



IASC PSEA DASHBOARD

2022 SUPPLEMENTARY REPORT

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IASC

Inter-Agency
Standing Committee

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PROTECTION FROM SEXUAL
EXPLOITATION AND ABUSE

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LIST OF ACRONYMS

ERC	Emergency Relief Coordinator
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HRP	Humanitarian response plan
IASC	Inter-Agency Standing Committee
MEL	Monitoring, evaluation and learning
PSEA	Protection from Sexual Exploitation and Abuse
RC	Resident Coordinator
RRP	Refugee response plan
SOP	Standard operating procedure
UNCT	United Nations Country Team

OVERVIEW

This report summarizes the main findings from the Inter-Agency Standing Committee (IASC) 2022 Mapping Exercise on Protection from Sexual Exploitation and Abuse (PSEA). It serves as a narrative interpretation of the analysis showcased in the [2022 global dashboard](#).¹ Conducted by UNICEF and OCHA on behalf of the IASC during the first quarter of 2023, the mapping exercise reached out to 34 IASC priority countries/territories with humanitarian operations. Out of these, 28 countries responded to the survey, contributing to the findings presented in this report. The aim of the exercise is to track progress against core indicators in accelerating PSEA at the country level. It aggregates data gathered from individual agencies and organizations that belong to the in-country PSEA networks, which is then analyzed and visualized on the PSEA dashboard to illustrate the collective inter-agency progress.

The 2022 IASC PSEA mapping finds that inter-agency country-level PSEA structures continue to establish and

improve existing systems for prevention of and response to sexual exploitation and abuse. Despite facing challenges in accessing funding and resources to sustain inter-agency efforts on PSEA, countries have made progress towards achieving core indicators. The [2022 global dashboard](#) offers an overall picture of the status and progress on PSEA as of December 2022, serving as a baseline for future mappings utilizing standardized data-collection methods and indicators established in 2022.

The findings of the mapping have been constrained by the low response rate (an average of 42 per cent globally) from individual agencies and organizations that are members of the in-country PSEA networks, as well as the limited access to crucial data necessary to report against key indicators. Drawing lessons from the mapping exercise, the report provides recommendations to further enhance the monitoring of interagency progress in accelerating PSEA efforts.

1. BACKGROUND

The PSEA Mapping Exercise is a global initiative started in 2019 by UNICEF on behalf of the IASC to track collective inter-agency progress on accelerating PSEA among all countries with humanitarian response plans (HRP) or similar appeals. Since 2019, more than 40 countries have participated in annual surveys that collect data to be analyzed and displayed on the PSEA dashboard on the [IASC PSEA website](#). The dashboard is the only global platform where donors, the United Nations country teams/ Humanitarian country teams and the humanitarian community can access critical information on countries' progress on PSEA.

In 2022, UNICEF led the development and roll-out of the [IASC PSEA Core Indicators Guidance Note](#), which establishes for the first time a global set of 18 inter-agency PSEA indicators (a complete list of Core Indicators is included in the Annex) that can be used to guide the implementation and monitoring of collective work. The Guidance Note is designed to accompany the country-level UNCT/HCT PSEA Action Plan. The 2022 mapping data served as the baseline for tracking progress

against core indicators globally. At country level, the mapping results can be used to inform the planning of the next year's PSEA activities.

The 2022 Mapping Exercise aimed to:

- Collect qualitative and quantitative data on progress towards PSEA indicators.
- Establish benchmarks for core indicators against which future progress can be measured.
- Inform development of country-level action plans for the upcoming year.
- Identify areas that require additional technical support and capacity strengthening and support in mobilization of PSEA resources.

The report highlights progress towards core indicators, key achievements reported by countries, analyzes existing gaps and challenges, and offers key recommendations.

¹ The [IASC PSEA Core Indicators Guidance Note](#) serves as the companion guide to the 2022 Mapping Exercise and this Supplementary Report. It will assist the reader in gaining a deeper understanding of the analysis presented herein.

2. THE 2022 MAPPING EXERCISE

2.1 MAPPING DESIGN AND PROCESS

The 2022 Mapping Exercise survey comprised 35 questions aligned with the PSEA Core Indicators Guidance Note and were further updated based on the 2021 mapping exercise. The Mapping Exercise required thorough data collection and aggregation by the inter-agency PSEA coordinators (hereinafter “the coordinators”) or network co-chairs/focal points. The questions were embedded into an Excel sheet response tool that coordinators or network co-chairs/focal points utilized to collect responses from PSEA network members.

To assist in the compilation of data, the 2022 Mapping Exercise was launched together with a [package of resources](#). Additionally, four webinars were conducted to enhance the proficiency of coordinators, UNCT/HCT focal points and network members in utilizing core indicators and responding to mapping questions. A total of 76 practitioners participated in the webinars facilitated in three languages (English, French and Spanish) from 16 to 21 December 2022.

The 2022 Mapping Exercise was launched on 7 December 2022 through a call submitted by the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (ERC) to all Humanitarian Coordinators (HCs). The initial deadline of 31 January 2023 was extended twice due to the low number of responses from countries. The data-collection phase concluded on 3 March 2023.

The collected data was cleaned, coded, and further analyzed by UNICEF and OCHA and visualized on the PSEA dashboard using Power BI. Descriptive statistics were used to report on the core indicators. Where possible, 2022 indicator results were compared with data from previous years. The qualitative data analysis included descriptive analysis and thematic clustering of qualitative responses and comments. Efforts were made to identify and interpret the core meaning of the quantitative data, as well as any instances where such data were lacking.

2.2 CHALLENGES AND LIMITATIONS

Findings are based on limited in-country response rates, attributed to the low participation of network members in providing feedback. Most countries reported challenges analyzing information due to a lack of response or insufficient

data. The global average in-country response rate² was 42 per cent. Half of the countries had response rates between 26 per cent and 50 per cent, while only 2 countries had a response rate higher than 75 per cent. Moreover, disaggregation by sex or age is unavailable as it was not feasible due to insufficient data.

The three indicators tracking information on allegations and responses given to victims/survivors collected particularly poor-quality responses. The analysis of comments by coordinators indicates that only a few countries had access to the data from a common database or tracking system. Most coordinators rely on the reports and data provided on an ad hoc basis by agencies/ organizations and/or reports received by the end of the year that could not be verified. Thus, findings related to allegations and victims’ assistance must be interpreted with caution.

Comparing data from 2022 with previous years was challenging due to fluctuating participation of specific countries in the mapping exercise. Changes in the humanitarian situation resulted in varying countries with humanitarian responses each year, making it difficult to conduct consistent comparisons across years. Furthermore, quantitative responses cannot be compared in some instances because data points and methods of computation are slightly different from previous surveys. While efforts were made to facilitate comparisons where feasible, results of the longitudinal analysis should be interpreted within the context of global trends and general developments.

2.3 LESSONS LEARNED AND RECOMMENDATIONS FOR FUTURE MAPPING EXERCISES

Acknowledging important improvements in the mapping process and tools used since the first mapping in 2019, some learning points were identified based on inputs and feedback from the 2022 respondents.

- Monitoring PSEA progress at an inter-agency level is inherently challenging. The results-oriented approach was introduced relatively recently through the [IASC Plan for Accelerating PSEA \(2019\)](#) followed by the Country-Level Action Plan to Prevent and Respond to Sexual Exploitation and Abuse (‘UNCT/HCT PSEA Action Plan’). Every year since 2020, countries have refined their planning and

² The in-country response rate was calculated as the number of respondents of the mapping exercise divided by the total number of in-country network members.

monitoring tools based on key priorities and targets. For example, the number of countries developing budgeted inter-agency PSEA Action Plans increased. Still, there are important divergences between countries, and some are more advanced in integrating inter-agency planning and monitoring systems than others. The mapping exercise serves as a comprehensive initiative for global tracking, providing essential guidance for defining country-level objectives and measuring results.

- The diversity of the countries' PSEA networks, in both size and capacity for monitoring and data gathering, presents a challenge for standardizing data collection. The 2022 Mapping Exercise measured the response rate of network members for the first time and found that larger networks, comprising more than 80 members, and those with limited monitoring resources or lacking monitoring, evaluation and learning (MEL) systems face greater challenges in gathering quality data. Countries with MEL systems and with the capacity to integrate the standard core indicators within their regular monitoring tools can report more accurately and the data-collection process is more efficient. UNICEF and the IASC will continue to enhance the mapping exercise methods and tools and to incorporate countries' feedback.
- Ownership of the mapping exercise by countries, both by coordination structures and network members, is key to the

“ As lessons learned from this experience, we are trying to build a data-collection tool that will enable us to collect data required by this mapping while including key indicators not covered by this mapping but present in our country-level action plan on kobo so as to enable us to collect data on a trimester basis and have it ready before iasc yearly mapping. This will not only ensure that we are reporting on the totality of actions undertaken but also enable us to carry out analysis and trends of our current intervention hence informing our annual report and future priorities. ”

IASC psea coordinator

success of the process. In 2022, five of the six countries that did not submit responses had no coordinator at the time of the mapping. In the context of a high turnover of coordinators, it is important that co-chairs and senior-level PSEA management bodies ensure the monitoring and reporting processes happen routinely despite the absence of coordinators. The data-collection process is also more effective when network members and focal points from United Nations agencies and civil society organizations are committed to data-driven decision-making and integrate PSEA indicators into their own reporting systems.

3. MAIN FINDINGS

3.1 PARTICIPATION AND RESPONSE RATE

The 2022 Mapping Exercise received responses from 34 countries in total. Out of those, 28 countries had ongoing humanitarian operations during 2022 (IASC priority countries), 4 countries had a refugee response plan (RRP), and 2 countries did not have a humanitarian or refugee response plan in place.

The global country response ratio³ to the mapping exercise (including countries with partial responses) was high, at 82 per cent⁴ – the same response ratio recorded in 2021.⁵ This is remarkable considering that nearly half of the priority countries (47 per cent) lacked an inter-agency PSEA coordinator at the

time of the mapping. Eleven countries that lacked a coordinator still submitted responses, with assistance provided by the PSEA network co-chairs, focal points at the offices of the United Nations, Resident Coordinator (RC), or regional advisers.

3.2 KEY DEVELOPMENTS

Inter-Agency PSEA Networks. In 2022, 75 per cent of the countries reported that the inter-agency PSEA network is fully operational. All countries reported that the network is established with TORs endorsed. 50 per cent of PSEA networks (14) were formally led by co-chairs and coordinators.

3 Global response ratio: number of countries that responded to the mapping exercise divided by the total number of IASC priority countries.

4 There were a total of 34 IASC priority countries in 2022, out of which 28 responded to the mapping survey and are represented in the 2022 Dashboard. The four countries that did not participate include Burundi, El Salvador, Honduras, Kenya, Malawi, and Syria (Northeast and Northwest).

5 The 2021 Mapping received responses from the following 27 countries out of 33 targeted: Afghanistan, Bangladesh, Burundi, Cameroon, CAR, Colombia, DRC, Ethiopia, Haiti, Iraq, Lebanon, Mali, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Occupied Palestinian Territories, Philippines, Somalia, South Sudan, Sudan, Syria (North East and North West Syria), Syria (Damascus), Turkey, Uganda, Zimbabwe.

Twenty countries had their networks formally led by co-chairs and 7 have networks led by PSEA coordinators.

Coordination. 68 per cent of countries (19) reported having a full-time dedicated inter-agency PSEA coordinator, with sufficient time and continuity to perform and effectively coordinate the network and lead PSEA activities, whereas 7 per cent (2) reported having a part-time coordinator, and 25 per cent (7) reported that the position was vacant or pending for deployment. In 2022, 93 per cent of the coordinators reported directly to the RC/HC, compared to 76 per cent in 2021. This was the highest percentage ever recorded, indicating that the recommended direct reporting line from PSEA coordinator to RC/HC saw noticeable progress across PSEA networks.

The role of senior leadership. 71 per cent of countries reported that senior-level management fulfils its responsibilities overseeing PSEA, while 29 per cent report that senior-level management has partially fulfilled its core functions. None of the countries reporting the partial assumption of the core functions by the senior-level body have their SOPs for victims' assistance and complaints handling rolled out or frequently updated, whereas all countries reporting that their SOPs had been rolled out also reported that the UNCT/HCT has fulfilled their functions. This suggests that **the greater the support and involvement of senior-level bodies, the better the development of quality inter-agency coordination mechanisms.**

Training on PSEA. In 15 countries, over 76 per cent of personnel deployed had completed mandatory training on PSEA in 2022. An average of 79 per cent of personnel were trained on PSEA globally. Only two countries reported having less than 50 per cent of the personnel trained. Additionally, some countries reported numerous capacity-building activities led by the networks with PSEA focal points, UNCT members and others to strengthen the knowledge and practice of reporting and assisting victims of SEA.

Inter-agency SOPs. In 2021, 57 per cent of countries reported having IA SOPs in place. This number increased to 68 per cent of the countries having their inter-agency SOPs developed and also endorsed by UNCT/HCT in 2022. Additionally, in 2022, 21 per cent of countries have their SOPs rolled out and frequently reviewed and only 18 per cent have drafted SOPs that have not yet been endorsed.

Allegations promptly responded. In 2022, there was a 33 per cent increase in the PSEA networks reporting that they had received allegations. Among the 28 countries with access to data on allegations⁶, 16 reported that more than 76 per cent of the allegations were responded to within seven days, and

only four countries reported that, out of all allegations reported to PSEA network, more than half did not meet the seven days' responding time. Coordinators' comments suggest that the main reasons why those cases were not responded to within seven days were related to cases brought up by third parties or that victims' identities were unknown.

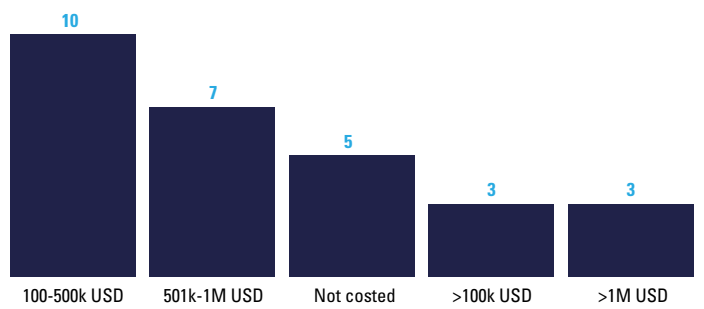
Assistance to victims. Eighteen out of 28 countries reported that more than half of the victims/survivors were referred promptly for assistance. Only 3 countries reported having referred less than 50 per cent of the victims/survivors for assistance and 7 countries did not have access to data to report on this indicator or it was not applicable to them.

Status of implementation of the UN Victim's Assistance Protocol. In 2022, 79 per cent of countries reported that inter-agency SOPs for referral and provision of services to SEA victims were developed and met a common set of standards per the Protocol. The majority of countries (9 out of 11) reporting that they referred 100 per cent of SEA victims for assistance fall under either scale 3 or 4 on this indicator⁷, suggesting that **having SOPs developed that meet a common set of standards for victim assistance can have a positive impact on the higher number of victims referred.**

3.3 AREAS FOR STRENGTHENING

Funding allocation. 82 per cent of the countries (23) had their action plans for the upcoming year costed, and 61 per cent (15) reported that there were funds already allocated to cover all or part of the needs. Among those countries with their action plans costed, 43 per cent reported their needs in between US\$100,000 and US\$500,000, and 13 per cent reported less than US\$100, 000.

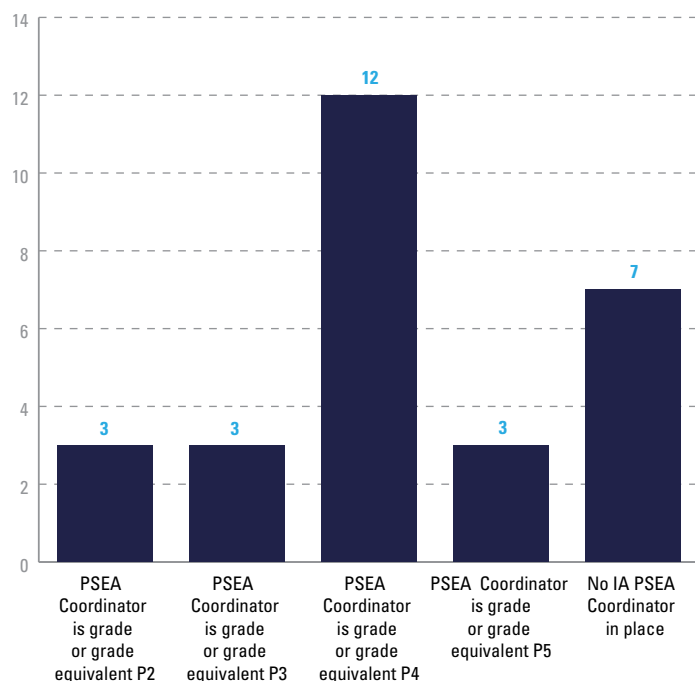
FIGURE 1: FUNDING NEEDS BY NUMBER OF COUNTRIES WITH ACTION PLANS



6 Results for this and other questions related to data on allegations and victims/ survivors should be viewed with caution as coordinators reported not having access to complete and verified information.

7 Indicator 3.2.A includes 4 Scales: Sale 1: SOPs are nonexistent; Scale 2: SOPs are drafted but have not been endorsed by the UNCT/HCT; Scale 3: SOPs have been developed and endorsed by the UNCT/HCT; Scale 4: SOPs are rolled out and frequently reviewed/updated.

FIGURE 2: PSEA COORDINATORS BY GRADE

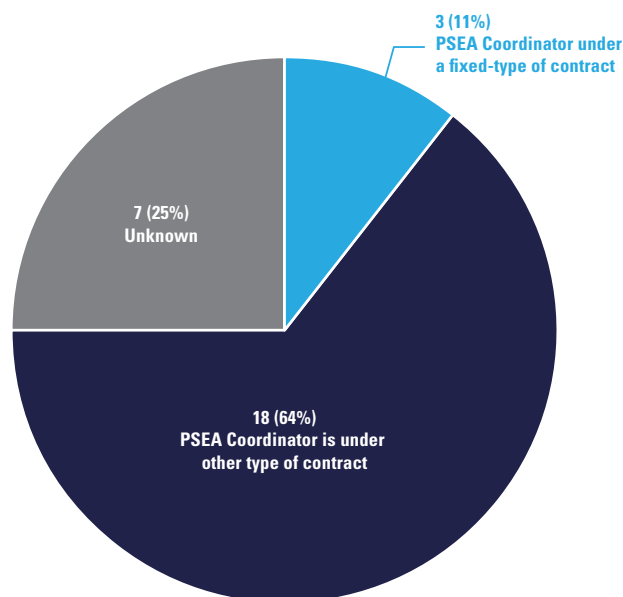


It is estimated that the 2023 global requirements under the HRP of these 23 countries are US\$4 billion.⁸ Collectively, the total requirements for PSEA are less than US\$14 million, which represents only 0.35 per cent of this total. Although PSEA requirements are comparatively minimal, a much smaller percentage is actually funded. Less than US\$5 million were funded, representing 36% of the requirements. Almost half of the countries (46 per cent) reported having less than 25 per cent of the needs covered and only two countries reported having more than 76 per cent of their needs covered with funds already allocated.

Consistently, 18 countries reported having less than 25 per cent of the requirements for assistance to GBV victims covered and only 6 countries had more than 26 per cent funding against requirements, suggesting overall **low funding levels for GBV services, including SEA assistance, in humanitarian operations.**

PSEA Coordinators. Among the 21 countries that reported having a PSEA coordinator in place, 71 per cent of countries (15) had coordinators at P4 equivalent⁹ or above. However, 57 per cent of countries (12) reported that their coordinators would see their contracts ending before the end of 2023 and 6 at the end of 2024. Only 3 countries reported having

FIGURE 3: PSEA COORDINATORS BY TYPE OF CONTRACT



a coordinator under a fixed-term type of contract, indicating very poor stability in the position. The high turnover and the lengthy gaps between coordinators' deployment have also been reported as an important challenge for the networks. Finally, in terms of capacities, 14 coordinators (67 per cent) reported having participated in the IOM-led PSEA coordinators training and 4 coordinators had received another type of training in 2022.

PSEA integration into HRPs. In 2022, 89 per cent of reporting countries (25 countries) had PSEA activities integrated into the HRPs, compared to 61 per cent in 2021. However, the analysis of the disaggregation of the 2022 results shows that among the different levels of integration within the HRP, 46 per cent reported PSEA is integrated as a cross-cutting issue, with no specific activities budgeted or PSEA indicators included in the HRP monitoring framework.

Access to reporting channels. Among the 14 countries reporting an estimation percentage of people in need with access to safe and accessible reporting channels,¹⁰ 9 countries estimated that less than 25 per cent of the target population had access to safe reporting channels. Coordinators reported that not all channels established in-country met the quality criteria for those to be 'safe and accessible' for SEA victims.¹¹

8 Estimation made based on the funding needs of the countries reporting under this indicator for their HRPs according to Humanitarian Action accessible at: <https://humanitarianaction.info/?bs=eyJibG9jay1mY2Y5MmQ2MS0wOGU3LTQ3NDktYTMzMjY2ZmYxNjg0NW5EiOnsidGFyZ2V0IjoxfX0%3D>

9 P4 or equivalent job category for the UN requires a minimum of 7 years of work experience. See UN job classification here: https://careers.un.org/job-level?_gl=1*98mrep*_ga*NjM4NDk5NjUwLjE3MTA4NTA3Njk.*_ga_TK9BQL5X7Z*MTcxNDY1NDk4OC4xMi4xLjE3MTQ2NTUxMzEuMC4wLjA.&language=en

10 Half of the countries could not answer the question due to a lack of access to information on the existing reporting channels or concerns about data quality in estimating populations with reasonable access to them.

11 See criteria applied for this indicator at the [IASC Indicators Guidance Note](#)

IA Risk assessments. In 2022, 54 per cent of countries (15) reported that SEA risk assessment was conducted by individual agencies, clusters or organizations. Only 18 per cent of countries had conducted an inter-agency joint risk assessment and 11 per

cent of the total had findings from the risk assessment shared with the UNCT/HCT and inform the mitigation strategies and the Action Plan. Lack of resources has been the main challenge reported by coordinators in achieving this indicator.

4. KEY TAKEAWAYS

Since the mapping exercise was launched in 2019, inter-agency PSEA coordination structures have demonstrated measurable progress, resulting in strengthened systems supported by well-trained coordinators and budgeted action plans. More robust inter-agency coordination mechanisms have been established, including standard operating procedures (SOPs) that guide the prevention of and response to SEA, and increasingly prioritize a victim/survivor-centred approach.

PSEA coordinators play a crucial role in countries where they operate, yet their posts are not always secured. The coordinators provide vital oversight, coordination and support to UNCTs/HCTs and PSEA networks on the prevention of and response to SEA. Sustained funding and support for inter-agency PSEA work, including funding for coordinator posts and action plans, is essential to ensure the continued technical capacity and effectiveness of inter-agency coordination structures. UNCTs/HCTs have a leading role as a senior level body in driving forward PSEA initiatives at country level. However, the findings from the mapping exercise reveal some countries reporting only partial fulfillment of functions by the UNCT/HCT in overseeing PSEA. The engagement and full realization of UNCT/HCT's mandate alongside comprehensive PSEA efforts is essential for accelerating PSEA at country level.

The 2022 mapping shows that countries have progressed in integrating PSEA in the HRP as a cross-cutting issue. To further accelerate PSEA will also require better and more systematic integration of key PSEA activities in the HRP funding requirements and indicators in the HRP monitoring framework during the humanitarian programme cycle. PSEA is a crucial component of humanitarian responses.

However, the mapping exercise revealed that resourcing PSEA activities is a persistent challenge, despite the finding that the required funding for PSEA activities, compared to other humanitarian sectors and priorities, is relatively small. Although a number of countries have made progress in resourcing their action plans, many are not fully funded, which constrains their implementation.

The IASC PSEA mapping exercise and dashboard are pivotal initiatives for tracking progress and identifying gaps and challenges in scaling up PSEA within humanitarian contexts. It is the only endeavor that provides a comprehensive overview of progress on PSEA at country level. Despite recent improvements, monitoring progress on PSEA remains challenging due to the lack of standardization of core indicators by individual entities and organizations. While the Indicator Guidance Note and the Mapping exercise provide a system-wide approach for tracking progress at the inter-agency level, these measures have not been fully adopted by PSEA Network Members. Consequently, when attempting inter-agency reporting, there has been a challenge in collecting quality data from individual network members on PSEA indicators. Strengthening efforts could involve integrating indicators and tracking into existing in-country monitoring, evaluation, and learning (MEL) systems of network members and linking this to the development of PSEA action plans to achieve increased alignment between internal monitoring systems on PSEA and the global Indicator Guidance. This will require MEL capacities and dedicated resources for data-driven planning and implementation, including more resources for conducting SEA risk assessments, along with sustained efforts to ensure strengthened monitoring of progress and accountability.

ANNEX. IASC PSEA CORE INDICATORS



1. PREVENTION

- ❑ **1.1.A.** Number and Percentage of personnel deployed, including those short-term and those visiting the country complete mandatory training on PSEA that includes clear guidance on where and how to report allegations of misconduct



2. REPORTING

- ❑ **2.1.A.** Inter-agency PSEA Standard Operating Procedures are endorsed by UNCT/ HCT and rolled out
- ❑ **2.1.C.** Number and percentage of children and adults who have access to a safe and accessible channel to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- ❑ **2.1.D.** Percentage of allegations reported to the PSEA Network per month and responded to within seven days
- ❑ **2.2.A.** Percentage of sites where awareness raising campaigns/activities on how to report sexual exploitation and abuse and how to access victim/survivor-centered assistance have been reached annually
- ❑ **2.2.B.** Number of children and adults reached through awareness-raising activities and community mobilisation interventions on PSEA



3. ASSISTANCE

- ❑ **3.1.C.** Number and Percentage of SEA victims/survivors who have been promptly referred to quality assistance, as part of ongoing GBV and CP programming or in line with existing service mappings
- ❑ **3.1.E.** Percentage of required funding/resources for assistance to GBV victims/survivors at the response plans/appeals that is available
- ❑ **3.2.A.** Status of implementation of the UN Victims' Assistance Protocol by the PSEA Network, including SOPs for referral and provision of services for SEA survivors



4. ACCOUNTABILITY

- ❑ **4.1.A.** Number and percentage of PSEA Network members have personnel trained on SEA guidelines and protocols for victim/survivor-centered investigations.
- ❑ **4.2.A.** Percentage of victims/survivors who are informed of the outcome of the investigations.
- ❑ **4.3.A.** Percentage of implementing partners assessed as having capacity based on UN Implementing Partner PSEA Capacity Assessment



5. COORDINATION STRUCTURE

- ❑ **5.1.A.** The UNCT/HCT fulfils its function as the senior level body overseeing PSEA Network
- ❑ **5.3.A.** Status of deployment of a full-time PSEA Network Coordinator
- ❑ **5.4.A.** PSEA Network is established or in place
- ❑ **5.4.C.** Integration of PSEA in the Humanitarian Response Plan (or similar)
- ❑ **5.4.E.** Percentage of the funding needs to implement the PSEA Action Plan that are allocated
- ❑ **5.6.A.** The inter-agency PSEA network carries out annual SEA risk assessments and shares the findings and recommendations with the UNCT/HCT.