# Afghanistan PSEA Network 2023 & 2024 Work Plan

This Work Plan has been developed by the Afghanistan PSEA Network to prevent, mitigate, and respond to sexual exploitation and abuse (SEA). It is steered by the UN Resident and Humanitarian Coordinator (RC/HC) on behalf of the humanitarian and development response, with close support from the UN Country Team (UNCT), the Humanitarian Country Team (HCT), the PSEA Network Co-chairs (UNFPA and IMC), and the Inter-Agency PSEAH Coordinator. The three strategic priorities of the Work Plan (i.e., inter-agency structure, preparedness, and response) are in line with the Inter-Agency Standing Committee (IASC) Acceleration Plan and follow the official PSEA Results Framework template set out by the Office of the Special Coordinator on improving the UN response to sexual exploitation and abuse (OSCSEA). However, the global template and indicators have been revised to fit the current context in Afghanistan, and those meeting the SMART criteria have been selected. The objective is to promote harmonised PSEA preparedness and response activities for the UN agencies, NGOs, and CSOs in Afghanistan, contributing to the implementation of a robust Work Plan that provides a basis for tracking progress and mobilisation of required resources.

#### Contact details of the Inter-Agency PSEAH Coordinator: Maria Kjersem, maria.kjersem@un.org

Contact details of the PSEA Network Co-chairs: IMC: Ahmed Kassas, akassas@internationalmedicalcorps.org UNFPA: Husni Husni, husni@unfpa.org

Area	Desired Outcome	Responsible	Frequency	Funds	Indicator	Target	Key Action
Leadership	The PSEA architecture is clearly articulated to and known by the development and humanitarian community. <sup>1</sup> UNCT and HCT take on an active PSEA role to support the RC/HC to deliver on PSEA.	RC/HC UNCT & HCT	Continuously		The RC/HC takes an active lead on PSEA on behalf of UNCT and HCT and, where relevant, coordinates with UNAMA and the SRSG. The UNCT and HCT fulfil their function as the senior level bodies overseeing the inter- agency PSEA Network.	The RC/HC leads the implementation and monitoring of the PSEA Strategy and Work Plan, making explicit the leadership role of the RC/HC. The UNCT and HCT have fulfilled all core functions of their role as the senior level body accountable for PSEA. <sup>2</sup>	<ul> <li>RC/HC submits "End-of- Year Management Letter " and Work Plan to OSCSEA.</li> <li>RC/HC circulates PSEA guidance and policy- updates to UNCT and HCT.</li> <li>UNCT and HCT appoint Co- chairs and SAG members.</li> <li>UNCT and HCT appoint PSEA focal points.</li> <li>PSEA is quarterly on the agenda of UNCT and HCT.</li> <li>UNCT and HCT endorse</li> </ul>
	Enhanced cooperation with relevant Afghan actors/stakeholders on PSEA to foster trust.	RC/HC Access WG	Continuously		RC/HC takes lead in communicating on PSEA with relevant Afghan actors/stakeholders.	RC/HC has ensured needed information sharing/advocacy with relevant Afghan actors/ stakeholders on PSEA.	<ul> <li>Work Plan and SOPs.</li> <li>RCO and OCHA support the PSEA Network in its engagement with relevant actors and/or stakeholders.</li> </ul>

#### **Strategic Priority 1: Inter-Agency Structure**

<sup>1</sup> The RC/HC, as the senior-most UN official for the humanitarian and development response in Afghanistan, has the ultimate responsibility for inter-agency PSEA in country on behalf of the UNCT and HCT, i.e., to create and maintain an environment that prevents SEA; to ensure that protection from SEA is integrated into coordination structures; to ensure that a country-level work plan is developed and implemented; and to ensure that a quality, victim-centred assistance mechanisms are operational. Concrete steps to carry out these responsibilities are in the RC/HC Handbook on Emergency Preparedness and Response.

<sup>2</sup> UNCT and HCT provide direction and support through the following key functions: (a) the UNCT/HCT serves as the senior-level body holding the primary accountability, decision-making, and oversight authority for PSEA activities; (b) PSEA is regularly tabled on the agenda of UNCT and HCT; (c) Co-chair agencies have been designated by UNCT and HCT to provide with technical guidance and support the PSEA Network; (d) UNCT and HCT provides direction and endorses country-level PSEA Action Plan; and (e) UNCT and HCT provide direction and endorses PSEA Network SOPs.

Coordination	A PSEA Network is in place with resources and expertise to deliver on inter-agency PSEA preparedness and response.	UNCT & HCT	Continuously		% of funding-needs to cover the inter-agency PSEA Work Plan identified and allocated.	A PSEA Network is fully operational: implementing coordinated activities; ensuring effective response when incidents arise; and raising awareness of PSEA.	•	Finalise and endorse PSEA Network ToR & Work Plan Finalise and endorse PSEA Network Work Plan. Organise monthly PSEA Network meetings.
	Joint Regional AAP and PSEA Sub-Working Groups are established. <sup>3</sup>	RHT and R-ICCG	Continuously	OCHA UNFPA	AAP and PSEA Sub- Working Groups established in Kandahar, Mazar-i-Sharif, and Heart (pilot locations).	AAP and PSEA Sub-Working Groups are in-place and implement coordinated activities between its members and RHT/R-ICCG.	•	Finalise and endorse PSEA Sub-Working Group ToR. Recruit 4 national AAP and PSEA officers to ensure inter-agency field support.
	Focal points from UNCT and HCT members are actively contributing to the delivery of collective PSEA outcomes.	UNCT & HCT	Continuously		% of PSEA Focal Points who have been able to prioritise internal PSEA responsibilities as well as actively contribute to the inter-agency PSEA Network activities.	All PSEA Focal Points remain in their positions for at least one year and are permitted adequate time for PSEA focal point work and duties (both internally and externally.	•	Finalise and endorse PSEA Network Focal Point ToR. UNCT, HCT, and partners appoint PSEA Focal Points. PSEA Network conducts annual mapping of focal points, gaps, and needs.
	The PSEA Coordinator provides guidance and technical support to Network members and other relevant entities operating in the Afghan context.	UNCT & HCT	Annual	WFP UNFPA	Status of deployment of a full-time Inter-Agency PSEAH Coordinator.	P4 (full-time) Inter-Agency PSEAH Coordinator is in place, reporting to the RC/HC.	•	UNCT and HCT ensure deployment of inter- agency PSEAH Coordinator. PSEAH Coordinator takes active lead in overseeing Strategy, Work Plan, and technical coordination.
	Country-level SEA risk assessment conducted.	PSEA Network RMT	Annual	IASC IOM	Country-level SEA risk assessment is conducted on the basis of global risk management tools.	Findings from the annual SEA risk assessment have been endorsed by UNCT/HCT and inform inter-agency activities.	•	Roll out the Sexual Exploitation and Abuse Risk Overview (SERO), i.e., pilot for the subnational model. <sup>4</sup> PSEA is integrated in UN Common Risk Assessment.

<sup>&</sup>lt;sup>3</sup> In Afghanistan, the AAP Working Group and the PSEA Network have established a close partnership through shared initiatives, such as field missions and assessments; linked feedback, reporting, and referral mechanisms; and aligned community engagement and outreach. So far, this has ensured successful inter-agency coordination for the UNCT, HCT, and the ICCT on overlapping AAP and PSEA interests. To build on this and to ensure a more systematic approach to the AAP and PSEA partnership in Afghanistan, it was recently decided to pilot three AAP and PSEA Sub-Working Groups in Heart, Kandahar, and Mazar-i-Sharif under the umbrella of the national-level coordination mechanisms. As a part of this process, joint AAP and PSEA action plans, linked to the national-level work plan, will be adopted in the regions.

<sup>&</sup>lt;sup>4</sup> The Sexual Exploitation and Abuse Risk Overview (SEARO) is a Composite Index that brings together indicators on a range of different factors that can influence the risk of SEA. SEARO categorises countries with ongoing humanitarian response operations according to their level of risk, enabling comparisons of risk between countries and assessing how those risks change over time. Afghanistan has been selected, as one of two countries, to participate in the pilot for the roll-out of the subnational model of the SEA Risk Overview with support from IASC/OCHA at HQ-level. In this regard, the PSEA Network will work closely with the Risk Management Team (RMT).

Monitoring & Evaluation	Non-identifiable data on number, status, and nature of complaints received is maintained by UNCT and HCT. <sup>5</sup>	UNCT & HCT	Continuously	Status of implementation of an inter-agency reporting system with information on provided victim assistance for trend analysis.	The PSEA Network has an inter-agency reporting system that is frequently updated.	<ul> <li>Develop Information Sharing Protocol (ISP).<sup>6</sup></li> <li>Develop a data-tracking matrix with non- identifiable information on SEA allegations, profile of victim/perpetrator, and received assistance.</li> </ul>
	Verify that all complaints received are handled according to global reporting requirements and inter-agency SOPs.	RC/HC PSEA Coordinator	Continuously	Country Representatives share appropriate information with the UN-Senior Most immediately when they become aware of an SEA allegation involving UN staff, personnel and/or implementing partners.	Country Representatives share information in line with the new Guidance Note and mandatory reporting template set out by the OSCSEA on Sharing Incident Information on SEA allegations with the UN Senior Most Official. <sup>7</sup>	<ul> <li>RCO and UNAMA develop country-contextualised guidance on mandatory information sharing with the UN SeniorMost Official.</li> <li>Anonymised statistical data is shared with UNCT and HCT on an annual basis to ensure transparency.</li> </ul>

## **Strategic Priority 2: Inter-Agency Prevention**

Area	Desired Outcome	Responsible	When	Funds	Indicators	Targets	Key Actions
Capacity	Joint capacity	PSEA Focal Points	Upon	Internal	% personnel provided	100% of staff and affiliated	• HR of each entity records
Building	development and	with their own	recruitment	funds	with clear guidance on	workforce are provided with	copy of the PSEA training
	training provided	HR/Ethics Office	and annually		PSEA standards, Code of	clear guidance on PSEA and	certificates and maintains
	through the PSEA				Conduct, and protocols.	how to report SEA allegations.	updated tracking.
	Network to support	PSEA Network	Continuously		% of personnel,	100% of new staff, visitors,	<ul> <li>UNDSS and/or security</li> </ul>
	entities to meet PSEA	UNDSS			including those visiting	and related personnel have	focal points to include
	requirements and				the country, are	received information about	contextualised PSEA
	minimum actions, with				provided with a brief on	PSEA as a part of onboarding	components in
	focus on country-				PSEA/code of conduct.	and field visits.	mandatory briefs.

<sup>&</sup>lt;sup>5</sup> Record keeping and information sharing about SEA allegations and victim assistance must adhere to 'Do No Harm' and the victim's personal identifiable information must remain confidential (UNICEF <u>Technical note</u>, 2021). UNCT and HCT members have been approved by the PSEA Network to access the agreed-upon consolidated data reports (anonymised) in the format of verbal and/or written presentation of summary information by the RC/HC.

<sup>&</sup>lt;sup>6</sup> Information Sharing Protocol (ISP) set out the guiding principles for reporting incidents of SEA and sharing anonymised statistical data on any reported cases, received by either members of the PSEA Network or the PSEAH Coordinator. The ISP is intended to facilitate good practices on information sharing, responsible handling of data, and transparency between humanitarian and development actors.

<sup>&</sup>lt;sup>7</sup> The Office of the Special Coordinator on improving the UN response to sexual exploitation and abuse (OSCSEA) shared a new guidance note in 2023 on the mandatory requirement for all UN entities on sharing information on allegations of SEA with the RC/HC. The guidance notes also stress that UN agencies need to consult their implementing partners and advise them that information on allegations relating to their personnel will be shared as well. Please note that this does not replace external reporting obligations that all UN agencies hold to report SEA allegations to the UN Secretary-General on a quarterly basis.

	specific policies and procedures. <sup>8</sup>	PSEA Network	Annually	UNDP	Key stakeholders are provided clear guidance on PSEA, as well as how to report/refer cases.	Upon request, PSEA information sessions are provided to other cluster/ sectoral working groups.	•	Develop a pool of trainers and a mainstreaming plan for engagement with other key partners.
	Training of Trainers (ToT) for all PSEA Network focal points. <sup>9</sup>	PSEA Network	Annually	RCO	% of PSEA focal points that received Network- led ToT on PSEA.	100% of focal points provided ToT annually, using the Afghanistan PSEA Network Training Package.	•	Develop a PSEA Network Training Package in English, Dari, and Pashto Organise annual ToT.
Awareness Raising	Personnel and partners understand the UN's standards of conduct on PSEA.	UNCT PSEA Network			% of personnel aware of the policy for protection against retaliation – to empower and protect staff who report SEA.	Staff members and partners are aware of their obligation to report incidents of SEA and the policy for protection against retaliation.	•	Reminders of IASC Six Core Principles regularly communicated to staff. Encourage all staff to participate in the annual OSCSEA survey to identify trends and gaps.
	PSEA information campaigns rolled out.	PSEA Network	Continuously	UNFPA	% and # of sites and field offices reached with PSEA communications materials on how to report SEA and how to access information and support/assistance.	Age and gender-sensitive materials on how to report SEA and how to access victim- centred assistance developed and disseminated amongst aid actors as well as communities receiving aid.	•	Production and dissemination of context- sensitive and inclusive awareness-raising materials (Dari, Pashto, and English) for both affected populations as well as stakeholders.
	Ensure community consultation on PSEA in each area receiving UN assistance.	PSEA Network	Annually	AAP Working Group	Community preferences are captured on a regular basis and used to improve interventions/ reporting mechanisms.	Promotion of community engagement and meaningful participation by vulnerable groups in collective PSEA programme design.	•	Quarterly Assessment with affected populations in Afghanistan through Community Voices and Accountability Platform. <sup>10</sup>

<sup>&</sup>lt;sup>8</sup> IASC (2022) developed guidance on "Quality Training on PSEA", whereby PSEA training courses are recommended to apply the following quality elements: (a) practical guidance on how to reach the designated complaint mechanisms for reports/ referrals; trainers have received training/guidance from PSEA/GBV specialists; and training language and training materials are adapted to the specificities of context.

<sup>&</sup>lt;sup>9</sup> It is not the responsibility of the PSEA Network to ensure PSEA training of internal staff (as this reminds an individual organisational responsibility). According to the global <u>PSEA Network Terms of Reference</u> (2021), the Network shall "encourage network members to carry out induction and refresher trainings on SEA for all personnel and support such trainings with jointly developed contextualised materials" while "supplement network members' internal initiatives to strengthen SEA prevention through joint activities and sharing good practice". Thus, the Afghanistan PSEA Network will focus on Training of Trainers (ToT) to support focal points and agencies to roll-out their internal responsibilities.

<sup>&</sup>lt;sup>10</sup> <u>The Community Voices and Accountability Platform</u> is an inter-agency platform for community engagement and accountability to affected people in Afghanistan, presenting insights and feedback gathered from communities affected by the crisis. The data is collected by humanitarian partners via their existing community feedback mechanisms and as part of their regular community engagement activities. This includes PSEA data linked to PSEA awareness; information sharing preferences; access to reporting mechanisms; barriers to reporting SEA risks; and identification of vulnerable/at-risk groups.

Accountability	Establish a PSEA Network Code of Conduct and Whistleblowing Policy.	PSEA Network	Annually		Status of Code of Conduct and Whistleblowing Policy developed and endorsed by UNCT and HCT.	Code of Conduct and Whistleblowing Policy developed that prohibits SEA, obliges reporting, provides meaningful protection.	•	PSEA Network develops Code of Conduct and Whistleblowing Policy as guidance to all PSEA Network members.
	The intersectional need of women, men, girls, and boys are included in PSEA plans.	Cross-cutting Working Groups on: Gender, Youth, Disability Inclusion, and Accountability	Annually		Clear guidance on how to mainstream accountability, gender, and disability inclusion in PSEA provided.	PSEA Strategy and Work Plan, as well as planned initiatives, address the intersectional risks and needs faced by women, men, girls, and boys.	•	PSEA Network seeks mainstreaming support from accountability, gender, youth, and disability inclusion working groups.
	When working with implementing partners/cooperating partners, adequate safeguards are in place	Individual agencies	Continuously	Internal funds	% members contribute to the IP PSEA Capacity Assessment for increased transparency.	IP assessments are centralised at a country level and shared with UNCT and HCT members.	•	Develop collective tracking tools to map shared IPs and assessment status.
	and action taken related to PSEA. <sup>11</sup>	PSEA Network	Annually		Follow-up is established for the implementing partners/ cooperating partners that do not meet the minimum threshold.	Actions in line with the implementing partners protocol are taken against those partners that do not meet the required standards.	•	Develop collective capacity building plans and tools for partners that do not meet the minimum threshold.
	Clear policies on vetting for former misconduct and data sharing.	PSEA Focal Points with own HR Office	In line with own agency commitments	Internal funds	Status of job applicants and/or contractors screened for history of misconduct before recruitment and data shared between entities.	Self-certified declaration of previous offences/ allegations/disciplinary history is required from all new hires/contractors.	•	PSEA Network support members and partners by working with the Inter-Agency Misconduct Disclosure Scheme <sup>12</sup> and Interpol's Project Soteria <sup>13</sup> .

<sup>&</sup>lt;sup>11</sup> The obligation of all UN agencies to assess and capacitate implementing partners/cooperating partners is captured in the UN Protocol on SEA Allegations Involving Implementing Partners (2020).

<sup>&</sup>lt;sup>12</sup> <u>The Misconduct Disclosure Scheme</u> was launched in January 2019 to address the specific problem of known sexual abusers moving between humanitarian and development organisations undetected. The Scheme is a partner of several UN agencies and NGOs and complements other vetting processes (as it picks up perpetrators who have had disciplinary processes completed against them or who are subject to ongoing investigation).

<sup>&</sup>lt;sup>13</sup> Interpol's Project Soteria aims to bring law enforcement and the aid sector together to prevent sexual offenders from using their positions to access and offend against children and vulnerable adults. While Project Soteria predominantly focuses on prevention – reducing the risk of sex offenders working in the aid sector – it also aims to ensure that the strongest mechanisms for detecting, investigating and reporting cases of SEAH are in place.

## **Strategic Priority 3: Inter-Agency Response**

Area	Desired Outcome	Responsible	When	Funds	Indicators	Targets	Key Actions
Safe and Accessible Reporting	Safe and accessible, mechanisms are in place for SEA reporting. <sup>14</sup>	PSEA Coordinator	Annually		Inter-agency PSEA Standard Operating Procedures (SOPs) are endorsed by UNCT and HCT and rolled out.	Inter-agency SOPs are endorsed, rolled out, and frequently reviewed and updated (as needed).	<ul> <li>Develop and endorse inter-agency SOPs.</li> <li>Organise Training of Trainers (ToT) on SOPs.</li> <li>Monitor and address any gaps in reporting channels coverage.</li> </ul>
		PSEA Network	Annually		% of children and adults (SADD) that have access to safe channels to report allegations/concerns.	Multiple confidential reporting channels are available which cater to the diversity of the population and differing levels of access.	<ul> <li>Strengthening of multiple reporting channels (e.g., hotline, online form, e- mail, help desks, community committees).</li> </ul>
	Security and wellbeing support provided to all PSEA focal points. <sup>15</sup>	PSEA Network UNDSS	Monthly	UNDSS	# Security and wellbeing sessions offered to PSEA Focal Points.	Monthly in-person and online security and wellbeing session conducted with Focal Points.	<ul> <li>PSEA Network partners with UNDSS to facilitate monthly security and well-being checks.</li> </ul>
Right to Support and Assistance	PSEA Networks has referral pathways for SEA victim assistance in place, as part of an integrated approach with Gender-Based Violence (GBV), Child Protection (CP), and Health services <sup>16</sup> .	PSEA Network GBV SC CP AoR			Status of implementation of SOPs for referral and provision of services for SEA survivors.	All referrals for SEA victim assistance are made based on the existing services, such as the established GBV and CP referral pathways in-country.	<ul> <li>PSEA Network will work with GBV SC, CP AoR, and Health Cluster to ensure integration of services in PSEA Network SOPs.</li> </ul>
		PSEA Network GBV SC CP AoR	Continuously		# and % of SEA victims and complainants who have been referred to quality assistance, as part GBV and CP programming.	With informed consent, 100% of victims and complainants are referred for assistance and receive support within 48 hours.	<ul> <li>Provide guidance to all PSEA Focal Points on referral of SEA cases, addressing issues around informed consent.</li> </ul>

<sup>&</sup>lt;sup>14</sup> 100% of the population targeted will not be able to access complaint mechanisms (no matter how effectively designed or managed). Reported reach will therefore be calculated based on this assumption and use estimates per "Step 3: Method of Calculation" in the IASC (2022) PSEA Core Indicators Guidance. This step is to calculate the number of children and adults that can reasonably access the safe and accessible reporting channels, which can be done through a variety of calculations. However, in Afghanistan, the methods of calculating the proxy will be: # of people who attended awareness raising sessions with present SEA key messages (i.e., SEA definition, how to report SEA, and how access support and assistance) and # of people who can reach network members' PSEA focal points in supported communities.

<sup>&</sup>lt;sup>15</sup> To consider how to best manage stress and security concerns, the PSEA Network will be rolling out well-being checks for its members. These sessions provide the Focal Points with an opportunity to discuss stress in relation to the PSEA Focal Point role; how it affects their lives; and why it might be useful to meet with UNDSS Security Staff and Stress Counsellors.

<sup>&</sup>lt;sup>16</sup> It is a global requirement for PSEA Networks to coordinate with GBV/CP Coordinators, whereby in-country procedures should be built on existing GBV/CP referral pathways and mappings carried out by protection-mandated organisations, in particular GBV Sub-Cluster and Child Protection AoR (to avoid duplication and creating increased burden on service providers).

	PSEA Network Awaaz	Annual	UNOPS	Status of information by location of gaps, services and factors impeding access. <sup>17</sup>	Gaps in GBV and CP assistance coverage for SEA victims are identified and reported through mapping.	•	Promote PSEA Focal Point Helpline <sup>18</sup> . Train helpline operators on PSEA, including SOPs.
Training on IA SOPs for GBV, CP, and Health service providers and CBCM stakeholders.	PSEA Network	Semi-annually	WHO	# of GBV/CP/Health service providers and CBCM stakeholders that have received training by the PSEA Network.	100% service providers and relevant CBCM actors participating in the PSEA Network IA SOPs are provided with training on PSEA, procedures, and referrals.	•	Develop SOPs for intake and referral of SEA cases in Health Centres. Organise capacity building sessions for GBV and CP service providers.
PSEA Network adopts, implements, and tracks progress against uniformed protocols for prompt, safe, and victim-centred assistance.	PSEA Network	Annually	UNICEF	% of PSEA Network members having at least one focal point trained on the implementation of the UN Protocol on the provision of assistance to victims of SEA.	Training on the UN Protocol on the Provision of Assistance to Victims of SEA provided to all PSEA Network members.	•	Facilitate training to broaden the PSEA focal points knowledge of SEA victim assistance and provide guidance on how to contextualise and implement the Protocol.
Increased capacity amongst staff and partners who are non- GBV specialists, such as PSEA Focal Points, on victim-support.	PSEA Network, GBV Sub-Cluster Health Cluster	Semi-annually	WFP WHO UNFPA	# of non-GBV and CP actors reached with contextualised information on victim/survivor support.	PSEA Focal Points and partners are aware of how to provide basic support and information to SEA survivors without doing further harm.	•	Develop a country- contextualised version of the GBV Pocket Guide (Dari and Pashto). <sup>19</sup> Organise regular training on Psychological First Aid (PFA) for Focal Points.

<sup>&</sup>lt;sup>17</sup> There may be localities where specialised GBV and CP services are not available. In these cases, these gaps are to be recognised and alternative services for victims shall be identified. In Afghanistan, this will – as much as possible - be ensured through the PSEA Focal Point Helpline and through roll-out of the GBV Pocket Guide "Survivor/Victim Support for Non-GBV Actors" in English, Dari, and Pashto (see strategic priority 2). This will be complemented by dedicated training for PSEA Focal Points on Psychological First Aid (in partnership with the GBV Sub-Cluster and the Health Cluster) to ensure safe intake and referral of SEA cases.

<sup>&</sup>lt;sup>18</sup> After several meetings with the GBV Sub-Cluster, it was agreed to establish a PSEA Focal Point Helpline to ensure access to referral pathways for all PSEA Network focal points (i.e., protection and non-protection mandated). Currently, the helpline is operated by Awaaz on behalf of the PSEA Network and is an important entry point for all PSEA focal points to access information about intake and referral of SEA cases. Moreover, the helpline operator will be able to connect PSEA focal points with the coordinator and other cross-cutting specialists to provide any needed guidance on victim-support, risk mitigation, reporting mechanisms, and community engagement. The helpline number is for PSEA Network members only and affected community members are still asked to use the toll-free Awaaz hotline number "410".

<sup>&</sup>lt;sup>19</sup> The "GBV Pocket Guide" is a global resource designed to provide field staff with concrete information on how to best support a victim/survivor of GBV and SEA in a context where there is no GBV actor (including a referral pathway) available. The PSEA Network and GBV Sub-Cluster will collectively oversee its adaptation, translation (Dari and Pashto), and roll-out of this resource to the local context in Afghanistan.

<u>Action Plan – Drafter</u>

Name: Maria Kjersem Contact Details: <u>maria.kjersem@un.org</u> Position: Inter-Agency PSEAH Coordinator

#### Action Plan – Approval Authority

Name: Indrika Abeyaratne Ratwatte Contact Details: <u>indrika.ratwatte@un.org</u> Position: UN Resident and Humanitarian Coordinator (RC/HC)

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