REPUBLIC OF GHANA

MINISTRY OF ROADS AND HIGHWAYS / DEPARTMENT OF FEEDER ROADS

GHANA MARKET ACCESS AND CONNECTIVITY PROJECT

P513708

GENDER-BASED VIOENCE (GBV), SEXUAL EXPLOITATION AND ABUSE (SEA), AND SEXUAL HARASSMENT (SH) PREVENTION AND RESPONSE PLAN

AUGUST 2026

Abbreviations and Acronyms

AIT	:	Agency Implementation Team
CEDAW	:	Convention on the Elimination of All Forms of Discrimination Against Women
CBO	:	Community-Based Organisation
CEDAW	:	Convention on the Elimination of all Forms of Discrimination against Women
CESMP	:	Contractor Environmental and Social Management Plan
CMR	:	Clinical Management of Rape
COC	:	Code of Conduct
CSA	:	Child Sexual Abuse
CSO	:	Civil Society Organisation
DFR	:	Department of Feeder Roads
DoC	:	Department of Children
DoG	:	Department of Gender
DOVVSU	:	Domestic Violence and Victims Support Unit
DPO	:	Disabled Persons Organisation
DSW	:	Department of Social Welfare
EAP	:	Emergency Action Plan
ESA	:	Environmental and Social Assessment
ESCP	:	Environmental and Social Commitment Plan
ESF	:	Environmental and Social Framework
ESHS	:	Environmental, Social, Health and Safety
ESIA	:	Environmental and Social Impact Assessment
ESMF	:	Environmental and Social Management Framework
ESMP	:	Environmental and Social Management Plan
ESS	:	Environmental and Social Standards
FBO	:	Faith-Based Organisations
FGD	:	Focus Group Discussion
GBV	:	Gender-Based violence
GDHS	:	Ghana Demographic and Health Survey
GM	:	Grievance Mechanism
GMACP	:	Ghana Market Access and Connectivity Project
GoG	:	Government of Ghana
GPN	:	Good Practice Note
GRA	:	Gender Risk Assessment
GRC	:	Grievance Redress Committee
GM	:	Grievance Mechanism
GSSS	:	Gender and Social Safeguard Specialist
HR	:	Human Resources
HIV/AIDS	:	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IDI	:	In-Depth Interview
IFC	:	International Finance Corporation
ILO	:	International Labour Organisation

IPF	:	Investment Project Financing
IPV	:	Intimate Partner Violence
M&E	:	Monitoring and Evaluation
MIGA	:	Multilateral Investment Guarantee Agency
MMDA	:	Metropolitan, Municipal, and District Assemblies
MoGCSP	:	Ministry of Gender, Children and Social Protection
MRH	:	Ministry of Roads and Highways
NCCE	:	National Commission for Civic Education
NGO	:	Non-Governmental Organisation
OHS	:	Occupational Health and Safety
PC	:	Project Coordinator
PEP	:	Post-Exposure Prophylaxis
PPE	:	Personal Protective Equipment
PPP	:	Public Private Partnership
PRAP	:	Prevention and Response Action Plan
RCC	:	Regional Coordinating Council
SDGs	:	Sustainable Development Goals
SEA	:	Sexual Exploitation and Abuse
SEP	:	Stakeholder Engagement Plan
SH	:	Sexual Harassment
STD	:	Sexually Transmitted Disease
STI	:	Sexually Transmitted Infection
SWIMS	:	Social Welfare Information Management System
UN	:	United Nations
UNFPA	:	United Nations Population Fund
UNICEF	:	United Nations International Children's Emergency Fund
VAC	:	Violence Against Children
VAW	:	Violence Against Women
WASH	:	Water, Sanitation, and Hygiene
WHO	:	World Health Organisation

Glossary

Child Sexual Abuse (CSA): Any form of sexual activity with a child, including exploitation, molestation, or exposure to sexual content. CSA often involves coercion or manipulation by adults and has lasting psychological and emotional impacts on survivors.

Clinical Management of Rape (CMR): It refers to the package of emergency medical, psychosocial, forensic, and referral services provided by trained healthcare personnel to survivors of rape or sexual assault. CMR includes treatment of injuries, HIV Post-Exposure Prophylaxis (PEP), prevention and treatment of sexually transmitted infections, emergency contraception, psychological support, forensic documentation where appropriate, and referral to protection and legal services. Services are delivered using a survivor-centred approach that emphasizes safety, confidentiality, dignity, and informed consent.

Code of Conduct: A set of guidelines and standards outlining acceptable behaviors, responsibilities, and ethical practices that project staff and workers are expected to follow, particularly in interactions with the community.

Community-Based Organization (CBO): A local organization that works within a specific community, addressing community needs and often focusing on issues like social welfare, gender, and human rights.

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): An international treaty that defines gender discrimination and outlines legal standards for eliminating discrimination and promoting gender equality.

Disabled Persons Organization (DPO): An organization led by and for persons with disabilities, advocating for their rights, inclusion, and equal opportunities.

Domestic Violence (DV): Physical, emotional, and economic abuse within familial or intimate relationships. Cultural norms often normalize domestic violence, making it difficult to address

Economic Abuse: Restriction of financial resources, employment opportunities, or education to control or manipulate individuals.

Environmental and Social Framework (ESF): A set of policies and standards by the World Bank to manage environmental and social risks in development projects, ensuring sustainability, safety, and inclusion.

Environmental and Social Standards (ESS): Specific standards under the World Bank's ESF provide guidelines for managing environmental and social risks. Key standards relevant to gender include ESS1, ESS2, ESS4, and ESS10.

Focus Group Discussion (FGD): A qualitative data collection method involving a small group of participants discussing a specific topic, allowing insights into group attitudes, perceptions, and opinions.

Gender-Based Violence (GBV): Violence directed at an individual based on their gender, which can include physical, sexual, emotional, and economic abuse. GBV disproportionately affects women and girls and can occur in various settings, including the workplace, home, and public spaces.

Gender Equality: The state of equal access to resources, opportunities, and rights regardless of gender, ensuring that all individuals are valued equally.

Gender Mainstreaming: Integrating gender perspectives and promoting gender equality across all activities, policies, and programs within an organization or project.

Grievance Mechanism (GM): A structured process that allows individuals affected by a project to raise concerns, file complaints, or seek redress for grievances related to project activities.

In-Depth Interview (IDI): A qualitative data collection method involving one-on-one interviews to gain detailed insights into an individual's experiences, attitudes, and perspectives on a topic.

International Labour Organization (ILO): A United Nations agency promoting decent work, fair labour practices, and social justice worldwide. The ILO's standards on workplace safety, including its Convention 190 on violence and harassment, are relevant to gender and GBV.

Labour Influx: The arrival of workers from outside the local community for project employment often associated with increased risks of SEA, SH, and social challenges within the community.

Monitoring and Evaluation (M&E): A systematic approach to tracking and assessing a project's performance and outcomes. In the context of gender assessments, M&E ensures that gender and GBV mitigation measures are effective and meet objectives.

Personal Protective Equipment (PPE): Safety equipment worn by workers to protect them from potential hazards on-site. While commonly referring to physical safety, it is also important for overall project health and safety protocols, particularly in gender-sensitive environments.

Post-Exposure Prophylaxis (PEP): A short-term course of antiretroviral medication provided to individuals following potential exposure to HIV, including through sexual violence, to reduce the likelihood of HIV infection. PEP should be initiated as soon as possible and no later than 72 hours after exposure.

Psychological Abuse: Intimidation, isolation, and manipulation leading to mental health consequences, often unrecognized due to the absence of physical indicators.

Sexual Exploitation and Abuse (SEA): A form of GBV that involves abusing a position of power for sexual purposes. SEA includes but not limited to any actual or attempted acts of coercion, exploitation, and sexual abuse that create vulnerabilities, particularly for women and marginalized groups.

Sexual Harassment (SH): Unwanted or unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that create an intimidating, hostile, or offensive environment.

Sexual Violence: Encompasses sexual assault and harassment in public and private settings. Survivors frequently face stigma and barriers to justice.

Social Welfare Information Management System (SWIMS): A national digital case management platform administered by the Ministry of Gender, Children and Social Protection for documenting, managing, monitoring, and reporting social welfare services, including child protection, gender-based violence, social protection, and related referral services. SWIMS supports standardized case management, inter-agency referrals, monitoring, and evidence-based decision-making at national, regional, district, and community levels.

Stakeholder Engagement Plan (SEP): A document outlining how a project will interact with and involve stakeholders throughout its lifecycle, ensuring transparent, inclusive, and effective engagement.

Survivor-Centred Approach: An approach in GBV management that prioritizes the rights, needs, and wishes of survivors of violence. It emphasizes confidentiality, safety, and respect for survivors' autonomy and choice.

Universal Design: The design of infrastructure, environments, and products to be usable by all people, regardless of their age, disability, or other factors, without the need for adaptation or specialized design.

Vulnerable Group: A group of people who are at higher risk of harm, exploitation, or discrimination, such as women, children, persons with disabilities, and economically marginalized individuals. The project recognizes their specific needs and takes measures to mitigate potential risks.

Zero Tolerance Policy: A strict policy indicating that certain behaviors, particularly related to SEA and SH, will not be tolerated under any circumstances within the project. It ensures that all incidents are investigated and appropriate actions are taken.

Table of Contents

List of Tables

List of Figures

Executive Summary

Project Overview

The Ghana Market Access and Connectivity Project (GMACP) is a Government of Ghana initiative implemented by the Department of Feeder Roads (DFR) under the Ministry of Roads and Highways with financing from the World Bank. The Project aims to improve sustainable farm-to-market road connectivity in selected agricultural production areas while strengthening institutional capacity for road asset management and maintenance. The Project will rehabilitate feeder roads across thirteen regions and forty-eight beneficiary districts through civil works supported by road maintenance, institutional strengthening, and project management activities.

While the Project is expected to generate substantial economic and social benefits through improved market access, reduced transport costs, enhanced mobility, and employment opportunities, construction and maintenance activities may also create or exacerbate risks of Gender-Based Violence (GBV), including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH). Potential risks arise from labour influx, worker-community interactions, unequal power relations, recruitment practices, workplace misconduct, and increased economic activity around construction sites. Women, girls, children, persons with disabilities, and other vulnerable groups may be disproportionately affected if these risks are not effectively managed.

Purpose of the Plan

This GBV/SEA/SH Prevention and Response Plan establishes the framework for identifying, preventing, mitigating, reporting, and responding to project-related GBV risks throughout the GMACP lifecycle. The Plan operationalizes the requirements of the World Bank Environmental and Social Framework (ESF), particularly Environmental and Social Standards (ESS) 1, 2, 4, and 10, together with the World Bank Good Practice Note on Addressing SEA/SH in Investment Project Financing involving Major Civil Works. It also aligns with Ghana's legal and institutional framework governing GBV prevention, child protection, labour management, and access to justice.

Methodology

The Plan was prepared using a risk-based methodology combining desk review, stakeholder consultations, field observations, secondary data analysis, and institutional capacity assessment. National survey data, administrative records, and district-level evidence were complemented by consultations with government agencies, local authorities, service providers, traditional leaders, civil society organizations, women's groups, youth

representatives, and community members. Existing GBV prevention and response services were mapped across all beneficiary districts to assess the availability of health, psychosocial, police, legal, social welfare, and shelter services and to identify gaps requiring project support.

Key Findings

The assessment confirms that Ghana has a well-established legal and institutional framework for GBV prevention and response. However, significant disparities remain in service availability, institutional capacity, and access to survivor support across project districts, particularly in remote and underserved areas. Constraints include limited Clinical Management of Rape (CMR) services, inadequate psychosocial support, insufficient shelter facilities, resource limitations affecting investigations and case management, and weak referral coordination in some locations. These gaps may delay access to timely, confidential, and survivor-centred services if not addressed through project-specific measures.

District-level analysis also demonstrates considerable geographic variation in GBV prevalence and vulnerability. Higher-risk districts are concentrated in parts of the Savannah, Volta, Central, Northern, and Oti Regions, underscoring the importance of tailoring mitigation measures and referral arrangements to local conditions.

Risk Management Strategy

The Plan adopts a prevention-first, survivor-centred approach that integrates GBV risk management throughout project planning, procurement, construction, maintenance, and monitoring. Key measures include:

- Integration of GBV/SEA/SH requirements into procurement documents and contracts;
- Mandatory Codes of Conduct for all project workers;
- Regular training and awareness programmes for implementing agencies, contractors, consultants, workers, and communities;
- Confidential, accessible, and survivor-centered grievance mechanisms with dedicated SEA/SH procedures;
- District-specific referral pathways linking survivors to health, psychosocial, police, legal, social welfare, and shelter services;
- Designation of trained GBV focal persons within the Project, contractors, and supervision teams;
- Routine monitoring, compliance verification, and adaptive risk management throughout implementation.

Institutional Arrangements

Implementation of the Plan will be led by the Department of Feeder Roads through the Agency Implementation Team (AIT), supported by Regional Monitoring Teams, contractors, supervision consultants, and designated GBV focal persons. Effective implementation will require close coordination with the Ghana Health Service, Ghana Police Service (DOVVSU), Department of Social Welfare and Community Development, Legal Aid Commission, district assemblies, civil society organizations, and other qualified GBV service providers. Institutional responsibilities are clearly defined to support prevention, reporting, referral, case management, monitoring, and accountability throughout the Project.

Survivor-Centred Response

The Plan is guided by internationally recognized survivor-centred principles, including safety, confidentiality, informed consent, non-discrimination, respect, and timely access to services. Project personnel will not investigate GBV allegations but will facilitate confidential referral to appropriate service providers in accordance with established protocols. Comprehensive referral pathways have been developed for each beneficiary district covering medical care, psychosocial support, police protection, legal assistance, and temporary shelter services. These referral arrangements will be validated prior to commencement of civil works and updated periodically throughout project implementation.

Monitoring and Resource Requirements

Implementation will be supported through a costed Action Plan with defined responsibilities, timelines, performance indicators, and budget allocations. Monitoring will include compliance with Codes of Conduct, delivery of training and awareness programmes, functioning grievance mechanisms, referral effectiveness, contractor performance, and periodic review of institutional capacity and service availability. Lessons learned and monitoring results will inform continuous improvement of the Plan during implementation.

Conclusion

The GMACP GBV/SEA/SH Prevention and Response Plan provides a practical framework for managing project-related GBV risks while strengthening survivor protection and institutional coordination across all beneficiary districts. By integrating prevention, accountability, survivor-centred response, and continuous monitoring into project implementation, the Plan supports compliance with the World Bank Environmental and Social Framework and contributes to safer, more inclusive, and socially sustainable delivery of the Ghana Market Access and Connectivity Project.

1. Introduction

1.1 Background

The Government of Ghana, through the Department of Feeder Roads (DFR) under the Ministry of Roads and Highways (MRH), is implementing the proposed **Ghana Market Access and Connectivity Project (GMACP) (Project ID: P513708)**. The project is supported by the World Bank under its Environmental and Social Framework (ESF, 2018).

The project is financed through an International Development Association (IDA) credit of **US$500 million**, with an additional **US$25 million** from the Government of Ghana, bringing the total project cost to **US$525 million**.

The Project Development Objective is to:

- Enhance sustainable farm-to-market road connectivity in selected areas of Ghana; and
- Strengthen road asset management systems.

The project will rehabilitate feeder roads that connect rural farming communities to markets, schools, and health facilities, while also improving Ghana's long-term capacity to plan, fund, and maintain its road network.

The project is expected to directly benefit approximately **6.2 million people**, including **3.11 million women** and **3.42 million youth**, and supports national initiatives such as the Feed Ghana Programme (2025–2028) and the Agriculture for Economic Transformation Agenda (AETA).

1.2 Project Components

The GMACP consists of four components:

Component 1: Rehabilitation of Feeder Roads

This component will finance the rehabilitation of approximately **1,226 km of feeder roads** to improve all-weather access from farm-gates to markets across four priority regional clusters. Road selection will follow a transparent, data-driven prioritization process based on agricultural productivity, food security, population, and road condition.

A preliminary list of potential beneficiary regions and districts is presented below, and a map of the four priority clusters in Figure 1.

Table 1.1 - List of Beneficiary Regions and Districts by Cluster

Package	Regions Covered	Beneficiary Districts
Cluster 1 – 335.59km	Upper West	Sissala West; Sissala East; Wa East
	Savanna	Sawla–Tuna–Kalba; North Gonja; Bole
	Northern	Tolon; Kumbungu; Sagnerigu; Nanton
Cluster 2 – 326.94km	Oti	Nkwanta North; Nkwanta South; Krachi Nchumuru; Krachi West; Jasikan; Kadjebi
	Volta	Hohoe; Kpando; Ho; South Dayi; Akatsi North; Akatsi South; Agortime-Ziope; Ketu North; Ketu South; Keta; Central Tongu; Anloga; Sogakope
	Eastern	Asuogyaman
Cluster 3 – 290.5km	Eastern	Afram Plains North; Afram Plains South
	Bono East	Kintampo South; Sene East; Nkoranza South;
	Bono	Wenchi
	Ashanti	Ejura Sekyedumase
Cluster 4 – 273.39km	Ahafo	Asunafo North; Asunafo South; Asutifi North; Asutifi South
	Western	Wassa East; Wassa Amenfi West; Shama
	Western North	Bia West; Bodi; Sefwi–Wiawso
	Central	Ajumako-Enyan-Essiam; Assin South; Komenda-Edina-Eguafo-Abirem; Twifo-Atti-Morkwa

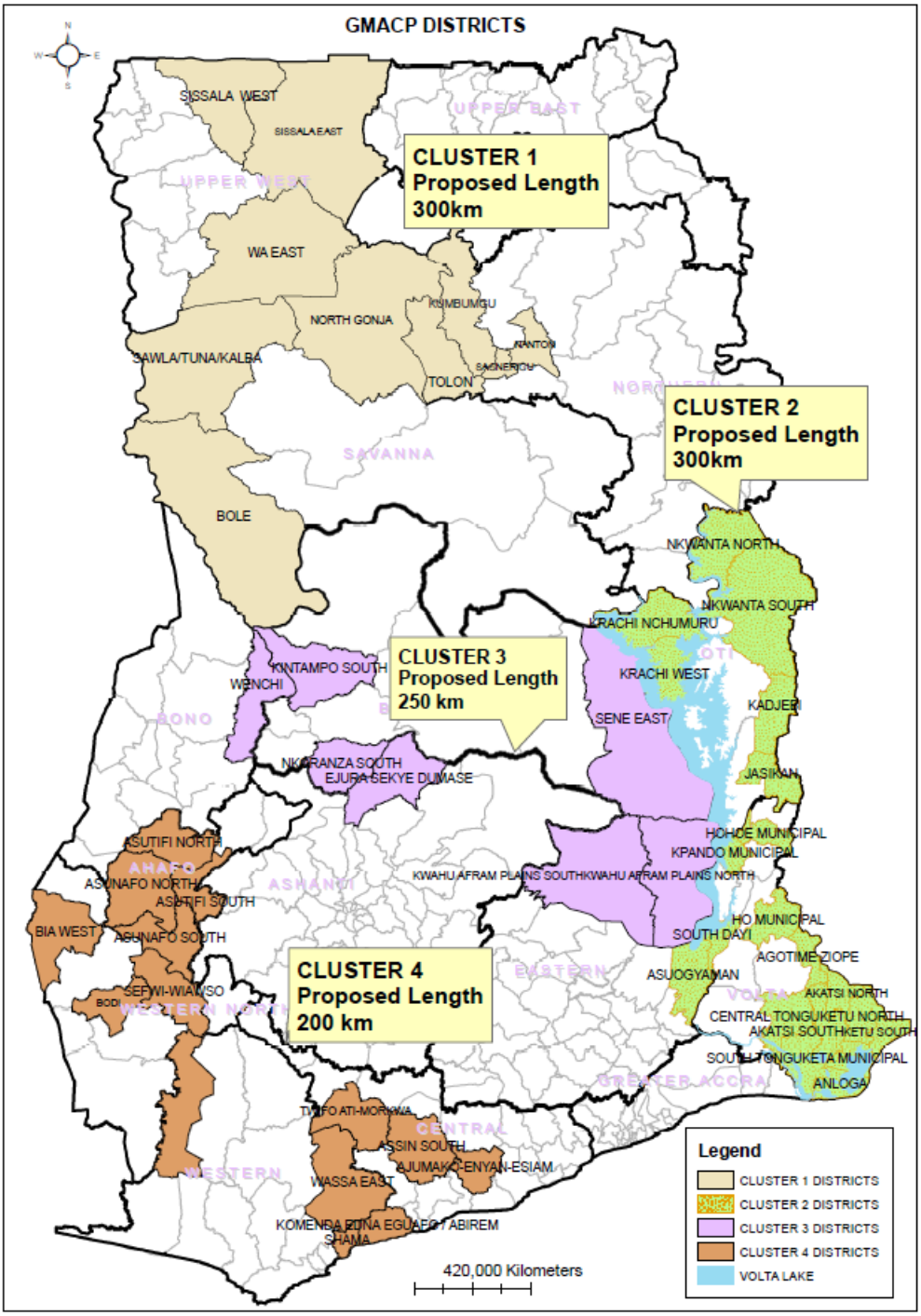


Figure 1.1: Map of the Four Priority Clusters

Key activities will cover civil works, supervision consultancy services, and implementation of the Environmental and Social Management Plan (ESMP) and Resettlement Plan (RP). Road design surface is estimated using the SPADE-PLUS framework (70 percent bitumen and 30

percent gravel).[1] The final location, length, and surfacing type of roads will be confirmed during implementation. Roads within each cluster will be disaggregated into an optimal number of lots for a cost-based or admeasurement works contracts, each with a maximum 12-months defect liability.

Component 2: Road Maintenance and Support to the Road Maintenance Trust Fund Reform

This component will strengthen the long-term sustainability of project-supported roads through: (i) reform of the Road Maintenance Trust Fund (RMTF); (ii) expansion of the WIGRAMS digital road asset management system; and (iii) performance-based road maintenance contracts.

Maintenance of rehabilitated roads will be financed through performance-based contracts arranged by road cluster. These contracts will be signed before the expiry of the respective defects liability periods, commence immediately thereafter, and remain in force for the balance of the Project implementation period. The supervision consultant engaged under Component 1 will supervise both rehabilitation works and maintenance contracts.

The component will provide technical assistance to strengthen the RMTF's resource mobilization, revenue management, financial planning, and maintenance financing oversight. It will support development of an Enterprise Resource Planning (ERP) platform to provide real-time information on financial commitments, contractor workloads, and maintenance performance; automate payments; and integrate with WIGRAMS and the Road Contract Management System.

Additional support will include financial analysis, modelling, and policy studies—such as tolling policy and axle-load regulation—to improve revenue predictability, resource allocation, and monitoring of maintenance financing. The component will also finance road asset data-collection equipment, annual road inventories, and traffic surveys across trunk, urban, and feeder road networks.

Component 3: Project Management and Implementation Support

This component will finance the operational costs of implementing agencies, fiduciary audits, monitoring and evaluation, capacity building, and the engagement of an NGO to support the grievance redress mechanism (GRM) and citizen engagement. It will also

[1] SPADE-PLUS is a World Bank multi-criteria framework for deciding whether to pave rural, low-volume roads, incorporating social, environmental, and climate benefits beyond traditional economic analysis. It uses a two-stage process: prioritization through weighted criteria (SPADE) followed by economic or cost-effectiveness analysis based on traffic levels.

support the recruitment of a Social Development Specialist and a Gender-Based Violence Specialist.

The component will strengthen institutional capacity to monitor and enforce occupational health and safety (OHS) and labour management (LM) requirements during civil works. Support will be provided to the Environmental Protection Authority, Department of Factories Inspectorate, Labour Department, and Land Valuation Division to operationalize the Environmental Assessment Regulations, 2025 (L.I. 2504); improve land acquisition and resettlement processes; and strengthen labour and OHS oversight in accordance with national legislation and the World Bank Environmental and Social Framework.

These activities will address recurring risks related to contractor OHS performance, delays in right-of-way acquisition, and valuation gaps that increase project costs and implementation delays. Activities will be phased according to project priorities and will include measures to strengthen citizen engagement and prevent, mitigate, and monitor GBV risks, including SEA/SH and violence against children, associated with civil works.

Component 4: Contingent Emergency Response Component (CERC)

A CERC is included in the project in accordance with Investment Project Financing (IPF) Policy, paragraphs 12 and 13, for Situations of Urgent Need of Assistance and Capacity Constraints. This will allow for rapid reallocation of loan uncommitted funds in the event of an eligible emergency. To meet CERC activation requirements, the Government of Ghana will prepare a CERC Manual, submit an Emergency Action Plan (EAP), and meet the E&S requirements agreed in the EAP and Environmental and Social Commitment Plan (ESCP).

1.3 Institutional and Implementation Arrangements

The MRH will be responsible for overall project oversight, strategic decision-making, road fund reforms, activities under Component 2, and preparation of the Project Implementation Manual. The project governance structure will include: (a) a steering committee; (b) a dedicated, full-time Project Coordinator (PC) to coordinate the activities of the two implementation teams, lead the preparation of the annual work plans and budget for the project for approval by the steering committee and clearance by the World Bank, and reporting to the World Bank; and (c) two Agency Implementation Teams (AITs), located within the DFR and MRH.

The Steering Committee (SC) will review and approve annual work plans and budgets, provide policy and program guidance, oversee implementation progress, and ensure coordination among stakeholders. It will be chaired by the Minister of Roads and Highways, directly supported by the Chief Director of the Ministry of Roads and Highways (MRH) as a technical lead, and will include director-level representatives from the Ministry of Finance (MoF), Lands Commission (LC), DFR, MRH, Environmental Protection Authority (EPA), and

Ministry of Food and Agriculture (MoFA). MoF will support disbursement approvals and Interim Financial Reporting (IFR), in line with its mandate, while the Lands Commission will support land acquisition and compensation processes and the EPA will provide guidance and approvals related to environmental compliance, including quarries and borrow pits. The SC will meet quarterly, or as needed. The PC will, again, play the role of SC's secretary. The AITs will be headed by full-time managers and composed of dedicated (full-time) staff to the project or consultants where capacity gaps exist. The DFR AIT will include regional teams to support the day-to-day monitoring of civil works and maintenance. DFR will lead implementation of Component 1, while MRH will lead Component 2.

The organogram of the project institutional arrangements is provided in Figure 2.

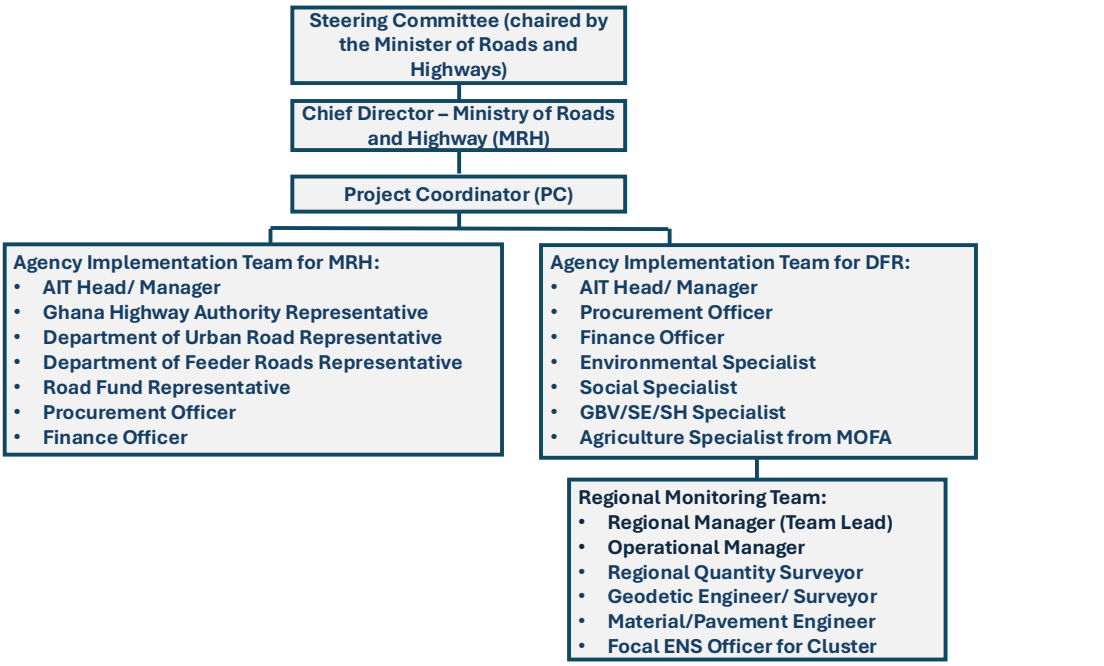


Figure 1.2: GMACP Institutional Arrangement

2. Objectives, Guiding Principles and Methodology

2.1 Purpose and Objectives

This Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) Prevention and Response Plan establishes the project's integrated system for preventing, mitigating, and responding to GBV/SEA/SH risks. The Plan is developed in accordance with the World Bank Environmental and Social Framework (ESF), specifically **ESS1**, **ESS2**, **ESS4**, and **ESS10**, as well as relevant national legislation on violence against women, child protection, and labour practices. The World Bank's Good Practice Note on SEA/SH Prevention in Major Civil Works Projects further informs GMACP's approach, ensuring comprehensive risk assessments, codes of conduct, and survivor-centred grievance mechanisms.

Women and girls represent both key beneficiaries and groups vulnerable to adverse social outcomes of the project. This Plan therefore incorporates dedicated strategies to ensure their safety, participation, empowerment, and sustained access to support. It also establishes mandatory institutional, contractual, and operational arrangements to ensure that all project actors uphold project-wide standards of conduct.

The GBV/SEA/SH Prevention and Response Plan aims to:

- Prevent GBV/SEA/SH incidents through effective risk mitigation and behavior change initiatives.
- Establish safe, confidential, and trusted reporting and response pathways.
- Ensure accountability through clear institutional responsibilities and enforceable Codes of Conduct.
- Strengthen coordination with qualified local GBV service providers.
- Provide survivor-centered, timely, and ethical support services.
- Integrate SEA/SH requirements across E&S instruments and project cycles.

2.2 Guiding Principles

All SEA/SH prevention and response actions under the Project shall be guided by the following principles:

i) Survivor-Centred Approach

Responses to SEA/SH allegations shall prioritize the rights, needs, safety, dignity, and wishes of survivors. Survivors shall be treated with respect and compassion and shall be supported to make informed decisions regarding available services and reporting options.

ii) Confidentiality and Privacy

Information relating to SEA/SH allegations shall be strictly confidential and shared only on a need-to-know basis and with the survivor's informed consent, except where disclosure is required by law or necessary to protect a child from harm.

iii) Safety and Protection

All reasonable measures shall be taken to protect survivors, complainants, witnesses, and service providers from retaliation, intimidation, discrimination, or further harm.

iv) Non-Discrimination

Access to reporting mechanisms, referral services, and support shall be available without discrimination based on gender, age, disability, ethnicity, religion, socio-economic status, or other characteristics.

v) Respect, Dignity, and Non-Discrimination

All survivors, complainants, and affected persons shall be treated with respect, dignity, empathy, and fairness throughout the reporting and response process. No individual shall be subjected to discrimination, stigmatization, victim-blaming, or unequal treatment based on gender, age, disability, ethnicity, religion, socio-economic status, or any other characteristic. The Project shall promote a safe and supportive environment that respects the rights and wellbeing of all individuals.

vi) Informed Consent

All actions relating to the reporting, referral, and management of GBV/SEA/SH cases shall be based on the survivor's informed consent. Survivors shall be provided with clear and accurate information about available services, reporting options, and potential consequences before any information is shared or referrals are made. Consent must be given voluntarily and may be withdrawn at any stage, except where disclosure is required by law, particularly in cases involving children.

vii) Accessibility and Inclusiveness

GBV reporting and response mechanisms shall be accessible to all project stakeholders, including women, girls, persons with disabilities, vulnerable groups, and individuals living in remote communities. Information and services shall be provided in appropriate languages and formats, and barriers related to distance, disability, literacy, culture, or social status shall be minimized to ensure equitable access to support and assistance.

viii) Timely Referral and Response

Prompt action is essential to protect survivors and facilitate access to critical support services. All GBV/SEA/SH reports shall be handled without undue delay, and survivors shall be referred to appropriate medical, psychosocial, legal, and protection services as quickly as possible, subject to their informed consent. Particular priority shall be given to cases

requiring urgent medical care, including access to Clinical Management of Rape (CMR) services, where delays may adversely affect survivor health, safety, and recovery.

ix) Accountability

All project workers, contractors, consultants, and implementing agencies shall be accountable for complying with Project Codes of Conduct and SEA/SH prevention requirements. Alleged violations shall be addressed promptly through appropriate administrative, contractual, disciplinary, and legal processes.

2.3 Methodology

The preparation of this GBV/SEA/SH Prevention and Response Plan followed a structured, risk-based methodology designed to identify project-related GBV/SEA/SH risks, assess institutional response capacity, and develop context-specific prevention, mitigation, and response measures across the thirteen (13) beneficiary regions of the Ghana Market Access and Connectivity Project (GMACP). The methodology was guided by the World Bank Environmental and Social Framework (ESF), particularly ESS1, ESS2, ESS4, and ESS10, as well as relevant national legal and policy frameworks.

A. Desk Review and Document Analysis

A comprehensive review of relevant international, national, and project-specific documents was undertaken to establish the baseline context and identify potential GBV/SEA/SH risks associated with project activities. Documents reviewed included:

- World Bank Environmental and Social Standards (ESSs) and Good Practice Notes on SEA/SH Risk Management;
- International conventions and frameworks, including CEDAW and other relevant human rights instruments;
- National legislation and policies, including the Domestic Violence Act, 2007 (Act 732), Children's Act, Labour Act, National Gender Policy, and related regulations;
- GMACP project documents, including the Environmental and Social Commitment Plan (ESCP), Environmental and Social Management Framework (ESMF), Stakeholder Engagement Plan (SEP), Resettlement Framework (RF), Labour Management Procedures (LMP), and Project Appraisal Document (PAD).

The review provided an understanding of existing gender inequalities, social vulnerabilities, institutional response mechanisms, and GBV/SEA/SH risk factors within the project area.

B. Stakeholder Mapping and Consultations

Stakeholders relevant to GBV prevention and response were identified and engaged at national, regional, district, and community levels. Consultations were undertaken with: Regional Coordinating Councils (RCCs); Metropolitan, Municipal and District Assemblies (MMDAs); Ghana Police Service, including DOVVSU; Department of Social Welfare and Community Development; Department of Gender; Department of Children; Ghana Health Service and health facilities; Traditional authorities and community leaders; Women's groups, youth groups, persons with disabilities, and other vulnerable groups; Civil society organizations, NGOs, and community-based organizations; and Project implementing agencies.

Consultations were conducted using culturally appropriate and gender-sensitive approaches to ensure diverse perspectives on GBV risks, vulnerabilities, service availability, and referral pathways were captured.

C. Data Collection and Context Analysis

A mixed-methods approach combining qualitative and secondary data analysis was employed to assess GBV risks and response capacity across project districts.

Focus Group Discussions (FGDs) were conducted with women, men, youth, and vulnerable groups to explore:

- Gender roles and power dynamics;
- Community perceptions of safety and security;
- Mobility and access constraints;
- Risks associated with labour influx and construction activities;
- Awareness of GBV services and reporting mechanisms.

Key Informant Interviews (KIIs) were conducted with government officials, traditional leaders, service providers, women's rights organizations, and civil society actors to assess institutional capacity, existing referral systems, and community-level protection concerns.

Secondary Data Analysis was undertaken to assess GBV prevalence, gender disparities, mobility constraints, safety perceptions, and conflict dynamics using nationally representative datasets and administrative sources, including:

- 2022 Ghana Demographic and Health Survey (GDHS);
- Ghana Statistical Service (GSS) District-Level Domestic Violence Estimates (2025);
- Ghana Multiple Indicator Cluster Survey (MICS 2017/18);
- Ghana Living Standards Survey (GLSS 8);
- 2021 Population and Housing Census;
- Afrobarometer Round 10 Survey;

- National Peace Council conflict and security assessments.

D. GBV/SEA/SH Risk Assessment

Project-related GBV and SEA/SH risks were assessed using a risk-based framework that considered:

- Nature and scale of civil works;
- Labour influx and worker-community interactions;
- Contractor recruitment and employment practices;
- Community vulnerabilities and social norms;
- Proximity to schools, markets, health facilities, and settlements;
- Existing prevalence of GBV and violence against women and children;
- Institutional capacity for prevention, reporting, referral, and survivor support.

Risks were evaluated according to their likelihood, potential severity, and survivor impact, with particular attention given to high-risk environments such as construction sites, workers' camps, borrow areas, haulage routes, market centres, and isolated communities.

E. Assessment of Service Provision and Referral Capacity

Existing GBV response services were mapped across beneficiary regions and districts to evaluate the availability, accessibility, and effectiveness of survivor support mechanisms. The assessment focused on:

- Health facilities providing Clinical Management of Rape (CMR);
- Availability of Post-Exposure Prophylaxis (PEP) and emergency contraception;
- DOVVSU offices and police response capacity;
- Social welfare and child protection services;
- Legal aid and justice services;
- Psychosocial support services;
- Shelter and safe accommodation services;
- Community-based referral networks.

Gaps in service coverage and referral pathways were identified to inform strengthening measures under the Project.

F. Development of Prevention, Mitigation and Response Measures

Assessment findings informed the development of survivor-centred and gender-responsive mitigation measures, including:

- Contractor and worker Codes of Conduct addressing SEA/SH;

- Mandatory GBV/SEA/SH awareness and training programmes;
- Confidential and accessible grievance mechanisms with SEA/SH-specific protocols;
- Strengthened referral pathways linking survivors to health, psychosocial, legal, and protection services;
- Community awareness and risk communication activities tailored to local languages and cultural contexts;
- Monitoring and accountability mechanisms to support compliance and incident management.

G. Data Analysis and Validation

Qualitative and quantitative findings were analysed and triangulated to ensure consistency and reliability.

- **Thematic analysis** was used to identify recurring risk factors, social norms, and institutional challenges emerging from consultations.
- **Comparative analysis** of secondary datasets was undertaken to identify regional and district-level variations in GBV prevalence, mobility constraints, safety perceptions, and vulnerability patterns.
- **Triangulation** of consultation findings, administrative data, and survey evidence was conducted to validate key conclusions and risk ratings.

H. Validation and Finalization

The draft findings and recommendations were reviewed with key stakeholders at the national, regional, and district levels. Feedback from implementing agencies, government institutions, service providers, community representatives, and development partners was incorporated to improve the accuracy, relevance, and practicality of the Plan.

The final GBV/SEA/SH Prevention and Response Plan provides a comprehensive framework for preventing, mitigating, and responding to project-related GBV risks while strengthening survivor support systems and promoting safe and inclusive participation in GMACP activities.

Before implementation, the referral directory should be validated with the relevant government agencies and service providers to confirm the availability of Clinical Management of Rape (CMR), HIV Post-Exposure Prophylaxis (PEP), emergency contraception, forensic evidence collection, mental health and psychosocial services, and other essential survivor support services at each designated facility. The directory should be reviewed and updated periodically to reflect changes in service availability and referral capacity.

3. Regulatory and Policy Framework

3.1 National Legal and Policy Framework for Gender Equality and GBV Prevention

This section outlines the key legal, policy, and institutional frameworks governing gender equality, prevention of gender-based violence (GBV), and protection of vulnerable groups in Ghana. These frameworks provide the basis for the management of GBV, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks under the Ghana Market Access and Connectivity Project (GMACP), while guiding measures to promote inclusion, non-discrimination, safe working conditions, and survivor-centred response mechanisms.

3.1.1 Constitution of the Republic of Ghana, 1992

The Constitution of Ghana provides the overarching legal foundation for equality, human rights, and protection from discrimination. Key provisions relevant to GBV and SEA/SH risk management include:

- **Article 17** guarantees equality before the law and prohibits discrimination on the basis of sex, gender, ethnicity, religion, or social status.
- **Article 27** protects the rights of women and promotes equal participation in social, economic, and political life.
- **Article 28** protects children from abuse, exploitation, neglect, and harmful practices.
- **Article 29** safeguards the rights of persons with disabilities and promotes equal access to opportunities and services.
- **Article 36** promotes social justice, equity, and inclusive development.

The Constitution establishes the fundamental principles underpinning GMACP's commitments to non-discrimination, inclusion, protection of vulnerable groups, and prevention of GBV, SEA, and SH.

3.1.2 National Gender Policy (2015)

The National Gender Policy provides Ghana's overarching framework for advancing gender equality and women's empowerment. The policy seeks to address structural barriers that limit women's participation in economic, social, and political development and promotes equal access to opportunities, resources, and decision-making.

The Policy is organized around five thematic areas:

- Women's economic empowerment and livelihoods;
- Women's rights and access to justice;
- Women's leadership and governance;
- Equal access to productive resources and opportunities; and
- Transformation of discriminatory gender norms and relations.

For GMACP, the Policy supports the integration of gender-responsive employment practices, inclusive stakeholder engagement, women's participation in project decision-making, and measures to prevent and respond to GBV and SEA/SH.

3.1.3 Children's Act, 1998 (Act 560)

The Children's Act establishes the legal framework for the protection, care, and development of children in Ghana. The Act protects children from abuse, neglect, exploitation, trafficking, hazardous labour, and harmful cultural practices.

The Act is particularly relevant to GMACP in preventing child labour, protecting children from SEA and exploitation associated with project activities, and ensuring appropriate referral and response measures where project-related risks affect children.

3.1.4 Criminal Offences (Amendment) Act, 2023 (Act 1101)

The Criminal Offences (Amendment) Act strengthens protections against harmful practices and forms of violence that disproportionately affect women and children. The Act criminalizes offences including forced marriage, child marriage, indecent assault, and other forms of abuse and exploitation.

The legislation reinforces GMACP's zero-tolerance approach to SEA/SH, exploitation, trafficking, forced labour, and other forms of violence associated with project activities.

3.1.5 Labour Act, 2003 (Act 651)

The Labour Act establishes the legal framework governing employment relations in Ghana and promotes fair, safe, and equitable working conditions.

Key provisions include:

- Prohibition of discrimination in employment;
- Equal remuneration for work of equal value;
- Protection of workers' rights and welfare;
- Occupational health and safety requirements; and
- Maternity protection and related employment benefits.

The Act provides the legal basis for GMACP labour management procedures, workers' rights protections, and workplace measures to prevent sexual harassment and other forms of GBV.

3.1.6 Factories, Offices and Shops Act, 1970 (Act 328)

The Factories, Offices and Shops Act establishes minimum standards for occupational health, safety, and welfare in workplaces.

The Act requires employers to maintain safe working conditions, implement accident prevention measures, and protect workers from occupational hazards. Compliance with these requirements contributes to creating safe and respectful workplaces and supports broader efforts to prevent workplace harassment, abuse, and exploitation.

3.1.7 Persons with Disability Act, 2006 (Act 715)

The Persons with Disability Act promotes the rights, dignity, and inclusion of persons with disabilities and prohibits discrimination in employment, education, transportation, and access to public services.

The Act requires reasonable accommodation and accessible infrastructure and services. Its provisions are particularly relevant to ensuring that project facilities, stakeholder engagement processes, grievance mechanisms, and GBV response services are accessible to persons with disabilities.

3.1.8 Domestic Violence Act, 2007 (Act 732)

The Domestic Violence Act provides Ghana's principal legal framework for preventing and responding to domestic violence. The Act recognizes and criminalizes physical, sexual, emotional, psychological, and economic abuse occurring within domestic and intimate relationships.

The Act provides for:

- Protection orders and victim safety measures;
- Police intervention and investigation;
- Access to medical care and support services;
- Referral and protection mechanisms for survivors; and
- Legal remedies and sanctions against perpetrators.

The Act reinforces survivor-centred approaches and provides an important legal basis for GBV prevention and response measures under GMACP.

3.1.9 Data Protection Act, 2012 (Act 843)

The Data Protection Act regulates the collection, processing, storage, and disclosure of personal information in Ghana.

The Act is particularly relevant to the management of GBV and SEA/SH complaints, as it requires:

- Confidential handling of personal information;
- Collection of only information necessary for case management;
- Protection against unauthorized disclosure;

- Secure storage and transfer of sensitive data; and
- Informed consent regarding the use of personal information.

Compliance with the Act is essential to safeguarding survivor confidentiality, maintaining trust in reporting mechanisms, and ensuring survivor-centred management of SEA/SH allegations and referrals.

3.1.10 Implications for GMACP

Collectively, these legal and policy frameworks establish Ghana's commitment to gender equality, protection of vulnerable populations, prevention of violence and exploitation, and promotion of safe and inclusive workplaces and communities. They provide the legal and institutional foundation for GMACP's GBV/SEA/SH Prevention and Response Plan, including implementation of Codes of Conduct, labour management measures, stakeholder engagement processes, grievance mechanisms, survivor referral pathways, and protection of personal data.

3.2 World Bank Environmental and Social Policies and Guidelines

3.2.1 World Bank Environmental & Social Framework (ESF) and Standards (ESS)

The World Bank Environmental and Social Framework (ESF) provides the overarching framework for identifying, assessing, and managing environmental and social risks and impacts associated with World Bank-financed projects. The ESF promotes sustainable development through the protection of people and communities, with particular attention to vulnerable and disadvantaged groups.

Several Environmental and Social Standards (ESSs) are directly relevant to the prevention and management of Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks under the Ghana Market Access and Connectivity Project (GMACP).

- **ESS1: Assessment and Management of Environmental and Social Risks and Impacts** require the identification, assessment, mitigation, monitoring, and management of GBV/SEA/SH risks throughout the project lifecycle.
- **ESS2: Labour and Working Conditions** promote fair treatment, non-discrimination, safe and healthy working conditions, and protection of workers from workplace harassment, exploitation, and abuse. It also requires the adoption of Codes of Conduct and worker grievance mechanisms.
- **ESS4: Community Health and Safety** require projects to assess and manage risks to affected communities arising from project activities, including SEA/SH risks

associated with labour influx, worker-community interactions, and security arrangements.

- **ESS10: Stakeholder Engagement and Information Disclosure** require inclusive and meaningful stakeholder engagement and the establishment of accessible grievance mechanisms capable of receiving and managing SEA/SH complaints in a safe, confidential, and survivor-centred manner.

The ESF emphasizes a risk-based approach that prioritizes prevention, early identification of risks, implementation of mitigation measures, and continuous monitoring. For civil works projects such as GMACP, this includes integrating GBV/SEA/SH risk management into project design, procurement processes, contractor management, labour practices, community engagement activities, grievance mechanisms, and survivor referral systems.

Implementation of this GBV/SEA/SH Prevention and Response Plan contributes to compliance with the ESF and supports the Project's commitment to protecting workers, communities, and vulnerable groups from harm while promoting safe, inclusive, and equitable project outcomes.

3.2.2 Good Practice Note on Addressing SEA/SH in Major Civil Works Projects

The World Bank Good Practice Note (GPN) on Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing Involving Major Civil Works provides operational guidance for identifying, assessing, preventing, mitigating, and responding to SEA/SH risks associated with World Bank-financed projects. The GPN complements the requirements of the Environmental and Social Framework (ESF), particularly ESS1, ESS2, ESS4, and ESS10, and promotes a survivor-centred approach to SEA/SH risk management throughout the project lifecycle.

The GPN recognizes that infrastructure projects involving civil works may create or exacerbate SEA/SH risks through labour influx, worker-community interactions, power imbalances, recruitment practices, and increased economic activity in project areas. Accordingly, it requires Borrowers to assess SEA/SH risks at project preparation and implement proportionate measures to prevent and respond to potential incidents.

Key principles of the GPN relevant to GMACP include:

- **Risk-Based Management:** SEA/SH risks should be assessed during project preparation and regularly reviewed throughout implementation to ensure that mitigation measures remain appropriate to the evolving risk context.

- **Prevention First:** Projects should prioritize prevention through strong contractual requirements, Codes of Conduct, awareness raising, training, supervision, and enforcement mechanisms for all project workers.
- **Survivor-Centred Approach:** All SEA/SH response measures must prioritize the rights, safety, dignity, confidentiality, and informed consent of survivors. Access to services should not be contingent upon reporting incidents to project authorities, employers, or law enforcement agencies.
- **Safe and Confidential Reporting Mechanisms:** Project grievance mechanisms should include dedicated SEA/SH reporting procedures that ensure confidentiality, limit information sharing on a strict need-to-know basis, and provide safe referral pathways for survivors.
- **Access to Quality Services:** Projects should establish and maintain referral pathways linking survivors to appropriate health, psychosocial, legal, security, and protection services. Particular attention should be given to access to Clinical Management of Rape (CMR), Post-Exposure Prophylaxis (PEP), psychosocial support, child protection services, and legal assistance.
- **Contractor Accountability:** Contractors and subcontractors are required to implement and enforce Codes of Conduct that explicitly prohibit SEA/SH, provide mandatory worker training, establish disciplinary procedures, and cooperate with project monitoring and incident response requirements.
- **Monitoring and Adaptive Management:** SEA/SH mitigation measures should be regularly monitored and strengthened where necessary based on project experience, stakeholder feedback, and changing risk conditions.

In accordance with the GPN, GMACP will adopt a zero-tolerance approach to SEA/SH and integrate risk mitigation measures throughout project planning, procurement, construction, operation, and monitoring activities. These measures include mandatory Codes of Conduct for all project workers, SEA/SH training and awareness programmes, confidential grievance mechanisms, survivor-centred referral pathways, contractor performance monitoring, and coordination with relevant government agencies and GBV service providers.

Table 3.1: Linkage Between World Bank ESF Requirements, SEA/SH Good Practice Note, and GMACP Mitigation Measures

World Bank Requirement	Key SEA/SH Requirements	GMACP Mitigation Measures
ESS1: Assessment and Management of Environmental and Social Risks and Impacts	Identify, assess, mitigate, monitor, and manage GBV/SEA/SH risks throughout the project lifecycle. Integrate SEA/SH risk management into project planning and implementation.	Preparation and implementation of a GBV/SEA/SH Prevention and Response Plan; GBV risk assessments; integration of SEA/SH mitigation measures into the ESMF, ESMPs, procurement documents, and contractor management procedures; regular monitoring and reporting of GBV risk management measures.
ESS2: Labour and Working Conditions	Protect workers from discrimination, exploitation, abuse, and workplace sexual harassment. Establish worker grievance mechanisms and Codes of Conduct.	Mandatory Codes of Conduct for all project workers; SEA/SH induction and refresher training; worker grievance mechanism with confidential reporting channels; contractual sanctions for SEA/SH violations; awareness of workers' rights and responsibilities.
ESS4: Community Health and Safety	Assess and manage risks to communities arising from project activities, including labour influx, worker-community interactions, and SEA/SH risks.	Community awareness programmes; labour influx management measures; worker behavior protocols; supervision of contractor compliance; community-based reporting channels; stakeholder engagement on SEA/SH risks; monitoring of high-risk locations such as construction sites, worker camps, borrow areas, and transport corridors.
ESS10: Stakeholder Engagement and Information Disclosure	Ensure inclusive stakeholder engagement and establish accessible grievance mechanisms capable of safely handling SEA/SH complaints.	Gender-sensitive consultations; targeted engagement of women, youth, persons with disabilities, and vulnerable groups; SEA/SH-sensitive Grievance Redress Mechanism (GRM); confidential reporting procedures; regular disclosure of information on available support services and reporting channels.
World Bank SEA/SH Good Practice Note (GPN)	Apply a survivor-centred approach; establish confidential referral pathways; strengthen prevention measures; ensure contractor accountability; provide access to quality survivor services.	Survivor-centred response protocols; district-specific GBV referral pathways; mapping of GBV service providers; referral to Clinical Management of Rape (CMR), Post-Exposure Prophylaxis (PEP), psychosocial, legal, and protection services; contractor accountability mechanisms; SEA/SH compliance monitoring; incident response procedures consistent with confidentiality and informed consent principles.

3.3 Key GMACP Commitments

To comply with ESS1, ESS2, ESS4, ESS10, and the World Bank SEA/SH Good Practice Note, GMACP will:

1. Maintain a zero-tolerance policy toward GBV, SEA, and SH.
2. Require all contractors, subcontractors, consultants, and project workers to sign and comply with Codes of Conduct.
3. Establish confidential, survivor-centred reporting and referral mechanisms.
4. Provide regular SEA/SH awareness and capacity-building programmes for workers and communities.
5. Strengthen coordination with DOVVSU, the Department of Social Welfare and Community Development, Ghana Health Service, Legal Aid Commission, and accredited GBV service providers.
6. Monitor and report implementation of GBV/SEA/SH mitigation measures throughout the project lifecycle.

3.4 Relevant International Frameworks and Good Practice Standards

Ghana is a signatory to several international and regional human rights instruments that promote gender equality, protect women and vulnerable groups from violence and discrimination, and support safe and inclusive working environments. These frameworks provide important guidance for the prevention and management of Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) under GMACP.

3.4.1 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is the principal international treaty promoting women's rights and gender equality. It requires States to eliminate discrimination against women in political, economic, social, cultural, and employment spheres and to adopt measures that protect women from violence, exploitation, and harmful practices.

CEDAW promotes:

- Equal access to employment, education, healthcare, and economic opportunities;
- Women's participation in decision-making and leadership;
- Protection from gender-based discrimination and violence;
- Elimination of harmful social and cultural practices; and
- Access to justice and effective remedies for survivors of abuse and discrimination.

For GMACP, CEDAW provides the foundation for promoting gender equality in project implementation, supporting women's participation in project activities, preventing GBV and SEA/SH, and ensuring equitable access to project benefits and grievance mechanisms.

3.4.2 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)

The Maputo Protocol is Africa's principal regional instrument for the protection and promotion of women's rights. The Protocol obliges States to prevent violence against women, eliminate discriminatory practices, promote economic and social rights, and ensure women's equal participation in development processes.

Key areas addressed by the Protocol include:

- Prevention of violence against women and girls;
- Elimination of harmful traditional practices;
- Protection from trafficking, exploitation, and abuse;
- Equal employment and economic opportunities;
- Access to healthcare, including reproductive health services; and
- Participation in leadership and decision-making.

The Protocol reinforces GMACP's commitment to creating a safe and inclusive project environment, promoting women's economic participation, preventing SEA/SH, and ensuring that women and vulnerable groups benefit equitably from project investments.

3.4.3 ILO Violence and Harassment Convention, 2019 (Convention No. 190)

The International Labour Organization (ILO) Convention No. 190 is the first international labour standard specifically addressing violence and harassment in the world of work, including gender-based violence and sexual harassment.

The Convention recognizes the right of all workers to a workplace free from violence and harassment and requires employers to take reasonable measures to prevent, address, and respond to such risks.

Key principles include:

- Zero tolerance for violence and harassment in the workplace;
- Protection of all workers regardless of employment status;
- Prevention through workplace policies, risk assessments, training, and awareness raising;
- Accessible and survivor-centred grievance mechanisms;
- Protection against retaliation for reporting incidents; and

- Employer accountability for maintaining safe and respectful workplaces.

The principles of ILO Convention 190 are particularly relevant to GMACP given the labor-intensive nature of road construction activities. The Convention supports the implementation of Codes of Conduct, worker grievance mechanisms, SEA/SH training programmes, contractor accountability measures, and workplace protections designed to prevent harassment, exploitation, and abuse.

3.4.4 Implications for GMACP

Collectively, these international frameworks establish principles of non-discrimination, gender equality, dignity, safety, and accountability that underpin the GMACP GBV/SEA/SH Prevention and Response Plan. They support the adoption of survivor-centred approaches, inclusive stakeholder engagement, equitable employment practices, effective grievance mechanisms, and measures to prevent and respond to GBV, SEA, and SH throughout the project lifecycle.

4. GBV/SEA/SH Situational Analysis

The GBV/SEA/SH situational analysis formed part of the broader social assessment and included:

- Desk review of national GBV prevalence studies, project-area socio-economic data, and cultural norms.
- Field visits and interviews with regional and district government officials, women's groups, community leaders, health workers, and vulnerable groups.
- Stakeholder consultations integrated into the SEP using safe, same-sex facilitators.
- Structured risk screening covering labour influx, remote project sites, interactions between workers and community members, supply-chain dynamics, and the presence/absence of GBV services.

4.1 National Gender Context

Ghana has established a comprehensive legal and policy framework to prevent and respond to gender-based violence and protect the rights of women and children. Key instruments include the Domestic Violence Act, 2007 (Act 732), the Children's Act, 1998 (Act 560), the Labour Act, 2003 (Act 651), the Human Trafficking Act, 2005 (Act 694), the National Gender Policy (2015), and the Data Protection Act, 2012 (Act 843). These are complemented by Ghana's commitments under international frameworks, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Sustainable Development Goals (SDGs).

Despite this enabling framework, significant challenges remain regarding enforcement, access to justice, survivor support services, and social norms that perpetuate gender inequality and violence against women and girls.

Women continue to play a central role in agriculture, trade, household livelihoods, and informal economic activities. However, they experience disproportionate barriers to land ownership, access to productive resources, formal employment opportunities, financial services, and participation in decision-making processes. These structural inequalities increase vulnerability to economic exploitation, sexual exploitation, and other forms of GBV.

4.2 Gender Dynamics in the Roads and Infrastructure Sector

The roads and construction sector in Ghana remains predominantly male-dominated. Women are generally underrepresented in technical and skilled occupations and are more likely to participate in lower-paid support activities, including food vending, petty trading, and other informal services around construction sites.

Road infrastructure also has important gender dimensions. Women often bear primary responsibility for transporting agricultural produce, accessing markets, obtaining healthcare, collecting water and fuelwood, and providing household care. Consequently, poor road connectivity and transport constraints disproportionately affect women and girls.

While improved road infrastructure under GMACP is expected to generate substantial socioeconomic benefits, construction activities may also create opportunities for SEA/SH and other forms of GBV through increased worker-community interactions, labour recruitment processes, and economic power imbalances.

4.3 Regional and Community Context

The GMACP covers 13 regions with diverse socio-cultural contexts, gender norms, and traditional governance systems. Gender roles, mobility patterns, livelihood activities, and attitudes toward women and girls vary considerably across project districts.

In several northern regions, traditional gender norms, early marriage practices, and gendered labour divisions continue to influence women's access to education, employment, and decision-making opportunities. In southern regions, women generally participate more actively in trade and market activities but remain exposed to harassment and exploitation in transport corridors, markets, and informal economic spaces.

Traditional authorities, religious leaders, women's associations, and community-based organizations remain influential actors in shaping social norms and represent important entry points for GBV prevention, awareness raising, and survivor referral mechanisms.

4.4 GBV and SEA/SH Prevalence in Ghana[2]

GBV/SEA/SH in Ghana occurs in various forms, each with severe consequences for survivors.

[2] **Primary data sources**

- Ghana Statistical Service (GSS), Ghana Health Service (GHS) & ICF. *Ghana Demographic and Health Survey 2022* (published 2023).
- Ghana Statistical Service (GSS). *Small Area Estimation (SAE) Report on Violence Against Women in Ghana* (2024).
- Ghana Police Service, Domestic Violence and Victim Support Unit (DOVVSU). Annual Administrative Reports.
- Ghana Statistical Service (GSS). *Ghana Multiple Indicator Cluster Survey (MICS)*.
- Ministry of Gender, Children and Social Protection (MoGCSP). National GBV policy and implementation reports.
- World Health Organization (WHO). *Violence against Women Prevalence Estimates*

4.4.1 National Prevalence

Gender-Based Violence (GBV) remains a significant public health, human rights, and development challenge in Ghana, disproportionately affecting women and girls. Nationally representative surveys and administrative data consistently show that women experience various forms of violence, including intimate partner violence (IPV), physical violence, sexual violence, emotional abuse, and other harmful practices.

The principal source of nationally representative data on violence against women is the 2022 Ghana Demographic and Health Survey (GDHS), conducted by the Ghana Statistical Service (GSS), the Ghana Health Service (GHS), and ICF. The survey found that 27 percent of ever-married women aged 15–49 had experienced physical, sexual, or emotional violence committed by a current or former husband or partner, highlighting intimate partner violence as one of the most prevalent forms of GBV in Ghana. Emotional violence was the most commonly reported form of partner violence, followed by physical and sexual violence (GSS, GHS & ICF, 2023).

The Ghana Statistical Service's Small Area Estimation (SAE) Report on Violence Against Women (2024) further demonstrates that GBV is widespread across all regions of Ghana, with substantial geographic variation in the prevalence of intimate partner violence and other forms of violence against women. The report provides district-level estimates that support targeted planning and resource allocation for prevention and response interventions.

Administrative data from the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service consistently record thousands of GBV-related complaints annually, including domestic violence, sexual offences, child neglect, child marriage, and defilement. However, these administrative records are widely recognized as reflecting only a proportion of actual incidents because many survivors do not report violence through formal channels.

Underreporting of GBV in Ghana has been consistently documented in the GDHS, DOVVSU reports, and studies by the Ministry of Gender, Children and Social Protection (MoGCSP), the World Health Organization (WHO), and United Nations agencies. Key factors contributing to underreporting include:

- Social stigma and victim-blaming;
- Fear of retaliation or further violence;
- Financial dependence on perpetrators;
- Limited confidence in formal reporting and justice mechanisms;
- Limited awareness of available services and survivor rights; and
- Social and cultural norms that discourage disclosure of violence.

Evidence from national studies and sector assessments also indicates that sexual exploitation and sexual harassment occur in both formal and informal workplaces, particularly where unequal power relations exist between employers, supervisors, workers, trainees, and job seekers. Similarly, studies of educational institutions have documented incidents of sexual harassment affecting female students and staff. Although prevalence estimates vary across sectors and institutions, these findings underscore the importance of strengthening prevention, reporting, and survivor support mechanisms in workplaces and educational settings.

Findings from the Ghana Multiple Indicator Cluster Survey (MICS) and the 2022 GDHS further highlight the structural drivers of GBV, including gender inequality, poverty, limited educational attainment, unequal power relations, discriminatory social norms, and the acceptance or normalization of violence against women and children. These underlying factors contribute to the persistence of GBV and increase the vulnerability of women, girls, persons with disabilities, and other at-risk groups to sexual exploitation and abuse (SEA), sexual harassment (SH), and other forms of gender-based violence.

4.4.2 Regional and District Data and Reporting Trends

Available evidence indicates that the prevalence and drivers of gender-based violence (GBV) vary considerably across Ghana, reflecting differences in socio-cultural norms, gender inequality, poverty, demographic characteristics, and access to health, justice, and social protection services. These variations underscore the importance of incorporating local context into project-level GBV risk assessments and response planning.

The Ghana Statistical Service (GSS) Small Area Estimation (SAE) Report on Violence Against Women in Ghana (2024) provides the first nationally consistent district-level estimates of domestic violence among women aged 15–49 years. Using data from the 2022 Ghana Demographic and Health Survey (GDHS) and the 2021 Population and Housing Census, the report demonstrates substantial variation in the prevalence of physical, emotional, and sexual intimate partner violence across regions and districts. The findings highlight the presence of localized GBV hotspots that may not be apparent from regional averages and provide an important evidence base for geographically targeted prevention and response interventions.

The SAE findings indicate that several regions containing Ghana Market Access and Connectivity Project (GMACP) beneficiary districts—including Savannah, Northern, Oti, Volta, Central, Western North, Ahafo, Bono East, Ashanti, and Upper West—contain districts with above-average estimated levels of domestic violence. However, prevalence varies considerably within each region, emphasizing the need for district-specific risk assessments

rather than reliance on regional averages alone. District-level prevalence estimates for all GMACP beneficiary districts are presented in **Annex 1**.

Beyond prevalence, national studies identify a range of contextual factors that influence GBV risk across different settings. In rural and underserved areas, limited access to education, health services, livelihood opportunities, and justice mechanisms may reduce survivors' access to support services and contribute to underreporting. In urban and peri-urban areas, population mobility, informal employment, commercial activity, and unequal power relations may increase the risk of sexual exploitation and abuse (SEA) and sexual harassment (SH), particularly in workplaces, markets, transport hubs, and construction environments. Across all settings, discriminatory gender norms, unequal power relations, poverty, and social acceptance of violence remain important underlying drivers of GBV.

Administrative data from the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service**,** together with routine service data from the Ghana Health Service (GHS) and the Ministry of Gender, Children and Social Protection (MoGCSP), demonstrate that GBV cases are reported throughout the country. However, these administrative records are widely recognized as underestimating the true magnitude of violence because many survivors do not seek formal assistance due to stigma, fear of retaliation, economic dependence, limited awareness of available services, and concerns regarding confidentiality.

For the GMACP, the combination of district-level prevalence estimates from the GSS Small Area Estimation Report and local service mapping provides the most appropriate basis for identifying GBV risks and designing survivor-centred prevention, mitigation, referral, and response measures. Accordingly, project interventions would be tailored to district-specific risk profiles, supported by validated referral pathways and strengthened coordination among health, social welfare, law enforcement, and community-based service providers. **Annex 2** presents a summarized risk profile of GMACP beneficiary districts.

4.5 Availability of GBV Response Services in Ghana

Ghana has established a multi-sectoral framework for GBV prevention and response involving the Ministry of Gender, Children and Social Protection (MoGCSP), the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service, the Department of Social Welfare, the Ghana Health Service (GHS), the Legal Aid Commission, civil society organizations (CSOs), and community-based service providers. While this framework provides a foundation for survivor support and case management, institutional capacity and service availability remain uneven across the country.

The availability of GBV response services varies significantly across Ghana, with service concentration generally highest in Greater Accra, Ashanti, Central, Western, and selected

regional capitals. Rural and remote districts, particularly in northern Ghana, often have fewer specialized services and weaker referral systems.

4.5.1 Specialized GBV Service Providers

Specialized GBV services are primarily delivered through DOVVSU offices, the Department of Social Welfare, Ghana Health Service facilities, the Legal Aid Commission, and civil society organizations.

Domestic Violence and Victim Support Unit (DOVVSU)

DOVVSU serves as the primary law enforcement institution responsible for receiving, investigating, and referring cases of domestic violence, sexual violence, child abuse, and related offences. The Unit has a nationwide presence and remains one of the most accessible entry points for survivors seeking assistance. However, operational effectiveness is often constrained by inadequate staffing, limited logistics and transport, high caseloads, insufficient specialized training, and challenges in evidence collection and case follow-up, particularly in remote districts.

Department of Social Welfare

The Department of Social Welfare of the MoGCSP plays a central role in survivor protection, psychosocial support, family welfare services, child protection, and case management. Social welfare officers are often responsible for coordinating case management, referrals and supporting vulnerable survivors. Despite its important mandate, the Department faces significant resource and staffing constraints, resulting in limited outreach, high caseloads, and reduced capacity to provide timely and comprehensive support services in many districts.

Legal Aid Services

The Legal Aid Commission provides legal advice, representation, mediation, and support to vulnerable individuals, including GBV survivors who cannot afford legal services. While the Commission contributes significantly to access to justice, its reach remains limited by resource constraints, low public awareness, insufficient district-level coverage, and delays in legal processes, particularly in rural areas.

Civil Society and Non-Governmental Organizations

Civil society organizations and non-governmental organizations play a critical role in GBV prevention, survivor support, advocacy, awareness creation, legal assistance, psychosocial counselling, and community engagement. Several organizations have developed specialized expertise in responding to GBV, SEA, and SH cases and often complement

government services through referral pathways and community-based interventions. However, service coverage varies considerably across regions and districts, with many organizations facing funding and capacity constraints that affect long-term sustainability.

Key service hubs include:

- Greater Accra Region (Accra Metropolitan Area), which hosts the highest concentration of GBV service providers, including DOVVSU Headquarters, the DOVVSU One-Stop Centre, the Ark Foundation, FIDA Ghana, International Justice Mission (IJM), WiLDAF Ghana, and several counselling and legal support organizations.
- Ashanti Region (Kumasi Metropolitan Area), where DOVVSU, Social Welfare, legal aid services, and NGO-supported survivor services are comparatively well established.
- Regional capitals such as Cape Coast, Takoradi, Ho, Tamale, Bolgatanga, Sunyani, Koforidua, and Wa, where DOVVSU and Social Welfare offices provide the principal government-led response services.

Outside these urban centres, survivors often depend on district social welfare officers, local health facilities, and community-based organizations with limited GBV specialization.

4.5.2 Health and Clinical Management of Rape (CMR) Services

The Ghana Health Service has integrated clinical management of rape and GBV response services into selected hospitals and health facilities. Available services include emergency medical treatment, psychosocial support, HIV post-exposure prophylaxis (PEP), emergency contraception, treatment of sexually transmitted infections (STIs), and medico-legal documentation.

Clinical Management of Rape services are generally available through regional hospitals, teaching hospitals, and selected district hospitals.

Higher-capacity facilities include:

- Korle Bu Teaching Hospital, Accra
- 37 Military Hospital, Accra
- Greater Accra Regional Hospital, Ridge-Accra
- Komfo Anokye Teaching Hospital, Kumasi
- Tamale Teaching Hospital, Tamale
- Ho Teaching Hospital, Ho
- Cape Coast Teaching Hospital, Cape Coast

- Effia Nkwanta Regional Hospital, Takoradi

Most regional hospitals can provide emergency treatment, HIV post-exposure prophylaxis (PEP), emergency contraception, STI treatment, forensic examination, and medico-legal documentation. However, service quality and availability vary across districts due to shortages of trained personnel, forensic capacity limitations, and inconsistent availability of essential medicines and supplies.

Many district hospitals provide basic post-rape care but may refer survivors to regional facilities for comprehensive management and forensic evidence collection.

4.5.3 Shelter and Safe Accommodation Facilities

The availability of shelters and safe accommodation for GBV survivors remains one of the most significant gaps in Ghana's response system. Dedicated shelters are few, concentrated in major urban areas, and generally have limited capacity to accommodate survivors and their dependents.

Known shelter services include:

- The Ark Foundation's crisis centre and transit shelter in Accra, with additional longer-term shelter support in Kukurantumi in the Abuakwa North Municipality of the Eastern Region.
- The DOVVSU One-Stop Centre in Accra, which includes temporary shelter and integrated survivor services.

Outside Greater Accra, dedicated shelters are extremely limited, and many districts have no formal survivor accommodation. Consequently, survivors frequently rely on relatives, faith-based institutions, or informal community arrangements when immediate protection is required.

4.5.4 Inter-Agency Referral and Coordination Mechanisms

Ghana has established national referral pathways led by the Ministry of Gender, Children and Social Protection (MoGCSP), linking:

- DOVVSU
- Department of Social Welfare
- Ghana Health Service
- Legal Aid Commission
- Judiciary
- NGOs and shelters

Referral systems are supported through the Social Welfare Information Management System (SWIMS) and Integrated Social Services (ISS) initiatives, which seek to strengthen coordination among social welfare, health, child protection, and GBV service providers.

At district level, referral coordination is generally strongest in metropolitan and municipal assemblies where multiple service providers operate. In many rural districts, however, referral pathways remain largely informal and depend on personal relationships among DOVVSU officers, social welfare officers, health workers, and NGO representatives. Delays in referrals, transportation constraints, limited survivor follow-up, and inconsistent information sharing continue to affect service effectiveness.

4.5.5 District-Level Capacity Considerations

For project districts, the presence of a DOVVSU office and District Social Welfare Office can generally be assumed. However, specialized psychosocial counselling, Clinical Management of Rape services, legal aid, and shelter facilities are often available only at regional capitals or major urban centres. As a result, survivor referrals may require travel across districts or regions, particularly in remote and underserved areas.

Consequently, project-level GBV/SEA/SH assessments include district-specific mapping of service providers and referral pathways to verify the availability, accessibility, quality, and survivor-centred capacity of health, psychosocial, legal, protection, and shelter services before project implementation.

4.5.6 Overall Capacity Assessment

Ghana's institutional capacity for GBV/SEA/SH prevention and response can be characterized as **moderate but uneven**. The country has a well-established legal, policy, and institutional framework, including specialized agencies and service providers that support prevention, survivor protection, case management, and access to justice. However, the effectiveness and accessibility of these services vary significantly across regions and districts.

Key capacity constraints include limited availability of specialized GBV service providers, inadequate psychosocial and Clinical Management of Rape (CMR) services in some districts, insufficient shelter facilities, resource limitations affecting investigations and case management, and weaknesses in inter-agency referral and coordination mechanisms. These challenges are particularly pronounced in rural and underserved areas, where service coverage and survivor access remain limited.

Within the infrastructure sector, institutional capacity to identify, prevent, and respond to project-related SEA/SH risks remains relatively weak. Strengthening capacity through

targeted training, designation of GBV focal points, establishment of functional referral pathways, and enhanced coordination among implementing agencies and service providers will be critical to ensuring effective implementation of project-level GBV/SEA/SH risk mitigation and survivor-centred response measures throughout the project lifecycle.

4.6 Implications for GMACP

The assessment indicates that although Ghana has an established institutional framework for GBV/SEA/SH prevention and response, variations in service availability and institutional capacity across project areas may affect the timely and effective management of project-related SEA/SH risks. Consequently, GMACP will need to supplement existing systems with project-specific prevention, mitigation, referral, and response measures.

The limited availability of specialized GBV service providers, psychosocial support services, Clinical Management of Rape (CMR) facilities, and survivor shelters in some project districts may constrain access to timely and survivor-centred support for SEA/SH survivors. In remote and underserved areas, survivors may be required to travel considerable distances to access appropriate services, potentially discouraging reporting and uptake of support.

Weaknesses in referral coordination and varying institutional capacities among DOVVSU, Social Welfare, health facilities, and other service providers highlight the need for district-specific service mapping and the establishment of functional referral pathways before commencement of civil works. The Project should ensure that referral mechanisms are regularly updated, accessible, confidential, and aligned with survivor-centred principles.

Given the relatively limited capacity within the infrastructure sector to manage SEA/SH risks, targeted capacity building will be required for implementing agencies, supervision consultants, contractors, workers, and community stakeholders. This should include training on SEA/SH risk identification, prevention, reporting procedures, survivor-centred response, codes of conduct, and referral protocols.

The assessment also underscores the importance of strengthening project-level accountability mechanisms. The GMACP Grievance Redress Mechanism (GRM) should include confidential, survivor-centred procedures for receiving and managing SEA/SH complaints, with multiple reporting channels and safe referral options that protect survivor privacy and prevent retaliation.

To address identified capacity gaps, the Project should designate trained GBV focal points within the Agency Implementation Team, Regional Monitoring Teams, supervision consultants, and contractor teams, and establish formal coordination arrangements with DOVVSU, the Department of Social Welfare, Ghana Health Service, Legal Aid Commission, and relevant civil society organizations operating within project areas.

5. Assessment of GBV/SEA/SH Risks Associated with GMACP

5.1 Introduction

The Ghana Market Access and Connectivity Project (GMACP) involves the rehabilitation and maintenance of feeder roads, spot improvement works, construction and rehabilitation of drainage structures, and associated civil works across multiple districts in Ghana. Project implementation will require the engagement of direct workers, contracted workers, primary supply workers, consultants, supervision personnel, security personnel, drivers and other project-associated workers over an extended implementation period.

Although GMACP is not expected to generate large-scale labour influx or worker camps comparable to major transport corridor projects, civil works may create conditions that increase the risk of Gender-Based Violence (GBV), including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), within project workplaces and surrounding communities. These risks may arise from worker–community interactions, labour mobility, unequal power relationships, economic vulnerabilities, gender inequalities, temporary worker accommodation, the presence of security personnel, activities at quarries and borrow pits, increased movement of trucks and equipment, and limitations in local prevention and response systems.

The assessment therefore considers both **project-induced risks** and **contextual vulnerabilities** that may influence the likelihood and severity of GBV/SEA/SH. Particular attention is given to women and girls, adolescent girls, female workers, female traders, persons with disabilities, female-headed households, children, economically vulnerable households and other groups that may experience greater barriers to protection, reporting and access to services.

Based on the nature of the Project, its geographic distribution, the socio-economic characteristics of beneficiary communities, the anticipated workforce arrangements, the potential for temporary labour mobility, and existing institutional and service-delivery constraints, GMACP is assessed as presenting **moderate SEA/SH risk**, requiring proactive prevention, mitigation, monitoring and survivor-centred response measures throughout the project lifecycle.

The risk assessment shall be reviewed and updated where there are significant changes in workforce composition, work locations, contractor arrangements, worker accommodation, security arrangements, construction methods, community conditions or availability of survivor services.

5.2 Approach to GBV/SEA/SH Risk Assessment

The GMACP GBV/SEA/SH risk assessment considers the interaction between:

- The nature, scale and duration of civil works;
- Workforce size, composition and mobility;
- Labour recruitment and employment practices;
- Worker–community interactions;
- Worker accommodation and living arrangements;
- Presence and conduct of security personnel;
- Construction sites and isolated work fronts;
- Quarries, borrow pits and material-supply locations;
- Truck movements and haulage routes;
- Proximity of works to markets, schools, health facilities, water points and other sensitive locations;
- Existing gender inequalities and economic vulnerabilities;
- Risks affecting children and adolescents;
- Existing GBV prevalence and social norms;
- Accessibility and quality of survivor services;
- Institutional capacity for prevention, reporting, referral and response; and
- The effectiveness of project grievance and stakeholder-engagement mechanisms.

The assessment applies a differentiated approach because SEA/SH risks will not necessarily be uniform across all GMACP road packages. A road section located close to a district capital with readily accessible health, police and social welfare services may present a substantially different residual risk from an isolated road section where non-local workers are accommodated near a small rural community and the nearest specialized GBV service is several hours away.

Accordingly, site-specific screening shall be undertaken to identify locations and activities requiring enhanced mitigation.

5.3 Key GBV/SEA/SH Risk Drivers

5.3.1 Worker–Community Interactions

Civil works will bring contractors, consultants, drivers, security personnel and other project workers into regular contact with local communities, including women, girls, adolescent boys, persons with disabilities, female traders, farmers and other vulnerable groups.

Such interactions may create opportunities for inappropriate behaviour, sexual harassment, exploitation, coercion or abuse, particularly where workers possess perceived authority, financial resources, employment opportunities or access to project benefits.

Risk may be heightened around:

- Markets and roadside trading areas;

- Schools and educational facilities;
- Water collection points;
- Transport terminals and stopping points;
- Health facilities;
- Places of worship;
- Community gathering areas;
- Worker accommodation;
- Construction offices and camps; and
- Quarry, borrow-pit and material-supply locations.

Preventive measures shall therefore extend beyond the formal construction site to areas where project workers and communities interact.

5.3.2 Labour Influx and Workforce Mobility

GMACP is expected to require a combination of local and non-local workers. While local recruitment will be encouraged, contractors may recruit specialized technical, supervisory, engineering, equipment-operation, security and management personnel from outside project communities.

The temporary movement of predominantly male workers into communities may alter existing social and economic dynamics and increase risks associated with:

- Sexual exploitation of women and girls;
- Transactional sex;
- Exploitation of economically vulnerable households;
- Sex-for-employment or sex-for-project-benefit arrangements;
- Sexual harassment;
- Grooming and inappropriate relationships involving adolescents;
- Intimate partner conflict;
- Worker–community disputes; and
- Underreporting due to stigma, economic dependence or fear of retaliation.

The risk will vary according to the size and duration of the workforce, proportion of non-local workers, availability of local accommodation, remoteness of the worksite and strength of community and institutional monitoring mechanisms.

Contractors shall therefore maintain workforce information, maximize local recruitment where feasible, provide mandatory SEA/SH induction to incoming workers and enforce project Codes of Conduct throughout the period of employment.

5.3.3 Recruitment and Employment-Related Risks

Recruitment processes may create opportunities for sexual exploitation where access to employment is controlled informally or where vulnerable persons perceive that employment depends on providing sexual favours.

Potential risks include:

- Sex-for-jobs arrangements;
- Sex-for-payment or wage-related exploitation;
- Sexual harassment during recruitment interviews;
- Abuse of authority by supervisors;
- Favouritism or coercion in allocation of employment opportunities; and
- Retaliation against persons who reject inappropriate advances or report misconduct.

Recruitment shall therefore be transparent and documented. Employment opportunities shall be publicly communicated where practicable, and workers shall have access to confidential mechanisms for reporting recruitment-related SEA/SH concerns.

5.3.4 Economic Vulnerability and Gender Inequality

Many beneficiary communities may experience poverty, limited livelihood opportunities and persistent gender inequalities. Women and girls may have unequal access to income, land, employment, decision-making and project-related opportunities.

These conditions may increase vulnerability to exploitation, particularly where project workers control employment opportunities, payments, contracts or other economic benefits.

The Project shall therefore ensure that project-related employment and benefit-sharing processes do not create opportunities for sexual exploitation and shall provide women and vulnerable groups with accessible information on available opportunities and complaint mechanisms.

5.3.5 Existing GBV Prevalence and Social Norms

GBV, including intimate partner violence, sexual violence, child marriage and sexual harassment, remains a significant social concern in Ghana. Some GMACP beneficiary districts may be located in areas where contextual vulnerability is elevated.

Existing social norms that tolerate or normalize certain forms of violence may discourage survivors from reporting incidents or seeking assistance. Stigma, fear of retaliation, economic dependence and concerns about confidentiality may further contribute to underreporting.

The Project shall therefore avoid interpreting low numbers of reported incidents as evidence of low risk. Monitoring shall consider both reported incidents and contextual indicators such as community perceptions, service accessibility, workforce composition and complaints related to worker conduct.

5.3.6 Vulnerable Groups

The Project may affect groups that face elevated risks of SEA/SH or greater barriers to reporting and accessing services, including:

- Women and girls;
- Adolescent girls;
- Female-headed households;
- Widows and socially marginalized women;
- Female workers;
- Female traders and vendors along road corridors;
- Persons with disabilities;
- Economically vulnerable households;
- Children and youth; and
- Other vulnerable persons identified through site-specific screening.

Stakeholder engagement and awareness activities shall be designed to reach these groups through appropriate and accessible channels.

5.4 Workplace Sexual Harassment Risks

The Project workforce may include women employed by contractors, consultants, suppliers and implementing agencies. Female workers may be exposed to workplace sexual harassment arising from unequal power relationships, male-dominated work environments, discriminatory attitudes or inadequate grievance mechanisms.

Potential forms of workplace SH include:

- Unwelcome sexual comments or advances;
- Requests for sexual favours;
- Sex-for-employment or sex-for-promotion arrangements;
- Sexual harassment linked to wages or other benefits;
- Verbal, non-verbal or physical harassment;
- Intimidation and bullying; and
- Retaliation following complaints.

These risks may be particularly significant within the construction sector, which remains predominantly male-oriented and may have varying levels of experience in implementing SEA/SH prevention measures.

Contractors shall establish workplace standards consistent with the GMACP Code of Conduct, provide mandatory training, designate appropriate focal persons, maintain confidential reporting mechanisms and enforce disciplinary procedures.

5.5 Worker Accommodation and Living Conditions

Worker accommodation represents a distinct SEA/SH risk pathway and shall be assessed separately from general labour influx.

Where workers are accommodated in contractor-provided facilities, rented houses or other temporary arrangements within or near host communities, additional risks may arise from increased worker presence outside working hours.

Potential risks include:

- Sexual exploitation or harassment within or around accommodation areas;
- Unwanted approaches to women and girls;
- Inappropriate relationships involving adolescents;
- Intimate partner violence associated with temporary relationships;
- Poorly lit access routes;
- Inadequate privacy or gender-sensitive facilities;
- Uncontrolled visitor access;
- Alcohol- or substance-related misconduct;
- Inadequate security; and
- Difficulty reporting incidents occurring outside formal work areas.

5.5.1 Accommodation Management Measures

Where worker accommodation is provided or arranged by the contractor, the contractor shall:

1. Conduct an accommodation-specific SEA/SH risk assessment before occupation;
2. Select accommodation locations that minimize risks to surrounding communities;
3. Provide adequate lighting, sanitation, water supply and privacy;
4. Provide gender-sensitive facilities where appropriate;
5. Establish clear accommodation rules and visitor-management procedures;
6. Prohibit sexual exploitation, harassment and abuse;
7. Strictly prohibit sexual activity involving children;
8. Establish confidential reporting channels;

9. Provide workers with information on GBV services and referral pathways;
10. Conduct routine accommodation inspections; and
11. Implement corrective measures where risks are identified.

The same minimum standards shall apply where workers are accommodated in rented houses or community facilities rather than formal contractor camps.

5.6 Security Personnel and Security-Related Risks

Security personnel may be engaged to protect workers, equipment, materials, offices, accommodation and other project assets. Their duties may require interaction with workers, community members, traders, farmers, road users and vulnerable persons.

Because security personnel may hold or be perceived to hold authority over access to project facilities, security arrangements create a specific potential for abuse of authority.

Potential risks include:

- Sexual harassment or exploitation;
- Inappropriate searches or access-control procedures;
- Abuse of authority;
- Intimidation or threats against complainants;
- Harassment of female workers and traders;
- Inappropriate relationships with community members; and
- Failure to appropriately refer GBV/SEA/SH concerns.

All security personnel shall receive training on GBV/SEA/SH, child protection, human rights and appropriate interaction with communities and shall sign the project Code of Conduct.

Security personnel shall be subject to contractor supervision and disciplinary procedures and shall be informed of confidential reporting and referral mechanisms.

5.7 Risks at Quarries, Borrow Pits and Material-Supply Locations

Quarries, borrow pits, sand-winning areas, gravel sources, stockpile areas and other material-supply locations may present elevated SEA/SH risks because they may be remote from communities and formal project supervision.

These locations may involve temporary workers, casual labourers, equipment operators, truck drivers and suppliers who may not routinely interact with the main contractor's supervision arrangements.

Potential risks include:

- Sexual exploitation involving casual labour;
- Informal recruitment and sex-for-employment arrangements;

- Harassment of women and girls near material sources;
- Risks to children entering extraction areas;
- Sexual exploitation associated with truck drivers and haulage;
- Inadequate lighting and security;
- Worker accommodation near isolated material sources;
- Limited monitoring; and
- Limited access to survivor services.

Each significant quarry, borrow pit and material source shall therefore undergo site-specific SEA/SH screening before commencement of activities.

Mitigation shall include appropriate access control, child exclusion, adequate lighting, worker and driver induction, Code of Conduct enforcement, targeted community awareness, confidential reporting mechanisms and inclusion of these sites in routine E&S supervision.

5.8 Risks Associated with Truck Drivers and Haulage Activities

Road rehabilitation will generate movement of trucks transporting gravel, aggregates, construction materials and equipment. Drivers may interact with women and girls at markets, roadside settlements, transport stopping points and communities along haulage routes.

Potential risks include:

- Sexual harassment;
- Sexual exploitation;
- Inappropriate approaches to adolescents;
- Transactional sex;
- Harassment of female traders;
- Intimidation or inappropriate behaviour at stopping points; and
- Underreporting because incidents occur away from the main worksite.

Drivers and other haulage personnel shall therefore receive the same SEA/SH induction and Code of Conduct requirements as other project-associated workers.

The contractor shall identify high-risk stopping points and haulage routes, provide community information on reporting mechanisms and monitor complaints related to driver conduct.

5.9 Risks to Children and Adolescents

Children may face heightened risks of exploitation, abuse, neglect and inappropriate interactions with project workers. Adolescent girls may be particularly vulnerable because of age, economic dependence and unequal power relationships.

Potential risks include:

- Sexual exploitation of minors;
- Grooming;
- Transactional sex involving adolescents;
- Inappropriate relationships between workers and children;
- Exposure to unsafe worksite environments;
- Child labour; and
- Exposure to inappropriate worker activities around accommodation areas.

Any incident involving a child shall be treated as a serious safeguarding concern requiring immediate action in accordance with applicable Ghanaian requirements and the Project's child-protection and referral procedures.

All workers shall receive child-safeguarding training and shall sign a Code of Conduct containing explicit prohibitions against sexual activity with children.

5.10 Community Health, Safety and Sensitive Locations

Project activities may indirectly contribute to GBV/SEA/SH risks through changes in community dynamics, worker presence, movement of vehicles and equipment and increased economic activity.

Particular attention shall be given to locations where workers may interact with vulnerable persons, including:

- Markets;
- Schools;
- Water points;
- Health facilities;
- Transport hubs;
- Places of worship;
- Community gathering areas;
- Roadside trading areas;
- Worker accommodation;
- Quarries and borrow pits; and
- Temporary traffic diversions.

Site-specific screening shall identify sensitive locations and determine whether enhanced mitigation is required, including increased supervision, targeted awareness, improved lighting, access controls and additional reporting channels.

5.11 Institutional and Survivor-Service Accessibility Risks

Ghana has an established GBV prevention and response framework; however, institutional capacity and service availability may vary between GMACP beneficiary districts.

Existing constraints may include:

- Limited availability of specialized GBV service providers;
- Inadequate psychosocial support services;
- Limited Clinical Management of Rape (CMR) services;
- Insufficient shelter facilities;
- Resource constraints affecting investigations and survivor support;
- Weak referral coordination;
- Long distances to appropriate health facilities;
- Limited transport, particularly at night;
- Limited service availability outside normal working hours; and
- Barriers to confidential access in small or remote communities.

These constraints may affect the ability of survivors to access timely, confidential and survivor-centred assistance and may increase residual SEA/SH risk.

5.12 Accessibility of Survivor Services in Remote Districts

Service accessibility shall be assessed not merely by the existence of a service provider but by whether survivors can practically and safely access the service.

For each road package, the Project shall assess:

i) Distance and travel time to health services;
ii) Availability of Clinical Management of Rape services;
iii) Availability of psychosocial support;
iv) Availability of DOVVSU/police services;
v) Availability of Social Welfare services;
vi) Availability of legal assistance;
vii) Availability of safe shelter or temporary accommodation;
viii) Emergency transport arrangements;
ix) Service operating hours;
x) Disability accessibility;
xi) Child-sensitive service availability;

xii) Confidentiality and privacy;
xiii) Communication constraints; and
xiv) Referral coordination between service providers.

For remote road packages, a package-specific referral pathway shall identify primary and secondary referral facilities and relevant contacts.

The Project shall also identify practical emergency transport and communication arrangements where travel to specialized services is significant.

Survivors shall not be required to disclose detailed information about an incident to project personnel as a condition of receiving assistance. Referral shall follow survivor-centred principles and informed consent, subject to applicable mandatory reporting requirements.

5.13 Risks Associated with Reporting and Grievance Mechanisms

Underreporting of GBV/SEA/SH may occur because of:

- Stigma;
- Fear of retaliation;
- Fear of losing employment or economic opportunities;
- Lack of confidentiality;
- Social pressure;
- Lack of trust in authorities;
- Limited awareness of available reporting channels;
- Geographic isolation; and
- Lack of accessible reporting options for persons with disabilities.

The GMACP GRM shall therefore incorporate specific SEA/SH-sensitive protocols, including confidential reporting channels, trained focal persons, informed-consent procedures, non-retaliation provisions and survivor-centred referral.

SEA/SH complaints shall not be processed through ordinary grievance procedures where doing so could compromise survivor confidentiality or safety.

5.14 Risks During Construction and Maintenance Activities

GBV/SEA/SH risks are expected to be highest during construction and maintenance when workforce numbers, worker-community interactions and contractor activities are greatest.

Specific risk situations include:

- Recruitment and hiring;
- Worker induction;
- Daily worker-community interactions;
- Contractor supervision;

- Community consultations;
- Roadside works;
- Traffic management;
- Quarry and borrow-pit activities;
- Haulage and truck movement;
- Worker accommodation;
- Security operations;
- Distribution of employment opportunities; and
- Engagement with vulnerable community members.

Operational and routine maintenance phases are expected to present lower overall risks, although workplace SH, worker-community interactions and other SEA risks may persist.

5.15 Site-Specific SEA/SH Risk Screening

Each road package shall undertake site-specific SEA/SH screening before commencement of works. The screening shall document, at minimum:

- Estimated workforce size;
- Proportion of local and non-local workers;
- Duration of workforce deployment;
- Worker accommodation arrangements;
- Presence of security personnel;
- Location of quarries and borrow pits;
- Location of isolated work fronts;
- Major haulage routes and stopping points;
- Proximity to schools, markets, water points and health facilities;
- Presence of vulnerable groups;
- Relevant contextual GBV risk factors;
- Availability and distance of GBV services;
- Availability of CMR services;
- Emergency transport arrangements;
- Communication constraints;
- Existing community reporting mechanisms;
- Barriers to confidential reporting;
- Potential high-risk locations; and
- Additional mitigation measures required.

The results shall determine whether standard GMACP mitigation measures are adequate or whether enhanced site-specific measures are required.

5.16 Risk Differentiation by Worksite and Activity

The GMACP shall apply a differentiated risk-screening approach as presented in Table 5.1.

Table 5.1: GMACP Differentiated Risk-Screening Approach

Risk Factor	Lower-Risk Characteristics	Higher-Risk Characteristics
Workforce	Predominantly local	Large proportion of non-local workers
Workforce duration	Short duration	Long duration
Accommodation	Local/family accommodation	Contractor-provided accommodation
Worksite	Accessible community setting	Remote/isolated location
Material sources	Established source	Remote quarry/borrow pit
Security	Limited security requirements	Overnight security presence
Service access	Services readily accessible	Long travel distance to services
Sensitive locations	Limited interaction	Markets, schools, water points close to works
Haulage	Limited truck movement	High-volume truck movement
Monitoring	Frequent supervision	Difficult-to-access worksites
Reporting	Multiple accessible channels	Limited confidential reporting options

Higher-risk work packages shall receive enhanced mitigation, supervision, community engagement and referral arrangements.

5.17 Targeted Mitigation Measures for High-Risk Locations

Where site-specific screening identifies elevated SEA/SH risks, the contractor shall prepare targeted mitigation measures within the relevant C-ESMP/site-specific ESMP.

Measures may include:

- Increased SEA/SH supervision inspections;
- Additional worker induction and refresher training;
- Enhanced community awareness;
- Enhanced monitoring of accommodation;
- Improved lighting and access controls;
- Restrictions on worker movement around sensitive locations;

- Enhanced supervision of quarry, borrow-pit and haulage activities;
- Dedicated confidential reporting channels;
- Additional GBV focal persons;
- Strengthened referral arrangements;
- Emergency transport arrangements;
- Targeted engagement with women, youth and community leaders;
- Regular review of complaints and incident trends; and
- Corrective action plans for identified deficiencies.

5.18 GBV/SEA/SH Risk Assessment and Mitigation Matrix

Based on the GMACP's activities, implementation arrangements, socio-economic context, prevailing GBV trends, and institutional capacity for prevention and response, potential risks of Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) have been identified across the project lifecycle, including during project preparation, construction, maintenance, workforce management, stakeholder engagement, and worker-community interactions.

Table 5.2, the GMACP Risk Assessment and Mitigation Matrix summarizes the key GBV/SEA/SH risks identified for GMACP, assesses their likelihood and potential impacts, and identifies corresponding mitigation measures, implementation responsibilities, and monitoring indicators to support effective risk management throughout project implementation.

The matrix serves as a practical tool for implementing the GMACP GBV Prevention and Response Plan, ensuring that preventive, protective, and survivor-centred measures are integrated into project activities in accordance with the World Bank Environmental and Social Framework (ESF), particularly ESS1, ESS2, ESS4, and ESS10. The assessment will be reviewed periodically and updated as project activities, contextual conditions, service availability, and identified risks evolve.

Table 5.2: GMACP GBV/SEA/SH Risk Assessment and Mitigation Matrix

Risk Description	Likelihood	Severity	Mitigation Measures	Responsible Party	Monitoring Indicators
Sexual exploitation and abuse of women and girls by project workers through abuse of power, employment opportunities or access to project benefits	Moderate	High	Enforce CoC; mandatory SEA/SH training; confidential reporting; community awareness; sanctions	DFR AIT, RMTs, Contractors, Supervision Consultants, Social Welfare, DOVVSU	% workers signing CoC; training coverage; allegations received/referred
Workplace sexual harassment within contractor, consultant and project workplaces	Moderate	High	Workplace SH policy; training; confidential worker GRM; GBV focal points; disciplinary procedures	DFR AIT, RMTs, Contractors, Consultants, Labour Department	Workers trained; worker GRM functional; complaints addressed
Sex-for-jobs or sex-for-benefits during recruitment	Moderate	High	Transparent recruitment; public disclosure; documented recruitment; confidential complaints	DFR AIT, RMTs, Contractors, Labour Department	Recruitment records; complaints received/resolved
Labour influx and temporary presence of non-local workers increasing SEA/SH risk	Moderate	High	Maximize local recruitment; workforce monitoring; worker induction; CoC; worker-community monitoring	DFR AIT, RMTs, Contractors, Supervision Consultants	Local/non-local workforce profile; training coverage; complaints
Transactional sex and exploitation associated with worker income	Moderate	High	Community sensitization; CoC enforcement; engagement with women's/youth groups; worker monitoring	Contractors, RMTs, GBV Specialist, MMDAs	Awareness activities; worker conduct monitoring
SEA/SH risks associated with worker accommodation	Moderate	High	Accommodation risk assessment; lighting; privacy; sanitation; visitor controls; rules; confidential reporting	Contractors, Supervision Consultants, GBV Specialist	Accommodation inspections; corrective actions; complaints

SEA/SH or abuse of authority by security personnel	Low–Moderate	High	Security training; CoC; appropriate access/search procedures; confidential reporting; supervision	Contractors, Security Providers, Supervision Consultants	Security personnel trained; complaints; corrective actions
SEA/SH risks at quarries, borrow pits and remote material sources	Moderate	High	Site-specific screening; fencing; lighting; child exclusion; worker/driver training; community engagement	Contractors, Supervision Consultants, GBV Specialist	Sites screened; inspections; training
SEA/SH risks involving truck drivers and haulage activities	Moderate	High	Driver induction; CoC; monitoring of haul routes; community awareness	Contractors, Supervision Consultants	Drivers trained; haulage complaints
Sexual exploitation of vulnerable women and adolescent girls	Moderate	High	Community sensitization; CoC; monitoring worker-community interactions; child protection measures	Contractors, GBV Specialist, Social Welfare, DOVVSU	Awareness activities; complaints; referrals
Sexual abuse, exploitation or inappropriate interactions involving children	Low–Moderate	Very High	Child safeguarding CoC; training; awareness; mandatory reporting and referral	DFR AIT, Contractors, Social Welfare, DOVVSU	Child-safeguarding training; incidents referred
Increased risks around markets, schools, water points and transport hubs	Moderate	High	Sensitive-location mapping; awareness; enhanced supervision; lighting/access controls	Contractors, MMDAs, RMTs, GBV Specialist	Locations mapped; inspections; grievances
Underreporting due to stigma, fear or confidentiality concerns	High	High	Survivor-centred channels; confidentiality; non-retaliation; trained focal points; awareness	DFR AIT, GBV Specialist, Contractors	Reporting channels operational; awareness; complaints

Limited access to GBV services in remote districts	High in underserved areas	High	District/package service mapping; referral pathways; updated directory; emergency transport; alternative providers	DFR AIT, GBV Specialist, Social Welfare, DOVVSU, Health Services	Referral directory; travel time; referrals completed
Delays in emergency medical referral	Moderate	Very High	Identify nearest CMR facilities; pre-arrange transport and contacts; train focal points; monitor response times	DFR AIT, Contractors, Health Services	Referral response time; successful referrals
Weak coordination among DOVVSU, Social Welfare, health facilities and other providers	Moderate	High	Referral protocols; district coordination; trained focal points; periodic testing of referral pathways	DFR AIT, GBV Specialist, DOVVSU, Social Welfare, Health Services	Coordination meetings; referral completion
Retaliation, intimidation or victimization of complainants and survivors	Low–Moderate	High	Confidentiality; non-retaliation provisions; restricted information sharing; management training	DFR AIT, Contractors, Consultants, Social Welfare, DOVVSU	Retaliation cases investigated/resolved
Increased GBV risks around construction sites and community gathering points	Moderate	Moderate–High	Community awareness; worker conduct monitoring; site supervision; CoC enforcement	Contractors, RMTs, GBV Specialist	Inspections; grievances
Limited contractor capacity to identify and respond to SEA/SH	Moderate	High	Induction; refresher training; GBV focal points; contractual requirements; audits	DFR AIT, Contractors, Supervision Consultants	Personnel trained; audits; focal points
Failure of GRM to manage SEA/SH complaints confidentially	Low–Moderate	Very High	Separate SEA/SH protocols; trained personnel; informed consent; confidentiality; periodic review	DFR AIT, GBV Specialist, GRM Personnel	SEA/SH-sensitive GRM operational; reviews

Contractor non-compliance with SEA/SH contractual obligations	Moderate	High	Include requirements in bidding/contract documents; monitor compliance; sanctions; reporting	DFR AIT, RMTs, Contractors, Supervision Consultants	Compliance reports; non-compliance cases
Community resistance or low awareness of SEA/SH mechanisms	Moderate	Moderate	Stakeholder engagement; local-language awareness; traditional/women/youth groups	DFR AIT, MMDAs, GBV Specialist, CLOs	Awareness sessions; participation
Risks at isolated work fronts due to weak supervision and limited services	Moderate	High	Site-specific screening; enhanced supervision; communication; worker movement controls; referral planning	Contractors, Supervision Consultants, RMTs	Isolated sites screened; inspections; complaints

The matrix shall be reviewed periodically and updated as project activities, workforce characteristics, work locations, service availability and contextual risks change.

6. Stakeholder Engagement

6.1 Objective

Stakeholder engagement is a critical component of the GMACP GBV Prevention and Response Plan. Effective engagement with project-affected communities, workers, government institutions, civil society organizations, and service providers will support the prevention, identification, reporting, referral, and management of Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) risks throughout the project lifecycle.

The objectives of stakeholder engagement under this Plan are to:

- Raise awareness of GBV/SEA/SH risks associated with project activities;
- Promote understanding of acceptable standards of behavior and worker obligations under the Project Code of Conduct;
- Inform communities and workers about available reporting channels and grievance mechanisms;
- Strengthen knowledge of survivor-centred response principles and referral pathways;
- Facilitate coordination among institutions responsible for GBV prevention and response;
- Encourage safe, confidential, and accessible reporting of GBV/SEA/SH incidents; and
- Promote meaningful participation of women, girls, vulnerable groups, and project workers in risk identification and mitigation measures.

6.2 Previous Stakeholder Engagement

Stakeholder engagement activities undertaken during the preparation of the Ghana Market Access and Connectivity Project (GMACP) provided an opportunity to identify and understand potential social risks and community concerns, including those related to Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH). Consultations were conducted with a broad range of stakeholders, including government institutions, Metropolitan, Municipal and District Assemblies (MMDAs), traditional authorities, community leaders, women's groups, youth groups, farmer-based organizations, traders, civil society organizations, and project-affected communities.

Discussions with stakeholders highlighted the prevalence of GBV and violence against women and children within some project areas and confirmed concerns regarding the potential for project-related SEA/SH risks during construction and maintenance activities. Stakeholders noted that women, adolescent girls, female traders, and other vulnerable groups may face increased risks arising from interactions with project workers, unequal

power relations, and economic vulnerabilities. Concerns were also raised regarding workplace sexual harassment, inappropriate worker behavior, and the potential exclusion of women and vulnerable groups from project benefits and decision-making processes.

Consultations with relevant government institutions, including the Department of Social Welfare, Department of Gender, DOVVSU, Ghana Health Service, and local authorities, provided insights into the availability of GBV prevention and response services within project districts. Stakeholders acknowledged the existence of national and district-level response mechanisms but identified challenges relating to limited service coverage, inadequate resources, insufficient shelter facilities, weak referral coordination, and barriers to accessing psychosocial, legal, and health services in some rural and underserved communities.

Feedback received during stakeholder engagement informed the development of the Project's GBV Prevention and Response Plan and contributed to the identification of key risk mitigation measures. Stakeholders emphasized the need for continuous community awareness and sensitization, effective Codes of Conduct for project workers, confidential and accessible grievance mechanisms, survivor-centred referral pathways, and strengthened coordination among service providers throughout project implementation.

The findings from these consultations underscore the importance of sustained stakeholder engagement as a core component of the Project's GBV/SEA/SH risk management approach. Engagement activities will therefore continue throughout the project lifecycle to ensure that stakeholder concerns are addressed, emerging risks are identified and managed, and prevention and response measures remain responsive to local contexts and community needs.

Annex 3 presents evidence of consultations held with various groups of stakeholders during the plan formulation process.

6.3 Stakeholder Identification

Stakeholders relevant to GBV/SEA/SH prevention and response include:

Government Institutions

- Ministry of Gender, Children and Social Protection (MoGCSP)(Department of Social Welfare; Department of Gender; and Department of Children);
- Domestic Violence and Victim Support Unit (DOVVSU) of Ghana Police Service;
- Ghana Health Service and designated health facilities;
- Legal Aid Commission;
- Metropolitan, Municipal and District Assemblies (MMDAs)(Social Welfare and Community Development Department);
- Traditional Authorities, Assembly members and Community Leadership Structures.

Project Stakeholders

- Agency Implementation Team (AIT);
- Environmental, Social Development, and Gender-Based Violence Specialists;
- Regional Monitoring Teams
- Contractors and subcontractors;
- Supervision consultants;
- Direct, contracted, and primary supply workers;
- Community Liaison Officers and GBV Focal Points.

Community Stakeholders

- Women and girls;
- Female traders and market associations;
- Farmers and farmer-based organizations;
- Youth groups;
- Persons with disabilities;
- Assembly member, religious and traditional leaders;
- Community-based organizations and local NGOs;
- Project-affected households and communities.

GBV Service Providers

- Psychosocial service providers;
- Health facilities providing Clinical Management of Rape (CMR) services;
- Shelter providers;
- Legal aid organizations;
- Women's rights organizations and survivor support groups.

6.4 Engagement Approach and Key Engagement Topics

Stakeholder engagement activities will be implemented throughout project preparation, construction, and maintenance phases using culturally appropriate, inclusive, and accessible methods.

Engagement activities include:

- Community sensitization meetings;
- Focus group discussions with women, youth, and vulnerable groups;
- Worker induction and refresher training sessions;
- Awareness campaigns on GBV/SEA/SH prevention;
- Information dissemination through posters, flyers, community information centres, social accountability boards and local radio;
- Stakeholder coordination meetings; and
- Consultations with referral service providers and relevant government agencies.

Where appropriate, separate consultations were organized for women, adolescent girls, and vulnerable groups to facilitate meaningful participation and ensure that concerns relating to safety, confidentiality, and GBV risks were discussed openly.

Stakeholder engagement activities addressed the following issues:

- Project-related GBV/SEA/SH risks and prevention measures;
- Worker Codes of Conduct and behavioral expectations;
- Rights and responsibilities of workers and community members;
- Available reporting channels and grievance procedures;
- Confidentiality and survivor-centred principles;
- Available support services and referral pathways;
- Child protection and safeguarding requirements;
- Non-retaliation protections for complainants and survivors; and
- Community concerns regarding worker conduct and project impacts.

6.5 Engagement with Vulnerable Groups

Special efforts were made to engage groups that may face elevated risks of GBV/SEA/SH or barriers to accessing services. These groups include women and girls, female-headed households, persons with disabilities, adolescent girls, widows, migrant populations, and economically vulnerable households.

Engagement activities involving vulnerable groups were designed to ensure accessibility, confidentiality, and meaningful participation. Consultation approaches include women-only meetings, targeted focus group discussions, use of local languages, accessible venues, and collaboration with trusted community leaders and organizations.

6.6 Coordination with GBV Service Providers

The Project will establish and maintain regular engagement with relevant GBV service providers operating within project areas. This engagement will support:

- Mapping of available services and referral pathways;
- Verification of service availability and survivor support capacity;
- Development of referral protocols;
- Periodic review of service provider information;
- Strengthening inter-agency coordination; and
- Monitoring the effectiveness of referral mechanisms.

Where service gaps are identified, the Project will work with relevant stakeholders to establish alternative referral arrangements and strengthen access to survivor support services.

6.7 Information Disclosure and Awareness Raising

Information on GBV/SEA/SH prevention, reporting channels, referral services, and grievance procedures will be disseminated throughout project implementation. Awareness activities will be designed to be culturally appropriate, gender-sensitive, and accessible to all stakeholder groups.

Disclosure materials will emphasize:

- Zero tolerance for GBV, SEA, and SH;
- Confidential reporting mechanisms;
- Survivor rights and available support services;
- Worker obligations under Codes of Conduct; and
- Consequences of non-compliance with project requirements.

Information materials will avoid disclosing sensitive details that could compromise survivor safety or confidentiality.

6.8 Monitoring and Reporting

The effectiveness of stakeholder engagement activities will be monitored through regular reporting and review. Monitoring indicators may include:

- Number of stakeholder engagement activities conducted;
- Number of participants reached, disaggregated by sex and stakeholder group;
- Number of workers trained on GBV/SEA/SH requirements;
- Number of awareness materials distributed;
- Number of service provider coordination meetings held;
- Stakeholder feedback received and addressed; and
- Evidence of increased awareness of reporting and referral mechanisms.

Findings from stakeholder engagement activities will be used to strengthen GBV/SEA/SH prevention and response measures and to ensure that engagement approaches remain responsive to emerging risks and stakeholder concerns throughout the project lifecycle.

7. GBV/SEA/SH Prevention and Response Action Plan

The objective of this Action Plan is to operationalize measures for the prevention, mitigation, reporting, referral, and response to Gender-Based Violence (GBV), including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), throughout the implementation of the Ghana Market Access and Connectivity Project (GMACP). The Action Plan seeks to ensure that project activities do not exacerbate existing GBV risks and that appropriate survivor-centred mechanisms are established to support prevention, reporting, referral, and response in accordance with the World Bank Environmental and Social Framework (ESF), particularly ESS1, ESS2, ESS4, and ESS10.

7.1 Strategic Objectives

The Action Plan aims to:

a. Prevent project-related GBV/SEA/SH incidents.
b. Promote safe and respectful behavior among project workers.
c. Strengthen institutional capacity to identify and manage GBV risks.
d. Establish confidential and survivor-centred reporting mechanisms.
e. Ensure timely referral of survivors to appropriate support services.
f. Strengthen stakeholder awareness and participation in GBV prevention.
g. Monitor and evaluate the effectiveness of GBV risk mitigation measures.

7.2 Action Plan Measures

A. Institutional Arrangements and Capacity Strengthening

Action	Responsibility	Timeline	Performance Indicator
Appoint a dedicated GBV/SEA/SH Focal Person within the DFR Agency Implementation Team (AIT) and Regional Monitoring Teams (RMTs).	Project Coordinator DFR AIT	Prior to commencement of works	Focal Person appointed and operational.
Designate GBV focal points within contractor and supervision consultant teams.	DFR AIT Contractors, Consultants	Before mobilization	Focal points designated and trained.
Establish a GBV Technical Working Group comprising DFR AIT, DOVVSU, Social Welfare, Health Service and relevant NGOs at the Project and regional levels.	DFR AIT RMTs	Project start-up	Working Group established and meeting regularly.
Integrate GBV responsibilities into Terms of Reference and contractual documents.	DFR AIT, GBV specialist, Procurement Team	Procurement stage	GBV requirements included in contracts.

Action	Responsibility	Timeline	Performance Indicator
Conduct periodic institutional capacity assessments and refresher training.	DFR AIT, GBV specialist	Annually	Assessment reports and training records available.

B. Codes of Conduct and Workforce Management

Action	Responsibility	Timeline	Performance Indicator
Develop and implement Codes of Conduct (CoC) addressing GBV, SEA, SH and child protection.	DFR AIT, GBV specialist, RMTs, Contractors	Before worker engagement	Approved CoC in place.
Require all project workers to sign the CoC as a condition of employment.	DFR AIT, GBV specialist, Contractors, Labour Department	Prior to deployment	100% of workers sign CoC.
Display CoC requirements at worksites and worker facilities.	DFR AIT, GBV specialist, RMTs, Contractors	Continuous	CoC displayed at all project sites.
Establish disciplinary procedures and sanctions for CoC violations.	DFR AIT, GBV specialist, Contractors	Prior to mobilization	Procedures documented and enforced.
Include GBV compliance in contractor performance evaluations.	DFR AIT, GBV specialist, Consultants	Continuous	Compliance assessments completed.

C. Training and Awareness Raising

Action	Responsibility	Timeline	Performance Indicator
Conduct mandatory GBV/SEA/SH induction training for all workers.	Contractors, DFR AIT, GBV specialist, RMTs	Before mobilization	Percentage of workers trained.
Deliver refresher training throughout implementation.	Contractors, DFR AIT, RMTs, GBV specialist	Quarterly	Number of refresher sessions conducted.
Train PIU staff, consultants and focal points on survivor-centred response and referral procedures.	DFR AIT, GBV specialist	Annually	Training records maintained.
Conduct awareness campaigns in project communities.	DFR AIT, GBV specialist, RMTs, GRM NGOs	Continuous	Number of community

Action	Responsibility	Timeline	Performance Indicator
			awareness sessions conducted.
Disseminate information on reporting channels and available services.	DFR AIT, GBV specialist, RMTs, GRM NGOs, Contractors	Continuous	Information materials distributed and displayed.

D. Stakeholder Engagement and Community Mobilization

Action	Responsibility	Timeline	Performance Indicator
Integrate GBV risk awareness into stakeholder engagement activities.	DFR AIT, GBV specialist, RMTs, GRM NGOs	Continuous	GBV issues included in consultations.
Conduct targeted consultations with women, girls and vulnerable groups.	DFR AIT, GBV specialist, GRM NGOs, DOVVSU, Social Welfare Dept.	Continuous	Number of targeted consultations conducted.
Engage traditional leaders, religious leaders and community influencers.	DFR AIT, GBV specialist, RMTs, GRM NGOs, DOVVSU, Social Welfare Dept.	Continuous	Community leaders engaged.
Establish community feedback mechanisms on worker conduct.	Contractors, DFR AIT, GBV specialist, GRM NGOs,	Continuous	Community concerns documented and addressed.

E. Service Mapping and Referral Pathways

Action	Responsibility	Timeline	Performance Indicator
Conduct validation and capacity assessment of mapped district-level GBV service providers.	DFR AIT, GBV specialist, RMTs, GRM NGOs, DOVVSU, Social Welfare Dept.	Prior to works	Validated service mapping completed.
Develop and maintain a referral directory for each project district.	DFR AIT, GBV specialist, RMTs, GRM NGOs, DOVVSU, Social Welfare Dept.	Prior to works and updated annually	Referral directory available and updated.
Establish formal referral arrangements with DOVVSU, Social Welfare, health facilities and NGOs.	DFR AIT, GBV specialist, RMTs, GRM NGOs	Prior to works	Referral agreements established.

Action	Responsibility	Timeline	Performance Indicator
Verify availability, capacity and accessibility of Clinical Management of Rape (CMR) services, psychosocial support, and legal and justice services in all project districts.	DFR AIT, GBV specialist, GRM NGOs, DOVVSU, Social Welfare Dept.	Prior to works	Service verification completed.
Establish a dedicated survivor support fund or budget line to facilitate timely access to services when an SEA/SH incident is reported. This should cover both service-related costs and associated administrative expenses, including transportation, communication, accompaniment, emergency referrals, medical examinations, legal support, and other costs necessary to enable survivors to safely and confidentially access essential services.	DFR AIT, GBV specialist	Prior to works and replenished annually as part of project budget allocations	Survivor support fund established or provisioned in budget
Periodically review functionality of referral pathways.	DFR AIT, GBV specialist, GRM NGOs, DOVVSU, Social Welfare Dept.	Semi-annually	Referral pathway review reports prepared.

F. Grievance Redress and Incident Management

Action	Responsibility	Timeline	Performance Indicator
Establish SEA/SH-sensitive procedures within the Project GRM.	DFR AIT, GBV specialist, GRM NGOs	Prior to works	SEA/SH protocol integrated into GRM.
Create multiple confidential reporting channels.	DFR AIT, GBV specialist, GRM NGOs	Prior to works	Reporting channels operational.
Train GRM personnel on confidentiality and survivor-centred approaches.	DFR AIT, GBV specialist, GRM NGOs, DOVVSU, Social Welfare Dept.	Prior to works and annually	Personnel trained.
Ensure informed consent procedures are followed for referrals.	DFR AIT, GBV specialist, GRM NGOs, DOVVSU, Social Welfare Dept., GBV Focal Points	Continuous	Referral records demonstrate compliance.

Action	Responsibility	Timeline	Performance Indicator
Implement survivor-centred incident response procedures.	DFR AIT, GBV specialist, GRM NGOs, DOVVSU, Social Welfare Dept., Service Providers	Continuous	Incidents managed according to protocol.

G. Contractor Management and Supervision

Action	Responsibility	Timeline	Performance Indicator
Include SEA/SH requirements in bidding documents and contracts.	DFR AIT, GBV specialist	Procurement stage	Requirements included in contracts.
Monitor contractor compliance through routine inspections.	Consultants, DFR AIT, GBV specialist, RMTs, GRM NGOs, Labour Dept., DOVVSU, Social Welfare Dept.	Monthly	Compliance monitoring reports produced.
Verify implementation of worker training and CoC requirements.	Consultants, DFR AIT, GBV specialist, RMTs, GRM NGOs, Labour Dept.	Monthly	Compliance records reviewed.
Apply sanctions for non-compliance.	DFR AIT, GBV specialist, Labour Dept.	As required	Corrective actions implemented.

H. Monitoring, Reporting and Adaptive Management

Action	Responsibility	Timeline	Performance Indicator
Monitor implementation of GBV Action Plan activities.	DFR AIT, GBV specialist, RMTs, GRM NGOs	Quarterly	Monitoring reports prepared.
Track training, awareness, referrals and GRM performance indicators.	DFR AIT, GBV specialist, RMTs, GRM NGOs	Quarterly	Indicator database maintained.
Review GBV risk levels periodically and update mitigation measures.	DFR AIT, GBV specialist, RMTs,	Annually	Risk assessment updated.
Conduct periodic audits of contractor compliance.	DFR AIT, GBV specialist, RMTs, Consultants	Semi-annually	Audit reports completed.
Include GBV performance in project progress reporting.	DFR AIT, GBV specialist, RMTs, GRM NGOs	Quarterly	GBV indicators reported.

7.3 Key Performance Indicators

The following indicators will be used to monitor implementation effectiveness:

- Number and percentage of workers signing Codes of Conduct.
- Number and percentage of workers receiving GBV/SEA/SH training.
- Number of community awareness and sensitization activities conducted.
- Number of project districts with completed validated service mapping and referral pathways.
- Number of GBV focal points appointed and trained.
- Number of stakeholder engagement activities addressing GBV/SEA/SH.
- Number of SEA/SH complaints received and referred in accordance with protocol.
- Percentage of referrals completed within agreed timelines.
- Number of contractor compliance inspections conducted.
- Number of corrective actions implemented for non-compliance.
- Percentage of project sites displaying GBV awareness and reporting information.

7.4 Review and Updating of the Action Plan

This Action Plan shall be implemented throughout the project lifecycle and reviewed at least annually, or more frequently where significant changes occur in project activities, workforce composition, institutional arrangements, or contextual GBV risks. Lessons learned, stakeholder feedback, monitoring results, and incident trends shall be used to strengthen prevention, mitigation, and response measures and ensure continuous improvement of GBV risk management under the GMACP.

8. Accountability and Response Framework

This Accountability and Response Framework establishes the procedures, roles, responsibilities, and institutional arrangements for the prevention, reporting, referral, management, and resolution of Gender-Based Violence (GBV), including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), associated with the Ghana Market Access and Connectivity Project (GMACP).

The Framework is designed to ensure that all SEA/SH allegations are managed in a predictable, timely, survivor-centred, confidential, and accountable manner, consistent with Ghanaian law, the World Bank Environmental and Social Framework (ESF), and international good practice. The Framework prioritizes survivor safety, dignity, confidentiality, informed consent, and access to appropriate support services while ensuring that project personnel and contractors are held accountable for violations of Project requirements.

8.1 Institutional Roles and Responsibilities

i) Department of Feeder Roads (DFR) Agency Implementation Team (AIT)

The DFR AIT shall:

- Oversee implementation of the GBV Prevention and Response Plan;
- Ensure adequate resources are allocated for SEA/SH risk management;
- Appoint and support a GBV Specialist;
- Monitor contractor compliance with SEA/SH requirements;
- Maintain oversight of SEA/SH reporting and referral systems;
- Report SEA/SH incidents to the World Bank in accordance with agreed protocols; and
- Coordinate corrective actions and follow-up measures.

ii) AIT GBV Specialist

The designated GBV Specialist shall:

- Serve as the primary coordination point for SEA/SH matters;
- Maintain updated referral pathways and service provider directories;
- Facilitate survivor referrals with informed consent;
- Support confidential case management and documentation;
- Provide technical guidance to contractors and project personnel; and
- Monitor implementation of response measures.

iii) Contractors and Supervision Consultants

Contractors and supervision consultants shall:

- Enforce Codes of Conduct;
- Designate trained GBV focal points;
- Ensure all workers receive SEA/SH training;
- Cooperate with reporting and referral procedures;
- Implement disciplinary measures for violations; and
- Report allegations through approved channels.

iv) Service Providers

Health facilities, DOVVSU, Social Welfare, Legal Aid, and other specialized service providers shall provide support services within their respective mandates, including medical care, psychosocial support, legal assistance, protection services, and case management.

8.2 SEA/SH Reporting and Response Procedures

i) Reporting Channels

The Project shall establish multiple, safe, confidential, and accessible channels through which workers and community members may report GBV/SEA/SH concerns.

Reporting channels may include:

- Designated GBV Focal Persons;
- Project Grievance Redress Mechanism (GRM);
- Community Liaison Officers;
- Contractor focal points;
- Supervision consultants;
- DOVVSU offices;
- Department of Social Welfare offices;
- Health facilities;
- Community-based service providers; and
- Approved telephone or electronic reporting platforms where available.

Reporting mechanisms shall be accessible to workers, community members, and vulnerable groups. Reports may be submitted directly by survivors or by third parties acting with the survivor's consent, except where mandatory reporting obligations apply.

ii) Receipt of Allegations and Complaints

Upon receiving an SEA/SH allegation, the receiving person shall:

1. Respond respectfully and non-judgmentally.
2. Prioritize the immediate safety and wellbeing of the survivor.
3. Explain confidentiality and informed consent requirements.
4. Provide information on available support services.

5. Obtain only the minimum information necessary to facilitate referral and reporting.
6. Avoid probing questions or attempting to investigate the allegation.
7. Immediately refer the case to the designated GBV Focal Person or authorized service provider.

Under no circumstances shall project personnel seek detailed statements, collect evidence, or attempt to verify the allegation.

iii) Case Intake and Documentation

The designated GBV Focal Person shall record only essential non-identifiable information required for case management and monitoring purposes.

Information recorded may include:

- Date of report;
- Type of allegation;
- Whether the alleged perpetrator is project-related;
- Whether the survivor has been referred for services;
- Status of referral and follow-up actions. (Refer to **Annex 4** for sample format)

Personally identifiable information shall not be included in project monitoring reports unless strictly necessary and authorized by the survivor.

All records shall be stored securely and access shall be restricted to authorized personnel only.

iv) Incident Notification Protocol

The Incident Notification Protocol establishes procedures for the confidential reporting and escalation of SEA/SH incidents to ensure compliance with World Bank requirements and Project accountability obligations.

a) Internal Notification Procedures

Upon becoming aware of an SEA/SH allegation:

Receiving Officer

- Records minimal information.
- Refers survivor to services.
- Notifies the designated GBV Focal Person within 24 hours.

↓

GBV Focal Person

- Confirms referral actions.
- Assesses whether the allegation is project-related (following the process outlined in section 8.4.1).

- Provides confidential notification to the AIT.

↓

Agency Implementation Team (AIT)

- Reviews incident information.
- Implements any necessary risk mitigation measures.
- Ensures contractor compliance actions are initiated where applicable.
- Maintains confidential records.

b) World Bank Notification

Where an SEA/SH allegation is project-related and meets incident reporting thresholds, the AIT shall notify the World Bank within 48 hours of becoming aware of the incident.

Notifications shall:

- Exclude personally identifiable information;
- Protect survivor confidentiality;
- Contain only essential information;
- Focus on project risk management implications; and
- Describe immediate actions taken by the Project.

c) Information to be Reported

Only the following information should normally be disclosed:

- Whether the incident is SEA or SH;
- Whether the alleged perpetrator is project-related;
- General location of occurrence;
- Whether survivor referral has been completed;
- Immediate risk mitigation measures undertaken.

The following information shall not be disclosed:

- Survivor name;
- Survivor address;
- Survivor contact details;
- Medical information;
- Detailed allegation narratives; or
- Any information that could reasonably identify the survivor.

v) Survivor Referral Procedures

Following receipt of an allegation, the survivor shall be informed of available support services and referral options.

Subject to informed consent, referrals may be made to:

Health Services

For:

- Clinical Management of Rape (CMR);
- Emergency medical treatment;
- HIV post-exposure prophylaxis (PEP);
- Emergency contraception;
- STI treatment;
- Forensic and medico-legal services where available.

Psychosocial Support Services

For:

- Trauma counselling;
- Emotional support;
- Mental health services; and
- Ongoing psychosocial care.

Protection Services

For:

- Shelter and safe accommodation;
- Child protection services;
- Social welfare support; and
- Safety planning.

Legal and Law Enforcement Services

For:

- DOVVSU services;
- Legal aid;
- Court processes; and
- Other justice-sector interventions.

Community Support Services

- Approved NGOs
- Community-based organizations
- Women's support groups

Referral decisions shall remain entirely voluntary and survivor-driven, except where mandatory child protection reporting requirements apply.

Figure 8.1 depicts a schematic of the incident response flowchart.

Figure 8.1: GBV/SEA/SH Incident Response Flowchart

vi) Case Management Process

The Project's role in case management shall focus on referral coordination and follow-up rather than service delivery.

The case management process shall include:

Step 1: Report Received

- Complaint received through approved reporting channels.

Step 2: Immediate Safety Assessment

- Determine whether urgent medical, psychosocial, protection or security needs exist.

Step 3: Informed Consent Obtained

- Survivor receives information on available services and chooses whether referrals should be made.

Step 4: Referral to Appropriate Services

- Facilitate referral to appropriate service providers.

Step 5: Administrative Assessment/Verification of Project Linkage

- Undertake a confidential administrative review focus on administrative accountability and risk management where there is an indication that the alleged perpetrator may be affiliated with the Project.

Step 6: Risk Mitigation Measures

- Implement proportionate interim measures while the administrative review is ongoing where an allegation indicates an immediate or continuing risk to the survivor, other workers or community members.

Step 7: Employer Decision on Administrative/Contractual Actions

- Measures shall be proportionate to the nature and severity of the misconduct and consistent with applicable employment and contractual provisions where the administrative review establishes that the alleged perpetrator is project-affiliated and that administrative or contractual action is warranted.

Step 8: Follow-Up (Subject to Consent)

- GBV Focal Person confirms that referrals have been successfully completed and that the survivor has been able to access services.

Step 9: Case Closure

Close the project management aspect of the case after referral and follow-up actions are completed, while recognizing that external service providers may continue supporting the survivor.

Figure 8.2 depicts a schematic of the reporting and case management procedures.

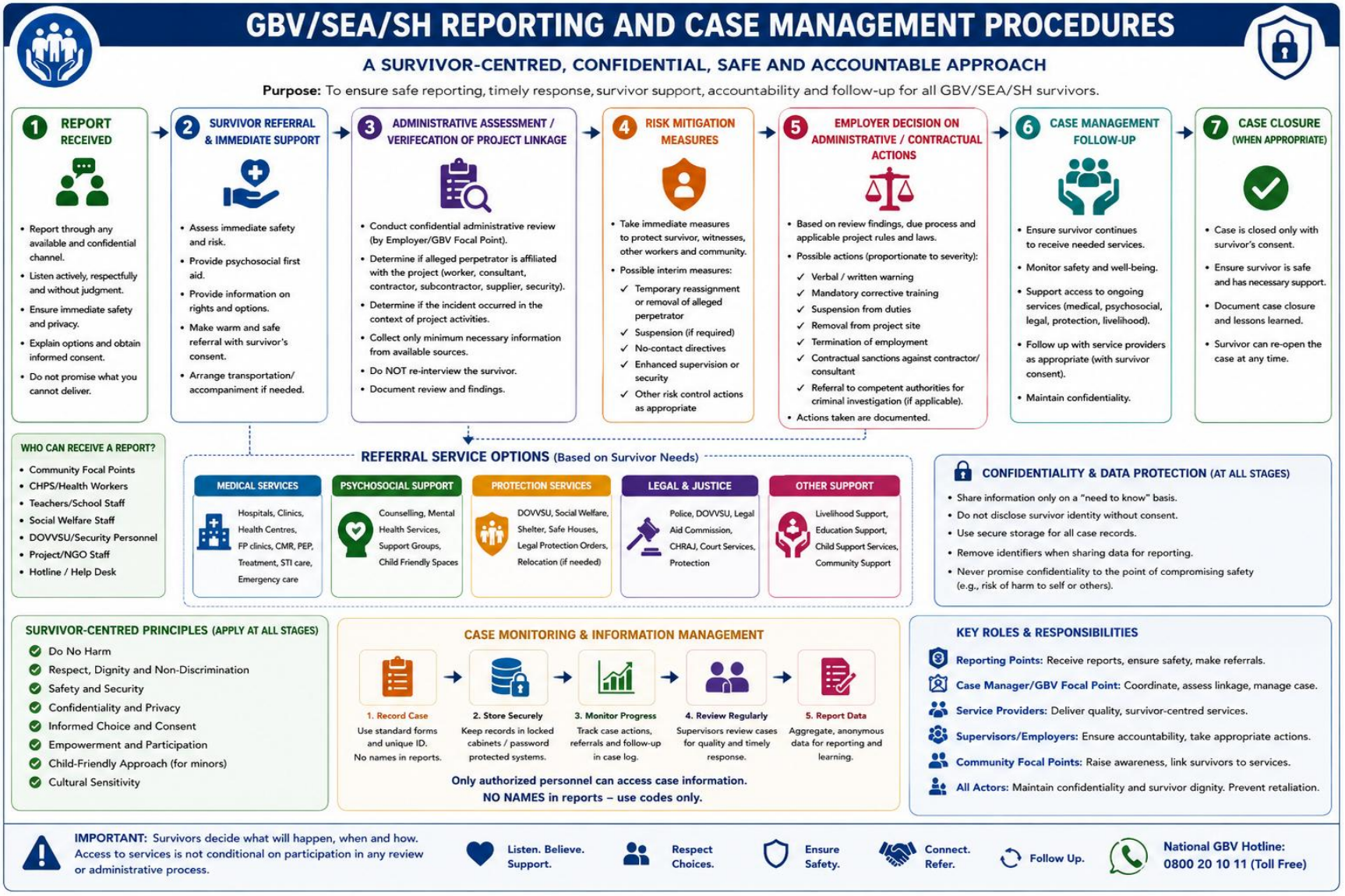


Figure 8.2: GBV/SEA/SH Reporting and Case Management Procedures

vii) Cases Involving Children

Any allegation involving a person under 18 years of age shall be treated as a child protection matter requiring immediate action.

Additional measures shall include:

- Immediate referral to child protection authorities;
- Compliance with applicable legal reporting obligations;
- Engagement of Social Welfare services;
- Age-appropriate safeguarding measures; and
- Enhanced confidentiality and protection protocols.

The best interests of the child shall guide all decisions and actions.

viii) Timeframes

In accordance with recognized good-practice response timeframes for project management, referral, incident notification, and grievance handling, the following timeframes shall apply to the GMACP.

Table 8.1: Recommended Timeframes for Managing GBV/SEA/SH Complaints and Grievances

Action	Recommended Timeframe
Receipt and acknowledgement of SEA/SH complaint	Immediately or within 24 hours of receipt
Initial safety assessment and provision of information on available services	Immediately upon receipt of complaint
Referral of survivor to appropriate service providers (health, psychosocial, protection, legal services)	Within 24–48 hours, subject to survivor consent
Referral for urgent medical services, including Clinical Management of Rape (CMR)	Immediately and preferably within 72 hours of the incident to maximize effectiveness of HIV Post-Exposure Prophylaxis (PEP) and emergency contraception
Notification of designated GBV Focal Person	Within 24 hours of complaint receipt
Entry of anonymized complaint into confidential case management system	Within 24–48 hours
Confirmation that referral services have been accessed (where survivor consents to follow-up)	Within 3–7 days
Confidential administrative review and ascertainment of project linkage. Implementation of immediate workplace or site-level risk mitigation measures (if alleged perpetrator is project-related)	Within 24–72 hours

Action	Recommended Timeframe
Notification to the World Bank of a SEA/SH incident involving the Project (without personal identifiers)	Within 48 hours of the Project becoming aware of the incident
Contractor notification to AIT regarding SEA/SH allegations	Within 24 hours
Review of contractor compliance and implementation of corrective actions	Within 7–14 days, depending on circumstances
Follow-up on survivor referral outcomes (subject to consent)	Within 1–2 weeks
Closure of project administrative actions related to referral and support	Following completion of referrals and required risk mitigation measures
Periodic review of SEA/SH cases and referral system effectiveness	Quarterly
Review and update of referral pathways and service provider mapping	At least annually or when service availability changes

SEA/SH complaints should not be managed using the same timelines applied to ordinary project grievances. Unlike general complaints, SEA/SH cases require immediate attention to survivor safety, confidentiality, and access to support services. The primary objective is not grievance resolution but ensuring timely referral, protection, and survivor support.

ix) Linkage with Project GRM

The Project Grievance Redress Mechanism (GRM) will serve as one of several entry points through which GBV, Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) complaints may be received. However, recognizing the sensitive nature of GBV-related allegations, such complaints will be managed through dedicated survivor-centred procedures that differ from those used for general project grievances.

Upon receipt of a GBV/SEA/SH complaint through the GRM, only the minimum information necessary to facilitate referral and risk management will be recorded. The complaint **will not** be subjected to the standard grievance investigation and resolution process. Instead, the case will be immediately and confidentially referred to the designated GBV Focal Person, who will facilitate access to appropriate support services and referral pathways based on the survivor's informed consent.

The primary role of the GRM in relation to GBV complaints is therefore to provide a safe, accessible, and confidential reporting channel and to ensure timely referral to qualified service providers, including health facilities, psychosocial support services, DOVVSU, Social Welfare, legal aid providers, and protection services, as appropriate. The GRM will

also support the implementation of any necessary project-level administrative or risk mitigation measures where allegations involve project workers or activities.

To protect survivor safety and confidentiality, GBV/SEA/SH complaints will be recorded, reported, and monitored separately from general grievances. Access to case information will be strictly limited to authorized personnel, and no personally identifiable information will be disclosed through routine GRM reporting. This approach ensures that the Project's grievance system remains accessible to survivors while maintaining compliance with survivor-centred principles, confidentiality requirements, and World Bank SEA/SH risk management good practice.

8.3 Confidentiality and Information Management

The Project shall maintain strict confidentiality standards for all SEA/SH-related information.

To safeguard confidentiality the Project shall:

- Maintain secure storage systems;
- Restrict access to authorized personnel;
- Use anonymized reporting wherever possible;
- Protect survivor identities;
- Obtain informed consent before sharing information; and
- Comply with applicable data protection requirements.

Breach of confidentiality shall constitute a serious violation of Project requirements and may result in disciplinary action.

8.4 Administrative and Contractual Accountability

The Project shall maintain a zero-tolerance approach to GBV/SEA/SH. Where allegations involve project workers, contractors, consultants, or subcontractors, appropriate administrative and contractual measures may include:

- Verbal or written warnings;
- Mandatory corrective training;
- Suspension from duties;
- Removal from project sites;
- Termination of employment;
- Contractual sanctions against contractors;
- Referral to competent authorities for criminal investigation where applicable.

Administrative actions shall not replace survivors' rights to pursue legal remedies through the appropriate authorities.

8.4.1 Administrative Review and Accountability Process

The GMACP shall maintain a clear distinction between survivor support and referral, and the administrative accountability process undertaken by the relevant employer or contracting entity. Survivor support shall be provided based on the survivor's needs, safety, informed consent and applicable referral protocols, and shall not be conditional upon the survivor's participation in an administrative investigation.

Where a GBV/SEA/SH allegation is reported and there is an indication that the alleged perpetrator may be affiliated with the Project, the relevant employer or contracting entity—whether a contractor, consultant, subcontractor, service provider or implementing agency—shall undertake a confidential administrative review to determine:

- Whether the alleged perpetrator is a project-affiliated worker or otherwise falls within the employer's or contracting entity's administrative authority;
- Whether the alleged conduct may constitute a breach of the worker's employment obligations, Code of Conduct, contract conditions, workplace policies or other applicable project requirements;
- Whether interim risk-management measures are required to protect the survivor, witnesses, other workers or community members;
- Whether administrative, disciplinary or contractual measures are warranted; and
- Whether the matter should be referred to competent authorities for criminal investigation or other action in accordance with applicable law.

The administrative review shall be conducted separately from the survivor support and referral process and shall not be used as a condition for accessing medical, psychosocial, legal, protection or other support services.

i) Survivor-Centred Principles

All administrative reviews shall be undertaken in accordance with survivor-centred principles. The safety, dignity, privacy, confidentiality and well-being of the survivor shall remain paramount.

Accordingly:

a. **The survivor shall not be required to prove the allegation in order to access support services.** Support and referral shall be based on the survivor's expressed needs and informed consent, subject to applicable legal requirements.
b. **The survivor shall not be repeatedly interviewed.** The employer, contractor, consultant or implementing agency shall not require the survivor to recount the

incident repeatedly for administrative purposes. Where information is required for the administrative review, the designated GBV focal point shall, with the survivor's informed consent, use the minimum information necessary and, where appropriate, rely on information already documented through the established reporting and referral process.

c. **The survivor's identity shall be protected.** Information that could directly or indirectly identify the survivor shall be restricted to persons who have a legitimate need to know for safeguarding, referral, risk management or accountability purposes.
d. **The alleged perpetrator shall not be informed of the survivor's identity unnecessarily.** Information disclosed to the alleged perpetrator shall be limited to what is necessary to allow a fair opportunity to respond to the allegation and to comply with due process requirements.
e. **No retaliation shall be permitted.** The Project, employer and contracting entities shall take reasonable measures to prevent retaliation, intimidation, threats, harassment, victimization or adverse employment action against survivors, complainants, witnesses or persons supporting a report.
f. **The survivor's choices shall be respected.** Except where disclosure or reporting is required by applicable law, the survivor shall be informed of available options and shall be supported to make informed decisions regarding referral and further action.
g. **Administrative accountability shall not determine access to services.** Whether an allegation is ultimately substantiated, unsubstantiated or inconclusive shall not affect a survivor's entitlement to appropriate support and referral.

ii) Initiation of the Administrative Review

An administrative review may be initiated when an allegation or report provides a reasonable basis to believe that the alleged perpetrator may be affiliated with GMACP.

The relevant employer or contracting entity shall designate an appropriately authorized and suitably trained person or panel to undertake the review. Where necessary, the DFR/AIT GBV Specialist shall provide technical guidance to ensure that the process is consistent with the GMACP GBV/SEA/SH Response Plan.

The review shall establish, to the extent reasonably possible and without compromising confidentiality:

- The identity and project affiliation of the alleged perpetrator;
- The relevant employer, contractor, consultant or subcontractor;
- The location, date and general circumstances of the alleged conduct;

- Whether the alleged conduct occurred in connection with project activities or during the performance of project-related duties;
- Whether the alleged conduct may constitute a breach of the Code of Conduct, employment conditions, contract requirements or other applicable rules;
- Whether immediate measures are necessary to prevent further risk; and
- Whether the matter requires referral to competent authorities.

The review shall focus on **administrative accountability and risk management** and shall not purport to replace a criminal investigation by the appropriate law-enforcement authority.

iii) Information Management and Confidentiality

All information relating to an allegation shall be handled on a strict need-to-know basis.

Administrative records shall, as far as practicable, distinguish between:

- Information required for survivor support and referral;
- Information required to establish project affiliation;
- Information required for administrative or contractual decision-making; and
- Information that may be required by competent authorities under applicable law.

The employer or contracting entity shall avoid collecting unnecessary personal or sensitive information. Records shall be securely stored and access shall be restricted to authorized personnel.

Reports to the DFR/AIT, World Bank or other project oversight bodies shall use **non-identifying and aggregated information**, except where disclosure of specific information is legally required or necessary for safeguarding and is consistent with applicable confidentiality requirements.

The identity of a survivor shall not be included in routine contractor, consultant or project progress reports.

iv) Avoidance of Survivor Re-Interviewing

The GMACP recognizes that repeated questioning of survivors may cause additional distress, compromise privacy and undermine a survivor-centred response.

Accordingly, the administrative review shall adopt a **minimum-information and no-duplication approach**. Where information has already been provided through the designated GBV reporting or referral channel, the employer shall, with appropriate safeguards and informed consent where applicable, use that information rather than requiring the survivor to repeat the account.

Where clarification is genuinely necessary, the matter shall be referred to the designated GBV Specialist or appropriately trained professional to determine the least intrusive means of obtaining the information.

The employer shall not require a survivor to participate in a face-to-face meeting with the alleged perpetrator, confront the alleged perpetrator, participate in mediation, or provide repeated statements as a condition for administrative action.

Where the survivor does not wish to participate further, the employer shall consider whether sufficient information exists to undertake appropriate workplace or contractual risk-management measures without requiring further survivor involvement.

v) Interim Protective and Risk-Management Measures

Where an allegation indicates an immediate or continuing risk to the survivor, other workers or community members, the employer may implement proportionate interim measures while the administrative review is ongoing.

Such measures may include:

- Temporary reassignment of the alleged perpetrator;
- Removal of the alleged perpetrator from a particular worksite;
- Adjustment of reporting or supervisory arrangements;
- Restriction of contact between the alleged perpetrator and the survivor where appropriate;
- Temporary suspension in accordance with applicable employment procedures;
- Enhanced supervision;
- Strengthened security or access controls; and
- Other reasonable measures necessary to prevent further harm or interference with the review.

Interim measures shall not be treated as a determination that the allegation has been substantiated. They shall be proportionate, time-bound where appropriate and consistent with applicable employment and contractual requirements.

The employer shall ensure that protective measures do not unnecessarily penalize, isolate or disadvantage the survivor.

vi) Due Process and Fair Treatment of the Alleged Perpetrator

Administrative accountability shall be implemented in accordance with applicable employment, contractual and administrative procedures and principles of due process.

The alleged perpetrator shall be treated fairly and shall have an appropriate opportunity to respond to the allegation through the applicable administrative process. The process shall avoid prejudging the outcome while recognizing the need to protect survivors, witnesses and other persons from further harm.

The employer shall not disclose confidential survivor information beyond what is reasonably necessary to provide the alleged perpetrator with a fair opportunity to respond or to meet applicable legal requirements.

The administrative review shall also distinguish between:

- Allegations that require further administrative assessment;
- Cases where project affiliation is established but available information is insufficient to substantiate a breach;
- Cases where a breach of project, employment or contractual requirements is established; and
- Cases requiring referral to competent authorities for criminal investigation or other legal action.

The administrative process shall not interfere with or prejudice any criminal investigation or judicial proceeding.

vii) Administrative and Contractual Measures

Where the administrative review establishes that the alleged perpetrator is project-affiliated and that administrative or contractual action is warranted, measures shall be proportionate to the nature and severity of the misconduct and consistent with applicable employment and contractual provisions.

Possible measures include:

- Verbal or written warnings, where appropriate;
- Mandatory corrective or refresher training;
- Formal disciplinary action;
- Removal from a particular project site or assignment;
- Reassignment of duties;
- Suspension from duties in accordance with applicable procedures;
- Termination of employment or engagement, where warranted;
- Termination, suspension or other contractual sanctions against a contractor, consultant or subcontractor;
- Requirement for the contractor to implement a corrective action plan;
- Increased supervision or compliance monitoring; and

- Referral to competent authorities for criminal investigation or other legal action where applicable.

Administrative or contractual measures shall not be used as a substitute for criminal investigation where the alleged conduct may constitute a criminal offence.

viii) Contractor and Consultant Accountability

Where the alleged perpetrator is employed by a contractor, consultant, subcontractor or other project-associated entity, the relevant employer shall retain primary responsibility for implementing appropriate employment or contractual measures within its authority.

The DFR/AIT shall monitor whether the relevant entity has:

- A functioning Code of Conduct;
- Appropriate disciplinary and accountability procedures;
- Designated personnel responsible for managing SEA/SH-related administrative matters;
- Taken reasonable measures to protect survivors and prevent retaliation;
- Undertaken an appropriate administrative review;
- Implemented required corrective or disciplinary measures; and
- Complied with GMACP contractual SEA/SH requirements.

Failure by a contractor, consultant or subcontractor to appropriately manage SEA/SH allegations involving its personnel may itself constitute a contractual non-compliance issue and may result in contractual corrective measures.

ix) Referral to Competent Authorities

Where an allegation may constitute a criminal offence, the matter may be referred to the appropriate competent authorities in accordance with Ghanaian law and applicable project procedures.

Referral to competent authorities shall be handled carefully to protect survivor confidentiality and safety. The survivor shall, where legally permissible, be informed of available options and supported in accessing appropriate services.

The administrative review shall not attempt to determine criminal guilt. Determination of criminal liability remains the responsibility of the competent law-enforcement and judicial authorities.

x) Separation of Support, Investigation and Accountability Functions

To avoid conflicts of interest and ensure a survivor-centred approach, the GMACP shall maintain functional separation between:

a. **Survivor Support and Referral:** Responsible for ensuring that survivors can access medical, psychosocial, legal, protection and other services based on their needs and informed choices.
b. **Administrative Review:** Responsible for determining project affiliation, assessing compliance with employment, Code of Conduct and contractual requirements, and identifying appropriate administrative risk-management measures.
c. **Criminal Investigation:** Where applicable, undertaken by competent law-enforcement authorities in accordance with Ghanaian law.

The person responsible for providing survivor support shall not be required to determine whether an allegation is substantiated for employment or disciplinary purposes. Similarly, personnel responsible for administrative accountability shall not interfere with the survivor's access to support or require disclosure of unnecessary sensitive information.

xi) Documentation and Reporting of Accountability Actions

The relevant employer or contracting entity shall maintain confidential records of administrative actions taken in response to project-related SEA/SH allegations.

Records shall include, as appropriate:

- Date the allegation was received;
- Project affiliation of the alleged perpetrator;
- Employer/contracting entity;
- General nature of the alleged misconduct, without unnecessary identifying details;
- Interim risk-management measures;
- Administrative review undertaken;
- Outcome of the administrative process;
- Corrective, disciplinary or contractual action taken;
- Referral to competent authorities, where applicable; and
- Follow-up actions required.

Routine project reporting shall use aggregated, non-identifying information. No survivor-identifying information shall be included in routine reports.

The DFR/AIT shall periodically review accountability trends to identify systemic weaknesses, including recurring misconduct, inadequate contractor controls, weaknesses in Codes of Conduct, ineffective supervision or gaps in worker training.

xii) Non-Retaliation and Protection from Adverse Consequences

The Project shall maintain a strict prohibition against retaliation against survivors, complainants, witnesses or persons supporting a GBV/SEA/SH report.

Retaliatory conduct may include:

- Threats or intimidation;
- Harassment;
- Dismissal or adverse employment action;
- Reduction of wages or benefits;
- Unjustified reassignment;
- Social or workplace exclusion;
- Threats to disclose confidential information; or
- Any other action intended to discourage reporting or participation in a legitimate process.

Any credible allegation of retaliation shall be treated as a separate accountability concern and shall be subject to appropriate administrative or contractual action.

xiii) Accountability and Survivor Rights

Administrative and contractual accountability measures are intended to protect the integrity of the Project and prevent further misconduct. They shall not limit or replace the rights of survivors to access medical, psychosocial, legal, protection or other support services or to pursue legal remedies through competent authorities.

A decision not to take administrative action because the alleged perpetrator cannot be confirmed as project-affiliated, because available information is insufficient to establish a breach of project requirements, or because the survivor chooses not to participate further in the administrative process shall **not** be interpreted as a determination that the incident did not occur.

The Project shall continue to provide or facilitate appropriate survivor support and shall take reasonable preventive and risk-management measures based on the information available.

Overall, the GMACP accountability process shall seek to achieve two complementary objectives: **(i) ensuring that survivors receive timely, confidential, dignified and survivor-centred support; and (ii) ensuring that project-affiliated personnel and contracting entities are held appropriately accountable for violations of the Project's SEA/SH requirements.** These objectives shall be pursued through separate but coordinated processes that protect survivor confidentiality, avoid unnecessary re-interviewing, respect due process and uphold the Project's zero-tolerance approach to GBV/SEA/SH.

8.5 Protection Against Retaliation

Retaliation against survivors, complainants, witnesses, focal points, or service providers shall be strictly prohibited.

Examples of retaliation include:

- Threats or intimidation;
- Dismissal from employment;
- Harassment or discrimination;
- Social exclusion;
- Interference with reporting processes.

Any retaliation allegation shall be treated as a serious violation of Project requirements and may result in disciplinary action.

8.6 Incident Notification and Reporting Indicators

SEA/SH allegations shall be reported internally through designated confidential channels and managed in accordance with Project procedures.

The AIT shall maintain anonymized records of the following indicators:

- Number of GBV/SEA/SH reports received;
- Number of survivors referred to support services;
- Percentage of referrals completed successfully;
- Number of personnel trained on reporting procedures;
- Number of functioning reporting channels established;
- Number of contractor compliance reviews conducted;
- Average referral response time; and
- Number of confidentiality breaches reported and addressed.

These procedures shall be reviewed periodically to ensure alignment with evolving project risks, institutional arrangements, service availability, and international good practice on GBV, SEA, and SH risk management. External reporting shall comply with World Bank incident notification requirements and applicable national legislation while preserving survivor confidentiality.

8.7 Monitoring and Oversight

The AIT shall regularly monitor the effectiveness of reporting and case management procedures through:

- Review of referral functionality;
- Assessment of reporting channel accessibility;
- Monitoring of response times;

- Verification of service provider availability;
- Contractor compliance reviews;
- Stakeholder feedback; and
- Periodic audits of confidentiality and data protection measures.

Monitoring shall focus on system effectiveness rather than details of individual cases. Findings from monitoring activities shall be used to strengthen prevention, reporting, referral, and accountability mechanisms and to ensure continuous improvement of SEA/SH risk management throughout Project implementation.

8.8 Framework Review and Continuous Improvement

This Accountability and Response Framework shall be reviewed annually, or more frequently where required, to reflect changes in project activities, institutional arrangements, legal requirements, service availability, or emerging GBV/SEA/SH risks. Lessons learned from implementation, stakeholder feedback, monitoring findings, and incident trends shall be incorporated into periodic updates to ensure that the Framework remains effective, responsive, and aligned with international good practice.

9. Codes of Conduct

The Code of Conduct (CoC) is a key prevention and accountability measure for addressing Gender-Based Violence (GBV), including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), under the Ghana Market Access and Connectivity Project (GMACP). The Code of Conduct establishes the standards of behavior expected of all project personnel and provides a framework for promoting respectful, safe, and professional interactions within project workplaces and surrounding communities.

The objective of the Code of Conduct is to prevent inappropriate behavior, reduce GBV/SEA/SH risks, protect project workers and community members, and ensure accountability for violations of project requirements.

9.1 Applicability

The Code of Conduct shall apply to all individuals engaged in or associated with the Project, including:

- Project Coordination Unit (PCU) personnel;
- Agency Implementation Team (AIT) personnel;
- Contractors and subcontractors;
- Supervision consultants;
- Direct workers and contracted workers;
- Primary supply workers, where applicable;
- Temporary and casual labourers;
- Community liaison personnel;
- Security personnel engaged by the Project; and
- Any other individuals performing activities on behalf of the Project.

Compliance with the Code of Conduct shall be a mandatory condition of employment, engagement, or contractual participation in project activities. All personnel shall sign the Code of Conduct prior to commencing work and shall remain bound by its provisions throughout their involvement in the Project.

9.2 Content Areas

The Code of Conduct shall clearly communicate the behavioral standards, obligations, and prohibitions applicable to all project personnel. At a minimum, it shall address the following areas:

1. Professional Conduct and Respectful Behavior

Project personnel shall:

- Treat all persons with respect, dignity, fairness, and courtesy;

- Maintain professional relationships with co-workers and community members;
- Promote a safe, inclusive, and non-discriminatory work environment;
- Respect local customs and cultural norms, provided these do not conflict with human rights and project requirements; and
- Refrain from abusive, threatening, intimidating, or discriminatory behavior.

2. Prohibition of Sexual Exploitation and Abuse (SEA)

Project personnel shall not:

- Engage in any form of sexual exploitation or abuse;
- Use their position, authority, employment status, or access to project resources to solicit or obtain sexual favors;
- Exchange money, employment opportunities, goods, services, project benefits, or other advantages for sexual activity;
- Engage in transactional sex linked to project activities; or
- Exploit situations of vulnerability, unequal power, or trust for sexual purposes.

3. Prohibition of Sexual Harassment (SH)

Project personnel shall not engage in:

- Unwelcome sexual advances;
- Requests for sexual favors;
- Sexually suggestive comments, jokes, or gestures;
- Unwanted physical contact;
- Verbal, non-verbal, or physical conduct of a sexual nature that creates an intimidating, hostile, humiliating, or offensive environment; or
- Retaliation against individuals who report sexual harassment.

4. Child Protection

Project personnel shall:

- Respect the rights and protection needs of all children;
- Avoid any inappropriate interaction with children;
- Immediately report suspected child abuse, exploitation, or neglect through designated reporting channels.

Project personnel shall not:

- Engage in sexual activity with any person under the age of 18 years, regardless of consent or local customs;
- Use children for labour in violation of national law and Project requirements;

- Participate in grooming, exploitation, abuse, or any conduct that places children at risk of harm.

5. Community Relations

Project personnel shall:

- Conduct themselves responsibly when interacting with community members;
- Respect community members' rights, privacy, and property;
- Avoid behavior that could undermine community trust in the Project; and
- Comply with all Project requirements relating to stakeholder engagement and grievance management.

6. Reporting Obligations

Project personnel shall:

- Report suspected violations of the Code of Conduct through approved reporting channels;
- Cooperate with Project procedures relating to GBV/SEA/SH prevention and response; and
- Maintain confidentiality regarding SEA/SH allegations and survivor information.

7. Non-Retaliation

Retaliation against complainants, survivors, witnesses, or individuals participating in investigations or reporting processes shall be strictly prohibited. Any act of intimidation, harassment, discrimination, or reprisal shall constitute a violation of the Code of Conduct.

Sample codes of conduct for contractors and consultants is presented in **Annex 5** and that for individual employees is included in **Annex 6**.

9.3 Enforcement

The Project shall maintain a zero-tolerance approach to violations of the Code of Conduct involving GBV, SEA, SH, child protection violations, retaliation, or other forms of misconduct.

All allegations of misconduct shall be addressed promptly and in accordance with Project procedures, applicable contractual provisions, and national laws.

Potential enforcement measures may include:

- Verbal or written warnings;
- Mandatory corrective training;
- Suspension from duties;
- Removal from Project sites;
- Termination of employment or engagement;

- Contractual sanctions against contractors or subcontractors; and
- Referral to competent authorities where criminal conduct is alleged.

Contractors shall be responsible for enforcing compliance among their personnel and shall be required to maintain records demonstrating implementation of Code of Conduct requirements.

Repeated or serious violations may result in contract penalties, suspension of work, or termination of contractual arrangements.

9.4 Training and Awareness Requirements

To ensure effective implementation, all Project personnel shall receive mandatory training on the Code of Conduct and related GBV/SEA/SH requirements.

Training shall include:

- Definitions and examples of GBV, SEA, and SH;
- Worker responsibilities under the Code of Conduct;
- Acceptable and prohibited behaviors;
- Child protection obligations;
- Reporting and grievance procedures;
- Survivor-centred principles;
- Confidentiality requirements; and
- Consequences of non-compliance. (see **Annex 7** for sample Training Module)

Training shall be provided:

- Prior to commencement of work;
- During worker induction;
- Through periodic refresher sessions during project implementation; and
- Whenever significant changes occur in project activities or requirements.

Awareness materials summarizing key Code of Conduct provisions shall be displayed at project sites, worker facilities, and other appropriate locations in languages understood by the workforce and local communities.

9.5 Monitoring and Compliance

Compliance with the Code of Conduct shall be monitored throughout the project lifecycle through:

- Worker induction records;
- Signed Codes of Conduct;
- Site inspections and supervision activities;
- Contractor compliance reporting;
- Stakeholder feedback;

- Grievance records; and
- Periodic audits of GBV/SEA/SH prevention measures. (see **Annex 8** for contractor GBV requirements checklist)

The PC, DFR AIT, RMTs, supervision consultants, and contractors shall work collaboratively to ensure that Code of Conduct requirements are effectively implemented and consistently enforced across all project activities and locations.

10. Mapping of GBV Service Providers

Effective prevention and response to Gender-Based Violence (GBV), including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), requires the availability of accessible, survivor-centred, and quality support services. The purpose of GBV service mapping is to identify, assess, and maintain an up-to-date inventory of service providers within GMACP project areas to facilitate timely referral and support for survivors.

The mapping exercise serves as a critical component of the Project's GBV risk management framework by ensuring that referral pathways are based on existing service capacity and that survivors can access appropriate health, psychosocial, protection, legal, and security services in a safe and confidential manner. Service mapping also supports preparedness planning by identifying service gaps, capacity constraints, and opportunities for strengthening coordination among referral institutions.

10.1 Objectives of Service Provider Mapping

The specific objectives of the service mapping process are to:

- Identify available GBV response services within project intervention districts and surrounding areas;
- Assess the accessibility, functionality, and capacity of service providers to respond to GBV/SEA/SH cases;
- Establish district-specific referral pathways for survivors;
- Strengthen coordination among service providers and referral institutions;
- Identify service gaps and capacity-building needs;
- Support survivor-centred case management and referral processes; and
- Facilitate periodic updating of referral information throughout project implementation.

10.2 Guiding Principles

The mapping and engagement of GBV service providers was guided by the following principles:

- Survivor-centred service delivery;
- Confidentiality and data protection;
- Accessibility and inclusiveness;
- Quality and professionalism of services;
- Do-no-harm approach;

- Informed consent; and
- Coordination and accountability.

Only service providers that demonstrate the ability to uphold confidentiality, survivor safety, and professional standards were included in project referral pathways.

10.3 Categories of Service Providers

The service mapping process identified institutions and organizations capable of providing one or more of the following services:

1. Health Services

Health facilities play a critical role in responding to incidents of sexual violence and other forms of GBV. Mapping identified facilities capable of providing:

- Clinical Management of Rape (CMR);
- Emergency medical treatment;
- HIV Post-Exposure Prophylaxis (PEP);
- Emergency contraception;
- Sexually transmitted infection (STI) treatment;
- Pregnancy-related care;
- Forensic and medico-legal services where available; and
- Mental health support services.

Priority was given to district hospitals, regional hospitals, and designated health facilities capable of providing time-sensitive services required following sexual assault.

2. Psychosocial Support Services

The mapping exercise identified providers offering:

- Psychological first aid;
- Trauma counselling;
- Individual and family counselling;
- Mental health services;
- Survivor support groups; and
- Long-term psychosocial care.

Psychosocial support may be provided by government institutions, hospitals, NGOs, faith-based organizations, or specialized counselling centres.

3. **Protection and Social Welfare Services**

Protection service mapping identified institutions capable of providing:

- Case management support;
- Child protection services;
- Family welfare services;
- Safety planning;
- Temporary shelter referrals;
- Reintegration support; and
- Social assistance programmes.

Particular attention was given to services provided by the Department of Social Welfare, DOVVSU and child protection agencies.

4. **Legal and Justice Services**

The mapping exercise identified institutions responsible for:

- Investigation of criminal offences;
- Survivor protection;
- Legal counselling;
- Legal representation;
- Court support services; and
- Alternative dispute resolution mechanisms where appropriate.

Relevant institutions include DOVVSU, the Legal Aid Commission, the Ghana Bar Association Pro Bono Scheme, and other legal service providers.

5. **Shelter and Safe Accommodation Services**

The mapping process identified available shelter facilities and temporary accommodation options capable of supporting survivors who require immediate protection.

Information include:

- Shelter location;
- Capacity;
- Admission requirements;
- Duration of stay;

- Available support services; and
- Contact information.

Where formal shelters are unavailable, alternative protection arrangements were identified in collaboration with Social Welfare, DOVVSU and other protection agencies.

6. Community-Based Organizations and NGOs

The Project identified local NGOs, women's rights organizations, faith-based organizations, and community-based groups that can support:

- Community awareness raising;
- Survivor support;
- Referrals and accompaniment services;
- Psychosocial counselling;
- Child protection; and
- Community-based monitoring and prevention initiatives.

These organizations often provide critical support in remote areas where government services may be limited.

10.4 National, Regional and District-Level Service Mapping

A comprehensive district-specific service mapping for all GMACP intervention areas was undertaken. The service profile of the respective beneficiary regions and districts and the recommended referral pathways is presented in **Annex 9** through **Annex 13**.

Prior to commencement of civil works in any beneficiary region and district, the project shall complete and validate the district-specific service provider mapping process by verifying the capacities of the recommended service providers (using the assessment tools provided in **Annexes 14 and 15**).

10.4.1 Service Provider Assessment Criteria

Service providers will be assessed against the following criteria:

1. Accessibility

Assessment will consider:

- Geographic coverage;
- Distance from project communities;
- Transportation requirements;

- Operating hours; and
- Accessibility for persons with disabilities.

2. Capacity

Assessment will consider:

- Availability of trained personnel;
- Staffing levels;
- Service delivery capabilities;
- Case management procedures; and
- Availability of essential equipment and resources.

3. Confidentiality and Survivor-Centred Practice

Assessment will consider whether providers:

- Maintain confidentiality procedures;
- Apply informed consent principles;
- Use survivor-centred approaches;
- Have safeguarding policies; and
- Protect survivors from discrimination and retaliation.

4. Referral Readiness

Assessment will evaluate:

- Ability to receive referrals;
- Referral protocols and documentation systems;
- Communication mechanisms;
- Coordination with other service providers; and
- Follow-up procedures.

10.4.2 District-Specific Referral Directory

A district-level referral directory shall be developed and maintained for each project district. The directory should include:

- Institution name;
- Type of service provided;
- Contact person;

- Telephone number;
- Physical address;
- Operating hours;
- Referral procedures; and
- Emergency contact information.

The resulting directory (see **Annex 16** for sample) shall be made available to designated GBV focal persons, Community Liaison Officers, GRM personnel, and other authorized project staff. To protect confidentiality, referral directories shall be shared only with personnel responsible for GBV case management and referrals.

10.5 Updating and Maintenance of Service Mapping Information

Service provider mapping shall be treated as a living resource and reviewed regularly throughout project implementation.

The referral directory and service mapping database shall be updated:

- Prior to commencement of works;
- At least annually thereafter;
- Whenever service availability changes; and
- Following significant institutional or operational changes affecting service provision.

The GBV Focal Person shall be responsible for coordinating updates and verifying the accuracy of service provider information.

11. Budget and Resource Allocation

Effective implementation of the GMACP GBV/SEA/SH Prevention and Response Plan requires the allocation of adequate financial, human, and logistical resources throughout the project lifecycle. The budget is intended to support the establishment and operation of prevention, mitigation, reporting, referral, case management, monitoring, and survivor-support mechanisms consistent with the World Bank Environmental and Social Framework (ESF), Good Practice Note on SEA/SH, and national GBV response frameworks.

Budget provisions shall be integrated into overall project implementation costs and annual work plans to ensure sustainability and timely availability of resources. The budget shall be reviewed periodically and updated as necessary to reflect evolving project risks, implementation experience, inflationary adjustments, and service delivery requirements.

11.1 Budget Objectives

The GBV/SEA/SH budget seeks to:

- Ensure adequate resources for implementation of prevention and mitigation measures;
- Strengthen institutional capacity of implementing agencies, contractors, consultants, and supervision teams;
- Support functional survivor-centred reporting, referral, and response systems;
- Facilitate stakeholder engagement and community awareness activities;
- Strengthen the Project Grievance Redress Mechanism (GRM) for confidential handling of SEA/SH complaints;
- Support monitoring, supervision, and compliance verification; and
- Facilitate coordination with national and district-level GBV service providers.

11.2 Key Budget Categories

A. Human Resources and Institutional Capacity

Budget provisions shall support recruitment, deployment, and operational costs associated with personnel responsible for GBV risk management, including:

- Project GBV/SEA/SH Specialist;
- Environmental and Social Safeguards personnel;
- Contractor GBV focal points;
- Supervising Engineer GBV focal points;
- Community Liaison Officers;

- GRM personnel responsible for SEA/SH complaint management;
- District-level focal persons supporting referral coordination.

Budget items may include:

- Professional fees and remuneration;
- Field allowances;
- Operational expenses;
- Communication costs; and
- Periodic refresher training.

B. Capacity Building and Training

Adequate resources shall be allocated for training and awareness programmes targeting:

- Agency Implementation Team staff;
- Regional Monitoring Teams personnel;
- Contractors and subcontractors;
- Supervising consultants;
- Community leaders;
- Workers and labour force;
- GRM committees;
- District-level service providers.

Budget items may include:

- Training materials;
- Facilitator fees;
- Venue hire;
- Travel and accommodation;
- Refreshments;
- Printing and distribution of materials.

C. Community Awareness and Risk Communication

Funding shall be allocated for continuous stakeholder engagement and awareness creation to improve understanding of project-related GBV risks and available support services.

Activities may include:

- Community sensitization meetings;

- Radio discussions and public service announcements;
- Community durbars;
- Information campaigns;
- School and youth outreach programmes;
- Distribution of awareness materials.

Budget items may include:

- Communication materials;
- Translation into local languages;
- Radio airtime;
- Public address systems;
- Community engagement logistics.

D. Codes of Conduct Implementation

Resources shall be allocated to support implementation and enforcement of Codes of Conduct for all project workers.

Budget items may include:

- Development and printing of Codes of Conduct;
- Worker induction programmes;
- Translation into local languages;
- Refresher training sessions;
- Compliance monitoring activities.

E. GBV Service Provider Engagement and Referral Support

Given the limited availability of specialized GBV services in several project districts, resources shall be allocated to strengthen referral pathways and facilitate access to survivor support services.

Budget provisions may include:

- Service agreements or memoranda of understanding with qualified GBV service providers;
- Referral coordination meetings;
- Emergency survivor transportation support;
- Communication and referral costs;

- Development and updating of referral directories;
- Capacity strengthening for local service providers where appropriate.

F. Grievance Redress Mechanism Enhancement

Additional resources shall be dedicated to strengthening the project GRM to ensure safe and confidential management of SEA/SH complaints.

Budget items may include:

- Dedicated SEA/SH reporting channels;
- Hotline services;
- Secure complaint management systems;
- Confidential record keeping;
- Training of GRM personnel;
- Survivor information materials.

G. Logistics and Field Operations

Implementation of GBV risk management activities will require logistical support for field supervision and stakeholder engagement.

Budget items may include:

- Vehicle hire and fuel;
- Field travel costs;
- Communication equipment;
- ICT support;
- Meeting logistics;
- Field monitoring activities.

H. Monitoring, Evaluation, and Reporting

Resources shall be allocated to monitor implementation effectiveness and compliance with GBV commitments.

Activities may include:

- Routine field monitoring;
- Contractor compliance audits;
- Independent assessments;

- Periodic supervision missions;
- Lessons learned reviews;
- Annual GBV performance assessments.

Budget items may include:

- Monitoring tools;
- Data collection activities;
- Consultancy support;
- Reporting and documentation.

I. Survivor Support and Emergency Response

The project shall maintain contingency resources to facilitate immediate referral and access to essential survivor support services where gaps in public service provision may affect timely response.

Potential expenditures may include:

- Emergency transportation;
- Temporary accommodation where appropriate;
- Communication and referral costs;
- Urgent case coordination support.

Such resources shall not replace statutory responsibilities of government institutions but may facilitate timely access to services consistent with survivor-centred principles.

11.3 Indicative Costed Action Plan Budget Estimate

This Costed Action Plan provides an indicative framework for budgeting, implementation, and monitoring of GBV/SEA/SH prevention, mitigation, and response measures. The plan aligns with the requirements of the World Bank Environmental and Social Framework (ESF), the World Bank Good Practice Note on SEA/SH, the Labour Management Procedures (LMP), Stakeholder Engagement Plan (SEP), and Project Grievance Redress Mechanism (GRM).

Table 11.1: Indicative Costed Action Plan

Activity	Responsible Agency	Timeframe	Estimated Cost (USD)	Funding Source
Recruit/maintain Project GBV/SEA/SH Specialist	AIT/DFR	Years 1–5	60,000	GMACP Project Funds
Designate and train RMTs and MMDAs GBV Focal Points	AIT, RMTs and MMDAs	Years 1–5	20,000	GMACP Project Funds
Designate and train Contractor and Supervising Engineer GBV Focal Points	AIT/DFR, RMTs, Contractors, Supervising Consultants	Years 1–5	20,000	Contractor ESHS Budget / GMACP
Human Resources and Coordination (subtotal)			***100,000***	
Develop, update and disclose GBV/SEA/SH Response Plan and referral pathways	AIT/DFR	Year 1; Annual Updates	10,000	GMACP Project Funds
Conduct district-level GBV service provider mapping and validation	AIT/DFR, RMTs, Social Welfare, DOVVSU, NGOs	Year 1; Biennial Updates	12,000	GMACP Project Funds
Establish and maintain district referral directories	AIT/DFR, RMTs, MMDAs	Years 1–5	8,000	GMACP Project Funds
Periodic stakeholder engagement and consultation meetings	AIT/DFR, RMTs, GRM NGO, MMDAs	Quarterly	20,000	GMACP Project Funds
Quarterly GBV coordination meetings with service providers	AIT/DFR, RMTs, DOVVSU, GHS, Social Welfare	Quarterly	20,000	GMACP Project Funds
Referral Systems and Service Provider Support (subtotal)			***70,000***	
Community awareness and sensitization campaigns	AIT/DFR, RMTs, Contractors, NGOs, MMDAs	Years 1–5	60,000	GMACP Project Funds
Production and dissemination of Information, Education and Communication (IEC) materials	AIT/DFR, RMTs, GRM NGOs	Years 1–5	15,000	GMACP Project Funds
Radio programmes and public awareness campaigns	AIT/DFR, RMTs, GRM NGOs	Years 1–5	20,000	GMACP Project Funds
Community Engagement and Awareness (subtotal)			***95,000***	

Activity	Responsible Agency	Timeframe	Estimated Cost (USD)	Funding Source
Worker induction and mandatory GBV/SEA/SH training	Contractors	Continuous	25,000	Contractor ESHS Budget
Refresher training for workers and supervisors	Contractors, Supervising Consultants	Semi-Annual	20,000	Contractor ESHS Budget
Capacity building for AIT/DFR, RMTs, Consultants, GRM Committees	AIT/DFR, RMTs	Annual	30,000	GMACP Project Funds
Capacity building for DOVVSU, Social Welfare and referral partners	AIT/DFR, RMTs, DOVVSU, Social Welfare & MoGCSP	Annual	20,000	GMACP Project Funds
Training and Capacity Building (subtotal)			***95,000***	
Development and implementation of Codes of Conduct	Contractors	Continuous	20,000	Contractor ESHS Budget
Translation and dissemination of Codes of Conduct	Contractors	Continuous	10,000	Contractor ESHS Budget
Codes of Conduct Implementation (subtotal)			***30,000***	
Establish confidential SEA/SH reporting channels	AIT/DFR, RMTs, GRM NGOs	Year 1	12,000	GMACP Project Funds
Strengthen SEA/SH-sensitive GRM procedures	AIT/DFR, RMTs, GRM Service Providers	Years 1–5	18,000	GMACP Project Funds
Operate confidential grievance hotline and reporting systems	AIT/DFR, GRM NGO	Years 1–5	20,000	GMACP Project Funds
GRM Enhancement and Reporting Systems (subtotal)			***50,000***	
Support referral coordination and survivor access to services	AIT/DFR, RMTs, DOVVSU, GHS, Social Welfare, GRM NGO	Continuous	30,000	GMACP Project Funds
Emergency transportation support for survivors	AIT/DFR, RMTs, DOVVSU, GHS, Social Welfare, GRM NGO	Continuous	15,000	GMACP Project Funds

Activity	Responsible Agency	Timeframe	Estimated Cost (USD)	Funding Source
Emergency survivor support contingency fund	AIT/DFR, RMTs, DOVVSU, GHS, Social Welfare, GRM NGO	Continuous	20,000	GMACP Project Funds
Survivor Support and Emergency Assistance (subtotal)			***65,000***	
Contractor compliance monitoring and audits	AIT/DFR, RMTs, Supervising Consultants	Quarterly	25,000	GMACP Project Funds
GBV monitoring missions and field supervision	AIT/DFR, RMTs, DOVVSU, Social Welfare, GRM NGO	Quarterly	30,000	GMACP Project Funds
Independent GBV performance assessments	Independent Consultant	Mid-Term and End-Term	30,000	GMACP Project Funds
Annual GBV implementation review and reporting	AIT/DFR, RMTs, DOVVSU, Social Welfare, GRM NGO	Annual	8,000	GMACP Project Funds
Documentation, knowledge management and lessons learned	AIT/DFR, RMTs, DOVVSU, GHS, Social Welfare, GRM NGO	Annual	5,000	GMACP Project Funds
Monitoring, Evaluation and Compliance (subtotal)			***98,000***	
Total			***603,000***	
Contingency (10%)			***60,300***	
Grand Total			**663,300**	

11.4 Budget Assumptions and Funding Arrangements

The indicative budget is based on the following assumptions:

- Multiple GMACP intervention districts across several regions;
- Presence of several civil works contractors and supervising consultants;
- Appointment of dedicated GBV focal persons within implementing entities and contractors;
- Regular community engagement and awareness activities throughout implementation;
- Establishment and maintenance of survivor-centred referral systems;
- Periodic training and refresher training for project personnel and workers;
- Annual monitoring, supervision, and compliance assessments;
- Provision of emergency support to facilitate survivor access to services where required;
- Periodic updating of service provider mapping and referral pathways.

Implementation of the GBV Action Plan shall be financed through a combination of:

1. **GMACP Project Funds** allocated to GBV/SEA/SH, environmental and social risk management activities. The Project should establish a dedicated survivor support fund or budget line to facilitate timely access to services when an SEA/SH incident is reported;
2. **Contractor ESHS Budgets** covering worker training, Codes of Conduct implementation, worker awareness activities, and contractor-level GBV risk mitigation measures;
3. **Supervising Consultant Budgets** supporting compliance monitoring and reporting;
4. **Government counterpart contributions**, where applicable; and
5. **Partnerships with government institutions and service providers**, including DOVVSU, Ghana Health Service, Department of Social Welfare and Community Development, Legal Aid Commission, and civil society organizations.

Responsibility for budget planning, allocation, and monitoring shall rest with the Agency Implementation Team. Annual reviews shall be undertaken to assess adequacy of funding and identify additional resource requirements based on project implementation experience, evolving GBV risks, service-provider capacity, and monitoring results.

The GBV budget shall be incorporated into contractor Environmental and Social Management Plans (C-ESMPs), Contractor's ESHS obligations, and the overall GMACP safeguards budget, ensuring that GBV risk mitigation measures are contractually enforceable and adequately funded throughout implementation.

The DFR Agency Implementation Team shall review budget performance annually and adjust allocations based on implementation progress, emerging risks, service utilization trends, contractor performance, and lessons learned from monitoring and supervision activities.

ANNEXES

Annex 1: Estimates of Domestic Violence Prevalence in GMACP Districts (percent)

Cluster	Region/District	Physical violence	Sexual Violence	Emotional Violence	All three Domestic Violence	Any Domestic Violence
One	**Savanna**	42.9	19.6	43	8.0	58
	North Gonja	36.7	19.1	40.3	7.8	56.0
	Sawla-Tuna-Kalba	38.6	23.2	46.1	8.1	61.9
	Bole	38.8	21.1	43.6	8.1	59.4
	Upper West	23.7	10.9	20	3.3	34
	Wa East	20.2	10.7	18.8	3.2	31.6
	Sissala West	20.6	10.3	18.6	3.2	31.0
	Sissala East	20.8	9.8	18.0	3.2	30.4
	Northern	33.9	7.5	27	3.8	44
	Tolon	33.0	6.9	25.5	3.7	38.8
	Kumbungu	34.1	6.9	26.2	3.8	39.8
	Sagnerigu	36.3	7.3	27.8	4.1	42.0
	Nanton	33.7	6.8	25.8	3.8	39.2
Two	**Volta**	40.2	22.3	37	9	55
	Hohoe	38.8	20.6	35.8	9.2	53.6
	Kpando	39.3	20.9	36.6	9.4	54.2
	Ho	37.9	21.0	35.1	9.1	53.1
	South Dayi	38.7	21.0	36.6	9.0	54.1
	Agortime - Ziope	38.4	21.3	37.4	9.0	54.9
	Akatsi North	37.8	21.0	38.0	8.5	55.0
	Ketu North	38.9	21.3	39.5	9.2	57.0
	Ketu South	38.9	20.8	38.6	9.6	56.3
	Keta	39.2	21.2	38.9	9.2	56.4
	Central Tongu	37.3	21.1	36.3	8.3	53.4
	Anloga	39.1	21.3	39.2	9.3	56.7
	South Tongu	38.6	21.1	37.0	9.0	54.5
	Akatsi South	38.5	21.2	37.9	8.8	55.3
	Oti	36.8	18.9	30	6.1	47.5
	Nkwanta North	30.3	16.7	29.8	5.6	47.6
	Nkwanta South	31.8	17.0	29.7	5.9	47.4
	Kadjebi	34.3	15.9	28.6	6.3	45.9
	Krachi Nchumuru	31.7	17.0	29.8	5.8	47.6
	Krachi West	33.0	16.9	29.6	6.2	47.4
	Jasikan	33.9	16.5	28.5	6.3	46.1

Cluster	Region/District	Physical violence	Sexual Violence	Emotional Violence	All three Domestic Violence	Any Domestic Violence
	Eastern	29.5	12.9	29	3.3	43
	Asuogyaman	28.8	14.1	28.8	3.4	43.6
Three	Kwahu Afram Plains South	26.6	13.7	27.6	3.0	41.5
	Kwahu Afram Plains North	26.8	13.9	28.0	3.1	42.0
	Bono East	25.7	7.4	25	3.1	35
	Sene East	25.1	8.5	26.2	2.9	35.4
	Nkoranza South	27.0	8.5	26.5	3.2	35.9
	Kintampo South	25.9	8.1	25.4	3.0	34.3
	Ashanti	33.8	16.8	25	6	47
	Ejura Sekyedumase	32.8	17.3	22.3	5.7	43.5
	Bono	26.2	9.2	23	2.2	36
	Wenchi	25.0	7.3	22.4	2.2	35.1
Four	**Central**	44.6	19.6	35	8	55
	Ajumako Enyan Essiam	45.7	20.3	36.1	7.8	55.5
	Assin South	44.9	20.2	35.6	7.4	54.7
	Komenda Edina Eguafo Abirem	45.5	20.2	35.8	7.9	55.4
	Twifo Atti Morkwa	44.9	20.2	35.5	7.5	54.7
	Ahafo	30.6	11.0	33	2.8	49
	Asunafo North	31.4	12.6	33.2	2.8	49.9
	Asunafo South	31.3	12.5	33.3	2.8	49.8
	Asutifi North	30.9	12.5	32.5	2.7	49.1
	Asutifi South	30.5	12.4	32.0	2.7	48.5
	Western North	31.7	11.5	24	5	40
	Bia West	30.0	11.2	24.0	5.0	39.7
	Bodi	29.7	11.6	24.2	4.7	39.8
	Sefwi-Wiawso	30.9	11.7	24.6	5.1	40.7
	Western	30.5	11.4	33	4.5	45
	Shama	30.7	12.3	33.8	4.6	46.1
	Wassa Amenfi West	29.7	12.0	32.7	4.3	44.5
	Wassa East	29.9	12.5	33.2	4.3	45.0

Source: 2025 Ghana Statistical Service (GSS) Small Area Estimation (SAE)

Annex 2: GMACP Districts GBV Risk Profile Based on 2025 GSS SAE Findings

Region	GMACP Districts	GSS 2025 GBV Risk Profile
Western	Shama, Wassa Amenfi West, Wassa East	Moderate (Western Region not identified among highest-prevalence regions)
Western North	Bia West, Bodi, Sefwi-Wiawso	Relatively lower prevalence compared to Central, Volta and Savannah Regions
Ahafo	Asunafo North, Asunafo South, Asutifi North, Asutifi South	Moderate prevalence; no identified hotspot districts in GSS summary findings
Central	Ajumako-Enyan-Essiam, Assin South, KEEA, Twifo Atti-Morkwa	High-risk region. Central Region recorded the highest prevalence of physical violence nationally (44.6%).
Eastern	Afram Plains South, Afram Plains North, Asuogyaman	Moderate prevalence; district-level physical violence estimates below regional average of 29.5%
Bono East	Sene East, Nkoranza South, Kintampo South	Generally lower prevalence than national hotspots; some districts reported below 25% physical violence.
Ashanti	Ejura Sekyedumase	Moderate physical violence prevalence of 32.8%; not identified among hotspot regions
Bono	Wenchi	Relatively low prevalence compared with Central, Volta and Savannah Regions.
Oti	Nkwanta North, Nkwanta South, Kadjebi, Krachi Nchumuru, Krachi West, Jasikan	Elevated risk due to proximity to Volta high-prevalence zone; district-specific physical violence estimates below regional average of 36.8%
Volta	Hohoe, Kpando, Ho, South Dayi, Agotime-Ziope, Akatsi North, Akatsi South, Ketu North, Ketu South, Keta, Central Tongu, Anloga, South Tongu (Sogakope)	High-risk region. Volta Region recorded the highest prevalence of sexual violence (22.3%) and among the highest rates of physical violence (40.2%).
Savannah	North Gonja, Sawla-Tuna-Kalba, Bole	High-risk region. Savannah Region recorded 42.9% prevalence of physical violence. Sawla-Tuna-Kalba recorded the highest district prevalence nationally at 61.9%.
Upper West	Wa East, Sissala West, Sissala East	Relatively lower prevalence; some districts in Upper West recorded physical violence levels below 25%.
Northern	Tolon, Kumbungu, Sagnerigu, Nanton	Moderate-to-high vulnerability due to regional socio-economic and gender inequality factors. District-specific physical violence prevalence estimates higher than regional average of 33.9%

Annex 3. Evidence of Stakeholder Engagements

GHANA MARKET ACCESS AND CONNECTIVITY PROJECT (P513708)

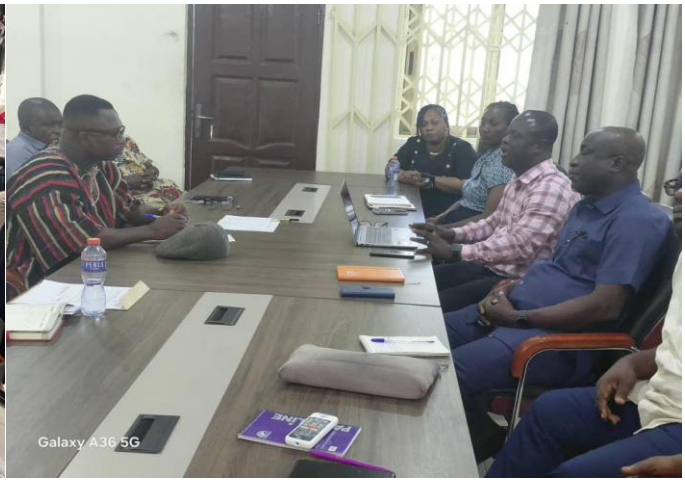
Attendance Records for Stakeholder Engagement Meetings – May through June 2026

S/N	Name	Designation	Contact
Eastern Region			
1	Rebecca Tetteh – Dept of Soc. Welf.	Program Head – Child & Fam. Welfare	0247819912
2	Dorcas Amoah – Dept of Soc. Welf.	Soc. Dev. Office, JA	0246232721
3	Alice Ahenkorah – Dept of Soc. Welf.	Soc. Dev. Office, Com Care	0243334457
4	Godfred Dato – Dept of Soc. Welf.	Asst. Devt. Plng. Officer	0249191724
5	Moses Tetteh Keney – Dept of Gender	Acting Head	0541774101
6	Collins Odame – Dept. Fact. Insp.	Regional Director	0244972749
7	Da-Costa Osei – Dept. Fact. Insp.	Asst. Reg. Director	0247685949
8	Esther Safoah Adjei – Dept. Fact. Insp.	Factories Inspector	0546750328
9	Erasmus Amey – Dept. Fact. Insp.	Admin Staff	0558439292
10	Agyemang Twum – Labour Dept	Regional Director	0243559461
11	Selasi Amewonor Fiaka – Labour Dept	Prin. Labour Officer	0271035088
12	Evelyn Abrenyi-Odoom – Labour Dept	Prin. Labour Officer	0242368290
Western North Region			
13	Monyuu Abdul-Razak – RCC	Asst Reg. Econ Plng Officer	0240117185
14	Collins Ohene-Gyan – RCC	Reg. Econ. Plng. Officer	0244162412
15	Emmanuel Boahene – Soc. Welfare	Head of Prog	0244480753
16	Yaa Dufa Asare-Bediako – Gender	Reg Director	0545542382
17	Joan Buadi – Dept of Children	Reg. Director	
18	John Quarshie – Labour Dept	Reg. Director	023679760
Ahafo Region			
19	Christiana Amoh – Dept. Of Gender	Desk Officer	0246628056
20	Bismark Kusi - REPO	Devt. Plng. Officer	0542543123
21	Nayoo Frimpong - (CD/RCD)		0244560766
22	Simon Kwadwo Asare – Labour Dept.	Reg. Director	0249214545
Central Region			
23	Paa Kwesi Banafo – Dept. of Factories Inspect	Regional Head	0207472295
24	Richlove Amamoo – Dept of Gender	Regional Director	0244059876
25	Edwina Gilda Anan – Dept of Soc. Welfare	Regional Director	02444963333
26	Alice Azubiru – Dept of Soc. Welfare	Soc Devt Officer	0249991982
27	Sandra Zormelo – Dept of Soc. Welfare	Soc Devt Officer	054020053

Oti Region			
28	DSP Georgina Yaa Ahiamor	Region Head - DOVVSU	0553331788
Volta Region			
29	Emmanuel Sawyer - DFI	Regional Director	0244510582
30	Chief Inspector Augustus Amoh – DOVVSU	Station Master	0244939954
31	Mrs. Stella Mawutor – Dept of Social Welfare	Regional Director	0553518000
32	Thywill Eyra Kpe – Dept of Gender	Regional Director	0244786254







Annex 4. SEA/SH Incident Reporting Format

Incident Reporting Form - SEA/SH Cases (Confidential)	
Instructions: This form is intended for recording essential information regarding incidents of Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH) related to the project. Personal and identifying information about the survivor should not be recorded to ensure privacy and safety. Please limit details to essential facts that support the incident response process.	
SECTION 1: INCIDENT DETAILS	
1	**Type of Violation** (Check all that apply) • Sexual Exploitation • Sexual Abuse • Sexual Harassment • Other (Specify): _____
2	**Brief Description of the Incident** (**Summary**: Briefly outline what happened based on the survivor's account or the source's information. **Context**: Indicate if the incident is connected to project activities or workers. Avoid personal or in-depth details)
3	**Source of Information** (Select one) • Survivor • Witness • Anonymous • Other (Specify): _____
4	**Incident Location** • **Region**: _____ • **District**: _____ • **Community**: _____
5	**Date and Time of Incident (if known)** • **Date**: _____ • **Time**: _____
6	**Additional Context or Relevant Information (if available):** Note any other non-identifying details that may support the response, such as general environmental factors, community context, or proximity to project sites
7	**Immediate Actions Taken** • Health referral • Safety measures • Psychosocial support initiation • Reporting to DOVVSU (if survivor consents)
SECTION 2: CONFIDENTIALITY & SAFETY ASSURANCES	
Important Notes: • **Privacy Protection**: Do not include personal, identifiable information such as the survivor's name, date of birth, home address, or details that could reveal the individual's identity within a community setting. • **Survivor-Centred Approach**: Ensure this form is completed with sensitivity and respect for the survivor's comfort and safety. • **Use of Information**: Information provided in this form is strictly for incident response and will be handled following confidentiality protocols. Access to this document will be restricted to authorized personnel only. **Note to Respondent**: This form should only contain essential, non-identifying information. In an emergency or ongoing threat, ensure immediate steps are taken to secure the survivor's safety and report the matter to designated protection officers.	

Annex 5: Contractor's/Consultant's Code of Conduct

Preventing SEA/SH and Violence Against Children (VAC)

(***Name of contractor/Consultant***) acknowledges that adhering to environmental and social health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing gender-based violence (GBV) and violence against children (VAC) are important. All forms of SEA/SH or VAC are unacceptable, be it on the work site, the work site surroundings, at worker's camps, or in the surrounding communities.

The company considers that failure to follow ESHS and OHS standards or to partake in SEA/SH or VAC activities constitutes gross misconduct and is grounds for sanctions, penalties or potential termination of employment. Prosecution of those who commit SEA/SH or VAC may be pursued if appropriate.

(***Name of contractor/Consultant***) agrees that while working on the project, every employee will:

- Attend and actively partake in training courses related to ESHS, OHS, HIV/AIDS, SEA/SH and VAC as requested by the employer.
- Shall wear personal protective equipment (PPE) correctly when at the work site or engaged in project-related activities.
- Take all practical steps to implement the organisation's environmental and social management plan (C-ESMP).
- Implement the OHS Management Plan.
- Adhere to a zero-alcohol policy during work activities and refrain from the use of illegal substances at all times.
- Consent to a police background check.
- Treat women, children (persons under 18), and men with respect regardless of race, colour, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Not participate in sexual contact or activity with children—including grooming or contact through digital media. A mistaken belief regarding the age of a child is not a defence. Consent from the child is also not a defence or excuse.
- Not engage in sexual harassment—for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, including subtle acts of such behavior. E.g. looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalls; giving personal gifts; making comments about somebody's sex life; etc.
- Not engage in sexual favors—for instance, making promises or favorable treatment dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.

- Unless there is full consent[3] by all parties involved, every worker shall 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.
- Consider reporting through the Grievance Mechanism or to the manager any suspected or actual SEA/SH or VAC by a fellow worker, whether employed by my employer or not or any breaches of this Code of Conduct.

Quality of products and services

(***Name of contractor/Consultant***) expects that products and services provided by each subcontractor will be of the highest quality and fairly and reasonably priced so that (***Name of contractor/Consultant***) customers are served with the best value. In addition to any specific requirements in the agreement with (***Name of contractor/Consultant***), products and services will meet or exceed applicable government standards, including environmental and safety standards.

Health and Safety

(***Name of contractor/Consultant***) is dedicated to providing safe, injury-free working conditions and a healthy work environment. Compliance with this commitment is a condition of any sub-contractor engagement with (***Name of contractor/Consultant***).

Workplace safety

Each Sub-Contractor is responsible for ensuring that its Representatives complete all necessary safety training and perform work in conformance with all applicable safety rules, laws, standards and procedures and for complying with and enforcing any additional (***Name of contractor/Consultant***) safety policies and procedures communicated to Sub-Contractor.

Reporting injuries, damage and unsafe conditions

In addition to any other legal reporting requirements, (***Name of contractor/Consultant***) and each Contractor must immediately report any occupational injuries, unsafe conditions or practices and damage to property occurring because of the (***Name of contractor/Consultant***)/Sub-Contractor or its Representative's activities to DFR or any deserved entity.

Alcohol and drug use

(***Name of contractor/Consultant***)'s commitment to providing a healthy and safe working environment is compromised by the consumption of alcohol and illegal drugs. While performing work for (***Name of contractor/Consultant***), Employees, Sub-contractors and Representatives must not

[3] Consent is defined as the informed choice underlying an individual's free and voluntary intention, acceptance or agreement to do something. No consent can be found when such acceptance or agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation. In accordance with the United Nations Convention on the Rights of the Child, the World Bank considers that consent cannot be given by children under the age of 18, even if national legislation of the country into which the Code of Conduct is introduced has a lower age. Mistaken belief regarding the age of the child and consent from the child is not a defence.

consume, use or be impaired by alcohol or illegal drugs or be under the influence of prescription drugs that impair a person's ability to perform work safely and efficiently.

Workplace violence

Acts or threats of physical violence, intimidation and harassment will not be tolerated. Engaging in violence or threatening or intimidating behaviors may result in termination of the contract with (***Name of contractor/Consultant***) or removal of the Representative from (***Name of contractor/Consultant***) property, as deemed appropriate by (***Name of contractor/Consultant***).

The Environment

DUR is committed to conducting its business in an environmentally responsible manner. (***Name of contractor/Consultant***) and Representatives will comply with all applicable environmental laws and regulations and operate to minimize the negative environmental impact of the products and services.

Ethics

(***Name of contractor/Consultant***) must operate within the highest standards of ethical conduct when dealing with DFR employees, customers and the public. (***Name of contractor/Consultant***) will ensure that its actions, and those of its Representatives, comply with the letter and spirit of this Code.

Anti-corruption

(***Name of contractor/Consultant***) and Representatives are committed to zero tolerance against corruption and shall not engage in bribery, extortion, embezzlement or other corrupt practices.

Fair competition

When conducting work (***Name of contractor/Consultant***), representatives shall uphold fair standards in recruiting and competition.

Confidentiality

Confidential information includes information not known by the public and may be harmful to the organization, its employees or customers if disclosed. (***Name of contractor/Consultant***) is committed to safeguarding and protecting its confidential information and the personal information of its customers and employees. Sub-contractor must maintain the confidentiality of information entrusted to it following its agreements with (***Name of contractor/Consultant***) and applicable law. The obligation to protect (***Name of contractor/Consultant***)'s confidential information continues after the business relationship with (***Name of contractor/Consultant***) ends.

Updates to Code and Disclaimer

(***Name of contractor/Consultant***) reserves the right to amend and modify this Contractor Code of Conduct at its discretion. The provisions of the Code are not intended to change any obligations outlined in the Contractor's agreement with DFR, and in the event of any conflict, the terms of the agreement with DFR will prevail.

Annex 6: Individual Employee Code of Conduct

SEA/SH and Violence against Children (VAC)

I, _____, acknowledge that adhering to environmental, social health and safety (ESHS) standards, following the project's occupational health and safety (OHS) requirements, and preventing gender-based violence (GBV) and violence against children (VAC) are important. All forms of GBV or VAC are unacceptable, be it on the work site, the work site surroundings, at worker's camps, or the surrounding communities.

The company considers that failure to follow ESHS and OHS standards or to partake in GBV or VAC activities constitutes acts of gross misconduct and is, therefore, grounds for sanctions, penalties or potential termination of employment. Prosecution of those who commit GBV or VAC may be pursued if appropriate.

I agree that while working on the project, I will:

- Attend and actively partake in training courses related to ESHS, OHS, HIV/AIDS, SEA/SH and VAC, as requested by my employer.
- Wear my protective equipment (PPE) in the correct prescribed manner when at the work site or engaged in project-related activities.
- Take all practical steps to implement the contractor's environmental and social management plan (CESMP).
- Implement the OHS Management Plan.
- Always adhere to a zero-alcohol policy during work activities and refrain from the use of illegal substances.
- Consent to a police background check.
- Treat women, children (persons under 18), and men with respect regardless of race, colour, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
- Not use language or behavior towards women, children or men that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- Not participate in sexual contact or activity with children—including grooming or contact through digital media. A mistaken belief regarding the age of a child is not a defence. Consent from the child is also not a defence or excuse.
- Not engage in sexual harassment—for instance, making unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, including subtle acts of such behavior. E.g., looking somebody up and down; kissing, howling or smacking sounds; hanging around somebody; whistling and catcalling; giving personal gifts; making comments about somebody's sex life; etc.
- Not engage in sexual favors—for instance, making promises or favorable treatment dependent on sexual acts—or other forms of humiliating, degrading or exploitative behavior.

- Not have sexual interactions with members of the surrounding communities unless there is full consent by all parties involved. 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.
- Not engage in sexual activity with anyone under the age of 18 years.
- Consider reporting through the Grievance Mechanism or to my manager any suspected or actual SEA/SH or VAC by a fellow worker, whether employed by my employer or not or any breaches of this Code of Conduct.

Concerning children under the age of 15:

- Wherever possible, ensure that another adult is present when working in proximity of children.
- Not inviting unaccompanied children unrelated to my family into my home unless they are at immediate risk of injury or in physical danger.
- Not sleep close to unsupervised children unless necessary, in which case I must obtain my supervisor's permission and ensure that another adult is present if possible.
- Use any computers, mobile phones, or video and digital cameras appropriately, and never exploit or harass children or access child pornography through any medium (see also "Use of children's images for work-related purposes" below).
- Refrain from physical punishment or discipline of children.
- Refrain from hiring children for domestic or other labour, which is inappropriate given their age or developmental stage, which interferes with their time available for education and recreational activities, or which places them at significant risk of injury.
- Comply with all relevant local legislation, including labour laws concerning child labour.

Use of children's images for work-related purposes

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

- Before photographing or filming a child, assess and endeavor to comply with local traditions or restrictions for reproducing personal images.
- Before photographing or filming a child, obtain informed consent from the child and the parent or guardian of the child. As part of this, I must explain how the photograph or film shall be used.
- 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.
- Ensure images are honest representations of the context and the facts.
- 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 shall take disciplinary action which could include:

- Informal warning.
- Formal warning.
- Additional Training.
- Loss of up to one week's salary.
- Suspension of employment (without payment of salary) for a minimum period of 1 month up to a maximum of 6 months.
- Termination of employment.
- Report to the police if wanted.

I understand that I must ensure that the environmental, social, health and safety standards are met. That I shall adhere to the occupational health and safety management plan. That I shall avoid actions or behaviors that could be construed as SEA/SH or VAC. Any such actions shall be a breach of this Individual Code of Conduct. I acknowledge that I have read the foregoing Individual Code of Conduct, agree to comply with the standards, and understand my roles and responsibilities in preventing and responding to 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 affect my ongoing employment.

Signature	:	_____
Printed Name	:	_____
Title	:	_____
Date	:	_____

Annex 7: GBV/SEA/SH Training Module

Introduction

This training module has been developed to strengthen awareness, knowledge, skills, and accountability among project personnel, contractors, consultants, workers, community representatives, and stakeholders responsible for implementing the GMACP GBV Prevention and Response Plan.

The training seeks to ensure that all project actors understand their responsibilities for preventing GBV/SEA/SH, promoting respectful behavior, supporting survivor-centred responses, and complying with applicable legal and contractual obligations.

Training Objectives

Upon completion of the training, participants should be able to:

1. Define and distinguish between GBV, SEA, SH, and Violence Against Children (VAC).
2. Understand project-related GBV risks and vulnerabilities.
3. Explain the requirements of the GMACP GBV Response Plan.
4. Apply survivor-centred principles when responding to disclosures.
5. Understand reporting, referral, and grievance procedures.
6. Comply with the Code of Conduct.
7. Recognize prohibited behaviors and applicable sanctions.
8. Promote safe and respectful workplace and community interactions.
9. Understand roles and responsibilities in preventing and responding to GBV incidents.

Target Audience

The training shall be delivered to:

- **Project Management and Technical Staff**
  - Project Coordination Unit (PCU)
  - Department of Feeder Roads AIT and RMT staff
  - Environmental and Social Safeguards Specialists
  - Supervising Consultants
  - MMDA staff
- **Contractors and Workers**
  - Contractor management
  - Supervisors and foremen
  - Skilled workers
  - Casual labourers

    - Security personnel
    - Drivers and equipment operators
- **Community Stakeholders**
    - Community leaders
    - Traditional authorities
    - Assembly Members
    - Women's groups
    - Youth groups
    - Community volunteers
- **Service Providers**
    - DOVVSU officers
    - Social Welfare Officers
    - Health workers
    - GRM personnel
    - NGO representatives
    - Community-based organizations

Training Structure

Module	Topic	Duration
Module 1	Introduction to GBV/SEA/SH	1.5 Hours
Module 2	Project GBV Risks and Vulnerabilities	1 Hour
Module 3	Legal and Policy Framework	1 Hour
Module 4	Code of Conduct Requirements	1 Hour
Module 5	Survivor-Centred Response Principles	1.5 Hours
Module 6	Reporting and Referral Procedures	1.5 Hours
Module 7	GMACP Grievance Mechanism	1 Hour
Module 8	Roles and Responsibilities	1 Hour
Module 9	Case Studies and Practical Exercises	2 Hours
Module 10	Evaluation and Commitment Session	30 Minutes

Total Duration: One-Day Training (approximately 10 hours)

MODULE 1: INTRODUCTION TO GBV, SEA, AND SH

- **Learning Objectives**

Participants will:

- Understand GBV concepts.
- Identify different forms of GBV.
- Distinguish between SEA and SH.

- **Key Content**
  - **Gender-Based Violence (GBV)**

GBV refers to harmful acts directed at individuals based on gender and includes:

- Physical violence
- Sexual violence
- Emotional or psychological abuse
- Economic abuse
- Harmful traditional practices

- **Sexual Exploitation and Abuse (SEA)**

SEA occurs when a person abuses a position of power, trust, or vulnerability for sexual purposes.

Examples include:

- Requesting sexual favors in exchange for employment.
- Offering project benefits in return for sexual activity.
- Sexual relations with vulnerable beneficiaries through coercion.

- **Sexual Harassment (SH)**

SH refers to unwelcome sexual advances, requests for sexual favors, or other conduct of a sexual nature.

Examples include:

- Sexual comments or jokes.
- Unwanted touching.
- Repeated requests for dates.
- Display of sexually explicit materials.

- **Violence Against Children (VAC)**

Includes physical, emotional, sexual abuse, neglect, exploitation, and child marriage.

MODULE 2: PROJECT GBV RISKS AND VULNERABILITIES

- **Learning Objectives**

Participants will understand how infrastructure projects can create or exacerbate GBV risks.

- **Key Risk Factors**
  - Labour influx.
  - Worker-community interactions.
  - Power imbalances.
  - Employment-related exploitation.
  - Economic vulnerability.
  - Increased mobility.
  - Presence of temporary camps.
  - Security personnel misconduct.
- **GMACP Risk Scenarios**
  - Sexual favours demanded for employment.
  - Harassment of women traders.
  - Abuse involving vulnerable households.
  - Exploitation linked to compensation processes.
  - Harassment at work sites.

MODULE 3: LEGAL AND POLICY FRAMEWORK

- **International Framework**
  - World Bank Environmental and Social Framework (ESF)
  - ESS1
  - ESS2
  - ESS4
  - ESS10
  - World Bank SEA/SH Good Practice Note
- **National Framework**
  - Domestic Violence Act, 2007 (Act 732)
  - Children's Act, 1998 (Act 560)
  - Criminal Offences Act
  - Labour Act, 2003 (Act 651)
  - Human Trafficking Act

    - National Gender Policy
- **Project Framework**
    - GMACP ESMF(P)
    - Labour Management Procedures
    - Stakeholder Engagement Plan
    - GBV Response Plan
    - Codes of Conduct

MODULE 4: CODE OF CONDUCT REQUIREMENTS

- **Learning Objectives**

Participants understand behavioral expectations and sanctions.

- **Prohibited Conduct**
    - Sexual exploitation.
    - Sexual abuse.
    - Sexual harassment.
    - Child sexual abuse.
    - Transactional sex involving project benefits.
    - Physical assault.
    - Intimidation.
    - Discrimination.

- **Worker Obligations**

Workers shall:

    - Respect community members.
    - Respect women and girls.
    - Report suspected violations.
    - Participate in training.

- **Consequences**
    - Verbal warning.
    - Written warning.
    - Suspension.
    - Contract termination.
    - Referral to law enforcement.

MODULE 5: SURVIVOR-CENTRED RESPONSE PRINCIPLES

- **Core Principles**
  - **Respect and Dignity**

Survivors must be treated respectfully and without judgment.

- **Safety**

Protect survivors from further harm.

- **Confidentiality**

Information shall only be shared on a strict need-to-know basis.

- **Non-Discrimination**

Services shall be accessible regardless of age, ethnicity, disability, religion, or social status.

- **Informed Consent**

Survivors decide what information may be shared and which services they wish to access.

- **Survivor Choice**

Survivors determine whether they wish to pursue legal action.

MODULE 6: REPORTING AND REFERRAL PROCEDURES

- **Reporting Channels**

Incidents may be reported through:

- GRM focal points.
- Contractor GBV focal points.
- Supervising Consultant.
- DOVVSU.
- Social Welfare.
- Health facilities.
- NGOs.
- Confidential hotline.

- **Immediate Actions**

When a disclosure occurs:

1. Listen respectfully.
2. Do not investigate.
3. Do not ask unnecessary questions.
4. Maintain confidentiality.
5. Obtain consent.

6. Refer immediately.

- **Referral Process**
  1. Receive disclosure.
  2. Obtain consent.
  3. Refer to services.
  4. Document non-identifying information.
  5. Follow-up as appropriate.

MODULE 7: GMACP SEA/SH GRIEVANCE MECHANISM

- **Key Features**
  - Survivor-centred.
  - Confidential.
  - Safe.
  - Accessible.
  - Non-retaliatory.
- **GRM Responsibilities**
  - Receive complaints.
  - Facilitate referrals.
  - Protect confidentiality.
  - Maintain secure records.
- **What GRM Personnel Must Not Do**
  - Conduct investigations.
  - Pressure survivors.
  - Share information without consent.
  - Attempt mediation.

MODULE 8: ROLES AND RESPONSIBILITIES

- **AIT/RMT**
  - Overall coordination.
  - Monitoring.
  - Reporting.
  - Training delivery.
- **Contractors**

  - Worker compliance.
  - Training delivery.
  - Code of Conduct enforcement.
- **Supervising Consultants**
  - Compliance monitoring.
  - Verification.
- **Service Providers**
  - Survivor support.
  - Referral services.
- **Communities/MMDAs**
  - Awareness.
  - Reporting.
  - Prevention support.

MODULE 9: CASE STUDIES AND PRACTICAL EXERCISES

- **Exercise 1: Worker Misconduct**

Participants discuss:

- What happened?
- What risks are involved?
- What actions should be taken?

- **Exercise 2: Survivor Disclosure**

Role-play:

- Survivor.
- Focal Point.
- Service Provider.

- **Exercise 3: Referral Simulation**

Participants practice:

- Intake.
- Consent.
- Referral.
- Documentation.

MODULE 10: EVALUATION AND COMMITMENT SESSION

- **Knowledge Assessment**

Participants complete a short test covering:

- Definitions.
- Reporting procedures.
- Survivor-centred principles.
- Code of Conduct requirements.
- **Participant Commitment**

Participants sign a commitment statement acknowledging that they:

- Understand project GBV requirements.
- Will comply with the Code of Conduct.
- Will report concerns appropriately.
- Will respect confidentiality and survivor rights.

Training Methods

The training shall use:

- Presentations.
- Group discussions.
- Role plays.
- Case studies.
- Videos.
- Practical exercises.
- Question-and-answer sessions.

Training Materials

Training materials shall include:

- Facilitator's Guide.
- Participant Manual.
- PowerPoint Presentation.
- Code of Conduct.
- Referral Pathway Flowchart.
- Service Provider Directory.
- GBV Reporting Procedures.

- IEC Materials.

Monitoring and Evaluation

The effectiveness of the training shall be measured through:

- Pre-training assessments.
- Post-training assessments.
- Participant feedback forms.
- Observation of workplace behavior.
- Monitoring of Code of Conduct compliance.
- Review of incident reporting trends.
- Periodic refresher training assessments.

Training records shall be maintained by the AIT and contractors and reported through the project's environmental and social monitoring system.

Annex 8: Contractor/Implementer GBV/SEA/SH Requirements Checklist

Requirement	Yes/No	Evidence	Comments
Signed CoC for all workers			
Toolbox talks organised			
Female focal persons identified			
Worker training completed			
GRM posters installed			

Annex 9: Recommended Medical (Health) Referral Pathways for GMACP Beneficiary Districts

Below is a consolidated **Recommended Health Referral Pathway Matrix** for the **GMACP beneficiary districts**. The pathway reflects Ghana Health Service referral arrangements and the **survivor-centred approach** recommended under the **National GBV Referral Protocol** and the **World Bank Good Practice Note on SEA/SH**.

Region	District	Primary Medical Referral Facility	Higher-Level Referral Facility
Savannah	North Gonja	Daboya Polyclinic	Damongo Hospital; Tamale Teaching Hospital
	Sawla-Tuna-Kalba	Sawla-Tuna-Kalba District Hospital	Tamale Teaching Hospital
	Bole	Bole District Hospital	Tamale Teaching Hospital
Upper West	Wa East	Funsi District Hospital	Upper West Regional Hospital, Wa
	Sissala West	Sissala West Municipal Hospital (Gwollu); St. Joseph's Hospital, Jirapa	Upper West Regional Hospital, Wa
	Sissala East	Tumu Municipal Hospital	Upper West Regional Hospital, Wa
Northern	Tolon	Tolon District Hospital	Tamale Teaching Hospital
	Kumbungu	Kumbungu Health Centre	Tamale Teaching Hospital
	Sagnarigu	Tamale West Hospital; Tamale Central Hospital	Tamale Teaching Hospital
	Nanton	Savelugu Hospital	Tamale Teaching Hospital
Volta	Hohoe	Volta Regional Hospital, Hohoe	Ho Teaching Hospital
	Kpando	Margaret Marquart Catholic Hospital	Ho Teaching Hospital
	Ho	Ho Teaching Hospital	Ho Teaching Hospital
	South Dayi	Peki Government Hospital	Ho Teaching Hospital

Region	District	Primary Medical Referral Facility	Higher-Level Referral Facility
	Agortime–Ziope	Kpetoe Health Centre	Ho Teaching Hospital
	Akatsi North	Akatsi Municipal Hospital	Ho Teaching Hospital
	Ketu North	St. Anthony's Hospital, Dzodze	Ho Teaching Hospital
	Ketu South	Keta Municipal Hospital	Ho Teaching Hospital
	Keta	Keta Municipal Hospital	Ho Teaching Hospital
	Central Tongu	Adidome Government Hospital	Ho Teaching Hospital
	Anloga	Anloga District Hospital	Ho Teaching Hospital
	South Tongu	Comboni Hospital, Sogakope	Ho Teaching Hospital
	Akatsi South	Akatsi Municipal Hospital	Ho Teaching Hospital
Oti	Nkwanta North	Pentecost Hospital, Kpasa	Ho Teaching Hospital
	Nkwanta South	St. Joseph Hospital, Nkwanta	Ho Teaching Hospital
	Kadjebi	Kadjebi District Hospital	Ho Teaching Hospital
	Krachi Nchumuru	Chinderi District Hospital; St. Luke Catholic Hospital	Ho Teaching Hospital
	Krachi West	Kete-Krachi Municipal Hospital	Ho Teaching Hospital
	Jasikan	Jasikan Municipal Hospital	Ho Teaching Hospital
Eastern	Asuogyaman	VRA Hospital; Akuse Government Hospital	Eastern Regional Hospital, Koforidua
	Kwahu Afram Plains South	Tease District Hospital	Eastern Regional Hospital
	Kwahu Afram Plains North	Donkorkrom Presbyterian Hospital	Eastern Regional Hospital

Region	District	Primary Medical Referral Facility	Higher-Level Referral Facility
Bono East	Sene East	Kwame Danso Government Hospital	Sunyani Teaching Hospital
	Nkoranza South	St. Theresa's Hospital	Sunyani Teaching Hospital
	Kintampo South	Kintampo South District Hospital (Jema)	Sunyani Teaching Hospital
Ashanti	Ejura Sekyedumase	Ejura Government Hospital; St. Luke Catholic Hospital	Komfo Anokye Teaching Hospital
Bono	Wenchi	Wenchi Methodist Hospital	Sunyani Teaching Hospital
Central	Ajumako Enyan Essiam	Ajumako District Hospital	Cape Coast Teaching Hospital
	Assin South	Assin Fosu Government Hospital	Cape Coast Teaching Hospital
	Komenda Edina Eguafo Abirem	Elmina Urban Health Centre; Komenda Health Centre	Cape Coast Teaching Hospital
	Twifo Atti Morkwa	Twifo Praso Government Hospital	Cape Coast Teaching Hospital
Ahafo	Asunafo North	Goaso Municipal Hospital	Sunyani Teaching Hospital
	Asunafo South	Sankore District Hospital	Sunyani Teaching Hospital
	Asutifi North	Kenyasi District Hospital	Sunyani Teaching Hospital
	Asutifi South	Hwidiem Government Hospital	Sunyani Teaching Hospital
Western North	Bia West	Essam Government Hospital	Sefwi Wiawso Municipal Hospital; Komfo Anokye Teaching Hospital
	Bodi	Bodi District Hospital	Sefwi Wiawso Municipal Hospital
	Sefwi Wiawso	Sefwi Wiawso Municipal Hospital	Komfo Anokye Teaching Hospital
Western	Shama	Shama District Hospital; VRA Hospital (Aboadze)	Effia-Nkwanta Regional Hospital

Region	District	Primary Medical Referral Facility	Higher-Level Referral Facility
	Wassa Amenfi West	Wassa Dunkwa Government Hospital; Asankragua Catholic Hospital	Effia-Nkwanta Regional Hospital
	Wassa East	Daboase Government Hospital	Effia-Nkwanta Regional Hospital

1. **Standard Medical Referral Pathway**

Across all GMACP districts, survivors requiring medical care should follow a **tiered referral pathway**:

2. **Tier 1: Community-Level Care**

Survivors may first present at:

- CHPS Compounds;
- Health Centres;
- Polyclinics;
- Community Health Officers (CHOs);
- Community Health Nurses.

Services include:

- Immediate first aid and stabilization;
- Psychological First Aid (PFA);
- Confidential assessment and informed consent;
- Urgent referral to the designated district referral facility.

↓

3. **Tier 2: District/Municipal Referral Hospital**

The designated district or municipal referral hospital should provide:

- Emergency medical treatment;
- Clinical Management of Rape (CMR);
- HIV Post-Exposure Prophylaxis (PEP);

- Emergency Contraception (EC);
- STI prophylaxis and treatment;
- Pregnancy assessment;
- Treatment of physical injuries;
- Basic forensic evidence collection and documentation (where available);
- Referral for psychosocial, legal and protection services.

⬇

4. **Tier 3: Regional Referral Hospital**

Regional referral hospitals should provide:

- Comprehensive emergency obstetric and surgical care;
- Specialist gynaecology;
- Mental health and psychiatric services;
- Advanced trauma care;
- Forensic and medico-legal examinations (where available);
- Multidisciplinary GBV case management.

⬇

5. **Tier 4: Teaching Hospital (Specialist Referral)**

Where required, survivors should be referred to the designated teaching hospital for:

- Complex trauma surgery;
- Specialist obstetric and gynaecological care;
- Advanced forensic examination;
- Psychiatric and clinical psychology services;
- Intensive care and multidisciplinary management.

Tertiary Referral Hospitals (National Backbone)

- Tamale Teaching Hospital
- Ho Teaching Hospital

- Cape Coast Teaching Hospital
- Komfo Anokye Teaching Hospital (KATH)
- Sunyani Teaching Hospital
- Effia-Nkwanta Regional Hospital, Sekondi-Takoradi (key regional hub)

6. GMACP Implementation Considerations

This medical referral pathway should be integrated with the project's **SEA/SH-sensitive Grievance Redress Mechanism (GRM)** and implemented alongside the psychosocial, police, legal, and social protection referral pathways. Referrals should always be **survivor-centred, confidential, voluntary, and based on informed consent**, except where mandatory reporting obligations apply under Ghanaian law.

Before implementation, the referral directory should be validated with the **Ghana Health Service**, **Regional and District Health Directorates**, **Christian Health Association of Ghana (CHAG) facilities**, and other designated providers to confirm the availability of **Clinical Management of Rape (CMR)**, **HIV Post-Exposure Prophylaxis (PEP)**, **emergency contraception**, **STI treatment**, **forensic documentation**, **ambulance services**, and **24-hour emergency care**. The directory should be reviewed and updated periodically to reflect changes in facility capacity, staffing, and referral arrangements.

Annex 10: Recommended Psychosocial Referral Pathways for GMACP Beneficiary Districts

The psychosocial referral pathway mirrors the medical referral pathway by identifying the **primary district-level psychosocial service provider** and the **higher-level referral facility** where specialized mental health services are available. In Ghana, psychosocial case management is generally coordinated by the **Department of Social Welfare** (now under the Local Government Service/MMDAs), with clinical psychosocial and mental health services provided through **district hospitals**, **regional hospitals**, and **teaching hospitals**.

Region	District	Primary Psychosocial Referral Point	Higher-Level Referral
Savannah	North Gonja	Department of Social Welfare, North Gonja District Assembly; Daboya Polyclinic	Damongo Hospital; Tamale Teaching Hospital
	Sawla-Tuna-Kalba	Department of Social Welfare; Sawla-Tuna-Kalba District Hospital	Tamale Teaching Hospital
	Bole	Department of Social Welfare; Bole District Hospital	Tamale Teaching Hospital
Upper West	Wa East	Department of Social Welfare; Funsi District Hospital	Upper West Regional Hospital, Wa
	Sissala West	Department of Social Welfare; Sissala West Municipal Hospital	Upper West Regional Hospital, Wa
	Sissala East	Department of Social Welfare; Tumu Municipal Hospital	Upper West Regional Hospital, Wa
Northern	Tolon	Department of Social Welfare; Tolon District Hospital	Tamale Teaching Hospital
	Kumbungu	Department of Social Welfare; Kumbungu Health Centre	Tamale Teaching Hospital
	Sagnarigu	Department of Social Welfare; Tamale West Hospital/Tamale Central Hospital	Tamale Teaching Hospital

Region	District	Primary Psychosocial Referral Point	Higher-Level Referral
	Nanton	Department of Social Welfare; Savelugu Hospital	Tamale Teaching Hospital
Volta	Hohoe	Department of Social Welfare; Volta Regional Hospital, Hohoe	Ho Teaching Hospital
	Kpando	Department of Social Welfare; Margaret Marquart Catholic Hospital	Ho Teaching Hospital
	Ho	Department of Social Welfare; Ho Teaching Hospital	Ho Teaching Hospital
	South Dayi	Department of Social Welfare; Peki Government Hospital	Ho Teaching Hospital
	Agortime–Ziope	Department of Social Welfare; Kpetoe Health Centre	Ho Teaching Hospital
	Akatsi North	Department of Social Welfare; Akatsi Municipal Hospital	Ho Teaching Hospital
	Ketu North	Department of Social Welfare; St. Anthony's Hospital, Dzodze	Ho Teaching Hospital
	Ketu South	Department of Social Welfare; Keta Municipal Hospital	Ho Teaching Hospital
	Keta	Department of Social Welfare; Keta Municipal Hospital	Ho Teaching Hospital
	Central Tongu	Department of Social Welfare; Adidome Government Hospital	Ho Teaching Hospital
	Anloga	Department of Social Welfare; Anloga District Hospital	Ho Teaching Hospital

Region	District	Primary Psychosocial Referral Point	Higher-Level Referral
	South Tongu	Department of Social Welfare; Comboni Hospital, Sogakope	Ho Teaching Hospital
	Akatsi South	Department of Social Welfare; Akatsi Municipal Hospital	Ho Teaching Hospital
Oti	Nkwanta North	Department of Social Welfare; Pentecost Hospital, Kpasa	Ho Teaching Hospital
	Nkwanta South	Department of Social Welfare; St. Joseph Hospital, Nkwanta	Ho Teaching Hospital
	Kadjebi	Department of Social Welfare; Kadjebi District Hospital	Ho Teaching Hospital
	Krachi Nchumuru	Department of Social Welfare; Chinderi District Hospital/St. Luke Catholic Hospital	Ho Teaching Hospital
	Krachi West	Department of Social Welfare; Kete-Krachi Municipal Hospital	Ho Teaching Hospital
	Jasikan	Department of Social Welfare; Jasikan Municipal Hospital	Ho Teaching Hospital
Eastern	Asuogyaman	Department of Social Welfare; VRA Hospital/Akuse Government Hospital	Eastern Regional Hospital, Koforidua
	Kwahu Afram Plains South	Department of Social Welfare; Tease District Hospital	Eastern Regional Hospital
	Kwahu Afram Plains North	Department of Social Welfare; Donkorkrom Presbyterian Hospital	Eastern Regional Hospital

Region	District	Primary Psychosocial Referral Point	Higher-Level Referral
Bono East	Sene East	Department of Social Welfare; Kwame Danso Government Hospital	Sunyani Teaching Hospital
	Nkoranza South	Department of Social Welfare; St. Theresa's Hospital	Sunyani Teaching Hospital
	Kintampo South	Department of Social Welfare; Jema District Hospital	Sunyani Teaching Hospital
Ashanti	Ejura Sekyedumase	Department of Social Welfare; Ejura Government Hospital	Komfo Anokye Teaching Hospital
Bono	Wenchi	Department of Social Welfare; Wenchi Methodist Hospital	Sunyani Teaching Hospital
Central	Ajumako Enyan Essiam	Department of Social Welfare; Ajumako District Hospital	Cape Coast Teaching Hospital
	Assin South	Department of Social Welfare; Assin Fosu Government Hospital	Cape Coast Teaching Hospital
	Komenda Edina Eguafo Abirem	Department of Social Welfare; Elmina Urban Health Centre	Cape Coast Teaching Hospital
	Twifo Atti Morkwa	Department of Social Welfare; Twifo Praso Government Hospital	Cape Coast Teaching Hospital
Ahafo	Asunafo North	Department of Social Welfare; Goaso Municipal Hospital	Sunyani Teaching Hospital
	Asunafo South	Department of Social Welfare; Sankore District Hospital	Sunyani Teaching Hospital
	Asutifi North	Department of Social Welfare; Kenyasi District Hospital	Sunyani Teaching Hospital

Region	District	Primary Psychosocial Referral Point	Higher-Level Referral
	Asutifi South	Department of Social Welfare; Hwidiem Government Hospital	Sunyani Teaching Hospital
Western North	Bia West	Department of Social Welfare; Essam Government Hospital	Sefwi Wiawso Municipal Hospital; Komfo Anokye Teaching Hospital
	Bodi	Department of Social Welfare; Bodi District Hospital	Sefwi Wiawso Municipal Hospital
	Sefwi Wiawso	Department of Social Welfare; Sefwi Wiawso Municipal Hospital	Komfo Anokye Teaching Hospital
Western	Shama	Department of Social Welfare; Shama District Hospital	Effia-Nkwanta Regional Hospital
	Wassa Amenfi West	Department of Social Welfare; Wassa Dunkwa Government Hospital/Asankragua Catholic Hospital	Effia-Nkwanta Regional Hospital
	Wassa East	Department of Social Welfare; Daboase Government Hospital	Effia-Nkwanta Regional Hospital

1. **Standard Psychosocial Referral Pathway**

Across all GMACP districts, survivors should follow a **stepped referral pathway**:

Community Level

- CHPS compounds
- Community Health Officers
- Community Social Welfare Officers
- Community-Based Organizations (CBOs)
- Faith-Based Organizations (FBOs)

- Project SEA/SH Focal Persons

⬇

District Level

- Department of Social Welfare
- District Hospital or designated referral hospital
- Psychological First Aid (PFA)
- Crisis counselling
- Safety planning
- Survivor case management
- Child protection services

⬇

Regional Level

- Regional Hospital or designated regional referral hospital
- Mental health coordinators
- Psychiatric nurses
- Clinical psychologists (where available)
- Specialist counselling
- Multidisciplinary case management

⬇

Tertiary Level (where required)

- Teaching Hospital (e.g., Tamale, Ho, Cape Coast, Sunyani, Komfo Anokye, or Korle Bu, depending on referral patterns)
- Consultant psychiatrists
- Clinical psychologists
- Specialist trauma and psychiatric care
- Long-term mental health management

Core Government Service Pillars

- Department of Social Welfare (DSWO – district level)
- Regional Social Welfare Directorates
- Ghana Health Service Mental Health Units
- CHPS Psychosocial First Aid Providers
- DOVVSU (Police Family & Victim Support Units)
- CHRAJ regional/district offices

Key Non-Medical Support Layers (Cross-Cutting)

- Community-based GBV support NGOs (district-specific)
- Faith-based counselling services (CHAG facilities)
- Safe shelter/refuge services (where available regionally)
- Legal Aid Commission (for protection orders and justice linkage)

2. Implementation Considerations

For the GMACP, all psychosocial referrals should be:

- Survivor-centred and based on informed consent;
- Confidential and non-discriminatory;
- Closely coordinated with the Department of Social Welfare, the Ghana Health Service, the Domestic Violence and Victim Support Unit (DOVVSU), and the Legal Aid Commission;
- Integrated into the project's SEA/SH-sensitive Grievance Redress Mechanism (GRM).

Before implementation, the referral directory should be validated with the respective Regional Health Directorates, Regional Mental Health Coordinators, and District Social Welfare Offices to confirm the availability of psychiatric nurses, clinical psychologists, counsellors, and other psychosocial support services. The directory should be updated periodically to reflect changes in staffing, service availability, and referral arrangements. This validation is particularly important in rural districts where specialist mental health services are limited and referrals often depend on regional hospitals and teaching hospitals.

Annex 11: Recommended Shelter and Residential Support Referral Pathways for GMACP Beneficiary Districts

Unlike hospitals, Ghana does not maintain a comprehensive public network of district shelters, and many shelters intentionally keep their locations confidential to protect survivors. For this reason, the Department of Social Welfare would serve as the primary referral gateway for all emergency accommodation and residential support, with placements coordinated through the relevant Regional Social Welfare Office and approved government or partner organizations.

The following matrix reflects current national practice.

Region	District	Primary Shelter/Residential Support Referral Point	Higher-Level Referral
Savannah	North Gonja	Department of Social Welfare, North Gonja District Assembly	Savannah Regional Social Welfare Office; approved safe shelter arranged through MoGCSP/partner organizations
	Sawla-Tuna-Kalba	Department of Social Welfare	Regional Social Welfare Office
	Bole	Department of Social Welfare	Regional Social Welfare Office
Upper West	Wa East	Department of Social Welfare	Upper West Regional Social Welfare Office; approved shelter in Wa
	Sissala West	Department of Social Welfare	Upper West Regional Social Welfare Office
	Sissala East	Department of Social Welfare	Upper West Regional Social Welfare Office
Northern	Tolon	Department of Social Welfare	Northern Regional Social Welfare Office; approved shelter in Tamale
	Kumbungu	Department of Social Welfare	Northern Regional Social Welfare Office
	Sagnarigu	Department of Social Welfare	Northern Regional Social Welfare Office
	Nanton	Department of Social Welfare	Northern Regional Social Welfare Office

Region	District	Primary Shelter/Residential Support Referral Point	Higher-Level Referral
Volta	Hohoe	Department of Social Welfare	Volta Regional Social Welfare Office; approved shelter in Ho
	Kpando	Department of Social Welfare	Volta Regional Social Welfare Office
	Ho	Department of Social Welfare	Regional protection services and approved shelter providers
	South Dayi	Department of Social Welfare	Volta Regional Social Welfare Office
	Agortime–Ziope	Department of Social Welfare	Volta Regional Social Welfare Office
	Akatsi North	Department of Social Welfare	Volta Regional Social Welfare Office
	Ketu North	Department of Social Welfare	Volta Regional Social Welfare Office
	Ketu South	Department of Social Welfare	Volta Regional Social Welfare Office
	Keta	Department of Social Welfare	Volta Regional Social Welfare Office
	Central Tongu	Department of Social Welfare	Volta Regional Social Welfare Office
	Anloga	Department of Social Welfare	Volta Regional Social Welfare Office
	South Tongu	Department of Social Welfare	Volta Regional Social Welfare Office
	Akatsi South	Department of Social Welfare	Volta Regional Social Welfare Office
Oti	All six beneficiary districts	Department of Social Welfare (District Assembly)	Oti Regional Social Welfare Office; approved shelters arranged through MoGCSP
Eastern	Asuogyaman	Department of Social Welfare	Eastern Regional Social Welfare Office; approved shelter in Koforidua
	Kwahu Afram Plains South	Department of Social Welfare	Eastern Regional Social Welfare Office

Region	District	Primary Shelter/Residential Support Referral Point	Higher-Level Referral
	Kwahu Afram Plains North	Department of Social Welfare	Eastern Regional Social Welfare Office
Bono East	Sene East	Department of Social Welfare	Bono East Regional Social Welfare Office
	Nkoranza South	Department of Social Welfare	Bono East Regional Social Welfare Office
	Kintampo South	Department of Social Welfare	Bono East Regional Social Welfare Office
Ashanti	Ejura Sekyedumase	Department of Social Welfare	Ashanti Regional Social Welfare Office; approved shelter in Kumasi
Bono	Wenchi	Department of Social Welfare	Bono Regional Social Welfare Office
Central	Ajumako Enyan Essiam	Department of Social Welfare	Central Regional Social Welfare Office; approved shelter in Cape Coast
	Assin South	Department of Social Welfare	Central Regional Social Welfare Office
	Komenda Edina Eguafo Abirem	Department of Social Welfare	Central Regional Social Welfare Office
	Twifo Atti Morkwa	Department of Social Welfare	Central Regional Social Welfare Office
Ahafo	Asunafo North	Department of Social Welfare	Ahafo Regional Social Welfare Office
	Asunafo South	Department of Social Welfare	Ahafo Regional Social Welfare Office
	Asutifi North	Department of Social Welfare	Ahafo Regional Social Welfare Office
	Asutifi South	Department of Social Welfare	Ahafo Regional Social Welfare Office
Western North	Bia West	Department of Social Welfare	Western North Regional Social Welfare Office
	Bodi	Department of Social Welfare	Western North Regional Social Welfare Office

Region	District	Primary Shelter/Residential Support Referral Point	Higher-Level Referral
	Sefwi Wiawso	Department of Social Welfare	Western North Regional Social Welfare Office
Western	Shama	Department of Social Welfare	Western Regional Social Welfare Office; approved shelter in Sekondi-Takoradi
	Wassa Amenfi West	Department of Social Welfare	Western Regional Social Welfare Office
	Wassa East	Department of Social Welfare	Western Regional Social Welfare Office

Standard Shelter and Residential Support Referral Pathway

1. **Tier 1 – Immediate Protection**

- Community leaders (only where requested by the survivor)
- Community-Based Organisations (CBOs)
- Faith-Based Organisations (FBOs)
- Project SEA/SH Focal Person
- Community Social Welfare Assistant

↓

2. **Tier 2 – District Protection Response**

- Department of Social Welfare
- Domestic Violence and Victim Support Unit (DOVVSU)
- Child Protection Committee (where children are involved)

Services include:

- Risk and safety assessment
- Emergency safety planning
- Family tracing (where appropriate)
- Temporary accommodation assessment

- Transportation to a safe location
- Case management

⬇

3. Tier 3 – Regional Protection Services

- Regional Department of Social Welfare
- Ministry of Gender, Children and Social Protection (MoGCSP)
- Approved NGO or faith-based shelter providers

Services include:

- Placement in confidential emergency shelters
- Longer-term residential support
- Reintegration planning
- Livelihood assistance
- Child protection services
- Case conferencing and multidisciplinary support

⬇

4. Tier 4 – Long-Term Reintegration

- Department of Social Welfare
- Livelihood and economic empowerment programmes
- Housing and family reintegration (where safe)
- Legal Aid Commission
- Community-based follow-up

5. Important Implementation Note

For the GMACP, the shelter directory should **not list shelter addresses in publicly distributed documents**. Instead, it should contain **restricted-use contact information** (telephone numbers and designated focal persons) for the Regional Departments of Social Welfare, MoGCSP, DOVVSU, and vetted shelter providers. This approach aligns with the **Ghana**

National GBV Referral Protocol and international good practice by protecting survivor confidentiality while ensuring timely access to safe accommodation.

NATIONAL EMERGENCY SHELTER REFERRAL HIERARCHY

Level	Facility Type	Lead Institution
Level 1	Emergency Safe Accommodation (1–7 days)	District Social Welfare Office
Level 2	Temporary Shelter (up to 3 months)	Regional Social Welfare Directorate / NGO Shelter
Level 3	Long-Term Protective Residential Care	Department of Social Welfare / NGO Partner
Level 4	Child Protection Residential Care	Department of Social Welfare / Approved Children's Homes

NATIONAL SPECIALIZED SHELTER REFERRAL FACILITIES

The following facilities should be considered **national-level referral options** for high-risk GBV/SEA/SH survivors requiring emergency protection, long-term residential support, trafficking survivor support, or child protection placement:

Facility/Institution	Type of Support
Department of Social Welfare Emergency Placement Network	Emergency shelter placement nationwide
DOVVSU Protection Placement Network	Emergency survivor protection and relocation
Approved Government Children's Homes	Child survivor residential protection
Approved NGO Residential Care Facilities	Temporary and long-term accommodation
Faith-Based Residential Protection Facilities	Temporary safe accommodation and psychosocial support
Human Trafficking Secretariat Shelter Network	Shelter support for trafficking survivors

Annex 12: Recommended Police (DOVVSU) Support Referral Pathways for GMACP Beneficiary Districts

For the GMACP, the **police referral pathway** would be anchored on the **Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service (GPS)**. DOVVSU is the specialized police unit mandated to receive and investigate cases of domestic violence, sexual offences, child protection, and other GBV-related crimes under the Domestic Violence Act, 2007 (Act 732) and related legislation. Where a district does not have a dedicated DOVVSU office, survivors would be referred to the nearest District or Divisional Police Command for immediate protection, with onward referral to the nearest DOVVSU office.

Region	District	Primary Police Referral Point	Higher-Level Police Referral
Savannah	North Gonja	North Gonja District Police Command (Daboya)	DOVVSU, Savannah Regional Police Command (Damongo)
	Sawla-Tuna-Kalba	Sawla District Police Command	DOVVSU, Savannah Regional Police Command
	Bole	Bole Municipal Police Command	DOVVSU, Savannah Regional Police Command
Upper West	Wa East	Wa East District Police Command (Funsi)	DOVVSU, Upper West Regional Police Command (Wa)
	Sissala West	Sissala West District Police Command (Gwollu)	DOVVSU, Upper West Regional Police Command
	Sissala East	Sissala East Municipal Police Command (Tumu)	DOVVSU, Upper West Regional Police Command
Northern	Tolon	Tolon District Police Command	DOVVSU, Northern Regional Police Command (Tamale)
	Kumbungu	Kumbungu District Police Command	DOVVSU, Northern Regional Police Command
	Sagnarigu	Sagnarigu Municipal Police Command	DOVVSU, Northern Regional Police Command

Region	District	Primary Police Referral Point	Higher-Level Police Referral
	Nanton	Nanton District Police Command	DOVVSU, Northern Regional Police Command
Volta	Hohoe	Hohoe Municipal Police Command	DOVVSU, Ho Regional Police Command
	Kpando	Kpando Municipal Police Command	DOVVSU, Ho Regional Police Command
	Ho	DOVVSU, Ho Regional Police Command	Volta Regional Police Headquarters
	South Dayi	South Dayi District Police Command (Kpeve)	DOVVSU, Ho Regional Police Command
	Agortime–Ziope	Agortime–Ziope District Police Command	DOVVSU, Ho Regional Police Command
	Akatsi North	Akatsi Municipal Police Command	DOVVSU, Ho Regional Police Command
	Ketu North	Ketu North Municipal Police Command (Dzodze)	DOVVSU, Ho Regional Police Command
	Ketu South	Ketu South Municipal Police Command (Denu)	DOVVSU, Ho Regional Police Command
	Keta	Keta Municipal Police Command	DOVVSU, Ho Regional Police Command
	Central Tongu	Central Tongu District Police Command (Adidome)	DOVVSU, Ho Regional Police Command
	Anloga	Anloga District Police Command	DOVVSU, Ho Regional Police Command
	South Tongu	South Tongu District Police Command (Sogakope)	DOVVSU, Ho Regional Police Command
	Akatsi South	Akatsi Municipal Police Command	DOVVSU, Ho Regional Police Command
Oti	Nkwanta North	Nkwanta North District Police Command (Kpasa)	DOVVSU, Oti Regional Police Command (Dambai)
	Nkwanta South	Nkwanta South Municipal Police Command	DOVVSU, Oti Regional Police Command
	Kadjebi	Kadjebi District Police Command	DOVVSU, Oti Regional Police Command

Region	District	Primary Police Referral Point	Higher-Level Police Referral
	Krachi Nchumuru	Krachi Nchumuru District Police Command (Chinderi)	DOVVSU, Oti Regional Police Command
	Krachi West	Krachi West Municipal Police Command (Kete-Krachi)	DOVVSU, Oti Regional Police Command
	Jasikan	Jasikan Municipal Police Command	DOVVSU, Oti Regional Police Command
Eastern	Asuogyaman	Asuogyaman District Police Command (Atimpoku)	DOVVSU, Eastern Regional Police Command (Koforidua)
	Kwahu Afram Plains South	Kwahu Afram Plains South District Police Command (Tease)	DOVVSU, Eastern Regional Police Command
	Kwahu Afram Plains North	Kwahu Afram Plains North District Police Command (Donkorkrom)	DOVVSU, Eastern Regional Police Command
Bono East	Sene East	Sene East District Police Command (Kajaji)	DOVVSU, Bono East Regional Police Command (Techiman)
	Nkoranza South	Nkoranza Municipal Police Command	DOVVSU, Bono East Regional Police Command
	Kintampo South	Kintampo South District Police Command (Jema)	DOVVSU, Bono East Regional Police Command
Ashanti	Ejura Sekyedumase	Ejura Divisional Police Command	DOVVSU, Ashanti Regional Police Command (Kumasi)
Bono	Wenchi	Wenchi Municipal Police Command	DOVVSU, Bono Regional Police Command (Sunyani)
Central	Ajumako Enyan Essiam	Ajumako District Police Command	DOVVSU, Central Regional Police Command (Cape Coast)

Region	District	Primary Police Referral Point	Higher-Level Police Referral
	Assin South	Assin South District Police Command	DOVVSU, Central Regional Police Command
	Komenda Edina Eguafo Abirem	Elmina Divisional Police Command	DOVVSU, Central Regional Police Command
	Twifo Atti Morkwa	Twifo Atti Morkwa District Police Command	DOVVSU, Central Regional Police Command
Ahafo	Asunafo North	Goaso Divisional Police Command	DOVVSU, Ahafo Regional Police Command (Goaso)
	Asunafo South	Asunafo South District Police Command (Kukuom/Sankore)	DOVVSU, Ahafo Regional Police Command
	Asutifi North	Asutifi North District Police Command (Kenyasi)	DOVVSU, Ahafo Regional Police Command
	Asutifi South	Asutifi South District Police Command (Hwidiem)	DOVVSU, Ahafo Regional Police Command
Western North	Bia West	Bia West District Police Command (Essam)	DOVVSU, Western North Regional Police Command (Sefwi Wiawso)
	Bodi	Bodi District Police Command	DOVVSU, Western North Regional Police Command
	Sefwi Wiawso	Sefwi Wiawso Municipal Police Command	DOVVSU, Western North Regional Police Command
Western	Shama	Shama District Police Command	DOVVSU, Western Regional Police Command (Sekondi)
	Wassa Amenfi West	Wassa Amenfi West Municipal Police Command (Asankragua)	DOVVSU, Western Regional Police Command

Region	District	Primary Police Referral Point	Higher-Level Police Referral
	Wassa East	Wassa East District Police Command (Daboase)	DOVVSU, Western Regional Police Command

1. **Standard Police Referral Pathway**

2. **Tier 1: Community Reporting**

Survivors may report incidents through:

- Project SEA/SH Focal Persons;
- Community leaders (only with the survivor's consent);
- Community volunteers;
- Community-Based Organisations (CBOs);
- Community Social Welfare Officers.

⬇

3. **Tier 2: District Police Response**

The nearest District, Municipal or Divisional Police Command should:

- Ensure the survivor's immediate safety;
- Receive and record the complaint confidentially;
- Preserve evidence where appropriate;
- Facilitate urgent referral for medical care (preferably within 72 hours for sexual assault);
- Refer survivors to the Department of Social Welfare and other support services;
- Refer GBV-related offences to DOVVSU where a dedicated unit is not available locally.

⬇

4. **Tier 3: DOVVSU**

The nearest DOVVSU office should:

- Conduct survivor-centred interviews;
- Investigate domestic violence, sexual offences, child abuse and related crimes;
- Coordinate with health facilities, Social Welfare, prosecutors and the courts;

- Support applications for protection orders where appropriate;
- Facilitate referrals for medical, psychosocial, shelter and legal services.

⬇

5. **Tier 4: Prosecution and Justice**

Where appropriate and with the survivor's informed consent (except where mandatory reporting applies), cases should be referred to:

- Office of the Attorney-General and Public Prosecutions;
- Circuit or High Courts;
- Legal Aid Commission;
- Child and Family Tribunals, where applicable.

6. **GMACP Implementation Considerations**

Police referrals should be integrated into the project's SEA/SH-sensitive GRM. Project personnel should **not** investigate allegations of GBV or SEA/SH themselves. Their role is to receive disclosures safely, respect confidentiality, obtain informed consent, and facilitate referral to the appropriate services. Before implementation, the referral directory would be validated with the **Regional and District Police Commands** to confirm DOVVSU focal persons, after-hours contacts, and operational arrangements, and it should be updated periodically to reflect changes in personnel and service availability.

Annex 13: Recommended Legal and Justice Referral Pathways for GMACP Beneficiary Districts

For the GMACP, the **legal and justice referral pathway** would be based on Ghana's formal justice system and existing GBV response framework. Legal services are generally organized around the **Legal Aid Commission (LAC)**, the **Ghana Police Service (DOVVSU)**, the **Office of the Attorney-General**, and the **Judiciary**. Legal Aid Commission offices are primarily located at the regional level, with some district presence, making **regional referral** the most appropriate approach for many beneficiary districts.

Region	District	Primary Legal and Justice Referral Point	Higher-Level Referral
Savannah	North Gonja	District Court (Daboya); Department of Social Welfare; DOVVSU	Legal Aid Commission (Savannah Regional Office); Office of the Attorney-General; High Court (Damongo)
	Sawla-Tuna-Kalba	District Court (Sawla)	Legal Aid Commission (Savannah Regional Office)
	Bole	Circuit/District Court (Bole)	Legal Aid Commission (Savannah Regional Office)
Upper West	Wa East	District Court (Funsi)	Legal Aid Commission (Upper West Regional Office, Wa); High Court (Wa)
	Sissala West	District Court (Gwollu)	Legal Aid Commission (Wa)
	Sissala East	Circuit Court (Tumu)	Legal Aid Commission (Wa)
Northern	Tolon	District Court	Legal Aid Commission (Northern Regional Office, Tamale); High Court (Tamale)
	Kumbungu	District Court	Legal Aid Commission (Tamale)
	Sagnarigu	Circuit Court (Tamale)	Legal Aid Commission (Tamale)
	Nanton	District Court	Legal Aid Commission (Tamale)
Volta	Hohoe	Circuit Court (Hohoe)	Legal Aid Commission (Volta Regional Office, Ho); High Court (Ho)
	Kpando	Circuit Court (Kpando)	Legal Aid Commission (Ho)
	Ho	Circuit Court and High Court (Ho)	Legal Aid Commission (Ho)

Region	District	Primary Legal and Justice Referral Point	Higher-Level Referral
	South Dayi	District Court (Kpeve)	Legal Aid Commission (Ho)
	Agortime–Ziope	District Court (Kpetoe)	Legal Aid Commission (Ho)
	Akatsi North	Circuit Court (Akatsi)	Legal Aid Commission (Ho)
	Ketu North	Circuit Court (Dzodze)	Legal Aid Commission (Ho)
	Ketu South	Circuit Court (Denu)	Legal Aid Commission (Ho)
	Keta	Circuit Court (Keta)	Legal Aid Commission (Ho)
	Central Tongu	District Court (Adidome)	Legal Aid Commission (Ho)
	Anloga	District Court	Legal Aid Commission (Ho)
	South Tongu	Circuit Court (Sogakope)	Legal Aid Commission (Ho)
	Akatsi South	Circuit Court (Akatsi)	Legal Aid Commission (Ho)
Oti	Nkwanta North	District Court (Kpasa)	Legal Aid Commission (Oti Regional Office, Dambai); High Court (Dambai)
	Nkwanta South	Circuit Court (Nkwanta)	Legal Aid Commission (Dambai)
	Kadjebi	District Court	Legal Aid Commission (Dambai)
	Krachi Nchumuru	District Court (Chinderi)	Legal Aid Commission (Dambai)
	Krachi West	Circuit Court (Kete-Krachi)	Legal Aid Commission (Dambai)
	Jasikan	Circuit Court (Jasikan)	Legal Aid Commission (Dambai)
Eastern	Asuogyaman	Circuit Court (Atimpoku)	Legal Aid Commission (Eastern Regional Office, Koforidua); High Court (Koforidua)
	Kwahu Afram Plains South	District Court (Tease)	Legal Aid Commission (Koforidua)

Region	District	Primary Legal and Justice Referral Point	Higher-Level Referral
	Kwahu Afram Plains North	District Court (Donkorkrom)	Legal Aid Commission (Koforidua)
Bono East	Sene East	District Court (Kajaji)	Legal Aid Commission (Bono East Regional Office, Techiman)
	Nkoranza South	Circuit Court (Nkoranza)	Legal Aid Commission (Techiman)
	Kintampo South	District Court (Jema)	Legal Aid Commission (Techiman)
Ashanti	Ejura Sekyedumase	Circuit Court (Ejura)	Legal Aid Commission (Ashanti Regional Office, Kumasi); High Court (Kumasi)
Bono	Wenchi	Circuit Court (Wenchi)	Legal Aid Commission (Bono Regional Office, Sunyani)
Central	Ajumako Enyan Essiam	District Court (Ajumako)	Legal Aid Commission (Central Regional Office, Cape Coast); High Court (Cape Coast)
	Assin South	Circuit Court (Assin Fosu)	Legal Aid Commission (Cape Coast)
	Komenda Edina Eguafo Abirem	Circuit Court (Elmina)	Legal Aid Commission (Cape Coast)
	Twifo Atti Morkwa	District Court (Twifo Praso)	Legal Aid Commission (Cape Coast)
Ahafo	Asunafo North	Circuit Court (Goaso)	Legal Aid Commission (Ahafo Regional Office, Goaso); High Court (Goaso)
	Asunafo South	District Court (Sankore)	Legal Aid Commission (Goaso)
	Asutifi North	District Court (Kenyasi)	Legal Aid Commission (Goaso)
	Asutifi South	District Court (Hwidiem)	Legal Aid Commission (Goaso)

Region	District	Primary Legal and Justice Referral Point	Higher-Level Referral
Western North	Bia West	District Court (Essam)	Legal Aid Commission (Western North Regional Office, Sefwi Wiawso); High Court (Sefwi Wiawso)
	Bodi	District Court	Legal Aid Commission (Sefwi Wiawso)
	Sefwi Wiawso	Circuit Court and High Court	Legal Aid Commission (Sefwi Wiawso)
Western	Shama	Circuit Court (Shama/Sekondi catchment)	Legal Aid Commission (Western Regional Office, Sekondi-Takoradi); High Court (Sekondi)
	Wassa Amenfi West	Circuit Court (Asankragua)	Legal Aid Commission (Sekondi-Takoradi)
	Wassa East	District Court (Daboase)	Legal Aid Commission (Sekondi-Takoradi)

Standard Legal and Justice Referral Pathway

1. **Tier 1 – Initial Reporting and Legal Information**

Survivors may first be referred through:

- Project SEA/SH Focal Person;
- Department of Social Welfare;
- Domestic Violence and Victim Support Unit (DOVVSU);
- Accredited civil society organizations providing legal information.

Services include:

- Information on legal rights and available remedies;
- Explanation of reporting options and survivor choice;
- Referral to legal aid and justice institutions.

⬇

2. **Tier 2 – District Justice Services**

At the district level, survivors may access:

- District or Circuit Courts;
- DOVVSU;
- Department of Social Welfare.

Services include:

- Recording of complaints;
- Applications for protection orders under the Domestic Violence Act;
- Witness support;
- Preparation of case files and referrals for prosecution.

⬇

3. **Tier 3 – Regional Legal Services**

The **Legal Aid Commission** would serve as the principal provider of legal assistance by:

- Offering free or subsidized legal advice to eligible survivors;
- Representing survivors in civil matters where mandated;
- Assisting with protection orders, custody, maintenance, and related family law matters;
- Referring criminal cases to the appropriate prosecutorial authorities.

Regional **High Courts** and **Circuit Courts** hear more serious criminal offences, including rape and other sexual offences, while the **Office of the Attorney-General and Ministry of Justice** leads criminal prosecutions.

⬇

4. **Tier 4 – Specialized Justice and Appeals**

Where necessary, cases may proceed to:

- High Court;
- Court of Appeal;
- Supreme Court;
- Specialized family or juvenile courts where applicable.

These institutions address:

- Serious criminal offences;
- Appeals;
- Complex family and child protection matters;

- Constitutional or other exceptional legal issues.

5. GMACP Implementation Considerations

The project would ensure that legal referrals are **survivor-centred, confidential, voluntary, and based on informed consent**, except where mandatory reporting obligations apply under Ghanaian law, particularly in cases involving children or other circumstances prescribed by law. Project personnel would not provide legal advice or investigate allegations. Instead, they should facilitate timely referrals to the appropriate institutions.

Before implementation, the referral directory would be validated with the **Legal Aid Commission**, **Judicial Service of Ghana**, **Office of the Attorney-General and Ministry of Justice**, **Ghana Police Service (DOVVSU)**, and the **Department of Social Welfare** to confirm focal persons, court jurisdictions, operating hours, and available survivor support services. The directory should be updated periodically to reflect institutional and personnel changes.

Annex 14: Service Provider Mapping (SPM) Validation and Capacity Assessment Data Collection Tool

A. General Information

Item	Details
Name of Institution/Organization	
Type of Institution (Gov/NGO/CSO/Private)	
District/Community	
GPS Coordinates	
Contact Person (Name/Position)	
Telephone	
Email	
Hours of Operation	

B. Categories of Services

Tick all that apply:

Service Type	Yes/No	Details (Describe Services Provided)
Health (CMR, PEP, EC, STI management)		
Psychosocial Support / Counselling		
Legal Aid / Security / DOVVSU		
Protection / Case Management		
Shelter / Safe House		
Child Protection Services		
Emergency Transport		
Community-based Watchdog/Support Group		
Other (specify)		

C. Capacity Assessment

Criteria	Rating (1–4)	Comments
Qualified/Trained Staff for GBV		
Private and Safe Reporting Space		
CMR Availability (within 72 hrs)		
Survivor-centred procedures		
Case Documentation Standards		
Referral Linkages		
Accessibility (distance, cost, transport)		
Confidentiality Measures		

Rating Scale:

1 = Not Capable | 2 = Limited | 3 = Partially Capable | 4 = Fully Capable

D. Key Informant Interview Summary

- How long has your facility/organization been providing GBV services?
- What are the main challenges you face?
- What is your relationship with other institutions (DOVVSU, GHS, Social Welfare)?
- What support do you need to operate more effectively?

E. Verification

Verified By	Date	Signature

Annex 15: GBV/SEA/SH Service Provider Capacity Scoring Matrix

Provider	Location	Health	Psychosocial	Legal/Security	Protection	Referral Strength	Overall Score	Capacity Category
								Fully/Partially/Limited

Annex 16: Sample District-Specific Service Provider Directory

Service Provider	Type of Service	Location	Capacity Level	Operating Hours	Contact Person	Referral Role	Comments
DOVVSU Central Unit	Legal & Police	District Capital	Fully Capable	24/7	[name]	Lead for legal/security	Provides survivor escort
District Hospital	Hea lth/CMR	District Capital	Partially Capable	24/7	[name]	First point of care	Lacks full CMR kit
NGO X	Psychosocial Support	Sub-district	Fully Capable	Weekdays	[name]	Counselling, follow-up	Strong community trust
Social Welfare	Protection/Shelter	District	Limited	Business hours	[name]	Child protection	Inadequate shelter capacity