United Nations
SOUTH SUDAN
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OFFICE OF UN DEPUTY SPECIAL REPRESENTATIVE OF THE SECRETARY-GENERAL/RESIDENT AND HUMANITARIAN COORDINATOR

Protection from Sexual Exploitation & Abuse Community Based Complaints Mechanisms checklist- South Sudan

Background

Community based Complaints Mechanism (CBCM) is a reporting mechanism that integrates the role of formal and informal community-based structures in revealing SEA concerns faced by community members in an all-inclusive and culturally appropriate manner. It primarily targets beneficiaries and its common to all agencies in a given a location, simple/consistent, and co-designed with community inputs.

There exists various formal and informal avenues for collecting feedback from community. The CBCM takes note of these and strengthens those that will be adopted by the community as channels of SEA cases.

The national PSEA taskforce in 2017 identified 10 locations to establish CBCMs. The national PSEA TF has made agreements over which agencies will lead and support the process in the 10 locations, but all UN agencies and particularly humanitarian protection actors should be engaged actively at the field level. The process has been ongoing and is at different levels in different locations with leadership from individual UN agencies as agreed upon.

Steps to guide the process were identified in November 2017 after a one-day CBCM workshop with the taskforce. In 2018, the taskforce targets to have CBCMs operational in all 18 locations in South Sudan.

For uniform initiating and activating process, below is a quick checklist for operationalization of the CBCMs:

1. Identify the partners in the location: Identify the UN agencies, international and local organisations (especially those working on protection and GBV), and relevant local government authorities, in each location.
2. Check if an operational GBV referral pathway exist in the location. If not, request the GBV sub-cluster to activate it as part of operationalizing the CBCM. (Note: The victim assistance/support is via the GBV support system. We should not raise awareness without an ability to support victims.
3. Convene all agencies for one day workshop:

    a. Overview of PSEA for a common understanding;
    b. Overview of the PSEA system in South Sudan including reporting mechanism to the national taskforce(The SOP, PSEA Code of conduct; SEA intake form, etc)
    c. Overview of CBCM- the what and why;
    d. Collectively identify the existing formal and informal reporting mechanisms
    e. Prioritize on the mechanisms that can be used to channel sensitive SEA cases (This is part of consultations on CBCM. The humanitarian actors is one of the key stakeholders to be

consulted in the process of establishment of CBCM. More of killing multiple birds with one stone)

f. Carry out a stakeholders' analysis (Different groups of community members to be consulted on CBCM; Distribute the roles- e.g. Partner A to consult the block leaders, Partner B to consult the youth, etc within a specified timeframe) See annex A on the Consultation Questions

g. Set up coordination of inter-agency taskforce (UN and other partners) on PSEA (the workshop offers a good opportunity for the agencies to identify the PSEA focal point persons in their respective agencies or get the leadership to nominate the FPs, etc.)

h. Identify the CBCM team- This is the team to manage the CBCMs once operationalized. The SOPs indicates 3 member team (2 UN and 1 implementing partner). The context will dictate the composition of this team. Key to consider is availability, protection background (TOR for the team to be shared).

4. Community consultations: Hold consultative meetings with various community stakeholders identified during the workshop (leadership and community structures). This is a key part of the CBCM process as the community is the primary user of the CBCM and they are at the centre. Their participation is key and should be as well made to feel involved: (Use Annex A guide). This is a chance to

a. Present the PSEA agenda, PSEA TF, the inter-agency commitment on PSEA, and why the CBCMs.

b. This is a chance to "test" the mechanisms identified by the partners during the workshop- Do they work? Are they known by the community? Would the community wish to use any of them? Any improvement suggested? Etc

c. Remember, the CBCM are for and about the community. THEY ARE CO-DESIGNERS

5. Analysis of the consultations: Prioritize the different avenues identified by the community. Triangulate them with those identified by the partners. (This should be done by the lead agencies plus the CBCM team identified during the one-day workshop). Ensure that the different channels selected are between 5-7. Too many channels may confuse the community.

6. Documentation of the CBCM: Document the process and the agreed upon channels that form the CBCM in that specific location;(more like explaining how the CBCM operates, the linkage with the GBV referral pathway, including the TOR for agency focal points managing the CBCM).

7. Capacity building of the CBCM focal point: The CBCM focal points are those that will be entrusted with receiving of the complaints from the community. This may include the case workers at the women friendly spaces, trusted women leaders, etc (if identified as avenues). This may include (non-exhaustive examples)
- What PSEA is/ difference between SEA and GBV
- Right to free access to aid/services
- Expected conduct of development works- UN and partners
- Different channels/CBCMs in place
- Available services, guiding principles for working with victims/survivors and how referrals are practically done (step-by-step)
- Psychosocial first aid
- About maintenance of confidentiality
- Practical filling up of the complaint forms

- TOR with agreement over their conduct, especially in terms of reporting, confidentiality, ethical engagement with victims/survivors

8. <u>Outreach and awareness raising:</u> The identified focal points, with support of partners and supporting focal points, start raising awareness on the CBCMs.
9. <u>Maintenance of CBCM:</u> This will include
   a. Continuous awareness raising; IEC materials, etc
   b. Monitoring of the channels (complaint boxes, the desks, etc)
10. <u>Lessons learnt:</u>

OTHER IMPORTANT POINTS:

- The PSEA CBCMs do not come to replace the mechanisms that exist in the communities and agencies. It complements and builds on these mechanisms.
- Victim assistance should be prioritized. This is done through the existing referral mechanisms (GBV referral mechanisms)
- The CBCM is common to all agencies in a given location, even for non-participating agencies.
- The CBCM facilitates reporting, referrals and response including investigation (response is the responsibility of the concerned agency. The common CBCM ensures accountability.
- Requires multi-agency coordination and active engagement

Principles for effective CBCM

- Integrated complaints mechanism- it will receive other nature of complaints- REFER to the relevant actors to address
- Participation, not just consultation- Designed with community inputs and based on existing mechanisms
- Multiple channels- to overcome barriers to complaint- Offer choices- Receives complaints from multiple channels
- Trained staff- have a knowledgeable CBCM team- All agency staff must be made aware of these mechanisms
- Effective community awareness - Increases awareness on SEA as well
- Commit to confidentiality
- Safety of complainant and staff
- Feedback to communities/individuals
- Resourcing the CBCM

Annex A: PSEA CBCM consultation

Conducted by (agency Name) ……………………………………………………………………

Consulted stakeholder…………………………………………………………………………….

S/no	Consultation questions	Views
1	What are the types of complaints received? (If SEA does not come up, explain briefly about it and ask them to specifically put it in mind as they offer suggestions of the questions below- encouraged to get specific when it comes to sensitive complaint like SEA)	
2	What are the reasons that hinder the beneficiaries and others to complain about SEA?- Barriers to complaining in Malakal	•
3	Where and how do they to complain? Their current use; and where they would wish to complain (Any that they wish to be incorporated?	•
4	Feedback- How does the community receive feedback once their complaints are lodged? How would they like feedback to be relayed back?	•
5	Timeframe: What is the realistic timeframe they expect to receive feedback? – Clarify and manage expectation as SEA investigation process may take months.	•
6	If one is not satisfied with the outcome, where can he/she appeal? (Appeal process)	•