



**UNDP/UNFPA/UNOPS EXECUTIVE BOARD  
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**RESPONSE TO SEXUAL EXPLOITATION AND ABUSE (SEA) AND SEXUAL HARASSMENT  
(SH)**

**UNDP Deep Dive into Victim/Survivor Support (12 countries) May 2021**

**Background:**

In July 2020, UNDP ran a comprehensive survey on what actions country offices are taking in response to Sexual Exploitation and Abuse (including in the context of the COVID-19 crisis). 98 of 130 Country Offices responded, providing for the first time, a rich source of data to inform our thinking and approach. The results showed that coordination mechanisms, appropriate procedures, and reporting systems are in place and that there is a high level of commitment to prevent and tackle the issue. Respondents were actively involved, driven and insightful about the prevention of SEA (PSEA) in their respective countries.

In 70% of the countries that responded to the survey, local victim/survivor support service providers (e.g. national or local gender-based violence centers) had been identified to assist victims/survivors of SEA with 40% of the victim/survivor support mechanisms established through a UN inter-agency process.

Because victim/survivor support is a critical priority for UNDP, the Taskforce on the Prevention of SH and SEA undertook a deeper assessment by collecting additional data from a sample of twelve countries<sup>1</sup> based on the responses they provided in the survey as well geographical representation.

The responses show some clear trends regarding how UNDP supports victims/survivors, the partners we work with and how we communicate response mechanisms to victims/ survivors. The data also provides critical information on the gaps. Following are some of the interesting initial findings so far:

**Initial findings:**

While the 12 countries that responded are operating in different contexts, with varying degrees of access and resources, all have clearly demonstrated that victim/survivor support is essential and have made efforts to provide services to victims/survivors - even with the ongoing pandemic where PSEA focal points have had to adapt to reach populations by for example using technology and local partners and networks. There are still limited cases of SEA being reported, again likely related to the pandemic and the decrease in direct interaction with communities. But we assume that these reporting numbers do not reflect the actual incidences of SEA, and countries continue to raise the profile of the issues and take action to respond.

**Examples of support provided either directly or in partnership with others (UN, Governments, NGOs etc):**

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<sup>1</sup> Afghanistan, Burundi, Central African Republic, Syria, Lebanon, Iraq, Myanmar, Ukraine, Colombia, Pakistan, Haiti and Jordan

- **Creating clear and safe ways both to report and seek support** was highlighted as a priority. Examples include using helplines, phone booths and through the local Sexual and Gender Based Violence (S)GBV Protection cluster referral pathway to help victims/survivors of SEA find support. Ensuring that these mechanisms are safe and trusted by communities is key. In Jordan, with the victim/survivor's consent, UNDP's PSEA Focal Point will refer the victim/survivor to the Amaali Application which is the common entry point to Jordan's GBV referral pathway system, developed in 2018 and funded by the UN. This app provides victims/survivors with information on available SGBV services including medical and health care, case management, mental health and psycho-social support services, security services, clinical management of rape (CMR), safe shelter, livelihood and basic needs, and women and girls' empowerment services. In April 2020, a specific window was added for SGBV response during COVID-19 since the service delivery was affected by the lockdown and some activities were suspended.
- **Legal services for victims/survivors** e.g. through existing UNDP rule of law and access to justice programmes have been provided in several countries. For instance, programmes providing paralegals pro bono to victims, legal clinics and mediation services and alternative dispute settlement. In Ukraine a directory of legal services was created that contains information on providers that have been trained to work with GBV survivors. The services include free primary and secondary legal aid. There is a national hotline and subnational/local centers of free secondary legal aid provision where GBV survivors can receive help.
- For **medical, childcare, psychosocial support and education services** UNDP works closely with sister UN agencies and local partners that provide these services. Efforts are focused on making sure victims and survivors know where to find these services and how to access them. In Syria UNDP set up an online psycho-social (PSS) support platform to support local community members during the pandemic, with special attention on GBV and SEA survivors. The platform was launched in August 2020. Victims/survivors can register anonymously and will be contacted if they leave a valid phone number.
- Providing **shelter to victims/survivors, in most countries involves the support of (INGOs, the (S)GBV and Protection cluster and local partners**. Relying on the services provided by agencies with wider access such as WFP, UNHCR and OCHA helps to reach potential victims/survivors in hard-to-reach areas. Government shelters are present in most of the countries that responded to the survey but often these are not enough to meet demand (especially in remote areas). Working with governments and the police to provide protection and security requires careful assessment due to concerns about local stigma or potential police violence and abuse. In Burundi UNDP has two projects on GBV and women's empowerment, sensitizing communities and public services on SEA and GBV. Under the UNDP Iraq Crisis and Resilience Response Programme (ICRRP) a project was launched in 2020 called "Development Solutions Partnership in addressing Gender-based violence" with the UNDP Seoul policy centre to address gender-based violence in the Kurdistan Region of Iraq (KRI). GBV training has been provided to 30 Security Officers in Erbil to improve their skills in GBV prevention. Under the 'Sustainable Livelihoods & Economic Recovery, Diyala Governorate', a specific output is dedicated on Community-based GBV prevention and Intimate Partners Violence (IPV) using the Indashyikirwa approach to sensitize communities, where opinion leaders help in improving their positive attitudes and skills toward GBV prevention.
- **Community based response and information systems (CBCM)** are used in multiple settings, for instance in Myanmar where 60 community-based paralegals have been trained to inform hard to

reach vulnerable populations. In many countries pilots of CBCMs demonstrated very positive results, unfortunately these mechanisms are often under-funded and therefore unsustainable.

### **Partnerships:**

- **Partnerships are essential.** UNDP does not operate in a vacuum when it comes to PSEA. In all countries that reported, UNDP is part of the UN PSEA Task Force. Data shows that cooperation with humanitarian agencies and the cluster system, especially the (S)GBV Cluster, is a critical platform to share data and coordinate around victim/survivor support. Agencies like UNFPA are critical partners given their expertise in multi-sectorial assistance to survivors/victims of GBV and their partnerships with health service providers particularly regarding psychological care and sexual and reproductive health (for instance in Haiti) and their projects on providing dignity kits to girls (in Burundi for example).
- **The role and support of the Resident/Humanitarian Coordinator is a key driving force** behind continuing the conversation on PSEA as well as providing a forum to discuss how the One UN can provide victims/survivors with the right support. In Pakistan UNDP participates together with 36 NGOs and UN agencies in the Pakistan PSEA Network (PPN). In Haiti local partners like OPC, BDHH, Kay Fanm, AVSI inform one of the UN agencies or Missions MINUSTAH - MINUJUSTH (Conduct and Discipline Unit) when they hear of SEA cases. Since 2018, the Senior Victims' Rights Officer in Haiti works with a dual reporting line to the SRSG and the Victims' Rights Advocate at United Nations Headquarters. As her mandate is system-wide, she is collaborating closely with the United Nations Country Team and the Headquarter based Conduct and Discipline Team to assist victims of sexual exploitation and abuse, always taking a victim-centered approach.
- **Staff training on how to deal with GBV:** Under UNDP Iraq's Funding Facility for Stabilization (FFS) programme, for the first time online PSEA trainings were launched to all staff and third parties and contractors to provide a safe working environment for staff members and communities. A total of 230 staff including Engineers, Liaison Officers, Field Monitors, Municipal Advisors, and project staff were sensitized on UNDP policy, protocols and reporting mechanisms. Trained staff act as facilitators reaching out to hundreds more with critical information to improve protection for vulnerable populations.
- In multiple countries **UNDP also works together with governments**, sometimes through existing Rule of Law and Access to Justice projects, on capacitating shelters, raising awareness on services and training staff on SEA prevention. Government partners often include ministries of Social Affairs, Justice, Labour as well as the office of the Ombudsperson. Although government services are present, in many countries, there are significant differences in accessibility between cities and rural communities. In several countries, for example Colombia, UNDP is actively reaching out to remote and hard to reach areas.

### **Communication and outreach:**

- **How we reach out to populations is very much dependent on the respective population served;** in some countries, WhatsApp groups are used to reach beneficiaries, and in other countries focus groups and community dialogues seem more appropriate. Illiteracy levels among women are often much higher than among men and in some contexts, women have less access to communication than men (e.g. they are unable/not allowed to have their own phone) or are less likely to be digitally literate.

- **The current lockdowns have made it harder to reach communities.** UNDP PSEA focal points have shown themselves to be solution oriented, innovative and have been pro-actively reaching out to local partners and other UN agencies, funds and programmes to ensure victim/survivor support is continuing, especially in hard-to-reach areas. One example of how to get around the ‘digital gender divide’ during COVID 19 is the Rukni Space Project in Jordan, where phone booths are placed in safe spaces in the community. The operators that run the helpline are trained by UNDP. Up to December 2020 UNDP had already supported 100 victims/survivors of violence. UNDP is working closely together with other agencies for example with UNICEF, and especially its Communication for Development (C4D) section. In Afghanistan there has been joint work with the government to get key messages out to communities such as *“humanitarian aid is free, no sexual or other favor can be requested in exchange of humanitarian assistance”* and *“in case of suspicion of sexual exploitation and abuse by UN or humanitarian workers this can be reported to [insert free telephone number]”*.

### **Some initial lessons learned:**

- Working together is critical, especially with humanitarian agencies, UN Women and UNFPA, since many services to victims and survivors are provided through the (S)GBV and protection cluster and humanitarian agencies have wider access. While UNDP has a comparative advantage when it comes to legal services, in other areas such as medical services and shelter it makes sense to cooperate with others. This way of working and sharing resources and areas of expertise is exactly what is expected of an inter-agency network. It ensures that referral pathways are up to date and functioning. It does not make sense for individual agencies to try and maintain their own referral pathways. In addition, to have non-UN actors, like Terre des Hommes, INTEROS, MSF and CARE as part of the PSEA Task Force ensures that services are shared between all partners and access to vulnerable populations is increased.
- UNDP would benefit from the presence of a common service-provider vouching process in which UN agencies, for instance in the PSEA inter agency task force or mechanism, assess together whether service providers (legal, medical, shelters etc) adhere to set standards and do no further harm.
- UNDP could continue to address some of the underlying causes of SEA and sexual and gender-based violence by: (i) supporting socio-economic autonomy of targeted women; (ii) using social dialogue activities to address discriminatory gender norms, highlight the link between social disenfranchisement, social inequities and vulnerability to SEA and (iii) opening up options for women and girls to seek redress and accountability.
- UNDP could learn from the various levels of engagement regarding victim/survivor support by investing in cooperation between countries and strengthening the sharing of platforms for countries to learn from best practices.
- Information on how and why people report, what nudges victims/survivors to seek support, what are the most needed services and how to prevent SEA should inform newly developed interventions. In CAR, the Mixed Rapid Intervention and Repression Unit against Violence Targeting Women and Children (UMIRR) is a successful anti-GBV unit supported by the UN. It has established a sense of trust among women to report and their campaigns were a potential deterrent to perpetrators (for instance by highlighting the -criminal- penalties to SGBV). Understanding better what might deter potential perpetrators not to commit a crime and encourage victims/survivors to report would help countries to inform their response.

- In the Taskforce's initial survey, 98% of countries responding confirmed that UNDP leadership is actively involved in SEA prevention work; 1 out of 5 countries already has a joint inter-agency PSEA coordination mechanism (task force) in place; 60% have a UNDP PSEA response plan in place; and 95% confirm there is a UNDP PSEA focal point in their office (24% are in high-risk duty stations). With more data coming from the deep dive survey, we can conclude that commitment of leadership, is a determining factor in the prioritization of PSEA and needs to be maintained.
- Donors demonstrated important commitment to PSEA and gender equality through for example the contribution of a JPO or seconded staff dedicated to (S)GBV and PSEA (either to UNDP or another agency), this should be maintained and if possible expanded.
- There could be a better mechanism for engagement with donors on SEA risks. Ideally, each project above a certain threshold could include a budget line to contribute to the further development of the CBCRM. This will support the efforts in making the joint mechanism effective by ensuring contribution from all agencies.
- Ensuring investigations and related legal measures are progressed as quickly as possible is critical, as well as keeping victims informed of the process as it moves forward.
- Most services are targeted at women, this is logical since most victims/survivor of SEA are women, yet it is important to ensure services are also present for male survivors, especially teenagers and children.
- All country offices should consistently incorporate PSEA in the risk log of UNDP and joint projects.