

The Federal Democratic Republic of Ethiopia



Ministry of Finance



Ethiopia Human Capital Operation (HCO) (P172284)

**GBV Prevention and Response Action Plan
(Final)**

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Addis Ababa, Ethiopia**

Acronyms and Abbreviation

C-ESMP	Contractors Environmental and Social Management Plan
CIARP	Ethiopia Conflict Impact Assessment and Recovery and Rehabilitation Planning
EDHS	Ethiopian Demographic and Health Survey
EDNA	Ethiopia Damage and Needs Assessment
E&S	Environmental and Social
ESMPs	Environmental and Social Management Plans
ESPES	Enhancing Shared Prosperity through Equitable Services
ESS	Environmental and Social Standard
FTCs	Farmers Training Centers
GBV	Gender-Based Violence
HCs	Health Centers
HCO	Human Capital Operation
HCP	Human Capital Project
HCPCD	Human Capital Project Coordinating Department in the MoF
HCPCUs	Human Capital Project Coordinating Units in the Sector Ministries
HPs	Health Posts
IPF	Investment Project Financing
PWs	Project Workers
SA	Social Assessment
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SMP	Security Management Plan
SPG	Specific Purpose Grant
SRA	Security Risk Assessment
UCs	Underserved Communities
WB	World Bank

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1. Introduction

1.1 Project Background

The Ethiopian economy is increasingly reliant on human capital. Cognizant of this fact, the government's Pathway to Prosperity (10-Year Perspective Development Plan 2021-2030) emphasizes building human capital through equitable, quality education and health services. However, the multisectoral and concurrent crises facing the country have severely impacted Ethiopian human capital development. The Coronavirus Disease 2019 (COVID-19) pandemic and civil conflicts in different regions disrupted education and health services and risk eroding the investments made in children's well-being. Even before the crises, Ethiopian and refugee children suffered from poor nutrition and low learning outcomes. Ethiopia's human capital is also threatened by high inflation rates and the impacts of climate change (repeated locusts, drought, flooding, and food insecurity). The new inflow of refugees due to geopolitical instability such as the civil war in Sudan further threatens the development of human capital in host communities. Thus, the Human Capital Operation (HCO) is a response to help Ethiopia address the impact of multiple shocks on human development by focusing on improving nutrition and learning outcomes for children while building climate resilient service delivery system.

The HCO is designed as a hybrid Program-for-Result (PforR) and Investment Project Financing (IPF) operation. The IPF component will finance a package of interventions to improve human capital outcomes in the Special Purpose Grant (SPG) woredas and woredas affected by conflict, droughts, and high levels of refugees. The GBV Action Plan covers only the IPF component of the program.

1.2 Project Description

The objective of the operation (PDO) is to improve learning outcomes and nutrition services for girls and boys, and to strengthen service delivery and accountability, in all regions including areas affected by conflict, droughts, and high levels of refugees.

1.2.1 The IPF component of the program

The potential list of HCO related activities that should be financed by the Investment Project Financing (IPF) component includes eight sub-component activities. These are described as follows. *Sub-component 2.1.1* includes activities that support resilience and rebuilding of service delivery systems in areas affected by conflicts, drought, and high levels of refugees. *Sub-component 2.1.2* will finance HCO activities that support the education system in high-risk woredas affected the most by the conflict, droughts, and high levels of refugees to recover learning losses. *Sub-component 2.1.3* involves activities that support nutrition interventions in high-risk woredas affected the most by the conflict, droughts, and high levels of refugees. *Sub-component 2.2.1* finance activities that support to improve learning outcomes in the SPG woredas. *Sub-component 2.2.2* will undertake activities addressing stunting in the SPG woredas. *Sub-component 2.3.1* will implement activities strengthening capacity in multi-sector coordination and data measurement for improved service delivery. *Sub-component 2.3.2* will finance activities strengthening accountability, fiduciary and E&S management at sub-national levels to improve service delivery. *Sub-component 2.3.3* support creation of medium- to long-term development opportunities for both the refugees and.

1.2.2 Project beneficiaries

The project beneficiaries include different target groups. First, women, girls, children, students, and refugees in the SPG woredas as well as in areas affected by conflicts, drought, and high levels of refugees. The menu of interventions will vary according to the age groups and target areas of the activities, and some beneficiaries may receive benefits from one or more interventions. Efforts will be made to exclude double counting in estimating the total number of beneficiaries. For example, children ages 3 to 6 years could benefit from the interventions addressing stunting as well as interventions improving learning outcomes. Second, the staff of the respective project implementing agencies will be the beneficiaries,

particularly from the project capacity building programs. The project beneficiaries range from the sector federal Human Capital Project Coordinating Units (HCPCUs) to the frontline staff at the target areas. Third, the project implementing agencies, particularly the service delivery centers/sites such as health centers, health posts, and schools will benefit from the provision of basic materials, equipment, and other logistics.

1.2.3 Project target regions and woredas

The IPF component will finance a package of interventions to improve human capital outcomes in areas affected by conflict, droughts, and high levels of refugees, and strengthen system capacity, including refugee integration and protection through technical assistance. Potential interventions will be drawn from a menu of services based on area specific priorities. Accordingly, in the first round, 42 SPG woredas were selected from all regions except Addis Ababa. The selection of the IPF component implementation areas in the second round included 23 woredas (10 drought affected, 10 conflict affected, and 3 refugee host community woredas) from 8 regions including Afar, Amhara, Oromia, Tigray, Somali, Benishangul-Gumuz, Gambella, and South Ethiopia. Thus, the project implementing areas included 65 woredas in total from all regions except Addis Ababa. Table 1 presents the number of the IPF Component target woredas by region and priority areas.

Table 1: Distribution of SPG Woredas, Drought, Conflict and High Level Refugee Affected Woredas by Region

Region	SPG Woredas	Drought affected Woredas	Conflict affected Woredas	Refugee Host Community Woredas
Afar	4	1	1	
Amhara	7	3	3	
Oromia	11	1	2	
Somali	5	2		1
South Ethiopia	2		1	
Southwest Ethiopia	2			
Central Ethiopia	2			
Sidama	2			
Benishangul-Gumuz	2		1	1
Gambella	1			1
Tigray	2	3	2	
Harari	1			
Dire Dawa	1			
Total	42	10	10	3

1.3 Objectives of the Assessment

The purpose of a GBV risk assessment and action plan is to identify and mitigate the risks of GBV that may arise due to the implementation of the IPF sub-component activities described earlier. The specific objectives are to: (a) identify and assess GBV risks, particularly potential project-related Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) associated with the IPF sub-component activities; (b) based on the findings of the risk assessment, develop appropriate mitigation measures that outlines specific actions to prevent or respond to GBV; and (c) thereby ensures that the project complies with relevant World Bank policies and guidelines on GBV prevention and response¹.

1.4 Methodology

¹ World Bank Good Practice Note: Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Human Development Operations (2022)

The preparation of the GBV risk assessment and action plan employed different research methods and tools that allow for the collection of diverse, adequate, and valid data generation. The methods of data collection comprise both the secondary and primary sources as highlighted below.

The desk review: This comprised diverse secondary sources. First, HCO project-related documents including PAD were reviewed to provide project descriptions (background, PDO, components, and target areas). Second, the assessment of the country GBV Risk Screening depends on the review of national level statistics such as Ethiopian Demographic and Health Survey (2016). Third, the project-specific Risk Screening depends on available government assessments pertinent to the HCO project including PforRs, Ethiopia Damage and Need Assessment (EDNA) reported in 2022, Ethiopia Conflict Impact Assessment and Recovery and Rehabilitation Planning (CIARP) reported 2022, and Security Risk Assessment (SRA) for the HCO (reported October, 2024). Finally, previous assessments and empirical studies were reviewed to assess the contextual risk factors at the local/community level such as discriminatory gender norms and differential power relations that may interact with the project-related SEA/SH risks.

Stakeholder consultations: Besides using available assessments and reports, consultations were carried out with the stakeholders at the sampled regions, woredas and communities to assess the project context on the GBV risk factors. However, pertaining to safe and ethical GBV consultations, stakeholders were not directly asked about individual experiences of GBV. Rather, the focus was on gaining an understanding of the experiences of women and girls in the project-affected communities such as types of GBV and socio-cultural factors discriminating women and girls' decision making and access to basic resources, education, and health. To this end, the primary data was obtained through the following methods. First, the GBV risk assessment included the analysis of the data from the consultation with relevant federal level stakeholders (including respective sector implementing ministries (HCPCUs). One of the key points raised from the federal level stakeholders was the issue of GBV risk assessed from the nature of the IPF sub-component activities to be implemented in each sector. Annex 2 provides details of the federal stakeholders consulted. Second, key informant interviews were conducted with the key informants from the sector offices and community representatives (such as clan leaders, elders, and religious leaders) in the sampled HCO project target woredas. This was aimed to obtain information pertinent to area-specific/community-specific gender norms and power relations. Third, separate interviews were arranged for the project-affected vulnerable groups such women, people with disabilities, refugees, and female frontline staff to assess their views and ensure that their concerns are factored into the GBV mitigation measures. Finally, community consultations were held in the sampled woredas to assess the views of the project-affected communities in general including community awareness on GBV. Annex 3 provides the attendance of the participants while Annex 4 includes sample photos during the community consultations.

2. Assessment of Potential GBV that Impact the Project

There are multiple GBV risk factors at the country and local/community levels that can drive the project-related SEA/SH. The sub-sections to follow present the assessment of potential GBV that impacts the project in this regard.

2.1 Country GBV Context

The country context provides information on the overall environment with relation to GBV at a national level. The project-related SEA/SH risks is a form of GBV that shares risk factors with other forms of the country GBV context including, country-level GBV prevalence, legal

context, gender norms and beliefs, and national-level capacity to respond to GBV. In screening project-related SEA/SA risks, these country contexts can serve as an entry point for exploring resources and interviewing key informants in the sampled HCO project target regions, woredas, and communities.

Country level GBV prevalence: Statistics and description of the country GBV prevalence indicators such as prevalence of intimate partner violence (IPV), prevalence of any form of sexual violence (SV), and prevalence of child marriage intended to give an overview of levels of GBV prevalence in the country. No direct correlation has been established between the project-related risks of SEA/SH and the national level of violence against women. However, this statistic is important for understanding the country context within which the project occurs.

Country legal context: This seeks to assess the legal climate in the country by reviewing the extent to which laws recognize different forms of GBV (including laws on domestic violence or intimate partner violence and laws on SEA/SH), provide penalties for those who commit them, and protect women and girls. While having a written law is not a guarantee of enforcement or changes in norms, this can still serve as an indicator of the country's commitment to addressing issues related to different manifestations of GBV against women and girls. The review on legal context of the country is documented for the reference in the GBV/SEA/SH action plan for the project.

Gender norms and beliefs: Attitudes, beliefs, norms, and structures that promote and/or condone gender-based discrimination and unequal power are among the root causes of GBV. There is evidence that social norms that limit the expected behavior of women and men based on their socially ascribed roles are associated with unequal opportunities for the participation in the development and accessing of basic services such as health, nutrition, and education. The project-related SEA/SH risks can emerge from gender norms and beliefs interaction with multiple factors in the respective regions and local communities within which the project is to be implemented.

National-level capacity to respond to GBV: This context addresses the capacity of the country to respond to GBV, focusing on whether the country has an action plan on women, peace and security, an established and functional GBV working group and a national referral pathway protocol. Since these indicators reflect national institutional capacity and commitment to address GBV, this can contribute to creating an enabling environment for the successful implementation of the mitigation measures proposed in the project GBV/SEA/SH response and action plan.

2.2 Contextual GBV risk factors at the local/community level

The GBV risk assessment reveals that the contextual SEA/SH risk factors at the local level that significantly interplay with the project-related SEA/SH risk factors include the following.

Gender norms and differential power relations in the community: The findings of the social assessment show that gender is the key factor of social diversity all across the project areas. The discriminatory gender norms and differential power relations is more severe in the project areas with the underserved Communities(UCs). Economically, women often excluded from the ownership of basic resources and household assets. Because the system of property inheritance is patrilineal, particularly key resources such as land and livestock passed down from father to son. Socially, the UCs in the project areas practice a patrilineal kinship system, affiliation to family and clan is traced through the male line or the father's lineage.

Politically, women are excluded from the decision making process both in the domestic and public spheres. Major household issues (e.g. household economic decisions such as sale of livestock) are often decided by the husband. Even sometimes, women do not involve in the decision making process regarding the issues (e.g. marriage) that concern their lives. In the public sphere, clan leaders and council of elders are the traditional authorities entrusted with the power to make decisions regarding critical issues in the community such as community leadership and control of access to and use of land and natural resources. Hence, the existing system of gender inequalities may reflect in the women's engagement in the project implementation and access to project services. This may exacerbate existing gender inequalities resulting in the project's disproportionate impacts for the women and girls.

Project areas with active conflict: Available government reports including Ethiopia Damage and Needs Assessment (2022) and assessment findings for the preparation of this GBV Action Plan show incidents and higher risks of GBV in the target woredas with active conflict or serious security threats. Similarly, the findings from stakeholder consultations show incidents and risks of the GBV to the female frontline staff such as health extension workers operating in the health posts, teachers serving in schools and female students. Such contextual GBV risk factors can drive or increase project-related SEA and SH.

Project areas with drought and high levels of refugees: Humanitarian needs such as prolonged drought and high levels of refugees create favorable conditions for GBV risks. These crises exacerbate existing gender inequalities, leading to heightened stress and chaos within households and communities, all of which can contribute to a rise in GBV. Specifically, dependence on humanitarian assistance due to food insecurity, lack of access to basic services, and displacement can create conditions that make women and girls more vulnerable to GBV. Also, situations of humanitarian crises such as prolonged drought and high influx of refugees can significantly increase the risk GBV by disrupting support systems, increasing vulnerability, and weakening structures that protect women and girls. Backdrop to such contextual GBV risk factors at the local level, the implementation of the project may exacerbate existing GBV risks or may introduce new forms of GBV such as SEA due to power imbalance between the project implementing actors and service user women and girls.

Lack of community awareness on GBV: The project will be implemented in the communities where awareness on GBV is lacking. Also, the findings of the social assessment (SA) reveals that service providers such as health professionals have low awareness on GBV. Such contextual risk factors at the local level can drive the project related GBV risks from different perspectives. When people don't understand what constitutes GBV, the forms it takes, or the support services available, they are less likely to recognize and report it. This silence and lack of knowledge perpetuate the problem, leaving survivors vulnerable and potentially enabling perpetrators. Lack of awareness can prevent survivors from recognizing they are experiencing GBV or from knowing how to seek help. They might not understand their rights or the available support systems, leading them to endure violence silently. Insufficient knowledge among the service providers/professionals (e.g., healthcare workers, police) can lead to missed opportunities to intervene, provide adequate care, or ensure survivors receive appropriate support.

2.3 Project-Specific SEA/SH Risk Factors

The assessment of the *project context* is critical since no matter what the country and local contexts, the project in itself can exacerbate existing GBV risks or create new risks and vulnerabilities for SEA/SH in the project affected communities.

As stated in the project description, HCO project is the Human Development (HD) operation. That is, the IPF subprojects implements activities related to Health, Nutrition, Population, Education, Social Protection, and Jobs. SEA/SH risks manifest differently for Infrastructure

Project (IP) and HD operations. Hence, the assessment of the project-related SEA/SH risk factors consider different contexts associated with the nature of the HD operations. Among others, the project-specific SEA/SH risk factors include:

- ◆ The diversity of HD operations in the HCO project, with a high level of person-to-person contact including with vulnerable groups (women, children, adolescent, young girls, people with disabilities, refugees, and UCs) can increase the risks of project-related SEA/SH.
- ◆ The HCO project focuses on the delivery of essential services (health, nutrition, education, social protection and Jobs) that need to be made available to every person in the project-affected communities. Household economic hardship (due to conflicts, prolonged drought, and high influx of refugees) and high demand for access to essential services by the project can create situations where individuals are more vulnerable, particularly women and girls may be forced into transactional sex to access the project services.
- ◆ There are many ways in which the risks and impacts of SEA/SH arise in the context of the HD operations in the project. These can vary by sector and setting of the project services. Generally, SEA/SH risks and impacts can be driven by the power dynamics, particularly the power imbalance between the project actors associated with the project service delivery and service users (women, children, adolescent, and young girls, people with disabilities, refugees) and local community in general.
- ◆ The HD operations in the project involve multiple layers of organizational hierarchy. This means that perpetrators of SEA/SH may be the sector management and frontline staff operating at the service delivery centers, contractors' workers involved in delivering services or products and perpetrators may also be members of the project-affected in general.

Given the aforesaid project-specific contexts, the findings of the SA explored that the project-related SEA/SH can arise in different ways including the following ones:

- ✓ The HD operation includes several subproject activities that primary targets services for women, children, and girls. For example, Provision of nutrition sensitive agricultural inputs under subproject 2.1.1; financial incentives to support transition of girls to secondary schools/their retention in lower levels and school health/nutrition (targeting adolescent girls under subproject 2.1.2; Reach Up and Learn (RUL). and Maternal support groups under subproject 2.1.3; and access to agricultural inputs, credit and financial services in subproject 2.2.2. Project workers or management may use access to or benefit from such project services for the sexual exploitation of women and girls.
- ✓ Project staff may use unequal power (poverty/income difference, low awareness/mental maturity of the young girls etc) to have a sexual relationship with an underage girl.
- ✓ There are subproject activities (provision of ABE in subproject 2.1.2 for instance) that create regular contacts between the project frontline staff (e.g. male teachers/trainers and supervisors) and young girls, increasing the risks of the SEA/SH in the UCs.
- ✓ Regular contacts of such instance may also facilitate the risk of SE, project worker befriends an underage child, supports her and/or her family in exchange of sexual favors, and, or commit acts of sexual assault against adolescent girls and women on a pedestrian rural road.

2.4 SEA/SH Screening Result for the Project

The SEA/SH screening for the project takes into consideration country-level GBV context and project-specific risk factors. The *country-level GBV context* provides information on the overall environment within which the HCO project operates. The risk screening regarding this assumes that the project-related SEA/SH risks are the form of GBV that shares risk factors with other forms of the country GBV context. Thus, the screening tools focus on country-level GBV prevalence, legal context, gender norms and beliefs, and national-level capacity to respond to GBV. The assessment of the *project-related HD operations* is critical since no matter what the country and local/community context, the project in itself can

exacerbate existing GBV risks or create new risks and vulnerabilities for the SEA/SH in the affected communities. Thus, education, health and Social Protection and Jobs (SPJ) related screening tools were used to assess the project-related risk-level. A composite SEA/SH risk rating is then calculated based on aggregation of risk ratings for country and project level questions. The total screening result is corresponds to either a **Low (0-7)**, **Moderate (7.25-13)**, **Substantial Risk (13.25-16)**, or **High risk (16.25-25)** rating. Accordingly, the risk scoring for the project is calculated 15 rating the overall project-level SEA/SH risk as *substantial*.

3. Risk Management Systems

Given the overall SEA/SH risk rating for the project as high, risk management is proposed as a multi-pronged approach that comprehensively help to prevent or properly respond to SEA/SH in the project. The various risk management systems are proposed as follows:

- ◆ *SEA/SH Prevention and Response Action Plan*: The sector implementing agencies are required to prepare and implement the SEA/SH Prevention and Response Action Plan for the project. The Action Plan outlines operational measures to prevent, mitigate, and respond to SEA and SH risks associated with the project. It details procedures for reporting, responding to, and managing grievances related to these issues, ensuring a survivor-centric approach.
- ◆ *The Accountability and Response Framework*: The sector implementing agencies will ensure that the project has in place an Accountability and Response Framework, which consists of procedures that detail how to respond to allegations of SEA/SH in a safe, timely, and ethical manner.
- ◆ *Behavioral Standards, Codes of Conduct, and Disciplinary Measures*: Mechanisms to sensitize the project workers about SEA/SH and to hold them accountable for their actions are important system of the SEA/SH risk management in the project. The risk management system includes Behavioral Standards and Codes of Conduct that provide a basis for the sector implementing agencies and their contractors to implement disciplinary measures against the project actor/worker who perpetrates SEA/SH.
- ◆ *Sensitization and Training*: Sensitization and training programs are proposed as crucial GBV risk management tools in the project. They help the different parties, including project actors, project-affected people and others involved in service delivery understand GBV, its impacts, and how to identify and address it. They also equip service providers and community members with the skills and knowledge to respond appropriately to GBV cases, potentially preventing and mitigating risks.
- ◆ *Grievance Mechanisms and Referrals for Survivors*: The project will put in place Grievance Mechanisms (GMs) that follow good practice in receiving, recording, and referring all SEA/SH complaints. Because of the risk of stigmatization or backlash against persons reporting SEA/SH, it is important that the project GMs include multiple entry points and have clear protocols for recording SEA/SH complaints and providing referrals to existing quality GBV services.
- ◆ *GBV Service Provider Identification and Mapping*: For project GMs to be able to respond appropriately to incidents of SEA/SH, it is important that the sector implementing agencies identify in advance the available, quality GBV service providers to refer survivors for support. GBV service providers play an essential role in supporting survivors and mitigating the harm of SEA/SH including through health services; psycho-social care; and security, legal, and financial support.
- ◆ *Considerations for Recruitment of Staff*: The HD operations in the project may encourage gender-sensitive staffing or equitable recruitment in the project at all levels, including women in management/leadership positions. In addition to ensuring that individuals with required expertise are engaged, the project may consider how gender-sensitive staffing of the sector PIUs or of certain services or facilities can support SEA/SH mitigation measures. HD operations that include service delivery to children

and vulnerable groups may take additional steps to recruit and screen workers for specific roles. Child- and student-safe recruitment refers to the use of procedures to screen/identify people who aim to work with children (teachers, principals, day care operators, etc.). Such procedures reduce the risk that a person who has or will exploit or abuse children/students will be hired. Some recruitment practices include undertaking background checks and checking professional references, whereby those who have committed any such offenses are not hired.

- ◆ *Creating Safe Spaces at the Facility-level:* The sector implementing agencies should consider how the physical facilities they use or develop can help to reduce the risk of SEA/SH. For instance HD operations that include rehabilitation or refurbishment of facilities, or subproject activities with higher SEA/SH risk levels, may assesses whether project facilities (schools, health centers, health posts, Farmers Training Centers (FTCs), etc) clinics, distribution follow good practices for reducing SEA/SH risks such as having separate, safe and easily accessible facilities (e.g., toilets, sleeping areas) for male and female users.
- ◆ *Monitoring:* Monitoring, as a GBV risk management approach, systematically collecting and analyzing data to track the effectiveness of prevention and response efforts, ensuring that interventions are addressing the needs of survivors and preventing further harm. This involves regular monitoring of the implementation of SEA/SH prevention and response measures.

4. SEA/SH Prevention and Response Action Plan

Taking the nature of the SEA/SH and overall risk rating level for the project on the one hand, the above proposed risk management system on the other, detailed outlines of the SEA/SH Prevention and Response Action Plan are given below.

SEA/SH Prevention and Response Action Plan Matrix

Intention	Implementation							Impact				
Area of focus	Main SEA/SH risks	Key mitigation measures	Key mitigation action steps	Responsible party	Date to begin	Date due	Funding breakdown	Target	Responsible for monitoring	Supporting measure	Progress status	Progress notes
1. ACCO UNTABI LITY AND RESPO NSE FRAME WORK	SEA/SE risks by the project workers against project beneficiaries or members of local community	1.1. Develop and implement Code of conduct for project personnel	Develop (and translate into appropriate language when applicable) Code of conduct for project personnel	Supervision Consultant	May 12, 2025	Jun 01, 2005	Part of the GBV Action Plan preparation	Code of conduct developed and available in appropriate languages	HCPCD	<i>Code of Conduct document and translated versions</i>		Draft CoC Annexed HCPCD will Engage language translator
			Develop training plan for all project personnel on the Code of conduct	HCPCUs	Jul 01, 2025	Aug 10, 2025	1 00,000\$	Training plan with training activities, roles & respons., targets, calendar, budget developed	-HCPCD -HCPCUs	<i>Training Plan document</i>	Not started	Assume that the project disbursement conditions will be met beginning from the new budget year (July 01, 2025)
			Carry out Code of Conduct training	Supervision Consultant	Sep. 01, 2025	Sep 30, 2025		Training plan targets achieved	-HCPCD -HCPCUs	<i>Short training report presenting an analysis of training' sex-disaggregated data and achievements</i>	Not started	
			Monitor the implementation of the Code of conduct	HCPCUs	Project commencement	Through the project life-	500,000\$	All project personnel have received a training and have signed the Code of conduct	-HCPCD -HCPCUs	<i>List of project personnel trained and who have signed the Code of conduct</i>	Not started	
	Low institutional capacity to respond to SEA/SH	1.2 Map GBV service providers in all areas of project implementation	Identify what services mapping exists in country	-HCPCUs -HCPCD	Jul 01, 2025	Jul 30, 2025	10,000\$	Desk review inc. collection of available services mapping completed	-HCPCD -HCPCUs	<i>Brief analysis of available GBV services mapping and data annexed</i>	Not started	
			Identify best-suited strategy, and develop TOR and methodology for services mapping	-HCPCUs -HCPCD	Jul 01, 2025	Jul 30, 2025	Simultaneous with GBV service mapping	ToRs for GBV services mapping developed	-HCPCUs -HCPCD	<i>ToRs for GBV services mapping</i>	Not started	

			Carry out the services mapping	GBV Services Providers	Aug 01, 2025	Aug 31, 2025	20,000\$	GBV services mapping completed and accessible	-HCPCUs	<i>GBV services mapping results</i>	Not started	
			Regularly update the services mapping	GBV Services Providers	A year after commencement	Every year	100,000\$	GBV services mapping maintained up to date according to a regular timeframe (e.g. once a year)	GBV Services Providers	<i>GBV services mapping updates</i>	Not started	
	Ineffective GBV service referral pathways	1.3. Establish GBV service referral pathways	Identify localized referral protocols and pathways to be integrated in the project GM	HCPCUs	Jul 01, 2025	Aug 31, 2025	20,000\$	Localized referral protocols and pathways are integrated in the SEA/SH GM manual inc. forms for safe and ethical referrals of SEA/SH survivors to GBV services	HCPCUs	<i>SEA/SH GM manual and annexes</i>	Not started	Assume that the project disbursement conditions will be met beginning from the new budget year (July 01, 2025)
			Update referral pathways regularly based on services mapping updates	HCPCUs	A year after commencement	Every year	10,000\$	Referral pathways maintained up to date with the GBV services mapping regular updates	-HCPCUs	<i>Referral pathways updates</i>	Not started	
	Lack of GBV sensitive GRM	1.4 Set up the GM as the response and management protocol to SEA/SH and GBV cases	Develop SEA/SH sensitive GM including survivor-centered SOPs to receive, investigate, manage and respond to SEA/SH complaints	HCPCUs	Jul 01, 2025	Aug 31, 2025	Part of SEA/SH GM manual preparation	SEA/SH sensitive GM manual developed inc. annexes to support each stage of grievance management	-HCPCUs	<i>SEA/SH GM manual and annexes</i>	Not started	
			Develop intake forms, referral protocols forms, information sharing tools, etc.	-HCPCUs	Jul 01, 2025	Aug 31, 2025	Part of SEA/SH GM manual preparation	Intake forms, referral protocols forms, and information sharing tools are available as Annexes to the SEA/SH sensitive GM manual	HUPCUs	<i>SEA/SH GM manual and annexes</i>	Not started	

			Develop training plan for all stakeholders involved in management of SEA/SH complaints	HCPCUs	01, 2025	Aug 10, 2025	Simultaneous with CoC training	Training plan with training activities, roles & respons., targets, calendar, budget developed		<i>Training Plan document</i>		
			Carry out GM training	Supervision Consultant	Sep 01, 2025	Sep 30, 2025		Training plan targets achieved	-HCPCUs	<i>Brief analysis of trainings' sex-disaggregated data and achievements available</i>	Not started	
			Mobilize expertise as needed to provide TA to the operationalization of SEA/SH risks mitigation measures, including SEA/SH sensitive GM	HCPCUs	Jul 01, 2025	Throughout the project implementation	25,000\$ for TA throughout implementation as needed	Technical assistance mobilized and hired to deliver SEA/SH risks mitigating measures and GM training	HCPCUs	<i>ToRs for TA</i>	Not started	
			Roll out SEA/SH sensitive GM	-HCPCUs -Hire GBV expertise at WOFED level -Focal person at site level	Jun 01, 2025	Aug 31, 2025	1,000,000 including salaries of 65 personnel X 5 years	SEA/SH sensitive GM is operational across all areas of project implementation	-HCPCUs	<i>Short narrative outlines SEA community-based complaint mechanisms at various geographical/administrative levels of the project implementation and explain their role in the management of SEA complaints.</i>	Not started	
			Monitor the SEA/SH GM rollout	-HCPCUs -Woreda level GBV personnel	Prior commencement	Throughout impl.	500,000\$ Lump Sum of five years	SEA/SH survivors whose case was disclosed and reported through the project SEA/SH GM	-HCPCUs -Woreda level GBV personnel	<i>Case narrative report(s) with key non-identifiable data points as per the Bank policy</i>	Not started	
		1.5 Clearly	Add specific language and outline SEA/SH requirements and	HCPCUs	During bid annou	Upon signing		SEA/SH requirements and expectations are added in bid documents	HCPCUs	<i>Bid documents and contracts highlighting SEA/SH</i>	Not started	

	Lack of SEA/SH prevention and response action plan by contractors	define the SEA/SH requirements and expectations in bid documents and contracts	expectations in bid documents and contracts		ncement	contract		and contracts		requirements		
			Monitor the implementation of the SEA/SH requirements and expectations in bid documents and contracts	HCPCUs	During the bidding process	Upon signing contract		SEA/SH requirements and expectations are available in bid documents and contracts	HCPCUs	<i>Bid documents and contracts highlighting SEA/SH requirements</i>	Not started	
	SEA/SH risks associated with the project civil works	1.6 Develop and implement risks mitigation measures prior construction site work	Equip the construction site with separate, secure, and easily accessible facilities for both women and men working on the site.	Contractors	Prior construction site work	Completion of construction site work	Cost to be covered by Contractors	All construction sites equipped with separate, secure, and easily accessible facilities for women and men.	-HCPCUs -Woreda level GBV personnel -Site focal person	<i>Construction site plans to ensure that separate facilities for men and women are included in the design; on-site inspections prior construction work starts to verify the presence and adequacy of security measures in place (such as locks on doors, and proper lighting)</i>	Not started	
			Ensure that changing rooms and/or toilets are located in separate and well-lit areas, and can be locked from the inside.	Contractors	Prior construction site work	Completion of construction site work	Cost to be covered by Contractors	Changing rooms and/or toilets located in separate and well-lit areas and that can be locked from the inside are installed in all construction sites	-HCPCUs -Woreda level GBV personnel -Site focal person	<i>Construction site plans to ensure that separate facilities for men and women are included in the design; on-site inspections prior construction work s</i>		

			Visibly install signs in appropriate language(s) around the project site (if applicable) indicating to workers and the local population that acts of Sexual Exploitation and Abuse/Harassment (EAS/HS) are prohibited on this site.	Contractors	Prior construction site work	Completion of construction on site work	Cost to be covered by Contractors	All construction sites with signs indicating to workers and the local population the prohibition of Sexual Exploitation and Abuse (EAS) and Harassment (HS).	-HCPCUs -Woreda level GBV personnel -Site focal person	<i>On-site inspections prior construction work starts to verify the presence and adequacy of signs in place informing about the prohibition of SEAH.</i>	Not started	
			Ensure, if applicable, that public spaces around the project site are well-lit.	Contractors	Prior construction site work	Completion of construction on site work	Cost to be covered by Contractors	Lighting system in place in the project construction site adjacent areas	-HCPCUs -Woreda level GBV personnel -Site focal person	<i>On-site inspections prior construction work starts to verify the presence and adequacy of lighting in the project construction site adjacent areas.</i>	Not started	
2. TRAINING & COMMUNITY AWARENESS RAISING PLAN	Low awareness of the project workers on the GBV including SEA/SH	2.1 Develop and implement a training plan targeting all categories of project personnel and workers	Develop a training plan (inc. refresher/on-the-job training/awareness activities) with training/sensitization solutions for each category of project personnel and workers	-HCPCUs -Contractors	A year after project commencement	Every year	- 250,000\$ Lump Sum of five year - Contractors cover costs for their workers	Training plan with training activities, roles & respons., targets, calendar, budget developed	-HCPCUs -Woreda level GBV personnel -Site focal person Contractors	<i>Training Plan document</i>	Not started	Assume that the project disbursement conditions will be met beginning from the new budget year (July 01, 2025)
			Ensure that SEA/SH requirements on training are included in contracts with contractors	HCPCUs	During bidding	Up signing C-ESMP	Contractors cover the cost	Contracts with consultants/contractors include SEA/SH requirements and expectations in training	HCPCUs	<i>Contracts with consultants/contractors highlighting SEA/SH requirements</i>	Not started	

			Mobilize expertise to ensure that project related training is of quality, survivor-centered	-HCPCUs -Contractors	Prior subproject commencement	Throughout the implementation period	-200,000\$ - Contractors cover their costs	Technical assistance mobilized and hired to deliver SEA/SH related training	-HCPCUs Contractors	<i>Short training report presenting an analysis of trainings' sex-disaggregated data and achievements</i>	Not started	
			Train all project personnel and workers before they start activities including sector frontline staff at service delivery schools, health facilities or sites	-HCPCUs -Contractors	A month prior project commencement	Prior engage in subproject activities	200,000\$	All project personnel have completed a training on SEA/SH risks and mitigation measures	-HCPCUs -Contractors	<i>List of project personnel trained on SEA/SH risks and mitigating measures</i>	Not started	
			Conduct refresher- or on-the-job training/awareness as part of project personnel, workers and civil servants ongoing training	HCPCUs	As needed		Part of project capacity building	All project personnel have completed a refresher or on-the-job training/awareness on SEA/SH risks and mitigation measures in accordance with the training plan	HCPCUs	<i>List of project personnel who participated in SEA/SH risks and mitigating measures refresher or on-the-job training/awareness</i>	Not started	
			Monitor the rollout of the training plan	-HCPCUs -Woreda level GBV personnel -Site focal person -Contractors	Upon subproject commencement	Throughout implementation period	Part of regular monitoring duties	All project personnel demonstrate awareness of project-related SEA/SH risks, of the prohibition of SEA/SH and related Code of conduct sanctions and have necessary knowledge about the SEA/SH GM procedures.	-HCPCUs -Woreda level GBV personnel -Site focal person -Contractors	<i>Short training report presenting an analysis of trainings' sex-disaggregated data and achievements</i>	Not started	

Low awareness of the project affected community on SEA/SH	2.2 Develop and implement a community awareness plan including various targeted community' groups	Develop and disseminate TORs to mobilize expertise to ensure that project related awareness raising is of quality and survivor-centered	-HCPCUs	Prior subproject commencement	Throughout the implementation period		Technical assistance mobilized and hired to deliver SEA/SH related training	-HCPCD -HCPCUs	<i>ToRs for TA</i>	Not started	Assume that the project disbursement conditions will be met beginning from the new budget year (July 01, 2025) Assume that the project will begin in the new budget year (July 01, 2025)
		Community awareness-raising activities should include independent consultations with women in safe and confidential spaces.	-HCPCUs	Prior subproject commencement	Throughout the implementation period		Independent consultations with women in safe and confidential spaces.	-HCPCD -HCPCUs	<i>Documentation of consultation process (such as antecedence with list and signature) showing the the number of consulted women</i>		
		Develop and review awareness materials, messages, IEC, etc. regularly, based on community feedback, consultations and evolving understanding of risks	-HCPCUs -Woreda level GBV personnel -Site focal person -Contractors	Upon subproject commencement	Throughout the implementation period		Awareness raising material regularly reviewed and maintained up to date	-HCPCUs -Woreda level GBV personnel -Site focal person -Contractors	<i>Awareness raising material and updates</i>	Not started	
		Monitor the rollout of the community awareness plan	-HCPCUs -Woreda level GBV personnel -Site focal person -Contractors	Upon subproject commencement	Throughout the implementation period		Community members participated in awareness activities demonstrate awareness of project-related SEA/SH risks, CoC and GM procedures.	-HCPCUs -Woreda level GBV personnel -Site focal person -Contractors	<i>Short community awareness activities report presenting an analysis of activities' sex and age disaggregated data and achievements</i>	Not started	

3. MOBILIZATION OF GBV EXPERTISE	Lack of access to timely, safe and confidential GBV services for survivors	3.1 Recruit GBV services providers to facilitate access to timely, safe and confidential services for survivors in areas where these services are unavailable	Develop TOR and recruit a GBV services providers	HCPCUs	Jul 01, 2025	Jul 30, 2025		Technical assistance mobilized and recruited to facilitate timely, safe and confidential access to GBV services for SEA/SH survivors	HCPCUs	<i>ToRs for GBV services providers and contract arrangements</i>	Not started	Assume that the project disbursement conditions will be met beginning from the new budget year (July 01, 2025)
			Facilitate coordination with project stakeholders responsible for survivor's timely, safe and confidential referral to GBV services	-HCPCUs -Woreda level GBV personnel -Site focal person -Contractors	Prior to Sub-project commencement	Throughout implementation period		All project personnel responsible for survivor's timely, safe and confidential referral to GBV services demonstrate awareness of how to liaise/coordinate with GBV services providers recruited by the project in areas where these services are not available	-HCPCUs -Woreda level GBV personnel -Site focal person -Contractors	<i>Short training report presenting an analysis of trainings' sex-disaggregated data and achievements</i>	Not started	
		3.2 Mobilize GBV specialist in the supervising engineer's team with specific skills to supervise implementation of risks mitigating measures	Develop TOR and recruit a GBV specialist with SEA/SH monitoring tasks inc. supervision of signing of Code of conduct, on adequate rollout of SEA/SH sensitive GM mechanism, on liaison/coordination with GBV services providers.	HCPCUs	Within the first year of project implementation period	Throughout implementation period as needed		Technical assistance mobilized and hired in the supervising engineering' team to supervise SEA/SH related tasks	HCPCUs	<i>ToRs for GBV specialist</i>	Not started	

			Monitor the execution of the GBV specialist' SEA/SH related tasks	HCPCUs	Withi n the first year of projec t imple menta tion period	Thro ugh o ut imple menta tion period		All engineering team personnel demonstrate awareness of project-related SEA/SH risks, of the prohibition of SEA/SH and related Code of conduct sanctions and have necessary knowledge about the SEA/SH GM procedures.	HCPCUs	<i>Quarterly report presenting GBV specialist' achievements</i>		
Technical capacity gaps in the sector organizations to implement and monitor the SEA/SH risks mitigating activities	3.3 Mobilize GBV specialist in the HCPCUs with specific skills to implement and monitor the SEA/SH risks mitigating activities	Develop TOR and recruit a GBV specialist with SEA/SH risks mitigating tasks as outlined in the GBV Action Plan	HCPCUs	Prior subpr ject comm ence ment	Thro ugh o ut imple menta tion period as need ed	200,000\$ as Lump Sum of five years	Technical assistance mobilized and hired in the HCPCUs to implement and monitor SEA/SH related tasks	HCPCUs	<i>ToRs for GBV specialist</i>	Not started	Assume that the project disbursement conditions will be met beginning from the new budget year (July 01, 2025)	
		Monitor the execution of the GBV specialist' SEA/SH related tasks	HCPCUs	Upon engag ing GBV specia list	Thro ugh o ut imple menta tion period as need ed		All engineering team personnel demonstrate awareness of project-related SEA/SH risks, of the prohibition of SEA/SH and related Code of conduct sanctions and have necessary knowledge about the SEA/SH GM procedures.	HCPCUs	<i>Quarterly report presenting GBV specialist' achievements as set in the GBV Action Plan</i>	Not started		

4. DIFFERENTIAL SEA/SH MITIGATION PLAN FOR VULNERABLE GROUPS	Increased SEA/SH risks for vulnerable groups within the UCs women, girls, people with disabilities, and refugees	4.1 Develop and implement differential mitigation measures for the SEA/SH against the VGs including women, girls, people with disabilities, and refugees in the project areas with UCs	Develop and implement community-based inc. Establish and work with clan leaders and elders addressing the gender norms and practices driving project-related SEA/SH in the UCs, outreach, or access to care as needed.	HCPCUs -HCPCUs	Prior subproject commencement	Throughout implementation period	100,000\$ as Lump Sum	Discriminatory gender norms and practices changed	-HCPCUs -Woreda level GBV personnel -Site focal person	<i>Number of community-based working groups established, types and number of community awareness raising conducted appropriate to the local culture . . etc</i>	Not started	Assume that the project disbursement conditions will be met beginning from the new budget year (July 01, 2025)
			Develop and implement GBV related GM appropriate to the culture and specific needs of the women and girls in the UCs.	HCPCUs	Prior subproject commencement	Throughout implementation period		Multiple GM channels established appropriate to the culture and specific needs of the women and girls within the UCs.	-HCPCUs -Woreda level GBV personnel -Site focal person	<i>Types of GM channels established at service delivery centers (school, HC, HPs . . etc) and number of women and girls using the GM</i>	Not started	
			Monitor the execution of the differential SEA/SH mitigation measures in the project areas with the UCs	-HCPCUs -Woreda level GBV personnel -Site focal person	Upon subproject commencement	Throughout implementation period						

Increased SEA/SH risks for the vulnerable groups in the conflict-affected areas	4.2 Develop and implement differential mitigation measures for the SEA/SH against the VGs including women, girls, people with disabilities, and refugees in the conflict-affected areas	Conduct site-specific SEA/SH risk assessment in high-risk woredas affected the most by the conflict,	HCPCUs	Prior subproject commencement	Throughout implementation period	100,000\$ as Lump Sum	Differential SEA/SH risks assessment in the in high-risk woredas affected the most by the conflict	-HCPCUs -Woreda level GBV personnel -Site focal person	<i>The SEA/SH assessment report</i>	Not started	
		Develop and implement appropriate mitigation measures based on the site-specific SEA/SH risks	HCPCUs	Prior subproject commencement	Throughout implementation		Differential SEA/SH mitigation measures developed for high-risk woredas affected the most by the conflict.	-HCPCUs	Differential SEA/SH Action Plan	Not started	
		Monitor the execution of the differential SEA/SH mitigation measures in the high-risk areas affected the most by conflict	-HCPCUs -Woreda level GBV personnel -Site focal person	Upon subproject commencement	Throughout implementation period		Differential SEA/SH measures roll out	-HCPCUs -Woreda level GBV personnel -Site focal person	<i>Monitoring reporting analyzing the implementation status on the proposed differential mitigation measures</i>	Not started	

5. Proposed Reporting During Implementation

Reporting of SEA/SH during the project implementation is crucial for ensuring accountability, protecting vulnerable individuals, and mitigating potential harm. It allows for timely intervention, prevents further harm, and provides a platform for survivors to seek support and redress. Table 2 proposes the reporting mechanisms for SEA/SH prevention monitoring. It should be emphasized that no reporting should have identifiable information on individual cases. It is essential that the confidentiality and safety of survivors be protected.

Table 2: Proposed Reporting of SEA/SH During Implementation

Who	To whom	What	When	Objective
Site focal person	Respective Sector Woreda Human Capital Project Coordination Unit (WHCPCU) to Federal Human Capital Project Coordinating Unit (FHPCU) in turn to the Bank	Reporting of SEA/SH allegations with four key data: ✓ Nature of the case; ✓ Project-related (Y/N); and ✓ Age and/or sex (if available). ✓ Whether the survivor was referred to services (Y/N)	As soon as becomes known	<ul style="list-style-type: none"> ● For IA to monitor response. ● For Bank to report to management in accordance with Environmental and Social Incident Response Toolkit (ESIRT)
GBV Service Provider (contracted to project)	FHPCU in each Sector Ministry	Aggregate data on case load: ✓ Number of SEA/SH cases received/referred by the site focal person, disaggregated by age and sex; ✓ The number of cases open, and the average time they have been open; and ✓ The number of cases closed, and the average time they were open.	Monthly	To ensure accountability of GBV service provider particularly if financial support is being provided for survivor support
FHPCUs	The Bank	<ul style="list-style-type: none"> ✓ Project SEA/SH indicators; and ✓ GM indicator 	In accordance with ESCP	In accordance with the standard project Results Framework reporting
TPM, if applicable)	FHPCUs which in turn furnish to Bank	<ul style="list-style-type: none"> ✓ The implementation of the SEA/SH Prevention and Response Action Plan; ✓ The functioning of an appropriate mechanism to address and resolve SEA/SH complaints; ✓ The functioning of the GBV service provider; and ✓ The functioning of the GM and the status of GM indicators related to SEA/SH. 	Quarterly	Part of overall duty of TPM to monitor implementation of the CoC.

Annexes

Annex 1: Sample Codes of Conduct for the Project Workers

1. Preamble

The GBC CoCs are written sets of principles or minimum standards of behavior. CoCs refers to commitments that are agreed to specifically in relation to the Bank IPF. It is a method that provides a basis for the respective Sector Organizations or their contractors to implement disciplinary measures against the project workers who perpetrate SEA/SH.

2. Responsibilities of the Project Implementing Agencies (IAs)

Among others, the responsibilities of the Project IAs include

- a) Have all employees of contractors (including sub-contractors), supervising Engineers and other consultants with a footprint on the ground in the project area sign codes of conduct (CoCs);
- b) Have an effective SEA/SH Action Plan so that workers understand behavior expectations and policies, as well as an effective Grievance Mechanism (GM). This Action Plan should include training and communication. It should also include plans to make the project-affected community aware of the CoC the project staff have just signed; and
- c) As part of the SEA/SH Action Plan, define accountability and response protocols, which set out the procedures followed for holding individuals accountable and penalizing staff that have violated SEA/SH policies.

3. Responsibilities of the Project Workers

Among others, the responsibilities of the project workers include

- a) All workers must understand and comply with CoC's requirements, which include prohibitions against GBV and SEA/SH.
- b) Workers are required to sign the CoC and attend GBV/SEA training to ensure they understand their responsibilities.

4. Scope of the CoC

The scope of this CoC applies to the project actors (school management, health management, frontline staff (teachers, health workers, agricultural extension workers or any other workers) operating to delivery the project related services and benefits.

5. Prohibition of SEA/SH Acts in the Project

There are many ways in which the risks and impacts of SEA/SH arise in the context of IPF, and these can vary by sector and setting. In general, the project prohibits any acts of SEA/SH by the project actors:

- a) **Sexual exploitation** occurs when a project actor conditions access to the project benefit, service, good, or employment-related benefit on extracting sexual favors.
- b) **Sexual abuse** occurs when the project actor uses force or unequal power relation visa-vis a beneficiary, community member, or colleague to perpetrate or threaten to perpetrate an unwanted sexual act
- c) **Sexual harassment** occurs when a project actor makes unwelcome sexual advances to, or requests sexual favors or acts of a sexual nature from other project actors
- d) A sexual relationship with an underage child. Not participate in sexual contact or activity with minors (defined as persons under the age of 18) — including grooming, or contact through digital media. Mistaken belief regarding the age of a minor is not a defense. Consent from the minor is also not a defense or excuse.

6. Consequences of Violating the CoC

Any violation of this Code of Conduct by Contractor's Personnel may result in serious consequences:

- a) **Administrative measures:** As a separate matter, disciplinary sanctions for violation of a CoC or Behavioral Standards should form part of a process that is internal to the employer and is placed under the full control and responsibility of its managers (in contrast to criminal proceedings). Depending on the gravity of the offense, potential administrative disciplinary actions might include:
 - I. Written warnings or reprimands.
 - II. Suspensions from work or project activities.
 - III. Demotion or loss of privileges.
 - IV. Termination of employment or project participation.
- b) **Legal measures:** Some SEA/SH allegations may be referred to local or national authorities for the purposes of criminal investigation, in accordance with the wishes of the survivor or in compliance with mandatory reporting requirements in the relevant jurisdiction.

7. Reporting Protocol

If any person observes behavior that he/she believes may represent acts of SEA or SH, he/she can report immediately. However, he/she follow the necessary reporting protocols including clear reporting mechanisms and procedures for addressing SEA/SH, including confidentiality, survivor protection, and safe reporting channels

8. Investigation Process

- a) The SEA/SH investigation process is guided by the necessary principles including: Conducting prompt and thorough investigations of any alleged GBV incidents in accordance with a survivor-centered approach.
- b) The person's identity will be kept confidential, unless reporting of allegations is mandated by the country law.
- c) Disciplinary measures should not negatively impact survivors, and their confidentiality and safety should be prioritized throughout the process.

9. Signatories

I have read and understand this CoC, hereby confirm my agreement by signing this CoC.

Signature: _____

Date: (day month year): _____

Authorized Personnel:

Signature: _____

Date: (day month year): _____

Annex 2: Sample Individual Code of Conduct Implementing ESHS and OHS Standards Preventing Gender Based Violence

I, _____, acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing Gender Based Violence (GBV) is important.

The Company considers that failure to follow ESHS and OHS standards, or to partake in activities constituting GBV—be it on the work site, the work site surroundings, at workers' camps, or the surrounding communities—constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution by the Police of those who commit GBV may be pursued if appropriate.

I agree that while working on the project I will:

1. Consent to Police background check.
2. Attend and actively partake in training courses related to ESHS, OHS, and GBV as requested by my employer.
3. Will wear my personal protective equipment (PPE) at all times when at the work site or engaged in project related activities.
4. Take all practical steps to implement the contractor's environmental and social management plan (C-ESMP).
5. Implement the OHS Management Plan.
6. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties at all times.
7. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
8. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
9. Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.
10. Not engage in sexual harassment of work personnel and staff—for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is prohibited. E.g. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; in some instances, giving personal gifts.
11. Not engage in sexual favors—for instance, making promises of favorable treatment (e.g. promotion), threats of unfavorable treatment (e.g. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.
12. Not use prostitution in any form at any time.
13. Not participate in sexual contact or activity with children under the age of 18—including grooming, or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.
14. Unless there is the full consent² by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to

² **Consent** is defined as the informed choice underlying an individual's free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even if national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defense.

community members in exchange for sex (including prostitution). Such sexual activity is considered “non-consensual” within the scope of this Code.

15. Consider reporting through the GRM or to my manager any suspected or actual GBV by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

With regard to children under the age of 18:

16. Bring to the attention of my manager the presence of any children on the construction site or engaged in hazardous activities.
17. Wherever possible, ensure that another adult is present when working in the proximity of children.
18. Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
19. Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography (see also “Use of children's images for work related purposes” below).
20. Refrain from physical punishment or discipline of children.
21. Refrain from hiring children for domestic or other labor below the minimum age of 14 unless national law specifies a higher age, or which places them at significant risk of injury.
22. Comply with all relevant local legislation, including labor laws in relation to child labor and World Bank’s safeguard policies on child labor and minimum age.
23. Take appropriate caution when photographing or filming children (See Annex 2 for details).

Use of children's images for work related purposes

When photographing or filming a child for work related purposes, I must:

24. Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
25. Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.
26. Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
27. Ensure images are honest representations of the context and the facts.
28. Ensure file labels do not reveal identifying information about a child when sending images electronically.

Sanctions

I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action which could include:

1. Informal warning.
2. Formal warning.
3. Additional Training.

4. Loss of up to one week's salary.
5. Suspension of employment (without payment of salary), for a minimum period of 1 month up to a maximum of 6 months.
6. Termination of employment.
7. Report to the Police if warranted.

I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met. That I will adhere to the occupational health and safety management plan. That I will avoid actions or behaviors that could be construed as GBV. Any such actions will be a breach this Individual Code of Conduct. I do hereby acknowledge that I have read the foregoing Individual Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, GBV issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Annex 3 : List of Organizations and Stakeholders Consulted

Name of Informant	Organization	Position	Phone
Getahun Desalegn	Ministry of Education	Project management, partnership and resource mobilization Senior Expert	+251911566975
Dr. Wubshet Asnake	Ministry of Agriculture	Food Staff and Quality Desk Head	+251921034094
Alemtsehay Sergawi	“	Head, Food and Nutrition Office	+251980223500
Fesseha Tekele	Ministry of Health	Senior Program Manager	+251911104339
Kebede Mamo	“	Senior M&E Advisor	
Siham Worku	Amhara Bureau of Finance	Channel One Programs Coordinator	+252918134989
Hussein Ali	Afar Region Bureau of Finance	Channel One Programs Coordinator	+251911809951
Obong Oboya	Gambella Region Bureau of Finance	Channel One Programs Coordinator	+251917907908
Bikiltu Ketema	Oromia Bureau of Finance	Channel One Programs Coordinator	+251911866629
Wubishet	South Ethiopia Region Bureau of Finance	Channel One Programs Coordinator	+251913676991
Amare Zerihun	Tigray Region Bureau of Finance	Channel One Programs Coordinator	+25192539881
Ismael	Tigray Bureau of Education	Vice Bureau Head	+251924849518
Misganaw Amare	Amhara Bureau of Education	Expert	+251912190919
Kishin Wolde	Amhara Bureau of Health	Vice Bureau Head	+251975757033
Abatenaw Adane	Amhara Bureau of Agriculture	Expert	+251924398518
Ebrahim Idris	Dallol Woreda, WOFED	Office Head	+251929339306
Kadir	Dallol Woreda, Agriculture Office	Office Head	+251920098365
Fatuma	Dallol Woreda, Women Affairs Office	Office Head	+251921556151
Abdella	Dallol Woreda, Education Office	Office Head	+251912838118
Abdu	Dallol Woreda, Health Office	Office Head	+251914145128
Habtamu	Semen Ari Woreda, WOFED	Office Head	+251931771455
Metekiya	Semen Ari Woreda, Health Office	Health Planning Expert	+251912123018
Dejene	Semen Ari Woreda, Agriculture Office	Agricultural Expert	+251926005813
Melese	Semen Ari, Education Office	Education Planning Expert	+251926905522
Dagnachew	Semen Ari, Women Affairs Office	Planning Expert	+25136538884
Abebe	Itang Woreda, WOFED	Office Head	+251962716225
Berhanu	Itang Woreda, RRS	Expert, Refugee Social Management	+251913981478
Mohammed	Gablalu Woreda WoFED	Office Head	+251915005446
Seid Ali	Ambassel Woreda, Agriculture Office	Office Head	+251921790972
Wondu G/Maria	Ambassel Woreda, Health Office	Office Head	+251914331967
Seid Ahimed	Ambassel Woreda, Education Office	Office Head	+251913751021
Atsede Abate	Ambassel Woreda, Women Affairs Office	Office Head	+251912860977

Annex 4: Community Consultation Participants' Attendance

A. At Dallol Woreda

Community Consultation Participant Attendance

I. Composition of the Community Consultation Participants

The composition of the community consultation participants will include community representatives (clan leaders, community elders, and religious leaders), members of project-affected communities, women, IDPs, and People with Disabilities, and pastoral communities. The total number of participants per community consultation session is expected to be 15-20.

II. Basic Information

- Name of selected region: Afar
- Name of selected zone: Abala (2)
- Name of selected woreda: Dallol
- Name of selected kebele(s): 17 kebeles
- Date of consultation conducted: 11-8-2017
- Consultation start time: 2:00
- Consultation end time: 5:30
- Venue: _____
- Name of consultation moderator: _____

III. List of Participants

S/No	Name	Sex	Social Status	Signature
1	Hussen Nur	M		
2	Ahmed Mahamada	M		
3	Darsa Ahmed	M		
4	Usman Ebrahim	M		
5	Usman Adem	M		
6	Darsa Edris	M		
7	Husen Ebrahim	M		
8	Ali Ahmed Ali	M		
9	Amir Usman	M		
10	Esmail Dattamawit	M		
11	Fatuma Amete	F		
12	Halima Husen	F		
13	Fatuma Ahmed	F		
14	Esmail Edris	M		
15	Edris Ahmed	M		
16	Husen Abdu	M		
17	Esmail Ali Ehim	M		
18	Ebrahim Edris Ehim	M		
19	Abdu Ali Ehim	M		
20	Edris Mohammed	M		

Annex 5: Sample Minute with Community Consultation

Community Consultation Participant Attendance

I. Composition of the Community Consultation Participants

The composition of the community consultation participants will include community representatives (clan leaders, community elders, and religious leaders), members of project-affected communities, women, IDPs, and People with Disabilities, and pastoral communities. The total number of participants per community consultation session is expected to be 15-20.

II. Basic Information

- Name of selected region: 2 (Afar)
- Name of selected zone: 2 (kilbati Rasu)
- Name of selected woreda: Dallol
- Name of selected kebele(s): 17
- Date of consultation conducted: 11/08/2017
- Consultation start time: 2:00
- Consultation end time: 5:30
- Venue: fainance office
- Name of consultation moderator: Ibrahim Idriis Osman

Communis Consultation Checklist

- ◆ Assess availability, problems and challenges of access to basic health service
- ◆ Availability, problems and challenges of access to education service.
- ◆ Availability, problems and challenges of access to water service.
- ◆ Assess availability, problems and challenges of access to agricultural extension service
- ◆ Impacts of unavailability or inaccessible basic services such as health, education and water on women, pregnant and lactating women, girls, children, the elderly, people with disability,

ለውይይት (እንደ አጀንዳ) በቀረቡ ነባራዊ ችግሮች ላይ የተሰጡ ዝርዝር (ተጨማሪ) ምክረ ሀሳቦች

❖ በ ጤና አገልግሎት:-

- ✓ ወረዳችን ካለው የ ህዝብ ቁጥር አንፃር እና ካለን መልክአምድር ስፋት አንፃር የ ጤና አገልግሎት የሚሰጡ ተቋማት በጣም አናሳ ነው።
- ✓ አገልግሎት እንዲሰጡ የተገነቡ የ ጤና ተቋማት ሙሉ በሙሉ (በአብዛኛው) በውስጥ ግብአት (ማቴሪያል ፣ መድሀኒት) እና በሰው ሀይል (አስፈላጊ በሆኑ ባለሙያዎች) ችግር አለባቸው።
- ✓ የ ጤና አገልግሎት ልማግኘት ወደ ወረዳ ማእከል ይሁን ወደሌላ ጤና ተቋም ለመገባቀስ በወረዳችን ያለው ወደ ተለያዩ አቅጣጫ የሚያስኬዱ የመንገድ ችግር እና የ ትራንስፖርት አገልግሎት አለመኖር።



✓ በወረዳችን በሰው ሀይልም በማቴሪያልም ደረጃውን የጠበቀ የህክምና አገልግሎት የሚሰጥ ተቋም ባለመኖሩ ሴቶች፣ እናቶች፣ሀፃናት፣አረጋውያን፣ አካል ጉዳተኞች እና ፅኑ ህሙማን የተሻለ ህክምና ወይም አገልግሎትን ለማግኘት ወደ አጎራባች ወረዳ እና ወደ ተለያዩ ቦታዎች እንዲሄዱ ይገደዳሉ። ይህ ደግሞ ለታማሚው እና ማህበረሰቡ የ ኢኮኖሚ እና ማህበራዊ ቀውስን ያስከትላል።

✓ ህብረተሰባችን ያሉበትን የተለያዩ የጤና ችግሮች በወቅቱ ወደ ህክምና ሰጪ ተቋማት በመሄድ አስፈላጊና ተገቢውን ህክምና በጊዜው እንዲያገኝ ለህብረተሰቡ አስፈላጊ የሆኑትን የግንዛቤ እና የ ምክር እና የውይይት መድረኮችን በመፍጠር ስልጠናዎችን መስጠት ።

❖ በ ትምህርት አገልግሎት፡-

✓ አገልግሎት እንዲሰጡ የተገነቡ ትምህርት ቤቶች ሙሉ በሙሉ (በአብዛኛው) በውስጥ ግብአት (ወንበር፣ብላክበርድ ችክ እና ሌሎችም....) እና በሰው ሀይል (መምህራን) እጥረት ችግር አለባቸው።

✓ በወረዳችላ ተገንብተው የነበሩ አብዛኞች ትምህርት ቤቶች በውስጥ ማቴሪያል እጥረት፣ ግድግዳ እና ጣሪያቸው በመፍረሱ ምክንያት አገልግሎት እየሰጡ አይደሉም።

✓ የማቴሪያል እጥረት ላለባቸው ትምህርት ቤቶች የማቴሪያል ድጋፍ ቢደረግላቸው ፤ እና የወደሙ(የፈራረሱ) ትምህርት ቤቶች እድሳት እና ጥገና ስለሚያስፈልጋቸው በአፋጣኝ ጥገና ቢደረግላቸው።

✓ አብዛኛው ማህበረሰባችን አቅመ ደከማ እና ኢኮኖሚ ችግር ያለበት ስለሆነ በዚህም ችግር ምክንያት ልጆቹን ለማስተማር ስለሚችግር ለተማሪዎች የመማሪያ (የትምህርት ቁሳቁስ) እና የምግብ ድጋፍ ቢደረግ ።

✓ ማህበረሰባችን በተለያዩ ችግሮች ምክንያት እራሱ ለመማር አንዲሁም ልጆቹን ወደ ትምህርት ለመላክ ያለው ምልከታ እና ግንዛቤ እንዲስተካከል የንቅናቄ እና ግንዛቤ ፕሮግራሞች ያስፈልጋሉ

❖ በ ውሃ አገልግሎት፡-

✓ በወረዳችን የ መጠጥ ውሃ ተደራሽነት በጣም አናሳ ነው ።

✓ ካለን የውሃ ችግር አንጣር ለጥራትም ለተደራሽነትም በብዙ ቦታዎች ጥልቅ የውሃ ጉድጓድ ቁፋሮች ያሰፈልጋሉ

✓ አሁን ካለው የነዳጅ አቅርቦት እና የ ዋጋ ውድነት አንፃር እንዲሁም ለተሻለ አገልግሎት የ ወሃ መሳቢያ ሞተሮች በ ታዳሽ ሀይል (ሶላር) ቢቀየሩልን።

❖ በ ግብርና ዘርፍ አገልግሎት ፡-

✓ ለ እርሻ ስራዎች የሚሆኑ የእርሻ መሳሪያ እቃዎች (አካፋ፣ዶማ፣ዛቢያ፣ማለሻ ፣) ድጋፍ ቢደረግልን።

✓ በወረዳችን በአጠቃላይ ማለት ይቻላል በጎርፍ ችግር ምክንያት የመሬት መሸርሸር፣ የመንገዶች መበላሸት(መቆረጥ)፣የእርሻ ቦታዎች በጎርፍ መወሰድ እና ሌሎችም በዚህም ምክንያት ለጎርፍ መከላከል እና አፍርናውሃ ጥበቃ ስራ የ ሚሆን የ ጋቢዮን እገዛና ድጋፍ በጣም ያስፈልገናል።

✓ አርብቶ አደር ማህበረሰብ እንደመሆናችን የ እንስሳት ህክምና ተቋማት በስፋት ያስፈልገናል።

✓ የ አካባቢያችን የ አየር ንብረት እና የ መሬት(አፈር) ሁኔታ ያማከለ ለ እርሻ የሚሆኑ ግብአቶች (ምርጥ ዘር፣ ኬሚካል) እገዛና ድጋፍ ያስፈልገናል።



Annex 6: Sample Photos During Community Consultation

At Dallol Woreda



At Semen Ari Woreda

