

UNFPA 2022 Action Plan on Protection from Sexual Exploitation and Abuse and Sexual Harassment

Output		Indicator	Baseline	Target
1. Safeguarding Framework: Effective policy-, accountability- and organizational structures	1.1	PSEAH Policies and procedures developed, maintained and updated	Policies and procedures in place and up to date	Policy framework continuously reviewed and updated as required
	1.2	A dedicated PSEAH Focal Point with overall responsibility for PSEAH activities	Senior PSEAH Focal Point supported by a full-time P5 Coordinator and a temporary P4 Specialist	Maintain appropriate human resource capacity and fill vacancies as required.
	1.3	Management accountability compliance of leaders at all levels with ST/SGB/2003/13	Managerial certification programme: 100% compliance 2021	100% compliance in 2022 compliance cycle
	1.4	Management accountability: monitor progress and compliance with PSEAH obligations	PSEAH indicator in IRRF and business units' results planning	<ul style="list-style-type: none"> ● PSEAH indicator included in Q2; ● Implementation guidance by Q2; ● Milestones continuously monitored.
	1.5	PSEA clauses in cooperative arrangements with third parties.	PSEA clauses in place in all agreements; 59% implementing partners assessed	90% of all UNFPA implementing partners assessed with IP assessment tool
	1.6	Effective PSEA in-country structures in place	Global Network of designated PSEA focal points in all offices.	<ul style="list-style-type: none"> ● Dedicated induction/refresher training provided to all Focal Points; ● At least quarterly meetings with all Focal Points; ● Technical support as required
	1.7	PSEAH responsibilities formalized in job descriptions and performance appraisals	PSEAH responsibilities reflected in PAD and ToRs as applicable	Responsibilities update as required
	1.8	Interagency Cooperation to strengthen system-wide coherence	Collaboration with OSCSEA, IASC, CEB, OECD/DAC and other relevant fora at HQ,	<ul style="list-style-type: none"> ● Continuous quality contributions/lead of activities. ● Launch of 2nd PSEA Coordinator Roster Q2; ● Expanded roster in place by Q3
	1.9	PSEA risks assessed and reflected in programme design, execution and monitoring.	PSEA risk factors in ERM.	<ul style="list-style-type: none"> ● PSEA risk factors revised and included in ERM by Q2; ● Implementation guidance provided by Q2.
	1.10	Regular progress reports to relevant stakeholders	Quality reports to all stakeholders	Quality reports provided to EB, EC, OAC and SG within set time frames

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2. Prevention: Effective mechanisms to prevent SEAH through screening, training and awareness raising	2.1	Screening of personnel	“Clear-Check” and additional screening for prior misconduct in place and performed for all new recruits	<ul style="list-style-type: none"> ● “Clear Check” and additional screening continuously performed for all personnel; ● Subjects entered as required
	2.2	PSEAH training for personnel.	Mandatory PSEA and SH training in place and provided.	<ul style="list-style-type: none"> ● Sexual H. training updated by Q3; ● At least bi-annual sessions for all, jointly with integrity actors; ● One dedicated regional session ● Conflict resolution training provided to 50% of UNFPA managers
	2.3	Internal and external communication to raise awareness of staff, victims and affected populations	Communications strategy and materials in place and implemented.	<ul style="list-style-type: none"> ● Continuous update of Microsite and dissemination of relevant content ● At least quarterly updates on PSEAH activities to all staff ● Continuous Awareness raising by Focal Points
3. Investigations: ensure timely victim centered investigations and actions are taken on SEAH	3.1	Investigations undertaken by experienced and qualified professionals	All investigations, conducted by professional investigators, trained and experienced in handling investigations of SEAH	Maintain appropriate human resource capacity and fill vacancies as required
	3.2	Investigations undertaken in line with standard victim-centered guidelines and procedures.	Standard policies and procedures in place	Implement, as required, interagency guidelines for SEA and SH investigations
	3.3	Allegations and outcome of investigations reported in line with existing reporting allegations	iReport SEA tracker, through OAIS reports and funding agreements.	Allegations reported in the SEA tracker as soon as possible, normally within 24 hours. Reports to donors in accordance with donor agreements.
4. Assistance: provide quality support to victims of SEA and SH	4.1	Mechanisms in place to refer victims to medical care, psychosocial support, material assistance, legal and other services.	Support through existing GBV referral systems in place	<ul style="list-style-type: none"> ● Mechanisms mapped and updated in all BUs ● Quality assistance provided as required, in line with UN Protocol on Victim Assistance
	4.2	Implementation of the UN Protocol on Victim Assistance	Protocol implemented	Guidance and training provided to all Focal Points by Q2