How to design a Grievance Mechanism that responds to Gender-Based Violence? - Learning from South Sudan

Palak Rawal

Executive Summary

Given the pervasive nature of gender-based violence (GBV) in post-conflict settings and risks such as social norms around GBV leading to the underreporting of cases, the South Sudan Safety Net Project (SSSNP – P169274) implemented a GBV-sensitive Grievance Mechanism (GM) to effectively record and respond
The GM is critical for citizen engagement in social protection delivery systems, aiming to make programs more responsive and effective. While the GM is a mandatory requirement under \textit{ESS10} of the Environmental and Social Framework (ESF) which applies to all World Bank Investment Project Financing (IPF) on or after October 1, 2018, the SSSNP GM goes beyond the minimum requirements to include additional comprehensive measures to deal with GBV cases. The GM draws on the guidelines given in the \textit{Good Practice Note on Addressing SEA/SH in Human Development Operations}.

**Key considerations for establishing a GBV-sensitive GM, as learned in SSSNP:**

- Develop an operational manual for GBV within the GM, including the workflow, forms, and codes of conduct to be followed.

- Develop GBV-sensitive reporting channels and protocols and integrate that into the GM for safe, confidential, and ethical reporting of GBV incidents.

- Embed the GBV-sensitive GM within existing community structures, while ensuring safeguards in place to protect the safety and well-being of the survivor.

- Map the available GBV response services and referral mechanisms for use by survivors in project locations.

- Provide regular training to all staff on GM, gender and GBV.

- Provide capacity building and training to institutional structures on GM, including how to handle GBV grievances with confidentiality and adequate follow up.

- Sensitize beneficiaries on the GM, GBV, standards of conduct, and how to seek redress for grievances.

- Build an iterative approach to learn, document, and continuously refine the GM.
I. Context

Gender-based violence (GBV) is highly prevalent in South Sudan. About 65 percent of women and girls face physical and sexual violence at some point in their life, with the majority of them experiencing it for the first time before they turn 18. In 51 percent of the cases, violence is by an intimate partner, while in 33 percent of the cases, violence is perpetrated by a non-partner during military raids. Female members of the armed groups also report sexual, physical, and domestic abuse by fellow group members. The legacy of decades of conflict perpetuates violent behavior toward women and girls both inside and outside their homes.

GBV is a significant drain on human capital and poverty reduction in South Sudan and undermines the effectiveness of social protection programs. It undermines human capital by negatively impacting the physical and mental health of women and their families. The economic costs of GBV, specifically lost productivity due to domestic violence, range from 1.2 percent to 3.7 percent of global gross domestic product. GBV has proven intergenerational impacts, where children who grow up witnessing violence are likely to become perpetrators or survivors, thereby creating a vicious cycle of human capital erosion.

Incidents of GBV tend to be ignored and underreported for various reasons. These include survivors’ fear of stigma and backlash from the community, threat to safety, high rates of impunity, traditional beliefs that normalize violence, and reported cases being mishandled by community elders as customary laws that are contrary to the well-being of survivors tend to prevail. Additionally, statutory law in South Sudan does not expressly criminalize intimate partner violence (IPV). As a result, most cases of IPV are ignored in reporting. Given these challenges, survivors have been reluctant to come forward and report incidents of GBV.

To amplify the positive impacts of safety nets, programs should be leveraged more systematically to prevent gender-based violence. A growing body of evidence finds that cash transfer programs reduce violence against women and children, even when the cash transfer was not designed with violence prevention in mind. Research also shows that safety nets are a powerful tool to deliver a range of benefits over and above income and consumption, including health, nutrition, productivity, and well-being. To protect and amplify these positive impacts, safety nets should be leveraged more systematically to prevent GBV and empower women.

Box 1: What is a Survivor-Centric Approach?

It is important that any GBV-prevention or response measure in a project, such as the GM, follows a survivor-centric approach. This means empowering the survivor of GBV by prioritizing their rights, needs and wishes. A survivor-centered approach helps to promote a survivor’s recovery and reinforce their capacity to make decisions for themselves, including about whether and which support services to access. It means ensuring confidentiality, informed consent, and access to good quality services, including health care, psychological support, security, and legal services as appropriate (refer to Box 3 for list of support services).
All World Bank-financed projects have a Grievance Mechanism (GM) as an avenue for recourse. GM refers to processes or procedures to receive and facilitate resolutions of concerns and grievances of project-affected parties. For GMs to be an effective recourse for beneficiaries who experience GBV in such settings, specific design and implementation features need to be incorporated that enable survivors to report cases of GBV in a safe and supportive environment.

While GMs are primarily designed to address project-related concerns, they can also be used to refer survivors who report cases that are not project-related. Given the pervasive levels of GBV in South Sudan and the lack of adequate systems to address them, the project team went above and beyond the minimum requirements to provide support to all GBV cases, including those that are not project related. For project-related GBV cases, there are more resources and steps deployed in the GM for case management, while for non-project-related cases, the GM limits the process to referrals to service providers, followed by one follow-up before the case is closed. These processes have been explained further in the follow sections.

II. GBV-Sensitive GM

The GM is an important tool to ensure that complaints are addressed in a timely, transparent, and sensitive manner. The World Bank’s Environmental and Social Framework (ESF) mandates that all World-Bank-financed projects have a GM to ensure the project-affected communities have an avenue to raise their concerns and receive appropriate response (refer to the technical note on Grievance Mechanisms for SEA/SH in World Bank-financed Projects). The GM is also an important feature of citizen engagement in social protection delivery systems, for programs to be responsive and effective. The choice of the appropriate GM to address GBV-related complaints will depend on the level of risk of program-related GBV and the capacity of existing mechanisms. Social protection programs can consider three arrangements (or a hybrid) to develop a GBV-sensitive GM:

- Adapting the existing program GM to include the reporting of GBV grievances; or
- Linking the program GM with an existing external mechanism (e.g., national GBV hotline) to handle the allegations; or
- Building an independent channel and process within the program GM for reporting of GBV-grievances, either run by a specialized team within the program or outsourced to a third party.

Each arrangement has its own pros and cons, and different factors to be taken into consideration when deciding which approach to adopt. To choose one of the three, the team should consider the needs and capacity to effectively manage GBV-related complaints:

- Adapting the existing program GM can provide an avenue to report GBV complaints, however without adequate training, sensitization, and processes for handling GBV incidents, the existing GM team may not be able to provide the right form of support to the survivors. Special protocols and training may need to be developed to ensure survivors can come forward without the risk of backlash, stigmatization, or re-traumatization.
- Linking the program GM with an existing external mechanism to handle GBV allegations might be helpful in contexts with limited capacity and project scope to integrate GBV-sensitive measures. However, it is important to consider the quality, capacity, and accessibility of any such mechanism.
- Building an independent channel and process run by specialized staff within the program GM can provide an appropriate avenue for recording and responding to GBV allegations in a survivor-centric manner.
However, this might be resource-intensive and needs to be monitored for continuous improvement.

III. South Sudan Safety Net Project

Launched in 2020, the South Sudan Safety Net Project (SSSNP) aims to provide temporary income opportunities to selected poor and vulnerable households, and to strengthen safety net delivery tools. The project is implemented by the United Nations Office for Project Services (UNOPS) and has three main components: a) Labor-Intensive Public Works “Plus”, which includes cash transfers for poor and vulnerable households for participation in labor-intensive public works (LIPW) to meet immediate consumption needs and generate public goods, while the “plus” sub-component involves sensitization and awareness on key social and health topics; b) Direct Income Support, which includes unconditional cash transfers to poor and vulnerable households who lack alternate sources of income and are unable to participate in LIPW; and c) Strengthen Delivery of Safety Net Tools, which includes a biometric based payments mechanism, a fully functional management information system (MIS), and an efficient, transparent and accountable GM. The project is being succeeded by the South Sudan Productive Safety Net for Socioeconomic Opportunities Project (SNSOP) in 2023, which will carry forward the three core components.

Considering the prevailing violence against women, particular efforts were made to mitigate immediate risks of GBV due to project activities. Participation in safety net programs can contribute to increased empowerment and reduced GBV by improving the welfare levels of households and their emotional well-being, and by helping women strengthen their bargaining power within households and communities. At the same time, shifting power dynamics due to access to greater income opportunities provided by safety nets can also result in increased stress and potential intimate partner violence. Key risks identified by the project encompass, among others: (a) targeting of project sites by conflicting parties; (b) sexual exploitation by local authorities, influential community members and project staff during beneficiary selection; (c) sexual harassment by other beneficiaries and project staff at the project work and payment site; (d) long distances that may need to be traveled to project work and payment sites; (e) lack of safety and security at the project payment site; (f) intercommunal conflicts resulting from joint implementation of activities; and (g) impacts of the projects on gender dynamics and roles inside the household due to improved position and welfare of the women, potentially triggering GBV. Additionally, the aggregation of beneficiaries within communities where public works are undertaken may increase risks of SEA between project personnel and vulnerable members of the community. Experiences from the previous safety net project demonstrated that greater effort was needed to increase awareness, understanding, and information of GBV and other gender issues among communities given the sensitivities and social taboos around GBV issues.12

GBV-sensitive GM awareness in Torit city

Source: UNOPS and World Bank
While the project will not be able to fully alleviate broader social risks related to GBV due to the magnitude and complexity of the problem, the project has undertaken multiple approaches to tackle gender gaps and mitigate GBV-related risks due to project activities. The team developed a gender mainstreaming action plan that looks at the entire project cycle and identifies opportunities for gender mainstreaming as well as GBV prevention, mitigation, and response. Measures included supporting women’s participation as wage workers; designating women as direct recipient of cash transfers; providing financial literacy training; ensuring representation in local GM structures through minimum 30% women members across all project committees; awareness-raising campaigns to ensure buy-in and communicate potential project-related risks; introducing codes of conduct for participants on clear expectations for behavior and prohibitions against SEA/SH; and engaging and sensitizing the community to shift harmful gender norms. The project has also established specific measures to mitigate GBV in public works, at payment sites, and in the community, such as by adapting the project cash plus modules and community engagement toolkit to integrate a GBV-prevention and response lens.

Given the vulnerabilities that threaten women and girls’ well-being in South Sudan, a GBV-sensitive GM is essential in safety net programs. Operating in a context with such high levels of GBV entailed significant risk to the project. Past assessments had also pointed to the lack of capacity of the GM to respond to GBV cases. Therefore, on learning lessons from the country context and similar models elsewhere, the GBV-sensitive GM under SSSNP was designed.

IV. SSSNP GBV-Sensitive GM

i. Guiding Principles for GBV-related grievances

The SSSNP GM has three guiding principles for dealing with all GBV-related complaints:

- Safety and Well-Being: The safety of the complainant should be ensured at all times.
- Confidentiality/Anonymity: The confidentiality and anonymity of the complainant should be ensured, and relevant details should only be shared with the documented informed consent of the person (refer to Annex 3).
- Survivor-Centered Approach: The survivor’s choices, needs, safety, and wellbeing remain at the center of all actions and procedures. This approach is based on the principles of:
  - Respect for the survivor’s choices, wishes, rights, and dignity throughout the process;
  - Safety of the survivor being the utmost priority in all actions;
  - Confidentiality to give people the right to choose whom they will or not tell their story;
  - Non-discrimination referring to equal and fair treatment to all survivors regardless of their age, nationality, race etc.

ii. Institutional Structures for GM

The SSSNP GM has a multilayered institutional structure:
• **Appeals Committee:** The Appeals Committee (AC) is the key structure in the GM; it is established before the selection and registration of beneficiaries. The members of the AC are selected from the community and must not be project beneficiaries. They must be widely respected and deemed to have a positive influence in the community. Women must constitute 50% of committee members to ensure women beneficiaries are comfortable to raise complaints. A female GBV focal person is appointed for each AC (who is also an AC member) and is responsible for handling all incidents of GBV, including Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) involving beneficiaries or other persons associated with the project (refer to Box 2).

• **Quarter Council/ Boma Development Committee:** The Quarter Council/ Boma Development Committee (QCDC/BDC) is an oversight committee established by the Quarter Council/Boma authority to which grievances that cannot be resolved by the AC are escalated. The QCDC/BDC is also responsible for handling grievances and complaints against AC members.

• **Community Supervision Teams:** This is the only committee selected after the registration of beneficiaries. The Community Supervision Team (CST) comprises of members elected among the beneficiaries by beneficiaries. They are responsible for the day-to-day implementation of sub projects, providing oversight on all site activities, from attendance, tools management, and actual works to the payment of beneficiaries, and conflict mitigation and resolution.

• **Group Leaders:** Group leaders are responsible for monitoring and supervising beneficiary activities and are instrumental in mitigating and resolving conflicts among beneficiaries on site at the group level. They are selected among the set of beneficiaries in the LIPW work group. Group leaders are also responsible for forwarding complaints that cannot be addressed at the group level to the CSTs and ACs.

Note: The survivors can choose to access any of the above four community-based structures; however, the AC and the toll-free helpline remain the primary channels of reporting (as explained in the following section). There is a provision for each committee to escalate complaints to the level above if they feel that they cannot address the issues, particularly if it relates to the misconduct of someone in a particular committee, such as if a grievance is logged against a member of the AC, this would automatically be escalated to the BDM which is the committee that oversees the AC (refer to Annex 1 for more details).

• **Health, Safety, Social and Environmental (HSSE) Staff at UNOPS:** There are 2 layers of UNOPS HSSE staff. The first are specialists based in Juba who are the main liaisons with the World Bank; they oversee the GM through a set of activities, such as generating monthly GM reports from the Management Information System (MIS). The second layer are field-based HSSE officers; they visit each AC on a weekly basis to collect grievance forms, enter information in the MIS, and provide on-site technical support and guidance to committee members as needed. To ensure that GBV or other sensitive grievances do not get ‘lost’, the HSSE officer uses a checklist every time s/he collects forms to check whether there are any GBV/sensitive complaints that need to be prioritized and entered immediately.
• **Project Manager:** The Project Manager, who is a UNOPS staff, oversees the entire UNOPS team implementing SSSNP. This person is informed of a GBV case and provides oversight to the Juba-based HSSE specialist in its case management.

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**Box 2: Role of GBV Focal Point in the Appeals Committee**

- Receive all GBV complaints from beneficiaries or those linked to the project
- Notify the UNOPS HSSE Assistant of GBV incidents immediately after they occur or get reported regardless of whether the incident involves project personnel
- Obtain consent from GBV survivors necessary for making referrals to the nearest service provider
- Ensure utmost confidentiality (i.e., not share identifiable information about the case with anyone, including the chairperson of the committee or community leaders) in the handling of GBV grievances and information related to the incidents
- Create awareness and sensitization among beneficiaries on GBV and SEA/SH matters
- Ensure that the complainant is provided a safe and caring environment that upholds the principles of a survivor-centered approach
- Provide reliable & comprehensive information on available services and support to survivors
- Ensure that survivors of rape have access to medical care within 72 hours of the incident to access HIV/ AIDS post-exposure prophylaxis and/or emergency contraception

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### iii. Process for GBV-related complaints

The SSSNP GM consists of two main channels for reporting all GBV-related grievances:

1. Through the community-based project implementation structures described above; or
2. Through the Lulu Care GBV helpline (run by an NGO)\(^7\).
Figure 1. MIS workflow for GM
Aimed to provide a step-by-step mechanism for registering and tracking grievances in the system.

Source: SSSNP GM MIS Module Workflow (developed jointly by UNOPS and World Bank).
The GM is designed to record all types of GBV cases in a structured manner. The process for dealing with GBV complaints is divided into eight steps, listed below:

Step 1: Report Grievance

There are two ways in which grievances related to GBV can be reported: the community-based structures, or the toll-free helpline (run by the NGO Lulu Care). For complaints reported through the GM institutional structures outlined above, the GBV focal person records the details in the GBV Incident Form without divulging personal identifier details about the survivor. The GBV focal person is tasked with maintaining the details of the grievance completely confidential and store the GBV Incident Report Forms in a dedicated folder until the HSSE staff collects these forms and stores them in cabinets.

Step 2: Record Complaint in the MIS

Once the complaint is reported (through both channels) and received by the HSSE staff, they enter the grievance into the MIS using a specific GBV-submodule developed for the project GM’s MIS. When the information is entered into the MIS, the system flags the incident on the dashboard and generates a unique GBV grievance reference number for tracking. Access to the GBV sub-module is restricted to HSSE Personnel and the Project Manager.

Step 3: Obtain Information Sharing Consent

The GBV focal person obtains the survivor’s informed consent by completing a GBV Information Sharing Consent Form (refer to Annex 3) before referring the survivor to the appropriate GBV support service. It is important to note that the choice to access the services ultimately resides with the survivor. Where the survivor does not provide informed consent for information sharing regarding their case, the GBV focal person provides the survivor with information about available services to allow the survivor to decide whether or not to access the services.

Step 4: Referral

Depending on the needs of the survivor, the GBV focal person, with the support of HSSE staff, identifies the appropriate GBV support services (refer to Box 3) to which the survivor is referred using the GBV consent form. If the complaint is not project-related, the process ends at providing referrals and one follow-up before closing the case. If the complaint is project-related, the process provides a more in-depth case management support, as explained in the following steps.
Step 5: Notify Management

The GBV focal person ensures that all GBV incidents are reported to UNOPS immediately after they occur and UNOPS notifies the World Bank of the incident within 24 hours of receiving the report. The detailed information sharing protocols are part of the project GRM Manual.

Step 6: Investigate and Follow-up

Investigations may be conducted by appropriate institutions in accordance with the survivor’s wishes. Where the alleged perpetrator is associated with the project, investigations are undertaken in line with the GM guidelines (refer to Annex 1).

The HSSE Specialist follows up on the incident to ensure the investigations are concluded and survivors access the necessary treatment or services. Depending on the outcome of the investigations, appropriate action is taken in line with the UNOPS and World Bank policies and applicable legislation. If the GBV incident is linked to project activities, follow up ensures that the case is addressed and that measures to prevent recurrence of the incident are established.

Step 7: Close

Once the survivor has accessed the necessary services, investigations concluded and the survivor is satisfied with the outcome, the case is closed in the MIS.

Step 8: Appeal

The survivor is informed of the option to appeal before closing the grievance.

Box 3: Types of GBV Support Services

I. Health/Medical Treatment and Assistance
   - Emergency contraception
   - Treat injuries
   - Treat Sexually Transmitted Infections
   - Post-exposure Prophylaxis (PEP)

II. Case Management and Psycho-social Assistance
   - Emotional support (peer support)
   - Skills training
   - Social reintegration, social support

III. Legal Assistance (either traditional or formal)
   - Legal protection and assistance
   - Prosecution, adjudication
   - Apply appropriate laws, hold perpetrators accountable

IV. Safe Space Assistance and Security
   - Physical safety
   - Safe house or temporary housing
   - Police report and investigation
iv. Monitoring Mechanisms

UNOPS, the implementing partner, monitors the complaints and GM on a regular basis. UNOPS on continuous basis compiles all grievances as they are reported from various project locations and a report is produced every month indicating a summary of the complaints and highlighting unusual and sensitive ones. The project team also undertakes monitoring of the GM on a monthly and quarterly basis and makes adjustments where necessary. Monitoring includes spot checks at the ACs during project activities such as payments and monthly GM reports. Key indicators for monitoring include the average time taken to resolve grievances, grievance documentation process and information handling. Monitoring is also done through the review and analysis of compiled grievance data to assess the overall efficiency of the GM process, and the percentage of grievances lodged through the ACs. Additionally, this is done through the MIS dashboard and auto-generated reports, which helped staff quickly assess performance and notice any red flags or delays, to take prompt action. Further, the Third-Party Monitor engaged by the project undertakes periodic third-party monitoring and verification of the implementation of the GM. As of March 2023, when the project closed, it received a total of 7 GBV cases, which took an average time of 1 to 2 months to close. The time taken is due to the significant follow-up and case management support, to ensure the survivors received all possible support at every stage.

GBV Monitoring Data Recorded (further segregated by age & project location with details)
GBV Grievances by Program & Status

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Percentage of Total</th>
<th>Number of Resolved Grievances</th>
<th>Number of Ongoing Grievances</th>
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</thead>
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<tr>
<td>SSSNP-related</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
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</tbody>
</table>

v. Guiding principles for GM implementation

The enhanced GM under the SSSNP has the following implementation guidelines:

- **Embed the GM within existing community structures**, building on traditional conflict resolution practices. However, ensure safeguards in place to protect the safety and well-being of the survivor.

- **Provide capacity building and training on GM**, including how to handle GBV grievances with confidentiality and adequate follow up, for AC members and GBV focal points. The trainings are delivered by the UNOPS staff, with refresher trainings conducted biannually.

- **Sensitize beneficiaries and communities on GBV to be able to use the GM to report cases**. Evaluation of the previous safety net project pointed to the lack of action among beneficiaries to report GBV cases, due to the lack of awareness on what constituted GBV and the perception of the GM not being an appropriate medium for it. To resolve these issues, the project conducted extensive awareness
raising activities on GBV – what it entails, why it is important seek support and how the project GM can provide support.

- **Sensitize beneficiaries on the GM and on how to seek redress for grievances.** The project team conducted awareness sessions at all levels, including community outreach by UNOPS, posters during community meetings, and repeated messaging to beneficiaries on reporting all forms of GBV, while communicating the limitations of the project GM. The Lulu Care NGO also conducted extensive awareness in project locations on how their helpline services work.

- **Develop GBV-sensitive reporting channels and protocols and integrate into the GM for safe, confidential, and ethical reporting of GBV incidents.**

- **Pilot the training of GBV focal persons within the GM,** supported by international GBV experts. These focal persons increased awareness among communities, including information on available health and other support services.

- **Map the available GBV response services and referral mechanisms** for use by survivors in project locations by collaborating with World Bank-funded ‘Provision for Essential Health Services Project’ and other partners with capacity in the field such as United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA).

- **Engage World Bank and other GBV experts** to enhance the understanding on the links between safety net support and GBV, and incorporate any lessons learned to mitigate risks.

- **Adopt lessons from the review of GM for conflict-sensitive delivery of safety net interventions, including GBV risks.** The findings and recommendations from a recent study will inform further planning and implementation of the GM under SNSOP.

While setting up a GBV-sensitive GM is not a linear process, following are the important building blocks in the South Sudan project, which constitute an iterative process:

- Establish separate codes of conduct to deal with GBV cases
- Establish separate MIS workflow for GBV
- Ensure female focal person in the project committee
- Information sharing and confidentiality protocols
- Train all staff on GM, gender, GBV
- Sensitize beneficiaries on GBV and GM
- Representation of women in project committees
- Strengthen referral pathways for GBV
V. Lessons Learned

- Operating in a fragile environment means the context in each new project location needs to be analyzed, assessing key risks in each location, and incorporating that into the GM and GBV training for committee members and beneficiaries. This includes considering the accessibility and feasibility of measures, such as what types of channels would be easily accessible to the most vulnerable groups in the communities, or what type of system will be feasible in a challenging and low-capacity country, for instance, where digital tools cannot be leveraged for monitoring data.

- A code of conduct for beneficiaries was introduced, which is communicated during registration and throughout the project (i.e., community meetings, LIPW sessions) that includes zero tolerance for violence. This was in response to a case where the perpetrator and survivor were both beneficiaries and the project lacked the policies to address it. In addition to the code of conduct, the project developed a policy on how to address GBV issues if the perpetrator is a beneficiary (refer to Annex 1).

- The project also developed a code of conduct for committee members, which includes zero tolerance for violence, including SH/SEA. Similarly, the project has a policy on how to address GBV cases where committee members are perpetrators (refer to Annex 1).

- Given the fragility, conflict, and violence context, it was very important to be clear that the project will not be able to address all GBV issues and does not have a mandate to do so as GBV has reached epidemic levels in South Sudan and the response to GBV requires a holistic approach. However, there are clear guidelines which ensure that regardless of whether the grievance is project-related, beneficiaries receive referrals if they want them. Further, the project facilitates access to referral services for survivors in project related GBV cases as access is often limited with service providers being far from the communities.\(^\text{23}\)

- The project adopted an iterative approach, using the lessons from each safety net project to improve the GM. The lessons from the South Sudan Safety Net and Skills Development Project (SNSDP) were incorporated in SSSNP, such as standardized trainings to all committee members on GM, gender, and GBV, and the introduction of female GBV focal points in all ACs. Similarly, the lessons from SSSNP will be used to refine the GM implementation under SNSOP, such as introducing alternative channels of reporting to reach remote areas.

- To ensure that grievances are entered routinely into the MIS, field-based staff have assigned one day a week to the GM which has helped them stay on track.
Leaflets used for GBV awareness (English and Arabic)

Source: UNOPS and World Bank
VI. ANNEXES

Annex 1

Process for complaints reported against committee members or project beneficiaries

Step 1: Record incident
The GBV focal point of the committee ensures that the survivor is treated with respect and every effort is made to protect the safety and wellbeing of the survivor. Informed consent is obtained from the survivor prior to recording details of the incident. Confidentiality is observed throughout the process.

Step 2: Referral to GBV service providers
The GBV focal point assesses the risks to the survivor and where feasible, identifies the most appropriate service provider to whom they should be referred. Referrals are made with the written consent of the survivor (refer to Annex 3). Where there is imminent risk of retaliation or the survivor’s safety is threatened, the GBV focal point prioritizes a referral to a safe space for the survivor.

Step 3: Notify Management
The GBV focal point notifies the chairperson of the respective committee in confidence immediately after a GBV incident is reported to the UNOPS HSSE Assistant to record the case and enter it into the MIS. If the accusation is against the chairperson, the chairperson of the committee above and the UNOPS HSSE Assistant are notified. Only necessary and non-identifiable information about the grievance is shared. After entering the information in the MIS, the HSSE Assistant reports the case to the HSSE Specialist who in turn notifies the UNOPS Project Manager, the relevant UNOPS Field Team Leader, and the World Bank of the incident, within 24 hours of receiving the report, and informs them of the course of action to be undertaken by the leadership in the committee to which the accused member belongs.

Step 4: Investigation and Immediate Actions
The GBV focal point or committee chairperson, through a confidential letter copied to the UNOPS Project Manager, notifies the suspect that investigations will be undertaken to establish the facts in the matter. The investigation is conducted by the appropriate committee above the one to which the member implicated in the incident belongs, such as if a grievance is logged against a member of the AC, this would automatically be escalated to the BDM which is the committee that oversees the AC. Suspected perpetrators temporarily cease to participate in project activities, such as put on leave or not allowed to participate in project activities until the investigation is complete, if their participation could result in interference with the matter or pose further harm to the survivor.

The UNOPS HSSE Specialist follows up on the incident to ensure the investigations are concluded and survivors access the necessary treatment/services. Depending on the outcome of the investigations, the committee takes appropriate action in line with the applicable project codes of conduct and/or applicable legislation. The accused member may not be reinstated to the committee unless there is unequivocal and clear evidence that the complaint is not well-founded, and the majority of the investigating committee agree that the member should be reinstated.
Step 5: Resolution and Closure

Once the investigation is concluded by the relevant committee, parties and/or authorities and appropriate action has been taken against the accused, details of the case shall be updated, and the case is closed in the MIS.

Step 6: Appeal:

The survivor is informed of the option to appeal before closing the grievance.
GBV Incident Report Forms

The below form is used by the UNOPS HSSE personnel to report incidents to the Project Manager.

<table>
<thead>
<tr>
<th>Project / Office</th>
<th>Report Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported By</td>
<td>Title/ Role</td>
</tr>
</tbody>
</table>

I. DETAILS OF THE INCIDENT

Incident Date
Incident Time
Incident Place

Incident Class
Category

II. IDENTIFICATION OF TYPE OF INCIDENT AND IMMEDIATE CAUSES

Incident Type
Descriptor
Description of Immediate Causes of the Incident

III. DETAILED DESCRIPTION OF THE INCIDENT

IV. ROOT CAUSE ANALYSIS

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<th>No</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
<tr>
<td>Poor Maintenance</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Poor Supervision</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Poor Quality of Equipment</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>No rules, standards, or procedures</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Lack of knowledge or skills</td>
<td>✓</td>
<td></td>
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<tr>
<td>Improper motivation or attitude</td>
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<tr>
<td>Failure to comply with rules</td>
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<td></td>
</tr>
<tr>
<td>Other (specify) GBV - Economic violence</td>
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<td></td>
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</tbody>
</table>

V. RECOMMENDED ACTION/ CORRECTIVE MEASURES

<table>
<thead>
<tr>
<th>Mitigation Measures Implemented/ Envisaged</th>
<th>Responsibility</th>
<th>Timeline</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UPDATE:

RECOMMENDATION:
Whereas the below form is used by the GBV focal points at the ACs and Lulu Care to record details of the incidents from the survivors.

<table>
<thead>
<tr>
<th>Full name of the complainant (optional):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth (Approximate if necessary):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident reported by:</th>
<th>☐ Survivor ☐ Family member</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Friend ☐ Caregiver/Guardian</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of interview (day/month/year):</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of incident: (day/month/year)</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location:</td>
<td></td>
</tr>
</tbody>
</table>

| Gender | ☐ Male ☐ Female |  |

| Is the client a person with disability? | ☐ No ☐ Mental ☐ Physical ☐ Both |  |

<table>
<thead>
<tr>
<th>General area of residence (Do not specify physical address)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No ☐ Unaccompanied Minor ☐ Separated Child ☐ Other vulnerable child</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No ☐ Unaccompanied Minor ☐ Separated Child ☐ Other vulnerable child</td>
<td></td>
</tr>
</tbody>
</table>

| Has the complainant sought any type of medical care? | ☐ No ☐ Yes |  |

| Account of the incident/Description of the incident (summarize the details of the incident in client’s words) |  |

| Was money, goods, benefits, and/or services exchanged in relation to this incident*? | ☐ No ☐ Yes |  |

| Is the perpetrator known? | ☐ No ☐ Yes |  |

| If known, is the perpetrator associated with the project? | ☐ No ☐ Yes ☐ Don’t know |  |

| Is the client at risk of retaliation by perpetrator: | ☐ No ☐ Yes |  |

<table>
<thead>
<tr>
<th>How would you like the issue to be resolved? What actions would you like to take?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>When asking this question, make sure you don’t discourage anyone from making complaints and do NOT suggest a course of action on their behalf nor suggest any informal mediation.</td>
<td></td>
</tr>
</tbody>
</table>

| Would the complainant like to access available assistance (counseling, GBV case management service, etc.)? | ☐ No ☐ Yes |  |

<table>
<thead>
<tr>
<th>Type of Referral Provided (tick all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Case Management ☐ Medical/Health Care ☐ Safety and Security ☐ Legal and Justice ☐ Mental Health and Psychosocial Support ☐ Protection and Shelter ☐ Other e.g. NFI/Food/Cash (specify) ☐ Yes (Enter detail)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the client willing to provide a contact number/person for follow up?</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Incident Received by:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position:</td>
<td></td>
</tr>
<tr>
<td>Contact No:</td>
<td></td>
</tr>
<tr>
<td>Date and Signature:</td>
<td></td>
</tr>
</tbody>
</table>
GBV Consent Form

**CONFIDENTIAL**

Consent for release of Information

(This form should be read and clearly explained to the complainant that he/she can choose from the listed options)

I, _________________________________________________________________, give

my permission for ______________________________________________________

(Indicate names and position of project representative)

to share information about the incident I have reported to them as explained below:

- I understand that by giving my permission I am agreeing to the sharing of the specific case information from my incident report with the appropriate service providers and/or other relevant parties;
- I understand that some non-identifiable information may also be shared for reporting purposes. Any information shared will ensure my confidentiality and anonymity so as not be specific to me or the incident and there will be no way for someone to identify me based on the information that is shared;
- I understand that the information shared will be treated with utmost confidentiality and respect and shared only as needed for reporting and to provide the assistance I request;
- I understand that releasing this information means that the service provider may come and talk to me;
- I understand that I have the right to change my mind about sharing information with the designated focal points or service providers listed below at any point in time.

I would like information released to the following service providers:

<table>
<thead>
<tr>
<th>Protection Services:</th>
<th>Medical services:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychosocial services:</th>
<th>Legal assistance:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safe Space:</th>
<th>Other (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature or Thumbprint of Complainant _________________ Date:_________________

Contact Number: _________________________________________________

Address: ______________________________________________________
Annex 4

Additional Resources

SSSNP GM Manual: A detailed document on the structures, processes, and roles in GM

SSSNP GBV and GM Refresher Training presentation for Appeal Committee members

SSSNP Updated MIS GM Tracking Module Workflow

SSSNP Gender Action Plan: Identifies opportunities throughout the project cycle to mainstream gender issues in activities.

SSSNP Project Appraisal Document

SNSOP Project Appraisal Document
Endnotes

1 Gender-based violence, or GBV for short, is the umbrella term for all forms of physical, sexual, emotional, and psychological violence that is based on socially ascribed (that is, gender) differences between men and women. 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 private (2015 Inter-Agency Standing Committee Gender-based Violence Guidelines, pg. 5)


5 Klugman, Jeni; Hamner, Lucia; Twigg, Sarah; Hasan, Tazeen; McClean-Sills, Jennifer; and Santamaria, Julieth. 2014. Voice and Agency: Empowering Women and Girls for Shared Prosperity. World Bank Group. Washington DC

6 Intimate partner violence, or IPV, refers to violence committed by a current or former spouse or partner in an intimate relationship against the other spouse or partner. While IPV can be experienced by men and women, women experience IPV at greater rates than men.


8 Buller, Ana Maria; Peterman, Amber; Ranganathan, Meghna; Bleile, Alexandria; Hidrobo, Melissa; Heise, Lori. 2018. A Mixed-Method Review of Cash Transfers and Intimate Partner Violence in Low- and Middle-Income Countries. World Bank Research Observer.


13 The project has achieved 44% participation rates across committees.

14 In the Good Practice Note, a Code of Conduct (CoC) refers to a written document that sets out core principles and minimum standards of behavior with which project actors agree 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.

15 The Good Practice Note mentions that 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.

16 Sexual exploitation refers to 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 (UN Glossary on Sexual Exploitation and Abuse 2017, pg. 6).

Sexual abuse includes any actual or threatened physical intrusion of a sexual nature whether by force or under unequal or coercive conditions. Sexual abuse is a broad term, which includes a number of acts including rape and sexual assault, among others (UN Glossary on Sexual Exploitation and Abuse 2017, pgs. 5-6).

Sexual harassment refers to any form of unwanted verbal, non-verbal, or physical conduct of a sexual nature with the purpose or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating, or offensive environment. This may include any unwelcome sexual advances, or requests for sexual favors, and may take place through online activity or mobile communications as well as in person.
The project partnered with the existing Lulu Care (NGO) GBV helpline. The helpline is an alternative reporting channel to be used by beneficiaries who do not wish to go to the AC. Though the focus of the hotline is GBV and SEA/SH complaints, it is expected that complaints falling under multiple categories will be received through this channel. Operationally, UNOPS (the implementing partner) has a signed MoU with Lulu Care, where UNOPS covers the cost of equipment and staff training. The World-Bank project pays for two staff members for this helpline.

There is a process for all other non-GBV complaints in the GM, however this note only captures the process for GBV complaints.

It is important to note that a third party may lodge a GBV complaint. If the survivor is an adult, the survivor’s consent is required to process the grievance. If the survivor is a child, following with the principle of ‘best interest of the child’, the survivor’s consent is not required to process the grievance.

To enable access to the support services, whenever operations start in a new location, the HSSE staff carry out a GBV referral services mapping, often in coordination with partners already present on the ground. This includes an assessment of the quality of these services and are readily available to the AC, particularly the GBV focal point, to help guide beneficiaries to the appropriate service.

GBV service provider is 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.

The team analyzed GBV data collected from the field. This study developed several tools to facilitate the integration of GBV prevention, mitigation, and response into social safety net structures, specifically the cash plus modules and community engagement material. It also looked at different options for an alternative GBV-sensitive channel that does not rely on phone access and is more accessible to beneficiaries living in remote areas with low connectivity.

The project team has set aside a fund in every district to be used in a discretionary manner based on approval of the Juba-based team. It was envisioned to cover costs such as transportation or the fees that need to be paid at the police station to file a GBV report.