



**GARID**  
GREATER ACCRA RESILIENT AND  
INTEGRATED DEVELOPMENT



## **GREATER ACCRA RESILIENT AND INTEGRATED DEVELOPMENT (GARID) PROJECT**

### **GENDER-BASED VIOLENCE, SEXUAL EXPLOITATION AND ABUSE, AND SEXUAL HARASSMENT PREVENTION RESPONSE ACTION PLAN**

**GH-MWH-I60874-CS-LCS**

**OCTOBER 12, 2021**

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## **EXECUTIVE SUMMARY**

Gender-Based Violence (GBV) is a global phenomenon that leaves most women and girls vulnerable to such acts. It is embedded in socio-cultural practices and power relations among others. According to a World Health Organization (WHO) Report (2013), thirty-five percent of women worldwide have experienced non-partner sexual violence or physical and/or sexual intimate partner violence (IPV), both of which are manifestations of GBV. In Ghana, particularly in the Greater Accra Region, women face an increased risk of experiencing sexual violence and economic violence compared to women in other regions of the country according to a report on domestic violence by the Institute of Development Studies (IDS), 2016. An important feature of the incidence of GBV is the nature of the power relations created by parties, perpetrators, and victims of this practice, and the context that draws them together. Research indicates that major civil works increase the risk of GBV in particular Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) in both public and private spaces.

The Government of Ghana (GOG) received financing from the International Development Association (IDA) towards the implementation of the Greater Accra Resilient and Integrated Development (GARID) Project. The Ministry of Works and Housing hired The Ark Foundation as a Consultant for a Gender-Based Violence Services Mapping and Development of a Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Prevention and Response Action Plan. The assignment covers all the GARID operational areas, which covers seventeen (17) Odaw basin Metropolitan, Municipal, and District Assemblies (MMDAs) and the other 12 non-Odaw basin MMDAs in the Greater Accra Region of Ghana.

This report is to inform the Client of a step-by-step highlight of activities carried out by the Consultant towards the completion of the assignment. The first part covers details of the GBV Service Mapping carried out in all twenty-nine MMDAs in the Greater Accra Region. It discusses gaps and recommendations identified from the mapping exercise. The Consultant also outlines the step-by-step case management processes and referral pathways for service providers. It concludes first with an assessment of the capabilities of service providers to deliver quality survivor-centered services and their quality of service. Consequently, there is a review of the capacity of Project Support Units, Project Implementation Units, and Project Coordinating Unit to prevent and respond to GBV on the Project as part of safeguards requirements, and a summary of recommendations and challenges encountered on the field.

Also included in the report is the (GBV) SEA-SH Action Plan which includes an A&R Framework, and an Interagency Protocol between GARID GRM and GBV Service Providers. A training plan executed by the Consultant for GBV Service Providers in the Greater Accra Region and GARID Project Staff.

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## ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
A&R	Accountability and Response Framework
CA	Child Abuse
CBO	Community-Based Organization
CHRAJ	Commission on Human Rights and Administrative Justice
CoC	Code of Conduct
COVID-19	Corona Virus Disease, 2019
CSOs	Civil Society Organizations
DEVAW	Declaration on Elimination of Violence against Women
DSW	Department of Social Welfare
DVA 2007	Domestic Violence Act, 2007
EEOC	Equal Employment Opportunity Commission
ESA	Environmental and Social Assessment
ESF	Environmental and Social Framework
ESMP	Environmental and Social Management Plan
FBO	Faith Based Organisation
FGM	Female Genital Mutilation
GAMA	Greater Accra Metropolitan Area
GARID	Greater Accra Resilient and Integrated Development
GBV	Gender-based Violence
GBVS	Gender-based Violence Specialist
(GBV)SEA-SH	Gender-based Violence, including Sexual Exploitation and Abuse and Sexual Harassment
GOG	Government of Ghana
GHS	Ghana Health Service
GM	Grievance Mechanism
GRS	Grievance Redress System
HIV	Human Immuno-Deficiency Virus
IA	Implementing Agency (Ministry of Works and Housing)
IASC	Inter-Agency Standing Committee
IDA	International Development Association
IFV	Intra-Family Violence
IPV	Intimate Partner Violence
LMIC	Lower Middle-Income Country
MMA	Metropolitan and Municipal Assemblies
MDA	Ministries, Departments and Agencies
MoGCSP	Ministry of Gender, Children and Social Protection
M&E	Monitoring and Evaluation
MWH	Ministry of Works and Housing
NETRIGHT	Network for Women's Rights in Ghana
NGO	Non-Governmental Organization
PCU	Project Coordinating Unit
PIU	Project Implementation Unit
PSU	Project Support Unit
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-based Violence
SH	Sexual Harassment
SHEA	Sexual Harassment, Exploitation and Abuse

STI	Sexually Transmitted Infection
SP	Service Provider
SSS	Social Safeguards Specialist
TOT	Trainer of Trainers
UN	United Nations
VAC	Violence against Children
VAW	Violence against Women
VAWG	Violence against Women and Girls
WHO	World Health Organization
WB	World Bank

# **PART ONE**

## ***GENERAL INTRODUCTION***

## **I.1 Introduction**

The Ark Foundation (Consultant) was selected by the Ministry of Works and Housing (Client) to provide consulting services for Gender-Based Violence (GBV) Services Mapping and the development of a Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) Prevention and Response Action Plan in the Greater Accra Region. This forms part of the Greater Accra Resilient and Integrated Development (GARID) Project under the Ministry of Works and Housing, whose main objectives are to improve flood risk management and solid waste management in the Odaw River Basin of the Greater Accra Region and to offer access to basic infrastructure and services in targeted communities within the Basin. The assignment was carried out for the use of the Project in the GARID operational area, which covers seventeen (17) Odaw Basin Metropolitan and Municipal Assemblies (MMAs) as well as the 12 other non-Odaw Basin MMAs in the Greater Accra Region of Ghana.

## **I.2 Objectives of the Assignment**

The main objectives of the assignment to be undertaken by the Consultant are summarized below:

1. To carry out GBV Services Mapping for the Greater Accra Region under the GARID Project covering all the MMDAs in the GARID operational area and the MMAs outside the GARID operational area in the Region.
2. To develop a Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) Prevention and Response Plan which will assist mitigation against risks posed by likelihood of increase in (GBV) SEA-SH in the project area.
3. To train all stakeholders, including the identified GBV Service Providers on (GBV) SEA-SH and Case Management, appropriate referrals and resolution of GBV and related complaints in conjunction with the established Grievance Redress Mechanism (GRM) and its operator under the project.
4. To ensure a survivor-centered approach is adopted and implemented through the processes established.
5. To ensure effective Monitoring and Evaluation and Quality Assurance in respect of the assignment under the consultancy service.

The GBV services mapping is essential for the Project Grievance Redress Mechanism (GRM). A database of all GBV Prevention and Response Service Providers will be generated by the Consultant under the GBV services mapping, which will be transferred onto the Project GRM system to facilitate referrals for GBV and related cases. An inventory of these services will be developed for referrals by the Project GRM. Project GRM and the team will also be trained to have their own case tracking process and how to update it.

## **I.3 Scope of Assignment**

The GBV services mapping and development of a SEA/SH Prevention and Response Action Plan was conducted in all MMDAs in the Greater Accra Region, and the assignment included the following;

- i. Conduct an inventory of all GBV prevention and response service providers. The Inventory should include among others, locations and geographic coverage of services, addresses, telephone contacts, e-mail addresses, names of leadership/responsible personnel, mandate(s)

of the stakeholder related to GBV, capacity, any already existing networks on mitigating SEA/SH occurrences, and records of recent GBV prevention activities. The services will include but not limited to;

- Health Services
  - Psychological Support Services including human resources
  - Law Enforcement Mechanisms
  - Case Management Support Services
  - Legal Services
  - Judicial Services and Proceedings (Judges, Magistrates, etc.)
  - Social support services
  - Referral Systems
  - Temporary Shelter/Safe Homes
  - Coordination
  - Monitoring systems
- ii. Prepare a dynamic spatial/geographic database of all services identified above to facilitate incident reporting and case management tracking.
  - iii. The Consultant will identify gaps in service provision and recommendation to ensure that services are accessible to affected persons.
  - iv. Outline the GBV case management processes of each of the service providers identified in (i).
  - v. An assessment of the capabilities (both institution and staff) of the service providers to provide quality survivor centered services including GBV case management, acting as a victim advocate, providing referral services to link to other services not provided by the organization itself.
  - vi. An assessment of the quality of services provided by the GBV service providers
  - vii. Provide processes and ensure confidentiality and referrals for GBV and related cases through the project GRM.
  - viii. Review the capacity of the Project Support Units, Project Implementation Units and Project Coordinating Unit to prevent and respond to GBV on the project as part of Safeguards requirements.

## **I.4 Structure of Report**

The report is divided into seven main parts with sub-sections. Part one, which is the general introduction gives a summary of objectives, the scope of Assignment, and the structure of Report.

Part Two gives a detailed report of the GBV Services Mapping conducted in the seventeen (17) GARID operational Metropolitan and Municipal Assemblies (MMAs) and twelve (12) other non-GARID MMAs in the Greater Accra Region of Ghana. The report outlines gaps identified in service provision and recommendations, an assessment of the quality and capabilities (both institution and staff) of the service providers to provide quality survivor-centered services including GBV case management. It also gives a review of the capacity of the Project Support Units, Project Implementation Units and Project Coordinating Unit. Finally, it summarizes discussions, comments and suggestions from a round table

meeting which was held with stakeholders (state and non-state) on the findings of the GBV services mapping exercise.

Part three contains the (GBV) SEA-SH Prevention and Response Action Plan and Accountability Framework. It also outlines the Interagency Protocol between GARID GRM and GBV Service Providers, and a Publicity Strategy. Part three concludes with a summary of a mechanism for Yearly Update of the Services Mapping Information. Part four is the training plan which outlines the (GBV) SEA-SH training manual, TOT presentation and briefing notes. Part five sums up with a conclusion, Part Six gives a list of references and applicable laws and policies. Part seven which constitutes annexes contains a report and list of stakeholders who participated in the Stakeholders' Roundtable discussion, consent and disclosure forms.

# **PART TWO**

## **GBV SERVICE PROVIDERS IN GAMA**

## 2.1 Introduction

Gender-Based Violence (GBV) is the term used to define any injurious act committed against a person based on their gender. Women mostly suffer from this act. The World Health Organization (WHO) indicates that thirty-five per cent of women worldwide have experienced either sexual or physical violence (WHO 2013), both of which are indicators of GBV.

In Ghana, women face a higher risk of experiencing sexual violence and economic violence. Women in the Greater Accra Region, compared to women in other regions of the country face a much higher risk (Institute of Development Studies, 2016). An important feature of the occurrence of GBV is the power relations created by parties, perpetrators and survivors of this practice, and the context that draws them together. Research indicates that major civil works increase the risk of GBV in particular Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) in both public and private spaces.

Projects financed by the World Bank that involve major civil works or construction can increase the risks of several forms of GBV, including SEA/SH, in both public and private spaces by range of potential perpetrators. In particular, SEA/SH may manifest in the form of women being harassed whiles looking for jobs on such projects, an upsurge in the sex trade, and an increase in the incidence of sex with minors and forced sex. Similarly, the increase in wages of men on the projects could also increase rates of child marriage and other vices due to power dynamics that come to play. In the effort to mitigate these risks, the Bank provides guidance to borrowers implementing Bank-financed projects on how to put in place various measures to prevent, mitigate and respond to GBV risks that can arise in project areas.

As part of measures put in place to implement the Greater Accra Resilient and Integrated Development (GARID) Project under the Ministry of Works and Housing, The Ark Foundation was hired as a Consultant to map out and assess Gender-Based Violence service providers, and develop a SEA/SH Prevention and Response Action Plan in the Greater Accra Region. This assignment covered the whole of the GARID operational areas, thus the seventeen (17) Metropolitan, Municipal and District Assemblies (MMDAs) as well as the other non-GARID MMDAs within the Greater Accra Region of Ghana.

Part two of the report begins with an introduction to the service mapping task and outlines the rationale for the SP mapping under the GARID Project. This is followed by the objectives of the mapping exercise. The scope of the mapping exercise follows next after which the methodology of the mapping exercise is explained. A brief background to the inventory of SPs is provided including its interactive spatial features. Subsequently, there is a discussion of gaps and recommendations identified from the mapping exercise. Next, the case management processes and referral pathways for each SP cluster are described. The assessment of capabilities (both Institution and staff) of SPs to provide quality survivor-centered services and their quality of service are also presented. This is followed by a review of the capacity of Project Support Units, Project Implementation Units and Project Coordinating Unit to prevent and respond to GBV on the Project as part of safeguards requirements. Conclusion and summary of recommendations are presented, followed finally by challenges

encountered on the field.

### **2.1.1. Objectives**

The objective of the mapping exercise included:

1. Identification of gaps in service provision and recommendation to ensure that services are accessible to affected persons.
2. Assessment of the capabilities (both institution and staff) of the service providers to provide quality survivor-centered services including GBV case management, acting as a survivor advocate, providing referral services to link to other services not provided by the organization itself.
3. Assessment of the quality of services provided by the GBV service providers
4. Provision of processes and ensuring confidentiality and referrals for GBV and related cases through the Project GRM.
5. Review of the capacity of the Project Support Units, Project Implementation Units and Project Coordinating Unit to prevent and respond to GBV on the project as part of Safeguards requirements.

### **2.1.2 Scope of Assignment**

The GBV services mapping was conducted in all Metropolitan/Municipal/District Assemblies in the Greater Accra Region, thus including the 17 MMAs under the GARID Project. The mapping included the following;

- Inventory of all (GBV) SEA-SH prevention and response service providers listing their;
  - a. locations and geographic coverage of services,
  - b. addresses,
  - c. telephone contacts,
  - d. e-mail addresses,
  - e. names of leadership/responsible personnel,
  - f. mandate(s) of the stakeholder related to GBV, capacity,
  - g. any already existing networks on mitigating SEA/SH occurrences, and
- records of recent GBV prevention activities
- Preparation of dynamic Spatial/Geographic Database of all Services identified above to facilitate incident reporting and case management tracking.

### **2.1.3 Methodology**

Enumerators were tasked to administer questionnaires to representatives of GBV services providers, interviewing same and transcribing the interviews. They were to conduct both quantitative and qualitative data collection using the provided data collection tools.

Training for enumerators was done on the 14th of April 2021. A pilot study was done to test data collection tools and modifications of tools carried out based on outcomes of the piloting. Data

collection commenced on the 19th of April 2021. In all, 285 service providers were mapped out, however, 267 of these were interviewed due to challenges in accessing these facilities. In every institution identified, the enumerator introduces themselves to them and a respondent is identified. Respondents then sign a consent form before an interview is commenced. The selected respondent represents the SP in the project.

To account for item *h* of the scope of work for the mapping exercise, a mopping up of all service providers in the MMDAs with higher concentration of GARID project activities was undertaken. These included Ablekuma Central, Accra Metropolitan, Ayawaso West, Ga East, Okaikoi North and Ga West Municipal Assembly. In all fifty (51) service providers in six (6) MMDAs spanning health, protection, psychosocial, judicial and legal aid services, were interviewed via phone.

## **2.2 Inventory of Service Providers in GAMA**

An inventory of GBV Service Providers identified in the Greater Accra Region and distributed across MMDAs is presented in **Appendix I**. It includes service providers in the areas of Health, Judicial, Law Enforcement, Psychosocial and Legal Aid. The Domestic Violence Secretariat which serves as the coordinating Unit of all (GBV) SEA-SH activities in Ghana, is also included in this directory.

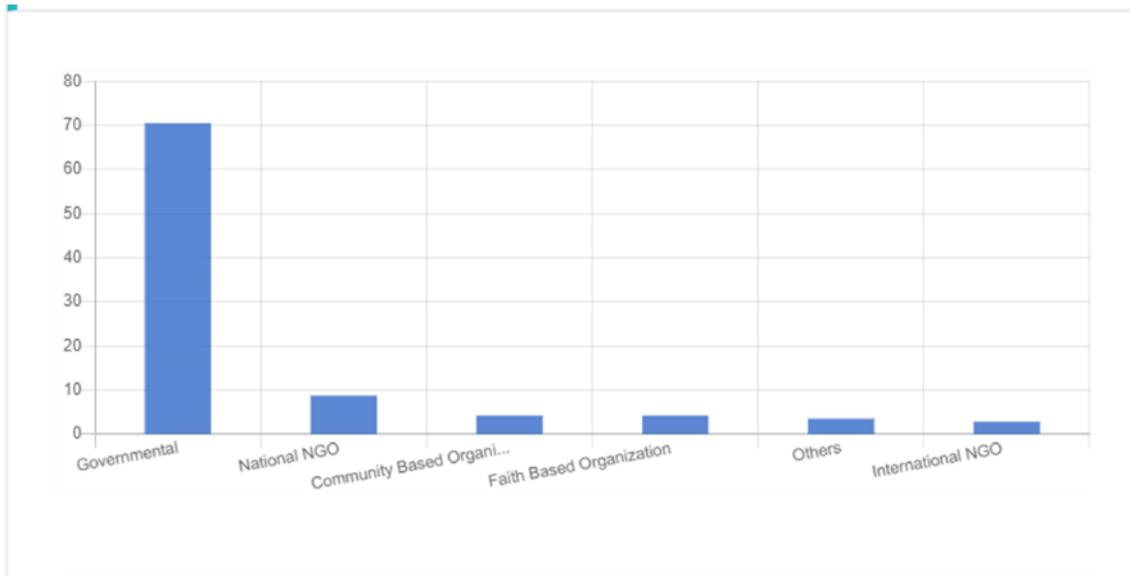
All GARID Project PCU, PSU and PIU are also listed in this directory to Aid in the execution of the GRM. As part of their primary mandate, GBV service providers also undertake auxiliary services which include Community Mobilization, Childcare/ Child Protection, Monitoring and Evaluation (follow-up), Social and Economic reintegration, Shelter Services, Referral systems, Coordination, Sensitization with IEC (Information, education and communication) and Advocacy. (*Inventory of Service Providers in GAMA attached as a separate document*)

### **2.2.1 Background of Service Providers**

Out of all the SPs mapped, 35% were psychosocial service providers. Health service providers made up 22%, and Protection (police) services made up 8%. The Judicial and Legal service providers made up about 8% of the total number of service providers mapped. There were more female respondents than male; females made up over 60% of the respondents. The majority of the leaders of these institutions were females. Most of the respondents had a higher level of education beyond secondary level education. More than a quarter had been educated to the Postgraduate level. Many of these organizations like the Department of Social Welfare and Community Development and the Police service had been in existence for as far back as 1914 and the early nineteenth century. The latest organization was established in 2013.

Concerning the geographic scope of service, the majority of the organizations identified worked at the district level. 20% centered their work at the community level and a few, that is, about 2% had international coverage.

Figure I below shows the type of organizations the identified Service providers are. Majority of the organizations were governmental organizations. The remaining 30% NGOs. National NGOs made up 8.7%, Faith-based organizations made up 4% and community-based NGOs covered 4.21%.



**Figure 1: Distribution of types of Organisations**

For most of the organizations identified, their target population were children. Women issues were catered for by half of the organizations. People living with HIV were also adequately catered for; about 93 service providers identified working with people living with HIV. Community mobilization, monitoring and evaluation, childcare, mental health, health services, advocacy and social support services were the services which the majority of the organizations, identified dealt in.

Physical abuse was among the highest number of cases the identified service providers handled. This was followed by sexual abuse, then domestic violence. Sexual harassment cases made up about half of all cases received in these organizations. Sexual exploitation and economic abuse came closely behind in the number of cases reported at these facilities.

The age range of clients of the organizations identified was mostly between 19 and 60 years. Females make up majority of the client base. Very few - about 2.5% were males. Averagely, in a year most organizations receive about 25 cases of GBV. Out of the total number of Organizations identified only 59 of them recorded sexual harassment cases; however, the occurrence of a report of these SH cases were below 25 in a year.

Service Providers were asked to indicate whether they are affiliated to any network or coalition working to mitigate SEA/SH occurrences. The majority of respondents, about 50% had no affiliation. Almost 40% responded in the affirmative. Some of the networks mentioned included the Association of Social Workers in Ghana, Coalition on Domestic Violence Legislation in Ghana (DV Coalition) and Network for Women Rights in Ghana (NETRIGHT-Ghana). About 12% of SP did not respond to the question. Coalitions and Networks are very important in responding to (GBV) SEA-SH. They are settings for socialising practitioners into good practices and adherence to standards and advocating for policy changes.

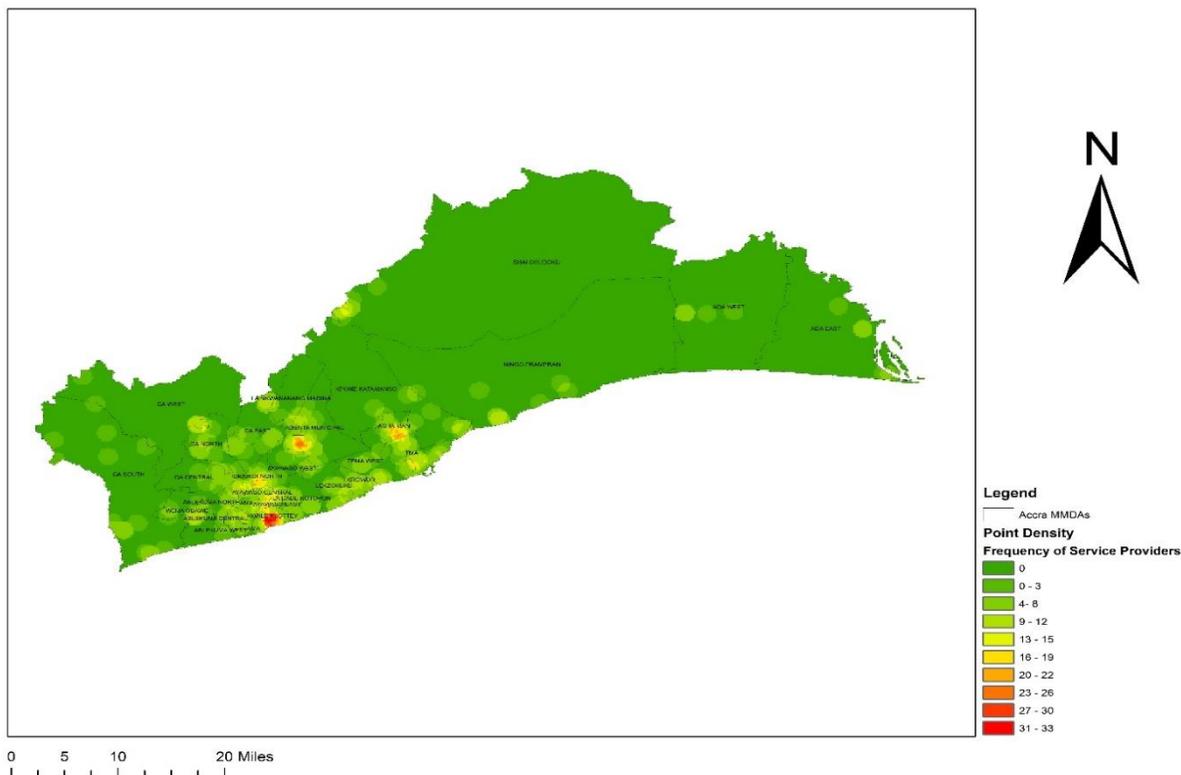
Service Providers also shared their records of recent GBV prevention activities. Out of the fifty (51) service providers interviewed, twenty-eight (28) of them constituting 55% had undertaken a (GBV) SEA-SH preventive activity in the last 24 months. 45% had not engaged in any preventive activity. For

most SPs engaging in prevention activities, the predominant activity was public education. Nevertheless, this was even considered inadequate by the SPs (cf: gaps in service provision below). Other prevention activities reportedly engaged in by SPs included community mobilisation and capacity building.

### 2.3 Interactive spatial map of the geographical coverage of GBV services

Figure 2 below shows that the distribution of all GBV service providers in Greater Accra illustrates a heterogeneous pattern with some areas having high densities and other places having very few or none. Areas around Shai Osudoku, Ada West and Ada East have very few GBV service providers hence making accessibility to GBV services quite difficult in case there is a victim located in those areas or districts.

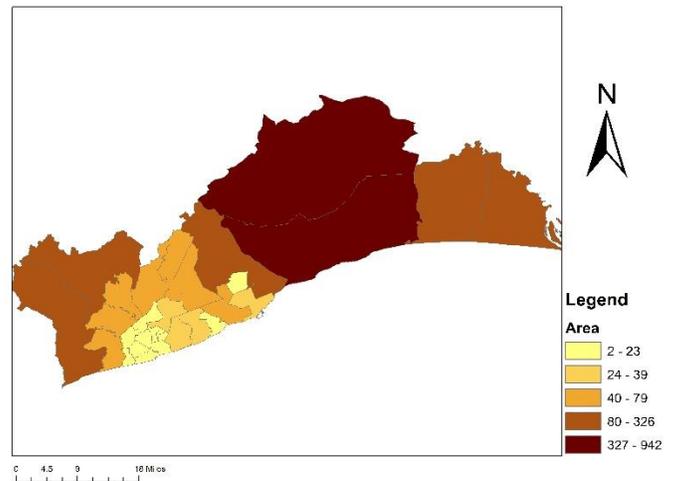
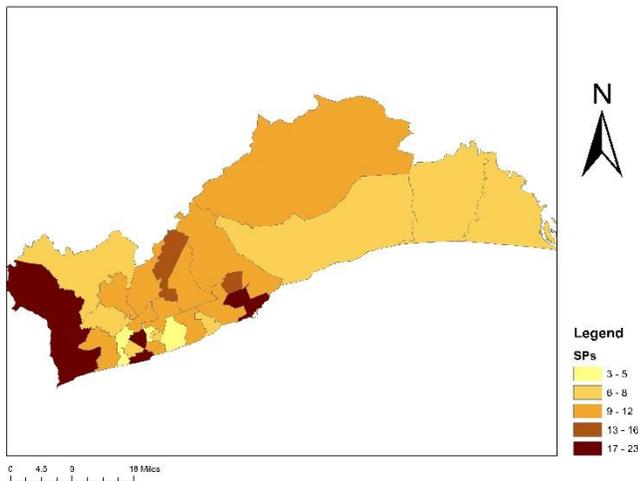
However, the service providers are concentrated in the Korley Klottey and the Accra metropolitan areas with a distribution of between thirty-one (31) to thirty-five (35) service providers in those areas. La Nkwantanang, Madina has an average of between twenty (20) to twenty-two (22) service providers in the southern part hence leaving the northern part of the municipality inaccessible in terms of the provision of GBV services. Ayawaso East, Ayawaso North and Ayawaso Central have an average of between eleven (11) to fourteen (14) service providers with the distribution spread across the municipalities, making it much easier for access to cases related to GBV.



**Figure 2: Density of GBV Service Providers in Greater Accra Region**

Further analysis of the total service providers per MMDA compared to the total land area of the MMDAs shows an uneven distribution. Shai Osudoku and Ningo-Prampram districts are the two

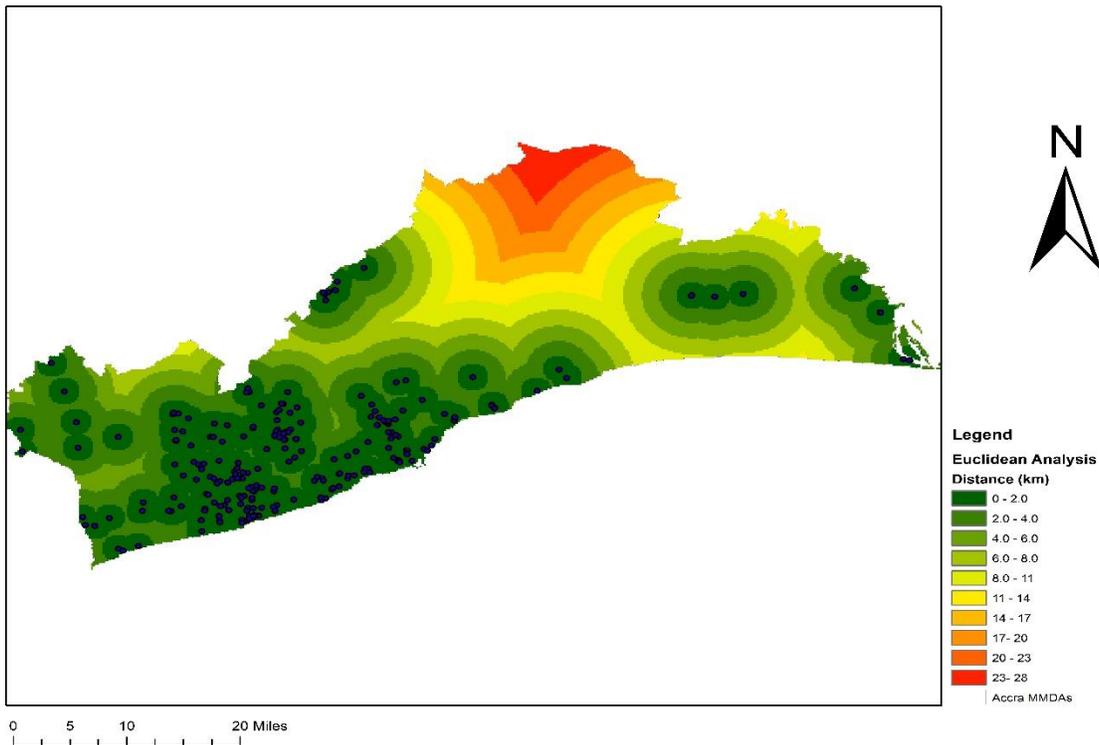
biggest MMDAs in terms of area (Figure 2B) but are among the MMDAs with a low number of service providers. On the other hand, MMDAs such as Ga South, Accra Metropolitan Assembly and Tema Metropolitan Assembly which are some of the smallest districts in terms of area, have the highest number of service providers (Figure 3A). This is illustrated in Figures 3A and 3B.



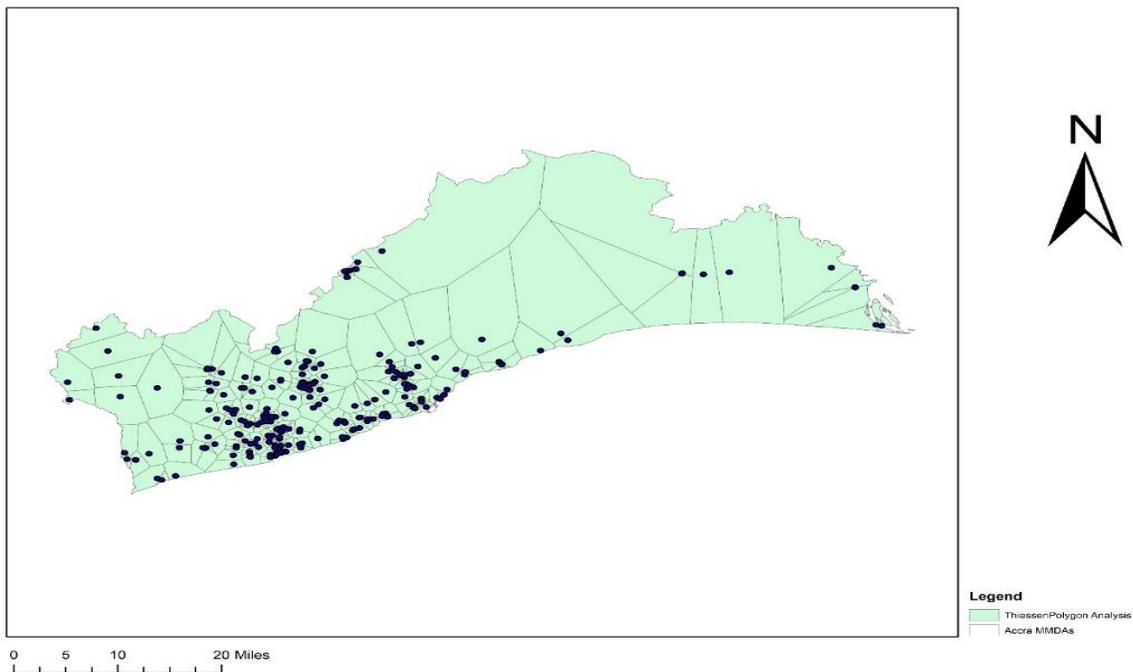
**Figure 3A: Density of GBV Service Providers by MMDA**

**Figure 3B: Land Area of MMDAs**

Figure 4 below shows that the distance to a service provider varies from one area to another. Imposing a buffering distance of 1,000 meters (1km) shows that in some areas, the nearest service provider is still far away. The choice of the 1,000 meters buffer is based on the assumption of the comfortable walkable distance of 500 to 1,000 meters within which a victim can travel to access a service provider. In some areas around Osu Klottey, buffering on some of the service providers overlaps. This makes a lot of service providers available to victims within those areas.



**Figure 4: Distance Analysis of the Distribution of GBV Service Providers in Greater Accra Region**



**Figure 5: Euclidean Distribution of GBV Service Providers in Greater Accra Region**

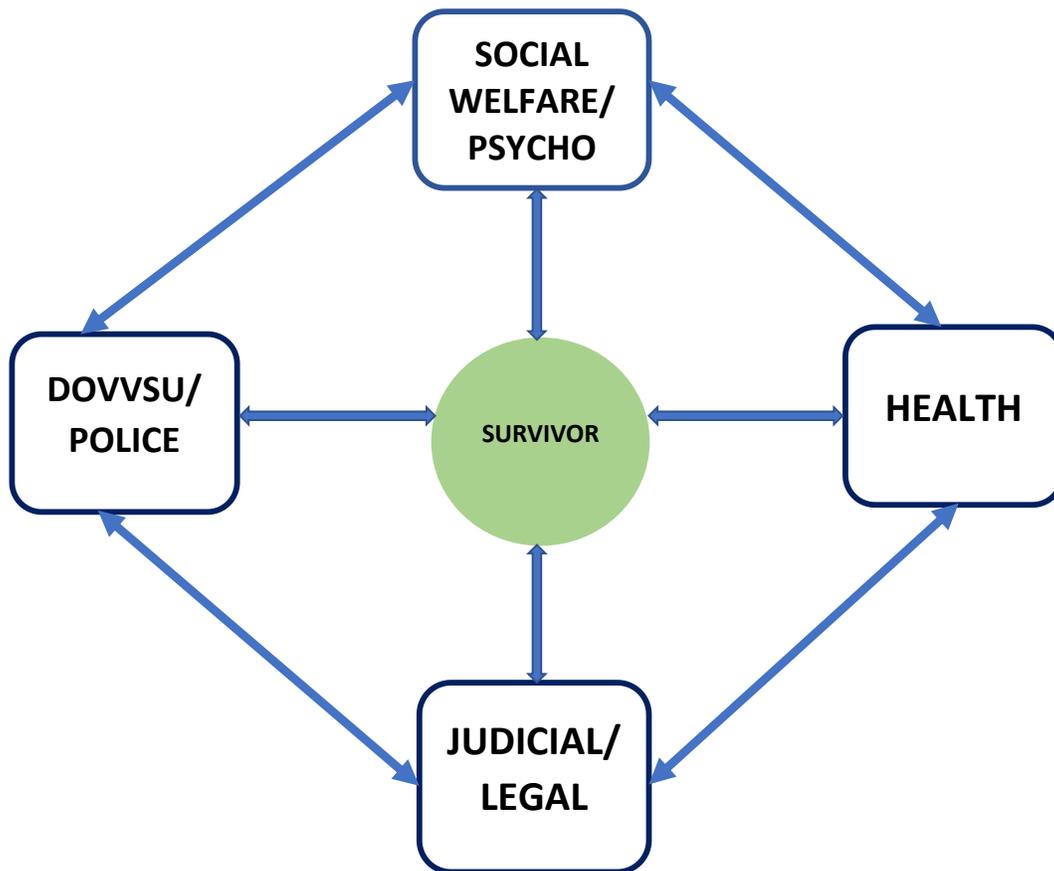
Based on the geographical distribution of the GBV service providers in Greater Accra, indicated in Figure 5, there is a need for improved distribution especially in the western, northeastern and eastern parts of the region which have quite a small number of options available to residents when they are faced with GBV or sexual harassment issues. These service providers should also be distributed evenly over the South-Eastern part of the region to improve accessibility.

## **2.4 Gaps in Service Provision and Recommendation to ensure that Services are Accessible to Affected Persons**

The survivor is at the center of Ghana's GBV response system. A survivor may decide to report to the police or a health facility or a state (Department of Social Welfare) or a non-state (Non-Governmental Organization) GBV Service Provider (SP). Survivors who report to the police (DOVVSU) are taken through the internal case management process of DOVVSU (cf. section on case management process of DOVVSU). DOVVSU as part of their case management process refers the survivor to the hospital for a medical report and/or medical treatment. Where the survivor needs shelter, an appropriate referral is made to a shelter. Shelters and medical facilities use their internal case management process to attend to the needs of the survivor. After DOVVSU is done with their investigation, the case is referred to the court for prosecution. At the end of the trial, if the accused are found guilty, they are convicted and sentenced to a fine or a term of imprisonment or both depending on the gravity of the offence.

Presently, the process is uncoordinated among the various GBV Service Providers. In figure 5 below, there is a bidirectional arrow between survivors and SPs indicating that although the survivor is at the center of Ghana's GBV response, an SP may through its response, re-victimize the survivor if their case management process is not survivor-centered. The binding inter-agency protocol helps to prevent re-traumatizing survivors. For example, a referral from one SP to the other in a coordinated system, would not put survivors in a situation where they have to retell their stories. What currently exists is an informal networking system, where one SP may leverage a personal or professional relationship with another SP in the interest of survivors they are referring to shield them from system-induced trauma.

The responsibility for ensuring effective and efficient binding inter-agency protocols for referral rest with Ministry for Gender Children and Social Protection (MoGCSP). Although there is an adequate legal and policy framework for a coordinated response, the political will and financial resources required to drive the process are not adequate. The gaps and recommendations described below are based on the experiences of SPs interviewed as they do their possible best to meet the varied needs (i.e., medical, housing, psychosocial, transport, food, financial among others) of survivors.



**Figure 6: GBV Response and referral pathway**

## 2.5 Gaps in Service Provision and Recommendations

### a. Logistics and Funding

Across all SPs mapped, funding and logistics remain a major challenge most. One Hundred and Ninety-Six (196) representing (68.7%) organizations stated major concerns with funding. Even for those who received any funding, it was inadequate and they could not afford the costs for the needed logistics. Governmental organizations were funded to an extent but most private NGOs had to lean heavily on internally generated funds. The lack of logistics was a major gap hindering effective service provision. Inadequate shelters, spaces for office, vehicles to locate crime scenes and arrest suspects, present a major gap to the police especially.

### b. Cost of Care and Survivor Support

Even though all SPs identified stated that their services were free, there were still some costs the survivor had to bear. For instance, the cost of medical forms. This is out of reach for most survivors. However, without this medico-legal document, access to justice is hindered. Some survivors present with the added need for care and support. This support relates to meeting the practical needs of

survivors who report their victimization to SPs. Some of these practical needs at the time of reporting may include, need for food, clothing, housing, capital support for economic livelihood and medical care. This support is required before, during and after a complaint has been “resolved”.

The burden of this is laid on the service provider. When service providers are not able to provide, it is shifted unto the survivor and this further dissuades survivors from pursuing justice. Although there is a free medical care provision as well as a survivor’s support fund under the Domestic Violence Act, it has not been implemented yet.

c. *Inadequate training*

Majority of SPs reported having qualified experts with higher levels of education as staff. However, about the field of work, they admitted that little training has been given. About 34% of the respondents indicated that they had never received any kind of training in their field of work. They expressed the inadequacy of the training they have had and called for retraining and refresher training to keep pace with the changing trends in (GBV) SEA-SH. It was a grave concern to some SPs that sensitivity to survivors is lacking in some of their working colleagues, which is also evidence of a lack of training. The inadequacy of training is with particular reference to (GBV) SEA-SH response and not with the core competence of SPs. For example, health professionals are trained to respond to the health needs of patients but may not have been trained in how to respond to the needs of (GBV) SEA-SH survivors. In a similar manner judges are trained in how to dispense justice and may have no training in how to protect a survivor from hostile cross-examination that may re-traumatize the survivor.

d. *Inadequate Prevention Activities*

High incidents of (GBV) SEA-SH in the Greater Accra Region, according to SPs interviewed is due to inadequate prevention efforts. They cited ignorance and lack of public education as drivers of (GBV) SEA-SH. Many families out of ignorance impede effective prosecution of cases, by interfering with case processes. In communities with strong religious beliefs and practices, many survivors are unable to report cases and even where they muster the courage to report, they are unduly influenced by these considerations to withdraw cases for out of court settlement or abandon the case entirely.

*Some people will fill for the complaint and they will not follow up. you know at times because of our family system especially between husband and wife, father, mother and the children, taking your husband to court it something we see as unheard of, so at the heat of the issue the person will bring the complaints and they will go back and the family will say ‘you have taken your father, mother or husband to court’. You know that kind of a thing. So the person will lose interest and not follow with the complaint. So that is the one of the main issues we deal with. Aside that one, because we have, we closed some of our cases based on loss of interest and a chunk of our cases are like that. The person will bring the case and the person will not come again. And our laws say that if after 3 months, like I ask you to go and bring some evidence and within 3 months I don’t hear from you, I have to close the case. (CHRA)*

*They may come to report it but later they may abandon the thing. Probably due to stigma. That one is a social conduct. Yes, so because it’s a social issue unless we orient the minds of the citizens it would continue. Cos the thing would happen but everybody would feel like it’s not worth the whole exposure. (Legal Aid)*

e. *Lack of coordination*

Although SPs reported having a cordial relationship with other SPs working in the area of GBV and could therefore refer cases to them, there is a systemic gap of not tracking cases that are referred. This undermines effective response. Ghana's (GBV) SEA-SH response system does not have a clearinghouse system for information sharing. A practice adopted by civil society actors responding to (GBV) SEA-SH in the early 2000s was the setting up of an informal network called the Gender Violence Survivors Support Network (GVSSN) that brought both state and non-state actors together in the interest of survivors. There were regular meetings to share information, train and to mobilize for action. One of such mobilizations resulted in the formation of the National Coalition on Domestic Violence Legislation in Ghana (DV Coalition) that advocated nationally and mobilized support for the passage of Ghana's Domestic Violence Act 2007 (Act 732). The role of the Ministry for Gender, Children and Social Protection under its Management Board and DV Secretariat, is to coordinate and regulate all (GBV) SEA-SH response in the Ghana.

f. *Accessibility*

There is a major gap in access to GBV services by survivors. More than half of the service providers interviewed stated that they run an 8 am-5 pm work schedule. In the event of a case, survivors cannot reach these service providers out of their regular working hours. Many of the respondents (about 18%) were not able to provide email addresses whilst about 11% could not provide phone numbers because the organizations did not have a hotline which they can be reached in case of an emergency.

## **2.5.1 Recommendations for Effective Response**

### *1. Leadership and Coordination.*

An effective response to (GBV) SEA-SH requires strong leadership and robust coordination. Service Providers recognize the urgent need for a holistic approach to responding to GBV:

*I think it has to take a whole holistic approach by sensitizing all these institutions that are into GBV Issues. All institutions that have something to deal with issues of (GBV) have to come to the platform so that we all understand that the one thing we are doing is to prevent (GBV) from happening and also to deal with the issues, investigate it further and deal with it so that people are aware and get protection from persons who perpetrate GBV (CHRAJ, Tema).*

Leadership is key because it brings focus and a modelled behavior to staff. Where leaders understand (GBV) SEA-SH and demonstrate their supervisory engagement with staff, it helps build the confidence in staff:

*I believe it has to begin from the top. You know, when our officers see the need to train, we do our best on the job. It will help us and equip us to do a good job. But if we don't get such from our big men, that is, from the top, we are handicapped. We can undergo training on our own. Yes. And then if they also assign officers or supervisors who are well vested in such area, they help us a lot, because*

*if we don't get supervisors who are well versed in such areas, it poses a challenge to us. So that is what I want to see for now. (DOVVSU, Ada West)*

The two quotes above underscore the need for a common platform to unite all SPs in the GBV sector as well the necessity for exemplary leadership from the top hierarchy for GBV Service Provider organisations. This resonates with coordinated response approach that is survivor-centred. Consequently, we prioritize leadership and coordination because they are the nerve center of every effective (GBV) SEA-SH system. More so, it is our firm belief that within Ghana's current financial and resource constraints, there is a minimum level of basic infrastructure for an effective survivor-centered response. As part of this infrastructure are the legal and policy frameworks, police infrastructure across all MMDAs in the Greater Accra Region, Hospitals, CSOs and judicial services. There is a Survivors of Domestic Violence Management (Management Board) under the Ministry for Gender, Children and Social Protection (MoGCSP) that is created by the Domestic Violence Act 2007 (Act 732) to coordinate GBV response in Ghana. It has representation across all sectors involved in effective (GBV) SEA-SH response. However, this Centre is not functioning as expected by the Act. It takes effective leadership and a robust coordinated approach to ensure that the Domestic Act and its regulations are implemented. Because of that GBV activities in Ghana are not well coordinated.

An effective response should seek to make this infrastructure work. Section 35 of the Domestic Violence Act 2007 (Act 732) sets up the Survivors of Domestic Violence Management Board. Its composition is outlined out in section 36(1) comprising representatives from Attorney-General's Department, Ministry of Local Government (now Ministry of Local Government, Decentralization and Rural Development), Ministry of Health, Ministry of Education, Ghana Police Service, Department of Social Welfare, Civil Society organizations and four representatives nominated by the President. It is chaired by the Minister for Gender, Children and Social Protection with its Chief Director as the Secretary. An effective and efficient Management Board, will ensure that (GBV) SEA-SH response in Ghana is well coordinated.

As GBV practitioners, we recognize leadership challenges at multiple levels, local, sector and national. From the family elder to the community chief, leadership is required to lead an effective response to (GBV) SEA-SH. Similarly, at the sector and organizational level, leadership that is convicted about ending (GBV) SEA-SH is needed to drive any (GBV) SEA-SH response. It is however, the leadership at the state or national level that gives impetus to leadership at the local and organizational levels. To build and sustain strong multi-sectoral, coordinated strategies among different sectors and levels locally and nationally to assist survivors to have access to effective legal, health and social services, and to prevent (GBV) SEA-SH, the UN recommends that States 1) exercise their responsibility for coordination across all national and local government sectors as a key component in building sustainable strategies to end violence against women and 2) create strong institutional mechanisms at local, regional and national levels to ensure action, coordination, monitoring and accountability (United Nations General Assembly, 2006).

With an already existing framework for a coordinated response evidenced in the creation of the Management Board and the development and adoption of the NPPA, all that is required is leadership that will ensure full and effective implementation. We do not make specific recommendation for

coordination because it is our contention that once the required leadership is provided, the coordinated infrastructure available, will be set in motion.

Ensuring strong leadership and effective coordination will result in:

- a) Prompt referral
- b) Efficient follow-up
- c) Rational use of meagre resources
- d) Survivor-centeredness
- e) Adherence to intra and interagency protocols

## 2. *Training and Capacity building*

Service Providers themselves in the study called for training and refresher course to upgrade their skills set in responding (GBV) SEA-SH.

*Well, it is about training. We need to train our staff. It is not as if they don't know about Gender-Based Violence. But everybody has an idea. But exactly what to do, how to even go about it. How to even get information from people you suspect have been abused. Like I said, in our communities, especially for females. It is difficult for them to come out and say, "I have been abused". Till finally, something happens that cannot be hidden anymore. And then everybody gets to know. So, training is important (Health Sector SP, Princess Marie Louis Children's Hospital, Accra Metro.*

*My facility needs a lot, we need to be more trained in that area; get a formal training then I think we might need a corner erh when I say a corner maybe a room or something a room alone for that so that we can do proper counselling and then make scheduled timesheet (Health SP, Tema Metro Clinic)*

Having a well-trained workforce is non-negotiable. In recognition of this, the Domestic Violence Regulations, 2016 (L.I. 2237) has clear requirements for trainers and qualifications for staff. For example, Regulation 22 sets out the modalities for registering counsellors who work with survivors. Regulation 33 (1) for instance outlines the competence of staff who are supposed to work in a shelter. In addition to their academic qualification, they are mandated to have training in domestic violence and care and support for survivors. Providing support for survivors throughout the process is very important to help eliminate or reduce to the barest minimum system-induced trauma.

The psychosocial costs of experiencing (GBV) SEA-SH in terms of posttraumatic stress disorders, social alienation and negative self-perception is such that SPs must be well-informed in the traumatic consequences of (GBV) SEA-SH.

The coordinated nature of (GBV) SEA-SH response is envisaged by the legal and policy framework such that the Management Board is seized with oversight responsibility for training and capacity building. Developing and implementing survivor-centered and trauma-informed training modules will result in:

- a) Trauma-informed knowledge, attitudes and behavior of SPs
- b) Quality investigation and prosecution for the health practitioners and the police
- c) Trauma-informed delivery of justice by the police and the judiciary
- d) Culture-sensitive public education and media campaigns by the media and all SPs

e) Reduced stress and burnout among SPs

3. *Prevention Activities*

Consistent with the calls made by SPs in the Greater Accra Region for more public education and awareness campaigns, we strongly recommend prevention activities as an integral part of the SEA/SH response plan. The majority of SPs consider low levels of prevention activities as a contributory factor to the high incidents of (GBV) SEA-SH experienced in their communities.

*Personally, I think there should be public education because out of 1 to 100 I'll say maybe only 2 people come out to report the incident, the violence, but if they could really be educated, we organize. umm programs for them to come around, we educate them, cos sometimes we do education when we have the time, at the OPD. We go to the maternity as well to educate them that in case of domestic violence or child abuse, they should try and report to the police or come to social welfare, we will assist them here. So, I think education should be more (Health SP, Ussher Polyclinic, Accra Metro)*

*Well, we as an institution, we belong to ermm a community. We feel that the first area that you have to tackle is to go into the community and educate people about the need not to perpetrate it at all and the consequences if one should get involved in that. So more of education (Health SP, GA West Municipal Hospital).*

From our experience as practitioners, it is important to highlight the correlation between increased public education and awareness campaigns and increased reporting of (GBV) SEA-SH incidents. This is because in the wake of public education and awareness campaigns, the public become knowledgeable, sensitized and more empowered to report. It is therefore recommended that adequate preparation and provision in terms of logistics must be made before engaging with the community. Hotlines must be available and accessible and personnel must be ready to receive survivors when they respond to the call to report. Failure to do this will lead to disenchantment with the system and create more distrust. Increased prevention activities will result in:

- a) Increased reportage
- b) Pressure on SPs
- c) Enhanced public knowledge and awareness on (GBV) SEA-SH
- d) Changing societal norms that support (GBV) SEA-SH
- e) Increased SP and perpetrator accountability

4. *Provision of logistics and finance*

Service provision is expensive; we, therefore, recommend that the GARID Project advocates for adequate budgetary support and provision of logistics to SPs for efficient and effective service provision. Access to justice is seriously undermined by the lack of survivor support. This was a concern across many sectors. How it undermines the pursuit of justice is aptly described by a justice sector staff as follows:

*So there has to be a support system for survivors, so much so that they don't depend on the accused person for anything. Once the survivor knows that there is some support somewhere for me, they will be prepared to go through the trial to ensure that justice is served. There is also I mean, I think the police would have to be trained on how to handle such survivors, you see, in such a way that they will feel free and the confidence would be there because if I mean, somebody goes through such an experience, even if you are not an expert psychologist, you should be able to manage the person in such a way that although the person is going through so much pain, that person will be able to assist you to prosecute the case by giving you all the evidence that you need. (Tema Circuit Court)*

Survivor support has financial implications. It is important adequate resources are provisioned for the material needs of survivors. As already clarified, sometimes they approach SPs with some needs ranging from food, transport, housing, toiletries and clothing and urgent medical care. These needs cannot be ignored:

*Sometimes they will bring the survivor without panties, without dresses, without slippers. We have to use our own money to go and buy it for them. Even – sometimes a person of thirteen or twelve years will come making her menses, we have to use our own money to go and buy pad – a whole lot. And then the shelter too – sometimes if-if the person comes in the night you can't send them to social welfare. So, we have to sometimes accommodate them to the following day (DOVVSU, Ablekuma North)*

Although majority of SPs indicated that their services are free, they translate into huge prohibitive cost of care for survivors. These cost to survivors includes the cost of a medical report, transportation and medical care.

The cost of a medical report is a huge cost to survivors most of whom are poor. However, without the medical report, a survivor cannot have access to justice. The police for example enjoined by Section 8 of the Domestic violence Act 2007 (Act 732) is to assist survivors to obtain medical treatment where necessary including the issuing of medical form to survivors and sending the survivor to a medical facility where necessary. These services are on the account of the state as provided for in section 8(3), but this is not the experience of many a survivor.

Section 29 of the Domestic Violence Act 2007 (Act 732) establishes a fund to be used for the basic material support of survivors, training of families, rescue, rehabilitation and reintegration of survivors, construction of reception shelters, training and capacity building of persons connected with the provision of shelter, rehabilitation and reintegration. This fund is under the management of the Management Board under the Domestic Violence Act. These funds can be made available when the DV Act is implemented.

Providing adequate financial and logistic support would result in

- a) Improved access to both retributive and restorative justice
- b) Increased job satisfaction for SPs
- c) Holding perpetrators accountable
- d) Changing negative norms that support the perpetration of (GBV) SEA-SH.

## **2.6 Processes for GBV Management and Referrals of each of the Service Providers**

## Identified

### ***Domestic Violence and Survivor Support Unit (DOVVSU) of the Ghana Police Service***

The Domestic Violence and Victims Support Unit (DOVVSU) of the Ghana Police Service is a specialized unit within the Ghana Police Service seized with the responsibility to provide free services to members of the public; protect the rights of the vulnerable against all forms of abuse be it physical, sexual, emotional/psychological, socio-economic, or harmful cultural practices; establish an effective database for crime detection, prevention and prosecution; treat victims/complainants and their families with respect and courtesy; take statements in a professional manner; provide victims with information on their cases as well as details of the investigations; provide advice on crime prevention at homes, in schools, churches and markets. The Unit works collaboratively with medical services, mental health service providers (e.g., clinical psychologists); psychosocial services providers both state and non-state (e.g., social workers from the Department of Social Welfare and counsellors attached to the Unit, NGOs and other civil society organizations both national and international, that may be able to offer assistance to victims in need of necessary support services.

The legal and policy contexts of DOVVSU's operations are guided by the 1992 Constitution of Ghana; the Criminal Offences Act (Act 29) 1960; the Criminal Code (Amended) Act, 1998 (Act 554); the Children's Act, 1998 (Act 560); the Juvenile Justice Act, 2003 (Act 653); the Domestic Violence Act, 2007 (Act 732); and National Policy and Plan of Action for the Implementation of the Domestic Violence Act 2007 (Act 732) among others.

The case management process starts with the filing of a complaint by a complainant or a survivor at the complaint office. At this stage, the cases are screened and appropriate referral made if it is a matter for social welfare or any other SP. But where the case reported is criminal and falls within the mandate of the DOVVSU, the officer receiving refers the case to the investigator on duty. Complainants have predominantly been female. However, this trend is changing with males also reporting.

The investigator takes a detailed statement of complaint, witness statement at the time or later. A referral is made at this point to a counsellor if there is a need. Depending on the urgent medical need of the complainant, the investigator may accompany the complainant to the hospital for medical attention. After all the preliminary investigation, if there is evidence, then the investigator moves to effect the arrest of the suspect. A full-scale investigation is concluded at this stage and the docket presented to police prosecution. Referral to the Attorney-General's Department for advice may be done at this point. After the prosecution has satisfied itself with the charge sheet in the light of available evidence, the case is forwarded to the courts for trial.

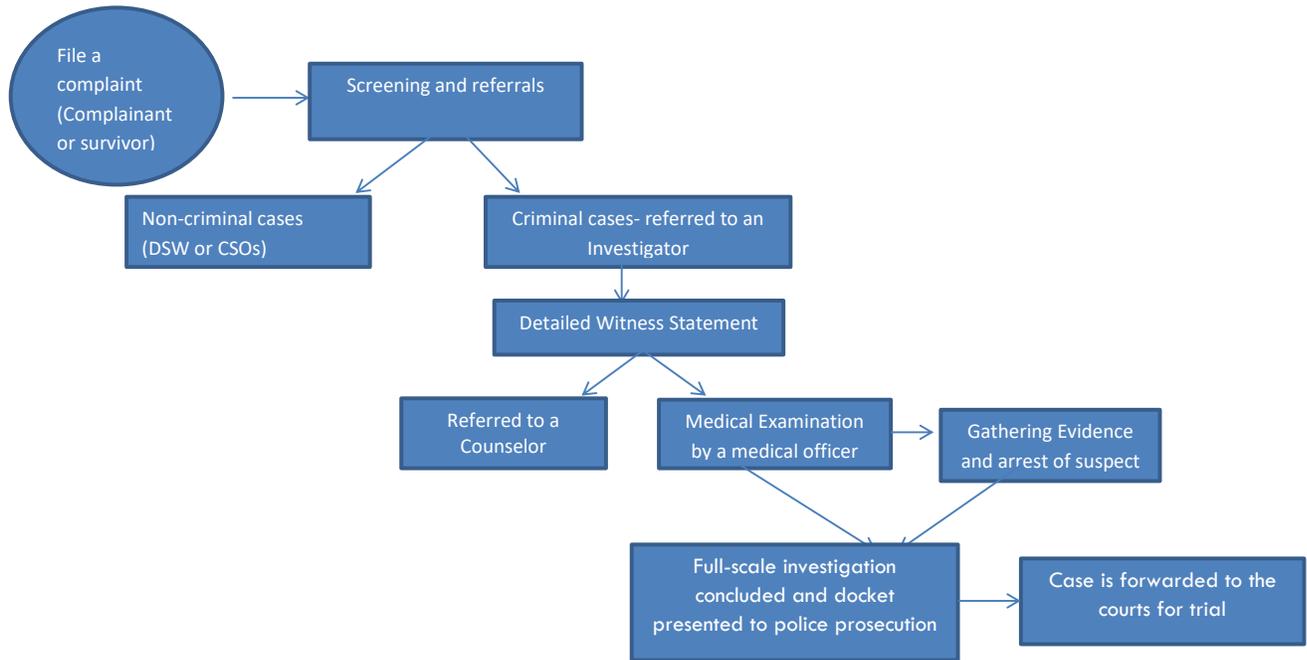


Figure Seven (7): Diagram presentation of the Case Management Process of DOVVSU

### **Department of Social Welfare**

The mandate of the Department of Social Welfare is to lead the process of integrating the disadvantaged, vulnerable, persons with disabilities and excluded into the mainstream society. Since its inception in the 1940s it has gone through many reforms. From a mandate that address social welfare in 1946, its mandate was focused on only social welfare in 1950. With the recent decentralization program however, all the Metropolitan, Municipal and District offices under the Department were ceded to the Local Government Service of the Ministry of Local Government and Rural Development. Nevertheless, social welfare institutions such as rehabilitation centers, remand home, boys’ and girls’ correctional institutions and social welfare vocational training institutions are still under the management of the Department.

The department has three broad functions: 1) justice administration; 2) community care and 3) child rights and promotion. In the execution of these broad functions, the department is guided many legal and policy frameworks as follows:

- 1992 Constitution of Ghana
- Local Ordinance Order No. 66
- Executive Instrument (2017) (E.I. 28)
- Executive Instrument (2013) (E.I. 1)
- Civil Service Act (Amendment Act) 600
- Civil Service Act 1993 (PNDC Law 327)
- Children’s Act 1998 (Act 560)
- Children’s (Amendment) Act 937 of 2016
- Juvenile Justice Act 2003 (Act 653)
- Local Government Act 1993 (Act 462),

- Local Government Service Act 2003 (Act 656), & L.I. 1961
- Persons with Disability Act, 2006 (Act 715),
- Human Trafficking Act 2005, Act 694
- Domestic Violence Act (Act 732)
- International Protocols and Conventions (UN Convention on Child Rights, Hague Convention on Inter-Country adoption)
- Court Act 459, 1993
- Labor Act (651),

The Department of Social Welfare accepts complaints from walk-in or referred clients. Cases handled include child maintenance, child access/custody, child abandonment etc. When a complainant first reports, they are listened to and then issued with an invitation letter to the other party (respondent) for mediation. This is followed by a follow up to ensure the agreement reached is complied with. Where a party refuses to honor the agreement reached during mediation, a referral is made to either legal aid or the family tribunal depending on the nature of the case and with the consent of the complainant. The Department of Social Welfare refers their cases mainly to the police, the courts, the hospitals and CSOs. Per their mandate, their case management practices involve an interface with the Judiciary when it comes to children who are either in contact or conflict with the law. They are involved in the administration of juvenile justice.

**Department of Social Welfare**

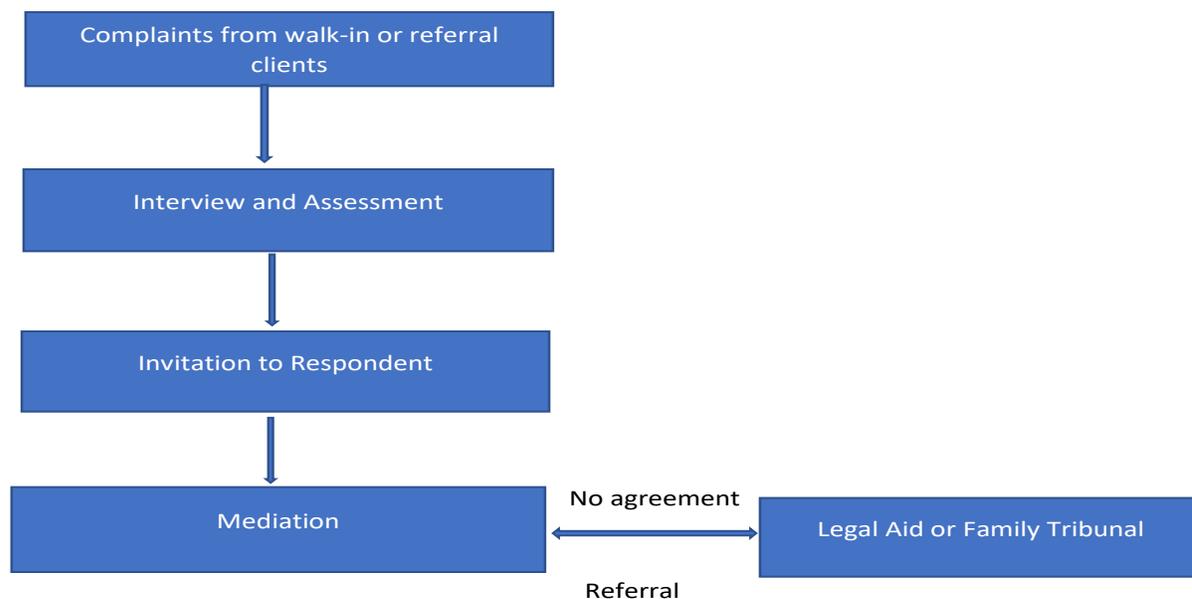


Figure Eight (8) Diagram Presentation of the Case Management Process of the Department of Social Welfare

**Ghana Health Service/Ministry of Health**

The Ghana Health Service is the largest MOH agency with about half of all health facilities and almost two-thirds of health personnel in the formal sector. According the Ghana Health Service and Teaching Hospitals Act 1996 (Act 525), the Ghana Health Service is responsible for ensuring the maintenance of high level of performance in the provision of preventive, promotive and clinical care services at the sub-district, district and regional levels. It is also responsible for the management of institutions at these

levels (MOH, 2016). Specifically, section 3(1) of the Ghana Health Service and Teaching Hospitals Act 1996 (Act 525) mandates Ghana Health Service to 1) implement approves national health policies in the country; 2) increase access to improved health services; and 3) manage prudently resources available for provision of health services. The Ghana Health Service is represented on the Victims of Domestic Violence Management Board under the Domestic Violence Act 2007 (Act 732)

There is no unique case management process for handling GBV cases at the hospitals. The case management process is similar to other cases reported to the hospitals. It starts with taking of patients' history. Before this, survivors are required to register and pay for hospital registration, cards and folder if they are not existing patients of the facility. The patient's history is done through an interview and observation process. The observation process is vital as some patients provide misleading information to SPs in a bid to hide the abuse or protect the perpetrator.

After the necessary vitals and information has been taken, the survivor is sent to a medical officer for consultation and examination. Survivors are examined to ascertain the damage of the abuse. Survivors who do not report to the police station before coming to the hospital are examined and advised to go to the police station for police medical forms. However, those who come to the hospitals with police medical forms are examined by medical officers and requested to report back to the police. To minimize trauma and sometimes avoid consistent abuse, the health sector SPs provide counselling to abused survivors. Where there are clinical psychologists, the survivor is referred to the professionals for that purpose. However, where a clinical psychologist is absent or non-existent, SPs take it upon themselves to counsel survivors to report the case to the police if that has not been done already and to leave the perpetrator to save their lives etc. A referral is an integral component of the GHS case management process.

**Ghana Health Service/Ministry of Health**



Figure Nine (9) Diagram Presentation of the Case Management Process at the Hospital

## ***Psychosocial CSOs and NGOs***

The mandate of Psychosocial SPs broadly focused on meeting the needs of marginalized and vulnerable people most of whom are women and children. They are committed to addressing discrimination in society, promoting and protecting the rights of women and children and providing compassionate care for the poor and vulnerable. Unlike state SPs whose mandates are often inscribed in law, non-state SPs (CSOs and NGOs) have their own constitutions incorporating them. Suffice it to say that all the identified SPs in this mapping exercise had to have a mandate addressing (GBV) SEA-SH for them to be included in the mapping exercise.

The case management process for the psychosocial agencies begins with the filling and recording of a complaint. This is followed by a detailed assessment to determine the practical needs of the victim-survivor. If the outcome of the assessment shows that the case does not fall within the purview of the organization, it is immediately referred to the appropriate agency. The provision of a temporary safe haven as a means to protect survivors is a priority for most SPs although not all SPs can provide this service. Those who are unable to provide shelters sometimes go out of their way to provide other forms of safe havens for survivors. Referrals are mostly done to DOVVSU and social welfare for the necessary investigations to be done which can result in the arrest and prosecution of perpetrators. A follow-up system kick starts after survivors are referred to DOVVSU or Social Welfare to ensure that the necessary steps are taken, and justice is neither delayed nor denied.

There is also reintegration and resettlement of victim-survivor. The reintegration process is in two folds. For some SPs, reintegration constitutes providing avenues for survivors, especially children, to bond with their families. This happens when the abused is moved away from the perpetrator to a safe location, be it a shelter or orphanage. The other form of reintegration, which is often targeted at female survivors, comprises SPs providing education, training or any form of income generation programs for survivors, as a means to empowerment them economically and stop them from been completely reliant on the abuser.

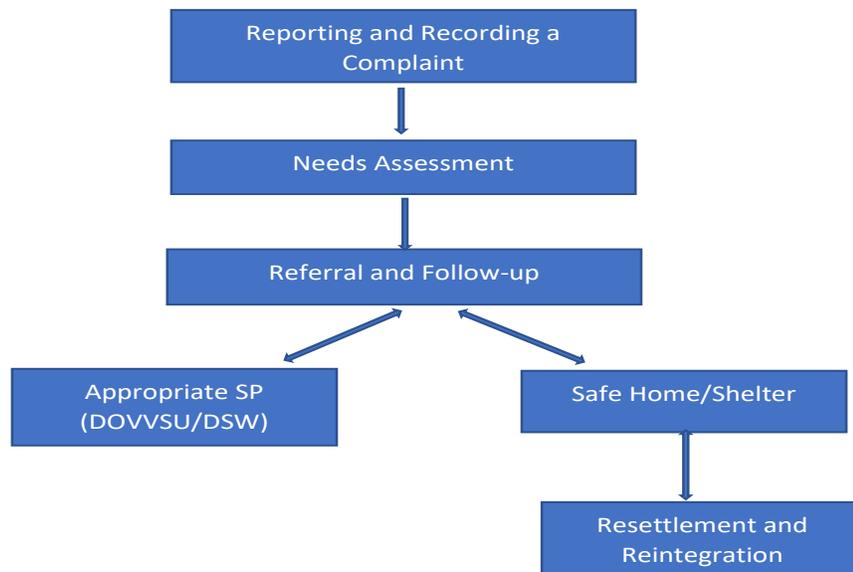


Figure Ten (10) Diagram Presentation of the Case Management Process for Psychosocial CSOs and NGOs

### Legal Aid Organizations (Legal Aid Commission and Commission on Human Rights and Administrative Justice)

In respect of SEA/SH, the Commission on Human Rights and Administrative Justice’s (CHRAJ) mandate under Article 218 of the 1992 Constitution of Ghana and Section 7 of the Commission on Human Rights and Administrative Justice (CHRAJ) Act, 1993 (Act 456) is triggered. Article 218 of the 1992 Constitution provides for the functions of the Commission to include the following:

- I. to investigate complaints of violations of fundamental rights and freedoms, injustice, corruption, abuse of power and unfair treatment of any person by a public officer in the exercise of his official duties.
- II. to investigate complaints concerning the function of the Public services Commission, the administrative organs of the State, the Armed Forces, the Police Service and the Prisons Service in so far as complaints relate to the failure to achieve a balanced structuring of those services or equal access by all to the recruitment of those services or fair administration in relation to those services
- III. to investigate complaints concerning practices and actions by persons, private enterprises and other institutions where those complaints allege violations of fundamental rights and freedoms under this Constitution.

The Legal Aid Commission Act 2018 (Act 997) mandates the Legal Aid Commission to 1) provide legal aid to an indigent through the representation of their clients in courts, utilization of Alternative Dispute Resolution mechanisms and legal advice and education and 2) provide legal aid to a person who has reasonable grounds to take, defend, prosecute, or be a party to proceedings related to the Constitution in accordance with clause 1 of article 294 of the Constitution.

The case management process begins with the filing of a complaint at the registry. Survivors can lodge either a verbal or written complaint. To file a verbal complaint, a complainant can walk into the legal

aid office, and make a verbal complaint. He/she would be assisted to reduce the verbal complaint to writing, after which it will be received. In an emergency where rescue is required (e.g., child marriage) it will be effected in conjunction with the police. Where no emergency intervention is needed, respondents will be served for them to submit a comment. Respondents are then invited to appear before the Commission. There are different ways of handling cases. There is the mediation session which starts with a preliminary investigation to ascertain the veracity of complainants' claims before continuing with a full investigation. This followed by a panel hearing process and then the court. At the end of the hearing, recommendations (not judgment) are given which are binding until they have been set aside by a court of law. If within three months there is no compliance, the Commission goes to court to enforce compliance. Cases that are found not to be within the mandate of CHRAJ are referred or forwarded to the appropriate institutions (Labour Commission, Rent Control, Hospital) and CHRAJ plays a follow-up role to ensure that justice is served.

The Legal Aid Commission Act 2018 (Act 997) mandates the Legal Aid Commission to 1) provide legal aid to an indigent through the representation of their clients in courts, utilization of Alternative Dispute Resolution mechanisms and legal advice and education and 2) provide legal aid to a person who has reasonable grounds to take, defend, prosecute, or be a party to proceedings related to the Constitution in accordance with clause 1 of article 294 of the Constitution.

The case management process begins with the filing of a complaint at the registry. Survivors can lodge either a verbal or written complaint. To file a verbal complaint, a complainant can walk into the legal aid office, and make a verbal complaint. He/she would be assisted to reduce the verbal complaint to writing, after which it will be received. In an emergency where rescue is required (e.g., child marriage) it will be effected in conjunction with the police. Where no emergency intervention is needed, respondents will be served for them to submit a comment. Respondents are then invited to appear before the Commission. There are different ways of handling cases. There is the mediation session which starts with a preliminary investigation to ascertain the veracity of complainants' claims before continuing with a full investigation. This followed by a panel hearing process and then the court. At the end of the hearing, recommendations (not judgment) are given which are binding until they have been set aside by a court of law. If within three months there is no compliance, the Commission goes to court to enforce compliance. Cases that are found not to be within the mandate of CHRAJ are referred or forwarded to the appropriate institutions (Labour Commission, Rent Control, Hospital) and CHRAJ plays a follow-up role to ensure that justice is served.

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The case management process begins with the filing of a complaint at the registry. Victim-survivors can lodge either a verbal or written complaint. To file a verbal complaint, a complainant can walk into the legal aid office, and make a verbal complaint. He/she would be assisted to reduce the verbal complaint to writing, after which it will be received. In an emergency where rescue is required (e.g., child marriage) it will be effected in conjunction with the police. Where no emergency intervention is

needed, respondents will be served for them to submit a comment. Respondents are then invited to appear before the Commission. There are different ways of handling cases. There is the mediation session which starts with a preliminary investigation to ascertain the veracity of complainants' claims before continuing with a full investigation. This followed by a panel hearing process and then the court. At the end of the hearing, recommendations (not judgment) are given which are binding until they have been set aside by a court of law. If within three months there is no compliance, the Commission goes to court to enforce compliance.

Cases that are found not to be within the mandate of CHRAJ are referred or forwarded to the appropriate institutions (Labour Commission, Rent Control, Hospital) and CHRAJ plays a follow-up role to ensure that justice is served.

**Legal Aid Organizations (Legal Aid and the Commission on Human Rights and Administrative Justice)**

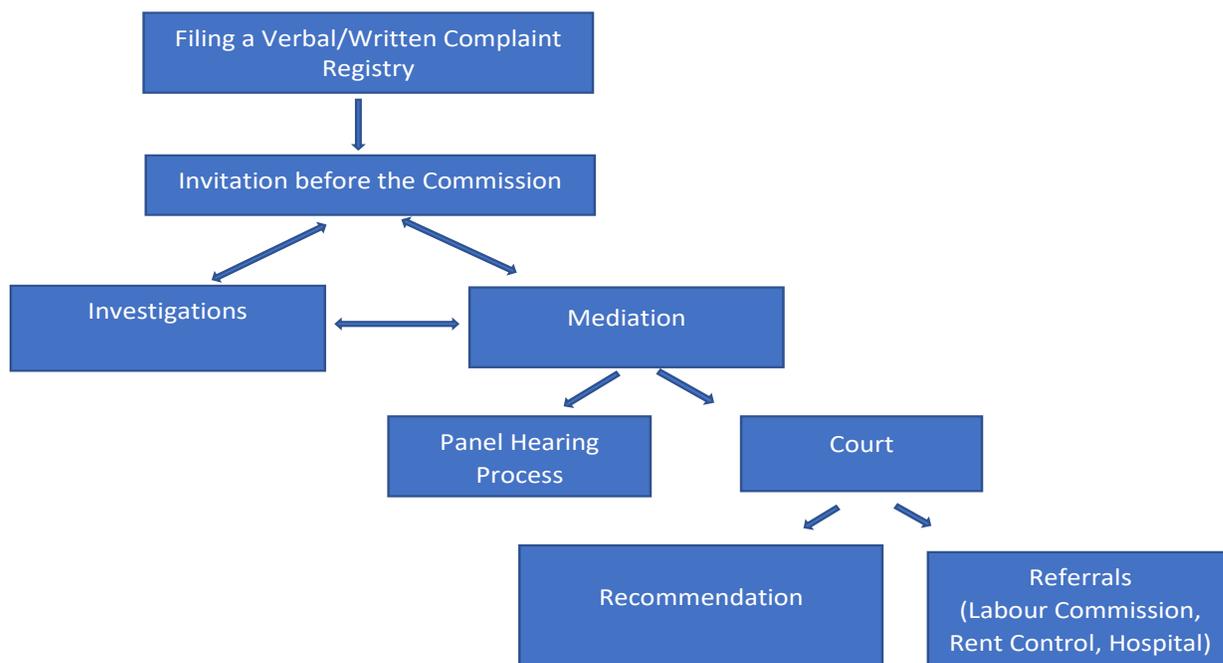


Figure Eleven (11) Diagram Presentation of the Case Management Process for Legal Aid Organizations

**The Judiciary (Gender-based Violence Court)**

Ghana’s judiciary is an independent arm of State with the mandate to resolve legal conflicts according to law, impartially and efficiently to all persons without fear or favor, affection or ill-will through true and proper interpretation, application and implementation of the laws of Ghana. In 2009, a specialized Gender-based violence court was created with the mandate to resolve domestic violence cases speedily.

We do this by the true and proper interpretation, application and implementation of the laws of Ghana.”

The Gender-Based Violence Court, popularly called the Domestic Violence Court has been in existence since March 2009. Its main aim is to resolve domestic violence cases speedily. The GBV court has jurisdiction over matrimonial and adoption cases and criminal cases including defilement, incest, indecent assault, cases under the Domestic Violence Act and cases involving issues related to children.

The district court serves as two other courts: the juvenile court and the family tribunal. Criminal cases involving persons under the age of 18 years (i.e., juvenile) are handled at the Juvenile Court. The family tribunal on the other hand, hear and determine actions that arise under the Children's Act 1998 (Act 560). Some of these cases include parentage, custody, access to and maintenance of children, children in need of special care and protection, in which case the Tribunal can make care and supervision orders. On the recommendation of the Director of the Department of Social Welfare, the Chief Justice appoints a social welfare officer to the panels of both the Juvenile Court and the Family Tribunal.

In respect of criminal prosecution, the court case management process begins with the registration of the case by the prosecution. The suspect is asked to take his/her plea; the prosecution is asked to file their witness statement (the court gives the time to do this depending on the complexity of the case). The prosecution makes disclosures of what they intend to rely on and what they have that they will not use but can assist the accused (Case Management Conference). The court gives a date for the hearing to commence. After the Prosecution has closed its case, the accused or defense may submit no case; if the Court upholds it, it means the Prosecution has not established its case or made a prima facie case for which the accused should be called upon to open his defense, the accused will be acquitted and discharged. If it is not upheld or it is dismissed the accused opens defense and files witness statements if witnesses are to be called. In the end, lawyers file their addresses and the Court gives a date for judgment. Case management process of the court depends on the jurisdiction of the court and the rules of the court.

**The Judiciary (Gender-Based Violence Courts)**

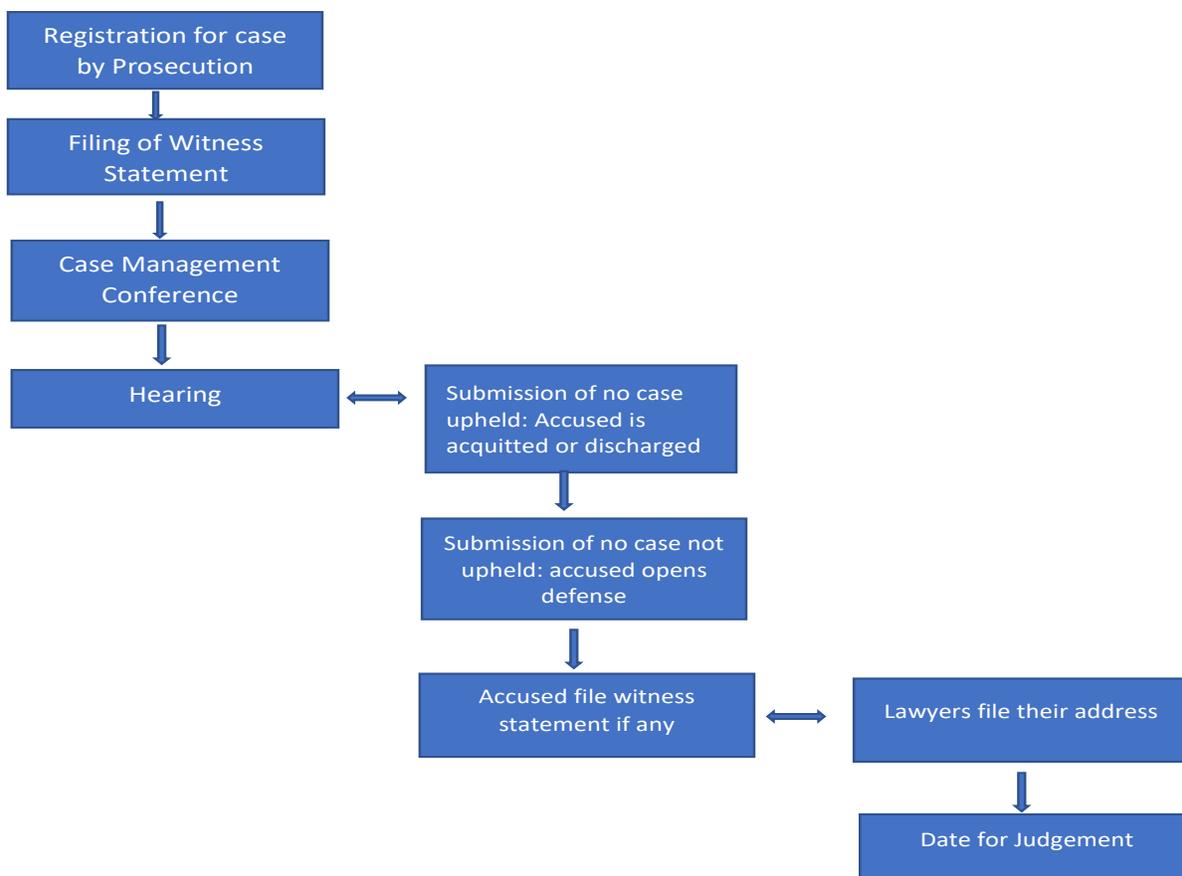


Figure Twelve (12) Diagram Presentation of the Case Management Process for the Judiciary

**Coordinating Agency (The Domestic Violence Secretariat under the Ministry of Gender, Children and Social Protection)**

The Domestic Violence Secretariat (DV Secretariat) is the operational arm of the Victims of Domestic Violence Management Board (Management Board) set up under the Domestic Violence Act 2007 (Act 732). The Management Board under section 37 of the Domestic Violence Act, is charged with a) making recommendations for a national plan of action against domestic violence, monitor and report on the progress of the national plan of action through the Minister; b) advising the Minister on policy under the Act; c) proposing and promote strategies to prevent and combat domestic violence; d) liaising with government agencies and organizations to promote the rehabilitation and reintegration of victims of domestic violence; e) prepare guidelines for disbursement from the Fund; f) managing the Fund; g) conducting research i) on international and regional developments, and ii) into standards for dealing with matters of domestic violence; and h) dealing with any matter concerned with domestic violence.

The DV Secretariat is not a GBV SP; it is a coordinating agency for all (GBV) SEA-SH so it does not have a case management process for (GBV) SEA-SH response. However, when a survivor reports to the DV Secretariat or the MoGCSP, an initial assessment is done to determine which SP a survivor must be referred to. The Commission on Human Rights and Administrative Justice (CHRAJ), the Legal Aid Commission, FIDA Ghana, The Ark Foundation Ghana and the Domestic Violence and Victim Support Unit (DOVVSU) are some of the SPs survivors are referred to. It is mainly involved in

referrals.

## **2.7 Assessment of Capabilities (Both Institution and Staff) Of the Service Providers to Provide Quality Survivor-Centered Services and the Quality of Service**

We combined the assessment of institutional capabilities of SPs to deliver quality survivor-centered services and the quality of services they provide. This is because, from our experience as GBV practitioners, we have realized that quality is a function of an effective process. A stand-alone assessment of the quality of service, therefore, in our view, will be duplicitous. An SP with a robust case management process, an adequate understanding of (GBV) SEA-SH issues and more importantly, a commitment to survivor-centeredness, for instance, is more likely to be judged by survivors as providing them with quality service than an SP with highly certificated staff with minimal or no understanding of (GBV) SEA-SH issues and no commitment to survivor-centeredness. For these reasons and as already clarified in the inception report, we focus on institutional processes, not individual staff capabilities. Three factors were considered in assessing the capabilities of institutions to provide quality survivor-centered services. These are 1) case management process, 2) knowledge and capacity (understanding of (GBV) SEA-SH, laws and level of training) and 3) survivor-centeredness (survivor friendliness, confidentiality or privacy and agency).

In the quantitative survey, 85 % of the Service Providers reported having qualified employees who are experts in their fields of operations. These experts, however, have not all been licensed by the Domestic Violence Management Board (MB) to work in the area of domestic violence. The Management Board is set up under the Domestic Violence Act 2007 (Act 732) to oversee and regulate institutions and professionals responding to domestic violence in Ghana. Only 20% of staff SPs have reportedly been licensed by the Management Board.

Concerning the estimation of clients' satisfaction with their services, almost 84 per cent of SPs reported 50-100% client satisfaction. Although the mapping did not capture clients' assessment of their level of satisfaction, a recent study on family violence using a representative national sample, found that distrust of, and poor experiences with, state authorities and public services undermined help-seeking (Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates, 2016). The study also found that police personnel were motivated and professional despite workloads and lack of resources. The capability of SPs and the quality of survivor-centered services they provide must be assessed against this background.

## **Domestic Violence and Survivor Support Unit (DOVVSU) of the Ghana Police Service Case Management Process**

The Domestic Violence and Survivor Support (DOVVSU) of the Ghana Police has a clearly defined case management process already described. They have 16 offices in the Greater Accra Region. It has an efficient referral system to other units in the police, especially the police hospital, where they refer most survivors for medical care and endorsement of the police medical report. The regional office of DOVVSU at the Ministry's Police station has their prosecutors in-house unlike DOVVSUs in the other MMDAs.

### **Knowledge and Capacity**

DOVVSU is a specialized unit within the Ghana Police Service. This means the majority of officers at DOVVSU have been trained in GBV and other related topics including child-friendly methods of investigation as well as basic counselling skills:

*Yes, we've had such training at our detective training academy at Accra on how to handle such cases and how to receive clients or deal with them to get results. So, we've been trained yet (Ada West).*

However, there is the need for continuous training and re-training to keep them abreast with the changing dynamics of (GBV) SEA-SH. Respondents in the qualitative study recognize the need for this regular capacity building. DOVVSU officers as part of the general police HR practices are frequently transferred into other units that sometimes makes the training investment in them wasteful. Without a commitment to continuous training and retraining and adoption of transfer policies that ensure that well-trained DOVVSU officers are transferred to other DOVVSU offices, the quality of service provided by DOVVSU will be undermined.

### **Survivor-Centeredness**

DOVVSU officers are friendly to survivors. At the regional office, there is a child-friendly room where children are sent to be interviewed. This does not happen in all DOVVSU offices in the Greater Accra Region. However, the officers make effort to create an atmosphere of privacy and confidentiality so that survivors would feel comfortable with disclosures.

*"A lawyer once came to me and when I was talking to him, he said 'ei madam you are nice ooo, when you go to the police station, they will not even smile at you, and their faces are like it is going to rain so you are afraid'. But when they come here, I tell them you have a seat and we joke with them and he was like 'I was even afraid when coming here'" (DOVVSU, Accra Region)*

Officers at DOVVSU allow survivors to lead the process sometimes. Not all complainants would want their cases to proceed to court; this could be as a result of interference from family, nevertheless, it remains the decision of the complainant that must be respected,

*Oh, sometimes if it is the woman, they will tell you 'I want him to sign a bond that he will not beat me again because I don't want the case to go to court'. And somebody will come and tell you to just counsel him and not take him to court. Then I will ask 'should we take his statement' but they will say no just talk to him (DOVVSU Officer).*

## **Department of Social Welfare**

### **Case management**

The Department of Social Welfare (DSW) has an identifiable case management process that begins with the filing of a complaint. Their case management process, for children who are either in contact or in conflict (juveniles) with the law, is linked to the juvenile justice system. The current decentralization of DSW has made their services more accessible to citizens who previously could not access these services. Cases are reportedly being fast-tracked now as a result of every district having the presence of the department.

### **Knowledge and Capacity**

The Department of Social Welfare has staff who are trained to take the lead role in integrating the disadvantaged, vulnerable, persons with disabilities and the excluded into mainstream society. They are trained as professional social workers to discharge this mandate.

*We are trained social workers. Aha! So, we've been trained to handle these cases. There is a training school for social work. If somebody wants to err...what... to have the training at the training school, that one lasts for two years. Err.... universities are also training people. There is a school of social work that trains social workers, professionally (DSW Officer).*

Additional training is, however, required in GBV to equip social workers to respond effectively to (GBV) SEA-SH. Although from the qualitative interviews, some training in GBV has been done, there is the need to augment this training.

### **Survivor-Centeredness**

Social workers by their training are supposed to be survivor-centered. They are required by law to respect the welfare principle in cases involving children as expressed in both the Children's Act, Juvenile Justice Act and in many of the policy documents guiding their practice.

But in our daily cases, we do provide support to survivors. We can accompany the survivors to the police station or the hospitals. Confidentiality is like your child information you don't just leave the form anywhere and you know how much information to give to who at what time. We just give the information professionals will need to work. Assuming someone just walks in to complain that my husband is abusing me, I can call the DOVVSU officer for her to go. And the information on her form is not just kept anywhere that someone can access. I do have a cabinet that I keep the files and it is only accessible to few people for them to do their work (Ablekuma West)

You should treat every client uniquely and then make sure that the person is satisfied at the time of leaving the office. So, that is one of the ethics that we hold. Make sure, Satisfaction of the client.

## **Health Service (Ghana Health Service)**

### **Case Management**

The health sector has no unique case management process for handling (GBV) SEA-SH cases at the

hospitals. The case management process is similar to other cases reported to the hospitals. The current process is able to respond to (GBV) SEA-SH cases. The challenge with the medical form is not a result of a deficient case management process but a policy defect, that requires both legislative and policy reforms.

### **Knowledge and Capacity**

Majority of respondents from the health sector reported that their staff have not been trained on how to specifically respond to GBV. Even for those who have been trained, GBV was not the main focus of the training

*We haven't been trained but because of the work we do we are learning on the job. And the one who was here before I had some experience from her. And sometimes when we attend workshops on TB and HIV/AIDS and other topics they tell us about these things. (Health SP, Dansoman Polyclinic, Ablekuma West)*

Health professionals need to be trained on GBV. This is because often there are severe physical and emotional consequences to GBV that may require urgent medical attention. Although the medical training and experience of health professionals are enough to address the physical effects of GBV, their handling may be re-traumatizing for the survivor. Training in trauma-informed interventions addressing (GBV) SEA-SH may contribute to the delivery of survivor-centered care for survivors.

### **Survivor-Centeredness**

The health sector is already familiar with the concept of the patient Charter that guarantees the rights of a patient in healthcare institutions. This is analogous to the principle of survivor-centeredness that gives primacy to the needs of survivors. The point being made is that survivor-centeredness is not an alien concept to healthcare professionals and that this background will stand then in good stead to provide quality survivor-centered services.

*In fact, we are very friendly, ermm, if we go through everything all the things that you're supposed to go through OPD and everything, we treat you special. Because we realize first, you're psychologically traumatized so that is not the time to apportion blame, and accuse people of having indulged in whatever whatever.no! We treat you with care. We sometimes even pamper you, so that you can volunteer information. If you don't do that, certain vital information may be hidden from you. So, we treat them, we pamper them and get information from them (Health SP, GA West Municipal Hospital).*

Again, confidentiality and privacy are notions that healthcare professionals grapple with every working day and may therefore have no difficulty applying them to survivors of (GBV) SEA-SH

*In an institution like this, one of the very important aspects of such interventions is privacy. So, if there are any others, we give a special time and clean environment without intimidation for the person to feel comfortable and ventilate her feelings or maybe without fear that others eavesdrop, record or whatever form so that the person can actually say what it is, and then, we can provide service from that ... maybe err... confidentiality. Staff go through and also err...how to erm...interact, establishing rapport with the client. So we have those protocols from the beginning to the end. And then also, mm...patient privacy to how client comes to you. So, we have all those protocols to observe so that when you have to meet the client with such situation of how many people should be in the environment, whether will the specialist or interrogator alone...as long as they have such a*

*thing, they would be aware and they give the privacy. Sometimes, they may have to leave the immediate environment for the client to err...explain what it is (Health SP, Kaneshie Polyclinic, Okaikoi North).*

## **Psychosocial (CSO-NGO)**

### **Case management**

There are two types of Psychosocial SPs, non-state and state. However, their case management processes are the same. For example, The Department of Social Welfare and the Accra Psychiatric Hospital, a mental health SP, are state-run psychosocial SPs whereas The Ark Foundation, Ghana is a non-state SP. The non-state psychosocial SPs are critical plunks in the ladder of service provision; they provide shelter services. There are not many shelter service providers in the Greater Accra Region.

### **Knowledge and Capacity**

Psychosocial sector SPs have some level of knowledge and understanding of (GBV) SEA-SH. However, this is not even across board. While the knowledge and capacity of some SPs enable them to do advocacy, others are adept at service provision. Training is an integral component of the case management process of psychosocial sector SPs,

*So, we have quarterly training for our staff usually the training is on varied things but it's usually on the laws; the laws we use to operate the laws and guidelines and how to handle or respond to cases of GBV. So how to do counselling and how to manage a case thing like that, so our training is usually quarterly (GA East Psychosocial SP).*

Sometimes, training is dependent on the availability of funds:

*"Yes, we have received training just that we lack the resources to continue training and learning because these kinds of training should be consistent if not, people tend to even forget what they have been taught. As and when we have funds and they become necessary, we hold these training sessions for our staff" (Ayawaso North, Psychosocial SP).*

### **Survivor-Centeredness**

Psychosocial SPs adhere to the ethical principles of confidentiality and privacy. They are aware of the context in which they operate and the ease with which survivors can be stigmatized. To prevent this from happening, some SPs strictly follow confidentiality guidelines,

*"That is why I mentioned confidentiality and privacy to ensure that the child or survivor is not put out there to be ridiculed by the public. So, we assure that whatever they tell us is going to be confidential and be protected" (Ayawaso North Psychosocial SP).*

In a (GBV) SEA-SH involving children, the bar is even higher in terms of confidentiality and privacy:

*These are very sensitive issues because they mostly involve children and so privacy is very key. So we try to ensure that the identity of the child is protected even in his or her own family if not then it becomes a challenge for us because the child will not be willing to even cooperate with us. That is why I mentioned confidentiality*

and privacy to ensure that the child or survivor is not put out there to be ridiculed by the public. (Ayawaso North Psychosocial SP).

## **Legal Aid Organizations (Commission on Human Rights and Administrative Justice and Legal Aid Commission Case Management**

The Legal Aid sector has a case management process involving referrals to other SPs for quality survivor-centered services. But they are not present in all the MMDAs in the Greater Region.

### ***Knowledge and Capacity***

The Commission on Human Rights and Administrative Justice (CHRAJ) and the Legal Aid Commission combined, are the bastion of human rights protection in Ghana. In these two SPs, the GARID Project could have two critical issues addressed. 1) In case of administrative injustice including sexual harassment, CHRAJ can be the final arbiter if internal grievance mechanisms fail. 2) Where survivors want to pursue justice using national justice mechanisms but have no means to hire lawyers, they can be referred to the Legal Aid Scheme whose mandate is to provide legal assistance to the indigent.

Besides their constitutional mandates and their general understanding of human rights and legal processes, their understanding of (GBV) SEA-SH cannot be presumed given the changing dynamics of (GBV) SEA-SH. In view of this, refresher training in (GBV) SEA-SH is recommended. Refresher training because they already have appreciable knowledge in GBV and are familiar with the legal and policy context.

*CEDAW is the elimination of all discrimination against women. You know the CEDAW is an international instrument and it is through the CEDAW that we have the domestic violence act. The CEDAW, let me get the full meaning for you, it is the elimination of all forms of discrimination against women or something. I have to get the full meaning for you. I have called it CEDAW for so long it has escaped me. As I said it is an international instrument and it calls upon all countries who are signatories to that to look at their laws that are discriminatory against women. So, it is based on that that the domestic violence act was promulgated. And you know under the domestic violence act, we have different kinds of violence. We have physical violence, emotional, sexual violence and so on, and economic violence. And the law also gives punishment to some of the things that previously were not under our criminal code. For example, when you go to our criminal code, we don't have economic violence, in the criminal code but we have economic violence under the domestic violence act. And it says that the punishment is I think two years or so for domestic violence offences. So that is somewhere that we have moved forward (CHRAJ, Head Office)*

### ***Survivor-Centeredness***

There is evidence of survivor-centeredness in the case management process of the legal aid sector. Confidentiality and privacy are strictly enforced. CHRAJ for instance has a platform for its key population comprising survivors of sexual harassment and survivors infected with HIV.

*“We have a confidentiality policy within the commission. We have the policy document here. And as you know,*

even the Constitution or the Act ask us to take the oath of secrecy. We the Commissioners take the oath of secrecy; senior officers take the oath of secrecy before they come. So that is how we go about all this. If you come in as a junior officer, we give out the confidentiality policy for you to read. If you are supposed to grant an interview you have to seek permission from your superior. If you go out and you are doing your public education, you can use some of these cases for illustration but you are not supposed to give a clue to the person. If you could see that in all the cases I have given you, I have not even mentioned their names. Yes, it is for stigma and discrimination. So, for example, an HIV person who feels being stigmatized can go to the platform and report a case. Because that person thinks that if I come to you and tell you 'I am HIV positive' you know, so they will enter their details into the system and I can handle your case to the end without even knowing you personally" (CHRA), Head Office)

## **Judiciary (Justice Sector)**

### **Case management**

The justice sector has strict case management processes depending on the nature of cases and their jurisdiction. As the nature of a case determines, it can be filed at the family tribunal (Social welfare refers most of their cases to the family tribunal and the juvenile court); criminal cases are filed at the lower courts. There is a dedicated court for hearing GBV cases at the circuit level. In the Greater Accra Region, there are two of these courts (Accra Metro and Tema Metro).

One challenge confronting the justice sector is the interminable delay of cases. However, the judicial service has taken steps to manage the process in recent times. There is now disclosures and case management conference to manage the entire trial process. This notwithstanding, delays are still an existential challenge with the court system.

*Most of the time, you have the prosecution witnesses, not assisting the prosecution. So, they end up always coming for adjournment, you see, and then you have also sometimes the prosecution is not able to file their disclosures on time. Now, the current dispensation of criminal proceedings is that you are supposed to file all the evidence that the prosecution witnesses will need orally. Now it's supposed to be in writing typed so for the prosecution to file the documents sometimes it takes a long time for them to be able to put all the documents together and then type the evidence for each prosecution witnesses and that one most of the time causes the delay in adjudication of such cases (Tema Circuit Court)*

Judicial presence in the Greater Accra Region is limited (refer to the dynamic spatial/geographic dataset). The obvious implication for access to justice cannot be denied.

*I work within the Tema Circuit so the circuit jurisdiction of Tema, goes as far as Ada Foah and all those cases they bring defilement cases, gender-based violence here, mostly defilement cases. (Tema Circuit Court)*

### **Knowledge and Capacity**

(GBV) SEA-SH issues require constant training and retraining because of the regular redefinition of its concepts and tools for understanding and addressing them. Although judicial staff including judges, may have been trained in GBV as part of their legal training, this may not be enough for them to demonstrate competence in handling (GBV) SEA-SH cases. The judiciary trains its staff on GBV although not often:

*Not really often. But when there is a new development or something they feel we should know they call us for training. 2019, I think we went for training but I think it was 2018. I am not sure but I think it was either 2018 or the early part of 2019. I think it took a week. Sometimes it is a week or 3 days, maximum a week. No, it was at the judicial training institute. So, we have a place where we go for our training there. Or sometimes, mostly we use the law court complex. The new law court complex. Some are internal but with GBV we have had the opportunity to have external facilitators. I think they were even from UNICEF so they came to have some training with us. (Clerk, Circuit Court Accra)*

### **Survivor-Centeredness**

The judiciary has strong witness protection for child survivors of (GBV) SEA-SH and to ensure that the child is at the center of the trial process, there is now child-friendly courts.

*Yes, for this course, we have a monitor that we use in taking evidence. So, for the survivors, you don't take their evidence in open court that everybody will see them. So, when they come, they don't even come to the courtroom at all. We have a waiting room for the survivors. And then once it is their turn to testify, we make sure that we take them first. Once it is their turn to testify, they come to the chambers of the judge. The judge will be in the courtroom with the accused person in the dock. Then we will be seeing the child from here and the accused person will also be seeing the child on the monitor it's just to avoid eye contact with the survivor because most of the time we found out that if they testify in the presence of the alleged perpetrator, they are not able to testify. You know, it's not easy for somebody to come face to face with the person. So, we take all the survivors in chambers. Then the judge will be in open court with defense counsel, prosecution, everybody. The accused person also in open court then we will be watching the child and the child will also be seeing us from there (Circuit Court, Tema).*

Generally, ensuring survivor-centeredness in the courtroom depends on how proactive and sensitive a judge is.

### **Coordinating Agency (The Domestic Violence Secretariat under the Ministry for Gender, Children and Social Protection)**

We are assessing the DV Secretariat for its coordination role. As already indicated the DV Secretariat is not an SP and does not have a case management process. Survivors of (GBV) SEA-SH who report to the Ministry of Gender, Children and Social Protection, are referred to the DV Secretariat. The DV Secretariat undertakes an initial assessment to determine the most appropriate SP to refer the survivor to. Subsequently, there is a follow-up call to the SP to confirm whether the survivor reported the incident to them or not.

So, with referral services, if the person is reporting for the first time probably they only know the Ministry of Gender and they go there and they are referred to come here. So they come and first of all, we find out from the person where they are coming from and all that. So we listen and take their details. So if you realized the person has not reported to DOVVSU because that should really be the first point of call, you assist the person to go to DOVVSU to report (DV Secretariat)

Although the DV Secretariat is the operational arm of the Management Board and has an elaborate

policy for coordinating (GBV) SEA-SH activities in Ghana, it is yet to be fully implemented. Per the National Domestic Violence Policy and Plan of Action to implement the Domestic Violence Act 2007 (Act 732), there is supposed to be a decentralized system for coordination at the regional, municipal/district and community levels. This has not been set up. Consequently, (GBV) SEA-SH activities are not well coordinated.

*Yes, I think the national policy and plan of actions actually spells out what has to be done from the community to the regional and national levels. And then in there, you see collaborators, those we are supposed to collaborate with to be able to carry out that activity. It has to do with CSOs, NGOs, FBOs that is faith-based organizations. So, it is actually spelt out in the collators, the activities, the results and all that. So even though the policy has expired but the content as I always say has not expired because it spells out these issues. But then we are in the process of reviewing that. (DV Secretariat)*

The quality of its coordinating role depends on the work of the Management Board. The DV Secretariat has received applications for a license from SPs, but it is unable to process them because the Management Board has not been set up.

We have an application but then the application came when the board was dissolved. You know once there is a change in government all boards and councils are dissolved. So as we speak now we don't have a management board and it has to be reconstituted even though letters have been sent out for nominees. So even if we bring an application, it cannot be worked on now because there is no management board in place to sit on it (DV Secretariat).

The staff at the DV Secretariat need continuous capacity building to ensure a deeper understanding of the legal and policy framework governing their work. As a regulatory and coordinating agency, this is important for the purpose of enforcement. Although the following quote from the DV Secretariat's respondent is not representative of the knowledge base of the entire organization, it highlights the urgency for training for staff:

*I cannot say that our capacity is actually built on the Act and the LI that govern the secretariat or the work on domestic violence (DV Secretariat)*

As already suggested in our recommendations, the coordination of MoGCSP is a very important driver for the delivery of comprehensive, coordinated, quality survivor-centered services for survivors.

## **2.8 Review of the Capacity of Project Support Units, Project Implementation Units and Project Coordinating Unit to Prevent and Respond to GBV on the Project as Part of Safeguards Requirements**

*In all, thirty-four (34) GARID project staff were interviewed. Twenty-nine (29) PSU, two (2) PCU and three (3) PIU members were assessed on their capacity to respond to (GBV) SEA-SH on the project. To review the capacity of the Project Support Unit (PSU), Project Implementation Units (PIUs) and the Project Coordinating Unit (PCU) to prevent and respond to GBV, four benchmarks were adopted. These are:*

- I. Knowledge of (GBV) SEA-SH
- II. Training in (GBV) SEA-SH
- III. Awareness of survivor-centeredness
- IV. Knowledge of response and referral pathways.
- V. Knowledge of (GBV) SEA-SH

Given the level of responsibility of the PCU and PIU as far as addressing the GBV/DV/SEA/SH is concerned, they demonstrate an appreciable level of knowledge of SEA/SH that should suffice them in referring cases to the GBV Safeguard Specialist, who has ultimate responsibility for ensuring compliance to the GRM. For example, there is a clear understanding of what constitutes sexual harassment as demonstrated by the following quote:

*It could be a comment that is inappropriate towards somebody who may not take that kindly. It could be touching which may not be appropriate. Well, your backside is big or nice, even that possibly in your mind you are giving a compliment but it could be offensive. The person may not like that comment regarding their backside. Height, hairstyle, 'your hairstyle doesn't look nice or it looks nice'. So, all these forms (Social Safeguard Focal Person, MSWR PIU)*

What constitutes inappropriate behavior is understood rightly to be what makes the recipient of such behavior uncomfortable: “once she is not comfortable with what you said towards her, it becomes inappropriate” (Safeguard Specialist, PCU).

Also evident in their understanding of SEA/SH is awareness of vulnerability. Central to the phenomenon of SEA/SH is the exploitation of vulnerable groups mainly comprising children, women and the poor. So, for such consciousness to prevail at the highest level of accountability of the project is a critical safeguard for the vulnerable.

*"Exploitation, yea, trying to use the power that you have, probably let's say it is a construction site and there is this little lady that comes to the construction site to sell water or some kind of food. Then because yes, we have to buy, but you are trying to use money to lure this person into something that she doesn't consent to. So, it is all exploitation" (Safeguard Specialist, PCU)*

*People using their positions, it can be wealth it can be power to influence the vulnerable to do what they don't want to do Especially when you are going to look for a job and you are a lady. It happens especially in filmmaking and that's what we've heard. I haven't seen one but we've heard many times to what er maybe use their power to take advantage of the women. At the workplace too, the same thing when you are looking for a job oh er in cash or kind, er so it happens if you give it to me, I also give it to you yeah film (PSU, Ga East Municipal)*

## ii. Training in (GBV) SEA-SH

With regards to training in (GBV) SEA-SH, not much has been done. Across respondents from the PIU and PCU, there is mention of a two-day engagement with the World Bank on GBV that led to the development of the TOR for the SP Mapping assignment.

To appreciate GBV in the context of projects. So, we got a World Bank consultant from Washington who took us through the basic elements and the Bank's guidelines of GBV and how to deal with it. So,

it was based on that that we then went ahead to develop the TOR that led to the assignment (Project Coordinator, PCU)

I have not been trained. So, I am quite specific about it. I don't want to mention names, I said I have not been trained, I am not aware but personally, I have not been trained. But then from my general reading, social commentary yes, I could identify gender-based violence or sexual harassment should it occur (Social Safeguard Focal Person, PIU MSWR)

The PSUs at the MMDA level refer to a limited engagement at Aqua Safari on the subject of GBV but not in-depth.

I think there was one training we had at Aqua Safari. I think there was one component of the GARID Project. I think there was one component of gender-based violence that they took us through. For example, if they are to do a project within the assembly, some of the aspects that deal with gender like not disturbing the women within the communities and harassing them...I think they took us through something like that. (PSU, Okaikoi North Municipal)

### iii. Survivor-Centeredness

A cardinal principle in GBV response generally, is adherence to survivor-centeredness. There is awareness of this principle at the PIU and PCU levels. Concerns about confidentiality, perpetrator accountability, restoration of the survivor and giving primacy to a survivor's voice that signal survivor-centeredness were expressed as part of their understanding of the response framework for the GARID Project.

*I know frankly that GBV issues are very delicate and it should be something that should be treated with a level of secrecy that you can have. Most of the time, it has an issue to deal with stigma and at times some of the repercussions against the survivor itself, it is a whole lot of issues, so if it is treated as any other case, people will not come forward, because if I come forward, I will be so much exposed. Because if someone is raped, for instance, I wouldn't want anyone to know that I have been raped but I want my voice to be heard anyway. So, these are two contradictory things so in as much as we get justice for the person but we should not also expose the person, 'oh this person has been raped', no" (Safeguard Specialist, PCU)*

*Yes, if it comes to that, you know cases of GBV yes, you wanna seek justice, you wanna, I think the most important thing is the survivor. You know, trying to make the survivor comfortable, so if it amounts that the perpetrator gets to book or it amounts that the survivor gets restored to normalcy through some counselling, through some health service provision, so all these options will be explored. (Safeguard Specialist, PCU)*

### iv Knowledge of response and referral pathways

None of the PSU members interviewed reported having had an experience with (GBV) SEA-SH. Familiarity with the response and referral pathways is an indicator of what a responder can do in the wake of the GBV incident. PSUs are not trained in GBV response; therefore, their knowledge of what to do and where to turn to when a GBV case comes to their attention is an indicator of capability, given their level of responsibility with the (GBV) SEA-SH response framework. The presence of social welfare and community development officers in the membership of the PSUs offers the PSUs a source of competence they can turn to.

*“Yes, errm..like I said within the municipality we have the social welfare, community development who usually handle this cases, and when it is beyond them or beyond management, they then refer to... and when it has to do with sexual cases and stuff, maybe reported to the police or the women and children rights or something” (PSU, Okaikoi North Municipal).*

*So, immediately I get to know of any Gender-Based Violence issue, as I said earlier, I'll try and understand the issue, together with the social welfare. Because they are a bit more, they have the expertise and that. So, they understand the issue and if it can be solved amicably or at this level. Then we try and solve it and monitor the outcome. But if it is beyond, then we channel it to a higher authority to also look at it. (PSU, Accra Metro)*

*So, if it's physical for example and the person has gotten some injury on him, I have to, first of all, rush to the hospital. If it's psychological, quickly you go to the psychologist or something to try to psyche the person's mind, you understand. Equally, if it's emotional too you have to take the person through some counselling to help him calm down then you start the other process or the other steps. So, first of all, that's what I'll do. (PSU, Ablekuma North Municipal)*

The rationale for selecting the above indicators for assessing the capacity of PIU, PCU and PSU is that they are not GBV professionals. GBV professionals would require much more stringent criteria for their assessment. Members of these project supervisory and coordinating entities are only expected to refer incidents of (GBV) SEA-SH on the GARID Project to appropriate SPs through the project GRM for redress. In other words, they are not expected to have a prolonged engagement with survivors of (GBV) SEA-SH. Consequently, they would require basic sensitivity training in survivor-centeredness and GBV vulnerability, and the GRM system as it relates to (GBV) SEA-SH response giving their prevailing knowledge of and training in (GBV) SEA-SH issues.

The presence of social welfare officers on the committees constituting the Project Support Unit (PSU) at both the GARID and non-GARID MMDAs, is a positive development. It compensates for the lack of depth of GBV issues at the MMDA level. Nevertheless, because (GBV) SEA-SH response is a specialized area, it is recommended that all the social welfare officers, particularly those in the MMDAs with a high concentration of GARID projects would be linked to the GBV Specialist recommended to be hired for the Project (to assist the Social Safeguards Specialist), for regular consultations during the life span of the GARID Project. This recommendation is being made in the light of the fact that at the MMDA level a majority of the PSU members interviewed cited the social welfare officer as the go-to person in case of a (GBV) SEA-SH incident.

## **2.9 Conclusion and Recommendations**

### **Conclusions**

On the whole, SPs mapped have the capacity to provide survivor-centred quality service. They have a process to manage their cases, the knowledge and competency to effectively respond to (GBV) SEA-SH using survivor-centred approaches. It is also important to appreciate the capacity of SPs within the gaps undermining service provision. (GBV) SEA-SH is a hydra-headed problem that requires a coordinated system approach for effective redress.

One major challenge confronting (GBV) SEA-SH response in Ghana is lack of coordination. SPs follow their internal case management processes in responding to survivors, however, due to the uncoordinated nature of the national response framework, there is a break from one SP to the other. The effect of this is that survivors often do not get the holistic services they need. The system so far thrives by leveraging informal networks (i.e., personal relationships) of services providers to serve the interest of survivors. There is the need for a more coordinated approach with intra and interagency protocols that will ensure when survivors move from one SP to the other, they will not be re-traumatized by having to retell their stories. The GARID Project has the opportunity to advocate for the implementation of such a coordinated response, at least in the Greater Accra Region.

### ***Summary of Recommendations***

- ✓ Leadership and Coordination
- ✓ Training and Capacity Building
- ✓ Prevention activities
- ✓ Provision of Logistics and Finance

### **Challenges**

Some of the challenges encountered during this data collection exercise were;

- Letters from the Ministries authorizing enumerators to conduct interviews delayed. This created some considerable difficulties for enumerators. In some instances, too, some SPs refused to grant interviews because letters were not directly addressed to them. For example, because the Judicial Service letter was addressed to the Circuit Courts, the District Courts officials refused to respond to interviews.
- Unwillingness of some staff of organizations to grant interviews. Some refused to cooperate because they did not want to be recorded.
- In some facilities, the appropriate personnel to be interviewed were not available due to the Covid-19 shift system.

# **PART THREE**

## ***(GBV) SEA-SH PREVENTION AND RESPONSE ACTION PLAN AND ACCOUNTABILITY FRAMEWORK***

### 3.1 Introduction

The (GBV) SEA-SH Action Plan and A&R Framework are aimed at mitigating the risks of GBV, particularly SEA and SH on the Project and among vulnerable groups, particularly women and children within the project communities. Led in implementation by the Ministry of Works and Housing, the GARID Project’s objectives are to improve flood risk management and solid waste management in the Odaw River Basin of the Greater Accra Region and to offer access to basic infrastructure and services in targeted communities within the Basin. Due to the possible exacerbation of (GBV) SEA-SH risks with such large construction projects, the (GBV) SEA-SH Action Plan and A&R Framework will guide the conduct and practice of the GARID Project in prevention, mitigation, and response to such risks.

### 3.2 (GBV) SEA-SH Action Plan

<b><i>I. PRELIMINARY STRATEGIES AND ACTIONS TOWARDS, PREVENTION, MITIGATION AND RESPONSE TO (GBV) SEA-SH</i></b>								
	<b>ACTIVITY</b>	<b>OBJECTIVE</b>	<b>TIMEFRAME</b>	<b>RESPONSIBILITY</b>	<b>OUTCOMES</b>	<b>ESTIMATED BUDGET (GHC)</b>	<b>MONITORING</b>	<b>COMMENTS</b>
a)	Integrate (GBV) SEA-SH risk assessment in project’s environmental and social assessment (ESA) using the GBV risk assessment tool	To ensure GBV-SEA-SH risk is assessed and integrated in the whole ESA of the Project.	Done	The Implementing Agency (IA) – The GARID Project	Project risk assessment enabled to determine risk	-	Risk assessment section in the GARID ESA report	-

b)	Conduct Gender-Based Violence (GBV)SEA-SH Risk Assessment for the Project	To obtain information on level of risk in order to mitigate and address (GBV) SEA-SH	Done in April, 2019	IA and World Bank	Level of risk determined and factored in GBV prevention and response measures	-	GBV Risk assessment section of Project Appraisal Document	The assessment indicated a GBV risk score of 11.75, suggesting that the potential for project activities to create conditions for GBV is lower
c)	Integrate (GBV) SEA-SH risk management in Project's safeguards instruments for the Companies' (Contractors and Consultants) to adapt in their Contractor's ESMP (c-ESMP) detailing: <ul style="list-style-type: none"> <li>• Their GBV-SEA-SH Response and Action Plan</li> <li>• Code of Conduct</li> <li>• Training Plan</li> <li>• Community consultation plan</li> <li>• Labor influx management plan, if applicable</li> </ul>	To ensure Project and Companies' Management and staff understand and are bound to mitigate and address (GBV) SEA-SH before commencing their work	Ongoing. At any time, Companies are hired to conduct specified work on the Project	Companies	Project staff and Project Companies are aware of the need to address (GBV)SEA-SH comprehensively	-	GBV Risk Management Section in c-ESMP	

d)	Ensure that in the procurement and bidding processes, using the World Bank's Bidding Documents, (GBV) SEA-SH requirements are clearly defined and expectations outlined in the documents.	To bring conceptual and definitional clarity and expectations clear on GBV risks	Ongoing, during Project procurements and bidding processes	IA (PCU and PIU Procurement and Safeguards Specialists)	Companies are fully aware of the meaning and concepts of (GBV) SEA-SH and expectations to address (GBV) SEA-SH	-	(GBV)SEA-SH section in Procurements and Bidding Documents	
e)	Ensure all Companies have their (GBV)SEA-SH Accountability and Response Framework in the c-ESMP and confirm before finalizing the contract that they are able to meet the project's (GBV) SEA-SH prevention and response requirements	To bind and ensure compliance	Ongoing and at any time Companies are being hired for work on the Project	IA and Companies	Companies have guidance from their C-ESMP on how to address (GBV) SEA-SH	-	(GBV)SEA-SH Section in Companies c-ESMP	-

f)	Ensure Companies have allocated funds in their budgets towards (GBV)SEA-SH implementation in the procurement documents	To assure implementation of GBV activities	During Project procurements and bidding processes	IA and Companies' Management	Companies' (GBV)SEA-SH activities are implemented	-	(GBV)SEA-SH allocations in Companies' Budgets/ Bills of Quantities	-
g)	Develop GM with specific (GBV)SEA-SH procedures for GBV case management	To enable the Project, mitigate and respond to (GBV) SEA-SH cases effectively and efficiently	Done	IA (PCU and PIUs)	GM is available and accessible for use of GBV-SEA-SH response by Project	-	The GRS Online Portal GM Framework	
h)	Do a physical and geo-spatial mapping of GBV prevention and response service providers in the GARID Project region	To provide a database of service providers for the purpose of referrals and management of (GBV) SEA-SH cases	By August 30, 2021	IA (PCU and PIUs)	GBV Service Providers' information available and made accessible for use by the GM	113,500	Inventory Online Portal with mapped GBV SPs	This task has been outsourced to a consulting company and is near completion
i)	Assess capacity and quality of services provided by GBV service providers	To ascertain whether they meet the minimum standard of essential services	By August 30, 2021	IA (PCU and PIUs)	Information available to GM/GRS and GBV SEA-SH Framework of Project on which GBV service providers are able to offer essential services	190,000	Analysis Report	This task has been outsourced to a consulting company and is near completion

					to survivors			
j)	Develop (GBV) SEA-SH Preventive and Response Action Plan and Response and Accountability (A&R) Framework	To ensure well-planned execution of GBV SEA-SH mitigation and response measures and to delineate clear responsibilities, principles, processes and pathways for handling (GBV) SEA-SH	By August 30, 2021	IA (PCU and PIUs)	Clarity in activities are outlined for implementation; Response and Accountability structures are clearly delineated to provide efficiency in prevention and response	24,000	(GBV)SEA-SH Action Plan Document	This task has been outsourced to a consulting company and is near completion
k)	Ensure inclusion of child friendly considerations in the A&R Framework and accompanying protocols and during training	To protect children due to their legal status and vulnerability	By August 1, 2021	IA (PCU and PIUs)	Project system and staff recognize the importance of the Best Interest of the child principle in prevention and response activities	-	Sections on child friendly considerations in A&R Framework and Protocols	In the Ghanaian context, where children under 18 are concerned, particularly girls, sexual abuse and sexual exploitation risks need to be taken into serious consideration. The Project GM/GRS has to integrate knowledge and skill on working with children into its work

l)	Establish Project Framework for addressing (GBV) SEA-SH, comprising the PCU, PIU, PSU, and Community Liaisons etc.	To identify persons responsible for efficient operation of the (GBV) SEA-SH system of the Project	Done	IA (PCU and PIUs)	Personnel available and accessible for receiving reports, logging and ensuring implementation of prevention and response activities at the various levels	-	1. Project GRM Framework 2. Field Visits	-
m)	Review and assess the Project's (GBV) SEA-SH framework's capacity to prevent and respond to (GBV)SEA-SH and to know their roles and responsibility within the framework	To assess the capacity and readiness of the GARID Project to address (GBV) SEA-SH	By August 30, 2021	IA (PCU and PIUs)	Project GBV SEA-SH Framework has information and clarity on what capacity or skills it requires for effectiveness in mitigation and response	16,000	Review section in Analysis Report	For the PIUs, PSUs, and Community liaisons and Assemblypersons to be effective first-line responders, the skill to receive a case and forward to the GRS is critical. They can make or unmake the process and system by their mishandling of a reported case. The review task has been given to a consulting company and is near completion

<b>2. AWARENESS RAISING AND COMMUNITY STAKEHOLDER'S ENGAGEMENT</b>								
a)	Develop a Publicity and information dissemination strategy on available (GBV) SEA-SH services	For publicity and education purposes	August – Sept, 2021	IA (PCU and PIUs)	Project has clear guidelines on how to disseminate information to communities and stakeholders	5,000	Publication Strategy document	This task could be outsourced to an NGO/third party organization with capacity to conceptualize, design and produce such material
b)	Conduct Awareness Raising Outreach campaigns to publicize reporting channels, available services providers, and the use of the GM/GRS mechanism and online reporting - in English and local languages targeting:	For general sensitization of members of project communities and to create safe spaces for sensitizing the different targeted groups to understand risks of	Sept -Nov, 2021; and periodically throughout project implementation	IA (PCU and PIUs)	Communities and survivors know what to do and where to go in case of violations	40,000	Activity Reports Pictures Record of case/incident reports	This task could be outsourced to an NGO/third party organization with capacity to publicize, sensitize and persuade

	<ul style="list-style-type: none"> <li>• General Community</li> <li>• Women and girls in project communities</li> <li>• Children and youth in project communities</li> </ul>	(GBV) SEA-SH and how to access services through the GM						
c)	Design and develop various IE&C material on Zero Tolerance for (GBV)SEA-SH	For education and sensitization purposes	August – Sept, 2021	IA (PCU and PIUs)	Project is able to communicate effectively on zero tolerance of (GBV) SEA-SH	10,000	Flyers, Stickers, T-Shirts, Posters, banners	This task could be outsourced to an NGO/third party organization with capacity to design and develop such material
d)	Display signs, stickers posters and pamphlets developed around the project sites and equipment that signal to workers and the community that the project site is an area where (GBV)SEA-SH is prohibited	To heighten awareness of zero tolerance of (GBV)-SEA-SH in the Project communities and sites	August – Sept, 2021	Companies	Companies' workers and community members have clarity on what is prohibited and are empowered to contribute to mitigation	---	Displayed I, E&C materials	
e)	Dissemination of IE&C material to all Service Providers (SPs) mapped under the GARID Project	To create awareness of the Projects (GBV) SEA-SH Frameworks and gain their buy-in	August – Sept, 2021	IA (PCU and PIUs)	Service Providers become a part of prevention, mitigation and response to (GBV) SEA-SH	5,000	Activity Report Pictures	This task could be outsourced to a selected organization to disseminate

f)	Based on the Project Stakeholder's Engagement Plan (SEP), hold regular quarterly engagement sessions with local community partners comprising local Civil Society organizations, NGOs, CBOs and FBOs, women's organizations, traditional authorities etc., in the project communities	To listen and learn from communities, share information about the project with communities; receive feedback from communities on effectiveness of reporting mechanisms and information on any significant changes due to heightened awareness	Every quarter throughout project cycle	PCU, PIU, PSU, GM/GRS Operator and Community Liaisons	Greater involvement and participation of community; enhanced ownership	5,000 per engagement	Activity reports Pictures	Awareness raising activities are different from community engagement. The latter is to help the Project, listen and learn and incorporate helpful feedback. It promotes joint ownership.
<b>3. TRAINING AND CAPACITY BUILDING FOR GARID PROJECT ACTORS</b>								
a)	Develop (GBV)SEA-SH Training Manual	For building the capacity of the GARID Project Team, Service Providers and Companies	By August 30, 2021	IA (PCU and PIUs)	Content to aid capacity building of Project Team and Service providers available	20,000	Training contents document	This task has been outsourced to a consulting company and is near completion

b)	Develop (GBV)SEA-SH Training of Trainers' (TOT) PowerPoint and Briefing Notes for GARID Team	For the GARID PCU to implement training for Project Companies and their Staff, sub-contractors and other relevant actors	By August 30, 2021	IA (PCU and PIUs)	Content to aid training of Companies and other stakeholders available for use by the Project Team	5,000	TOT PowerPoint and Briefing notes	This task has been outsourced to a consulting company and is near completion
c)	Train GARID Project Team (GRS operator, Safeguard, PCU, PIU, PSU etc.) on how to handle (GBV)SEA-SH	To build capacity of Project Staff and related agencies to prevent and respond to (GBV)SEA-SH and how to use the GM effectively	By August 30, 2021	IA (PCU and PIUs)	GARID Project team is capable of implementing the GBV SEA-SH Prevention and Response activities	49,000	Training report Pictures and video	This task has been outsourced to a consulting company and is near completion
d)	Train all Project Companies' Management on (GBV)SEA-SH, CoCs and Policy and procedures requirements, including legal requirements	To enhance understanding of Project Companies' Management on the necessity to address (GBV)SEA-SH	Immediately after hiring Companies	IA (PCU and PIUs)	Companies know they have to address (GBV)SEA-SH and they know how to do so through their internal mechanisms and in accordance with the local law	-	Training report Pictures Video Feedback	Training for Management is to be implemented by the IA through the PCU; but trickled down to Company staff by the Companies. Cost for this activity to be borne by Company

e)	Training of Service Providers mapped under the GARID project on (GBV)SEA-SH	To enhance knowledge and skills of SPs on (GBV) SEA-SH Prevention and Response	By August 30, 2021	IA (PCU and PIUs)	Service providers are empowered to respond to GBV SEA-SH with enhanced knowledge and understanding	140,000	Training report Pictures Video Feedback	This task has been outsourced to a consulting company and is near completion
f)	Train and sensitize all personnel designated for responding to reports made through the hotline and WhatsApp/SMS platforms on safety, security and confidentiality	to ensure provision of safety and confidential spaces for survivors to report	By September 30, 2021	IA (PCU and PIUs)	Confidentiality and safety of survivors protected	25,000	Training reports Pictures Video Feedback from survivors	
<b>4. INCIDENT RESPONSE ACTIVITIES</b>								
a)	Ensure development of Policies and Procedures for handling (GBV)SEA-SH (especially SH) in all Project Companies and Institutions, including the relevant Government Ministries and MMDAs	To complement the CoCs in regulating in more detail how to effectively investigate, make decisions and sanction (GBV) SEA-SH issues at the workplace	Once a company is hired	IA (PCU and PIUs)	Companies' have more detailed guidance for addressing (GBV) SEA-SH, investigate and sanction appropriately		Policy and procedures documents	Companies can be assisted by a consulting company to develop policies
b)	Establish GARID Project hotline and encrypted WhatsApp/SMS platform for reporting	To afford the public and Project communities the opportunity to physically report cases and to interact with the GARID Project	By August 30, 2021	IA (PCU)	Increased availability and accessibility to reporting channels for survivors	5,000	Hotline WhatsApp and SMS platforms	

c)	Develop and adopt a consent form for use of survivors	To ensure survivors' consent for referrals and information sharing	By August 30, 2021	IA (PCU and PIUs)	Survivors can give consent to processes or refuse	-	Consent form	Annexed to A&R Framework
d)	Ensure cases referred to Companies/Employers are acted on and appropriate action taken (including disciplinary action) and reporting back	To ensure cases are promptly responded to and addressed	From inception of implementation, when cases are received until end of project	IA (PCU and PIUs) especially Social Safeguards Specialist	Survivors receive adequate response and services; Project is largely protected from accusations of abuse	-	Feedback reports from Companies', Survivors and the Social Safeguards Specialist	
e)	Ensure that referrals, verification, tracking and monitoring of cases referred to Company/Employer or Service Providers or both is done	To ensure effectiveness in response and prompt handling of cases	Ongoing process	Social Safeguards Specialist	Processes of resolution of cases enhanced	-	Documentation of tracking  Turn-over time in incident reports	
f)	Draft and adopt Inter-agency protocol and Information/Data sharing protocol	To outline case tracking and management processes and ensure confidentiality of data	By August 30, 2021	IA (PCU and PIU)	Guiding principles, referral pathways, data sharing information available for working on cases	-	Interagency Protocol Agreement	Protocol is part of the A&R Framework appendices

g)	Organize discussion and Agreements with identified GBV Service providers to adopt: <ul style="list-style-type: none"> <li>Inter-agency protocol between them and the GARID (GBV) SEA-SH system on referrals and data/information sharing</li> </ul>	To formally outline processes for referrals, tracking and feedback between the GARID Framework and Service Providers on cases and how to handle data and to enhance ownership of the process of handling (GBV) SEA-SH cases	By August 31, 2021	IA (PCU and PIUs) led by Social Safeguards Specialist	GARID Project Team and Service Providers have clarity on need for and use of protocol	20,000	Activity reports  Signed Interagency Protocol	
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### 5. COMPANIES (CONTRACTORS)' OBLIGATIONS

a)	Ensure in addition to CoCs, the adoption of specific (GBV)SEA-SH Policies and procedures for all Project Companies and relevant Institutions (including the relevant Ministries and MMDAs)	To enhance CoCs and clearly outline processes and procedures	By October, 31, 2021	and Companies' Management supervised by IA (PCU and PIUs)	Project Companies have guidance on how to ensure accountability and response; survivors receive appropriate responses	-	Policies and Procedures documents	Companies, Ministries and MMDAs can be assisted by a consulting company with capacity on developing sexual harassment policies at the Companies' cost
b)	Ensure development of (GBV)SEA-SH Training Plans by all Project Companies	To ensure integration of training in Companies' plans	At the time of hiring	Companies, supervised by IA (PCU and PIUs)	Companies have no excuse not to ensure capacity-building of staff	-	Training Plan Documents	Companies are required to allocate budgets for such training plans development

c)	Train Project Companies' designated personnel for investigating and handling SEA and SH Complaints	To build capacity for investigative and decision - making processes especially on SH cases	Soon after the company is hired	Companies, supervised by IA (PCU and PIUs)	Enhanced investigative and other necessary skills for designated personnel to handle cases	-	Training reports Pictures Videos Feedback	Companies are required to allocate budgets for such training and ensure they are implemented
d)	Training for all Project Companies' staff (Employees and all categories of workers) on (GBV) SEA-SH and the Accountability and Response framework	To prevent Project Companies' Staff from engaging in (GBV) SEA-SH acts, and how to use reporting processes where there are violations	Immediately after hiring and training Companies' Management	Companies	Companies' staff understand (GBV) SEA-SH and what to do to prevent or report it, as well as what to expect when a case is reported	-	Training report Pictures Video Feedback	Management of Companies to ensure this is done at their own level. Costs to be borne by Company
e)	Installation of good lighting systems at the construction work camps	Enhance security against (GBV) SEA-SH acts and other criminal activities on Project sites	By March, 2022	Companies	Heightened detection of incidents and possible reduction of (GBV)SEA-SH at project sites	-	Lighted areas	
f)	Project sites should provide separate toilet and showering facilities for males and females with clear signage	To reduce risk of GBV incidents or attacks	From inception of civil works	Companies	Reduced risk of GBV attacks on project sites	-	Gender separated toilet facilities	Toilet facilities are to be set up by Companies on construction sites
<b>6. COORDINATION AND MANAGEMENT</b>								

a)	Institute Periodic reports and feedback between the WB and the Project	To ensure effective coordination and management	WB Missions	WB, IA (PCU and PIUs)	Continuous learning and review of system and processes	-	Activity Reports Pictures	
b)	Conduct a meeting to gain real commitment of the Top-level management (Steering Committee and others) of the GARID Project to prevention and response against (GBV) SEA-SH	To ensure Top level management “walk the talk”	By August 31, 2021	IA	Greater buy-in by communities due to modeling and exemplary leadership; enhanced supervision	-	Meeting minutes  Number of visits/calls from Steering Committee to PCU for (GBV)SEA-SH  Number of Steering Committee members actively participating in (GBV)SEA-SH activities	
<b>7. CONTINUOUS LEARNING</b>								
a)	Annual refresher (GBV) SEA-SH training for all GARID Project Staff, PIUs, PSUs and Community Liaisons	To enhance capacity for continuing (GBV) SEA-SH mitigation, prevention and response	Annual	PCU, led by Social Safeguards Specialist	Enhanced effectiveness of system and processes	10,000 annually	Training reports Pictures Videos Feedback	
b)	Annual refresher (GBV) SEA-SH training for all Project Companies Staff	To enhance capacity for continuing (GBV) SEA-SH mitigation,	Annual	Companies’ Management	Enhanced supervision and implementation of CoCs and policies; better mitigation;	-	Training reports Pictures Video	Cost will be borne by the companies

		prevention and response			satisfied survivors			
c)	Periodic visits and engagement with Service providers	To review effectiveness and efficiency of reporting system, interaction and resolution of cases	Quarterly	PCU/Social Safeguards Specialist (SSS)	Deepened engagement and enhanced ownership of (GBV) SEA-SH prevention and response	15,000 annually	Pictures Activity reports	
d)	Annual Stakeholders' forum (including service providers)	To share information and receive and incorporate feedback for improvement	Annually	IA	Enhanced learning opportunities	25,000 annually	Forum Report Pictures Media reports	

## 8. NETWORKING

a)	Create linkages with other Ministries, Departments and Agencies (MDAs) to share the benefits of (GBV) SEA-SH Prevention and Response, in particular the Ministry of Gender, Children and Social Protection, and to influence them to adopt similar approaches	To create wider awareness of the benefits of (GBV) SEA-SH Response and Prevention and to enhance linkages to existing national policies and frameworks for strengthening country-level response	By 31 <sup>st</sup> October, 2021	IA and PCU	Heightened consideration for and adoption of (GBV) SEA-SH Prevention and Response mechanisms and processes in other agencies	6,000	Visit reports Contact numbers Requests for assistance to undertake (GBV) SEA-SH activities	
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## 9. MONITORING AND EVALUATION

a)	Establish a process to review and update risk assessment throughout the project implementation	To ensure continued assessment and integration of results into project implementation	Yearly throughout the Project Period,	IA	Results Integrated and strategies reviewed		GBV risk assessment in GARID Project Implementation Manual (PIM)	All ongoing assessments and M&E activities will form part of the Project's Environmental and Social Safeguards M&E system. However, an independent consulting firm or NGO with capacity can be contracted for handling formal M&E
b)	Develop robust M&E Indicators (including those in Results Framework) for the Project (GBV)SEA-SH Prevention and Response system and activities	For use of M&E purposes	By 31 <sup>st</sup> August, 2021	IA (PCU and PIUs)	Results are a fair indication of the activities and outputs of the Project	17,000	Results Framework M&E Indicators document	
c)	Undertake regular monthly monitoring of progress on (GBV) SEA-SH prevention and response activities within the project sites and companies, and at the level of the PCU, PIU, PSU and the Community Liaisons	To measure effectiveness, efficiency and progress	Once a Month	IA and PCU	Change and learning are considered and integrated into the Project for better outcomes and impacts	12,000 annually	Monitoring reports Pictures Feedback	

d)	Ensure annual review of the GM/GRS and the (GBV)SEA-SH system	To improve system	Annually	IA and PCU	Information is integrated into the system for better outcomes and impacts	20,000	Review reports	This task can be outsourced to an independent organization to ensure objectivity
e)	Conduct an annual review of the implementation of CoCs and the (GBV) SEA-SH policies and procedures at Companies' level	To measure levels of Companies' implementation and adherence	Annually	IA (PCU and PIUs), Companies	Information is used to improve response and practice; survivors are increasingly satisfied	20,000	Review reports	This task can be outsourced to an independent organization to ensure objectivity
f)	Establish and incorporate simple action-oriented community monitoring approaches for M&E such as Most Significant Changes approach	To include Community voices in measuring effectiveness and impacts on community norms and practices	By 31 <sup>st</sup> October, 2021	IA (PCU and PIUs)	Heightened community interest and participation in bringing about normative changes in addressing (GBV)SEA-SH and improving gender relations	25,000	Community monitoring activity reports Pictures	An NGO/CSO with capacity can be hired to facilitate the implementation of this task
g)	Conduct Mid-Project Evaluation of (GBV) SEA-SH Prevention and Response system and activities	For formal evaluation of outcomes and impacts of the (GBV)SEA-SH Prevention and Response activities of the GARID Project and to incorporate necessary changes	Mid of the cycle (lifespan) of the Project	IA, per a Consultant	Improvement in operation of the system and activities	35,000	Mid-Project evaluation report	This task should be outsourced to a consulting firm

h)	Conduct end of Project Evaluation to include (GBV) SEA-SH Prevention and Response system and activities	For formal evaluation of outcomes and impacts of the (GBV) SEA-SH Prevention and Response activities of the GARID Project	End of the Project lifespan	IA, per a Consultant	Lessons shared with stakeholders; learning by stakeholders, incorporated into new projects and improving existing systems	45,000	End of Project evaluation report	This task should be outsourced to a consulting firm
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All references to “Companies” comprise all consultants, contractors and employers hired to provide services to the GARID Project

### **3.3 Accountability and Response Framework for the (GBV) SEA-SH Prevention and Response Action Plan of the GARID Project**

The GARID Project's (GBV) SEA-SH Prevention and Response Action Plan includes this Accountability and Response (A&R) Framework. It outlines principles and best practices in survivor-centeredness in addressing (GBV) SEA-SH, and describes roles and responsibilities of personnel assigned by the GARID Project to address (GBV) SEA-SH, such as the Social Safeguards Specialist (SSS), the GBV Specialist (GBVS), the personnel of the Project Implementation Unit (PIU), the Project Support Unit (PSU) and the community liaisons and Assemblypersons. It also explains the operation of the Grievance Mechanism of the GARID Project and how it responds to (GBV) SEA-SH cases in making referrals to Project Companies (Employers, Contractors, Consultants hired for the Project) for internal redress of cases; or referrals to GBV Service Providers (SPs) or both, for resolution of these cases. The A&R Framework further outlines the who, what, when, where and how regarding the handling of allegations by Project Companies through the application of their Codes of Conduct (CoCs) and Company policies in investigation and sanctioning for violations. In addition, this A&R Framework addresses issues on consent, mandatory reporting requirements in local legislation, confidentiality and confidential data and information storage and handling, documentation, training and updating. These are intended to guide the Project in ensuring that it implements the requirement to effectively address (GBV) SEA-SH risks to the Project.

#### ***Guiding Principles***

The GARID Project recognizes and applies the following principles, that:

1. All persons that are contracted for work under the Project will be treated with respect regardless of their race, color, ethnicity, religion, political affiliation, disability, birth or another status.
2. Gender-based violence, including sexual exploitation and abuse and sexual harassment (GBV) SEA-SH undermine the mental and physical well-being of persons. Everyone, including children, has the right to live free from (GBV) SEA-SH.
3. All forms of (GBV) SEA-SH are unacceptable whether it occurs at the work site, the work site surroundings, or at worker's camps.
4. The safety of survivors of (GBV) SEA-SH is of the utmost priority.
5. Perpetrators will be held accountable for their actions, as (GBV) SEA-SH constitute acts of serious misconduct and are therefore grounds for disciplinary measures, penalties and/or termination of employment.
6. Sexual activity with children under 18, including online harassment, is prohibited. Mistaken belief regarding the age of a child and consent from the child is not a defense.
7. Use of inappropriate language or behavior towards women, children and men that may

be deemed harassing, abusive, sexually provocative, demeaning or culturally inappropriate is disallowed.

8. Exchange of money, employment, goods or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior, is prohibited.
9. Sexual interactions between Project Companies' employees or workers at any level and members of the communities surrounding the Project sites that are not agreed to with full consent<sup>1</sup> by all parties involved in the sexual act are strongly discouraged. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex. Such sexual activity is considered "non-consensual" by the Project.
10. The Project will provide avenues and mechanisms for reporting allegations of (GBV) SEA-SH. There shall be no retribution, retaliation or victimization against persons who make reports against their employers or personnel of the Project.
11. All Management personnel of the Project have a responsibility to support and maintain an environment that is free of (GBV) SEA-SH.

### ***A Survivor-Centered Approach***

The GARID Project is committed to pursuing a survivor-centered approach for responding to (GBV) SEA-SH. Survivor-centeredness by the Project requires that in seeking a resolution of allegations, the survivor's needs, wishes and rights will be central to the processes. This is done with the view to empower them and facilitate their healing and recovery. To this end, the GARID Project through its Grievance Mechanism and its (GBV) SEA-SH Implementing Framework will ensure that:

- The survivor will be treated with dignity and respect. Their needs, rights and choices will be taken into consideration at all times through all processes and decisions. Assistance will not be imposed on a survivor if they are not ready to proceed with a matter. However, support will be given to survivors who choose to seek redress or those who change their mind about whether they wish to take action or not.
- The survivor's choice and agency will be respected in all decisions. However, where the survivor is a minor (under 18 years of age) there are legal requirements for reporting abuse to the authorities irrespective of their consent or choice.
- The welfare principle of the Best Interest of the child will be upheld in all cases where minors are concerned.
- The safety and security of the survivor is of utmost consideration in all the processes. Every effort will be made by the Project to eliminate or minimize the risk of further

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<sup>1</sup> Consent refers to when an adult makes an informed choice to agree freely and voluntarily to do something (GBV IMS classification tool). There is no consent when agreement is obtained through: i. the use of threats, force or other forms of coercion, abduction, fraud, manipulation, deception, or misrepresentation, ii. the use of a threat to withhold a benefit to which the person is already entitled, or iii. a promise made to the person to provide a benefit.

traumatization or abuse from the community or other Project-related personnel to a survivor who reports a case.

- To address security, retaliation, and safety of survivors, the Project will ensure confidential handling of all data and information related to the survivors, and confidentiality in all processes leading to support for the survivor and the resolution of each matter. Sharing the story of the survivor with another agency or person will only be done with the informed consent of the survivor.
- Survivors will be provided all the information needed for them to make informed decisions
- Assumptions will not be made about the survivor’s feelings, thoughts and experiences. All persons who will handle reports and processes leading to resolution will be trained on how to handle complaints with cultural and social sensitivity, non-judgementalism, confidentiality and tact.
- Where the alleged abuse is project-related or is perpetrated by an employee of a Company on the Project against another employee, every effort will be made to protect the survivor from retaliation, including reasonable re-arrangements of work location and schedule and special leave for the survivor if deemed necessary.

***How the Grievance Mechanism will address (GBV) SEA-SH Allegations and the Referral Pathway***

***The GARID Project’s (GBV) SEA-SH Framework for Prevention and Response***

The GARID Project has designed and adopted a (GBV) SEA-SH Implementation Framework detailing personnel at different implementation levels to work on (GBV) SEA-SH mitigation, prevention and response measures. In this framework, apart from the Project’s Social Safeguards Specialist, who is to receive *and process* all cases reported to the GM/GRS directly or from other channels, all the other personnel are to undertake sensitization, community engagement and training activities. Although they are designated channels through whom (GBV) SEA-SH cases may be reported, their responsibility is to bring these cases to the notice of the GRS (GBV) SEA-SH system for appropriate action. These personnel do not have the mandate to process, investigate, settle or make decisions regarding cases that are reported to them.

**Current GARID Framework for (GBV) SEA-SH Implementation**

<b>Structure</b>	<b>Designated Staff</b>	<b>Role</b>
Project Coordinating Unit	Social Safeguards Specialist	1. Oversee the overall implementation of preventive, mitigative and response measures to reduce GBV risks on the Project. 2. Receive GBV complaints and forwards them to the necessary

		<p>GBV service provider for redress. (Act as complaints administrator to only GBV cases)</p> <p>3. Liaise with Contractors/Employers and GBV service providers for the resolution of GBV cases on the Project.</p> <p>4.Oversee training of GARID service providers on GBV</p>
	GRS Complaints Administrator	<p>1.Log all complaints regarding the Project into the GRS System</p> <p>2. Along with the Social Safeguards Specialist, processes cases for referrals</p>
Project Implementation Unit	Social Safeguards Focal Person	<p>1. Ensure the implementation of GBV mitigative measures on the Project</p> <p>2. Receive (GBV) SEA-SH cases and report such to the GRS for referrals and resolution.</p> <p>3. Facilitate training of GARID service providers on GBV</p>
	Gender Desk Officer (Some PIUs have, but others do not)	
Project Support Unit	Gender Desk Officer	<p>1. Ensure the implementation of GBV mitigative measures on the Project such as sensitization, stakeholder engagement, etc.</p> <p>2. Receive (GBV) SEA-SH cases and report such to the GRS for referrals and resolution.</p> <p>3. Facilitate training of GARID service providers on GBV</p>
	Social Welfare and Community Development Officer	
Communities	Community Liaison Officer	<p>1. Ensure the implementation of GBV mitigative measures on the Project</p> <p>2. Receive (GBV) SEA-SH cases from the communities and report such to the GRS for resolution.</p>
	Assemblyperson	

All these Project personnel will be trained on how to preserve the safety of survivors who approach them as channels for reporting as they may have to listen to the stories of the survivors before reporting to the GRS for logging. They will be trained on confidential handling of information, ensuring safety and privacy for survivors when approached, and as far as a

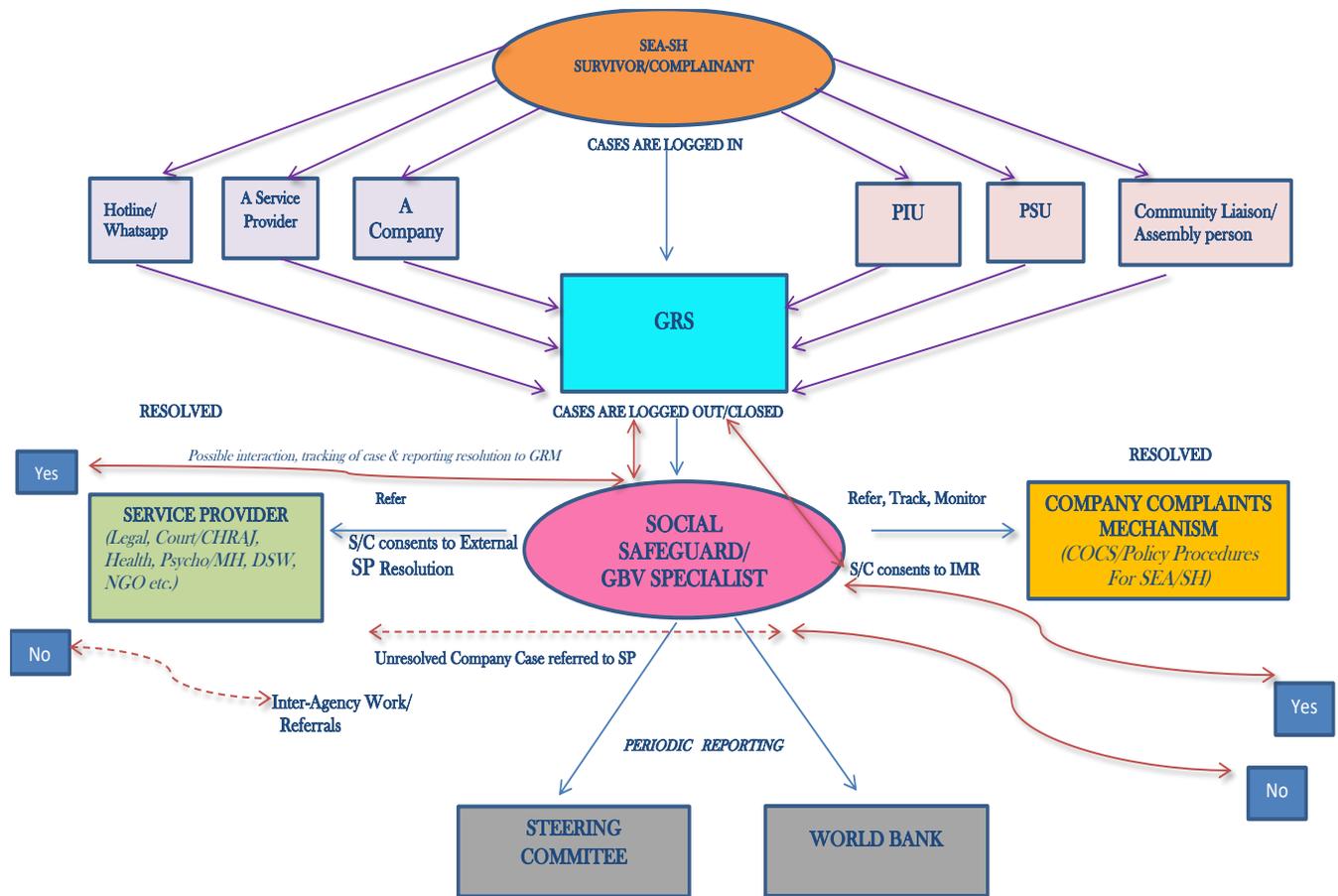
possible guarantee that the information gathered will be kept confidential. The training will also include how to handle survivors who are minors.

### ***The GARID Project's Grievance Mechanism (the Grievance Redress System)***

As a requirement from the World Bank, the GARID Project has established a Grievance Mechanism for receiving all complaints related to the implementation of the Project, called the Grievance Redress System (GRS) and operated by a Complaints Administrator. The GRS employs an online system to receive and log all complaints and record their resolution.

In furtherance of the quest to effectively handle (GBV) SEA-SH cases, an aspect of the GRS has been dedicated to (GBV) SEA-SH complaints alone, for receiving, logging, processing and engaging the necessary action towards supporting survivors and ensuring resolution of such cases. The GARID Project GRS system will not:

- Attempt to persuade or convince survivors as to what course of action they would want to take
- Investigate cases
- Make verbal pronouncements or judge the truth or otherwise of a reported matter
- Trigger the prosecution of an alleged perpetrator of a case



**FIGURE 13: Referral Pathway for (GBV) SEA-SH Cases**

The GRS (GBV) SEA-SH system will receive cases directly from a survivor (or complainant, especially if a minor is involved), through the GRS Online portal, or through any of the multiple channels made available for (GBV) SEA-SH reporting. These other channels are a hotline, an SMS/WhatsApp dedicated and encrypted platform, and a GBV Services Provider, the PIUs, the PSUs, and the community liaisons/assemblypersons.

The case will be logged into the system as received, in accordance with the protocol on what information to record in the system. The information that is logged in will comprise no more than the following:

- The nature of the complaint, according to what the survivor says
- Whether, in the knowledge of the survivor, the alleged perpetrator is associated with the Project
- The age and sex of the survivor, if it is possible to get such information from the survivor

- Whether the survivor has been referred to services

After logging in this information, the Social Safeguards Specialist (SSS), or any other assigned staff of the GARID Project, who has the responsibility of handling (GBV) SEA-SH cases takes over the processing of the complaint, assessing further, whether as a project-related case, the alleged perpetrator is connected to a company on the project; or whether it is a case originating from any of the adjoining Project communities or work sites. The SSS has to take action irrespective of how the case is related to the Project.

The SSS assures the survivor of confidentiality, discusses the options available and provides all the information necessary to the survivor for her to take an informed decision. With the consent of the survivor, the Social Safeguards refers the case to the appropriate mechanism for handling the matter. These referral mechanisms may be:

1. The Company/employer of the alleged perpetrator for resolution through the employer's internal resolution system.
2. A GBV Services Provider whose information is already available on the GRS System for support, while the internal resolution mechanism of the perpetrator's employer is working to address the matter. The GBV Services Provider supports the survivor through the processes until its resolution.
3. A GBV Services Provider who takes up the case, with the consent of the survivor and works to resolve it through their processes, or in conjunction with other agencies in the national response system (legal, psycho-social, health, judicial, shelters etc.).

The SSS will monitor and track the case through the system of redress, in particular, closely supervising Project Companies (Employers) during the processes of resolution. When this is completed, the GRS is to record and log out cases that have been resolved. The GRS will only record the resolution of the case and the date of the resolution and close the case.

### ***The Role of the Social Safeguard Specialist (SSS) in the GRS system***

The GARID Project is designed to directly involve the Social Safeguard Specialist (SSS) in the receiving and processing of (GBV) SEA-SH cases reported to the Project. The SSS will:

- Receive all GBV cases reported, whether directly or from any of the available reporting channels, whether project related or not, and that all such survivors receive equal treatment and referrals as appropriate
- With the consent of the survivor, provide the survivor with information on their options and makes decisions regarding the processing and resolution of the case as stated above
- Communicate to the survivor any mandatory legal reporting requirements depending on the nature of the case

- Communicate with survivors that there will be no compensation or financial redress if their case is referred to the Company for internal resolution. However, they are free to pursue other available remedies such as using the legal system or the services of a GBV Services provider
- Make the appropriate referral either to an internal Company resolution mechanism or a GBV Services Provider, or both, with the consent of the survivor
- Monitor, track, follow-up cases or supervise resolution as appropriate
- Record each resolved case in the GRS and close it

The SSS (and other personnel in the (GBV) SEA-SH Implementation Framework), in the performance of their roles and responsibilities when interacting with survivors will be conscious of their attitudes, approaches and manner of speech. This will enhance the survivor-centeredness of the GARID Project. Routinely, they will do a self-check based on the following questions:

- Am I welcoming the survivor warmly, acknowledging the strength and courage it took to reach out for help?
- Am I using language that is neither overtly nor covertly blaming?
- Do I share all information I have with the survivor so they can make the best decisions in the interest of their welfare?
- Do I listen to how the survivor feels, what they think, and what they would like to do?
- Do I explore all possible options with the survivor and inform them of all available resources?
- Do I respect the survivor's decisions, even if those decisions are different than what I would have made or wanted them to make?
- Do I respect the survivor's privacy and the right to withhold information?
- Do I inform the survivor about the policies and procedures of the services being provided?

### ***The Role of Project Companies (Contractors, Sub-Contractors, Consultants and workers)***

All Companies (Contractors, Consultants, sub-contractors, suppliers, etc., and their employees and workers) hired for services on the GARID Project are bound to the principles outlined for (GBV) SEA-SH Prevention and Response measures and to operationalize the requirements of the (GBV) SEA-SH Prevention and Response Action Plan and the A&R Framework. To this end, all Companies shall:

- Go through the procurement and bidding processes with the understanding that they must satisfy the requirements of mitigating, preventing and responding to (GBV) SEA-SH

- at their Company level
- Sign the Codes of Conduct prepared by the IA before the contract documents are completed and signed by the parties
- Develop/adopt their CoCs and policies and procedures on (GBV) SEA-SH for their workforce and employees to sign on
- Sensitize and train their management and workers on (GBV) SEA-SH and compliance with the CoCs and policies
- Participate in the grievance mechanism of the GARID Project as entry points for reporting of (GBV) SEA-SH cases
- Ensure that cases so reported by survivors are brought to the attention of the GRS and logged into the system
- Ensure their readiness to address a case of (GBV) SEA-SH referred to the Company by the SSS
- Have dedicated personnel or a committee (internal grievance/resolution mechanism) to address (investigate, mediate, sanction) an employee for (GBV) SEA-SH should a case be reported
- Train such dedicated personnel or committee members in how to investigate and take decisions fairly and appropriately in (GBV) SEA-SH matters
- Co-operate with the SSS in their monitoring and supervisory role in respect of the case
- Co-operate with any GBV Services Provider who has been requested by the SSS to provide support to the survivor during the handling of the matter at the Company level
- Investigate and apply appropriate sanctions to perpetrators in accordance with the Company's CoC and (GBV)SEA-SH policy and procedures, ensuring that such decisions conform with Ghana's Labour Act and other relevant legislation
- Ensure that the protection, safety and confidentiality of the survivor is central to all their processes
- Ensure a fair hearing of the matter concerning the alleged perpetrator in the bid to determine the veracity of the said allegations
- Report to the SSS when the case is resolved for onward logging by the GRS system

Sanctions in (GBV) SEA-SH violations, once established may include:

- Additional training
- Informal warning
- Formal warning
- Suspension
- Loss of part or full salary for a period
- Termination
- Report to the police or other legal authorities with the consent of the survivor
- Report to the police or legal authorities if the survivor is a minor and has been sexually abused

### **The role of the GBV Services Providers (SPs)**

GBV Services Providers in the GARID Project region have been mapped and integrated into the (GBV) SEA-SH system of the GARID Projects GRS. These include legal, health, psychological/mental health, judicial services, social welfare, NGOs and shelters etc., both state and non-state agencies that are available, accessible and can be used as both entry points and referral agencies for (GBV) SEA-SH cases. To this end, these GBV SPs will:

- Be trained on the principles guiding (GBV) SEA-SH work as outlined by the GARID Project
- Be used as entry points for reporting by survivors and bring such (GBV) SEA-SH project-related reports to the notice of the GRS for logging into the system
- Be used as referral agencies for survivors by the GRS through its SSS
- Have their own case management support system for processing (GBV) SEA-SH cases which enables the agency to facilitate resolution, including interagency referrals
- Provide the essential services required to support survivors
- Maintain confidentiality, safety and security of survivors in accordance with best practice, in particular, ensuring survivor-centeredness through the processes and seeking the consent of the survivor when personal data has to be shared with any other agency
- Co-operate with the SSS of the GARID Project when they follow-up to know the status of the case
- Inform the SSS of the GARID Project when a case has been resolved so it is recorded by the GRS and closed.

### **At a glance: A description of the GARID Project's Grievance Mechanism for (GBV) SEA-SH Complaints**

Survivors (or complainants) report directly to the GM/GRS (GBV) SEA-SH system
Or Survivors report to any other channel of reporting made available by the Project (hotline; SP; PIU; PSU; Community Liaison etc.) who report to the GM/GRS
GM/GRS logs in the complaint as required. The case is taken up by the Social Safeguards Specialist
Social Safeguards Specialist examines the information and seeks the consent of the survivor to refer the case to the Company/Employer for resolution. In addition, a referral may (or may not) be made to a GBV Services Provider on the system for support to the survivor; or to a GBV Services Provider to handle the case on its own
The Company/Employer will apply its internal resolution mechanism through the application of CoC and Policy to investigate and take decisions on the case. The survivor may be receiving support from the appropriate GBV Services Provider while the case is being addressed

The GBV Services Provider to which a survivor has been referred, outside an internal system of the resolution, handles the case until resolution, through its agency or in collaboration with other referral agencies
Social Safeguards Specialist tracks, monitors and supervises processes while the case is being resolved
Social Safeguards Specialist or the GRS system receives information on the progress of the case or its resolution
The case is recorded as resolved and logged out
Social Safeguards Specialist periodically reports to the Steering Committee of the GARID Project and the World Bank on the progress of the (GBV) SEA-SH prevention and response activities, including minimal information on cases received and resolved.

### ***The Role of the Steering Committee of the GARID Project***

The Steering Committee which has general oversight responsibilities in relation to the GARID Project will receive Quarterly Reports from the GARID PCU concerning its (GBV) SEA-SH Prevention and Response Activities. Although (GBV) SEA-SH incidents may be reported, identities will be anonymized for privacy and confidentiality purposes. The Steering Committee may also provide feedback to the GARID Project on how to improve its (GBV) SEA-SH operations and make it more responsive to the needs of survivors.

### ***The Role of the World Bank***

The World Bank as the financing agent has the mandate of ensuring that (GBV) SEA-SH mitigation measures are implemented on all its civil projects. To this end, the World Bank will receive regular Annual Reports from the GARID Project and the Implementing Agency, the Ministry of Works and Housing. The reports will contain data compiled from (GBV) SEA-SH incident allegations. The reports will not contain any information that could lead to the identification of survivors and their personal information but will provide data on the total number of allegations made, type of incidents reported, age and sex of survivors and number of alleged perpetrators who have a relationship to the Project. The World Bank is expected to provide feedback to the GARID Project's PCU on its reports as appropriate.

### ***Mandatory Reporting Requirements in Local Law and other Legal Considerations***

Generally, corporate bodies or organizations do not have a legal duty to report to government authorities, including the police, criminal matters that come to their attention. However, Ghana's criminal legislation, the Criminal Offences Act 1960, Act 29, and the Criminal and Other Offences Procedure Act, 1960, Act 30, and all other laws that contain criminal sanctions, categorize criminal acts as first-degree felonies, second-degree felonies and misdemeanors. The

principle is that first degree and second-degree felonies cannot be settled out of court. However, misdemeanors can be settled out of Court, as Section 73 of the Courts Act, Act 459, 1993 implies.<sup>2</sup>

Rape, for example, is a first-degree felony and cannot be settled out of court. Rape is an offence against a female above 16 years of age without her consent and is considered a serious GBV act. The act of Sexual Exploitation as defined by Ghanaian law and which may also arise within the context of a Project such as the GARID project is a second-degree felony and cannot be settled through an internal resolution mechanism. Section 101 of the Criminal Offences Act, 1960, Act 29, defines sexual exploitation as “the use of a person for sexual activity that causes or is likely to cause serious physical and emotional injury or in prostitution or pornography.” Sexual exploitation of an adult attracts a term of imprisonment of not less than five years and not more than twenty-five years and if a child is a victim, the offender is liable to a term of imprisonment of not less than seven years and not more than twenty-five years.

Having sexual intercourse with a child of 16 years and below, known as the offence of Defilement is also a second-degree felony in Ghana, which cannot be resolved by the application of any internal resolution mechanism.

Therefore, if aggravated sexual abuse cases such as Rape is reported to the GRS, the survivor will be informed about the requirements of the law and be supported to report to the authorities, if they so wish. Because of the principles of survivor-centeredness, an adult rape survivor will not be compelled to report to the police; however, the GARID Project and its Companies cannot and will not attempt to resolve or settle the matter as between the survivor and the alleged perpetrator internally, even though the internal mechanisms of a Company may investigate and sanction an alleged perpetrator if found to have violated the CoC by their conduct. The use of the internal mechanism, in this case, would not tantamount to a resolution of the matter or precluding police action.

Depending on the circumstances through which such an act of Rape occurs, for example, at a project site, and/or involving a project worker, the GARID Project will take steps to report such an incident to the police and allow the survivor to decide how she will engage the police system. Where a minor is the victim of a sexual assault, however, a report must be made to the Police or the Department of Social Welfare, which agencies are also obligated under the law to investigate and ensure prosecution of such crimes. (Section 17, Children’s Act, 1998, Act 560) The criminal offence of Indecent Assault, for example, may consist of acts that are also

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<sup>2</sup> Section 73 of the Courts Act, Act 459 1993: Reconciliation in Criminal Cases. Any court, with criminal jurisdiction may promote reconciliation, encourage and facilitate a settlement in an amicable manner of any offence not amounting to felony and not aggravated in degree...

considered sexual harassment. However, because it is a misdemeanor, it can be handled outside of the criminal justice system, if the survivor so wishes. Thus, conduct that falls within non-felonious and unaggravated acts of (GBV) SEA-SH will be referred to the Companies' internal mechanisms for resolution if that is the adult survivor's choice. In these instances, also, applying internal mechanisms of resolution do not necessarily preclude referral to legal authorities for further action, if a survivor so chooses.

The GARID Project is aware of these restrictions in Ghanaian law and will ensure that GBV offences that are not to be addressed through internal resolution mechanisms are handed over to the appropriate authorities, such as the police, or support survivors to report such cases to the police.

At a glance:

*If a project worker is alleged to have committed acts of felonious sexual abuse at the workplace, such as Rape, Sexual Exploitation, or Defilement of a minor and it is reported to the GRS:*

- *The SSS will discuss the legal requirements with the survivor*
- *If a child, the case will be handed over to the Department of Social Welfare or the police;*
- *If an adult, the SSS will ask the survivor to decide what they would like to do; however, the SSS will explain that such acts that constitute felonies cannot be handled outside the legal authorities; however, If the survivor chooses to be referred to the Company which employs the alleged perpetrator, the SSS will do so, with the caveat that the matter will not be settled by the Company and there is the possibility that depending on the nature of the case, the Project may also report the matter to the police.*
- *The Company may decide to hand over the matter to the Police, or conduct its investigations and apply the appropriate administrative sanctions if the culpability of the alleged perpetrator is established. Despite this internal investigation, the case may also be referred to the police. However, the survivor cannot be compelled to participate in the policy processes*
- *Or, the Company may advise the survivor to report to the police if they so wish; or, the survivor may themselves report to the police, for investigation and possible prosecution.*

At a glance:

*If a worker is alleged to have committed acts of sexual exploitation and abuse or sexual harassment acts which do not amount to crimes under Ghana's laws (such as making sexual advances or persistent propositions for dates, creating a hostile working environment, etc.):*

- *The SSS will depending on the wishes of the survivor, refer the matter to the Company associated with the allegation for resolution*
- *The Company will employ all its processes (formal and informal) to stop the harassing*

*behaviour and/or conduct an internal investigation on the matter. If the evidence is established, it metes out the appropriate policy sanctions to the perpetrator.*

*It should be noted that, notwithstanding the above, the survivor may choose to file a civil suit against the alleged perpetrator or the Company; or file an action with the Commission on Human Rights and Administrative Justice or the National Labour Commission, if it is an act of Sexual harassment (Labour Act, 2003, Act 654, S. 175)*

### **Companies' Internal Grievance/Resolution Mechanisms and the Requirements of the Law**

There is no specific law in Ghana which directs the processes of internal investigations in formal workplaces. However, the principles and provisions enshrined in Chapter 5 of the 1992 Constitution of Ghana, which addresses Fundamental Human Rights and Freedoms are expected to be upheld by all, including natural and legal persons in Ghana. Article 12 (1) states:

The fundamental human rights and freedoms enshrined in this Chapter shall be respected and upheld by the Executive, Legislative and Judiciary and all other organs of government and its agencies, and where applicable to them, by all natural and legal persons in Ghana, and shall be enforceable by the courts as provided in this Constitution.”

By implication, Companies and Employers such as those who are hired for the GARID Project will ensure that in conducting internal investigations on any matter, including (GBV) SEA-SH cases, the particular rights of all the parties concerned are upheld and the processes guided by the human rights requirements of the Constitution, as well as the requirements of natural justice and procedural fairness. These rights include fair hearing,<sup>3</sup> non-discriminatory treatment,<sup>4</sup> protection of privacy,<sup>5</sup> and the right to work under satisfactory and healthy conditions,<sup>6</sup> among others. Aggrieved persons also have a right to seek redress before the courts for violation of their rights by other persons or administrative bodies.<sup>7</sup> The exercise of these rights is not absolute. They are generally subject to protection of public safety, morality and health concerns of the State.

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<sup>3</sup> Fair hearing, deriving from the right to a fair trial, is founded upon Common Law principles and guarantees which usually pertains to criminal trials (See Article 19 of 1992 Constitution). However, seen as a natural right (*audi alteram partem*), this is increasingly being extended to civil actions, administrative and other enquiry processes in many jurisdictions, including Ghana (See Article 19(13) and Article 23.

<sup>4</sup> Article 17(2).

<sup>5</sup> Article 18(2).

<sup>6</sup> Article 24(1).

<sup>7</sup> Article 23 and Article 33(1).

The Companies will also respect the provisions in other enactments such as the Labour Act,<sup>8</sup> the Data Protection Act,<sup>9</sup> and the Whistle Blower Act,<sup>10</sup> which are related to the protection of the parties' rights. The Labour Act, for instance, has provisions regarding the rights and duties of employers and employees which the Company will take into consideration when applying disciplinary measures such as dismissal or termination. Also, the Labour Regulations,<sup>11</sup> made pursuant to the Labour Act, has provisions relating to issues such as interdiction, non-victimisation and safeguarding of the health and safety of employees which have relevance to internal investigations to which the Project Companies will pay attention.

- Consent issues

**Informed Choice:** As stated above, consent refers to when an adult makes an informed choice to agree freely and voluntarily to do something. Therefore, the GARID Project understands that there is no consent when an agreement is gained through: i. the use of threats, force or other forms of coercion, abduction, fraud, manipulation, deception, or misrepresentation, ii. the use of a threat to withhold a benefit to which the person is already entitled, or iii. a promise made to the person to provide a benefit.

**Consent and the Law:** In Ghana, the age of consent in sexual matters is 16; however, for World Bank-funded projects, a worker cannot have sex or carry out sexual conduct with a person under the age of 18. Also, the issue of consent in sexual matters, even where it involves adults, will be scrutinized in investigations and decision making where it is found that a person related to the project attempted to exploit another through the abuse of vulnerability, differential power, or trust for sexual purposes.

**Consent and the Process with the Survivor at the Centre:** When a case is reported, all decisions regarding the case will be made with the consent of the survivor; and if a minor, with the consent of the complainant, as long as the Best Interests of the child principle is being upheld.

- Ensuring Confidentiality

**Process Confidentiality:** Survivors will be assured of confidentiality when a case is reported and is taken up by the SSS. Throughout the process of handling the case until it is resolved, every effort will be made to ensure confidentiality. Personnel handling any aspect of reported cases will be trained in how to ensure confidentiality.

**Systems Confidentiality:** Data collection, information storing and sharing will all be handled in a confidential manner by the GARID Project. (See Data/Information sharing Protocol)

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<sup>8</sup> Labour Act, 2003, Act 654.

<sup>9</sup> Data Protection Act, 2012, Act 843

<sup>10</sup> Whistle-blower Act, 2006, Act 720.

<sup>11</sup> Labour Regulations, 2007, L.I. 1833.

Confidentiality in case investigations and information sharing: Generally, the parties (complainant and respondent) to the investigation will receive all the information as necessary to help them participate in the process fairly and effectively. Making available the investigation and other reports to the parties is usually included in such information. However, because of privacy considerations and data protection requirements under the Data Protection Act, personal information cannot be shared with all and sundry. Section 18 of the Data Protection Act says:

- (1) A person who processes personal data shall ensure that the personal data is processed
  - (a) without infringing the privacy rights of the data subject;
  - (b) in a lawful manner; and
  - (c) in a reasonable manner.

Due to these requirements, the GARID Project will ensure that Companies are trained on how to handle store, share and handle such information during investigative processes.

- Data Protection/Storing and handling confidential information in-house and with others

The GARID Project's (GBV) SEA-SH will ensure that data and information are safely collected, stored and analyzed when cases are reported, in order that such data can be shared in safe and ethical ways with other agencies and SPs. To this end, the Project will:

- Protect the data of all survivors and share only with those who are authorized to obtain such information
- Ensure that services are available to survivors once data is to be collected from them
- As far as possible, make survivor data non-identifiable when sharing such data with non-GBV Service Provider agencies and organizations (no names, contact info, or other identifiers), such as the World Bank, Government Ministries, etc.
- Share information or data on a survivor with their informed consent
- Share survivor information only within the context of a referral, with the informed consent of the survivor
- Adopt a protocol with GBV SPs to determine how such data and information are to be stored, shared and used.

### ***Training***

Training and refresher training will be organized at the different levels of implementation to build the capacities of the GARID Project Team and its implementers, the Project Companies,

and employees, sub-contractors etc. This is specified in the (GBV) SEA-SH Prevention and Response Action Plan of the GARID Project.

### ***Documenting and Updating the Grievance Mechanism Procedures***

#### ***How Service Provider Mapping information is made accessible to the GRS (GBV) SEA-SH system***

The Geographic Information System (GIS) data on GBV SPs has been created and integrated into the GRS (GBV) EA-SH system of the GARID Project. It is in two forms. The first is an offline dataset in the format of an ESRI shapefile (.shp) that can be used in any GIS software and employed for updating and analysis purposes. This dataset contains several layers that correspond with the various categories of service providers mapped, including the Police, Psychosocial services, Health services, Legal Aid services and Judicial services, as well as the GBV Coordinating agency and the GARID Project's Implementing Framework (PCU, PIUs, PSUs and Community liaisons).

The second form of GIS data on GBV SPs is the online geodatabase setup which has been configured using the same dataset presented in the offline mode. The GARID Project is hosting this through an ArcGIS Online platform which has the mapping and location functionality features to display the various GBV SPs as well as their relevant attributes.

### **3.4 Interagency Protocol between the GARID Project Grievance Mechanism and GBV Service Providers**

This Interagency Protocol is an aspect of the (GBV) SEA-SH Prevention and Action Plan and the A&R Framework. The Protocol has been developed as a guiding document for the relationship between the GARID Project's (GBV) SEA-SH system, (also referred to as the Grievance Mechanism (GM) and the GBV Service Providers (SPs) who have been mapped in the Greater Accra Region to assist the GARID Project address GBV SEA-SH incidents. The Protocol will assist in clarifying the roles and expectations between the GARID Project's (GBV) SEA-SH System as well as outline principles and processes for referrals, case management and data/information storage, sharing and management.

#### ***Definition of Terms***

**Case Management.** In this Protocol refers to a structured approach for assisting a survivor. Through case management, a survivor is informed of all the options available to them, the issues and problems they face are identified and followed up in a coordinated manner, while emotional

support and other practical support is provided to the survivor throughout the process.

**Child.** A person under 18 years of age.

**Child abuse or Violence against Children.** Encompasses any physical, emotional or sexual abuse or violence towards a child, including neglect.

**Code of Conduct:** A set of standards of behavior that staff of an organization are obliged to adhere to

**Company.** For the purposes of the GARID Project and this Protocol, this refers to all Construction Companies, Consultants, Employers, subcontractors, and Suppliers etc., who have been contracted, hired or engaged by the GARID Project to offer services towards the implementation of the Project.

**Confidentiality.** Refers to an ethical principle or duty that service providers should protect information gathered about survivors and refrain from sharing the confidential information gathered in the course of working with the survivor, except with their explicit permission.

**Consent.** Refers to approval or assent given voluntarily and freely, after thoughtful consideration. To give consent, individuals must have access to all relevant facts at the time they give their consent, and they must be able to evaluate and understand the consequences of any action. They must be aware of and have the power to exercise their right to refuse to engage in an action, and they must not feel coerced by financial considerations, force, or threats. In working with survivors of (GBV) SEA-SH, obtaining consent means taking permission from survivors before sharing information about them with others, including referral services.

**Gender-based violence.** Gender-based Violence (GBV) is violence directed at another person because of that person's sex, or because of gender differences and expectations. It is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, mental economic, social, harm or suffering, or may emanate from harmful cultural or traditional practices. GBV acts include threats of such acts, coercion, and other deprivations of liberty, occurring in public or in private. Across the globe, gender-based violence disproportionately affects women and girls.

**GBV service provider.** An organization offering specific services for GBV survivors, such as health services, psychosocial support, shelter, legal aid, safety or security services etc.

**Grievance mechanism.** An accessible and inclusive system, process, or procedure that receives and acts on complaints and suggestions in a timely fashion and that facilitates the resolution of concerns arising from a project.

**Grievance Redress Service.** The Grievance Mechanism of the GARID Project, established to receive all complaints, including (GBV) SEA-SH cases related to the Project and to resolve such complaints. The Grievance Redress System can be accessed through an online portal and has also made other channels accessible for reporting grievances.

**Participating Agency and Actor.** This Protocol refers to the GARID Project's Grievance Mechanism and state or non-state organizations, agencies or institutions involved in preventing and/or responding to GBV, including SEA-SH.

**Perpetrator.** The alleged abuser or the one who commits any of the acts of GBV against another person.

**Potential perpetrators.** For this Protocol, can be any personnel associated with the GARID Project and may include not only construction workers, but also consultants and project staff supervising the civil works or undertaking technical assistance activities, and any other type of worker engaged in work related to the Project.

**Sexual Exploitation and Abuse.** Sexual exploitation is any actual or attempted abuse of position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. Sexual abuse is actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

**Sexual harassment.** Any unwelcome sexual advances, request for sexual favors, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might be reasonably expected or perceived to cause offence or humiliation to another when such conduct interferes with work; is made a condition of employment; or creates an intimidating, hostile, or offensive work environment

**Survivor.** A survivor is a person who has experienced sexual violence or another form of gender-based violence. In the psychological and social support sectors, the term “survivor” is generally preferred to the term “victim” because the former implies resiliency

**Survivor-centred approach.** The survivor-centred approach is based on a set of principles and skills designed to guide professionals—regardless of their role—in their engagement with survivors (predominantly women and girls but also men and boys) who have experienced gender-based violence in any of its forms. The survivor-centred approach aims to create a supportive environment in which the survivor’s interests are respected and prioritized, and in which the survivor is treated with dignity and respect. The approach helps to promote the survivor’s recovery and ability to identify and express needs and wishes, as well as to reinforce the survivor’s capacity to make decisions about possible interventions.

**Violence:** Generally, refers to behaviour that results in harm, injury, damage to another person, which results in someone living in fear of another person's behaviour.

## **Purpose**

This Inter-agency protocol broadly describes the roles and responsibilities of the GARID Project’s (GBV) SEA-SH Grievance Mechanism (GM) and the GBV Service Providers in the Greater Accra Region. It will guide the relationship between the GARID Project’s GM and the GBV SPs in referrals, case management and data/information storage, sharing and management. The protocol emphasizes survivor-centeredness in the handling of incidents and guides the practice between the GARID Project’s GM and the GBV SPs, which is to be based on mutually accepted principles on (GBV) SEA-SH response.

## **Objectives**

1. To provide a common approach for handling (GBV) SEA-SH incidents by the GARID Project's GM and the GBV SPs.
2. To provide consistency in processes for referrals, case management and data/information storage, sharing and management between the GARID Project and the GBV SPs.
3. To establish processes ensuring the safety, prevention of further abuse or victimization and effective response to (GBV)SEA-SH survivors
4. To promote the exchange of information and better inter-agency communication on a need-to-know basis, in a manner that protects the confidentiality required in handling cases.

### ***Scope, Participating Agencies and Actors***

This Interagency Protocol is limited to the relationship between the GARID Project's GM and the GBV SPs that have been identified and mapped by the GARID Project to assist in responding to (GBV) SEA-SH incidents and cases related to the Project. It applies to the GARID Project's work in the Greater Accra Region of Ghana. Participating agencies and actors in this Protocol, refer to the GARID Project's Grievance Mechanism and state or non-state organizations, agencies or institutions involved in preventing and/or responding to GBV, including SEA-SH who have been mapped for the purpose of this Project. The GBV SPs consist of health, mental health/psychological services, Social Welfare, legal, judicial, police, shelters, and complementary NGO services (such as crisis centers, para-legal, economic empowerment, counselling and guidance, HIV, child services etc.)

### ***Guiding Principles***

1. Every individual has a right to a life free from fear of another person and from violence;
2. Gender-based violence, including sexual exploitation and abuse and sexual harassment (GBV) SEA-SH undermine the mental and physical well-being of persons. Everyone, including children, has the right to live free from (GBV) SEA-SH.
3. All forms of (GBV)SEA-SH constitute a violation of the basic human rights of the survivor, and must be addressed as such
4. The safety of survivors of (GBV)SEA-SH is of the utmost priority
5. Participating actors will not discriminate against any persons; that even though women and girls are the majority survivors, men and boys, the elderly and persons with disabilities can be victimized by (GBV) SEA-SH. All the actors involved in addressing (GBV) SEA-SH related to the Project will incorporate this understanding into their work and promote violence-free families and communities.
6. Perpetrators are responsible for their actions and must be held accountable, through the enforcement of the Codes of Conduct (CoCs) and where necessary, handed over

to the law enforcement agencies.

7. Ensuring that all participating actors in the implementation of this protocol agree to:
  - Uphold the principles of prevention, protection, provision and perpetrator accountability and integrate them into strategies for addressing (GBV)SEA-SH at each level of work
  - Uphold the principle of confidentiality concerning the handling of cases
  - Ensure effective action in addressing (GBV)SEA-SH through the use of the established referral pathway and case management processes
  - Acknowledge and respect each actor or agency's particular skills, qualifications and area of expertise, and extend the fullest cooperation and assistance to each other in responding to (GBV)SEA-SH
  - Ensure that the implementation of this Protocol is based on openness and collaboration in sharing appropriate and relevant information
  - Fully engage the communities within which they work in understanding the nature, incidence, causes and dynamics of (GBV) SEA-SH through the use of various public education strategies
  - Ensure that where common referral and other forms are developed and adopted by the participating actors, they agree to, as far as possible use the forms for work, unless their particular agency is by law or practice required to use different forms.
  - Acknowledge that all the above principles apply to children, including their right to participate in decisions that will affect them. If a decision is taken on behalf of the child, the welfare principle of the best interests of the child shall be the overriding consideration and all appropriate actions should be followed.

### ***A Survivor-Centered Approach***

The GARID Project is committed to pursuing a survivor-centered approach for responding to (GBV) SEA-SH and expects its partners to adopt or enhance this approach.

In seeking a resolution of cases of (GBV) SEA-SH, the survivor's needs, wishes and rights will be central to the processes. This is done with the view to empower them and facilitate their healing and recovery. To this end, the GARID Project through its Grievance Mechanism and the GBV SPs will ensure that:

- The survivor will be treated with dignity and respect. Their needs, rights and choices will be taken into consideration at all times through all processes and decisions. Assistance will not be imposed on a survivor if they are not ready to proceed with a matter. However, support will be given to survivors who choose to seek redress or those who change their mind about whether they wish to take action or not.
- The survivor's choice and the agency will be respected in all decisions. However, where

the survivor is a minor (under 18 years of age) there are legal requirements for reporting abuse to the police or the Department of Social Welfare (DSW), irrespective of their consent or choice.

- The welfare principle of the Best Interest of the child will be upheld in all cases where minors are concerned
- The safety and security of the survivor is of utmost consideration in all the processes. Every effort will be made to eliminate or minimize the risk of further traumatization or abuse to a survivor who reports a case.
- To address security, retaliation, and safety of survivors, the Project and the GVB SPs will ensure confidential handling of all data and information related to the survivors, and confidentiality in all processes leading to support for the survivor and the resolution of each matter. Sharing the story of the survivor with another agency or person will only be done with the informed consent of the survivor.
- Survivors will be provided all the information needed for them to make informed decisions
- Assumptions will not be made about the survivor's feelings, thoughts and experiences. All persons who will handle cases and the processes leading to resolution will be trained on how to handle complaints with cultural and social sensitivity, non-judgementalism, confidentiality and tact.

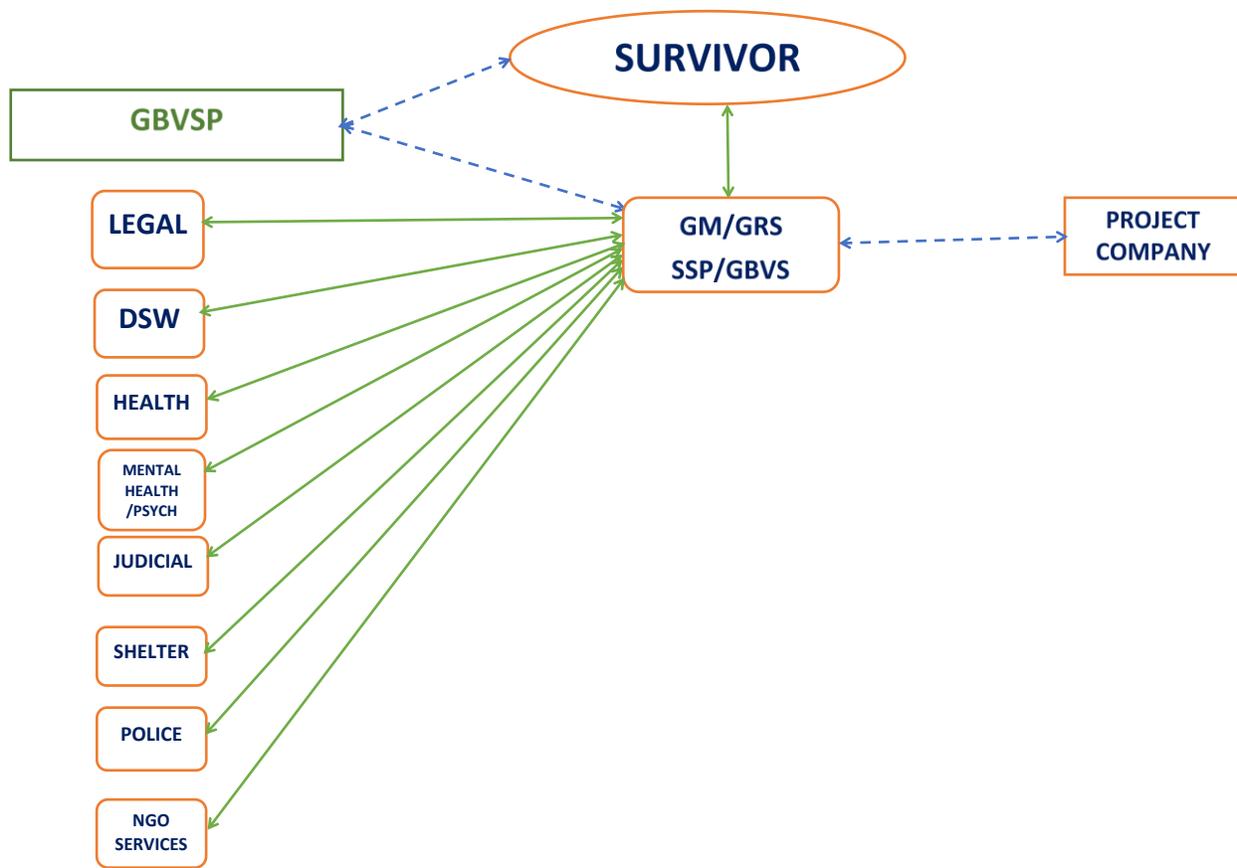
### ***Referral Pathway and Process***

This Protocol outlines a clear reporting and referral system between the participating actors so that (GBV) SEA-SH survivors know to whom they should report and what sort of assistance survivors can expect to receive from GBV SPs.

GBV SPs play very important role in relation to the GARID Project. GBV Service Providers in the GARID Project region have been mapped and integrated into the (GBV) SEA-SH GM of the GARID Project, known as the Grievance Redress System (GRS). The GBV SPs include legal, health, psychological/mental health, judicial services, social welfare, NGOs and shelters etc., both state and non-state agencies that are available, accessible and can be used as both entry points and referral agencies for (GBV) SEA-SH cases.

*What happens if a case is reported to the GARID Project's Grievance Mechanism for (GBV) SEA-SH Complaints and what roles and responsibilities do GBV SPs play?*

Survivors (or complainants) report directly to the GM/GRS GBV-SEA-SH system
Or Survivors report to any other channel of reporting made available by the Project (hotline; GBV SP; PIU; PSU; Community Liaison etc.) who report to the GM/GRS
GM/GRS logs in the complaint as required. The case is taken up by the Social Safeguards Specialist
Social Safeguards Specialist (SSS) examines the information and seeks the consent of the survivor to refer the case to the Company/Employer for resolution. In addition, a referral may (or may not) be made to a GBV Services Provider on the system for support to the survivor; or to a GBV Services Provider to handle the case on its own
The Company/Employer will apply its internal resolution mechanism through the application of CoC and Policy to investigate and take decisions on the case. A survivor may be receiving support from the appropriate GBV Services Provider while case is being addressed
The GBV Services Provider to which a survivor has been referred, outside an internal system of resolution, handles the case until resolution, through its own agency or in collaboration with other referral agencies
Social Safeguards Specialist tracks, monitors and supervises processes while the case is being resolved
Social Safeguards Specialist or the GRS system receives information on progress of the case or its resolution
Case is recorded as resolved and logged out
Social Safeguards Specialist periodically reports to the Steering Committee of the GARID Project and the World Bank on the progress of the GBV-SEA-SH prevention and response activities, including minimal information on cases received and resolved.



### INTERAGENCY REFERRALS

**FIGURE 14: Interagency referrals**

To this end, in relation to the GARID Project, GBV SPs will:

- Be trained on the principles guiding (GBV)SEA-SH work as outlined by the GARID Project
- Be used as entry points for reporting by survivors and, where the survivor chooses, bring such (GBV)SEA-SH project related reports to the notice of the GRS for logging into the system
- Be used as referral agencies for survivors by the GRS through its SSS
- Have their own case management support system for processing (GBV)SEA-SH cases which enables the agency to facilitate resolution, including interagency referrals, that is referring the case to other GBV SPs as necessary, with the informed consent of the survivors towards an effective resolution
- Provide the essential services required to support survivors
- Maintain confidentiality, safety and security of survivors in accordance with best practice, in particular, ensuring survivor-centeredness through the processes and seeking the consent of the survivor when personal data has to be shared with any other actor or GBV SP

- Co-operate with the SSS of the GARID Project when they follow up to know the status of the case, if the survivor so wishes.
- Inform the SSS of the GARID Project when a case has been resolved so it is recorded by the GRS and closed.

### ***Case-Management***

Each GVB SP, in their sector has their case management process. Through this, a GVB SP employs its internal case management process, as well as engaging a range of individuals, organizations and services to support a survivor's immediate needs and longer-term recovery through interagency referrals and feedback.

For the implementation of this Protocol, the GARID Project's GM (GBV) SEA-SH GM will work with the identified and mapped GBV SPs to demonstrate a coordinated approach to case management, including referrals and confidential information sharing and feedback, from a survivor-centered approach, to ensure that survivors have access to multi-sector services as appropriate.

### ***Case Managers at the GBV SPs level will provide:***

- As far as possible, a private setting where the survivor will feel safe to disclose
- Assessment of the survivor's immediate and strategic needs
- Assistance with basic needs
- Information about (GBV)SEA-SH, depending on the nature of the case reported
- Information about what rights and options the survivor has including choices about using GBV services and the possible consequences of accessing those services
- Support and empowerment for survivors to choose their options and make decisions
- Information to other agencies that are necessary for referral, with the consent of the survivor
- Safety Planning for survivors
- Follow up services; feedback as necessary to referral agencies
- Through the process, a survivor-centered approach to listen, guide, support, assess, plan and follow up on services and survivor support
- Appropriate information on resolution, closing or termination of a case to the (GBV)SEA-SH GM of the GARID Project

In Case Management,

- ✓ The GARID Project's (GBV) SEA-SH GM and the GBV SPs will ensure they obtain the informed consent of the survivor in any decision making and confidentiality in the use of the information obtained from the survivor.
- ✓ Survivors' immediate needs will be prioritized, including their safety and security and access to other services, such as health or counselling. The case manager will assess the immediate risk to the survivor and work with the survivor to plan how what measures taken to protect the survivor's safety.
- ✓ The GVB SP will work further with the survivor to develop a comprehensive plan that identifies what the survivor needs and how these needs will be met. The survivor will be referred to connect with a range of multi-sector services available which correspond to their needs.
- ✓ The GVB SP will engage regularly with the other agencies to ensure an effective response to the survivor's issues.

### ***Data and Information Collection, Storage, Sharing and Management***

For this Protocol, the participating agencies and actors will ensure the following:

1. Ethical considerations will be upheld in data collection, storage and sharing at every step of the process leading to the resolution of a reported incident
2. (GBV) SEA-SH data collection including standardized intake and referral forms, will be undertaken in a safe and ethical manner
3. All information received from cases will be treated with confidentiality.
4. Whenever information or data is collected from survivors, services will be made available to them
5. When incidents are reported to the (GBV) SEA-SH GM, information logged into the system will be made non-identifiable as far as possible. Only the following will be logged in the GRS:
  - When incidents are reported to the (GBV) SEA-SH GM, information logged into the system will be made non-identifiable as far as possible. Only the following will be provided in the GRS: The nature of the complaint, according to what the survivor says
  - Whether, in the knowledge of the survivor, the alleged perpetrator is associated with the Project
  - The age and sex of the survivor, if it is possible to get such information from the survivor
  - If the survivor has been referred to any services
6. When information is shared between referral agencies, this will be made non-identifiable as far as possible
7. Participating agencies and actors will share client information only within the context of a referral and with the informed consent of the survivor.

8. Participating agencies and actors will protect survivors' data at all times and only share such data with those who are authorized
9. If any reports or statistical data are to be given to another agency or made public, all identifying personal information such as name, address, details of the case will be withheld in the reporting, compilation and sharing of data.
10. Each participating agency and actor will have and enhance their data storing and management systems as appropriate to the needs and resources of the agency; however, privacy and confidentiality will be key considerations in such data storage and management. Case files may be kept in separate logs, physically locked or password protected files, or through the use of number or coding systems to replace easily identifiable information.
11. The GARID Project's (GBV) SEA-SH system will create a coding system for referrals between the GM and GBV SPs, aimed at anonymizing case files, and will use tracking numbers from reception of the case, following up, resolution and closing of the case.

### **Training**

1. All participating agencies and actors agree to undertake prevention education and sensitization activities in their areas of operation
2. All participating agencies and actors agree to use a wide range of appropriate and culturally relevant information, education, and communication tools and strategies for the prevention of (GBV)SEA-SH
3. All participating agencies agree to be trained and receive refresher training on (GBV)SEA-SH prevention and response by the GARID Project during the project implementation cycle
4. All participating agencies agree to be trained on how to collect, store and share data/information related to (GBV)SEA-SH reports

## **3.5 Publicity Strategy**

This publicity strategy forms part of the (GBV)SEA-SH Prevention and Response Action Plan which the Consultant has been tasked to develop a publicity strategy to publicize the GBV services mapped out.

### **3.5.1 Objectives**

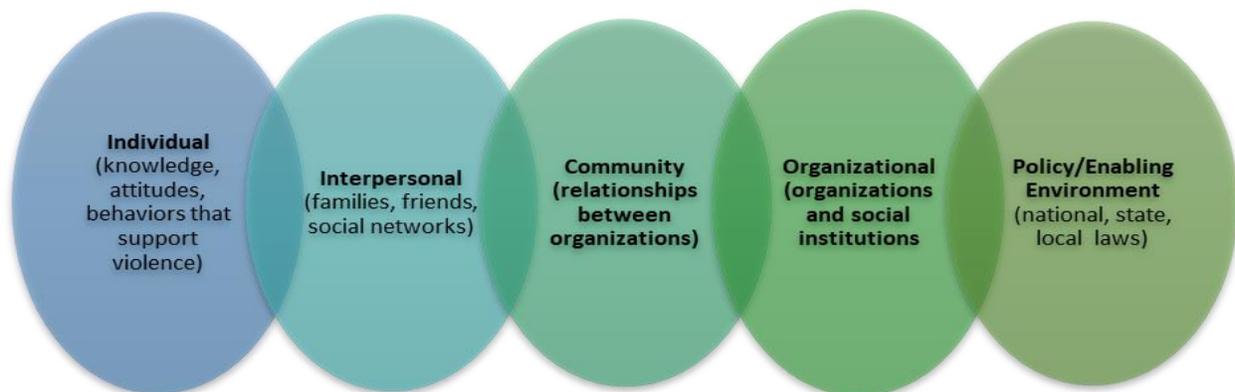
1. To Raise Awareness and Sensitize the GARID Team, project communities and sub-contractors on GBV prevention and response
2. To make information on service providers easily accessible
3. Create an environment of safety through sensitizations to targeted group to understand the risks of GBV for themselves and how to access services through the GRM

4. To intensify awareness of zero tolerance of GBV/SEA/SH in the Project communities and Project contractors
5. To inform SPs regarding the GBV/SEA/SH Component of GARID and to gain buy-in

### 3.5.2 The Strategy

The strategy is based on the Social Ecological Model (SEM) of behavioral change. This model has two key components that states that behavior affects and is affected by multiple levels of influence, and that individual behavior is shaped by the social environment. It explains the occurrence of violence against women and helps identify potential prevention strategies (CDC, 2021). The SEM is a theory grounded framework for understanding the multidimensional and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations (VPA, 2021). There are five hierarchical levels of the SEM: Individual, interpersonal, community, organizational, and policy/enabling environment.

#### Diagram 1



- **Individual level** - personal history and biological factors influence how individuals behave and increase their likelihood of becoming a victim or a perpetrator of violence. For example, research proves that children who grow up in abusive homes are likely to become perpetrators and create a new generation of victims. Other factors that may influence the behaviour of an individual include being a victim of child maltreatment, psychological or personality disorders, alcohol and/or substance abuse and a history of behaving aggressively.
- **Personal relationships** - close relationships such as family, friends, intimate partners and peers may influence the risks of becoming a victim or perpetrator of violence. A person's closest social circle-peers, partners and family members-influences their

behavior and contribute to their experience. For example, having violent friends may influence whether a young person engages in or becomes a victim of violence.

- **Community** - social relationships occur, such as schools, neighborhoods and workplaces, also influence violence. Risk factors here may include the level of unemployment, population density, mobility and the existence of a local drug or gun trade.
- **Societal** – Societal factors influence whether violence is encouraged or inhibited. These include economic and social policies that maintain socioeconomic inequalities between people, and social and cultural norms such as those around male dominance over women, parental dominance over children and cultural norms that endorse violence as an acceptable method to resolve conflicts. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society.

The SEM recommends that in order to prevent violence, it is necessary put in place a holistic strategy which will target all levels of the model at the same time. This approach is more likely to sustain prevention efforts over time and achieve population-level impact (Dahlberg and Krug, 2002).

### 3.5.3 Target Audience

1. All Project Communities, particularly women, girls, youth and children
2. GBV Service Providers mapped out within the GARID and Non- GARID project sites
3. GARID Project Staff, PIUs, PSUs and Community liaison officers
4. Project Contractors' staff
5. GRS System
6. Consultants and team
7. Other CSOS including CBOs, FBOs, NGOs, Traditional Leaders and Religious Authorities

### 3.5.4 Publicity Options

- a. Outreach campaigns / Community Reflective Durbars (English and local language)
- b. Design, develop and disseminate IE&C materials (English and local language) throughout Project Communities
- c. Dissemination and public display of Zero-tolerance of SEA-SH IE&C (e.g., stickers) material at project sites
- d. Dissemination of IE&C material to all Service Providers (SPs) mapped under the GARID Project

- e. Social media platforms for interaction between Project Staff, Project Contractors staff and the public.
- f. Publication of available GBV Services in project communities
- g. Establishment of hotlines and publication of hotline numbers in project communities
- h. Publication of mechanisms of reporting, in particular, use of GRM physical and online system to project communities and stakeholders.
- i. TV and Community FM Radio dialogues
- j. Film shows/Documentaries (in collaboration with the Information Services Department and NCCE)
- k. Engaging Community GBV Champions/Ambassadors

### 3.5.5 Strategy Details

#### 1. Outreach campaigns / Community Durbars (English and local language)

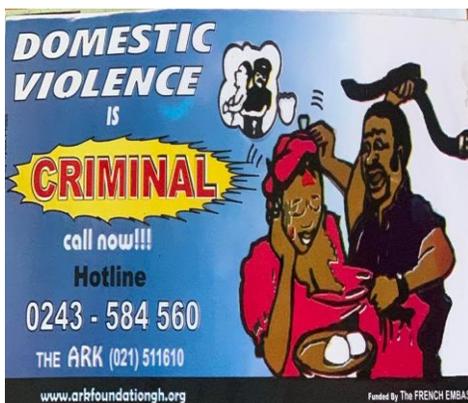
Design and develop strategic and catchy messages in English and local languages on SEA/SH. Organize durbars and campaigns at the Project site, communities using the community liaison officers.

#### 2. Design, Development and Dissemination of IE&C materials and public



IEC materials will be designed with the aim of communicating messages to the GBV target audiences. The IEC materials will include posters, fliers, and stickers among others. Therefore, in order to supplement other forms of multimedia, IEC materials about GBV will be developed and positioned in strategic locations. Create messages and design posters, brochures, stickers, flyers, banners and disseminate at project sites and the public. Display of zero-tolerance of SEA/SH messages throughout Project Communities.

#### 3. Dissemination of IE&C materials to all GBV Service Providers (SPs) mapped under the GARID Project



Create messages and design posters, brochures, stickers, flyers, banners and disseminate to all Service Providers and all GARID Project Staff, PIUs, PSUs

#### 4. Social media platforms for interaction between Project Staff, Project Contractors staff and the public.

Develop and design Prevention of SEA/SH and Response Messages on all social media platforms e.g. Twitter, Facebook, WhatsApp, SMS, Instagram, Telegram and TicTok.



#### 5. Publication of available Services in project communities

Make available inventory of all GBV service providers to all project sites and communities.

#### 6. Establishment of Hotlines and publication of hotline numbers in project communities



Most GBV cases are not reported due to self-blame, fear of reprisals, mistrust of authorities, fear of re-victimization, and a lack of awareness on the available GBV response services. In order to increase the rate of GBV reporting, awareness on existing hotlines will be raised to increase their usage. Liaise with the various Telecommunication companies such as e.g. MTN, Vodafone, and AIRTEL/TIGO to develop hotline contact numbers for reporting cases. These hotlines contact numbers can be linked to the GRM

system. (These Hotline numbers should be TOLL FREE).

#### 7. Publication of mechanisms of reporting, in particular, use of GRM physical and online system to project communities and stakeholders.

Introduce and make accessible systems of reporting and referral pathways to project communities, stakeholders and the GRM.

## 8. TV and Community FM Radio dialogues

Identify strategic communication partners in the mass media community and develop messages for sensitizing the general public.

For strategic intervention on Radio, select the radio stations with the highest media coverage for dissemination of SEA/SH messages.

### Radio Strategy

Radio (Local)	Radio (English)	Key Action Areas	Target Audience
Peace FM, ADOM FM Oman FM Asempa FM Okay FM Kasapa FM Nhyira FM Obonu FM Angel FM Atinka FM	Joy FM Citi FM Uniq FM 3 FM Star FM Accra FM Class FM Hitz FM XYZ FM Y FM	Jingles, Radio discussions with phone ins, talk shows, Women programs, Radio spots, Identify popular DJs on popular Stations, Radio drama series, Radio Documentaries	General Public: Stakeholders, Community Leaders, Religious leaders, Market women, Hawkers and traders, Youth etc.

### TV Strategy

TV (Local)	TV (English)	Key Action Areas	Target Audience
UTV, ADOM TV, Angel TV, Obonu TV, Onua TV, Katanka TV, Atinka, Light TV, GBC 2	TV 3, GTV, GH One, Metro TV, Multi TV, Joy Prime, Joy News, Citi TV, TV Africa, Zylofon TV, TV XYZ,	Documentaries, Talk shows, Women programs, (e.g. Women's Voices, Standpoint, Tales from the powder room etc.) Identify popular TV programs and place adverts),	General Public: Stakeholders, Community Leaders, Religious leaders, Market women, Hawkers and traders, Youth etc.

## **9. Film shows/Documentaries (Information Services Department and NCCE)**

Produce short films and documentaries on GBV/SEA/SH and use the Information Services Department and National Commission on Civic Education to spread the message to communities and project areas.

## **10. Engaging Community GBV Champions/Ambassadors**

Identify GBV/SEA/SH Ambassadors to be actors of change in the communities. Train individuals on GBV/SEA/SH to be Ambassadors and Champions of Change.

### **3.6 Mechanism for Yearly update of the GBV Services Mapping Information**

The GIS information of the GBV SPs integrated into the GRS system can be updated periodically through a set of geospatial processes described as follows:

1. The GARID Project will employ the use of a Kobotoolbox template which will aid in further data collection concerning SPs. All the data collected will be downloaded, cleaned and organized to fit into the various column fields designed in the attribute table using any version of Microsoft Excel. The dataset will then be saved into a comma-separated-values (CVS) file that can easily be imported into ArcMap.
2. In ArcMap, the new dataset will be unified with the old dataset using the ArcMap “Merge Tool”. This tool will allow data to be merged from multiple layers with similar attributes into a single layer. The merge tool will be run until the merged layer is processed. The final merged layer will be exported in any format or saved to overwrite the old shapefile.
3. To update the online directory, ArcMap will be employed to enable publishing on the online portal. The already existing database will be updated by logging into the ArcGIS online account through the ArcMap Desktop software. The GRS operator will select “file”, sign in and enter the username and password. Then the data will be published in the map canvas. The operator will select file and ‘share as’ to share the data as a service package. After this, the GRS operator will select “overwrite” and click on the GBV Mapping service, publish the map, and login to ArcGIS online to view the changes and updates. Before publishing, the GRS Operator will shed off all unwanted layers, which include old and new shapefiles loaded to the software. The only data left in the layer panel will be the merged data.

## Signatures for Participating Agencies and Actors

We, the undersigned, as representatives of our respective agencies, agree to:

1. Abide by the procedures and guidelines contained in this Inter-agency protocol;
2. Fulfil our roles and responsibilities to prevent and respond to GBV-SEA-SH
3. Provide copies of this document to all agency staff who have responsibilities regarding the contents of this protocol and to ensure that the procedures will continue throughout the implementing cycle of the GARID Project and will continue to uphold the principles and procedures after the project has ended.

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# ***PART FOUR***

## ***TRAINING PLAN***

## **4.1 Introduction**

The Government of Ghana (GOG) received financing from the International Development Association (IDA) in the form of Credit towards the cost of implementing the Greater Accra Resilient and Integrated Development (GARID) Project. World Bank-financed projects involving major civil works can increase the risks of several forms of gender-based violence, and in particular the risks of sexual exploitation and abuse (SEA) and sexual harassment (SH). Such huge projects attract many workers from all over to the project area and also an influx of traders which come along with the risk of an increase in transactional sex, gender-based violence, sexual exploitation and acts of sexual harassment in the project area. Accordingly, the World Bank provides Borrowers with guidance on the identification and management of such risks. To address this critical issue and to assist GOG and the GARID Project in putting in place such SEA-SH prevention, risk mitigation and response measures, The Ark Foundation, Ghana is representing as Consultants for the GARID project as the (GBV) SEA-SH experts

## **4.2 Training Manual**

This manual is for training stakeholders, who by virtue of their expertise and mandates, are engaged in providing various services related to the GARID project in Ghana. The training is to provide participants with knowledge and skills on GBV, particularly sexual exploitation and abuse and sexual harassment, as well as build their capacities to handle occurrence and disclosures of same during the execution of the project.

### **4.2.1 Objectives**

The training is relevant given the increased prevalence in GBV across the globe, and which is exacerbated with the execution of major civil works such as the GARID project. The training is therefore meant to educate stakeholders on what constitutes (GBV) SEA-SH, their roles and responsibilities in creating and maintaining a safe environment for protection against (GBV) SEA-SH. The training is intended to run over three days and consists of six sessions. This training manual is to serve as a guide and trainers must adapt it considering the specific circumstances of participants.

#### 4.2.2 Target for Training



#### 4.2.3 Types of Training



##### a. Induction Training

Training should be done by the contractors for their workers on hiring them for the project. This is a prerequisite for the project so that staff and managers are aware of their roles and activities needed to ensure that (GBV) SEA-SH is assuredly understood and by that incidents are reduced for project success. This training should normally take two (2) days to conduct as part of orientation and CoC is signed at the hiring stage.

##### b. Refresher Training

Refresher training is recommended for managers and heads of the Project to ensure that they are reminded of their roles in minimizing (GBV) SEA-SH cases on the projects. This type of training can be done each and every other month to keep Contractors, Managers and

Supervisors on their roles, actions and responses on (GBV) SEA-SH issues.

**c. Trainer of Trainers**

This training offers Supervisors and Service Providers of the project in depth knowledge and skills on how to deal with matters of (GBV) SEA-SH. After undergoing such trainings, the participants are now endowed with adequate information to hand down to a critical mass of people involved in the Project.

**d. Capacity Building**

Training for this on different levels is critical, e.g. on the individual level of capacity building, the individual is exposed to information for self-informed decision making. This also trains the individual on many skills, roles, activities which helps in behavioral and attitude change encouraged for issues of (GBV) SEA-SH.

## **SESSION ONE: Understanding Gender-Based Violence (GBV) Sexual Exploitation and Abuse (SEA) /Sexual Harassment (SH)**

### **1.0 SESSION OBJECTIVES**

- To have an in-depth understanding of GBV
- To define Violence, Abuse, Domestic Violence and its forms and types
- To gain knowledge and understanding of all terminologies of GBV including Sexual Exploitation and Abuse and Sexual Harassment.
- To understand the different forms and types of GBV
- To have an in-depth understanding of national, international, policy and legal frameworks on GBV

#### **1.1 What is Violence?**

- Violence generally refers to behaviour that result in harm, injury, damage to another person and/or which results in someone living in fear of another person's behaviour.

#### **1.2 What is Abuse?**

- Abuse means conduct that harms or may cause imminent harm to the safety, health or wellbeing of the complainant (DVA, 2007). These two terms are often used interchangeably.

#### **1.3 What is Gender Based Violence (GBV?)**

- Gender-Based violence (GBV) refers to injurious or unsafe acts directed at an individual based on their gender. It emanates from and is embedded in gender inequality, the abuse of power and harmful customs.
- It is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females. GBV includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private (IASC 2015). Women and girls are disproportionately affected by GBV across the globe.

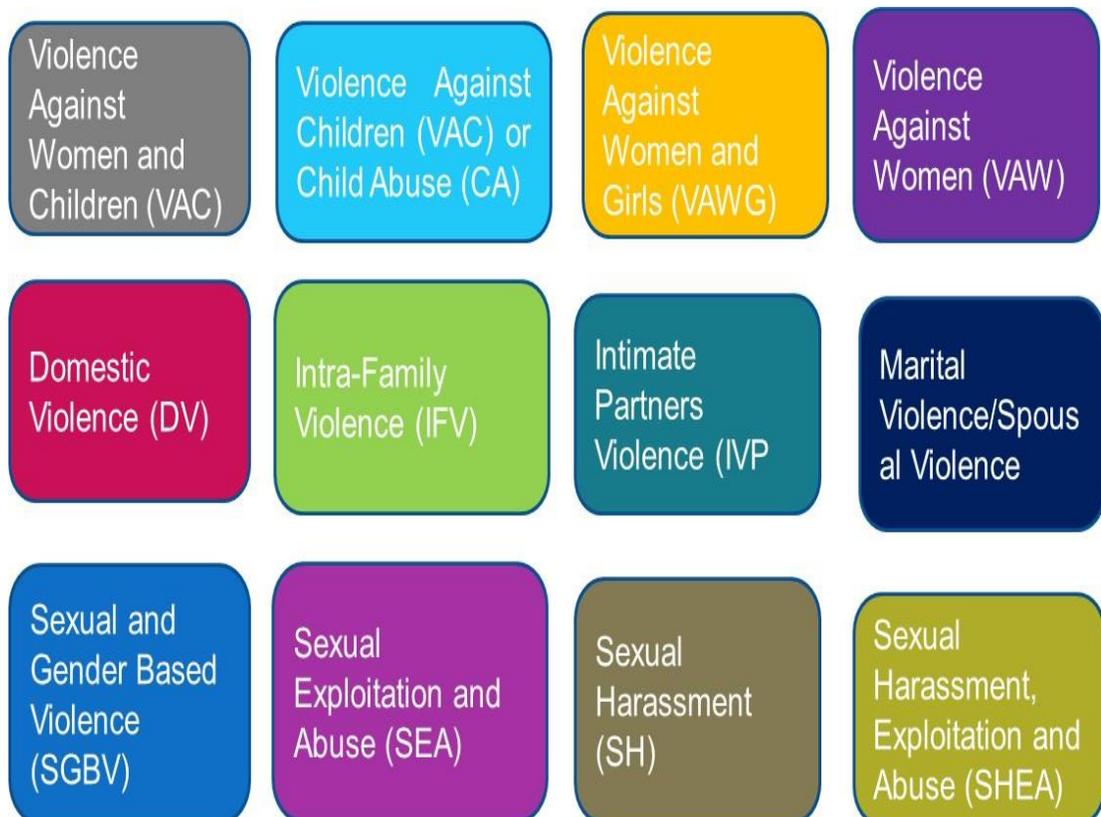
- This is violence directed at, or which disproportionately affects members of one 's gender and this often goes with impunity.

#### ***1.4 Violence against Women (VAW)***

- The 1993 UN Declaration on the Elimination of Violence against Women defined Violence Against Women and Girls as any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (Article 1), UN DEVAW.

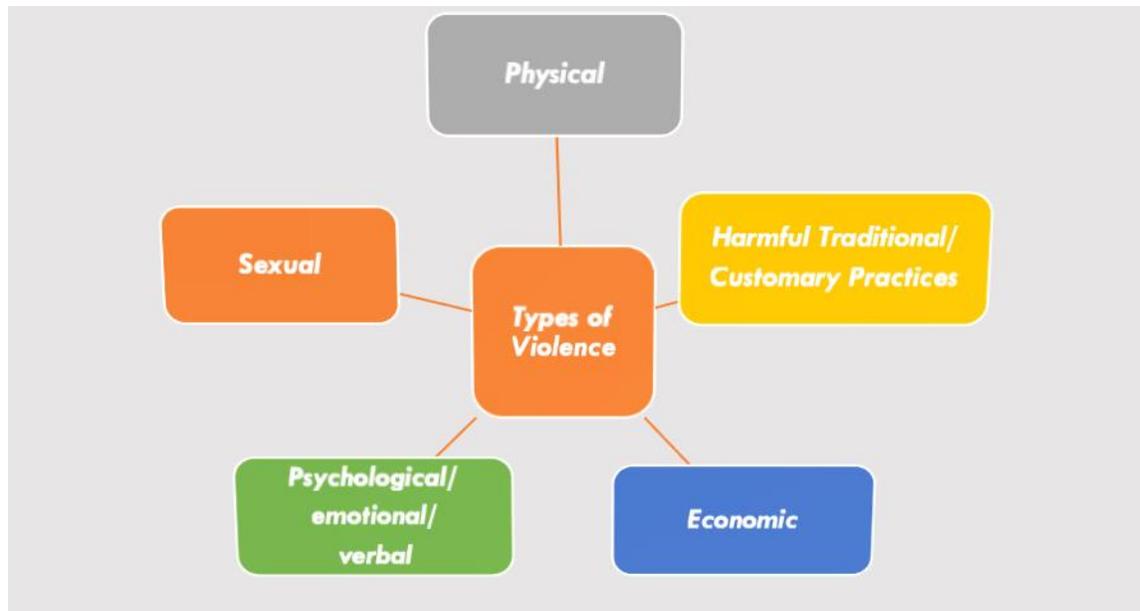
#### ***1.5 Terms related to Gender Based Violence (Forms of Violence)***

***There are several terminologies associated with Gender Based Violence and some of these can be found in the following:***



## 1.6 Forms and Types of Gender Based Violence (GBV)

### 1.6.1 Types of Gender Based Violence (GBV)



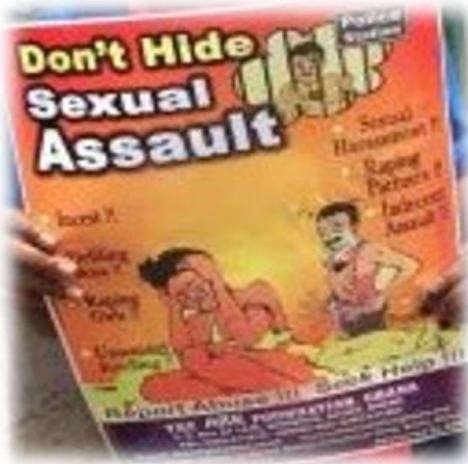
#### Physical Violence



Physical abuse/assault or use of physical force against another person including the violent confinement or detention of another person and the deprivation of another person of access to adequate food, water, clothing, shelter, rest, or subjecting another person to torture or other cruel, inhuman or degrading treatment or punishment and murder or death.

This type of violence affects the physical being of any human being and this can be in the form of slapping, pushing, pulling hair, strangling, breaking household goods, use of weapons (e.g. sharp objects, knives, hammer etc.), forced labor, deprivation of nourishment and killing etc. Physical violence can also be seen in forms like shoving, hitting, kicking, dragging or throwing objects at someone; choking, burning someone; using hazardous chemicals or substances.

## Sexual Violence



Forced attempt to have sex or perform sexual acts against another person or a partner's will, attacking the sexual parts of another person or a partner's body, treating a partner like a sexual object, making humiliating sexual comments or jokes, threatening physical violence should a partner not comply with sexual demands, acts of rape, incest, defilement, sex trafficking, forced prostitution, indecent assault, knowingly infecting a partner with STI's or the HIV/AIDS virus, also gang rape, marital rape, forced homosexuality. The absence of informed consent is an important consideration in determining issues of sexual violence.

## Psychological/Verbal/Emotional Violence



Any action intended to degrade, humiliate and demean, both publicly or privately, including threats to injure or harm another person or one's partner or the children, putting another person down or one's partner down and making humiliating comments about other persons and their abilities, treating another person and one's partner as a menial servant, infantilization of women and girls, manipulating one's mind and emotions and harassment. Psychological, emotional and verbal abuse is any behavior that makes another person feel constantly unhappy,

miserable, humiliated, ridiculed, afraid, jittery or depressed or to feel inadequate or have a low self-esteem. (DV Act, 2007)

## Economic Violence



In Ghana, this violence takes the form of socio-economic violence which includes withholding resources or essential material such as money for food, education fees, household items and clothing as a means of punishment. Preventing another person or one's partner from using their financial resources, depriving another person or one's partner from

making any source of income or working, seizure of another person or one's partner's finances, denying others a share in family property, financially neglecting one's partner or one's family responsibilities financially or using that as a means of intimidation or punishment.

### **Harmful Traditional Practices**



In Ghana these includes Female Genital Mutilation (FGM), cruel widowhood practices, customary servitude e.g. Trokosi, Witchcraft accusations, Tribal markings or scarifications, Child marriages, Forced marriages, Harmful food taboos, discriminatory inheritance practices.

*Picture Source: (thepopenewspaper.com)*

#### ***1.6.2 Domestic Violence as a form of GBV in Ghana***

Domestic violence is a form of gender-based violence. The United Nations defines “domestic violence as physical, sexual and psychological violence occurring in the family including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non – spousal violence and violence related to exploitation”

Domestic Violence in Ghana comprises engaging in acts which constitutes threats or harm under the criminal offences act of Ghana. Domestic violence also includes physical abuse, sexual abuse, economic abuse, emotional/ verbal /psychological abuse, harassment or behavior that harms or endangers others or undermines another's privacy, integrity or security or detracts from their dignity and worth as a human being. (See DVA 2007, Section One). These acts must occur within a domestic relationship which is defined as to “a family relationship, a relationship akin to a family relationship or a relationship in a domestic situation that exists or has existed between a complainant (or a victim) and a respondent (or a perpetrator).

**1.7 Impacts of GBV on Victims/Survivors**

<b>Physical Impacts</b>	<b>Sexual Impacts</b>
<ul style="list-style-type: none"> <li>◦ Dizziness</li> <li>◦ Shock symptoms</li> <li>◦ Headaches</li> <li>◦ Difficulty breathing</li> <li>◦ Muscle tremors</li> <li>◦ Hyper-arousal, extra sensitivity to sights, sounds, smells, touches and tastes associated with the traumatic event</li> <li>◦ Fatigue</li> <li>◦ Profuse sweating</li> <li>◦ Vomiting/nausea</li> <li>◦ Teeth grinding</li> <li>◦ Somatic disturbance</li> </ul>	<ul style="list-style-type: none"> <li>◦ Difficulty in forming intimate relationships</li> <li>◦ Change in usual communication patterns</li> <li>◦ Re-victimization</li> <li>◦ Suspiciousness</li> <li>◦ Fear of the opposite sex</li> <li>◦ Withdrawal</li> <li>◦ May engage in explicit sexual behaviors</li> <li>◦ May become sexually promiscuous</li> <li>◦ Age inappropriate interest in or knowledge of sexual acts</li> <li>◦ Seductiveness</li> <li>◦ Avoidance of things related to sexuality, or rejection of own genitals or body.</li> <li>◦ Either over compliance or excessive aggression.</li> </ul>
<b>Psychological/Emotional/Verbal Impacts</b>	<b>Socio-economic Impacts</b>
<ul style="list-style-type: none"> <li>◦ Reliving the experience</li> <li>◦ Nightmares</li> <li>◦ Hyper-vigilance</li> <li>◦ Memory, concentration, or attention problems</li> <li>◦ Intrusive thoughts or image</li> <li>◦ Blaming yourself</li> <li>◦ Grief</li> <li>◦ Depression</li> <li>◦ Identity problems</li> <li>◦ Guilt and shame</li> <li>◦ Denial</li> <li>◦ Feeling overwhelmed</li> <li>◦ Fear</li> <li>◦ Anxiety</li> <li>◦ Social isolation</li> <li>◦ Anger or emotional numbing</li> <li>◦ Sudden mood shifts</li> </ul>	<ul style="list-style-type: none"> <li>◦ Financial constraints</li> <li>◦ Dependence on abusive partner</li> <li>◦ Affects physical and mental health</li> <li>◦ Poverty</li> <li>◦ Lower educational achievements</li> <li>◦ Impacts on the family (children)</li> <li>◦ Inadequate resources affect the growth of the household</li> </ul>

- |                |  |
|----------------|--|
| ◦ Irritability |  |
|----------------|--|

## **1.8 Facts and figures on GBV**

### **1.8.1 Global Statistics on GBV**

- ✓ *Almost one in three women have been subjected to intimate partner violence, non-partner sexual violence, or both at least once in their life (WHO: UN Inter-Agency Working Group on Violence Against Women Estimation and Data (2021))*
- ✓ *Most violence against women is perpetrated by current or former husbands or intimate partners (ibid)*
- ✓ *6 per cent of women report they have been subjected to sexual violence from someone other than their husband or partner (ibid)*
- ✓ *Less than 40 per cent of the women who experience violence seek help of any sort (UNDESA, 2015)*
- ✓ *Statistics also indicate that men experience domestic violence but are in very few numbers as compared to their female counterparts.*
- ✓ *In 2019, one in five women, aged 20–24 years, were married before the age of 18 (UNDESA, 2020)*
- ✓ *At least 200 million women and girls, aged 15–49 years, have undergone female genital mutilation in 31 countries where the practice is concentrated (ibid)*

### **1.8.2 Statistics on GBV in Ghana**

- ✓ *27.7% per cent of women and 20% per cent of men in Ghana have experienced at least one type of domestic violence in the past 12 months (IDS, 2016)*
- ✓ *1 in 4 women experience workplace violence (World Bank Brief on GBV, 2019)*
- ✓ *17% experience violence in public spaces and yet still half of the women in educational institutions face violence in Ghana (GDHS, 2008).*
- ✓ *US\$19 million is spent treating and assisting women facing violence this includes medical costs, court fees etc. (ISSER Economic Cost of Violence against Women and Girls, 2019)*

## Activity One: Discuss the prevalence, global and local patterns of GBV



*This question is difficult to answer conclusively for a number of reasons.*

- First, comparative data are difficult to collect since estimates vary according to how researchers define violence, the questions they ask, the timeframes they explore, and the sample characteristics.
- Second, most surveys underestimate prevalence, as survivors may not report violence because of fear, shame, and lack of adequate Services.
- Thirty-five percent of women worldwide have experienced non-partner sexual violence or physical and/or sexual intimate partner violence (IPV) (WHO 2013), both manifestations of Gender-Based Violence (GBV).
- An important feature of the incidence of GBV is the nature of the power relations created by parties, perpetrators and victims of this practice, and the context that draws them together.
- In low and middle-income countries (LMICs), like Ghana, majority of such violence is perpetrated by men against women. In higher income countries, a greater proportion of violence appears to be mutual, although the health and social consequences of men's violence remain more severe for women.

## Activity 2: Myths and Realities of Gender Based Violence

### 1.9 Myths Surrounding GBV:

- **The perpetrators of violence are a minority group of men with mental health issues.** *Violence may be perpetrated by those with mental health problems, but it is by no means a behavior related only to those who are mentally ill. Violence and GBV in particular, is a common occurrence worldwide, as we will see in our next session. It is a socially and culturally learned behavior.*

- **Poverty or war leads to attacks on and abuse of women.**

*Poverty and war may exacerbate levels of violence. Some studies have found these phenomena to be risk factors for gender-based violence cuts across socioeconomic levels. There are many individuals living in poverty or war who are not violent toward women, and there are many individuals in higher economic quintiles or non-conflict settings that are violent toward women.*

- **Gender-based violence is caused by substance abuse such as alcohol and/or drugs.** *Substance abuse may precipitate violent behavior or make potential victims more susceptible to violence. First, it may lower inhibitions on the side of the perpetrator. For the potential victims, it may impair judgment and cause them to make decisions that put them in situations that increase their risk for abuse or prevent them from defending themselves. It is important to recognize that neither alcohol or drugs or the victim should be blamed in these situations. Violence against women is unacceptable under all circumstances.*

- **Gender-based violence is an inevitable part of intimate partner relations.**

*Disagreements and disputes may be inevitable parts of intimate partner relations. However, violence as a way to resolve those disputes is not. Violence is a learned behavior and can be unlearned.*

- **Violence against women is an inherent part of maleness or a natural expression of male sexual urges.**

*Male violence is not genetically based; it is perpetuated by a model of masculinity that permits and even encourages men to be aggressive. It is up to us as individuals, communities, and as a society to change these gender norms so that violence against women is not accepted or tolerated.*

- **Some women do things to provoke the victim**

*When the perpetrator refuses to admit to his or her offence, they always tend to shift the blame to the survivor that he or she tempted him or her or caused him to abuse her. A typical e.g. is when a perpetrator mentions that the way the survivor was dressed caused him to abuse her.*

- **Men who abuse their wives also abuse their children**

*Some myths portray that children in abused homes are not affected by the abuse their parents experience but in fact children get depressed and this is traumatic for the children.*

- **Women with low incomes are battered more frequently and more violently than middle –class.**

*This is a false myth because all women from various backgrounds and economic classes go through abuse. Domestic violence is not a selective pattern that occurs in particular homes, nationality, low or high income, rural or urban places.*

- **Boys who experience abuse in their homes become abusers**

*According to various studies, 30% of men choose to become abusers after witnessing episodes of domestic violence during their childhood. This shows that 70% of men also choose to become advocates for domestic violence and become the best of parents for their homes and children.*

**(Adapted from CRC-Wise Manual for Counselors and Service Providers)**

### **1.9.1 National Legal Instruments, Policy and Regulatory Frameworks on GBV**

- Children’s Act, Act 560 of 1998
- Domestic Violence Act, 2007
- The Criminal Offences Act of 1960 and its amendments
- Intestate Succession Law, PNDC Law 111 of 1985
- The Courts Act and its amendments (provisions on jurisdiction over family and children’s issues)
- Human Trafficking Act
- Labour Act, 2003
- Cyber Security Act, 2020
- National Gender Policy, 2015

### **1.9.2 International Instruments on GBV**

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979
- Declaration on Elimination of Violence Against Women (DEVAW), 1993
- Beijing Declaration and Platform of Action
- Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol) -2003

## **SESSION 2: Introduction to Key Concepts (Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH))**

### **2.0 SESSION OBJECTIVE**

- To understand key concepts of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) as aspects of GBV.
- To deepen their understanding of how these GBV acts can affect the project and the people within the project area.

2.1 Discuss the two main forms of GBV that will be focused on in this training: Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH).

**These are critical to the GARID Project because the risks of such acts are exacerbated during the execution of such civil works and projects.**

- **Sexual Exploitation**

This is “any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another” (GPN, 2020). The act of pressuring or demanding sexual favors from individuals against their will, with the threat of denying them project assistance and also withholding work and financial support from them.

- **Sexual Abuse**

Sexual abuse is sexual behavior or a sexual act forced upon a woman, man or child without their consent. It's also the actual or threatened physical invasion of a sexual nature, whether applying force or under unequal or coercive conditions Sexual abuse is an act of violence which the attacker uses against someone they perceive as weaker than them. This behavior is not derived from uncontrollable sex drive, but is a crime deliberately committed with the goal of controlling and humiliating the victim. ([/www.1202.org.il/en/union/info/what-is-sexual-abuse](http://www.1202.org.il/en/union/info/what-is-sexual-abuse)) Retrieved: 31/5/2021

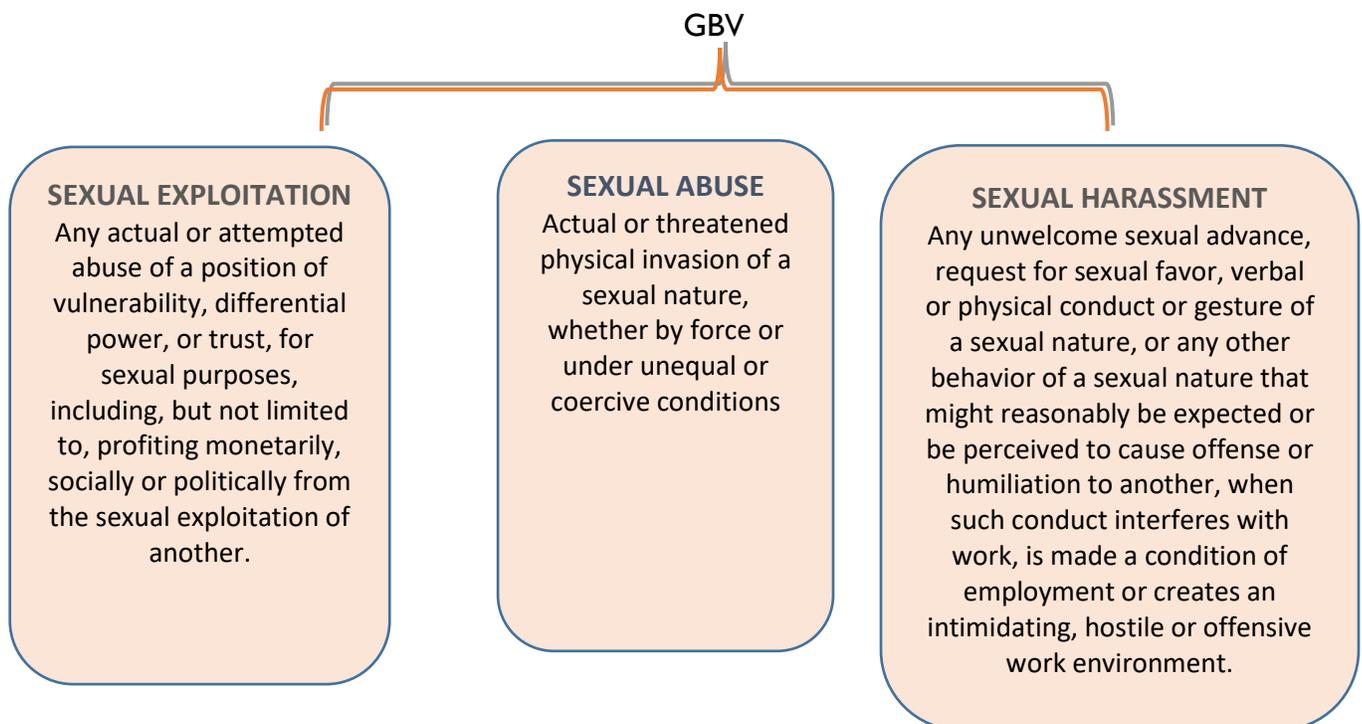
- **Sexual Harassment (SH)**

This refers to any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating,

hostile or offensive work environment. (Equal Employment Opportunities Commission)

- The Domestic Violence Act, 2007 refers to SH as sexual contact without the consent of the person with whom the contact is made, repeatedly making unwanted sexual advances, repeatedly following, pursuing, or accosting a person or making persistent, unwelcome communication with a person and includes;
- watching, loitering outside or near a building where the harassed person resides, works, carries on business, studies or happens to be; repeatedly making telephone calls or inducing a third person to make telephone calls to the harassed person, whether or not conversation ensues; repeatedly sending, delivering or causing the delivery of letters, packages, electronic mail or other objects or messages to the harassed person's residence, school or workplace; or engaging in any other menacing behavior;
- Section 175, of Ghana's Labour Act defines sexual harassment as any unwelcome, offensive or inappropriate sexual advances or request made by an employer or superior officer or a co-worker to a worker, whether the worker is a man or a woman.

## 2.2 Dynamic differences of acts of SEA-SH in the GARID Project



### 2.3 Facts of SEA

- ✓ **Children and adolescents may be at increased risk of abuse and exploitation (WHO, 2021)**
- ✓ **SEA occurs when a position of power is used for sexual purposes against a beneficiary or vulnerable member of the community (ibid)**
- ✓ **SEA/SH is a global issue that affects 1 in 3 women in their lifetime**
- ✓ **Construction, particularly of major infrastructure projects, can be a high-risk environment for SEA/SH (WHO, 2021)**
- ✓ **GBVH risks can intensify within local communities when there are large influxes of male workers from outside the area (ibid, 2021)**

### 2.4 Facts of SH

- ✓ *The victim as well as the harasser of sexual harassment may be a woman or a man. The victim does not have to be of the opposite sex.*
- ✓ *The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.*
- ✓ *The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.*
- ✓ *Unlawful sexual harassment may occur without economic injury to or discharge of the victim.*
- ✓ *The harasser's conduct must be unwelcome.*

*(Adapted from GPN, 2020 and PSEA Facilitators Manual, 2016)*

**Activity Three: Classifying behaviour (30 minutes)** Handout the following scenarios-one to each person, or group of people. Give them a few minutes to think about (or talk about) their scenario, and then post it under the definition where they think it fits. As they post it, have them explain why they chose that definition. Ask of the group agrees and allow each one to be discussed.

### **CASE STORIES ON (GBV) SEA-SH**

*An unemployed single mother searching for a job at a project site is asked by the Project Supervisor to be his girlfriend in order to get her the job.*

*CEO of an organization consistently sending late-night text of sexual tone to his assistant and constantly stalking her around the office though she has expressed her discomfort about his conduct to him.*

*Workers at a government construction site having consensual sexual relations with the underprivileged young ladies of the community within which the project is ongoing.*

*A female work colleague who is constantly asking another male colleague to take her out to dinner though her advances are unwanted.*

A male staff member of the GARID project requires female staff to sleep with him before he gives them their salaries or benefits accrued to them. (Sexual exploitation, possibly sexual abuse if no "consent", highlight challenges of "consent" in this scenario)

A female GARID staff member makes inappropriate comments of a sexual nature to her colleagues any time a specific male officer walks by. These comments are heard by the male officer and put him in an awkward position so he tries to avoid her and her friends whenever he can. (Sexual harassment)

A male staff member solicits the services of a commercial sex worker on a Saturday evening within the community. (Sexual exploitation)

A female staff member touches young boys inappropriately, and intentionally, as part of a children's psychosocial program. (Sexual abuse)

A male CEO of the Construction Company has several sexual relationships with his female staff. These staff members are given preferential treatment than other women in the company who are not romantically involved with him. (Sexual exploitation/discuss power dynamics)

A male staff member rapes someone in the community or around the project site while on duty working in the community. (Sexual abuse)

A staff member of the construction company solicits for naked pictures of female workers before giving them their accrued over-time allowance (Sexual exploitation)

A lady who is 5 months pregnant by her boyfriend is constantly physically abused by him, yet lives with him because she claims she has nowhere to go (GBV/Sexual and Physical Abuse).

A husband refusing to be economically responsible for his wife and children (Economic Abuse)

A Construction worker rapes, or otherwise sexually assaults a member of the community (SEA).

A man whose wife is constantly verbally abusive to him at the least provocation (Psychological Abuse).

A project staff tells a member of the community that he/she can get them jobs related to the project in exchange for sex (SE).

A project staff is requesting for sex from a displaced woman in the community in exchange for compensation (SE).

A project staff complains about comments made by another staff on his/her appearance. The other staff jokes that staff is "asking for it" because of her appearance (SH).

Touching parts or tickling of a staff member by another project staff (SH).

A Contractor/Supervisor tells a subordinate that he/she will get him/her a salary raise or promotion if he/she sends him/her naked photographs of himself/herself (SE).

## **SESSION 3: How the GARID project can exacerbate (GBV) SEA-SH risks**

### **3.0 Session Objectives:**

- To understanding the risks and effects of (GBV)SEA-SH in Project areas
- To gaining insight on how the risk will impact on workers at the project site

### **Activity Four: Discuss the following scenarios with participants (Stakeholders)**

- The project will involve a large influx of workers and that may increase the demand for sex work and also increase the risk for trafficking of women for the purposes of sex work
- Higher wages for workers on the project can lead to an increase in transactional sex. The risk of incidents of sex between laborers and minors, even when it is not transactional, can also increase.
- The project can create changes in the communities in which they operate and can cause shifts in power dynamics between community members and within households. Jealousy, a key driver of GBV, can be triggered by labor influx on the project when workers are believed to be interacting with community women. Hence, abusive behavior can occur not only between project-related staff and those living in and around the project site, but also within the homes of those affected by the project.
- When land redistribution occurs for example due to resettlement for civil works, women may be extremely vulnerable to GBV.
- Women and girls' job opportunities are limited due to lack of appropriate transportation options. When creating job opportunities for women within projects, traveling to and from work in some settings can force women and girls to use unsafe, poorly lit commuter routes, or unsafe public transport. Increased risk of violence is experienced when women are confronted with traveling long distances to access work opportunities or forced to travel at night.

### **Activity Five: (Group Activity)**



- Put participants into small/working groups
- Task groups to discuss the impact of (GBV) SEA-SH on victims, perpetrators, project, children and society in 20 minutes.
- Groups should use flipcharts to note down their discussions and also select a presenter who will present the main points of discussion.

### **3.1 Causes of (GBV) SEA-SH**

- Patriarchy – dominance, power and control
- Learned Behavior
- Socialization
- Some religious norms and interpretations
- Unequal power relations between employers and employees (Gender disparity)
- Harmful notions of masculinity
- Harmful and discriminatory cultural norms and traditions

### **3.2 Aggravating Factors of (GBV) SEA-SH**

- Poverty
- Alcohol and drug abuse
- Community norms that support (GBV) SEA-SH
- Lack of knowledge of legal rights

## SESSION 4: Roles and Responsibilities of various Stakeholders on the GARID Project

### 4.0 Session Objectives

- Trainees will be informed on all stakeholders of the GARID Project
- To gain detailed information on roles and responsibilities of stakeholders of the GARID project

Stakeholders: PCU, PIUs (based in the Ministry of Works and Housing, Ministry of Sanitation, Ministry of Local Government and Ministry of Inner City and Zongo Development, Ministry of Environment), GBV Service Providers, Companies (Contractor and sub-contractors, Consultants, Suppliers), World Bank, MMDAs, Project community and Community liaison officers and personnel in the Assemblies.

### 4.1 Roles and Responsibilities

#### Current GARID Framework for GBV/SH/SEA Implementation

Structure	Designated Staff	Role
Project Coordinating Unit	Social Safeguards Specialist	<ol style="list-style-type: none"> <li>1. Oversee the overall implementation of preventive, mitigative and response measures to reduce GBV risks on the Project.</li> <li>2. Receive GBV complaints and forwards them to the necessary GBV service provider for redress. (Act as complaints administrator to only GBV cases)</li> <li>3. Liaise with Contractors/Employers and GBV service providers for the resolution of GBV cases on the Project.</li> <li>4. Oversee training of GARID service providers on GBV</li> </ol>
	GRS Complaints Administrator	<ol style="list-style-type: none"> <li>1. Log all complaints regarding the Project into the GRS System</li> <li>2. Along with the Social Safeguards Specialist, processes cases for referrals</li> </ol>

Project Implementation Unit	Social Safeguards Focal Person	1. Ensure the implementation of GBV mitigative measures on the Project 2. Receive (GBV) SEA-SH cases and report such to the GRS for referrals and resolution. 3. Facilitate training of GARID service providers on GBV
	Gender Desk Officer (Some PIUs have, but others do not)	
Project Support Unit	Gender Desk Officer	1. Ensure the implementation of GBV mitigative measures on the Project such as sensitization, stakeholder engagement, etc. 2. Receive (GBV) SEA-SH cases and report such to the GRS for referrals and resolution. 3. Facilitate training of GARID service providers on GBV
	Social Welfare and Community Development Officer	
Communities	Community Liaison Officer	1. Ensure the implementation of GBV mitigative measures on the Project 2. Receive (GBV) SEA-SH cases from the communities and report such to the GRS for resolution.
	Assemblyperson	

**4.2 How does the Code of Conduct help to address (GBV) SEA-SH on the GARID Project?**

**- What is a Code of Conduct (CoC)**

It is a policy that an organization develops to guide its employees and third parties on the companies’ principles, moral and ethical expectations and their values. CoC refers to a guide to ethical conduct for all contractors, sub-contractors, consultants, employees, workers and anyone acting on behalf of the Greater Accra Resilient and Integrated Development (GARID) Project in implementing projects, activities and other assignments under the project. Within the GARID Project, there are three types of CoCs namely, **General CoC, Company CoC and Individual CoC**. The General CoC under the GARID Project ensures compliance with national and international laws and every party working on this project has roles and responsibilities towards meeting all guidelines. It primarily focuses on the following:

- Awareness creation of (GBV) SEA-SH for all parties of the Company
- Sexual Exploitation

- Sexual Abuse
- Sexual harassment
- Use of illegal substances
- Protection of children, to ensure workers do not engage with children under the age of 18 on any form of abuse as well as online sexual harassment.
- Gifts and benefits
- Non-discrimination
- Stakeholder buy-in and participation
- Sanitation requirements
- Penalties and violations
- Reporting system for (GBV) SEA-SH cases must be developed
- Treat women, children (persons under the age of 18), and men must be treated with respect and dignity.
- Inappropriate language or behavior is totally unacceptable during the project. These can be in the forms of harassment, abuse, insulting, sexually provocative
- Ensure all GARID workers attend the induction training and sign the CoC prior to commencement of work.
- Ensure all GARID workers attend the induction training and sign the CoC prior to commencement of work.
- Report through the GRM or to my manager suspected or actual GBV (SH or SEA) by a fellow worker, whether in my company or not, or any breaches of this code of conduct.

***(Refer to the GARID CoC for all Companies)***

### **Activity Five: Why a Code of Conduct?**

*Divide participants into five/six working groups to brainstorm on the answer to this question. Groups would discuss, provide feedback and compare their feedback. While discussing, the following points must be addressed:*

- Is it important for the project to have a CoC?
- Do you think personnel of the GARID project will behave ethically without committing to the COC?

### **4.3 How Does the CoC Regulate (GBV) SEA-SH on the GARID Project?**

The CoC is a document signed by every person under the GARID Project. It binds the individual to all the policies that are outlined in the document. When these policies are violated, serious sanctions will be enforced regardless of person race, color, ethnicity, status.

#### **4.4 Where Does the CoC apply under the GARID Project?**

The scope of the CoC spans through the period of the contract, communities, offices, and sites. Every employee is supposed to undergo the induction training where they are made aware of the CoC and all its policies, while employees are enjoined to sign the CoC.

### **SESSION 5: Potential GBV mitigation measures with emphasis on (GBV) SEA-SH Prevention and Response Action Plan**

#### **5.0 Session Objectives**

- To understand awareness raising strategies, which describes how workers and local communities will be sensitized to SEA/SH risks, and the worker's responsibilities
- How the project will provide information to employees and the community on how to report cases of SEA/SH, in violation of the CoC, to the GM;
- The GM process for notifying the contractor of allegations and,
- GBV service providers to which GBV survivors, including SEA/SH survivors, will be referred, and the services which will be available.

#### **5.1 The (GBV) SEA-SH Prevention and Response Action Plan**

The (GBV) SEA-SH Prevention and Response Action Plan outlines steps taken to carry out a project risk assessment and how risks will be properly. Potential GBV SEA-SH mitigation measures have been categorized under nine (9) broad themes outlined below:

1. Preliminary Strategies and Actions towards Mitigation, Prevention and Response to (GBV) SEA-SH
2. Awareness raising and Community Stakeholder's Engagement
3. Training and Capacity Building for GARID Project Actors
4. Incident Response Activities
5. Companies (Contractors') Obligations

6. Coordination and Management
7. Continuous Learning
8. Networking
9. Monitoring and Evaluation

<b>SUMMARY OF GENDER-BASED VIOLENCE, SEXUAL EXPLOITATION AND ABUSE, AND SEXUAL HARASSMENT (GBV) SEA-SH PREVENTION AND RESPONSE ACTION PLAN</b>	
<b><i>Preliminary Strategies and Actions Towards Mitigation, Prevention and Response to (GBV) SEA-SH</i></b>	<ol style="list-style-type: none"> <li>1. Conduct and integrate a risk assessment of the project environment using the (GBV) SEA-SH risk assessment tool.</li> <li>2. Develop a mechanism to review and update risk assessment throughout the project implementation (yearly or an ongoing process throughout the project)</li> <li>3. Using pictures and reports, sensitize project affected communities on (GBV) SEA-SH risks and what the project will do through the use of the CoC, accountability and response framework, and how communities can have access for support.</li> <li>4. Ensure project management, staff and companies have enough knowledge to address (GBV) SEA-SH cases before commencing the project (this can be achieved using the code of conduct, training plan, the (GBV) SEA-SH response and action plan and community engagement plan</li> <li>5. Ensure that in the procurement and bidding processes (GBV) SEA-SH requirements are clearly defined and expectations outlined.</li> <li>6. Develop GM/GRS with specific (GBV)SEA-SH procedures for logging and monitoring of cases</li> </ol>

<p><b>Awareness Raising and Community Stakeholder's Engagement</b></p>	<ol style="list-style-type: none"> <li>1. Develop and implement a publicity strategy to disseminate information on available (GBV) SEA-SH services</li> <li>2. Awareness creation using campaigns to publicize reporting channels, available services providers, and the use of the GM/GRS mechanism and online reporting - in English and local languages</li> <li>3. Design and develop various IE&amp;C material on Zero Tolerance for (GBV)SEA-SH</li> <li>4. To heighten awareness on zero tolerance on GBV cases in the project sites and communities, display posters, banners, stickers, brochures etc.</li> <li>5. Dissemination of IE&amp;C material to all Service Providers (SPs) mapped under the GARID Project to make them a part of the prevention, mitigation and response to (GBV) SEA-SH</li> </ol>
<p><b>Training and Capacity Building for GARID Project Actors</b></p>	<ol style="list-style-type: none"> <li>1. Develop and design a (GBV)SEA-SH Training Manual to help in capacity building of project staff and service providers</li> <li>2. Develop and design a TOT on (GBV) SEA-SH</li> <li>3. Provide training for GARID Project team on handling (GBV) SEA-SH cases which will include accountability and response framework as well as responsibilities and reporting.</li> <li>4. Confidentiality and Survivor-centeredness</li> <li>5. Protection of witnesses and whistleblowers</li> <li>6. Train all Project Companies' Management on (GBV)SEA-SH, CoCs and Policy and procedures requirements, including legal requirements</li> <li>7. Training of Service Providers mapped under the GARID project on (GBV)SEA-SH</li> </ol>
<p><b>Incident Response Activities</b></p>	<ol style="list-style-type: none"> <li>1. Allocate budget for supporting cases when assessed as necessary</li> <li>2. Establish GARID Project hotline and encrypted WhatsApp/SMS platform for reporting</li> <li>3. Develop and adopt a consent form for use of survivors Ensure that referrals, verification, tracking and monitoring of cases referred to Company/Employer or Service Providers or both is done</li> </ol>

	<ol style="list-style-type: none"> <li>4. Draft and adopt Inter-agency protocol and Information/Data sharing protocol</li> </ol>
<p><b>Companies (Contractors)' Obligations</b></p>	<ol style="list-style-type: none"> <li>1. Adopt specific (GBV) SEA-SH policies and procedures for all project companies and relevant institutions in addition to the CoC.</li> <li>2. Ensure development of (GBV) SEA-SH Training Plans by all Project Companies</li> <li>3. Train Project Companies' designated personnel for investigating and handling SEA and SH Complaints</li> <li>4. Training for all Project Companies' staff (Employees and all categories of workers) on (GBV) SEA-SH and the Accountability and Response framework</li> <li>5. Training for all Project Companies' staff (Employees and all categories of workers) on (GBV) SEA-SH and the Accountability and Response framework</li> <li>6. Installation of good lighting systems at the construction work camps</li> <li>7. Project sites should provide separate toilet and showering facilities for males and females with clear signage</li> <li>8. Ensure the Project GRS operator, the Social Safeguard/GBV Specialist, Companies (Employers, etc.) and Service Providers understand their roles and responsibilities within the (GBV) SEA-SH framework on handling complaints</li> <li>9. Ensure cases from survivors are responded to and addressed by companies and employers.</li> <li>10. A proper referral system must be established which will provide verification, monitoring of cases referred to the company/provider/service providers</li> </ol>
<p><b>Coordination and Management</b></p>	<ol style="list-style-type: none"> <li>1. A process of continuous learning and review must be established to ensure effective coordination and management. E.g. Institute Periodic reports and feedback between the WB</li> </ol>

	and the Steering Committee, and the PCU, PIU, PSU and Community focal persons
<b>Continuous Learning</b>	<ol style="list-style-type: none"> <li>1. A yearly refresher GBV training should be conducted for all GARID Project staff and community liaisons, company project staff</li> <li>2. Periodic visits and engagement with service providers</li> <li>3. Annual Stakeholders' forum (including service providers)</li> </ol>
<b>Networking and Community Engagement</b>	<ol style="list-style-type: none"> <li>1. Connect with other Ministries, Departments and Agencies to share the benefits of (GBV)SEA-SH Prevention and Response and to influence them to adopt similar approaches, in particular the Ministry of Gender, Children and Social Protection</li> </ol>
<b>Monitoring and Evaluation</b>	<ol style="list-style-type: none"> <li>1. A comprehensive M&amp;E indicator for the project (GBV)SEA-SH Prevention and Response system and activities must be developed (including those in Results Framework)</li> <li>2. Regular monthly monitoring of progress on (GBV) SEA-SH prevention and response activities within the project sites and companies, and GARID Staff</li> <li>3. Establish a yearly review of the GM/GRS and the (GBV)SEA-SH system</li> <li>4. A yearly review of the implementation of CoCs and the (GBV) SEA-SH policies and procedures at Companies' level</li> <li>5. Community monitoring must be established using simple action community monitoring approach (most significant change approach)</li> <li>6. Conduct Mid-Project Evaluation and end of year of (GBV) SEA-SH Prevention and Response system and activities</li> </ol>

## **SESSION 6: (GBV) SEA-SH Incident Reporting Mechanism, Accountability Structures, and Referral Procedures in the Accountability and Response Framework for (GBV) SEA-SH Prevention and Response Action Plan of the GARID Project**

### **6.0 Session Objectives**

At the end of Session Six, Participants should be able:

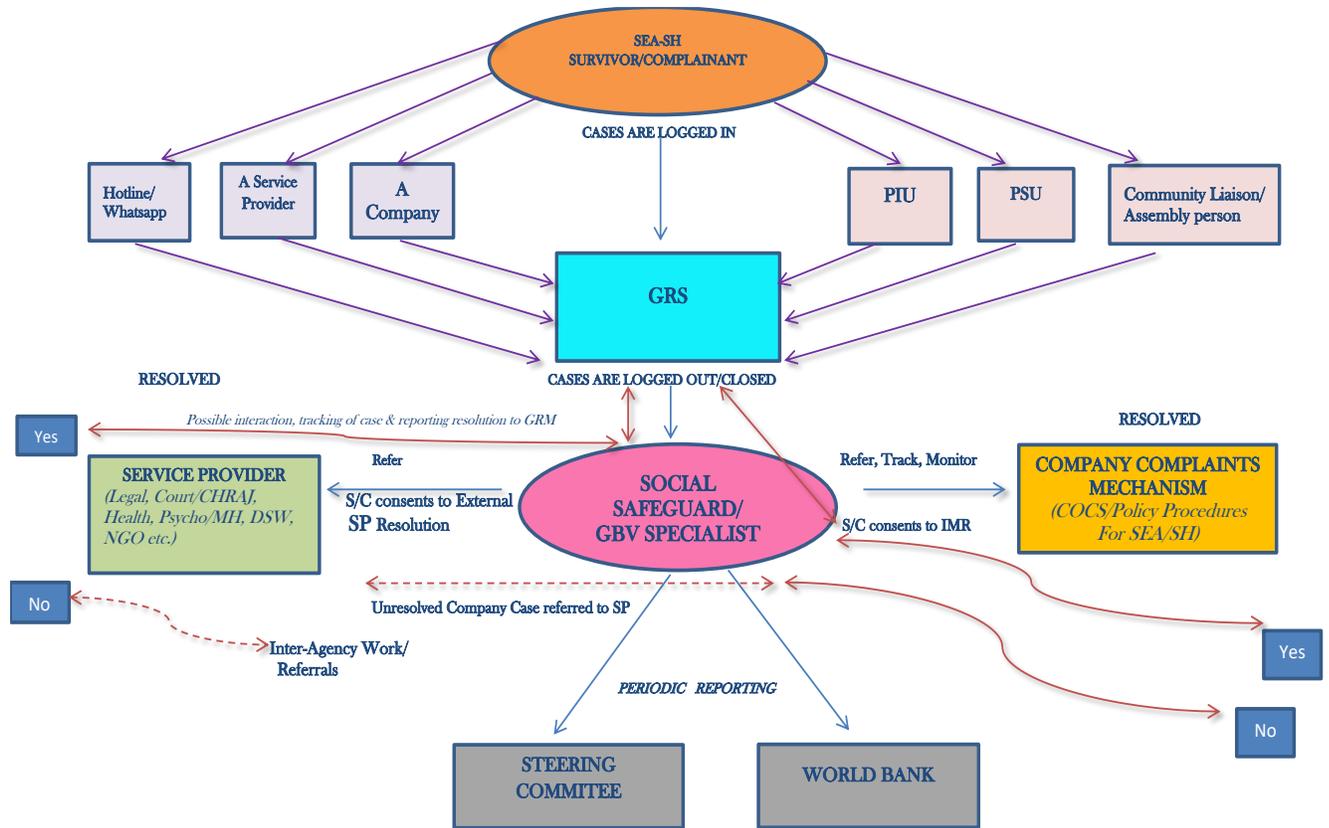
- To provides explanation of the GRM and referral pathway for (GBV) SEA-SH cases
- To understand the roles and responsibilities of all personnel assigned by the GARID Project to handle (GBV) SEA-SH cases.
- To understand the GARID Project GRM and how it responds to (GBV) SEA-SH

### **6.1 Accountability and Response Framework**

The Accountability and Response (A&R) Framework has been developed as part of the (GBV) SEA-SH) Prevention and Response Action Plan for the Greater Accra Resilience Integrated Development (GARID) Project of Ghana. The use of this Prevention and Response Action Plan and A&R Framework are targeted at reducing the risks of GBV, particularly SEA and SH on the Project and among vulnerable groups, particularly women and children within the communities of the Project.

The main objectives of the A&R Framework are as follows:

- Describes best practices and principles in addressing issues of (GBV) SEA-SH focusing on survivor-centeredness approach.
- A clear distinction of roles and responsibilities of all personnel assigned to the GARID Project. E.g. PCU, PIU, PSU, Safeguard Specialist (refer to Session Four (4)).
- Provides explanation of the GRM and referral pathway for (GBV) SEA-SH cases.
- It offers the detailed processes of how the CoC can be used to address issues of (GBV) SEA-SH.
- The A& R Framework emphasizes confidentiality through the whole process of addressing (GBV) SEA-SH issues all in ensuring survivor-centeredness.



**GARID Referral Pathway (Refer to Figure 13 (GBV) SEA-SH Action Plan)**

## **SESSION 7: Services available for Survivors of (GBV) SEA-SH under the GARID project**

### **7.0 Session Objectives**

- **(GBV) SEA-SH Service Providers and services available**
- **Knowledge of roles and responsibilities played by both state and non-state (GBV) SEA-SH Service Providers and Project Actors**

### **7.1 Types of Service Providers Available**

- Ghana Police Service** – Most acts of GBV in the private sphere are crimes and also fall under the Domestic Violence Act (DV Act 2007) or the Criminal and Other Offences Act, 1960, Act 29. The Police is the first point of call for most survivors. They offer services that include receiving complaints, offering advice about victims' rights and about services available, helping victims to find a safe refuge if required, and aiding with free medical treatment and medical evidence for possible prosecution.
- Domestic Violence Victim Support Unit (DOVVSU)** of the Ghana Police Service – This Unit was established by the Police Service in response to the growing incidence of domestic violence. Formerly known as Women and Juvenile Unit it was renamed WAJU. They have trained officers who see to the needs of survivors.
- Department of Social Welfare** – They have the mandate to assist survivors with rehabilitation and reintegration. They have trained social workers. The Department has shelters for abused children, but not have shelters for adult survivors of GBV.
- Medical Services** – Those who have been injured as a result of GBV are sometimes rushed to the hospital for help before complaints are lodged with the Police. They therefore play a key role in addressing the needs of victims. Under the Domestic Violence Act free medical service is to be provided for survivors who are taken to a medical facility by the Police however this aspiration is yet to be realized. (See section 6 of the Domestic Violence Act)
- Legal Aid Scheme** – This is the national legal aid program that offers legal assistance to indigent persons. Survivors may be referred to them to assist with other civil aspects of GBV cases. They have offices in most regional capitals and in a few districts.

- f. **Commission on Human Rights and Administrative Justice (CHRAJ)** – CHRAJ provides legal advice for survivors of GBV and make referrals where necessary. They have offices in many parts of the country and mediate in many matters including claims for child support among others. Decisions taken by CHRAJ have to be enforced in court.
- g. **The Judiciary** – The courts are available to handle all cases of GBV whether it is a criminal prosecution or in a civil suit. For domestic violence cases the court has the right to grant protection orders and occupation orders to ensure safety for and to give relief to survivors. Such cases can be handled at the GBV Courts at the Circuit Court or at the High Court. The Family Tribunals that are at the District Court level also handle child support cases. A case involving a child can be referred from the Circuit or High Court to the Family Tribunal. The GBV courts that are being equipped to handle GBV cases are however not available everywhere in the country and therefore access to this specialized court is a challenge.
- h. **NGOs/FBOs/CBOs** - These are private GBV service providers that render services in the area of legal, health, psychological/mental health, psycho-social and shelters etc. They will serve as entry points and referral agencies for (GBV) SEA-SH cases.
- i. **Grievance Redress Mechanism (GRM)** - As a requirement from the World Bank, the GARID Project has established a Grievance Mechanism for receiving all complaints related to the implementation of the Project, called the Grievance Redress System (GRS) and operated by a Complaints Administrator. The GRS employs an online system to receive and log all complaints and record their resolution. The GRS has been dedicated to (GBV) SEA-SH complaints alone, for receiving, logging, processing and engaging the necessary action towards supporting survivors and ensuring resolution of such cases.

## **7. 2 Considerations for Working with Child Survivors in (GBV) SEA-SH Cases**

Children are the most vulnerable when it comes to issues of (GBV) SEA-SH and therefore all who handle who handle such child survivors must have adequate knowledge for dealing with child survivors. Critical things to consider as highlighted in the Children’s Act 1998, is to seek the child’s best interest in such (GBV) SEA-SH matters. All other relevant policies, laws and SOPS that seek the protection of children must be employed (DOVVSU Handbook).

Some consideration to consider in the mitigation of (GBV) SEA-SH cases involving children during the project. In cases of sexual abuse while working with children, must be:

- An environment of openness and trust must be enabled. A clear and understandable language must be used in communicating with the child and he/she must ask plainly how the case happened. Questions such as which part was touched, has anyone asked to touch your private part, ask the child if he/she was threatened whilst abused. The child must be asked in clear terms.
- Steps to take when child admits to be sexually abused
- Create a relaxed environment and listen carefully to his/her story
- Do not show any form of embarrassment as he/she narrates her story
- Encourage as she narrates her story and let her know that you believe what she is telling you
- Assure him/her that you would do your best to support to provide support
- Find out how she is feeling (note: feelings maybe in the forms of anger, fear, humiliation, confusion etc.)
- Assure her these feelings are normal to express and it would help in the healing process
- Tell the child it is not her fault and he/she should never take the blame for what he/she may be experiencing
- In cases of sexual abuse, medical evidence is important and therefore the children should be advised not to use the bathroom, the toilet, change their clothes because this may destroy the evidence.
- In cases where the child may have taken a bath or cleaned up, the cases should be reported regardless and other evidence presented.
- Whoever is handling the case must be honest and should not make promises to the child which they cannot keep.

**Note: Every child is unique and therefore in applying these you must apply the unique characteristics of the child**

- Steps to take when child does not admit to be sexually abused
- Do not take for granted when child survivors refuse to admit they have experienced sexual abuse
- This is a common occurrence with children when they go through abuse. The threats from the perpetrator to hurt or kill the child if she reported the case to anyone puts the child in fear to report the case.
- In cases where you are quite sure that the child has experienced sexual abuse, do report to the police and follow up with the child for medical care
- Assure the child that you would be there to support and will not be upset with her for what she is going through
- If you have no experience in dealing with child survivors, call a Crisis Centre for assistance or allow a Crisis Counselor to talk to the child

### **7.3 Survivor-Centered Approach for Responding to Survivors of (GBV) SEA-SH**

According to the UN definition, a survivor-centered approach refers to seeking to empower by ensuring that their rights, needs, wishes, consent are prioritized. This approach of responding to survivors, emphasizes the importance of communicating to the survivor of not being judgmental and also believing her/him experience or their decisions about what to do.

- A survivor-centered approach places the individual at the core of the healing process and aims to empower the person. We recognize that an experience of GBV may take away a person's control over their body and mind. Interactions with a survivor should strive to restore their sense of control by making sure they are the decision-makers throughout the helping process.
- Emphasize the person's strengths. Understanding and building upon a survivor's inner and outer resources helps to shift the focus from their weaknesses and problems to their strengths. It also recognizes people's inherent resilience.
- Building a good rapport with a survivor is a starting point for healing. All encounters with a survivor must be considered as an opportunity to build rapport and trust.

We trust that they are the experts of their situation. In addressing cases of (GBV) SEA-SH, the focus must be on the survivor and this must be done with these guiding principles:

- Ensuring survivor privacy and confidentiality
- His or her rights, needs and preferences must be prioritized in every decision-making process.
- Survivor protection and safety must be clearly enforced with his or her consent.
- Continuous protection of survivor must be enforced in cases of harassment at the workplace.
- Treat survivors with dignity and respect
- Avoid victim blaming attitudes
- Access to information
- Ensuring the best interest of a child when dealing with cases involving children



***Principle of survivor-centeredness***

**7.4 Case-Management**

GBV Service Providers have their own internal case management process. They also partner with individuals, organizations and services to support a survivor’s immediate needs and longer-term recovery through interagency referrals and feedback.

The GARID Project’s GM (GBV) SEA-SH GM will work with the identified and mapped GBV SPs to demonstrate a coordinated approach to case management, including referrals and confidential information sharing and feedback, from a survivor-centered approach, to ensure that survivors have access to multi-sector services as appropriate.

**Case Managers at the GBV SPs level will provide:**

- A private setting where the survivor will feel safe to disclose
- Assessment of the survivor’s immediate and strategic needs
- Assistance with basic needs
- Information about (GBV)SEA-SH, depending on the nature of the case reported
- Information about what rights and options the survivor has including choices about using GBV services and the possible consequences of accessing those services
- Support and empowerment for survivors to choose their own options and make decisions
- Information to other agencies that are necessary for referral, with the consent of the survivor
- Safety Planning for survivors
- Follow up services; feedback as necessary to referral agencies

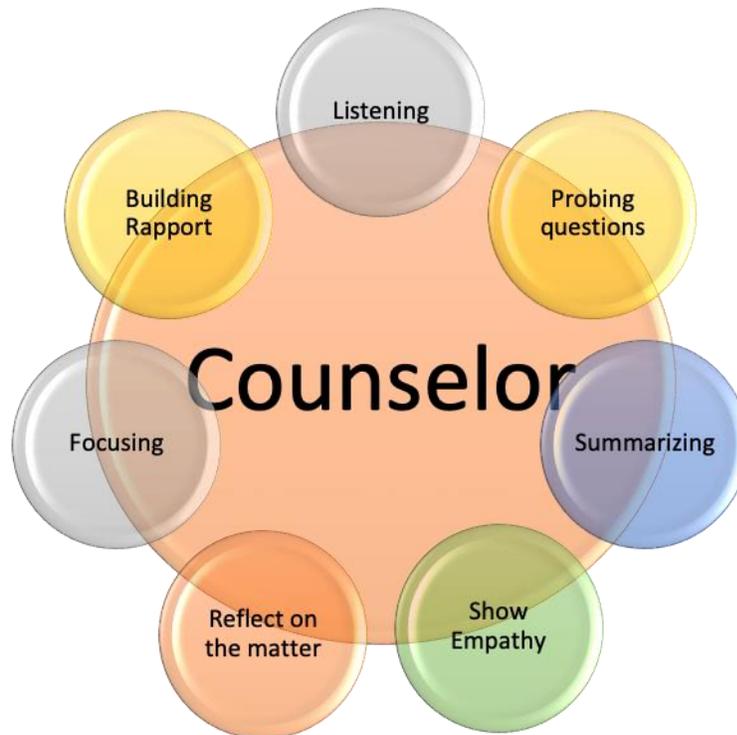
- Through the process, a survivor-centered approach to listen, guide, support, assess, plan and follow up on services and survivor support
- Appropriate information on resolution, closing or termination of a case to the (GBV) SEA-SH GM of the GARID Project.

In Case management,

- ✓ The GARID Project's (GBV) SEA-SH GM and the GBV SPs will ensure they obtain the informed consent of the survivor in any decision making and confidentiality in the use of the information obtained from the survivor.
- ✓ Survivors' immediate needs will be prioritized, including their safety and security and access to other services, such as health or counselling. The case manager will assess the immediate risk to the survivor and work with the survivor to plan how what measures take to protect the survivor's safety.
- ✓ The GVB SP will work further with the survivor to develop a comprehensive plan that identifies what the survivor needs and how these needs will be met. The survivor will be referred to connect with a range of multi-sector services available which correspond to their needs.
- ✓ The GVB SP will engage regularly with the other agencies to ensure effective response to the survivor's issues.

### ***7.5 Basic Skills for Responding to (GBV) SEA-SH CASES***

1. Good listening skills (retentive memory)
2. Asking probing questions
3. Ability to summarize facts of the case
4. Good communication skills
5. Show Empathy
6. Reflect on the matter



### **4.3 Training Report**

As part of the SEA/SH Prevention and Response Action Plan, training modules for GBV sensitization were developed to train GBV service providers in the Greater Accra Region and the GARID Project Staff. Below is the schedule for the trainings executed by the Consultant. *(Refer to Annex Six, Seven and Eight for training report, list of participants and pictures)*

ZONE ONE - Training for GBV Service Providers (Friday, July 30- Tuesday, August 3, 2021)

**(Ayawaso East, Ayawaso West, Ayawaso North, Ayawaso Central, Ga East, La Nkwantanang, Adenta, Ga West, Shai Osudoku, Korle Klottey)**

ZONE TWO - Training for GBV Service Providers (Thursday, August 5 – Monday, August 9, 2021)

**(Okaikoi North, Ablekuma Central, Ablekuma North, Ablekuma West, Ga Central, Ga North, Ga South, Accra Metropolitan, Weija)**

ZONE THREE - Training for GARID Project Staff (Tuesday, August 12 – Wednesday, August 13, 2021)  
**(PCU, PIU, PSU)**

ZONE FOUR - Training for GBV Service Providers (Monday, August 16<sup>th</sup> -18<sup>th</sup>, 2021)  
**(Tema Metropolitan, Tema East, Ada East & West, Ningo Prampram, Kpone Katamanso, Ashaiman, Krowor, Ledzekuku, La Dadekotopon)**

#### **4.4 Trainer of Trainers (TOT) PowerPoint Presentation and Briefing Notes**

This TOT is for training all stakeholders, who by virtue of their expertise and mandates are engaged in providing various services related to the GARID Project and many other projects that may require training, on (GBV) SEA-SH. It is also to provide participants with knowledge and skills on GBV, particularly sexual exploitation and abuse and sexual harassment, as well as build their capacities to handle occurrence and disclosures of same during the execution of projects. ***(TOT PowerPoint Presentation and Briefing Notes attached separately)***

***PART FIVE***  
**CONCLUSION**

## **5.1 Introduction**

Major civil works attracts a large influx of workers, and in turn an increase in demand for sex work. This phenomenon exacerbates the risk of GBV in particular Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) both in public and private spaces. The availability of safe and ethical services provision for SEA/SH survivors are mostly inadequate. The Consultant was selected by the Client to provide consulting services for Gender-Based Violence (GBV) Services Mapping and the development of a proposed Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) Prevention and Response Action Plan under the Greater Accra Resilient and Integrated Development (GARID) Project, of the Ministry of Works and Housing.

## **5.2 Conclusion**

The report outlines activities carried out by the Consultant and documents developed which forms part of the assignment. The report begins with general introduction, and details of the GBV Service Mapping carried out in all twenty-nine MMDAs in the Greater Accra Region. It discusses gaps and recommendations identified from the mapping exercise. The Consultant outlines a step-by-step case management processes and referral pathways for GBV service providers. It concludes first with an assessment of capabilities (both Institution and staff) of SPs to provide quality survivor-centered services and their quality of service are presented, and a review of the capacity of Project Support Units, Project Implementation Units and Project Coordinating Unit to prevent and respond to GBV on the Project as part of safeguards requirements, and a summary of recommendations and challenges encountered on the field.

The report also outlines the (GBV) SEA-SH Action Plan which include an Accountability and Response (A&R) Framework, and an Interagency Protocol between GARID GRM and GBV Service Providers. A publicity strategy to publicize GBV services and service providers identified by the Consultant follows suit. Also, the report contains a (GBV) SEA-SH training manual and a trainer-of-trainers PowerPoint presentation and briefing notes. These training modules were used to execute trainings for GBV service providers by the Consultant, and will be used for future trainings under the GARID Project.

The Consultant envisages that building on these efforts and strategies put in place, and following extensive engagement with a broad range of stakeholders including project companies, project communities etc., the risks of (GBV) SEA-SH on the GARID Project will be minimized, and service provision will be accessible and available to survivors.

# **PART SIX**

## **REFERENCES AND APPLICABLE LAWS AND POLICIES**

## **References and Applicable Laws and Policies**

1. Centers for Disease Control and Prevention (CDC), The Social Ecological Model: A Framework for Prevention, <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>
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21. World Bank. "Good Practice Note on Dam Safety." (2020).
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23. [www.who.int/violenceprevention/approach/ecology/en/](http://www.who.int/violenceprevention/approach/ecology/en/)

### **Relevant National Legislation**

1. The 1992 Constitution of Ghana
2. Domestic Violence Act, (Act 732), 2007
3. The Children's Act, (Act 560), 1988
4. The Criminal & Other Offences Act (Act 29), 1960
5. Criminal Procedure Code, (Act 30), 1960
6. Domestic Violence Regulations, 2016 (L.I. 2237)
7. Evidence Act, (NRCD 323), 1975

### **Related National Policy Frameworks and Other Documents**

1. National Policy and Plan of Action to Implement the Domestic Violence Act, 2007, Act 732, (2009-2019)
2. Justice for Children Policy (2015)
3. Child and Family Welfare Policy (2015)
4. Ghana Police Service Standard Operating Procedures for Child-Friendly Policing: Procedures for Investigations involving Child Victims and/or Witnesses (2016)
5. Ghana Police Service Standard Operating Procedures for Child-Friendly Policing: Procedures for Handling Children in Conflict with the Law (2016)
6. Ghana Police Service, Domestic Violence and Victims' Support Unit (DOVSSU), Protocol and Handbook for Case Management of Domestic Violence and Sexual and Gender-Based Violence Cases, 2018

# **PART SEVEN**

## **ANNEXES**

***Annex 1: Directory of GBV Service Providers in GAR  
(attached separately)***

***Annex 2: Online Interactive GIS Mapping of GBV Service***

## **Providers**

<https://garid.maps.arcgis.com/apps/dashboards/9d244455848e4faf9e639142aa95555b>

### **KOBO COLLECT**

Username: arkfoundation

Password: ARKFOUNDATION@123

### **ARCGIS ONLINE**

Username: garidaccra

Password: LMb9n2dx\*iHe%B3

### **ARCGIS COLLECTOR**

Username: garidaccra

Password: LMb9n2dx\*iHe%B3

## **Annex 3: Stakeholders' Roundtable Report**

The Consultant organized a roundtable discussion on Wednesday, July 21, 2021 at the Institute of Statistical, Social and Economic Research, University of Ghana. This event forms part of the Consultant's assignment to share early findings of the assessment of GBV service providers identified under the mapping exercise in all the twenty-nine (29) MMDAs in the Greater Accra Region. The roundtable brought together representatives from the GARID Project PIU, PCU, the Ministry of Gender Children and Social Protection (MoGCSP), the World Bank, other relevant ministries, as well state and non-state GBV service providers. *(Attached in Appendices Four and Five are the list of participants and photos respectively)*

The Social Safeguards Specialist for the GARID Project, Mr. Abdul-Rahim Abdulai gave an overview of the project, its objective and its different components. The session was co-facilitated with Mr. Phillip Dornyo, the Communications Specialist from the PCU. This was followed by a presentation by Mr. Adolf Awuku Bekoe (GBV Specialist) and Mr. Timothy Harvor (GIS Specialist) from the Consultant's team.

Mr. Awuku Bekoe highlighted the GBV services mapping tasks and outlined the rationale for the exercise under the GARID Project. This was followed by the objectives of the mapping exercise, the scope of the exercise. He expounded on the methodology adopted to carry out the exercise and the interactive spatial features of the map generated. He gave a step-by-step review of the capacity of the GARID Project PU, PIU, PSU to prevent and respond to GBV on the Project as part of the Project's safeguards requirements. He briefed both state and non-state service providers mapped out. Conclusion and summary of recommendations are presented, followed finally by challenges encountered on the field. Mr. Timothy Harvor took participants through the interactive features of the map generated and also the distribution of SP in the region.

### **Discussions Held**

Question & Answer sessions after each presentation is detailed below.

#### **A. After the presentation on the GARID Project**

##### **Questions asked:**

- How long will it take for project implementation?
- Is there a way to address behavioral attitude towards sanitation?
- What will be done to ensure that the bins provided will not be stolen; will they be free; and what will be the plan for trash disposal i.e. a timetable?

- Are plastic bottles added to the plastic bags; because Zoomlion staff do not take in plastic bottles unless paid extra – what is the solution? Can Zoomlion be encouraged to separate the waste and ensure its recycled properly
- How will this project affect people who have to resettle? And the environmental effects; and how it impacts on the health of the members of the communities?
- Sodom and Gomorrah fall under the area of the GARID project, and questions were raised about whether the people are being relocated?

### **Answers provided**

1. The GARID Project is a five-year project that will end in 2025
2. In response to the question on behavioral change, a communications firm will be recruited that will design materials, and undertake a behavior change campaign that starting by the end of this year. Furthermore, the Information Services Department is on the field and educating people on garbage disposal and solid waste management.
3. The classification of communities according to income levels. The project has a component that focuses on inclusive waste management that benefits low income communities and also improves waste delivery and recycling in these areas. A participatory development plan will be developed as the communities work together with ministry to ensure the best program for each community is being established. Law enforcement will be added to ensure the citizens do not engage in irresponsible behavior.
4. Furthermore, a plastic buy-back programs is also on the drawing board. Residents will be paid for the plastics they send to these community buy-back centers as an incentive.
5. There's a pilot project in Adenta were people who separate their garbage pay half the bill. Also, garbage disposals need to be resourced to consider for the waste separation. Safeguards are being put in place to curtail the concerns raised. Environmental assessment was undertaken before the project started as this is mandatory. A resettlement action plan has to be done well; furthermore, a grievance redress mechanism for people who have genuine concerns about the project and how it affects their livelihoods is also being established.
6. Sodom and Gomorrah / Old Fadama is a huge slum. Resettling whole communities is a huge project that is beyond the scope of the GARID project. However, both communities will be supported to improve access to sanitation and disposal of solid waste and build resilience to floods.

### **B. After The Ark Foundation presentation**

#### **Questions asked:**

1. The Ministry of Works and Housing representative asked the following:
  - I.a What are some of the factors that lead to higher concentration of SPs in certain areas and the lack thereof in other areas?
  - I.b From 0-10, how likely is it for a GBV case to be resolved satisfactorily within a certain timeframe?
  - I.c Most of the challenges seem more geared to MOGSCP than the Ministry of Works and Housing
  - I.d Is there a mobile app or short code for GBV victims?
2. The SPs located in GA West where one of the major compost plants is located is more than one kilometer from the site, are there no available SPs in closer proximity? And how can project work around this challenge?
3. What are the measures instituted to encourage prevention and behavioral change of the members of the community? If it falls within the TOR, members of the community can be identified to be trained as safe places for GBV victims (informal sector).
4. How did the project define SPs? Were there predetermined questionnaires? Furthermore, considering the lack of assistance from bodies to answer questionnaires – is this not a limitation? Were mental health issues identified as part of findings?
5. Did the assessment find the adequacy of the capacity of the service providers? Did the report cover hard-to-reach areas of Ga West and Ga East? In the absence of the DV board, what is being done to ensure coordination and harmonization of activities of SPs? How is the MOGSCP using the Consultant's report to strengthen service providers' capacity?

Answers given:

1. (I.a – I.d) Since it's a structural issue that needs to be resolved across board, all the challenges have to be tackled concurrently. The challenges outlined will not end when the project ends; so, the Ministries involved have to be committed to a long-term resolution.
2. Although some SPs didn't respond to the questionnaire, their information was captured; furthermore, the DOVVSU and social interventions and municipal assemblies also captured. Also, as part of the TOR, a consultant is to do work and provide yearly assessment and recommendations and develop a spatial map.
3. As part of the TOR, the Consultant is to provide a SEA and SH action plan as part of GARID; it's up to WB and the GOG to fund this plan so that the GARID project can facilitate this.

4. It was limited to GBV service providers so each body that deals even remotely with these cases was recorded. It was also noted that better coordination between the organizations will make the provision of services smoother. It was further noted that the Consultant was less interested in brilliant responses and more focused on how the system protects survivors. The SPs that offer psychosocial services were also noted with focus on their accessibility and capabilities.
5. The report covers the 5-year project; the concerns raised call for greater involvement from GOG and private sector and WB to improve GBV response.

#### Comments/Recommendations:

1. Bernice Sam of the BSc Advisory recently interviewed 536 individuals and 80% know there are laws to protect people from GBV, however many people go to Faith-based Organizations to resolve GBV cases. If these churches don't respond appropriately to the victims, the victims are re-traumatized. Therefore, capacity building for religious leaders and NGOs also has to be improved; and the agencies (particularly police officers) need to be trained and re-trained to know the law. This hinders provision of holistic service provision to victims – to know, understand and be sympathetic. There can also be the development of more community-based teams to combat DV as well as community referral centers in areas (similar to those in Teshie and Nima) which can then be connected to health care centers.
2. It was noted that the project's TOR was restricted to GAR and formal institutions but training will consider informal sector referral systems.
3. A representative from the MOGSCP commended the Consultant for the report; and invited all present to assist MOGSCP with its implementation.
4. Nneka Okereke from the World Bank shared that there are many innovations and informal structures that assist and aid in helping victims of GBV. She added that interventions need to be harmonized and tackled holistically. The next stage will be to scale up to cover nationwide projects.
5. A GBV expert from the World Bank, Bethany Elisa Kriss noted that the report by the Consultant illustrates the way a World Bank financed project covers/resolves GBV concerns. The WB wants to ensure that cases of GBV will receive the care they need and the map shows this. The next step is how to use the information to improve referrals systems and to go beyond the WB project. She also pointed out that the action

plan of the SEA and SH needs to be discussed in more details between the Consultant and Client; and it has to reflect the risk levels of the project.

Mr. Abdul-Rahim Abdulai summed up the concluding remarks of the participants as follows:

- The findings from the Consultant’s report can be developed and implemented beyond 5-year GARID project
- The suggestions raised from the other stakeholders can also be added to the report under consideration for implementation
- SPs can and will be trained to improve their skillset

## **Annex 4: List of Stakeholders for the Roundtable Discussion**

<b>NO.</b>	<b>NAME</b>	<b>ORGANIZATION</b>	<b>DESIGNATION</b>	<b>CONTACT DETAILS</b>
1.	Charlotte A. Adjei	Ministry of Sanitation and Water Resources (MSWR)	Program Manager	050-158-0626 <a href="mailto:akuazilla@gmail.com">akuazilla@gmail.com</a>
2.	Amanda Vittoo-Quainoo	Ministry of Sanitation and Water Resources (MSWR)	Program Officer	050142-9512 <a href="mailto:quaoamanda20@gmail.com">quaoamanda20@gmail.com</a>
3.	Amanda Amoo-Otoo	Department of Social Welfare (DSW)	Principal Social Development Officer	024-521-3014 <a href="mailto:mandigem11@gmail.com">mandigem11@gmail.com</a>
4.	Alex Amoah	Korley Klottey Municipal Assembly (KOKMA)	Municipal Planning Officer	026-963-1802 <a href="mailto:abaduamoah@yahoo.co.uk">abaduamoah@yahoo.co.uk</a>
5.	Raqib Majeed	GARID-PCU	Environmental and Social Safeguards Assistant	0242-212-6460 <a href="mailto:majeedraqib@gmail.com">majeedraqib@gmail.com</a>
6.	Lillian Bruce	Plan International Ghana	Gender and Influencing Supt.	0244-614-303 <a href="mailto:lillian.bruce@plan-international.org">lillian.bruce@plan-international.org</a>
7.	Samuel Cudjoe	Mental Health Authority	Acting Head of Research	0244-746-485

				<a href="mailto:samuel.hanu@mha.gov.gh">samuel.hanu@mha.gov.gh</a>
8.	Abigail Yankey	Commission on Human Rights and Administrative Justice (CHRAJ)	Principal Investigator	0244-281-694
9.	Love Amponsah	Ghana Education Service/ Greater Accra Region	Regional Guidance Counsellor	0242-380-850 <a href="mailto:miknlove123@gmail.com">miknlove123@gmail.com</a>
10	Abdul-Rahim Abdulai	GARID – PCU	Social Safeguards Specialist	0245-544-143 <a href="mailto:s-safeguards@garid-accra.com">s-safeguards@garid-accra.com</a>
11	Phillip Dornyo	GARID- PCU	Communications Specialist	0244-550-4143
12	Mildred Louis Abraham	GARID	Communications office	027-991-14852 <a href="mailto:mildredlouiseabraham@gmail.com">mildredlouiseabraham@gmail.com</a>
13	Bernard Makafui	GARID	Project Officer/GIS Officer	0543-922-994 <a href="mailto:benmakafui@gmail.com">benmakafui@gmail.com</a>
14	Fati Tete-Offei Adams	Fataale Foundation	Executive Director	0244-649-512
15	Elim Nutsugah	Ministry of Works and Housing	ADI	0242-813-002 <a href="mailto:hagustan@yahoo.com">hagustan@yahoo.com</a>
16	Makamsa Mustapha	Ayawaso West Municipal Assembly	Development Planning Officer	0244-154-915 <a href="mailto:mmakamsa@gmail.com">mmakamsa@gmail.com</a>
17	Bernice Sakyi	BSC Advisory	Managing Consultant	0244-639-539 <a href="mailto:mail@bscadvisory.org/bernicemlove@gmail.com">mail@bscadvisory.org/bernicemlove@gmail.com</a>
18	Lawrence M. Commodore	Ministry of Local Government, Decentralization and Rural Development	Development Planning Officer	0243-972-006 <a href="mailto:commodoremartey@gmail.com">commodoremartey@gmail.com</a>
19	Lawrence Asaah	Guidance &	Program's Officer	0247-847-333

		Counseling/Ghana Education Service		
20	Dorcas Coker-Appiah	Gender Studies & Human Rights Documentation Centre	Executive Director	020-812-9531 <a href="mailto:d.cokerappiah@gendercenterghana.com">d.cokerappiah@gendercenterghana.com</a>
21	Malonin Asibey	Ministry of Gender, Children and Social Protection (Domestic Violence Secretariat)	Director	020-822-4737 <a href="mailto:amalonin@yahoo.com">amalonin@yahoo.com</a>
22	Henrietta Osei Tutu	Ministry of Works and Housing GARID – PCU	Solid Waste Management Specialist	020-602-1605 <a href="mailto:s-waste@garid-accra.com">s-waste@garid-accra.com</a>
23	Joseph Ampadu-Boakye	GARID-PCU	Slum Upgrading Specialist	0266-870-001 <a href="mailto:upgrading@garid-accra.com">upgrading@garid-accra.com</a>
24	N. Sultah	Judiciary Service	0244-474-763	Project Officer
25	Dr. William Kowdiw	GARID Monitoring and Evaluation Specialist	Joined via Zoom	
26	Bethany Elis Kriss	World Bank GBV expert	Joined via Zoom	
27	Michael Christian Mahrt	Senior Social Development Specialist and GBV Specialist, World Bank	Joined via Zoom	
28	Nneka Okereke	World Bank	Joined via Zoom	
29	Sarah Antwi Boasiako	World Bank	Joined via Zoom	
30	Dr. Angela Dwamena-Aboagye	The Ark Foundation	Executive Director Lead Consultant	0244-254-280 <a href="mailto:adaboagye@yahoo.com">adaboagye@yahoo.com</a>
31	Mr. Adolf Awuku Bekoe	The Ark Foundation	GBV Specialist, Clinical Psychologist	0244-670-698 <a href="mailto:abekoe@mmcg.edu.gh">abekoe@mmcg.edu.gh</a>

32	Timothy E. Havor	The Ark Foundation	GIS Specialist	0554-537-005 <a href="mailto:eliktyme@gmail.com">eliktyme@gmail.com</a>
33	Naana Frimpong	The Ark Foundation	Management and Research	0243-418-345 <a href="mailto:naana_frimpong@yahoo.com">naana_frimpong@yahoo.com</a>
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35	Golda A. Akuffo	The Ark Foundation	Assistant Coordinator, Data Collection and Documentation	0249-831-351 <a href="mailto:goldaakuffo@gmail.com">goldaakuffo@gmail.com</a>
36	Rex A. Delanyo	The Ark Foundation	Finance and Administration	0243-777-773 <a href="mailto:thearkgh@yahoo.co.uk">thearkgh@yahoo.co.uk</a>
37	Awurabena Jones	The Ark Foundation	Crisis Center Officer	055-857-1253
38	Samuel Asamoah-Boateng	The Ark Foundation	Intern	020-913-5632 <a href="mailto:asamoahboatengsam@gmail.com">asamoahboatengsam@gmail.com</a>
39	Diana Mills	The Ark Foundation	Volunteer	055-368-6674 <a href="mailto:dianamillsA28@gmail.com">dianamillsA28@gmail.com</a>
40	Jennifer K. Akuamoah	The Ark Foundation	Rapporteur	024-999-34-25 <a href="mailto:jknyinc@gmail.com">jknyinc@gmail.com</a>

## Annex 5: Pictures taken from the Roundtable Discussion



**Fig 13 Ms. Naana Frimpong moderating the event**



**Fig 14 Mr. Abdul-Rahim Abdulai (GARID Project Safeguards Specialist) giving a brief of the project**



**Fig 15 A section of stakeholders**



**Fig 16 A cross section of stakeholders**



**Fig 17 Timothy Havor (GIS Specialist explaining the geospatial map**



**Fig 18 Dr. Dwamena-Aboagye (Lead Consultant) addressing stakeholders**

## **Annex 6: Consent Forms for Services**

### **CONFIDENTIAL CONSENT FOR SERVICES**

*This form should be interpreted to the survivor in a language he/she understands  
This form is kept strictly confidential, and is filed in a separate case file or log.*

**The purpose of this form is to document a verbal agreement between the Social Safeguards Specialist/assigned staff of the GARID Project Grievance Mechanism (GM) and the survivor who has reported a (GBV) SEA-SH incident, for the purposes of discussing the options the survivor could exercise for referrals to available services, and to obtain the consent of the survivor for referral to the appropriate agency or service provider for handling the matter.**

I, \_\_\_\_\_ (name of survivor), hereby give permission to be referred by the Social Safeguards Specialist/assigned staff to \_\_\_\_\_ (name of agency or service provider (s)). I understand that I will be treated with dignity and respect. All information I give to the Social Safeguards Specialist/assigned staff and to the service provider I am being referred to will be handled with confidentiality. I also understand that if I express thoughts of harming myself or another person, then the Social Safeguards Specialist/assigned staff or the service provider handling my case can take action to protect me or others around me, which action may include breaching the confidentiality rule in my best interest.

Signature or Thumbprint of survivor: (or parent/guardian if the survivor is under 18)

\_\_\_\_\_

Date: \_\_\_\_\_

## **Annex 7: Disclosure Form**

### **CONFIDENTIAL DISCLOSURE FORM**

***This form should be read to the survivor in a language he/she understands.  
This form is kept strictly confidential, and is filed in a separate case file or log.***

I, \_\_\_\_\_ (name of survivor), give my permission for the GARID Project Social Safeguards Specialist/assigned staff to share information about the incident I have reported to them as explained below:

1. I understand that in giving my authorization below, I am giving the GARID Project Social Safeguards Specialist/assigned staff permission to share the specific case information from my incident report with the agency or service provider(s) I have consented to be referred to, so that I can receive the necessary help.
2. I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request.
3. I understand that releasing this information means that the staff of the agency or service provider I have been referred to will work with me towards a resolution of the case. I understand also that I have the right to change my mind about sharing information with the agency or service provider I have consented to be referred to.
4. I have also been informed and understand that some non-identifiable information may also be shared for the purposes of reporting. Any information shared will not be specific to me or the incident. I understand also that shared information will be treated with confidentiality and respect.

Signature or Thumbprint of survivor: (or parent/guardian if the survivor is under 18)

\_\_\_\_\_

Date: \_\_\_\_\_

