Standard Operating Procedures (SOPs) for the Grievance Redress Mechanism (GRM) For Health Department, Government of Khyber Pakhtunkhwa under the Khyber Pakhtunkhwa Human Capital Investment Project (KPHCIP).

1. Purpose and Objectives

The development of Standard Operating Procedures (SOPs) for the Grievance Redressal Mechanism (GRM) under the Khyber Pakhtunkhwa (KP) Health Department is a critical step to ensure accountability, transparency, and community trust in the delivery of health services. The KP Health Department, in alignment with the World Bank's Environmental and Social Framework (ESF), Environmental and Social Standards (ESSs), and applicable national legal provisions, including the Right to Information Act, KP Civil Servants (E&D) Rules, and other relevant public service governance regulations, recognizes the importance of an accessible, fair, and responsive system for addressing grievances. The GRM serves as a structured channel for communities, beneficiaries, and stakeholders to raise concerns, including those related to service delivery, environmental and social risks, and sensitive matters such as Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH). In compliance with the World Bank's requirements, particularly ESS10 on Stakeholder Engagement and Information Disclosure, and the Environmental and Social Commitment Plan (ESCP) agreed under the KP Health Project, these SOPs provide standardized guidance for the effective functioning of grievance committees at provincial, district, and facility levels, ensuring timely redressal, proper documentation, and a referral pathway for complex or sensitive cases.

Objectives

The primary objective of established and operationalizing the Grievance Redressal Mechanism (GRM) under the Khyber Pakhtunkhwa Health Department and the Khyber Pakhtunkhwa Human Capital Investment Project (KPHCIP) is to ensure that patients, caregivers, and community members have access to a transparent, responsive, and accountable system for addressing their concerns. The GRM is designed to strengthen patient care at health facilities by providing an institutionalized pathway through which complaints related to the quality of medical services, staff behavior, availability of medicines, quality of services, facility management, and respect for patient rights can be effectively registered, tracked, and resolved in a timely manner.

In parallel, the GRM serves as a safeguard mechanism for the broader KPHCIP interventions, including the rehabilitation and upgrading of health facilities, procurement and supply chain management, construction-related activities, and service delivery improvements. It ensures that grievances arising from project related environmental and social impacts, such as land use concerns, community health and safety, occupational health, gender-based risks, and labor-related issues, are systematically addressed in line with the World Bank's Environmental and Social Standards (ESSs) and the project's Environmental and Social Commitment Plan (ESCP).

By integrating patient-centered care with project-level accountability, the GRM aims to build trust between the community and the health system, promote equitable access to services, reduce risks of

exclusion and exploitation, and enhance the overall effectiveness and sustainability of health sector reforms supported by the KPHCIP

2. Scope of the GRM

The Grievance Redressal Mechanism (GRM) established under the Khyber Pakhtunkhwa Health Department and the Khyber Pakhtunkhwa Human Capital Investment Project (KPHCIP) applies to all stakeholders engaged in or affected by health sector interventions. Its scope covers both facility level patient care and project related activities, ensuring that grievances of diverse nature are addressed in a structured and timely manner.

The GRM system includes the following dimensions:

1. **Patients and Caregivers at Health Facilities**. Concerns related to the quality of care, availability of medicines, behavior of staff, waiting times, hygiene and safety standards, or respect for patient dignity.
2. **Community Members and Local Stakeholders**. Issues arising from community interactions with health facilities, construction or rehabilitation works, environmental impacts, accessibility of services, or exclusion of vulnerable groups.
3. **KPHCIP Project Activities**. Grievances linked to infrastructure development, procurement and supply chain, contractor performance, labor management, occupational health and safety, and compliance with environmental and social safeguards.
4. **Sensitive and High-Risk Cases**. Complaints involving Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH), gender-based violence (GBV), child protection concerns, or other issues requiring confidential handling and referral to specialized services.
5. **Institutional and Administrative Concerns.** Matters related to governance, policy implementation, mismanagement of resources, or delays in service delivery linked to health sector reforms.

The GRM system is inclusive in its reach, ensuring accessibility for women, marginalized communities, persons with disabilities, and other vulnerable groups like refugees and IDPs. It operates across multiple tiers provincial, district, and facility levels with a clear referral and escalation pathway, ensuring that grievances are resolved efficiently and transparently in accordance with national legal frameworks and the World Bank's Environmental and Social Standards (ESS10).

3. Guiding Principles

The Grievance Redressal Mechanism (GRM) is built on internationally recognized best practices, national legal frameworks, and the World Bank's Environmental and Social Standards (ESS10). The following guiding principles ensure that the system remains transparent, inclusive, and effective:

1. **Accessibility.** The GRM must be easily accessible to all stakeholders, including patients, caregivers, community members, health workers, and vulnerable groups such as women, persons with

disabilities, and marginalized populations. Multiple channel like facility desks, telephone/WhatsApp, suggestion boxes, online portals (Pakistan Citizen Portal Mobile App-PMDU, KP-HCIP website online complaints, via email, print & social media) are made available.

2. **Transparency and Accountability**. All complaints must be documented, tracked, and resolved with clear timelines. Complainants should be informed of the process and outcomes, ensuring institutional accountability at every level.
3. **Fairness and Equity.** Every grievance, regardless of the complainant's background or status, will be treated impartially. Decisions will be based on objective evidence and aligned with legal and policy frameworks.
4. **Confidentiality and Sensitivity**. Complaints involving sensitive issues, especially Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) and Gender-Based Violence (GBV), must be handled with the highest degree of confidentiality, dignity, and survivor-centered approaches.
5. **Timeliness and Responsiveness**. Grievances must be acknowledged promptly and addressed within defined timeframes to maintain community trust and ensure that issues do not escalate.
6. **Inclusiveness and Participation.** The system must actively engage communities, local leaders, and civil society organizations in grievance redressal, ensuring that the voices of vulnerable groups are heard and respected.
7. **Continuous Improvement.** The GRM is a dynamic system. Lessons learned from grievance data, feedback, and monitoring should inform health sector reforms, improve service delivery, and strengthen institutional accountability.
8. **Alignment with Laws and Standards.** All processes under the GRM must comply with applicable national laws like Protection Against Harassment of Women at the Workplace Act, 2010 in Pakistan, World Bank ESSs, and the Environmental and Social Commitment Plan (ESCP) agreed for KPHCIP.
9. **Non-Retaliation**: Complainants and whistleblowers shall be protected from any form of retaliation, intimidation, or adverse action for raising grievances in good faith.
10. **Conflict of Interest**: Members involved in grievance handling shall declare and avoid any conflict of interest to ensure impartiality, neutrality and fairness in decision-making.
11. **Data Protection**: All personal information, case records, and sensitive data shall be safeguarded with strict confidentiality and used solely for grievance resolution purposes.

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4. Institutional Structure of the GRM

To ensure effective functioning of the Grievance Redressal Mechanism (GRM), Grievance Redress Committees (GRCs) shall be established at three levels (which is already notified by the Health Department) Provincial, District, and Health Facility. These multi-tiered structures ensure timely grievance resolution, accountability, and an escalation pathway for complex or unresolved cases.

1. **Provincial Level GRC**

- Deputy Project Director, KP-HCIP (Convener)

- Director or Deputy Director IMU (Member)
- Social Safeguard & Gender Specialist (Secretary- Responsible for documentation and managing the grievances)
- Representative from DGHS Khyber Pakhtunkhwa (Member)
- Any other co-opted as and when decide by the convener

Functions:

- Oversight of GRM operations across districts and facilities.
- Resolution of escalated or sensitive grievances (e.g., SEA/SH, policy-related).
- Policy guidance and alignment with World Bank ESSs.
    - Reporting and disclosure to the World Bank and other stakeholders.

2. District Level GRC

- District Health Officer of concern district or Deputy DHO (Convener Responsible for documentation and managing the grievances)
- Representative from IMU Health (Member)
- Representative from local government (Member)
- Community Member Nominated by KP-HCIP/DGHS office KP (preferably Female member with legal background (Member)

Functions:

- Receive and resolve grievances reported at district level.
- Monitor and supervise facility-level GRCs.
- Escalate unresolved or sensitive grievances to the Provincial GRC.
- Submit monthly reports to the PMU.

3. Health Facility Level GRC

- Incharge of the concern health facilities Convener (Responsible for documentation and managing the grievances)
- PHC Technician in case of BHU or Senior Medical officer in case of RHC (Member)
- Secretary concern Neighborhood/Village council (Member)
- Two community notables (one male and one female) nominated by member district health officer or facility incharge.

Functions:

- Serve as the first entry point for patients and caregivers.
- Register, document, and resolve grievances promptly.

- Maintain grievance logs and records.
- Refer complex or unresolved issues to the District GRC.
- Ensure confidentiality and survivor-centered handling of SEA/SH and GBV cases.

District Harassment Inquiry Committee (IC)

The District Harassment Inquiry Committee (IC), already notified under the Khyber Pakhtunkhwa Protection Against Harassment of Women at the Workplace Act, 2010 (as amended), is the legally mandated body to investigate Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) cases within its jurisdiction. The IC is composed of three members, including:

- Convener: Deputy DHO of the concern district nominated by the District Health Officer.
- Female Member: Preferably from the district health administration or local government with knowledge of gender laws.
- Member: Representative from civil society or the legal fraternity.

The IC has the following mandate and powers:

- Receive and investigate SEA/SH complaints in line with the KP Act 2010, ensuring due process, fairness, and confidentiality.
- Complete investigations within 30 calendar days and submit findings to the competent authority for action.
- Recommend disciplinary or administrative actions consistent with the law and departmental rules.
- Maintain strict confidentiality throughout proceedings and protect survivors and witnesses from retaliation.

Referral Coordination**:** SEA/SH-related grievances received through the GRM shall be immediately and confidentially referred to the IC for investigation. The GRM will not investigate these cases but will ensure documentation of referrals, survivor safety, and coordination with service providers.

If the complaint is against a health worker at the facility, the complaint will be forwarded to the district IC at the same time ensuring that appropriate referrals are shared as per the needs of the complainant.

In case of GBV or domestic violence, the GRC focal point at this level will make the relevant referral based on a survival-centric approach.

All other generic complaints will be routed through the main GRM channels for redressal

5. Grievance Redress Process

The Grievance Redressal system is designed as a step-by-step process to ensure fair, transparent, and timely handling of complaints. The process applies equally to grievances related to patients' care at health facilities and those arising from KPHCIP interventions such as infrastructure development, procurement, and service delivery reforms.

Step 1: Grievance Uptake

- **Multiple Entry Points/ Channels:** Grievances can be submitted through physical complaint and feedback boxes placed at health facilities, where staff or community health workers can assist those who cannot read or write in recording their concerns. Walk-in desks have also been established at hospitals and basic health units, staffed with trained focal persons who are sensitized to the needs of persons with disabilities and marginalized groups. A hotline (091-9211605) provides an option for verbal reporting, with operators trained to communicate in local languages and guide complainants with low literacy. In addition, a WhatsApp number (0311-777-5773) enables both text and voice note submissions, making it user-friendly for individuals with limited literacy or digital skills. For digitally literate complainants, the official website portal (https://kphcip.gkp.pk), Prime Minister Citizen Portal offers an online submission option, designed with simple text, local language support, and easy navigation to accommodate different literacy levels. Furthermore, recognizing that some individuals may feel more comfortable approaching trusted persons, local health workers, lady health visitors, and community focal persons have been empowered to receive grievances verbally and submit them on behalf of complainants. This inclusive approach ensures that no person is excluded due to disability, illiteracy, remoteness, gender, or socioeconomic status, and that all community members have safe and dignified access to the grievance system.

- **Coverage:**
    - Patient Care*:* Complaints about medical treatment, staff behavior, medicine availability, hygiene, and patient dignity, waiting area etc.
    - KPHCIP Interventions*:* Concerns on construction impacts, contractor behavior, delays, labor issues, environmental and social risks, and supply chain gaps.

Special Protocol: Sensitive complaints, particularly SEA/SH or GBV-related, must be received confidentially and referred immediately to designated focal persons and specialized service providers.

Step 2: Registration and Documentation

- Every grievance is recorded in a Grievance Log Register or online database with a unique tracking number. But SEA/SH cases will be recorded in confidential manner and record will be at the district focal point separately.
- Details include complainant information (with option for anonymity), nature of complaint, date, and entry channel.
- Acknowledgment slip or confirmation message is shared with the complainant.

Special Procedure for SEA/SH Complaints:
Upon receipt of any SEA/SH-related complaint through the GRM channels, the grievance focal person shall:

1. Ensure immediate confidentiality and survivor safety, assigning a unique confidential code instead of personal identifiers.
2. Refer the survivor to support services (medical, psychosocial, legal) through pre-identified local service providers immediately.
3. Transmit the case to the District Harassment Inquiry Committee (IC) for formal investigation under the KP Harassment Act.
4. The GRM will track the case as "referred to IC" and will not retain or disclose any personal or investigative details.
5. Updates on outcomes will be received through the IC and recorded in aggregate, non-identifiable form for reporting and learning purposes.

Step 3: Screening and Categorization

Grievances are screened at facility or district level and categorized as:

- Routine Patient Care Issues (quick resolution expected at facility).
- Administrative/Operational Issues (referred to District GRC).
- Policy, Procurement, or Construction-Related Issues (escalated to Provincial GRC).
- SEA/SH and Sensitive Cases (handled under survivor-centered protocols as outlined in the process above).

Step 4: Investigation and Resolution

- **Facility GRC:** Resolves most patient care complaints within 3–7 working days.
- **District GRC:** Handles operational and district-wide issues within 15 working days.
- **Provincial GRC:** Reviews escalated or complex complaints within 30 working days.
- Investigations may involve site visits, staff interviews, or consultation with contractors and communities. (SEA/SH cases shall not be investigated through the Grievance Redress Committees (GRCs), instead, they will be referred directly to specialized GBV service providers and the District Level Harassment Inquiry Committee which already notified. The GRM will only record referrals, ensure survivor-centered safety planning, and document survivor-led updates without disclosing sensitive details).
- Findings are documented and communicated clearly to the complainant.

Investigation of SEA/SH Cases:

Grievance Redress Committees (GRCs) shall not investigate SEA/SH cases. Instead, such cases will be immediately referred to the District Harassment Inquiry Committee (IC) for investigation in accordance with the KP Protection Against Harassment Act. The GRM focal point will ensure that the survivor receives

confidential and survivor-centered support through medical, psychosocial, and legal service providers while maintaining safety planning and follow-up coordination.

Step 5: Escalation Pathway

If grievances remain unresolved, they are escalated to higher GRC levels:
F**acility Level → District → Provincial → Administrative Department.**
This structured escalation ensures that grievances are addressed at the lowest appropriate level, with higher tiers intervening only when required.

Step 6: Feedback and Closure

- Complainants are informed of the resolution, actions taken, and expected follow-up.
- Case is formally closed in the grievance database once the complainant confirms satisfaction or the GRC documents reasonable closure.
- In SEA/SH cases, closure is based on survivor's informed decision, with emphasis on confidentiality, support services, and dignity.

Step 7: Monitoring, Reporting, and Learning

- Monthly grievance reports are prepared at district and provincial levels.
- Data is analyzed to identify recurring issues, trends, systemic gaps and corrective measures.
- Lessons learned are integrated into health service delivery improvements and KPHCIP project adjustments.

8. Capacity Building and Awareness

- Training of GRM Committees at all tiers.
- Awareness campaigns for communities (banners, leaflets, Through install LCD in facilities).
- Orientation/Training for contractors and staff on grievance handling.

9. Record Keeping

- Standardized GRM Register maintained at all levels.
- Digital database maintained at Provincial PIU.
- Encryption: All electronic grievance records shall be stored and transmitted using secure encryption protocols to prevent unauthorized access.
- Role-Based Access: Access to grievance data shall be restricted based on defined roles and responsibilities, ensuring only authorized personnel can view or update records.
- Retention Periods: Grievance records shall be retained only for the legally required duration or project-specified timelines, after which they must be securely disposed of.

- Secure Destruction Protocols: Physical and digital grievance records shall be destroyed using secure methods (e.g., shredding, permanent deletion) to prevent recovery or misuse.
- SEA/SH cases recorded separately with confidentiality.

10. Review and Continuous Improvement

- Annual review of GRM SOPs.
- Feedback from communities and stakeholders to strengthen system.
- Adjustments made in line with evolving needs and World Bank guidance

Case Categorization and Referral Pathway under GRM System KPHCIP (Health Component)

Category / Priority	Nature of Complaint	Where Registered	Investigation Officer / Committee	Referral Pathway & Resolution
Category A – Urgent & High-Risk Cases	- SEA/SH (Sexual Exploitation, Abuse, Harassment) -Child safeguarding issues - Immediate threats to patient/community safety - GBV-related complaints	- Confidential channels (direct to focal person, sealed complaint box, helpline, WhatsApp, or email)	- SEA/SH trained focal person at District/Provincial level - Facility staff not allowed to investigate SEA/SH or GBV cases These case will investigate by the district harassment inquiry committee.	- Immediate referral to **GBV referral pathway** (medical, psychosocial, legal services) -Reported confidentially to District Harassment Inquiry committee - Resolution according to the KP Act Provision
Category B – Moderate & Service Delivery Related	- Staff absenteeism or misconduct Negligence in patient care - Misbehavior with patients/community - Breach of medical protocols	- Facility-level GRM register, telephone, whatsapp, email or complaint box -Verbal/written complaint to Facility In-Charge or DHO office	- Facility GRM Committee (In-Charge concern Facility, Senior Medical officer incase of RHC & PHC technician in case of BHU) -Escalated to District GRM Committee if unresolved	- Facility GRM Committee investigates within **7 days** -Corrective actions recommended (warning, replacement, training)

	-Contractor negligence (O&M, minor repairs, cleanliness issues)			-District GRM Committee monitors implementation -Closure communicated to complainant
Category C – Administrative / Environmental & Infrastructure Issues	- Construction quality concerns -Waste management issues -Water supply & sanitation problems -Noise/dust during rehabilitation work -Delays in construction activities -Labors issues -Community Health and Safety -Occupational Health	- District GRM Register, Web site, PMDU, Telephone call, whatsapp, email and HCIP web -Facility register (if facility-specific)	- District GRC/ PIU	- District GRC/PIU investigates within **14 days** -Contractor directed for corrective measures -Refer to E&S Specialist at PMU for technical guidance
Category D – Non-Urgent / General Feedback & Suggestions	- Suggestions for service improvement -Community feedback on health facility services -Requests for additional services	- Facility GRM Register or suggestion box	- Facility incharge/PHC Technician/Senior Medical officer	- Reviewed monthly by Facility GRM Committee -Feedback incorporated in planning -Closure within **30 days**

Key Notes on Case Investigation & Referral

1. **Case Investigation Officer (CIO):**

- At Facility level → In-Charge of Health Facility/Convener of GRC (with support of secretary local government).
- At District level → Representative IMU, under DHO supervision. While for the SEA/SH GBV cases, the already established Harassment committee at district level will perform the function as inquiry committee and the finding of the committee will consider for rule of actions.
- At Provincial level → Social Safeguards and Gender Specialist, under supervision of GRC Convener will conduct the inquiry of the case and will present the finding to the committee.
- For SEA/SH → Only trained focal person at District/Provincial level (facility staff are not authorized to handle SEA/SH or GBV complaints). At the district level the case will be investigate by the Harassment Inquiry Committee.

2. **Referral Pathways:**
   - **SEA/SH cases:** Immediate referral to survivor-centered GBV/SEA/SH service providers (medical, psychosocial, legal).
   - **Technical/contractual issues:** Escalated to PIU/contract management unit.
   - **Unresolved community grievances:** Escalated from Facility → District → Provincial GRM Committees.
   - **Escalation beyond Provincial level:** If unresolved, referred to the Project Steering Committee and ultimately the **World Bank**.
3. **Timeframes:**
   - Urgent (Category A) → For SEA/SH the timeline will follow according to the KP Act.
   - Moderate (Category B) → 7 days.
   - Administrative/Infrastructure (Category C) → 14 days.
   - Non-Urgent/General Feedback (Category D) → 30 days.

Annexure 1

Log Sheet/ Grievance Register

GRIEVANCE REGISTER/LOG														
Grievance ID	Date Reported	Source (through which grievance submitted)	Location	Name of Complainant	Gender (M/F)	Address / Contact Information	Description of Grievance / Issue	Grievance Category by Environmental and Social Standar	Parties Involved to Resolve	Date Investigation was Initiated	Date Investigation Completed	Resolution (Actions Required)	Status (Actions Taken/ Rejected or	Date Resolved and Outcome Communicated to the complainant

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Annexure 2

KEY DEFINITIONS

Sexual Exploitation: Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. Within the health sector, this includes situations where health workers, contractors, or staff take advantage of patients, beneficiaries, or community members.

Sexual Abuse: The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. This includes any non-consensual sexual activity in the context of health service delivery.

Confidentiality: An ethical principle that restricts access to and dissemination of information. In the health system, maintaining confidentiality ensures survivors and witnesses feel safe to report SEA. Information about allegations must only be shared on a strict need-to-know basis, prioritizing the best interests of the survivor and preventing further harm. Health workers and related personnel must never discuss allegations with family, friends, or colleagues not directly involved in case management.

Informed Consent: The voluntary agreement of an individual who has the capacity to give consent to receive services or pursue a legal procedure. In health facilities, informed consent must be sought before providing medical, psychosocial, or legal support. Parents, caregivers, or legal guardians typically provide consent for children.

Informed Assent: The expressed willingness of a child (too young to legally consent, but old enough to understand) to participate in services or procedures. Health staff must respect a child's assent when offering medical or psychosocial care related to SEA.

Complaint: A concern raised about the behavior or conduct of a health worker, volunteer, or contractor in relation to SEA. Complaints may come from patients, beneficiaries, staff, or community members and must be addressed through the Health Department's CBCM system.

Complainant: The person making the complaint, including the survivor/victim of SEA.

Witness: Any person giving testimony or evidence in the investigation, including but not limited to the survivor, complainant, a patient, a staff member, or a community member.

Survivor: A person who has experienced SEA, or an attempt thereof. Survivors are the primary focus of support services and must be provided with survivor-centered care and protection.

Victim: Used interchangeably with "survivor." For consistency, these SOPs use "survivor" but acknowledge that other references (e.g., legal or programmatic documents) may use "victim." Neither term implies weakness or lack of resilience.

Whistle-blower: A type of complainant — typically a staff member of the Health Department or a partner organization — who reports suspicions or knowledge of SEA. Whistle-blowers are protected under confidentiality and anti-retaliation measures when reports are made in good faith.

Outside Source of Information: Any external party — such as a patient, community member, partner organization, authorities, or anonymous informant — who provides information on alleged SEA by health workers or associated personnel.

Subject of the Complaint / Alleged Perpetrator: The person(s) accused of committing SEA. In the health sector, this may be a health worker, contractor, volunteer, or any person linked to the Health Department or its partners.

Inclusion of Refugees in the Mechanism: Refugees, displaced people, and other marginalized groups in KP have equal access to CBCM. This ensures that all individuals, regardless of status, can safely report SEA within the health system.

Refugee: A person who has fled their country due to persecution, conflict, or violence and cannot safely return. Refugees in KP often depend on public health services and are therefore included in the scope of PSEA mechanisms.

Staff: Any individual working for or representing the Health Department or partner organizations, whether paid or unpaid, regardless of contract type or duration.

Implementing Partners: Organizations or entities working with the Health Department and the World Bank to deliver health services or development programs. Their staff are bound by the same safeguarding standards and considered "health workers" in the scope of these SOPs.

Health Worker (adapted from Humanitarian Aid Worker): All persons involved in providing health services, protection, or assistance within KP's health system, including paid staff, volunteers, contractors,

incentive workers, and anyone performing a task on behalf of the Health Department or its implementing partners, regardless of type or duration of their contract.

Code of Conduct: A set of standards of behavior that all staff and partners of the Health Department are obliged to adhere to. It specifically prohibits SEA and reinforces professional ethics in health service delivery

THE CORE PRINCIPLES OF PSEA

The Health Department of Khyber Pakhtunkhwa, with support from the World Bank, is committed to ensuring the highest standards of integrity, accountability, and protection in the delivery of health services. All health personnel, contractors, consultants, and partners engaged in health projects are required to uphold the following six core standards, consistent with the Inter-Agency Standing Committee (IASC, 2002), the UN Secretary General's Bulletin (ST/SGB/2003/13), and the UN Statement of Commitment (2006):

1. Sexual exploitation and abuse constitute acts of gross misconduct and are therefore grounds for disciplinary measures, including termination of employment

2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defense

3. Exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading or exploitative behavior is prohibited. This includes exchange of assistance that is due to beneficiaries

4. Any sexual relationship between those providing humanitarian assistance and protection and a person benefiting from such humanitarian assistance and protection that involves improper use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work

5. Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.

6. Humanitarian workers are obliged to create and maintain an environment that prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have responsibilities to support and develop systems that maintain this environment.

Guiding Principles for the CBCM

Cooperation and Assistance

The Health Department, WB, and partners will cooperate and support each other fully to prevent and respond to SEA. Information will be shared responsibly, referral pathways strengthened, and actors will coordinate to ensure protection of survivors and accountability of perpetrators.

Equal and Active Participation of Affected Populations

Affected populations will actively participate in assessments, planning, implementation, monitoring, and evaluation of health programs. Special emphasis will be placed on ensuring the inclusion of women, children, the elderly, people with disabilities, and religious/ethnic minorities through participatory and culturally appropriate approaches.

Integration and Mainstreaming of PSEA

PSEA will be institutionalized and mainstreamed across all health policies, systems, and programmed cycles. This includes embedding PSEA in HR policies, health facility operations, community engagement, and grievance redress systems, supported by WB frameworks.

Accountability on PSEA

All CBCM actors — including individuals, managers, and organizations — are accountable for their conduct and organizational culture. Transparent mechanisms will be in place to track, monitor, and report PSEA incidents, and strict disciplinary and legal measures will apply to breaches.

Non-Discrimination

Survivors will receive assistance in a non-discriminatory manner, regardless of gender, age, disability, religion, ethnicity, or socio-economic status. Services will be equitable and accessible across all health facilities and WB-supported programs.

Survivor-Centered Approach

Responses to SEA will always prioritize the survivor's safety, dignity, rights, and well-being. Survivors will be provided with choices and linked to appropriate medical, psychosocial, legal, and protection services. Their informed decisions will guide all actions.

Confidentiality

Confidentiality will be strictly maintained. Survivors' identities and information will be protected and shared only with informed consent. Data protection measures will be in place. Complainants will be informed about confidentiality limits, particularly where mandatory reporting applies.

Transparency

CBCM will operate transparently, with communities fully informed about how to report SEA cases. Information will be provided in accessible formats (languages, literacy-sensitive, disability-inclusive) to ensure wide access. The Health Department, with WB support, will also contribute anonymized data to the national PSEA platform for monitoring and learning.

Mandatory Reporting and Consent

All health personnel and partners are required to report SEA concerns. While reporting is mandatory, survivors' rights and informed consent will be respected throughout, with clear communication about confidentiality limitations.

Accessibility

CBCM channels will be designed to be accessible to all potential complainants, considering cultural norms and local contexts. Mechanisms will include hotlines, complaint boxes, grievance desks at health facilities, community focal points, and digital platforms. Anonymous reports will be taken seriously and acted upon.

Partnership

The Health Department, WB, and implementing partners agree to receive complaints in good faith and respond promptly. Survivors will participate in determining the nature of assistance and recovery interventions, ensuring responsible case management.

Safety and Well-Being

The safety of survivors and complainants will be the highest priority during reporting, investigation, and follow-up. Risk assessments and security/protection plans will be developed for survivors where necessary, with measures to prevent retaliation.

Do No Harm

CBCM actors will adhere to the principle of "do no further harm", ensuring that complaint handling and investigation processes never expose survivors or communities to additional risks.

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