



Regional Off-Grid Electricity Access Project (ROGEAP) – P160708

(IDA-D784, IDA- 6397, IDA-D451)

Draft

ROGEAP Accountability Mechanisms GRIEVANCE REDRESS MECHANISM Procedures, Questionnaires, and Forms.

February 2023

Prepared by:

Grievance Redress Mechanism
The Project Implementation Unit (PIU)
Regional Off-Grid Electricity Access Project (ROGEAP)
Department Infrastructure, Energy & Digitalization
ECOWAS Commission
Niger House, Abuja, Nigeria

Version	Revision	Author	Reviewer	Approved	Authorized	Action
Draft	1st	Perpetua N. Okafor 5 th February 2023 				



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SUBMITTING A COMPLAINT TO THE Grievance Redress Operator.

Any individual or community or stakeholder or project affected persons who believes that ROGEAP / ECOWAS / World Bank-supported project has or is likely to, adversely affect them can submit a complaint.

Complaints must be in writing and addressed to the GRM Desk Office.

They can be sent ONLINE – through the GRM website at www.ecowas.int/grm

- By Email: grievances-rogeap@ecowas.int
- By Phone: +2348099036226
- By Letter or By Hand delivery to any ECOWAS Permanent Representative Country Office
- Focal Person – Public Information Center: (A flyer with an attached complaint form will be available.)
- By Letter to the

*ECOWAS - ROGEAP PIU,
Grievance Redress Mechanism
4th Floor, Room No. 405
ECOWAS Annex, Niger House,
Plot 56 Ralph Shodeinde Street,
Central Business District,
Abuja – Nigeria.*



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ANNEX 1:

Grievance Management Process



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Process	Description	Time frame	Other Information
Identification of grievance	<p>Face to face; telephone; letter; mail; e-mail; website; recorded during public/community interaction; others</p> <p>The grievance can also be passed through other parties, such as the chief office because the public are more conversant with this office.</p>	1 Day	Email address; hotline number
Grievance assessed and logged	<p>Significance assessed and grievance recorded or logged (i.e. in a log book)</p> <p>It will be prudent to have a grievance record book where the grievances are recorded for follow up. Grievances concerning sexual exploitation and abuse/gender-based violence should be treated as confidential. Only the nature of the complaint and the processing outcome should be recorded.</p>	3-6 Days	Significance criteria: Level 1 –one off event; Level 2 – complaint is widespread or repeated; Level 3- any complaint (one off or repeated) that indicates breach of law/ policy
Grievance is acknowledged	Acknowledgement of grievance through appropriate medium	3 Days	
Development of response	<p>Grievance assigned to appropriate party for resolution</p> <p>Response development with input from management/ relevant stakeholders</p>	4-8 Days	
Response signed-off	Redress action approved at appropriate	8-15 Days	
Implementation /communication of response	Redress action implemented and update of progress on resolution communicated to complainant	5-9 Days	



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ANNEX 1a: Grievance Redress Mechanism (GRM) Complaints Register

This register provides information about the complaints received by the ECOWAS ROGEAP PIU Grievance Redress Mechanism desk office/operator. This register will be periodically updated to reflect the latest information recorded with regards to the progress and status of complaints received in the course of project implementation.

No.	Date Received	Country	Project Name/Complaint	Status	Issues raised



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ANNEX 1b: Complaints Registration Form

Complaint No:	
Date of issue :	
Last name and first name of the author of the complaint:	
Address (Phone number, E-mail):	
Place of residence of the complainant:	
Component of the project and subject of the complaint:	
Name of the beneficiary municipality of the project:	
Location of the complaint:	
Category of complaint:	<input type="checkbox"/> A: Request for information or clarification <input type="checkbox"/> B: Outside the scope of the project <input type="checkbox"/> C: Selection/exclusion of a person or community <input type="checkbox"/> D: Allegations of corruption, misappropriation, or bias in public procurement. <input type="checkbox"/> E: Environmental and Social issues <input type="checkbox"/> F: Other deviation from procedures or incorrect behavior of staff <input type="checkbox"/> G: Quality Standards <input type="checkbox"/> H: Consumer /User concerns:
Full description of the complaint:	
Name of the accused in the complaint:	
Complaint handling :	
Observations:	
Has the complainant received an acknowledgment of receipt of his complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, at what date and time?



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Complaint received by (name, signature, date):	
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ANNEX 2: Verbal Complaints Registration Form

Verbal complaint registration form; this form can be used by ROGEAP PIU Representative/ Project Coordinator/Service Provider to collect complaints made verbally by stakeholders, communities during field visits.

Part 1: to be completed with the complainant	
Date: Date the complaint was made	
Personal details: <ul style="list-style-type: none"> • Name and contact details of the complainant • Age - adult or child • Gender - male or female 	
Project details: Project or program name / reference number	
Nature of the complaint: Brief summary of the complaint	
Complaint Details: Detailed description of the complaint made by the complainant	
Person who failed to receive the complaint: Name and contact details	
Part 2: reserved for the administration / measures taken if necessary	
Outcome following a complaint: Summary of actions taken and results	
Additional comments: For example, monitoring of actions taken to change the policy and procedures used, if any.	



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ANNEX 2a: Template: Minutes of Complaints Management at the Local Level

Date: _____
Traditional chiefdom of _____
Municipality of _____ Prefecture of _____
Case File No ° _____

COMPLAINT

Name of complainant: _____
Address: _____
District: _____
Nature of the complaint: _____

DESCRIPTION OF THE COMPLAINT: _____

Information received at (location) _____ date _____

Signature of complainant _____

CHIEF'S OBSERVATIONS:

At (location) _____ date _____

(Signature of the district Chief or the Mayor) _____

COMPLAINANT'S RESPONSE:

At (location) _____ date _____

Signature of complainant _____

RESOLUTION

At (location) _____ date _____



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(Signature of the district Chief or the Mayor)

(Signature of complainant)



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ANNEX 4: Complaints Response Sheet

Complaint No.:	
Institution or person concerned by the complaint:	
Date of receipt of the complaint by the Complaints Management Structure concerned:	
Information about the nature of the complaint:	
Action (s) needed to resolve the complaint?	<input type="checkbox"/> No action required <input type="checkbox"/> Action (s) required
Details on the proposed actions (Give an explanation if no action is proposed)	
Date response given to complainant and response of complainant if resolution is acceptable (if not acceptable, indicate if the escalation procedures have been communicated to complainant and record any follow up action required by project team and by when)	
Signature of the representative of the structure or of the person:	
Last name:	
Title:	
Phone:	
Date of Signature:	



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ANNEX 5: Quarterly Summary Table on Complaints Handling

Name of commune: Name of focal point: Quarter:	
Number of complaints registered during the period:	
Synthetic summary of the type of complaints:	
Number of complaints handled by the quarter (explanations):	
Number of complaints not handled by the quarter (explanations):	



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ANNEX 6: Template-Meeting Report

*Ask permission if photos can be taken and record response. Do not take photos of women-only focused groups.

Date:	Venue:
Participants: (can attach list separately)	
Other participants: (Last name, first name, function)	
Total number (breakdown by gender)	
Objectives and agenda of the meeting:	
Item topics and issues raised by the Project:	
Item topics, concerns and issues raised by participants (identify if there are new risks raised by participants):	
Actions to be taken from the outcome of the meeting and follow up/feedback to be provided to stakeholders and by when and in which format:	



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Prepared by:
Date:
Signature:



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ANNEX 7: Template-Complaints Form

Country (.....)

Economic Commission of West African States, ECOWAS

Project title: **Regional Off-Grid Electrification Project - P160708**

Name of the Complaints Management Structure:	Structure de traitement de plainte	
Locality:	Date of receipt of complaint	DD / MM / YYYY and (timeof receipt) -

Registration No.:			
	Mr. /Mrs. -		
Identity of complainant:	Last name and First name:	Place of residence:	
	Contacts:	Unique ID number:	Ref. ID :

Date:	Prepared by:
Complainant	
Last name and first name(s):	
Place of residence:	
N° of household:	
Reason for the complaint (detailed description of the version presented by the complainant):	
Complaint follow-up (detailed description of the version presented by the complainant)	

Prepared by:



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Date:

Signature:



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ANNEX 8: Complaints Acknowledgment Form

Country (.....)

Economic Commission of West African States, ECOWAS

Project title: **Regional Off-Grid Electrification Project - P160708**

Name of the Complaints Management Structure:	Structure de traitement de plainte	
Locality:	Date of receipt of complaint	DD / MM / YYYY and (time of receipt) -

Registration No.:			
	Mr. /Mrs. -		
Identity of complainant:	Last name and First name:	Place of residence:	
	Contacts:	Unique ID number:	Ref. ID :

SUBJECT: Acknowledgment of receipt

Madam/Sir

Further to your formal complaint registered with our Grievance Redress Services under number No. dated DD / MM/ YYYY at (time) and relating to the following subject (Omission of census, dispute of property rights with a neighbor, improper recording of assets characteristics, assets valuation claim, etc.)

Description: of the motive for the complaint for a better understanding

We acknowledge receipt of your complaint and we will keep you informed of any action taken.

(Possible additional remarks - All useful information).

Yours Sincerely,



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For ROGEAP

Last name and First name of the
representative

Signature

For reception

Last and first name

Signature



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ANNEX 9: Form for Official Response to a Complaint

Country (.....)

Economic Commission of West African States

Project title: **Regional Off-Grid Electrification Project - P160708**

Name of the Complaints Management Structure:	Structure de traitement de plainte	
Locality:	Date of receipt of complaint	DD / MM / YYYY and (time of receipt)

Registration No.:			
	Mr. /Mrs. -		
Identity of complainant:	Last name and First name:	Place of residence:	
	Contacts:	Unique ID number:	Ref. ID :

SUBJECT: Official Response

Madam/Sir

Following your formal complaint registered with our services under number No..... dated DD/MM/YYYY at (time) and relating to the following subject

Description: of the reason for the complaint for a better understanding

We hereby inform you that after an investigation encompassing the persons and services concerned by the complaint, the Project Management Unit has reached the following decision:

The complaints management committee proposes the following solution:

Presentation of the solution to the complaint

This decision is final for the complaints management committee, but does not deprive you of your right to any action before the competent courts.

Sincerely Yours.



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For ROGEAP

For reception

Last name and First name of the
representative

Signature

Last and first name

Signature



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ANNEX 10: Complaints Closure Form

Country (.....)

Economic Commission of West African States

Project title: **Regional Off-Grid Electrification Project - P160708**

Name of the Complaints Management Structure:	Structure de traitement de plainte	
Locality:	Date of receipt of complaint	DD / MM / YYYY and (time of receipt)

Registration No.:			
Identity of complainant:	Last name and First name: Mr. / Mrs.	Place of residence:	
	Ref. ID :	Unique ID number:	Contacts:

Subject: Complaints Closure

Madam/Sir

Further to your formal complaint registered with our services under number No..... dated DD / MM / YYYY at (time) and relating to the following subject at (time) and relating to the following subject

Description of the reason for the complaint for a better understanding
--

You have been informed that the Complaints Management Committee has made the following decision:

Response to the complaint

Attestation:

I, the undersigned, bearing the above described identification, certify that following the implementation of the corrective measures described in response to my request, I consider that the complaint is definitively closed.

Signature: _____



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Venue: _____ on _____ DD / MM / YYYY



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ANNEX 11

G B V SURVIVOR CONSENT FORM

We invite you to be interviewed about a case reported to our office concerning you. We assured you that strict confidentiality is essential and MUST be maintained at all times, except when you as the (survivor) or the (caseworker) faces imminent risk to your well-being, safety and security. You are also assured that your anonymity would be maintained wherever possible. All written information about you the (survivor) would be kept locked and secure from others. Safety and Security at all times, your safety as a survivor must remain paramount in to our work.

For confidentiality, your answers will not be associated with your name. Rather, you will be given an identification number on the interviewer’s sheet. We will make sure all risk associated to your safety is eliminated or minimize at all cost. You may opt to answer questions that you wish to answer. If you have any concerns or you are dissatisfied with any aspect of this interview you may report the grievances anonymously if desired to the Grievance Mechanism Committee.

If you think you are not comfortable with the location where the interview is proposed to be conducted, please you are free to ask for change of location as we want to ensure that you the (survivor) is not placed at risk of further harm by the aggressor, in all cases.

Freedom to Withdraw or Refuse Participation: I understand I have the right to stop the interview at any time, or to refuse to answer any of the interviewer’s questions without prejudice from the interviewer.

Please feel free to ask the interviewer any questions before signing the consent form or at any time during or after the interview.

I understand that in giving my authorization below, I am giving (.....) permission to share the specific case information from my incident report for the only purpose of accessing the GM

I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the service I request. I understand that releasing this information means that a person from the verification committee may come to talk to me.

At any point, I have the right to change my mind about sharing information with the designated agency/focal point listed below.

Name : _____

Date : _____

Tel : _____

Signature _____

Signature of parent or guardian if the survivor is below 18 _____

Furthermore, I understand that in giving my authorization below, I am giving (.....) permission to share the specific case information from my incident report with the service provider(s) I have indicated, so that I can receive help with safety, health, psychosocial, and/or legal needs.

Name : _____

Date : _____



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Tel : _____

Signature _____

Signature of parent or guardian if the survivor is below 18: _____



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ANNEX 12: Intake Form

SURVIVOR
CODE

STANDARD GBV INTAKE-REGISTRATION FORM

INSTRUCTIONS

- 1- This form must be filled out by the person providing services to the survivor
- 2- Remind the complainant that all information will be kept confidential, and that they may choose not to answer any of the questions

Report Date*	Incident Date*	Staff Code (if available)	Report by Survivor*? <input type="checkbox"/> Yes <input type="checkbox"/> No
Survivor Information			
Survivor's Age*	Sex of survivor* <input type="checkbox"/> Female <input type="checkbox"/> Male	Specific Needs / Vulnerabilities* (check <u>all</u> that apply) <input type="checkbox"/> No <input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Disability <input type="checkbox"/> Unaccompanied Minor <input type="checkbox"/> Separated Child <input type="checkbox"/> Other Vulnerable Child	
Details of the Incident			
Area*^o	Sub-Area*^o	Village / Town	
Type of incident/violence* (Please select <u>only</u> ONE of the below. Refer to the GBVIMS GBV Classification Tool for further clarification.) <input type="checkbox"/> Rape (includes gang rape, marital rape) <input type="checkbox"/> Sexual Assault (includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation) <input type="checkbox"/> Physical Assault (includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature) <input type="checkbox"/> Forced Marriage (includes early marriage) <input type="checkbox"/> Denial of resources, opportunities or services (includes denial of inheritance, earnings, access to school or contraceptives, etc. Reports of general poverty should not be recorded.) <input type="checkbox"/> Psychological / Emotional Abuse (includes: threats of physical or sexual violence, forced isolation, harassment /intimidation, gestures or written words of a sexual/menacing nature, etc.) <input type="checkbox"/> Non-GBV (specify) _____		<ol style="list-style-type: none"> 1. Did the reported incident involve penetration? If yes → classify the incident as "Rape". If no → proceed to the next incident type on the list. 2. Did the reported incident involve unwanted sexual contact? If yes → classify the incident as "Sexual Assault". If no → proceed to the next incident type on the list. 3. Did the reported incident involve physical assault? If yes → classify the incident as "Physical Assault". If no → proceed to the next incident type on the list. 4. Was the incident an act of forced marriage? If yes → classify the incident as "Forced Marriage". If no → proceed to the next incident type on the list. 5. Did the reported incident involve the denial of resources, opportunities or services? If yes → classify the incident as "Denial of Resources, Opportunities or Services". If no → proceed to the next incident type on the list. 6. Did the reported incident involve psychological/emotional abuse? If yes → classify the incident as "Psychological / Emotional Abuse". If no → proceed to the next incident type on the list. 7. Is the reported incident a case of GBV? If yes → Start over at number 1 and try again to reclassify the incident (<i>If you have tried to classify the incident multiple times, ask your supervisor to help you classify this incident</i>). If no → classify the incident as "Non-GBV" 	
Were money, goods, benefits, and / or services exchanged in relation to this incident*?			<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the survivor reported this incident anywhere else*? (If yes, select the type of service provider and write the name of the provider where the client reported). <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) :			

Alleged Perpetrator Information



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Number of alleged perpetrator(s)* <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3	Alleged perpetrator sex* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Age* <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Adult & Minor	Main occupation of alleged perpetrator (if known) <input type="checkbox"/> <i>Farmer</i> <input type="checkbox"/> <i>Police</i> <input type="checkbox"/> <i>Soldier</i> <input type="checkbox"/> <i>Security Official</i> <input type="checkbox"/> <i>Teacher</i> <input type="checkbox"/> <i>Parent</i> <input type="checkbox"/> <i>NGO Staff</i> <input type="checkbox"/> <i>Religious / Community Leader</i> <input type="checkbox"/> <i>Other / Unknown</i> <input type="checkbox"/> <i>Unemployed</i> <input type="checkbox"/> <i>Any other individual associated with the project</i>
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ANNEX 13. SEA/SH complaint verification Form

Introduction:

This form should guide the verification process by the verification structure/committee. The verification structure will be in the form of a committee, with five members, recruited. If permitted by the survivor, a representative from a service provider should participate in the verification committee in order to provide advocacy on behalf of the survivor and ensure that survivor care principles are respected throughout the process.

The verification committee is tasked to review available information about the SEA/SH claim in question, the nature of the claim, and whether there is a link with the project. The committee will also make its recommendations to the alleged perpetrator's employer or manager as to appropriate disciplinary sanctions.

It should be noted that the objective of the verification process is to examine only whether there is a link between the project and the reported SEA/SH incident and to assure accountability in recommending appropriate disciplinary measures. The verification process establishes neither the innocence nor the guilt of the alleged perpetrator as only the judicial system has that capacity and responsibility. In addition, all final decisions regarding disciplinary actions will rest solely with the employer or manager of the alleged perpetrator; the verification committee can make only its recommendations.

Section A:

Has the survivor provided his/her informed consent to access the grievance mechanism?

Yes No

IF YES, please complete the form in its entirety.

IF NO, please seek the consent of the survivor only to anonymously share 1) the survivor code, 2) the type of incident reported and the date and area of the incident, 3) the alleged perpetrator's connection to the project (if known), and 4) the age and gender of the survivor.

Explain that this information will only be used by the project for the purpose of gathering information on the risks created by the project to the safety and well-being of women and girls in their communities and to take steps to mitigate these risks. No data specific to the incident in question, including the identity of the victim, specific location, etc., will be shared outside the provider.

Has the survivor provided his/her informed consent to share the abovementioned information? Yes

No

If YES, please fill out below only Section B.2; B.2; B.3

If NO, please do not fill out the rest of the form.

Section B :

1. INFORMATION RELATED TO THE Complainant/GBV SURVIVOR

Survivor Code:

Age and sex of the GBV survivor:



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- Girl (<18)
- Woman (>=18)
- Boy (<18)
- Man (>=18)



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2. INFORMATION RELATED TO THE SEA/SH ALLEGATION:

Time, area and date of incident reported by the survivor:

GBV Type (classification GBVIMS) :

- Rape
- Sexual aggression
- If relevant, please specify:*
- Sexual exploitation and abuse
- Sexual harassment
- Physical aggression
- Emotional and psychological violence
- Forced marriage
- Denial of resources and opportunities

Has the survivor received any services? Yes No

If yes, please specify:

- Medical
- Psychosocial
- Legal
- Security/protection:
- Other please specify :

3. INFORMATION REGARDING THE LINK TO THE PROJECT:

This session aims to determine whether the incident is linked to the project and if the alleged perpetrator is hired or is associated to the project

Is the alleged perpetrator linked to the project?

- Yes
- No
- Do not know

Name of the alleged perpetrator (if known):

Role of the alleged perpetrator (if known):

- Farmer
- Teacher
- NGO staff
- Parent
- Police
- Soldier
- Security official
- Religious/community leader
- Any other individual associated with the project
- Not known

Has the incident been confirmed as credible after verification?

- Yes No Verification ongoing

End date of the verification process:

Decision taken:



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No action/sanction

Informal warning

Formal warning



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- Additional training
- Loss of salary
- Suspension of employment
- Layoff with notice
- Layoff without notice
- Report to the police if warranted
- Fines
- Other actions

Please specify:

Date of notification to the perpetrator's employer/contractor:

Date of notification to the GBV survivor:

Notification of the implementation of the decisions/sanctions: yes No

Notification to the ROGEAP PIU yes No

Notification to the World bank (*the verification structure needs only share the nature of the case, the age and sex of the complainant -if known-, whether there is a link with the project, and whether the survivor has been referred for services*)

yes No

Note below any follow-up communication with the survivor:

For example: When/if a verification has begun, or the allegation has been determined to have an insufficient basis to continue. It may also include concerns raised by the victim through the verification process.

Last name and First name of the representative and signature



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ANNEX 14: Code of Conduct for Implementing ESHS and OHS Standards Preventing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH), and Violence Against Children (VAC)

IMPLEMENTING ESHS AND OHS STANDARDS

PREVENTING SEXUAL EXPLOITATION AND ABUSE, SEXUAL HARASSMENT, AND VIOLENCE AGAINST CHILDREN

Individual Code of Conduct

I, _____, acknowledge that adhering to environmental, social health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing sexual exploitation and abuse (SEA), sexual harassment (SH), and violence against children (VAC) is important.

ROGEAP considers that failure to follow ESHS and OHS standards, or to commit acts of SEA/SH or VAC —be it on the work site, the work site surroundings, at workers' camps, or the surrounding communities—constitute acts of gross misconduct and are therefore grounds for sanctions, penalties, or potential termination of employment. Prosecution by the Police of those who commit SEA/SH or VAC may be pursued if appropriate, and only upon informed survivor consent, or in the case of a minor, with appropriate caregiver consent.

I agree that while working on the project I will:

1. Attend and actively partake in training courses related to GRM, GBV, PSEA-SH, ESHS, OHS, HIV/AIDS, SEA/SH and VAC as requested by my employer.
2. Will always wear my personal protective equipment (PPE) when at the work site or engaged in project related activities.
3. Take all practical steps to implement the contractor's environmental and social management plan (CESMP).
4. Implement the OHS Management Plan.
5. Adhere to a zero-alcohol policy during work activities, and refrain from the use of narcotics or other substances which can always impair faculties.
6. Consent to Police background check.
7. Treat women, children (persons under the age of 18), and men with respect regardless of race, color, language, religion, political or other opinion, national, ethnic, or social origin, property, disability, birth or nationality, sexual orientation, gender identity, or other status.
8. Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
9. Not engage in sexual exploitation, which is defined as any actual or attempted abuse of position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.
10. Not engage in sexual abuse, which is defined as the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.
11. Not engage in sexual harassment, which is defined as any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation to another, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile or offensive work environment.
12. Not participate in sexual contact or activity with children—including grooming or contact through digital media. Mistaken belief regarding the age of a child is not a defense. Consent from the child is also not a defense or excuse.



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13. I will not have sexual interactions with members of the surrounding communities. This includes relationships involving the withholding or promise of actual provision of benefit (monetary or non-monetary) to community members in exchange for sex—such sexual activity is considered “non-consensual” within the scope of this Code.



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14. Consider reporting through the GM or to my manager any suspected or actual SEA/SH or VAC by a fellow worker, whether employed by my company or not, or any breaches of this Code of Conduct.

- **With regards to children:**

1. Wherever possible, ensure that another adult is present when working in the proximity of children.
2. Not invite unaccompanied children unrelated to my family into my home unless they are at immediate risk of injury or in physical danger.
3. Not use any computers, mobile phones, video, and digital cameras or any other medium to exploit or harass children or to access child pornography (see also “Use of children’s images for work related purposes” below).
4. Refrain from physical punishment or discipline of children.
5. Refrain from hiring children for domestic or other labor below the minimum age of 14 unless national law specifies a higher age, or which places them at significant risk of injury.
6. Comply with all relevant local legislation, including labor laws in relation to child labor and World Bank’s safeguard policies on child labor and minimum age.
7. Take appropriate caution when photographing or filming children (See Annex 2 for details).

- **Use of children’s images for work related purposes**

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

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

- **Sanctions**

I understand that if I breach this Individual Code of Conduct, my employer will take disciplinary action which could include:

1. Informal warning.
2. Formal warning.
3. Additional Training (increase dialogue and awareness training).
4. Loss of up to one week’s salary.
5. Suspension of employment (without payment of salary), for a minimum period of one month up to a maximum of six months.
6. Termination of employment.
7. Report to the Police if warranted.
8. Fines (involve crime and serious human rights violations).
9. Suspended while investigations take place (to have clear evidence against the alleged perpetrator).

Reporting mechanism:

If I see and/or witness a case of SEA/SH misconduct as described in this Code of Conduct, or I am a victim of any



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prohibited behaviors, I can call the GRM contact number, +2348099036226) or contact any SEA/SH focal points among the serviceproviders, community-based structure, Community-based focal points or Regional SEA/SH Monitors listed in Annex. I can always contact the Grievance Redress Mechanisms / Social Safeguard specialist for guidance and information.



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

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Witness Name: _____

Signature: _____

Address: _____

Date: _____



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ANNEX 15 RESPONSE PROTOCOL FOR SEA/SH COMPLAINTS Response Protocol for SEA/SH Complaints

This annex provides standard operating procedures to follow for service referrals when a complaint related to SEA/SH is received through the **ROGEAP** project's (accountability) grievance mechanism. This protocol should be adapted for each member state project intervention zone as needed in order to incorporate information about relevant and available local service providers.

A. Protocol objectives

This protocol outlines the procedures to follow when a case of SEA/SH is reported and identifies the principal response actors that provide survivor support, normally health, psychosocial (which can include social reinsertion), and legal services. This protocol also outlines the roles, responsibilities, and guiding principles regarding **SEA/SH response and survivor care**.

B. Key terms and concepts

- **Aggressor:** The person, group, or institution that inflicts directly, or supports by any other means, violence or abuse inflicted on another against his or her will.
- **Consent:** 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. Children are considered unable to provide consent because they do not have the ability and/or experience to anticipate the implications of an action, and they may not understand or be empowered to exercise their right to refuse. **The World Bank considers children as anyone under the age of 18—even if national law may have a lower age—and, as such, not able to give free and voluntary consent.**¹⁵ Mistaken belief regarding the age of the child and consent from the child is not a defense in SEA of children. Sexual activity with individuals below the age of 18 is therefore considered child sexual abuse, except in cases of pre-existing marriage.¹⁶
- **Gender-based violence (GBV):** Umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.
- **Sexual exploitation:** Any actual or attempted abuse of position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.
- **Sexual abuse:** The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

¹⁵ Articles 1 of the UN "Convention on the Rights of the Child" defines children as those under the age of 18. The UN Secretary General's Bulletin on Special Measures for protection from sexual exploitation and abuse, October 9, 2003 ST/SGB/2003/13 also defines children as anyone under the age of 18 and explicitly prohibits sexual activity with a child regardless of the age of majority or age of consent locally (para 3.2 b).

¹⁶ The age of consent has important implications for workers employed on World Bank-financed projects. If a worker is married to someone under the age of 18 and that marriage is recognized by a public, religious or customary authority and consistent with the legal age for marriage in the country, such underage marriage shall not constitute a reason not to employ the worker.



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Under any circumstances other than these, Codes of Conduct shall prohibit workers from engaging in sexual intercourse with anyone under the age of 18. If a worker engages in sexual intercourse with anyone under the age of 18 while employed under the project, a range of employment sanctions shall apply, as set out in the Code of Conduct, following a full and fair review.



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- **Sexual harassment:** Any unwelcome sexual advance, request for sexual favor, verbal or physical conduct or gesture of a sexual nature, or any other behavior of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation to another, when such conduct interferes with work, is made a condition of employment, or creates an intimidating, hostile or offensive work environment.
- **Survivor or victim:** An individual who has experienced an incident of GBV, including SEA/SH. The terms “victim” and “survivor” are used interchangeably. The term “victim” is most often used in the medical and legal fields, and the term “survivor” is used more often in the field of psychosocial support to denote internal individual resilience.
- **Survivor-centered approach:** The survivor-centered approach is based on a set of principles and skills designed to guide professionals—regardless of their role—in their engagement with survivors (predominantly women and girls but also men and boys) who have experienced sexual or other forms of violence or abuse. The survivor-centered approach aims to create a supportive environment in which the survivor’s interests are respected and prioritized, and in which the survivor is treated with dignity and respect. The approach helps to promote the survivor’s recovery and ability to identify and express needs and wishes, as well as to reinforce the survivor’s capacity to make decisions about possible interventions.

C. GBVIMS classifications

The **Gender-Based Violence Information Management System (GBVIMS)** offers six principal and systematic classifications for GBV, as listed below. Intake forms may use these classifications to identify a particular type of GBV incident. Cases of SEA and SH, apart from rape, would be classified under sexual assault.

1. **Rape:** non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.
2. **Sexual assault:** any form of non-consensual sexual contact that does not result in or include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. Female genital mutilation/cutting (FGM/C) is an act of violence that affects sexual organs, and as such, should be classified as sexual assault. *This incident type does not include rape, i.e., where penetration has occurred.*
3. **Physical assault:** an act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort, or injury. *This incident type does not include FGM/C.*
4. **Forced or early marriage:** the marriage of an individual against her or his will.
5. **Denial of resources, opportunities, or services:** denial of rightful access to economic resources/assets or livelihood opportunities, education, health, or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc.
6. **Psychological or emotional harm:** infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures, or written words of a sexual and/or menacing nature, destruction of cherished things, etc.



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D. Guiding principles for survivor care

- **Confidentiality:** always Respect the confidentiality of the survivor and his/her family. If the survivor gives her/his informed consent, share only relevant information with others for the purpose of helping the



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survivor, such as referring for services. Confidentiality and anonymity of the alleged aggressor's identity must also be respected. All identifying personal information (name, address, etc.) must be withheld in the reporting, compilation and sharing of data.

- **Exceptions to confidentiality** occur only when an adult survivor is threatening her or his own life or the life of another person and when the survivor is a child.
- **Non-discrimination:** Any adult or child, regardless of sex, has the right to receive care and support under the same conditions. SEA/SH survivors must receive equal and impartial treatment, regardless of their race, ethnicity, religion, nationality, sexual orientation, or gender identity.
- **Respect:** All actions taken will be guided by respect for the wishes, choices, rights, and dignity of the survivor.
- **Security:** Always ensure the safety of the survivor. Remember that s/he may be frightened and need assurance that s/he is safe. In all types of cases, ensure that s/he is not placed at risk of further harm by the alleged aggressor. If necessary and with survivor informed consent, ask for assistance from police, elders, community leaders or others who can provide security. Maintain awareness of safety and security of people who are helping the survivor, such as family, friends, counselors and health care workers.

E. Types of survivor support services

Actors that receive specialized training or have considerable programming experience in relation to service provision for GBV survivors are considered **specialized providers**, such as for health and psychosocial support services and case managers.

Actors that work in sectors outside of the GBV prevention and response arena are considered **non-specialized providers** though they may still be actors that offer other support services or additional entry points for orienting survivors towards assistance.

- **Health:** A survivor, especially following an incident of rape, may need medical care to treat injuries or to receive sexual or reproductive health care services, such as prevention of STIs, screening for and prophylactic treatment of HIV/AIDS, emergency contraception, and other common treatments for the physical consequences of GBV. Medical care can also encompass medico legal evidence collection.
- **Legal assistance:** These services offer legal counsel to survivors who wish to report or file a complaint in court against the alleged aggressor. Legal assistance also encompasses proper representation for the survivor before the court system and proper support throughout the legal process. Legal interventions in some project areas can be very limited and weak; therefore, it is important for the survivor to understand all of the advantages and disadvantages of pursuing a legal remedy in order to ensure an informed decision.
- **Psychosocial:** These services aim to offer a response to the harmful emotional, psychosocial, and social effects of GBV. Psychosocial support seeks to improve the survivor's well-being in aiding her/him to heal, re-establishing a normal life, protecting the survivor from an accumulation of troubling events, and encouraging the survivor and her/his family to rebuild their lives and envision a positive future. These services can encompass individual case management as well as group activities that target emotional support and social reintegration.



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- **Security:** All service providers must prioritize and reflect upon the safety and security of the survivor and her/his family, as well as that of their provider colleagues offering support. Security services may encompass support from law enforcement or the court system, but this will depend upon the project context and whether these agents have been properly trained and equipped.
- **Additional survivor support options:** For survivors or complainants who are project personnel or workers, and with the survivor's full participation and consent, the project may also be in a position to undertake further survivor support measures to ensure the survivor's safety, such as adapting personnel duties, location, or hours; facilitating safe transportation options; ensuring adequate leave for needed appointments, safe accommodation, or caregiver duties; and adopting other measures to ensure family-friendly or flexible work arrangements.

F. Procedure for referrals or requests for assistance

1. Reporting an incident

A survivor has the right to report an incident of SEA/SH to any actor or individual that s/he wishes and whom s/he trusts, such as a family member, a friend, another member of the community, a service provider, or community or religious leader. A survivor may choose to receive or not to receive support or be referred for services, such as health or psychosocial care. Any actor or individual in whom a survivor confides should give the survivor all possible information about her/his options and available services, if the survivor consents. Service providers often provide helpful entry points, but any entry point into the grievance redress system must be accessible, secure, reliable, and confidential.

2. Referring for services

a. Service referrals can happen in multiple directions:

- Referrals from individuals or actors who are not specialized GBV service providers;
- Referrals among specialized GBV service providers (e.g., between a medical and psychosocial support provider); and
- Referrals from specialized GBV providers to non-specialized providers, who may offer services in other areas not directly linked to GBV services.

b. When a non-specialized provider receives a report of SEA/SH, this actor's principal priority is to provide basic emotional support as well as offer information to the survivor as to locally available services for referral, with the survivor's consent. Immediate actions for this individual would be to:

- Offer active listening;
- Provide basic information about locally available services;
- Ask for the survivor's informed consent for referral; and
- Refer to other services in a timely manner.



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The non-specialized actor should ensure that the suggested service provider can in fact provide assistance to the survivor, and once the survivor is referred for other services, the direct assistance from the non-specialized provider ends there.



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- c. Specialized providers that receive a report of SEA/SH must provide care to the survivor in accordance with international best practices and guiding principles for survivor care.¹⁷ Holistic support from specialized providers includes (case management, medical care, psychosocial support and mental health interventions, security options, and legal assistance). These actors must likewise be active listeners and provide all information about a survivor's available options, obtaining the survivor's informed consent first before proceeding. Specialized providers should also provide survivors, and/or their caregivers where needed, information about any mandatory reporting laws, if relevant in a particular context, before proceeding.
 - d. **Consent form:** Both non-specialized and specialized actors must obtain informed consent from the survivor before proceeding with service referrals or information. Ideally, the survivor should read and sign a document that gives her or his consent to be referred for or to proceed with services as well as regarding sharing of limited case information. If the survivor is unable to read or write, the individual or provider can read the consent form aloud and the survivor can use a thumbprint to sign the document. Any such documentation must be maintained separately in a secure and locked area with strictly limited access.
 - e. **Intake form:** Specialized service providers that receive a case must fill out an intake form after obtaining survivor consent, which will assign an anonymous code to the survivor. During the interview, the provider should inform the survivor of the type of help that the provider can offer, including the advantages and disadvantages of receiving different services. Any intake and other case documentation must also be maintained separately in a secure and locked area with strictly limited access.
- 3. What to do when services are not available:** If complete services are not available in a particular intervention zone, the survivor should still be informed of what services are or are not available and how remote support might be offered if that is an option. It is important that a survivor's expectations in relation to service availability be managed realistically.

Working with child survivors: In cases involving minors, actors specialized in child protection should be involved and integrated into the referral pathway. Children have the right to be consulted directly about their case as well as to receive all available information that is necessary to help them decide upon a particular course of action, in accordance with their age and stage of maturity and cognitive development. Wherever appropriate, parents or caregivers should also be involved in the case management process, and children have the right to let a service provider know the adult in whom the child places the most trust and confidence. If the alleged aggressor is a member of the family, it is extremely important that any interview with the child take place outside of the family unit and in the presence of an adult whom the child trusts. A child's capacity to provide consent with regard to services or information-sharing will depend upon the child's age, level of maturity, and ability to express him or herself freely; the best interest of the child should also be taken into account.

Everyone has a duty to report to either the Police or Department of Social Welfare, any case of child abuse or the violation of the right of any Child that he or she knows about. It is against the law to sexually abuse or exploit a Child in any form or even encourage it, to keep a brothel or allow a child to be in your brothel, (The children's Act 2005). For the benefit of ROGEAP Project, there are SEA/SH Focal Points identified within project stakeholders and host community members who will work directly with the GRM/GBV Team. In addition, they are trained on how to handle and report SEA/SH cases



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¹⁷ See Clinical Management of Rape (World Health Organization, 2009); Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings (UNICEF and IRC, 2012); Interagency Gender-Based Violence Case Management Guidelines (IASC, 2017); and Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015).



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especially when it involves a child survivor. All referrals are done by using the numbers of contacts indicated in the GM referral pathways and that of the GM Operator's number (for the most up-to-date information, please consult the Grievance Redress Mechanism, GRM and GBV Team at ROGEAP PIU).

- 4. Payment for survivor services:** The GRM operator will arrange for payment of survivor support costs for project-related claims that are not otherwise covered through public services, such as government health or social service centers, including transport costs to ensure access to needed services. In order to facilitate this coverage, the project may need to enter into partnership arrangements with certain service providers for the life of the project.
- 5. Information and data management:** With regards to management of SEA/SH-related data, all documentation related to any SEA/SH case must be filed and maintained separately, in a lockable space, with access that is strictly limited. All guiding principles regarding confidentiality and the secure and ethical collection of data must be respected,¹⁸ and any identifying information about a survivor or the alleged aggressor must never be included in any reports regarding SEA/SH cases for the project. Any project personnel responsible for collecting data related to SEA/SH cases must be trained on proper datacollection methods and relevant guiding principles, especially surrounding survivor confidentiality and safety.

The project may need to enter into information-sharing agreements with certain service providers in order to ensure the ethical and confidential reporting and sharing of case data. Generally speaking, any data-sharing should be limited to information regarding the nature of the incident, whether the alleged aggressor is linked to the project, the age and sex of the survivor (if known), and whether the survivor was referred for services, and only with the informed consent of the survivor.

G. Community Sensitization

Information regarding the management procedures for SEA/SH claims and available services must be disseminated regularly within project-affected communities (service-mapping information must therefore be available prior to organizing community awareness-raising sessions or consultations). Community members should be informed about the following:

1. Entry points to seek help safely and confidentially, whether for services and/or to file a complaint;
2. Available services in the community and how to access them;
3. What to expect from service providers (NGO, CSO), including counter-referrals, as well as the roles and responsibilities of different actors; and
4. The existence of any mandatory reporting laws, especially in the case of SEA/SH or VAC, so that any survivors or their caregivers are aware of these regulations before deciding whether to seek support from a service provider that may be required to report.



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¹⁸ World Health Organization, Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies, 2007; Best Practices, Gender-Based Violence Information M