**PSEA Network Myanmar**

**Sample Organizational PSEA Risk Assessment Tool**

*February 2020*

**Introduction**

This sample organizational Protection Against Sexual Exploitation and Abuse (PSEA) risk assessment tool has been developed through the participation of key members of the Myanmar PSEA Network. This is not meant to be comprehensive nor prescriptive, but to be used as guidance for organizations operating in Myanmar across humanitarian, peace or development fields in order to meet minimum standards of PSEA and/or safeguarding requirements. It brings together assessments from UN and NGOs as well as the Inter-Agency Standing Committee Minimum Operating Standards for PSEA implementation (2012).

The organizational risk assessment tool has been designed as a self-assessment tool. If an organization has not met the requirements, or requires improvement, it should draft a time-bound work plan to implement areas that require attention. Relevant tools can be found on the MIMU’s PSEA page: <https://www.themimu.info/sector/protection-sexual-exploitation-abuse-psea>. Organizations can also approach the PSEA Network if they would like further support in PSEA policy implementation.

*An important element of this tool is that the organization has a culture of learning and improving.*

**Rating**

Against each criteria, a rating should be made against each minimum requirement under the ‘core component’ heading (that is, components 1-13 inclusive), with the following guidance:

**3 – Adequate: The organization has this in place**

**1 – Absent: The organization does not have this in place**

**2 – Progressing: The organization has made some elements in place**

After scoring the organization’s compliance with the requirements, add up the totals for a total score. The score indicates the organization’s current capacities on PSEA and its related risk rating.

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| **Total score** | **PSEA organization capacity** | **SEA risk rating** |
| 35 or less | Low | High |
| 36 – 55  | Needs improvement | Moderate |
| 56 or above  | Adequate | Low |

If the organization’s capacity is rated at ‘low’ or ‘needs improvement’, it is highly advisable that the organization drafts a work plan to improve its rating, ideally within one calendar year. A sample work plan can be found below, Tool A. The assessment should be conducted yearly.

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| **Title**  | **Minimum requirements** | **Rating** |
| Core component  | 1 | 2 | 3 |
| 1.       Policy | 1.1 An organizational policy exists and includes: a) a clear definition of SEA in line with ST/SGB/2003/13; b) a clear description of behavior expected of personnel (reflecting the IASC’s Six Core Principles Relating to SEA); and c) an explicit statement of zero-tolerance for SEA which may result in termination of employment. |   |
| 1.2 The organizational policy is signed by all personnel, including employees, volunteers, contractors, and others and there is a procedure in place to ensure it is signed by new staff. |   |
| 2.       Explicit Senior Management Involvement  | 2.1 At least 1 board member or Senior Manager provides guidance and oversight on PSEA/safeguarding issues and cases. |   |
| 2.2 Performance appraisals for Senior Management include the adherence to create and maintain an environment which prevents SEA and promotes the implementation of the organization’s code of conduct. |   |
| 3.       Recruitment - reference checks | 3.1 There are systematic reference-checking procedures in place for job candidates, including checking for prior involvement in SEA or other safeguarding concerns (see PSEA Network *Safer Recruitment Checklist* for additional guidance).  |   |
| 4.       PSEA/ Safeguarding Focal Points | 4.1 Safeguarding or PSEA Focal Points have been appointed and trained. |   |
| 4.2 The organization clearly defines roles and responsibilities of Safeguarding/PSEA Focal Points in their contracts and/or ToR (see PSEA Network *Sample PSEA Focal Point ToRs*).  |   |
| 5.       Training | 5.1 The organization requires all personnel to participate in its PSEA/safeguarding training and retains a record of attendance (i.e. name of trainees, date of training, type of training, training provider). |   |
| 5.2 The training includes 1) a definition and prohibition of SEA in line with ST/SGB/2003/13 and the organization’s own related policies, 2) actions that personnel are required to take, 3) reporting and referral procedures, 4) “do’s and don’ts” when interacting with beneficiaries, including children, and 5) relevant contact details (e.g. PSEA focal points). |   |
| 6.       Disciplinary measures | 6.1 The organization has clear disciplinary processes in place to deal with staff and who breach the PSEA/safeguarding policy and/or CoC. |   |
| 7.       Community awareness | 7.1 The organization has communication materials on PSEA/safeguarding available in locally relevant languages and presented in a way that all groups, including children and persons living with disability, understand.  |   |
| 7.2 The material has been disseminated among beneficiaries |   |
| 8.       Internal system to report | 8.1 The organization has a clear description of how personnel and beneficiaries can report SEA allegations and the organization’s procedures for handling these allegations, including those involving personnel of other entities (see PSEA Network *Framework for Reporting* for additional guidance).  |   |
| 8.2 There is a mechanism for monitoring and review of the organization’s complaint system to ensure that individuals are aware and feel confident to report.  |   |
| 9.       Victim assistance | 9.1 The organization has an updated list of local relevant service providers.  |   |
| 9.2 The organization has a set procedure to guide the referral process, outlining the steps that personnel, particularly those receiving complaints, need to take, including follow-up to referrals. |   |
| 10.   Investigations | 10.1 The organization has a set process for reviewing allegations of SEA and deciding on the need for investigation and other next steps (e.g. assistance for survivors and/or others, need for investigation); this involves a system for recording all SEA allegations involving its personnel and its response measures. |   |
| 11.   Whistle-blowing/ Non-retaliation  | 11.1 The organization has a whistleblowing policy that supports the CoC and/or PSEA/safeguarding policy that protects whistleblowers from reprisals.  |   |
| 12.   Record keeping & data protection | 12.1 The organization has a process in place on how to treat data on SEA/safeguarding cases which clearly indicates which staff has access to the information and how cases are reported internally (to management, to the board etc). |   |
| 12.2 The data is stored in a safe and confidential manner.  |   |
| 13.   Contracts/ partnership agreements with other entities  | 13.1 The organization’s contracts and partnership agreements always include a clause requiring contractors, suppliers, consultants and sub-partners to commit to a zero-tolerance policy on SEA and to take measures to prevent SEA.  |   |
| Good to have |   |   |
| 14.   Image protection | 14.1 The organization has procedures in place to responsibly collect and use images of people they work with, including information and consent of collection and usage. |   |
| 15.   Programmatic SEA risk assessment/ risk management policy | 15.1 The organization conducts thorough and inclusive risk assessments on GBV, including SEA, before designing projects, if possible as part of the initial needs assessment (see sample programmatic risk assessment below, Tool B) |   |
| 15.2 The organization has adopted general prevention and safety measures in the organization’s standard program design (e.g. avoiding interventions in isolated locations; including at least 50 percent female personnel in program implementation teams). |   |
|   | 15.3 The organization incorporates consultations with beneficiaries and local communities, including women, children and other at-risk groups, on PSEA/safeguarding into needs assessment. |   |
| 16.   Monitoring integrated into program monitoring and evaluation activities | 16.1 Questions regarding community awareness of staff standards of conduct and how to make a report of SEA are integrated into routine program monitoring and evaluation carried out by the organization (see below)  |   |
| Where relevant |   |   |
| 17.   Review and learning | 17.1 Where the organization has received past complaints against its staff of SEA, the organization reviewed its prevention and response systems and made improvements. |   |
| 17.2 The organization routinely monitors its complaints system and reviews why it has or has not received complaints in the past 6 months (or less if high risk).  |   |
| 18.   Cash assistance | 18.1 Where the organization charges for services or if its programs include cash assistance, the organization has a risk mitigation strategy in place.  |   |

PSEA assessment at the community level

As noted above in component 16, the organizational assessment can be complemented by programmatic monitoring at the community level to ensure that community members understand standards of staff conduct and also how to make a complaint. Community level monitoring also provides opportunities for awareness-raising and direct contact with communities. Community level discussions must include men, women, girls, boys and other at-risk members of the community. Sample questions are below, and can be integrated into regular program monitoring and evaluation activities that are carried out either by program staff or dedicated monitoring staff. If the below questions are added to regular monitoring activities, it is important that monitoring staff are trained in PSEA/safeguarding and know how to report a complaint if one arises and refer to assistance where appropriate.

* Do beneficiaries know how to complain if SEA incidents are experienced or observed?
* Do beneficiaries have any experience using the community complaint mechanism? What was the experience?
* Did the beneficiaries have any experience or observation of SEA behaviors during the program implementation? Was the experience or observation reported? How was it dealt with?
* Did beneficiaries regularly have the opportunity to meet program managers during the period of program implementation?

**Tool A: Sample template for organizational work plan on PSEA**

Note: Based on their self-assessment, partners can use this work plan to detail planned actions and track progress.

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| --- | --- | --- | --- | --- |
| ACTION | PERSON RESPONSIBLE | AVAILABLE RESOURCES (e.g. financial, HR, logistics) | TARGET DATE FOR COMPLETION | STATUS(i.e. not started/in progress/completed)  |
| Example 1: Revise Code of Conduct to include specific aspects related to SEA | HR Focal | n/a | 30 March 2019 | In progress |
| Example 2: Design, translate and widely disseminate awareness-raising poster in all work sites | PSEA Focal | $1500 (translation, design, printing) | 1 May 2019 | Not started |
| Example 3: Conduct formal risk and mitigation assessment on SEA risk for planned programs in location X, Y and Z | XXX | n/a | 15 January 2019 | Completed |
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**Tool B: Sample programmatic risk-assessment tool**

Note: Organizations should assess SEA-related risks throughout the program’s life by monitoring the situation, assessing the effectiveness of risk mitigation measures, and adapting them accordingly.

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| Area | Questions to consider for risk mitigation | Possible Management strategy(ies) |
| Profile of affected populations | * Who are directly or indirectly benefiting from this program (e.g. age, gender, background, disabilities)?
* What are some of their characteristics that may render them more susceptible to SEA? For example, some individuals may have overlapping vulnerabilities (e.g. adolescent girls, mothers with disabilities).
 | * Adapt awareness-raising efforts on SEA to meet specific needs of affected populations (e.g. language, methods).
* Consider targeted messaging campaigns for those groups that are highly susceptible to SEA.
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| Profile of staff | * Which staff are delivering goods and services? Is there an adequate gender balance of program staff, particularly of staff directly engaging with affected women and children?
* Have staff been sufficiently vetted and trained in regards to PSEA?
 | * Re-adjust gender balance of program staff.
* Recruit additional female program staff as needed.
* Conduct (refresher) training on SEA, specifically focused on possible risks associated with program.
* Review HR files of staff and conduct additional screening for previous misconduct where needed.
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| Program approaches | * What is the size and scale of the program? Will the program create or exacerbate existing imbalances between program staff and members of the community?
* Does the program involve direct interaction between staff and children?
* How are staff delivering goods and services (i.e. private/public)? Would there be witnesses in case of an SEA-related incident? Are staff working in pairs (ideally gender-mixed)?
* Does the process for delivering goods and services enable staff to raise concerns or make complaints in a safe, confidential environment?
* Do staff wear uniforms, organizational t-shirts and/or other forms of identification when conducting program activities?
* Are external visitors allowed to attend program activities? Who makes the decision which visitors can attend the activities? Are external visitors allowed to attend program activities unaccompanied?
 | * Arrange periodic site visits by PSEA focal point or other independent observer to monitor for possible SEA risks or incidents.
* Change location(s) of distribution to make it more public.
* Identify alternative/additional channels for making complaints safely and confidentially.
* Request staff to wear forms of identification when conducting program activities (and provide such forms of identification where needed).
* Request staff to wear forms of identification when conducting program activities (and provide such forms of identification where needed).
* Restrict access of external visitors to program activities, as needed.
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| Program context | * What is the type of location for project (camp, informal settlement, host community, rural/urban setting, etc.)? What are specific risks associated with the location for the program (e.g. lack of availability of mechanisms for prevention and redress, insecurity)?
* What is the affected community’s attitude towards GBV concerns? How comfortable would they be reporting SEA concerns?
* Is there an inter-agency mechanism for community feedback/complaints in this location?
 | * Create a more secure environment at program location (e.g. install lights, hire night guards)
* Work with communities to adapt complaints mechanisms to meet their needs.
* Ensure that affected population can access inter-agency mechanism for complaints in the program location(s).
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