Ghana Infrastructure Investment Fund

Standard Operating Procedure (SOP)

Sexual Exploitation, Abuse and Harassment

As approved by the Management on 20th August 2026

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GHANA INFRASTRUCTURE INVESTMENT FUND

STANDARD OPERATING PROCEDURE (SOP)

Sexual Exploitation, Abuse and Harassment

1. Introduction

This Standard Operating Procedure (SOP) translates the GIIF Policy on Prevention and Protection from Sexual Exploitation, Sexual Abuse and Sexual Harassment (SEAH) into a practical process for receiving, safeguarding, assessing, investigating, resolving and recording SEAH concerns. It applies to institutional matters and to GIIF-financed projects and sub-projects.

A report may enter through GIIF's published whistleblower or complaints channels, a manager, Human Resources, Risk and Sustainability, a project grievance mechanism, a contractor, or another authorised route. Regardless of entry point, the recipient must protect confidentiality, avoid detailed questioning and route the matter promptly to the designated SEAH Case Coordinator or alternate. The general whistleblower mechanism is an entry and protection mechanism; the restricted SEAH process governs case handling

1.1. High-Level SEAH Complaint, Investigation and Resolution Process

At every stage, GIIF shall apply the survivor-centered principles of safety, dignity, informed choice, confidentiality, non-discrimination and do no harm. Immediate assistance is not dependent on a formal complaint or participation in an investigation.

1.2. What to do when a complaint is received

Listen without judgement and do not seek a detailed account.
Check whether anyone faces immediate danger or urgent medical need.
Explain that information will be shared only with persons who need it to act, subject to legal and safeguarding duties.
Record only the minimum facts needed for safe referral.
Contact the designated SEAH Case Coordinator or alternate immediately and no later than one working day.
Do not confront the alleged subject, promise a particular outcome, mediate the matter or enter it in a general-access grievance register.

2. Purpose and Objectives

The SOP establishes a consistent, proportionate and confidential process that GIIF can operate with a small institutional team while drawing on qualified external support where specialist expertise or independence is required to provide clear actions from first receipt to resolution and follow-up;

Connect website whistleblower channels, internal channels, and project grievance mechanisms to a single protected SEAH pathway; define roles, alternates, escalation, and conflict-of-interest arrangements; ensure immediate safeguarding and access to survivor support; enable impartial assessment and investigation while protecting due process; ensure that contractors, consultants, executing entities, and service providers report and respond consistently; and support secure record-keeping, anonymized monitoring, and institutional learning.

3. Scope and Applicability

This SOP applies to the Board, management, employees, sub-funds, secondees, interns, temporary personnel, consultants, advisers and persons acting for GIIF. It also applies to SEAH concerns connected to GIIF-financed or supported projects and sub-projects, including conduct by project proponents, borrowers, investees, executing entities, implementing partners, contractors, subcontractors, suppliers, security providers and other service providers.

It covers reports affecting staff, workers, applicants, community members, service users and beneficiaries. It applies whether conduct occurs in person or digitally, at GIIF premises, during travel or events, at a project site or accommodation, or elsewhere where there is a sufficient connection with GIIF or a GIIF-financed activity.

3.1. Matters outside GIIF's direct mandate

Where GIIF cannot investigate or determine a matter, it shall still consider immediate safety, survivor support, contractual or project-risk measures, referral and follow-up. GIIF shall not represent that it can provide criminal justice, medical treatment or statutory protection that lies with competent authorities.

4. Definitions and Abbreviations

SEAH. Sexual exploitation, sexual abuse and sexual harassment as defined in the parent Policy.

Survivor. A person who has experienced or reports having experienced SEAH; use does not prejudge the outcome.

Reporter. A survivor, witness or other person who raises a concern.

Subject. The person whose conduct is alleged to have breached the SEAH Policy.

Case Coordinator. The designated person responsible for restricted intake, triage, coordination and records; the Coordinator should not investigate where this would create a conflict.

Project-level matter. A concern connected with a GIIF-financed project, sub-project, worker, community member, beneficiary or delivery entity.

5. Operating Principles

Survivor-centred. Respect the survivor's dignity, safety, wishes and well-being, while explaining legal and safeguarding limits.

Do no harm. Avoid steps that create retaliation, stigma, repeated trauma, loss of livelihood or unnecessary exposure.

Informed choice. Explain options, foreseeable consequences and limits to confidentiality in a language and format the person understands.

Need-to-know confidentiality. Share identifying information only where necessary for a defined safeguarding, legal or case-management purpose.

Accessibility and non-discrimination. Provide reasonable accommodation and respectful access regardless of identity, status or disability.

Promptness. Act immediately on urgent safety and without undue delay at every stage.

Impartiality and due process. Use conflict-free decision-makers and investigators and give the subject a fair opportunity to respond.

Proportionality. Match the response to seriousness, risk, available information and GIIF's mandate.

Protection from retaliation. Monitor and respond to threats or disadvantages connected with reporting or participation.

Child safeguarding. Give primary consideration to the child's best interests and comply with applicable legal duties.

5.1. Consent and limits to confidentiality

The Case Coordinator shall seek informed consent before making non-mandatory referrals or sharing identifying information. Consent must be specific and documented. GIIF cannot promise absolute confidentiality. Disclosure may be required by law, necessary to protect a child or another person from serious harm, or necessary for fair process. Where safe and lawful, the survivor should be told before such disclosure, and information should be limited to what is necessary.

5.2. No mediation of SEAH allegations

SEAH allegations shall not be handled through informal mediation, community conciliation, compulsory reconciliation or pressure to withdraw. Restorative options may be considered only after specialist assessment, where lawful, freely chosen by the survivor and not used to avoid accountability.

6. Institutional Arrangements and Responsibilities

GIIF shall maintain named primary and alternate role-holders so a report can bypass any implicated person. For a small institution, one person may hold more than one standing function, but no person may receive, investigate and decide the same case where this would compromise independence or fairness.

Role	Core responsibility	Escalation / conflict route
Board / relevant Board committee	Approve the Policy; oversee material systemic risk through anonymised reporting.	Board Chair or another conflict-free committee; no routine case management.
Chief Executive Officer	Ensure resources and executive action; appoint decision-maker for senior or material cases.	Board Chair where implicated or conflicted.
SEAH Policy Owner	Maintain the framework, training, referral map and monitoring.	Designated alternate or executive sponsor.
SEAH Case Coordinator	Restricted intake, safety check, triage, case plan, consent, referrals, coordination and secure file.	Named alternate; external specialist if both are conflicted.
Human Resources	Employment measures, workplace adjustments and disciplinary process.	Chief Executive Officer or external HR/legal adviser if implicated.
Risk and Sustainability	Project screening, project/grantee engagement, ESS measures and contractor corrective action.	Senior management or independent project adviser.
Legal / Compliance	Legal duties, contractual options, external referral advice and due-process support.	External counsel where independence or specialist advice is needed.
Internal Audit / external investigator	Independent investigation or assurance when assigned; report findings, not sanctions.	Board/relevant committee for cases involving senior management.
Project / investment lead	Preserve safety, enforce project measures and liaise with delivery entities without accessing unnecessary details.	Risk and Sustainability / senior management.

Role	Core responsibility	Escalation / conflict route
Website, complaints or whistleblower channel recipient	Acknowledge safely and forward immediately to the Coordinator; do not investigate.	Coordinator's alternate if implicated or unavailable.
Third-party focal point	Receive safely, notify GIIF, protect the survivor, preserve records and implement contractual actions.	GIIF Case Coordinator and contractual escalation route.

6.1. Case Assignment and Separation of Functions

Upon receipt, the Case Coordinator shall document a conflict check and recommend the case team. The person who is the subject of the report, supervises that person, has a close personal or financial relationship with a party, or could reasonably be perceived as biased shall not receive restricted details or make case decisions.

The case team should ordinarily include only the Coordinator, the assigned decision-maker, the investigator, if any, and specialist HR, legal, safeguarding, or project personnel whose involvement is necessary. Administrative assistants, general complaint handlers, and project committees shall not have routine access to case files.

6.2. Escalation Levels

Level	Illustrative trigger	Minimum escalation	Typical response
Urgent	Immediate danger, urgent medical need, child concern, credible threat or continuing access to affected persons.	Coordinator and senior authorised officer immediately; competent authority where required.	Same-day safety plan, urgent referral and interim controls.
Material	Alleged rape or serious assault, senior leader, multiple survivors, systemic contractor failure, significant public or financing-partner risk.	Managing Director/Board route and conflict-free legal or specialist advice.	Independent case plan, external investigator where appropriate, partner notification as required.
Standard	Other credible SEAH allegations within GIIF or project mandate.	Coordinator, relevant functional owner and decision-maker.	Triage, support, proportionate investigation and corrective action.
Information / outside mandate	Insufficient information, non-SEAH matter or no GIIF connection.	Coordinator documents rationale and routes safely.	Clarification where safe, referral, other GIIF process, or restricted closure.

6.3. Recommended Response-Time Targets

Immediate safety action: the same day the risk becomes known.
Restricted routing to the Case Coordinator: immediately and no later than one working day.
Safe acknowledgement to the reporter, where contactable: within two working days.
Initial triage and case plan: normally within two working days of restricted receipt.
Investigation commissioning or documented alternative decision: normally within five working days after triage.
Investigation: target completion within 30 working days, with reasons recorded for extensions and periodic updates where safe.
Decision and action plan: normally within ten working days after a final investigation report.

7. SEAH Reporting Channels and Linkage with the Whistleblower Mechanism

GIIF's whistleblower and complaints channels published on its website should remain visible entry points for SEAH concerns. The website should explain that a person may report SEAH through those channels and that reports will be redirected into a confidential, survivor-centred process. The same published channels may be used by staff, workers, contractors, community members and beneficiaries, provided access barriers are addressed.

7.1. Approved Entry Channels

GIIF whistleblower reporting email: complaints@giif.gov.gh
GIIF online whistleblower/complaints form or portal: https://giif.gov.gh/complaint-form/complaint/
GIIF telephone or hotline channel: +233 3039 83885
Written or in-person report to the designated GIIF office/contact:

Risk & Sustainability Department
P.O. Box CT 9300 Cantonment,
Ministry of Finance Building Complex
Tumu Avenue, Kanda
Accra

Direct report to the SEAH Case Coordinator or alternate.
Human Resources, Risk and Sustainability, a manager or another authorised GIIF officer.
A project grievance mechanism, executing entity, contractor or service-provider focal point.
A competent public authority or external service; the survivor may use external routes without first reporting to GIIF.

7.2. Routing Rule for Website and General Channels

The recipient shall acknowledge receipt only if doing so is safe, avoid requesting a full narrative, label the matter "RESTRICTED-SEAH," and forward it through the approved secure route to the Case Coordinator or alternate. The general Whistleblower Complaint Register may record only a neutral cross-reference number, date, source channel and status "referred to restricted SEAH process." It must not contain names, allegations, medical information or identifying project details.

7.3. Anonymous and Third-Party Reports

Anonymous reports shall be accepted and assessed on available information. GIIF shall not pressure the reporter to identify themselves. A third-party report should be handled carefully; GIIF should avoid contacting a possible survivor in a way that creates risk or reveals the report. The Coordinator shall decide whether and how to seek further information.

7.4. Channel Maintenance

The Policy Owner shall verify website and project-channel details at least quarterly and after any personnel change. Changes to contact details should be reflected in a controlled schedule or public notice without requiring amendment of the full SOP, provided authorised roles and security arrangements remain unchanged.

8. SEAH Case Management Process

This section is the single end-to-end process for institutional and project-level cases. Actions should be documented in the confidential case file using the intake form and case register in the annexes. The steps may overlap where safety requires immediate action.

8.1. Detailed Process Flow

The process matrix below identifies the minimum action, lead role and output at each stage.

Stage	Immediate action	Lead	Decision / output
1. Receive and route	Listen; capture minimum facts; check immediate danger; send to restricted channel.	First recipient → Coordinator	Restricted case ID and safe acknowledgement.
2. Safeguard and support	Safety plan; urgent medical/psychosocial/legal referral; consider children and others at risk.	Coordinator with specialist support	Immediate safeguards and consent record.
3. Triage and plan	Confirm SEAH nexus, GIIF connection, mandate, conflict, urgency and legal/partner duties.	Coordinator + relevant adviser	Case classification, team, action plan and escalation.
4. Apply interim measures	Reduce contact or access; preserve evidence; protect work/project participation; prevent retaliation.	Authorised decision-maker	Written, time-bound, non-punitive measures.
5. Decide investigation route	Internal, independent external, third-party oversight, authority referral, or no investigation with risk action.	Conflict-free decision-maker	Documented terms of reference or rationale.
6. Investigate	Plan, interview, collect and assess evidence; maintain fairness and confidentiality.	Assigned investigator	Factual report, findings and control observations.
7. Decide and respond	Determine outcome under applicable standard; impose disciplinary/contractual/project measures; arrange referrals.	Authorised decision-maker	Decision, reasons and corrective-action plan.
8. Close, record and follow up	Communicate safely; verify support, retaliation protection and actions; restrict and retain records.	Coordinator + action owners	Closure note, follow-up dates and de-identified learning.

8.2. Stage 1 - Receive and Route

Ensure privacy; if the report is made in public, offer a safe setting without isolating the person in a manner that creates risk.
Use the person's own words where essential; do not test credibility or ask "why" questions.
Obtain only the minimum facts: preferred name/contact if offered, immediate safety, broad nature of concern, when/where, connection to GIIF/project and whether a child may be involved.
Explain next steps and confidentiality limits. Ask how and when it is safe to make contact.
Assign a restricted case ID. Do not circulate the original message more widely than necessary.

8.3. Stage 2 - Immediate Safety, Support and Referral

The Coordinator shall complete a rapid safety check with the survivor where possible. Consider current contact with the subject, threats, access to children or beneficiaries, urgent health needs, secure accommodation or transport, workplace/project dependence, digital safety and retaliation. Where a survivor declines assistance, respect the decision unless a legal or serious-harm duty requires action.

Offer referral options; do not make non-mandatory referrals without informed consent.
Medical support should not depend on police reporting or an internal complaint.
Use vetted providers where available and confirm practical accessibility before referral.
Document only the service category, consent, referral date and follow-up status,
not unnecessary clinical details.
For children, involve qualified child-safeguarding expertise and act in the child's best interests.

8.4. Stage 3 - Initial Triage and Case Plan

Triage is not an investigation. It establishes what GIIF must do next. The Coordinator shall assess whether the information concerns possible SEAH; whether GIIF has an employment, contractual, investment, ESS or safeguarding connection; immediate and continuing risks; conflicts of interest; survivor preferences; legal or mandatory reporting duties; financing partner notification duties; and whether a third party or authority is already acting.

The case plan shall identify the case team, safe communication method, support and interim measures, information needed, investigation or referral decision, responsibilities, deadlines, reporting restrictions and next review date.

8.5. Stage 4 - Interim Protective Measures

Interim measures are precautionary, not disciplinary findings. They shall be authorised, proportionate, time-bound and reviewed. As far as possible, they should not transfer the burden to the survivor or remove access to work, services, benefits or participation.

no-contact or communication directions;
temporary change in supervision, duties, worksite, schedule, transport or accommodation;
temporary restriction of access to project sites, systems, beneficiaries or sensitive functions;
preservation of records, devices, access logs or project documents;
additional supervision, security or community safeguards;
paid administrative leave or replacement of personnel where lawful and necessary; and
contractual directions, suspension of activities or other ESS/investment controls.

8.6. Stage 5 - Investigation and Referral Decision

The authorised decision-maker shall choose the route that best protects people and enables fair accountability. The decision and reasons shall be recorded. Routes may include a GIIF administrative investigation, an independent external investigation, reliance with oversight on a third-party process, referral to a competent authority, another GIIF process, or closure without investigation while retaining safeguarding or corrective measures.

An independent external investigator should normally be considered where the allegation concerns senior management or a Board member, multiple or serious incidents, a conflict within GIIF, significant criminal conduct, specialist child or sexual-violence expertise, or substantial public, partner or project risk.

8.7. External Referral and Coordination

Potential referrals may include the Ghana Police Service or another legally competent investigative, labour, human-rights, child-protection or regulatory authority, depending on the issue. GIIF shall obtain appropriate legal advice on mandatory reporting and jurisdiction. Referral shall not be treated as case closure: GIIF shall document the referral, protect the survivor, track status where possible and continue employment, contractual or project-risk action that does not obstruct the external process.

Where disclosure is not mandatory, the survivor's informed wishes should carry substantial weight. Where GIIF must disclose despite those wishes, it shall explain the reason and scope where safe and lawful, share the minimum necessary information and update the safety plan.

8.8. Stage 6 - Investigation

The investigator shall be trained, impartial and free of actual or perceived conflict. The investigator's role is to establish facts and make findings against the applicable standard; the investigator should not decide disciplinary or contractual sanctions unless a separate instrument expressly assigns that role.

8.8.1. Terms of Reference and Investigation Plan

allegations and issues to be examined;
applicable policies, contractual duties and standard of proof;
investigator authority, reporting line and conflict declaration;
survivor-centred safeguards and communication arrangements;
witness and documentary evidence plan;
confidentiality, data security and legal coordination;
target timeline and arrangements for extensions; and
form of report, findings and control observations.

8.8.2. Interviews and Evidence

Interview the survivor only where necessary and with informed agreement. Avoid repeated interviews and allow a support person where appropriate, provided they do not compromise safety or evidence. Questions should be open, respectful and non-blaming. The subject shall receive sufficient information to understand and respond to the material allegations, while unnecessary identifying or sensitive information is withheld.

Evidence may include messages, emails, records, photographs, access logs, project records, contracts, rosters and witness accounts. Evidence shall be collected lawfully, stored securely and logged. Credibility shall be assessed from the totality of evidence; myths about expected survivor behaviour shall not be used.

8.8.3. Investigation Report

The report should state the mandate, methodology, evidence considered, limitations, factual analysis, findings for each allegation and relevant control observations. It should avoid unnecessary sexual detail, medical information or personal data. Recommendations on systemic controls may be included; sanctions remain for the authorised decision-maker.

8.9. Stage 7 - Findings, Decision and Corrective Action

The decision-maker shall review whether the investigation was fair and sufficient, seek clarification where necessary, and determine the outcome using the applicable administrative or contractual standard of proof. Criminal-law standards do not govern internal administrative findings unless required by law.

Communicate the decision and reasons to the subject in accordance with due process; inform the survivor, to the extent lawful and safe, that the process is complete and whether appropriate action has been taken;
apply proportionate employment, contractual, project, safeguarding or referral measures;
address control failures, supervision gaps, unsafe project design or reporting barriers;
assign action owners and deadlines; and
preserve appeal, review or grievance rights available under the governing framework.

8.10. Stage 8 - Case Closure, Record Keeping and Follow-Up

A case may close when required assessment and investigation decisions are complete, immediate and continuing risks are addressed, outcomes have been communicated as appropriate, corrective actions are assigned, referrals are documented and a follow-up plan exists. Closure does not prevent reopening if material new information emerges.

Prepare a closure note summarising allegations, process, outcome, actions, referrals, unresolved risks and follow-up dates;
confirm a safe communication with the survivor or reporter where possible;
review retaliation and well-being risks at agreed intervals;
track corrective actions to completion even after the case itself closes;
update the confidential SEAH Case Register using the case ID;
store the intake form, consent/referral records, evidence log, investigation material, decision and closure note in the restricted case file; and
retain and dispose of records under applicable law and GIIF's approved retention schedule, with access limited by role.

9. Project-Level and Third-Party Case Management

Project grievance mechanisms and third-party systems may receive SEAH concerns, but they must not investigate informally, convene community mediation or place identifying details in routine grievance reporting. Contracts and project instruments should require immediate safe routing, survivor support, cooperation, record preservation and corrective action.

9.1. Initial Project Response

Remove immediate danger and preserve access to essential services or project benefits;
notify the GIIF Case Coordinator through the restricted route within the contractual timeframe;
share only the minimum information required for GIIF oversight;
prevent the alleged subject from unsupervised access to affected persons where risk warrants;
preserve relevant records without alerting persons in a way that creates risk; and
coordinate public or community communication with GIIF and never identify the survivor.

9.2. Determining Who Leads the Process

GIIF may allow a third party to lead where its process is credible, survivor-centred, independent and timely. GIIF shall document due diligence on the process, maintain oversight, receive non-identifying status information and retain the right to require an independent review or corrective action. GIIF should lead or commission the response where the third party is implicated, conflicted, inactive or unable to meet GIIF standards.

9.3. Contractual and ESS Measures

Without prejudging individual findings, GIIF may require a corrective-action plan, replacement or restriction of personnel, additional supervision, revised accommodation or transport, enhanced community communications, independent monitoring, suspension of activities or disbursement, or another remedy available under the contract, ESS framework or financing agreement.

9.4. Financing Partner Notification

The Case Coordinator, Policy Owner and Legal/Compliance shall determine whether and when a financing partner must be notified. Notifications shall follow applicable agreements, use non-identifying information unless expressly required and lawful, and distinguish allegation, action taken and confirmed outcome.

10. Protection from Retaliation

Retaliation concerns shall be assessed promptly whether or not the underlying SEAH allegation is substantiated. Protection applies to survivors, reporters, witnesses, support persons, investigators and others who cooperate in good faith.

ask about retaliation risk during triage, at key case milestones and after closure;
establish a safe way to report threats, intimidation, work disadvantage, exclusion from benefits, contract pressure or online harassment;
separate legitimate management or contractual action from retaliatory action through documented reasons and review;
apply immediate protective measures and investigate credible retaliation; and
treat substantiated retaliation as separate misconduct and a potential aggravating factor.

11. Communication, Confidentiality and Information Sharing

11.1. Communication with the Survivor or Reporter

Agree on a safe contact method, timing, language and person. Provide realistic updates without promising an outcome. Explain delays, changes in route, mandatory disclosures and case closure where safe. Avoid sending sensitive information in email subject lines, voicemail or channels accessible to others.

11.2. Communication with the Subject and Witnesses

Provide the subject with sufficient information and opportunity to respond while protecting unnecessary sensitive information. Explain confidentiality and non-retaliation obligations to all participants. Do not impose a blanket prohibition on obtaining support or advice; instead, prohibit unnecessary disclosure that creates risk or compromises the process.

11.3. Internal and External Information Sharing

Before sharing identifying information, record the purpose, authority, recipient, minimum content and consent or legal basis. Board, management, financing partner and project reports should normally be anonymised and aggregated. If a case is so distinctive that anonymisation is ineffective, restrict reporting further and seek specialist advice.

11.4. Media and Public Enquiries

Only an authorised GIIF spokesperson may respond. GIIF should neither confirm nor deny identifying case information and should not comment on evidence or credibility. Public communication should focus on GIIF’s standards and process, subject to legal advice and survivor safety.

12. Monitoring and Reporting

Monitoring is separate from case handling. The Policy Owner shall analyse de-identified information to assess whether channels, response arrangements and project controls are functioning. Low reporting may indicate barriers rather than low risk.

12.1. Minimum Indicators

Number of restricted reports received, by broad source and institutional/project category;
Time from receipt to restricted routing, safety check, triage and investigation decision;
Number and broad type of support referrals and interim measures;
Cases investigated internally, externally, by third parties or referred to authorities;
Case status and age, reasons for material delay and corrective actions outstanding;
Retaliation concerns and response;
Training completion, channel checks and contractual coverage; and
Recurring risk themes and system improvements, without identifying individuals.

12.2. Reporting Lines

The Policy Owner shall provide periodic anonymised reports to senior management and the relevant Board committee. Material systemic risks should be escalated promptly. Case-specific reporting shall be limited to what the recipient needs to authorise resources, manage risk or exercise a defined governance duty. Reporting to the GCF or another financing partner shall follow the relevant agreement and confidentiality requirements.

12.3. Quality Assurance and Learning

At least annually, GIIF should review response times, conflicts, referral effectiveness, delayed actions, channel accessibility and project/contractor implementation. Internal Audit or an independent specialist may periodically assess the framework without unrestricted access to survivor-identifying information.

13. Training and Awareness

All personnel shall receive basic awareness of prohibited conduct, entry channels, confidentiality, non-retaliation and first-recipient duties. Role-specific training is required for the Coordinator, alternates, managers, HR, Risk and Sustainability, project leads, decision-makers, investigators, website/whistleblower recipients and relevant third-party focal points.

14. SOP Governance, Review and Approval

This SOP is approved under GIIF's policy-governance arrangements and takes effect on the stated date. The SEAH Policy Owner maintains the controlled version and may update contact schedules and provider lists administratively, provided no substantive right, duty or escalation route is changed without the required approval.

The SOP shall be reviewed at least every three years and earlier following a serious case, material implementation gap, legal or GCF requirement, change to the parent Policy, website channels, GIIF structure or project portfolio. Lessons shall be incorporated without disclosing identifying information.

14.1. Implementation Actions Before Commencement

Name the Case Coordinator, alternate, decision-makers and conflict escalation routes;
Insert and test all website, internal and project reporting channels;
Approve secure storage, access control, case numbering and retention arrangements;
Validate medical, psychosocial, legal, child-protection and investigative referral resources;
Update contracts, project grievance guidance and whistleblower-channel scripts;
Train all first recipients and role-holders; and
Publish clear public guidance explaining how SEAH reports entering through the whistleblower mechanism will be protected and routed.

Annex A - Confidential SEAH Incident Intake Form

A. Receipt details

Date/time received	
Receiving channel	
Name/role of recipient	
Safe acknowledgement sent?	☐ Yes ☐ No ☐ Not safe / anonymous
Date routed to Coordinator	

B. Reporter and safe contact

Reporter type	☐ Survivor ☐ Witness ☐ Third party ☐ Anonymous
Preferred name or identifier (if offered)	
Safe contact method/time	
Language/accessibility/support needs	

C. Minimum incident information

Broad nature of concern	☐ Sexual exploitation ☐ Sexual abuse ☐ Sexual harassment ☐ Unclear
Institutional/project connection	
Approximate date/location	
Subject identity/role, if known	

Child or person at heightened risk involved?	☐ Yes ☐ No ☐ Unknown

D. Immediate safety

Immediate danger or urgent medical need?	☐ Yes ☐ No ☐ Unknown
Urgent actions taken	
Safe to contact survivor directly?	☐ Yes ☐ No ☐ Unknown
Retaliation or continuing-access concern	

E. Information and consent

Confidentiality limits explained?	☐ Yes ☐ No ☐ Not possible
Consent to contact/referral obtained	
Mandatory disclosure considered	
Information shared, recipient and reason	

F. Restricted routing

Temporary/restricted case ID	
Coordinator/alternate notified	
Next immediate action and owner	
Next review date	

Annex B - Confidential SEAH Case Register

B1. Register Fields

Field	Required entry	Privacy / use note
Case ID	*Unique sequential restricted identifier.*	*Use in all cross-references.*
Date received / channel	*Date and broad channel category.*	*Do not copy email subject or narrative.*
Institutional/project category	*GIIF workplace or project/sub-project; coded project.*	*Avoid identifiable location in reports.*
Concern category	*SEA, sexual abuse, sexual harassment, retaliation, unclear.*	*Allegation only until determined.*
Urgency level	*Urgent, material, standard, information/outside mandate.*	*Record date and reason for change.*
Safety/support status	*Safety check date; referral offered/accepted/declined.*	*No medical or counselling detail.*
Coordinator / case team	*Named authorised role-holders.*	*Access-control basis.*
Conflict check	*Completed date and outcome.*	*Record alternate/external assignment.*
Triage date/outcome	*Route and case-plan date.*	*Brief neutral rationale.*
Interim measures	*Category, owner, review date.*	*Avoid unnecessary identifying detail.*
Investigation route/status	*Internal, external, third party, authority, other/none.*	*Track start, target and extension reason.*
Decision/outcome	*Substantiated, unsubstantiated, insufficient information, other.*	*Use only after authorised decision.*
Corrective actions	*Action owner, due date and status.*	*Track system actions after case closure.*

Field	Required entry	Privacy / use note
External/partner referral	*Authority/partner category, date and status.*	*Names held in restricted file.*
Retaliation monitoring	*Review dates and status.*	*Separate allegation if retaliation occurs.*
Closure and follow-up	*Closure date, rationale, next follow-up.*	*Reopen if material new information emerges.*
Retention/disposal	*Retention trigger and disposal date/status.*	*Follow approved schedule and legal hold.*

Annex B - Case Register Template

Case Record 1

Case ID		Date received	
Channel		Category	
Institutional/project code		Urgency level	
Safety check / support status		Coordinator	
Triage outcome		Investigation route/status	
Interim measures / review date		External/partner referral	
Decision/outcome		Corrective actions/status	
Closure date/reason		Follow-up date/status	

Case Record 2

Case ID		Date received	
Channel		Category	
Institutional/project code		Urgency level	
Safety check / support status		Coordinator	
Triage outcome		Investigation route/status	
Interim measures / review date		External/partner referral	
Decision/outcome		Corrective actions/status	
Closure date/reason		Follow-up date/status	

DOCUMENT CONTROL

Document Owner	Human Resource Department
Authority to approve	Chief Executive Officer
Authority for exemptions	Executive Management
Version	1.0
Review Cycle	At least every three years, or upon update of the policy
Parent Policy	SEAH Policy
Classification	Internal procedure; public-facing reporting channels may be published separately

Approval Record

Authority	Name	Signature	Date
GIIF Chief Executive Officer	Nana Dwemoh Benneh		24/08/2026