Country-Level Action Plan to Prevent and Respond to Sexual Exploitation and Abuse
Pakistan 2023

The PSEA Country-Level model template outlines the priorities agreed by UNCT/HCT members to achieve jointly across countries with humanitarian[1], development and peace and security operations. This template provides the minimum requirements to review and analyse the effectiveness, impact, and progress on measures to prevent and respond to sexual exploitation abuse country wide. It serves as a model framework intended to be adapted and contextualized at the country level. The objective is to promote and document harmonized activities that contribute to implementing a robust action plan and provide the basis for tracking progress and provision/mobilization of required resources in related to PSEA in countries with United Nations presence.

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Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
Part A: Priority prevention outcomes for PSEA						
Outcome 1. Prevention. All United Nations staff and related personnel[3] know the UN standards of conduct for protection from sexual exploitation and abuse and understand their personal and managerial/ command responsibilities to address sexual exploitation and abuse and other misconduct.						
Output 1.1 Personnel understand the United Nations standards of conduct on the protection from sexual exploitation and abuse.	a. All UNCT/HCT personnel, including those visiting the country, are provided with an induction briefing on conduct and discipline issues, including sexual exploitation and abuse.	Reminders are communicated to all staff to ensure on-going visibility/awareness of the entity's policies. SOPs address out-of-bound areas. All visitors are informed on country policies and SOP.	1.1 Training/ refresher to PSEA FPs on PSEA, CoC and other relevant policies (e.g. the policy for protection against retaliation) 1.2 Training to PSEA FPs on messages for frontline workers and cascade these to frontline workers	1.1. Feb-March 1.2. Jan-Dec 1.3. Jan-Dec 1.4. Feb 1.5. Jan-March 1.6. Jan-March 1.7-1.8 Jan-Dec	1.1-1.9 Online or by individual agency funds	1.1. Pakistan PSEA Network (PPN), UNHCR 1.2. IOM and WFP and UN FPs 1.3. Provincial leads on PSEA in coordination with national network.

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[1] This applies to refugee and humanitarian context which could be sub-national or regional in nature.

[2] The targets provided in the model template are intended as illustrative examples. Actual targets would need to be determined at country-level.

[3] United Nations staff and related personnel include United Nations staff members, consultants, individual consultants/contractors, interns, national officers, United Nations volunteers, experts on mission and contingent members.

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			1.3 Training to PSEA Provincial Network members **1.4** Dedicated session on PSEA to UNCT & HCT **1.5** PSEA and CoC Sessions for Sectoral leads **1.6** Update induction package for visitors & organize subsequent orientation			**1.4.** CO Chairs and IA coordinator **1.5.** Co-chairs and IA coordinator **1.6.** Co-chairs and IA coordinator.
	b. Prevention measures such as curfew/off-limits policies operate in peace operations and consideration should be given to implementing such measures to other duty stations		*The indicator is not relevant to Pakistan*	N/A	N/A	N/A
	c. The UNCT/HCT personnel know the standards on sexual exploitation and abuse (training, leadership dialogues, town-halls).	Regular meetings and awareness discussions take place. PSEA awareness-raising materials (broadcast, pamphlet, posters, etc.), including "no excuse cards" are locally contextualized, produced and distributed.	**1.1.** *Same as Output 1.1 and 1.4.* **1.2.** Contextualize IEC Materials, translate and disseminate (PPN)	**1.1.** Jan-Dec **1.2.** Jan-Dec	1.1. Sources as mentioned in 1.1-1.2. 1.4 above 1.2. Ind. Agencies	**1.1.** *Same as Output 1.1./1.2* **1.2.** UNICEF, WFP, UNFPA, UNHCR, IOM
	d. All personnel are aware of the policy for protection against retaliation for reporting misconduct – to empower, encourage and protect staff	UNCT/HCT staff members are aware of their obligation to report sexual exploitation and abuse/ misconduct and the	*Same as under Output 1.1a*	*Same as under Output 1.1a*	*Same as under Output 1.1a*	*Same as under Output 1.1a*

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
	who report cases of sexual exploitation and abuse (ST/SGB/2017/2/Rev.1).	policy for protection against retaliation.				
	e. All personnel are provided with clear guidance on where and how to report allegations of misconduct.	SEA Focal persons, agency staff and affected people are aware of where to report allegations of misconduct.	**1.1** Monthly reporting and trend analysis presented to UNCT/HCT (all agencies' participation) **1.2** Strengthening of reporting mechanism on PSEA through the PPN	**1.1** On going with regular trend analysis for HCT **1.2** first quarter	**1.1-1.2** No costs	Co-Chairs (UNFPA, FAO), Secretariat (OCHA), PPN member agencies, RCO IA PSEA Coordinator
Output 1.2 Leadership, managers and commanders know their personal and managerial/command responsibilities to address misconduct and are aware of the procedures, rules and actions required to respond to incidents of misconduct.	a. Managers monitor completion by all personnel in country of mandatory online and classroom training.	Monitoring mechanisms are in place and working.	**1.1** Ensuring 100% compliance of the mandatory online PSEA courses	**1.1** Jan-Dec	**1.1.** Indiv. agencies	**1.1** UNCT/HCT members
	b. Leadership communicates regularly and in varied formats to increase awareness and instill trust in the policies, including broadcasts on the duty to report misconduct.	Meetings with staff are convened to review implementation of country level sexual exploitation and abuse (town hall, leadership dialogue, etc.).	*This is linked to 1.4 of output 1.1.*	*Same as Output 1.4 of output 1.1*	*Same as Output 1.4 of output 1.1.*	*Same as Output 1.4 of output 1.1.*
Output 1.3 Quality training of personnel/awareness-raising on sexual exploitation and	a. All UN staff and related personnel complete the mandatory in-year refresher training and/or awareness briefings to personnel are	Induction training for all personnel is conducted at regular intervals.	*Same as under Output 1.1.*	*Same as under Output 1.1.*	*Same as under Output 1.1.*	*Same as under output 1.1.*

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
abuse policies is conducted regularly.	conducted. Substantiation is done for those not completing the training.	Capacity building of frontline workers engaged in emergency response				
	b. UNCT/HCT leaders certify that all allegations of sexual exploitation and abuse relating to areas within their responsibility have been accurately and fully reported.	100% response to the RC/HC.	1.1 Continue the reporting mechanism established and certified by HCT heads of agencies with established reporting under the RC. 1.2 Regular meetings of the PSEA Core Group with the RC.	1.1 Effective from April 2021. SOPs to be updated in 2023 1.2 Quarterly, on needs basis.	1.1-1.2 No costs	1.1 -1.2 Co-Chairs (UNFPA, FAO) Secretariat (OCHA), HCT members, RCO IA PSEA Coordinator
Part B: Priority response outcomes for PSEA						
Outcome 2. Safe and accessible reporting. Every child and adult recipient of United Nations assistance has access to a safe, gender and child-sensitive pathways to report sexual exploitation and abuse (including through community-based complaints mechanisms)[4] that lead to assistance, are appropriate to the context and accessible to those in the most vulnerable situations).						
Output 2.1. Safe, accessible, child-sensitive mechanisms are in place for reporting sexual exploitation	a. UNCT/HCT Inter-agency SOPs on community-based complaint mechanisms and/or networks (CBCM/CBCN[6]) on PSEA are established following inclusive consultations with all relevant stakeholders, including	Interagency CBCM/CBCN Standard Operating Procedures (SOPs) are endorsed by all UNCT/HCT members.	1.1. Updating of SOP for inter-agency data reporting and custodianship 1.2. Initiate implementation of joint CBCM for safe and accessible reporting	1.1-completed 1.2. Individual agencies 1.3 First - fourth quarter	1.1. PSEA task force on formulating CBCM SOPs	1.1-1.5 Co-Chairs (UNFPA, FAO), Secretariat (OCHA), UNICEF, UNCT, HCT, PPN

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[4] 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 sexual exploitation and abuse 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

[6] Community-Based Complaint Networks (CBCNs) support communications with complainants and victims while allegations are being investigated, facilitate the provision of assistance and support to victims and their reintegration into their communities. The UN has engaged with local and international organizations and representatives of communities to develop formal and informal structures and channels that are safe, confidential, and easily accessible to women, men, girls, and boys to report misconduct, specifically sexual exploitation, and abuse, and follow up on the status of reported incidents and receive support.

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
and abuse[5], particularly in high-risk areas.	communities, disseminated, and rolled out, and appropriate staff trained.[7]		1.3. Refresher training to PSEA FPs on CBCM, reporting format and online reporting tools 1.4. Conduct community consultations and SEA Risk assessment to inform establishment of required mechanism for PSEA.	1.4 Quarter 1 and 2	1.2 Indiv. Agencies 1.3. CBCM task force under PPN 1.4. IOM, UNHCR, UNICEF and others.	
	b. A variety of reporting channels appropriate to the local context is in place to fill reporting gaps as identified by mapping.	Regularly updated mapping of existing complaint and feedback mechanisms in the response. Multiple confidential reporting channels are available which cater to the diversity of the population and differing levels of access (PLWD, Older Persons, children).	1.1. Continuation of individual agency reporting mechanisms. 1.2. Mapping of AAP, PSEA and CBCMs across all humanitarian organizations to understand what capacities, and services are currently available among organizations working with flood	1.1. Ongoing 1.2. The activity is initiated in last quarter of 2022 with support from OCHA and will	1.1 Indiv. agencies 1.2. UN agencies 1.3.UNICEF 1.4 PSEA resources for HCT flood response	1.1 UNCT/HCT members 1.2. Individual agencies 1.3. UNICEF 1.4 Co-Chairs (UNFPA, FAO), Secretariat (OCHA), HCT, PPN, RCO IA PSEA Coordinator

[5] Type of mechanism and targeted locations to be determined by each UNCT/HCT based on context and existing channels/mechanisms for reporting already functioning. These 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 sexual exploitation and abuse, 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.

[7] UNCT/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 sexual exploitation and abuse allegations, as an integral component of UNCT/HCT prevention and response to sexual exploitation and abuse. The SOPs require all signatories to have an established internal sexual exploitation and abuse complaint handling procedure in place.

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
			affected communities and what needs to be done to strengthen it. **1.3.** Support to Provincial Disaster Management Authority (PDMA) in KP (Khyber Pakhtunkhwa) to pilot a common channel for safe and accessible reporting of SEA. **1.4.** Situation assessment on perceptions and capacities on AAP and PSEA, including mapping of the services availability at the community level	continue in 2023 **1.3-1.4.**Jan-Dec		
	c. Percentage of children and adults which have access to a safe channel to report sexual exploitation and abuse.[8]	E.g., 100% of the affected population have access to at least one (1) safe and accessible channel to report sexual exploitation and abuse.	**1.1.** *As Output 2.1b* **1.2.** Expand outreach of complaint mechanisms to flood affected areas. **1.3.** Provide financial and technical support to PDMA in KP to pilot a common channel for safe and accessible SEA reporting.	**1.1** *As Output 2.1b* **1.2** In progress **1.3** Jan-Dec	**1.1** *As Output 2.1b* **1.2.** UN Agencies **1.3** UNICEF	**1.1** *As Output 2.1b* **1.2** Co-Chairs (UNFPA, FAO), Secretariat (OCHA), HCT, UNCT, PPN, RCO IA PSEA Coordinator 1.3. UNICEF

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[8] Access would be defined within the country context taking account of the type of complaint channels in place. This could include, for example, report to individual directly, phone access, taking account of 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.

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
	d. Percentage of allegations reported to the PSEA Network per month and responded to within seven days (Disaggregated by age, sex, and type of complaint (less than 18; 18 and above).[9]		1.1. *As under Output 2.1a*	1.1. *As under Output 2.1a*	1.1. *As Output 2.1a*	1.1 *As Output 2.1a*
Output 2.2. Community mobilization, consultation, and awareness-raising on PSEA in each community receiving and/or affected by United Nations assistance. Where there is an HC/HCT this would apply to all humanitarian partners.	a. Number of adults and children (disaggregated by gender and age) reached through consultation in the establishment of community-based complaint mechanisms, awareness activities and community mobilization interventions on PSEA, including how to report SEA-related complaints.[10]	E.g., Consultations with affected population inform the establishment of CBCMs. Evaluation of existing CBCMs for effectiveness and compliance with human rights principles.	1.1. *As under Output 2.1* 1.2. Awareness raising activities in local communities on PSEA and reporting mechanism 1.3. Develop and disseminate IEC material in local languages including Urdu, Sindhi, and Dari etc. 1.4. Wide dissemination of Individual agency –led IEC material at the community level. 1.5. Orientation to frontline workers, PSEA FPs, and IP staff on the use of IEC materials.	1.1. *As Output 2.1* **1.2-1.6** Jan-Dec	1.1. *As Output* **1.2-1.6** Indiv. agency funds with technical inputs from PPN	1.1 *As Output 2.1* **1.2-1.6** PPN, HCT/UNCT members

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[9] 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 sexual exploitation and abuse allegations to the UN Secretary-General on a quarterly basis.

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

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
			1.6. Regular and periodic consultations with communities during field visits.			
	Percentage of sites reached by PSEA communications materials, how to report sexual exploitation and abuse and how to access victim/survivor-centered assistance. (Disaggregated by type of PSEA communication materials developed for each population group identified).	100% of sites provide information on the prohibition of sexual exploitation and abuse, how to report and receive assistance. Age and gender-sensitive materials on how to report sexual exploitation and abuse and how to access victim/survivor-centered assistance developed and disseminated.	*As Output 2.1 and Output 2.2a*	*As Output 2.1 and Output 2.2a*	*As Output 2.1 and Output 2.2a*	*As Output 2.1 and Output 2.2a*
	b. Number of individuals within the affected population (disaggregated by age and gender) reached with key messages and awareness-raising material on PSEA.		*As Output 2.1 and Output 2.2a*	*As 2.1 and Output 2.2a*	*As Output 2.1 and Output 2.2a*	As *Output 2.1 and Output 2.2a*
	c. Community perceptions and communication preferences are captured on a regular basis (informally and formally through needs SEA risk assessments, surveys, focus group discussions, etc.), and used to improve services.		*As Output 2.1 and Output 2.2a*	*As Output 2.1 and Output 2.2a*	*As Output 2.1 and Output 2.2a*	*As Output 2.1 and Output 2.2a*

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
Outcome 3. Victims' right to assistance. Every child and adult victim/survivor/complainant are offered immediate, quality assistance (medical care, psychosocial support, legal assistance, reintegration support).[11]						
Output 3.1 Sexual exploitation and sexual abuse victim/ survivor assistance is provided through Gender-Based Violence (GBV) or Child Protection (CP) programming which is familiar with sexual exploitation and abuse and the specific needs of victims/survivors. In humanitarian context, this may be resourced through the Humanitarian Response Plan (or other funding mechanisms).[12] In other settings, UN	a. Mapping of the existing service providers (e.g., GBV and CP programming) and current gaps in SEA assistance coverage are identified and addressed.		1.1 Mapping of GBV and CP services 1.2 Strengthen and establish referral pathways together with the GBV and CP sub working groups in selected parts of the country where gaps exist. 1.3 *As Output 2.1b* 1.4 Launch a Trust fund is Pakistan	1.1. GBV service mapping initiated in 2022 and will continue in 2023. 1.2. In progress for regular updating 1.3. *As Output 2.1b* 1.4. *Quarter 1*	1.1 UNFPA and UNCIEF 1. UNICEF UNFPA 1.3. *As Output 2.1b* 1.4. UNW OMEN	1.1 UNFPA and UNICEF 1.2 UNFPA and UNICEF 1.3 *As Output 2.1b* 1.4 *UN Headquarter r*
	b. Number and percentage of SEA victims/survivors/complainants who have been promptly referred to quality assistance, as part of ongoing GBV and CP programming.	E.g., 100% of victims/survivors are referred for assistance and receive support within 48 hours. Data is disaggregated according to the affiliation of the offender (UN staff and related personnel and implementing partners).	1.1 Develop and use PSEA Referral forms	1.1 Available	1.1 No costs	1.1 GBV and CP sub working groups, PPN

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[11] Support to victims/survivors/complainants is unconnected with the investigation and should be pursued from the time of an allegation as indicated in the UN Comprehensive Strategy on Assistance and Support to Victims of Sexual Exploitation and Abuse

[12] This can and should include f existing protection system which provides the basis for support to sexual exploitation and abuse victims/survivors.

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
entities should consider the creation of a contingency fund to facilitate victims' rights support and assistance, including through exploring opportunities for joint fundraising by United Nations Country Team members and project proposal submitted to the [Trust Fund in Support of Victims of Sexual Exploitation and Abuse]().	c. Number and percentage of SEA victims/survivors who have accessed to assistance (disaggregated by age and gender and type of assistance received).	E.g., 100% of victims/survivors are referred for assistance and receive support within 48 hours. Data is disaggregated according to the affiliation of the offender (UN staff and related personnel and implementing partners).	1.1 Integrate indicators in the online reporting mechanism and systems. 1.2 Ensure an integrated GBV and CP services, for prompt referral pathways to qualified service providers for victim/survivor assistance. 1.3 Develop questionnaire to analyze affiliation of the offender and victims/survivors who have accessed the assistance	1.1. 2021-2022 1.2. 2023 1.3. 2023	1.1 No costs 1.2 -1.3 GBV and CP working group resources	1.1 UNCT 1.2 GBV and CP working groups, PPN
	d. Percentage of the affected population, particularly women and children, who can access GBV assistance.[13]	E.g., 100% of the affected population (esp. women and children) can access GBV services. e.g., Number of people satisfied with assistance received following a complaint of sexual exploitation and abuse.	1.1. Integrate PSEA in GBV and CP sub working groups and referral pathways 1.2. Training to GBV and CP service providers on the specificities of victims of sexual exploitation and abuse and their needs. 1.3 Review and introduce client satisfaction forms	1.1. In progress 1.2. Jan-Dec 1.3. Jan-Dec	1.1 UNFPA and UNICEF 1.3 UNFPA and UNICEF 1.4. Co Chairs	1.1. GBV and CP sub working groups, PPN 1.2. Capacity Building lead 1.3. Co-Chairs (UNFPA, FAO), PPN members

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[13] The tracking of access to services is a core function of the PSEA Network's role in strengthening response to sexual exploitation and abuse. Current gaps in SEA assistance coverage (as provided through GBV/ CP programmes) should be systematically addressed by UNCT/HCT members, as well as through CERF/CBPFs. There should be a tracking system maintained by the UNCT

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
	e. Funding/resources for assistance to victims/survivors of sexual exploitation and abuse is available. (Please indicate if there are any funds of this nature)	There is a joint/contingency/ dedicated fund or pooled resources at country level.	1.1. Dedicated fund for victims does not exist in the country. Individual agencies have their own mechanisms. The support is however needed for non UN members.	**1.1** Jan-Dec 2023	**1.1** to be identified	**1.1** HCT members (UNICEF, WHO, UNFPA), indiv. Agencies
Output 3.2 PSEA Networks have referral pathways for victim/survivor assistance in place, as part of an integrated approach with GBV services.	a. Status of implementation by PSEA Network of protocol for referral and provision of services for sexual exploitation and abuse victims/survivors (in line with GBV referral pathways).[14]	E.g., GBV referral pathway integrated within PSEA Network SOPs.	*As Output 3.1a-d*			
	b. Tracking and data collection on victims and victim assistance (please indicate the system in place, what information is collected and frequency of maintenance).	Please indicate if Gender-Based Violence Information Management System (GBVIMS) is being used to maintain data on sexual exploitation and abuse or indicate if there is a dedicated tracking system in place/under development.	**1.1** Online reporting mechanism to collect data on reported PSEA cases, assistance and investigation is functional	**1.1** On going	**1.1** No costs	**1.1.** Co-Chairs (UNFPA, FAO)
Outcome 4. Accountability and investigations. Every child and adult victim/survivor of sexual exploitation and abuse who is willing has their case investigated in a prompt, and safe way in accordance with a victims'/survivors' rights approach.						
Output 4.1 PSEA Networks adopt, implement and track	a. Percentage of UNCT/HCT members understand the		**1.1.** Investigation of SEA cases are dealt with by the concerned departments of the	**1.1** On going	**1.1** No cost	**1.1** Co-Chairs (UNFPA, FAO),

[14] See the UN Protocol on the provision of assistance to victims of sexual exploitation and abuse ("UN Victims' Assistance Protocol"), 12 Dec 2019. This could include, for example, the inclusion of reference and procedures for referrals and accessing services.

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
progress against uniformed protocols/guidelines for prompt, safe and victim/survivor-centered assistance during investigations at country-level.	standards under investigations are conducted.		HQs. The agency based PSEA FPs are trained on the standards who further share this information with their agency personnel			Secretariat (OCHA), HCT/ UNCT members
	b. PSEA Network members and local partners have personnel trained on SEA guidelines and protocols for victim/survivor-centered investigations.		**1.1.** UNHCR led ToT for PSEA FPs covered these topics, will be replicated at individual agency level **1.2.** UNICEF led trainings of IPs on survivor -centered investigation skills and PSEA training for UN IP will be replicated in their respective organizations **1.3.** Strengthening investigation capacity within the organizations (INGOs + NNGOs) and capacity building of referral partners on SEA case management	**1.1**. Ongoing **1.2.** On going **1.3** First - fourth quarter	**1.1-1.2** Indiv. agency funds, UNHCR, UNICEF **1.3** UNICEF	**1.1-1.2** Co-Chairs (UNFPA, FAO), Secretariat (OCHA), HCT, **1.3** UNICEF
Output 4.2 Sexual exploitation and sexual abuse victims/ survivors informed of and/or supported in relation to investigations and	a. Percentage of victims/survivors who are informed of the outcome of the investigations.		**1.1** 100% of the victims/ survivors are informed about the outcome of the investigation. The updated monthly reporting mechanism has enabled the monitoring process of	**1.1** Effective since April 2021 & updated in 2022	**1.1** No cost	**1.1** RC/HC, Co-Chairs (UNFP, FAO), HCT members

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
accountability processes.[15]			follow-ups on the reported cases.			
Output 4.3 When working with implementing partners, adequate safeguards are in place and action is taken related to sexual exploitation and abuse – e.g., screening, cooperative arrangements, monitoring, and termination of arrangements ([United Nations Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners](#); [ST/SGB/2003/13](#)).	a. The UNCT/HCT has policies on reference checking and vetting for former misconduct or supervision and performance appraisals related to [UN Implementing Partner PSEA Capacity Assessment](#) and they are shared with UNCT/HCT.	Job applicants and contractor personnel are screened for history of misconduct/SEA issues before recruitment.(The Clear Check and/or [the Inter-Agency Misconduct Disclosure Scheme](#) are consulted, self-certified declarations of previous offences, allegations and disciplinary history are required.	1.1. IASC IP assessment tool on PSEA is available. Some UN agencies have adopted the tool while others will be encouraged to use it.	**1.1** On going	**1.1** No cost	**1.1** Indiv agencies
	b. [UN Implementing Partner PSEA Capacity Assessment](#) guidelines are implemented.	Implementing partners assessment are centralized at country level and shared with other members of the UNCT/HCT.	1.1. Standardized IPs assessment on PSEA on IASC 8 standards is effectively operational and monitored including HR reference. 1.2. Rolling out, strengthen and mainstream the harmonized IP PSEA capacity assessment tool.	**1.1-1.2** On going	**1.1-1.2** No cost/ individual agencies	**1.1-1.2** HCT supported by PSEA FPs
	c. Follow-up is established for the implementing partners that do not meet the minimum threshold.	Actions in line with the implementing partners protocol are taken against those implementing partners	1.1 Capacity development plans of IPs with moderate to low capacities are developed and monitored periodically as per UN	**1.1** Ongoing process **1.2** Dec 2022-March 2023	**1.1** No costs **1.2.** UNICEF	**1.1** HCT supported by PSEA FPs. **1.2** UNICEF

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[15] This may include civil and criminal proceeding, as well as other redress measures.

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
		that do not meet the required standards.	Implementing Partner PSEA Capacity Assessment, with priority to IPs operating in flood impacted areas **1.2** Engage four CSO IPs with specialized expertise to accelerate implementation of PSEA in the floods affected areas in Sindh, Balochistan and Punjab.			
Part C: PSEA Country-Level Structure						
Outcome 5. PSEA inter-agency country-level structure. The Resident/Humanitarian Coordinator and UNCT/HCT are supported at senior management and technical levels to lead, oversee, and deliver on the above four PSEA Outcomes.						
Output 5.1 The role of the RC/HC as PSEA lead is clear to all PSEA stakeholders.	a. The RC/HC takes an active lead on PSEA and, where relevant, coordinates with the (D)SRSG.	RC/HC circulates code of conduct or the IASC Six Core Principles statement of purpose on PSEA. RC/HC supports implementation and monitoring on in-country PSEA Strategy, making explicit the leadership role of the RC/HC and UNCT/HCT.	**1.1** RC/HC circulates monthly emails on submission of PSEA reports to UNCT members & circulates PSEA Core Principles. **1.2** Endorse the PSEA Annual Work plan **1.3** Role of RC/HC as PSEA lead is refreshed to PSEA stakeholders.	**1.1** Jan-Dec **1.2** Dec 2022 **1.3** Jan-Dec	**1.1-1.3** No cost	**1.1-1.3** RC/HC, UNCT, HCT, Co-Chairs (UNFPA, FAO), Secretariat (OCHA), RCO IA PSEA Coordinator
Output 5.2 Members take on the PSEA role to support the Resident/Humanitarian Coordinator to	a. Status of the designation of agency chairs for the PSEA Steering Committee (principal level, UNCT/HCT) and the PSEA Network (technical level).		**1.1** PSEA network established with HCT endorsed ToRs, co-chairs provide technical PSEA support to the HC/HCT.	**1.1** Since 2019 ongoing **1.2** Since 2019	**1.1-1.2** No cost	**1.1.** UNFPA and FAO under HC/HCT **1.2.** PPN under HCT

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
deliver on PSEA at the UNCT/HCT level and the PSEA Network at the technical level.			**1.2** Two task groups on capacity assessment (led by Care International) and capacity development (led by UNHCT) are formed under PPN.			
Output 5.3 A full-time PSEA Coordinator (with medium to long-term secured funding) is in place, with a direct reporting line to the HC/RC, to provide day-to-day technical support and expertise to the inter-agency PSEA Network. In the absence of a Senior Victims Rights Officer (SVRO) or Field Victims' Rights Advocate (FVRA), consider the designation of a focal point for	a. Status of deployment of a full-time PSEA Network Coordinator (with clear ToRs).	P4 level full-time PSEA Coordinator is in place PSEA Coordinator reports directly to the RC/HC.	**1.1** PSEA Coordinator (SB4) in place and provides day-to-day technical support and expertise for the inter-agency PSEA Network. **1.2** In line with the PPN, IA PSEA Coordinator to support mobilization of provincial chapters. **1.3** P4 full-time PSEA coordinator recruitment under RC's office is under-discussion	**1.1** Jan-Dec **1.2** First quarter 1.3 First quarter	**1.1** Cost sharing **1.2** Indiv. Agencies **1.3** UN agencies	**1.1** HCT members **1.2** Lead and Co- lead agencies in the provinces for hosting provincial networks **1.3** UNICEF, OCHA, UNFPA
	b. The PSEA Coordinator takes an active lead in supporting senior leadership in developing and implementing PSEA Network TORs and a PSEA Work Plan, based upon the inter-agency PSEA Network risk assessment**.**		**1.1** PSEA Coordinator supports senior leadership in developing and implementing PSEA Network TORs and a PSEA Work Plan	**1.1** 2023	**1.1** No cost	**1.1** HCT, Co-Chairs (UNFPA, FAO), RCO IA PSEA Coordinator
	c. On request, the PSEA Coordinator provides expert guidance and technical support		**1.1** PSEA Coordinator provides technical and capacity building support to	**1.1** On going	**1.1** No cost	**1.1** Co-Chairs (UNFPA, FAO), Secretariat

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
victims' rights[16] at the country level by the PSEA Network in consultation with the most senior United Nations official in the country.	to Network members and other relevant entities operating in the context to strengthen their internal PSEA programs in line with good practice and standards.		relevant entities on need bases.			(OCHA), RCO IA PSEA Coordinator
	d. Creation of a SVRO position or designation of the FVRA or consider the designation of a focal point for victims' rights in the office of the HC/RC with a system-wide mandate has been appointed to advise at the country level (please indicate date of appointment or a timeline if the appointment of a SVRO/FVRA/focal point with a system-wide mandate is in the process, grade level and source of funding if full-time SVRO).	A SVRO/FVRA or a focal point for victims' rights has been appointed at the country level in the Office of the HC/RC.	*SVRO position is not yet planned in the country*	*N/A*	*N/A*	*N/A*
Output 5.4 An inter-agency PSEA Network is in place with the resources and expertise necessary to deliver	a. PSEA Network being established or in place.	E.g., PSEA Network is established and reports regularly to RC/HC via the PSEA Coordinator. PSEA Network includes all UNCT/HCT members, including representation from international and national NGOs.	**1.1**. Review the PPN ToRs and develop new ToRs were need, orient all members on their roles. **1.2**. Institutionalize monthly coordination meetings for the PPN, tracking implementation of all agreed action points	**1.1.** Jan- Feb **1.2.** Jan-Dec	**1.1-1.2** No cost	**1.1-1.2** Co-chairs (UNFPA & FAO), Secretariat (OCHA), PPN, RCO IA PSEA Coordinator

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[16] Generic ToRs for a focal point for victims' rights is available from the Office of the Victims' Rights Advocate (ovra@un.org).

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
on PSEA outcomes (above).	b. All the PSEA Network members have received training from their entities on PSEA.		*As Output 1.1a*	*As Output 1.1a*	*As Output 1.1a*	*As Output 1.1a*
	c. Integration of PSEA in the Humanitarian Response Plan (or similar), where relevant.	E.g., PSEA Action Plan is costed and resourced through HRP.	**1.1** Pakistan is not HRP country, but is highlighted in Flash Appeal.	**1.1** Sept 2022-2023	**1.1** Funds to be raised.	**1.1** UNICEF, WHO, UNFPA, OCHA, HCT
	d. All organizations (UNCT/HCT and PSEA networks) meet required minimum standards such as the Minimum Operation Standards (MoS) and Core Humanitarian Standards (CHS) PSEA Index to enable appropriate complaints receipt and handling.	All UN partners meet the requirements in the UN common assessment. Joint capacity development and training provided through the network to support entities to meet the PSEA requirements.	*As Output 1.1a, Output 5.1a and Output 5.3c*	*As Output 1.1a and Output 5.3c*	*As Output 1.1a and Output 5.3c*	*As Output 1.1a and Output 5.3c*
	e. Status of development and implementation of the UNCT/HCT PSEA Action Plan, including clearly defined roles and responsibilities of each actor.	E.g., PSEA Action Plan is endorsed by all UNCT/HCT members.	*As Output 5.1a*	*As Output 5.1a*	*As Output 5.1a*	*As Output 5.1a*
Output 5.5 PSEA technical focal points from all UNCT/HCT members are in place and actively contribute to the PSEA Network's delivery of PSEA	a. Percentage of UNCT/HCT members that have appointed a dedicated PSEA technical focal point to the PSEA Network (with clear ToRs).		**1.1** All PSEA focal persons assigned are undertaking multiple role and responsibilities. UNICEF has a dedicated staff, with other UN agencies recruited for flood emergency:	**1.1** 2022-23	**1.1** Cost-shared, indiv. agency funds	**1.1** WHO, UNICEF, UNFPA, IOM, UNHCR

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
outcomes (as per the above).			• UNICEF has deployed one additional PSEA Program Specialist (international) for the surge support to be based in Sindh. UNICEF has also recruited four national PSEA Officers to be based in Sukkur in Sindh, Multan in Punjab, Peshawar in KP and Quetta in Baluchistan. • WHO has recruited four PRSEAH officers in Sukkur Hub; D.I. Khan Hub; Nasir Abad Hub and Islamabad/Punjab for response and monitoring in flood affected areas of Sindh. • UNFPA has recruited International and National PSEA experts placed at Islamabad and at districts level in Sukkur and Hyderabad. • IOM is currently identifying two PSEAH FPs for Sindh. • UNHCR has deployed two dedicated human resources			
	b. The PSEA technical focal points are active in designing or disseminating awareness-raising tools and facilitate events for community members with emphasis on their rights		*As Output 2.2a*	*As Output 2.2a*	*As Output 2.2a*	*As Output 2.2a*

Desired outcomes	Indicators	Targets/ Benchmarks[2]	Key actions	Timeframe	Budget/ Funding Source	Lead agency/ies per activity
	c. The PSEA technical focal points are actively working with the inter-agency PSEA Network to establish a CBCM		*As Output 2.1*	*As Output 2.1*	*As Output 2.1*	*As Output 2.1*
Output 5.6 Country-level risk assessment in respect of sexual exploitation and abuse conducted based on risk management tools	a. The inter-agency PSEA network conducts regular SEA risk assessments and shares the findings and recommendations with the UNCT/HCT.		• Country-level risk assessment to be planned and conducted • Organizational PSEA Capacity assessment to be conducted	**1.1** For flood affected areas WHO has already started this assessment UNHCR has planned risk assessment for mid-year 2023. **1.2** Online questionnaire developed by UNFPA	**1.1** WHO, UNHCR **1.2.** No cost	**1.1** WHO, UNHCR **1.2.** UNFPA
	b. The inter-agency PSEA network provides technical support needed to mitigate risks of SEA, in collaboration with relevant stakeholders.		*As Outputs 1.1a, 2.1a, 2.2a, 3.1d, 4.3c, 5.2a*	*As Outputs 1.1a, 2.1a, 2.2a, 3.1d, 4.3c, 5.2a*	*As Outputs 1.1a, 2.1a, 2.2a, 3.1d, 4.3c, 5.2a*	*As Outputs 1.1a, 2.1a, 2.2a, 3.1d, 4.3c, 5.2a*

For additional information and resources:
- [Management and accountability of the UN Development and Resident Coordinator System](#)
- [PSEA Knowledge Gateway](#)

- Inter-Agency Standing Committee resources
  a. IASC Six Core Principles Relating to SEA (Revised 2019)
  b. IASC Minimum Operating Standards PSEA
  c. Guideline – Inter-Agency Community-Based Complaint Mechanisms – Protection against Sexual Exploitation and Abuse
- Guideline – Inter-Agency Community-Based Complaint Mechanisms – Protection against Sexual Exploitation and Abuse
- UN System Policies and Protocols on PSEA
- Office of the Victims' Rights Advocate