GBV/SEA/SH Action Plan

Meghalaya Health Systems Strengthening Project

Government of Meghalaya

JUNE 2026

Official Use Only

Introduction

The Meghalaya Health Systems Strengthening Project (P173589), supported by the World Bank and implemented by the Department of Health and Family Welfare, Government of Meghalaya, seeks to transform the state's public health delivery by improving accountability, quality, and utilization of services. The initiative covers all twelve district hospitals, twenty-three community health centres, and seventy primary health centres, alongside the Megha Health Insurance Scheme, which already reaches more than half of the state's families. Investments focus on upgrading infrastructure, enhancing management systems, and building the skills of health workers through targeted training. Community-level interventions will integrate maternal and child health and nutrition services, ensuring that women and children benefit directly from improved care.

The project adopts a participatory approach, embedding performance-based agreements, quality certification, and technology solutions to strengthen governance and service delivery. It also addresses environmental and social safeguards, particularly biomedical waste management, occupational health and safety, and inclusive access for vulnerable groups.

While the project's primary focus is on strengthening health systems, it also recognizes that improved access and utilization of services must be accompanied by safeguards that protect the dignity and safety of all stakeholders. In particular, the risks of sexual exploitation, abuse, and harassment (SEA/SH) within health facilities, community outreach, and project worksites require a structured response. The Environmental and Social Management Framework already highlights the need for grievance redress mechanisms, inclusive access, and occupational safety, and building on this, the SEA/SH Action Plan provides a dedicated framework to prevent, mitigate, and respond to such risks.

Scope

This Action Plan is guided from the ESS framework and outlines the measures to be undertaken by the PMU to prevent, mitigate and respond to risks associated with SEA/SH throughout the project cycle. The plan includes capacity building, awareness building, referral pathways and grievance redressal to promote a safe and respectful working environment for project workers, health care professionals, beneficiaries and communities engaged under the project.

SEA/SH mitigation measures

To strengthen a gender responsive health care system, the interventions are broadly identified as follows within the GBV/SEA/SH Action Plan. These interventions focus on policy development, capacity building, sensitisation, gender responsive infrastructure and survivor-support mechanism.

1. Committee formation

Official Use Only

Appointment of Internal Committees (IC) mandated under the POSH Act 2013, as a performance indicator within the Internal Performance Agreement (IPAs), across 122 health care facilities and 16 health administrative offices including the Directorates.

1.1 State SEA/SH Committee (at State PMU)

Composition – Program Director, Social Specialist (PMU), Project Steering Committee Representative

Responsibilities

- **a.** Provide technical support to implementing agency and contractors on SEA/SH prevention and response.
- **b.** Monitor compliance with SEA/SH safeguards across all health centres and civil works sites.
- **c.** Escalate systemic issues to the Project Management Unit, Project Steering Committee and World Bank Task Team.
- **d.** Coordinate with state-level women's organizations, child protection agencies, and GBV service providers.

Operations:

- **e.** Meets monthly; minutes submitted to PMU and shared with World Bank.
- **f.** Maintains a dashboard of SEA/SH cases, training coverage, and GRM performance.
- **g.** Oversees capacity building programs and approves IEC materials before dissemination.
- **h.** Ensures alignment with national laws (POSH Act 2013, POCSO Act 2012, Digital Personal Data Protection (DPDP) Act, 2023).

1.2 Internal Complaints Committees (ICCs) and Local Committees (LCs)

Composition – As per POSH Act, 2013, the following shall be the composition of ICCs and LCs:

- **a. ICCs:**
  - i. One Presiding Officer: A senior woman employee of the organization. If such a person is unavailable, the Presiding Officer may be nominated from another office or department of the same employer or, if necessary, from a relevant external organization.
  - ii. Two or more internal members: Employees with a demonstrated commitment to women's welfare, or those with experience in social work or legal knowledge.
  - iii. One external member: A representative from a non-governmental organization or an individual with expertise in issues related to sexual harassment. At least 50% of the committee members must be women.

Official Use Only

- ✓ An ICC at the PMU level was formed in 2023.
- ✓ ICCs are also available at other levels of the structure.

b. LCs:

i. A Chairperson to be nominated from amongst the eminent women in the field of social work and committed to the cause of women;

ii. one Member to be nominated from amongst the women working in block, taluka or tehsil or ward or municipality in the district;

iii. two Members, of whom at least one shall be a woman, to be nominated from amongst such non-governmental organizations or associations committed to the cause of women or a person familiar with the issues relating to sexual harassment, which may be prescribed; provided that at least one of the nominees should, preferably, have a background in law or legal knowledge: provided further that at least one of the nominees shall be a woman belonging to the Scheduled Castes or the Scheduled Tribes or the Other Backward Classes or minority community notified by the Central Government, from time to time;

iv. the concerned officer dealing with the social welfare or women and child development in the district, shall be a member ex officio.

Responsibilities:

a. ICCs: constituted at IA, PMUs, and contractor levels for employers with > 10 employees; LCCs: constituted at the district/local level by the district administration for employers with < 10 employees, and women engaged in informal work. (In compliance with the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 – POSH Act).
b. LCs: Established at the district level by the district administration for employers with < 10 employees, and women engaged in informal work. They act as an external escalation channel, complementing ICCs, thereby guaranteeing that survivors across all organizational sizes have safe and accessible avenues for reporting and resolution. (In compliance with the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 – POSH Act). Address workplace harassment grievances involving project staff, contractors, and frontline workers.
c. Design and implement prevention strategies through awareness sessions, and mandatory training.
d. Ensure confidentiality and survivor agency in grievance handling.
e. Provide referral pathways to medical, psychosocial, and legal services.

Operations

Official Use Only

a. PMU ICC: Members appointed by DoHFW at State level; meets monthly; submits minutes to DoHFW.
b. Contractor ICCs: Members appointed by contractor; meet monthly; submit minutes to contractor management.
c. ICCs conduct annual reviews of SEA/SH cases and recommend systemic improvements.
d. ICCs are required to report compliance in Monthly Progress Reports (MPRs) using macro data without personal information of survivors.

1.3 Contractor-Level SEA/SH Committees

Composition – Social/Gender Specialist, Labor/OHS Specialist, site engineer and contractor personnel.

Responsibilities

a. Act as the first point of contact for prevention, reporting, and monitoring of SEA/SH cases at the contractor level.
b. Conduct awareness sessions for contractor staff, workers, and communities on SEA/SH risks and reporting channels.
c. Monitor infrastructure audits to ensure SEA/SH-responsive facilities (separate toilets, lighting, safe exits).
d. Maintain confidential records of reported cases and referral actions.

Operations:

a. Team leads appoint members in line with SOPs; appointments documented in writing.
b. Committees meet monthly; minutes submitted to Team Lead and shared with State Committee.
c. Responsible for contractor-level GRM operators, ensuring survivor-centric case handling.
d. Conduct quarterly outreach campaigns with IEC materials (posters, slogans, child protection hotlines).

2. Capacity building

- Training on the POSH Act 2013, including the roles and responsibilities of the Internal Committees (IC) across health care facilities, Directorates of the Health Department and health administrative offices.
- Capacity building on GBV/SEA/SH and Referral Pathways for all PMU engineers serving as GRM focal persons at constructions sites.
- Development of a Gender Sensitisation Reference book covering gender concepts, gender biases, and gender-based violence.

3. District Level Awareness and Outreach (Social Behavior Change Communication)

- Development of IEC materials (posters and videos) in Khasi, Garo and English to raise awareness on SEA/SH and the Project Grievance Mechanism.
- Display of IEC materials across the IPA facilities and construction sites.
- Consultations with District Commissioners, district health officials, health committee members and contractor personnel to raise awareness on Environmental and Social Safeguards, GBV/SEA/SH prevention and the project GRM.

4. Infrastructure

- Provisions of separate toilets and common rooms for male and female students in the academic blocks of the newly constructed GNM Schools of Nursing.

4.1 Post-construction audits

Scope: Verify compliance with SEA/SH-responsive measures after construction completion.

Focus areas:

1. Emergency exits: Clearly marked, unobstructed, and accessible.
2. Health centres: Segregated facilities for men and women with secure entry points.
3. Safety features: Fire alarms, extinguishers, and evacuation signage.
4. Privacy safeguards: Secure toilets and bathing facilities with proper locks.

Process:

1. Conducted by contractors, monitored by State PMU.
2. Reports will be compared against pre-construction recommendations.
3. Non-compliance will be flagged for corrective action before handover.

Examples of modifications:

- ✓ Safe exits and evacuation routes with signage in local languages.
- ✓ Adequate lighting in hospital corridors, and outdoor areas.
- ✓ Installation of CCTV cameras in common areas (excluding private spaces).
- ✓ Secure boundary walls and controlled entry points to prevent unauthorized access.

5. Contractors and worksites

Provision of separate toilets and well-lit labour camp for male and female workers at the construction site.

- Maintenance of Grievance registers at construction sites.

6. SEA/SH-Responsive Grievance Redress Mechanism (GRM)

6.1 Modification of Existing GRM

- ✓ The current grievance system will be reviewed and adapted to handle SEA/SH cases specifically.
- ✓ The modification of the existing GRM will be done in a manner to ensure confidential reporting channels (in-person, email, online portal).
- ✓ The GRM will ensure anonymity for survivors who fear retaliation.
- ✓ Clear escalation pathways from Contractor Committees to State Committees will be established
- ✓ GRM operators will maintain strict confidentiality and survivor agency at all stages

6.2 Standard Operating Procedures (SOPs)

SOPs will be developed to ensure the running of the GRM in a manner sensitive to SEA/SH cases. GRM SOPs will include:

- ✓ Accountability framework: roles of committees, ICCs, contractors, and PMU.
- ✓ Multiple reporting channels: helplines, complaint boxes, digital platforms, direct reporting to committee members.
- ✓ Case handling protocols: timelines for response (acknowledgement in 24/48h, follow up within timeframe), survivor consent for referrals, confidentiality safeguards.
- ✓ Feedback loops: survivors informed of progress and resolution steps.
- ✓ Interim safety measures for survivors (e.g. separation from alleged perpetrators when possible).

The GRM SOPs will be aligned with POSH Act (2013), POCSO Act (2012), WB SEA/SH good practice notes, and World Bank ESF requirements.

6.3 GBV Service Provider Mapping

A mapping of GBV Service Providers will be conducted according to the following process:

- ✓ Identify and document all relevant service providers for medical, legal and psychosocial services:

One Stop Centres (medical, psychosocial, legal support).	Women Helpline (181) for immediate assistance	Childline (1098) for child survivors.	NGOs specializing in GBV (e.g. trafficking, and domestic violence)

- ✓ Assess provider capacity for survivor-centric case management (confidentiality, agency, trauma-informed care).
- ✓ Establish formal referral agreements with hospitals, police, and NGOs.
- ✓ Maintain a directory of services accessible to GRM operators and committees.

6.4 Periodic training of GRM Operators

Official Use Only

- ✓ Survivor-centric case management: listening skills, non-judgmental responses, informed consent.
- ✓ Confidentiality protocols: secure record-keeping, restricted access to case files.
- ✓ Safe reporting mechanisms: ensuring survivors feel protected from retaliation.
- ✓ Legal obligations: mandatory reporting requirements under POCSO Act.
- ✓ Referral pathways: how to connect survivors to medical, psychosocial, and legal services.
- ✓ Delivered in ToT format: State-level trainers capacitate frontline workers and contractor GRM operators.
- ✓ Refresher trainings conducted bi-annually to reinforce skills and update protocols.

Type of Support	Authority	Contact	Type of Service	How to access
Integrated Support	One Stop Centres (all districts)	Located in hospitals across Meghalaya	Medical care, medico-legal exam, counselling, temporary shelter, police and legal coordination	Direct visit
Women's Crisis Support	Women's Helpline	1091/181	Counselling, police referral, One-Stop Centres linkage and shelter coordination	Call 24x7
Health	Health Department	14410	Counselling and health referral/health information	Call 24x7
Emergency Response	Police Emergency	100	Police protection, rescue and FIR registration	Call 24x7
Child Protection	Child line, India	1098	Emergency rescue and protection for minors (POCSO cases)	Call 24x7
Police Special Support	Special Cell for Women	via local police station	Psycho-social support, legal coordination and counselling	Through police station

Official Use Only

Free Legal Aid	Meghalaya State Legal Services Authority (MSLSA)	MATI Building, Additional Secretariat, Shillong – 793001	FIR assistance, compensation claims, legal aid	Walk in / Call 15100
Women's Complaints	National Commission for Women		Complaint registration, police follow up, counselling referral,	Call/Online complaint

Contact details of district-wise One Stop Centres – Meghalaya

Sl. No	District	Contact
1.	East Khasi Hills	+91 9436511367
2.	West Khasi Hills	+91 8974613454
3.	South West Khasi Hills	+91 8787866015
4.	Ri Bhoi	+91 9531250842
5.	East Jaintia Hills	+91 9615719767
6.	West Jaintia Hills	+91 8259846609
7.	North Garo Hills	+91 9862733638
8.	South Garo Hills	+91 9774031634
9.	East Garo Hills	+91 7005980214
10.	West Garo Hills	+91 8257850045/9862285036
11.	South - West Garo Hills	+91 8257850045

Official Use Only

Contact details of District-Wise Legal Services Authority:

Sl. No	Name of DLSAs	Office Address	Official Email ID
1.	District Legal Services Authority, East Khasi Hills District, Shillong	O/o District & Sessions Judge, East Khasi Hills District, Shillong	dlsa.ekh-meg@gov.in
2.	District Legal Services Authority, West Khasi Hills District, Nongstoin	O/o District & Sessions Judge, West Khasi Hills District, Nongstoin	dlsawkh@gmail.com dlsa.wkh-meg@meghalaya.gov.in
3.	District Legal Services Authority, South West Khasi Hills District, Mawkyrwat	O/o District & Sessions Judge, South West Khasi Hills District, Mawkyrwat	dlsamwtmeg@gmail.com
4.	District Legal Services Authority, West Jaintia Hills District, Jowai	O/o District & Sessions Judge, West Jaintia Hills District, Jowai	dlsa-jowai@meghalaya.gov.in
5.	District Legal Services Authority, East Jaintia Hills District, Khliehriat	O/o District & Sessions Judge, East Jaintia Hills District, Khliehriat	dlsa.khliehriat@gmail.com
6.	District Legal Services Authority, Ri-Bhoi District, Nongpoh	O/o District & Sessions Judge, Ri-Bhoi District, Nongpoh	dlsanongpoh@gmail.com
7.	District Legal Services Authority, West Garo Hills District, Tura	O/o District & Sessions Judge, West Garo Hills District, Tura	dlsatura@gmail.com
8.	District Legal Services Authority, South West Garo Hills District, Ampati	O/o District & Sessions Judge, South West Garo Hills District, Ampati	legalservicesauthorityampati@gmail.com
9.	District Legal Services Authority, East Garo Hills District, Williamnagar	O/o District & Sessions Judge, East Garo Hills District, Williamnagar	dsjwilliamnagar@gmail.com

Official Use Only

			dlsawilliamnagar24@gmail.com
10.	District Legal Services Authority, North Garo Hills District, Resubelpara	O/o District & Sessions Judge, North Garo Hills District, Resubelpara	dlsa.ngh-meg@gov.in
11.	District Legal Services Authority, South Garo Hills District, Baghmara	O/o District & Sessions Judge, South Garo Hills District, Baghmara	dlsabaghmara@gmail.com

Monitoring and Implementation

The implementation of this GBV/SEA/SH Action plan will be overseen by the Project Management Unit (PMU) and will periodically monitor its implementation through regular project review meetings, field visits and ESS bi-yearly reporting to ensure compliance and effectiveness.

Implementation Plan

Sl. No	Mitigation Measure	Activity	Timeline
1.	Prevention of Sexual Harassment	Development of Policy	June 2023
2.	Capacity Building	Training of health facilities, Directorates and health administrative offices, PMU and Engineers	July - October 2023
3.	Strengthening of Internal Committees	Formation of IC as a performance indicator in the IPA frameworks	October 2023 - March 2027
4.	District - Level Consultations	Stake holder consultations chaired by the District Commissioners	June 2022 - March 2027
5.	Social Behaviour Change Communication	IEC development and awareness generation	March 2024 / ongoing
6.	Construction	Safeguards provisions in the construction works particularly the GNM Schools of Nursing	Ongoing till the close of construction
7.	Worker and Labour Sensitisation	Sessions with contractor personnel at the state level and during ESS field visits	Ongoing till the close of construction

Official Use Only

7. Contractual obligations

The PMU will ensure that Contractors are bound by obligations related to SEA/SH, including by ensuring the following:

- ✓ SEA/SH explicit clauses in all request for bids and other bidding documents and contracts
- ✓ Links to performance securities and E&S specifications
- ✓ Sanctions for non-compliance
- ✓ Inclusion of SEA/SH measures in C-ESMPs submitted by Contractors against PMU ESMP

8. Monitoring and Reporting

1. The State PMU will monitor implementation of all measures and track SEA/SH grievances through a secure case management system.
2. Contractors submit Monthly Progress Reports (MPRs) to State PMU, including GRM performance and information on measures taken on SEA/SH.
3. State PMU includes SEA/SH performance section in Quarterly Progress Reports (QPRs) to the WBG.

Official Use Only