

# **GOVERNMENT OF SINDH**

**SINDH INTEGRATED HEALTH & POPULATION PROJECT  
(SIHPP) - P178530**

## **Grievances Redress Mechanism**

**March 2024**

**Health Department**



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## Abbreviations and Acronyms

ANC	Anti-Natal Care
BHU	Basic Health Units
CBO	Community Based Organization
DHQ	District Health Quarter
DHO	District Health Officer
DoH	Department of Health
E&S	Environment and Social
ESMF	Environmental and Social Management System
FP	Family Planning
GDs	Government Dispensaries
GBV	Gender Based Violations
GIMS	Gambat Institute of Medical Sciences
GMIS	Grievances Management Information System
GR	Grievance Redressal
GRC	Grievance Redressal Committee
GRM	Grievance Redressal Mechanism
INGO	International Non-Governmental Organization
JIMS	Jacobabad Institute of Medical Sciences
KPI	Key Performance Indicators
NGO	Non-Governmental Organization
PD	Program Director
PHC	Public Health Center
PMU	Program Management Unit
PWD	Population Welfare Department
RHC	Rural Health Centre
RMNCH&N	Reproductive, Maternal, Newborn, Child, & Adolescent Health with Nutrition
SIHPP	Sindh Integrated Health and Population
SOP	Standard Operating Procedure
SMS	Short Message Service
SEA	Sexual Exploitation and Abuse
SH	Sexual Harassment
THQ	Taluka Health Quarter
UN	United Nation



## 1. Project Overview

In Pakistan, health-based gender gaps in human capital formation are evident across the life cycle and affect both girls and boys. Survival of children to age 5 is hampered by children not getting a strong start to life. This is rooted in poor maternal health and nutrition: 42 percent of women of reproductive age in Pakistan have anemia due to poor nutrition. On average, access to quality Reproductive, Maternal, Newborn, Child, and Adolescent Health with Nutrition (RMNCAH+N) services in Pakistan is inadequate, with regional disparities. About 49 percent of pregnant women do not receive the recommended four or more Anti-Natal Care (ANC) visits essential for a safe and healthy pregnancy. About one-quarter of mothers and children in Pakistan do not receive appropriate nutrition interventions. Furthermore, health facilities that are close to these population groups are not equipped to provide quality services.

Sindh shows higher levels of pregnancy-related deaths and maternal mortality rate compared to Punjab and Khyber Pakhtunkhwa. About 31 percent of married women use some form of contraception and under a quarter of married women use modern contraceptives. Although Sindh has made progress in improving maternal and child health outcomes, some gaps are evident. RMNCAH+N outcome gaps indicate disparities across districts, wealth quintiles, educational status of women, and urban/rural divide. About 54 percent of women in Sindh have problems accessing healthcare, with nearly 46 percent not wanting to go alone to a health facility. Furthermore, health facilities are either not easily accessible or not equipped to provide quality services. Critical quality issues, such as lack of clear information on procedures and poor training of healthcare staff at tier-1 facilities, as well as unavailability of physicians at higher-level facilities, contribute to low demand for RMNCAH+N services. Women also face barriers in exercising their sexual and reproductive health rights. Among those who are unable to access services, at least 10 percent cite not being allowed by family members due to the cost of services and social norms.

Pakistan experienced heavy monsoon rains between June and September. In Sindh, 23 of 30 districts are labelled as calamity-affected by the heavy monsoon and flooding since June 2022. Preliminary assessments confirm more than 800 health facilities are partially damaged, and over 100 health facilities fully damaged.

The project will be implemented by the Department of Health (DoH) in collaboration with the Population Welfare Department (PWD).

The project has the following four components:

### **Component 1 Improving RMNCAH+N Services Utilization and Quality and Support during**

**Component 1 Improving RMNCAH+N Services Utilization and Quality and Support during Public Health Emergencies.** This component will support an integrated care of RMNCAH+N services. It will provide seamless and coordinated care for patients and their families with a network of services that begin at GDs with strong referral pathways to a network of care, as needed. It will enhance patient referral pathways between GDs and other health facilities such as BHUs, RHCs, Tehsil Headquarter Hospitals (THQ) and District Headquarter Hospitals (DHQ) through proper mapping of facilities and provision of adequate resources. This component will also finance the relief, rehabilitation and reconstruction needs arising from damages and losses to health

infrastructure and disruption of healthcare service delivery in the project supported areas due to rainfall and flooding since June 2022. This component has following three (03) subcomponents: *Subcomponent 1.1: Public Health Emergency Response to Combat Health Impact due to the Floods. Subcomponent 1.2: Strengthening/Rehabilitating of the Health Facilities for Providing Preventive Care. Subcomponent 1.3: Strengthening of Referral Hospitals for Effective Delivery and Neonatal Care.*

**Component 2: Strengthening Demand for RMNCAH+N Services including Women’s Empowerment for availing Health Services:** This component will cover SBCC and related activities to encourage uptake of RMNCAH+N services using social marketing strategy and rebranding of GDs and their services package to create awareness. It will also include women’s empowerment for exercising sexual and reproductive health rights.

**Component 3: Project Management, Monitoring and Evaluation and Research:** This component will support the strengthening of the DoH and its coordinating structures and agencies for the coordination and management of project activities, including financial management, procurement, PPP node, stakeholder engagement in line with the Stakeholder Engagement Plan, and compliance with the Environment and Social Commitment Plan. This component would also support Monitoring and Evaluation (M&E) including third-party monitoring, rapid household surveys and surveys to measure quality of service delivery at health facilities (e.g., Service Delivery Indicator Survey).

**Component 4: Contingency Emergency Response Component (CERC):** In the event of an Eligible Crisis or Emergency, the project will contribute by providing immediate and effective response to said crisis or emergency. The project will be implemented in all 30 districts of Sindh.

## **1.1 Objectives of the Project**

To improve utilization and quality of Reproductive Maternal Newborn Child Adolescence Health & Nutrition (RMNCH&N) services, for poor and vulnerable population, especially adolescent and women, in targeted areas of Sindh.

To sustainably improve and build the health and economic resilience of communities with specific targeting poor women by empowering them through skill development and microfinancing.

To address the socioeconomic determinants, effects of natural disasters, and pandemics that impact the vulnerable populations (especially poor women).

## **1.2 Project Stakeholders**

For the Sindh Integrated Health and Population Project (SIHPP) the following stakeholders have been identified and analyzed as per project component. These stakeholders includes;

- 1) Affected parties,
- 2) Other interested parties and
- 3) Disadvantaged/vulnerable individuals or groups

### **1.2.1 Affected parties**

Affected parties are those groups of people likely to be affected by the Project because of actual impacts or potential risks to their physical environment, health, security, cultural practices,



wellbeing, or livelihoods include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category.

Table 1.1: Affected Parties

Sector	Stakeholders	Project Component
Community	Users of GDs, BHUs, RHCs, THQ, DHQ (Mothers/Newborn/Children/Adolescents/Men)	Component 1 and 2
Government/ Institutions	Staff and management of Primary public healthcare facilities (GDs/BHUs/RHCs) including doctors, nurses, dispensers, LHW, CHW, FHW etc.	Component 1 and 2
	Staff of Secondary and tertiary public healthcare facilities ( <i>taluka</i> and district hospitals) including medical superintendents, doctors, nurses, dispensers, administrators, non-medical staff, lab technicians, primary vendors, waste managers, etc.	Component 1 and 2
	Community Health Workers/Family Healthcare Workers	Component 1 and 2
	Community Midwives	Component 1 and 2
	PPHI	Component 1 and 2
	District Health Offices	Component 1 and 2
	Consultants for engineering, design, supervision, and quality assurance and Monitoring and Evaluation Consultants	All
Private Sector	Contractors for Construction and rehabilitation works	Component 1
	Other service providers (e.g. ambulance services, supply of medical equipment and medicines)	Component 1

### 1.2.2 Other interested parties

Other Interested Parties (OIPs) are those stakeholders (individuals, groups, or organizations) with an interest in the project, which may be because of the Project location, its characteristics, its impacts, or matters related to public interest. For example, these parties may include regulators, government officials, the private sector, the scientific community, academics, unions, women's organizations, other civil society organizations and cultural groups. Though these stakeholders are not directly involved in the project activities, they may have sector specific experience and knowledge that can assist informed decision making for the project. Details are provided in below table 1.2.

Table 1.2 Other interested parties.

Sector	Stakeholders	Project Components
Government/ Institutional	Provincial Disaster Management Authority (PDMA)	Component 1 and 2
	Planning & Development Department	All
	Social Welfare Department	Component 1 and 2
	Local Government Department	Component 1

	Environment, Climate Change & Coastal Development Department	Component 1
	Women Development Department, Sindh	Component 1 and 2
	Labor and Human Resources Department, Sindh	Component 1 and 2
	Academic institutions	Component 1 and 2
NGOs/CBOs /CSOs/Private Sector	JIMS, GMIS, Private medical facilities, International Development Agencies, INGOs, and NGOs	Component 1 and 2
	Social Franchises in PHC and FP	Component 1 and 2

**1.2.3 Disadvantaged / vulnerable individuals or groups**

Vulnerable groups include seasonal workers, disabled persons, and individuals suffering from psychological problems or any severe ailment. As far as religious minorities are concerned, Sindh overall enjoys harmonious co-existence with Hindu communities (the largest religious minority group). No major incidence of denial or exclusion on religious grounds have been observed in the past in provision of healthcare facilities and services. Within the Project, the vulnerable or disadvantaged groups may include but are not limited to the following:

Table 1.3 Disadvantaged / vulnerable individuals or groups

Sector	Stakeholders	Project Components
Government	Female Staff (involved in project)	Component 1 and 2
Community	Internally Displaced persons due to flood	Component 1 and 2
	Persons with Disabilities	Component 1 and 2
	Poor Women/Pregnant/Lactating/Girls/Children/Adolescents with underlying health issues (respiratory and dust allergy) or experiencing emotional or mental stress	Component 1 and 2
	Seasonal Workers	Component 1 and 2
	Female/child headed households	Component 1 and 2
	Religious and ethnic minorities	Component 1 and 2
	Transgender communities	Component 1 and 2
	Senior citizens	Component 1 and 2
	Citizens without CNIC	Component 1 and 2
	People with low / no literacy levels	Component 1 and 2
	Economically marginalized groups including household below poverty line	Component 1 and 2

## 2. Grievance Redress Mechanism (GRM)

The **Grievance Redress Mechanism (GRM)** is an institutional arrangement to provide an avenue to Project stakeholders to address grievances related to the Project. The **GRM** defines grievance as any formal communication that expresses dissatisfaction about an action or lack of action, about the standard of service, works or policy, deficiency of service, works or policy of the program management and its implementation mechanism. The **GRM** is directly linked to the transparent implementation of **Environment and Social Management Framework (ESMF)**. The **GRM** is designed to be accessible, culturally appropriate, and understandable for all project stakeholders. Such a mechanism allows for trust-building between the implementers and beneficiaries, and could help prevent discontent, conflicts, and unrest arising from the project. Effective **GRM** gives an opportunity to the Project to implement a set of specific measures to ensure good governance and accountability, by improving the effectiveness of the program project activities, increasing transparency and managing / mitigating risks of the Program.

### 2.1 Objective of the GRM:

The overall objective of the grievance resolution procedure is to ensure that grievances from stakeholders are handled in a systematic and transparent manner in order to promote mutual confidence and trust during all stages of the Project.

#### The Specific objectives of the GRM are as follows:

- Develop an organizational framework to address and resolve the grievances of individual(s) or community, fairly equitably and timely.
- To provide enhanced levels of satisfaction to the aggrieved.
- To provide easy accessibility to the aggrieved / affected individual or community for immediate grievance redress.
- To identify systemic flaws in the operational functions of the program and suggest corrective measures.
- To ensure that the program's operation is in line with its conception and transparency to achieve its goals for sustainability.
- To ensure effective implementation of the Project elements directly relevant to improving governance and accountability.

### 2.2 Potential Grievances (Types)

The classification of potential grievances specific to the Sindh Integrated health and Population Project are as below, but not limited to.

- Gender discrimination during construction and rehabilitation of Health facilities like privacy of female outdoor patients, nearby community houses, late working hours, outside labor workers.
- Unsafe Work Site/Workplace Health and Safety
- Water, Noise & Dust Pollution
- Trainings,
- project related recruitments,

- Provision of medical supplies, etc.
- Traffic management
- Unfair recruitment practices for skilled and unskilled labor
- Sexual exploitation and abuse
- Inadequate Medical facilities, training opportunities
- Behavior / Attitude of the staff
- Corruption
- Non-Compliance of SOPs

## 2.3 Responsible Parties

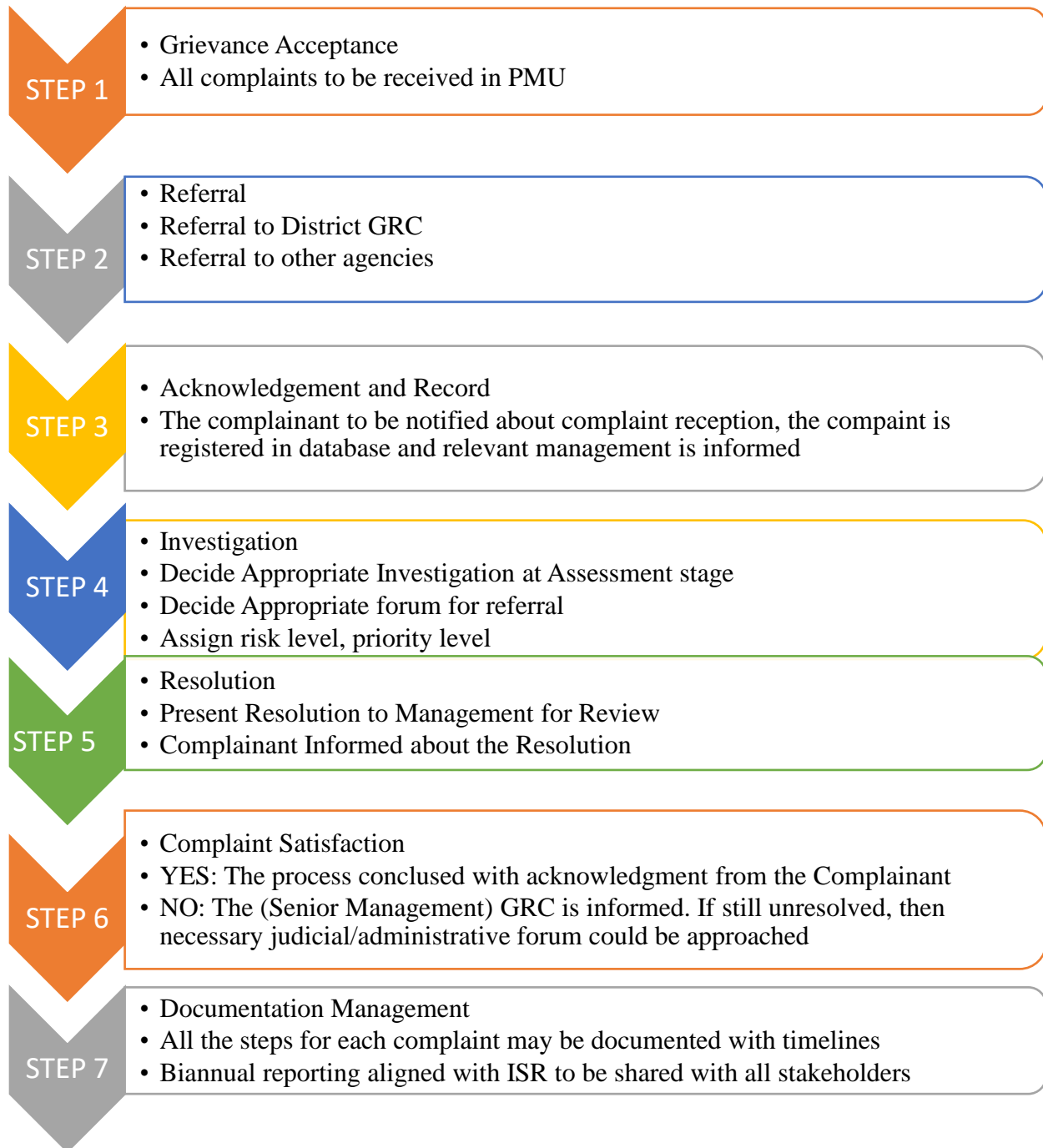
Identification of entities and individuals responsible for addressing different types of grievances, including their roles and responsibilities are below, Terms of Reference (ToRs) for Grievance Redress Entities in the GRM are as **Annex-1**. Grievance Reporting and Coordination Hierarchy are as **Annex-2**. Details of responsible parties are provided in below Table 2.1.

Table 2.1: Responsible Parties

Individuals/ Committee	Role & Responsibilities
PMU Focal Person for GRM	Ensure the notification of complaints to Grievance Redressal Committees (GRCs)
	Notification for the Focal persons at field level, preparation of training material and impart training sessions to human resource who are dealing with GR
	Development of a comprehensive GR Policy and operational mechanism covering the scope, mode of lodging grievances, mechanisms for timely redressal and an effective appellate and oversight mechanism in local language
	Distribution of the GR policy to all staff, beneficiaries, and potential users
	Development and distribution of grievance manual for staff
	Designing of processing steps for GRM, including, i) uptake, (ii) sorting, (iii) processing, (iv) following up, (v) verification/ investigation, (vi) assessing & reporting, and (vi) responding to complaints
GRCs	Ensure the confidentiality of complainants during the GRM process
	Engage the Government institutions and other relevant Stakeholders in Grievance resolution
	To define process and propose possible solutions for a specific Grievances within the designated timeframe from receipt of the Grievance
	Collaborate with Partner Institutions and other NGOs, CSOs and other entities to conduct outreach initiatives to increase awareness among Stakeholders as to the existence of the GRM and how its services can be accessed through the community engagement activities and communication wing of PMU, with special consideration (e.g., targeted messages, etc.) for women and the vulnerable groups
	Monitor and follow up to Grievance resolutions, as appropriate

## 2.4 Complaints Handling Process Overview

Below are the steps for handling complaints for the SIHPP.



### 2.4.1 Complaint handling process time duration.

#### Site/Health Facility Level GRC:

- Receipt and Registration of Complaint: Immediate (within 24 Hours)
- Preliminary Assessment and Acknowledgment: 1-2 days
- Detailed Investigation and Analysis: 3-5 days

- Resolution and Corrective Actions: 5-7 days
- Follow-up and Closure: 7-8 days

#### **District Level GRC:**

- Receipt and Review of Site Investigation Report: 9-10 days (10% per month)
- Verification of Corrective Actions: 10-11 days
- Coordination with Site Level for Additional Information or Clarifications: 11-12 days
- Decision Making and Approval: 13-15 days
- Reporting to Provincial GRC on monthly basis

#### **Provincial Level GRC**

- Receipt and Review of Site Investigation Report: 9-10 days (10% quarterly)
- Verification of Corrective Actions: 10-11 days
- Coordination with Site Level for Additional Information or Clarifications: 11-12 days
- Decision Making and Approval: 13-15 days
- Reporting World Bank on quarterly

#### **2.4.2 Composition of Grievance Redressal Committees**

The following persons/committees have been identified for functionalization of the GRM. The details of composition of GRCs at each level is provided in Annexure 1.

##### **1. Grievance Redressal Committee at the PMU**

- a. The GRC at the PMU shall be headed by PD
- b. Two women members shall be part of GRC
- c. The GRC shall be represented by all key stakeholders from PMU and external members including representation from Health department, PPHI, etc. Details for the GRC members are provided in the subsequent sections.
- d. There shall be a GRM focal person at the PMU level whose job is to ensure that GRM procedures defined and followed as per planned. The prime responsibility to lead the GRM lies with the Social Safeguards and Gender Specialist. However, the Social Safeguard and Gender Specialist may constitute a separate team, or delegate tasks to other persons as the need may arise.

##### **2. Grievance Redressal Committee at District Level**

- a. The GRC at the district level will address complaints referred to by the PMU GRM where resolution is beyond the scope of the program staff and required intervention of district level.
- b. Two women members shall be part of GRC
- c. There shall be nominated GRM focal person at each district. The GRM Focal person shall be nominated by the DHO of the District.

##### **3. Grievance Redressal Committee at site/Health Facility level**

- a. The GRC at the site/Health Facility level will address complaints received by local community and shared the status with district GRC on daily basis.
- b. Two women members shall be part of GRC

### 2.4.3 Grievance Registration Channels

The complaint registration procedure shall involve the following modes of access. The GRM will entertain the anonymous complaints also:

- 1. Complaint Register:** A complaint register shall be present at every project site. It shall be the responsibility of every site GRM focal person to make daily inspection of the Complaint Register and sign the register at the time of inspection. The complaint register will be designed at the PMU.
- 2. Complaint Box:** There shall be one visible complaint box at every project site. It shall be responsibility of every site GRM focal person to inspect the complaint box and forward the complaint to PMU after making entry in the complaint register, including updating it regarding the resolution or referrals.
- 3. Phone Number:** It shall be responsibility of the GRM focal person at PMU to cell number (0304-144-8989) issued for the project and make it widely publicized as the “complaint number” for the project. The number must be managed by staff trained in accepting and logging complaints and must have female staff available for any complainant who wants to speak to a female.
- 4. WhatsApp Number:** A similar number as the one mentioned above shall also be available on WhatsApp as well for quick conversation and/or exchange of any photographic evidence regarding a grievance/complaint. mail: It shall be responsibility of the GRM focal person to create one email ID, and make it widely publicized for the purpose or receiving Email Address:
- 5. Web-Portal:** The project website shall have dedicated section/tab regarding Complaint Registration
- 6.** Complaints may also be sent in writing by post/mail to the PMU-SIHPP at the following address: Office No. 120, Plot No. 180-C, Al Murtaza commercial lane 2, Phase VIII DHA , Karachi & Email: [sgs@sihpp.gos.pk](mailto:sgs@sihpp.gos.pk) Engagement with the Complainant
- 7.** Below are Complaint Channels as in Table 3.2.

Table 3.2: Complaint Channels

S.NO	CHANNEL	DETAIL
1.	What's App / SMS/ call	0304-144-8989
2.	Email.	<a href="mailto:sgs@sihpp.gos.pk">sgs@sihpp.gos.pk</a>
3.	Web-Portal	<a href="https://www.sihpp.gos.pk/grievance-redressal.php">https://www.sihpp.gos.pk/grievance-redressal.php</a>
4.	Office Address	Office No. 120, Plot No. 180-C, al Murtaza Commercial Lane 2, Phase VIII DHA, Karachi

Following the timelines stipulated in this document, the GRM focal person shall, after receiving the complaint, acknowledge to the complainant that their complaint has been received and provide a complaint number. The complainant shall immediately be informed about the tentative time of complaint resolution. This can be done through a feedback SMS, What's App message, email or any other mode found convenient by the GRM focal person.

Complaint resolution and will be closed after the follow-up and confirmation from complainant and on satisfactory closure

The documentation of the above-mentioned process shall also be maintained by the GRM focal person at PMU.

#### **2.4.4 Investigation/Referral**

The GRM focal person, or any other person on his behalf, shall refer the complaint to the concerned agency and maintain a close follow up. It shall be the responsibility of the GRM team to assign a priority level to the complaint.

#### **2.4.5 Complaint Closure and Documentation**

It shall be the responsibility of the GRM Focal person to maintain proper record of the complaint ticket opening and complaint closure. Proper documentation shall also be made at each and every step of the complaint resolution process.

The GRM focal person at project site and district focal person at district level shall maintain documentation to ensure the effectiveness of the GRM and present such reports to the senior management of PMU from time to time. A quarterly report of the complaints registered, and their final status shall also be submitted to the World Bank.

#### **2.5 Monitoring and Follow-up**

Effective regular monitoring and follow-up of complaints constitute integral aspects of a well-functioning grievance redressal mechanism. Establishing a systematic tracking system is paramount, providing unique identifiers and delineating responsibilities to designated personnel for each complaint. Clear timelines for resolution will be set, allowing for realistic and efficient handling of diverse cases. Regular progress reviews, whether through weekly or monthly meetings, facilitate ongoing assessments, identification of challenges, and the allocation of additional resources when required. Maintaining transparent communication with complainants is essential, ensuring they are regularly updated on the progress of their cases, even if immediate resolution is not achieved. This will be quarterly reported to WB, with numeric details added in each QPR.

The GRC at health facility level will be responsible for receiving and resolving grievances at the facility level, and report fortnightly to the District level GRC. The GRC will enter the affected concerns/grievances received from health facility level GRC and at district level and report monthly to the PMU GRC. The PMU will be responsible for managing GBV and SEA/SH-related complaints at the program/PMU level and report to World Bank quarterly. SIHPP PMU will develop specific procedures to ensure complainants are able to register their grievances confidentially, and in a discreet manner. GBV/SEA/SH related complaints will be communicated to World Bank no later than 48 hours after being received by the GR channels at PMU Level.

The GRC will record the complaint, investigation, and subsequent actions and results in the quarterly Environmental and Social Management and Monitoring and follow up reports and Monthly by Site/Health facility GRC and Quarterly Progress Report by PMU GRC. In the construction PMU will periodically report progress to the World Bank, including reporting complaints and their resolution. The tracking and documenting of grievance resolutions within the GRC PMU will include the following parts:



- i. Tracking forms and procedures for gathering information from project personnel and complainant(s)
- ii. Computerized grievance database with dedicated staff to update the database routinely.
- iii. Systems with the capacity to analyze information to recognize grievance patterns, identify any systemic causes of grievances, promote transparency, publicize how complaints are being handled, and periodically evaluate the overall functioning of the mechanism.
- iv. Processes for informing stakeholders about the status of a case and procedures to retrieve data for reporting purposes, including the periodic reports to the PMU and GRC, reports into the quarterly progress report to the World Bank.
- v. An annual qualitative review of all complaints processed (ensuring filters such as gender, type of complaint, resolution status, time taken, intake channel, district/site, etc.) will also be undertaken to analyze the efficacy of the system.

## 2.6 Accessibility

Ensure that information about the existence and operation of the Grievance Redress Mechanism (GRM) is easily accessible to all stakeholders, including beneficiaries. The identified stakeholders from the Stakeholder Engagement Plan should be informed about GRM by the Social Safeguards and Gender Specialist at PMU. The specialist will use various methods, such as bulk SMS, radio/TV/newspaper announcements, and project site publicity, to promote GRM. Clear instructions in local languages for registering grievances and the timeframe should be included, along with assurance of complainant confidentiality.

To register a complaint, individuals can use an online form or pick up a physical form at a health facility. Mandatory complaint boxes will be placed at all health facilities. A dedicated and easily remembered phone number for the complaint section at PMU, available on Whats App, will be provided. Additionally, an email address and a complaint section on the project website will be established. Signages at appropriate places will guide stakeholders on accessing GRM, with all grievances directed to the Grievance focal person at PMU.

## 2.7 Important Considerations under the GRM

In the implementation of a Grievance Redress Mechanism (GRM), several crucial considerations must be prioritized to ensure its effectiveness and fairness. These are ethical considerations, confidentiality, and cultural sensitivity.

<b>Ethical Considerations</b>	<ul style="list-style-type: none"> <li>▪ Upholding a sense of fairness and impartiality in addressing grievances is essential. Treat all parties involved with respect and maintain transparency throughout the resolution process.</li> <li>▪ Avoiding conflicts of interest and ensuring integrity are paramount, contributing to the credibility and trustworthiness of the grievance redressal system.</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>▪ Safeguarding the privacy of individuals who raise grievances is fundamental.</li> <li>▪ Demonstrating a commitment to confidentiality helps build trust and encourages open communication, promotion a conducive environment for addressing grievances.</li> </ul>

<b>Cultural Sensitivity</b>	<ul style="list-style-type: none"> <li>▪ Recognizing and respecting the cultural diversity of stakeholders involved is vital. Tailor its processes to be culturally appropriate, considering local norms, traditions, and languages.</li> <li>▪ Sensitivity to cultural nuances helps ensure that the grievance redressal process is inclusive and respectful, thereby a positive relationship with the community.</li> </ul>
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Incorporating these considerations into the design and execution of the GRM not only ensures compliance with ethical standards but also enhances the mechanism's effectiveness and acceptance within the community. By promoting fairness, confidentiality, and cultural sensitivity, the GRM becomes a valuable tool in addressing grievances and maintaining a positive rapport with stakeholders.

## **2.8 Grievance Redress Mechanisms for GBV and SEA/SH**

Grievance Redress Mechanisms (GRM) will integrate mechanisms to track complaints related to SEA/GBV, including a feedback system for regular and timely feedback on actions taken to respond to complaints. These mechanisms will protect confidentiality of individuals without compromising access to justice. Grievances related to GBV and SEA/SH will always be escalated to the PMU, and will be dealt with by the PMU designated Gender specialist. GBV/SEA related complaints will be communicated to World Bank no later than 48 hours after being received by the concerned GRC or sub GRCs. The GRC/PMU will assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor. A list of GBV service providers will already be available with the GRC before project work commences. In general, the timeframe for resolution of complaints shall not exceed 21 days.

Grievances related to GBV and SEA/SH will be forwarded to the staff specifically trained to handle these types of complaints. The Social Safeguard & Resettlement Specialist (as GRC Focal Person) and the Gender Specialist at the PMU will receive the necessary training to handle such sensitive cases. The GRC will develop specific procedures to ensure complainants are able to register their grievances anonymously, and in a survivor-centered and discreet manner. The GRC will assist GBV survivors by referring them to GBV Services Provider(s) for support immediately after receiving a complaint directly from a survivor.

### **2.8.1 Grievance Closure**

Grievance Redress Mechanisms (GRMs) specifically tailored for handling cases of Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and Sexual Harassment (SH) require a sensitive and comprehensive approach. The closure of such grievances must ensure that the survivors' safety, confidentiality, and well-being are prioritized. Below is an outline of the roles and responsibilities of site, district, and provincial grievance redressal committees concerning the closure of these grievances.

### **2.8.2 Site-Level Grievance Redressal Committee**

#### **Roles:**

- Serve as the immediate point of contact for GBV, SEA, and SH grievances.

- Ensure prompt, sensitive, and confidential handling of complaints.
- Facilitate immediate support and protection measures.

### **Responsibilities for Grievance Closure:**

- 1. Safety and Confidentiality:**
  - Ensure the survivor's safety and confidentiality throughout the grievance handling process.
  - Implement measures to protect the survivor from retaliation or further harm.
- 2. Immediate Support:**
  - Provide or facilitate access to medical, psychological, and legal support services.
  - Ensure that the survivor receives appropriate and timely care and assistance.
- 3. Preliminary Investigation:**
  - Conduct initial fact-finding with sensitivity and without causing further trauma to the survivor.
  - Gather relevant information while maintaining confidentiality.
- 4. Resolution and Follow-Up:**
  - Implement immediate corrective actions if possible (e.g., removing the perpetrator from the site, providing alternative work arrangements for the survivor).
  - Ensure ongoing support and monitoring of the survivor's well-being.
- 5. Documentation and Reporting:**
  - Maintain detailed and confidential records of the grievance and actions taken.
  - Report unresolved or severe cases to the district-level committee.
- 6. Feedback to Survivor:**
  - Inform the survivor of the actions taken and the outcomes.
  - Ensure that the survivor feels heard and supported throughout the process.

### **2.8.3 District-Level Grievance Redressal Committee**

#### **Roles:**

- Handle grievances escalated from the site level.
- Ensure comprehensive investigation and resolution.
- Coordinate with local support services and legal authorities.

### **Responsibilities for Grievance Closure:**

- 1. Comprehensive Investigation:**
  - Conduct a thorough and impartial investigation of the grievance.
  - Engage with relevant stakeholders, including legal authorities, as necessary.
- 2. Support Services Coordination:**
  - Coordinate with local NGOs, healthcare providers, and legal services to ensure comprehensive support for the survivor.
  - Ensure the survivor has continuous access to necessary services.
- 3. Resolution and Action:**
  - Implement appropriate actions to address the grievance, such as disciplinary actions against the perpetrator, policy changes, or enhanced security measures.
  - Ensure that actions are taken in a timely and effective manner.
- 4. Monitoring and Follow-Up:**

- Monitor the situation to ensure that the survivor is not subjected to further harm or retaliation.
  - Conduct follow-up meetings with the survivor to assess their well-being and satisfaction with the grievance resolution.
5. **Documentation and Reporting:**
- Maintain confidential and detailed records of the grievance, investigation, and resolution.
  - Report unresolved or complex cases to the provincial-level committee.
6. **Feedback to Survivor:**
- Communicate the investigation findings and actions taken to the survivor.
  - Provide assurance that their grievance has been taken seriously and addressed appropriately

## 2.8.4 Provincial-Level Grievance Redressal Committee

### Roles:

- Address grievances that could not be resolved at the district level.
- Formulate and enforce policies for GBV, SEA, and SH grievance redressal.
- Ensure overall coordination and effectiveness of the grievance redressal system.

### Responsibilities for Grievance Closure:

1. **Policy and Framework Development:**
  - Develop and update policies and procedures for handling GBV, SEA, and SH grievances.
  - Ensure alignment with national laws and international best practices.
2. **Final Investigation and Resolution:**
  - Conduct a final and comprehensive review of unresolved grievances.
  - Ensure that appropriate actions are taken at the highest level to resolve the grievance.
3. **Oversight and Accountability:**
  - Monitor the effectiveness and compliance of site and district-level committees.
  - Ensure accountability by conducting audits and evaluations of the grievance redressal process.
4. **Capacity Building:**
  - Provide training and resources to district and site-level committees to handle GBV, SEA, and SH grievances effectively.
  - Promote awareness and education on GBV, SEA, and SH issues.
5. **Documentation and Reporting:**
  - Maintain comprehensive and confidential records of all grievances and resolutions at the provincial level.
  - Prepare and publish reports on grievance trends, resolutions, and systemic issues.
6. **Feedback to Survivor:**
  - Ensure that the survivor is informed about the final resolution and actions taken.
  - Provide ongoing support and resources to the survivor as needed.
7. **Stakeholder Engagement:**

- Engage with relevant stakeholders, including government agencies, NGOs, and community groups, to ensure a coordinated approach to GBV, SEA, and SH grievance redressal.
- Address public concerns and enhance the transparency and credibility of the grievance redressal process.

By meticulously fulfilling these roles and responsibilities, the grievance redressal committees can ensure that grievances related to GBV, SEA, and SH are handled with the utmost care, sensitivity, and effectiveness, ultimately fostering a safer and more supportive environment for all individuals.

### 3. GRM Management Information System (GMIS)

GRM systems play a crucial role in project administration. The project aims to establish a complaint registration system, seamlessly integrated with the SIHPP system. The SIHPP currently utilizes a well-established complaint registration system managed by PMU accessible through dedicated cell number, the website, and complaint box at Health Facility Level and PMU. Additionally, social media platforms such as Facebook, YouTube, Instagram, LinkedIn, and Twitter are utilized for various awareness campaigns and community support programs.

However, certain specific data needs, including gender-segregated data, HR-related issues, and complaints related to GBV/SEA/SH, require attention. There will be the dashboard to accurately reflect GR-MIS complaint data received through email and social media.

The primary goal of developing the MIS is to enhance community engagement by strengthening the GRM systems and establishing for the SIHPP, as needed for complaint registration, grievance redressal, and beneficiary feedback

#### 3.1. GMIS Data Structure

Program IT unit is under established as it will establish this data structure will be operationalized accordingly

#### 3.2. Monitoring through the GRM Dashboard

The GRC will document the concerns and grievances of project-affected people. Complaints related to GBV/SEA/SH will be reported to the World Bank no later than 48 hours after receipt by either the GR Cell at the at the PMU level. The GRC will document the complaint, investigation details, and subsequent actions and outcomes in the monthly Environmental Management and Monitoring reports and Monthly Progress Report.

During the construction and initial operational phases covered by major construction, the PMU will periodically update the World Bank on progress, including reporting complaints and their resolutions. The GRC PMU will track and document grievance resolutions with the following elements:

- i. Tracking forms and procedures to collect information from project personnel and complainants.
- ii. Computerized grievance database with dedicated staff for regular updates.
- iii. Systems capable of analyzing information to identify grievance patterns, systemic causes, promote transparency, publicize complaint handling, and periodically evaluate overall mechanism functioning.
- iv. Processes to inform stakeholders about case statuses.
- v. Procedures for data retrieval for reporting, including reports to the PMU and GRC and inclusion in the quarterly E&S Compliance monitoring report to the World Bank.
- vi. An annual qualitative review of all processed complaints, considering filters such as gender, complaint type, resolution status, time taken, intake channel, district/site, etc., to analyze system effectiveness.

**3.3 Proposed GR-MIS template**

<b>Complaint ID</b>	<b>Date Received</b>	<b>Complaint Type</b>	<b>Channel</b>	<b>Complainant Details</b>	<b>Complaint Description</b>	<b>Urgency Level</b>	<b>Responsible Team</b>	<b>Status</b>	<b>Date Resolved</b>	<b>Resolution Summary</b>	<b>Feedback Provided</b>	<b>Next Steps</b>

## 4. GRM Implementation Challenges

Implementing a Grievance Redressal Mechanism (GRM) in the context of SIHPP may encounter several challenges. Here are some anticipated challenges and potential strategies to address them:

	Challenges	Strategy
<b>Lack of Awareness:</b>	Stakeholders may be unaware of the existence or purpose of the grievance redressal mechanism.	Conduct awareness campaigns and training sessions for all stakeholders involved in the project. Clearly communicate the availability and processes of the GRM.
<b>Ineffective Communication</b>	Poor communication channels may hinder the reporting and resolution of grievances	Establish clear communication channels, both formal and informal. Utilize multiple platforms, such as email, helplines, and physical suggestion boxes. Ensure that communication is accessible to all stakeholders.
<b>Fear of Retaliation</b>	Stakeholders may fear reprisals or negative consequences for reporting grievances.	Implement a confidential reporting system to protect the identity of those raising concerns. Clearly communicate non-retaliation policies and ensure that the organization fosters a culture of openness and trust
<b>Complex Procedures</b>	Cumbersome and complex grievance redressal procedures may discourage stakeholders from reporting issues.	Simplify and streamline the grievance redressal process. Provide clear guidelines and step-by-step instructions for lodging complaints. Ensure that the process is user-friendly.
<b>Delay in Resolution</b>	Prolonged resolution times may lead to frustration and a lack of confidence in the grievance redressal system.	Set clear timelines for each stage of the grievance resolution process. Prioritize and expedite the resolution of critical issues. Regularly update stakeholders on the status of their grievances.
<b>Insufficient Resources</b>	Inadequate resources, including personnel and technology, may hinder the effective functioning of the GRM.	Allocate sufficient resources for the GRM, including trained staff and appropriate technology tools. Regularly assess resource needs and make adjustments as necessary.
<b>Cultural Sensitivity</b>	Cultural differences and sensitivities may affect how grievances are perceived and addressed.	Develop a culturally sensitive grievance redressal framework. Provide training to staff on cultural awareness and ensure that the system respects and accommodates diverse perspectives.
<b>Lack of Follow-up</b>	Failure to follow up on resolved grievances may erode trust in the system	Implement a system for tracking and monitoring grievance resolution. Conduct regular follow-ups with stakeholders to ensure their satisfaction with the resolution process.
<b>Inadequate Feedback Mechanism</b>	Stakeholders may feel that their feedback on the grievance redressal process is not considered.	Establish a feedback loop where stakeholders can provide input on the effectiveness of the GRM. Use this feedback to continuously improve the system
<b>Legal and Regulatory Compliance</b>	Ensuring that the grievance redressal mechanism complies with relevant legal and regulatory requirements.	Stay updated on laws and regulations related to grievance redressal. Regularly review and update the GRM to align with legal standards.



Addressing these challenges requires a commitment to transparency, accountability, and continuous improvement. Regular evaluations and adjustments to the grievance redressal mechanism based on feedback and evolving needs will contribute to its effectiveness in SIHPP.

## 5. Training

The capacity to handle grievances effectively is an essential aspect of a good GRM. Capacity refers not only to providing training for and building the skills of the GRM implementors of all tiers' (PMU, district and Health Facility level) staff, but also to a range of other capabilities for which a mechanism should be set in place to facilitate and promote effective service delivery. The training/orientation programs may include the following:

Topic	Potential Participants	Location	Frequency	Responsibilities	Remarks
Procedural training on receiving, registering, and sorting grievances.	GRCs members	DC office	Biannually	PMU E&S Team	Refresher session will be conducted online
Effective communication, negotiation, and facilitation skills.	GRCs members	DC office	Biannually	PMU E&S Team	
Techniques for problem solving, dispute resolution, and grievance handling	GRCs members	DC office	Biannually	PMU E&S Team	
Documentation and reporting.	GRCs members	DC office	Biannually	PMU E&S Team	

### 5.1. Training Module: GRM Users

The training modules may include the following:

- Procedural training on receiving, registering, and sorting grievances.
- Effective communication, negotiation, and facilitation skills.
- Techniques for problem solving, dispute resolution, and grievance handling
- Documentation and reporting.

### 5.2. Training for Master Trainers

Advanced training modules for Master Trainers (RMNCAH Coordinators/ Master Trainer at District Level) responsible for leading the implementation and training activities of a Grievance Redressal Mechanism (GRM) delve deeper into specialized areas, advanced techniques, and strategic aspects. Here are some advanced training modules:

<b>Conflict Resolution</b>	<ul style="list-style-type: none"> <li>▪ Mastery of advance conflict resolution techniques and negotiation skills.</li> <li>▪ Handling high-stakes and complex grievances with a focus on resolution and stakeholder satisfaction.</li> </ul>
<b>Data Analytics and Reporting</b>	<ul style="list-style-type: none"> <li>▪ Training on advanced data analytics tools for interpreting patterns and trends in grievance data.</li> <li>▪ Developing sophisticated reporting mechanisms for strategic decision-making.</li> </ul>

<b>Stakeholder Engagement and Collaboration</b>	<ul style="list-style-type: none"> <li>Advanced techniques for engaging with diverse stakeholders, including communities, government agencies, and NGOs.</li> <li>Developing strategies for collaborative grievance resolution across multiple stakeholders.</li> </ul>
<b>Crisis Management and Emergency Response</b>	<ul style="list-style-type: none"> <li>Specialized training in handling crisis situations and emergency responses within the context of grievance redressal.</li> <li>Simulation exercises for responding to urgent and critical grievances.</li> </ul>
<b>Communication Strategies</b>	<ul style="list-style-type: none"> <li>Enhancing communication skills for handling media relations and public relations during sensitive grievance scenarios.</li> <li>Managing communication in the face of organizational crises.</li> </ul>
<b>Technology Integration</b>	<ul style="list-style-type: none"> <li>In-depth knowledge of cutting-edge technologies for enhancing the efficiency of the GRM.</li> <li>Training on AI-driven analytics, block chain, or other emerging technologies in grievance management.</li> </ul>
<b>International Best Practices and Case Studies</b>	<ul style="list-style-type: none"> <li>Exploration of international best practices in grievance redressal.</li> <li>Analysis of global case studies to extract lessons and insights for application in local contexts.</li> </ul>
<b>Policy Advocacy and Influence</b>	<ul style="list-style-type: none"> <li>Strategies for leveraging the GRM for policy advocacy and influencing positive change.</li> <li>Building alliances with policymakers and influencers to promote the GRM at a broader level.</li> </ul>
<b>Gender-Sensitive GRM Implementation</b>	<ul style="list-style-type: none"> <li>Specialized training in implementing a gender-sensitive grievance redressal process.</li> <li>Strategies for addressing gender-based grievances and ensuring inclusivity</li> </ul>
<b>Cultural Competence in GRM</b>	<ul style="list-style-type: none"> <li>Understanding of cultural dynamics and their impact on grievance resolution.</li> <li>Strategies for fostering cultural competence within the GRM team</li> </ul>
<b>Evaluation and Impact Assessment</b>	<ul style="list-style-type: none"> <li>Methods for evaluating the impact of the GRM on organizational/project outcomes.</li> <li>Developing key performance indicators (KPIs) and impact assessment frameworks.</li> </ul>

These advanced training modules aim to equip Master Trainers with specialized skills, strategic insights, and advanced knowledge needed to lead, adapt, and continuously improve the implementation and training activities of the Grievance Redressal Mechanism. Selection Criteria for Master Trainers as **Annex: 3**.

**5.3. Training Module: Ethical Grievance Handling**

Training on ethical considerations and sensitivity is crucial for individuals involved in handling grievances in the construction and operation of health facilities. This training should aim to instill a deep understanding of ethical principles, cultural sensitivity, and effective communication. The key components that should be included in such trainings are as below.

<b>Ethical Principles</b>	<ul style="list-style-type: none"> <li>▪ Provide an overview of ethical principles relevant to the construction and operation of health facilities. This includes honesty, integrity, accountability, and transparency.</li> <li>▪ Emphasize the importance of maintaining confidentiality when handling grievances.</li> </ul>
<b>Cultural Sensitivity</b>	<ul style="list-style-type: none"> <li>▪ Highlight the diversity of stakeholders involved in health facilities. Provide insights into different cultural norms, values, and expectations.</li> </ul>
<b>Communication Skills</b>	<ul style="list-style-type: none"> <li>▪ Develop communication skills, including active listening and empathetic responses. Trainees should learn how to communicate clearly and sensitively with individuals raising grievances.</li> <li>▪</li> </ul>
<b>Power Dynamics and Empowerment</b>	<ul style="list-style-type: none"> <li>▪ Discuss power dynamics within construction and healthcare settings.</li> <li>▪ Encourage a culture of empowerment where all stakeholders, regardless of their position, feel empowered to voice concerns without fear of retaliation.</li> </ul>
<b>Conflict Resolution and Mediation</b>	<ul style="list-style-type: none"> <li>▪ Equip trainees with skills for effectively resolving conflicts and addressing grievances. This includes mediation techniques and negotiation skills.</li> <li>▪ Problem-solving skills to address issues at their root and prevent recurring grievances.</li> </ul>
<b>Trauma-Informed Care</b>	<ul style="list-style-type: none"> <li>▪ Provide insights into the potential trauma experienced by individuals raising grievances, especially in healthcare settings.</li> </ul>
<b>Continuous Improvement:</b>	<ul style="list-style-type: none"> <li>▪ Establish mechanisms for continuous feedback and improvement of the grievance redressal process. Encourage trainees to seek and incorporate feedback to enhance their skills and the overall system.</li> </ul>
<b>Case Studies and Role-Playing</b>	<ul style="list-style-type: none"> <li>▪ Case studies and role-playing exercises to simulate real-life situations. This allows trainees to apply ethical considerations and sensitivity in a controlled environment.</li> </ul>
<b>Documentation and Record-Keeping</b>	<ul style="list-style-type: none"> <li>▪ Importance of accurate and thorough documentation of grievance-related interactions. Trainees should understand the legal and ethical significance of maintaining comprehensive records.</li> </ul>

Ongoing training and reinforcement of these principles are essential to ensure that individuals involved in handling grievances in the construction and operation of health facilities are well-prepared, ethical, and sensitive to the needs of all stakeholders.

#### **5.4 GRM for workers/ labor**

Community Liaison Officer -CLO (will be nominated by Health facility in charge) will serve as Grievance Focal Point (GFP) for workers/labor complaints at site level. If the issue is successfully resolved, no further follow-up is required, and the case shall be documented and closed. In case the grievance is unresolved at the sites/ contractors level, the workers may directly approach GRC about their grievance. The prominent signage containing the contact details of GRC in the Sindhi language will be displayed at each site. The estimated budget for the implementation of GRM is PKR. 50,00,000/=.

## Annex-1: Terms of Reference (ToRs) for Grievance Redress Entities in the GRM

### Terms of References for District Grievance Redressal committee (GRC):

- The District Grievance Redressal committee consist on eight members, the details of members are as below;
  - Deputy Commissioner (Concerned) Chairman
  - District Health Officer (Concerned) Member / Secretary
  - Representative from Director General Health Services Sindh Member
  - Monitoring and Evaluation Specialist, SIHPP Member
  - District Support Manager (PPHI) (Concerned) Member
  - Representative from District Environment Department Member
  - Representative from Civil Society Organization Member
  - Any other co-opted member Member

If a complaint registered at the District GRC is not redressed, the complainant will have the option to escalate the complaint to the PMU level. Thus, if a complainant who has registered a grievance at the District GRC is not satisfied with the response he/she gets, the option of registering the complaint at the PMU GRC. If a complainant is not satisfied with the response received at the highest level, i.e. from the PMU GRC, then he/she will either have to approach the Program Director, or take the matter to a court of law / district magistrate

- The District Health Office/District Focal Person from DoH, being secretary of the District GRC, will document all the complaints and subsequent follow-up, in a secure and confidential complaint management system to ensure accountability and keep the record of all complaints and share them with the PMU Office on a regular basis.
- The DHO will keep the record of all complaints at District level.
- The Project Management Unit of SIHPP will conduct training of committee member at the DC office, for smooth implementation of the GRM.
- Investigations: The committee will investigate all the grievances without any pressure from any potential and provide justice to the aggrieved. The complaint resolution time line will be 30 days (02 days for acknowledgment of complaint and 28 days for resolution)
- The committee will carry out independent, safe, and discreet investigations, recognizing the rights of and duty of care to everyone involved, including the complainant and/or survivor, witnesses, and the subject of the complaint.
- The Committee will take swift and appropriate action against personnel found guilty.

### **Terms of References for Provincial Grievance Redressal Committee (GRC):**

- If the complainant not satisfy by provincial GRC, then he/she will either have to approach the Program Director, or take the matter to a court of law / district magistrate.
- The Monitoring and Evaluation Specialist, being the secretary of the Provincial GRC, will document all the complaints and shall put them up to the Program Director.
- The Monitoring and Evaluation team at the PMU of SIHPP will keep the record of all complaints at provincial level.
- The committee will have a meeting once every two weeks to discuss the possible solution of the complaints.
- Investigations: The committee will investigate all the grievances without any pressure from any potential and provide justice to the aggrieved. The complaint resolution time line will be 30 days (02 days for acknowledgment of complaint and 28 days for resolution)
- The committee will carry out independent, safe, and discreet investigations, recognizing the rights of and duty of care to everyone involved, including the complainant and/or survivor, witnesses, and the subject of the complaint
- The Committee will take swift and appropriate action against personnel found guilty.

### **Site/ Health Facility Level GRC Composition**

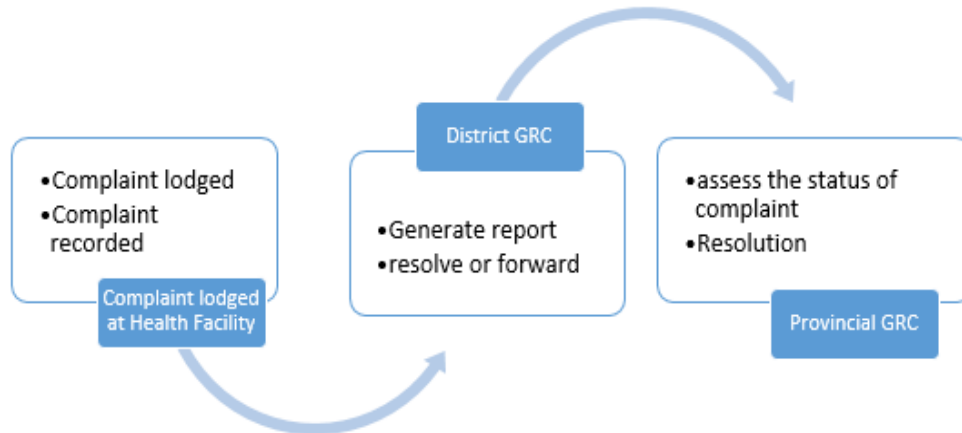
The Site/Health Facility Redressal committee consist on five members, the details of members are as below;

- |  |           |
|--|-----------|
| • Grievance Focal Points (GFPs of DoH) | Chairman  |
| • Incharge of health facility          | Secretary |
| • Contractors                          | Member    |
| • Head Master/Teacher                  | Member    |
| • Co-opted Member from Community       | Member    |

### **Terms of Reference**

- The Health Facility Incharge, being secretary of the site level GRC, will document all the complaints and subsequent follow-up, in a secure and confidential complaint management system to ensure accountability and keep the record of all complaints and share them with the District GRC on a regular basis.
- The Health Facility Incharge will keep the record of all complaints at facility level.
- The health facility incharge maintain all records of grievances received, actions taken, and outcomes achieved at facility level.
- Provide regular updates and reports on grievance trends, resolutions, and any systemic issues identified to the appropriate authorities.
- Support and cooperate with the GFPs in addressing grievances effectively and in a timely manner.
- The District GRC/Project Management Unit of SIHPP will conduct training of committee members at the District Health office, for smooth implementation of the GRM.  
**Investigations:** The committee will investigate all the grievances without any pressure from any potential and provide justice to the aggrieved. The complaint resolution timeline will be 15 days (02 days for acknowledgment of complaint and 17 days for resolution).

## Annex-2: Grievance Reporting and Coordination Hierarchy



Note: If the complainant is not satisfied with the resolution of their complaint. He / She can go for district magistrate / Court.

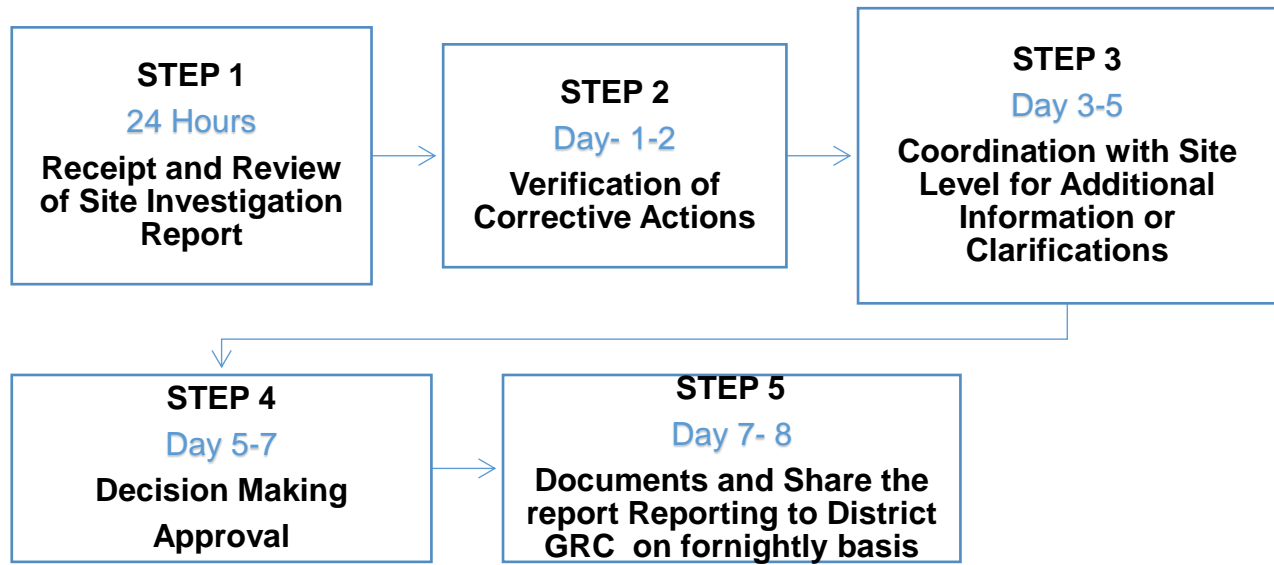
### Annex-3: Selection Criteria for Master Trainers

Selecting master trainers for a grievance redressal mechanism requires a sensitive consideration of various criteria to ensure their effectiveness in training others and handling grievances proficiently. Here are some key selection criteria:

- Designated district focal person for GRM
- Substantial background in grievance resolution, conflict mediation, or associated domains.
- Candidates should demonstrate proficiency in essential areas like communication, negotiation, problem-solving, and understanding of pertinent laws and regulations.
- Experience in training or education, particularly in adult learning methodologies, is preferred.
- Demonstrated leadership abilities to successfully lead and mentor.
- Clear and engaging communication is vital for master trainers to effectively convey intricate concepts and involve participants during training sessions.



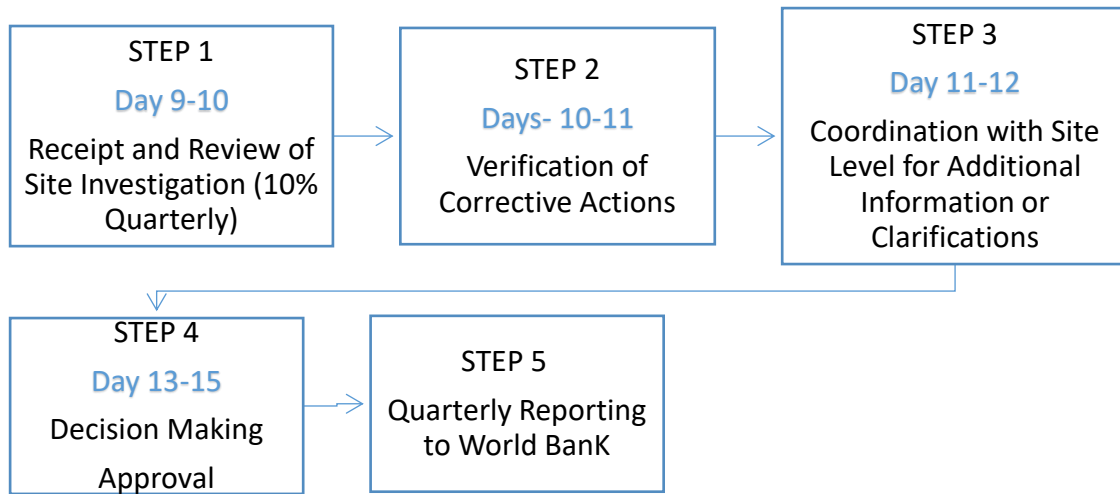
## Annex-4: Complaints handling Process at Health Facility Level



## Annex-5: Complaints handling Process at District Level



## Annex-6: Complaint Handling Process at Provincial Level



## Annex-7: Complaint Form

<b>COMPLAINANT INFORMATION</b>		<b>TRACKING No</b>													
Complainant Name				Phone #											
CNIC Number															
Gender				Email											
Mailing Address				Address											
Nature of complain	1) Administrative 2) Civil work 3) Social / Community 4) Training 5) Environmental 6) Procurement 7) GBV/ SEA/ SH/VAC/HT** 8) Any other			Submission Date											
				Time											
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<b>COMPLAINANT STATEMENT</b>															

## **Annex-8: Dissemination Information Regarding the Grievance/complaint logging**

The important factor to logging the grievances/complaints is to broadcast the process for the public and all concerned, so that they can get benefit from the established GRM system. For this purpose, Information, Education and Communication strategy will be used for the dissemination of information about the process of grievance logging. These channels of communication or IEC materials include posters, flyers, leaflets, brochures, booklets and steamers. On the other hand, information will be shared through printed or broadcasted media such as radio broadcast or interpersonal communication in a manner, appropriate to the target group's culture and values. It is intended to instill positive knowledge for appropriate behavior in the community which will promote the acceptability of the project interventions.