

THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Ministry of Finance (MoF)



Final

**SEXUAL EXPLOITATION AND ABUSE/SEXUAL HARASSMENT
PREVENTION AND RESPONSE ACTION PLAN**

FOR

**Response – Recovery – Resilience For Conflict-Affected Communities In
Ethiopia (3R-4-CACE)
(P177233)**

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I. Introduction

The Development Objective of the Ethiopia Response, Recovery and Resilience for Conflict-Affected Communities Project (3R4 CACE) is to (i) rebuild and improve access to basic services and climate-resilient community infrastructure and (ii) improve access to multi-sectoral response services for Gender-Based Violence (GBV) survivors; in selected conflict-affected communities in Ethiopia. Activities will address immediate needs of conflict-affected communities, support post-conflict recovery of services and infrastructure, and strengthen longer-term institutional measures to increase community resilience and sustainable investments.

The project will be implemented during a five-year period (2022-2027) and includes four components:

- **Component 1: Rebuilding Sustainable Access to Basic Services and Climate-resilient Community Infrastructure (Cost: US\$210.0 million):** The project will finance the provision of rapid response services to address the needs of conflict- and climate affected communities as and when needed, and to lay foundations for more sustainable support. Activities include (i) provision of response services to address the needs of communities in the immediate term with a focus on health, education, water supply, sanitation, and hygiene services (WASH), and other services as feasible; (ii) investment in recovery of local infrastructure and services based on community-led planning activities, with likely focus on local health facilities, education facilities, WASH facilities, and other basic service facilities; and (iii) longer-term national and local institution-building to strengthen resilience.
- **Component 2: Improving Access to GBV Response Services (Cost: US\$70.0 million):** This component finances the strengthening of GBV response services for survivors of GBV; piloting of innovative GBV prevention programming; and strengthening of institutional capacity for coordination, policymaking, and delivery of quality, confidential, and survivor-centered care across the country. Expanding delivery of GBV response services will include strengthening of established One-Stop Centers in urban areas and building capacity of health providers, while also expanding access to quality GBV services within communities. Prevention and behavior change interventions will further seek to address underlying norms and dynamics that contribute to violence, and to address factors that prevent GBV survivors from seeking care. In parallel, the component will finance activities that expand mental health and psychosocial support services for GBV survivors and for conflict-affected communities alike.
- **Component 3: Adaptive Project Management (Cost: US\$20.0 million):** This component finances the incremental costs of the various project management aspects and support a learning sub-component that helps to improve the effectiveness of project-financed activities and adapting them to changing settings.
- **Component 4: Contingent Emergency Response Component (CERC) (Cost: US\$0.0):** The CERC will allow for rapid reallocation of project proceeds in the event of a natural or man-made disaster or health hazard outbreak or crisis that has caused or is likely to imminently cause a major adverse economic and/or social impact.

Implementation arrangements are adaptive and fit-for-purpose. They allow for a differentiated approach in response to different contexts, combining government agencies, including regional governments, and third-party implementation, and involving communities. This flexible approach will allow engagement in more volatile areas, including the Tigray region. The project also has a strong focus on community participation that will ensure close alignment with evolving needs of communities and vulnerable groups within them. This approach is also expected to nurture positive

relations between local communities and governance structures and between IDPs and host communities, strengthening social cohesion in conflict-affected areas.

The project is designed to be national in scope. However, considering the conflict damage and needs estimates at appraisal and the project's financial envelope, it will initially prioritize support to Afar, Amhara, Benishangul-Gumuz, Oromia, and Tigray regions.¹ These regions have been highly impacted by the recent conflict, and are currently being assessed by the government and the World Bank via a Conflict Impact Assessment and Recovery and Reconstruction Planning exercise. These regions also host large numbers of IDPs, and are highly vulnerable to the impacts of climate change. During implementation, other regions will be considered based on resource availability and needs.

Targeting of Woredas to be prioritized within the regions will be articulated in the Project Operations Manual (POM, expected by effectiveness), taking into account among other considerations: (i) the results of the conflict damage assessment as relevant, including the availability of basic services and community infrastructure and the severity of damages to infrastructure; (ii) the number of IDPs; (iii) complementarity with other donor-funded activities (aiming to avoid duplications); (iv) workable security and accessibility; (v) the potential for conflict mitigation (for example, in areas along borders with increasing tensions); and (vi) Woreda's readiness to implement. The regional governments will have a key role in the evaluation of these criteria and the final selection of Woredas. The selection process and its results will be discussed extensively with the project stakeholders by effectiveness and made public as planned in the POM.

The project's direct beneficiaries are conflict-affected people and communities in Ethiopia, including IDPs, host communities, and GBV survivors, with an initial focus on the regions of Afar, Amhara, Benishangul-Gumuz, Oromia, and Tigray. An estimate based on a minimum target of 35 prioritized Woredas with an average Woreda size of 121,000 people, in addition to an estimated net IDP influx from other Woredas of 30,000 people on average,² results in about 5.2 million direct beneficiaries located roughly in 700-800 Kebeles, many of which are also climate vulnerable. If implementation in a higher number of Woredas is judged feasible based on an assessment to be carried out after the first 18 months of the project, these numbers will increase. Additional beneficiaries are local government staff, including social workers and other frontline providers of emergency response, health care and nutrition professionals, and policy and judicial staff, whose service delivery capacities will be enhanced. Federal Government staff will benefit from an improved enabling environment and capacity to manage displacement and GBV-related needs from a systematic development perspective. While the number of these institutional beneficiaries is small in nature, the entire population of Ethiopia can be considered potential indirect beneficiaries of noted system development support.

Under Component 2 activities will be implemented by the Ministry of Labor and Social Affairs (MoWSA), in close technical partnership with relevant line ministries, including Ministry of Health (MoH), Ministry of Justice (MoJ), and the Federal Police Commission. To streamline implementation arrangements, particularly those related to the delivery of GBV services under sub-component 2.1 in OSCs and health facilities, and at the community level, MoWSA will establish as needed Memoranda of Understanding (MoUs) with relevant partner Ministries (for example, MoH and MoJ) and with related Regional Bureaus. MoWSA will contract third-party implementation of GBV-related activities

¹ In alphabetical order. Support will be provided as equitable share of the resources based on the assessment of damages.

² The average population size of Woredas in the four regions is calculated from the July 2021 projections of the Ethiopia Central Statistics Agency. IDP numbers are calculated using a combination of IOM's Site Assessment Survey (Round 26), collected in June-July 2021, and the Emergency Site Assessment (ESA) round 8, collected in July-August 2021. The ESA data is still pending confirmation from the government. Data collection could not be completed in parts of the Tigray, Western Oromia, and Benishangul-Gumuz regions due to insecurity and access restrictions.

in HROC areas, likely to be conducted by UNICEF. MoWSA will also contract specialized service providers or organizations to implement key activities requiring specialized technical expertise, including as related to: expansion and strengthening of GBV service delivery at the community level in areas where services are limited or do not exist; improving and expanding provision of MHPSS; establishment and functioning of safe spaces, WGFS/Girls Clubs, and provision of care for vulnerable children; and economic empowerment interventions.

MoWSA will also contract specialized organizations or actors to lead the implementation of sub-component 2.2 on development and piloting of GBV prevention interventions. Where relevant and feasible, and with approval from the World Bank, a single specialized service provider may be contracted to implement multiple functions, for example, GBV services delivery and development and roll out of trainings for technical staff. Sub-component 2.3 will be implemented by the FPIU within MoWSA. Thus, this Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Prevention and Response Action Plan details the necessary operational measures and protocols that will be put in place to address risks of SEA and SH that are project related and how they will be monitored over the life of the project. This includes how to address any SEA/SH allegations that may arise and procedures for preventing and responding to SEA/SH. The Action Plan includes an Accountability and Response Framework, which details how allegations of SEA/SH will be handled (investigation procedures) and disciplinary action for violation of the Code of Conduct (CoC) by workers as well as relevant stakeholders.

II. Definition of Terms

The Inter-Agency Standing Committee (IASC) defines **gender-based violence** (GBV) as “an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. GBV broadly encompasses physical, sexual, economic, psychological/emotional abuse/violence including threats and coercion, and harmful practices occurring between individuals, within families and in the community at large. These include sexual violence, domestic or intimate partner violence, trafficking, forced and/or early marriage, and other traditional practices that cause harm.

School-related gender-based violence (SRGBV) is defined as ‘any act or threat of physical, sexual or psychological violence occurring in or around schools, committed based on gender, gender stereotypes or perceived gender identity and enforced by power dynamics’

The United Nations defines “**sexual exploitation**” as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. **Sexual abuse** on the other hand is “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.” Sexual exploitation and abuse (SEA) is therefore a form of gender-based violence and generally refers to acts perpetrated against beneficiaries of a project by staff, contractors, consultants, workers and Partners.

Sexual harassment (SH) is defined as any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation to another, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. It occurs between personnel/staff and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature.

III. Contextual GBV Risks

The government has created a conducive legal and policy environment to promote the rights of women and girls; however, implementation remains a challenge. In 2000 and 2005, Ethiopia adopted the Revised Family Law and the Revised Criminal Code, respectively. Other national instruments with provisions directly related to GBV include the Strategic Plan for an Integrated and Multi-Sectoral Response to Violence Against Women and Children and Child Justice in Ethiopia (2010) and the National Strategy and Action Plan on Harmful Traditional Practices Against Women and Children (2013). The newly merged Ministry of Women and Social Affairs (MoWSA) maintains a coordination, policy, and advocacy mandate for GBV prevention and response, and for abuse involving children. The Attorney General's Office, through a multi-sector steering committee – the National Coordinating Body on a Coordinated and Comprehensive Prevention and Response to Violence against Women and Children, and on Child Justice – manages and coordinates the provision of core services through OSCs, such as counseling, medical treatment, free legal aid, and survivor safety. OSCs further support judicial processes that bring perpetrators to justice. The Ministry of Health (MoH) provides medical services and emergency medications to survivors through the OSCs and through the health sector more generally. The Ministry of Education has been active in developing policies, procedures, and codes of conduct to tackle GBV in schools. Despite these progressive laws and policies, enactment and implementation remain a challenge, particularly at local levels, due, in part, to insufficient resources and poor coordination and action, as well as sensitivities and silence around the issue, which enable continued perpetration of violence.

Despite these initiatives, protection challenges in Ethiopia are generally pronounced and gender-based violence (GBV) presents a significant barrier to women's full engagement in social and economic life. The 2016 Ethiopia Demographic and Health Survey indicates that 26 percent of all women aged 15 to 49 reported having experienced physical or sexual violence in their lifetime, with 23 percent reporting physical violence and ten percent experiencing sexual violence.³ These data, however, likely belie the full extent of the challenge. A survey conducted by the UN Population Fund (UNFPA) in 2010 among youths between the ages of twelve and 24 in select regions indicates that GBV prevalence may be even higher⁴, with 15 percent of young women reporting having experienced sexual violence in their lifetime.⁵ Experience of intimate partner violence is particularly pronounced; more than one third of women (34 percent) have experienced some form of spousal violence – physical, sexual, or emotional. The survey found that acceptability of use of violence at home was high with 63 percent of women and 27.6 percent of men believing that wife beating was justified for at least one specified reason.⁶ Help seeking behavior of GBV survivors was found to be limited – only 23 percent of women who experienced physical and/or sexual violence sought help, while 66 percent of women never sought help nor told anyone about their experience. As in other countries, fear of stigmatization, retaliation, and rejection likely impede women from reporting experiences of violence or seeking care.

Recent conditions and compounding risks related to conflict and displacement, worsened by climate change, have exacerbated the incidence of GBV, including widespread reports of physical and sexual violence. The November 2021 report of EHRC and the OHCHR on human rights violations and abuses extending from the conflict in the Tigray Region found that GBV—including varying forms of physical and sexual assault, such as rape and gang rape, abduction, detention, and intentional transmission of HIV—has been a prominent feature of the recent violence, committed by all parties to the conflict.⁷ The government has since established a task force to address the report's recommendations. Other reports estimate that more than 100 cases of sexual violence were reported

³ URL: <https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf>.

⁴ Survey locations included the Addis Ababa, Afar, Amhara, Benishangul-Gumuz, Oromia, and SNNPR regions.

⁵ Population Council and UNFPA, 2010. The age of the survey also highlights the lack of data in this area.

⁶ Demographic and Health Survey, 2016.

⁷ EHRC and OHCHR. 2021. Report of the EHRC/ OHCHR Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties. Published 3 November 2021. URL: <https://www.ohchr.org/Documents/Countries/ET/OHCHR-EHRC-Tigray-Report.pdf>.

daily between November 2020 and July 2021, while health facilities in the Tigray Region registered nearly 1,300 cases of rape between February and April 2021.^{8,9} Displaced women and girls are further vulnerable to other forms of GBV, including harassment and separation from families; and while conflict-related sexual violence has predominantly affected women and girls, including women and girls with disabilities, men and boys have been targeted as well.¹⁰ Women and girls are disproportionately vulnerable to the impacts of both climate change and conflict, the effects of which often compound one another, increasing the incidence of GBV. Experiencing GBV, in turn, reduces victims' capacity to effectively prepare for and manage any future shocks and stresses, climate-related or otherwise.

Access to health, social welfare, and judicial services for GBV survivors nationally and in conflict-affected regions is a challenge, and quality response services are limited. While government and humanitarian partners have scaled up GBV interventions to respond to the crisis in Northern Ethiopia, the availability of the basic pillars of GBV response services – case management, psychosocial support, medical care, legal support, and safety services—remain limited and quality of care provided across the country varies widely. There are some GBV response services in the country, including 34 One-Stop Centers (OSCs) in several urban centers, which provide multi-sectoral services to survivors (medical, legal, psycho-social, and police support). Reportedly, the functioning of OSCs across regions varies significantly and gaps are common in the capacity of staff and the availability of equipment. OSCs are also only available in urban centers, impeding the ability of survivors in more rural or remote locations from accessing care. There are legal aid centers around the country, including in several locations where humanitarian work is taking place, which provide legal aid to survivors. Provision of mental health and psychosocial support (MHPSS) has been limited across the country even though it is critically needed by GBV survivors and by conflict-affected communities more broadly. The provision of mobile health services in the Tigray region by international partners and the regional health bureau seems to have provided positive yields in general health support, but it has not been adequately strong to provide more complex services beyond immediate referral, such as services related to GBV and MHPSS. There are, however, plans to expand these services, including by adding social workers to the mobile clinics.

The Government of Ethiopia and the international community have been supporting displaced people and GBV survivors primarily through humanitarian support. Critical coordination mechanisms for humanitarian response to GBV include Government efforts in coordination with the GBV and Child Protection Sub-Clusters, which aim to ensure that protection and assistance services to children and women affected by violence are efficiently and timely delivered through interventions by relevant government and nongovernment partners. In coordination with MoWSA, the GBV and Child Protection Sub-Clusters are led by the UN Children's Fund (UNICEF, for child protection) and UNFPA (for GBV), while membership further includes the DRM Food Security Sector; UN agencies; international nongovernment organizations (NGOs); Civil Society Organizations (CSOs); and bilateral partners. Coordination for the Prevention of Sexual Exploitation and Abuse Network – a critical forum for agencies engaged in preventing and mitigating risks of sexual exploitation and abuse (SEA) in development and humanitarian operations- is co-chaired by UN Women and a World Food Program set up under the auspices of the Inter-Agency Standing Committee and involves various UN and national partners.

IV. National Legal Frameworks

⁸ UN-OCHA. 2021. Ethiopia – Tigray Region Humanitarian Update. Published 19 July 2021. URL: <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Ethiopia%20-%20Tigray%20Region%20Humanitarian%20Update%20-%202019%20Jul%202021.pdf> .

⁹ URL: <https://www.amnesty.org/en/latest/news/2021/08/ethiopia-troops-and-militia-rape-abduct-women-and-girls-in-tigray-conflict-new-report/>.

¹⁰ UN-OCHA, 2021.

Specific and relevant legal provisions and frameworks advancing gender equality and prevention of GBV as well as SEA/SH include the following:

National Constitution of FDRE 1995: provides the basic principle that all persons are equal before the law and are entitled without any discrimination to equal protection under the law. The Constitution guarantees women's rights as equal to those of men in employment, marriage, and property ownership. Furthermore, it requires the State to enforce the rights of women to eliminate the influence of harmful practices that cause bodily and mental harm to women.

The Criminal Code of Ethiopia Proclamation No 414 of 2004: The Criminal Code has been revised in line with the constitutional provisions and essences in a way to confirm that those articles deal with women's rights and their protection against any form of violence. Unlike the 1957 Penal Code, the revised Code incorporated explicit provisions tackling violence against women. The Code has elaborated the ambiguous conceptions and provisions of gender-based violence, incorporating new offenses, redefining the elements of these offenses, and revising the penalties applicable in cases of violation. The Criminal Code of 2005 introduced important provisions for punishing different forms of violence against women and girls, an important milestone coupled with the pertinent international human rights commitments.

The labor proclamation No.1156/2019: defines "Sexual harassment" means to persuade or convince another through utterances, signs or any other manner, to submit for sexual favor without his/her consent." And Sexual violence as "means sexual harassment accompanied by force or an attempt thereof." (General: Nos 1 & 2).

- ✓ considers as unlawful for an employer where any of the following acts are committed by employer or a managerial employee or a worker to "Commit sexual harassment or sexual assault/violence at workplace 14 (2),
- ✓ In addition, it contains provision for such acts to lead to termination of contract employment without prior notice 27(1), and 32 (1:B),
- ✓ If the worker resigned due to sexual harassment /violence committed by the employer or a coworker and the incident was reported to the employer, but the latter failed to take appropriate measure in due time; the survivor shall have the right to receive severance pay from the employer. Article 39(1:d),

The Federal Civil Servants Proclamation No.1064/2017:

According to Article 1(13) of the Federal Civil Servants Proclamation, sexual harassment means unwelcome sexual advance or request or other verbal or physical conduct of a sexual nature and includes: a) unwelcome kissing, patting, pinching, or making other similar bodily contacts; b) following the victim or blocking the path of the victim in a manner of sexual nature; and c) putting sexual favor as a prerequisite for employment, promotion, transfer, redeployment, training, education, benefits or for executing or authorizing any human resource management act.

V. Identified Project-related SEA/SH Risks

Complementary to identification of existing contextual risks is a need to identify and understand the project-specific risks that may exacerbate or create new risks of sexual exploitation and abuse and sexual harassment.

Identified project-related risks include:

- Location of project activities in a humanitarian/conflict-affected environment where rates of GBV are already likely to be high, as exacerbated by the emergency context.

- High likelihood that protective services or GBV response options (health, police, legal, psychosocial, support and care) are not fully accessible in project locations, due in part to insecurity and remoteness of those locations.
- Inability to supervise all locations of the project, again due in part to the insecure, conflict-affected context and also due to potentially high number of sub-projects and geographic span of recovery investments across the five regions.
- Several project activities, particularly under Component 1, will require contracting of third party project workers, e.g., construction workers, consultants, service providers that could include international non-governmental organizations (INGO's), local NGO's. This might create a power differential between project workers and project beneficiaries that may increase risks of women and girls to SEA.;
- Exclusion of women and girls during the design and construction of community infrastructure can result in recovery and reconstruction decisions aspects that ignore or exacerbate women and girls' risks of GBV/SEA in those spaces.
- Potential for paid security forces to be contracted under the project in order to ensure delivery of services/infrastructure in insecure areas. Having military or paid security forces contracted as part of a project can increase the risk of GBV. These groups are often predominantly or entirely male and may exploit the power imbalance arising from their position to engage in inappropriate or harmful behavior.
- High poverty incidence among displaced and conflict-affected communities in targeted areas under the project. High rates poverty may mean residents of these area are particularly vulnerable to many forms of exploitation, including sexual exploitation and may lack the resources and agency to avoid and report abuse.
- Female workers in close proximity to male workers with limited supervision. Project activities may involve women working alongside men in offices or project sites, which increases risks of sexual harassment.
 - Abuse of power, including sexual exploitation and abuse and harassment, in hiring, employment, and retention practices. Public sector recruitment processes can distort power relations and lead to opportunities for abuse. For example, hiring and employment practices that seek to increase the number of women in different employment positions under the project may expose women to potential sexual harassment, or abuse, either because they are pressured to exchange "favours" for jobs, or because the working environment legitimizes and allows harassment and exploitation.
 - Lack of enforced SEA and sexual harassment policies in the government. Although there are clear statutes prohibiting sexual harassment, enforcement is low and with limited or no information on the issue, staff may have no /limited knowledge in identifying, supporting and reporting SEA/SH related cases as such may cause more harm than good. In addition, lack of policies may result into lack of direction and strategies on handling SEA/SH cases, that might contribute to more harm and prevent staff/beneficiaries from reporting SEA/SH cases.
 - Women and girls can face high risks related to limitations on their mobility and presence in recover-related activities. For example, traveling long distances to reach infrastructure work sites or sell items at can increase targeting, exploitation and harm from non-partner individuals including armed groups/forces/individuals and other individuals associated with the supply and value chain for products.
 - Community perceptions of GBV or conflict resolution approaches might lead to more harm against survivors who report SEA/SH experiences. Community or social governance resolution processes might reinforce gender inequality pushing for resolutions that widen inequalities, are not survivor-centered and may lead to impunity and more harm to a survivor (through marriage to a perpetrator, re-victimization or other consequences).

- The exclusion of vulnerable groups, including women and girls, from spaces of voice, agency, and decision-making can lead to further harm or marginalize them. Women, girls, and other groups with less power and status such as people with disabilities, unmarried women/girls, women and girls associated with armed groups/forces, displaced/returning individuals and families, and minority ethnic/clan groups are more likely to be invisible or hidden in community consultation and engagement processes. Additionally, patriarchal norms often lead women and girls – of all groups – to be left out of community discussions or have their needs and priorities silenced.

Given the full extent of contextual and project-related risks, the SEA/SH risk rating of the project is Substantial.

VI. Required SEA/SH Mitigation Measures

The project will adopt a robust approach to address potential GBV risks. Consistent with World Bank guidance on addressing SEA/SH in Bank-supported investment operations, relevant mitigation measures to address these risks are as follows:

- Hire a GBV/SEA/SH Specialist within the PIU to support the project implementation as well as guide the operation while continuously identifying potential risks and mitigation measures to be adopted.
- Define GBV/SEAH requirements and expectations included in any contractual obligations as well as the code of conduct that addresses GBV.
- Ensure inclusion of SEA/SH risk management measures in all safeguard instruments, including C-ESMP to verify that appropriate mitigation actions are included.
- Ensure any contracted entity has or adopts an SEA/SH risk management framework. For construction contractors, ensure a C-ESMP includes and SEA/SH Accountability and Response Framework and confirm prior to finalizing the contract the contractor's ability to meet the project's SEA/SH prevention and response requirements.
- Develop, translate into simple, understandable language, and sign the code of conduct (CoC) for all contractors and workers to cultivate an environment free from GBV, SEA/SH, including provisions prohibiting engagement in any sexual activity with anyone under the age of 18.
- Develop reporting and referral protocols that outline key requirements for reporting and responding to SEA/SH cases if they arise and measures to enable safe, ethical, survivor-centered response.
- Train all project staff and workers to ensure understanding of CoC, GBV, SEA/SH as well as accountability and response framework including the referral processes, responsibilities and reporting.
- Identify relevant organizations for referrals, development of procedures and processes for referrals, development of accountability framework for handling allegations, including related to investigation (in alignment with national processes) and sanctions for potential perpetrators.
- Develop materials for all stakeholders providing information, education, and communication to indicate that the project and/area is a GBV free zone as well as provide information on GBV response services (such as where to seek assistance when needed).
- Establish an effective grievance mechanism (GM) with specific and multiple channels to initiate a complaint related to SEA/SH. GBV-related incidents should be reported in a safe, confidential survivor centric manner with linkages directly to the project GM.
- Train identified GM operators on how to respond to cases that come forward.

In addition to these mitigation measures, the Project will undertake safety audits of relevant project activities under Components 1 and 2 to ensure activities take into consideration potential additional

risks not identified within this Action Plan and adopt additional mitigation measures to address those emerging risks.

VII. SEA/SH ACTION PLAN

Objective:		To increase awareness and enhance response systems for SEA and SH incidents					
Activity to Address SEA/SH risk	Steps to be taken	Timelines	Institutional Focal Point	Collaborating actors/relevant ministries	Output indicators	Estimated Budgets (USD)	
1. Review the IA's capacity to prevent and respond to SEA/SH;							
a)	Hire a GBV Specialist to supervise and provide technical support for the implementation of SEA/SH Action Plan	<ul style="list-style-type: none"> Develop terms of reference for recruitment process procure the specialist 	<p>Within the first two months of project effectiveness</p> <p>Maintained throughout Project implementation.</p>	MoF	MoWSA	A qualified and competent GBV staff recruited	300,000
b)	Integrate SEA and SH risk management in Borrower's and Contractors' Environment and Social Management Plan (ESMP)	<ul style="list-style-type: none"> Ensure that SEA/SH issues are incorporated in all contracts signed by contractors and consultants 	within first 3 months of project signing	MoF	MoWSA	<p>Bid documents with clearly defined SEA/SH requirements</p> <p>Contract documents with clearly defined SEA/SH clauses/requirements</p>	N/A
c)	Codes of Conduct signed and understood.	<p>Review or develop new CoC for provisions/clauses that guard against SEA/SH</p> <p>Have CoCs signed by all personnel</p> <p>Train all project-related staff on the behavior obligations under the CoCs.</p> <p>Display CoC in project sites and translated into the local</p>	Within the first 3 months of project effectiveness	MOF/MoWSA		Percentage of workers that have signed a CoC	5,000

		language(s)					
d)	Develop and conduct SEA/SH orientation training for all project staff, including PIU	<ul style="list-style-type: none"> Develop a training plan Develop training materials for respective sectors and civil servants Conduct training for project staff/PIU 	<p>Within the first 3 months of project effectiveness</p> <p>Retraining during project implementation.</p>	GBV specialist - MoF	GBV specialist MOWSA	<p>Number of trainings conducted for project staff</p> <p>Number of staff trained</p>	24,000
d)	Develop M&E programme	<ul style="list-style-type: none"> Develop a comprehensive M&E plan to monitor SEA/SH action plan implementation Promotion of high level commitment on monitoring the implementation of SEA/SH action plan in order to supports efforts to provide multi-sectoral support to GBV survivors. <p>Monitor SEA/SH action plan</p>	Maintained throughout Project implementation.	GBV/SEA Specialist- MoF	MoWSA	M&E framework in place	N/A
2. Inform project stakeholders about SEA/SH risks							
a)	Establish partnerships with key stakeholders	<ul style="list-style-type: none"> Identify and officially inform the stakeholders on the components of the projects and project-related risks of SEA /SH Engage stakeholders and regularly conduct joint meetings 	<p>Within the first 3 months of project effectiveness</p> <p>Maintained throughout Project implementation.</p>	MoF	MoWSA	Number and types of stakeholders engaged	24,000
b)	Develop information	Develop a strategy	Within the first 3	MoF/MOWSA		A SEA/SH	Covered

	dissemination strategy	<ul style="list-style-type: none"> • Identify the methods to disseminate the information • Disclosure of information to stakeholders through multimedia outlets 	<p>months of project effectiveness</p> <p>Maintained throughout Project implementation.</p>			communication strategy in place	under IEC material development
c)	Identify, train and establish project focal points at regional level for SEA/SH risk management	<ul style="list-style-type: none"> • Establish a trained, dedicated and committed network of project focal persons that includes for education and health 	<p>Within the first 3 months of project effectiveness</p> <p>Maintained throughout Project implementation.</p>	MoF/MOWSA		No. of focal points and persons identified and trained	10,000
d)	Develop relevant IEC materials for community engagements	<ul style="list-style-type: none"> • Conduct assessment on the effective IEC materials to be used community • Develop relevant GBV IEC materials that targets everyone without discrimination and easy to comprehend. • IEC materials to include information on GBV response services (such as hotline and where to get help). 	<p>Within the first 6 months of project effectiveness</p> <p>Maintained throughout Project implementation.</p>	MOF/MOWSA		No and type of GBV/SEA IEC material developed	50,000
f)	Conduct outreach information and sensitization campaigns with project stakeholders	<ul style="list-style-type: none"> • Develop SEA/SH information guide for community engagement 	<p>Within the first 6 months of project effectiveness</p>	MOF/MoWSA	MoH/MOE/Police/MOJ	Number of community sensitization conducted	10,000

			Maintained throughout Project implementation.				
3. Mapping of service delivery for SEA/SH prevention and response							
a)	Map out and review capacity and quality of GBV service providers in the project area able to provide care and support SEA/SH survivors; and develop and or/update multisectoral referral pathways	<ul style="list-style-type: none"> On the basis of mapped GBV prevention and response service providers, develop/update a GBV referral list of preferred service providers. Identify key gaps where remedial measures may be required (e.g., training staff on psychosocial first aid) 	First quarter after commencement of the project activates and maintained throughout Project implementation.	MOF /MOWSA	MOH	Referral pathway developed/updated Number/type of GBV/SEA prevention and response services available.	N/A
4. Ensure a SEA/SH responsive GM							
a)	Develop/Review GM for specific SEA/SH procedures	<ul style="list-style-type: none"> Undertake internal review of GM for SEA/SH reporting channels Identify and Integrate SEA/SH entry points within the GM with clear procedures and tools for management of related complaints Develop and regularly update the information sharing protocol to enhance who is receiving information and how best it is used. Develop and update disclosure and reporting guidelines / protocol for 	Prior to project engaging Project workers and maintained throughout Project implementation	MOF/MOWSA		GM with SEA/SH procedure integrated In the GM Guidelines and protocol on SEA/SH developed	5,000

		<p>GBV/ SEA/SH with a provision for victim protection and assistance.</p> <ul style="list-style-type: none"> • Create reporting pathways that include support systems and accountability mechanisms including how to handle SEA/SH allegations properly • Develop simple, anonymous and confidential tracking system that community health workers /teachers /or identified focal points can use to document when they observe/support and refer GBV incidents to service providers. 					
b.	Identify and train GM operators and GBV/SEA/SH focal points within the GM, who will be responsible for SEA/SH cases and referrals as defined in the referral pathway.	<ul style="list-style-type: none"> • Identify and select SEA/SH focal persons within the GM to manage SEA/SH-related complaints • Clarify the role of the GM operators and focal points in SEA/SH as referral points • Train the focal points and all GM operators on SEA/SH basics, survivor-centered approach and the referral pathways 	<p>Before project activities begin</p> <p>Retraining during project implementation.</p>	MOF	MOWSA	GM operators and GBV focal points identified and trained	10,000
c)	Review GM reports/logs for SEA/SH sensitivity	<ul style="list-style-type: none"> • Review logs for SEA/SH documentation to ensure it follows standards for 	During project implementation.	MOF	MOWSA	Number of SEA/SH cases documented and resolved	will be covered by under 4(b).

		documenting SEA/SH cases <ul style="list-style-type: none"> Identify and review culturally appropriate community-based reporting mechanisms to facilitate reporting. 				Number of referrals of SEA/SH incidents to the project GRM/ by other service providers	
Conduct Safety Audits							
5.	Conduct Safety Audits	<ul style="list-style-type: none"> Develop safety audit tools including questions to assess SEA and GBV risks Train relevant staff on use of safety audit tools Conduct safety audits for relevant project activities, including in particular community-driven recovery/reconstruction investments Develop recommendations to minimize potential GBV/SEA risks as identified by the safety audit 	First quarter of the project effectiveness and to be conducted as annually	MoF/MOWSA	Relevant sectoral ministries	Number of safety audits conducted	20,000