



## CHS 2024 PSEAH Index

### Introduction

The Core Humanitarian Standard on Quality and Accountability (CHS) sets out the essential elements of principled, accountable, and high-quality aid. Protection from Sexual Exploitation, Abuse and Sexual Harassment (PSEAH) is central to this, and guidance on how organisations should prevent and respond to allegations of sexual abuse, exploitation and harassment is woven throughout the Standard.

In October 2020, the CHS Alliance published an updated PSEAH Index to help organisations verifying their performance against the CHS to determine whether they have the policies and practices in place to protect their staff and people in vulnerable situations. The update clearly outlined the safeguarding requirements related to relevant indicators in the CHS Verification Framework.

These updated requirements were also mapped against all other sector-wide PSEAH standards, including the Inter-Agency Standing Committee (IASC) PSEA Minimum Operating Standards (MOS), the United Nations Implementing Partner PSEA Capacity Assessment, proposed indicators from the Multilateral Organisation Performance Assessment Network (MOPAN), the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), and the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) Recommendations on Ending Sexual Exploitation, Abuse, and Harassment.

Today, the CHS PSEAH Index is being updated again to align with the latest version of the CHS (2024 edition). This revised Index has been developed in accordance with the updated [CHS 2024](#), and is fully grounded in the CHS Verification Framework and Guide, ensuring consistency across all verification tools.

#### ***The structure of the PSEAH Index***

The CHS PSEAH Index table has four columns, as follows:

- **Columns 1 and 2** are drawn from the [CHS Verification Framework](#).
- **Columns 3 and 4** are drawn from the [CHS Verification Guide](#).
  - **Column 1 - CHS Requirement:** Describes what organisations are required to do to ensure the commitment to people and communities is met. The number and the wording of each requirement is taken directly from the CHS (2024 edition).
  - **Column 2 - PSEAH Measurable Component:** Lists the PSEAH measurable components, as outlined in the CHS Verification Framework.
  - **Column 3 - Guidance for verifying the Measurable Component:** Provides specific guidance on how to verify whether each component it is in place. What an organisation implements to meet a given requirement may vary significantly depending on the size and nature of the organisation being verified. Therefore, the guidance deliberately uses terms such as “assess”, “review”, “consider”, “look for evidence that shows...” to support an enquiry-based approach to verification. This guidance offers possible avenues of enquiry to support the verification process. It is not a “how to” guide for applying the CHS, as every organisation has the freedom to determine how best to meet the requirements in a manner best suited to their organisation and context.

- **Column 4 - Possible sources of evidence:** Offers a list of possible sources of evidence for each PSEAH-related Requirement. This includes both the type of evidence (consultations/interviews/direct observation/documents) and examples of possible content. The suggestions are informed by past verification experience and observed or recommended good practices. However, organisations are free to decide how best to meet the Requirement, and therefore the evidence provided may vary. There is no expectation that all listed evidence sources will be present in every organisation.

## The CHS 2024 PSEAH Index table

1 CHS Requirement	2 PSEAH Measurable Component	3 Guidance for verifying the Measurable Component	4 Possible sources of evidence from interviews, direct observations and documents (list non-exhaustive and non-compulsory)
<b>CHS Commitment 1: People and communities can exercise their rights and participate in actions and decisions that affect them</b>			
<p>1.2 Regularly share relevant and timely information with people and communities, including about their rights in relation to the commitments and responsibilities of the organisation.</p>	<p>Relevant information is shared regularly with people and communities about the commitments and obligations the organisation makes regarding PSEAH, and the expected behaviours in relation to PSEAH of staff and volunteers, and in a timely way.</p>	<p>Look for practice which demonstrates that organisations specifically share information with people and communities about the commitments and obligations they have made regarding PSEAH.</p> <p>For example, this could include communicating a zero-tolerance approach to SEAH, the mechanisms that the organisation has put in place to report any concerns related to PSEAH (link to 5.3), etc. This includes specific information on the types of behaviours in relation to PSEAH that people and communities can expect from staff and volunteers working with them (link to 5.2).</p>	<ul style="list-style-type: none"> <li>• People’s understanding of the PSEAH commitments, responsibilities, plans, expected behaviours of staff of the organisation working in their community</li> <li>• Types of information staff members share with people and communities specifically in relation to PSEAH commitments and obligations and expected behaviours off staff and volunteers.</li> <li>• Types of information shared among partners in relation to PSEAH commitments and obligations and expected behaviours off staff and volunteers.</li> <li>• Visual displays of information related to PSEAH – e.g. transparency boards, public notices, banners, posters, brochures, flyers etc.</li> <li>• Ability of people to give concrete examples of information they know about the organisation related to PSEAH.</li> </ul> <p>➔ <b>Organisational documents</b> that show how PSEAH information is shared regularly, for example:</p> <ul style="list-style-type: none"> <li>○ Policies, guidelines, circulars, statements etc. shaping modalities for PSEAH information sharing with communities.</li> <li>○ Printed materials (e.g. booklets, flyers, posters etc.) that include PSEAH content.</li> <li>○ Contextualised information materials about the Code of Conduct and expected behaviours of staff.</li> </ul>
<p>1.3 Communicate in languages and formats that are easily accessible, understandable, respectful and contextually appropriate for people and communities.</p>	<p>Communications on PSEAH with people and communities are in languages and formats that are easily accessible, understandable, respectful and contextually appropriate.</p>	<p>Look specifically for practice which demonstrates that information about PSEAH is shared appropriately in ways that are contextualised (places, channels) to ensure access to all.</p> <p>This could include verbal communication by a specific group of a community to ensure that sensitivities are respected, or visual aids</p>	<ul style="list-style-type: none"> <li>• The extent to which people understand the PSEAH commitments made to them.</li> <li>• People’s view on whether the PSEAH information are communicated in language, formats and ways that are respectful and appropriate to their culture.</li> <li>• The way staff specifically ensure communications on PSEAH are easy to access, understandable, respectful, and culturally appropriate.</li> </ul>

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		<p>(posters, brochures) in various places (public places, project sites) to reach a wider group.</p>	<ul style="list-style-type: none"> <li>• Agreements (formal and/or informal) between the partners about how PSEAH information is communicated with people and communities (e.g. languages, formats etc.).</li> <li>• Use of appropriate formats and materials, e.g. posters, brochures, leaflets, group discussions tailored to the type of community, that communicate expected behaviours to people in appropriate language and formats.</li> </ul> <p>➔ <b>Organisational documents</b> that show how communications with people and communities are designed to be easily accessible, understandable, respectful and contextually appropriate, for example:</p> <ul style="list-style-type: none"> <li>○ Guidance for how to systematically share PSEAH information and communicate appropriately in specific contexts, including on PSEAH.</li> </ul>
<p><i>1.6 Establish a coherent organisational approach to ensure transparent information-sharing, communication and meaningful participation of people and communities in the actions and decisions that affect them.</i></p>	<p>A coherent organisational approach to ensure transparent information sharing on PSEAH is established.</p>	<p>Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitment to transparent information sharing and communication on PSEAH.</p> <p>Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works. Evidence that organisational methods are applied in practice will also be demonstrated in 1.2 and 1.3.</p> <p>Assess the organisation’s ways (internal review, oversight or control) that ensures these methods are adhered to consistently throughout the organisation and its work.</p> <p>Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to ensuring transparent information sharing and communication on PSEAH.</p> <p>Review the measures that the organisation and its partners have implemented to ensure that transparent information sharing,</p>	<ul style="list-style-type: none"> <li>• Staff’s level of understanding of the organisation’s approach to transparent information sharing and communication on PSEAH.</li> <li>• Support provided to staff to apply the organisation’s approach to transparent information sharing and communication on PSEAH.</li> <li>• The extent to which information is shared with partners about the organisation’s commitments/approach to transparent information sharing and communication on PSEAH.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation establishes its approach or commitment to transparent information sharing and communication on PSEAH, for example:</p> <ul style="list-style-type: none"> <li>○ Statements, policies (such as information sharing policy or equivalent), strategies, guidance etc. that require or consistently show the organisation’s approach or commitment to transparent information sharing and communication on PSEAH.</li> </ul>

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		communication about PSEAH is consistently practiced throughout their joint work. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this.	
<b>Commitment 2. People and communities access timely and effective support in accordance with their specific needs and priorities.</b>			
2.6 Establish a coherent organisational approach to ensure support is based on an understanding of the context and culture and the diverse capacities, vulnerabilities, needs and risks faced by people and communities, with attention to the most marginalised.	A coherent organisational approach to ensure its work is based on an understanding of SEAH risks and vulnerabilities of people and communities in their diversity, with attention to the most marginalised, is established.	<p>Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitment to basing its work on an understanding of SEAH risks and vulnerabilities of people and communities in their diversity, with attention to the most marginalised.</p> <p>Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works.</p> <p>Assess the organisation's ways (internal review, oversight or control) that ensures these methods are adhered to consistently throughout the organisation and its work.</p> <p>Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to ensuring their work is informed by an understanding of the context and culture considering risks related to SEAH faced by people and communities, with attention to the most marginalised. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this.</p>	<ul style="list-style-type: none"> <li>• The way the organisation makes its approach to understanding SEAH risks and vulnerabilities clear to its staff and all stakeholders.</li> <li>• The extent to which relevant information is shared with partners about the organisation's commitments/approach to basing support on an understanding of context, culture and the diverse capacities, vulnerabilities, needs and risks related to SEAH faced by people and communities.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation establishes its approach to understanding of context, culture and the diverse capacities, vulnerabilities, needs and risks related to SEAH faced by people and communities, for example:</p> <ul style="list-style-type: none"> <li>○ Documented procedure and associated tools to ensure programme designs respond to SEAH risks (such as a standardised programme design template that includes SEAH risk as a required section or a programme design appraisal template that includes SEAH risk as a required criterion).</li> <li>○ Statements, policies (PSEAH policy or equivalent) that ensure programme designs and implementation integrate a continuous SEAH risks assessment (as a stand-alone or into a broader risk assessment) are assessed and adapted to mitigate SEAH risks, or to ensure SEAH risks are not created or exacerbated.</li> <li>○ Standalone SEAH risk assessments, or integration of SEAH into broader risk assessments.</li> </ul>
<b>Commitment 3. People and communities are better prepared and more resilient to potential crises.</b>			
	No PSEAH related component		

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<b>Commitment 4. People and communities access support that does not cause harm to people or the environment.</b>			
<p>4.1 Identify, prevent, mitigate and address potential and actual negative impacts of programmes on people and communities.</p>	<p>Potential negative impacts related to SEAH of programmes on people and communities are identified, prevented and mitigated, and actual negative impacts are identified and addressed.</p>	<p>Look for practice which demonstrates that the organisation specifically identifies, prevents, mitigates and address potential and actual negative impacts of its programmes related to SEAH of people and communities.</p> <p>Consider how organisational and contextual constraints relating to PSEAH are systematically identified and analysed. For example, the extent to which project assessments, context and stakeholder analyses include potential risks of SEAH.</p> <p>Review how SEAH considerations are incorporated into programme design, implementation, and evaluation and whether programme designs are adapted to safeguard people from SEAH.</p> <p>Review methods for regular monitoring of programmes to detect potential and actual unintended negative effects related to SEAH.</p> <p>Assess whether timely and systematic action is taken where negative effects relating to SEAH are identified (link to 5.6 and 8.4).</p>	<ul style="list-style-type: none"> <li>• The way that potential cases of SEAH by staff or volunteers at community level are identified and mitigated.</li> <li>• The way that actual cases of SEAH by staff or volunteers at community level are identified and addressed (link to 5.4).</li> <li>• Agreements (formal and/or informal) between the partners about how potential negative impacts of programmes on people and communities related to SEAH are identified, prevented and mitigated and how actual negative impacts are identified and addressed.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation identifies, prevents, mitigates and addresses potential and actual negative impacts of programmes on people and communities, for example:</p> <ul style="list-style-type: none"> <li>○ Guidance for PSEAH focal points on identifying, monitoring and responding to SEAH risks and incidents.</li> <li>○ PSEAH training for all staff and awareness raising materials for people and communities to mitigate SEAH.</li> </ul>
<p>4.3 Ensure safe, ethical and effective management of data and information to minimise risks for people and communities, in line with recognised good practice for data protection.</p>	<p>Data and information related to SEAH are managed safely, ethically and effectively to minimise risks for people and communities, in line with recognised good practice.</p>	<p>Review specific protocols, systems and/or guidance related to the protection and security of SEAH-related data or incidents to ensure they are comprehensive and enforceable, and that they safeguard sensitive personal information related to SEAH incidents.</p> <p>Review what specific training is provided on handling and protecting SEAH-related data for relevant staff.</p> <p>Consider whether the organisation has a policy (or equivalent) and guidance to ensure the protection and security of sensitive personal data and information related to SEAH incidents, including related to survivors of GBV or SEAH.</p>	<ul style="list-style-type: none"> <li>• People's confidence in the protection and confidentiality of data related to SEAH.</li> <li>• The ways data and information are managed effectively to minimise SEAH risks for people and communities.</li> <li>• Training that staff received on SEAH data protection.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation ensures data related to SEAH is protected, for example:</p> <ul style="list-style-type: none"> <li>○ SEAH data protection and handling protocols, policy or guidance (e.g. locked filing cabinets, password protected and delegated access to electronic data storage).</li> </ul>

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		<p>Review what systems are in place that ensure the protection and security of sensitive personal data and information related to SEAH incidents.</p> <p>Assess if appropriate that systems with delegated oversight are in place and confidentiality requirements for staff managing SEAH incidents are ensured.</p>	
<p>4.4 <i>Establish a coherent organisational approach to ensure the organisation works in ways that protect the safety, security, rights and dignity of people and communities and prevent all forms of exploitation and abuse, including sexual exploitation, abuse and harassment, by staff and volunteers in line with recognised good practice.</i></p>	<p>A coherent organisational approach that ensures the organisation works in ways that prevent all forms of exploitation and abuse, including SEAH, by staff and volunteers in line with recognised good practice, is established.</p>	<p>Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitments to prevent all forms of exploitation and abuse, including SEAH, by staff and volunteers. This could be in a policy, framework or guidance document specifically to prevent and respond to SEAH. Look for clear delegated authorities with responsibility for oversight of SEAH incidents and SEAH incident reporting to the organisation's governing body or equivalent.</p> <p>Review the organisational methods in place which promote and ensure its commitment to PSEAH are put into practice in all locations and situations where it works. For example, consider <b>recruitment processes</b> related to PSEAH. Check whether there is a systematic vetting procedure in place for job candidates through proper screening. This should 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 SEAH, or left employment pending investigation and refused to cooperate in such an investigation. Also consider whether the organisation holds <b>mandatory trainings</b> (online or in-person) for all personnel on PSEAH and relevant procedures. The training should include a definition of SEAH, explanation on prohibition of SEAH actions that personnel are required to take (i.e. prompt reporting of allegations and referral of victims/survivors).</p>	<ul style="list-style-type: none"> <li>• The way the organisation makes its approach to working in ways that prevent SEAH by staff and volunteers, clear to its staff and all stakeholders.</li> <li>• The extent to which relevant information is shared with partners about the organisation's commitments/approach to protecting people and communities and preventing SEAH by staff and volunteers.</li> <li>• Stakeholder experiences and perceptions of the organisation's approach to preventing SEAH by staff and volunteers</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation' approach to preventing SEAH by staff and volunteers, for example:</p> <ul style="list-style-type: none"> <li>○ Statements, policies, strategies, guidance etc. that require or consistently show the organisation's approach and commitment to prevent sexual exploitation, abuse and harassment by staff and volunteers, e.g. PSEAH or policy or equivalent, PSEAH work plan, whistleblowing policy and procedures, Code of Conduct, survivor support/provision of assistance policy or equivalent/guidance.</li> <li>○ Documentation of standard procedures for all personnel to receive/sign PSEAH policy</li> <li>○ Recruitment procedures that include reference check template including check for sexual misconduct (including reference from previous employers and self-declaration)</li> <li>○ Online Safeguarding policy or equivalent, for organisation that interact with people and communities online, or convene online groups.</li> </ul>

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		<p>Assess the organisation’s ways (internal review, oversight, or control) that ensures these methods are adhered to consistently throughout the organisation and its work.</p> <p>Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to prevent SEAH by staff and volunteers.</p> <p>Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this.</p>	<ul style="list-style-type: none"> <li>○ Documentation on staff capacity strengthening on PSEAH including training plans, training agenda, training package, attendance sheet, training certificates, etc.</li> </ul>
<b>Commitment 5. People and communities can safely report concerns and complaints and get them addressed.</b>			
<p>5.1 Plan and implement safe, accessible and appropriate ways for all groups in a community to provide feedback, report concerns and complaints in line with recognised good practice.</p>	<p>Safe, accessible, and appropriate ways for all groups in a community to report concerns and complaints related to SEAH are implemented in line with good practice.</p>	<p>Look specifically for practice which demonstrates that people are engaged in how SEAH reports are accommodated in the design and implementation of complaints handling processes.</p> <p>Check how these processes are designed and implemented to be safe, accessible, and appropriate for all groups in a community to report concerns and complaints related to SEAH in their context.</p> <p>Consider how the organisation integrates the preferences, particularly those related to accessibility, safety and confidentiality, of different groups in the design of complaints handling processes that specifically accommodate SEAH reports.</p>	<ul style="list-style-type: none"> <li>● The extent to which people feel safe specifically reporting SEAH concerns or complaints.</li> <li>● The processes staff follow to ensure feedback and reporting channels, specifically for reporting concerns and complaints related to SEAH, are safe, accessible and appropriate for people.</li> <li>● Agreements (formal and/or informal) between the partners about how to plan and implement safe, accessible and appropriate ways for all groups at community level to give feedback and raise complaints related to SEAH.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation plans and implements ways for people and communities to provide feedback and report concerns and complaints related to SEAH, such as:</p> <ul style="list-style-type: none"> <li>○ Processes, guidance, tools for establishing, setting-up and implementing community-based SEAH feedback and complaint systems, including community engagement.</li> <li>○ Examples of documented SEAH complaints handling processes that have been contextualised.</li> </ul>
<p>5.2 Regularly monitor that people and communities understand how staff and volunteers are expected to act</p>	<p>People and communities understand how staff and volunteers are expected to act to</p>	<p>Review how the organisation monitors and assesses that people and communities understand organisational commitments and expected PSEAH related behaviours of staff and volunteers working with them (link to 1.2).</p>	<ul style="list-style-type: none"> <li>● People’s understanding of organisational PSEAH commitments and whether they know how staff and volunteers are expected to act in ways to prevent and protect them from SEAH.</li> </ul>



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<p><i>to prevent harmful behaviours, including sexual exploitation and abuse, and harassment.</i></p>	<p>prevent and protection people from SEAH.</p>	<p>Consider whether the organisation communicates a zero-tolerance approach to SEAH (link to 1.2) and the extent to which it monitors that such communications are effective.</p> <p>Consider what action the organisation takes to improve the effectiveness of its information sharing related to PSEAH at the community level based on the results of its monitoring activities.</p> <p>Explore the extent to which people at the community level understand how staff and volunteers interacting with them are expected to act to prevent and protect them from SEAH. This could come from direct consultations with community members and/or the results of the monitoring that the organisation has undertaken, if appropriate.</p>	<ul style="list-style-type: none"> <li>• The way staff monitor community awareness and knowledge of expected PSEAH related behaviours.</li> <li>• Agreements (formal and/or informal) between the partners about how to ensure that people and communities understand how staff are expected to act to prevent SEAH.</li> <li>• Stakeholders understanding of organisational PSEAH commitments and whether they know how staff and volunteers are expected to act in ways to prevent and protect them from SEAH.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation regularly monitors that people and communities understand expected PSEAH related behaviours, for example:</p> <ul style="list-style-type: none"> <li>○ Guidance on how to monitor community perceptions and understanding of PSEAH commitments and expected behaviours.</li> </ul>
<p><i>5.3 Regularly monitor that people, communities and other relevant stakeholders understand how to report concerns and complaints, and how they will be addressed.</i></p>	<p>People, communities and other relevant stakeholders understand how to report concerns and complaints related to SEAH and how these will be addressed.</p>	<p>Look specifically for practice which demonstrates that the organisation monitors that people, communities and other relevant stakeholders understand how to use the channels available to them to report concerns and complaints related to SEAH (link to 1.2).</p> <p>Check that this includes ensuring people understand how reports or incidents of SEAH will be addressed.</p> <p>Review how the organisation adapts and contextualises its information and communication with people and communities, when it identifies a lack of awareness or understanding about how to report issues related to SEAH.</p> <p>Consider how they ensure people and communities know how sensitive information is handled, confidentiality is maintained, and how support is provided to them in the case of a PSEAH incident or complaint (link to 5.5).</p>	<ul style="list-style-type: none"> <li>• People's understanding of how the organisation would handle sensitive information, maintain confidentiality and provide support to them related to SEAH incident or complaint.</li> <li>• People's understanding of how they can report complaints or concerns related to any issue of SEAH, and how these will be addressed, including what protection they would be provided with throughout the process.</li> <li>• The way staff adapt their practice to ensure people are clear on how SEAH complaints can be made, how responses are given, what complainants can expect when raising a SEAH complaint and how they are protected throughout the process.</li> <li>• Agreements (formal and/or informal) between the partners about how to ensure people understand how to report SEAH related complaints/concerns and how these will be addressed.</li> <li>• Partner staff understanding of how SEAH related concerns and reports, can be made and how they will be addressed.</li> <li>• Stakeholders' knowledge of how SEAH related concerns and reports can be made and how they will be addressed.</li> </ul>

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			<p>→ <b>Organisational documents</b> that show how the organisation monitors that people and communities and other relevant stakeholders, understand how to report concerns and complaints, including about reporting SEAH, for example:</p> <ul style="list-style-type: none"> <li>○ Guidance, templates, tools to adapt awareness raising materials for SEAH complaints mechanisms to local languages, accessibility needs of different groups etc., based on results of monitoring.</li> </ul>
<p>5.4 <i>Manage, investigate, address and/or appropriately refer complaints in line with recognised good practice.</i></p>	<p>Complaints related to SEAH are managed, investigated, addressed and/or appropriately referred in line with recognised good practice.</p>	<p>Look for practice which demonstrates that the organisation manages, investigates, addresses and/or appropriately refers SEAH complaints in line with recognised good practice.</p> <p>Consider the extent to which the organisation has a system to refer SEAH victims/survivors to available support services available locally, based on their needs and consent. This can include active contribution to in-country PSEAH networks (where applicable) and/or referral pathways at an inter-agency level.</p> <p>Check for guidance and a documented referral system for SEAH reports/complaints, which includes up-to-date information about safe and appropriate services available for different profiles of SEAH victims/survivors. Check that this is distributed to relevant staff for information in case approached by victim/survivors.</p> <p>Confirm that the organisation has context and country specific guidance, rules and processes for mandatory reporting, including on how and when staff should liaise with appropriate authorities in cases of criminal activity or where international law is broken related to SEAH.</p>	<ul style="list-style-type: none"> <li>• People's level of confidence to raise a complaint or issue related to PSEAH if they needed to and whether they trust the organisation to handle them in a fair, appropriate and safe way.</li> <li>• The processes staff follow to manage and investigate SEAH complaints, and to build trust with people and communities.</li> <li>• Staff knowledge and skills to appropriately investigate and refer SEAH complaints in line with recognised good practice.</li> <li>• Agreements (formal and/or informal) between the partners about how to manage, investigate address/or refer SEAH complaints in line with good practice.</li> </ul> <p>→ <b>Organisational documents</b> that show how the organisation manages, investigates, addresses and/or refers complaints, for example:</p> <ul style="list-style-type: none"> <li>○ Documented processes for reporting and handling SEAH complaints from people and communities, and other stakeholders, which includes confidentiality including list of available service providers, description of referral or Standard Operation Procedure (SOP).</li> <li>○ Guidance, tools and training for staff on SEAH complaint investigation and management.</li> <li>○ Written process for review of SEAH allegations including Internal or Interagency referral pathway</li> <li>○ PSEAH investigation policy/procedures</li> <li>○ Records of how SEAH complaints are managed and resolved effectively and in line with procedures.</li> <li>○ Referral form for survivors/victims of SEAH.</li> <li>○ Dedicated resources for investigation(s) and/or commitment of partner for support.</li> </ul>

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<p>5.5 <i>Apply appropriate victim/survivor-centred approaches to investigate and address complaints and reports of any misconduct, including sexual exploitation, abuse and harassment.</i></p>	<p>Appropriate victim/survivor-centred approaches to investigate and address complaints and reports of any SEAH are applied.</p>	<p>Look specifically for practice which demonstrates that the organisation investigates SEAH complaints at an appropriate level of authority, urgency and expertise (e.g. trained investigators).</p> <p>Review how the organisation investigates and addresses complaints and reports of SEAH, while implementing a victim/survivor centred approach at all stages of the process. This includes having in place victim/survivor-centred and contextualised processes to support the complainant or victim/survivor, ensuring and prioritising confidentiality and the safety of the complainant at all stages through the complaints handling mechanisms, keeping them fully and regularly informed, as relevant and necessary, throughout the complaints and investigation process, and ensuring they are not subject to any retaliation, as well as considering how actions relate to children of different ages in comparison to adults.</p>	<ul style="list-style-type: none"> <li>○ Contract with professional investigative service.</li> </ul> <ul style="list-style-type: none"> <li>● People's understanding and level of confidence in the organisation to ensure any victim/survivor is appropriately supported and protected throughout a SEAH complaint or reporting process.</li> <li>● The extent to which staff are resourced and supported to provide appropriate level of support to victims/survivors of a SEAH complaint.</li> <li>● The processes staff follow to maintain safety and confidentiality throughout a process of handling an SEAH complaint.</li> <li>● Agreements (formal and/or informal) between the partners about how appropriate SEAH victim/survivor-centred approaches are ensured.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation applies victim/survivor-centred approaches, for example:</p> <ul style="list-style-type: none"> <li>○ SEAH victim/survivor support policy or equivalent.</li> <li>○ Documented SEAH complaints handling policy or equivalent, procedures and guidelines.</li> </ul>
<p>5.6 <i>Establish a coherent organisational approach to ensure any concerns and complaints are welcomed and acted upon in a timely and appropriate manner.</i></p>	<p>A coherent organisational approach to welcome and act upon concerns and complaints related to sexual exploitation and abuse, and harassment in a timely and appropriate manner is established.</p>	<p>Review how the leadership of the organisation promotes an organisational culture in which SEAH complaints are taken seriously, and how responsibility for PSEAH is assigned to the organisation's governance structure.</p> <p>Consider whether organisational risk frameworks include SEAH risks and whether dedicated PSEAH/safeguarding/complaints human resources are in place across the organisation with sufficient expertise and responsibility to implement organisational PSEAH commitments/approaches.</p> <p>Review where staff obligations to report incidents or suspicions of SEAH or other abuses of power by others, including colleagues, partner staff, are clearly set out and disseminated to all staff.</p>	<ul style="list-style-type: none"> <li>● The way the organisation makes its approach to welcome and act upon SEAH concerns and complaints in a timely and appropriate manner clear to its staff and all stakeholders, including people and communities</li> <li>● The extent to which relevant information is shared with partners about the organisation's commitments/approach to welcoming and acting upon SEAH complaints.</li> <li>● The extent to which relevant information is shared with key stakeholders about the organisation's commitments/approach to welcoming and acting up on SEAH complaints.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation establishes its approach to welcome and act upon SEAH complaints throughout its work with people and communities, for example:</p> <ul style="list-style-type: none"> <li>○ Statements, policies or equivalent, tools procedures etc. for SEAH complaint handling and investigations.</li> </ul>

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		<p>Check that mandatory reporting of SEAH incidents to the organisation’s senior management and governing body is ensured. Assess whether substantiated SEAH complaints result in either disciplinary action or contractual consequences consistent with the allegation.</p> <p>Consider the extent to which the organisation has taken appropriate corrective action in response to SEAH allegations, if any. Evidence of implementation of corrective measures include, for example, capacity strengthening of staff and taking specific measures to identify and reduce risks of SEAH in programme delivery (link with 4.4).</p> <p>Assess how organisations collaborating in partnership strive to understand and align with each other's approach and/or commitment to welcome and act upon SEAH concerns and complaints. Assess how effectively the organisation and its partners have defined and agreed upon their respective roles and responsibilities to achieve this.</p>	<ul style="list-style-type: none"> <li>○ Internal audit reports/reviews, monitoring/assessment reports, partner due diligence documents etc. that show the results of the organisation’s own oversight of the effectiveness of its approaches for SEAH complaint handling and investigations.</li> </ul>
<p><b>Commitment 6. People and communities access coordinated and complementary support.</b></p>			
<p>6.4 <i>Establish a coherent organisational approach to ensure collaboration and partnerships are based on a commitment to equitable decision making and resource sharing and respect the characteristics, roles and responsibilities of each partner.</i></p>	<p>A coherent organisational approach that ensures the roles, responsibilities, and capacities to prevent SEAH of each partner is established.</p>	<p>Specific to the nature of the organisation, review how or where the organisation clearly articulates its approach / commitment to ensuring the roles, responsibilities and capacities to prevent SEAH of each partner is established.</p> <p>Review the methods that the organisation has in place which promote and ensure these commitments and approaches are put into practice in all locations and situations where it works. For example, where applicable, consider how the organisation’s due diligence or partner capacity assessment processes assess their partners’ PSEAH systems and capacity and whether PSEAH obligations are specifically addressed in written agreements with partners.</p> <p>Check whether the organisation’s contracts and partnership agreements include a standard clause requiring sub-contractors and partners to adopt policies and practices that prohibit SEAH and to</p>	<ul style="list-style-type: none"> <li>• The way the organisation ensures PSEAH obligations are jointly agreed with partners, for example, how PSEAH is addressed in written partner agreements, whether PSEAH capacity of both partners is assessed in partner capacity assessment processes, how they ensure partners understand SEAH mandatory reporting obligations, legal and contextual implications and PSEAH contextual risks, etc.</li> <li>• The extent to which contracts include a standard clause requiring sub-contractors to adopt policies and practices that prohibit SEAH and to take measures to prevent and respond to SEAH.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation establishes its approach/commitments related to PSEAH to coordination and partnership with partners, for example:</p> <ul style="list-style-type: none"> <li>○ Templates and/or examples of clear, consistent partner agreements that specifically address PSEAH obligations, including adopting</li> </ul>

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		<p>take measures to prevent and respond to SEAH. Also consider how the organisation monitors their partners' compliance with jointly agreed PSEAH obligations.</p> <p>Also review how the organisation coordinates with other relevant stakeholders on PSEAH issues, such as sharing relevant information on PSEAH with partners, coordination groups and other actors. Consider, for example, whether the organisation participates in joint screening and reporting mechanisms regarding PSEAH, whether they participate in inter-agency SEAH misconduct data sharing and/or if they are members of coordination bodies and networks related to PSEAH or safeguarding.</p> <p>Assess the organisation's ways (internal review, oversight or control) that ensures these methods are adhered to consistently throughout the organisation and its work.</p>	<p>policies that prohibit SEAH and to take measures to prevent and respond to SEAH.</p> <ul style="list-style-type: none"> <li>○ Partner documentation, such as due diligence processes and templates, partner capacity assessment processes and templates etc. that specifically address PSEAH.</li> <li>○ Contracts that include a standard clause requiring sub-contractors to adopt policies that prohibit SEAH and to take measures to prevent and respond to SEAH.</li> </ul>
<b><i>Commitment 7. People and communities access support that is continually adapted and improved based on feedback and learning.</i></b>			
	No PSEAH related component		
<b><i>Commitment 8. People and communities interact with staff and volunteers that are respectful, competent and well-managed.</i></b>			
<p>8.1 Leadership, staff and volunteers promote and demonstrate an organisational culture of quality and accountability.</p>	<p>An organisational culture that takes SEAH issues seriously is promoted and demonstrated by the leadership, staff and volunteers of the organisation.</p>	<p>Assess how PSEAH / safeguarding are promoted throughout the organisation e.g. policy, strategies, procedures and guidance (link to 4.4, 5.6).</p> <p>Review how the leadership promotes an organisational culture of zero tolerance of SEAH and review how serious misconduct is acted upon (link to 5.6).</p> <p>Consider whether the organisation participates in inter-agency data sharing related to PSEAH.</p>	<ul style="list-style-type: none"> <li>● People's understanding of the organisation's PSEAH commitments.</li> <li>● The role of leaders in taking SEAH and any potential complaints/report on SEAH seriously, and how they do this in practice.</li> <li>● The role of staff and volunteers in taking SEAH and any potential complaints/report on SEAH seriously, and how they do this in practice.</li> <li>● Staff perception of the extent to which the leadership of the organisation takes SEAH issues seriously.</li> <li>● The role of partners in demonstrating that they take SEAH seriously, and how they do this in practice in the joint work.</li> </ul>

1 CHS Requirement	2 PSEAH Measurable Component	3 Guidance for verifying the Measurable Component	4 Possible sources of evidence from interviews, direct observations and documents (list non-exhaustive and non-compulsory)
		<p>Review the recruitment and screening processes for staff and any other associates or representatives of the organisation and consider how these promote safeguarding from SEAH.</p> <p>Look for evidence that PSEAH is integrated into the organisation’s recruitment processes. e.g. job advertisements that reference the organisation’s commitment to PSEAH, e.g. police or criminal history checks (where possible and safe), targeted interview questions relating to PSEAH, written and verbal referee checks including targeted questions related to PSEAH.</p> <p>Also review staff performance management and appraisal procedures and consider if they include adherence to the code of conduct, completion of associated trainings and commitment to PSEAH.</p>	<p>➔ <b>Organisational documents</b> that show how the organisation’s leadership, staff and volunteers take PSEAH, and any potential complaints/report on SEAH issues seriously, for example:</p> <ul style="list-style-type: none"> <li>○ Safeguarding and investigations policies, organisational values, statements of commitment, all staff meeting presentations etc.</li> <li>○ Organisational structures/charts, staff TORs/JDs.</li> <li>○ Publicly displayed materials .</li> <li>○ PSEAH training materials, reports and attendance logs.</li> <li>○ Documented recruitment and screening procedures, examples of job advertisements, interview questions.</li> <li>○ Human Resources Policy or equivalent, employment contracts.</li> </ul>
<p>8.4 <i>Ensure all staff and volunteers understand and adhere to a code of conduct, which, at a minimum, prohibits any form of exploitation, abuse, harassment or discrimination against people or any misuse of resources.</i></p>	<p>Staff and volunteers adhere to a code of conduct that prohibits SEAH and understand the consequences of not to adhere to it.</p>	<p>Review that the organisation has a <b>documented code of conduct</b> or equivalent that:</p> <ul style="list-style-type: none"> <li>- explicitly prohibit SEAH.</li> <li>- include mandatory reporting obligations specifically related to SEAH.</li> <li>- include definitions of sexual exploitation, abuse, and harassment.</li> </ul> <p>Review how the organisation ensures it meets its mandatory reporting obligations for SEAH in all its offices and places of work, including legal, statutory and donor requirements and risks in different contexts.</p> <p>Review how the organisation ensures that its staff at all levels and locations, receive induction and refresher training on PSEAH commitments, policy and reporting obligations and the consequences of not adhering to them.</p> <p>Consider whether staff contracts include reference to sanctions for failing to adhere to PSEAH policies specifically.</p>	<ul style="list-style-type: none"> <li>• Staff understanding of the principles of PSEAH and their obligations to adhere to these.</li> <li>• The way codes of conduct, which include absolute prohibition of SEAH, are agreed upon and adopted by staff working on joint programmes.</li> <li>• Visual display of PSEAH principles and expected behaviours related to PSEAH.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation ensures a code of conduct or equivalent document is established which includes the absolute prohibition of SEAH, for example:</p> <ul style="list-style-type: none"> <li>○ A documented code of conduct or equivalent, which includes the absolute prohibition of SEAH.</li> <li>○ Signed contracts with codes of conduct, which include the absolute prohibition of SEAH, included or attached.</li> <li>○ Staff and representative induction plans and mandatory training schedules that include orientation on code of conduct, including organisational commitments to PSEAH.</li> <li>○ Partnership MOUs or agreements, that reference or include a code of conduct, which includes the absolute prohibition of SEAH.</li> </ul>

1 CHS Requirement	2 PSEAH Measurable Component	3 Guidance for verifying the Measurable Component	4 Possible sources of evidence from interviews, direct observations and documents (list non-exhaustive and non-compulsory)
		<p>Also consider whether induction process include orientation to PSEAH, whistleblowing and complaints handling commitments, policy and procedures.</p> <p>Assess staff understanding of the principles of PSEAH and their obligations to adhere to these.</p>	
<p>8.5 Ensure there are safe, confidential and accessible ways for all staff and volunteer to raise concerns and report misconduct, with appropriate protection for those reporting.</p>	<p>Safe, confidential and accessible ways for all staff and volunteers to raise concerns and report misconduct related to SEAH are in place.</p> <p>Appropriate protection is available for those reporting misconduct related to SEAH.</p>	<p>Review how the organisation specifically ensures that staff and volunteers have safe, confidential and accessible ways to raise concerns or report misconduct related to SEAH.</p> <p>Consider whether there are any provisions in the general misconduct reporting procedures that address SEAH concerns specifically, as well as whether any context-specific adaptations have been made so that staff and volunteers feel safe to report misconduct related to SEAH if they need to.</p> <p>Review how the organisation specifically ensures that protection is available for those reporting misconduct related to SEAH. Consider whether there is a whistleblower or non-retaliation policy or equivalent that explicitly protects staff and volunteers disclosing misconduct related to SEAH.</p> <p>Explore the extent to which staff and volunteers feel they would be able to report misconduct related to SEAH and whether they would feel safe and protected doing so.</p>	<ul style="list-style-type: none"> <li>• The procedures in place for staff to raise concerns or report misconduct related to SEAH.</li> <li>• Staff perception of whether they would understand how to report a concern or complaint related to SEAH and whether they would feel safe and protected doing so.</li> <li>• Visual displays for staff in their work environment of procedures for reporting misconduct related to SEAH</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation ensures staff and volunteers can raise concerns and report misconduct with appropriate protection in place, for example:</p> <ul style="list-style-type: none"> <li>○ Sexual harassment policy or equivalent.</li> <li>○ SEAH training materials for staff.</li> <li>○ Whistleblower or non-retaliation policy (or equivalent) that explicitly protects staff and volunteers disclosing misconduct related to SEAH.</li> </ul>
<p>8.6 Take timely, appropriate actions to address misconduct of all staff and volunteers in line with recognised good practice.</p>	<p>Timely and appropriate actions are taken to address misconduct related to SEAH of all staff and volunteers in line with recognised good practice.</p>	<p>Review how the organisation ensures that misconduct of staff or volunteers related to SEAH is addressed in a timely and appropriate way.</p> <p>Look specifically for documented procedures for investigating and addressing misconduct related to SEAH with timeframes for taking action.</p> <p>Consider whether the organisation has PSEAH Human Resources (e.g. focal points) and access to trained SEAH investigators (internal or external e.g. arrangements with third party investigative bodies).</p>	<ul style="list-style-type: none"> <li>• The way that investigations are carried out for SEAH cases.</li> <li>• Examples of cases where SEAH misconduct was investigated.</li> <li>• Examples of action taken following investigated SEAH misconduct.</li> <li>• Resources dedicated to investigating SEAH misconduct.</li> </ul> <p>➔ <b>Organisational documents</b> that show how the organisation ensures timely and appropriate action is taken to address staff and volunteer misconduct related to SEAH, for example:</p> <ul style="list-style-type: none"> <li>○ Complaints handling policy, procedures and guidelines which cover SEAH specifically and includes the investigations process.</li> <li>○ Incident reporting to governing body (or equivalent) for misconduct cases and how they were handled for SEAH related cases.</li> </ul>



1 CHS Requirement	2 PSEAH Measurable Component	3 Guidance for verifying the Measurable Component	4 Possible sources of evidence from interviews, direct observations and documents (list non-exhaustive and non-compulsory)
		<p>Review whether there are delegated authorities with responsibility for oversight of SEAH incidents and whether the organisation provides regular training on recognising, reporting, and addressing misconduct related to SEAH.</p> <p>Explore how these procedures have been put into practice, reviewing, where possible, records showing the management of SEAH incidents.</p> <p>Consider if the action taken was in line with the organisations procedures and whether it was both timely and appropriate. Specifically look for examples of termination of employment in response to substantiated cases of SEAH.</p>	<ul style="list-style-type: none"> <li>○ TOR for internal SEAH investigators or agreement with professional third-party investigators.</li> <li>○ Evidence of implementation of corrective measures.</li> </ul>
<b><i>Commitment 9. People and communities can expect that resources are managed ethically and responsibly.</i></b>			
	No PSEAH related component		