

GENDER BASED VIOLENCE ACTION PLAN

UPDATED FOR THE HEALTH SECURITY PROJECT (HESP) OF LIBERIA

February, 2026

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Acronyms

BCC	Behavior Change Communication
BS	Behavior Standards
C-ESMP	Contractor’s Environmental and Social Management Plan
CoC	Code of Conduct
ECOWAS	Economic Communities of West Africa State
EPA	Environmental Protection Agency
ESF	Environmental and Social Framework
ESHS	Environmental and Social Health Safety
ESS	Environmental Social Safeguard
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
GRC	Grievance Redress Committee
GRM	Grievance Redress Mechanism
HeSP	Health Security Project
IEC	Information Education Communication
IPF	Investment Project Financing
LNP	Liberia National Police
MoA	Ministry of Agriculture
MPA	Multi-phase Programmatic Approach
MoH	Ministry of Health
MFDP	Ministry of Finance and Development Planning
NCB	National Competitive Bidding
NPHIL	National Public Health Institute of Liberia
PDO	Project Development Objective
PIU	Project Implementation Unit
SBD	Standard Bidding Document
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
SGBV	Sexual Gender Based Violence
SPD	Standard Procurement Documents
SRHR	Sexual Reproductive Health and Rights
WAHO	West African Health Organization
WB	World Bank

1. Background of the Health Security Project (HeSP), Liberia

The Health Security Project (HeSP) is a regional initiative under the World Bank’s Multi-Phase Programmatic Approach (MPA), designed to strengthen prevention, detection, and response to health emergencies across Western and Central Africa. Liberia is one of four Phase I implementers, alongside Cabo Verde, Guinea, and ECOWAS (WAHO), with a national allocation of USD 18 million through the Ministry of Health, financed by the International Development Association (IDA). This regional Program builds on prior and ongoing World Bank investments in health security as well as development partner efforts in the region, and strives to ensure that hard-won progress in prevention, early detection, and response to health emergencies is protected and accelerated while ensuring continuity of essential health service delivery. The Program will complement current and planned investments at regional and national levels, aligning health security investments in the region with the World Bank’s investment in Africa CDC, as well as with sub-regional institutions. Moreover, the Program will complement national health systems strengthening investments in the region to improve harmonization of the health security agenda within countries while avoiding duplication with other efforts.

1.1 Country Context and Health System Vulnerabilities

Liberia, a low-income country with a population of 5.3 million, continues to recover from prolonged civil conflict, the Ebola epidemic (2014–2016), and the COVID-19 pandemic (2020–2022). In 2024, GDP per capita is projected at USD 885.19, with persistent challenges attributed to the country’s Human Capital Index score of 0.487, below regional and income group averages which has impacted the health system critical gaps that heighten vulnerability to **Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH)** risks such as weak laboratory and surveillance systems, limited or no training of workers on GBV/SEA/SH response and survivor-center care which underscore the urgency of integrating **GBV risk mitigation and response** into health emergency preparedness and service delivery.

1.2 SGBV Context in Liberia – Rationale for Action under HeSP

Sexual and Gender-Based Violence (SGBV) is not only widespread in Liberian society, it is often perceived as a normalized aspect of gender relations. This perception was deeply entrenched during the country’s conflict periods, when rape was systematically used as a weapon of war. For many Liberian women and girls, unequal gender dynamics and harmful societal norms have perpetuated the acceptability of violence.

Liberia continues to experience high rates of physical and sexual violence against women and girls, with devastating consequences including trauma, stigmatization, divorce, and abandonment. While GBV is recognized as a criminal offense by law, a significant portion of the population still views it as a private matter. As a result, most survivors do not seek help due to fear of community backlash and social exclusion. This silence reinforces systemic inequalities and undermines efforts to promote justice and healing.

1.3 Key International Instruments for the Protection of Women

International Labor Organization (ILO) Convention 190 (C190) is the first international treaty to address violence and harassment in the world of work. ILO Convention 190 (C190) is a landmark

international treaty that addresses violence and harassment in the world of work, including gender-based violence and harassment (GBVH). It sets out a comprehensive framework to prevent, address, and eliminate such behaviors, recognizing them as violations of human rights and barriers to decent work.

The global legal and policy framework provides standards for countries to fulfill their obligations in preventing and responding to violence against women. These instruments promote gender equality, human rights, and accountability:

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

Adopted: 18 December 1979 by the UN General Assembly often referred to as the international bill of rights for women with key provisions on calls for the elimination of discrimination in all areas of life: political, economic, social, cultural, and civil and requires states to take legislative and policy measures to ensure women’s full development and advancement by including provisions on violence against women, access to justice, and equal participation.

- Beijing Declaration and Platform for Action

Adopted 15 September 1995 at the Fourth World Conference on Women for a comprehensive global agenda for women's empowerment. **It seeks to** identify 12 critical areas of concern, including violence against women, education, health, and economic participation and urges governments to take concrete actions to eliminate gender-based violence and promote equality with emphasizes on the importance of integrating gender perspectives into all policies and programs.

3. UN General Assembly Resolution 52/86

Adopted: 2 February 1998 on Crime Prevention and Criminal Justice Measures to Eliminate Violence against Women. Key Provisions encourages states to strengthen legal frameworks and criminal justice systems to address violence against women. It promotes victim support services, training for law enforcement officers. and public awareness campaigns recognizing violence against women as a barrier to development and human rights.

1.4 Key Policies and Legal Instruments Addressing Gender-Based Violence (GBV)

1. Gender and Development Act (2001):

- Established the Ministry of Gender, Children and Social Protection (MGCSP).
- Mandates promotion of gender equality, women's advancement, and child welfare.

2. Rape Law (2005):

- Amended Penal Code to include provisions for gang rape.

3. Judiciary Law Amendment (2008):

- Created Criminal Court “E” for sexual offenses in Montserrado.
- Established Sexual Crimes Divisions in courts across Liberia’s 14 other counties.

4. National Gender Policy (2009):

Eliminate marginalization of women and girls by 2020 with key focus on gender -equitable development and empowerment, sexual and reproductive health, human rights and GBV, conflict related GBV, Legislative strengthening and capacity building.

The HeSP GBV Action Plan aligns with national health priorities and frameworks, including:

- National Health Policy (2022–2031)
- Health Sector Strategic Plan (2022–2026)
- Health Financing Strategy (2022–2026)
- Updated National Action Plan for Health Security (2024)

These policies provide a foundation for embedding **GBV-sensitive approaches** into health system strengthening, including:

- Safe and confidential reporting mechanisms,
- Training for frontline health workers on GBV/SEA/SH prevention and survivor support,
- Community engagement to raise awareness and reduce stigma, and
- Monitoring and accountability systems to track GBV risks and response effectively.

1.5 Government Commitment and Institutional Response

The Government of Liberia has demonstrated commitment to ending GBV through the ratification of key international and regional instruments, including:

- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979)
- The African Charter on Human and Peoples’ Rights, and its Protocol on the Rights of Women in Africa (Maputo Protocol)

Liberia also developed a **National Action Plan (2006)** to prevent and respond to GBV, and has aligned its efforts with the **agenda 2030**, particularly **Sustainable Development Goals 5 and 16**, which focus on gender equality, peace, justice, and strong institutions such as:

- The establishment of **Criminal Court “E”** in 2009, with exclusive jurisdiction over sexual offenses, and concurrent jurisdiction granted to other circuit courts,
- Training of **social workers, judicial actors, and officers of the Women and Children Protection Section** of the Liberia National Police (LNP)
- Development and rehabilitation of **one-stop centers and referral hospitals** to provide medical, psychosocial, and protection services for survivors

Efforts to strengthen the justice system and ensure fair, timely adjudication of GBV cases remain ongoing. Coordination of GBV reporting and referral systems is led by the **Ministry of Justice**

(**SGBV Crimes Unit and Liberia National Police**), the **Ministry of Gender, Children and Social Protection**, and **civil society organizations**.

Liberia’s National Action Plan on SEA/SH/GBV outlines five key pillars, strategic partners, and a structured referral pathway to ensure coordinated, survivor-centered support.

Table 1: SGBV Pillars and Their Strategic Partners

Pillar	Key Partners
Prevention	Ministry of Gender, Children and Social Protection (MGCSP), CSOs, Community Leaders
Protection	Ministry of Justice, Liberia National Police (Women and Children Protection Section), Community Watch Groups
Response and Service Delivery	Ministry of Health, One-Stop Centers, NGOs, Psychosocial Support Providers
Coordination and Accountability	MGCSP, Inter-Ministerial GBV Committee, UN Agencies
Monitoring and Evaluation	MGCSP, National GBV Observatory, Development Partners

At the Ministry of Justice, the **Sexual and Gender Based Violence Crimes Unit** is a prosecuting arm of the Government that makes legal intervention on behalf of the National Government. The unit has trained personnel who investigate offenses arising from sexual assault and abuse, incest, rape, gang rape and sexual exploitation. The SGBV Crimes Unit has prosecutorial power and partners with other institutions, especially with Criminal Court E for the prosecution of GBV, especially SGBV cases.

There is also a National GBV Taskforce that is comprised of representations from NGOs, INGOs, Government Ministries & Agencies, UN, CSOs etc. This body meets monthly to discuss issues relevant to GBV prevention and response. By virtue of its establishment, it has a role to support the mandate of the Ministry of Gender, Children and Social Protection. The National GBV Taskforce has four pillars headed by line ministries and agencies as in Table 3 below:

Table 3: National GBV Taskforce Support Pillars and Partners

Pillar	Pillar Lead
Coordination	Ministry of Gender, Children and Social Protection
Psychosocial	Ministry of Gender, Children and Social Protection
Health	Ministry of Health
Legal and Protection	Ministry of Justice (Liberia National Police / WACPS, SGBV Crimes Unit)

Despite these gains, Liberia continues to face serious challenges in safeguarding the human rights of its citizens particularly women and children across all sectors of society. Addressing GBV within the Health Security Project offers a strategic opportunity to reinforce survivor-centered services, strengthen accountability, and promote a culture of zero tolerance for sexual exploitation and abuse and sexual harassment.

2.0. Environmental and Social Risks Under HeSP

While the overall risks rating of the project is substantial, the risks rating for separate component differentiates;

Component 1. Sub. Component 1:1 Health security Governance, planning and stewardship is focus on policy and planning, regulation and management of national health security agendas aligning with regional target which makes it moderate risks which can be mitigated with reasonable measures.

Sub-Component 1.2: Scaling up one health agenda and combating AMR has a substantial risk while focusing on WASH and Community Engagement to improve uptake and contextualize intervention with community needs with a gender lens to maximize focus on equity and inclusion between service providers and reducing the risks of SEA/SH.

Component 2.1: Collaborative Surveillance and Sub. Components 2.2 & 2.3 have moderate risks. Therefore, GBV/SEA/SH modules will be incorporated in training manuals for one health workforce.

Component 3: Health Emergencies Response Management; Sub Components 3:1, 3:2 has a substantial risks which will depend heavily on multisectoral response mechanism linking one health, security and social sector authorities through PHEOCs, supply chain and supported activities to include technical support for meetings, trainings, rehabilitation/construction of infrastructural and community engagements.

The **environmental and social risk rating** for the Health Security Project (HeSP) in Liberia has been assessed as **substantial**, consistent with the project's overall risk rating. Key risks and potential impacts include those typically associated with civil work, such as:

- Waste generation
- Dust emissions
- Occupational health and safety hazards
- Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) and Gender-based Violence (GBV)

Additional risks relate to the **operation of health infrastructure** and the **use of medical equipment**. While some risks—particularly those linked to renovation activities and the construction and operation of laboratories and Port of Entries (POEs) for human and animals may be significant, as they are generally:

- Site-specific
- Predictable
- Moderate in scale and geographic scope

These risks can be effectively mitigated through the **implementation of appropriate site-specific environmental and social management measures for facilities having major civil works and service-user/ community and service provider/project worker interface**, including SEA/SH prevention protocols, codes of conduct, response and accountability systems, worker safety standards, and safe & accessible community engagement strategies.

2.1 Relevant World Bank ESSs that triggers SEA/SH/GBV Risks

The World Bank's Environmental and Social Framework (**ESF**) supports borrowers in developing sustainable projects and managing environmental and social risks. Several ESSs are particularly relevant to addressing SEA/SH/GBV:

- **ESS1: Assessment and Management of Environmental and Social Risks and Impact**

Requires identification and assessment of GBV/SEA/SH risks, especially in large infrastructure projects. Emphasizes mitigation and monitoring throughout the project lifecycle. The environmental and social risks will apply a mitigation hierarchy which will anticipate and avoid risks and impact or minimize /reduce mitigation risks to achieve environmental and social outcome that is consistent with the ESSs.

- **ESS2: Labor and Working Conditions**

Promotes safe, fair, and non-discriminatory work environments. Covers all categories of workers and mandates grievance redress mechanisms. Recognizes that workers may be survivors or perpetrators of GBV/SEA/SH. The project will address gender gap by targeting women working in the provision of care in the animal and health sector by providing opportunities to women to increase their potential to receive better pay and the assurance of a more stable job. Increase risks mitigation measures for natural disaster, conflict, climate and health emergency to address sexual violence towards women and girls against greater exposure to infectious disease.

- **ESS4: Community Health and Safety**

Aims to protect communities from project-related risks, including those linked to labor influx. Requires emergency preparedness and infrastructure design aligned with good international industry practices (GIIPs).

- **ESS10: Stakeholder Engagement and Information Disclosure**

Ensures inclusive, transparent engagement and timely sharing of project information. Requires grievance redress systems that are sensitive to GBV/SEA/SH concerns and accessible to affected individuals through dedicated hotline and focus group meetings. The stakeholder engagement plan has a strategy for views of vulnerable groups to understand needs of accessing and communicating information of project-affected partners that provide health services and relief to address SEA/SH.

2.2. SEA/SH and GBV Risk Assessment

The GBV/SEA/SH risk assessment under the Health Security Project (HeSP) aims to identify, mitigate, and monitor related risks and incidents. These risks are especially relevant in the context of World Bank-financed Investment Project Financing (IPF) operations involving major civil works¹.

¹ World Bank, Good Practice Note, second edition, February 2020. Addressing gender-based violence in the financing of investment projects involving major civil engineering works, page 7.

Due to the civil work under the project which includes the construction of laboratories, port of entries, animals and humans quarantine centers, rehabilitation and solarization of public health emergencies operation centers, solarization and the construction of waste management and water supply in healthcare facilities will result to influx of workers especially males which will cause potential GBV risk to women and children especially adolescent girls. Female workers at the construct site could also be vulnerable to sexual harassment and sexual exploitation and abuse including project staff who are no exception to the risks. Post civil works and operationalization, interface between medical labs and facilities and community could also pose a social risk in the long run. Both risks require site-specific risk management plans during civil works, along with institutionalization of response and accountability mechanisms for managing such risks at supported facilities.

site-specific ESIA/ESMPs will be undertaken, guided by the recognition that four broad categories of GBV can be exacerbated by human development projects having civil works elements, with SEA and SH in the workplace and against end-users being the most likely to occur or intensify during project implementation and operationalization.

Specific Objectives of the Assessment:

- Identify context-specific GBV, SEA/SH risks associated with civil works, labor influx, and service delivery under HeSP.
- Identify significant environmental and social risks and potential impacts renovation, construction and exploitation of new health structures and laboratories which includes the generic waste associated with civil works (SEA/SH, OHS, waste, dust and emission).
- Evaluate existing mitigation measures and reporting mechanisms, including survivor support services and grievance redress systems.
- Strengthen stakeholder capacity to prevent, detect, and respond to SEA/SH issues through training, awareness, and accountability frameworks.
- Revise the code of conduct for previous projects under the health portfolio to include social safeguard guidelines on professional and ethical standards while promoting a culture for zero tolerance across all project activities.
- Assess institutional and community vulnerabilities that may increase exposure to SEA/SH, especially among women, girls, and marginalized groups through labor influx on some of the sub projects.
- Integrate GBV-sensitive safeguards into project design, contractor obligations (see also Annex 4 for contractor risk mitigation must-haves), and supervision protocols.

2.3 Key SEA/SH and GBV Risk Assessment

Knowing that there are four broad categories of gender based violence that can exacerbated by World Bank investment financing involving major civil works which includes sexual exploitation and abuse, workplace sexual harassment, human trafficking and non-SEA, the PIU has undertaken an assessment which highlighted direct and indirect risks related to the activities planned under the health portfolio. A qualitative analysis produced on the basis of review of project document was conducted. The assessment also

considered national and local capacities to prevent and respond to GBV/SEA/SH including through the provision of safe and ethical services to survivors. While GBV services exist across the country, there are gaps in resources for service delivery and training, especially the functionality of the referral centers and safe homes for survivors. In addition to addressing GBV under the HeSP, the project will conduct a gender gap assessment in the implementation of public health emergency and identify priority actions which will be updated in the Action Plan.

3.0. SEA/SH/GBV Action Plan – Main components

This Plan has been developed in alignment with applicable national legislation and the World Bank Environmental and Social Standards (ESSs), specifically **ESS1**, **ESS2** (Labor and Working Conditions), **ESS4** (Community Health and Safety), and **ESS10** (Stakeholders Engagement). Site-specific E&S management plans will be required for each activity involving civil works. The Project will also take advantage of existing National GBV and SEA/SEAH Plan, developed during the COVID 19 Project, which will be updated to include the activities of this Project.

To address the substantial environmental and social risks identified particularly those related to Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) the following mitigation measures are proposed across project phases:

3.1 Institutional Support & Staffing

The PIU has experience with the environmental and social risk management and monitoring requirements under the ESF. Currently, the PIU has one social specialist. For the purposes of strengthening the capacity, an environmental and a social assistant will be hired, respectively. Civil and construction works will be monitored through the various instruments that have been prepared (ESMF with LMP and SEP).

- Assigned Social Safeguard Officer and Environmental Specialist at the PIU will lead SEA/SH action plan implementation and monitoring.
- Ensure PIU has trained GBV staff with ongoing technical assistance from World Bank safeguards specialists.
- Environmental and Social Safeguard Officers should ensure at the PIU compliance by overseeing activities under the project and reporting.
- Ensure regular supervision and audits of contractor adherence to SEA/SH protocols at the facility level .
- Specify in procurement documents how SEA/SH-related costs will be covered, including:
 - Line items for planned activities (e.g., plan development)
 - Provisional sums for unpredictable needs (e.g., hiring GBV service providers).

3.2 Mitigation Plans Review

- Integrate SEA/SH and GBV in the project ESIA.
- Ensure the Contractor’s Environmental and Social Management Plan (C-ESMP) includes adequate SEA/SH mitigation measures.

- Clearly outline expectations and obligations related to SEA/SH in all tender documents.
- Integrate GBV/SEA/SH clauses into all contractor and service provider contracts, including Codes of Conduct signed by all workers.
- Align bidding documents with project needs, the World Bank’s Standard Bidding Document, and agency policies to ensure a code of conduct that addresses SEA/SH.
- Apply Standards Bidding Documents Broadly: Integrate SEA/SH requirements in calls for proposals in any Competitive Bidding under the project. Ensure bidders fully understand SEA/SH and related conduct expectations before bid submission.
- Verify Contractor Readiness: Before contract finalization, assess the contractor’s capacity to meet SEA/SH prevention and response obligations as outlined in the Environmental and Social Management Plan.

3.3 Strengthening Complaint Mechanisms

- Verify that SEA/SH complaints are properly received, handled, and referred to established adjudication mechanisms.
- Establish a SEA/SH and GBV-sensitive GRM (discussed in section 4 ahead), equipped to handle SEA/SH cases.
- Implement a social communication plan to inform workers and communities about reporting channels and code of conduct violations.

3.4 Code of Conduct Compliance

- Ensure all project workers (as described in labor management framework and in Annex 1 (Definitions, point 11), understand and sign the project code of conduct.
- Ensure compliance with the Liberian National CoC Act, 2014 (applicable to all Public Officials and Employees working for the Government of Liberia, 2014²)
- Confirm that signatories fully understand its provisions.
- Ensure that everyone physically present on-site has signed it.
- Share the project code of conduct widely using visual aids and appropriate languages.
- Disseminate and discuss project code of conduct with all project personnel, including contactors, project workers and communities.
- Develop a detailed Accountability and Response Framework covering; allegation handling procedures and timelines, internal reporting mechanisms; safe, confidential survivor referral mechanisms aligned with national SOPs, and Confidentiality protocols for project-related cases and constructed medical facilities.

² See [CODE-OF-CONDUCT-ACT-2014.pdf](#)

3.5 Capacity Building

- Conduct induction orientation training for PIU staff, partners, and service providers on the GBV Action Plan and Response and Accountability framework, including the GRM and its remit, clarify roles, expectations, processes, documentation, available services and sanctions for breach of project code of conduct (see Annex 3).
- Training on GBV/SEA/SH and related issues for animal and human health workers and other contractors' workers on the project to acquire basic knowledge on awareness about the existing GRM and how to report allegations of SEA/SH.

3.6 Mapping and Service Linkages

- Map GBV prevention and response actors in project-sites and adjacent communities, in consultation with the Ministry of Gender, Children and Social Protection (MGCSP), and the Ministry of Justice (see Annex 5 for a non-exhaustive list of county level GBV service providers)
- Create linkages with complementary services through the project grievance redress mechanism (GRM) with all health projects.

3.7 Awareness raising and inclusive community engagement

- Inform communities and project workers (including community volunteers, community health workers) about SEA/SH risks, Government and project-specific personnels' Code of Conduct (CoC), the GRM, reporting mechanisms, and referral pathways.
- Inform directly affected and adjoining communities of the roles and responsibilities of actors and how to access service provider and reporting allegations of GBV/SEA/SH.
- Develop culturally appropriate radio and other visual messages (IEC) for all stakeholders to understand the risks of GBV/SEA/SH as well as available mitigation and response measures.

3.8 Monitoring & Evaluation

- E&S staff to establish active monitoring of SEA/SH compliance through a framework led by the Program and Monitoring Officer.
- Continuous monitoring and evaluation of the effectiveness of GBV/SEA/SH prevention and response efforts, including periodic risk reassessments, facility audit, and development of time-bound corrective action plans.

4.0 Grievance Redress Mechanism

The World Bank project implementation strategy requires the establishment of a functional Grievance Redress Mechanism (GRM) which is established to address Gender-Based Violence (GBV) particularly sexual violence (SEA/SH) which remains a major threat during implementation of development projects. The grievance redress mechanism is outline with the protocol laid out in the World Bank SEA/SH Good Practice Note and other World Bank Guidelines and policies along with along with standard systems in Liberia with all projects. The overall effects of SEA/SH

on victims includes Post-Traumatic Stress Disorder (PTSD) and anxiety, thereby causing a long-term effect. Where project workers are directly affected, it can lower the effectiveness of assigned task while providing while providing services in a toxic work environment for all. Giving these reasons, the World Bank and the Government of Liberia are keen and clear on the prevention of violence at every given time during the life span of projects.

4.1 Principles of Grievance Redress Mechanism

A grievance redress mechanism is proposed to address any complaints and grievances arising during the life span of a project. Members of the public may perceive risks or have concerns about the environmental and social concern of the project. Every concern or grievance will be addressed quickly and transparently, and without retribution to the affected person (s) (PAPs) or complainants.

The principles to be followed are:

1. **Accessibility:** Easily accessible to persons who wish to submit a grievance, complaint or concern and with assistance provided to persons who face barriers such as language, literacy, awareness, cost, or fear of reprisal.
2. **Predictability:** A clear procedure with timelines established for each stage and clarity on types of results that can and cannot be delivered.
3. **Fairness:** Processes from start to finish must be fair, especially in terms of access to information and opportunities for meaningful participation.
4. **Rights compatibility:** consistent with applicable national and World Bank standards and without the restriction of access to other redress mechanisms is needed.
5. **Transparency and Accountability:** The GRM is applicable, available and accessible to all stakeholders
6. **Culturally Appropriateness:** The GRM is designed to consider culturally appropriate ways of handling community concerns. It does not override traditional and cultural means of conflict resolution.
7. **Feedback:** Serves as a means or channel to improve project outcome.
8. **Privacy and confidentiality:** Keeping the compliant identity confidential and sensitive information to be released in secrecy.
9. **The grievance resolution process** should function promptly, and the grievance redress committee (GRCs) will bound to report and refer the issue within the specified period of time to the PIU, and through the GRM, to appropriate service providers for health, psychosocial and legal support at the minimum, and with the prior, free and informed consent of complainants (see Annex 2 for template consent for).
10. **Participatory and socially inclusive:** Project-affected people – community members, members of vulnerable groups, project implementers, civil society and the media are encouraged to bring grievances and comments to the attention of project authorities.

4.2 Objective of the Grievance Redress Mechanism

The mandate of a SEA/SH GRM will be limited to: (i) referring, any survivor who has filed a complaint to relevant services or the GRM structure directly, (ii) determining whether the allegation falls within the World Bank definition of SEA/SH, and (iii) noting whether the

complainant alleges the grievance was perpetrated by an individual associated with the project. The GRM will not carry any investigative function as it cannot establish criminal responsibility of any individual (the prerogative of the national justice system), nor any role in recommending or imposing disciplinary measures under an employment contract (the latter being the purview of the employer).

Specific objective of the GBV Grievance Redress Mechanism when addressing GBV -related complaints are as follows:

- Facilitate the management of complaints related to Gender-Based Violence especially sexual exploitation and abuse/sexual harassment using the survivor-centered approach
- Ensuring the safety and well-being of the compliant is always of paramount importance.
- Maintaining confidentiality and anonymity of the complainant is essential. Also ensuring that relevant details should only be disclosed with the documented informed consent of the individual.
- Respect for survivors' choices, rights and dignity at all times.
- Ensuring equal fair treatment for all survivors regardless of their age, nationality, race, etc.

4.3 Grievance Redress Committee & Composition

Grievance Redress Committee (GRC) is a special body that comprises of implementing partners, stakeholders, local government, and civil society organizations (CSOs). Community representatives will be integral to the grievance resolution mechanism as they will bridge the gap between the project and the communities by facilitating collaboration and dialogue which fosters a sense of ownership and partnership ultimately strengthening the effectiveness of the prevention of GBV/SEA/SH during project implementation.

All GRCs and the GRM focal points will receive training on GBV and SEA/SH, and on how to conduct basic fact analysis regarding whether: (i) the allegation in question is one of SEA/SH; and (ii) the alleged perpetrator is associated with a World Bank-financed project. The GRM staff shall have relevant knowledge and expertise to: (i) enable them to differentiate SEA from SH; and SEA/SH from other forms of GBV; (ii) address allegations where the survivor is a child; (iii) uphold the guiding principles and ethical requirements for dealing with survivors of SEA/SH; and (iv) communicate in the relevant local language(s). The GRM focal points and operators at the PIU level (including the social safeguards staff) shall have adequate knowledge of GBV services available, how to access said services, who to contact, any financial support that may be provided, and available options for assistance within and outside of the project).

4.4. Steps in Responding to GBV/SEA/SH Complaints

The following process will be followed in responding to GBV/SH/SEA complaints

- **Uptake, sort, and process**
 - Upon receipt, the GRM will sort and process the allegation. Allegations can be received by the SEA/SH GRM through various means (e.g., online, phone, writing, or in-person), submitted by multiple types of complainants (e.g., survivor, witness, or whistleblower), and received through multiple channels (e.g., the PIU focal point, Contractor, Supervision Consultant, health facility staff, etc.). When the allegation

is received in person, the GRM will record the survivor's account of the incident; this shall be conducted in a private setting, ensuring that any specific vulnerabilities are taken into consideration.

- The SEA/SH GM should not ask for, or record, information other than the following: (i) the nature of the complaint; (ii) if possible, the age and sex of the survivor; and (iii) if, to the best of the complainant's knowledge, the perpetrator is associated with the Project; and (iv) if possible, information on whether the survivor was referred to services. It is important to seek the survivor's consent during intake and referral to services by clarifying in advance the remit of the GRM, what referral services entail, key elements that need to be collected, and informing of mandatory reporting laws as relevant. Standardized incident intake and consent forms should be used. The GRM shall record all allegations and information received respecting the principle of confidentiality.

- **Acknowledge and follow up**

- With the survivor's consent, the GRM shall, within the shortest timeframe possible, refer the survivor to the relevant GBV service provider for any specific service the survivor may need and want in accordance with pre-established and confidential referral procedures. These services may include legal, psychosocial, medical care, safety and security-related support, and economic empowerment opportunities (where possible and needed).
- The GRM shall, within 24 hours of receiving the allegation, inform the PIU of the SEA/SH incident, copying the World Bank, by sending an anonymized summary of allegation based on pre-established information sharing protocols. The GRM shall ensure that the information collected regarding the complainant and allegations respects the principles of confidentiality, anonymity, and consent.
- Elements to be reported should only include: (i) the age and sex of survivor; (ii) the type of alleged incident (as reported); (iii) whether the alleged perpetrator is employed by the project; and (iv) whether the survivor was referred to a service provider.

- **Fact analysis**

- If the survivor wishes to pursue disciplinary action in addition to the referral to services provided, the GRM shall refer the case to the GRC (at the PIU level), to analyze the facts of the allegation by determining whether: (i) the allegation falls within the definition of SEA/SH; and (ii) the alleged perpetrator is an individual associated with the project.
- If the Committee confirms these two elements, it shall refer the allegation to the employer, who shall then be responsible for investigating the allegations.
- Depending on the nature of the case, the inquiry Committee at the PIU level or the GRM may be obliged to refer to the local authorities for further investigation and eventual criminal prosecution. The survivor should be made aware of legal obligations to report certain incidents before disclosing the complaint, again consistent with the principle of consent. In all cases when there is no mandatory reporting, referral to local authorities should be done exclusively with the survivor's consent.

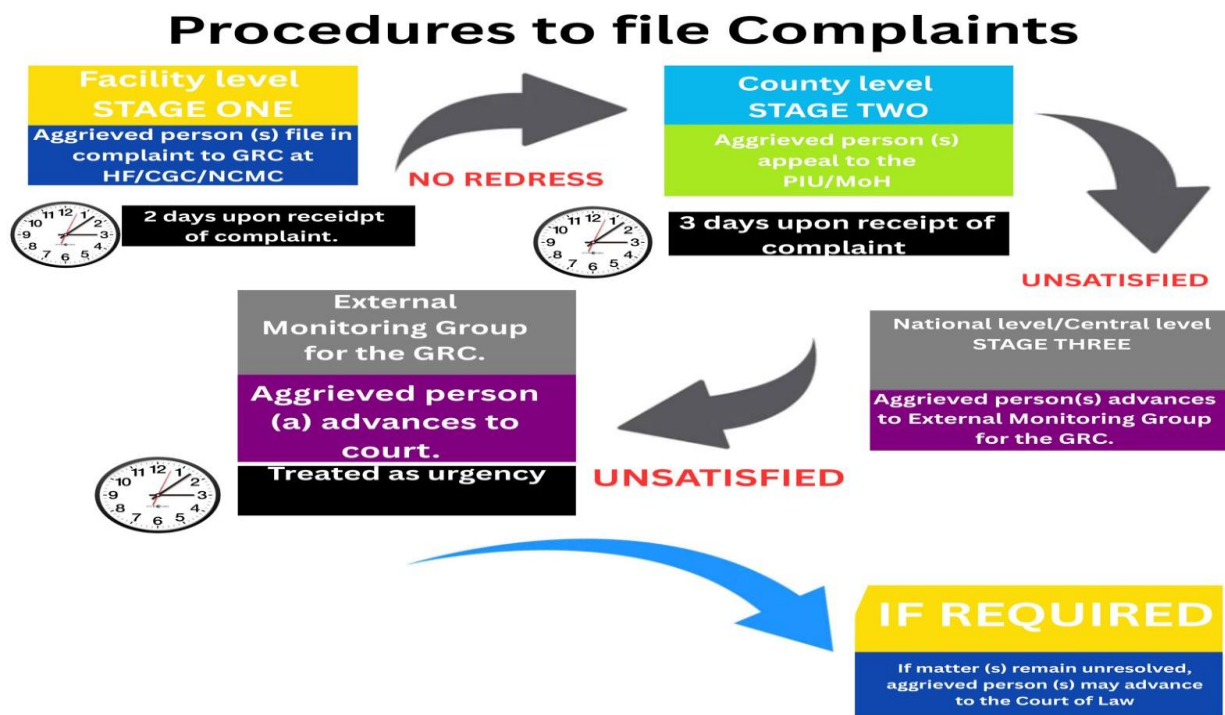
- **Monitor and evaluate**
 - The GRM shall compile relevant data about SEA/SH allegations in accordance with the principles of safety and confidentiality. They shall issue regular reports to the PIU and the World Bank, containing basic information on the types of SEA/SH allegations, the number of the allegations related to the project, and the age and sex of the survivor to enable them to track grievances.
- **Provide feedback**
 - If the survivor wishes to pursue disciplinary action, the GRM shall provide feedback to the survivor on the receipt and reporting of the allegation. The GRM shall also inform the survivor when the matter has been referred to the employer for disciplinary action. Survivors may also prefer to go directly to the employer themselves or through their legal representative after having consulted with referral services.
- **Closure of process**
 - If the survivor does not wish that disciplinary action be pursued by the employer, and has not pursued legal action independently, the process is closed after the referral to services has been provided.
 - In cases where the survivor seeks disciplinary action to be pursued by the employer or where the survivor pursues independent legal action, the process is closed in the SEA/SH GM once that disciplinary or legal action has been initiated. The GRM's tracking records should show the results of the referral and the chosen follow-up action (i.e., employment sanction or judicial verdict). Should the survivor seek further assistance from the GRM, the survivor may return and be supported through the same system as above.
 - All SEA/SH survivors who come forward before the project's closing date should be referred immediately to the GBV service provider for health, psychosocial and legal support. If a project is likely to close with SEA/SH cases still open, appropriate arrangements should be made with the GBV service provider, prior to closing the project, to ensure there are adequate resources to support the survivor for an appropriate time after the project has closed. Since funding cannot be provided by the project after the closing date, other funding arrangements shall be made.

4.4 GRCs Monitoring and Reporting

The monitoring and reporting at all levels shall occur during **onsite verification by the PIU** Environmental Social Safeguard (ESS) team. The Team will be responsible for developing protocols for safe and confidential recording and referring of cases and ensuring the smooth operation of the GRM and GRCs at all levels. The supervision and monitoring missions will ensure adherence to the procedures mentioned herein.

GRCs will operate at the PIU level in conjunction with site-specific local GRCs, and those at the County level. Meetings would be held with these during E&S visits, and they would be required to submit periodic reports to the Ministry of Health (through the PIU) as part of its core responsibilities of all reported grievances, including remedies, referrals and redress provided. Said reports shall form part of the consolidated quarterly reports for submission to the World Bank.

Figure 3: Grievance Redress Mechanism Procedures to file Compliant



4.4 Grievance Mitigation Cycle

Grievance resolution is a time-bound process and the committees at all levels are required to resolve the issues within the specific period. Delay in grievance resolution constitutes another grievance. Any delay can cause minor disagreements to develop into more serious disputes. All SEA/SH/GBV related grievances will be recorded and communicated promptly by local GRC to the PIU within 24 hours of learning of the complaint, with acknowledgement of complaint given to the complainant by the PIU within 24-48 hours.

4.5 Referral Pathway for GBV/SEA/SH Cases

HeSP’s GRM will rely on the existing referral pathway of the MGCSP to respond to GBV and SEA/SH concerns that may arise during project implementation, against women, girls, and children. Ministry of Gender Children and Social Protection has lists of specific One-Stop Centers (OSCs) in all fifteen (15) counties of Liberia that provide medical support, while the Ministry has a systems of coordinating assistance in women and girls’ GBV cases through its National Helpline and/or its County gender coordinator.

The referral pathways that ensure survivors receive timely, confidential, and comprehensive care via the project GRM will include the following:

- **Initial Contact Point:** Survivors may report to community focal persons, a GRC member), at health facilities, MoH, or directly to the GRM. With multiple channels from where

complaints may be lodged, the GRM will ensure that information is recorded, and first contact is made immediately to assess the situation and support needed by the complainant.

- **Immediate Safety and Medical Care:** Survivors are referred to health facilities for treatment, including post-rape care, emergency contraception, counseling services by trained professional (a reputable NGO/ Ministry of Gender, Children and Social Protection – MGCSP, or the Ministry of Justice³) by local GRC members, with the knowledge of and support from the PIU’s E&S team.
- **Legal and Protection Services:** Complainants requesting legal services will be referred to the Women and Children Protection Section of the Liberia National Police and legal aid organizations for legal services via the project GRM staff. Where criminal action has been pursued, the matter may go to Court under the Criminal Court E working closely with the Liberia National Police (LNP) Women and Children Protection Division, the Women in Peacebuilding Network (WIPNET), AFELL, and the MOJ SGBV Crimes Unit. It is the survivor’s choice whether a matter is reported to the police, except in some instances, for example children where mandatory reporting is involved. In instances where the survivor chooses to report to the police, the police will write a report for the court and refer the victim to a safe home, if needed. Records of this support will be maintained in the GRM.
- **Shelter and Reintegration:** Survivors may be referred to safe homes and supported with reintegration services through the MGCSP.

In Liberia, the MGCSP oversees the coordination of GBV services’ pathway, ensuring that all actors follow standardized protocols and that survivors are not retraumatized during the process. The Ministry of Health is the lead for the health pillar in the national GBV action plan (see Table 2 below), that ensures that survivors are given holistic care through a functional and friendly referral pathway. The MoH will also coordinate with the Ministry of Gender Children and Social Protection as well as the Ministry of Justice relevant UN agencies and INGOs, NGOs, and CSOs to provide an integrated support system for survivors.

Table 2: GBV pillars and their partners

Pillar (s)	Lead Agency (ies)	Partners working on Pillars
Psychosocial and Coordination Pillar	Ministry of Gender Children and Social Protection (MGSCP)	Psychosocial THINK, ARC, MSF-B, WIPNET, UN Women, UNFPA, UNICEF, WHO, UNHCR, SCF (UK), OXFAM, CF, Medica Liberia, Christian Empowerment and Sustainable Programmed

³ Counseling services are available from the GBV Division or the Ministry of Justice (MOJ) SGBV Crimes Unit.

		<p>(CESP), Mother Pattern College of Health Sciences / Women Health and Development Programme, Borough Women & Girls Empowerment Programme , Women Aid Inc, NRC, International Rescue Committee (IRC), EQUIP, WHDP/MPCHS, ACTIONAID</p>
		<p><u>Coordination</u></p> <p>MOJ, MOH, MOE, NRC, GBV Taskforce from all counties, LNP, UNICEF, UNDP, UNHCR, UNFPA, UN Women</p>
Legal and Protection	Ministry of Justice	MOJ, MOH, MOE, NRC, GBV Taskforce from all counties, LNP, UNICEF, UNDP, UNHCR, UNFPA, UN Women, Medica Liberia
HEALTH PILLAR	Ministry of Health	International Rescue Committee (IRC); National Association on Traditional Practices Affecting the Health of Women & Children (NATPAH) Inc., Women Health and Development (WHD); Merlin, THINK, MSF-B, Liberian National Red Cross Society (LNRCS); SCF, American Refugee Committee (ARC); UNFPA; Medica Mondale Liberia; Ministry of Education; Merlin-Liberia, UNICEF

5.0 Budget

SEA/SH Risk, Mitigation, Response and Implementation Budget

Project Name: Health Security Project (HeSP) of Liberia

PCODE: PI79078

	Project Component and Sub-component Reference No. (where applicable):	ESS Ref. No : For HeSP, the following are relevant: ESS1, ESS2, ESS3, ESS4, ESS5 and ESS10	Project related GBV-SEA/SH risk	Actions(s)/ Response	Implementation Responsibility: (Name specific PIU/PDT staff, Contractor(s), GRM staff, Third Party Monitor, Supervisor, other Focal Points)	Start and End Dates	Frequency of monitoring	Outcome/Output Indicators	Means of Verification	Yr 2 2026	Yr 3 2027	Yr 4 2028	Yr 5 2029	Estimated Budget
1	Contractors bidding documents will be evaluated to ensure risks mitigation of GBV/SEA/SH are properly defined	ESS1 & ESS4	Increase of GBV/SEA/SH in the project due to labor influx	Contractor capacity-building to further train their workers on SH/SEA CoC, ensure that all workers understand and signed the code of conduct	ESS - PIU	During preparation of all bidding documents	Monthly	Signed copies of workers CoC	Monthly reports & Monitoring	costed to contractor	0	0	0	0
2	Conduct Capacity building workshops for civil works' supervisors, contractors, project workers, and technical/ OHS staff from facilities/ counties on GBV and risk prevention in each of the counties with across the country	ESS2 &ESS4	Increase of GBV/SEA/SH in the project due to labor influx	conduct training on GBV/SEA/SH prevention & reporting and providing clear guidelines on reporting channels, CoC, etc.	ESS - PIU	March. & August 2026 onward	Bi-annual	signed attendance sheet & Reports - pre & post tests	Reports	\$ 13, 500	13,500.00	13,500	13,500.00	54,000.00
3	Four (4) Awareness-raising per county in project communities with women, young girls and other vulnerable social groups on GBV/SEA/SH-risks associated with the project, the project CoC, and the role and functions of the GRC and the GRM, and ways to access them.	ESS2 ESS4	Increase of GBV/SEA/SH in the project due to labor influx	Awareness-raising activities at project sites related to risks of and support available to respond to project-induced GBV/SH/SEA incidents	ESS - PIU	Before the start of every sub project	Bi-annual	15 # of sessions conducted bi annual & signed attendance.	Reports	\$ 15, 800.00	15,800.00	15,800.00	15,800.00	63,200.00
4	Conduct of 15 Trainings for 186 identified GRC members and introduce a clear reporting protocol on mandatory reporting procedure, referral pathway and child-sensitive- procedures across the 15 counties and proposed project sites There shall be two sessions conducted annually	ESS4 & ESS10	Lack of immediate support and knowledge of GBV, relates laws, mechanisms, project GRM, etc., amongst community	Strengthening local GRCs and GRM mechanism - To equip GRC members with the requisite skills and knowledge to mitigate and assist in reporting cases of (GBV/SEA/SH) emanating from facilities and projects sites	ESS - PIU	Before the start of every sub project	Bi-annual	Two Sessions conduct annual	Reports and signed attendance	\$ 15, 800.00	15,800.00	15,800.00	15,800.00	63,200.00

	Project Component and Sub-component Reference No. (where applicable):	ESS Ref. No : For HeSP, the following are relevant: ESS1, ESS2, ESS3, ESS4, ESS5 and ESS10	Project related GBV-SEA/SH risk	Actions(s)/ Response	Implementation Responsibility: (Name specific PIU/PDT staff, Contractor(s), GRM staff, Third Party Monitor, Supervisor, other Focal Points)	Start and End Dates	Frequency of monitoring	Outcome/Output Indicators	Means of Verification	Yr 2 2026	Yr 3 2027	Yr 4 2028	Yr 5 2029	Estimated Budget
5	Mapping of GBV service providers across the country to update the GRM and facility-specific survivor response protocol	ESS10	Inappropriate or delayed referrals in emergency situations	GRC members will be adequately informed on location of the referral centers across the country	ESS-PIU	26-Mar 2026	N/A	Copies of GRM Response Protocol		0	0	0	0	0
6	Printing of 350 booklets on the referral pathways for a survival center approach to be utilized by the GRC Increase of GBV/SEA/SH on the project	ESS2 ESS4	GRC members may be unaware of or be unable to recall relevant referral information in emergency cases	Printing and distribution of booklets to GRC members	ESS - PIU	Feb -March 2026	Bi-annual	signed log of GRC recipients	Copies of Booklets	\$6,000.00	0	0	0	6,000.00
7	Development and printing of IEC Materials including anti GBV/SEA/SH and OHS signage to be used at the PIU and health facilities	ESS 2, ESS4 ESS 10	Increase of GBV/SEA/SH on the project	posting of IEC materials to increase visibility of zero tolerance to GBV/SEA/SH, child labor and promotion of OHS	ESS - PIU	Feb -March 2026	Regular	# of IEC materials distributed & displayed	Copies of printed materials	\$7,750.00	0	0	\$7,750.00	\$15,500.00
8	One (1) Annual refresher training for 92 GRCs and 136 health workers on anti GBV compliance & OHS	ESS2 & ESS4		Increase basic knowledge on GBV prevention & response	ESS - PIU	March 2026 June -2026 & September 2026 onward	Bi-annual (Two session of training shall be conducted annually)	signed attendance sheets	monitoring	\$ 800.00	\$ 15,800.00	\$ 15,800.00	\$ 15,800.00	63,200.00
9	Maintenance of toll-free number at the PIU to enhance the GRM resolution process	ESS10	Inability of survivors to raise a complaint related to the project	Ensure timely payment of toll-free number for GRM Visibility of the toll-free number at every facility and project site - The Toll-free number will be posted at every healthcare facility /hospital	ESS - PIU	26-Feb onward	Ongoing basis	Visibility of toll-free number at every facility or project site	Toll-free number active	1,875.00	1,875.00	1,875.00	1,875.00	\$ 7,500.00
10	Local radio stations in all 15 counties to produce jingles on anti GBV / SEA/SH & OHS Messages in local dialects.	ESS2 & ESS4	Risks of increase vulnerability of women and girls at project sites	increase access to information by addressing language barrier for the prevention of GBV/SEA/SH	ESS - PIU	26-Jan	Ongoing basis	Tape recorder	local radio monitoring	5,000.00	5,000.00	5,000.00	5,500.00	20,000.00

	Project Component and Sub-component Reference No. (where applicable):	ESS Ref. No : For HeSP, the following are relevant: ESS1, ESS2, ESS3, ESS4, ESS5 and ESS10	Project related GBV-SEA/SH risk	Actions(s)/ Response	Implementation Responsibility: (Name specific PIU/PDT staff, Contractor(s), GRM staff, Third Party Monitor, Supervisor, other Focal Points)	Start and End Dates	Frequency of monitoring	Outcome/Output Indicators	Means of Verification	Yr 2 2026	Yr 3 2027	Yr 4 2028	Yr 5 2029	Estimated Budget
11	Conduct regular monitoring and supervision on GBV/SEA/SH & OHS activities and support for facility audits	ESS 1	The GRM may not be working effectively; local dynamics may be preventing cases from coming forward, or receiving timely, ethical and correct response; records are not maintained on site; necessary provisions may be missing including safe toilets, lights, door locks, women friendly PPEs, etc.	The monitoring of GBV/SEA/SH activities will be carried out three times a year and will include project construction sites, commencing after GBV trainings have been conducted	ESS - PIU	Before the start of every sub project	Bi-annual	Reports	Monitoring	5,700.00	5,700.00	5,700.00	5,700.00	22,800.00
12	Contingency for emergency referral	ESS2 & ESS4	Delay or inadequate support will increase the risks of SEA/SH during project implementation	Provision of emergency transportation to survival to access medical and psychosocial services	GBV Service Providers	Start to end of the project	Quarterly	Receipts and documentation of disbursed funding	Reports on number of cases	3,925.00	3,925.00	3,925.00	3,925.00	15,700.00
Total														331,100.00

Annexures

Annex 1: Definition of Key Terms

1. **Child** Is defined as anyone under the age of 18 and explicitly prohibits sexual activity and child labor with a child regardless of the age of majority or age of consent locally⁴.
2. **Child marriage** refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child (**UNICEF**).
3. **Code of Conduct (CoC)** refers to a written document that sets out core principles and minimum standards of behavior with which project actors and project workers agreed to comply on an individual basis, specifically in relation to a Bank financed project. A CoC will usually be rolled out to individuals who are not covered by existing Behavioral Standards and who are engaged specifically for the project. Violation of the CoC may result in disciplinary action by an employer and may affect the worker’s ongoing employment. In the context of this document, A CoC connotes both the National Code of Conduct Act, 2014, and the project-specific CoC, expected to be signed and observed by all Government employees and project workers not directly employed by government (see item 11 below).
4. **Consent SEA/SH** arises when consent or agreement is not voluntarily and freely given, or where a person is considered unable to consent due to age or capacity. Consent must be informed, based on a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give consent, the individual concerned must have all relevant facts at the time consent is given and be able to evaluate and understand the consequences of an action. The individual also must be aware of and have the power to exercise the right to refuse to engage in an action and/or to not be coerced (i.e., by financial considerations, force, or threats). There are instances where consent might not be possible due to cognitive impairments and/or physical, sensory, or developmental disabilities.
5. **Disadvantaged or vulnerable refers** to those who may be more likely to be adversely affected by the project impacts and/or more limited than others in their ability to take advantage of a project’s benefits. Such an individual/group is also more likely to be excluded from/unable to participate fully in the mainstream consultation process and as such may require specific measures and/or assistance to do so. This action will take into account considerations relating to age, including the elderly and minors, including in circumstances where they may be separated from their family, the community or other individuals upon which they depend.

⁴ Articles 1 of the UN “Convention on the Rights of the Child” defines children as those under the age of 18. The UN Secretary General’s Bulletin on Special Measures for protection from sexual exploitation and abuse, October 9, 2003 ST/SGB/2003/13 also defines children as anyone under the age of 18 and explicitly prohibits sexual activity with a child regardless of the age of majority or age of consent locally (para 3.2 b).

6. **Gender-based violence (GBV)** 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, or mental harm or suffering; threats of such acts; coercion; and other deprivations of liberty. These acts can occur in public or in private⁵.
7. **Gender Based Violence Service Provider** An organization offering specific services for GBV survivors, including survivors of SEA/SH, such as health services, psychosocial support, shelter, legal aid, safety/security services, etc.
8. **Human trafficking** in persons is defined as the recruitment, transportation, transfer, harboring, or receipt of persons by means of the threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power, or of a position of vulnerability, or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purposes of exploitation. Women and children are particularly vulnerable to trafficking practices⁶
9. **Perpetrator/Aggressor** Individual, group, or institution that inflicts or supports violence or abuse. An alleged perpetrator is someone accused of such acts.
10. **Project actor** refers to project workers as well as government civil servants working in connection with the project, for example, those who are responsible for carrying out project activities but whose employment is not legally transferred to the project.
11. **Project worker refers to the following and the Code of Conduct applies to them:**
 - **People employed or engaged directly by the Borrower** (including the project proponent and the project implementing agencies) to work specifically in relation to the project (direct workers);
 - **People employed or engaged through third-parties** to perform work related to core functions of the project, regardless of location (contracted workers);
 - **People employed or engaged by the Borrower’s primary suppliers** (primary supply workers); and People employed or engaged in providing community labor (community workers).
12. **Sexual Abuse:** Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

⁵2015 Inter-Agency Standing Committee Gender-based Violence Guidelines

⁶ WHO, Global status report on preventing violence against children, 2020, Part 1 – Current Global State of Preventing Violence Against Children, page 34, available at: <https://www.who.int/teams/social-determinants-of-health/violence-prevention/global-status-report-on-violence-against-children-2020>.

13. **Sexual Exploitation:** 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.

14. **Sexual Harassment:** Any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offense 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.

15. **Survivor's Centered Approach** Focuses on the rights, needs, and desires of the survivor in service delivery and builds a supportive relationship that ensures emotional and physical safety with the aim to restore trust and control to the survivor.

16. **Survivor or Victim**

- Person who has experienced SEA/SH.
- "Victim" is used in legal/medical contexts; "Survivor" in psychosocial support to emphasize resilience.

17. **Mandatory Reporting for Children** consistent with Liberia's Child Rights Act which states that;

- All cases involving minors (ex. 18 yrs) must be reported to Women and Children Protection Section (WACPS) Liberia National Police;
- Healthcare providers are mandated to report life threatening cases;

through the coordination of a comprehensive case management by the Ministry of Gender Children and Social Protection, provision of psychosocial support and legal assistant by the Ministry of Justice, SGBV Crimes Unit and Association of Female Lawyers of Liberia and National Legal Aid Program

Annex 2: Template consent form

CONFIDENTIAL

Consent to disclosure of information

Instructions:

1. *This form should be read to the complainant or his/her guardian in his/her mother tongue.*
2. *It should be clearly explained to the complainant that he/she can choose any or all of the proposed options (for example, only having access to care services without consenting to the complaint management mechanism process).*
3. *Please explain in detail to the plaintiff what the GM process will look like, inform the complainants who will contact them, for what purpose, and what the time frames are. Please adapt the information to the context of your project in as much detail as possible. Here is an example of what you could say: "The GM is an administrative procedure and can only give rise to administrative sanctions, if any, only in accordance with labour law and contractor policies. The GM will not give rise to any compensation or reparation, but you retain the right to seek legal advice and you can start the judicial process at any time. The GM process means that a person designated by the project (please provide details of their identity) will contact you, the alleged perpetrator and others who may know the case to verify the information contained in the complaint."*
4. *Ensure that the complainant is fully aware that he or she may change his or her mind at any time and that, as a result, the process would stop.*
5. *Do not attach this consent form directly to the complaint registration form; it should be kept separate to ensure the confidentiality of the information provided by the beneficiary. Keep all forms secure and prevent unauthorized access.*

I, _____, understand that I am free to consent to all or only one of the options below (for example, only to have access to management services without consenting to the GM process). I am also aware that I may refuse consent to any option. I understand that the GM is an administrative procedure and can only give rise to administrative sanctions, if any, in accordance with labor law and contractor policies. I understand that the GM will not give rise to any compensation or reparation, but that I retain the right to seek legal advice at any time.

1- I authorize _____ (name of the project implementation unit) to share information regarding my complaint with the alleged

perpetrator's employer so that they can initiate the complaint management mechanism process. I understand that the process will involve an audit and that I will be contacted to provide details of the complaint. I have received detailed information about the GM process, who will contact me, with what purpose and timeframe and I agree to participate in these steps. I retain the right to change my mind at any time regarding the disclosure of information to the body/contact person named below and that in this case the process of handling my complaint will be interrupted. I understand that the information provided will be treated with confidentiality and respect, and will only be disclosed if necessary, in the administrative process of verifying my complaint.

1- Authorization to be underlined by the complainant: Yes No
(or the parent/guardian if the complainant is under 18 years of age)

2- I authorize _____ (name of the project implementation unit) to provide the service provider(s) I have designated with information specifically related to my case, to be able to receive assistance according to my security, health, psychosocial and/or legal needs. I understand that the information provided will be treated with confidentiality and respect and will only be disclosed if necessary to enable me to receive the assistance I have requested. I retain the right to change my mind at any time regarding the disclosure of information to the contact person/body named below.

I have been informed and understand that some non-identifying information may also be provided for reporting purposes. Any information disclosed will not be specifically related to me or the incident. It will be impossible to identify myself based on the information provided. I understand that the information provided will be treated confidentially and with respect.

I would like my information to be communicated to:

(tick the appropriate boxes and specify the name, department and agency/organization, if applicable)

- Security services (specify): _____
- Psychosocial services (specify): _____
- Health / medical services (specify): _____
- Safe place / refuge (specify): _____
- Legal assistance services (specify): _____
- Protective services (specify) : _____
- Livelihood services (specify): _____
- Other (specify type of service, name and organization): _____

2- Authorization to be underlined by the complainant: Yes No
(or the parent/guardian if the complainant is under 18 years of age)

I understand that the lack of my consent to the start of the complaint management mechanism (if I underlined "no" in point 1) means that my complaint will be closed and none of the confidential and/or identifiable information will be shared (the grievance entry point will only use the type of violence reported and the gender of the complainant for reporting purposes).

I also understand that the refusal to proceed with the registration of my complaint within the project will not affect my rights to access support services.

Signature/thumbprint of the complainant:
(or the parent/guardian if the complainant is under 18 years of age

Entry point code/signature:

Date: _____

Agreed contacts with the complainant for all successive interactions:

- Telephone:
- Address:
- Other:

Do not attach this consent form directly to the complaint registration form; it should be kept separate to ensure the confidentiality of the information provided by the beneficiary.

Keep all forms secure and prevent unauthorized access.

Annex 3: Project Code of Conduct

Implementing ESHS and OHS Standards: Preventing Gender Based Violence

I, _____, acknowledge that adhering to environmental, social, health and safety (ESHS) standards, following the project’s occupational health and safety (OHS) requirements, and preventing Gender Based Violence (GBV) is important.

The Company considers that failure to follow ESHS and OHS standards, or to partake in activities constituting GBV—be it on the work site, the work site surroundings, at workers’ camps, or the surrounding communities—constitute acts of gross misconduct and are therefore grounds for sanctions, penalties or potential termination of employment. Prosecution by the Courts and Police of those who commit GBV may be pursued, where appropriate.

I agree that while working on the project I will:

1. Consent to background check and providing related necessary information.
2. Attend and actively partake in training courses related to ESHS, OHS, and GBV as requested by my employer.
3. Will wear my personal protective equipment (PPE) at all times when at the work site or engaged in project related activities.
4. Take all practical steps to implement the contractor’s environmental and social management plan (C-ESMP).
5. Implement the OHS Management Plan.
6. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can impair faculties at all times.
7. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
8. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
9. Not sexually exploit or abuse project beneficiaries and members of the surrounding communities.
10. Not engage in sexual harassment of work personnel and staff—for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is prohibited. E.g. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; in some instances, giving personal gifts.
11. Not engage in sexual favors—for instance, making promises of favorable treatment (e.g. promotion), threats of unfavorable treatment (e.g. loss of job) or payments in kind or in cash, dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.
12. Not indulge in transactional sex in any form at any time.
13. Not participate in sexual contact or activity with children under the age of 18—including meeting or contact through digital media. Mistaken belief regarding the age of a child will not be considered a legitimate defense. Consent from the child is also not a defense or excuse.
14. Unless there is the full consent by all parties involved, I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex (including prostitution). Such sexual activity is considered “non-consensual” within the scope of this Code.
15. Consider reporting through the GRM or to my manager any suspected or actual GBV by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

With regard to children under the age of 18:

16. Bring to the attention of my supervisor or manager, the presence of any children on the construction site or engaged in hazardous activities.
17. Wherever possible, ensure that another adult is present when working in proximity of children.
18. Not invite unaccompanied children unrelated to my family into my home, unless they are at immediate risk of injury or in physical danger.
19. Not use any computers, mobile phones, video and digital cameras or any other medium to exploit or harass children or to access child pornography (see also "Use of children's images for work related purposes" below).
20. Refrain from physical punishment or discipline of children.
21. Refrain from hiring children for domestic or other labor below the minimum age of 14 unless national law specifies a higher age, or which places them at significant risk of injury.
22. Comply with all relevant local legislation, including labor laws in relation to child labor and World Bank's safeguard policies on child labor and minimum age.
23. Take appropriate caution when photographing or filming children.

Use of children's images for work related purposes

When photographing or filming a child for work related purposes, I will:

24. Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
25. Before photographing or filming a child, obtain informed consent from the child and a parent or guardian of the child. As part of this I must explain how the photograph or film will be used.
26. Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive.
27. Ensure images are honest representations of the context and the facts.
28. Ensure file labels do not reveal identifying information about a child when sending images electronically.

Sanctions

I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action as per national laws:

I understand that it is my responsibility to ensure that the environmental, social, health and safety standards are met. That I will adhere to the occupational health and safety management plan. That I will avoid actions or behaviors that could be construed as GBV. Any such actions will be a breach of this Individual Code of Conduct. I do hereby acknowledge that I have read the foregoing Individual Code of Conduct, do agree to comply with the standards contained therein and understand my roles and responsibilities to prevent and respond to ESHS, OHS, GBV issues. I understand that any action inconsistent with this Individual Code of Conduct or failure to act mandated by this Individual Code of Conduct may result in disciplinary action and may affect my ongoing employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Annex 4: Risk mitigation checklist for contractors

Mitigation Measure	Yes/No	Evidence (e.g., photos, reports)
Separate toilets for men/women		
Posted CoC in visible areas		
Weekly worker briefings on SEA/SH		
Supervised/controlled leisure areas in workers' camps		
Training on government and project CoC and GRM for staff and workers		
Daily recording and reporting of complaints on-site		
GRM register/ record maintenance		

Compliance Verification: PIU conducts random spot-checks.

Annex 5: SEA/SH/GBV incident reporting form for PIU

Instructions:

- Submit within **24 hours** of incident via secure channels (hotline/email/drop-box).
- Anonymous reports accepted but may limit investigation.

*Template for Reporting SEAH/GBV cases to the World Bank- **Environmental and Social Incident Reporting Tool (ESIRT) for SEAH cases**, Form B below is for Borrowers/ PIU to fill and submit with the Bank:*

B1: Incident Details		
Date of incident intake by the project/GRM	Date Reported to PIU:	Date Reported to WBG:
Reported to project/GM by: <input type="checkbox"/> Survivor <input type="checkbox"/> Third party <input type="checkbox"/> Other: _____ Is a record of this incident in GM? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reported to PIU by: <input type="checkbox"/> GM operator <input type="checkbox"/> Directly, by Survivor <input type="checkbox"/> Directly, by third party <input type="checkbox"/> Other: _____	Reported to WBG by: <input type="checkbox"/> PIU <input type="checkbox"/> Directly, by Survivor <input type="checkbox"/> Directly, by third party <input type="checkbox"/> Other: _____
B2: Incident type (please check all that apply) See Appendix 1 for definitions		

Sexual exploitation <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Sexual harassment <input checked="" type="checkbox"/>	
B3: Provide the following details from the GM record	
Age of survivor (if recorded in GM):	Have the national legislation or mandatory reporting requirements been followed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sex of survivor (if recorded in GM): Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Was the survivor referred to service provision? Yes <input type="checkbox"/> No <input type="checkbox"/> Service was offered but survivor chose not to use them.
Is the survivor employed by the project (as indicated by the survivor or complainant and reported in the GM)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the alleged perpetrator employed by the project (as indicated by the survivor or complainant and reported in the GM)? Yes <input type="checkbox"/> No <input type="checkbox"/>
B4: Basis for further action	
a. Has the complainant provided informed consent to lodge a formal complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	c. Has the survivor provided informed consent to be part of an investigation into misconduct? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Does the employer have a suitable administrative process and capacity in place to investigate misconduct relating to SEA/SH in a survivor-centered way? Yes <input type="checkbox"/> No <input type="checkbox"/>	d. Has the complaint been filed anonymously or through a third party? Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to any of these questions is no, has the GM assessed the risks and benefits of carrying out an investigation into the alleged misconduct, taking into account the survivor's safety and wellbeing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will an investigation into misconduct be undertaken in addition to an investigation into adequacy of project systems, processes or procedures? Yes <input type="checkbox"/> No <input type="checkbox"/>	

⁷ When a complaint is filed by a third party, or the survivor has not reached out to the project, the project may not be able to confirm this information. In these cases, it may not be advisable for the project GM to attempt to reach the survivor, as this may jeopardize confidentiality, safety, and agency. Projects may attempt to find safe ways to pass information indirectly (such as through broad efforts to inform) about services available.

Annex 6: GBV Service providers roles and responsibilities as per Counties

Service Provider	Roles and Responsibilities	
Health Services		
<p>There are One-Stop Centers in all fifteen (15) Counties of Liberia providing diverse service to survivors of sexual violence. While the health facilities are the more visible point for survivors, other service provision remains a challenge to access in most of the counties especially at the district levels. In the situation where there is no One Stop Center nearby, gender focal persons trained in clinical management of sexual violence at major referral health facilities take on the case.</p>		
County	Facilities	Responsibility
Montserrado County	One Stop Center Hope for Women International Duport Road Clinic J D J Memorial Hospital West Point Clinic Redemption Hospital	Provide medical service if needed to survivors of GBV, especially sexual violence. Document diagnosis from the examination in the form of a medical report to support the allegation if possible.
	Referrer Hospital John F. Kennedy Medical Center ELWA Hospital St. Joseph Catholic Hospital	Received referral from other health facilities if the current facility does not have the means to handle the medical condition of the person
Bomi	One Stop Center N/A	No provision of One Stop Center currently
	Referrer Hospital Liberia Government Hospital	Received referral from other health facilities if the current facility does not have the means to handle the medical condition of the person
Grand Cape Mount	One Stop Center N/A	There is no provision of One Stop Center
	Referrer Hospital St Timothy Hospital	Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person
Gbarpolu County	One Stop Center N/A	Lack of institutional provision of the establishment of the One Stope Center

	Referrer Hospital	Emirate Hospital	Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person
Margibi County	One Stop Center & Referrer Hospital	C H Rennie Hospital One Stop Center	<p>Provide medical service if needed to survivors of GBV, especially sexual violence.</p> <p>Document diagnosis from the examination in the form of a medical report to support the allegation if possible.</p> <p>Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person</p>
Bong County	One Stope Center	C B Dunbar Hospital One – Stop Center	<p>Provide medical service if needed to survivors of GBV, especially sexual violence.</p> <p>Document diagnosis from the examination in the form of a medical report to support the allegation if possible.</p>
	Referrer Hospital	Phebe Hospital One-Stop Hospital	Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person
Nimba County	One Stop Center	N/A	Lack of institutional provision of the establishment of the One Stope Center
	Referrer Hospital	G.W.Harley Hospital Jackson F. Doe Hospital	Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person
Lofa County	One Stop Center	N/A	Lack of institutional provision of the establishment of the One Stope Center
	Referrer hospital	Tellewonyan Hospital	Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person

Grand Gedeh		Martha Tubman Memorial Hospital One-Stop Center	Provide medical service if needed to survivors of GBV, especially sexual violence. Document diagnosis from the examination in the form of a medical report to support the allegation if possible.
River Gee	One Stop Center	N/A	Lack of institutional provision of the establishment of the One Stop Center
	Referrer	Fish Town Hospital	Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person
Maryland	Referrer Hospital	N/A	Lack of institutional provision of the establishment of the One Stop Center
		J.J Dosen Hospital	Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person
Grand Kru	One Stop	N/A	Lack of institutional and capacity provision of the establishment of the One Stop Center
	Referrer	Ralley Time Hospital	Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person
Sinoe	One Stop Center ONLY	F.J. Grant Memorial Hospital	Provide medical service if needed to survivors of GBV, especially sexual violence. Document diagnosis from the examination in the form of a medical report to support the allegation if possible.
Rivercess	One Stop	N/A	Lack of institutional and capacity provision of the establishment of the One Stop Center
	Referrer Hospital	St Francis Hospital	Received referral from other nearby health facilities if the current facility does not have the means to handle the medical condition of the person
G, Bassa	One Stop Center	Liberia Government Hospital	Provide medical service if needed to survivors of GBV, especially sexual violence.

			Document diagnosis from the examination in the form of a medical report to support the allegation if possible.
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