

# ETHIOPIA PSEA NETWORK

## “Mapping of Efforts to Address Sexual Exploitation and Abuse (SEA) by Humanitarian and Development Actors in Ethiopia”

### Survey Objective

This analysis provides a brief overview of the recent inter-agency mapping of efforts to address sexual exploitation and abuse (SEA) in Ethiopia, following the UN Secretary General’s Strategy and the IASC guidelines on PSEA. The mapping was conducted by the Ethiopia PSEA Network in April-June 2020, aiming to provide an overview of existing PSEA prevention and response mechanisms by network members, as well as to identify gaps and resource needs in-country. The mapping was thus designed as a baseline to strengthen a joint framework for action on PSEA in Ethiopia. It is then hoped that the findings will be a useful resource, directly informing and shaping the next plans, targets, developments and activities of the Ethiopia PSEA Network. This will strengthen the coordinated interagency response on prevention of sexual exploitation and abuse.

### Survey Methodology

As a joint-effort, the Ethiopia PSEA Network developed an online questionnaire with 41 questions, including quantitative and qualitative answer-options, on internal and external efforts to address SEA in Ethiopia. Using the online tool “KoBo Toolbox”, the survey was distributed to all Ethiopia PSEA Network members, which include UN agencies, international and national NGOs, and government partners. As such, the data gathered reflects the views and insights provided by PSEA focal points, who were nominated by their respective agencies and organisations to respond to the online mapping. 29 respondents completed the survey (which represents 88% of Network members), answering both multiple-choice and providing qualitative responses.

The results are reported for each section of the mapping: (a) policy guidance, (b) focal points, (c) complaints and investigation mechanisms, and (d) prevention, whereby the analysis identifies trends, issues and perspectives across all answers. In addition, analytical filters (such as organisational affiliation and primary area of work) has been used to cross reference data, as well as identify different perspectives and potential for reporting bias within the respondent pool. As such, the analysis - though brief - presents a narrative summarising the responses obtained. Figures and data that reveal important trends are provided where appropriate. Moreover, a selection of the qualitative responses will be included in the main body of the analysis.

The following network members contributed to this survey:

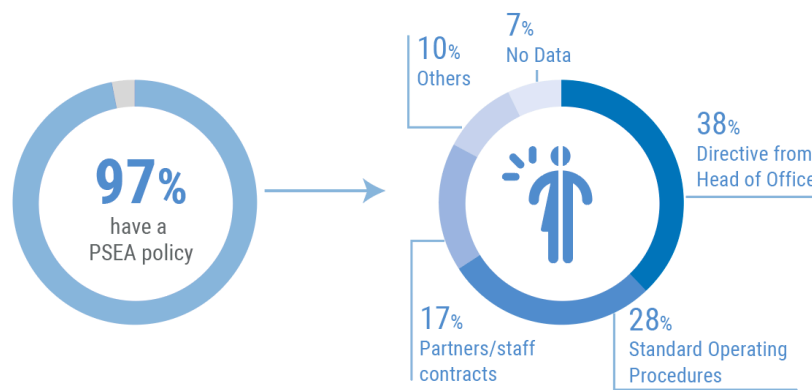
1	Acted	16	OHCHR
2	Care International	17	Oxfam International
3	Catholic Relief Services	18	Samaritan's Purse
4	Child Fund Ethiopia	19	Save the Children International
5	Concern Worldwide	20	UNOCHA
6	Danish Church Aid	21	UN Women
7	Ethiopia Centre for Disability and Development	22	UNESCO
8	GOAL Ethiopia	23	UNFPA
9	International Medical Corps	24	UNHCR
10	International Organisation for Migration	25	UNICEF
11	International Rescue Committee	26	WEEMA International
12	Islamic Relief	27	WFP
13	Mercy Corps	28	WHO
15	National Disaster Risk Management Commission	29	World Vision

## Survey Findings

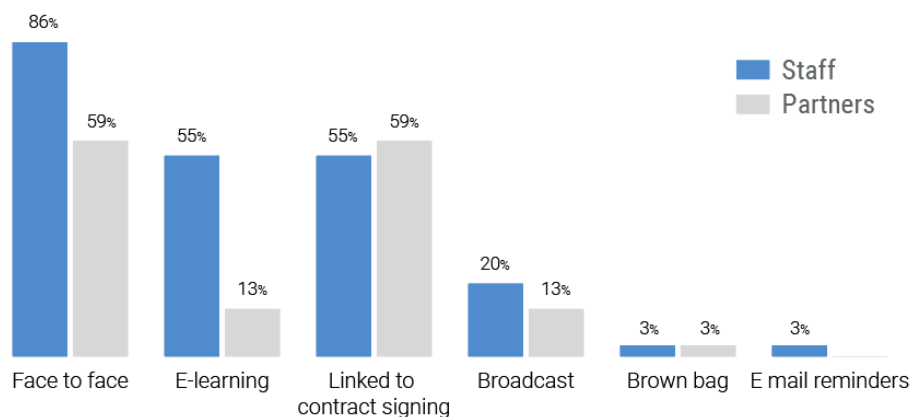
### A. Policy Guidance

Important accountability systems are strengthened and developed through the confirmation of an official PSEA policy. Therefore, as a part of the first section of the mapping, the respondents were asked to identify if their organisation has a PSEA policy by outlining how the policy is localised at country-level. Overwhelmingly, 97% of the respondents reported that their organisation has an official PSEA policy. Only a small number of respondents (3%) reported not having a PSEA policy. “Directive from Head of Office” was identified as the most common localisation (38%), followed by “Standard Operating Procedures” (28%), “Partners/staff contracts” (17%), and “Others” (10%). The respondents were able to select multiple options, and two of the respondents were without data. Amongst the respondents who reported “Others”, the following were identified:

- Country-wide, cross sectoral workplan with an accompanying monitoring framework,
- Action plan with directive from headquarter,
- Partners develop their own PSEA policy with support from the organisation.



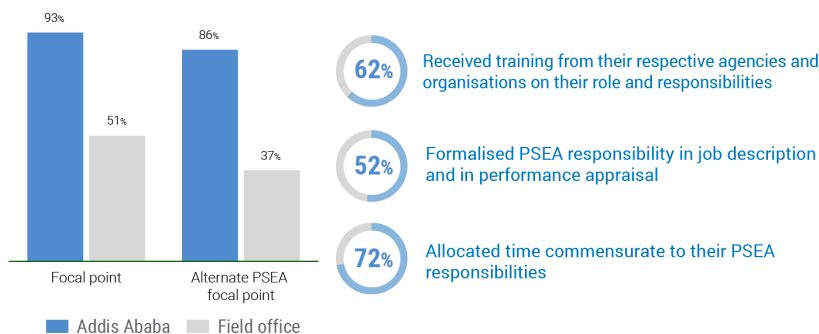
The respondents, who identified that their organisation has a PSEA policy, reported that it is disseminated to staff through diverse and concurrent channels: “Face-to-face/in-person training” (86%), “E-learning” (55%), “Linked to contract signing” (55%), “Broadcast” (20%), “Brown bag” (3%), and regular “E-mail reminders” (3%). Similarly, for implementing partners, the respondents reported that the PSEA policy was disseminated through “Face-to-face/in-person training” (59%), “Linked to contract signing” (59%), “E-learning” (13%), “Broadcast” (13%), and regular “E-mail reminders” (3%). The respondents were able to select multiple options for dissemination, and four of the respondents were without data.



### B. Focal Points

The PSEA focal points connect the PSEA Network with member agencies and organisations, playing an important role in initialising the inter-agency PSEA programme and work-plan. The respondents, when asked to identify

dedicated PSEA staff, reported having PSEA focal points in Addis Ababa (93%) and in field offices (51%). Furthermore, 86% (Addis Ababa) and 37% (field offices) of the respondents reported having alternate PSEA focal points available. In the last year, however, less than 62% of the PSEA focal points and their alternates received training from their respective agencies and organisations on their role and responsibilities, including receiving and reporting allegations as well as confidentiality.



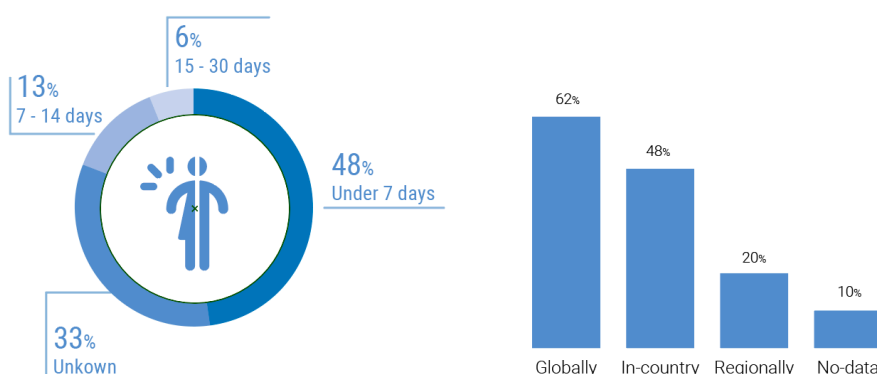
While a clear majority of the respondents (93%) reported that to have a whistle-blower policy established in order to ensure protection regarding retaliation and confidentiality, merely 52% of the respondents reported formalised PSEA responsibility in job description and in performance appraisal. Moreover, around 72% of the respondents reported allocated time commensurate to their PSEA responsibilities.

### C. Complaints and Investigation Mechanisms

The mapping provided an overview of internal complaints and investigation mechanisms. While 89% of the respondents reported to have complaint mechanisms in place, around half of these (55%) were reported to be community-based. The refugee and IDP communities in Gambella, Afar, Oromia, Amhara, Somali and SNNP regions were identified as the current locations of the existing community-based complaint mechanisms. In addition, the majority of respondents (86%) reported to have clear procedures for confidentiality for referring complaints and allegations of SEA. Examples of specific policies, clauses and capacity-building activities on confidentiality were reported to include:

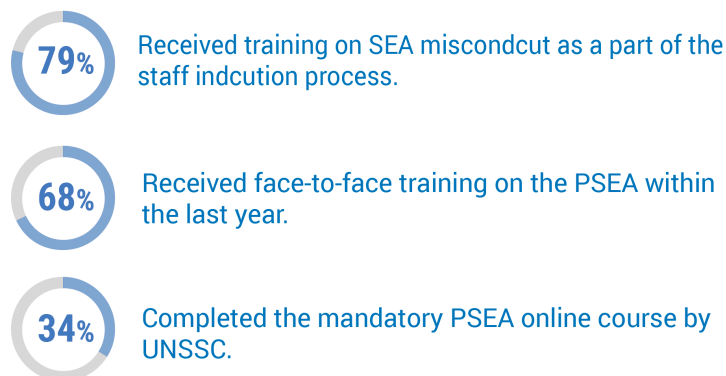
- Agency policy and SOPs that clearly outline the procedures for safe and confidential reporting;
- Training on whistle-blower policies for staff who work on complaint and response mechanisms;
- Adopting the official principles on data privacy and protection in humanitarian action;
- Limit the number of people who are able to access information regarding complaints; *and*
- Refer all cases to the headquarter case-management team for investigation.

Moreover, the respondents, when asked to identify on what level PSEA investigations are conducted, reported the following concurrent levels of investigation: “Globally” (62%), “In-country” (48%), and “Regionally” (20%). The respondents were able to select multiple options, and three of the respondents were without data. Additionally, the average timeline for a complaint and allegations to be investigated were reported as “Under 7 days” (48%), followed by “7-14 days” (13%) and “15-30 days” (6%). Over one-third of the respondents (33%) did not know their own timeline for SEA investigations. This was followed by 18% of the respondents reporting that they did not have clear policies on how the status and final result of the investigations should be fed back to the complaint.



## D. Prevention

When asked to identify prevention measures within their own organisations and agencies, 79% of the respondents reported that all staff have received training on SEA misconduct as a part of the staff induction process. Additionally, 68% of the respondents reported to have received face-to-face training on PSEA within the last year. However, at the same time, only one-third (34%) of the respondents reported that all staff had completed the mandatory PSEA online course (i.e. LMS-2398 and/or LMS-2399) by UNSSC.



A Code of Conduct, which includes specific PSEA clauses, were reported to have been signed by all staff members by the majority of the respondents (79%). Similarly, 75% of the respondents reported that other non-staff employees, such as consultants, secondees, contractors and UNVs, also signed a similar Code of Conduct. However, despite a clear majority of the respondents (65%) reporting that PSEA is integrated into the risk management policy and framework of their respective organisation, only 20% of the respondents reported that their organisation had conducted an in-country SEA risk-assessments within the last two years.

## Discussion Points

Overall, there is a level of variability in the responses and in the perspectives provided by the PSEA focal points. This is perhaps consistent with the diversity of the mapping pool, which includes responses from all PSEA Network members (i.e. UN agencies, international and national NGOs, and government partners). The mapping pool was divided in responses, for instance, on capacity building, risk management frameworks and investigation timelines. Moreover, the data collected indicate a range of contextual trends that may impede achievements of PSEA outcomes, such as the lack of formalised focal point responsibility and time allocation in job descriptions.

The respondents indicated – overwhelmingly – that their agencies and organisations have a PSEA policy. However, the respondents were divided in regard to localisation of policy, and which channels should be, or are given, priority in regard to dissemination. In addition to these challenges, the responses received highlight the need for a more effective coordination between all agencies to ensure the availability of community-based reporting mechanisms. Thus, the need for a clearer understanding of what community engagement entails, and the implications of this on affected populations, came through in the mapping responses.

At the same time, the mapping also reveals areas of congruence in the network members' perspectives and common responses to the adaption and the confirmation of PSEA policy, whistle-blower policy, and internal investigation mechanisms. This is also evident in regard to the availability of dedicated PSEA focal points in Addis Ababa and field offices. However, the shared importance of focal point training, safeguarding strategies, and availability of alternate focal points come through in the mapping responses. It may therefore be advantageous to the network to conduct annual SEA risk assessments in-country.

It is important to note that the results of mapping say little about predisposing factors and non-modifiable demographic variables linked to the responses provided by the PSEA focal points. Follow-up questions and group discussions, both with national and regional PSEA Networks, could then enrich the study by providing additional information. Moreover, the survey was released at a difficult time period, whereby several of the network members continue to face time-constraints and limited internet access due to the health emergency

## Annex: Survey Questionnaire

Part 1	Part 2	Part 3	Part 4
a. Does your organization have a PSEA Policy?	a. Does your organization have a complaints mechanism in place?	a. Has your organization conducted SEA risk assessments in country within the past two years?	a. Is your organization part of an in-country PSEA network?
b. If yes above, how is the policy localised at the country level?	b. If yes, is it community-based?	b. Is PSEA integrated into organization's risk management policy/framework?	
c. How has PSEA policy been disseminated to all staff? (Check all that apply)	c. In which communities are the community-based complaint mechanisms located? Please list them below.	c. Have all staff members sign a Code of Conduct which includes specific PSEA clauses upon signing a contract?	
d. How has PSEA policy been disseminated to partners? (check all that apply)	d. Does the complaints mechanism have clear procedures for confidentially referring complaints/allegations of PSEA?	d. Do other non-staff employees of the organization (consultants, secondees, contractors UNVs) sign a Code of Conduct which includes specific PSEA clauses upon signing a contract?	
e. Is there a PSEA focal point in the Addis Office of your organization?	e. At what level are PSEA investigations conducted?	e. Training on misconduct (specifically mentioning SEA) forms part of staff induction process.	
f. If there an alternate PSEA focal point in your Addis office?	f. How long on average from a complaint being received does it take to start an investigation?	f. Have all staff have completed mandatory PSEA online course?	
g. If there an PSEA focal point in your all field offices?	g. Are there clear policies on how the status and final result of the investigation are fed back to the complaint	g. Staff have been given face-to-face PSEA training within the past year.	
h. If there an alternate PSEA focal point in your all your offices?	h. At what level are PSEA investigations conducted?	h. Does reference checking for new staff include vetting for former misconduct?	
i. Have all your focal points and alternate received training from your agency on their roles, including receiving allegations and reporting these allegations, and confidentiality in the last year?			
j. Staff members dealing with PSEA have formalised responsibility in their job description, performance appraisal or similar.			
k. Staff members dealing with PSEA have formalised responsibility in their job description, performance appraisal or similar.			
l. Staff members dealing with PSEA are allocated time commensurate to their responsibilities			