PHIG Institutional Policy Manual

Public Health Institute of Georgia · Sep 25, 2026 · @Dr Giorgi Pkhakadze

About this manual

This manual sets out the 47 policies that govern how the Public Health Institute of Georgia (PHIG) works: integrity, safeguarding, reporting, data, security, research, publishing and money. It is written for staff, volunteers, consultants, partners and the donors who fund them.

Status: Consolidated edition, September 2026. PHIG has applied institutional policies and procedures since its registration in 2011, updating them as its work grew. In September 2026 all of them were reviewed, updated to current Georgian law and international donor standards, and synchronised into this single manual, which replaces every earlier version. Each policy is reviewed every year, or sooner if the law or a donor requirement changes.

Legal basis: PHIG is a non-commercial legal entity registered in Georgia (ID 404407815). Where a policy and Georgian law differ, the stricter rule applies. Where a funding agreement sets a stricter rule, that agreement applies to that project.

Policy owners and focal points

Person	Role in this manual	Main policies owned
Prof. Giorgi Pkhakadze	Chair of the Board	Approves all policies; receives any report involving the Head of Administration
Ioseb Demetrashvili	Head of Administration	Code of Conduct, Delegation of Authority, Financial Management, Procurement, Safety and Security (overall duty of care), Grants Management, Travel, Assets, Environmental and Social Safeguards, Records, Branding, Risk Management, Transparency

Person	Role in this manual	Main policies owned
Irakli Pshinashvili	Ethics and Compliance Officer; Financial Crimes Focal Point	Conflict of Interest, Gift Acceptance, Anti-Fraud, Anti-Money Laundering, Sanctions Screening, Whistleblowing, Incident Management, Donor Disclosure, Cost Allowability, Lobbying and Political Activity
Sulkhan Inaishvili	Safeguarding and People Lead; PSEAH and Child Safeguarding Focal Point	PSEAH, Safeguarding Children and Adults at Risk, Trafficking in Persons, Equal Opportunity and Gender Equality, Drug- and Alcohol-Free Workplace, Human Resources, Feedback and Grievance Mechanism
Tamar Talakvadze	Data Protection Officer; Research Integrity Officer; Security Focal Point	Data Protection, Research Ethics, Security incident logging and travel tracking, IT and Cybersecurity

The Georgian Medical Journal's editorial office owns Policy 19 (Editorial Independence) under the Editor-in-Chief, with the Ethics and Compliance Officer as the independent contact when the Editor-in-Chief is conflicted.

How to raise a concern

Anyone can report a concern, in Georgian, English or Russian, by any of these routes:

- **Confidential email:** admin@accreditation.ge — PHIG's dedicated confidential ethics mailbox, accessible only to the Ethics and Compliance Officer and the Safeguarding Lead
- **Direct to a focal point:** the person named in the table above
- **To the Chair:** when the concern involves the Head of Administration or a focal point
- **Post:** marked "Confidential — Ethics", Public Health Institute of Georgia, 3 Betlemi Rise, Tbilisi 0108

Reports can be anonymous. No one who reports in good faith will suffer any retaliation (Policy 13).

How the policies fit together

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flowchart LR
  A[Code of Conduct<br/>Policy 1] --> B[Integrity<br/>Policies 2–7]
  A --> C[Safeguarding and people<br/>Policies 8–12]
  A --> D[Information and safety<br/>Policies 16–17]
  A --> E[Science and communication<br/>Policies 18–20]
  A --> F[Money<br/>Policies 21–22]
  B --> G[Report a concern<br/>Policies 13–15]
  C --> G
  D --> G
  E --> G
  F --> G
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The Code of Conduct is the umbrella; every breach of any policy is reported and handled through Policies 13–15.

Common definitions

- **PHIG personnel:** Board members, employees, volunteers, interns, consultants and anyone acting on PHIG's behalf.
- **Partners:** sub-grantees, contractors, suppliers, co-publishers and implementing organisations.
- **Participants:** patients, research participants, trainees, council members and members of the public we serve.
- **Child:** anyone under 18, whatever the local age of majority (Code on the Rights of the Child of Georgia).
- **Must / must not:** mandatory. **Should:** expected unless there is a documented reason.

Policy 1 — Code of Conduct and Ethics

Everyone who works for or with PHIG must act with integrity, respect and accountability, and must sign this Code on joining and every year. Owner: Head of Administration (Ioseb Demetrashvili).

Scope: all PHIG personnel, in and out of working hours when their conduct could affect PHIG, its participants or its reputation. Partners must accept equivalent standards in their agreements.

Our ten commitments

1. **Obey the law and our agreements.** Follow Georgian law, the law of any country where we work, and every donor agreement.
2. **Protect people first.** Never exploit, abuse or harass anyone. Children and adults at risk receive the highest standard of care (Policies 8–9).
3. **Tell the truth.** Report data, results, costs and time honestly. Never falsify or fabricate records, research data or reports.
4. **Use money and assets only for their purpose.** Donor funds, equipment and time belong to the purpose they were given for (Policies 5, 21, 22).
5. **Declare conflicts.** Put PHIG's and participants' interests before personal ones and declare any conflict at once (Policy 2).
6. **Stay independent.** Never let a funder, company or political actor change a scientific finding, an editorial decision or public health advice (Policies 4, 19, 20).
7. **Respect everyone.** No discrimination, bullying or harassment on any ground (Policy 11).
8. **Protect information.** Keep personal, health and confidential data secure and use it only for its stated purpose (Policy 16).
9. **Keep ourselves and others safe.** Follow security rules and do not take avoidable risks (Policy 17).
10. **Speak up.** Report any concern about a breach of this Code — silence is itself a breach when harm is involved (Policy 13).

Conduct outside work

PHIG personnel must not, at any time, engage in conduct that would breach Policies 8–10, involve drugs or corruption, or bring public health advice into disrepute. Social media use must follow Policy 20; personal views must be clearly identified as personal.

Political neutrality

PHIG is non-partisan. Personnel may hold political views but must not use PHIG's name, resources or platforms to support a party or candidate. PHIG engages governments on evidence and policy, never on party lines.

Breaches

Breaches lead to disciplinary action up to dismissal or termination of contract, and to referral to the authorities where a crime may have been committed. Managers who ignore a breach they know about are themselves in breach.

Acknowledgement

Every person signs the acknowledgement in the Annexes on joining, and confirms it each year. HR keeps the signed copies for the duration of engagement plus five years.

Policy 2 — Conflict of Interest

A conflict of interest is not wrong in itself; hiding it is. Every actual, potential or perceived conflict must be declared in writing before any decision is taken. Owner: Ethics and Compliance Officer (Irakli Pshinashvili).

Definition: a situation where a personal, family, financial, professional or political interest could influence — or appear to influence — a decision made for PHIG.

Situations that must be declared

Area	Examples	
Family and close relations	Hiring, supervising, evaluating or contracting a relative or partner	
Business interests	Owning shares in, working for or advising a supplier, grantee or competitor	
Industry funding	Payments, travel or gifts from pharmaceutical, supplement, medical device, food, alcohol or fitness companies	
Research and publishing	Reviewing, editing or evaluating work by a close colleague, relative or someone you have a dispute with	
Accreditation	Any role in preparing a facility that PHIG's partners later assess	
Media	Commissioning or approving content about a product or company you have an interest in	

Area	Examples	
Public roles	Advising a government body on a matter where PHIG or you have an interest	

Interests connected to PHIG's own leadership

PHIG works alongside organisations its leadership founded or leads, including Accréditation Sans Frontières, the Georgian Medical Journal and the Sheni media network. These relationships are declared publicly on the PHIG website and in every funding proposal. Any contract or payment between PHIG and one of these organisations must be approved by a Board member with no interest in it and recorded in the conflict register.

Procedure

1. **Declare** on the Conflict of Interest Disclosure Form (Annexes) on joining, every year by 31 January, and whenever a new conflict arises.
2. **Recuse** from the discussion, decision and approval — do not attend that part of the meeting.
3. **Decide:** the Ethics and Compliance Officer decides how to manage it within 10 working days: no action, safeguards, reassignment or ending the activity. Conflicts of the Head of Administration or a Board member are decided by the Chair; conflicts of the Chair by the other Board members.
4. **Record** every declaration and decision in the confidential conflict register, kept for seven years.

Breaches

Failing to declare a conflict, or taking part in a decision while conflicted, is a disciplinary matter. Contracts entered into through an undeclared conflict may be cancelled and any loss recovered.

Policy 3 — Delegation of Authority and Signatures

Only an Authorised Signatory may commit PHIG to a contract, payment or obligation, and only within the limits below; every commitment needs two people — one to approve and one to check. Owner: Head of Administration (Ioseb Demetrashvili).

Source of authority: the PHIG Charter and written Board resolutions. The Board keeps ultimate authority and may act directly at any time. Consultants and contractors can never bind PHIG.

Approval matrix

Thresholds are per transaction or contract (including all its amendments), in Georgian lari (GEL).

Decision	Up to 5,000 GEL	5,001–30,000 GEL	30,001–150,000 GEL	Over 150,000 GEL
Purchase orders and supplier contracts	Head of Administration	Head of Administration + Finance review	Head of Administration + Chair	Board resolution
Payments (release of funds)	Head of Administration + second signatory	Head of Administration + second signatory	Head of Administration + Chair	Head of Administration + Chair
Grant and donor agreements (income)	Head of Administration	Head of Administration	Head of Administration + Chair	Board resolution
Sub-grants to partners	Head of Administration	Head of Administration + Ethics and Compliance check	Head of Administration + Chair	Board resolution
Staff contracts and salaries	Head of Administration	Head of Administration	Head of Administration + Chair	Board resolution
Leases, loans, guarantees, bank accounts	Chair	Chair	Board resolution	Board resolution

Decision	Up to 5,000 GEL	5,001–30,000 GEL	30,001–150,000 GEL	Over 150,000 GEL
Legal claims and settlements	Head of Administration + Chair	Head of Administration + Chair	Board resolution	Board resolution

The second signatory for payments is the Finance and Compliance function (Irakli Pshinashvili). No one may approve a payment to themselves, a relative or an organisation in which they have an interest.

Rules for every Signatory

- **In writing:** every commitment involving money is written; no oral contracts.
- **No splitting:** dividing a purchase to stay under a threshold is prohibited.
- **Budget first:** a Signatory may only commit funds that are in an approved budget.
- **Sub-delegation:** allowed only in writing, for a stated period and amount, and never beyond the Signatory's own limit.
- **Register:** the Head of Administration keeps a register of current delegations and specimen signatures, updated within five working days of any change.
- **Electronic signatures and click-through terms** count as signatures.

Breaches

A commitment made without authority may be declared void by the Board and is a disciplinary matter. The person responsible may be liable for any resulting loss.

Policy 4 — Gift Acceptance, Donor Due Diligence and Commercial Independence

PHIG accepts funds and gifts only when they advance its mission and leave its science, editorial work and public health advice fully independent. Owner: Ethics and Compliance Officer (Irakli Pshinashvili).

Funding we accept, restrict or refuse

Category	Rule
Governments, UN agencies, EU institutions, foundations, universities, individuals	Accepted after due diligence
Pharmaceutical, medical device, supplement, food and fitness companies	Accepted only for unrestricted purposes with no role in design, analysis, content or publication; never for supplement evaluation or editorial work; disclosed publicly
Tobacco and nicotine industry, arms manufacturers	Refused, including their foundations and front groups
Alcohol and gambling industry	Refused for any health-related activity
Any person or entity on a sanctions list (Policy 7)	Refused
Anonymous gifts over 1,000 GEL	Refused unless the source is verified by the Ethics and Compliance Officer
Gifts with conditions that conflict with our mission or law	Refused

Due diligence

Before signing any income agreement over 5,000 GEL, the Ethics and Compliance Officer checks: identity and ownership, sanctions lists, adverse media, links to refused industries, and any condition that could compromise independence. The result is recorded; unresolved concerns go to the Chair.

Restricted gifts

Funds restricted to a purpose are recorded separately and spent only on that purpose. If the purpose cannot be met, PHIG asks the donor in writing before redirecting the funds.

In-kind gifts

Equipment, services and publications are accepted only if they are useful, legal and carry no hidden obligation. They are recorded at fair value in the asset or gift register.

Personal gifts to staff

- Staff may accept small courtesy items worth up to 50 GEL (pens, a meal during a meeting).
- Anything above 50 GEL, cash in any amount, or any gift from someone seeking a decision from PHIG, must be refused or handed to the Ethics and Compliance Officer and recorded in the gift register.
- Gifts to officials to influence a decision are bribery and are prohibited (Policy 5).

Donor privacy and recognition

PHIG publishes the names of its institutional funders and the amounts received each year. Individual donors may ask to remain anonymous to the public, but never to PHIG's compliance checks.

Policy 5 — Anti-Fraud, Bribery and Corruption

PHIG has zero tolerance for fraud, bribery and corruption by anyone acting for it, and every suspicion must be reported within 24 hours. Owner: Ethics and Compliance Officer (Irakli Pshinashvili), as Financial Crimes Focal Point.

Definitions

- **Fraud:** knowingly making a false or misleading representation, or hiding information, to gain an advantage or cause a loss — for example false invoices, inflated timesheets, fake participants or duplicated claims.
- **Bribery:** offering, promising, giving, requesting or accepting anything of value to influence a decision.
- **Facilitation payments:** small unofficial payments to speed up a routine action. They are bribes and are prohibited.
- **Corruption:** abuse of entrusted power for private gain, including kickbacks, collusion in procurement, nepotism and embezzlement.

Red flags

Area	Warning signs
Procurement	Same supplier always wins; quotes with identical formatting; splitting purchases; urgent single-source requests
Finance	Missing receipts; round-number invoices; payments to personal accounts; altered documents
Programmes	Participant lists with repeated names or signatures; attendance that does not match photos or venues
Research	Data that are “too clean”; missing source records; results changed after a funder’s comments
People	Refusal to take leave or share duties; lifestyle beyond known income

Prevention

- Segregation of duties and the approval matrix (Policy 3).
- Competitive procurement (Policy 21) and sanctions screening (Policy 7).
- Monthly bank reconciliations and an annual independent audit (Policy 22).
- Fraud and ethics training on induction and every year.
- A fraud risk assessment for every project over 50,000 GEL.

Reporting and response

Report to the Ethics and Compliance Officer, admin@accreditation.ge or the Chair (Policy 13). The case is handled under Policy 14 and disclosed to donors under Policy 15. Where a crime may have occurred, PHIG reports it to the relevant Georgian authorities.

Recovery

PHIG seeks to recover every lost amount from those responsible and reimburses donors for any ineligible cost, whatever the recovery outcome.

Policy 6 — Anti-Money Laundering and Counter-Terrorist Financing

PHIG will not let its accounts, grants or partners be used to hide the origin of criminal money or to finance terrorism. Owner: Ethics and Compliance Officer (Irakli Pshinashvili).

Legal framework: the Law of Georgia on Facilitating the Prevention of Money Laundering and Terrorism Financing, EU anti-money-laundering rules and the requirements of each donor. Suspicious activity is reported to the Financial Monitoring Service of Georgia through PHIG's bank where the law requires.

Controls

- **Know your donor and partner:** identity, beneficial ownership and sanctions checks before any agreement (Policies 4 and 7).
- **Banking only:** all income and payments over 500 GEL go through PHIG's registered bank accounts. Cash is limited to a petty-cash float of 1,000 GEL, reconciled monthly.
- **No third-party payments:** PHIG pays only the entity that supplied the goods or services, into an account in that entity's name.
- **Refunds:** returned only to the original payer and account.
- **Records:** kept for at least six years after the end of the project or longer if a donor requires.

Warning signs

- A donor or partner reluctant to reveal ownership or source of funds.
- Offers to overpay and ask for a refund, or to pay through a third party or another country.
- Requests to route funds through PHIG for an unrelated purpose.
- Transactions with no clear programme purpose or with high-risk jurisdictions.

Reporting

Any suspicion goes to the Ethics and Compliance Officer the same day. Do not warn the person involved ("tipping off"). The Officer decides, with the Head of Administration, whether to report to the bank and authorities and to donors (Policy 15).

Policy 7 — Sanctions and Prohibited Parties Screening

PHIG does not provide funds, goods, services or employment to any person or entity on a sanctions or debarment list, and screens everyone before the first payment. Owner: Ethics and Compliance Officer (Irakli Pshinashvili).

Lists checked

- United Nations Security Council Consolidated List
- EU consolidated list of financial sanctions
- US OFAC Specially Designated Nationals list and the US System for Award Management (SAM) exclusions, when US funds are involved
- UK sanctions list, when UK funds are involved
- World Bank and regional development bank debarment lists
- Any list named in a funding agreement

Who is screened and when

Party	When	By
Staff, consultants, interns	Before contract and every year	Safeguarding and People Lead
Suppliers and contractors	Before purchase order; re-screened every 12 months	Finance and Compliance
Sub-grantees and partners, including their key staff	Before agreement and at each renewal	Ethics and Compliance Officer
Donors (income)	Before agreement	Ethics and Compliance Officer
Programme participants receiving cash or goods	Only where a donor requires it or the setting is high-risk	Project manager with Compliance

A possible match

1. Stop the transaction at once.
2. Record the check and send it to the Ethics and Compliance Officer the same day.

3. The Officer verifies (date of birth, address, registration number) within two working days.
4. A confirmed match is refused and reported to the donor within the timeline in Policy 15.

Records and partner clauses

Every check is saved with date, list and result for six years. All partner and supplier contracts include a clause requiring them to apply equivalent screening and to notify PHIG of any match.

Policy 8 — Protection from Sexual Exploitation, Abuse and Harassment (PSEAH)

Sexual exploitation, sexual abuse and sexual harassment by anyone connected to PHIG are gross misconduct and grounds for dismissal. Owner: Safeguarding and People Lead (Sulkhan Inaishvili), PSEAH Focal Point.

Definitions

- **Sexual exploitation:** any actual or attempted abuse of a position of vulnerability, power or trust for sexual purposes, including profiting financially, socially or politically.
- **Sexual abuse:** actual or threatened physical intrusion of a sexual nature, by force or under unequal or coercive conditions.
- **Sexual harassment:** unwelcome sexual advances, requests for sexual favours or other verbal, non-verbal or physical conduct of a sexual nature, in person or online, that offends, humiliates or intimidates.

Core standards

These standards follow the six core principles of the Inter-Agency Standing Committee (IASC).

1. Sexual exploitation and abuse are gross misconduct and grounds for termination.
2. Sexual activity with anyone under 18 is prohibited, whatever the local age of consent. Mistaken belief about age is no defence.
3. Exchanging money, employment, goods, services or assistance for sex — including sex workers — is prohibited.

4. Sexual relationships with participants (patients, research participants, trainees, council members) are strongly discouraged because of the power imbalance; any such relationship must be declared.
5. Anyone who has a concern about sexual exploitation or abuse by a colleague must report it.
6. Managers must create and maintain an environment that prevents sexual exploitation and abuse.

Harassment at work

PHIG applies the protections of the Labour Code of Georgia and the Law of Georgia on Gender Equality. Harassment by or of staff, partners or visitors, including online and at events, is prohibited. Complaints are handled confidentially and without retaliation.

Prevention

- Safer recruitment: reference checks covering safeguarding conduct and a self-declaration for every new hire.
- PSEAH training on induction and every year; this Policy included in every partner agreement.
- Mixed-gender teams where possible for fieldwork with participants.
- Accessible feedback and complaint channels for participants, explained in plain Georgian.

Reporting and survivor support

Report to the PSEAH Focal Point, admin@accreditation.ge or the Chair within 24 hours. A survivor-centred approach applies: safety first, confidentiality, respect for the survivor's choices and referral to medical, psychosocial and legal support. Investigations follow Policy 14 and donor disclosure follows Policy 15.

Policy 9 — Safeguarding Children and Adults at Risk

Every child and every adult at risk who comes into contact with PHIG has the right to be safe, and every staff member has a duty to prevent, recognise and report harm. Owner: Safeguarding and People Lead (Sulkhan Inaishvili).

Who is covered: children (under 18) and adults at risk — people who, because of illness, disability, age, displacement, detention or circumstances, cannot fully protect themselves. In PHIG's work this includes patients and families in hospitals, research participants, migrants and displaced people, and people receiving public health information through our platforms. The Code on the Rights of the Child of Georgia and the UN Convention on the Rights of the Child guide this Policy.

Forms of harm

Physical, sexual and emotional abuse; neglect; exploitation, including child labour and trafficking; online abuse and grooming; and financial abuse of adults at risk.

Safe programming rules

1. Assess safeguarding risks before any activity involving children or adults at risk, and record how they are reduced.
2. Never be alone with a child out of sight of others; work in pairs or in open spaces.
3. Obtain informed consent (and, for children, parental consent plus the child's own assent) for any photo, video, interview or research.
4. Never publish a child's full name, school, home or identifying details with a photo; use images that preserve dignity.
5. Do not contact children privately online or give them personal contact details.
6. No physical punishment, humiliation or discrimination, ever.
7. Hospitals, schools and partners we work with are told of this Policy and of how to raise concerns with PHIG.

Safer recruitment

Roles with access to children or adults at risk require two references (one addressing safeguarding), identity verification and, where available, a criminal record certificate from the Public Service Hall of Georgia or equivalent.

Responding to a concern

1. **Listen and reassure** — do not investigate or promise secrecy.
2. **Make safe** — if a person is in immediate danger, call 112.
3. **Record** what was seen or said, in the person's words, with date and time.

4. **Report** to the Safeguarding Lead within 24 hours (the same day where a child is at risk).
5. The Safeguarding Lead refers to the statutory authorities where Georgian law requires, and manages the case under Policy 14.

Policy 10 — Combating Trafficking in Persons

PHIG prohibits trafficking in persons, forced labour and any practice that supports them, by its personnel, partners and suppliers. Owner: Safeguarding and People Lead (Sulkhan Inaishvili).

Framework: the Law of Georgia on Combating Human Trafficking, the UN Palermo Protocol and donor requirements, including US Federal Acquisition Regulation anti-trafficking clauses where US funds are involved.

Prohibited practices

- Recruiting, transporting, harbouring or receiving people by force, fraud, coercion or abuse of vulnerability for exploitation.
- Procuring commercial sex, including during work travel.
- Using forced, bonded or child labour.
- Destroying, hiding or withholding a worker's identity or travel documents.
- Charging workers recruitment fees, or using misleading recruitment practices.
- Providing housing that does not meet local safety standards, where PHIG arranges housing.

Due diligence

Suppliers and partners in labour-intensive or high-risk sectors sign an anti-trafficking declaration. Given PHIG's work with labour migrants and displaced people, project teams are trained to recognise trafficking indicators and to refer people to the national hotline and support services.

Reporting

Report any concern to the Safeguarding Lead within 24 hours. PHIG cooperates fully with Georgian law enforcement and notifies donors under Policy 15.

Policy 11 — Equal Opportunity, Non-Discrimination and Gender Equality

PHIG recruits, pays, promotes and serves people on merit and need alone, and builds gender equality into its work. Owner: Safeguarding and People Lead (Sulkhan Inaishvili), Gender Focal Point.

Framework: the Constitution of Georgia, the Law of Georgia on the Elimination of All Forms of Discrimination, the Law of Georgia on Gender Equality and the Labour Code of Georgia.

Equal opportunity statement

PHIG does not discriminate on grounds of sex, gender identity, sexual orientation, race, ethnicity, nationality, language, religion or belief, political opinion, disability, health status (including HIV status), age, marital or family status, pregnancy, social origin, migration status or any other status. This applies to recruitment, pay, training, promotion, discipline, dismissal and access to our services.

Commitments

1. **Recruitment:** job descriptions based on essential requirements; diverse interview panels where possible; reasonable adjustments for candidates with disabilities.
2. **Pay:** equal pay for work of equal value, reviewed every year.
3. **Workplace:** flexible arrangements for caring responsibilities; maternity, paternity and parental leave at least as required by law.
4. **Programmes:** sex- and age-disaggregated data in all projects; gender analysis in project design; attention to how health, migration and occupational risks differ for women, men and gender-diverse people.
5. **Research and publishing:** Georgian Medical Journal authors are asked to report sex and gender following the SAGER guidelines.
6. **Accessibility:** buildings, events and digital content made accessible wherever practical.

Monitoring

The Safeguarding and People Lead reports to the Board each year on staff composition by gender, pay gap, complaints received and how they were resolved.

Policy 12 — Drug- and Alcohol-Free Workplace

PHIG workplaces, events and field activities are free of illegal drugs and of alcohol impairment. Owner: Safeguarding and People Lead (Sulkhan Inaishvili).

- The unlawful manufacture, distribution, possession or use of controlled substances at work or while representing PHIG is prohibited.
- Working, driving or meeting participants under the influence of alcohol or drugs is prohibited. Moderate alcohol at authorised social events is allowed only where no participant or child is present.
- An employee convicted of a drug offence connected to the workplace must inform the Head of Administration within five days; PHIG informs any donor that requires it within ten days.
- PHIG supports staff who seek help for dependency, confidentially and without penalty when help is sought before misconduct occurs.
- Tobacco and e-cigarettes are not used in PHIG premises or at events, consistent with our public health mission.

Policy 13 — Whistleblowing and Non-Retaliation

Anyone who reports a concern in good faith is protected: retaliation against a reporter is itself serious misconduct. Owner: Ethics and Compliance Officer (Irakli Pshinashvili).

Who can report: personnel, participants, partners, suppliers, donors and members of the public.

What to report: any suspected breach of law, of this manual or of a donor agreement — including fraud, corruption, sexual exploitation and abuse, harassment, child abuse, trafficking, research misconduct, data breaches, safety risks and retaliation.

Reporting channels

Channel	Use it when
Your line manager	You are comfortable doing so and the manager is not involved
The relevant focal point (front matter table)	The concern falls in their area

Channel	Use it when
admin@accreditation.ge	You want a confidential written route; anonymous reports accepted
The Chair of the Board	The concern involves the Head of Administration or a focal point
A donor's own hotline or Inspector General	You believe internal routes are not safe or have failed
Georgian authorities	Always open to you; PHIG will never discourage it

Protections

- **Confidentiality:** the reporter's identity is shared only with those who need it to handle the case, unless the law requires otherwise.
- **No retaliation:** dismissal, demotion, harassment, loss of work, negative references or any other detriment because of a report are prohibited.
- **Good faith:** a reporter who honestly believes the concern is protected even if it proves unfounded. Knowingly false reports are a disciplinary matter.
- **Feedback:** the reporter is told the report was received within 3 working days and, where appropriate, the outcome.

Handling

Every report is logged and assessed under Policy 14. A person named in a report may not take part in handling it.

Policy 14 — Incident Reporting, Investigation and Management

Every ethics or security incident is logged within 24 hours, assessed within 3 working days and closed with a written outcome. Owner: Ethics and Compliance Officer (Irakli Pshinashvili); security incidents are logged by the Security Focal Point (Tamar Talakvadze).

Incident categories

Category	Examples	Lead
Financial crime	Fraud, bribery, money laundering, sanctions breach	Ethics and Compliance Officer
Safeguarding	Sexual exploitation, abuse, harassment, child abuse, trafficking	Safeguarding and People Lead
Misconduct	Conflict of interest, discrimination, bullying, breach of the Code	Ethics and Compliance Officer
Research and publishing	Fabrication, falsification, plagiarism, unethical research	Research Integrity Officer
Data	Personal data breach, loss of devices, unauthorised access	Data Protection Officer
Safety and security	Accident, assault, theft, detention, threat, travel incident	Security Focal Point with Head of Administration

Process

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flowchart LR
  A[Report received] --> B[Log within 24 h]
  B --> C[Assess within 3 days]
  C --> D{Credible?}
  D -->|No| E[Close with reasons]
  D -->|Yes| F[Investigate]
  F --> G[Decide action]
  G --> H[Close and learn]
```

Every credible allegation is investigated; unfounded ones are closed with written reasons.

Investigation standards

1. **Independence:** the investigator has no conflict and is not in the reporting line of the subject. Allegations against the Head of Administration or a focal point are overseen by the Chair; complex cases may use an external investigator.

2. **Terms of reference** set scope, timeline and who is informed.
3. **Fairness:** the subject is told of the allegation and may respond before any finding. Findings are based on the balance of probabilities.
4. **Survivor-centred** for safeguarding cases: the survivor's safety and consent guide each step (Policy 8).
5. **Evidence** is kept securely; interviews are recorded in writing and signed.
6. **Timeline:** investigations normally conclude within 60 days; delays are explained to the reporter and donor.

Outcomes

Disciplinary action, recovery of funds, contract termination, referral to authorities, control improvements and lessons learned. The Board receives an anonymised incident summary every quarter.

Incident register

The Ethics and Compliance Officer keeps a confidential register of every incident, decision and donor notification, retained for at least seven years.

Policy 15 — Disclosure of Incidents to Donors

PHIG tells affected donors about credible incidents promptly and fully, within the timelines below or any shorter timeline in the funding agreement. Owner: Ethics and Compliance Officer (Irakli Pshinashvili), with the Head of Administration signing every disclosure.

When to disclose

A disclosure is required when an allegation is **credible** — supported by enough information to justify investigation — and it involves donor funds, donor-funded personnel or partners, or participants in a donor-funded project. PHIG does not wait for the investigation to finish.

Timelines

Incident	Initial notice to donor	Updates	Final report
Sanctions or prohibited-party match	Within 2 working days	As agreed	Within 5 working days of confirmation
Sexual exploitation, abuse or child abuse	Within 3 working days (without identifying the survivor)	Every 30 days	Within 10 working days of closure
Fraud, bribery, corruption, money laundering, trafficking	Within 5 working days	Every 30 days	Within 10 working days of closure
Serious security incident affecting a funded activity	Within 24 hours	As needed	Within 10 working days
Data breach involving donor-funded project data	Within 72 hours	As needed	Within 10 working days of closure
Other misconduct affecting donor funds	Within 10 working days	Quarterly	Within 10 working days of closure

Content of a disclosure

- Date reported and date of the incident; category; project and funding affected.
- Estimated value at risk, if financial.
- Immediate actions taken to protect people and funds.
- Investigation plan and expected timeline.
- **No** names of survivors, witnesses or reporters, and no information that could identify them.

Approval and record

The Ethics and Compliance Officer drafts; the Head of Administration signs; the Chair is copied. If the Head of Administration is implicated, the Chair signs. Every disclosure and donor reply is filed in the incident register. Semi-annual summaries of all incidents are shared with donors that require them.

Policy 16 — Data Protection and Privacy

PHIG collects only the personal data it needs, protects it, and uses it only for the purpose people were told about. Owner: Data Protection Officer (Tamar Talakvadze).

Framework: the Law of Georgia on Personal Data Protection (in force since 1 March 2024), supervised by the Personal Data Protection Service of Georgia; the EU General Data Protection Regulation where PHIG processes data of people in the EU or for EU-funded projects; and donor data requirements.

Principles

1. **Lawful and transparent:** a legal basis and a clear privacy notice for every collection.
2. **Purpose-limited:** used only for the stated purpose.
3. **Minimal:** only the data needed.
4. **Accurate** and kept up to date.
5. **Time-limited:** deleted or anonymised when no longer needed.
6. **Secure:** protected against loss, misuse and unauthorised access.
7. **Accountable:** PHIG can show how it complies.

Special-category data

Health, genetic, biometric data and data on ethnicity, religion, sexual life, criminal record or migration status need explicit consent or another specific legal basis, a data protection impact assessment before large-scale processing, and pseudonymisation wherever possible. Research data follow Policy 18.

Retention

Data	Kept for
Personnel files	Duration of employment + 5 years
Financial and grant records	6 years after project end, or longer if a donor requires
Research data (identifiable)	Only as long as the approved protocol states; then anonymised
Incident and safeguarding files	7 years after closure

Data	Kept for
Website contact forms and newsletters	Until consent is withdrawn, reviewed every 2 years

Security measures

- Encrypted devices and two-factor authentication on all PHIG accounts.
- Access on a need-to-know basis; access removed on the day a person leaves.
- No personal data on personal email or unapproved cloud services.
- Contracts with processors (hosting, survey tools, payroll) include data protection clauses.

Rights of individuals

People may ask to access, correct, delete or restrict use of their data, or object to processing. Requests go to the Data Protection Officer and are answered within the legal deadline.

Data breaches

Any suspected breach is reported to the Data Protection Officer immediately. The Officer assesses risk, notifies the Personal Data Protection Service and affected people where the law requires, and notifies donors under Policy 15.

Policy 17 — Safety, Security and Duty of Care

No programme, deadline or publication is worth a serious risk to a person's life or health; any staff member may refuse or leave an unsafe situation without penalty. Owner: Head of Administration (Ioseb Demetrashvili), with the Security Focal Point (Tamar Talakvadze).

Duty of care and duty of responsibility

PHIG provides information, training, insurance and support proportionate to the risks of each task. In return, every person follows security rules, keeps their manager informed of their whereabouts during fieldwork and travel, and reports incidents at once.

Risk thresholds

Risk level	Meaning	Who approves the activity
Low	Routine office and domestic work in Georgia	Line manager
Medium	Fieldwork in hospitals, rural areas or events; travel within the region	Head of Administration, with a travel plan
High	Travel to areas with active conflict, unrest or serious crime; work with sensitive groups where hostility is possible	Head of Administration + Chair, with a written security plan
Extreme	Risk to life that cannot be reduced	Not permitted

Key standards

1. **Travel:** every trip outside Tbilisi for work is logged with itinerary and contacts; international travel follows the Georgian Ministry of Foreign Affairs and host-country advice.
2. **Check-in:** travellers in medium- or high-risk settings check in daily with the Security Focal Point.
3. **Insurance:** staff on assignment abroad have health and emergency evacuation insurance.
4. **Health:** vaccinations and first aid appropriate to the destination; road safety rules, including seat belts, apply to all PHIG travel.
5. **Office security:** access control, fire safety, first aid kit and an emergency contact list, tested each year.
6. **Digital security:** strong passwords, two-factor authentication and caution with sensitive topics online (Policy 16).
7. **Crisis response:** the Head of Administration leads a crisis team (Chair, Security Focal Point, Safeguarding Lead) for any serious incident, with support to the staff member and family.

Incidents

All security incidents and near-misses are reported to the Security Focal Point within 24 hours (immediately if life-threatening) and handled under Policy 14.

Policy 18 — Research Ethics and Integrity

All PHIG research involving people or their data receives independent ethics approval before it starts, and all findings are reported honestly, whatever the result. Owner: Research Integrity Officer (Tamar Talakvadze).

Framework: the World Medical Association Declaration of Helsinki, the CIOMS International Ethical Guidelines for Health-related Research, the European Code of Conduct for Research Integrity, Georgian law and funder requirements.

Ethics review

- Research with human participants or identifiable data is approved by an independent, properly constituted research ethics committee before recruitment starts. PHIG uses an accredited committee in Georgia under a written agreement, or the committee of a partner institution.
- Service evaluations and surveys with anonymous data are screened by the Research Integrity Officer, who decides whether full review is needed and records the decision.
- Amendments, adverse events and protocol deviations are reported to the committee.

Protecting participants

1. Informed, voluntary consent in a language the person understands, with the right to withdraw at any time.
2. Extra protection for children, patients, migrants, prisoners and others in dependent positions.
3. Confidentiality and pseudonymisation of data (Policy 16).
4. No payment that could unduly influence participation; reimbursement of reasonable costs is allowed.

Research integrity

- **Misconduct:** fabrication, falsification and plagiarism are prohibited. Questionable practices — selective reporting, undisclosed changes to outcomes, honorary authorship — are also breaches.
- **Registration:** clinical trials are registered before enrolment in a public registry.
- **Authorship:** follows ICMJE criteria; contributions are declared.
- **Funders:** have no right to suppress, delay or alter findings; this is written into every research contract.
- **Data:** kept for at least five years after publication and shared openly where ethics and consent allow.

Allegations

Allegations of research misconduct go to the Research Integrity Officer and are handled under Policy 14, with an external reviewer where the Officer is conflicted.

Policy 19 — Editorial Independence and Publication Ethics

PHIG publishes the Georgian Medical Journal (GMJ) but does not direct its editorial decisions; the editors decide on scholarly merit alone. Owner: GMJ Editor-in-Chief, with the Ethics and Compliance Officer (Irakli Pshinashvili) as independent contact.

Commitments

1. **No interference:** PHIG's management, Board, funders and advertisers have no role in accepting, rejecting or changing any manuscript.
2. **Peer review:** research articles undergo double-anonymised review by at least two independent reviewers, as set out in GMJ's published policies.
3. **Editor conflicts:** manuscripts by the Editor-in-Chief, editors or PHIG staff are handled by an independent editor with no involvement of the author in the decision, and the arrangement is stated on publication.
4. **Industry separation:** sponsorship or advertising is never linked to editorial content; sponsored material is clearly labelled.
5. **Standards:** GMJ follows the principles of the Committee on Publication Ethics (COPE) and the ICMJE recommendations, including corrections, retractions and expressions of concern.
6. **Open access:** content is published under CC BY 4.0 with persistent DOIs.

Complaints and appeals

Authors may appeal an editorial decision in writing to the editorial office. Complaints about the conduct of an editor go to the Ethics and Compliance Officer and, for the Editor-in-Chief, to the Chair of the Board.

Policy 20 — Public Health Communication and Information Integrity

Everything PHIG publishes to the public — on its website, GMJ News, the Sheni network or social media — must be accurate, sourced, independent of commercial interests and safe to act on. Owner: Head of Administration (Ioseb Demetrashvili).

Standards for health content

1. **Evidence first:** health claims are based on current evidence and cite their source; every number carries its source and date.
2. **Not medical advice:** individual medical content carries a clear notice to consult a qualified professional.
3. **Corrections:** errors are corrected promptly and visibly, with the date of correction.
4. **No harmful promotion:** no advertising or favourable coverage of tobacco, nicotine, unproven treatments or products with safety concerns; supplement information follows the independent SupplementIndex methodology.
5. **Separation:** paid or partner content is clearly labelled and never presented as independent editorial content.
6. **Dignity and privacy:** images and stories of patients, children and vulnerable people follow Policies 9 and 16, with informed consent.
7. **Crisis communication:** during outbreaks or emergencies, messages align with official public health guidance and are cleared by the Head of Administration before release.

Personal social media

Personnel may share PHIG content and their professional views, but must not present personal opinions as PHIG positions, disclose confidential information or engage in harassment or partisan campaigning under PHIG's name.

Spokespeople

Only the Chair, the Head of Administration or a person they designate speaks to the media on behalf of PHIG.

Policy 21 — Procurement and Value for Money

PHIG buys goods and services through fair competition, documents every choice and applies the stricter of these rules or the donor's. Owner: Head of Administration (Ioseb Demetrashvili); procurement is run by Finance and Compliance (Irakli Pshinashvili).

Thresholds

Estimated value (GEL, excluding VAT)	Method	Minimum documentation
Up to 1,000	Direct purchase	Invoice or receipt
1,001–10,000	Request for quotations	3 written quotes and a comparison sheet
10,001–60,000	Competitive tender	Published or invited tender, evaluation by a panel of 3 with signed conflict declarations
Over 60,000	Open tender	Public advertisement, written evaluation criteria, panel of 3, approval per Policy 3

Rules

- **Single source** only for documented reasons (sole provider, genuine emergency, donor-directed), approved in writing by the Head of Administration.
- **Conflict of interest:** panel members sign a declaration for each procurement (Policy 2).
- **Screening:** every supplier is checked against sanctions lists before award (Policy 7).
- **Ethical sourcing:** suppliers accept PHIG's standards on anti-corruption, trafficking and safeguarding in their contract.
- **Value for money:** economy, efficiency, effectiveness and equity are considered, not price alone.
- **Records:** complete procurement files are kept for 6 years after project end.

Consultants

Consultants are selected on qualifications and cost through comparison of at least three CVs above 10,000 GEL, with a written terms of reference and deliverable-based payments.

Policy 22 — Financial Management and Internal Control

PHIG keeps complete, accurate accounts, separates financial duties and is audited independently every year. Owner: Head of Administration (Ioseb Demetrashvili), with Finance and Compliance (Irakli Pshinashvili).

Controls

1. **Segregation of duties:** no single person requests, approves, pays and records the same transaction.
2. **Budgets:** an annual budget approved by the Board; project budgets tracked separately by funding source.
3. **Banking:** two signatories for every payment (Policy 3); online banking with dual authorisation.
4. **Reconciliation:** bank accounts reconciled monthly and signed by a second person.
5. **Cash:** petty cash capped at 1,000 GEL and counted monthly.
6. **Assets:** a register of equipment over 500 GEL, checked physically each year.
7. **Payroll:** approved contracts only; changes authorised in writing; salaries paid by bank transfer.
8. **Time recording:** staff charged to donor projects record time monthly.

Reporting and audit

- Monthly management accounts to the Head of Administration; quarterly financial report to the Board.
- Donor financial reports prepared from the accounting system and reconciled to it.
- Annual financial statements prepared under Georgian requirements and audited by an independent external auditor, with the audit report and management letter presented to the Board and shared with donors on request.
- Project audits as required by funding agreements.

Reserves

PHIG aims to build unrestricted reserves equal to at least three months of core operating costs, set and reviewed by the Board each year.

Donor compliance crosswalk

Policies 23–35 close the gaps that US Government, European Union, World Bank and EBRD due diligence would find in Policies 1–22; the table shows which policy answers each requirement. Where a grant agreement sets a stricter rule, that agreement prevails for that grant.

Requirement	US Government (2 CFR 200 and award terms)	European Union (Financial Regulation, pillar assessment)	World Bank	EBRD	PHIG policy
Code of conduct, ethics	Required	Required	Required	Required	1
Conflict of interest, including in procurement	Written standards required	Required	Required	Required	2, 21
Internal control and delegation	Required	Pillar: internal control	Required	Required	3, 22, 34
Fraud and corruption; prohibited practices	Mandatory disclosure to OIG	OLAF cooperation	Anti-Corruption Guidelines; INT	Enforcement Policy	5
Money laundering and terrorist financing	Anti-terrorism certification	Required	Required	Integrity due diligence	6, 7
Sanctions and exclusion screening	SAM, OFAC	EDES, EU sanctions	Debarment list	Ineligible entities	7
PSEAH, child safeguarding	Required	Required	ESF SEA/SH	Required	8, 9

Requirement	US Government (2 CFR 200 and award terms)	European Union (Financial Regulation, pillar assessment)	World Bank	EBRD	PHIG policy
Trafficking in persons	Required clause	—	ESF labour	Performance requirements	10
Non-discrimination, gender	Required	Required	ESF	Required	11
Drug-free workplace	Required	—	—	—	12
Whistleblower protection	Statutory protection for grantee staff	Required	Required	Required	13
Incident disclosure to funder	Timely written disclosure	Required	Required	Required	14, 15
Personal data protection	Required	Pillar: GDPR-level protection	Required	Required	16, 32
Procurement standards	Written procedures required	Pillar: procurement	Procurement Regulations	Procurement Policies and Rules	21
Financial management, audit	Audit and financial standards	Pillar: accounting, external audit	Required	Required	22
Sub-award management and monitoring	Risk assessment and monitoring required	Pillar: sub-delegation	Required	Required	**23**
Allowable costs, allocation, timekeeping	Cost principles; compensation documentation	Eligible costs	Required	Required	**24**
Travel costs	Travel cost principles	Eligible costs	Required	Required	**25**
Equipment and property	Property standards and inventory	Required	Required	Required	**26**
HR and compensation	Written personnel policies	Required	ESF labour and working conditions	Performance requirements	**27**
Environmental and social risk	Environmental compliance	Required	Environmental and Social Framework	Environmental and Social Policy	**28**

Requirement	US Government (2 CFR 200 and award terms)	European Union (Financial Regulation, pillar assessment)	World Bank	EBRD	PHIG policy
Grievance mechanism for communities	—	Recommended	ESF stakeholder engagement	Required	**29**
Lobbying and political activity	Anti-lobbying certification	Required neutrality	—	—	**30**
Record retention and access for audit	Records and access rights	Required	Inspection rights	Inspection rights	**31**
IT security, prohibited telecom	Prohibited telecommunications equipment	Required	—	—	**32**
Branding and visibility	Branding and marking plans	Visibility obligations	Acknowledgement	Acknowledgement	**33**
Risk management, continuity	Risk assessment	Pillar: internal control	Required	Required	**34**
Transparency, publication	Reporting	Publication of recipients	Access to information	Access to information	**35**

Amendments to existing policies

These rules apply immediately and will be folded into the stand-alone versions of each policy.

- **Policy 5:** “Prohibited practices” also covers coercive practice (harming or threatening to influence action), collusive practice (arrangements between parties to achieve an improper purpose), obstructive practice (destroying evidence or impeding an investigation) and misuse of donor resources, as defined by the World Bank and EBRD. PHIG and its partners grant funders, their auditors and investigators full access to accounts, records and staff.

- **Policy 7:** screening adds the EU Early Detection and Exclusion System (EDES) and the EBRD list of ineligible entities. PHIG keeps an active SAM registration and Unique Entity ID when it applies for US funds, and certifies that it does not provide material support to terrorism.
- **Policy 13:** for US-funded work, staff of PHIG and its partners are protected under US federal whistleblower law when they report to a US agency Inspector General, Congress or other designated officials; PHIG informs staff of these rights in writing.
- **Policy 15:** for US awards, credible evidence of fraud, bribery or gratuity violations affecting the award is disclosed in writing to the awarding agency and its Office of Inspector General. For EU grants, the European Anti-Fraud Office (OLAF) may be notified; for World Bank financing, the Integrity Vice Presidency (INT); for EBRD financing, the Office of the Chief Compliance Officer.
- **Policy 21:** when a donor sets lower thresholds, specific procurement methods or nationality and origin rules, those rules replace PHIG's for that grant.

Policy 23 — Grants Management and Sub-award Monitoring

Every grant PHIG receives or passes on is managed through a documented cycle: assess, agree, monitor, report and close. Owner: Head of Administration (Ioseb Demetrashvili), with Ethics and Compliance (Irakli Pshinashvili).

Incoming grants

1. **Before signing:** a compliance review of the draft agreement lists every donor rule that differs from this manual (thresholds, eligible costs, reporting, branding, retention) in a one-page grant summary shared with the project team.
2. **Set-up:** a separate project code, budget and file for every grant.
3. **Monitoring:** monthly budget-versus-actual review; any expected variance above 10% of a budget line, or any change of scope, is raised with the donor before it happens.
4. **Reporting:** narrative and financial reports reconciled to the accounting system and approved by the Head of Administration before submission.
5. **Close-out:** final reports, return of unspent funds and disposal of assets as the agreement requires.

Sub-awards to partners

Stage	Requirement
Selection	Competitive or documented justification; conflict declarations by the selection panel
Pre-award risk assessment	Legal registration, financial capacity, internal controls, past performance, safeguarding and sanctions checks; risk rated low, medium or high
Agreement	Written agreement that flows down all applicable donor terms and PHIG policies, audit and access rights, and reporting schedule
Monitoring	Frequency set by risk: quarterly financial review for low risk, monthly plus a field visit for high risk; spot checks of supporting documents
Payment	In instalments linked to verified reports; advances limited to immediate needs
Close-out	Final financial report, audit where required, recovery of any unspent or ineligible funds

PHIG remains responsible to the donor for its partners' use of funds, and will suspend payments if a partner breaches its agreement.

Policy 24 — Cost Allowability, Cost Allocation and Timekeeping

A cost may be charged to a grant only if it is necessary, reasonable, allocable to that grant, consistently treated and supported by documents. Owner: Finance and Compliance (Irakli Pshinashvili).

Tests every cost must pass

1. **Necessary and reasonable** for the project, at a price a prudent person would pay.
2. **Allocable:** charged in proportion to the benefit the grant receives.
3. **Consistent:** treated the same way whatever the funding source.
4. **Documented:** invoice, proof of payment, approval and, for goods, proof of delivery.
5. **Within budget and period** of the agreement.

Costs never charged to donor funds

Alcohol; entertainment; fines and penalties; bad debts; lobbying and political activity (Policy 30); personal expenses; first-class travel; costs already paid by another donor; and any cost the agreement lists as ineligible.

Shared and indirect costs

Shared costs (rent, utilities, administration) are allocated using a written cost allocation method — normally staff time or floor area — approved by the Head of Administration and applied consistently. Indirect cost recovery follows the rate the donor accepts; without an agreed rate, PHIG charges only direct costs.

Timekeeping

- Staff paid from more than one funding source complete monthly timesheets showing actual hours by project, signed by the employee and approved by the line manager.
- Salaries are charged according to actual time recorded, not budget estimates; differences are corrected at least quarterly.

Currency

Foreign-currency costs are converted at the rate required by the grant agreement, or otherwise at the National Bank of Georgia official rate on the transaction date, applied consistently.

Policy 25 — Travel and Per Diem

Work travel is approved in advance, booked at the most economical fare that meets the purpose, and reimbursed only against receipts or an approved per diem. Owner: Head of Administration (Ioseb Demetrashvili).

- **Approval:** a travel request with purpose, dates, budget line and security level (Policy 17), approved before any booking.
- **Class:** economy for all air and rail travel; exceptions only for medical reasons, in writing.
- **Donor rules first:** US-funded international air travel follows US carrier rules where the award requires; EU and other donors' rates and routing rules apply to their grants.
- **Per diem:** a daily allowance for meals and incidentals at the rate set in PHIG's annual rate table (based on published UN or donor rates for the destination), reduced when meals are provided.

- **Accommodation:** reimbursed at actual cost up to the rate table ceiling.
- **Settlement:** a travel expense report with boarding passes, receipts and a short trip report within 10 working days of return.
- **Private travel** combined with work is allowed only if it adds no cost to the grant.

Policy 26 — Asset, Equipment and Property Management

Everything PHIG buys with donor funds is recorded, protected, used for its purpose and disposed of as the donor requires. Owner: Head of Administration (Ioseb Demetrashvili).

- **Register:** every item over 500 GEL, and all laptops and phones whatever their value, is tagged and recorded with description, serial number, cost, date, funding source, location and custodian.
- **Physical check:** once a year, reconciled to the register and the accounts.
- **Use:** donor-funded assets are used for the funded project first; other use needs the donor's agreement where required.
- **Loss or theft:** reported within 24 hours and handled under Policy 14; police report where applicable.
- **Insurance:** high-value equipment is insured where cost-effective.
- **Disposal:** at project end, assets are transferred, sold at fair value or retained only as the grant agreement allows; proceeds are credited as the donor requires. Disposal is approved in writing by the Head of Administration and recorded.

Policy 27 — Human Resources, Recruitment and Staff Conduct Procedures

PHIG hires on merit through open, documented recruitment and treats its people in line with the Labour Code of Georgia and international labour standards. Owner: Safeguarding and People Lead (Sulkhan Inaishvili), with the Head of Administration.

Recruitment

1. Written job description and salary band for every post.
2. Vacancies advertised publicly, except for short consultancies under 10,000 GEL where at least three CVs are compared.
3. Selection by a panel of at least two, with signed conflict declarations and written scoring.

4. Safer recruitment checks: two references, identity, qualifications, sanctions screening (Policy 7) and safeguarding self-declaration (Policies 8–9).

Employment terms

- Written contracts stating role, pay, hours, leave and notice.
- A salary scale approved by the Board and reviewed each year; pay is the same whatever the funding source.
- Working hours, overtime, annual leave, sick leave and maternity and parental leave at least as required by Georgian law.
- Freedom of association and no forced or child labour, for PHIG and its contractors.

Performance, discipline and grievances

- Annual performance review with objectives and a development plan.
- Disciplinary process: written notice of the allegation, the right to respond and be accompanied, a proportionate decision and a right of appeal to the Chair.
- Staff grievances are raised with the line manager or the Safeguarding and People Lead and answered in writing within 10 working days.

Personnel files

Kept confidential under Policy 16 for the length of employment plus five years.

Policy 28 — Environmental and Social Safeguards

Every PHIG project is screened for environmental and social risks before it starts, and the risks found are managed through a proportionate plan. Owner: Head of Administration (Ioseb Demetrashvili), with the Safeguarding and People Lead for social risks.

Framework: the World Bank Environmental and Social Framework, the EBRD Environmental and Social Policy and its Performance Requirements, US environmental compliance procedures where they apply, and Georgian environmental law.

Screening

Risk category	Typical PHIG activity	What is required
Low	Research, training, publishing, communication	Screening form on file
Moderate	Work in health facilities; supplies that create medical or chemical waste; events with vulnerable groups	Screening form plus a short management plan (waste, infection control, safeguarding, accessibility)
Substantial or high	Construction or renovation; handling hazardous materials; large field operations	Full assessment and plan agreed with the donor before work starts

Standards applied in every project

- **Labour and working conditions:** Policy 27 and occupational health and safety for staff and contractors.
- **Resource efficiency and pollution:** medical and hazardous waste managed under Decree N294; paper-light operations.
- **Community health, safety and security:** Policies 8, 9 and 17.
- **Stakeholder engagement:** people affected by a project are informed and consulted in a language they understand.
- **Grievance mechanism:** Policy 29.

Monitoring

Management plans are reviewed in project reports; incidents with environmental or social impact are reported under Policy 14 and to the donor under Policy 15.

Policy 29 — Feedback, Complaints and Grievance Mechanism

Anyone affected by PHIG's work can give feedback or complain, free of charge and without fear, and receives an answer. Owner: Safeguarding and People Lead (Sulkhan Inaishvili).

Channels

- Email info@accreditation.ge (subject “Feedback” or “Complaint”) and the contact form on publichealth.ge
- WhatsApp and phone, published on project materials
- A feedback box or form at project sites and events
- In person to any PHIG staff member, who must pass it on the same day

Channels are explained in Georgian, and in other languages used by the community, at the start of every project.

Handling standards

Step	Timeline
Acknowledge receipt	3 working days
Resolve standard feedback or complaints	15 working days
Sensitive complaints (fraud, safeguarding, misconduct)	Referred at once to Policy 14, confidentially
Appeal of an outcome	To the Head of Administration, then the Chair

Learning

The Safeguarding and People Lead keeps a feedback log and reports themes and actions to management every quarter and in donor reports where required.

Policy 30 — Lobbying, Political Activity and Advocacy

PHIG advocates for evidence-based public health policy but never uses donor funds to influence legislation or elections unless the grant expressly allows it. Owner: Ethics and Compliance Officer (Irakli Pshinashvili).

- **Permitted:** publishing research, providing technical advice when invited by governments or parliaments, and public education on health.
- **Not charged to grants:** lobbying of legislators or officials on specific legislation, and any attempt to influence the award of a grant or contract. For US awards PHIG signs the required anti-lobbying certification and disclosure.

- **Prohibited always:** support for any political party or candidate, and use of PHIG resources in election campaigns (Policy 1).
- **Record:** advocacy activities are recorded with the funding source used, so that no restricted funds are applied to them.

Policy 31 — Records Management and Retention

PHIG keeps complete records of every grant and gives funders, their auditors and investigators access to them on request. Owner: Head of Administration (Ioseb Demetrashvili).

- **Default retention:** 7 years after the end of the project, unless a grant agreement or law requires longer.
- **Donor minimums:** US awards — at least 3 years from submission of the final financial report, extended while any audit, claim or litigation is open; EU, World Bank and EBRD grants — the period stated in the agreement. PHIG always applies the longest period.
- **What is kept:** agreements and amendments, budgets, accounting records, invoices, payment proofs, procurement files, timesheets, asset registers, sub-award files, reports and correspondence.
- **Format:** original or certified electronic copies, filed by project code, backed up (Policy 32).
- **Access:** donors and their authorised representatives have the right to inspect and copy records and to interview staff.
- **Destruction:** only after the retention period, approved by the Head of Administration and logged; personal data under Policy 16.

Policy 32 — Information Technology and Cybersecurity

PHIG systems are protected by access control, encryption and backups, and staff use them only for PHIG work. Owner: Data Protection Officer (Tamar Talakvadze), with the Head of Administration.

- **Accounts:** individual accounts only; strong passwords and two-factor authentication on email, finance, hosting and website administration.
- **Devices:** encrypted, screen-locked and updated; lost or stolen devices reported within 24 hours.

- **Backups:** financial, grant and research data backed up at least weekly to a separate location; restore tested every six months.
- **Access:** granted on need-to-know, reviewed every six months, removed the day a person leaves.
- **Websites and platforms:** administrator credentials held by named staff only; security updates applied promptly; incidents logged under Policy 14.
- **Prohibited equipment:** PHIG does not buy, with US federal funds, telecommunications or video surveillance equipment or services from the companies named in US law as prohibited sources.
- **Acceptable use:** no illegal content, no unlicensed software, and no personal commercial use of PHIG systems.

Policy 33 — Branding, Marking and Donor Visibility

PHIG acknowledges every funder exactly as its agreement requires and never implies endorsement that was not given. Owner: Head of Administration (Ioseb Demetrashvili).

- **US awards:** follow the approved branding strategy and marking plan, including the required disclaimer on publications.
- **EU grants:** display the EU emblem and funding statement on materials, events and digital channels, with the standard disclaimer.
- **World Bank and EBRD:** acknowledge financing in the form set out in the agreement.
- **Disclaimer:** publications funded by a donor state that the views are PHIG's and not necessarily the donor's.
- **Approval:** the Head of Administration checks branding on every donor-funded product before release; exceptions (for example, safety reasons for not marking) are agreed with the donor in writing.
- **PHIG identity:** the PHIG name and logo appear alongside donor marks, not in place of them.

Policy 34 — Risk Management and Business Continuity

PHIG identifies its main risks, assigns an owner to each and keeps working through disruption. Owner: Head of Administration (Ioseb Demetrashvili), reporting to the Board.

Risk register

A register rates each risk by likelihood and impact across six areas: finance and fraud, safeguarding, security, compliance with donor rules, reputation and operations (including IT). Each risk has an owner, controls and actions. The register is updated every quarter and reviewed by the Board twice a year; each new project adds its own risks.

Business continuity

- Critical functions defined: payroll, donor reporting, payments, website and platforms, and communication with staff.
- Remote working possible for all staff; data backed up (Policy 32).
- Contact tree and deputies for each focal point, so no function depends on one person.
- Continuity plan tested once a year, and after any major disruption.

Policy 35 — Transparency and Public Disclosure

PHIG publishes what it is, who funds it and how it performs, so that anyone can hold it to account. Owner: Head of Administration (Ioseb Demetrashvili).

Published on publichealth.ge

- Legal registration details and governance structure, including Board members.
- This manual (or a public summary of each policy) and how to raise a concern.
- Annual report with activities and results.
- Audited financial statements, within six months of year end.
- List of institutional funders and amounts received each year (Policy 4).
- Related organisations and declared institutional conflicts of interest (Policy 2).

Disclosure limits

PHIG does not publish personal data, security-sensitive information, the identities of people who report concerns or of survivors, or information a donor asks to keep confidential for legitimate reasons. Requests for information are answered within 20 working days.

Policy 36 — Governance and Board Charter

The Board governs PHIG, sets its strategy and holds management to account; management runs PHIG day to day within the limits the Board sets. Owner: Chair of the Board (Prof. Giorgi Pkhakadze). This Charter operates within PHIG's registered Charter (statutes); if they differ, the registered Charter prevails.

Composition

- At least three members, with a majority independent of PHIG management and of related organisations.
- Members serve renewable terms of three years; skills together cover public health, finance and audit, law or compliance, and safeguarding.
- Board members are unpaid for governance work; reasonable expenses are reimbursed.
- Every member signs the Code of Conduct and an annual conflict declaration (Policies 1 and 2).

Current Board members

Name	Role on the Board	Credentials and affiliation	ORCID
Prof. Giorgi Pkhakadze, MD, MPH, PhD	Chair	Professor, David Tvildiani Medical University; Editor-in-Chief, Georgian Medical Journal	0000-0001-7609-4515
Prof. Irine Pkhakadze, MD, PhD	Member	Professor, Akaki Tsereteli State University, Kutaisi; Managing Editor, Georgian Medical Journal	0009-0003-8699-2919
Dr. Tamar Kraveishvili, MD	Member	Public Health Institute of Georgia; epidemiology and quality of care; Georgian Medical Journal editorial board	0009-0009-2473-2568

Name	Role on the Board	Credentials and affiliation	ORCID
Dr. Sofio Kutateladze, MD	Member	Public Health Institute of Georgia; healthcare quality, accreditation and clinical trials; Georgian Medical Journal advisor	0009-0005-2121-1012
Dr. Teona Varshalomidze, MD	Member	Credentials confirmed: Public Health Institute of Georgia; Accreditation Canada advisor and international surveyor (since 2025)	—

Credentials as listed on the Georgian Medical Journal editorial team page and the accreditation.ge team page. The Board designates its Audit and Risk lead at its first meeting after adopting this manual.

Responsibilities reserved to the Board

Area	Board decides
Direction	Mission, strategy and annual plan
Money	Annual budget, audited accounts, reserves, bank accounts, loans
People	Appointment, objectives and appraisal of the Head of Administration; salary scale
Policies	Adoption and annual review of this manual
Risk	Risk register and major incidents (twice a year and as needed)
Authority	Delegation limits (Policy 3) and transactions above them

Meetings

At least four meetings a year; quorum is a majority of members including at least one independent member. Decisions and declared conflicts are minuted, and minutes are approved at the next meeting and kept permanently.

Audit and Risk function

The Board designates one independent member as Audit and Risk lead. This member receives the external audit report and management letter, the quarterly incident summary (Policy 14) and any report involving the Head of Administration or the Chair, and may meet the auditors without management present.

Board effectiveness

New members receive an induction on PHIG's work and this manual. The Board reviews its own performance every two years.

Policy 37 — Internal Audit and Oversight

PHIG checks that its controls work in practice, not only on paper, through a yearly risk-based internal review reported to the Board. Owner: Board Audit and Risk lead, with Ethics and Compliance (Irakli Pshinashvili).

- **Annual internal review plan:** approved by the Board, covering the highest risks in the register (Policy 34) — for example procurement, payroll, sub-awards and safeguarding.
- **Independence:** reviews are done by someone not responsible for the area reviewed; for larger grants, PHIG may engage an external reviewer.
- **Scope:** sample testing of transactions, procurement files, timesheets, asset checks and partner files against this manual and donor rules.
- **Findings:** rated high, medium or low, with an agreed action, owner and deadline; high findings are reported to the Board within 30 days.
- **Follow-up:** the Ethics and Compliance Officer tracks every action to closure and reports progress to each Board meeting.
- **External audit:** the annual statutory audit and any donor project audits follow Policy 22; auditors' management letters are answered in writing within 60 days.

Policy 38 — Monitoring, Evaluation, Accountability and Learning (MEAL)

Every PHIG project defines its expected results, measures them with reliable data and uses the findings to improve. Owner: Research Integrity Officer (Tamar Talakvadze), with each project manager.

Minimum standards for every project

1. **Logical framework or results framework** with outcomes, outputs, indicators, baselines and targets.
2. **MEAL plan:** for each indicator, the data source, method, frequency and responsible person.
3. **Disaggregation:** data by sex, age and disability where relevant (Policy 11).
4. **Data quality:** checks on validity, reliability, timeliness and integrity; a data quality review at least once a year.
5. **Ethics:** data collection involving people follows Policies 16 and 18.
6. **Accountability:** participants are consulted and their feedback used (Policies 29 and 39).
7. **Learning:** a lessons-learned review at mid-term and at the end of every project.

Evaluation

Projects above 150,000 GEL, or when a donor requires it, have an end-of-project evaluation; projects above 500,000 GEL have an independent external evaluation. Evaluations follow the OECD-DAC criteria: relevance, coherence, effectiveness, efficiency, impact and sustainability. Evaluation reports and PHIG's management response are published unless the donor objects (Policy 35).

Policy 39 — Accountability to Affected People

PHIG is accountable first to the people its work affects: they are informed, involved in decisions and able to complain. Owner: Safeguarding and People Lead (Sulkhan Inaishvili).

PHIG uses the nine commitments of the Core Humanitarian Standard on Quality and Accountability (CHS) as its benchmark, applied proportionately to its public health, research and training work.

CHS commitment (summary)	How PHIG applies it
1. Assistance is appropriate and relevant	Needs and context analysis before each project (Policy 38)
2. Effective and timely	Results frameworks and monitoring (Policy 38)
3. Strengthens local capacity, avoids harm	Partnership and localisation (Policy 40); safeguards (Policy 28)
4. People know their rights and participate	Information in Georgian and local languages; participant consultation
5. Complaints are welcome and addressed	Feedback and grievance mechanism (Policy 29)
6. Coordinated and complementary	Coordination with national authorities, UN agencies and partners
7. Organisations continually learn	Lessons-learned reviews and published evaluations (Policy 38)
8. Staff are competent and well managed	HR, training and wellbeing (Policies 27, 42)
9. Resources are managed responsibly	Financial, procurement and anti-fraud policies (5, 21, 22)

Principles of dignity, non-discrimination, informed consent and participation apply in every activity, including research and media work.

Policy 40 — Partnership and Localisation

PHIG works through equitable partnerships with local and national organisations, sharing decisions, resources and credit. Owner: Head of Administration (Ioseb Demetrashvili).

Principles

Equality and mutual respect, transparency, a results-oriented approach, responsibility and complementarity — the Principles of Partnership endorsed by the Global Humanitarian Platform.

Commitments

- **Selection:** partners are chosen for their capacity, local knowledge and values, through the due diligence in Policy 23.
- **Fair share:** partners receive a fair share of indirect costs where the donor allows, and are named in reports and publications.
- **Capacity strengthening:** a joint plan for any capacity gaps found in the due diligence, especially in finance, safeguarding and data protection.
- **Co-design:** partners take part in project design, monitoring and evaluation.
- **Exit:** every partnership agreement includes how it will end or transition.
- **Disputes:** resolved first through dialogue, then through mediation by the Chair.

Policy 41 — Consultants, Volunteers and Interns

Everyone who works for PHIG without an employment contract follows the same conduct, safeguarding and confidentiality rules as staff. Owner: Safeguarding and People Lead (Sulkhan Inaishvili).

Category	Engagement	Key rules
Consultants	Written contract with terms of reference, deliverables and fee (Policy 21)	Sanctions screening; conflict declaration; cannot bind PHIG (Policy 3); intellectual property to PHIG unless agreed otherwise (Policy 43)
Volunteers	Written volunteer agreement stating role, supervisor and expenses	Induction on Policies 1, 8, 9 and 16; reimbursement of approved expenses only; no work replacing a paid post
Interns	Written agreement with learning objectives and supervisor; paid a stipend where the budget allows	Maximum six months; at least 18 years old; safeguarding checks where they meet participants

All sign the Code of Conduct acknowledgement (Annex A) before starting.

Policy 42 — Occupational Health, Safety and Staff Wellbeing

PHIG provides a safe and healthy workplace and supports the physical and mental wellbeing of its people. Owner: Head of Administration (Ioseb Demetrashvili), with the Safeguarding and People Lead.

Framework: the Law of Georgia on Occupational Safety and ILO occupational safety and health standards.

Workplace safety

- Annual workplace risk assessment of the office and regular work sites (fire, electrical, ergonomics, infection risk in health facilities).
- Fire extinguishers, first aid kit, emergency exits and evacuation plan; a trained first aider.
- Personal protective equipment and vaccinations (including hepatitis B) for staff working in health facilities or with biological samples.
- Accidents and near-misses recorded and handled under Policy 14.

Wellbeing

- Reasonable working hours; overtime recorded and compensated as the law requires; right to disconnect outside working hours except in emergencies.
- Confidential access to psychological support after critical incidents or exposure to distressing material (for example, safeguarding cases).
- Workload reviewed in annual appraisals; flexible working considered for health or caring needs.
- Zero tolerance for bullying and harassment (Policies 8 and 11).

Policy 43 — Intellectual Property, Open Access and Data Sharing

Knowledge PHIG creates with public or donor money is made openly available, while respecting donor terms, participants' privacy and others' rights. Owner: Research Integrity Officer (Tamar Talakvadze).

- **Ownership:** work created by staff in the course of employment belongs to PHIG; consultants' contracts assign rights to PHIG unless agreed otherwise; donor agreements prevail where they set other terms.

- **Open access:** publications, reports, training materials and tools are published under Creative Commons Attribution (CC BY 4.0) by default, with persistent identifiers (DOIs) for scholarly outputs.
- **Data sharing:** anonymised research data are shared in a public repository when ethics approval and consent allow, following the FAIR principles (findable, accessible, interoperable, reusable).
- **Third-party rights:** images, text and data from others are used only with permission or under a licence that allows it, and are credited.
- **Name and logo:** the PHIG name and logo are used only for authorised purposes; partners need written permission.

Policy 44 — Environmental Sustainability and Climate

PHIG reduces the environmental footprint of its own operations and integrates climate and health into its work. Owner: Head of Administration (Ioseb Demetrashvili).

- **Travel:** online meetings first; rail or shared transport where practical; flights only when the purpose requires.
- **Office:** energy-efficient equipment, paper-light processes, separated waste and recycling where available.
- **Procurement:** environmental criteria in tender evaluation where relevant (Policy 21).
- **Events:** no single-use plastics where alternatives exist; local suppliers preferred.
- **Programmes:** climate-related health risks (heat, air quality, extreme weather, vector-borne disease) are considered in project design under the Environment, Work and Health pillar.
- **Reporting:** an annual summary of travel and energy use, with a reduction target set by the Board.

Policy 45 — Tax Compliance and Anti-Facilitation of Tax Evasion

PHIG pays and withholds every tax it owes under Georgian law and never helps anyone evade tax. Owner: Finance and Compliance (Irakli Pshinashvili).

- Income tax and pension contributions are withheld from salaries and consultant fees as the Tax Code of Georgia requires and paid on time.
- VAT and grant-related tax exemptions are claimed only where the law and the grant agreement allow, with documentation kept.

- No payments in cash or to third parties to avoid tax, and no false descriptions on invoices or contracts.
- Suppliers and partners must confirm their tax registration; unusual requests (payment to another name or country) are refused and reported under Policy 6.

Policy 46 — Cash, Advances and Banking Procedures

Money moves through PHIG's bank accounts with dual control, and every advance is settled against receipts. Owner: Finance and Compliance (Irakli Pshinashvili).

Procedure	Rule
Bank accounts	Opened or closed only by Board resolution; two signatories on every payment; online banking with maker-checker approval
Donor funds	Separate account or sub-account where a donor requires; interest earned handled as the agreement states
Petty cash	Float up to 1,000 GEL, one custodian, surprise count at least quarterly, monthly reconciliation signed by a second person
Staff advances	Written request, approved budget line, maximum 3,000 GEL; settled within 10 working days of the activity; no new advance until the previous one is settled
Cash payments to participants	Only where banking is not possible; signed receipt with ID, witnessed by a second staff member
Receipts of income	Deposited in full; no netting of expenses against income
Reconciliation	Every account reconciled monthly within 10 working days of month end

Policy 47 — Policy Development, Approval and Review

Every PHIG policy has an owner, a version number and a review date, and is approved by the Board before it takes effect. Owner: Ethics and Compliance Officer (Irakli Pshinashvili).

1. **Drafting:** the policy owner drafts or updates, using the standard structure: purpose, scope, policy statements, procedures, roles, related policies, version control.
2. **Consultation:** staff affected are consulted; legal review where a policy has legal consequences.
3. **Approval:** by the Board; minor corrections (names, contacts, references) may be approved by the Head of Administration and reported to the next Board meeting.
4. **Communication:** published internally and, where relevant, on publichealth.ge; staff sign acknowledgement of key policies.
5. **Training:** mandatory training on Policies 1, 5, 8, 9, 13 and 16 on induction and every year.
6. **Review:** every policy is reviewed at least every year, or sooner after a change in law, a donor requirement or a serious incident.
7. **Language:** policies are issued in English and Georgian; if the versions differ, the English version prevails for donor purposes.

Annexes

Annex A — Acknowledgement of the Code of Conduct and policies

I confirm that I have received, read and understood the PHIG Institutional Policy Manual, including the Code of Conduct (Policy 1), the PSEAH Policy (Policy 8) and the Safeguarding Policy (Policy 9). I agree to comply with them and to report any concern through the channels described.

Field	Entry
Full name	
Role / organisation	
Signature	
Date	

Annex B — Conflict of interest disclosure form

Question	Answer
Full name and role	
Do you, a family member or close associate have any financial interest in a PHIG supplier, partner, donor or competitor?	Yes / No — details
Do you receive payments, gifts, travel or hospitality from a pharmaceutical, supplement, device, food, alcohol, tobacco or fitness company?	Yes / No — details
Do you hold roles (board, advisory, employment) in other organisations related to PHIG's work?	Yes / No — details
Are you related to, or in a personal relationship with, anyone at PHIG or a PHIG partner?	Yes / No — details
Any other interest that could be seen to influence your work for PHIG?	Yes / No — details
Signature and date	
Decision of the Ethics and Compliance Officer (office use)	

Annex C — Incident report form

Field	Entry
Date and time of report	
Date, time and place of incident	
Category (financial, safeguarding, misconduct, research, data, security)	
What happened, in factual terms	
People involved (roles; do not name survivors in general distribution)	
Immediate actions taken	

Field	Entry
Donor-funded project affected	
Reporter name and contact (optional)	
Received by, and date logged in the register	

Annex D — Contact directory

Role	Name	Contact
Chair of the Board	Prof. Giorgi Pkhakadze	Via admin@accreditation.ge, marked “For the Chair”
Head of Administration	Ioseb Demetrashvili	info@accreditation.ge
Ethics and Compliance Officer	Irakli Pshinashvili	admin@accreditation.ge
Safeguarding and People Lead	Sulkhan Inaishvili	admin@accreditation.ge, marked “Safeguarding”
Data Protection, Research Integrity and Security	Tamar Talakvadze	admin@accreditation.ge, marked “Data” or “Security”
Emergency services in Georgia	—	112
Personal Data Protection Service of Georgia	—	Official website

Annex E — Adoption record

Version	Approved by	Date	Changes
Consolidated edition 2026	PHIG governing Board	September 2026	Full review and synchronisation of all PHIG policies and procedures applied since 2011, consolidated into 47 policies with the donor compliance crosswalk and annexes; replaces all earlier versions

Annex F — Partner due diligence checklist

Area	Evidence requested	Rating (low / medium / high risk)
Legal status	Registration certificate, statutes, board list	
Sanctions and debarment	Screening results for the organisation and key staff (Policy 7)	
Governance	Board minutes, conflict of interest policy	
Finance	Last audited accounts, bank details in the organisation's name, accounting system	
Internal control	Segregation of duties, procurement procedure, asset register	
Safeguarding	PSEAH and child safeguarding policies, focal point, training records	
Data protection	Data protection policy, data security measures	
Track record	Previous grants, references from two funders	
Capacity plan	Agreed actions for any gaps	

Annex G — Safeguarding risk assessment (per activity)

Question	Answer and mitigation
Will children or adults at risk take part?	
Will staff or partners be alone with participants?	
Will photos, videos or personal stories be collected?	
Is there online contact with participants?	

Question	Answer and mitigation
Are participants told how to raise a concern?	
Residual risk and approval (Safeguarding Lead)	

Annex H — Grant compliance summary (one page per grant)

Item	Grant terms	Differs from PHIG manual?
Donor, grant number, period, amount		
Eligible and ineligible costs		
Procurement thresholds and origin rules		
Reporting deadlines (narrative, financial)		
Incident disclosure timelines		
Branding and visibility		
Record retention period		
Audit requirements		
Special conditions		

Annex I — Investigation plan template

Section	Content
Case number and category	
Allegation summary	
Investigator(s) and independence confirmation	
Scope and questions to answer	
Evidence to collect and interviews planned	
Safeguarding and survivor support measures	
Donor notification status (Policy 15)	

Section	Content
Timeline and reporting line	

Annex J — Mandatory training calendar

Training	Who	When
Code of Conduct and ethics	All personnel	Induction and yearly
PSEAH and child safeguarding	All personnel; focused session for field staff	Induction and yearly
Anti-fraud, bribery and sanctions	All personnel; finance and procurement in depth	Induction and yearly
Data protection and cybersecurity	All personnel	Induction and yearly
Whistleblowing and incident reporting	All personnel	Induction and yearly
Safety and security, travel	Staff who travel	Before first trip and every two years
Donor compliance	Finance and project managers	At each new grant

Annex K — Policy index for donor submissions

No.	Policy	Owner
1	Code of Conduct and Ethics	Head of Administration
2	Conflict of Interest	Ethics and Compliance Officer
3	Delegation of Authority and Signatures	Head of Administration
4	Gift Acceptance, Donor Due Diligence and Commercial Independence	Ethics and Compliance Officer
5	Anti-Fraud, Bribery and Corruption	Ethics and Compliance Officer
6	Anti-Money Laundering and Counter-Terrorist Financing	Ethics and Compliance Officer

No.	Policy	Owner
7	Sanctions and Prohibited Parties Screening	Ethics and Compliance Officer
8	Protection from Sexual Exploitation, Abuse and Harassment	Safeguarding and People Lead
9	Safeguarding Children and Adults at Risk	Safeguarding and People Lead
10	Combating Trafficking in Persons	Safeguarding and People Lead
11	Equal Opportunity, Non-Discrimination and Gender Equality	Safeguarding and People Lead
12	Drug- and Alcohol-Free Workplace	Safeguarding and People Lead
13	Whistleblowing and Non-Retaliation	Ethics and Compliance Officer
14	Incident Reporting, Investigation and Management	Ethics and Compliance Officer
15	Disclosure of Incidents to Donors	Ethics and Compliance Officer
16	Data Protection and Privacy	Data Protection Officer
17	Safety, Security and Duty of Care	Head of Administration
18	Research Ethics and Integrity	Research Integrity Officer
19	Editorial Independence and Publication Ethics	GMJ Editor-in-Chief
20	Public Health Communication and Information Integrity	Head of Administration
21	Procurement and Value for Money	Head of Administration
22	Financial Management and Internal Control	Head of Administration
23	Grants Management and Sub-award Monitoring	Head of Administration
24	Cost Allowability, Cost Allocation and Timekeeping	Ethics and Compliance Officer
25	Travel and Per Diem	Head of Administration
26	Asset, Equipment and Property Management	Head of Administration
27	Human Resources, Recruitment and Staff Conduct Procedures	Safeguarding and People Lead
28	Environmental and Social Safeguards	Head of Administration

No.	Policy	Owner
29	Feedback, Complaints and Grievance Mechanism	Safeguarding and People Lead
30	Lobbying, Political Activity and Advocacy	Ethics and Compliance Officer
31	Records Management and Retention	Head of Administration
32	Information Technology and Cybersecurity	Data Protection Officer
33	Branding, Marking and Donor Visibility	Head of Administration
34	Risk Management and Business Continuity	Head of Administration
35	Transparency and Public Disclosure	Head of Administration
36	Governance and Board Charter	Chair of the Board
37	Internal Audit and Oversight	Board Audit and Risk lead
38	Monitoring, Evaluation, Accountability and Learning	Research Integrity Officer
39	Accountability to Affected People	Safeguarding and People Lead
40	Partnership and Localisation	Head of Administration
41	Consultants, Volunteers and Interns	Safeguarding and People Lead
42	Occupational Health, Safety and Staff Wellbeing	Head of Administration
43	Intellectual Property, Open Access and Data Sharing	Research Integrity Officer
44	Environmental Sustainability and Climate	Head of Administration
45	Tax Compliance and Anti-Facilitation of Tax Evasion	Ethics and Compliance Officer
46	Cash, Advances and Banking Procedures	Ethics and Compliance Officer
47	Policy Development, Approval and Review	Ethics and Compliance Officer