

The National Network PSEA 2021 Action Plan outlines the priority results that PSEA Network Members operating at National Level will deliver jointly with the National HCT, and in collaboration with the sub-national PSEA Networks and Provincial HCTs, to prevent sexual exploitation and abuse and respond rapidly and effectively in relation to any complaints/allegations that arise.

Priority results	Indicators	Targets/ Benchmarks	Key actions	Timeframe/ Status	Funding / Cost	Lead(s)
Part A: PSEA Country-Level Structure						
Outcome: PSEA Network established at outset of humanitarian response: The Humanitarian Coordinator and Humanitarian Country Team are supported at senior management and technical-levels to lead, oversee and deliver on the PSEA Outputs below.						
Humanitarian response phase						
Output 1: HCT Members are part of the PSEA Network at the national level to support the Humanitarian Coordinator to deliver on PSEA; HCT Members take on the role of Co-Chairs to convene the PSEA Network at the technical level in collaboration with the with the PSEA Coordinator.	Status of designation of agency co-chairs for the PSEA Network at the national level	Co-Chairs designated at National HCT	Co-Chairs convene PSEA Network meetings , in absence of coordinator regularly report to HCT and ICCG on implementation of PSEA Action Plan and case statistics based upon agreed reporting SOP	COMPLETED	Internal resources	UNICEF Plan International
	National PSEA Network Action Plan developed	PSEA Action Plan is endorsed by the National HCT	PSEA Action Plan developed by PSEA Network and submitted to HCT for approval	COMPLETED	Internal resources	PSEA Network Co-chairs
	Timeline and Budget for the National PSEA Network Action Plan Developed	Timeline is endorsed by PSEA Network Focal Points	Timeline developed to guide each member of the PSEA Network towards its responsibilities and commitments	ONGOING	Internal Resources	PSEA Coordinator
	National PSEA Network leading, in collaboration with the HCT and Protection Cluster, the development of an strategy of engagement and accountability on PSEA with Government and Justice System	PSEA Strategy on engagement with Government endorsed by HCT and Government	PSEA Network sub working group launched with participation of HCT and Protection Cluster; HC/HoA advocacy with government on creation of working group	ONGOING	Internal Resources	PSEA Coordinator and Co-chairs

Priority results	Indicators	Targets/ Benchmarks	Key actions	Timeframe/ Status	Funding / Cost	Lead(s)
	National PSEA Coordinator appointed	RC appoints PSEA Coordinator to the RCO	PSEA Coordinator provides technical support and expertise for the PSEA Network, and liaise between agencies and with the Government, reviews complaints received through the PSEA Network for referral to the concerned agency and victim assistance, provides support to senior leadership to develop an engagement strategy with the host government.	COMPLETED	Norcap	RCO
Output 2: An inter-agency PSEA Network operating and capacitated to deliver on core PSEA commitments	Status of operation of a PSEA Network	PSEA Network is functional with revised ToRs & SOPs endorsed by the PSEA Network and HCT.	PSEA Network meets every two weeks to take coordinated action against the PSEA Action Plan or <i>ad hoc</i> when required	COMPLETED	Internal resources	PSEA Network & HCT members
	# and % agency workers trained on PSEA	All humanitarian workers and IPs are trained on PSEA training	Common PSEA training package developed	COMPLETED - PSEA TRAINING USING IASC 'SAY NO TO SEXUAL MISCONDUCT' PACKAGE	Internal resources	PSEA Network
			Trainings held to support PSEA National FPs on their role	ONGOING	Internal resources	PSEA Coordinator and Co-chairs
			Localized training held by each agency for its own staff	ONGOING	Internal Resources	PSEA Network FPs
			Localized training held by each agency for its own IPs	ONGOING	Internal Resources	PSEA Network PFs

Priority results	Indicators	Targets/ Benchmarks	Key actions	Timeframe/ Status	Funding / Cost	Lead(s)
	% of Heads of Office and leadership complete a training on PSEA and guidance on how to create and maintain an environment which prevents sexual exploitation and abuse	90% HCT Heads of Office and leadership at national level participate in a PSEA training	Trainings on PSEA held at HCT level	PENDING	Internal resources	PSEA Coordinator
	% of HCT members who implement PSEA awareness raising campaign for staff in their workspaces	80% of HCT members roll-out PSEA awareness raising campaign developed by the PSEA Network for staff in their workspaces	Adapt/implement PSEA staff awareness materials conveying Zero Tolerance and reporting policy messages (posters, media, etc) and roll out to all HCT members through a joint campaign	ONGOING	UNICEF supported , internal resources	PSEA Coordinator; PSEA Network PFs
Output 4. PSEA Focal Points from all HCT members are appointed and actively contribute to the PSEA Network Action Plan	% of agencies that have appointed a dedicated PSEA technical focal point to the PSEA Network, , # of focal points attending meetings	100% of HCT members designate a PSEA Network primary and alternate FP and regularly attend meetings.	PSEA agency focal points (primary and alternate) to be communicated and added to PSEA Network List	ONGOING	Internal resources	All HCT members and PSEA Coordinators
Output 5. Resources mobilized to deliver on PSEA Action Plan and secure PSEA Coordinator position	Nr. and budget of PSEA projects funded	HRP members develop PSEA specific projects and raise donor funds; PSEA included CERF submissions and HRP	Development of PSEA donor proposal for: trainings, IEC materials, capacity building, response for survivors, national coordination, etc. Advocacy for PSEA funding inclusion in HRP and CERF	ONGOING	Internal resources	PSEA Coordinator PSEA Network PFs

Priority results	Indicators	Targets/ Benchmarks	Key actions	Timeframe/ Status	Funding	Lead(s)
Part B: Priority Results for PSEA						

Outcome 1. Safe and accessible reporting: Every affected child and adult recipient of humanitarian assistance has access to a safe, gender and child-sensitive pathways to report SEA (through community-based complaints mechanisms)¹ that reach where humanitarian assistance reaches, are appropriate to the context and are accessible to the most vulnerable).

Humanitarian response phase

Output 1.1. Safe, accessible, child-sensitive mechanisms are in place for reporting SEA ⁱ , particularly in high-risk areas.	Mozambique PSEA SOPs on complaints is endorsed and rolled out with appropriate staff trained. ⁱⁱ	SOPs on complaints is endorsed by PSEA Network, including all HCT members, in close collaboration with the Linha Verde team.	PSEA Network to finalize SOPs and circulate to all PSEA Network and HCT members	COMPLETED	Internal resources	PSEA Co-chairs
			PSEA Focal Points trained on SOPs	ONGOING	Internal resources	PSEA Coordinator
	Percentage of children and adults who have access to a PSEA reporting mechanism. ⁱⁱⁱ Nr. of CFMs trained to provide PSEA related information and receive complaints	80% of affected population has access to Community Based Complaint Mechanism (CBCM) structure for complaint referral	Community consultations conducted on Linha Verde and other CBCM mechanisms and results shared , awareness raising on existing CBCMs among communities	ONGOING	Internal resources	PSEA Coordinator, Linha Verde FP and Network members with established CBCM mechanisms
			Systematically collect data for the PSEA Global Indicators	PENDING		PSEA Coordinator, OCHA FP
			A database of existing IPs of PSEA Network Members vis-à-vis assessed partners	ONGOING		PSEA Co-Chair
			IPs assessed with the UN IP Common Assessment on PSEA	ONGOING		PSEA co-chair, Focal Points
	PSEA Global Indicator data on national level reported to the Global Working Group/dashboard					
	100% IPs assessed through the UN IP Common Assessment on PSEA					

¹ A Community-based complaints mechanism (CBCM) is a Complaints Mechanism system blending both formal and informal community structures, built on engagement with the community where individuals are able and encouraged to safely report grievances – including SEA incidents – and those reports are referred to the appropriate entities for follow-up. See further information https://interagencystandingcommittee.org/system/files/best_practice_guide_inter_agency_community_based_complaint_mechanisms_1.pdf

		100% of CFMs can refer SEA cases to Linha Verde or according to SOPs	Dissemination of information on Linha Verde and other CBCMs	ONGOING	Internal Resources	PSEA Network FPs, CE/AAP WGCCCM Cluster
			Work with CE/AAP, CCCM and PC to reinforce accessible CBCM structures in the community	ONGOING	TBD	PSEA Network FPs; PSEA Coordinator
	Number of complaints related to SEA that are reported to the PSEA Network and referred for action within 24 hours (Disaggregated by age, sex and type of complaint (0-17; >18). ^{iv})	100% of SEA allegations are referred for action within 24 hours.	Database to track number of cases assisted out of the number of people who complaint through inter-agency mechanisms disaggregated by gender and age	ONGOING	TBD	PSEA Coordinator
		100% of preliminary inquiries are activated within 72 hours.	Information management system and data protection protocol developed for tracking and referral of allegations	ONGOING	Internal resources	PSEA Co-chair
Output 1.2. Community mobilization, consultation and awareness raising on PSEA in each community receiving and/or affected by humanitarian assistance.	# of provinces with mapping of PSEA community awareness activities/capacity	100% of provinces with humanitarian operations have a mapping of PSEA community engagement capacity (in coordination with CE/AAP)	PSEA community engagement mapping shared and gaps/needs identified (shared with ICCG and HCT)	ONGOING	Internal resources	PSEA Coordinator with PSEA FPs, CE/AAP
	# of available joint IEC materials, # of community-based consultations and awareness raising interventions on PSEA including how to report SEA-related complaints. ^v	1 set of joint key messages and IEC materials	PSEA key messages and IEC materials developed in consultation with sub-national network and communities	ONGOING	Internal resources	PSEA Coordinator, PSEA FPs, sub-national co-chairs
	% sites and key services reached with communications	100% service sites supported by CCCM	Key messages and IEC materials distributed among HCT, sub-national	ONGOING	Internal Resources	PSEA Coordinator, sub-

	materials on PSEA and reporting	Cluster and receive information on PSEA	networks and distributed to networks and key service providers on and off-site			national co-chairs
Output 1.3. Joint Risk Assessment outlines main SEA risks and recommends concrete mitigation measures	# of provinces covered by risk assessment; # of risk reports published	100% of provinces with humanitarian operations covered by risk assessment; one comprehensive report endorsed by HCT	Risk assessment tools developed and implemented covering risk of SEA occurrence, internal capacities to respond, formulation of clear recommendations	ONGOING	Joint funds	PSEA Coordinator, PSEA FPs, sub-national co-chairs
Outcome 2. Quality survivor assistance: Every child and adult complainant/survivor is offered immediate, quality assistance (medical care, PSS, legal assistance, reintegration support)						
Output 2.1. SEA survivor assistance is provided through Gender-Based Violence (GBV) or Child Protection programming and resourced accordingly through the Humanitarian Response Plan or similar. ²	% of SEA survivors referred for assistance	100% survivors, who request, receive assistance	Referral of all survivors to accessible safe spaces for women and girls	ONGOING	Internal resources	PSEA Coordinator, GBV & CP AoR
			Prevention, response and provision of clinical management of rape services mapped, and any gaps addressed in collaboration with the GBV sub-cluster		Internal resources	PSEA Coordinator, GBV & CP AoR
			CP and GBV psychosocial support services provided; case management procedures established for CP and GBV (including SEA) response		Internal resources	PSEA Coordinator, GBV & CP AoR
	% of the affected population that can <u>access</u> assistance. ^{vi}	75% affected population can access CP and GBV services.	Joint awareness raising on available GBV/CP services among communities		Internal resources	PSEA Coordinator, GBV & CP AoR
Output 2.2 PSEA Network has in place referral pathways for survivor assistance, as part of an	# of provinces with protocol for referral and provision of services for SEA survivors (in line with GBV referral pathways).	All provinces have a GBV referral pathway (including child survivors) that is	Coordination with GBV AoR to integrate PSEA into GBV referral pathway	ONGOING	Internal resources	PSEA Coordinator, GBV & CP AoR
			Mapping of GBV services at provincial and sub-sub-provincial level	ONGOING	Internal resources	PSEA Coordinator, GBV & CP AoR

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² This can and should also include of existing protection system which provides the basis for support to SEA survivors.

integrated approach with GBV services.	# of provinces that have provided multi-sectoral government training on PSEA [through the RG]	integrated into the PSEA Network SOPs.	Training for govt partners on PSEA, including social workers, health, justice and police.	ONGOING	UNICEF, IOM	PSEA Coordinator, GBV & CP AoR
Outcome 3. Accountability and investigations: Every child and adult survivor of SEA who is willing has their case investigated in a prompt, safe, and survivor-centered way.						
Output 3.1 Humanitarian aid workers accept and are bound by PSEA obligations	% of staff that have signed a Code of Conduct on PSEA	80% of staff of HCT partners have signed the Code of Conduct	Develop and distribute Code of Conduct to Network members and partners where this is not part of the contract	ONGOING	Internal resources	PSEA Coordinator and PSEA FPs
	# of organisations that have a PSEA clause in their contracts or sign PSEA policy as part of contract	100% of organizations in PSEA Network have a PSEA clause in their contracts or sign PSEA policy as part of contract	Support IPs to incorporate PSEA language in contracts and other HR processes	ONGOING		PSEA Focal Points
Output 3.2. PSEA Network adopt and implement guidelines for prompt, safe and survivor-centered investigations at country-level.	Status of development and implementation of SOPs for prompt, safe and survivor-centered investigations.	SOPs contain clear steps to be taken in the documenting and referral of potential SEA cases.	HCT finalize and endorse SOPs for SEA investigations	PENDING		PSEA Coordinator and co-chairs
		HCT members report on the status of cases as per the SOPs and Data Protection/Sharing Policy	Information management system developed for tracking and referral of allegations; Develop a Policy on PSEA Data and Information Protection and Sharing among agencies			PSEA Coordinator and OCHA IM
	% HCT members trained on SEA guidelines and protocols for investigations, including survivor-centered principles.	85% of PSEA network members (national and sub-national) and Ips trained	Conduct training for Ips on SEA guidelines and protocols for investigations including survivor centered investigations	PENDING		PSEA Coordinator, sub-national co-chairs and PSEA FPs

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	% SEA survivors informed of and/or supported to participate in relevant accountability processes, including investigation. ^{vii}	100% survivors supported to participate in accountability process, based on informed consent	PSEA Network to keep survivors appraised on the evolution of their case. Gaps in access to legal services addressed	ONGOING		PSEA Coordinator, PSEA FPs
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ⁱ Type of mechanism and targeted locations to be determined by each HCT based on context and existing channels/mechanisms for reporting already functioning. This could include, for example, phone hotlines, SMS, PSEA focal points, service points, etc. This could involve broader complaint channels that are strengthened with the necessary safeguards for reporting SEA, or training of PSEA focal points within protection-related services to support reporting and referrals, and/or other systems, and/or a combination of the above, as appropriate per the country context.

ⁱⁱ HCT SOPs can be adapted from the [global IASC SOPs](#). The SOPs provide the basis for inter-agency referral, sharing of information on and handling of SEA allegations, as an integral component of HCT prevention and response to SEA. The SOPs require all signatories to have an established internal SEA complaint handling procedure in place.

ⁱⁱⁱ Access would be defined within the country context and against the type of complaint channels in place. This could include, for example, physical access, phone access, access based on age, gender, literacy, disability, etc., and/or a combination of factors. Please also note that this indicator refers to the estimated coverage of the population by the CBCM.

^{iv} This indicator is intended to allow HCs/HCTs to track and measure the *use* of SEA-related complaint channels by affected populations, including by those who are most vulnerable, as a core component of their overall effectiveness. This indicator is to be read together with related indicators to understand the overall accessibility, trust in, and effectiveness of SEA-sensitive complaint channels by and for affected communities. It is not intended to replace or duplicate the external reporting obligations that agencies hold, for example the UN reporting of SEA allegations to the UN Secretary-General on a quarterly basis.

^v This should include the consultation of communities, particularly women and children, in the design of SEA-sensitive community-based complaint mechanisms.

^{vi} The tracking of access to services is a core function of the PSEA Network’s role in strengthening response to SEA. Current gaps in SEA assistance coverage (as provided through GBV/ CP programmes) should be systematically addressed by HCT members, as well as through CERF/CBPFs.

^{vii} This may include civil and criminal proceeding, as well as other redress measures.

For additional information and resources:

<https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse>; <http://www.pseataaskforce.org/>
https://interagencystandingcommittee.org/system/files/best_practice_guide_inter_agency_community_based_complaint_mechanisms_1.pdf