactory (MS)** – Proactive steps to enhance the GBV referral pathway were undertaken. A robust system for tracking victims' who report to the Trust Fund Victim Assistance Project was developed by UNFPA. Despite these important steps, there remains shortfalls in a number of areas, as stated above for output 3.1.	**Moderately Satisfactory (MS)** – Despite considerable progress being made, there remains a shortfall in geographic coverage, accessibility, quality of services and ensuring holistic victims' rights remains a challenge.
3(f) Liaise with Victims' Rights Advocate for provision of Victims Assistance services beyond those services being provided locally such as legal assistance, education and income generation and livelihood interventions;			**Moderately Satisfactory (MS)** SVRO - Some victims referred for legal services. However, this should be seen within the wider context of the unavailability of legal services for survivors.			**Moderately Unsatisfactory (MU)** More needs to be done to ensure victim rights to redress, justice & accountability (see chapter 7: Accountability & Investigations)

Effectiveness of victim assistance service delivery

235. Many of the barriers to victims' help-seeking were found to be a result of deficiencies in service delivery and a lack of appropriate services. When asked, key informants mirrored such barriers as concerns and challenges to their ability to provide quality and effective victim assistance.

236. Figure 10 below shows the findings of the key informant interviews, with resource constraints being cited by 50% of respondents and the primary service delivery challenge. This was followed by a lack of transport being cited by 39% of key informants.

Figure 10: Challenges for NGOs in providing Victim Assistance
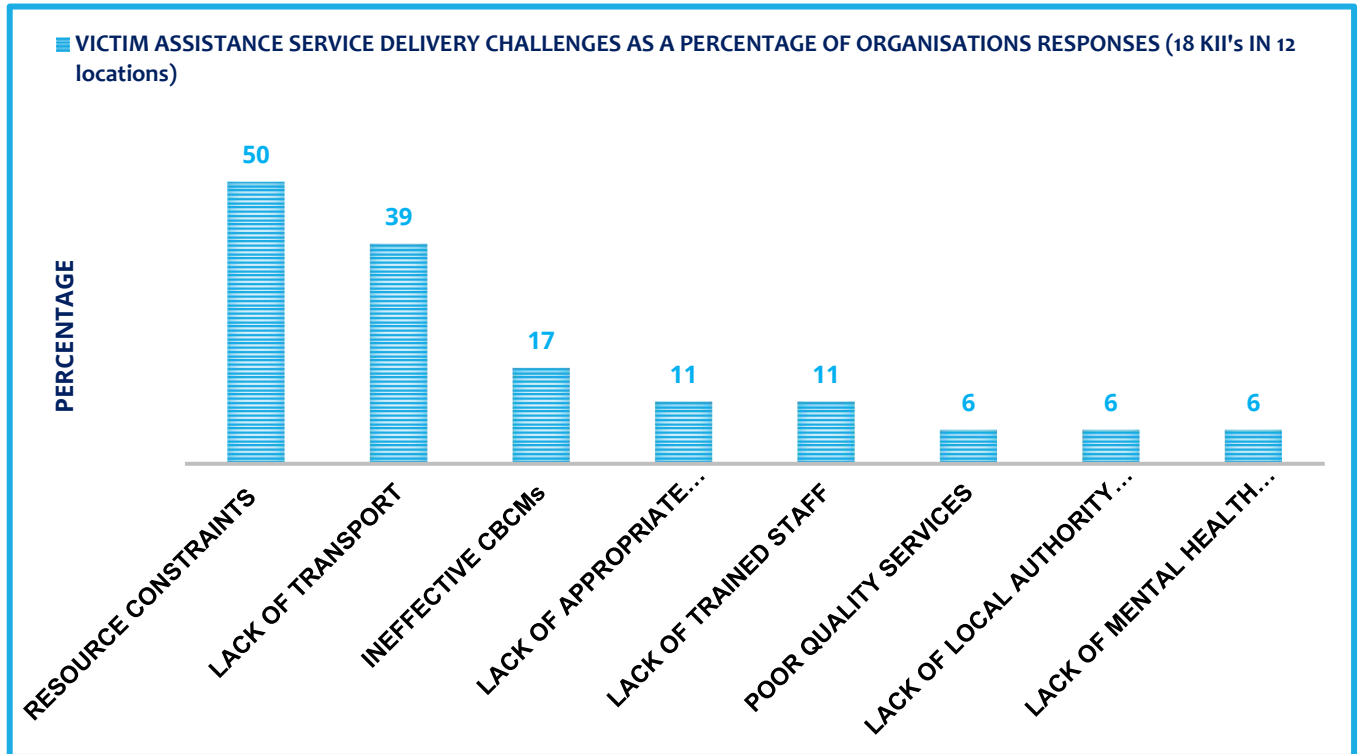
237. Of concern, the ineffectiveness of community-based complaints mechanisms to a) identify SEA cases, b) safeguard and refer the victim, was cited by 17% of key informants and the third most prevalent challenge. Highlighting this as something to be addressed through initial assessments of gaps to identify the failings in the pathway.

238. The reasons for the ineffectiveness of every community-based complaints mechanism under question is unknown. However, the research findings show that 32% of organisations interviewed did not have a member of staff trained specifically on SEA victim assistance and referrals. Further still, 63% of organisations interviewed did not have an operational victim assistance referral standard operating procedure (47% none. 16% draft) and only 5% of organisations interviewed had a board approved, operational SOP that was reviewed and updated annually (see Figure 11 below).

PERCENTAGE OF ORGANISATIONS INTERVIEWED WITH A MEMBER OF STAFF TRAINED SPECIFICALLY ON SEA VICTIM ASSISTANCE + REFERRALS
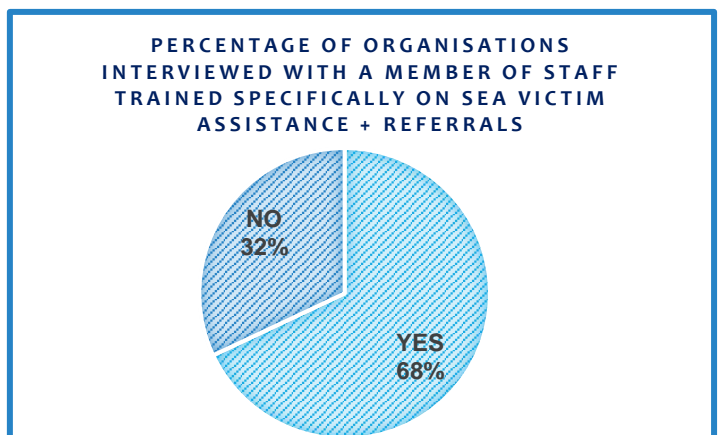
Figure 11: Prevalence of Victim Assistance Referral Standard Operating Procedure

PERCENTAGE OF ORGANISATIONS INTERVIEWED WHOSE VICTIM ASSISTANCE REFERRAL STANDARD OPERATING PROCEDURE DOES NOT EXIST, IS IN DRAFT FORMAT, OPERATIONAL + BOARD APPROVED, OR OPERATIONAL, BOARD APPROVED + UPDATED OFTEN
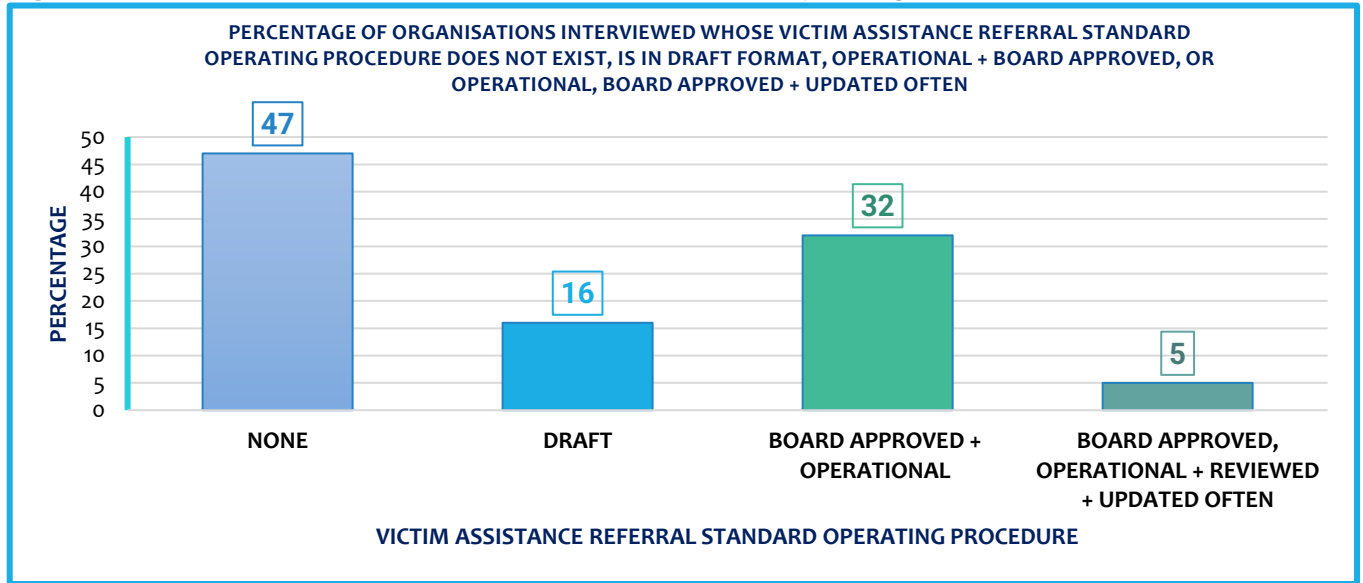
239. For those victims' that were referred, positive signs of adherence to victims' rights procedure were found in all but one area. As an average percentage of victims across 17 organisations interviewed nationally, only 32% of victims were asked to provide feedback on their assistance received and this feedback was used to improve victim assistance service provision (see Figure below).

Figure 12: Average percentage of victims' receiving victims' right

Average Percentage of Victims Across 17 Organisations Nationally Who Were Provided Victim Assistance Options, Offered Holistic Assistance, Asked to Provide Feedback & Informed of Right to Complain
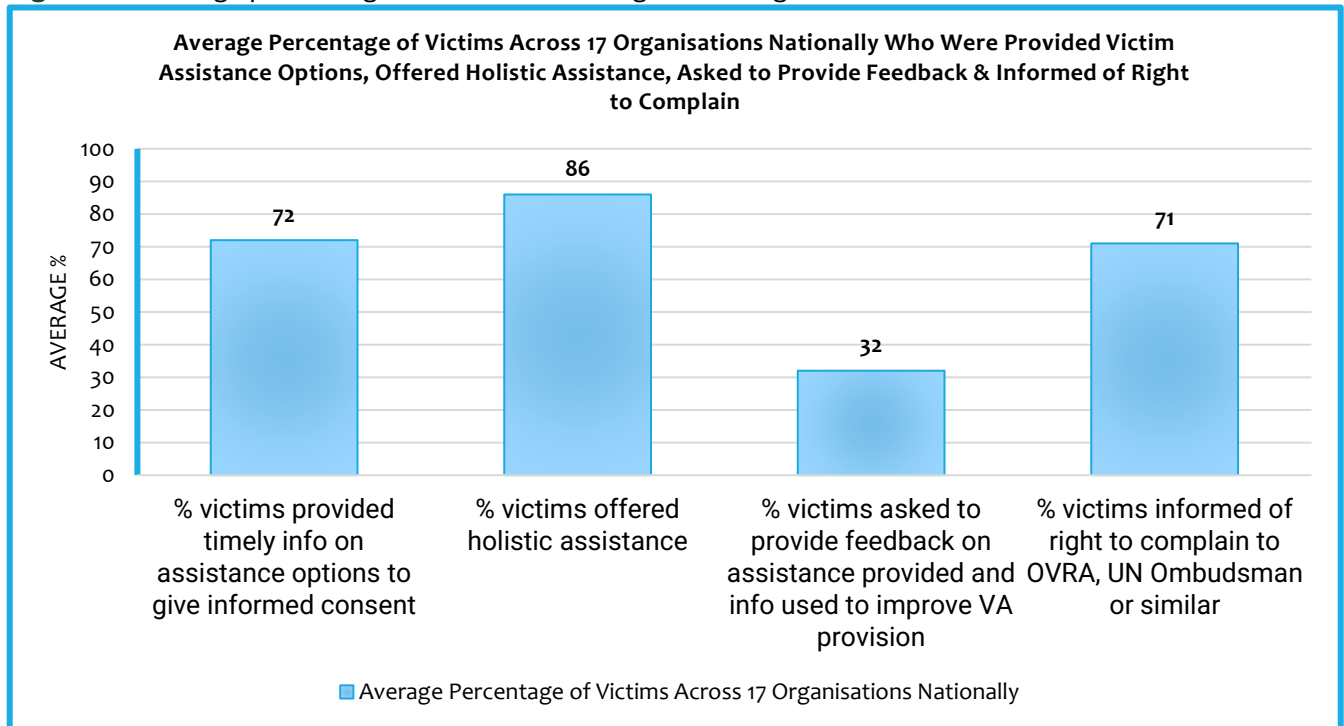
240. Confidentiality breaches and the compromising of victims' safety were reportedly low, at 3% and 4% of victim assistance cases respectively.

241. As an average across the 17 organisations consulted, 86% of victims were offered holistic assistance. This conforming with

the availability of services locally per organisation, with 87% of organisations stating that they had access to medical services, 80% with access to safety / protection and legal services respectively and 73% of organisations with access to psychosocial support (see Figure 13 below). Despite these positive indications there still exists worrying shortfalls in each of these areas.

Figure 13: Percentage of Organisations with access to victim assistance service type
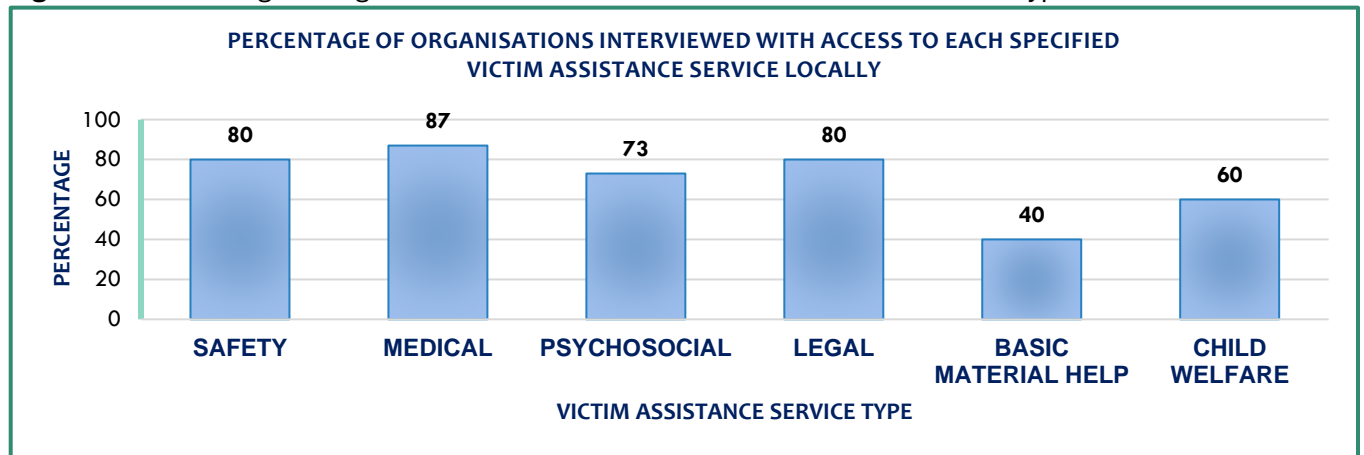
242. Only 60% of organisations interviewed had access to child welfare services and 40% access to basic material assistance and livelihoods support. The implications of this for children and those fleeing harm and abuse being gravely concerning.

243. The map below shows the location of child protection and gender-based violence referral pathways plus any additional victim assistance services cited in the key informant interviews. The dominance of the Jonglei child protection referral pathways on the map distracts from the rather large swathes of the country with few or no victim assistance service provision at all.

Figure 14: Child protection and GBV referral pathways plus child Victim Assistance Services cited in KIIs
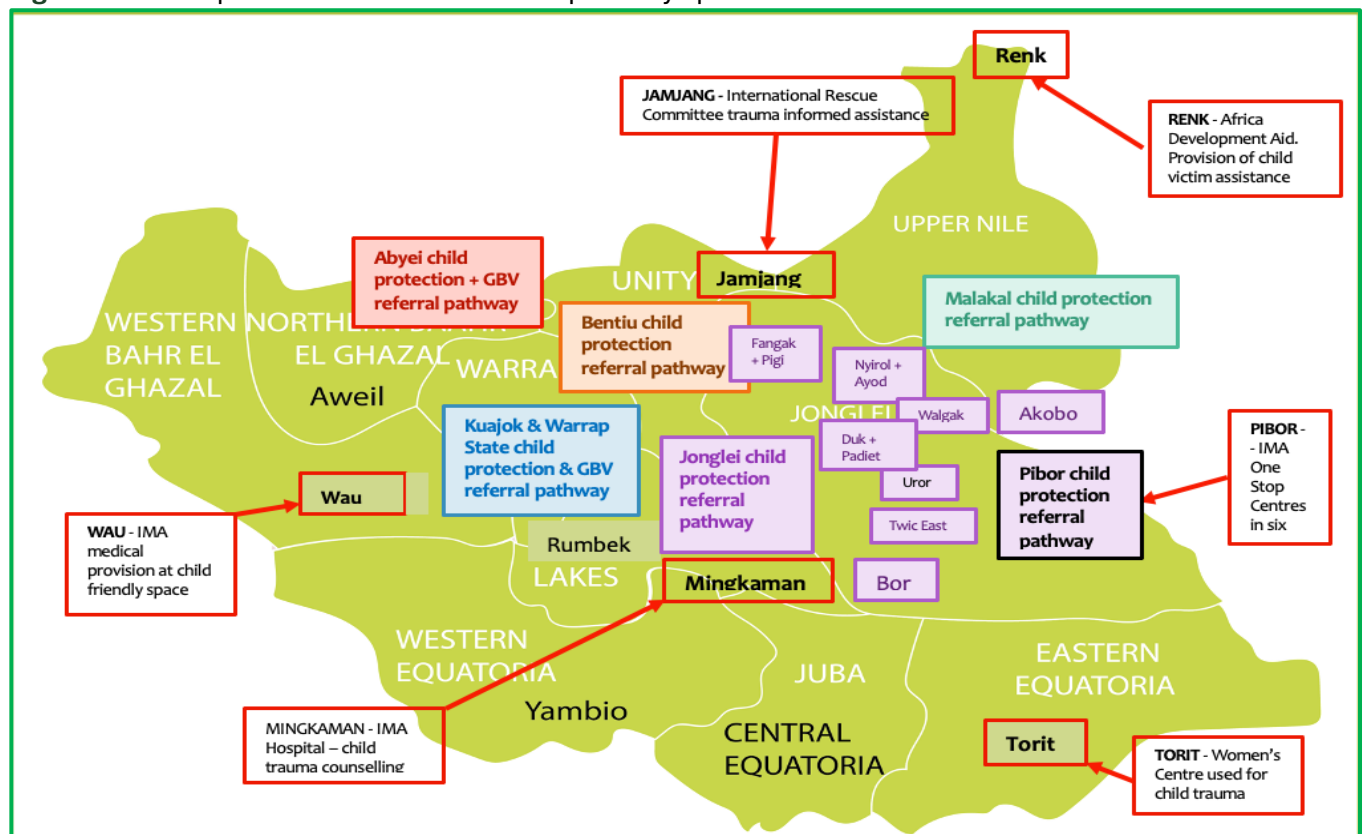
244. Key informants were asked to identify opportunities and solutions to overcoming the challenges to providing victim assistance. Community engagement, trust building and enhancing buy in was suggested by 75% of respondents, this was followed by building staff capacity at 44% of respondents and providing appropriate assistance, including delivering accountability were both at 19% of respondents respectively.

Figure 15: Opportunities for NGOs in providing Victim Assistance
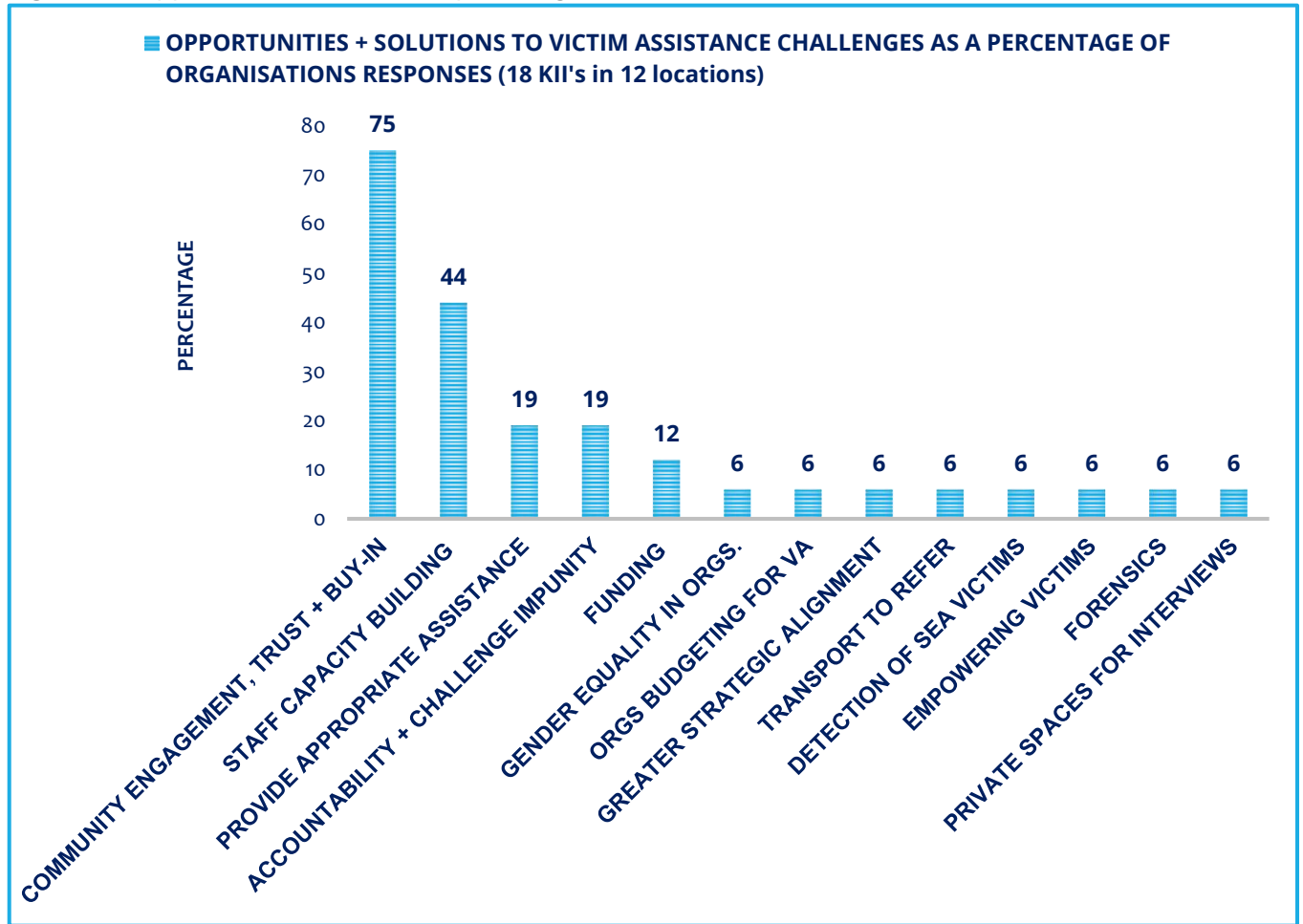
245. Despite a lack of transport being cited by 39% of respondents as a challenge to the delivery of victim assistance, only 6% of key informants highlighted the provision of transport as an opportunity. The detection of sexual exploitation and abuse victims was suggested as an opportunity by 6% of respondents. The conforming and recognising the notable limitations of solely relying on SEA reporting (see chapter 5 - Recognising the Limitations of Community Based Complaints Mechanisms).

Chapter 7. Accountability and Investigations

If victims aren't seeking justice, then we are failing to provide an adequate model of justice

246. Sexual exploitation and abuse is among the most egregious failures of accountability and '*justice*' within the humanitarian sector. Failure to act appropriately and robustly on allegations of sexual exploitation and abuse, within the victim centred approach to investigations, violates the rights and dignity of victims, emboldens perpetrators and fuels communities' mistrust of South Sudan's humanitarian sector. As such, there is a real and immediate need for tangible organisational reform that enforces the application of human rights and misconduct rules through the consistent application of thorough victim centred investigations[127].

247. Within the context of South Sudan, the importance of this cannot be emphasised enough. Set amongst a backdrop of impunity and low capacity within law enforcement and the criminal justice system, South Sudanese people are denied their rights to security, well-being, accountability, and justice daily[128]. The absence of strong independent government institutions makes it ever more incumbent upon South Sudan's humanitarian sector to put their best foot forward and realise the *'victim centred'* and *'rule of law'* rights and principles it espouses to.

248. With regards to accountability and investigations, the United Nations Secretary General Bulletin – '*New Approach: Special measures for protection from sexual exploitation and abuse (February 2017)*', establishes the importance of ending impunity, through the creation of '*greater transparency*' in reporting SEA and investigations, and improved '*administrative and judicial processes and outcomes*. The achievement, of which, being through the building of a '*multistakeholder network*' of civil society, key experts, and organisations, including leaders and others from the local communities that we serve.

249. Central to the Secretary General's '*new approach*' was the profound shift in emphasis from earlier approaches, which predominantly focused on conduct and discipline, and reputational, mission and enterprise risk. Towards restoring the United Nations personal connection with victims, visibly demonstrating empathy, providing survivors with a voice, protecting, and supporting them as a priority.

250. These United Nations responsibilities were strengthened and reaffirmed in December 2019 with the *'UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse'*. Emphasising the role of the victim centred approach within investigations through the application of the *'do no harm'* principle, ensuring victims safety and well-being, victims' entitlement to pursue accountability, including legal redress, and victims right to privacy, confidentiality, and informed consent.

251. Special considerations for children during investigations or legal processes was also accounted for within the *'UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse'*. With the *'best interests of the child'* principle being the primary consideration through which any course of action should be undertaken (*see also Annex 5 for more detail):*
   → **Psychosocial support** before, during, and after an investigative interview.
   → **Accompaniment by a case worker** during the investigation process.
   → **Accompaniment by a protection / security actor** to the appointments during the investigation process.
   → **Logistical support** for the victim, for example, translation and transportation for interviews and appropriate assistive measures for children with disabilities.
   → **Provision of information to victims on the status of their cases**, as all victims have the right to receive regular updates from their case worker or focal person.
   → **Informed if there is an investigation** and whether the perpetrator has been informed of the allegation against them. This is important for safety and risk planning that should be undertaken in all investigations, regardless of if the victim participates or not.

252. For victims of SEA, the avenues to 'justice' are via either humanitarian organisations own administrative investigations and case management processes, and/or national police, judicial responses, and case management processes. Pathways to justice being compromised heavily by the poor enforceability of legislation and the ineffective models of justice to be found with humanitarian organisations.

253. Key informants cited that the United Nations '*new approach'*, the UN victim rights protocol and '*best interests of the child'* principle have yet to be realised within South Sudan. The United Nations pervasive focus on misconduct and rigid investigative pathways entrenched within United Nations procedure are known to do a disservice to victims', accountability and justice but remain staunchly inflexible and resistant to change. It is a case of '*never the twain shall meet'[21]*, with offices of legal affairs and the UN Office of Internal Oversight Services (OIOS) stuck in a realm that is not keeping pace with the UN's own protocols and procedure on victims' rights. The absence of '*victims' voice'*, key informants reported, is stark and undermines heavily any correct notions of accountability and justice.

254. South Sudan, characterised by legal pluralism, where informal justice systems lie outside formal statutory structures and estimates suggest that up to 90% of disputes are addressed outside formal mechanisms in lower income countries[129]. For most victims of SEA within South Sudan, accessing '*justice '*is through their informal justice systems. Despite such justice mechanisms being more accessible, there exists numerous amounts of global research that suggests the informal justice model represents a significant concern and overwhelming risk victims', especially women and children.

255. As this research identifies, when addressing SEA incidents, justice often takes the form of "*amicable arrangements*" in the form of marriage, money, and food. Such victims are *"hidden",* their rights not being upheld, and their well-being and safety needs not being met because they aren't encountering crucial victim assistance services. Bridging the gap between informal and formal systems therefore represents a crucially important step forward.

256. For humanitarian organisations endeavouring to ensure *justice for victims of SEA* there exists their own internal reporting mechanisms, community-based complaints mechanisms, assistance / referral, and administrative investigative processes. If victims were to disclose or report SEA to the humanitarian sector, a host of challenges are encountered, and as the research shows, act more as a deterrent than an enabler to help-seeking (see chapter 6).

257. The limited [child and disability friendly] investigative capacities, a lack of examinations to document forensic evidence of sexual violence (including paediatric experts, a total absence of qualified child interviewing competencies, inclusive disability pathways and a poorly developed civil registration system (to know a child's age and parentage) directly impacts the evidentiary base from which investigations must begin.

258. Key experts repeatedly emphasised, that the mechanisms in place focused on a narrow definition of accountability by focusing largely on pursuing the perpetrator, this approach utilising resources that could have otherwise been used on providing support to victims of SEA.   Delays in starting an investigation and the inordinate length of time it takes for them to be completed, expose and prolong the risks to the victim and more needs to be done with regards to shortening the timelines from which an investigation is commenced and the length of time they take to conclude.

Alignment with international standards

259. To this, there should be reflection by inter-agency actors on their role in (a) facilitating accountability and assistance and (b) providing victim centred assistance at the national level. Unfortunately, the outputs

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[21] Used to describe when two things are completely different, unsuitable for each other, or are unable to agree.

contained within the inter-agency PSEA strategy and workplans lack the level of detail required to sufficiently compare them against international standards and instead, best practice in this area is provided.

Table 17: International standards on victims' right to assistance

Principles	
UN Protocol on the Provision of Assistance to Victims of SEA (2019).	**Victims are entitled to pursue applicable accountability measures, including legal redress where desired.** The United Nations shall cooperate with States on all available measures to hold perpetrators of sexual exploitation and abuse accountable, while respecting due process, confidentiality, and the principle of informed consent Victim assistance and support is available irrespective of whether the victim initiates or cooperates with an investigation or any other accountability procedure.
UN Victim Rights Statement (2023)	**The right to justice and accountability:** **Victims' have the right to submit a complaint** of sexual exploitation or abuse by United Nations staff or related personnel to the United Nations, which has the responsibility to refer your complaint for investigation. **Victims' have the right to seek justice and accountability** for the harm they suffered through criminal and civil processes as well as administrative, disciplinary, and non-judicial mechanisms that may be available. If victims' wish, the United Nations will help them obtain information on how to access legal assistance and how best to seek justice and accountability, including in national proceedings. **If a victim has a child born of sexual exploitation or abuse,** the United Nations will seek to assist you to get information and legal help to establish paternity and related claims, if they so wish.
	The right to a remedy: Offenders are individually responsible for acts of sexual exploitation and abuse. **Victims' have the right to seek remedies from them that acknowledge the harm victims have suffered and help to repair it.** The remedies victims are entitled to will depend on the law of the country where the case is investigated or heard and could consist of financial compensation; physical and psychological rehabilitation and material support; an apology; or measures to ensure that there is no repetition of the wrong. **If paternity of a child born as the result of sexual exploitation or abuse has been established**, victims are entitled to bring proceedings against the father to require him to accept his parental responsibility, including by obliging him to provide child support in line with the applicable national law of the country where the victims case is determined. The victims' child may be able to claim further rights, such as to the father's nationality or citizenship. The United Nations will help the victim with these processes and work with the relevant State to facilitate a fair and just resolution of these claims.
IASC Definition & Principles of a Victim Centred Approach (2023)	**Redress:** **Respect victim/survivor rights to seek remedies from perpetrators,** via formal and informal processes as appropriate, including restorative justice and as needed, support the victim/survivor to access these remedies. Facilitate the pursuit of paternity and child support claims for victims where desired and legally applicable, in cooperation with the relevant State.
UN Resolution A/RES/75/132 (Dec 2020) on Criminal accountability of UN officials and experts on mission.	**Criminal accountability:** *Urges* the Secretary-General to continue to ensure that his zero-tolerance policy for criminal activities, such as sexual exploitation and abuse, fraud and corruption, is made known to all United Nations officials and experts on mission at all levels, especially those in managerial positions, and is fully implemented in a coherent and coordinated manner throughout the United Nations, including funds and programmes, and calls upon all entities in the United Nations to inform and to cooperate fully with the Office of Legal Affairs of the Secretariat in all cases involving allegations that a crime may have been committed by a United Nations official or expert on mission.

Procedure	
Technical Note	**Protection and assistance:** In all cases involving investigation and accountability processes, protection from retaliation and revictimization must be afforded to victims by the concerned organizations, as part of the assistance provided. Including **accompaniment by a protection / security actor** to appointments during the investigation process.
	Case workers / additional support to the victim: A dedicated case manager/worker should be provided to support the victim throughout the accountability processes, if/ as required and agreed by the victim. This includes the provision of emotional support during interviews.
	Psychosocial support before, during, and after an investigative interview
	Logistical support for the victim such as translation and transportation for interviews and accommodation measures for persons with disabilities.
	Provision of information to victims on the status of their case, as all victims' have the right to receive regular updates from their case worker or contact person.
	In line with the victim centred approach, the victim should be **notified if there is an investigation** and whether the perpetrator has been informed of the allegation against them.
	Special considerations for children during accountability processes (see Annex 2: UNICEF Sample Guidelines on Support Person for Child Victims During Investigation and Legal Proceedings)
	Integration of investigations into PSEA network SOPs on SEA complaint referral.
UNDP presentation on improving the quality of SEA investigations, IASC Follow-Up Meeting of Investigatory Bodies. (2019)[130]	**Improve the quality of investigations by addressing challenges:** • Victim / witnesses withdrawing complaints / testimony. • Situational challenges / high risk areas • Witness protection. • Anonymous reporting • Insufficient resources • Training gaps • Time frame of investigations varies from case to case. • Technological advances • Insufficient mapping of victim support services.

Effectiveness

260. Table 18 below, provides an assessment of the accountability and investigations outputs contained within the inter-agency PSEA strategy and its respective workplans for 2022 and 20223.

261. All three outputs were assessed to be '*moderately unsatisfactory'*. Recommendations to improve the outputs are provided in the table below and summarised here:

a) Victim centred investigations and child-friendly investigations require specific indicators that allow for the tracking and evaluation of each.
b) Overcome the barriers to victims' wishing to seek accountability in the first place, and (b) ensuring adequate investigative capacity.
c) Monitor and evaluate the adequacy, appropriateness, and effectiveness of the strategic appropriate to ensuring holistic provision of victims' rights.
d) Develop a pool of investigators for the national NGO sector to overcome i) the funding and capacity challenges posed by the requirements of *UN IP PSEA Common Assessment,* and ii) the problems of impunity and impartiality commonly found within smaller organisations.

Table 18: Effectiveness of Inter-Agency PSEA Strategy, Workplans 2022 and 2023 in the area of Accountability and Investigations

OUTPUTS			RATING & JUSTIFICATION			
Strategy	Workplans		Strategy	Workplans		Strategy
2018-23	2022	2023	Mid-term 2021	2022	2023	End-term 2023
Output 3: Improved access to reporting mechanism and response services for victims of SEA (d) follow up reporting and investigation outcomes by affected UN or NGO entity.	**Output 3.3** PSEA Taskforce adopts, implements, and tracks progress against uniformed protocols/guidelines for prompt, safe and victim-centred assistance during investigations at country-level. Reporting and investigation outcomes followed up by the affected UN or NGO entity	**Output 4.1** PSEA Networks adopt, implement and track progress against uniformed protocols/guidelines for prompt, safe and victim/survivor-centred assistance during investigations at country- level.	**Moderately Unsatisfactory (MU)** SVRO participated in PSEA taskforce meetings and her workplan has been incorporated into the Task Force. The SVRO has only been in post one year and therefore efforts around establishing the victim's assistance protocol for each agency is in the early stages.	**Moderately Unsatisfactory (MU)** Trainings of UNCT / HCT members on the standards of SEA investigations and the training of PSEA Taskforce members and partners on SEA guidelines and protocols on victim centred investigations were postponed due to resource related constraints. 100% of victims were informed on the outcome of the investigation.	**Moderately Unsatisfactory (MU)** GBV and CP referral pathways were upgraded and used for the referral of SEA victims. Taskforce yet to roll out Victim Assistance Protocol. Some PSEA Taskforce entities have trained their personnel and implementing partners on SEA guidelines and protocols for victim centred investigations. Some reporting entities accessed victim centred investigations training online. Respondents from the NGO Forum demonstrate awareness and participation in networks that have SEA protocols.	**Moderately Unsatisfactory (MU)** Victim centred investigations and child-friendly investigations require specific indicators that allow for the tracking and evaluation of each. When the Victim Assistance Protocol is rolled-out, indicators should be derived from it to ensure that each and every component is sufficiently implemented. Guidelines and capacity for child-friendly investigations needs to be developed.
		Output 4.2 Sexual exploitation and sexual abuse victims/survivors informed of and/or supported in relation to investigations and			**Moderately Unsatisfactory (MU)** Entities continue to support victims in the investigation of SEA allegations. Further progress evident in the	**Moderately Unsatisfactory (MU)** Despite entities continued support of victims' during investigations it is unclear whether this support is adequate, appropriate,

		accountability processes.			referral of victims to services, including legal. 100% of SEA victims' provided feedback on the outcome of their investigations	and effective in ensuring victims' rights. Additionally, the output does not address the most glaring challenges – (a) overcoming the barriers to victims' wishing to seek accountability in the first place, and (b) ensuring adequate investigative capacity.
		Output 4.3 When working with implementing partners, adequate safeguards are in place and action is taken related to sexual exploitation and abuse – e.g., screening, cooperative arrangements, monitoring, and termination of arrangements (ST/SGB/2003/13).			**Moderately Unsatisfactory (MU)** Good progress made for UN Women, WFP, IOM, UNICEF and UNFPA in the roll-out of the UN IP PSEA Capacity Assessment. It is unknown how many UN entities have IPs but all entities with IPs should be involved. UNHCR IP – AIRD (construction) were trained on PSEA, including other contractors and service providers involved in AIRD construction. First quarter, UN PSEA Focal Points formed a working group to facilitate joint IP PSEA capacity assessments and capacity building.	**Moderately Unsatisfactory (MU)** Despite good progress being made for those UN entities that reported, it is still unknown what progress has been made amongst those UN entities that have IPs but have chosen not to report on their progress. Outside of the scope of the UN, it is known that some INGOs have their own processes with their IPs. These procedures should be known and tracked also. One glaring challenge with the UN IP PSEA Capacity Assessment is the core standard on investigations. This challenge needs to be overcome, perhaps by developing a pool of investigators within the national NGO sector.

Implementing partners

262. The credibility of allegations hinge on investigative capacity & [un]availability of evidence. Expectations of the *United Nations Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners* are that implementing partners are responsible for their own investigations into SEA. The three concerns here being the:

- Regarding qualified and experienced SEA investigators: high costs involved to be trained and qualified in conducting SEA investigations may mean that investigation team members are not appropriately trained or experienced in conducting SEA investigations.
- Regarding impunity and a lack of impartiality in investigations: small organisations create a relational intimacy where internal investigators will know the alleged perpetrator, compromising the impartiality and integrity of the investigation.
- Regarding professional evidence collection: accountability hinges on the collection and appropriate use of evidence. To pass '*beyond reasonable doubt'* or '*on the balance of probability'* thresholds, the reliability of such evidence depends on the professionalism in which it is collected. Given the caveats of the collection of evidence being constrained by the circumstances as they present themselves, for example, documentary evidence destroyed by the alleged perpetrator or the unavailability of clinics for the clinical management of rape to collect forensic evidence.

United Nations

263. Key informants highlighted risks and challenges to the provision of victim centred investigations that align with the same barriers to the reporting of SEA and accepting victim assistance.

- Within UN processes there is no victims' right to be heard: The UN Department of Management and Policy determines whether to pursue an SEA allegation or not using the benchmark '*beyond reasonable doubt',* without speaking with the victim first. If the victim has no voice at this early stage, then there are no avenues of evidence to pursue. Should the allegation be investigated, then victims are also denied their right to be heard within the UN tribunals that decide upon the case. The UN focus on the perpetrator and treating the allegation as '*misconduct*' perpetuates the cycle of denying the victim the right to be heard.
- Evidence remains enduringly problematic: As cited above, accountability and investigation processes hinge on the availability of evidence and the professionalism in which it is collected. Within UN tribunals the standard of proof is very high, and many investigation and accountability processes fail because of the lack of evidence, compromised by victims' having no voice and, on the ground, challenges relating to fear of retaliation and so on.
- Victims are usually financially dependent on the perpetrator: For perpetrators, the inevitable outcome of the accountability and investigation process is that they may lose their job. The evidence points to the different roles and responsibilities of national vis a vis international staff being a determinant of access and association with beneficiaries and communities. Due to the larger numbers of national staff interfacing with beneficiaries / communities on a regular basis, the majority of perpetrators mentioned within focus group discussions were national staff (see footnote)[22]. As highlighted previously, victims are usually financially dependent on the perpetrator. Key informants stated that the loss of the perpetrators job results in the victim being revictimized and blamed for the loss of livelihood. Solutions point to the relocation of victims' and for them to be supported socio-economically to re-establish a livelihood.
- Barriers to reporting & help-seeking persist: Most notable was the fear that a lack of confidentiality may bring, with fear of retaliation and murder being a very real concern for some of the key informants interviewed.
- Child rights denied in the process: Negligible child interviewing and support exists.

264. To this end, key informants spoke of the need for risk registers that are centralised across UNMISS, UN entities and inter-agency actors in order to gain a common understanding of the environment investigations

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[22] UNMISS international and national allegations data can be found here: https://conduct.unmissions.org/sea-data-introduction. The data shows allegations against international personnel include rape, exploitative relationships, transactional sex and the solicitation of transactional sex.

should take place in and proceed to develop solutions from there. Within the *IASC Vision and Strategy: Protection from sexual exploitation and abuse and sexual harassment (PSEAH) 2022-2026,* the IASC pledge to '*support and enforce a comprehensive set of enhanced accountability mechanisms'* through the operationalisation of Commitment 1 regarding the victim centred approach[131]. However, no mention is made of how this will be achieved, not least what it will mean to overcoming the contextual and systemic challenges that persist.

Chapter 8. Inter-Agency PSEA Country Level Structure & Strategy

Relevance to normative guidelines

265. The '*United Nations Management and Accountability Framework of the UN Development and Resident Coordinator System (Sept 2021)*' provides for the country-level structure and the assigning of roles and responsibilities on PSEA and accountability to affected populations (AAP), including strategic approaches, at the country level.

   a) Strategic results (outcomes) are provided by the IASC PSEA Country Level Framework template that UNCT/HCT members are to use in the development of their annual PSEA inter-agency workplans and strategy. As such, the template applies a common set of outcomes, of which, the outputs, indicators, targets, and key actions can be adapted and contextualised at the country level.

266. Table 19 below provides the Management and Accountability (MAF) 2021 roles and responsibilities (indicators) that frame the inter-agency approach on PSEA at the country-level. With each, recommendations have been provided.

Table 19: PSEA Accountability Framework (MAF)

	MAF 2021 Indicator:	Current Measure:	Recommendation:
RC Role	• Ensures that PSEA is coordinated at the country level, fostering communication and collaboration amongst the UNCT/HCT membership, promoting and nurturing staff learning and the implementation of PSEA policies. Additionally certifying to the Secretary General that: • They have communicated to the UNCT/HCT the importance of reporting all allegations to their respective entities with diligence and transparency; and that PSEA training is mandatory and made such training available.	Requirement implemented by the Resident Coordinator.	• Develop criteria for each UN entity to measure progress against the requirements of all indicators provided in the MAF (where relevant to do so). • Each UN entity to feedback and update Resident Coordinator on status of implementation as per criteria.
	• RC leads the development of and oversees the implementation of a UNCT/HCT context specific PSEA strategy and action plan that: • Promotes a systematic response to SEA, identifying trends, risks, capacities, and gaps. Includes safe and accessible interagency community-based complaint mechanisms, agreements for information sharing, and Victim's assistance services.	Inter-agency PSEA strategy and workplans.	• Evolve inter-agency / UNCT response as per the findings of the deep dive review and subsequent risk assessment.
	• Ensures that the UNCT/HCT context-specific PSEA strategy and action plan places emphasis on outreach to local communities and authorities to (a) Ensure awareness-raising, (b) establish context appropriate community-based complaints mechanisms, (c) ensure	Inter-agency PSEA strategy and workplans.	• Evolve inter-agency / UNCT response as per the findings of the deep dive review and subsequent risk assessment.

	the availability of appropriate holistic services for victims.		
	• The RC ensures that the UNCT/HCT has a strategy to provide assistance and support to victims of sexual exploitation and abuse.	Inter-agency PSEA strategy and workplans.	• There is no standalone victim assistance strategy for inter-agency actors other than the work of the SVRO. However, victim assistance is addressed within the inter-agency PSEA and its workplans. • Recommendation is to develop a victim assistance strategy for inter-agency actors that supports and compliments the work of the SVRO.
	Advocates for and prioritises adequate resources for: • Broadening knowledge of the existing complaints mechanisms, and to • Provide assistance to victims and, as necessary for their establishment. • Advocating for a dedicated PSEA Coordinator and PSEA focal points where needed.	• Inter-Agency PSEA Coordinator and PSEA focal points. • Trust Fund in Support of Victims of SEA. • Inter-agency PSEA strategy and workplans.	• Ensure future PSEA Country Action Plans and Strategy are adequately funded. • Average waiting time for Trust Fund funds is 8 months, the SVRO for South Sudan reports. Alternatives should be explored.
UNCT /HCT	• Actively address PSEA issues when raised in UNCT/HCT meetings, establishing, and supporting the effective coordination and functionality of a PSEA Network. • Contribute to the development of an annual update of the country-level PSEA Action Plan. • Provide formal feedback to RC on existing policies and procedures relating to accountability for PSEA by implementing partners, service providers, or suppliers.	Uneven levels of engagement on PSEA amongst the UNCT / HCT membership.	• Enhance UN entity buy-in and engagement. • Support all entities but especially those that are new to the subject area of PSEA with understanding their role and responsibilities in addressing sexual misconduct (SEA & SH). • Each UN entity to develop an action plan to address PSEA and SH within their country office and operational country context.
UN entities	• Accountable and responsible for the investigation and follow-up on SEA allegations concerning their personnel, and victim assistance. Required to inform the RC of (a) all allegations of SEA, abuse of authority and other forms of misconduct and (b) the measures taken, and assistance provided to victims of sexual exploitation and abuse.	• Strengthen inter-agency collaboration and efforts to facilitate and enhance accountability and assistance at the country level as per the recommendations of this report.	
	• Individual UN entities to certify to RC that (i) they have reported all allegations with diligence and transparency; and (ii) ensured the availability of PSEA training available to their personnel and made it a mandatory requirement for all to undertake.	• Ensure requirements known, actioned by each UN entity, and there is accountability for doing so.	

267. Central to the structure of the accountability framework, including engagement with the inter-agency PSEA taskforce and the actioning of the strategy / workplans, is the full participation of all inter-agency actors. As mentioned previously, a chain is only as strong as its weakest link. In terms of PSEA risk, (i) organisational engagement is not uniform, even vicariously through the South Sudan NGO Forum, as such, organisations develop their workplans and budgets independently of inter-agency efforts and (ii) the non-participation of in the inter-agency task force opens the door to allowing incidents of SEA to occur due to misalignment and disparities in actor buy-in.

268. A finding of the 2021 mid-term of the inter-agency PSEA strategy was the unevenness of actor buy-in and the disconnect between Juba and the field. Whereas this review does not intend to be a '*name and shame'* exercise, highlighting the '*weak links'* is deemed a constructive way forward to bringing inter-agency actors into the fold, with the full recognition that each actor may have fully credible reasons for not engaging. (see below table).

Table 20: 2023 Inter-Agency PSEA Taskforce Meeting Attendance by Membership

Interagency PSEA Task Force Member	2023 PSEA Taskforce Attendance NB: *No meeting held February 2023 and the meetings for November and December 2023 were combined.*
Food and Agricultural Organisation (FAO)	January, March, April, May, June, July, August
International Organisation for Migration (IOM)	January, March, April, May, June, July, September, October
Office for the Coordination of Humanitarian Affairs (OCHA)	January, March, April, June, July, August, October
UN High Commissioner for Refugees (UNHCR)	January, March, April, June, July, August, October
UN Programme on HIV / AIDS (UNAIDS)	January, May, September,
UN Population Fund (UNFPA	March, April, June, July, August, September, October
UN Children's Fund (UNICEF)	January, April, May, July August, October
UN Development Programme (UNDP)	March, June, July, September,
UNESCO	January, May, August, October
UN Environment Programme (UNEP)	*Non-resident entity based in Nairobi.*
UN Mine Action (UNMAS)	*Resident entity under UNMISS*
UN Office of Project Services (UNOPS)	January
UN Women	January, March, April, May, July, August, October
United Nations Mission in South Sudan CDT	January, March, May, August
UNMISS Senior Victims' Rights Officer	January, March, April, May, July, August, September, October.
World Food Programme (WFP)	January, March, May, July, September,
World Health Organisation (WHO)	January, March, April, May, June, July, September, October
Resident Coordinators Office (RCO)	January, March, April May, June, July, August, October
NGO Forum	April (DRC), May (DRC), July (NGO Forum, DRC, HRSS), August (DRC & Safer World), September (HRSS, DRC)
ICRC	January, July August, September, October
Protection Cluster	
GBV Subcluster	October (IRC)
Child Protection Subcluster	
Special Projects - Gender Accountability and Localization in Bor	March (Save the Children), October (Save the Children)
Wau TF	May, June, July, August, September, October
Jamjang TF	August
Pibor TF	January, May, September, October
Kuajok TF	January, September, October
Malakal TF	September, October

Renk TF	September
Yambio TF	September
Bor TF	September
Maban TF	September, October

269. Solutions to non or low participation will only be found through engaging with these actors, clusters, and field-level task forces to understand the reasons that lie behind this and by putting in place a plan of action that makes engagement and the PSEA agenda more *'relevant'* to them.

270. Possible solutions are as follows:

Participation and coordination:

a) Inter-agency PSEA coordinator should be supported by more staff to help administer, train and coordinate activities.

b) Individual UN entities should have annual workplans that reflect the mainstreamed and cross-cutting nature of PSEA, for which they are accountable to. Increase ownership of the PSEA agenda at the entity level and ensure that PSEA is not a '*tick the box exercise'*.

c) Entities should actively seek funding to recruit a member of staff that only focuses on PSEA for their agency.

d) Humanitarian Response Plan has no mechanism to monitor implementation of its PSEA components. This should be overcome to solidify the PSEA agenda as a cross-cutting thematic area.

e) Develop an understanding of what PSEA means for i) emergency actors and ii) development / recovery actors, and plan accordingly.

f) Field based inter-agency PSEA focal points should have annual workplans, for which they are accountable to, within their region of responsibility. Within this, it will be important to provide clarity to interagency actors on what their role is in implementing the workplan.

g) Assign technical support to each field based inter-agency PSEA focal point. Improve communication between the national taskforce and the field level task force. Build the capacity of field level focal points.

h) Develop a framework that harmonises the work of all clusters and subclusters on PSEA. Ensure this translates to annual workplans, for which they are accountable to, within their area of responsibility.

i) Overcome UN centricity by thinking how UN standards translate to the work of NGOs. Working with the South Sudan NGO Forum on this will be instrumental in cascading PSEA standards downstream to its membership of over 300 NGOs.

j) Involve more national NGOs in the inter-agency PSEA taskforce.

k) Advocacy on the draft NGO Act provides an opportunity for more of a normative framework approach to ensuring the standardisation of PSEA norms within national NGOs.

Funding and doing more with less:

a) Ensure targeted funding for PSEA is a standing agenda item within Humanitarian Donor Group (HDG) meetings.

b) Investing in monitoring and evaluation will enhance the cost-effectiveness of PSEA programming. By monitoring and evaluating what programmes / projects are cost-effective, strategic adjustments can be made.

c) Build the capacity of and utilise non-governmental organisations more to implement programmes / projects on PSEA.

d) Forge synergies with government, build capacity and utilise government reach to implement programmes / projects on PSEA.

e) Overcome the funding short-termism of the South Sudan Humanitarian Fund (SSHF) by focusing on long-term funding that allows for the scale-up of PSEA activities.

Effectiveness

271. Table 21 below, provides an assessment of the Inter-Agency PSEA Country Level Structure & Strategy outputs contained within the inter-agency PSEA strategy and its respective workplans for 2022 and 20223.

272. Three of the six outputs were assessed to be '*moderately satisfactory',* with the output concerning country level risk assessments being assessed as '*unsatisfactory'*. Recommendations to improve the outputs are provided in the table below.

Table 21: Effectiveness of Inter-Agency PSEA Strategy, Workplans 2022 and 2023 with regards to the Inter-Agency PSEA Country Level Structure & Strategy

OUTPUTS			RATING & JUSTIFICATION			
Strategy	Workplans		Strategy	Workplans		Strategy
2018-23	2022	2023	Mid-term 2021	2022	2023	End-term 2023
Output 5a. PSEA Coordinator position to support the work of the national and sub-national PSEA Task Forces.	**Output 4.1** The role of the DSRSG/RC/HC as PSEA lead is clear to all PSEA stakeholders.	**Output 5.1** The role of the RC/HC as PSEA lead is clear to all PSEA stakeholders.	**Moderately Satisfactory –** Monthly PSEA Task Force meetings take place. These are well coordinated and attended. However, agency attendance and buy-in is not equal amongst the agencies. Agencies – particularly those with no field presence, need to realise, activate, and embrace fully their role in the PSEA Strategy and implementation of their own PSEA, safeguarding and AAP frameworks. Further, entities need to share their activities with the TF and seek membership support wherever possible. This level of buy-in seems only possible if it's mandated from the top.	**Moderately Satisfactory –** The number of entities reporting on this output was low at 2. OCHA ensured that the PSEA capacity of partners was monitored. In August 2022, the DRSG/RC/HC convened a landmark meeting of 100 participants to galvanise partnership and collective action. In September 2022, the UNCT drafted a Gender Parity Pledge and PSEA Commitments as part of the UN Sustainable Development Framework for South Sudan 2023-25.	**Moderately Unsatisfactory –** Head of entities provided timely reports on SEA allegations aligned to the PSEA SOP and 2021 guidelines on reporting allegations of SEA to the DRSG/RC/HC. With reference to the PSEA accountability framework (MAF) provided above in this chapter, there remains a lot more that needs to be done on the role of the RC/HC and ensuring entities are accountable to it. This PSEA Deep Dive Review was begun, with the hope that it will support with galvanising action on PSEA.	**Moderately Unsatisfactory** Although good progress is made in this area. The PSEA accountability framework (MAF) provided above in this chapter, provides that there remains a lot more that needs to be done on the role of the RC/HC and ensuring entities are accountable to it.
Output 5b Coordination roles at national and field levels for the Task Force on PSEA supported.	**Output 4.2** Members take on the PSEA role to support the RC/HC to deliver on PSEA at the UNCT/HCT level and the PSEA Taskforce at the technical level.	**Output 5.2** Members take on the PSEA role to support the RC/HC to deliver on PSEA at the UNCT/HCT level and the PSEA Network at the technical level.		**Moderately Satisfactory –** The number of entities reporting on this output was low at 1. The DRSG/RC/HC designated Assistant Representative of UNHCR and Deputy Country Director of WFP as Co-Chairs of South Sudan's PSEA Taskforce. There was more outreach and engagement clarifying the	**Moderately Satisfactory** Meaningful participation in the PSEA taskforce is evident from the participation noted in meeting minutes (see above 2023 Inter-Agency PSEA Taskforce Meeting Attendance by Membership). However, as stated gaps in participation remain. WHO and UNHCR	**Moderately Satisfactory** Meaningful participation is evident but greater buy-in needs to be achieved through being a) accountable to the MAF (see above), b) each UN entity's developing working plans so that PSEA is a cross-cutting and mainstreamed feature within their entity's, and c)

				role of RC/HC in 2022 - including the UNCT dedicated meeting on PSEA, quarterly townhall meetings on PSEA organised by the RC/HC and Co-chairs; PSEA meeting with HOC, PSEA meetings with HDG, PSEA Taskforce retreat, PSEA meeting with the TAG and IASC secretariat on South Sudan; PSEA engagement with the media - good practice documented by IASC; Virtual PSEA meeting with donors and TAG in January 2023 (WFP and UNHCR as Co-chairs). This demonstrates good progress. Attention should now focus on remaining UN entity outliers, as shown in the inter-agency PSEA risk assessment, 2024.	have taken lead as co-chairs of the taskforce and members have actively assumed PSEA roles to support the RC/HC at the UNCT/HCT level. This following the 2022 activities undertaken that set the pace for the progress recorded in 2023, including the PSEA TF retreat, a task team led by the UNFPA Representative to analyse the gaps in SEA reporting, and the WFP Representative ai spearheaded PSEA engagement and clarifying the roles of the UNCT-HCT as Co-Chair of the PSEA TF. Although this represents good progress, evidence of all UN entities supporting the RC/HC and importantly, delivering PSEA programming at the technical level remains something to be achieved.	more should be done to overcome the disconnect between Juba and the field.
	Output 4.3 An adequately resourced PSEA Taskforce secretariat with full- time PSEA Coordinator and Senior Victims' Rights Officer (with medium to long-term secured funding) is in place, to provide day- to-day technical	**Output 5.3** A full-time PSEA Coordinator (with medium to long-term secured funding) is in place, with a direct reporting line to the HC/RC, to provide day-to- day technical support and expertise to the inter-agency PSEA Network.		**Moderately Satisfactory –** The inter-agency PSEA coordinator and SVRO both on-board and funded. Indicator progress centred on '*expertise*' and not resources. As mentioned, resources for the wider agenda remain and critical gap and represent a component of this output not actively addressed beyond the recruitment and	**Satisfactory:** The inter-agency PSEA coordinator on-board and post is funded.	**Moderately Satisfactory** The narrow focus of this output should not detract from the fact of the enormous amount of work that needs to be undertaken. Ideally staffing support for the inter-agency PSEA coordinator should be also funded and recruited for.

	support and expertise to the inter-agency PSEA Taskforce and systems wide victims assistance.			funding of technical expertise.		
Output 5d. develop annual inter-agency work plan and compile and submit periodic reports on PSEA and SEA in South Sudan;	**Output 4.4** An inter- agency PSEA Network/ Taskforce is in place with the resources and expertise necessary to deliver on PSEA outcomes (above).	**Output 5.4** An inter- agency PSEA Network is in place with the resources and expertise necessary to deliver on PSEA outcomes (above).	**Satisfactory:** UNCT update on a monthly basis, HCT and SMG as requested. DPKO is communicating directly with DSRSG when needed (yearly basis). However, more can be done with regards to the inter-agency approach as highlighted elsewhere in this document.	**Moderately Satisfactory** This should not be seen as retrogression. The addition to Output 4.4. (2022) of "*resources*" was something not found in Output 5d (2021). Funding remained enduringly problematic. There was no indicator progress reported regarding resources – a critical gap. A three-day training was conducted in Torit, the PSEA action plan was endorsed, PSEA was streamlined in the Humanitarian Response Plan, 2023, and the UN IP PSEA Capacity Assessment process was ongoing. Entities are expected to report their progress on the action plan on a quarterly basis and there are regular reports to the UNCT / HCT on PSEA.	**Moderately Satisfactory –** Funding was secured for this PSEA deep dive review to be conducted.	**Moderately Satisfactory –** Key informants stated that the inter-agency PSEA strategy was only 23% funded and therefore this should be investigated by resource mobilisation specialists that can apply '*out of the box'* thinking to this conundrum.
Output 5c. Focal Points for PSEA at agency level and in field locations have their capacity for effective coordination developed and the list of focal points is regularly updated.	**Output 4.5** PSEA technical focal points from all UNCT/HCT members are in place and actively contribute to the PSEA Taskforce's delivery of PSEA outcomes (as per the above).	**Output 5.5** PSEA technical focal points from all UNCT/HCT members are in place and actively contribute to the PSEA Network's delivery of PSEA outcomes (as per the above).	**Moderately Satisfactory –** There is good progress in this area for agencies with a field presence, including focal points at both country office and field levels. There has been some	**Moderately Satisfactory –** Positive signs, with 100% of PSEA taskforce entities appointing PSEA focal points. State level taskforces for Wau and Malakal supported the development and dissemination of awareness raising materials and	**Moderately Satisfactory –** Achieved in 2022 but also reported on 2023 - 100% of PSEA taskforce entities have PSEA focal points. Their active contribution was not reported on and as per 2023 Inter-Agency PSEA Taskforce Meeting Attendance by Membership	**Moderately Satisfactory** Despite good progress being made with 100% of entities having PSEA focal points, the link is yet to be made with creating actionable results at the entity level (see above comments for output 5.2.)

| | | | progress amongst those agencies with no field presence also. However, some agencies reported not having any focal points at all. As mentioned previously, the role of agencies with no-field presence needs to be strengthened, so they can see more clearly how PSEA (and safeguarding) applies to them and begin to action activities and strengthen their PSEA safeguarding frameworks accordingly. | facilitating community meeting through CBCMs. IOM partnered with community members in designing PSEA messages in local languages. Inter-agency PSEA focal designated for 15 high priority locations. Apart from Wau and Malakal, there was no indication of their active contribution as required by the output. | in the table above, we can see that this was not realised.

The deep dive review was commissioned. | |
|---|---|---|---|---|---|---|
| **Outcome 1:** Risks of SEA reduced, and systems strengthened to identify, manage, and mitigate such SEA risks. | **Output 4.6** Country-level risk assessment in respect of sexual exploitation and abuse conducted based on risk management tools. | **Output 5.6** Country-level risk assessment in respect of sexual exploitation and abuse conducted based on risk management tools | **Unsatisfactory** Only the CBCM in Yei was risk assessed. One mitigation report produced. | **Unsatisfactory** SEA risk register updated for Malakal by the Field Level PSEA Taskforce there. Risk assessments / updating risk registers for the other 14 high priority locations was not undertaken / reported on. | **Unsatisfactory** Joint risk assessment for Renk was undertaken. The Malakal Field Level Taskforce also conducted a SEA risk assessment. These assessments played an important role in guiding the task forces in these locations on how best to mitigate and address SEA risks. | **Unsatisfactory** Risk assessments and risk registers should be developed and undertaken for all 15 CBCM locations. |

Chapter 9. Observations and Recommendations

273. Many fundamental and practical questions still exist, both contextually and conceptually, with regards to overcoming the extensive attitudinal, organisational, and structural challenges that contribute to the widespread misalignment of PSEA approaches with on-the-ground realities.

274. Key contextual challenges exist that are both internal and external to the UN and inter-agency actors within South Sudan. Externally, wide ranging factors exist with regards to implementing partnerships, the localisation agenda, local cultural norms, poor reporting and help-seeking behaviours, and the delivery of victim assistance and accountability at the national level.

275. Internal factors, there are uneven levels of agency buy-in, limited PSEA capacities, funding, partnerships, weaknesses in community engagement and ownership, inadequate victim assistance, visibly challenging impunity, ensuring accountability within and to each other, and overcoming the lack of consistency in how the PSEA agenda is interpreted and applied.

276. Key recommendations are provided below. These should be seen in conjunction with the recommendations provided in the body of the text.

Relevance – *are the right things being done?*

277. Country Context: Presently, laws, policies, societal norms, and practices enable rather than disable perpetrators of SEA and heightens SEA vulnerabilities for their victims, and influence – either negatively or positively - the approach of communities, law enforcement, judiciary and victim assistance services take in response to SEA incidents[132] As seen, autocracy, corruption, abuse of power and the sub-optimal rule of law are juxtaposed against societal norms that work to the detriment of rights realisation but remain, for the majority, the barometer in which 'right' and 'wrong' are gauged by. Conclusions on cultural norms should not be derived from a place of ignorance. Instead, cultural norms should be seen as an enabler to leverage sustainable change with communities' whose culture has existed for time immemorial and long before the advent of the UN. To support this, an investment in local structures needs to be made through building the capacity of national NGO's, engaging with line ministries and county courts. Within this, the capacity is retained by people that know their culture and in-turn, they can be used as duty bearers for community rights holders.

278. Prevention: Key elements of an adequate prevention framework are formulated by the policy and procedural structures that an organisation has in place to guide and standardise approaches to the implementation of their wider PSEA framework, encompassing organisational management & governance, human resources, reporting, assistance & referrals, accountability & investigations, and corrective measures. The absence of any concrete efforts to put in place a standardised PSEA framework for UN entities, PSEA task force membership, including clusters, leaves the underpinnings of a transformative PSEA agenda more difficult to achieve. As to does the absence of standardised PSEA training, including in building the capacity of workforce and managers to create and maintain an environment that prevents and responds to SEA and hold leadership to account for creating and maintaining it. Beyond this, key gaps existed with regards to identifying and overcoming workforce barriers to reporting SEA, including the need to (i) address the influence of cultural norms and attitudes on non-reporting, (ii) enhance faith and trust in whistleblowing protections that also take into consideration the influence tribalism has on perpetuating safety and security fears amongst both international and national personnel.

279. To begin with, greater accountability on implementing standardised PSEA frameworks throughout South Sudan's humanitarian architecture needs to be achieved. As repeatedly emphasised, levels of UN entity and civil society buy-in to the PSEA agenda are variable. A '*two-speed*' system-wide implementation of the PSEA

agenda weakens collective efforts and opens the door for SEA to occur. As such, the tone needs to be set at the top and accountable roadmaps put in place to strengthen the weak spots and galvanise holistic support. A key component of this would be for all clusters, sub-clusters and working groups to undertake their own sector specific PSEA risk assessments and develop the sector PSEA strategy's that respond to the risks identified. As to would be the need to engage with stakeholders that have thus far fallen outside of the PSEA agenda's purview, for example, cattle camp leaders, military barracks and IDP site leaders. Government ownership and leadership of the PSEA agenda is critical and needs to be pursued holistically, both for sustainability but also to capitalise on the governments reach.

280. Identified by this report and the UN Women Gender Scorecard (2021)[133], gender parity in staffing has not been achieved (see '*Power Overview*' p.35-38 above). As highlighted previously, the absence of gender parity is problematic with regards to the (i) creation of equity based 'zero-tolerance' organisational cultures, and (ii) minimising the SEA risk posed by men, who according to UN system-wide allegations data, perpetrate 97% of reported UN SEA incidents. Achieving system-wide gender parity will require proactive engagement with all actors to ensure a roadmap is put in place to achieve this.

281. Currently implementation and adherence to the provisions of the '*UN Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners* '[134] is uneven across all UN entities. This is matched with varying degrees of UN workforce capacity on how to utilise and provide support to implementing partners during the *UN Implementing Partner PSEA Capacity Assessment* process. It is therefore fundamentally important that the capacity of the UN workforce is built on how to use the *UN Implementing Partner PSEA Capacity Assessment* tool sufficiently and appropriately. This should be undertaken within the wider context of ensuring that assessment and capacity efforts are standardised across all resident UN entities with implementing partners to reduce the risks of there being unequal PSEA capacity across UN implementing partners.

282. Highlighted by the *Inter-Agency PSEA Risk Assessment* (2024) was the varying degrees of capacity and utilisation of Inter-Agency PSEA Focal Points. Within the risk assessment, identified areas of capacity building support cut across all functional role and responsibility areas. The delivery of capacity building support should be ongoing, not only to build the required capacity but also galvanise team unity. Additionally, accountable annual workplans for focal points should be developed and implemented to ensure progress on PSEA is fragmented but to also create a sense of meaningful purpose amongst all Inter-Agency PSEA Focal Points.

283. Efforts to ensure that UN implementing partners sub-contractors adhere and implement their contractual obligations was not seen. Ensuring a process in-which standards are cascaded downstream should be developed and enforced. In-order to encompass non-UN implementing partners, advocacy on the new Draft NGO Act would perhaps be one avenue to explore.

284. Funding for PSEA remains enduringly problematic for all key actors – UN entities, international and national non-governmental organisations. There should be a strong commitment within the Inter-Agency PSEA Task Force to address this by (a) ensuring that all the aforementioned actors have their capacity built and supported with regards to (i) understanding the cross-cutting nature of a PSEA framework and how to mobilise the required financial resources to obtain and support it; (ii) all actors have their capacity built on how PSEA can and should be included in each and every funding proposal sent out; (iii) UN entities and international NGO's should ensure that donor allocations for PSEA are cascaded downstream to implementing partners; and finally (iv) the Inter-Agency PSEA Task Force, in their awareness of the gravity of the situation, should consider seeking technical support from resource mobilisation experts from with UN entities and/or international NGOs or recruited externally and strengthen cohesive linkages with the Humanitarian Donor Group (HDG).

285. Over reliance on Clear Check by UN entities has provided an impression of rigour and left SEA risk gaps that need to be closed. This risk being greatest amongst candidates recruited from outside of the UN system, the largest number, of which, are reported to be national staff. Safe recruitment policy procedures should be developed and rolled-out by the inter-agency PSEA Task Force so that all actors adhere to strict standardised safe recruitment procedure. Efforts to create a national database would also go a long way to identifying perpetrators and prevent them from being recruited, as too would be the utilisation of the 'Misconduct Disclosure Scheme', especially for national and local NGOs.

286. However, any endeavours on this should also be coupled with behaviour change communication that addresses the consequence of reporting perpetrators of transactional sex and exploitative relationships. Seen by community members as '*biting the hand that feeds them'*.

287. Safe, Accessible and Appropriate Reporting: With regards to community-based complaints mechanisms, the principles of reporting – safety, accessibility, confidentiality, and transparency – need to be rigorously implemented as part of a wider bottom-up leave no-one behind agenda. Although outputs specified the need for reporting mechanisms to be child sensitive, the requirement to ensure they are gender and disability sensitive were overlooked.

288. To begin with, it is of utmost importance that all UN entity and humanitarian architecture programmes and projects mainstream PSEA so that each and every programme has safe, accessible, confidential & transparent CBCMs based on bottom-up community buy-in and engagement. Linked to concerns of '*two speed'* buy-in and implementation (see para 278 above), it is fundamental to the structural integrity of a system-wide PSEA framework that any such weaknesses are addressed.

289. Much of getting '*safe, accessible and appropriate reporting'* right requires understanding behaviour and embarking upon a process of behaviour change. As is shown within respective chapters, there exists an enormous amount of intersectionality within reporting, disclosure and help-seeking behaviour that needs to be understood in a way that allows for barriers to reporting to be overcome and a process of behaviour change to be embarked on from the bottom-up.

290. Within gender-based violence programming there are a wealth of practices, knowledge and methodologies that can be used to support the development of behaviour change communication specifically for PSEA, whilst ensuring specific targeting of certain demographics, especially women, children and persons with disabilities, in the bottom-up development of such communication materials as a prerequisite to ensuring they are context specific, culturally relevant, child and disability friendly, based on overcoming barriers to reporting and importantly, are in local languages. By working in close coordination with the clusters, sub-clusters and working groups, awareness raising, and reach can be strengthened.

291. Further, the limitations of community-based complaints mechanisms should be recognised. Recognising that there are notable limitations with only relying on organisation-led reporting mechanisms to identify harm and abuse, including acknowledging that most children don't report or will report with delay, is important. Reporting, disclosure, and detection represent three important and instrumental procedures to moving "*beyond the impasse*" in overcoming all demographics inherent vulnerability, invisibility, and lack of agency in seeking help.

292. Victims' Rights to Assistance: Expectations of the '*UN Protocol on the Provision of Assistance to Victims of SEA'* to provide for the multiple dimensions and integrations of SEA victim assistance via a coordinated, system-wide approach that is based on '*existing services and programmes'* presents a notable conundrum. Therefore, ensuring rights-based, holistic, and integrated SEA victim assistance should begin with the identification and addressment of gaps in victim assistance and the roll out of the UN Victim Assistance Protocol, updating key actions with the 2023 Victim Rights Statement and also the IASC victim centred approach principles and key actions. As such, any future strategic approach should seek to ensure that the victim rights presented in these documents is supported with corresponding indicators and actions,

including targeted interventions for children, elderly and persons with disabilities. Partnerships with the government will be instrumental in achieving and sustaining efforts on victims' rights to assistance, including bridging gaps in integration through operationalising law enforcement (including Special Protection Units), the judiciary, gender desks, Chiefs councils and other relevant government arms as applicable.

293. Ensuring victims' right to remedy, accountability, and justice is complex and one that has been let down by the strategic approach thus far. Within this many structural challenges exist, including the absence of victims' voices in UN accountability and investigation procedure and the widespread human and financial capacity shortfalls to be found with many national NGOs and UN implementing partners. Practical solutions include the creation of a national NGOs investigators pool, supported by strict procedural rules on the way investigations should be conducted, including actions that ensure the integrity of investigations, which is something so often compromised in small organisations.

294. To overcome the structural weaknesses, a stand-alone victim assistance strategy should be developed that truly realises the victims' rights contained within the '*UN Victims' Rights Statement'*[135] and '*IASC Definition and Principles of a Victim Centred Approach'*[136]. Any strategy to be developed should be cognisant of the immediate, short-term and long-term needs of victims. As such, the strategy's reach should extend beyond the available GBV / Child Protection Area of Responsibility Services, to also include, for example, investigations, long-term assistance needs and support for children born of SEA. Additionally, such a strategy should identify practical solutions that reconcile the duty to report with victims' rights and wishes.

295. Fear of consequence was a prominent barrier to help-seeking for focus group participants. The right to be protected, is a central pillar of the victim centred approach, of which, the context of South Sudan underscoring the importance for it be addressed. Advocacy efforts on the '*Draft Anti-GBV Bill'* and the '*Draft Victims' and Witness Protection Law*' should be considered. Although workplan outputs included actions to understand the risk of SEA occurrence, there was no such effort to understand the risk to the safety, security, and well-being of victims. Additional barriers to help-seeking existed and were demographic specific. Linked closely with barriers to reporting, these should be incorporated into any future behaviour change approach.

296. Accountability and Investigations: The United Nations pervasive focus on misconduct and rigid investigative pathways entrenched within United Nations procedure are known to do a disservice to victims', accountability and justice but remain staunchly inflexible and resistant to change. It is a case of '*never the twain shall meet'*[23], with offices of legal affairs and the UN Office of Internal Oversight Services (OIOS) stuck in a realm that is not keeping pace with the UN's own protocols and procedure on victims' rights. The absence of '*victims' voice'*, key informants reported, is stark and heavily undermines any correct notions of victims' right to accountability and justice.

297. The limited [child and disability friendly] investigative capacities, a lack of examinations to document forensic evidence of sexual violence (including paediatric experts, a total absence of qualified child interviewing competencies, inclusive disability pathways and a poorly developed civil registration system (to know a child's age and parentage) directly impacts the evidentiary base from which investigations must begin.

298. The administrative accountability offered by the UN and NGOs is just one avenue of '*justice'* victims are entitled to pursue. Within the UN Victims' Rights Statement (2023) victims should also be afforded criminal and civil processes; the opportunity to seek remedies that acknowledge the harm; and support provided to children born of SEA. Within this, greater attention needs to be afforded to the provision of truly victim centred investigations, including the right to pursue legal redress; seek remedies that acknowledge the

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[23] Used to describe when two things are completely different, unsuitable for each other, or are unable to agree.

harm suffered, and support for children born of SEA. Operationalising this requires the many challenges to be addressed, including victims' / complainants withdrawing their testimony, witness protection, overcoming training and capacity gaps, ensuring psychological support. But put together, the pieces of an actionable and truly victim centred pathway is made.

299. The timeliness for investigations to begin and the long time they take to conclude was found to be variable and should be reviewed. Investigations should begin as soon as is feasibly possibly and concluded without delay to reduce the risks of (i) – evidence being destroyed, (ii) perpetrators absconding, and (iii) victims' and witnesses being intimidated and so on. To achieve this, options to be explored include (i) develop private sector partnerships to undertake investigations; (ii) build national civil society capacity through the creation of an '*investigators pool'* and (iii) administer independent oversight of investigations conducted [primarily] by national and local NGOs, that are often too small for investigation impartiality to be realised. And ensure investigative independence that [re] establishes community faith and trust in the accountability process.

300. Inter-Agency PSEA country level structure and strategy: Several key informants spoke of the UN centric nature of the inter-agency PSEA Taskforce strategic approach as a barrier to their participation and engagement. This UN centricity, by default, is also to be found in several outputs of both the *System Wide Implementation Strategy on PSEA in South Sudan (2018-23)* and it's respective workplans for 2022 and 2023. However, despite all PSEA Taskforce members being availed the same opportunities to engage at both the technical and steering committee level, challenges with engagement and accountable representation persist.

301. A rising tide floats all boats equally and to achieve this requires more collaborative discourse between inter-agency actors to identify and overcome the barriers to actors inclusive, equal, accountable, and fruitful engagement in the taskforce and wider PSEA agenda. This should be undertaken by a) international NGOs, b) national NGOs, including the South Sudan NGO Forum membership, c) the clusters / sub-clusters / working groups and d) UN entities (*see also para 277 to 285 above*).

302. For this to be achieved, key actions to be undertaken include (i) Strengthening cooperation between Juba and field, perhaps learning from the GBV AoR, who have dedicated persons that support a particular State.; (ii) Empowering field level task forces with leadership at the State level; (iii) Ensure that the capacity of Inter-Agency PSEA Focal Points is sufficiently built and matched by ensuring they are accountable for implementing workplans and have their performance appraised on them; and (iv) Build and/or utilise national monitoring and evaluation (M&E) capacity and devolve the administration of M&E functions to the field level task forces to ensure timely data capturing, greater accountability and enhanced strategic steer.

303. For this, the tone is to be set at the top. Evolving the UNCT / HCT responsibilities beyond those contained within the Management and Accountability Framework (2021), that is geared to enhancing UN entity buy-in, standardising PSEA frameworks within UN entities, and ensuring accountability to these responsibilities should be made.

Effectiveness – *are the objectives being achieved?*

304. Prevention: Uptake of the mandatory PSEA trainings across UN entities was good for staff but discrepancies existed with regards to consultants and other contractors. Additionally, concern is levied at the top-down focus on misconduct of the trainings. Key informants cited that this was problematic because it ignored the intersectionality within and between human behaviours that underscored the reasons as to why workforce perpetrators perpetrate and why workforce complainants don't complain. Efforts to understand and address these parameters should be made in-order for training to be provided that is based on workforce realities but still align with the code of conduct and policy instruments. This approach should be cascaded down to implementing partners and other NGOs falling outside the scope of UN implementing partner due diligence.

305. Workplan 2022 and 2023 outputs requiring '*leadership, managers and commanders know their personal and managerial responsibilities'* were assessed to be moderately satisfactory. Utilising evidence from the 2021 mid-term review of the strategy and key informant interviews, it is highly likely a two-speed UN still exists with regards to entity buy-in. As highlighted previously, greater accountability amongst UN entities should be made. This should be matched with standardised office-wide roles and responsibilities, supported by capacity development and behaviour change communication. This includes safe recruitment responsibilities for human resources.

306. Safe, Accessible and Appropriate Reporting: Emphasis on the 15 CBCM locations should not detract from the need for all projects and programmes within or near communities to also have community-based complaints mechanisms that comply with the principles of reporting and are designed with communities. This should be matched with overcoming deficiencies in the number of CBCM focal points, the number of CBCMs monitored for effectiveness and the number of CBCMs specific for each demographic, that are supported by standard operating procedures and have risk assessments routinely undertaken (see para 287).

307. Evidence provided by this review highlights the paramount need to ensure that all community-based complaints mechanisms are bottom-up, adhere to the principles of reporting and strengthen the components of community buy-in with the design, implementation, and monitoring of CBCMs. Highlighted equally, was the notable limitations of solely relying on reporting mechanisms as a means for identifying SEA cases. This is especially true given the particular way in-which children report or disclose – usually not at all or with delay. As such, parallel detection, for example community safety mapping, to name just one example, should be considered.

308. Despite great strides forward being made with regards to community awareness-raising. This belies the paramount need to engage each community demographic with behaviour change communication aimed at overcoming the numerous challenges and barriers that each demographic identifies.

309. With regards to the mandatory reporting requirement for personnel, greater clarity needs to be provided on reconciling the obligation to report with the victims' rights and wishes. Equally, there is a need to address and overcome additional to reporting. Such barriers have been highlighted within this report (see para 19), but they should be obtained through proactive workforce engagement and consultation to identify the barriers and design appropriate reporting pathways for personnel to use and establish faith and trust in whistleblowing protections, that address staff safety and security concerns.

310. Victims' Right to Assistance: Two of the four outputs were assessed to be '*moderately satisfactory',* with the output concerning reporting and investigation outcomes was assessed to be '*unsatisfactory'*. As discussed under 'relevance', the approach to victims' rights needs to be transformed in order to be truly victim centred. Barriers to help-seeking need to be addressed through target behaviour change community engagement that specifically seeks to identify and overcome such barriers. This needs to be supported by addressing the shortfall in geographical coverage and scope of services to ensure victims' have access to holistic assistance as per their rights entitlement and staff capacity-building.

311. Of concern is the ineffectiveness of community-based complaints mechanisms to identify SEA, and safeguard and refer the victim. Cited by key informants as their third most prevalent challenge to ensuring victims' rights, the reasons for this pointing to sub-optimal numbers of staff that are specifically trained on SEA victim assistance and referrals, and 63% of organisations interviewed not having standard operating procedures to guide the process.

312. Reporting and investigation outcomes need to be enhanced to include (a) the continuation of holistic victim assistance, if needed, regardless of the outcome of the investigation, (b) feedback being provided to the victim, (c) the right of the victim to complain if their rights have not been upheld and (d) the opportunity for

the entity to learn lessons from why the SEA incident occurred and to what extent victims' rights were provided. Finally, as mentioned under 'relevance', victims' right to redress, justice and accountability need to be realised.

313. Accountability and Investigations: All three   outputs were assessed to be '*moderately unsatisfactory'*. Recommendations can be found above under 'relevance'.

314. Inter-Agency PSEA country level structure and strategy: Three of the six outputs were assessed to be '*moderately satisfactory',* with the output concerning country level risk assessments being assessed as '*unsatisfactory'*. Outputs concerning that a full-time PSEA Coordinator be funded should not detract from the enormous amount of work implementing a national PSEA framework requires. As such, more attention needs to be given to how the inter-agency PSEA Coordinator's role can be supported. Either by additional staffing or by seeking human and financial support from the task force membership. The latter being an enduring and rather problematic point (see funding under efficiency below).

315. Despite good progress being made with regards to national PSEA focal points. Shortfalls in their PSEA task force meeting attendance points for the need to create actionable and accountable workplans that are anchored to the '*System-Wide PSEA Strategy*.' As country-level risk assessments were evaluated to be 'unsatisfactory', the application and roll-out of these can perhaps be something that PSEA focal points are responsible for.

Coherence *– is the strategy being implemented equally and with appropriate levels of cooperation?*

316. *Address challenges with engagement and accountable representation within the PSEA Taskforce:* A number of key informants spoke of the UN centric nature of the inter-agency PSEA Taskforce strategic approach as a barrier to their participation and engagement. This UN centricity, by default, is also to be found in several outputs of both the *System Wide Implementation Strategy on PSEA in South Sudan (2018-23)* and it's respective workplans for 2022 and 2023. However, despite all PSEA Taskforce members being availed the same opportunities to engage at both the technical and steering committee level, challenges with engagement and accountable representation persist and should be overcome.

317. A rising tide floats all boats equally and to achieve this requires more collaborative discourse between inter-agency actors to identify and overcome the barriers to actors inclusive, equal, accountable, and fruitful engagement in the taskforce and wider PSEA agenda. This should be undertaken by a) international NGOs, b) national NGOs, including the South Sudan NGO Forum membership, c) the clusters / sub-clusters / working groups and d) UN entities.

318. *Inter-agency actor capacity development and systems strengthening:* As previously mentioned, a chain is only as strong as its weakest link. Capacity building and behaviour change represent an opportunity to *'standardise'* procedure across the network of humanitarian actors within the country. Key roles and responsibilities within organisations need to be standardised and guided. These include (a) managers / leadership, (b) human resources, (c) programmes, and (d) operations / partnerships, as a minimum. For UN entities, efforts should be embarked upon that ensure each entity undertakes a journey to understand how PSEA can be mainstreamed throughout their country operations and develop annual workplans based on this, for which they are accountable to the RC / HC for implementing.

319. *Tailor PSEA approaches for those inter-agency actors left behind:* Some actors were seen to be left behind because they are unsure how the PSEA agenda applies to them and don't understand how to rectify this. This is especially the case for actors engaged in mine action, engineering, and logistics. Efforts to tailor materials and approaches in the areas should be made.

Efficiency – *is the strategy being implemented efficiently?*

320. *Funding:* With the inter-agency PSEA strategy (2018-23) being only 23% funded, and with constant reliance on short-term funding, the planning and implementation of a national PSEA framework is undermined. Innovative solutions need to be found, perhaps by securing guidance from resource mobilisation specialists.

321. All actors should see this as their responsibility to support their own and inter-agency efforts on funding PSEA. For example, the inclusion of PSEA in all funding proposals developed by each actor would be hugely advantageous. This could be mandated and supported with written and capacity development guidance on how PSEA can be mainstreamed through programmes/projects. Related to this is the importance of identifying critical needs to prioritise in-order to secure inception funding for them. Linkages with the Humanitarian Donor Group should be strengthened, and funding actively sought.

322. *Doing more with less:* Related to funding, is the need to understand and strategize on how best to become more cost-effective. For example, the use of national NGOs as implementing partners is cheaper and thus more cost-effective than international NGOs. Understanding what national NGOs can't do, so that international NGOs can fill the gap, will be critical in this regard. Further, an investment in monitoring and evaluation will equate to enhancements in cost-effectiveness (see below).

323. *Utilise the reach of the Rapid Needs Assessment:* Include PSEA in rapid needs assessments to '*sense check'* community awareness and behaviour change progress as part of a comprehensive monitoring and evaluation framework. Additionally, it would reinforce the strong message from the UNCT / HCT that PSEA should be part of a quality response that all humanitarian actors must commit to.

324. *Monitoring and evaluation:* Monitoring and evaluation is an important aspect of cost-effectiveness because it can be used to facilitate strategic adjustments based on the answers to key questions of what works and doesn't work so well.

325. The *2021 Mid-Term Review, System Wide Implementation Strategy on PSEA in South Sudan (2018-2023)* emphasised that the strategy was compromised by not being data driven. Not only in-terms of not having a comprehensive, well-thought-out monitoring and evaluation framework but also by actors differing approaches to interpreting indicators and classifying data.

326. Although the development of indicators for normative work can be challenging, they should seek to answer the question – "*what would we expect to see as verifiable evidence of the achievement of this outcome or impact?*" by being specific, measurable, attainable, relevant, and time-bound (SMART) and ideally supported by a theory of change and performance monitoring data.[137]

> Interventions uniformly interpreted and instigated throughout the sector offer plausible chances of success. Effective change management requires this. *(MTR (2021) Inter-Agency PSEA Strategy, p.8)*

327. This is not only beneficial from an evaluation perspective but also an accountability and efficiency perspective. By *being SMART,* more leverage can be applied in holding actors to accountant for impact, or lack, therefore. By having accurate baseline data, the extent of the '*problem'* is understood and so is progress toward '*solutions*. As such, a more efficient use of resources can be made. This includes the importance of also measuring the effectiveness of awareness raising and training. Key informants uniformly reported that progress and the effectiveness of awareness-raising and training is not being done. Should the next inter-agency PSEA strategy include behaviour change then the effectiveness of these initiatives to change behaviour will require an appropriate monitoring and evaluation solution.

328. In-order to facilitate '*accountability for impact'* indicators need to be written in a way that facilitates actors' implementation, compliance, and accountability of them. By way of example, a specific, measurable, and achievable indicator would be - '*Number of management improvements made'*, that in turn leverages and requires actors to be accountable for impact.

329. *Measure the Effectiveness of Awareness-Raising and Training:* By way of an example, outcome 2 of the 2023 workplan is used here to illustrate what is meant.

UNCT-HCT PSEA 2023 Workplan Outcome 2: *Safe & Accessible Reporting* Indicators	Example revised SMART indicator:
2.1.a. UNCT/HCT Inter-agency SOPs on community-based feedback and complaint mechanisms and/or networks	UNCT/HCT Inter-agency SOPs on community-based feedback and complaint mechanisms, and/or networks reflects [specific] IASC standards and is formally adopted by [specific actors] in the form of a binding agreement.
2.2. c. Number of individuals within the affected population (disaggregated by age and gender) reached with key messages and awareness-raising material on PSEA.	Percentage change in '*safe and accessible reporting*' awareness of individuals within the target group (disaggregated by age & gender)

Sustainability – *likelihood of positive results being achieved in the long run?*

330. *Funding:* See efficiency section above.

331. *Community engagement:* Community engagement has not been tailored to context and local perceptions. As previously detailed, addressing this is vital to build trust, understand barriers to reporting and help-seeking, and tailor CBCMs and victim assistance. The chapters 'Safe, Accessible and Appropriate Reporting' and 'Victims' Right to Assistance' should be used as a springboard for action in this vitally important area.

332. *Skills and capacity:* Delivering a national PSEA framework is currently being jeopardised by its expectations not being matched by expertise. Such shortfalls have been identified throughout this review and include but aren't limited to (1) ensuring all actors have staff with the skills and capacity to implement PSEA in their area of work e.g. senior management, human resources, programmes, operations & resource mobilisation. (2) build the capacity of national inter-agency PSEA focal points in priority areas. (3) Undertake a skills and capacity audit along the reporting and response pathway and respond accordingly, and finally (4) seek more dedicated inter-agency capacities through, for example, recruitment of UN Volunteers / Junior Professional Officers (JPO's) to provide support to the South Sudan NGO Forum membership and Inter-Agency PSEA Field Level Task Force.

333. *Measuring and demonstrating impact:* The PSEA agenda should be one of process and not solely of content. Key questions on this should be explored in-order to answer, for example – has there been a reduction in SEA? Are we managing to change behaviours? Are the CBCMs being used by children, persons with disabilities etc?

334. *Coordination and ownership:* Uneven levels of commitment and buy-in have been highlighted and emphasised throughout this report (see Coherence above). How each organisation prioritises PSEA comes down to more than their recognition of its importance and requires strategic thought and purposeful actions that address (a) human and financial resource constraints, and (b) the identification and overcoming of their barriers to inclusion, participation, and engagement.

335. The findings of this review show that although the majority of actors (54%) considered their strategic alignment with inter-agency PSEA agenda to be a positive scale 4[24]. The majority of actors (59%) also felt that they had limited financial and human resource capacity to adequately deliver on PSEA expectations. Concerningly, 22% of actors consulted for this review stated that although they were part of the inter-agency PSEA Network, they have not been requested to undertaken additional PSEA responsibilities or activities. And 18% of actors consulted stated that they were part of the inter-agency PSEA Network but had no engagement.

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[24] *Alignment Scale 4:* Our organisation is part of the inter-agency PSEA Network, and we aligned strategically by (a) actioning what the PSEA Network expects of us, and (b) implementing what is expected of us by our UN partner through UN Implementing Partner PSEA Assessment process.

Annex 1: Inter-Agency PSEA Deep Dive Review Terms of Reference

Terms of reference for PSEA Deep Dive Review Consultant (Revised 5 April 2023)

United Nations Core Values: Integrity, Professionalism, Respect for Diversity

Context

Protection from Sexual Exploitation and Abuse (PSEA) is a high priority for the United Nations Country Team (UNCT), Humanitarian Country Team (HCT), and the United Nations Mission (UNMISS) in South Sudan. The South Sudan systemwide PSEA strategy for 2018 – 2022, extended to June 2023, remains the bedrock for system-wide planning, implementation, monitoring, reporting, and coordination of PSEA at national and subnational levels. The strategy extension was warranted due to implementation challenges caused by capacity gaps, resource constraints, COVID-19 travel restrictions and to allow time for developing a new system-wide PSEA strategy in an inclusive and participatory manner.

Unconducive conditions, including an unprecedented humanitarian crisis with heightened vulnerability of populations, continue to drive sexual exploitation and abuse (SEA) making South Sudan one of the top countries in the world. In 2022 alone, over 8.9 million people need urgent assistance and protection. Poverty, armed conflict marked by systemic sexual violence, subnational and inter-communal violence, and recurrent climatic and economic shocks, combined with limited access to basic social services and high levels of food insecurity remain the primary drivers of SEA.

Deep-rooted gender inequality in education, economic opportunities, and decision-making as well as harmful socio-cultural norms characterize inequalities in South Sudan. Gender-based and conflict-related violence and weakened social and community support systems perpetuate vulnerabilities and marginalization, disempowering women, and girls. Over 52%[138] of girls are married or in another form of union before the age of 18, and approximately 9%[139] of girls in South Sudan are married before the age of 15. Around 65%[140] per cent of women and girls have experienced physical and/or sexual violence in their lifetimes. In South Sudan, the prevalence of female genital mutilation (FGM) is estimated to be as high as 40%[141]. It's important to note that data on child marriage and gender-based violence in South Sudan can be difficult to gather due to ongoing conflict and displacement in the country, so these statistics may not be fully representative of the situation. These entrenched fragilities and inequalities have further been exacerbated by the COVID-19 pandemic exposing those in vulnerable situations to increased risks of sexual exploitation and abuse. The substantial presence and co-location of humanitarian, development and peacekeeping personnel and vulnerable affected populations, imbalances of power, and staggering wealth and income inequality are aggravating factors.

Background

The South Sudan PSEA Taskforce was established in 2007 and revitalized in 2016 as a system-wide coordination body, under the leadership of the Deputy Special Representative of the Secretary-General (DSRSG), UN Resident Coordinator and Humanitarian Coordinator (RC/HC). The PSEA Taskforce includes UN agencies, funds, and programmes, the UNMISS, and all other categories of institutions and entities having direct cooperative and or contractual arrangements with the UN such as international and national NGOs, partners, and service providers. The Taskforce has established 15 field-level PSEA Taskforces, with specific terms of reference in priority risk locations where service providers and aid organizations are present. The taskforces provide oversight to established Community Based Complaint Mechanisms (CBCMs), with different levels of functionality, across high-risk locations in Aweil, Bentiu, Bor, Jamjang, Juba, Kuajok, Maban, Malakal, Mingkaman, Pibor, Rumbek, Torit, Yambio, Yei, Wau.

With the current PSEA strategy expected to end in June 2023, the UNCT and HCT are proposing to develop a new systemwide strategy for PSEA to run from July 2023 to 2026. The new strategy will be informed by the

midterm review of the PSEA Strategy (2021), 2022 PSEA quarterly and annual reports, Joint SEA risk assessment (to be conducted concurrently with the PSEA deep dive review) and report of the PSEA deep dive review of existing PSEA mechanisms in South Sudan to be conducted by external PSEA specialists.

It is against this background that the UNCT and HCT in South Sudan is looking for an experienced PSEA evaluation and strategic planning consultant to conduct the PSEA deep dive review. The review is expected take place in a period of not more than four months, from April – July 2023.

The consultant will conduct the PSEA deep dive review based on existing PSEA mechanisms and programmes at inter-agency/ PSEA Taskforce and its members/ entities, the UN agencies, funds and programmes, national and international NGOs, the donors, implementing partners and UN vendors and contractors in South Sudan. The external consultant will review the effectiveness, relevance, coherence, efficiency, impact, and sustainability of the existing PSEA mechanisms and programmes in South Sudan to inform the development of a systemwide mechanism for collective accountability for zero tolerance on sexual exploitation and abuse. The consultant is also expected to review the appropriateness of existing coordination structures and funding modalities for PSEA work in South Sudan. The PSEA deep dive review will be conducted in an inclusive and participatory manner, in consultations with victims/ survivors of SEA, women, children, young people, communities, community-based groups, national and international NGOs, UN vendors and contractors, implementing partners, UN entities and donors.

Purpose
The overall purpose of the assignment is to conduct a deep dive review of existing PSEA mechanisms and programmes in South Sudan. Specific objectives are to:
- Review the effectiveness, relevance, coherence, efficiency, impact, and sustainability of the existing PSEA mechanisms and programmes in South Sudan by end of July 2023.
- Review the appropriateness of existing coordination structures and resourcing for PSEA programming in South Sudan.
- Propose concrete recommendations to inform development of a new Systemwide mechanisms to address sexual exploitation and abuse in South Sudan.

Duties and Responsibilities
Under the overall guidance and leadership of the UN Resident Coordinator/Humanitarian Coordinator and PSEA Taskforce Co-chairs, and day-to-day guidance of the Head of UN Resident Coordinator's Office and PSEA Coordinator, the PSEA Deep Dive Review will be administered by UNFPA under technical supervision and support of UNFPA Emergency Coordinator and UNFPA PSEA/GBV Specialist. The consultant will work directly with UNFPA team with necessary technical inputs from the PSEA secretariat to conduct a review of the effectiveness, relevance, coherence, efficiency, impact, and sustainability of the existing PSEA mechanisms and programmes at inter-agency/ PSEA Taskforce and its members/ entities, the UN agencies, funds and programmes, national and international NGOs, the donors, and the private sector in South Sudan. He/she will also review the appropriateness of existing coordination structures and funding modalities for PSEA work in South Sudan

Specific duties and responsibilities will include:
1. Develop and present an inception report and an action plan for conducting the PSEA deep dive to the PSEA Taskforce Co-chairs for approval. The inception report should include a stakeholder mapping, an initial desk review/ literature review of not more than 10 pages including a high-level assessment of SEA risk and outlining gaps in information and data, reporting and response to allegations of SEA, investigations, and accountability for zero tolerance to SEA policy; and the methods to be adopted to address the gaps in existing PSEA mechanisms/ programmes. The inception report should also outline how the DAC criteria (effectiveness, relevance, coherence, efficiency, impact, and sustainability) would be defined and measured within the South Sudan context and should indicate where gaps in information may present challenges in measurement. The consultant will meet with PSEA Reference Group and Humanitarian Donors Group to agree on the scope of the review.

2. Undertake stakeholder consultations (members of affected community, victims/ survivors of SEA, government, national and international NGOs, the private sector, donors, the UN) to assess the effectiveness, relevance, coherence, efficiency, impact, and sustainability of the existing PSEA programmes.
3. Conduct review meetings and/ or workshops with UN Entities, Government, Donors, National and Field level PSEA taskforce, NGOs, civil society, private sector, victims/ survivors, and members of the affected community. This will include analysis of strengths, weaknesses, opportunities, and threats to address sexual exploitation and abuse, PSEA coordination structures, reporting mechanisms, victims' assistance, and response mechanisms to allegations of SEA, investigations, and accountability for addressing SEA and resourcing for PSEA programming. The review will also identify risks and mitigation measures; and propose recommendations to ensure PSEA is right sized to local perceptions on sexual exploitation and abuse in South Sudan. This will include recommendations to improve prevention, reporting, victims' assistance, and investigations to improve collective accountability for zero tolerance to inaction on sexual exploitation and abuse in South Sudan.
4. Conduct a validation workshop for findings of the PSEA deep dive review of existing PSEA mechanisms and programmes in South Sudan
5. Edit and finalize report of the PSEA deep dive review; and present final detailed report and synthesis report of the PSEA deep dive.

Methodology and approach: The consultant is expected to work in collaboration with one of the local organizations/ research institutes of choice (Safeguarding resource Support Hub/ Conflict Research Centre and/ or Rift Valley Institute) in Juba. The local organizations/ research institutes will provide insights into local perception on sexual exploitation and abuse and tailored-advice for conducting an inclusive and participatory PSEA deep-dive review in South Sudan.
The consultant will conduct the PSEA deep dive review in an inclusive and participatory manner, in consultations with victims/ survivors of SEA, women, children, young people, communities, community-based groups, national and international NGOs, implementing partners, UN vendors and contractors, UN entities and donors.

The consultant will adopt a victim-centred approach ensuring that the review is organized with care, ensuring safety and confidentiality. Consultations should be organized in safe and neutral locations where victims and members of affected population can express themselves freely without fear to be stigmatized. Different modalities for engagement will be adopted based on the context while ensuring effective engagement including those marginalized groups and hard-to-reach places/populations. These will include desk reviews, virtual and face-to-face engagements, workshops, meetings and focused group discussions with new and existing networks/structures and mechanisms at sub-national, national, and global level.

The UK Foreign Commonwealth and Development Office can provide some technical expertise to support the consultant with this deep dive. The support could involve technical support on the elaboration of methodological approach for the review, data collection and analysis, and elaboration of findings and recommendations. This support would involve an FCDO Humanitarian and Safeguarding expert who could provide 3-4 weeks remote support from London and 1-2 weeks support in country (depending on timing and availability). This technical expertise offer also includes inputs from the British Embassy Juba's Social Development Adviser who is available to provide inputs into the methodological approach and other aspects of the assessment. The consultant will meet with the FCDO to agree the nature of the support.

Expected deliverables
a. Inception report detailing understanding of the assignment, the key areas of inquiry to be prioritized for the deep dive review, methodology, detailed work plan and schedule for completion of the assignment.
b. Deep dive review report of existing PSEA system and programmes including coordination structures and funding modalities for SEA work highlighting the findings, conclusions and recommendations on the effectiveness, relevance, coherence, efficiency, impact, and sustainability of the existing PSEA programmes.

c. A 10-page synthesis report of the existing PSEA mechanisms including coordination structures and funding modalities for SEA work highlighting strengths, weaknesses, opportunities, and threats; and proposed recommendations to address the identified gaps in the development of the new strategy.

Work Location: South Sudan
Expected Duration: The assignment will be undertaken from April – June 2023.

Qualifications/Special Skills:

Skills:
* Strong development planning and strategic planning skills coupled with strong writing skills and excellent communication skills with multiple stakeholders.

Academic Qualifications:
* Advanced university degree in public administration and public policy, gender, human rights, law, or related social sciences field.

Experience:
* 7 years' experience in conducting complex evaluations and strategy development in the field of humanitarian, development and peace keeping contexts for the UN and / or international organisations.
* Extensive knowledge on mainstreaming protection, gender and human rights in projects and programmes with extensive professional experience in the area of Protection from Sexual Exploitation and Abuse and accountability to affected populations.
* Extensive knowledge and experience on results-based management/reporting with hand-on-monitoring and evaluation experience on Protection from Sexual Exploitation and Abuse
* Evidence of having carried similar assignments supporting the evaluation and development of strategies on PSEA programmes and strategies.
* Prior relevant experience and knowledge of South Sudan or relevant context is an added advantage.
    Language:

* Fluency in English is required

Annex 2: Review Matrix by Evaluation Criteria

Relevance Review Questions – *are the right things being done?*			
Review question [s]	**Review sub-question [s]**	**Review focus areas**	**Data Collection Methods & Information Sources**
To what extent is the inter-agency strategic approach on PSEA relevant, technically adequate, and effective solution to eliminating the main causes of the "SEA problem"?	- To what extent is the inter-agency PSEA strategy, and its procedures, mechanisms and policies aligned to international good practice on PSEA?	- Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy, 2018-213	- Desk review - Benchmarking - KIIs
	- To what extent is the strategic PSEA intervention and design based on target group[s] engagement perspectives / gender / culture and country context barriers and challenges to (a) preventing SEA, (b) reporting SEA, (c) accessing victim assistance, and (d) pursuing accountability? - What are the external or contextual factors that contribute to or hinder effective PSEA framework implementation at the community level? - What concrete examples of what is/isn't working in South Sudan are there?	- ·Outcome 2: Safe & accessible reporting - Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations	- Desk review - KIIs - Process evaluation - Qualitative comparative analysis - FGDs
	- Are current victim referrals, victim assistance service provision and investigations	- Outcome 3: Victims' right to assistance	- Desk review - KIIs

	sufficiently victim-centred? To what extent is the newly adopted IASC definition of 'victim centredness' known, understood and implemented?	- Outcome 4: Accountability & investigations	- Process evaluation - Qualitative comparative analysis - FGDs
	- Is the PSEA strategic intervention consistent with the localisation and leave no one behind agendas?	- Country context - Outcome 2: Safe & accessible reporting - Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations - Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy, 2018-213	- Desk review - KIIs - Process evaluation - Qualitative comparative analysis - FGDs
	- What capacity for (a) child rights, and (b) disability rights informed victim centred assistance and investigations exist?	- Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations	- Desk review - KIIs
	- To what extent have lessons been learned from what works well and less well and used to improve and adjust strategic implementation?	- Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	- Desk review - Benchmarking - KIIs
	- To what extent is the reporting – referral pathway supported by correct	- Outcome 2: Safe & accessible reporting	- Desk review - KIIs

	information management protocol procedures?	- Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations	- Process evaluation - Qualitative comparative analysis - FGDs
	- To what extent and how is caseload data, managed, monitored, and evaluated and used to improve understanding of the countrywide picture and inform strategic decision making?	- Outcome 2: Safe & accessible reporting - Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations - Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	
	- To what extent do individual inter-agency actors prioritise, comply, and have in place appropriate structures, human and financial resources to effectively address PSEA internally and externally within the operating environment? (as per MOPAN indicators, reference Annex 3)	- Outcome 1: Prevention - Outcome 2: Safe & accessible reporting - Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations	- Desk review - KIIs - Process evaluation
	- What barriers and opportunities exist to curtailing harmful behaviours and creating caring and compassionate inter-agency actor organisations?	Outcome 1: Prevention	- Desk review - KIIs - Process evaluation - Qualitative comparative analysis - FGDs

	- What scenarios or factors "allow" SEA to take place?	- Outcome 1: Prevention - Outcome 2: Safe and Accessible Reporting - Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations	

Effectiveness Review Questions *– are PSEA interventions achieving their objectives?*

Review question [s]	Review sub-question [s]	Review focus areas	Data Collection Methods & Information Sources
To what extent has the inter-agency PSEA strategy achieved its intended objectives and results? What are the reasons for the achievement and non-achievement of objectives?	- What can be done to make strategic interventions on PSEA more effective?	- Country context - Outcome 1: Prevention - Outcome 2: Safe and Accessible Reporting - Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations - Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	- Desk review - Benchmarking - Process evaluation - KIIs
	- To what extent has the inter-agency PSEA strategy achieved differential results across geographies and target groups? What are the enabling and inhibiting factors that caused this?		
	- To what extent are inter-agency M&E approaches standardised across all actors? What difficulties exist in measuring strategic progress? To what extent can changes that have occurred during the life span of the strategic period be identified and measured? How are strategic adjustments informed?		- Desk review - Benchmarking - KIIs

Efficiency Review Questions *– how well are resources being used?*

Review question [s]	Review sub-question [s]	Review focus areas	Data Collection Methods & Information Sources
To what extent has the inter-agency strategic intervention on PSEA delivered results in an economic and timely way?	- Could an altogether different type of intervention have effectively addressed PSEA but at a lower cost? - What mitigating factors enabled or inhibited the delivery of results in an economic and timely way?	- Country context - Outcome 1: Prevention - Outcome 2: Safe and Accessible Reporting - Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations - Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	- Desk review - Benchmarking - KIIs - Process evaluation

Coherence Review Questions – *is there consistency across all inter-agency actors and implementation?*

Review question [s]	Review sub-question [s]	Review focus areas	Data Collection Methods & Information Sources
To what extent is there coherence between inter-agency actors (harmonisation, complementarity & coordination) on PSEA and consistency in which interventions are implemented?	- To what extent does the inter-agency PSEA strategy take into account the interconnectedness of humanitarian problems existing within the country? (e.g., PSEA linkages with GBV, child protection, food security, and conflict etc) - Is the strategic intervention on PSEA consistent and complimentary with inter-agency actors' priorities? What enabling and inhibiting factors influence inter-agency actor ability and willingness to	- Country context - Outcome 1: Prevention - Outcome 2: Safe and Accessible Reporting - Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations - Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	- Desk review - Benchmarking - KIIs - Process evaluation - Qualitative comparative analysis - FGDs

	engage with inter-agency strategic efforts on PSEA?		
	- To what extent is a coherent, coordinated & effective approach to implementing PSEA frameworks within individual inter-agency actor organisations (see Annex 3 - MOPAN) and with their cooperating partners (by type e.g., UN IP PSEA Capacity Assessment) provided?		
	- Is the inter-agency strategic intervention consistent and complementary with PSEA activities supported and / or implemented by other organisations. Inter-agency actors and donors?		
	- To what extent Is national level inter-agency PSEA strategy management and coordination (Juba) sufficient in supporting UN personnel and cooperating partner buy-in / ownership / engagement and implementation at the regional level?		

Impact Review Questions – *what difference have strategic PSEA interventions made?*

Review question [s]	Review sub-question [s]	Review focus areas	Data Collection Methods & Information Sources
What are the intended and unintended, positive and	- What do beneficiaries and other stakeholders affected by the strategic intervention perceive to be the effects of	- Country context - Outcome 1: Prevention	- Desk review - KIIs - Process evaluation

negative, results of the inter-agency strategic intervention on PSEA?	the intervention on themselves?	- Outcome 2: Safe and Accessible Reporting	- Qualitative comparative analysis
	- What is the impact of the strategic intervention on cooperating partners implementing it? To what extent has the inter-agency strategy contributed to capacity development / human / financial resources?	- Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations - Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	- FGDs
	- To what extent can changes that have occurred during the life span of the PSEA strategy be identified and measured?		
	- What would have occurred without the inter-agency strategic intervention on PSEA?		
	- Have plausible alternative explanations for the attainment of results / non-results been identified and ruled out?		

Sustainability Review Questions – *will strategic PSEA achievements last?*			
Review question [s]	**Review sub-question [s]**	**Review focus areas**	**Data Collection Methods & Information Sources**
To what extent will the net benefits of the inter-agency strategic intervention on PSEA continue,	- To what extent is the inter-agency strategic approach to PSEA considered long-term, embedded, and responsive to context specific challenges? (e.g., gender, culture, emergency context).	- Country context - Outcome 1: Prevention - Outcome 2: Safe and Accessible Reporting - Outcome 3: Victims' right to assistance	- Desk review - Benchmarking - KIIs

or are likely to continue, for the long-term? *(e.g., by addressing underlying structural issues and building capacity of local and national institutions at the country level)*		- Outcome 4: Accountability & investigations - Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	
	- To what extent is there government ownership and engagement on inter-agency PSEA strategic efforts? What opportunities, enabling and inhibiting factors exist in engaging with the Government of South Sudan as an important actor in achieving long-term effectiveness & sustainability?	- Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	
	- To what extent is there financial capacity amongst inter-agency actors to maintain and deliver results on PSEA?	- Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	
	- To what extent are inter-agency PSEA strategic efforts in tune with national, regional and local institutional and cultural contexts?	- Country context - Outcome 1: Prevention - Outcome 2: Safe and Accessible Reporting - Outcome 3: Victims' right to assistance - Outcome 4: Accountability & investigations	
	- What are the external or contextual factors that contribute to or hinder effective PSEA framework implementation at the community level? What concrete examples of what		- Desk review - KIIs - Qualitative comparative analysis - FGDs

	is/isn't working in South Sudan are there?	- Outcome 5. PSEA Inter-Agency Country Level Structure & Strategy.	
	- What enabling and inhibiting factors exist to ensuring community / beneficiary ownership, buy-in and help-seeking (by demographic)?		- Desk review - KIIs - Process evaluation - Qualitative comparative analysis - FGDs

Annex 3: Focus Group Discussion Questions

STRATEGIC OUTCOME AREA:	FGD QUESTIONS: *Answers collected by notetaker should be supported by data e.g., number of participants out of total who supported a specific opinion*	DATA:
OUTCOME 1: PREVENTION	1. What do you believe is **unacceptable** sexual misconduct by humanitarian workers? 2. What types of sexual misconduct by humanitarian workers do you think is **acceptable**? **NOTE:** Do not provide examples at this stage. Let the participants answer freely about what they think is acceptable and unacceptable conduct. Once this is done and the participants have provided their inputs, you may ask the participants Q.3 3. Do you consider the following conduct – acceptable? Or Unacceptable? And why? a. Sex for food? Sex for money? Sex for jobs? b. Having a relationship with a UN or NGO worker? c. Sexual assault, including rape. 4. How would your community react / respond in cases of violence and SEA? a. Caused by members of their own community? b. Caused by UN and NGO personnel? c. Is there a difference? Why?	
STRATEGIC OUTCOME AREA:	FGD QUESTIONS: *Answers collected by notetaker should be supported by data e.g., number of participants out of total who supported a specific opinion*	DATA:
OUTCOME 2: SAFE & ACCESSIBLE REPORTING	1. Do you know where to report SEA? **NOTE** : Ensure participants understand that you are asking about SEA-sexual misconduct perpetrated by humanitarian workers and where to report it – not S/GBV. a. If participants say YES, they know where to report –ask them: ⇒ Where and what type of SEA reporting mechanism it is? ⇒ Have they been told by the UN / an NGO that they can report SEA there? ⇒ Is the reporting mechanism 'user friendly', accessible and overcomes community barriers to reporting? • *Barriers = physical (too far, doesn't accommodate disability, requires people to read/write or have phone signa / access to email & internet). Perceived barriers (concerns about lack of confidentiality, fears of retaliation, stigma, shame etc)* 2. Would you report SEA perpetrated by an international humanitarian worker? A national humanitarian worker? a. *Ask the question for each – international and national (race, gender, age, nationality)– see if there is a difference in the answers you receive.* **NO / MAYBE**– why is this? What concerns / fears / barriers do they have? **YES** – why is this? **NOTE:** Do not provide examples at this stage. Let the participants answer freely ab[...] not report SEA via the reporting mechanism. Once this is done and the participants have [...] inputs you may ask the participants Q.3 If not addressed by the participants themselves in Q2, then ask if they would have any of the following concerns when reporting SEA: a. Do not trust the UN / NGOs etc to provide help? Why? b. Who do they trust? Is there a difference between international and national staff? c. Concerns of confidentiality? Why?	- *How many know where to report SEA?* - *How many have been informed by the UN or NGO about the SEA reporting mechanism?* - *How many do NOT find the reporting mechanism accessible or 'user-friendly'?* *How many would report SEA perpetrated by a -- international humanitarian workers?* - *national humanitarian workers?* *How many trust the UN / NGOs to help them?*

	d. Concerns for their safety? Why?
	e. Can't access reporting mechanism? Why?
	
	Thinking about your answers in Q3:
	What factors would ensure that the SEA reporting mechanism[s] would become trusted and utilised mechanism[s] within the community?
	   ⇒ Providing assurances over confidentiality concerns.
	   ⇒ Providing assurances over safety and wellbeing concerns.
	   ⇒ Overcoming accessibility barriers [please note what these are].
	   ⇒ Others_____ [please note]
	
	What methods and / or type of SEA reporting mechanisms[s] would you prefer and why?
	   ⇒ Reporting through traditional community structures.
	   ⇒ A local service or institution e.g., health clinic, school____ [please note]
	   ⇒ Verbally / In-person / Helpdesk
	   ⇒ Telephone hotline or similar.
		How many have no concerns about reporting SEA?
		How many had – confidentiality concerns?
		
		Safety & well-being concerns?
		
		Accessibility concerns?
		
		How many preferred reporting SEA through?
		
		• *Traditional community structures?*
		• *A local service?*
		• *In-person?*
		• *Telephone?*

STRATEGIC OUTCOME AREA:	**FGD QUESTIONS:** *Answers collected by notetaker should be supported by data e.g., number of participants out of total who supported a specific opinion:*	

OUTCOME 3: VICTIMS RIGHT TO ASSISTANCE	1. Are any of the following victim assistance services available to you locally?	

Victim assistance service available locally?	Number participants said YES, it is available locally:	Number participants said NO it is not available locally:
Victim assistance for children of any type available locally? (if available – specify what service it is)		
Victim assistance for persons with disabilities of any type available locally? (if available – specify what service it is)		
Health care for victims of sexual harm and violence		
Psychosocial support for victims of sexual harm and violence		
Safety and protection for victims of sexual harm and violence		
Legal support for victims of sexual harm and violence		
Livelihood and basic material assistance for victims of sexual harm and violence		
Children born of SEA – support pursuing paternity claims and child support.		

	2. Would you want help from the victim assistance services available? a. Yes. Why is this? b. No. Why is this? What concerns / fears and/or barriers exist?	How many would not want victim assistance?
OUTCOME 4: INVESTIGATIONS & ACCOUNTABILITY	Explain to participants that an investigation would be conducted by the alleged perpetrators organisation. 1. Would they want the UN / NGO to conduct an investigation if they were the victim of SEA perpetrated by a humanitarian worker?	How many would not want a UN / NGO investigation to take place?

	a.　NO – why is this? What concerns / fears do they have? 　i. Concerns of confidentiality ii. Concerns for their safety 　　b.　YES – why is this? 　2.　If no - What factors would ensure that they would want the UN / NGO to conduct an investigation? What would they like to see happen that would alleviate their concerns and fears? 　3.　Would they want the police to conduct an investigation if they were a victim of SEA perpetrated by a humanitarian worker? 　　a.　NO – why is this? What concerns / fears do they have? 　　i.　Concerns of confidentiality 　　ii.　Concerns for their safety 　　b.　YES – why is this?	How many would want the police to investigate?
COUNTRY CONTEXT:	If not addressed by participants in the above questions, then seek to understand SEA risks, enabling & inhibiting factors in the country context (as applicable): 1.　**Key actors:** Government engagement, buy-in, capacity & action, sustainability, ii) inter-agency actor engagement (including clusters), buy-in, coordination, capacity & sustainability. 2.　**Community / beneficiaries:** i) community help-seeking influences, culture, societal norms & individual capacities; ii) human rights and gender equality. 3.　**Country typology:** i) Laws, law enforcement, accountability for all forms of GBV & violence ii) access to and provision of victim assistance services of all types; iii) geographical remoteness, localisation & leave no one behind agendas; iv) the conflict & inter-communal violence. 4.　**Covid-19:** Impact of Covid-19 on strategic implementation 2018-23 and whether it's still a factor.	

Annex 4: Key Informant Interview Questions and Data Collection

Outcome Area 1: Prevention

Definitions and guidance on indicators:	
Outcome area 1: Prevention	**Expectations of UNCT / HCT Country PSEA Strategy:** All staff and related personnel[25] know the UN standards of conduct for protection from sexual exploitation and abuse and understand their personal and managerial/ command responsibilities to address sexual exploitation and abuse and other misconduct. **UN Implementation Partner Capacity Assessment** role out, implementation and adherence **IASC Minimum Operating Standards PSEA** (for non-UN IPs) implementation and adherence
Indicator 1: Number and percentage of stakeholder organisations (inter-agency PSEA actor) that are committed and aligned to the UN inter-agency PSEA agenda	
Indicator type	Quantitative and qualitative
Unit of measure	Scale and verbal
Means of verification	KIIs
Indicator 2: Number and percentage of UN implementing partners instructed to engage with UN Implementing Partner PSEA Capacity Assessment process by UN partner.	
UN Implementing Partners	UN Implementing Partner PSEA Capacity Assessment
Indicator 3: Number and percentage of stakeholder organisations, that are not UN implementing partners, that adhere to IASC Minimum Operating Standards on PSEA (MOS-PSEA)	
For non-UN implementing partners	IASC Minimum Operating Standards on PSEA (MOS-PSEA)
Indicator 4: Stakeholder organisation's personnel, regardless of their contract type (full-time, part-time, consultants, volunteers etc), receive quality (a) PSEA induction training when joining the organisation; (b) mandatory PSEA training is provided to all existing personnel; and (c) all personnel receive annual PSEA refresher training	
Indicator type	Quantitative
Unit of measure:	Number (#) and percentage (%)
Definition - staff and associate personnel	The organisation's personnel, regardless of their deployment time or type of contract (full-time, part-time, consultants, volunteers), will receive induction briefings, PSEA specific training and refresher.
Mandatory training on PSEA	Includes both first-time training and a refresher such as: ⇒ Induction briefing on conduct and discipline issues. It can be provided as a stand-alone briefing session or as part of the induction security briefing. ⇒ Mandatory training (online or in person) on PSEA that includes information about what SEA is, different forms of SEA, and UN/organisation's policies and regulations. ⇒ Refresher training on misconduct and SEA; policies and reporting mechanisms.
Clear guidance on where and how to report SEA and other allegations of misconduct	All personnel should be: ⇒ Aware of the policy for protection against retaliation for reporting misconduct – to empower, encourage and protect staff who report cases of sexual exploitation and abuse while performing their duties in the operating country. ⇒ Guidance on where and how to report may be included in one of the three types of trainings described above or presented separately to the personnel.
A note on the quality of the training.	Training courses are recommended to apply the following quality elements: ⇒ PSEA training includes practical guidance on how to reach the designated complaint mechanisms for reports/referrals. ⇒ Trainers are PSEA/GBV specialists providing complete information to trainees. ⇒ Training language and training materials/methods are adapted to the specificities of each agency/organisation and participants' profiles and needs.
Data to be collected for Outcome 1: Prevention, from each KII stakeholder's organisation, in stakeholders' location only.	
OUTCOME AREA:	**DATA POINTS:** *Please refer to the guidance and definitions above in Table 1 before completing. You must use these definitions to determine your adherence to the indicators below.*	**DATA:** *Number (#) & percentage (%)*

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[25] United Nations staff and related personnel include United Nations staff members, consultants, individual consultants/contractors, interns, national officers, United Nations volunteers, experts on mission and contingent members.

PREVENTION *Data – indicator 4*	Total number of staff / associate personnel (including short-term / long-term consultants, volunteers, interns etc.) (disaggregated by sex)	
	No./ % of staff / associate personnel provided with induction training on PSEA when joining / being on-boarded to your organisation (on-line and in-person) (disaggregated by sex)	
	No./ % of staff / associate personnel within your organisation provided with mandatory training on PSEA (on-line and in-person) (disaggregated by sex)	
	No./ % of staff / associate personnel provided with refresher training on PSEA at least once every year within your organisation (on-line and in-person) (disaggregated by sex)	
	No./ % of staff / associate personnel who received clear guidance on where and how to report allegations of misconduct, including SEA, through any type of training (on-line and in-person) (disaggregated by sex).	
	No./ % of staff and associate personnel who have received awareness raising training on "Whistleblowing Protections". *Aware of the policy for protection against retaliation for reporting misconduct – to empower, encourage and protect staff who report cases of sexual exploitation and abuse while performing their duties in the operating country.*	
	No./ % of staff and associate personnel who are provided with clear guidance on where and how to report allegations of misconduct (including SEA).	
	No. and type of SEA prevention measure policies per UN agency / NGO, enacted and adhered to.	
	No./ % of leaders / managers know their personal and managerial/command responsibilities to address misconduct and are aware of the procedures, rules and actions required to respond to incidents of misconduct.	

QUESTIONS:		**ANSWERS.**
Questions to be answered by all organisations participating in the KII's		
Indicator 1: Number and percentage of stakeholder organisations (inter-agency PSEA actor) that are committed and aligned to the UN inter-agency PSEA agenda		
1.	To what extent does your organisation consider PSEA important? And is your organisation committed to preventing sexual exploitation and abuse, aligning with UN South Sudan inter-agency strategic efforts on PSEA? *Commitment:* **Scale 1:** Our organisation does not consider PSEA important. **Scale 2:** PSEA is somewhat important, but it is one of many competing obligations imposed on us by the UN and other donors. **Scale 3:** PSEA is important, but we have limited human and financial capacity to address it adequately and receive little UN / donor support. **Scale 4:** PSEA is important, and we have the financial and human capacity to implement what is expected of us. *Alignment:* **Scale 1:** Our organisation is not part of the inter-agency PSEA Network. **Scale 2:** *For non-UN implementing partner orgs* - Our organisation is part of the inter-agency PSEA Network, but we have no engagement with them on what they expect from us. **Scale 3:** *For UN implementing partners* - Our organisation is part of the inter-agency PSEA Network, and we have not been requested (a) by the network to take on any additional responsibilities / activities, or (b) by our UN partner to undertake the UN Implementing Partner PSEA Assessment process. **Scale 4:** *For UN implementing partners* - - Our organisation is part of the inter-agency PSEA Network, and we aligned strategically by (a) actioning what the PSEA Network expects of us, and (b) implementing what is expected of us by our UN partner through UN Implementing Partner PSEA Assessment process.	1. *Level of commitment answer* o *Scale* o *Verbal answer* 2. *Extent of alignment with UN inter-agency PSEA agenda answer:* o *Scale* o *Verbal answer*
Questions to be answered only by Implementing Partner Organisations of any UN entity in South Sudan only		
Indicator 2: Number and percentage of UN implementing partners instructed to engage with UN Implementing Partner PSEA Capacity Assessment process by UN partner.		
2	Is your organisation an implementing partner of any UN agency?	☐ Yes. ☐ No
3	If yes, what is the name{s} of the UN agency you are supporting?	
4	If yes: Has your organisation been requested by the UN agency you are supporting, to go through the UN Implementing Partner PSEA Capacity Assessment process?	☐ Yes. ☐ No
5	If yes, at what stage of the process is your organisation at with the UN Implementing Partner PSEA Capacity Assessment process? *(please tick one)*	☐ Self-Assessment ☐ Assessment by UN

		☐ Capacity building support from UN. ☐ Full capacity
6	For IP organisations either receiving (a) capacity building support, or (b) have achieved full capacity in the UN Implementing Partner PSEA Capacity Assessment process - What has supported and enabled their organisation to succeed in implementing the requirements? *NB: The UN IP PSEA Capacity Assessment requirements are the following core standards i) Organisational Policy, ii) Organisational Management (subcontracting), iii) Human Resource Systems, iv) Mandatory Training, iv) Reporting, v) Assistance and referrals, vi) Investigations and vii) Corrective Measures.*	• *Supported answer:* • *Enabled answer:*
7	For IP organisations either receiving (a) capacity building support, or (b) have achieved full capacity in the UN Implementing Partner PSEA Capacity Assessment process - What inhibitors and challenges have existed for their organisation to succeed in implementing the requirements?	• *Inhibitors answer:* • *Challenges answer:*
Questions to be answered by non-UN implementing partners only		
Indicator 3: Number and percentage of stakeholder organisations (not UN implementing partners) that adhere to IASC Minimum Operating Standards on PSEA (MOS-PSEA)		
8	If your organisation is NOT a UN implementing partner going through the UN Implementing Partner PSEA Capacity Assessment process – does it have the following elements of the MOS-PSEA?	
8a.	**Effective policy development and implementation that includes**: (a) A policy stating standards of conduct, including acts of SEA, exists and a work plan to implement the policy is in place. And (b) The policy/standards of conduct have been conveyed to current staff and senior management (at HQ and field level) on repeated occasions (such as inductions and refresher trainings).	☐ Yes. ☐ No *Only tick Yes if they adhere to both (a) and (b)*
	In your opinion, to what extent is there (a) enforcement and (b) compliance with: a. Code of conduct standards / PSEA Policy within your organisation? b. Whistleblowing policy standards within your organisation?	• *Enforcement answer:* • *Compliance answer:*
8b	With regards to the code of conduct standards on PSEA and also the whistleblowing policy – to what extent do your personnel (a) know the provisions they contain, and (b) are accepting of them and trust them?	• *Knowledge answer:* • *Trust answer:*
	Cooperative arrangements: Procedures are in place to receive written agreement / contract clause from sub-contractors / cooperative that they are aware of and will abide by the standards of your organisations PSEA policy.	☐ Yes. ☐ No
8c	**Dedicated department / focal point committed to PSEA...** 1. Who is required to regularly report to senior management... 2. Has their role formalised in some way with a Terms of Reference. .... 3. Have received training / capacity building on [tick all that apply]: o Engaging with communities to raise their awareness, enhance community buy-in and ownership........... o Establishing and maintaining community-based complaints mechanisms in communities .... o Assessing and responding to SEA reports from the community.. o Providing victim assistance and support when referring them to victim assistance services....................... o Undertaking SEA investigations.. *(double check with them that the training was on SEA investigations specifically as other trainings e.g., fraud, human resources etc do not apply)*	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ ☐ ☐ ☐ ☐
8d.	**Community awareness raising** 1. Has your organisation received effective and comprehensive communication from your organisations HQ (if applicable) or UN (for national NGO etc) on expectations regarding raising beneficiary awareness on PSEA?... 2. Has this been supported by them providing you with examples of awareness raising tools and materials to be used for community awareness raising activities..	 ☐ Yes ☐ No ☐ Yes ☐ No
8f	**Effective community-based complaints mechanisms (CBCM), including victim assistance** 1. Guidance has been provided by your organisations HQ or UN on how to establish a community-based complaints mechanism to the cultural context and with a focus on community participation? .... 2. There is a mechanism in place that monitors the community based complaints mechanisms (a) to see if community members are using them, (b) to enquire, for example, why children aren't using the reporting mechanisms, (c) and to respond accordingly with, for example, community engagement and redesigning the reporting mechanisms to make them more 'user friendly'.?...	 ☐ Yes ☐ No ☐ Yes ☐ No
8g	**Effective recruitment and performance management**	

	1. The organisation makes sure that all candidates are required to sign the code of conduct before being offered a contract........		☐ Yes ☐ No
	2. The organisation undertakes reference checking and vetting for former misconduct of all new hires (before offering them a contract)		☐ Yes ☐ No
	3. Supervision and performance appraisals include adherence to participation in Code of Conduct trainings (or similar) that includes PSEA.		☐ Yes ☐ No
	4. Performance appraisals for Senior Management include the adherence to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of the code of conduct and UN standards of conduct..		☐ Yes ☐ No
8h	**Effective and comprehensive mechanisms are established to ensure awareness- raising on SEA amongst personnel** 1. Staff and associate personnel receive annual refresher training on the standards of conduct, learn about the mechanism to file complaints and reports of misconduct and the implications of breaching these standards... 2. Training on misconduct (specifically mentioning SEA) forms part of the induction process. .... 3. Staff members are aware of their obligation to report SEA/misconduct and are aware that there is a policy for Protection from retaliation in place.		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
	With regards to PSEA training and culture / behaviour change 1. What challenges exist with getting your staff / associate personnel to truly accept, believe and adhere to the required code of conduct behaviours? (*IASC 6 Core Principles*) 2. Are your personnel accepting of the fact that it is strictly prohibited to have sex with someone under 18 years of age (a child) for example? Or that it is strictly prohibited to exchange anything for sex, including money and food? 3. Given what you have said, do you think the training provided on PSEA is effective at changing staff behaviours? If not, what would you suggest could be done to overcome this and make PSEA training more effective?		• *Challenges:* • *Personnel accept what is and what is not prohibited conduct:* • *Recommendations:*
8i	**Internal complaints and investigation procedures in place** 1. Written procedures on complaints/reports handling from staff members or beneficiaries are in place... 2. Staff members are informed on a regular basis of how to file a complaint/report and the procedures for handling these........... 3. Standard investigation operating procedures or equivalent issued and used to guide investigation practice................................ 4. Investigations are undertaken by experienced and qualified professionals who are also trained on sensitive investigations such as allegations of SEA.. 5. Investigations are commenced within 3 months and information about outcome is shared with the complainant...................... 6. Substantiated complaints have resulted in either disciplinary action or contractual consequences and, if not, the entity is able to justify why not...		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
8j	In your opinion, are your organisations efforts on PSEA (a) preventing sexual exploitation and abuse from occurring? (b) protecting beneficiaries / community members? And why?		☐ Yes ☐ No *Why?*
8k	Thinking about what your organisation needs to effectively prevent SEA through training, awareness raising, and having the correct policy / procedure framework in place – what enables and supports their (a) implementation, and (b) for personnel to be on-board with and adhere to what is being taught? And what inhibits it?		• *Implementation enablers:* • *Implementation inhibitors:* • *Staff behaviour change enablers:* • *Staff behaviour change inhibitors:*

Outcome Area 2: Safe, Accessible & Appropriate Reporting

Definitions and guidance on indicators:	
Safe, Accessible & Appropriate Reporting	
Outcome area 2: Safe and accessible reporting	Every child and adult recipient of assistance has access to a safe, gender, disability sensitive and child-sensitive pathways to report sexual exploitation and abuse (including through community-based complaints mechanisms) that lead to assistance, are appropriate to the context and accessible to those in the most vulnerable.
INDICATOR 1: Standard Operating Procedures for Community Based Complaints Mechanisms (CBCMs)	
Indicator	Standard Operating Procedures for CBCMs are endorsed by the organisation and rolled-out.
Type of indicator	Qualitative
Unit of measure	Scale
Definitions	**1. Individual organisations SoPs that facilitate actions on community-based complaints mechanisms as per the following criteria:** ⇒ The roles and responsibilities of PSEA stakeholders. (see section A. especially chapter 2: National NGOs, CBOs and community structures of IASC Best Practice Guide on CBCM)[26] ⇒ The process for referring SEA allegations to UN donor partner and inter-agency PSEA Network ⇒ Key principles behind complaints case management (See IASC Best Practice Guide on CBCM – chapter 4. Intake and review of complaints; and chapter 5. Referring SEA allegations for investigation and follow-up). ⇒ The obligation and process for providing assistance to victims/ survivors of SEA, in line with the UN Victims 'Assistance Protocol (2019) and relevant IASC definition and principles of the victim centred approach (June 2023). ⇒ Procedures for responding to SEA allegations, including referrals for victim assistance provision[27] and 2) SEA investigation. **2. Interagency Standard Operating Procedures (SOPs)** facilitate the joint actions of UNCT/HCT and PSEA Network members by detailing the roles and responsibilities of actors and timelines for actions responding to SEA allegations. However, these are yet to be developed.
Means of verification	KII's, FGDs, and community-based complaints mechanisms SoPs, including inter-agency SoPs.
Methods of calculation	Assess the existing SOPs and report on the indicator using the scale below: **Scale 1:** SOPs are non-existent. **Scale 2:** SOPs are drafted but have not been endorsed by the organisations Board (or similar) **Scale 3**: SOPs have been developed and endorsed by the organisations Board (or similar) **Scale 4:** SOPs are rolled out and frequently reviewed/updated. Check list for SOPs rolled out: •The SOPs have been rolled out system wide. •Training on the procedures detailed on the SOPs completed. •Personnel follow and implement the procedures outlined in the SOPs for referring and information sharing. •Any gaps in reporting channels coverage have been monitored frequently and are being addressed.
INDICATOR 2: Number and percentage of people who can reasonably access at least one community-based complaints mechanism	
Indicator	Number and percentage of children, persons with disabilities and adults who have access to a safe and accessible channel to report sexual exploitation and abuse by personnel who provide assistance to affected populations.
Type of indicator	Quantitative
Unit of measure	Number and percentage
Definitions	**Safe Channel to report SEA**: a channel for reporting SEA allegations that is safe, confidential, transparent, child-sensitive, disability-sensitive and gender-sensitive, and accessible and should have multiple entry points, allowing reports to be made through different channels, through community structures or focal points.

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[26] See guidance, IASC Best Practice Guide on CBCMs (2016)
[27] See Guidance: UN / UNICEF, Technical Note on the Implementation of the UN Protocol on the Provision of Assistance to Victims of SEA

	Access is considered feasible when children, persons with disabilities and adults can potentially use one or more channels for reporting. For example, the number of cell-phone users (disaggregated by age and sex) in an area where a hotline is established. To be considered safe and accessible, reporting channels should adhere to the principles of confidentiality, safety, accessibility, and transparency.
Means of calculation	1. **Define the target population** 2. **Identify safe and accessible channels for reporting** 3. **Calculate how many people by demographic have reasonable access**

Type of channel	Method of calculation
A) Face to Face ⇒ Through trained PSEA focal points. ⇒ Through other staff of volunteers in contact with communities who have been trained on PSEA. ⇒ Through GBV and CP service providers	# of people who attended awareness raising sessions with present SEA key messages (SEA definition, how to report SEA and access assistance). # of people who can reach Members' Focal points/ Resource persons in supported communities. # of people who have used reporting channels meeting the "Safe and accessible" quality criteria to give feedback on programmes or raised concerns.
B) Remote interaction ⇒ such as phone hotlines, digital tools like email address established for complaints.	# of users engaged (# response to polls or opt-in for more information) on digital platforms. # of people who have used reporting channels (e.g. hotline) meeting the "safe and accessible" quality criteria to give feedback on programmes or raise concerns.

Data limitations	100% of population targeted will not be able to access complaint mechanisms no matter how effectively designed or managed.

Percentage and Number of SEA allegations reported and responded to

Indicator	Percentage and number of SEA allegations reported to the community-based complaints mechanism and responded to (for time period 1st January 2022-end December 2022; and 1st January 2023 – to present November 2023)
About this indicator	This indicator is intended to promote the increased effectiveness of SEA reporting channels, by ensuring that any reported allegations are promptly responded to. Responsiveness to SEA allegations builds trust and promotes greater accountability. Maintaining awareness of SEA allegations in-country is important for SEA risk monitoring and ensuring reporting channels are effectively working.
Type of indicator	Quantitative
Unit of measure	Number and percentage
Definitions	**Allegation of misconduct:** Commonly understood as uncorroborated information pointing to the possible occurrence of misconduct or a crime. An allegation can implicate one or more alleged perpetrators and one or more victims. **Allegations are successfully responded to** when they are promptly referred for appropriate action including referrals for 1) victim assistance provision and 2) investigation
Means of verification	⇒ KIIs ⇒ Stakeholder organisations reports on allegations ⇒ PSEA Network reports on allegations
Method of calculation	**STEP 1.** Calculate the total of all allegations (Denominator) - To calculate the denominator, aggregate all allegations reported per month in the current year under review (2022 / 23) by all stakeholder organisation beneficiaries (or PSEA Network if KII is with them). **STEP 2.** Calculate the number of allegations which have been responded within seven days (Numerator). The numerator is to be calculated by aggregating all allegations responded within seven days in the current years under review (2022 / 23) by all stakeholder organisation beneficiaries (or PSEA Network if KII is with them). **STEP 3.** Calculate the percentage of allegations responded within seven days. Divide the total number of allegations responded within seven days (numerator) by the total number of allegations (denominator)

INDICATOR 3: Community mobilisation, consultation and awareness-raising on PSEA

Indicator	Number of sites where awareness raising campaigns/activities on how to report sexual exploitation and abuse and how to access victim/survivor-centred assistance have been reached annually.

About this indicator	The purpose of this indicator is to monitor the coverage of awareness raising campaigns and activities on PSEA. All sites where humanitarian assistance is provided to targeted populations should have information about PSEA, including how to report SEA and receive assistance.
Type of indicator	Quantitative
Unit of measure	Number
Definitions	**Sites:** is a physical location where humanitarian assistance is provided. A site could include, for example, a community centre, food distribution site, school, health centre, child friendly space, feeding centre, WASH facility, etc. A site can also be defined as a village, town or city that receives humanitarian assistance where a trained focal point can receive and respond to sexual exploitation and abuse. Sites are within the geographical locations that the stakeholder organisation cover. **Awareness raising activities** aim at informing and educating communities on what is SEA and how to report it and how to access assistance/services. For example, communication campaigns and display information communication materials in food distribution sites. Awareness raising should be rights-based and child and gender-sensitive.
Means of verification	⇒ KIIs ⇒ Organisational reports
Method of calculation	**STEP 1:** Identify Sites where there are/have been PSEA awareness raising campaigns/activities under the current period of review. **STEP 2:** Aggregate the total number of sites where there is at least one awareness raising activity in all geographical areas served by the stakeholder organisation. **In order to avoid double counting:** It is recommended that in each geographical location, organisations clearly define the site in which the awareness raising activity takes place so that double counting of sites is avoided.
INDICATOR 4: Extent of targeted Community mobilisation, consultation and awareness-raising on PSEA for specific demographics	
Indicator	Number of children, persons with disabilities and adults engaged through awareness-raising activities and community mobilisation interventions on PSEA
About this indicator	This indicator is measuring the number of people engaged through activities that raise awareness and promote the involvement and engagement of communities on PSEA. It is particularly important to reach to and listen to perceptions and preferences of most vulnerable groups in the communities such as children, adolescent girls and boys, people living with disabilities, single mothers and female heads of households.
Type of indicator	Quantitative
Unit of measure	Number
Definitions	**Awareness raising activities** aim at informing and educating communities on what is SEA and how to report it and how to access assistance/services. For example, communication campaigns and display information communication materials in food distribution sites. Awareness raising should be rights-based and child and gender-sensitive. **Community mobilisation and consultation on PSEA:** activities such as community dialogues, community mobilization campaigns, consultations to establish reporting and referral mechanisms, focus group discussions, etc. Community mobilisation interventions may consult and build ownership of communities on: ⇒ What is SEA and how to report it. ⇒ How to access assistance/services. ⇒ What are the reporting preferences of different vulnerable groups. ⇒ What are the barriers to reporting, and those particular to vulnerable groups. ⇒ How to improve these services. ⇒ How to adapt the services to the specific needs of the community and vulnerable groups.
Means of verification	⇒ KIIs ⇒ Organisational reports

Data to be collected for Outcome 2: Safe, accessible and appropriate reporting, from each KII stakeholder's organisation, in stakeholders' location only.		
OUTCOME AREA:	**INDICATORS:** *Please refer to the guidance and definitions above before completing. You must use these definitions to determine your adherence to the indicators below.*	**DATA:** Number (#) & percentage (%)

2. SAFE & ACCESSBILE REPORTING	**Beneficiary population demographics**	
	Total beneficiary population size served by stakeholder organisation	
	No. beneficiary children served by stakeholder organisation	
	No. beneficiary women served by stakeholder organisation	
	No. persons with disabilities (adults and children) served by stakeholder organisation	
	INDICATOR 1: Standard Operating Procedures for Community Based Complaints Mechanisms	
	Existence of SoP for Community Based Complaints Mechanism that adheres to the definitions and guidance provided for indicator 1 above.	
	INDICATOR 2: Number and percentage of people who can reasonably access at least one community-based complaints mechanism	
	No. of community-based complaints mechanisms established and / or administered by stakeholder organisation	
	No. of community-based complaints mechanisms that were developed to overcome community barriers to reporting (following community engagement)	
	If stakeholder's beneficiary population includes children: No. of community-based complaints mechanisms established that are specifically for children (following community engagement with children to identify their needs and barriers to reporting)	
	If stakeholder's beneficiary population includes women: No. of community-based complaints mechanisms established that are specifically for women (following community engagement with women to identify their needs and barriers to reporting)	
	If stakeholder's beneficiary population includes persons with disabilities': No. of community-based complaints mechanisms established that are specifically for persons with disabilities (following community engagement with persons with disabilities to identify their needs and barriers to reporting)	
	No. CBCM sites that are managed by a trained CBCM focal point (or similar)	
	No. of CBCM sites supported by monitoring and evaluation plan and action is taken to adapt CBCM to emerging contextual realities	
	INDICATOR 3: Community mobilisation, consultation and awareness-raising on PSEA	
	INDICATOR 4: Extent of targeted Community mobilisation, consultation and awareness-raising on PSEA for specific demographics	
	No. community consultations / surveys undertaken during 2022 and from January to November 2023 to gain an understanding of community perceptions and communication preferences, with the information collected being used to understand community barriers to reporting SEA and design community-based complaints mechanisms aimed at overcoming these identified barriers to reporting	
	Percentage of CBCM sites reached by PSEA communications materials, how to report sexual exploitation and abuse and how to access victim/survivor-centred assistance. (Disaggregated by type of PSEA communication materials developed for each population group identified).	
	Number of individuals within the affected population (disaggregated by age and gender) reached with key messages and awareness- raising material on PSEA.	
	No. SEA risk assessments, surveys, focus group discussions, etc, undertaken to capture community perceptions and communication preferences on a regular basis (informally and formally) and used to improve the CBCM.	☐ SEA Risk Assessments ☐ Surveys ☐ FGDs
	Number of CBCM sites in which local community, religious and cultural leaders are supportive on PSEA and CBCM interventions.	

KII QUESTIONS TO BE ASKED – Safe, accessible & appropriate reporting:	ANSWERS.
Questions to be answered	
1. What are the challenges, risks and barriers to community / beneficiary <u>help-seeking and reporting SEA</u> (by demographic as applicable)?	1. *Persons with disabilities:* 2. *Boys:* 3. *Girls:* 4. *Women:* 5. *Elderly:* 6. *Men*:
2. What solutions would you recommend to overcoming the challenges, risks and barriers to help-seeking / reporting SEA that you have just mentioned?	
3. Community ownership and buy-in to PSEA activities (e.g., establishing CBCMs, community engagement etc) is vital to ensuring their sustainability and success. What challenges, risks and barriers exist to achieving this? And what can be done to overcome such barriers/risks/ challenges?	
4. What scenarios or factors "allow" humanitarian personnel to sexually exploit and abuse beneficiary communities? *NB: Ensure that the stakeholder understands that SEA is sexual misconduct perpetrated by humanitarian workers of any type (staff, consultants, volunteers etc.) and also humanitarian organisations sub-contractors*.	
5. In your view, does the race, gender and nationality of the humanitarian worker influence whether the SEA incident[s] is reported or not? And why?	

Outcome Area 3: Victims' Rights to Assistance

Definitions and guidance on indicators:	
Victims' Right to Assistance	
Outcome area 3: Victims' Rights to Assistance	Sexual exploitation and sexual abuse victim/ survivor assistance is provided through Gender-Based Violence (GBV) or Child Protection (CP) programming which is familiar with sexual exploitation and abuse and the specific needs of victims/survivors.
INDICATOR 1: Prompt referral of SEA victims to victim assistance	
Indicator	⇒ Number of SEA victims who have been promptly referred to quality SEA victim assistance by stakeholder organisation, as a percentage of stakeholder organisation total SEA reports.
Type of indicator	Qualitative
Unit of measure	Number and percentage
Definitions	According to the Technical Note on the implementation of the UN Protocol on the provision of assistance to victims of sexual exploitation and abuse, the organization/agency of the alleged perpetrator: ⇒ Ensure that immediate assistance is provided to the victim by qualified service providers. This may involve referrals to service providers according to the needs and consent of the victim (within 24 hours), if the stakeholder organisation has received the complaint directly from the victim. ⇒ Refer the victim to a service provider that can provide case management and provide a case worker (if this exists, otherwise to a service provider that has been identified by the PSEA network or PSEA focal point) if agreed by the victim. Types of assistance: 1. Safety/security 2. Medical care 3. Psychosocial care 4. Legal/ justice services 5. Basic material assistance 6. Community-based Child welfare and child protection
Means of verification	KIIs, reports / data on allegations
Methods of calculation	**STEP 1:** Calculate the total number of SEA victims/survivors (Denominator). **STEP 2:** Aggregate the total number of victims/survivors who have been promptly referred to at least one of the types of services, in line with their wishes (Numerator). **STEP 3:** Divide the total number of victims/survivors who have been promptly referred to at least one of the types of services (numerator) by the total number of SEA victims/survivors (denominator).
Disaggregation	By sex (male/female), by age (Under 18 years of age; 18 and above). By disability type / age / gender
Data limitations	Confidentiality should be assured at all times. Therefore, no personal information or other identifiers should be accessed or share by the stakeholder organisation.
INDICATOR 2: Adequacy of funding for victim assistance service provision	
Indicator	Number of victim assistance services by type that are adequately funded, as a percentage of their funding/resources needs, for years 2022 / 2023.
Type of indicator	Quantitative
Unit of measure	Number and percentage
Definitions	Types of assistance: 1. Safety/security 2. Medical care 3. Psychosocial care 4. Legal/ justice services 5. Basic material assistance / livelihood assistance 6. Community-based child welfare and child protection
Means of calculation	Percentage of total funding needs met

Data limitations	Difficult to quantify funding required by victim assistance services to deliver truly victim centred services.

INDICATOR 3: Referral pathways for victim assistance in place	
Indicators[s]	⇒ Status of implementation by PSEA Network of protocol for referral and provision of services for sexual exploitation and abuse victims/survivors (in line with GBV referral pathways). ⇒ Tracking and data collection on victims and victim assistance, aligned with VAT (victim assistance tracking). ⇒ No. organisations that regularly map victim assistance services to ensure up-to-date referral pathways. ⇒ No. personnel from PSEA Taskforce membership trained on Victims Assistance Protocol and guidance note

INDICATOR 4: Alignment with the UN Victim Assistance Protocol and IASC Definition & Principles of a Victim/Survivor Centred Approach (June 2023)	
Indicator[s]	⇒ Number and percentage of stakeholder organisations with operational SoPs for referral and provision of victim assistance services. ⇒ No. and percentage victims whose safety, security and well-being were jeopardised by the victim assistance provided. ⇒ No. confidentiality breaches that resulted from non-adherence to Information sharing protocol. ⇒ No. and percentage. victims who were not provided with timely information on the options available to them and given the opportunity to give informed consent in victim assistance pathway. ⇒ No. and percentage victims offered holistic support and assistance (safety, protection, medical, psychosocial, legal, basic material / livelihoods assistance, children born of SEA) ⇒ No. and percentage of victims asked to provide feedback on their victim assistance process and the information is used to improve victim assistance provision. ⇒ No. and percentage of victims informed of their right to complain, and/or provide feedback using individual IASC entity processes or via UN Ombudsman and Mediation Services and/or Office of the Victims Right Advocate. ⇒ No. victim assistance services of any type that are child sensitive and align with the Convention on the Rights of the Child (CRC), in particular the principle of the "best interests of the child", as per article 3 of the CRC.
About this indicator	This indicator is intended to promote the increased effectiveness of SEA reporting channels, in order to ensure that any reported allegations are promptly responded to. Responsiveness to SEA allegations builds trust and promotes greater accountability. Maintaining awareness of SEA allegations in-country is important for SEA risk monitoring and ensuring reporting channels are effectively working.
Type of indicator	Quantitative
Unit of measure	Number and percentage
Definitions	**Allegation of misconduct:** Commonly understood as uncorroborated information pointing to the possible occurrence of misconduct or a crime. An allegation can implicate one or more alleged perpetrators and one or more victims. **Allegations are successfully responded to** when they are promptly referred for appropriate action including referrals for 1) victim assistance provision and 2) investigation
Means of verification	⇒ KIIs ⇒ Stakeholder organisations reports on allegations ⇒ PSEA Network reports on allegations
Method of calculation	**STEP 1.** Calculate the total of all allegations (Denominator) - To calculate the denominator, aggregate all allegations reported per month in the current year under review (2022 / 23) by all stakeholder organisation beneficiaries (or PSEA Network if KII is with them). **STEP 2.** Calculate the number of allegations which have been responded within seven days (Numerator). The numerator is to be calculated by aggregating all allegations responded within seven days in the current years under review (2022 / 23) by all stakeholder organisation beneficiaries (or PSEA Network if KII is with them). **STEP 3.** Calculate the percentage of allegations responded within seven days. Divide the total number of allegations responded within seven days (numerator) by the total number of allegations (denominator)

INDICATOR 5: Community mobilisation, consultation and awareness-raising on PSEA	
Indicator	⇒ Number of sites where awareness raising campaigns/activities on how to report sexual exploitation and abuse and how to access victim/survivor-centred assistance have been reached annually. ⇒ Number of sites where targeted awareness raising campaigns/activities were targeted toward i) children, ii) persons with disabilities, and iii) women

About this indicator	The purpose of this indicator is to monitor the coverage of awareness raising campaigns and activities on PSEA. All sites where humanitarian assistance is provided to targeted populations should have information about PSEA, including how to report SEA and receive assistance.
Type of indicator	Quantitative
Unit of measure	Number
Definitions	**Sites:** is a physical location where humanitarian assistance is provided. A site could include, for example, a community centre, food distribution site, school, health centre, child friendly space, feeding centre, WASH facility, etc. A site can also be defined as a village, town or city that receives humanitarian assistance where a trained focal point can receive and respond to sexual exploitation and abuse. Sites are within the geographical locations that the stakeholder organisation cover. **Awareness raising activities** aim at informing and educating communities on what is SEA and how to report it and how to access assistance/services. For example, communication campaigns and display information communication materials in food distribution sites. Awareness raising should be rights-based and child and gender-sensitive.
Means of verification	⇒ KIIs ⇒ Organisational reports
Method of calculation	**STEP 1:** Identify Sites where there are/have been PSEA awareness raising campaigns/activities under the current period of review. **STEP 2:** Aggregate the total number of sites where there is at least one awareness raising activity in all geographical areas served by the stakeholder organisation. **In order to avoid double counting:** It is recommended that in each geographical location, organisations clearly define the site in which the awareness raising activity takes place so that double counting of sites is avoided.
INDICATOR 6: Extent of targeted community mobilisation, consultation and awareness-raising on PSEA for specific demographics	
Indicator	Number of children, persons with disabilities and adults engaged through awareness-raising activities and community mobilisation interventions on PSEA
About this indicator	This indicator is measuring the number of people engaged through activities that raise awareness and promote the involvement and engagement of communities on PSEA. It is particularly important to reach to and listen to perceptions and preferences of most vulnerable groups in the communities such as children, adolescent girls and boys, people living with disabilities, single mothers and female heads of households.
Type of indicator	Quantitative
Unit of measure	Number
Definitions	**Awareness raising activities** aim at informing and educating communities on what is SEA and how to report it and how to access assistance/services. For example, communication campaigns and display information communication materials in food distribution sites. Awareness raising should be rights-based and child and gender-sensitive. **Community mobilisation and consultation on PSEA:** activities such as community dialogues, community mobilization campaigns, consultations to establish reporting and referral mechanisms, focus group discussions, etc. Community mobilisation interventions may consult and build ownership of communities on: ⇒ What is SEA and how to report it. ⇒ How to access assistance/services. ⇒ What are the reporting preferences of different vulnerable groups. ⇒ What are the barriers to reporting, and those particular to vulnerable groups. ⇒ How to improve these services. ⇒ How to adapt the services to the specific needs of the community and vulnerable groups.
Means of verification	⇒ KIIs ⇒ Organisational reports

Data to be collected for Outcome 3: Victims' rights to assistance, from each KII stakeholder's organisation, in stakeholders' location only.

OUTCOME AREA:	INDICATORS: *Please refer to the guidance and definitions above before completing. You must use these definitions to determine your adherence to the indicators below.*	DATA: Number (#) & percentage (%)
Victims' Right to Assistance	**INDICATOR 1: Prompt referral of SEA victims to victim assistance**	
	Number of SEA victims who have been promptly referred to quality SEA victim assistance by stakeholder organisation, as a percentage of stakeholder organisation total SEA reports.	
	INDICATOR 2: Adequacy of funding for victim assistance service provision and VATs	
	(KII victim assistance service providers only). Determine if victim assistance service is adequately funded by calculating the shortfall in funding as a percentage of their funding/resources needs, for years 2022 / 2023.	
	INDICATOR 3: Referral pathways for victim assistance in place	
	No. of referral pathways available locally to each type of victim assistance service provision for sexual exploitation and abuse victims/survivors (in line with PSEA Network / GBV referral pathways).	1. Safety/security_____ ☐ 2. Medical care_____ ☐ 3. Psychosocial care_____. _☐ 4. Legal/ justice services_____ _☐ 5. Basic material assistance/livelihood ☐ 6. Community-based child welfare and child protection_____. ☐
	INDICATOR 4: Alignment with the UN Victim Assistance Protocol and IASC Definition & Principles of a Victim/Survivor Centred Approach (June 2023)	
	Organisation has a standard operating procedure for referral and provision of victim assistance services, that aligns with the UN Victim Assistance Protocol and IASC Definition & Principles of a Victim/Survivor Centred Approach (June 2023)	
	Stakeholder organisation has a SoP for referral and provision of victim assistance services, that is either [tick only one]: **Scale 1:** SOPs are non-existent... **Scale 2:** SOPs are drafted but have not been endorsed by the organisations Board (or similar) .... **Scale 3:** SOPs have been developed and endorsed by the organisations Board (or similar) .... **Scale 4:** SOPs are rolled out and frequently reviewed/updated...	☐ Yes ☐ Yes ☐ Yes ☐ Yes
	Stakeholder organisation has a SoP for referral and provision of victim assistance services, that includes the following elements:	☐ Yes ☐ No
	Stakeholder organisation has a member of staff who is trained on SEA victim assistance and GBV services, to act as the primary contact for victims during the referral and support process.	☐ Yes ☐ No
	No. and percentage victims whose safety, security and well-being were jeopardised by the victim assistance provided.	
	No. confidentiality breaches that resulted from non-adherence to Information sharing protocol.	
	No. and percentage. victims who were not provided with timely information on the options available to them and given the opportunity to give informed consent in victim assistance pathway.	
	No. and percentage victims offered holistic support and assistance (safety, protection, medical, psychosocial, legal, basic material / livelihoods assistance, children born of SEA)	
	No. and percentage of victims asked to provide feedback on their victim assistance process and the information is used to improve victim assistance provision.	
	No. and percentage of victims informed of their right to complain, and/or provide feedback using individual IASC entity processes or via UN Ombudsman and Mediation Services and/or Office of the Victims Right Advocate.	

	No. victim assistance services of any type that are child sensitive and align with the Convention on the Rights of the Child (CRC), in particular the principle of the "best interests of the child", as per article 3 of the CRC.	
	INDICATOR 5: Community mobilisation, consultation and awareness-raising on PSEA	
	INDICATOR 6: Extent of targeted Community mobilisation, consultation and awareness-raising on PSEA for specific demographics	
	No. community consultations / surveys undertaken during 2022 and from January to November 2023 to gain an understanding of community perceptions and communication preferences, with the information collected being used to understand community barriers to reporting SEA and design community-based complaints mechanisms aimed at overcoming these identified barriers to reporting	
	Percentage of CBCM sites reached by PSEA communications materials, how to report sexual exploitation and abuse and how to access victim/survivor- centred assistance. (Disaggregated by type of PSEA communication materials developed for each population group identified).	
	Number of individuals within the affected population (disaggregated by age and gender) reached with key messages and awareness- raising material on PSEA.	
	No. SEA risk assessments, surveys, focus group discussions, etc, undertaken to capture community perceptions and communication preferences on a regular basis (informally and formally) and used to improve the CBCM.	☐ SEA Risk Assessments ☐ Surveys ☐ FGDs
	Number of CBCM sites in which local community, religious and cultural leaders are supportive on PSEA and CBCM interventions.	

KII QUESTIONS TO BE ASKED – Victims' rights to assistance		**ANSWERS.**
Questions to be answered		
1.	Is the strategic approach used by the UN and inter-agency mechanism sufficient and effective at providing an appropriate, relevant and responsive victim- centred assistance?	*:*
2.	What challenges and opportunities exist to providing appropriate, relevant and responsive victim- centred assistance?	*Challenges:* *Opportunities:*
3.	*Given what we discussed about Indicator 4: Alignment with the UN Victim Assistance Protocol and IASC Definition & Principles of a Victim/Survivor Centred Approach (June 2023) – what is your view on whether current victim referrals and assistance sufficiently victim-centred? To what extent is the newly adopted IASC definition of 'victim centredness' known, understood and implemented?*	
4.	What barriers and opportunities exist in victims help-seeking (by demographic)?	
5.	What capacity for child / victim centred and / or trauma informed assistance exist?	

Outcome Area 4: Accountability & Investigations

Definitions and guidance on indicators:	
Accountability & Investigations	
Outcome area 4: Accountability and Investigations	⟹ Every child and adult victim of sexual exploitation and abuse who is willing has their case investigated in a prompt, and safe way in accordance with a victims' rights approach. ⟹ Conduct investigations on allegations of SEA and provide feedback on the outcome of investigations to victims of SEA in line with SEA guidelines and protocols for victim/survivor- centred investigation. ⟹ Report allegations of SEA in line with endorsed inter-agency PSEA SOP and 2021 guidelines on reporting allegations of SEA to the DSRSG/RC/HC (most senior UN Official in country)
INDICATOR 1: Organisational capacity to conduct SEA investigations, that is supported by a standard operating procedure	
Indicator	⟹ Stakeholder organisation has i) a staff member[s] trained in conducting SEA investigations, including child sensitive investigations; ii) internal procedure in place to review reported cases and conduct investigations. ⟹ **OR** stakeholder organisation has funds allocated and / or a contractual agreement with external SEA investigator support (consultant, cooperating partner)

Definitions	Stakeholder organisations, whether a UN implementing partner or not, should align with the common approach to investigations as detailed by core standard 7 of the UN Implementing Partner (IP) Capacity Assessment.
	
	 Stakeholder organisations must have:
	 ⟹ **an internal standard operating procedure** in place to review reported cases and conduct investigation and
	 ⟹ internal or external **investigation capacity**.
	
	 The internal standard operating procedure to review and investigate cases must include the following:
	 ▪ **Process to review received reported cases**, including a procedure to ensure confidentiality, safety, impartiality and timeliness.
	 ▪ **Process of investigation, supported by a standard operating procedure** detailing the investigative process, roles & responsibilities, and procedures to ensure due process, including:
	   o **Timelines** to ensure timeliness
	   o **Ensuring confidentiality** within the process.
	   o **Procedure for ensuring impartiality and objectivity** in the investigation (the person investigating should not know either the victim/ witnesses/ subject of the complaint and if they do, should be replaced by another investigator who does not).
	   o **Ensuring the safety of victims**/ witnesses/ subject of the complaint, by providing adequate protection and referral to appropriate services during the investigation process.
	   o **Process of regular follow-up** with the victim / witnesses during the investigative process.
	   o **Approach to addressing criminal incidents** of SEA – will there be a criminal investigation & prosecution? What support can be provided?
	   o **Disciplinary and contractual actions** when allegations are substantiated. The list of investigation follow-up actions (disciplinary actions, information sharing, etc.). Disciplinary actions should be described in the HR procedures/policies.

Type of indicator	Quantitative and Scale
Unit of measure	Number of organisations as a percentage of total number of stakeholder organisations
Means of verification	⟹ KIIs ⟹ Written process for review of SEA allegations. ⟹ Dedicated resources for investigation(s) and/or commitment of partner for support. ⟹ Misconduct investigation procedures that include SEA or SEA investigation policy/procedures. ⟹ Contract with professional investigative service.
Method of calculation	**STEP 1:** Determine the total number of staff trained, not trained, or to be trained on i) SEA investigations, ii) child sensitive SEA investigations by using the following *scale* guidance:

	Staff member trained in SEA investigations: **Scale 1:** No staff member[s] trained in SEA investigations. **Scale 2:** Staff member[s] booked onto SEA investigations training course. **Scale 3:** Staff member[s] trained on SEA investigations. *Staff member trained in child sensitive investigations:* **Scale 1:** No staff member[s] trained on child sensitive SEA investigations **Scale 2:** Staff member[s] booked onto child sensitive SEA investigations training course. **Scale 3:** Staff member[s] trained on child sensitive SEA investigations. **STEP 2:** Use guidance in definitions section above to determine what internal procedures the stakeholder organisation has in place. **Scale 1**: Stakeholder organisation does not meet any of the internal procedures criteria listed. **Scale 2:** Stakeholder organisation has one of the internal procedures criteria listed. [*state which_____*] **Scale 3:** Stakeholder organisation has two of the internal procedures criteria listed. [*state which 1) _____ 2) _____*] **Scale 4:** Stakeholder organisation has three of the internal procedures criteria listed. [*state which 1) _____ 2) _____ 3) _____*] **Scale 5**: Stakeholder organisation has all four of the internal procedures criteria listed.

INDICATOR 2: Victim assistance tracking system (VATS) is incorporated and used	
Indicator	As part of the PSEA Networks system-wide approach to improve accountability, the stakeholder organisation is incorporated within this and consistently uses the victim assistance tracking system (VATS) for all investigations.
Type of indicator	Quantitative
Unit of measure	Scale
Definitions	SEA victims face many obstacles and risk factors that are a serious challenge for them when pursuing accountability through the investigative process. Often the process can be slow, cumbersome and inconsistent. The VATS system therefore is important because it provides a system-wide system and uniform method to track assistance (including investigations) and support provided to victims to ensure victims of SEA i) don't have their case forgotten, misplaced, or aren't provided timely support, and as a result ii) have their case tracked, are provided with the support they need and are continuingly informed of their options.
Means of verification	⇒ KIIs ⇒ Stakeholder organisation VATS registration ⇒ VATS victim assistance tracking details to evidence its use.
Data limitations to inquire about	If the stakeholder organisation does not use VATS, then inquire about what, if any, methods of victim tracking they do use.
Method of calculation	**Scale 1:** Stakeholder organisation has not heard of the victim assistance tracking system (VATS). **Scale 2:** Stakeholder organisation has heard of VATS but not registered as part of the PSEA Networks system-wide approach. **Scale 3:** Stakeholder organisation is VATS registered but does not use it because they don't know how it works. **Scale 4:** Stakeholder organisation is VATS registered, knows how it works, but has not used it yet because they have had no SEA cases to investigate since being VATS registered. **Scale 5:** Stakeholder organisation is VATS registered, knows how it works, but has only used it to track some SEA cases (not all). **Scale 6:** Stakeholder organisation is VATS registered, knows how it works, and uses it consistently for all SEA cases.

INDICATOR 3a: Stakeholders that are UN implementing partners confidentially inform their respective UN donor entity of all SEA allegations immediately **INDICATOR 3b: Stakeholders that are PSEA Network members (including UN implementing partners) confidentially inform the PSEA Network of SEA allegation immediately.**	
Indicator	**UN implementing partner organisations** inform their respective UN donor entity (e.g., UNICEF, UNFPA, UNDP etc) immediately of any i) SEA allegations made (reported or disclosed); ii) and details of the alleged perpetrator if identified as personnel / volunteer / consultant / intern / sub-contractor of their organisation and the victim or complainant has been identified (*for anonymous reports – all efforts must have been made to pursue all given lines of enquiry*).

	PSEA Network members, including UN implementing partners, inform PSEA Network immediately of any i) SEA allegations made (reported or disclosed); ii) and details of the alleged perpetrator if identified as personnel / volunteer / consultant / intern / sub-contractor of their organisation and the victim or complainant has been identified (*for anonymous reports – all efforts must have been made to pursue all given lines of enquiry).*
Type of indicator	Quantitative
Unite of measure	Scale
Definitions	**UN implementing partners (IPs):** Organisations that have a contract with any UN entity to implement activities. These may be Inter governmental organisations, civil society organizations including NGOs, contractors, and providers are also subsumed within this definition. **PSEA Network member:** An organisation that is a member of the inter-agency PSEA Network, either directly or, for NGOs, through the South Sudan NGO Network. **SEA allegation:** Received via i) the organisations community-based complaints mechanism[s] or in-person from a concerned person (complainant) or victim themselves, or ii) the organisation is informed of the SEA allegation by another organisation.
Means of verification	⇒ KIIs ⇒ Written process for review and action following SEA allegations. ⇒ Documentary evidence that UN donor has been informed of SEA allegation[s]; ⇒ Contractual document with UN entity specifying SEA allegation reporting obligations.
Data limitations	Ask what information is available to explain shortcomings in meeting this indicator.
Method of calculation	**UN implementing partners (IPs):** **Scale 1:** UN implementing partner was not informed of this contractual responsibility and can evidence this with the contractual document. **Scale 2:** UN implementing partner was not aware of this contractual responsibility despite it being listed in the small print of their contract with the UN partner (*stakeholder may have to check this*) **Scale 3:** UN implementing partner is aware of this contractual responsibility, but the organisation does not have a SoP allocating roles and responsibilities to handle SEA allegations and therefore no or infrequent action is taken. **Scale 4:** UN implementing partner is aware of this contractual responsibility, has a SoP for handling SEA allegations and has (or will if no SEA cases) consistently and systematically action this responsibility. **PSEA Network members** *(organisations that are also UN IPs, then the UN IP method of calculation above should be used)***:** **Scale 1:** PSEA Network member was not informed and / or not aware of their responsibility. **Scale 3:** PSEA Network member is aware of this responsibility, but the organisation does not have a SoP allocating roles and responsibilities to handle SEA allegations and therefore no or infrequent action is taken. **Scale 4:** PSEA Network member is aware of this responsibility, has a SoP for handling SEA allegations and has (or will if no SEA cases) consistently and systematically action this responsibility.
INDICATOR 4: Ensuring feedback is provided to victims of SEA on the outcome of the investigation	
Indicator	Number and percentage of SEA victims who are informed of the outcome of the investigation by the stakeholder organisation.
Type of indicator	Quantitative
Unit of measure	Number and percentage
Definitions	**Victims (adults and children) who are informed of the outcome of the investigations.** The investigating /organisation must notify the victim in a safe and timely manner the status and outcome of their investigation. **For children,** during accountability process, the following measures need to be provided: ▪ In line with the victim-centred approach, the victim should be notified if there is an investigation and whether the perpetrator has been informed of the allegation against them. ▪ Provision of information to victims on the status of their cases, as all victims have the right to receive regular updates from their case worker or contact person. ▪ Psychosocial support before, during, and after an investigative interview. ▪ Accompaniment by a protection/ security actor to the appointments during the investigation processes. ▪ Accompaniment by a case worker during the investigation processes.

	▪ Logistical support for the victim such as translation and transportation for interviews and accommodation measures for persons with disabilities
Means of verification	⇒ KII ⇒ Reports/database on allegations
Data limitations to inquire about	Ask what information is available to explain shortcomings in meeting this indicator.
Method of calculation	**Adults and children who are informed of the outcome of the investigation by demographic:** **STEP 1:** Disaggregate the total number of SEA victims by sex (male/female), by age (Under 18 years of age; 18 and above). **STEP 2:** Calculate the total number of SEA victims by sex and age who have been informed about the outcome of their investigation. **STEP 3:** Divide the total number of SEA victims who have been informed about the outcome of their investigation (within each disaggregated group) by the total number of SEA victims (within each disaggregated group).
Disaggregation	By sex (male/female), by age (Under 18 years of age; 18 and above).

Data to be collected for Outcome 5: Accountability & Investigations - from each KII stakeholder's organisation, in stakeholders' location only.		
OUTCOME AREA:	**INDICATORS:** *Please refer to the guidance and definitions above before completing. You must use these definitions to determine your adherence to the indicators below.*	**DATA:** Number (#) & percentage (%)
Accountability & Investigations	**INDICATOR 1: Organisational capacity to conduct SEA investigations, that is supported by a standard operating procedure**	
	1. Total number of staff trained, not trained, or to be trained on i) SEA investigations, ii) child sensitive SEA investigations by using the following *scale* guidance. 2. Internal procedures the stakeholder organisation has in place.	*1.Scale point:* *Both to be completed by field consultant using guidance for indicator 1 above and in conversation with the stakeholder.* *2.Scale point:*
	INDICATOR 2: Victim assistance tracking system (VATS) is incorporated and used	
	As part of the PSEA Networks system-wide approach to improve accountability, the stakeholder organisation is incorporated within this and consistently uses the victim assistance tracking system (VATS) for all investigations.	*1.Scale point:* *To be completed by field consultant using guidance for indicator 2 above and in conversation with the stakeholder.*
	INDICATOR 3a: Stakeholders that are UN implementing partners confidentially inform their respective UN donor entity of all SEA allegations immediately	
	INDICATOR 3b: Stakeholders that are PSEA Network members (including UN implementing partners) confidentially inform the PSEA Network of SEA allegation immediately.	
	UN implementing partner organisations inform their respective UN donor entity (e.g., UNICEF, UNFPA, UNDP etc) immediately of any i) SEA allegations made (reported or disclosed); ii) and details of the alleged perpetrator if identified as personnel / volunteer / consultant / intern / sub-contractor of their organisation and the victim or complainant has been identified (*for anonymous reports – all efforts must have been made to pursue all given lines of enquiry*). **PSEA Network members,** including UN implementing partners, inform PSEA Network immediately of any i) SEA allegations made (reported or disclosed); ii) and details of the alleged perpetrator if identified as personnel / volunteer / consultant / intern / sub-contractor of their organisation and the victim or complainant has been identified (*for anonymous reports – all efforts must have been made to pursue all given lines of enquiry*).	*1.Scale point:* *To be completed by field consultant using guidance for indicator 3a and b above and in conversation with the stakeholder.*
	INDICATOR 4: Ensuring feedback is provided to victims of SEA on the outcome of the investigation	
	Number and percentage of SEA victims who are informed of the outcome of the investigation by the stakeholder organisation.	*To be completed by field consultant using guidance for indicator 4 above and in conversation with the stakeholder.*

KII QUESTIONS TO BE ASKED – Accountability & Investigations			ANSWERS.
Questions to be answered			
	1.	*For UN implementing partners who have received accountability and investigation capacity building guidance and support:* Following on from the UN implementing partner PSEA capacity assessment process, what capacity building i) recommendations were made by your partner UN entity? and ii) what capacity support did your organisation receive?	*Capacity Recommendations:* *Capacity Support:*
	2.	**Adult victims:** What risks, challenges and opportunities exist for <u>adult</u> victims in providing appropriate, relevant and responsive <u>victim- centred</u> investigations? *Key:* ▪ **Victim-centred investigations:** Investigations must ensure (a) safety and well-being, (b) the investigation must be confidential, (c) the victim must be treated with dignity & respect, (d) receive equal & fair treatment, (e) interactions with victims must be trauma informed and they should be engaged with empathy, care & understanding, (f) victims should be provided with regular, timely information in a language they understand, (g) provide informed consent only after being informed of the pros and cons of any course of action, (h) provided holistic support & services, (i) provided support to seek remedies from perpetrators. ▪ **Risks:** Factors that endanger the safety / well-being of victims, witnesses, and alleged perpetrator. ▪ **Challenges:** Factors existing within the operating environment that <u>impede</u> the organisation's ability to provide appropriate, relevant, and responsive victim- centred investigations. ▪ **Opportunities:** Factors existing within the operating environment that <u>enhance</u> the organisation's ability to provide appropriate, relevant, and responsive victim-centred investigations. These factors may be utilised by the organisation currently or they may be recommendations made by the stakeholder.	*Risks:* *Challenges:* *Opportunities:*
	3.	**Child victims:** What risks, challenges and opportunities exist for <u>child</u> victims in providing appropriate, relevant and responsive <u>victim- centred</u> investigations? *See definition for indicator 4 above.*	*Risks:* *Challenges:* *Opportunities:*
	4.	Within investigations, what barriers exist that either prevent or make it more challenging for victims to achieve '*justice*' and hold the perpetrator to account?	
	5.	In criminal incidents of SEA, what are the reasons for a victim i) *consenting* and ii) *not consenting* to having the case referred to law enforcement in your view?	*Victim consent given:* *Victim consent not given:*
	6.	Drawing on your experience, what are your recommendations for how best to support victims of SEA who seek remedies from perpetrators in-order to achieve some form of '*justice*' and accountability? Either through formal or customary mechanisms?	

Outcome Area 5: PSEA Inter-Agency Country Level Structure & Coordination

Definitions and guidance on indicators:	
PSEA inter-agency country level structure and coordination	
Outcome area 5: PSEA inter-agency country level structure and coordination	⇒ Improved effectiveness and efficiency in coordination and management of programmes for PSEA in South Sudan (2022 workplan) ⇒ The Resident/Humanitarian Coordinator and UNCT/HCT are supported at senior management and technical levels to lead, oversee, and deliver on the above four PSEA Outcomes (2023 workplan)
INDICATOR 1: Role of the Resident /Humanitarian Coordinator as PSEA lead and UNCT is clear to all PSEA stakeholders nationally	
Indicator	Stakeholder organisation is aware of the RC and UNCT role on PSEA as stipulated in the Management and Accountability Framework (MAF)of the UN Development and Resident Coordinator System
Definitions	**Resident Coordinator:** Management and Accountability Framework (MAF)of the UN Development and Resident Coordinator System: 1. Responsibility for ensuring that a collective PSEA Strategy and country-level PSEA Action Plan are developed in keeping with expectations contained in the MAF page 6 and 7.

	2. Ensure that a corresponding PSEA action plan is implemented annually with entities represented on the UN Country Team (UNCT) and operating in the country as per MAF guidelines page 6 and 7. 3. The Resident Coordinator makes decisions through a consultative process with the UNCT. 4. Resident Coordinator (RC) is required to certify annually to the UN Secretary-General that s/he has fostered communication and collaboration among the UN Country Team (UNCT) members. The RC will certify, at a minimum, that: (i) they have communicated to the UNCT the importance of reporting all allegations to their respective entities with diligence and transparency; and (ii) they have communicated that training on the protection from sexual exploitation and abuse was mandatory and made such training available. 5. Resident Coordinator (RC) has system-wide responsibility for a collective approach to Accountability to Affected People (AAP), engaging with, ensuring feedback to, and adjusting the response based on the views of affected people. This should be incorporated into overall planning, implementation and programme adaptation according to AAP guidance and commitments. **UN Country Team (UNCT):** UNCT is the main inter-agency mechanism in country for inter-agency coordination, coherence and decision-making. It is led by the Resident Coordinator and composed of Representatives (head of UN entity) in-country) of each UN entity within the country. Management and Accountability Framework (MAF)of the UN Development and Resident Coordinator System: 1. UNCT is responsible for overseeing implementation of the inter-agency PSEA strategy and annual PSEA action plans. 2. UNCT is responsible for addressing PSEA when it is raised in meetings. 3. UNCT is responsible for supporting and establishing effective coordination and functionality of the inter-agency PSEA Network. 4. The UNCT should have a strategy to fulfil its accountability to provide and facilitate victim assistance. 5. Individual UN entities are responsible and accountable for investigations and follow-up on SEA allegations.
Type of indicator	Quantitative
Unit of measure	Scale
Means of verification	$\Longrightarrow$ KIIs
Method of calculation	**Resident Coordinator (RC):** Ask the stakeholder if they could tell you what they think the role of the Resident Coordinator, as highest UN official in country, is on PSEA? Do not provide them the answer. Instead, cross reference their answers against the Resident Coordinator criteria provided in the 'Definitions' above. If the stakeholder is unaware of the RC, then you may read them the definition provided above. **Scale 1:** Stakeholder did not know there was a Resident Coordinator **Scale 2:** Stakeholder was aware of the Resident Coordinator position but was unaware of their role on PSEA. **Scale 3:** Stakeholder was aware of the Resident Coordinator position and knew at least 2 criteria of the 5 PSEA responsibilities criteria provided. **Scale 4:** Stakeholder was aware of the Resident Coordinator position and knew all 5 PSEA responsibilities criteria provided. **UN Country Team (UNCT):** Ask the stakeholder if they could tell you what they think the role of the UN Country Team is on PSEA? Do not provide them the answer. Instead, cross reference their answers against the UNCT criteria provided in the 'Definitions' above. If the stakeholder is unaware of the UNCT, then you may read them the definition provided above. **Scale 1:** Stakeholder not aware of UNCT. **Scale 2:** Stakeholder was aware of the UNCT but was unaware of their role on PSEA. **Scale 3:** Stakeholder was aware of the UNCT and knew at least 2 criteria of the 5 PSEA responsibilities criteria provided. **Scale 4:** Stakeholder was aware of the UNCT position and knew all 5 PSEA responsibilities criteria provided.

ANNEX 5: UNICEF SAMPLE GUIDELINES ON SUPPORT PERSON FOR CHILD VICTIMS DURING INVESTIGATION AND LEGAL PROCEEDINGS[142]

The following guidelines are aimed to protect and support child victims during SEA investigations, in accordance with the 'do no harm' principle and in order to avoid re-traumatization. To both support the child and facilitate the investigative process, in addition to trained investigators with specific knowledge and skills on how to interview children, it is recommended to have an adult 'support person', to support the child throughout the interviewing process of the investigation and legal proceedings. The requirements, role and responsibilities of such a 'support person' are outlined below.

Suggested requirements of the support person:
*
* The support person can be appointed if it is considered to be in the best interests of the child and if the person has the appropriate profile to support the child. The support person cannot be a witness or potential witness, or someone who has a personal involvement in the case and will not be a parent or primary carer of the child. (This does not preclude the presence of family members during interviews, at the request of the child.)

* The support person will be a child protection officer, social. worker, community worker or a psychologist who works with the United Nations or an identified UNICEF implementing partner providing assistance to children, or from a qualified organization providing services to child victims of GBV.

* It is the responsibility of the support person to familiarise. him/herself with the child's circumstances and his/her emotional state.

* It is recommended that in cases where the child victim is a girl, whenever possible, the support person will be female. If the child to be interviewed is a boy, it will be decided in consultation with the child whether the support person should be female or male.

* The support person will not interfere prior, during or after the interviews in a way that may jeopardize the investigation or undermine the credibility of the child victim/witness (such as by leading the child, 'coaching' or manipulation).

Suggested roles and responsibilities before and during the interview:

* The role of the support person is to provide emotional support to the child before, during and after the investigative interview, as needed, in a sense that his/her presence during the interview is comforting and reassuring to the child. Should the testimony of the child be needed in a legal proceeding, the support person should accompany the child and should check and advocate for confidentiality and protection measures to be in place.
*

* The support person will locate and inform the child and his/her parents (as possible and appropriate) about the interview.

* Prior to the interview, the support person will communicate to the investigator/s any questions or concerns the child may have expressed regarding the interview, and any special needs or accommodation that the child may have or require.

* Before starting the interview, the purpose and ground rules of the interview will be explained to the child with the assistance of a support person in the child's native language and in a gender-and age-sensitive manner by the interviewing investigators.

* The support person will communicate to the investigators if the child expresses in some way signs of tiredness or distress.

* The support person will not take part in the interview: he/she will not intervene answering or asking questions or prompting the child. The support person must also watch his/her own body language and facial expressions to avoid conveying any emotions or intentions towards the child, and as much as possible, he/she will be outside the vision of the child but will move to physically comfort the child if the need arises.

* The support person will not translate (this will be done by a professional translator) and will not take notes during the interview.

After the interview

* The support person will check the impact of the interview on the emotional state of the child and will comfort and reassure the child as needed. He/she will make sure that the child is not left alone but has a trusted responsible adult around after the interview.

* Following the interview, the support person will report to the investigators any key observations regarding the child's well-being or safety in relation to the interview or the investigation.
*
* The support person may share with UNICEF any concerns regarding the interview methodology or other issues affecting the child's well-being related to the interview, so that UNICEF raises them with the concerned investigative body if deemed necessary.

Adherence to confidentiality

* The support person will sign a confidentiality agreement prior to the interview taking place, under which the support person agrees not to disclose any information regarding the interviews to the media or to any other individual or organization.

* Breach of confidentiality as required under the above agreement can be grounds for disciplinary action or even termination of contract and summary dismissal of the support person by the employer.

Endnotes

[1] UN HCT South Sudan (2024), Humanitarian Needs and Response Plan: South Sudan, p.1. To be found at: https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-and-response-plan-2024-issued-november-2023. Accessed April 2024.

[2] IASC SEARO (2023), IASC Sexual Exploitation and Abuse Risk Overview. To be found at: https://psea.interagencystandingcommittee.org/iasc-sea-risk-overview-index. Accessed April 2024.

[3] Best Interests of the Child – UN Convention on the Rights of the Child Art. 3 - When adults make decisions, they should think about how their decisions will affect children. All adults should do what is best for children. Governments should make sure children are protected and looked after by their parents, or by other people when this is needed. Governments should make sure that people and places responsible for looking after children are doing a good job. Cited in UNICEF – Convention on the Rights of the Child: Children's Version. To be found at: https://www.unicef.org/sop/convention-rights-child-child-friendly-version. Accessed: December 2023.

[4] See, for instance, London, K., Bruck, M., Ceci, S.J., & Shuman, D.W. (2007). Disclosure of child sexual abuse: A review of the contemporary empirical literature. In Pipe, M.E. et al. (Eds.), *Child Sexual Abuse* (pp. 11–39) and Pipe, M-E., Orbach, Y., Lamb, M., & Cederborg, A.-C. (2007). Seeking resolution in the disclosure wars: An overview. In Pipe, M.E. et al. (Eds.), *Child Sexual Abuse* (pp. 3–10).

[5] Ji, K. Finkelhor, D. & Dunne, M. (2013) Child Sexual Abuse in China: A meta-analysis of 27 studies, *Child Abuse and Neglect,* 37: 9, 613–22; Ministry of Women's Affairs (2014), *Findings from Cambodia's Violence Against Children Survey 2* UNICEF Cambodia, US Centres for Disease Control and Prevention, Ministry of Women's Affairs, Phnom Penh, Cambodia; Nikolaidis, G. Petroulaki, K. Zarokosta, P. Tsirigoti, A. et al (2018) Lifetime and past-year prevalence of children's exposure to violence in 9 Balkan countries: the BECAN study, *Child & Adolescent Psychiatry & Mental Health,* 12:1; Ward, C. Artz, L. Leoschut, L. Kassanjee, R & Burton, P. (2018) Sexual violence against children in South Africa: a nationally representative cross-sectional study of prevalence and correlates, *Lancet Global Health,* 6:e460-68 *cited in* UNICEF (December 2020), Action to End Child Sexual Abuse and Exploitation, p.5

[6] Zimbabwe National Statistics Agency, UNICEF, & Collaborating Centre for Operational Research and Evaluation, 2013 cited in Valentine Josenhans, Mark Kavenagh, Savanah Smith, Christine Wekerle (Dec 2019) Gender, Rights and Responsibilities: The Need for a Global Analysis of the Sexual Exploitation of Boys, chpt 3.2, Child Abuse & Neglect Volume 110, Part 1,

[7] Ibid.

[8] OCHA, South Sudan Humanitarian Operational Presence (Jan to Nov 2023). To be found at: https://app.powerbi.com/view?r=eyJrIjoiODk1MWM2OWItOTVhZC00ZjNjLTliMjUtODU1ZWQ0MjU4NmQzIiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiOjh9. Accessed January 2024.

[9] Humanitarian Donor Group Contact List, September 2023. British Embassy / FCDO added to this list of 8 donors.

[10] UN / IASC (December 2022), Interim Guidance – Operationalisation of the UN Protocol on Allegations of SEA involving Implementing Partners, p.9. To be found at: https://www.unfpa.org/sites/default/files/admin-resource/PSEA_working_with_un.pdf. Accessed December 2023.

[11] See, for instance, London, K., Bruck, M., Ceci, S.J., & Shuman, D.W. (2007). Disclosure of child sexual abuse: A review of the contemporary empirical literature. In Pipe, M.E. et al. (Eds.), *Child Sexual Abuse* (pp. 11–39) and Pipe, M-E., Orbach, Y., Lamb, M., & Cederborg, A.-C. (2007). Seeking resolution in the disclosure wars: An overview. In Pipe, M.E. et al. (Eds.), *Child Sexual Abuse* (pp. 3–10).

[12] London, K., Bruck, M., Ceci, S.J., & Shuman, D.W. (2007). Disclosure of child sexual abuse: A review of the contemporary empirical literature. In Pipe, M.E. et al. (Eds.), *Child Sexual Abuse* (pp. 11–39); Hershkowitz, I., Horowitz, D. & Lamb, M.E. (2005). Trends in children's disclosure of abuse in Israel: A national study. *Child Abuse & Neglect*, 29, 1203–1214. doi:10.1016/j.chiabu.2005.04.008

[13] Ibid. p.18

[14] IASC, Accountability to Affected Populations (AAP): A Brief Overview. To be found at:
https://interagencystandingcommittee.org/sites/default/files/migrated/2015-
12/iasc_aap_psea_2_pager_for_hc.pdf. Accessed April 2024.

[15] United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse (2019),
p.3. To be found at:
https://www.un.org/en/pdfs/UN%20Victim%20Assistance%20Protocol_English_Final.pdf. Accessed
February 2024.

[16] United Nations Glossary on Sexual Exploitation and Abuse, p.10. To be found at:
https://hr.un.org/sites/hr.un.org/files/SEA%20Glossary%20%20%5BSecond%20Edition%20-
%202017%5D%20-%20English_0.pdf. Accessed February 2024.

[17] Ibid.

[18] Ibid.

[19] Ibid. p.11.

[20] United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse (2019),
p.3. To be found at:
https://www.un.org/en/pdfs/UN%20Victim%20Assistance%20Protocol_English_Final.pdf.

[21] Adapted from ibid.

[22] Adapted from ibid.

[23] Adapted from United Nations Protocol on Sexual Exploitation and Abuse Allegations involving
Implementing Partners (2018). To be found at:
https://www.un.org/en/pdfs/UN%20Protocol%20on%20SEA%20Allegations%20involving%20Implementing
%20Partners%20-%20English_Final.pdf. Accessed February 2024.

[24] United Nations Procurement Manual (2020), p.17. To be found at:
https://www.un.org/Depts/ptd/sites/www.un.org.Depts.ptd/files/files/attachment/page/pdf/pm.pdf.
Accessed February 2024.

[25] Summary comparison of appointment and contract types in the UN, UN Career. To be found at:
https://uncareer.net/summary-comparison-of-appointment-and-contract-types-in-un. Accessed February
2024.

[26] United Nations, Zero Tolerance on SEA – Information Brief. To be found at:
https://operationalsupport.un.org/sites/default/files/pkm_sea-1-pager_vf_0.pdf. Accessed December
2023.

[27] Safeguarding Resource & Support Hub, *Safeguarding / SEAH History*. To be found at:
https://safeguardingsupporthub.org/journey/safeguardingseah-history. Accessed December 2023.

[28] FCDO (2020), Cross-sector progress report SEAH 2019-2020, To be found at:
https://safeguardingsupporthub.org/documents/cross-sector-progress-report-safeguarding-against-
sexual-exploitation-abuse-and-sexual. Accessed: December 2021.

[29] IASC Results Group 2 on Accountability and Inclusion. To be found at:
https://interagencystandingcommittee.org/results-group-2-accountability-and-inclusion. Accessed:
December 2021.

[30] Grand Bargain Workstream 6. To be found at: https://interagencystandingcommittee.org/a-participation-
revolution-include-people-receiving-aid-in-making-the-decisions-which-affect-their-lives. Accessed:
December 2021.

[31] OECD-DAC Recommendation on Ending Sexual Exploitation, Abuse and Harassment in Development Co-
Operation and Humanitarian Assistance. To be found at:
https://legalinstruments.oecd.org/en/instruments/OECD-LEGAL-5020. Accessed: December 2021.

[32] Common Approach to Sexual Exploitation, Sexual Abuse and Sexual Harassment (CAPSEAH). To be found
at: https://capseah.safeguardingsupporthub.org/common-approach. Accessed June 2024.

[33] MOPAN (2021), Measuring Multilateral Performance on Preventing and Responding to SEA and SH. To be
found at:
https://www.mopanonline.org/studies/items/MOPAN%20SEAH_Practitioners%20Note%20%5Bweb%5D.p
df. Accessed December 2023.

[34] Sexual harassment, broadly understood in this context to mean workplace sexual misconduct, is not the focus of this review.

[35] Griffiths, M (June 2022), *Protection from Sexual Exploitation and Abuse and Sexual Harassment in Humanitarian Action*,' Humanitarian Exchange, p.5. To be found at: https://odihpn.org/publication/the-2021-iasc-pseah-external-review/. Accessed December 2023.

[36] Ibid, p.12

[37] IASC / UNFPA (2021), *'Inter-Agency standing Community (IASC) External Review: Global report on Protection from Sexual Exploitation and Abuse and Sexual Harassment'*. To be found at: https://interagencystandingcommittee.org/iasc-champion-protection-sexual-exploitation-and-abuse-and-sexual-harassment/2021-iasc-external-review-pseash. Accessed December 2021.

[38] Plaskett, Ian (2001), Mid-Term Review (MTR) of the *System Wide Implementation Strategy on PSEA in South Sudan (August 2018-July 2021), UN South Sudan.*

[39] SEARO is a composite index that brings together indicators on a range of different factors that can influence the risk of sexual exploitation and abuse occurrence within countries. More information can be found on the SEARO website (*see footnote number 9 below*).

[40] IASC PSEA Secretariat (Oct 2022), Sexual Exploitation and Abuse Risk Overview (SEARO), To be found at: https://psea.interagencystandingcommittee.org/iasc-sea-risk-overview-index#:~:text=The%20Sexual%20Exploitation%20and%20Abuse,influence%20the%20risk%20of%20SEA. Accessed December 2023

[41] IASC PSEA Core Indicators Guidance Note (2022). To be found at: https://psea.interagencystandingcommittee.org/resources/iasc-psea-core-indicators-guidance-note. Accessed, September 2023

[42] Inter-Agency Arrangements and PSEA Strategy (2018-21) Implementation; Country Context; Outcome 1: Prevention; Outcome 2: Safe and Accessible Reporting; Outcome 3: Victims' Rights to Assistance; Outcome 4: Accountability & Investigations; Outcome 5: PSEA Inter-Agency Country Level Structure and Strategy.

[43] IASC Sexual Exploitation and Abuse Risk Overview (SEARO). To be found at: https://psea.interagencystandingcommittee.org/iasc-sea-risk-overview-index. Accessed December 2023.

[44] Ibid. p.10

[45] Ibid

[46] Ibid. p.12

[47] Elders, The (2022) Access to Justice for Women and the Rule of Law – Policy Paper, p.8. To be found at: https://theelders.org/sites/default/files/newsarticaldocument/The-Elders-Access-to-Justice-for-Women-and-the-Rule-of-Law.pdf. Accessed June 2023

[48] UN General Assembly (30 June 2005), Resolution A/RES/59/300 – Comprehensive Review of a Strategy to Eliminate Future Sexual Exploitation and Abuse in UN Peacekeeping Operations, To be found at: https://documents-dds-ny.un.org/doc/UNDOC/GEN/N04/495/13/PDF/N0449513.pdf?OpenElement. Accessed January 2024

[49] UN General Assembly (16 Feb 2023), Special measures for protection from sexual exploitation and abuse A/77/748, P.13. To be found at: https://documents-dds-ny.un.org/doc/UNDOC/GEN/N23/048/15/PDF/N2304815.pdf?OpenElement. Accessed January 2024

[50] UN General Assembly (Dec 2020), Resolution A/RES/75/132 – Criminal accountability of United Nations officials and experts on mission, p.2. To be found at: https://documents-dds ny.un.org/doc/UNDOC/GEN/N20/368/01/PDF/N2036801.pdf?OpenElement. Accessed January 2024

[51] Secretary-General's Bulletin Special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13. To be found at: https://documents-dds-ny.un.org/doc/UNDOC/GEN/N03/550/40/PDF/N0355040.pdf?OpenElement. Accessed May 2023

[52] UN (Dec 2021), Policy on Integrating Human Rights Based Approach to UN efforts to Prevent and Respond to Sexual Exploitation and Abuse, p.2. To be found at: https://www.un.org/preventing-sexual-exploitation-and-abuse/sites/www.un.org.preventing-sexual-exploitation-and-abuse/files/policy_on_integrating_a_human_rights-based_approach_to_un_efforts_to_prevent_and_respond_to_sea.pdf. Accessed May 2023.

[53] UN Secretary General's Bulleting (9 October 2003), Special measures for protection from sexual exploitation and sexual abuse, ST/SGB/2003/13. To be found at: https://undocs.org/ST/SGB/2003/13. Accessed January 2024.

[54] UN Human Rights Treaty Bodies Database – South Sudan. To be found at: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=215&Lang=en. Accessed January 2024

[55] UN Women (2023), Mapping and Analysis of the National Laws of South Sudan from a Gender Perspective, p.13

[56] Ibid, p.12

[57] UN (November 2023), Humanitarian Needs and Response Plan: South Sudan 2024, p.4. To be found at: https://humanitarianaction.info/plan/1157. Accessed January 2024.

[58] WFP (December 2023), WFP South Sudan Country Brief, p.1. To be found at: https://reliefweb.int/report/south-sudan/wfp-south-sudan-country-brief-december-2023. Accessed January 2024.

[59] UNICEF (8 Jan 2024), South Sudan Humanitarian SitRep, p.1. To be found at: https://www.unicef.org/documents/south-sudan-humanitarian-situation-report-november-2023. Accessed January 2024.

[60] UN (November 2023), Humanitarian Needs and Response Plan: South Sudan 2024, p.4. To be found at: https://humanitarianaction.info/plan/1157. Accessed January 2024.

[61] European Commission (2023), INFORM Risk Index – South Sudan. To be found at: https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Country-Risk-Profile. Accessed January 2024.

[62] UN (November 2023), Humanitarian Needs and Response Plan: South Sudan 2024, p.4. To be found at: https://humanitarianaction.info/plan/1157. Accessed January 2024.

[63] Save the Children, Situation Analysis of the Impact of Conflict on Children, Including the Grave Child Rights Violations in South Sudan, p.3. To be found at: https://southsudan.savethechildren.net/sites/southsudan.savethechildren.net/files/Protecting%20Children%20in%20Conflict%20Report.pdf. Accessed January 2024.

[64] Cross-sectoral SEA risk management and comprehensive safeguarding frameworks.

[65] Best Interests of the Child – UN Convention on the Rights of the Child Art. 3 - When adults make decisions, they should think about how their decisions will affect children. All   adults should do what is best for children. Governments should make sure children are protected and looked after by their parents, or by other people when this is needed. Governments should make sure that people and places responsible for looking after children are doing a good job. Cited in UNICEF – Convention on the Rights of the Child: Children's Version. To be found at: https://www.unicef.org/sop/convention-rights-child-child-friendly-version. Accessed: December 2023.

[66] Mazurana, D and Donnelly, P (2017), Stop Sexual Assault against Humanitarian and Development Aid Workers, p.44. Feinstein International Centre. To be found at: https://fic.tufts.edu/assets/SAAW-report_5-23.pdf. Accessed: December 2021.

[67] Tankink, M., Belay, H.T., Mukasa, M.B., Nieuwe Weme, D., Burman, M., Ventevogel, P. (2023). Culture, context and mental health and psychosocial well-being of refugees and internally displaced persons from South Sudan. Geneva, Switzerland, United Nations High Commissioner for Refugees (UNHCR). p.24

[68] Ibid. p.23

[69] Aronson Fontes, L. & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse,* 19: 5. https://www.tandfonline.com/doi/full/10.1080/10538712.2010.512520; Mordi, H., Katz, C., Tener, D. & Savaya, R. (2022). Disclosing the abuse: The effect of ethnoreligious identity on CSA disclosure in forensic interviews. *Child abuse and neglect, 124.* https://www.sciencedirect.com/science/article/pii/S014521342100510X

[70] UN Committee on the Rights of the Child (27 Oct 2022), Concluding Observations on the Initial Report of South Sudan, CRC/C/SSD/CO/1, p.2. To be found at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FSSD%2FCO%2F1&Lang=en. Accessed January 2024.

[71] Musila, G (May 2018), The Rule of Law and the Role of Customary Courts in Stabilizing South Sudan. To be found at: https://reliefweb.int/report/south-sudan/rule-law-and-role-customary-courts-stabilizing-south-sudan. Accessed January 2024.

[72] Risk factors for child sexual abuse have been studied quite extensively the last decades. Among the emerging risk factors are the lack of parents and/or adequate parental guidance. See for, instance: Butler, A. C. (2013). Child sexual assault: Risk factors for girls. *Child Abuse & Neglect, 37*(9), 643-652. doi: 10.1016/j.chiabu.2013.06.009; Euser, S., Alink, L. R. A., Tharner, A., IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2016). The prevalence of child sexual abuse in out-of-home care: Increased risk for children with a mild intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 29*(1), 83-92. doi:10.1111/jar.12160; Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse & Neglect, 18*(5), 409-417. doi:10.1016/0145-2134(94)90026-4; Laaksonen, T., Sariola, H., Johansson, A., Jern, P., Varjonen, M., von der Pahlen, B., Santtila, P. (2011). Changes in the prevalence of child sexual abuse, its risk factors, and their associations as a function of age cohort in a Finnish population sample. *Child Abuse & Neglect, 35*(7), 480-490. doi:10.1016/j.chiabu.2011.03.004; Pérez-Fuentes, G., Olfson, M., Villegas, L., Morcillo, C., Wang, S., & Blanco, C. (2013). Prevalence and correlates of child sexual abuse: A national study. *Comprehensive Psychiatry, 54*(1), 16-27. doi:10.1016/j.comppsych.2012.05.010

[73] Fraser, E (June 2023), VAWG in South Sudan: Evidence Review, p.8, What Works to Prevent Violence

[74] CDC-Kaiser Permanente adverse childhood experiences (ACE) study– Vincent J Felitti, VJ et al (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, American Journal of Preventive Medicine, Vol 14, Issue 4. To be found at: https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext. Accessed: December 2021.

[75] OCHA, South Sudan Humanitarian Operational Presence (Jan to Nov 2023). To be found at: https://app.powerbi.com/view?r=eyJrIjoiODk1MWM2OWItOTVhZC00ZjNjLTliMjUtODU1ZWQ0MjU4NmQzIiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiOjh9. Accessed January 2024.

[76] Humanitarian Donor Group Contact List, September 2023. British Embassy / FCDO added to this list of 8 donors.

[77] OCHA, South Sudan Humanitarian Operational Presence (Jan to Nov 2023). To be found at: https://app.powerbi.com/view?r=eyJrIjoiODk1MWM2OWItOTVhZC00ZjNjLTliMjUtODU1ZWQ0MjU4NmQzIiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiOjh9. Accessed January 2024.

[78] UN / IASC (December 2022), Interim Guidance – Operationalisation of the UN Protocol on Allegations of SEA involving Implementing Partners, p.9. To be found at: https://www.unfpa.org/sites/default/files/admin-resource/PSEA_working_with_un.pdf. Accessed December 2023.

[79] IASC Six Core Principles. To be found at: https://psea.interagencystandingcommittee.org/update/iasc-six-core-principles. Accessed December 2023

[80] UN Resolution A/RES/75/132 (Dec 2020) on *Criminal accountability of UN officials and experts on mission*. To be found at: https://digitallibrary.un.org/record/3895998/files/A_RES_75_132-EN.pdf. Accessed January 2024

[81] UN Resolution A/RES/75/132 (Dec 2020) on *Criminal accountability of UN officials and experts on mission*. To be found at: https://digitallibrary.un.org/record/3895998/files/A_RES_75_132-EN.pdf. Accessed January 2024

[82] UNMISS Facts and Figures – Mission Strength (Feb 2023). To be found at: https://unmiss.unmissions.org/facts-and-figures. Accessed January 2024

[83] UNMISS allegations data. To be found at: https://conduct.unmissions.org/sea-data-introduction. Accessed January 2024.

[84] IASC, Interim Guidance, *Operationalisation of the UN Protocol on Allegations of Sexual Exploitation and Abuse involving Implementing Partners*, p.10. https://www.unfpa.org/sites/default/files/admin-resource/PSEA_working_with_un.pdf. Accessed January 2024

[85] Raising Voices. To be found at: https://raisingvoices.org/. Accessed January 2024.

[86] UNICEF Social and Behaviour Change Guidance. To be found at: https://www.sbcguidance.org/. Accessed January 2024.

87 International Rescue Committee, Engaging Men in Accountable Practices. To be found at: https://www.emotiveprogram.org/solution/engaging-men-in-accountable-practices-emap/. Accessed January 2024.

88 Reporting model – characteristically relies on children to come forward and report via established community-based reporting mechanisms.

89 Tankink, M., Belay, H.T., Mukasa, M.B., Nieuwe Weme, D., Burman, M., Ventevogel, P. (2023). Culture, context and mental health and psychosocial well-being of refugees and internally displaced persons from South Sudan. Geneva, Switzerland, United Nations High Commissioner for Refugees (UNHCR). p.24

90 Ibid. p.23

91 See, for instance, London, K., Bruck, M., Ceci, S.J., & Shuman, D.W. (2007). Disclosure of child sexual abuse: A review of the contemporary empirical literature. In Pipe, M.E. et al. (Eds.), *Child Sexual Abuse* (pp. 11–39) and Pipe, M-E., Orbach, Y., Lamb, M., & Cederborg, A.-C. (2007). Seeking resolution in the disclosure wars: An overview. In Pipe, M.E. et al. (Eds.), *Child Sexual Abuse* (pp. 3–10).

92 Ibid.

93 Zimbabwe National Statistics Agency, UNICEF, & Collaborating Centre for Operational Research and Evaluation, 2013 cited in Valentine Josenhans, Mark Kavenagh, Savanah Smith, Christine Wekerle (Dec 2019) Gender, Rights and Responsibilities: The Need for a Global Analysis of the Sexual Exploitation of Boys, chpt 3.2, Child Abuse & Neglect Volume 110, Part 1,

94 Boudreau, C.L., Kress, H., Rochat, R.W. & Yount, K.K. (2018). Correlates of disclosure of sexual violence among Kenyan youth. *Child abuse and neglect, Vol 79;* p 164-172. https://doi.org/10.1016/j.chiabu.2018.01.025

95 London, K., Bruck, M., Ceci, S.J., & Shuman, D.W. (2007). Disclosure of child sexual abuse: A review of the contemporary empirical literature. In Pipe, M.E. et al. (Eds.), *Child Sexual Abuse* (pp. 11–39); Hershkowitz, I., Horowitz, D. & Lamb, M.E. (2005). Trends in children's disclosure of abuse in Israel: A national study. *Child Abuse & Neglect*, 29, 1203–1214. doi:10.1016/j.chiabu.2005.04.008

96 Alaggia, R. (2005), *Disclosing the Trauma of Child Sexual Abuse: A Gender Analysis*, Journal of Loss, and Trauma: International Perspectives on Stress and Coping, p.2

97 The evolving capacities of children, their gender, sexuality, and children with disabilities. Culture, religion, and socio-economic factors such as poverty, power imbalances and inequalities. The influence and impact of children's low self-esteem, whether there has been a history of abuse, those living in or away from dysfunctional households, children in residential care, children's drug / alcohol use or exposure to, out-of-school / care children, and so on, all impacts their needs and expectations of what *accessing justice* means in the context of humanitarian settings.

98 Amborski, AM et al (March 2021), Sexual Violence Against Persons with Disabilities: A Meta-Analysis, Sage Journals p.1. To be found at: https://journals.sagepub.com/doi/10.1177/1524838021995975. Accessed December 2021; Smith, N and Harrell, S (2013), Sexual Abuse of Children with Disabilities, Ver Institute of Justice. To be found at: https://www.vera.org/publications/sexual-abuse-of-children-with-disabilities-a-national-snapshot. Accessed December 2021.

99 Sullivan and Knutson (2000) cited in Bryce, I and Glasby, K (2020), Child sexual abuse in the context of disability, p.1. To be found at: https://www.sciencedirect.com/science/article/pii/B9780128194348000088. Accessed December 2021.

100 Ibid.

101 Amborski, AM et al (March 2021), Sexual Violence Against Persons with Disabilities: A Meta-Analysis, Sage Journals p.1. To be found at: https://journals.sagepub.com/doi/10.1177/1524838021995975. Accessed December 2021.

102 Smith, N and Harrell, S (2013), Sexual Abuse of Children with Disabilities, Ver Institute of Justice. To be found at: https://www.vera.org/publications/sexual-abuse-of-children-with-disabilities-a-national-snapshot. Accessed December 2021.

103 Busangokwakhe Dlamini. "Homosexuality in the African Context." *Agenda: Empowering Women for Gender Equity*, no. 67, 2006, pp. 128–36. *JSTOR*, http://www.jstor.org/stable/4066801. Accessed December 2023.

[104] Human Dignity Trust, South Sudan country profile. To be found at: https://www.humandignitytrust.org/country-profile/south-sudan/. Accessed December 2023

[105] Ibid.

[106] McGuire, K., & London, K. (2020). A retrospective approach to examining child abuse disclosure. Child Abuse and Neglect, 99(October 2019), 104263. https://doi.org/10.1016/j.chiabu.2019.104263; Lahtinen, H-M, Laitila, A., Korkman, J., & Ellonen, N. (2018). Children's disclosures of sexual abuse in a population-based sample. *Child abuse & neglect -the International Journal*, 84-94.doi:10.1016/j.chiabu.2017.10.011; Leach, C., Powell, M. B., Sharman, S. J., & Anglim, J. (2017). The Relationship Between Children's Age and Disclosures of Sexual Abuse During Forensic Interviews. *Child Maltreatment*, *22*(1), 79–88. https://doi.org/10.1177/1077559516675723; Priebe, G., & Svedin, C.G. (2008). Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures. *Child Abuse & Neglect*, 32, 1095–1108. doi:10.1016/j.chiabu.2008.04.001; Schnyder, U., Landolt, M. A., Schönbucher, V., Mohler-Kuo, M., & Maier, T. (2012). Disclosure of Child Sexual Abuse by Adolescents. *Journal of Interpersonal Violence*, *27*(17), 3486–3513. https://doi.org/10.1177/0886260512445380

[107] Goodman-Brown et al 2003

[108] It should be noted that the definition sexual consent varies between cultures and individuals, seen for instance in the varying ages of consent globally. It has been argued that consensual adolescent sex should be differentiated from sex between adults and children or adolescents in a clearly different developmental stage – a matter that has been discussed to a significant degree in different African countries the last decade. See, for instance, Kangaude & Skelton, 2018 and the so-called Teddy Bear Clinic case in South Africa.

[109] Crisma, Bascelli, Paci & Romito, 2004

[110] Risk factors for child sexual abuse have been studied quite extensively the last decades. Among the emerging risk factors are the lack of parents and/or adequate parental guidance. See for, instance: Butler, A. C. (2013). Child sexual assault: Risk factors for girls. *Child Abuse & Neglect, 37*(9), 643-652. doi:10.1016/j.chiabu.2013.06.009; Euser, S., Alink, L. R. A., Tharner, A., IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2016). The prevalence of child sexual abuse in out-of-home care: Increased risk for children with a mild intellectual disability. *Journal of Applied Research in Intellectual Disabilities, 29*(1), 83-92. doi:10.1111/jar.12160; Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse & Neglect, 18*(5), 409-417. doi:10.1016/0145-2134(94)90026-4; Laaksonen, T., Sariola, H., Johansson, A., Jern, P., Varjonen, M., von der Pahlen, B., . . . Santtila, P. (2011). Changes in the prevalence of child sexual abuse, its risk factors, and their associations as a function of age cohort in a Finnish population sample. *Child Abuse & Neglect, 35*(7), 480-490. doi:10.1016/j.chiabu.2011.03.004; Pérez-Fuentes, G., Olfson, M., Villegas, L., Morcillo, C., Wang, S., & Blanco, C. (2013). Prevalence and correlates of child sexual abuse: A national study. *Comprehensive Psychiatry, 54*(1), 16-27. doi:10.1016/j.comppsych.2012.05.010

[111] CDC-Kaiser Permanente adverse childhood experiences (ACE) study– Vincent J Felitti, VJ et al (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, American Journal of Preventive Medicine, Vol 14, Issue 4. To be found at: https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext. Accessed: December 2021.

[112] Raman, S et al (2018), Violence against children of the world: Burden, consequences and recommendations for action, p.3. To be found at: https://www.ispcan.org/wp-content/uploads/2018/01/Violence-against-Children-of-the-World-final-statement-postedits-SR-1710-1-F29357-N.pdf. Accessed: December 2021

[113] Ibid. p.24

[114] *FGD* Jamjang (2023), Women, 25 to 46 years

[115] FGD Mingkaman (2023), Girls

[116] FGD Aweil (2023), Adult Male.

[117] Justice Rapid Response (May 2022), Investigating Allegations of Sexual Exploitation and Abuse of Children Occurring In Humanitarian Settings: Reflections from Practice p.34-35. To be found at: https://www.justicerapidresponse.org/new-report-investigating-sea-of-children-in-humanitarian-settings/#:~:text=The%20report%2C%20Investigating%20allegations%20of,marginalized%20populations%20in%20fragile%20settings. Accessed January 2024.

118 To be found at: https://interagencystandingcommittee.org/iasc-champion-protection-sexual-exploitation-and-abuse-and-sexual-harassment/iasc-vision-and-strategy-protection-sexual-exploitation-and-abuse-and-sexual-harassment-pseah-2022. Accessed December 2023.

119 Jane Connors (2020): A victims' rights approach to the prevention of, and response to, sexual exploitation and abuse by United Nations personnel, p.5, Australian Journal of Human Rights. To be found at: https://doi.org/10.1080/1323238X.2019.1707933. Accessed January 2024

120 Ibid. p.18

121 United Nations Office of the Victims' Rights Advocate (May 2023), Your Rights as a Victim of Sexual Exploitation or Abuse Committed by United Nations Staff or Related Personnel. To be found at: https://www.un.org/preventing-sexual-exploitation-and-abuse/sites/www.un.org.preventing-sexual-exploitation-and-abuse/files/victims_rights_statement_on_sea_may_2023_web.pdf. Accessed February 2024.

122 UN South Sudan / South Sudan NGO Forum (June 2023), *Rapid SEA Risk Assessment in Renk, Upper Nile*, p.2

123 South Sudan, Global IASC Dashboard, to be found at: https://unitednations.sharepoint.com/sites/UNMISS-RCDSRSG_RRP/pseatf/PSEA%20Task%20Force%20Docs%20for%20Upload/Forms/AllItems.aspx?ga=1&id=%2Fsites%2FUNMISS%2DRCDSRSG%5FRRP%2Fpseatf%2FPSEA%20Task%20Force%20Docs%20for%20Upload%2F1%202023%20PSEA%20Deep%20Dive%20Review%2FM%20and%20E%20and%20Reports%2FSouth%20Sudan%5F%20Global%20IASC%20PSEA%20Dashboard%20%2D%202022%2Epdf&viewid=851f9f31%2D1fe7%2D44ef%2D8aaf%2D142f5f895d4b&parent=%2Fsites%2FUNMISS%2DRCDSRSG%5FRRP%2Fpseatf%2FPSEA%20Task%20Force%20Docs%20for%20Upload%2F1%202023%20PSEA%20Deep%20Dive%20Review%2FM%20and%20E%20and%20Reports. Accessed December 2023.

124 Ibid.

125 Pijlman, V., Eichelsheim, V., Pemberton, A., & de Waardt, M. (2023). "Sometimes It Seems Easier to Push It Away": A Study into the Barriers to Help-Seeking for Victims of Sexual Violence. Journal of Interpersonal Violence, 38(11-12), 7530-7555. https://doi.org/10.1177/08862605221147064 . Accessed February 2024.

126 Ibid

127 Wood, T (September 2022), Demanding Greater Accountability – response to the latest New Humanitarian story on sexual abuse and exploitation in South Sudan, CHS Alliance. To be found at: https://www.chsalliance.org/get-support/article/demanding-greater-accountability-response-to-the-latest-new-humanitarian-story-on-sexual-abuse-and-exploitation-in-south-sudan/. Accessed January 2024.

128 Kumalo, L & Luce, A (Sep 2017), South Sudan needs more than a hybrid court, Institute for Security Studies. To be found at: https://issafrica.org/iss-today/south-sudan-needs-more-than-a-hybrid-court. Accessed January 2024.

129 Davidson, J.; Elsley, S.; Giraldi, M.; Goudie, A.; Hope, K.; Lyth, A.; Van Keirsbilck, B. (June 2019*): Justice for Children, Justice for All: The Challenge to Achieve SDG16+ A Challenge Paper*. Scotland: CELCIS-Inspiring Children's Futures, p.24, University of Strathclyde. To be found at: https://www.strath.ac.uk/media/1newwebsite/departmentsubject/facultyofhumanitiesandsocialsciences/documents/The_Challenge_Paper.pdf. Accessed: February 2024.

130 UNDP (2019), Presentation: Improving the Quality of SEA and Harassment Investigations, IASC Follow-Up Meeting of Investigatory Bodies. To be found at https://interagencystandingcommittee.org/sites/default/files/migrated/2019-09/presentation_improving_the_quality_of_sexual_exploitation_abuse_harassment_investigations_2019.pptx. Accessed February 2024.

131 IASC Vision and Strategy: Protection from sexual exploitation and abuse and sexual harassment (PSEAH) 2022-2026. To be found at: https://psea.interagencystandingcommittee.org/resources/iasc-vision-and-strategy-protection-sexual-exploitation-and-abuse-and-sexual-harassment#:~:text=The%20Inter%2DAgency%20Standing%20Committee,aid%20workers%20themselves%20feel%20supported%2C. Accessed February 2024.

132 Ibid. p.10

133 UN Women (2021), UNCT Gender Equality SWAP Scorecard – South Sudan, p.39

[134] UN Protocol on Allegations of Sexual Exploitation & Abuse Involving Implementing Partners. To be found at:
https://www.un.org/en/pdfs/UN%20Protocol%20on%20SEA%20Allegations%20involving%20Implementing%20Partners%20-%20English_Final.pdf. Accessed January 2024.

[135] UN Victims' Rights Statement (2023). To be found at: https://www.un.org/en/victims-rights-first/victims-rights-statement#:~:text=You%20Have%20the%20Right&text=November%2027%2C%202023-,Victims%20of%20sexual%20misconduct%20by%20UN%20and%20related%20personnel%20have,establish%20paternity%20and%20related%20claims. Accessed April 2024.

[136] IASC Definition & Principles of a Victim/Survivor Centred Approach (June 2023). To be found at:
https://interagencystandingcommittee.org/iasc-champion-protection-sexual-exploitation-and-abuse-and-sexual-harassment/iasc-definition-principles-victimsurvivor-centered-approach-0. Accessed April 2024.

[137] UNEG (2014), "Handbook for Conducting Evaluations of Normative Work in the UN System" p.30. To be found at: https://www.unevaluation.org/document/download/2014. Accessed December 2023.

[138] UNICEF. (2021). Child Marriage: Latest trends and future prospects. https://data.unicef.org/topic/child-protection/child-marriage/

[139] UNICEF. (2021). Child Marriage: Latest trends and future prospects. https://data.unicef.org/topic/child-protection/child-marriage/

[140] UNFPA. (2018). Gender-Based Violence in South Sudan: A Life-Threatening Concern for Women and Girls. https://southsudan.unfpa.org/en/publications/gender-based-violence-south-sudan-life-threatening-concern-women-and-girls

[141] UNICEF. (2021). Female Genital Mutilation/Cutting: A global concern. https://data.unicef.org/topic/child-protection/female-genital-mutilationcutting/

[142] UNICEF, Technical Note on the Implementation of the UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse, p. 14. To be found at:
https://psea.interagencystandingcommittee.org/victim-survivor-centred-assistance. Accessed January 2024.