MORE THAN AN AFTERTHOUGHT



Recommendations from PSEA Focal Points

BACKGROUND

Sexual exploitation and abuse (SEA) is a type of gender-based violence (GBV) that occurs when power imbalances between humanitarian/development workers and program participants are exploited and abused. SEA has an immeasurable impact on survivors and the broader community. When SEA incidents are not addressed, it undermines the trust that communities put in our organizations to deliver vital goods and services. As such, all humanitarian and development organizations must devote time, energy, and resources to prevent SEA.

METHODOLOGY

In June 2021, the From Pledge to Action Project's Community Engagement Subgroup¹ launched a "Preventing Sexual Exploitation and Abuse (PSEA) Focal Point Community Engagement Survey." This survey gathered information from PSEA focal points about: (1) what practices they are using to engage with communities on SEA, (2) what successes they have seen with these practices, and (3) what challenges remain for full engagement with community members.

The survey had 17 questions about community engagement methods, the efficacy of community engagement, and how to better support field staff on this workstream. The survey was distributed via the From Pledge to Action email list, and individual organizations reached out to PSEA focal points to complete the survey. It was available in English, French, and Spanish. Respondents had the option to provide their email for follow-up or to complete it anonymously. In total, 101 focal points responded to the survey.



After distributing and completing an initial analysis of the survey data, the subgroup organized focus group discussions (FGDs) to gain more insight into the findings. The subgroup held five subsequent focus group discussions for the Middle East and North Africa (MENA), South Asia, and Sub-Saharan Africa regions. The focus group facilitators asked participants to elaborate on their responses, identify primary barriers to engagement with communities on SEA, and propose solutions.

¹ In 2018, InterAction launched its **CEO Pledge on Preventing Sexual Exploitation, Abuse, and Harassment** ("the Pledge") to galvanize CEO support and commitment to this issue. Shortly after, InterAction started the From Pledge to Action Project to help organizations operationalize their commitments to the Pledge.

PSEA FOCAL POINTS

Although the original intent of the survey was to gather information about the community engagement work that organizations are doing on PSEA, the survey results and focus group discussions revealed that this is not happening on a wide scale across humanitarian and development organizations. Instead, many focal points used both the survey and focus group discussions as a tool to discuss the broader challenges they are facing in their roles. Thus, the report's focus shifted to how to support PSEA focal points.

PSEA focal points play a critical role in advancing the priorities of humanitarian and development organizations in the field. While the key responsibilities of focal points vary depending on the organization, typical responsibilities include the following:

- Integrating PSEA measures into all activities.
- Conducting awareness-raising sessions with community members to ensure they are aware of the organization's PSEA measures, Code of Conduct, and complaints mechanisms.
- Supporting SEA investigations.
- Receiving and triaging SEA reports.
- Assisting with case management of survivors of SEA.

The amount of time that focal points dedicate to PSEA varies by organization, ranging from 5%–100% of an individual's time.

PSEA FOCAL POINT CHALLENGES

Focal points discussed the challenges they face in their roles through both qualitative responses in the survey and focus group discussions. The major themes from these are outlined below.

Focal points do not have enough time to dedicate to PSEA.

The most frequently mentioned challenge in both the survey and the FGDs was that focal points do not have enough time to dedicate to PSEA. This not only means that they do not have enough time to engage with communities on PSEA, but that they also cannot do any PSEA programming that goes beyond the bare minimum of their responsibilities.

Many respondents explained that only about 10%–25% of their time is dedicated to PSEA, but other job responsibilities make it difficult to fulfill even the allocated percentage. Further, most focal point roles are voluntary, and focal points often must prioritize their other work above PSEA work. One survey respondent explained, "to be honest, at [NGO] this role was assigned to me, and I have two other hats to cover. So far, we haven't been able to do any community engagement on PSEA." "I'm supposed to have 25% of my time allocated to PSEA, but I haven't even been able to meet that. The only thing I've been able to do regarding PSEA is to include it in the orientation session for new joiners."

- FGD participant

PSEA is not a priority in many organizations.

Several respondents said that their organization does not adequately prioritize PSEA. This makes it difficult for staff to have sufficient time, energy, and resources to engage with communities on SEA. Focal points also felt that staff must understand that PSEA is *everyone's* responsibility, not just that of the PSEA focal point or staff. However, this message is lost when the Senior Management Team (SMT) does not prioritize PSEA. "Some staff are not prioritizing PSEA and fail to incorporate it in project activities, feeling it is an extra load of work."

- Survey Respondent

The lack of consistency in how organizations implement PSEA measures across NGOs creates confusion for community members.

Many respondents said that there is a lack of coordination between NGOs on the ground, which hinders their ability to engage with the community. One respondent explained that international NGOs operating in the same area implement PSEA measures differently, which can lead to confusion among community members. For example, one survey respondent explained that community members are unsure if one organization's PSEA and investigation standards are sector-wide or specific to that organization. The respondent added, "the fact that investigations are carried out in the other organizations—which at times do not have a strong PSEA culture and very little is done—further compounds the perception in communities that certain abuses are allowed."

The lack of clarity about a focal point's role within an organization can also confuse community members. One FGD participant explained that although he receives SEA reports, he is not updated on the progress of the investigations. He is thus unable to answer the community's questions about the progress of their complaints, causing confusion and frustration among community members. "Communities still believe that NGO workers have power (perceived power) and other organizations within the same operational areas are not sharing the information on SEA or reporting mechanisms. So community members are not sure if it's an organizational standard or one that governs all organizations."

- Survey respondent

RECOMMENDATIONS

Provide dedicated funding to PSEA focal point positions and activities.

PSEA remains a largely unfunded mandate for organizations. While many donors require that organizations have a PSEA policy, systems, and staff, few are willing to provide funding to enable organizations to build PSEA capacity. For PSEA to be effective, it must be holistic and integrated throughout the entire organization. However, without funding, it is nearly impossible for organizations to devote the necessary staff time or resources to accomplish this.

This lack of funding has downstream effects at the field level. Without adequate funding, many organizations can only allow PSEA focal points to dedicate 10%–25% of their time to PSEA.

To meet this need, donors should include funding for PSEA staff and activities in grants. This would enable organizations to dedicate more staff time and resources to PSEA and better ensure that focal points have enough time to work on PSEA.

Professionalize the PSEA focal point role.

The most cited challenge in the survey and FGDs was that focal points do not have enough time to dedicate to PSEA. Because PSEA is integral to an organization's operations, organizations should have a full-time PSEA focal point in each program location. This will help ensure that PSEA is adequately prioritized across program locations. This is tied to the above recommendation that donors provide dedicated funding for PSEA focal points and activities. "Recognize that PSEA should not just be an add-on to a job description. To do PSEA training and teaching correctly/well does require significant time, as well as training and experience."

- Survey respondent

Throughout the survey and FGDs, many focal points explained that because they did not have any prior experience in PSEA, they struggled to simultaneously educate themselves and staff on the subject. PSEA focal points should at a minimum receive training on PSEA principles and basics. Further, they need to understand PSEA topics well enough to be able to train other staff. If focal points have additional responsibilities such as case management or assisting with investigations, they should also receive training in these areas. Additionally, organizations should carefully consider who is best for the role when selecting a focal point and should prioritize staff with previous experience or passion in similar areas such as GBV, protection, sexual and reproductive health (SRH), etc.

"It is not enough to simply have a focal point. Would that be sufficient with fraud, corruption, or anti-terrorism? Of course not. In those areas we understand that they need support to do their jobs properly. It is the same with PSEA."

- FGD participant

This recommendation is tied to the above recommendation that donors provide dedicated funding for PSEA focal points and activities. With proper funding, organizations will be able to direct resources toward full-time staff members.² Active support from senior leadership is also critical to actualizing this recommendation.

Establish regional communities of practice (COPs) for PSEA focal points.

Many focal points expressed a desire to learn from other focal points and organizations on this issue. PSEA is still a relatively new area of work, and many—if not all—organizations are still learning how to engage communities on SEA. Thus, it would be beneficial to organizations to share the best practices and challenges they are facing

² We recognize that even with proper funding, it may be difficult for smaller organizations to have a full-time PSEA focal point in each program location. Smaller organizations should analyze their PSEA needs in each country location and adjust this recommendation accordingly.

related to PSEA. This would also lead to more consistent implementation of SEA prevention measures. Several respondents highlighted the need for stronger networks and COPs among focal points to talk about challenges, share best practices, and coordinate prevention efforts. Focal points working in development settings or areas without a PSEA network asked that PSEA guidance consider programming in development contexts.

Regional PSEA COPs will also help ensure consistency in PSEA implementation across organizations operating in the same geographic context. This will be particularly impactful in areas without a PSEA network. In locations where there is a PSEA network, this can be absorbed by the network.

Leverage relationships with partner and community-based organizations.

Many organizations continue to view partners as a compliance risk when it comes to PSEA rather than as true partners that can bring valuable PSEA experience and expertise to the organization. However, as the survey respondent highlighted in the above quote, the community often already trusts community-based organizations (CBOs), so these organizations are best suited to discuss sensitive topics such as SEA. It should be standard practice to work with CBOs and women's groups to engage with communities on SEA because they have a better understanding of community dynamics and are thus able to build trust more meaningfully.

Organizations should work alongside partners to build PSEA capacity. This may include working with partners to develop a PSEA policy, investigation protocol, training, etc. This will certainly require additional funding, which further demonstrates the importance of donors dedicating funding to PSEA staff and activities. "The way you can really get into the community is through the partners. Even if you have a strong safeguarding system, you need the partners. That is something we are learning and building on."

- Survey respondent

Senior leadership needs to make an explicit commitment to PSEA.

Senior leadership plays a pivotal role in setting organizational priorities. Not only does this influence the prioritization of resources but it also signals to staff what the organization values. For this reason, many survey respondents and FGD participants expressed the need for senior leadership to better support focal points, prioritize the issue, and drive change. "We need a sincere commitment and concrete drive by leadership and management team to mainstream PSEA in work and to make community engagement on PSEA part of program and project management and implementation."

- Survey respondent

Verbal signs of commitment, such as bringing up PSEA at

all staff meetings, sending emails, or dialoguing with staff are simple, yet important, steps that senior leaders can take to prioritize this issue. However, leaders must follow up verbal signs of commitment by directing resources and funding for PSEA measures, staff, and activities. As one FGD participant said, "the senior management team needs to make a verbal, financial, and ethical commitment to PSEA."

Integrate PSEA messaging into other workstreams.

PSEA is *everyone's* responsibility—not just that of the PSEA focal point or staff. All staff must take ownership over PSEA by playing an active role in preventing and reporting SEA incidents. However, many respondents feel that their organization does not adequately convey this message and that as a result, staff do not feel responsible for PSEA.

One respondent explained that to address this gap, focal points and other PSEA staff need to be given more authority in the organization. This would allow PSEA staff to better train and sensitize staff on the issue, ensuring that all staff take ownership over PSEA. "As a PSEA focal point, I feel that only a handful of colleagues truly understand the importance of PSEA. But many are still complacent (they think that SEA will never happen in their work or their projects) and thus they are not placing priority and importance on making sure that we uproot abuse of power and SEA in our work."

- Survey respondent

CONCLUSION AND ACKNOWLEDGMENTS

Conclusion

Although PSEA focal points play a critical role in advancing PSEA measures at the field level, many do not receive adequate levels of support to fully execute their job functions. It is difficult to implement meaningful PSEA measures without full-time PSEA staff. Organizations must ensure that focal points have enough time, energy, and resources to do their jobs properly. This starts at the top, with senior leaders making an explicit verbal, ethical, and financial commitment to PSEA. Further, donors can play an impactful role by ensuring that PSEA receives dedicated funding for each project.

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