

Indian Institute of Health Management Research, Jaipur

Referral for SEA/GBV survivors

Referrals for immediate assistance

It is the responsibility of the Indian Institute of Health Management Research (IIHMR), IIHMR Delhi & IIHMR Bangalore office bearers to ensure survivors of SEA allegedly perpetrated by their personnel receive immediate professional assistance, either by providing them with direct services or referring them to relevant service providers where consent is given.

GBV Services and referral pathway: The IIHMR office bearer is committed to working with GBV, and relevant agencies to ensure that SEA survivors have access to appropriate GBV services. While SEA survivors have distinct needs stemming from the fact that members of the IIHMR committed the abuse and/or exploitation, many of the physical and psychosocial needs are similar to survivors of other forms of GBV. For this reason, when the PSEA focal Point/ Secretary of IIHMR receive an allegation of abuse and/or exploitation she/he will immediately contact the relevant GBV Case Management Focal Point. If there is no appropriate GBV Focal Point identified in the incident location, or there is any reason to believe that following the GBV referral pathways would be unsafe, the PSEA Focal / Secretary of IIHMR will refer to the GBV Focal Point of the nearest geographic zone/ State IIHMR Society, according to the best interests and the informed consent of the survivor. Within 48 hours of receiving the referral, the GBV Focal Point/ Secretary General of IIHMR will provide the PSEA Focal Point with a written verification that service referrals were conducted.

It is a core tenet of PSEA that basic assistance is not dependent on the referral or outcome of a case but is provided independently and as early as possible. This right should be made clear to the survivor. An individualized needs assessment conducted by the GBV Focal Point/ Secretary of IIHMR shall determine the immediate medical, psychosocial, safety and security, and legal needs of each SEA survivor. This assessment is entirely independent from administrative action taken on the complaint, including both referral for investigation and the outcome of any initiated case. All SEA survivors/complainants are entitled to a needs assessment. Complainants who are not alleged victims/survivors, including whistle-blowers, may also require a safety and security assessment and other safeguarding and protective measures

If for any reason the PSEA Focal Point / Secretary of IIHMR receives a complaint where waiting for a needs assessment would cause harm to the survivor – e.g. at hour 72 on a sexual violence report – the Focal Point/ Secretary General of IIHMR will immediately refer the survivor to a health clinic that provides Clinical Management, while at the same time following the GBV referral pathways and informing the relevant GBV Focal Point of the additional referral.

Special considerations for child survivors: When the survivor is under the age of 18, the GBV Focal Point/ Secretary of IIHMR will be responsible for making appropriate referrals, following the existing child protection protocols in cooperation with GBV and CP subsectors.

For effective interagency pathway IIHMR

- **Identify to what extent their organization can use existing inter-agency complaints mechanisms** to enhance internal reporting. This includes assessing to what extent these inter-agency mechanisms adhere to core reporting standards and allow access to reports concerning their personnel for response and follow-up.
- **Give personnel and beneficiaries, including children, access to multiple reporting mechanisms (internal/external)** that meet their needs and preferences to the extent possible.

For example, some people may be too embarrassed to talk to a person about an incident, while others may not feel comfortable sending sensitive information via email. Similarly, some community members (or personnel) may not trust internal reporting channels and prefer to share information with an external body. Possible reporting mechanisms (internal/external) may include in-person reporting to designated personnel (e.g. direct supervisors, PSEA focal points or internal oversight offices), inter-agency staff, or others¹; reporting via free phone hotlines, SMS, text messaging or email;² or use of secure suggestion/complaint boxes (with no specific signage on them to avoid any direct association with SEA).

- **Support the establishment and functioning of community-based, inter-agency complaint mechanisms** that are equipped to handle GBV complaints, including SEA. We also encourage community-based inter-agency mechanisms which allow communities that receive services from multiple organizations to access one channel for reporting allegations involving personnel, thus facilitating more streamlined, efficient reporting. These mechanisms should be free to use and usually include various reporting channels (e.g. dedicated phone lines, complaint boxes, e-mail addresses, help desks and/or designated trusted persons).³
- **Consult beneficiaries and local communities** (including women, children, people with disabilities, and other relevant stakeholders) on risk factors for SEA; challenges for raising complaints; preferred methods for reporting; and how to make reporting mechanisms safe, confidential, transparent and accessible which is mentioned in our reporting policy.
- **Widely publicize all available reporting channels** to personnel, beneficiaries and local communities. Importantly, IIHMR would inform personnel about mandatory reporting both in writing (e.g. memo, detailed email) and verbally (e.g. meeting, conference call), incorporating the following content:
 - A clear description of behaviours that constitute SEA, stressing the need to report when in doubt about a case
 - The obligation of all personnel to report any suspicions or concerns and consequences for failing to report (e.g. disciplinary measures)
 - The option of reporting information anonymously
 - The organization's protections for those who makes an allegation in good faith (e.g. whistleblower policy, protection plans for complainants)
 - Details regarding who to report to and what information to share to allow for proper response and follow-up
 - Explanation of how the organization will use the information (i.e. who will receive the reports and the internal procedure for response and follow-up).

Before and During Redressal Process

To initiate referral, the following steps should be taken:

- Provide the PSEA victim with the referral form.
 - Explain the purpose of the referral form, how it will be used and assist the victim in completing the referral form.
 - Ensure that the victim understands their rights, confidentiality of the process and the importance of seeking further professional support.
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- Connect the victim with the recommended support agency through the referral form

Referrals for Relief and Recovery

Interim Relief - During the pendency of the inquiry, on a written request made by the Complainant, may recommend IIHMR to

- Transfer the Complainant or the Respondent to any other workplace
- Grant leave to the Complainant of up to 3 months, in addition to the leave she/he/they would be otherwise entitled to.
- Prevent the Respondent from assessing the Complainant's work performance.
- Grant any such other relief as may be appropriate.
- Recusal of member in case of potential bias.

Interagency referral for relief and recovery – from first conversation until after the case, the internal committee will be providing multiple referrals to therapists for complainants, witnesses and respondents

After Redressal

Internal committee/ IIHMR office bearers will make recommendation to provide necessary relief measures that supports the complainant in recovery. The measures include but not limited to

- Medical Assistance
- Counselling & Therapy
- Financial compensations
- Any other support requested by the complainant, witnesses.
- Interagency referral for relief and recovery – referrals

Follow Up and Support:

IIHMR will provide on-going support and follow-up with PSEA victims to ensure that they have successfully accessed the recommended counselling and support agencies.

By implementing this policy, IIHMR aims to provide effective support and guidance to SEA victims, fostering an environment of trust, respect and recovery.

Review: The policy will be in force from immediate effect superseding all previous policies similar in nature. IIHMR **Organization** management reserves the right to amend, abrogate, modify, rescind / reinstate the entire Policy or any part of it at any time, within the purview of the Act provided.

