



# Gender Based Violence Action Plan



## Institutional Foundations to Improve Services for Health (IFISH)

**December 7, 2022**

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## Acronyms

AF	Additional Funding
BCC	Behavior Change Communication
C-ESMP	Contractor’s Environmental and Social Management Plan
CoC	Code of Conduct
ESHS	Environmental and Social Health Safety
ESS	Environmental Social Safeguard
ESMP	Environmental and Social Management Plan
GBV	Gender Based Violence
IDA-SUF	International Development Associations Scale-up Facility
IEC	Information Education Communication
IFISH	Institutional Foundation to Improve Services for Health
MoH	Ministry of Health
MSIP	Management Strategies and Implementation Plan
NCB	National Competitive Bidding
PBF	Performance Based Financing
PIU	Project Implementation Unit
RMNCAH-N	Reproductive Maternal Neonatal Child Adolescent Health & Nutrition
RMP	Resource Mobilization Plan
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
WB	World Bank

## Introduction

The Institutional Foundations to Improve Services for Health (IFISH) project is established by the Government of Liberia negotiated by the Ministry of Finance and Development Planning for implementation by the Ministry of Health (MOH) using credit and grant from the International Development Associations (IDA) – SUF and Additional Financing from IDA and the Global Financing Facility (GFF). The Parent Project was approved by the World Bank on May 21, 2020 and became effective on February 2, 2021 with a total cost of US\$ 84 Million out of which US\$ 54 Million was provided at approval leaving a financing gap of US\$ 30 million.

Through formal requests to the World Bank dated July 8, 2021 and June 1, 2022, the Government of Liberia requested Additional Financing and Restructuring of the Parent Project. The main purpose of the AF is to fill the existing financing gap, cover costs associated with expanding coverage of existing activities under the parent Project and introduction of new activities and restructuring of the parent Project which include: (i) increase allocative and technical efficiency for quality RMNCAH-N service delivery by reallocating funds and realigning activities across the components; (ii) improve operational efficiency by revising the financing modality; and (iii) improve monitoring and evaluation of the Project's performance by updating the Results Framework which is informed by a revised theory of change. On the demand side, the AF and restructuring are expected to increase effective coverage and quality of care through demand creation, citizen engagement, and by linking performance to financing through PBF.

The project aims to improve health service delivery to women, children, and adolescents in Liberia.

The project after restructuring and AF comprises of five (5) components with a total financing envelope including the AF is US\$ 85 million (IDA-SUF US\$ 54M; IDA US\$ 20M & GFF US\$11M).

The project will finance the construction of an integrated design, construction equipping and operationalization of the New Redemption Hospital in Upper Caldwell, Montserrado County. The project aims to improve functionality and physical access to healthcare by supporting the rehabilitation and extension of health infrastructure at existing primary health facilities. The support will be targeted at the six counties implementing PBF under the Project, namely: Gbarpolu, Rivercess, Sinoe, Bomi, Grand Kru, and Maryland.

To improve service delivery, the project will finance costs on community health, adolescent health, and citizen engagement with a view of improving the quality of RMNCAH-N services in the country. Interventions such as adolescent health for both in-school and out-of-school youths will be financed. To achieve this, a package of evidence-based interventions will be implemented at schools and in the communities with an aim to contribute to the reduction of the adolescent fertility rate (births per 1,000 women ages 15-19), early marriages, malnutrition, stillbirths, and maternal and neonatal mortality. The project will finance costs for the procurement and supply of essential medicines, RMNCAH-N products, routine vaccines, non-drug consumables, and basic equipment for primary health facilities and support costs related to the implementation of Liberia's Health

Workforce Program Strategy which will include support for the GoL in increasing the proportion of female health workers in-post. This will help to reduce the gender gap, increase demand for health services by women and girls, and address underlying barriers to access.

For support towards health financing, the project will finance the scale up of PBF and the design of the Liberia Health Equity Fund.

Due to significant amount of the project financing targeted towards improving health infrastructure and other community interventions, the project is projected to generate a labor population of 200 – 700 contracted workers, some of whom will come from the local communities and some of whom are expected to migrate to the worksite (e.g. New Redemption and targeted PHC facilities). The local economies of project intervention counties including Montserrado County where new Redemption Hospital is being constructed is based on farming, mining labor and employment. Cost of living is reported to be very high in the area.

With this social and economic background, it is likely that interactions between communities and workers may lead to potential Sexual Harassment (SH) and Sexual Exploitation and Abuse (SEA), thus making it justifiable to develop a SEA/SH risks mitigation Action Plan.

The World Bank is committed in the countries where it operates to ensure that its operations do not create, contribute to, or exacerbate existing GBV dynamics or vulnerabilities. To this end, the Bank has conducted a series of GBV portfolio reviews in several countries where prevalence of these types of violence are found to be particularly high, in order to:

- Assess the main risks that may contribute to or give rise in project intervention areas to sexual exploitation, harassment and abuse and other forms of GBV such as intimate partner violence and transactional sex.
- Identify prevention and response services for GBV survivors, focusing on health, psychological and legal services, as well as information and service gaps.
- Recommend key interventions and risk mitigation measures that can be incorporated into the design and support the implementation of future World Bank projects.

**In this context, the Gender Based Violence (GBV) / Sexual Exploitation and Abuse (SEA) / Sexual Harassment (SH) risk assessment as well as the development of an action plan were recommended to assess the risks of SEA and SH that may arise from the IFISH AF project activities.**

Gender-Based Violence (GBV) which is one of the most common human rights violations and a public health problem globally has a probability of occurring at all levels during implementation. It exists in every country context where the World Bank operates and disproportionately affects women and girls. GBV can be physical, sexual, psychological and economical. GBV, including Sexual Exploitation and Abuse (SEA), can take many different forms, including child sexual

abuse, intimate partner violence, sexual harassment and assault, genital mutilation women, forced marriage, trafficking and sexual violence used as weapons of war.

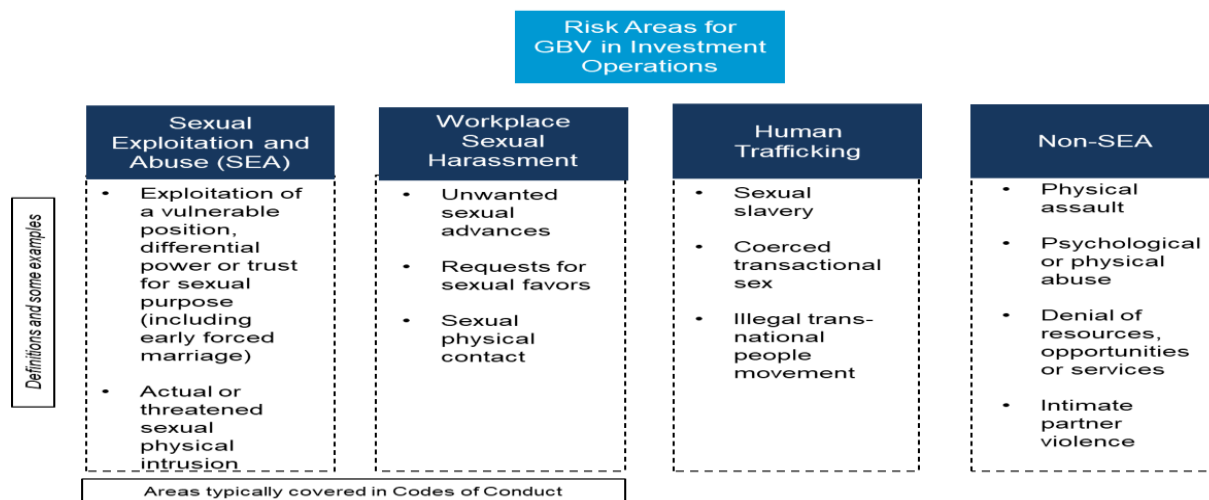
On the other hand, Climate change has an impact on health and health service delivery in general but also affects the well-being of women and girls as there may be some implications that are foreseeable. The project will highlight risks mitigation measures for possible effects from climate change in the Gender context. Climate change could exacerbate circumstances conducive to GBV. When women and girls have to relocate as a result of climate change, they could be at an increased risk of GBV.

This IFISH SEA/SH risks mitigation will put in place robust measures to address the risk of SEA/SH and how the project will address any GBV, SEA/SH incidents that may arise in the project and adjoining communities. The purpose of the action plan is to outline the prevention, mitigation and response measures that will be taken specifically SEA/SH. This plan is intended for and applicable to all project implementing agencies and/or units, staff and adjoining communities throughout the project cycle.

## Objectives of the GBV, SEA/SH risk assessment of the project

“Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) are manifestations of gender-based violence (or GBV). There are four broad categories of gender-based violence that can be exacerbated by World Bank investment project financing operations involving major civil works. (...) sexual exploitation and abuse and sexual harassment in the workplace are the types of gender-based violence that are most likely to occur in, or be exacerbated by, IPF operations”<sup>1</sup>.

Figure 1: Types of GBV likely to be exacerbated by IPF operations involving major civil works



<sup>1</sup> 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.

On the one hand, it is necessary to assess the risks of GBV and more specifically of SEA and SH that the activities of the project could present, to define and implement mitigation measures aimed at mitigating these risks.

The overall objective of this risk assessment is to analyze the extent to which project components and activities are likely to generate or exacerbate certain forms of GBV, including SEA and SH.

On the other hand, the assessment should consider the assessment of national and local capacities to prevent and respond to GBV, SEA and SH, including through the provision of safe and ethical services to survivors. GBV, EAS and SH.

The specific objectives of the evaluation include:

- Identification and analysis of the risks of aggravation of GBV within the framework of the project.
- Review of local capacities to prevent and respond to GBV in areas where project activities are implemented.
- Review of the coordination mechanisms of service providers to GBV survivors in the areas of implementation of project activities.

## Gender Based Violence Context in Liberia

Liberia has made meaningful gains towards ending all forms of violence against women and children through several preventive initiatives. In an effort to address the situation from both sides, the setup of comprehensive integrated response centers that cater to the medical, psychosocial and protection needs of survivors is fully functional in selected Counties (Montserrado, Margibi, Bong, Bomi, Lofa, River Gee, Grand Gedeh Grand Bassa). Strengthening of the justice system to ensure fair and timely dispensation of justice across the country is still a work-in-progress while strengthening the GBV reporting, and referral systems is led by the relevant stakeholders (Ministry of Justice (SGBV Crimes Unit and Liberian National Police—Women & Children Protection Section), Civil Society Organizations, Ministry of Gender, Children and Social Protection). Despite few gains, the country still faces serious challenges in ensuring that the human rights of its citizens especially women and children are respected in all sectors of the society.

The Government of Liberia hosted an Anti-Sexual and Gender-Based Violence National Conference in 2020 under the theme – “***A National Call-To-Action: Inclusive Involvement to Fight Rape/SGBV in Liberia.***” During the conference, the President along with key members of the cabinet adopted a national road map to prevent and respond to SGBV in Liberia. Also, a SGBV call center (116) was established to afford the public access to reporting cases of GBV, especially SGBV.

Gender Based Violence occurs in all sectors of the society. Incidents of GBV in the private and public sectors are quite pronounced, but also not adequately reported and documented. Ending violence against women and children in Liberia calls for measures to ensure an enabling, safe environment for their growth and development.

## SEA/SH project risk level

Preventing and mitigating SEA/SH risks are essential protection and development imperatives. GBV exists in all contexts in which the World Bank operates and can be exacerbated by Bank engagements, with profound implications for the safety, dignity and well-being of affected communities. The overall risk rating for the AF has been established as **Substantial**. Though the Environmental and Social Risk of the project is rated as moderate, the construction of Redemption Hospital phase II is regarded the most significant risk. Liberian has high incidences of Gender-Based violence, including Sexual Gender based violence (SGBV).

The assessment highlighted direct and indirect risks related to the activities planned by the IFISH AF project. A qualitative analysis produced on the basis of review of project documents was conducted. The questions that guided the risk analysis include the items listed below.

### **Risk analysis: guiding questions**

Can the project contribute to or aggravate GBV, in particular SEA/SH in its areas of intervention?

- By undermining or damaging livelihoods and putting women, girls or other groups at risk and increasing power imbalances?
- By hiring male workers or bringing an influx of male workers into/near communities where conditions of poverty and lack of economic opportunity, social norms endorsing transactional sex and unequal gender power relations may be associated transactional sex, sexual abuse or violence. What is the pattern of labor influx, community absorptive capacity, local practices and the dynamics of interaction between male workers and women and children in communities?
- By causing project staff or personnel working in Bank-financed projects (teachers, program managers, health providers, technicians) to abuse their power to trade access to goods, services or economic opportunities for sex?
- By introducing access to resources or opportunities for women that creates an imbalance in traditional gender relations within households and communities and/or challenges traditional norms regarding the roles of women and men generating a backlash violent?
- By putting women at risk when accessing project activities or services, unsafe environments, workspaces, roads, schools?
- By not creating the conditions for a safe and respectful work environment in which female staff can be harassed or abused?

### **Risk analysis: Health project indicators**

In addition, the specific indicators developed by the World Bank for the analysis of SEA and SH risks of health sector projects were used, and are summarized as follows:

- 1) Will the project take place in an area of the country that presents a situation of crisis and/or humanitarian emergency?



- 2) Is the project going to take place in an area of the country that belongs to the lowest poverty quartile of the country?
- 3) Will the project be implemented in areas where supervision presents difficulties?
- 4) During project preparation, were consultations held with women's groups, associations working for the rights of children and young people, and other stakeholders?
- 5) During the consultations (see previous question 5), were GBV concerns shared (without being formally solicited)?
- 6) Is the project taking place in rural, peri-urban, rural areas?
- 7) Do users of health services know the real cost of medical services and drugs?
- 8) Does the health system plan and include in its operation protocols for responding to GBV survivors seeking help/care?
- 9) Are health personnel trained in the medical management of GBV cases?
- 10) Are there site or national Codes of Conduct for healthcare workers that include clear provisions prohibiting a) sexual harassment, b) sexual exploitation, c) sexual abuse?
- 11) Will the project be able to monitor the operationalization of project activities throughout its implementation period, and in all the geographical areas concerned?
- 12) Will there be women working in close proximity to men with limited supervision?

The project is expected to generate large labor population and therefore stand the risks of Sexual Harassment (SH) and Sexual Exploitation and Abuse (SEA). While GBV services exist within the project community and adjoining communities, there are gaps in resources, training and service delivery.

During community consultations, community level actors raised concerns in relation to the influx of labor and labor force behavior in their communities especially in relation to women and children (particularly adolescent girls).

Also, during project implementation the SEA/SH risks assessment will be updated to address these risks, based on further definition regarding the community-based adolescent health interventions and the school-based adolescent health activities.

## Risk Mitigation Measures

This GBV Action Plan outlines key measures for GBV prevention, mitigation and response that the Project will undertake to address. The potential GBV risks to women and children (particularly adolescent girls) living in adjoining communities who are a potentially vulnerable group for GBV and SEA as a result of the influx of workers may pose a threat to the project. Workers at construction sites especially females at the construction site could also be vulnerable to sexual harassment and sexual exploitation and abuse. Project staff are also no exception to the issues at

hand. This is the major reason why efforts will be made from all fronts to ensure zero tolerance for GBV during implementation.

The project will put in place robust measures to address the risk of Gender-Based Violence and any GBV/SEA/SH incidents that may arise during the project.

This effort also extends to persons living in adjoining communities. This plan is intended for and applicable to all project implementing agencies, contractors and sub-contractors and/or units within the MoH (PIU, Family Health Division, Performance Based Financing Unit, Nursing and Midwifery Division, Community Health Services Division, Supply Chain Management Unit) staff and adjoining communities throughout the project cycle.

The project presents a substantial risk, the measures provided for in the graph below apply to mitigating the risk:

Figure 2: SEA/SH risks mitigation according to the level of risks



To properly manage the SEA and SH risks inherent in the project activities, it is necessary to put in place actions to mitigate these risks. The action plan precisely details the risk mitigation measures and the budget for their operationalization <sup>2</sup>.

During the **identification and evaluation phase**, the actions to mitigate the risks of SEA and SH are as follows:

- i. Ensure that the project's Social Safeguards Specialist provides technical and continuous support for the implementation and monitoring of the SEA/SH action plan, in coordination with the GBV and Environmental and Social Safeguards Specialists of the project.

<sup>2</sup> World Bank, Note of Good Practices, second edition, February 2020. Combating gender-based violence in the context of the financing of investment projects involving major civil engineering works, p: 27 to 36.

- ii. Provide an induction to project teams (PMUs, implementing partners and service providers) on the World Bank's environmental and social framework and more specifically on the “Good Practice Note on Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in the Financing of Investment Projects Involving Major Civil Works” (Third Edition – October 2022).
- iii. Ensure that the project Implementation Unit (PIU) is staffed with specialized and trained staff to carry out GBV prevention, coordination and monitoring activities. Ensure that a national consultant for GBV is recruited upstream of the project, preferably before the start of activities.
- iv. Ensure that the PIU receives regular technical assistance, in coordination with the GBV and environmental and social safeguards specialists of the World Bank, enabling it to continuously assess, throughout the project implementation cycle, the risks of GBV, SEA/SH of the project as well as the proper implementation of the action plan including the measures to mitigate these risks.
- v. Identify **through a mapping exercise** the actors in the prevention and fight against gender-based violence in the communities bordering the project. This would include assessing the capacity of providers to deliver quality survivor-centered services, including for GBV case management, victim advocacy and providing recommendations for the link with other services not provided by the organization itself.
- vi. Ensure that **the code of conduct**, including unacceptable behaviors and consequences of violations that explicitly address SEA and SH, are understood, and discussed by PMU personnel, contractors, and workers or consultants employed by them, as well as by communities adjacent to the project areas.
- vii. Set out in detail in the Accountability and Response Framework how **SEA/SH allegations will be handled** (investigation procedures) and what disciplinary action will be taken if workers breach the Code of Conduct. The accountability and response framework should indicate at a minimum:
  - How allegations will be channeled, dealt with, within what time frame, as well as the range of possible disciplinary measures for breaches of the code of conduct by workers, considering due process.
  - Internal procedures for reporting suspected SEA/SH incidents to establish accountability.
  - A safe and confidential referral mechanism for survivors to appropriate support services, anchored in the GBV national Standard Operating Procedures (SOP) and referral pathways; and
  - Procedures clearly setting out the confidentiality clauses to be respected in the management of cases.
- viii. Ensure that the **project's Grievance Mechanism (GM)** has gender-sensitive mechanisms for GBV, SEA and SH complaints/cases (i.e., equipped with the capacity to document GBV, SEA/SH cases) and a social communication plan. Arrangements for informing employees and the local population on how to report cases of SEA and SH as well as breaches of the code of conduct.
- ix. Ensure **active monitoring of the project areas through a mechanism for monitoring compliance with the standards and measures provided for**. A monitoring framework must be completed and implemented by the Environmental and Social Monitoring Specialist.

- i. In the areas targeted by the project activities and provide information to the community including community leaders, and local authorities on women's rights, on the SEA/SH risk mitigation measures, including how, and where to report alleged cases (GM), and linkages with referral pathways to safely and confidentially access timely GBV services.
- ii. As part of project **stakeholder consultations**, duly inform project affected people of SEA/SH risks and project activities to solicit their feedback on project design and environmental and social issues. Consultations should be carried out with a variety of stakeholders (political, cultural, or religious authorities, health teams, local administrations, social workers, women's organizations, and groups working with children), at the beginning and throughout the implementation. project work.
- iii. **Ensure that women and girls and organizations that support women, girls and children participate meaningfully** throughout the project cycle and that SEA and SH issues are covered in the Resource Mobilization Plan (RMP) which will be implemented throughout the project to keep local populations and other stakeholders informed of the activities carried out.
- iv. Arrange for a **third-party monitoring body or independent verifier** (civil society organization, local or international NGO, partner university, private company) with staff experienced in gender-based violence to monitor implementation of the action plan for preventing and responding to sexual exploitation and abuse and sexual harassment and ensuring that all parties fulfill their responsibilities.
- v. Provide that **fund are available** to enable the Implementing Agency to recruit as appropriate and based on the results of the mapping of service providers, GBV service providers to facilitate access for survivors to safe, timely and confidential services (including to cover the costs of transport, documentation, and accommodation if necessary).

As part of the **procurement**, the following actions must be planned:

- vi. Clearly define SEA/SH requirements and expectations in tender documents.
- vii. Based on the needs of the project, the Bank's DTPM and the policies and objectives of the executing agency, define the provisions to be included in the bidding documents to arrive at a code of conduct that considers SEA/SH issues.
- viii. Consider adopting DTPM requirements through International Competitive Bidding for SEA/SH in procurements through National Competitive Bidding (NCB) process.
- ix. Clearly indicate in procurement documents how costs reasonably associated with SEA/SH issues will be covered in the contract. For example, one can include: i) in the terms of reference, specific line items for clearly defined SEA/SH activities (such as the preparation of relevant plans) or ii) specific provisional amounts for activities that cannot be pre-determined (such as implementation of relevant plan(s), recruitment of GBV service providers, if needed).
- x. Define and clearly explain the provisions of the code of conduct to bidders before submitting their bids.
- xi. Assess the framework for accountability and response to SEA/SH issues in the ESMP-E and confirm, before finalizing the contract, the contractor's ability to meet the project's prevention and response requirements against SEA/SH

During the **implementation** of the project, the following actions must be planned:

- i. Review the ESMP-E to verify that it includes appropriate mitigation measures.
- ii. Check how the complaints mechanism receives and handles complaints to ensure protocols are diligently followed and complaints are directed to an established mechanism to review and adjudicate SEA/SH complaints.
  - Ensure codes of conduct are signed and understood
  - Ensure that those who sign codes of conduct fully understand their provisions.
  - Ensure that the codes of conduct have been signed by all those who will be physically present on the project site.
  - Train project staff in the behaviors required under codes of conduct.
  - Disseminate the codes of conduct (including through visual illustrations, and inappropriate languages) and discuss them with employees and local populations.
  - Establish an accountability and intervention framework.
- iii. Ensure that project personnel and workers and local populations have been trained in SEA/SH issues.
- iv. Regularly monitor and evaluate progress in SEA/SH prevention and response activities, including reassessment of risks, as appropriate.

## Environmental Social Standards that trigger GBV incidences in the project

### ESS2 Labor and Working Conditions

This recognizes the importance of employment creation and income generation in the pursuit of poverty reduction and inclusive economic growth.

As mitigation, a worker Grievance Redress Mechanism that is sensitive to GBV/SEA/SH issues, will be established and operated through a grievance hotline and assignment of focal points to address these grievances at all levels of the GRM structure. A **GBV Code of Conduct (CoC)** is developed and will be signed **by all project related workers**. The CoC will be associated with the GBV/SEA/SH Prevention and Response Action Plan, which includes an Accountability and Response Framework. The CoC will include provision for addressing SEA/SH and prohibitions against sexual activity with anyone under the age of 18.

### ESS4 Community Health and Safety

Addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility of Borrowers to avoid or minimize such risks and impacts, with particular attention to people who, because of their particular circumstances, may be vulnerable.

Some project activities may give rise to risks, therefore, ensure the avoidance of any form of Sexual Exploitation and Abuse by relying on the WHO Code of Ethics and Professional conduct for all workers in the Project related facilities as well as the provision of gender-sensitive infrastructure such as segregated toilets and enough lighting.

### ESS10 Stakeholder Engagement and Information Disclosure

Recognizes the importance of open and transparent engagement between the Borrower and project stakeholders as an essential element of good international practice. Effective stakeholder

engagement can improve the environmental and social sustainability of projects, enhance project acceptance, and make a significant contribution to successful project design and implementation.

The consultations will provide information on project-related risks, including GBV/SEA/SH, and the proposed reporting and response measures, with a particular focus on women, children, and other vulnerable groups. GBV/SEA/SH consultations will be focused on understanding women and girls' experience, their wellbeing, health, and safety concerns, as they relate to IFISH project activities. It should be noted that the process of consultation may have to be adjusted to accommodate the social distancing requirements issued by the Ministry of Health on behalf of the of the government. The Bank will advise the client on various approaches to engage stakeholders without raising medical risks. A project-wide grievance mechanism (GM), sensitive to GBV/SEA/SH issues, and proportionate to the potential risks and impacts of the project will be established.

Table 1: GBV Action Implementation Budget

Interventions -Project-Related SEA/SH Risks	Activities - Reduction Measures	Description	Indicators	Responsible Persons	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Total
					Cost in US\$	Cost in US\$	Cost in US\$	Cost in US\$	
<p>Risks of SH committed by a project staff to other project staff(s),</p> <p>Risk of SEA committed by project staff to clients accessing services provided by the project and or SEA and SH</p> <p>Risk as a result of no commitment to ensure a safe work environment and labour sites during the project.</p>	<p>Provide annual refresher trainings for IFISH PIU on Gender Based Violence and related issues to include specific procedures for reporting SEA/SH-related complaints, including possible penalties</p>	<p>Refresher training for 15 project staff assigned to the PIU. This activity includes Hall rental, feeding, transportation reimbursement and stationeries</p>	<p># of trained project staff disaggregated by sex</p> <p># of trainings held</p>	<p>Ministry of Health (PIU)</p>	<p>1,830.00</p>	<p>1,830.00</p>	<p>1,830.00</p>	<p>1,830.00</p>	<p>7,320</p>
<p>Risk related to migrant workers and other contractors committing sexual harassment and or sexual exploitation and abuse</p>	<p>Ensure the use signage prohibiting SEA/SH at all construction sites</p> <p>Contractor will include in their bid a proposed code of conduct and a management strategy and implementation plan to be approved by the PIU</p> <p>Contractors to undergo GBV prevention training prior to commencement of tasks</p> <p>Contractor to ensure GBV prevention messages are incorporated in their daily toolbox talks and during safety inductions for new staff</p>	<p>This entire line is to be costed in the contractor's overall bid document</p>	<p># of signed contractor's GBV code of conduct</p> <p># of signages prohibiting SEA/SH visible at construction sites</p> <p># of GBV prevention training held for contractors</p> <p># of daily toolbox talks held with GBV prevention messages included</p>	<p>Contractor</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>0</p>	<p>0</p>

Interventions -Project-Related SEA/SH Risks	Activities - Reduction Measures	Description	Indicators	Responsible Persons	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Total
					Cost in US\$	Cost in US\$	Cost in US\$	Cost in US\$	
Risk related to lack of proper reporting mechanism for GBV project related grievances	Development of Project Grievance Mechanism (GM), GBV Code of Conduct and GBV survivor response protocol	These are guidelines and protocols to support GBV inclusive interventions during the project	GM developed GBV Code of Conduct developed GBV Survivor response protocol developed	Ministry of Health (PIU)	0	0	0	0	0
	Establishment and training of GRC at all levels (Project, Facility and County Health Team)	At each level of the establishment and training the following will be needed: Feeding, Hall rental, Accommodation, Transportation reimbursement, feeding, Stationeries	# of GRCs Established # of GRCs Trained # number of persons on each GRC trained disaggregated by sex	Ministry of Health (PIU)	16,580.61		16,580.61		33,161.22
	Mapping of GBV service providers in counties of implementation	This will include fuel, DSA transportation	# of Counties visited GBV service providers mapped	Ministry of Health (PIU)	8,689.58	0	0	0	8,689.58
Risk of GBV as a result of little or no stakeholder consultation and engagement	In the areas targeted by the project activities and provide information to the community including community leaders, and local authorities on women's rights, on the SEA/SH risk mitigation measures, including how, and where to report alleged cases (GM), and linkages with referral pathways to safely and confidentially access timely GBV services	This covers Transportation reimbursement, Feeding & Hall rental for 35 participants	Number of meetings held with stakeholders including sex-disaggregated data on participants.	Ministry of Health (PIU)	35,539.58	35,539.58	35,539.58	35,539.58	142,158.32



Interventions -Project-Related SEA/SH Risks	Activities - Reduction Measures	Description	Indicators	Responsible Persons	Year 1 (2023)	Year 2 (2024)	Year 3 (2025)	Year 4 (2026)	Total
					Cost in US\$	Cost in US\$	Cost in US\$	Cost in US\$	
Risks related to the lack of supervision and monitoring visits during and after project implementation	Conduct regular monitoring and supervision on GBV/SEA/SH activities	Monitoring of GBV/SEA/SH activities to be carried out three times a year	Number of monitoring and supervision visits conducted	Ministry of Health (PIU)	10,245.61	10,245.61	10,245.61	10,245.61	40,982.44
Risks related to sexual harassment as a result of no follow up interventions put in place	Support to third party monitoring	This allows the monitoring of activities implemented from the GBV Action plan			21,750	20,950	20,950	20,950	84,600
<b>Total</b>					<b>94,635.38</b>	<b>68,565.19</b>	<b>85,145.80</b>	<b>68,565.19</b>	<b>316,911.56</b>

### *Annex 1: Key definition*

**Abuse** is maltreatment of a person by inflicting harm on them, whether physical, emotional or sexual or by failing to act to prevent such harm.

**Child protection** is an action taken to prevent abuse and guarantee the physical, emotional and psychological wellbeing of the child.

**Complaint** any formal communication, written or oral, that expresses a concern, dissatisfaction, or claim about service delivery or project implementation.

**Complainant** A person who makes a formal complaint, written or oral about a dissatisfaction, claim, or issues of major concern. The person may be a victim of one of the three complaints and may need redress.

**Contractor** a person or company that undertakes a contract to provide materials or labor to perform a service or do a job.

**Discrimination** occurs when a person or a group of people, is treated less favorably than another person or group because of their race, color, national or ethnic origin, sex, pregnancy or marital status, age, disability, religion or sexual preference.

**Gender** refers to the socially constructed roles, behaviors, expressions and identities of girls, women, boys, men, and gender diverse people.

**Gender-Based Violence** refers to acts of physical, psychological, mental, and emotional abuse directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. Gender-based violence is a serious violation of human rights and a life-threatening health and protection issue.

**Grievance Redress Mechanism (GRM)** is a set of arrangements that enable local communities, employees, project workers, and other affected stakeholders raise grievances resulting from a project when they perceive a negative.

**Mitigation** the action of reducing the severity, seriousness, or painfulness of something.

**Perpetrator** is a person who carries out a harmful, illegal, or immoral act against another person(s).

**Referral** is the process by which a survivor gets in touch with professionals and/or institutions regarding his/her case. It is also the process by which different professional sectors communicate and work together, in a safe, ethical and confidential manner, to provide the survivor with comprehensive support.

**Sexual and Gender-Based Violence** is any harmful act of sexual, abuse that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females.

**Sexual exploitation and abuse (SEA)** is an abuse or attempted abuse of a position of vulnerability in exchange for money, help, sex or other favors. It includes all situations where a person in a position of power, authority or in control of resources seeks or accepts to provide protection, assistance or service in exchange for something.

**Sexual Harassment (SH)** is any unwanted, unwelcome or uninvited behavior of a sexual nature which could be expected to make a person feel humiliated, intimidated or offended. It can include a one-off incident or a series of incidents. Sexual harassment may be deliberate, unsolicited and coercive. Both male and female colleagues can be either the victim or offender. Sexual harassment may occur outside the workplace and/or outside working hours.

**SGBV One-Stop Center** is a facility where survivors of sexual violence access holistic response services (Health, Psychosocial, Police & Legal) all under the same roof free of charge. The SGBV One-Stop Center is normally situated within a major health facility.

**SGBV Referral Pathway-** A flow chart that directs communities and survivors of SGBV to readily available response services.

**Survivor** is a person who survives, especially a person remaining alive after an event that could have led to death occurring. Someone who survives a traumatic experience: E.g.: Rape/ Accidents/ Physical Assault, etc.

**Survivor-Centered Approach** means recognizing and prioritizing the rights, needs, and wishes of the person who has experienced gender-based violence. A survivor-centered approach creates a supportive environment, ensures safety and dignity to promote a survivor's recovery, and reinforces the survivor's capacity to make decisions about possible interventions.

**Violence against Children** includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.

## *Annex 2: Draft Accountability and Response Framework*

This Accountability and Response Framework is committed to the guiding principles of GBV response, including ensuring the complete confidentiality of a survivor, using a survivor-centered approach, and a speedy resolution process. In the resolution of GBV complaints, national applicable laws and policies (including labor law and agreement, Gender laws and policies and any legal requirements for mandatory reporting) will be followed when applicable. Training on the Fundamentals of GBV will be provided to any person involved in the resolution process.

This draft Accountability and Response Framework will be further updated in consultation with the contractor, with the technical assistance of the World Bank and any other relevant parties.

### **1. The GBV response protocol**

The project will put in place a specific GBV response protocol to support the handling of GBV/SEA and SH complaints. The protocol will be developed in line with the following principles:

- *Supporting the survivor and utilizing a survivor-centered approach:* the protocol will be prepared to respond empathetically and confidentially to any GBV/SEA and SH complaints received. It will most importantly adopt and implement a survivor-centered approach and will fully respect the survivor's choices (including specific considerations for child survivors) with respect to any decisions made. Survivors' rights, needs, and wishes will be prioritized in every decision related to the incident. The protocol operators will treat any survivor who comes forward with dignity and respect and will keep all GBV/SEA and SH complaints allegation completely confidential at all times. All actions to be taken on the cases is reported will be taken in consultation with the survivor of he/ she is an adult. If the survivor is a child, the case worker will look out for the best interest of the child. The survivor's safety and security will be prioritized.
- *Providing survivors with referrals for services:* the protocol will be prepared to immediately refer -upon their informed consent - a survivor to GBV service providers, which should include, at a minimum, (i) health, (ii) psycho-social support, and (iii) legal support. It is always the adult survivor's choice whether to take up the referral for services.
- *Referral shall be made to relevant services providers to ensure a timely intervention is made.*
- *Minimal recording of information:* the GRC will not ask for, or record, information on the case, other than three data points: (i) the nature of the complaint (which the complainant says in her/his own words); (ii) the sex and age of the survivor, and (iii) if, to the best of their knowledge, the perpetrator was associated with the project.
- *Confidentiality:* the GBV protocol will set out how the GRM will manage and secure data and information in a strictly confidential manner.

## **2. The Referral Pathway**

All survivors who report GBV incident will receive an immediate intervention from members of the GRC. Based on the outcome, there could be a possible referral to GBV service providers, upon the informed consent of survivors.

## **3. Actions to be taken by the project in event of a reported complaint**

Complaints will only be referred to the project by the GRC if that is the wish of the survivor. The project will set up a team (GBV-GRC) to address any GBV/SEA and SH complaints within the Project.

Members of the team should include the PIU National GBV expert and social safeguards specialist, and possibly a representative of a national/international NGOs specialized in GBV prevention and response. They will undergo specialized training to understand their roles and be sensitized on GBV best practices. This training content will include: the overview of GBV, particularly SEA and SH, and how the project can address GBV risks, roles, and responsibilities of actors involved in the project (the standards of conduct for project-related staff captured in CoCs), GBV incident reporting mechanism, accountability structures, and referral procedures and protocol.

The project GBV -GRC will perform the following functions:

- Receive and monitor the resolution of any GBV related incidents
- Monitor implementation of employment-related (non-legal) disciplinary sanctions implemented by the contractor in line with the Code of Conduct (CoC)
- Verify that the referral pathways are activated and that contractors are complying with their action plans on GBV

If any employee is found in violation of the Code of Conduct (CoC), sanctions will be applied based on the proportionality to the transgression, and all procedural requirements under the labor law of Liberia must be met. Sanctions may include:

- Informal warning
- Formal warning
- Additional training
- Loss of up to one week's salary
- Suspension of employment (either administrative leave as above or without payment of salary), for a minimum period of 1 month up to a maximum of 6 months
- Termination of employment; and/or
- Referral to the police or other authorities as warranted



**Ministry of Health**

**Gender Based Violence Risks Assessment**

**INSTITUTIONAL FOUNDATION TO IMPROVE SERVICES  
FOR HEALTH**

**-IFISH-**

**March 18, 2020**

## Acronyms & Abbreviations

CEDAW	Convention on the Elimination of Discrimination Against Women
CESP	Children Empowerment and Sustainable Program
CSO	Civil Society Organization
DLI	Disbursement Linked Indicators
DV	Domestic Violence
ESRS	Environmental and Social Review Summary
FGM	Female Genital Mutilations
GBV	Gender Base Violence
GRMs	Grievance Redress Mechanism
HDI	Human Development Index
IFISH	Institutional Foundation to Improve Services for Health
LNP	Liberia National Police
MGCSP	Ministry of Gender Children and Social Protection
MOG	Ministry of Gender and Children Protection
MOH	Ministry of Health
MOJ	Ministry of Justice
NAP	National Action Plan
NGO	Non-Governmental Organization
PIU	Project Implementation Unit
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender Based Violence
SH	Sexual Harassment
SRH	Sexual Reproduction Health
SRHR	Sexual and Reproductive Health Rights
TPM	Third Party Monitoring
UNDP	United Nation Development Planning
WACP	Women and Child Protection
WACPS	Women and Child Protection Section
WCPU	Women and Children Protection Unit
WHD	Woman Health and Development
WHO	World Health Organization

## **Introduction**

### **Project Description**

The IFISH project will support the improvement of health service delivery to women, children and adolescents in Liberia. Finance provided by the World Bank for the implementation of the project will support three (3) components. Namely: 1). Improved service delivery; 2). Institutional strengthening to address key binding constraints; and, 3). Project Management. To address improve service delivery, the project will finance the operationalization of the Redemption Hospital phases 1 and 2, build on and scale-up the successes of primary and hospital Performance Based Financing scheme being implemented in the country, support the national Community Health Assistant program, support improved access to adolescent healthcare through schools and community-based interventions and ensure basic quality of service delivery through increased availability of essential drugs/supplies. Also, the project will address key binding constraints by financing improve human resource management, effective supply chain management, enhance and reliable data availability and evidence-based decision making and strengthen citizen engagement, using Disbursement-Linked Indicators (DLIs).

Component one (1) will include the design, construction and supervision for Phase 2, and equipment procurement and installation for both Phases 1 and 2 Redemption Hospital after the Concept-Stage ESRS had been cleared. In addition to the risks and impacts identified in the cleared Concept-Stage ESRS, the introduction of civil works will generate additional environmental, social, occupational health and safety, and community health and safety risks and impacts.

Though the Environmental and Social Risk of the project is rated as moderate, the construction of Redemption Hospital phase II is regarded the most significant risk. Liberian has high incidences of Gender-Based violence, including Sexual Gender based violence (SGBV). The project is projected to generate large labor population and therefore stand the risks of Sexual Harassment (SH) and Sexual Exploitation and Abuse (SEA). While GBV services exist within the project community and adjoining communities, there are gaps in resources, training and service delivery. During community consultations, community level actors raised concerns in relation to the influx of labor and labor force behavior in their communities especially in relation to women and children (particularly adolescent girls). Based on this assessment, the project will develop a GBV action plan to mitigate these risks. Also, during project implementation this assessment will be updated to address these risks, based on further definition regarding the community-based adolescent health interventions and the school-based adolescent health activities.

### **Institutional and Implementation Arrangements**

The Ministry of Health will serve as the executing Ministry of Government for the IFISH project. A Project Implementation Unit (PIU) has been established within MoH to coordinate the overall project and will be responsible for the day to day management of project activities. In conduct of its responsibilities, the PIU will serve as the principal liaison with the World Bank and closely work with the Project Financial Management Unit for fiduciary management of the Project.



## **Gender Based Violence**

Gender-based violence (GBV), including Sexual Exploitation and Abuse (SEA), is a prevalent global challenge and manifestations likely exist in every environment. Violence against women and children and sometimes even against men, contributes to enduring physical and mental harm, while undercutting the ability of survivors, and often their families, to engage in meaningful, productive lives. Finding solutions to prevent and response to GBV is a critical development imperative, with implications for the productivity, and well-being of individuals and communities.

The Liberia Demographic and Health Survey demonstrated that there is a high rate of early marriage, with 38% of women aged 20–24 having been married before the age 18; and 40% of women aged 15–19 having been married before the age of 14. According to the Liberia Demographic and Health Survey 2013, the median age of first sexual intercourse is 16.2 for girls in Liberia and 18.2 for boys. Some 31% of women aged 15–19 have begun childbearing, and by age 18 this rises to 52%.<sup>7</sup> Educational level and economic status impacts both early sexual debut and the age of a mother at first birth. Early pregnancy can have lasting negative effects in terms of SRHRs for young women. Early childbearing increases risk for both the adolescent mother and her child, with a higher likelihood of maternal death, life threatening sexual and reproductive health (SRH) consequences, and HIV infection. SRHR education is not consistent in schools, and other factors related to availability of and limited access to health services contribute to poor SRH indicators in Liberia.

Montserrado County where Construction of Phase 2 of Redemption Hospital will be carried out accounts for 61% of all reported cases, 88% of survivors/victims being below 18 and 13% younger than 10. Cases of GBV recorded by MGCSP in 2014 include 682 rape cases (49%); 407 physical assaults and domestic violence (29%) and 40 persistent non-support (2.9%).<sup>3</sup>

## **Legal and Policy framework affecting Women’s right and GBV**

### **International instruments**

The international legal and policy framework establishes standards for action by countries to meet their legal obligations and policy commitments to address violence against women. Some of the key International instruments for the protection of women include the following:

- United Nations General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): Date of adoption: 18 December 1979.
- Fourth World Conference on Women, Beijing Declaration and Platform for Action Date of adoption: 15 September 1995.
- United Nations General Assembly, Resolution 52/86 on Crime Prevention and Criminal Justice Measures to Eliminate Violence Against Women Date of adoption: 2 February 1998.

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<sup>3</sup> SGBV Joint Program Document, Human Development Index (2017 Report), LISGIS 2013--DHS

## **National Instruments**

Liberia is ranked 176 of 189 countries and territories on the Human Development Index, with a value of 0.465 in 2018. According to Gender Inequality Index, Liberia ranks 155 of 168 in 2018. The current status of gender inequality and gender development in Liberia exposes the grave need to mainstream gender sensitivity and gender-responsive policy developments at all levels. Existing gender inequalities in Liberia create conditions of unequal access to the resources between men and women and manifests into violence. Custom practices such as male pre-eminence, practice of dowry, female circumcision and acts of direct violence (rape, wife-beating, etc.) are manifestations of deep-seated gender inequalities across the Liberian society. Most common of these is rape.

Some of the key policies and laws pertaining to gender-based violence in Liberia include the following:

### **Domestic Violence Law-----approved August 13, 2019**

It recognizes that domestic violence which includes physical or mental abuse, sexual abuse, neglect, and exploitation as a serious crime against the individual and society ; facilitates accessibility of remedies under the Act in order to provide immediate and effective assistance and protection for victims/survivors; the Act also strengthens the reporting pathway of Domestic Violence cases thereby making it Mandatory for Health Care Providers, School Authorities, and Social Workers to report to law enforcement his or her belief that the injury or death of a victim with whom he or she had a professional interaction is related to domestic violence; it also clarifies the responsibilities and support the efforts of law enforcement officers to provide immediate, effective assistance and protection to survivors/victims.

### **The Rape Law-----approved December 2005**

The Government of Liberia enacted legislation to amend the new Penal Code of June 1976 Chapter 14, Section 14.70 and 14.71 (the Rape Law). This Act states that a person who has sexual intercourse with another person (male or female) without his/her consent has committed rape that is punishable by ten (10) years or lifetime imprisonment depending on the degree of the rape (rape of a minor, rape resulting in serious bodily harm, rape using a weapon, gang rape). The new rape law came into force in January 2006. The Act also requires in-camera hearings for all rape cases.

It has two kinds of punishment depending on the gravity of the offense

1. Jail for the rest of his/her life
2. Jail for 10yrs if the conditions around punishment One does not happen

### **Liberia’s Second Phase National Action Plan on Women, Peace and Security (2019-2023)**

The overall goal of the NAP is: “Women and girls’ safety, physical and mental health and security are assured; and are fully protected under legislation and policies that promote their empowerment and full participation at all levels, in building sustainable and inclusive, peace and security in Liberia.” These initiatives are to be carried out through implementation under five pillars

1. Prevention
2. Protection
3. Participation
4. Relief and recovery, and
5. Coordination and accountability

## **An Act to Establish the Children’s Law of Liberia, 2011**

The objective of this Law is to facilitate the respect, protection, promotion, and provision of the realization of child rights in order to make maximum contribution to the survival, development, participation, and protection of every child in Liberia.

## **SGBV Road Map**

The goal of the two years Government of Liberia and Partners Anti SGBV Roadmap (2020-2022) is to reduce SGBV against women, girls and children through driving change and fostering accountability amongst duty bearers in addressing SGBV policies, systems and mechanisms to mitigate SGBV risks, especially violence against women and girls; and to provide safe and comprehensive prevention and response services for SGBV survivors, particularly within the context of the PAPD: Pillar One - Power to the People. This initiative was led by the Presidential Taskforce on SGBV and endorsed by the President of the Republic of Liberia.

- **Public Health Law (2011 National)**

The document provides comprehensive legislation on matters relating to public health, including control of diseases, environmental sanitation, and regulation of drugs. It also seeks to ensure the protection and improvement of the health of people and their communities by promoting healthy lifestyles, researching disease and injury prevention, detecting, preventing and responding to infectious diseases nationwide.

- **Decent Work Act (2015)**

It sets out the fundamental rights at work, labor institutions and administration, and contains provision on recruitment and termination of work, minimum condition of employment, occupational safety and health, workers compensation, industrial relations and employment agencies.

In support of a political will to prevent GBV in Liberia, a National Gender-Based Violence Taskforce comprising relevant line Ministries and Agencies launched an Anti- SGBV Roadmap geared towards Minimizing GBV especially SGBV in Liberia. The Roadmap was endorsed by the President of the Republic of Liberia, in 2020. The implementation of the two-year Roadmap (2020-2022) is ongoing. Also, to prevent and respond to Gender-Based Violence, the government of Liberia has developed a National Action Plan to address GBV issues in a systematic, complementary, and comprehensive manner through a multi-sectoral and multidimensional approach and to respond through holistic care and services to survivors of GBV. The NAP addresses different pillars with key potential partners. Below are the pillars and partners:

Table 1: GBV pillars and their partners

Pillar (s)	Lead Agency (ies)	Partners working on Pillars
<b>Psychosocial and Coordination Pillar</b>	Ministry of Gender Children and Social Protection	<b>Psychosocial</b> THINK, MSF-B, WIPNET, UN Women, UNFPA, UNICEF, WHO, UNHCR, OXFAM, Medica Liberia, Christian Empowerment and Sustainable Programme (CESP), Mother Pattern College of Health Sciences, International Rescue Committee (IRC), EQUIP, ACTIONAID
		<b>Coordination</b> MGCSP, MOJ, MOH, MOE, GBV Taskforce from all counties, LNP, UNICEF, UNDP, UNHCR, UNFPA, UN Women
<b>Legal and Protection</b>	Ministry of Justice	MOJ, MOH, MOE, LNP, UNICEF, UNDP, UNHCR, UNFPA, UN Women, Medica Liberia
<b>Health Pillar</b>	Ministry of Health	International Rescue Committee (IRC); THINK, MSF-B, UNFPA; Medica Liberia; Ministry of Education, UNICEF

## Process followed by Risks Assessment

### The Process

- Desk review of national laws, policies, strategies and plans, WB guidelines, global and national policy environment.
- Stakeholder consultations were carried out in February 2020, at Upper Caldwell electoral district Eleven (11) for the purpose of stakeholders' engagement to establish the perception of the community on the upcoming construction of the Redemption phase 2 and to assess potential GBV risks.
- Preparation of the GBV assessment report which includes identifying potential risks; identifying vulnerable at-risk groups; an assessment of GBV response capacity; multi-sector response initiative and writing of the report.

### Stakeholder Consultations

The PIU team headed by the Environmental and Social Safeguard officer and Gender Focal Person of the MoH carried out group discussions with community women, youth (including adolescent boys & girls), elderly, Religious leaders, and community leadership. There were no consultations with contractors as they have not been mobilized yet in the project. These interactions led to the identification of potential At-Risk groups for GBV in the project as outlined below:

### SEA/SH risks analysis key findings

#### Vulnerable groups

*Women and children (particularly adolescent girls)*

In the context of this project, women and children (particularly adolescent girls) living in adjoining communities are a potentially vulnerable group for GBV and SEA. During the consultation, youth and men expressed concerns that labor influx in the existing construction has been generating

interaction with their daughters, sisters, and wives and they fear that similar construction will generate the same. They viewed the economic empowerment of local migrant laborers as a threat to their families. Youths expressed that they were not given any opportunity for employment even though they were skilled to perform the same task local migrant workers were hired to do.

#### *Female workers at the construction site*

In the context of this project, female workers at construction are also vulnerable to SEA and SH if adequate safety and security measures are not undertaken at work sites. Suitable work conditions for women's participation includes gender-equal wage rates, safety & security issues, childcare facilities, health and sanitary requirements and separate toilets for women.

### **GBV risks associated with the project site and local communities**

- The Redemption Hospital Phase II will be constructed in the Township of Caldwell, which is a part of the St. Paul River District of Montserrado County. According to the 2008 Census of Liberia, the St. Paul River District has a total population of 71,831. Of this number, 34,981 are males and 36,850 are females. Adjacent the St. Paul District is Greater Monrovia, which has a total population of 970,824 – 476,473 males and 494,351 females. Similar to the Phase I, Phase II is expected to serve residents of both the St. Paul River and Greater Monrovia Districts.
- The Township of Caldwell is rapidly developing into an urban community. Majority of the residents have employment in the City of Monrovia and commute there daily. The economy of Caldwell is based on river sand mining, commerce and industry, and labor and employment. The township also has lodging houses, markets, government offices, and non-governmental organizations offices. The construction and operation activities of the project will have a significant impact on the economic activities in the township because the project is likely to require many unskilled laborers who can be hired from the township. The construction activities are also expected to require many cubic meters of sand. Sand mining along the St. Paul River is a major activity in the area. The cost of living is reported to be very high in the area.
- There is access to public and private schools at the primary and secondary levels near the project area. However, most of the schools, as in many parts of the country, lack many basic facilities including a library and laboratory.

According to LISGIS projected population for 2014 by County, District, Clan and Household, inhabitants in Caldwell township is 20,000. Of that number females account for more than 60 percent. In an effort to put in all necessary preventive measures incoming workers which are dominantly young males will sign a Code of Conduct that will hold them accountable for unacceptable and/or illicit behavior such as SEA and SH Also, cost of living is reportedly high, labor influx can potentially trigger an increase in demand for goods and services which may lead to price hikes.

## Assessment of GBV response capacity

The assessment has mapped the following GBV service providers and the nature of the services provided in the table below:

*Table 2: GBV service providers and nature of the service they provide*

Name of service provider (s)	Categories	Nature of service (s)
<ul style="list-style-type: none"> <li>▪ One-stop Centers</li> <li>▪ Healthcare providers</li> <li>▪ Healthcare professionals</li> <li>▪ Major Referral Hospitals</li> </ul>	Health	<ul style="list-style-type: none"> <li>▪ Medical examination and management</li> <li>▪ Protection</li> <li>▪ Law Enforcement</li> <li>▪ Legal</li> <li>▪ Short Stay accommodation for survivors that are brought at night or on holidays</li> </ul>
<ul style="list-style-type: none"> <li>▪ Safe homes</li> </ul>	Protection	<ul style="list-style-type: none"> <li>▪ Psychosocial counseling</li> <li>▪ Rehabilitation</li> <li>▪ Economic empowerment</li> </ul>
<ul style="list-style-type: none"> <li>▪ Women and Children Protection (WACPS)</li> <li>▪ Prosecution team of the SGBV unit at MOJ</li> <li>▪ Courts and magistrates</li> </ul>	Legal and Protection	<ul style="list-style-type: none"> <li>▪ Prosecute SGBV related crimes</li> <li>▪ To provide victim-centered approach to Sexual violence cases and Assist victims in dealing with the criminal justice system.</li> <li>▪ Coordinate with police, health professional and psycho-social counselors to help in alleviating or minimizing trauma to victim</li> <li>▪ Public awareness on SGBV</li> </ul>

## Multi-sectoral response initiative

For leadership and governance on GBV issues, the Ministry of Health (MoH) spearheads the Psychosocial Pillar; the Ministry of Justice (MOJ) spearheads the Legal and Protection Pillar; and the Ministry of Gender, Children and Social Protection (MGCSP) spearheads the Coordination Pillar. However, these pillar leads are jointly supported by a GBV Technical Committee and supervised by a GBV Steering Committee—comprising of local and international partners.

Recognizing the prevalence of sexual and gender-based violence (SGBV) and its devastating impact on women and children in particular, as well as families and communities. ONE-STOP CENTERS have been established as joint action to respond to the needs of the survivors and provide services that ease the pain of trauma they experience when they have been violated and helps them to cope and recover in the quickest possible time. One-Stop Centers provide the following services: Medical Examination & Treatment (Administration of the PEP Kit), Psychosocial support. In addition psychosocial support is also provided to the family of the survivor.

The One Stop Center which is primarily supported by UNFPA with other partners like IRC providing support is uniquely operated to provide a one stop service to survivors. At each center there is a Women and Children Protection Section (WACPs) officer, nurse examiner, social worker and legal person. This allows the survivor to get all the needed service and discourage compromise.

The WACPs officer is assigned for statement taking, effecting an arrest, processing and forwarding the case to court.

A nurse examiner trained in clinical management of rape and other sexual offenses does a thorough physical exam on the survivor with a detailed medical report presented to the police officer (LNP/WACPs).

The Social worker is in charge with the responsibility of providing psychosocial support to the survivor and carry on follow up where needed.

The legal personnel assigned at each facility provides all necessary information to the survivor on legal aspects of the case and encourages him/her to consider taking the case to court. If the survivor decides to go to court, follow up will be made on the legal proceedings with key focus on witness preparation.

There are public and private Safe Homes that may host survivors on a need's basis. They are not a part of the One Stop Center structure but becomes necessary in some instances for the protection of the survivor.

The project has mapped ONE STOP CENTERS that directly serve the project-affected communities and is presented in the table below:

*Table: 3: One-Stop Centers serving project-affected communities*

<b>One Stop Centers</b>	<b>Location</b>
James N. Davis Jr. Memorial Hospital	Neezoe community
Redemption Hospital	New Kru Town
Star of the Sea Clinic	West Point Community
Du port Road Clinic	Du-Port Road
Hope for Women International	A. B Tolbert Road

### **Challenges faced by One-Stop Centers**

One-Stop Centers have an important function in the multi-sector response initiative to services for survivors of GBV/SGBV. Unfortunately, some of these centers lack adequate supplies and committed staff as a result of low pay wages. Also, health personnel lack regular refresher training and other logistics that would allow them to attend to survivors of SGBV.

### **Project specific risks**

#### **Project site workers and labor influx**

The IFISH project shall contract a company/firm to construct the phase II of the Redemption Hospital. The categories of project workers are direct workers, contract workers, and community workers. Phase II will of the Redemption Hospital is expected to have 150-200 contracted workers. Three percent (3%) of the contracted workers will be migrant workers. This influx of workers into the local communities may potentially increase goods and services, which can lead to price hikes, increase the rate of SEA and SH. Caldwell township is a peri-urban setting. It is less difficult to find qualify local workers, which reduces the project need for large influx of incoming workers from other areas. There is access to public and private schools at the primary and secondary levels near the project area. The economy of Caldwell is based on river sand mining, commerce and industry, and labor and employment. Of these, the project site is closely adjacent the river sand mining activities and primary and secondary schools. Influx of labor, if not carefully managed on

the local front and migrant workers flow can negatively impact the project area, especially in the context with high prevalence and social acceptability of violence against women and girls. It is therefore imperative to plan mitigation measures to address these risks.

For example,

- Construction workers are predominantly younger males. Those who are away from home on the construction job are typically separated from their family and their normal sphere of social control. This can result in inappropriate behavior, such as sexual exploitation and sexual abuse of women and girls from the local community.
- Projects with a large influx of workers may increase the demand for sex work - even increase the risk for trafficking of women for the purposes of sex work - or the risk of forced early marriage in a community where marriage to an employed man is seen as the best livelihood strategy for an adolescent girl. Furthermore, higher wages for workers in a community 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.
- Women and girls' job opportunities are limited due to a lack of appropriate transportation options. When creating job opportunities for women within projects, teams should be aware that 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.
- Increased interactions between the incoming workforce and the local community may result in increasing rates of communicable diseases, including sexually transmitted diseases and HIV/AIDS.
- Projects create changes in the communities in which they operate and can cause shifts in power dynamics between community members and within households. Male jealousy, a key driver of GBV, can be triggered by labor influx on a 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.
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## **Conclusion**

Considering these GBV risks, there are different “areas of impact” that influence both the nature of the risk, and the appropriate mitigation measures that a project can implement. The estimated number of project workers anticipated may be 80-90% male of which 60% may be dominantly young males (The project does not emphasize gender mainstreaming on construction). These males may have social contact in communities with high women population and high living standard. The project adjoining communities is generally the broader geographic area around the project. This extends beyond the specific location where construction is being carried out.



Adjoining communities are at risk of GBV particularly given that workers may be highly mobile. These GBV/SEA and SH risks need to be assessed throughout the project's life by monitoring the situation, assessing the effectiveness of risk mitigation measures, and adapting them accordingly.

At every point of the project impromptu monitoring visits will be paid to verify consistency of the implementation of the action plan. Mechanisms will be put in place to ensure the prevention of all forms of GBV especially SEA/SH.

*Annex 4: GRM, GBV/SEA/SH Reporting Forms*

**Gender Based Violence Grievance Redress Mechanism Case Intake Form**

Before beginning the interview, please ensure to remind the client that all information given will be kept confidential, and that they may choose to decline to answer any of the following questions.		
<b>1. Survivor's Personal Information</b>		
Survivor code:	Incident code:	Caseworker code:
Date of Incident:	Date of report:	Time of Incident:
Date of birth:	Place of birth:	
Nationality:	Sex:	
Occupation:	Marital status:	
<input type="checkbox"/> Reported by the survivor <input type="checkbox"/> Reported by a parent, guardian or family member <input type="checkbox"/> Reported by a project staff or someone else		
Level at which the grievance was handled	Health facility	
	Police	
	Court	
	others	

**2. Details of the Incident**

Account of the incident/description of the incident (summarize the details of the incident in client's words)

Action(s) taken or suggested if any (Legal, Psychosocial, Medical)

Case status

CONFIDENTIAL

Alleged Perpetrator's Information	
Name:	
Date of Birth:	
Sex:	
Nationality:	
Residential Address:	
Occupation:	
Date of Complain:	
Mobile Number:	
Place of Incident	
Date of Incident	
Alleged perpetrator's relationship to survivor	
<input type="checkbox"/> Supervisor/Employer	<input type="checkbox"/> No relation
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Unknown
<input type="checkbox"/> Community Member	others _____
<input type="checkbox"/> Vaccinator	
<input type="checkbox"/> Project staff	
Alleged perpetrator's account of the incident	

*Annex 5: Gender Based Violence Code of Conduct (COC)*

The Ministry of Health (MoH), has a core responsibility to implement, manage, coordinate, monitor and supervise the Institutional Foundations to Improve Services for Health (IFISH) under the leadership and technical guidance of the Project Implementation Unit (PIU). The PIU is funded by the World Bank to ensure adherence to the World Bank guidelines and measures to prevent and respond to GBV/SEA and SH that are reported before, during and after implementation of project activities.

It is mandatory, that all staffs working for this project uphold the highest standard of professional conduct linked to the prohibition of all forms of GBV with focus on Sexual Exploitation and Abuse (SEA), Sexual Harassment (SH) and Violence against children (VAC). These forms of violence cause harm to persons in situations of vulnerability and negatively impact the dignity and level of

self-respect. Additionally, incidences of such inhumane act create stigma while giving the project a turn that falls short of successfully achieving its objectives.

This Code of Conduct forms part of measures to mitigate social risks occurring during and after implementation. Unsafe, offensive, abusive or violent behavior will not be tolerated at any given time in the project's life span. All persons should feel free to raise issues or concerns without fear of retaliation through the project Grievance Redress Committee (GRC).

In an effort to prevent all forms of violence especially Sexual Harassment, Abuse and Exploitation, a successfully executed violent-free project **MUST** be adhered to. All staff, consultants, contractors, and a volunteer working under this project is requested to commit to the following required Code of Conduct:

### **Guiding principles:**

- 1) Acts of GBV, SEA and SH constitute serious misconduct and may therefore result in sanctions, including penalties and/or dismissal, and, if appropriate, referral to the police for further action.
- 2) All forms of GBV, SEA, and SH, including against children, are unacceptable, whether they take place in the workplace, surrounding area, or in the community.
  - a) Sexual harassment — for example, making unwanted sexual advances, asking for sexual favors, or engaging in verbal or physical behavior with a sexual connotation, including subtle acts, is prohibited.
  - b) Sexual exploitation and abuse – any abuse or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes is prohibited.

The acts of discrimination, harassment, and violence below are strictly prohibited and severely punished:

- 1) Any act of discrimination in interactions with the local community or between project personnel on the basis of race, color, sex, age, religion, language, marital status, family status, political belief, national, ethnic or social affiliation, physical or mental disability, birth, sexual orientation, gender identity, or other status.
- 2) Any act of sexual harassment, or inappropriate, harassing, threatening, abusive, sexually provocative, degrading or culturally inappropriate language or behavior.
- 3) Any act of violence, including sexual and/or gender-based violence, which may cause physical, psychological, or sexual suffering, the threat of such acts, coercion, and deprivation of liberty.
- 4) Any act of exploitation or abuse of power, including sexual exploitation and abuse, such as exchanging money, employment, goods, or services for sex, which includes sexual favors or other forms of humiliating, degrading, or abusive behavior.

- 5) The employment and exploitation of children within the company, which includes the sexual abuse or other inappropriate behavior towards children, including sexual abuse and early marriage; in addition, the safety and protection of children in the project areas and also in the vicinity of construction sites and project activity areas must also be ensured.

The commission of prohibited acts listed above will be immediately sanctioned by dismissal from the first observation of the fault, with transmission of the characteristic elements of the fault for legal proceedings by the competent public authority if it is reported and referred (with the informed consent of the survivor).

In addition, any act of harassment having as its object or effect a degradation of the working conditions likely to infringe the rights and dignity, to alter his physical health or compromise his professional future, will be liable to disciplinary sanction for any employee.

Finally, no employee may be sanctioned, dismissed or be the subject of a discriminatory measure for having undergone or refused to undergo the acts or actions defined above or for having testified to such acts or actions or having related or reported them.

The employee acknowledges that participating in acts of GBV, SEA and SH while employed by the project – whether in the workplace, in the vicinity of the workplace, in the workers' camp, near camps or in the communities bordering the areas where the project activities take place – constitutes a violation of the Liberian legislative framework. Specifically, Part II, 14 subchapter D of the penal code of Liberia Code speaks strongly against the occurrence of sexual offense.<sup>4</sup> There are also other instruments such as the Rape Law<sup>5</sup>, Domestic Violence Law<sup>6</sup> that prohibits sexual violence.

The employee agrees to:

1. Attend and actively participate in training courses related to GBV, SEA and SH, as required by the employer;
2. Adhere to a zero-alcohol policy during working hours, and refrain from the use of narcotics or other substances, which may impair faculties at all times;
3. Treat women, children (persons under the age of 18), and men without distinction of race, color, language, religion, political or other opinion, national, ethnic or social origin, property, infirmity, birth or any other situation;
4. Not to use language or behavior towards women, children or men that is inappropriate or that is harassing, abusive, sexually provocative, humiliating or inappropriate;
5. Not engage in sexual harassment, for example, by making unwelcome sexual advances, requests for sexual favors, and other physical or verbal behavior of a sexual nature, (including for example, looking someone up and down; kissing, screaming or popping noises; hanging

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<sup>4</sup> Penal Law - Title 26 - Liberian Code of Laws Revised

<sup>5</sup> AN ACT TO AMEND THE NEW PENAL CODE CHAPTER 14 SECTIONS 14.70 AND 14.71 AND TO PROVIDE FOR GANG RAPE

<sup>6</sup> Domestic Violence law of Liberia

- around someone; hissing and heckling; giving personal gifts; making comments about someone's sex life, etc.);
6. Do not solicit sexual favors while engaged by the project (for example, making promises or an exchange of favorable treatment, including money, dependent on sexual acts) or other forms of humiliation, degradation or exploitation;
  7. Not engage in sexual contact or activity with children – including malicious solicitation of children – or contact through digital media; ignorance of the child's age cannot be invoked as a defense; nor can the child's assumed consent constitute a defense or an excuse;
  8. Not engage in relationships with children under the age of 18, including marrying a girl under the age of 18;
  9. Do not have sexual interactions with members of neighboring communities; this definition includes relationships involving the refusal or promise to actually provide a benefit (monetary or non-monetary) to members of the community in exchange for sexual activity – indeed such sexual activity is considered “non-consensual” under of this Code;
  10. Do not deny any beneficiary access to opportunities.
  11. Sexual exploitation and abuse amongst staff of the MoH/PIU, /healthcare workers or persons to be treated.
  12. Never abuse a person based on position or influence by withholding employment, assistance or services, nor give preferential treatment to anyone in order to solicit sexual favors, gifts or money.
  13. Never make unwanted advances at colleagues in the place of work.
  14. Never touch a person’s body without their consent or say verbal things to a colleague that are considered offensive or abusive.
  15. Never look at a person in an inappropriate way or make sounds and signs that are considered offensive.
  16. Do not retaliate against any person who reports violations of this Code of Conduct.

## **Consequences of violating the Code of Conduct**

Any violation of this Code of Conduct by the staff of the MoH/PIU or healthcare workers may result in serious consequences, including warning, suspension, termination or possible referral to legal authorities. The outcome of investigations when cases are reported will determine which sanctions to be applied.

**Penalties:**

I understand that if I violate this Individual Code of Conduct, my employer will take measures disciplinary and proportionate to the nature of the violation committed which could include:

1. Informal warning
2. Formal warning
3. Training complementary to the prevention of GBV, SEA and SH.
4. The loss of one week's salary.
5. The suspension of the relationship of work (without balance), for a period minimal of one month and a period maximum of six months.
6. Dismissal.
7. Referral to the police or other authorities, if necessary, only with the consent of the survivor.

**Commitment**

I, \_\_\_\_\_ certify that I have read and understood the contents above and commit to abide by this GBV Code of Conduct at all times and also accept the penalties herein if violated.

**Institution:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Unit:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mobile number:** \_\_\_\_\_

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

## **Key terms in the Code of Conduct**

**Gender-Based Violence (GBV)** is any harmful act that results in, or is likely to result in, verbal, physical, sexual or psychological harm or suffering to a person, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

*Example.*

1. *Bullying, physical and verbal abuse from work colleagues, supervisors or managers.*

**Sexual exploitation and abuse (SEA)** is an abuse or attempted abuse of a position of vulnerability in exchange for money, help, sex or other favors. It includes all situations where a person in a position of power, authority or in control of resources seeks or accepts to provide protection, assistance or service in exchange for something.

*Example.*

1. *A Supervisor tells a supervisee in the workplace that he/she can get promotion on the job if he/she gives money or sexual favors in return*
2. *A colleague at work buys lunch for another with the intension of getting sexual favors or promotion in return*
3. *A project staff asks client for money, help, sexual favors as a pre-condition for offering services*

**Sexual Harassment (SH)** Sexual harassment is any unwanted, unwelcome or uninvited behavior of a sexual nature which could be expected to make a person feel humiliated, intimidated or offended. It can include a one-off incident or a series of incidents. Sexual harassment may be deliberate, unsolicited and coercive. Both male and female colleagues can be either the victim or offender. Sexual harassment may occur outside the workplace and/or outside working hours.

*Example.*

1. *A staff comments on the appearance of another staff or client inappropriately*
2. *A staff inserting a finger in the palm of another staff while giving a handshake*
3. *Staring at a colleague in an offensive manner*
4. *A project staff caressing the arm of a client/contractor*
5. *A staff reigning praises on the body parts of a client/contractor*
6. *A staff touching, hugging or kissing another staff in the place of work*

**Discrimination** occurs when a person or a group of people, is treated less favorably than another person or group because of their race, color, national or ethnic origin, sex, pregnancy or marital status, age, disability, religion or sexual preference.

*Example.*

1. *A staff being denied access to opportunities/promotion on the basis of ethnicity*
2. *A staff refusing to provide services to clients on the basis of disability*



**Violence against Children** includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.

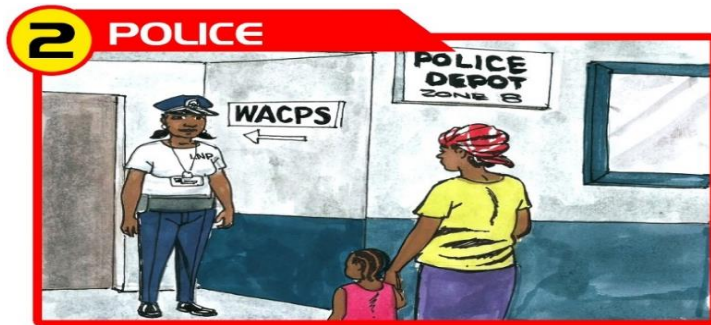
*Example.*

1. *Healthcare workers providing services to children without the consent of the child's parent*
2. *Using children to serve as project staff*
3. *Sexually abuse Children for job or other favors*
4. *Having children engage in labor at project sites*
5. *Maltreatment being given to children*

## Annex 6: Sexual Gender Based Violence Referral Pathway

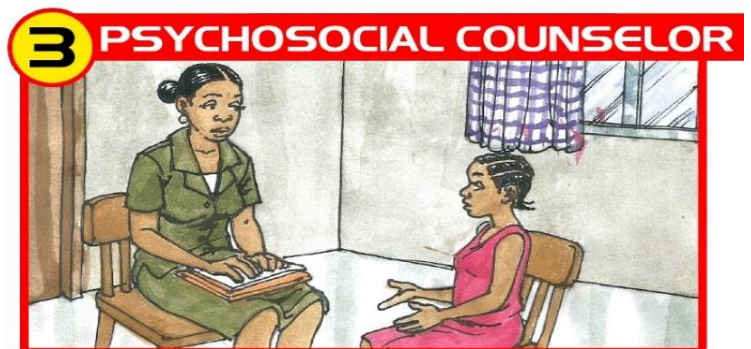
The below reporting steps as see in the referral pathway that have been approved by the Ministry of Gender and partners should be followed:

**Hospital/ Clinic**-----You have to first go to a hospital or a SGBV One Stop Center to afford medical practitioners the opportunity to gather enough evidence. The survivor will be examined and a medical report will be given. All services are free at all of the SGBV One Stop Centers



**Police Station/ Depot**----The next place you will go is the Police for statement taking and questioning. The Women and Children Protection Section (WACPS) of the Liberian National Police have officers who are trained in handling SGBV cases. The medical report given to you at the Hospital or SGBV One Stop Center will be given to the Police for review.

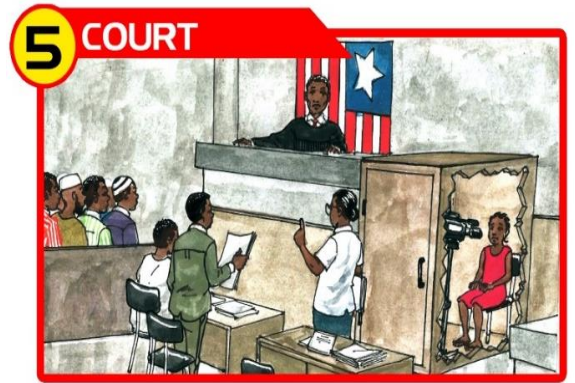
**Psychosocial Counselor**----You will be referred to a trained psychosocial Counselor where you will be talked to. The Counselor will give you hope and assure you that all is not lost. Sometimes there are suicidal thoughts and hopelessness but after the counseling you may be stronger.



**Safe Home/ Shelter**--You may be taken to a safe home where you will be kept until your case is heard, depending on the nature of your case. Sometimes the survivor's life may be at risk or faced with stigmatization in the communities

**Court**--You will have to take your case to the Court in pursuit of justice.

There will be Lawyers who will be ready to stand by you and advice you during this time.



### *Annex 7: GBV Guiding Principles*

Every intervention that is made in preventing or responding to gender-based violence must be guided by the below listed principles:

**Safety** It is essential to ensure the safety of the survivor and their family at all times, including their children and people who have assisted them.

**Confidentiality** Respect the confidentiality of survivors (and their families) at all times by not disclosing any information, at any time, to any party without the informed consent of the person concerned. Ensure the survivor's trust and empowerment.

**Respect** All actions or decisions should be guided by respect for the survivor's choices, wishes, rights, and dignity.

**Non-Discrimination** Survivors should receive equal and fair treatment, regardless of their age, sex, race, marital status, sexual orientation, or any other characteristic.

**Honesty** Survivors should receive honest and complete information about possible referrals for service, be made aware of any risks or implications of sharing information about the situation, and have the right to limit the types of information shared and whom it is shared with