

Ethiopia PSEA Network 2021-2022 Workplan

This workplan has been developed jointly by members of the Ethiopia PSEA Network to prevent, mitigate and respond to sexual exploitation and abuse in-country. It is a part of the national strategy, and — as such — steered by the UN Resident and Humanitarian Coordinator to Ethiopia with close support from CLA, UNCT, HCT, national-level cochairs, and the Inter-Agency PSEA Coordinator. Moreover, it has the buy-in from all network members (i.e., at both national and regional levels), funded by the Ethiopia Humanitarian Fund (EHF) through the interagency PSEA project led by the national-level network.

Objective 1: Leadership and Coordination

| Area | Action | Responsible | Target Group | When | Funds | Indicators | Targets |
|------------|---|--|--|--------------|-------|--|---|
| Leadership | Demonstrate leadership on PSEA through actions for prevention and response. | UN Resident and Humanitarian Coordinator | Humanitarian community | Continuously | N/A | The role of the RC/HC as PSEA lead is clear to all PSEA stakeholders. | RC/HC supports implementation and monitoring on in- country PSEA Strategy. |
| | Circulate network-developed code of conduct and the IASC Six Core Principles statement of purpose on PSEA. | UN Resident and Humanitarian Coordinator | Humanitarian community | Quarterly | N/A | Leadership supports implementation and monitoring of PSEA Strategy, making explicit the leadership role of UNCT/HCT. | RC/HC, with support from UNCT and HCT, participate actively in information sharing and awareness raising through displaying and sharing the networkdeveloped materials. |
| | Ensure PSEA is prioritised within each organisation to instil trust in mechanisms. | Country Representatives | Staff, partners, and contractors | Continuously | N/A | Leadership communicates regularly in varied formats to increase awareness/trust. | Meetings with staff are convened and network-developed IEC materials displayed and shared regularly. |
| | Ensure PSEA is regularly discussed at relevant platforms/forums. | PSEA Coordinator with Co-chairs | UNCT, HCT, CLA, ICCG, IAAWG, and clusters/groups | Continuously | N/A | PSEA Coordinator takes active lead in updating leadership and partners. | PSEA is regular (i.e., at least monthly) on the agenda, allowing for updates/discussion. |
| | Ensure swift action is taken to address SEA incidents through survivor-centred support and timely investigations. | Country Representatives | Humanitarian community | Continuously | N/A | All UNCT and HCT members meet required minimum standards to handle reports and to support survivors. | All UNCT and HCT members and partners meet the PSEA requirements in the UN common and IP partner assessment. |



| | Work with authorities to discuss PSEA, foster trust, and enhance cooperation both at national and regional levels. | UN Resident and Humanitarian Coordinator with PSEA Coordinator | Government | Continuously | N/A | RC/HC takes active lead in updating and including government in PSEA initiatives. | RC/HC actively share capacity building and awareness raising materials with government. |
|--------------|--|---|---|--|---------------------|--|--|
| | Nominate focal points for national and regional level. | Country Representatives | Staff, partners, and contractors | Continuously | N/A | Percentage of UNCT/HCT members that have appointed a dedicated PSEA focal point to the PSEA Networks. | All UNCT and HCT nominate two focal points for national level network as well as focal points for regional networks in relevant regions. |
| | Ensure each organisation actively participate in and contribute to the national and regional PSEA Networks. | Country Representatives | Humanitarian community | Continuously | N/A | UNCT and HCT members take on an active PSEA role to support the Resident/Humanita rian Coordinator to deliver on PSEA through the interagency network. | Status of the designation of agency chairs for the PSEA Network. |
| Coordination | Ensure a full-time PSEA Coordinator is in place, with a direct reporting line to the HC/RC, to provide technical support and expertise to the inter-agency PSEA Network. | UNCT and HCT | Senior leadership as well as national and regional level PSEA Networks | Surge staff seconded by NORCAP until July 2022. | NORCAP | Status of deployment of a full-time PSEA Network Coordinator. | P4 level full-time PSEA Coordinator is in place, reporting directly to the RC/HC. |
| | Advocate with all humanitarian actors to participate in and contribute to the PSEA Network. | PSEA Coordinator with support from Co-chairs | Humanitarian community | Continuously | N/A | National level and regional level PSEA Networks in place. | PSEA Network includes all UNCT and HCT members, including INGOs and NGOs. |
| | Organise regular network meetings and ad-hoc updates with sharing of minutes. | PSEA Coordinator with support from Co-chairs | PSEA focal points | Monthly | \$9,000 from EHF | Regular Network meetings and ad- hoc meetings organised. | Meeting minutes shared with members, which also includes regularly reports to RC/HC via Coordinator. |



| | Provide technical support to all focal points/members. | PSEA Coordinator | PSEA focal points | Continuously | N/A | On request, the PSEA Coordinator provides expert guidance and technical support to UNCT, HCT, and network members | N/A |
|---------------------------------|--|--|--|--------------|-----|---|---|
| | Develop and monitor checklist on implementation of strategy and workplan. | PSEA Coordinator with support from Co-chairs | Humanitarian community | Monthly | N/A | The PSEA Coordinator provides overview of tasks and initiatives in line with workplan | Overview and status shared with network members at the monthly network meetings. |
| | Develop checklist for community engagement on preparedness and response. | PSEA Coordinator with support from Co-chairs | Humanitarian community | Monthly | N/A | The PSEA Coordinator provides overview of tasks and initiatives in line with workplan. | Overview and status shared with network members at monthly network meetings. |
| Monitoring and Evaluation | Verify that all complaints received are handled according to interagency SOPs, including investigations and survivor-services. | PSEA Coordinator | Humanitarian community and affected populations | Continuously | N/A | PSEA Coordinator ensures that the Networks have referral pathways for survivor services in place, as part of GBV/CP. | GBV referral pathway integrated within the endorsed PSEA Network SOPs. |
| | Maintain data on number, status, location and nature of complaints received | PSEA Coordinator | Humanitarian community | Continuously | N/A | Tracking and data collection on victims and victim assistance through community focal points, GBV/CP service providers and focal points in line with endorsed IA CBCM SOPs. | Referral pathways, tracking and data collection integrated within the endorsed PSEA Network SOPs. |



| Advocate with internal decision makers that anonymized, aggregated information on trends to be shared with the RC/HC and the PSEA Coordinator. | PSEA focal points | Humanitarian community | Continuously | N/A | Focal points communicate regularly and clearly the importance of sharing data safely. | Focal points, with senior management support, follow the endorsed IA SOPs on reporting and data sharing on PSEA. |
|--|--------------------------------|---------------------------|---------------|--|--|--|
| Organise (risk) assessments with affected populations and stakeholders. | PSEA focal points and partners | Humanitarian community | Semi-Annually | \$30,000 from EHF | The PSEA network carries out regular (risk) assessments and shares the findings and recommendations with UNCT/HCT. | Semi-annually results from (risk) assessment is presented to the network as well as to HCT and UNCT members. |
| Conduct annual mapping of focal points and network resources, gaps and needs. | PSEA Coordinator | Humanitarian community | Annually | \$4,800 from EHF for field visits | The PSEA network carries out annual mapping and shares the findings and next steps with UNCT/HCT. | Annually results from risk assessment is presented to the network as well as to HCT and UNCT members. |

Objective 2: Capacity Building

| Area | Action | Responsible | Target Group | When | Funds | Indicators | Targets |
|----------|------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|----------------------|---|---|
| Training | ing Ensure intro sessions on PSEA. | Focal Points with support from HR | Staff and affiliated workforce | Upon recruitment and annually | N/A | All actors are provided with clear guidance on where and how to report SEA allegations. | In line with own agency commitments. |
| | | Focal Points | Implementing partners | In line with own agency commitments | N/A | All Network members have received training. | In line with own agency commitments. |
| | | PSEA Network | Clusters and other working groups | Semi-annually | \$14,000 from EHF | All actors are provided with clear guidance on where and how to report SEA allegations. | Online and in-person training organised for representatives twice a year. This also includes regional clusters. |



| | PSEA Network in partnership with UNDSS brief | All personnel, including those visiting the country | Continuously | N/A | All UNCT and HCT personnel, including those visiting the country, are provided with a contextualised induction briefing. | All visitors are provided selected IEC materials on PSEA in Ethiopia, including reporting and support, during mandatory UNDSS briefing. |
|--------------------------------|--|---|---------------|--|---|---|
| ToT sessions for all networks. | PSEA Coordinator with support from UN Women and UNFPA co-chairs | PSEA focal points | Annually | \$29,000 from EHF | All focal points of both regional and national network have received ToT training on PSEA. | All focal points of network provided annual ToT, using the Ethiopia PSEA Network Training Package. |
| survivor-support, which will | Network in partnership with the GBV/CP AoR | CP/GBV Service providers and selected humanitarian actors, including PSEA focal points and clusters | Semi-annually | \$4,500 from EHF + UNW, UNICEF, UNFPA support | All CP/GBV service providers, focal points and partners included in the IA CBCMs receive training on PSEA survivor-support. | All relevant actors and service providers provided semi-annually training, using the Ethiopia PSEA Network Training Package. |

Objective 3: Raise Awareness

| Area | Action | Responsible | Target Group | When | Funds | Indicators | Targets |
|-------------|------------------|-------------------|-----------------|---------------|----------|--------------------|------------------------|
| Information | Organise and | Regional PSEA | Affected | Semi-annually | \$15,000 | Percentage of | Age and gender- |
| Campaigns | engage in | focal points with | populations | | from EHF | sites reached by | sensitive materials on |
| | community | support from | | | | PSEA IEC | how to report sexual |
| | consultation. | national Network | | | | materials | exploitation and |
| | | | | | | (disaggregated by | abuse and how to |
| | | | | | | type of materials | access survivor- |
| | | | | | | developed for | centred assistance |
| | | | | | | each group). | disseminated. |
| | Implement | PSEA Network and | Affected | Quarterly | \$18,000 | Number of | Age and gender- |
| | information | CwC WG with | populations and | | from EHF | individuals within | sensitive materials on |
| | campaigns, using | support from PSEA | humanitarian | | | the affected | how to report and |
| | the already | focal points | stakeholders | | | population and | access survivor- |
| | developed IEC | | | | | stakeholders | centred assistance |
| | materials. | | | | | reached. | disseminated. |



| Ensure rem are commu to all staff ongoing vis | unicated with support from for Capacity Building | Humanitarian stakeholders, clusters, and partners | Weekly during campaigns, held on quarterly basis | N/A | Number PSEA Network members, focal point, clusters and key partners, reached. | Weekly email updates with IEC materials and key documents shared with members, clusters and partners. |
|--|---|--|--|-------------------------|---|---|
| Organise so and distrib GBV pocke | ution of and UN Women | Stakeholders, clusters, and partners | Semi-annually | \$4,500 USD from EHF | Number of non- GBV actors, such as clusters, focal points and key partners, reached. | GBV pocket guides on survivor support disseminated in English, Tigrinya, Amharic, Afaan Oromo, and Somali. |
| Ensure tha already tra IEC materia displayed/s | nslated regional level PSEA focal points | Humanitarian stakeholders, clusters, and partners | Quarterly | N/A | N/A | All humanitarian hubs and country offices display PSEA IEC materials. |

Objective 4: Survivor-Centred Response

| Area | Action | Responsible | Target Group | When | Funds | Indicators | Targets |
|-------------------------|---|--|---------------------------|---------------|---------------------|--|---|
| Response | Each organisation develops and implements internal SEA tracking, response, and prevention mechanisms. | Individual agency/ organisation at HQ, regional, and country levels | Representatives | Continuously | N/A | N/A | N/A |
| | Ensure that GBViE referral pathways and services are functional for all SEA survivors. | PSEA Network in close collaboration with CP/GBV AoR | Affected populations | Quarterly | \$5,000 from EHF | Funding to ensure support and assistance to survivors of SEA is available. | There is a joint dedicated fund or pooled resources at country level. |
| Reporting Mechanisms | Map available CBCMs for SEA reporting. | PSEA Coordinator with CP/GBV AoR and IAAWG | Humanitarian community | Semi-annually | N/A | Several reporting channels in place to fill reporting gaps as identified by mapping. | Semi-annually updated mapping of existing CBCMs in the response. |



| Consult affected communities on (available) CBCMs. | CwC and CBCM WGs with PSEA Coordinator | Affected populations | Quarterly | \$15,000 from EHF | Number of adults and children (disaggregated by gender and age) reached through consultation in the establishment of CBCMs. | Consultations with affected population inform the establishment of CBCMs, as well as evaluation of existing CBCMs effectiveness and compliance. |
|---|--|---------------------------|---|----------------------|---|---|
| Ensure safe, accessible, and child-sensitive mechanisms are in place for reporting. | PSEA Network with support from PSEA Coordinator and in close partnership with CP/GBV AoR | Affected populations | Included in endorsed IA SOPs updated annually | N/A | Percentage of children and adults who have access to a safe channel to report. | The affected population have access to at least one safe and accessible channel to report. |
| Finalise referral pathways for survivor assistance as part of GBV services. | PSEA Network in close partnership with CP/GBV AoR | Affected populations | Included in endorsed IA SOPs | N/A | IA CBCMs SOPs are established following consultations, roll-out, trainings. | IA CBCMs SOPs are endorsed by all UNCT/HCT members. |
| Support a safe and confidential SEA reporting system. | PSEA focal points | Affected populations | Continuously | \$20,000 from EHF | Funding to ensure support and assistance to survivors of SEA is available. | There is a joint dedicated fund or pooled resources at country level. |
| Ensure network implementation of endorsed IA SOPs for SEA reporting. | PSEA focal points with support from Representatives | Humanitarian community | Continuously | N/A | Status of implementation by PSEA Network of protocol for referral and provision of services SEA survivors (in line with GBV referral pathways). | CP/GBV referral pathway integrated within PSEA Network SOPs. |